

**Compound Trauma: Exploring the Intersection of Spiritual Abuse and Racial Trauma on
Mental Health in African American Muslim Communities**

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Abstract

Despite growing evidence that both spiritual abuse and racial trauma independently contribute to psychological distress, their intersection within racially marginalized faith communities remains poorly understood. African American Muslims are notably underrepresented in research on religious harm and race-based stress, creating a crucial knowledge gap about how congregational power dynamics and anti-Blackness together cause psychospiritual injury. This dissertation addressed this gap by examining the combined effects of spiritually abusive experiences and race-based stress on mental health while exploring institutional mechanisms that translate congregational practices into individual harm. The study is grounded in an intersectionality-informed minority-stress framework and incorporates concepts of institutional betrayal and moral-epistemic injury to guide investigation into multi-level sources of harm.

Using a convergent mixed-methods design, the study combined quantitative self-report surveys with in-depth qualitative interviews. Participants were African American Muslim adults recruited through community networks and online platforms who had experience in Muslim congregational settings. Quantitative tools measured spiritually abusive experiences, race-based traumatic stress, and symptoms of depression, anxiety, and moral-epistemic distress; analyses examined bivariate associations and multivariate relationships among these variables. Qualitative interviews adopted an idiographic, phenomenological approach to explore lived experiences and identify themes related to organizational behavior, leadership authority, and survivor responses. Findings from both methods were integrated to evaluate convergence and divergence in patterns and explanations.

Quantitative findings showed robust associations between spiritual abuse, racial trauma, and elevated psychological symptoms. Substantial overlap between spiritual abuse and racial trauma measures limited some interaction testing but pointed toward mutually reinforcing effects. Thematic analysis of interviews revealed three institutional pathways, epistemic marginalization, doctrinal weaponization, and institutional betrayal, through which congregational norms and leadership practices undermined spiritual agency, eroded testimonial credibility, and damaged trust. Integration indicated that spiritual abuse and racial trauma frequently co-occur and operate synergistically rather than as isolated stressors. These results frame spiritual abuse in racially marginalized religious settings as an intersectional public-health concern, calling for culturally and spiritually informed clinical care, congregational accountability, and survivor-centered policies, and future community-engaged, longitudinal, multilevel research to refine measures and support institutional reform.

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Chapter 1: Introduction

Spiritual abuse (SA) is increasingly recognized as a multifaceted and underacknowledged form of psychological and emotional harm, wherein religious beliefs, spiritual teachings, or sacred authority are weaponized to manipulate, exploit, or exert control over individuals or groups (Awaad & Riaz, 2022; Oakley et al., 2024). While often obscured by the trusted and sacred contexts in which it occurs, SA can leave lasting psychological and emotional wounds, damaging an individual's sense of self, spiritual autonomy, and mental well-being (Pargament & Exline, 2020). It typically manifests through coercive practices such as doctrinal distortion, spiritual gaslighting, and the misuse of religious authority to instill guilt, fear, and compliance.

This form of harm does not occur in isolation. Instead, it often exists within broader systems of oppression, particularly in marginalized communities where faith and identity are deeply intertwined. Within the African American Muslim community, an understudied and growing segment of the U.S. Muslim population, spiritual abuse frequently intersects with the cumulative effects of racial trauma. Members of this community navigate a unique socio-religious space shaped by both intra-religious hierarchies and the enduring legacies of systemic racism. These overlapping forms of harm compound the psychological toll of spiritual abuse, deepening feelings of alienation and distress (Ellis et al., 2023; Panchuk, 2020).

The African American Muslim community represents a significant and growing segment of the U.S. Muslim population. According to the Pew Research Center, Black Muslims account for approximately 20% of all U.S. Muslims, with about half being converts to Islam (Mohamed & Diamant, 2019). This demographic shift underscores the importance of understanding the unique experiences of African American Muslims, who often navigate complex intersections of race, religion, and identity.

The intersectionality of race and religion also plays a critical role in shaping the mental health outcomes of African American Muslims. Greer (2024) found that African-American-centered spirituality can serve as a buffer against psychological symptoms related to specific forms of racism, suggesting that culturally relevant spiritual practices may mitigate the adverse effects of racial discrimination. However, when spiritual teachings are distorted or misused, they can exacerbate psychological distress, particularly when compounded by experiences of racial trauma. Consequently, recent scholars have emphasized the need to employ intersectional frameworks when examining the experiences of Black Muslim women (Nurein & Iqbal, 2021; Oyewuwo & Walton, 2023). They argue that traditional research methodologies often fail to capture the nuanced realities of this demographic and advocate for approaches that consider the simultaneous impact of race, gender, and religion on their lived experiences.

Moreover, the intersection of racial and spiritual abuse has been identified as a form of ‘compound trauma,’ wherein individuals experience overlapping systems of oppression that intensify their psychological distress (Ramler, 2023). This concept is particularly relevant for African American Muslims, who may face discrimination within their religious communities due to racial biases, as well as systemic racism in broader society. Such compounded experiences necessitate a comprehensive understanding of how intersecting identities influence mental health outcomes.

In light of these complexities, mental health practitioners and researchers must develop culturally responsive interventions that address the unique needs of African American Muslims. This includes recognizing the role of spiritual abuse in contributing to psychological distress and understanding how racial trauma may moderate this relationship. By adopting intersectional

frameworks and culturally attuned approaches, we can better support the mental health and well-being of this marginalized community.

Statement of the Problem

The problem addressed in this study was how racial trauma intersects with spiritual abuse to impact psychological distress among African American Muslims. While SA, the misuse of religious authority to dominate or control, has been linked to long-term psychological harm, including anxiety, depression, and identity fragmentation (Awaad & Riaz, 2022; Rhee, 2024), racial trauma, stemming from systemic discrimination and historical oppression, similarly causes significant psychological distress (Kathawalla & Syed, 2021; Ramler, 2023).

Although both trauma types are recognized independently, research has rarely investigated their combined impact, particularly in marginalized religious groups such as African American Muslims. Existing studies tend to focus on SA within predominantly White, Christian contexts, excluding culturally distinct populations and reinforcing gaps in trauma-informed care (Cashwell & Swindle, 2020; Fernández, 2022). This oversight has prevented the development of culturally responsive frameworks that account for the compounding nature of these overlapping traumas.

African American Muslims, comprising approximately 40% of native-born U.S. Muslims, inhabit a unique socio-religious space shaped by both racial and religious marginalization (Pew Research Center, 2011). Emerging researchers suggest that racial oppression intensifies the psychological toll of spiritual abuse within this community (Alkhatib et al., 2024; Ellis et al., 2022; Elsayed et al., 2025). However, few researchers explore this intersection in depth, leaving those affected vulnerable to misdiagnosis, ineffective therapy, and institutional neglect (Abdalla, 2023; Nsour, 2022).

Without intersectional approaches, mental health practitioners and religious leaders may fail to recognize how these dual forms of trauma function together. This study aimed to fill that gap by examining how racial trauma moderates the relationship between SA and psychological distress in African American Muslims, offering a more inclusive, culturally informed understanding of trauma and healing.

Purpose of the Study

The purpose of this convergent mixed-methods study was to examine how racial trauma intersects with spiritual abuse to influence psychological distress among African American Muslims. This research addressed a critical gap in the literature concerning the compounded psychological effects of these intersecting forms of trauma within a marginalized and understudied religious community (Jones, 2022; Yih, 2025).

The study employed a convergent design, collecting both quantitative and qualitative data concurrently to gain a comprehensive understanding of participants' experiences. The qualitative strand was grounded in Interpretative Phenomenological Analysis (IPA), a method well suited to exploring how individuals make sense of lived experiences, particularly in culturally complex contexts (Smith et al., 2009). Through in-depth, semi-structured interviews with African American Muslims who have experienced both racial trauma and spiritual abuse, the IPA approach explored subjective meaning-making and identity processes shaped by these intersecting harms.

In the quantitative component, data were gathered using a cross-sectional, correlational design with two validated instruments: the Spiritual Harm and Abuse Scale (SHAS; Koch & Edstrom, 2022) and the Racial Trauma Scale (RTS; Williams et al., 2022). These measures

assessed the presence and severity of spiritual abuse, racial trauma, and psychological distress (e.g., depression, anxiety, identity fragmentation).

Data from both strands were analyzed independently and then integrated during interpretation, consistent with the convergent mixed-methods framework (Creswell & Plano Clark, 2017). For the quantitative strand, approximately 285 participants were recruited. This sample size was determined through a priori power analysis using G*Power (Faul et al., 2009), which enabled researchers to estimate the minimum number of participants required to detect statistically significant effects, given specified parameters (effect size, alpha level, and statistical power). With a medium effect size (Cohen, 1992), an alpha of .05, and a power level of .80, a sample of approximately 100–120 participants is generally adequate for regression-based analyses. This ensures sufficient statistical power to test hypothesized relationships while minimizing the risk of Type II errors.

For the qualitative strand, 5 participants were interviewed. Unlike quantitative designs, qualitative inquiry emphasizes depth, richness, and meaning-making rather than large sample sizes (Regmi, 2024). Seminal guidance suggests that phenomenological studies may achieve saturation with as few as 5–10 participants (Ahmed, 2025). Researchers Hennink and Kaiser (2022) further discovered that thematic saturation often emerges within the first six to twelve interviews, supporting the adequacy of the proposed range. This approach ensured that participants' lived experiences of spiritual abuse and racial trauma could be captured in depth while maintaining feasibility and analytic rigor.

Recruitment primarily occurred through online networks and Islamic centers in New Jersey, Philadelphia, and Baltimore. Findings from both strands were ultimately informed by

culturally responsive mental health interventions and support practices within African American Muslim communities.

Introduction to Framework

This study was grounded in an integrated theoretical framework that combined Minority Stress Theory (Meyer, 2003) and Intersectionality Theory (Crenshaw, 1989) to explore how overlapping systems of oppression affect psychological distress among African American Muslims. These two frameworks work in tandem to provide a multi-level understanding of trauma and enable a culturally responsive exploration of how spiritual abuse and racial trauma intersect to influence psychological distress among African American Muslims, a population historically marginalized in both clinical and empirical research.

Minority Stress Theory (MST) describes how ongoing exposure to stigma, discrimination, and internalized oppression can lead to negative mental health outcomes (Meyer, 2003). Simultaneously, Intersectionality Theory uncovers the structural and institutional factors that shape and amplify these experiences through intersecting identities such as race, religion, and gender (Harari & Lee, 2021). Together, they enabled this study to examine both the emotional impact of spiritual abuse and racial trauma and the systemic power structures that create, maintain, and conceal such harm (Rivas-Koehl et al., 2023). This interaction is crucial for understanding how SA in African American Muslim communities is experienced not only on a personal level but also within broader social hierarchies, such as patriarchy in religious settings and anti-Blackness in Muslim-majority institutions.

MST provides a foundational lens through which to understand the chronic psychological burden faced by individuals with marginalized identities. Developed by Ilan Meyer (2003), this theory proposes that people belonging to stigmatized minority groups, whether defined by race,

religion, gender, or sexual orientation, are subjected to unique, socially generated stressors that extend beyond general life stress. These include distal stressors, such as external acts of discrimination, violence, or systemic exclusion, and proximal stressors, such as internalized stigma, identity concealment, and anticipatory vigilance against future harm.

These stressors are chronic, identity-linked, and socially rooted, meaning they stem from enduring societal structures rather than isolated personal experiences. When applied to African American Muslims, MST helps explain how the combined impact of racism, Islamophobia, and intra-religious marginalization results in persistent psychological strain. Recent developments in the theory highlight how minority stress not only leads to adverse mental health outcomes, such as depression, anxiety, and PTSD, but also contributes to identity fragmentation and relational disempowerment, especially in spaces where one's religious identity becomes a site of both belonging and harm (Frost & Meyer, 2023; Rivas-Koehl et al., 2023).

While MST focuses on the psychosocial consequences of marginalization, Intersectionality Theory (Crenshaw, 1989) addresses the structural and institutional mechanisms that underlie and perpetuate those harms. Initially rooted in Black feminist legal scholarship, intersectionality asserts that systems of power, such as racism, patriarchy, and religious authority, do not function independently but rather intersect to create unique configurations of oppression and exclusion. This framework challenges reductionist approaches to identity and shows how individuals' experiences of harm and access to healing are shaped by their simultaneous positioning within multiple marginalized categories (Bauer et al., 2021).

For African American Muslims, intersectionality is particularly valuable in understanding how spiritual abuse is not only an interpersonal violation but also a reflection of structural inequalities within religious institutions. For example, SA may be compounded when it takes

place within religious environments where racial hierarchies are normalized or when patriarchal authority limits women's participation and voice. Intersectionality enabled the study to examine how the intersection of multiple axes of identity and power shapes access to care, recognition, and justice.

This integrative framework ensured that the study did not merely document the prevalence of spiritual and racial trauma but also uncovered how those traumas are embedded within socio-religious contexts, experienced by individuals, and negotiated over time. Ultimately, it provided the theoretical and methodological grounding necessary for developing trauma-informed, culturally responsive, and justice-oriented mental health interventions that speak to the realities of African American Muslim communities.

Introduction to Research Methodology and Design (Nature of the Study)

This study employed a convergent mixed-methods approach, integrating a quantitative cross-sectional correlational design with a qualitative interpretative phenomenological analysis. Mixed-methods research is particularly effective for investigating multifaceted social and psychological phenomena, as it enables the simultaneous exploration of broad statistical trends and the nuanced meanings participants attribute to their experiences (Creswell & Plano Clark, 2017; Creswell et al., 2023). This methodological choice aligned with the study's purpose of examining the intersection of spiritual abuse and racial trauma among African American Muslims, where both measurable prevalence and lived experience are central to answering the research questions.

A mixed-methods approach was selected because it allowed the integration of quantitative breadth and qualitative depth within a single study. The problem under investigation, the psychological distress produced by the intersection of spiritual abuse and racial trauma,

required both empirical generalizability (to establish prevalence and patterns) and interpretive insight (to capture meaning-making processes). A purely quantitative approach would risk flattening participants' complex, contextualized experiences into numeric associations, while a purely qualitative approach would limit generalizability. The mixed-methods approach, therefore, ensured that both dimensions were addressed, producing findings that are statistically robust and contextually grounded.

The convergent mixed-methods design was the most appropriate choice because it enabled the independent yet simultaneous collection and analysis of quantitative and qualitative data, followed by their integration during interpretation (Creswell & Plano Clark, 2017). This design was particularly well-suited to studying under-researched, intersectional experiences, such as those of African American Muslims who face compounded harms from spiritual abuse and racial trauma. Quantitative analysis provided estimates of prevalence, severity, and correlations among constructs, while qualitative analysis uncovered the sociocultural mechanisms and interpretive frameworks through which these harms were lived. The concurrent nature of data collection ensured that neither strand was subordinate, maintaining interpretive balance and facilitating triangulation (Plano-Clark & Ivankova, 2015).

The quantitative component adopted a cross-sectional, correlational design. This design was suitable for examining relationships among variables at a single point in time, allowing the study to identify associations between spiritual abuse, racial trauma, and psychological distress without inferring causality (Polit & Beck, 2010; Younas et al., 2024). Data were collected through three validated instruments:

- Spiritual Harm and Abuse Scale (SHAS; Koch & Edstrom, 2022) – measured experiences of spiritual abuse.

- Racial Traumatic Scale (RTS; Williams et al., 2022) – captured racial trauma and related psychological symptoms.

Together, these tools enabled the assessment of distinct but interrelated constructs, allowing for correlational analysis and potential moderation testing. This strand contributed to the research questions by quantifying the psychological burden of compounded trauma and identifying statistical patterns that support evidence-based claims.

The qualitative component utilized IPA to investigate how participants interpreted and made sense of their experiences with compounded trauma. IPA is rooted in phenomenology, hermeneutics, and idiography, emphasizing the detailed examination of individual lived experiences while situating them within broader sociocultural contexts (Smith et al., 2021). IPA was chosen over descriptive phenomenology and hermeneutic phenomenology because of its flexibility, systematic interpretive focus, and compatibility with mixed-methods research (Dragan & Sondaité, 2023). Data were collected through in-depth, semi-structured interviews and analyzed using IPA's iterative stages: bracketing preconceptions, line-by-line coding, and the development of both Personal Experiential Themes (PETs) and Group Experiential Themes (GETs) (Nizza et al., 2021). This approach was particularly aligned with the study's theoretical frameworks, as it foregrounds marginalized voices and reveals how systemic forces, such as racism, patriarchy, and religious authority, shape lived experiences of trauma.

Integration occurred during the interpretation phase, where statistical patterns were placed in dialogue with qualitative narratives. For example, correlations between spiritual abuse and depression observed in survey data were contextualized by interview findings that described mechanisms such as theological coercion, racial exclusion, or silencing in religious spaces. This

integrative process enhanced internal validity, promoted triangulation, and produced findings that are both empirically grounded and contextually meaningful (Hall & Sandberg, 2023).

Overall, the convergent mixed-methods design was philosophically coherent, methodologically rigorous, and closely aligned with the study's purpose. By capturing both the breadth of empirical trends and the depth of lived experience, this design ensured a holistic understanding of how spiritual abuse and racial trauma intersect to shape psychological distress among African American Muslims. The methodology and design directly addressed the problem and research questions, yielding findings that informed both culturally responsive interventions and theoretical advances in religious trauma research.

Research Questions

RQ1

What is the relationship between spiritual abuse and psychological distress among African American Muslims?

RQ2

What is the relationship between racial trauma and psychological distress among African American Muslims?

RQ3

To what extent does racial trauma moderate the relationship between spiritual abuse and psychological distress among African American Muslims?

RQ4

How do African American Muslims interpret and give meaning to their lived experiences of spiritual abuse and racial trauma within their religious communities?

Hypotheses

H1₀

There is no statistically significant relationship between spiritual abuse and psychological distress among African American Muslims.

H1_a

There is a statistically significant relationship between spiritual abuse and psychological distress among African American Muslims.

H2₀

There is no statistically significant relationship between spiritual abuse and racial trauma among African American Muslims.

H2_a

There is a statistically significant relationship between spiritual abuse and racial trauma among African American Muslims.

H3₀

Racial trauma does not significantly moderate the relationship between spiritual abuse and psychological distress among African American Muslims.

H3_a

Racial trauma does statistically significantly moderate the relationship between spiritual abuse and psychological distress among African American Muslims.

Significance of the Study

This study significantly contributed to trauma research, religious studies, and mental health by exploring how spiritual abuse and racialized trauma intersect within African American Muslim communities, a group that has been systematically underrepresented in both academic

literature and clinical practice. While spiritual abuse is increasingly recognized as a serious form of psychological harm, its mechanisms, such as toxic theology, patriarchal control, and the suppression of dissent, are rarely studied outside White, Christian-majority contexts. Similarly, racial trauma caused by systemic racism and Islamophobia has been examined in broader African American or Muslim populations, but seldom through an integrated approach that considers the combined effects of spiritual and racial harm.

By applying Minority Stress Theory (Meyer, 2003) and Kimberlé Crenshaw's (1989) theory of intersectionality, and incorporating Interpretative Phenomenological Analysis as the qualitative approach within a convergent mixed-methods design, this study reframed trauma as both a psychological and sociopolitical phenomenon. Rather than treating trauma as a purely internal or individualized experience, this research situated it within intersecting systems of oppression, offering a more holistic understanding of how the harm operates and is often perpetuated within religious and racialized environments.

The contributions of this study are both theoretical and practical. Theoretically, it advances trauma discourse by highlighting how spiritual abuse and racial trauma reinforce each other within African American Muslim communities. It challenges the tendency of trauma studies to examine variables in isolation and instead stresses the importance of intersectional, culturally grounded frameworks that mirror the lived experiences of multiple marginalized groups.

In practical terms, the study provided urgently needed insights for clinicians, religious leaders, and community advocates. For mental health professionals, the findings offer a foundation for designing culturally responsive, trauma-informed care that is attuned to both the spiritual and racial contexts of clients' lives. For religious institutions and advocacy groups, the

research provides empirical evidence that can inform policies, accountability practices, and the creation of safer spiritual environments. Significantly, the study also contributed to survivor visibility and empowerment by validating their experiences, amplifying their narratives, and advocating for structural change.

Ultimately, this research laid the groundwork for more inclusive, justice-oriented approaches to trauma care, institutional reform, and community resilience. It is not only a scholarly contribution but also a call to action, urging mental health fields, faith-based institutions, and society at large to recognize and respond to the nuanced realities of spiritual and racial trauma as experienced by African American Muslims.

Definitions of Key Terms

African American Muslims

A diverse population of Black individuals in the United States who identify as Muslim. They comprise approximately 40% of native-born U.S. Muslims and occupy a distinct socio-religious position shaped by intersecting racial and religious marginalization (Pew Research Center, 2011).

Cultural Marginalization

Cultural Marginalization refers to the ongoing exclusion of minority cultural identities and worldviews from dominant societal narratives and institutions, often resulting in diminished access to power, representation, and resources (Soman & Koci, 2023).

Epistemic Injustice

Epistemic injustice involves the devaluation or dismissal of an individual's knowledge, experiences, or credibility, particularly in contexts where they are marginalized due to their identity or beliefs (Fisher, 2023).

Intersectional Harm

Intersectional Harm describes the layered and interacting forms of discrimination individuals face when multiple marginalized identities, such as race, gender, and religion, overlap (Crenshaw, 1989).

Intersection of Spiritual Abuse and Racial Trauma

Intersection of Spiritual Abuse and Racial Trauma refers to the compounded psychological and emotional harm experienced when spiritual abuse occurs within contexts already shaped by racialized trauma, leading to intensified distress and complex barriers to healing, particularly for African American Muslims (Abdalla, 2023; Ellis et al., 2023).

Islamophobia

Islamophobia refers to the irrational fear, hatred, or prejudice against Islam and Muslims, often expressed through discriminatory policies, social exclusion, and violence (Ahmed et al., 2021).

Mechanisms of Spiritual Abuse

Mechanisms of Spiritual Abuse are the specific tactics or structures through which spiritual abuse is enacted. These include, but are not limited to, toxic theology, patriarchal power structures, epistemic injustice, coercive control, doctrinal manipulation, enforced conformity, and the use of shame, fear, or guilt to suppress individual autonomy or dissent (Anderson, 2023).

Marginalization

Marginalization is the social process of “othering” by which certain groups are pushed to the edges of society, denied access to resources, rights, or opportunities, and rendered socially invisible or devalued (Fluit et al., 2024).

Patriarchal Control / Structures

Patriarchal Control or Structures are social and institutional systems that uphold male dominance and prioritize power primarily within male circles, and restrict women's voices and marginalized groups. In religious settings, these structures can enable spiritual abuse by concentrating authority and reinforcing gender-based control (Yih, 2025).

Spiritual Gaslighting

Spiritual gaslighting involves manipulating individuals into doubting their spiritual perceptions, beliefs, or experiences, often by using religious doctrine or authority to undermine their credibility or sanity (Oakley et al., 2024).

Religious Trauma

Religious trauma encompasses the lasting psychological and emotional harm caused by religious teachings, institutions, or leaders, primarily when rooted in control, fear, or shame (Winell, 2011).

Toxic Theology

Toxic theology refers to religious teachings or interpretations that promote fear, shame, control, or exclusion, often contributing to psychological harm and spiritual confusion (Daniel, 2019).

Systemic Marginalization / Racism

Systemic Marginalization or racism refers to the pervasive operation of policies, practices, and institutional structures that maintain racial inequality and exclusion, often manifesting as disparities in health, housing, education, and the justice system (Williams et al., 2025).

Summary

This study investigated the intersection of spiritual abuse and racialized trauma among African American Muslims, a population often overlooked in trauma research and clinical discourse. SA, defined as psychological harm stemming from the misuse of religious authority, can result in significant mental health challenges such as anxiety, depression, and identity disruption. While nearly one-third of U.S. adults report experiences of spiritual abuse, most existing literature centers on White, Christian populations, leaving a critical gap regarding the experiences of African American Muslims, who represent a substantial portion of the U.S. Muslim community and are disproportionately affected by systemic racism.

This research addressed the lack of empirical attention to how SA functions within racially marginalized religious contexts and how racial trauma may influence its relationship with psychological distress. The study aimed to clarify the interaction between these intersecting harms, offering both quantitative and qualitative insights into their combined effects on mental health. Based on Minority Stress Theory (Meyer, 2003) and Intersectionality Theory (Crenshaw, 1989), and using IPA as the qualitative approach (Smith et al., 2021), the study employed a convergent mixed-methods design. This methodological framework enabled the simultaneous collection and integration of quantitative and qualitative data, providing a multidimensional understanding of trauma that encompasses both statistical relationships and the lived experiences underlying these complex psychological dynamics.

The quantitative component utilized validated instruments, the Spiritual Harm and Abuse Scale and the Racial Traumatic Scale (Williams et al., 2022), to assess the statistical relationships among SA, racial trauma, and psychological distress. Multiple regression, moderation analysis, and correlational analyses were conducted to test key hypotheses.

Simultaneously, the qualitative component consisted of semi-structured interviews, which were analyzed thematically using IPA procedures, including bracketing, coding, and the development of Personal Experiential Themes and Group Experiential Themes.

By bridging quantitative analysis with narrative depth, this study contributed both theoretical and applied value. It expanded trauma theory by demonstrating how overlapping systems of harm, spiritual, racial, and institutional, compound psychological suffering. The findings informed culturally responsive and trauma-informed interventions and support policy development within both clinical and religious institutions. Ultimately, this work amplifies the voices of a historically marginalized community, setting a foundation for future research, advocacy, and culturally attuned care in the fields of mental health, religious trauma, and racial justice. The following chapter reviews the relevant literature, examining scholarship on spiritual abuse, racial trauma, and their intersections, while situating these constructs within the frameworks of Minority Stress Theory and Intersectionality Theory. This review established the conceptual and empirical grounding for the study's research questions and methodological choices.

Chapter 2: Literature Review

The following literature review aimed to critically evaluate spiritual abuse (SA) and racial trauma (RT) in the lived experiences of African American Muslims. It also sought to understand how this study relates to broader issues of cultural marginalization and sheds light on the compounded psychological distress at these intersections. Although spiritual abuse has increasingly been recognized in psychological literature as a distinct and harmful form of abuse, characterized by the misuse of religious authority to exert control, dominate, or coerce behavior, its manifestations within racially minoritized Muslim communities remain largely unexplored. Similarly, while trauma studies have expanded to consider the social and cultural aspects of psychological suffering, there was still a significant gap in understanding how SA and RT operated together within communities facing systemic anti-Black racism, Islamophobia, and intra-religious discrimination.

This review was organized around several core areas of inquiry that together illuminate the complexity and intersectionality of spiritual abuse in African American Muslim communities. The review began by tracing the historical development of the concept of spiritual abuse, documenting its emergence in pastoral counseling, feminist theology, and clinical psychology. This was followed by a conceptual section that critically examined the dual function of spirituality in human experience. Subsequent sections explored the theoretical frameworks employed in this study, specifically Minority Stress Theory and Intersectionality Theory, which are particularly well-suited for investigating compounded harm in marginalized populations. These frameworks, along with commonly used theoretical frameworks to analyze spiritual abuse, include Coercive Control Theory, Betrayal Trauma Theory, and Shame Theory.

The review then explored the ways harm occurs through spiritual abuse, including harmful theological interpretations of scripture, patriarchal systems, and epistemic exclusion. This led to a focused discussion on how these dynamics specifically appear within African American Muslim communities, where the intersection of anti-Black racism, Islamophobia, and religious patriarchy creates unique forms of psychological distress. The final part incorporated research on racial trauma and religious harm, providing an integrated view of how these two types of trauma coexist, influence each other, and escalate. Special emphasis was placed on how survivors cope and build resilience, as well as on culturally responsive clinical interventions highlighted by recent research.

Documentation

Recent research has started to document the psychological effects of religious and spiritual abuse, showing how these experiences can destabilize personal identity, hinder emotional growth, and impair the ability to find meaning. For example, investigators De Vynck, Boynton, and Burns (2023) found that religion and spirituality can sometimes cause harm, leading to spiritual distress. However, much of this new research had not fully explored the combined impact of spiritual distress, abuse, and religious trauma in communities already facing structural oppression. As Greer (2024) pointed out, spirituality, especially when culturally rooted, can act both as a protection against and a source of trauma. In African American Muslim communities, religious institutions often serve as both sources of healing and sources of harm, which makes psychological responses to trauma more complex and less understood. This review aimed to address that gap by highlighting the lived experiences of African American Muslims and promoting an intersectional, culturally grounded approach to studying spiritual trauma.

The review examined the complex and interrelated nature of harm, drawing on interdisciplinary scholarship in trauma psychology, religious studies, critical race theory, and Islamic thought. Through this synthesis, the review illuminated how spiritual abuse is shaped by, and contributes to, broader systems of patriarchal, racial, and theological oppression. The goal was not only to document these harms but to advance a more inclusive and culturally competent framework for understanding trauma in Black Muslim communities. As Perry (2024) argued, spiritual abuse significantly compromises spiritual agency, erodes autonomy, and undermines psychological well-being. These claims were echoed by Heyder (2022) and Miller (2024), who each noted the profound impact of coercive religious environments on mental health. Still, the existing literature remains limited in its attention to how these dynamics unfold in racialized Muslim populations.

Important contributions by Ahmad et al. (2024) and Al'Uqdah et al. (2019) have begun to identify the compounded psychological toll experienced by Muslims at the intersection of faith-based oppression and racial discrimination. However, few studies have directly examined the interactive effects of SA and RT. This gap was especially troubling given the insights of Kang (2022) and Polanco-Roman et al. (2024), who argued that race-neutral models of trauma risk obscuring the particular vulnerabilities faced by marginalized groups. The convergence of theological coercion and racialized exclusion introduces psychological dynamics that are distinct from either form of harm in isolation. Without frameworks that account for this interplay, existing trauma interventions may inadvertently reinforce epistemic injustice and institutional neglect.

National trends further substantiate the importance of this inquiry. According to the 2023–2024 Religious Landscape Study, religion remains a central feature of American life, with

62% of adults identifying as Christian and nearly 70% attending services regularly. These high rates of religious participation suggest widespread exposure to potential religious harm, especially in communities where spiritual life is closely tied to cultural survival. Findings by researchers in Slade et al. (2023) indicated that nearly one-third of U.S. adults report experiencing spiritual trauma. Among individuals with mood disorders, almost half identify religion as a contributing factor to their distress (Pargament & Exline, 2020). Despite these alarming figures, spiritual trauma remains underrepresented in mainstream psychological research, particularly in studies involving racially and religiously minoritized populations.

To ensure a comprehensive and methodologically rigorous foundation, this literature search employed a multi-step strategy across a broad range of databases and platforms. Searches were conducted from January 2024 through June 2025, drawing from the following electronic databases: PsycINFO, PsycARTICLES, EBSCOhost, ProQuest, JSTOR, PubMed, Web of Science, and Google Scholar. Boolean search logic was used to generate results that reflected the review's intersectional focus. Common search combinations included:

- "spiritual abuse" AND "racial trauma" AND "African American Muslims."
- "religious coercion" AND "psychological distress" AND "Black Muslim communities."
- "Islamophobia" AND "trauma" AND "U.S. Muslims."
- "faith-based abuse" AND "identity fragmentation" AND "Muslim Americans."
- "religious trauma" AND "race" AND "intersectionality."

The inclusion criteria for source selection prioritized peer-reviewed journal articles, academic books, dissertations, and reports published between 1975 and 2025. Studies were included if they addressed one or more of the following: (1) racially or religiously motivated

experiences of African American Muslims, (2) religious trauma or abuse in faith-based contexts, and particularly Islamic contexts, (3) racial trauma in U.S. Muslim populations, and (4) psychological impacts of faith-based coercion or discrimination (both external facing and intra-faith coercion or discrimination). Special attention was given to empirical studies, theoretical contributions, and clinical literature relevant to Muslims in the United States, particularly those focused on African American Muslims and Muslims of color (e.g., Hispanic, Caribbean), Islamophobia, intra-Muslim racism, or post-9/11 marginalization.

Exclusion criteria included works limited to Eurocentric, Christian-majority populations; theological texts without empirical or psychological relevance; and opinion pieces, student theses, or non-scholarly sources lacking peer review. Citation chaining and manual back-referencing were employed to identify additional foundational and contemporary works not captured by keyword searches alone. While an exact number of sources reviewed cannot be specified, the search yielded several hundred initial results, of which approximately 150 peer-reviewed works were selected for full-text analysis and inclusion in this review.

Together, this review of the literature laid the groundwork for a nuanced investigation into the psychological toll of spiritual abuse in African American Muslim contexts. It aimed not only to expose existing gaps but to challenge conventional frameworks that have too often excluded or misrepresented the voices of those living at the intersection of racial and religious harm.

Theoretical Framework

Minority Stress Theory

Minority Stress Theory (MST) has become a foundational framework for understanding the disproportionate psychological distress experienced by individuals holding stigmatized

identities. Initially developed by Ilan Meyer (2003), MST emerged from a broader critique of dominant psychological models that neglected to account for the specific stressors encountered by sexual minorities. Meyer's original formulation argued that marginalized populations experience unique stress burdens that are directly tied to their minority status, burdens that operate over and above general life stressors and significantly impact mental health outcomes (Frost & Meyer, 2023). The conceptual roots of MST stem from public health and clinical psychology, drawing on sociological understandings of stigma and discrimination (Meyer, 2003).

MST introduced a layered model of stress that distinguishes between distal stressors, external, objective experiences such as prejudice, systemic exclusion, and identity-based violence, and proximal stressors, which are internal and subjective, including concealment, vigilance, internalized stigma, and anticipatory rejection. These stressors are understood not as isolated incidents but as chronic, cumulative forces that erode psychological well-being over time (Goldbach et al., 2021; Meyer, 2003; Rivas-Koehl et al., 2023).

Since its initial articulation, MST has undergone extensive empirical expansion and theoretical refinement. Researchers have applied MST across diverse populations, including racial, religious, and multiply marginalized groups. For example, Meyers (2007) drew from prior empirical research (Allison, 1998; Clark et al., 1999) to examine how systemic racism within the U.S. social environment contributed to chronic stress among African Americans. In a quantitative correlational study, Parent et al. (2018) extended the model to self-identified Christian participants who perceived themselves as religious minorities; results indicated that faith-based discrimination indirectly increased stress levels. Stamps (2024), using qualitative interviews, highlighted the cumulative psychological toll of anti-Blackness, linking both

interpersonal racism and macro-level violence (e.g., police brutality) to elevated psychological distress in Black communities. Similarly, Sue and Spanierman (2020), in a mixed-methods exploration, investigated the psychological effects of microaggressions on both targets and perpetrators, finding that subtle forms of racism, sexism, and heterosexism significantly impair well-being and self-concept among marginalized groups. Collectively, these studies demonstrated the utility of MST in capturing the lived experiences of individuals navigating intersecting forms of identity-based stress and trauma.

A review of studies by Kaprinis and Charalampakis (2025) found that both distal and proximal forms of minority stress are strongly associated with elevated rates of anxiety, depression, and substance use, particularly in contexts where discrimination is persistent and unacknowledged. A critical assumption underlying MST is that minority stress is *structurally produced but psychologically internalized* (Frost & Meyer, 2023). In other words, while the sources of distress lie in broader societal structures, such as racism, heteronormativity, or Islamophobia, their effects are registered at the individual level through psychological symptoms like shame, self-doubt, or emotional dysregulation (Asnaani et al., 2022; Meyer, 2003). This dynamic creates a dual burden for minoritized individuals, who must navigate both external hostility and the internal psychological labor of coping with that hostility. As researchers in Goldbach et al. (2021) noted, the model reveals that chronic exposure to discrimination is not merely 'stressful' but actively reshapes identity formation, emotional resilience, and mental health trajectories across the lifespan.

Importantly, MST challenges pathologizing narratives that see mental illness in marginalized groups as intrinsic or cultural. Instead, it reframes such distress as a rational response to systemic oppression, highlighting the social origins of mental health disparities

(Rivas-Koehl et al., 2023). This shift allows researchers and clinicians to view anxiety, depression, and identity disturbance not as signs of individual dysfunction but as results of environmental and relational hostility.

However, as the theory has developed, many scholars have raised significant critiques of its explanatory limitations. A common concern is that MST tends to underrepresent power and structural inequality, emphasizing psychological outcomes without sufficiently examining the institutional factors that create minority stress initially (Rivas-Koehl et al., 2023). While the model recognizes social stigma as a stressor, it often regards systemic oppression, such as white supremacy, religious authoritarianism, or economic marginalization, as background context rather than a primary focus of analysis. In this way, MST risks reducing the political and historical aspects of marginalization to individual psychological effects.

In response, contemporary scholars have proposed intersectional adaptations of MST that go beyond additive models of identity. Frost and Meyer (2023) themselves recognize this need, suggesting that multiple minority identities (e.g., race, religion, gender) do not simply accumulate but interact in complex ways to create unique patterns of harm. These updates are especially important for understanding trauma in communities like African American Muslims, where racialized religious identity has its own specific set of stress, stigma, and systemic exclusion (Asnaani et al., 2022; Rivas-Koehl et al., 2023).

Despite its limitations, MST remains a crucial tool for understanding how marginalization leads to psychological harm. Its focus on chronicity, cumulative exposure, and social causality offers a useful framework for analyzing how individuals internalize systemic rejection. Additionally, its distinction between proximal and distal stressors helps clarify the multiple ways in which social hierarchies affect mental health. However, to fully understand the

complexity of trauma among racially and religiously minoritized groups, MST needs to be complemented by frameworks like Intersectionality Theory, which highlight institutional power and structural violence as key areas of focus.

Intersectionality Theory

Intersectionality Theory originated in Black feminist legal scholarship, especially through the work of Kimberlé Crenshaw (1989, 1991). Crenshaw argued that dominant frameworks of discrimination, such as those in mainstream antiracist or feminist thought, often overlook the experiences of individuals marginalized along multiple identity axes. Her influential analysis of Black women's legal invisibility showed that race and gender cannot be separated as distinct variables; instead, they intersect to create unique patterns of oppression and privilege (Crenshaw, 1989, 1991). Later developments of this theory emphasize that identity is not simply additive but relational and co-constructed within systems of power (Jackson et al., 2021). Intersectionality offers analytical tools to understand how interconnected hierarchies like racism, patriarchy, heteronormativity, and religious nationalism shape vulnerability and privilege in specific contexts (Bauer et al., 2021).

In trauma research, intersectionality has proven essential for revealing how harms are intensified and hidden across institutional, cultural, and epistemic spheres. For example, Abdalla (2023) and Mosley et al. (2025) demonstrate how intersectional frameworks shed light on the compounded marginalization of Black Muslim women, whose stories are often marginalized within both racial justice movements and intra-Muslim reform efforts. Rekis (2023) expands intersectionality into the epistemic realm, illustrating how religious institutions perpetuate harm not only through explicit acts of abuse but also by denying survivors access to interpretive and theological resources that could help them recognize and process their trauma. This work aligns

with Crenshaw's original insight that structural inequality is maintained not just through material conditions but also through epistemic exclusion and discursive erasure.

Minority Stress Theory complements intersectionality by shifting focus to the psychological and health outcomes of identity-based oppression. MST posits that stigmatized individuals experience chronic stressors, including discrimination, internalized stigma, and anticipated rejection, which accumulate to affect mental health negatively (Meyer, 2003). Empirical applications of MST in diverse populations have shown its explanatory power for mental health disparities among LGBTQ+ groups (Kaprinis & Charalampakis, 2025), racial and ethnic minorities (Pease et al., 2022), and individuals navigating overlapping marginalized statuses (Hoy-Ellis, 2023). Importantly, MST recognizes resilience as both an individual and community-based resource that may buffer against the adverse effects of chronic marginalization (Sun et al., 2021).

Although MST and Intersectionality Theory differ in emphasis, MST emphasizes the intrapsychic and interpersonal effects of stressors, while intersectionality highlights the structural and systemic origins of those stressors; the two are mutually reinforcing. Intersectionality maps the structure of power and places individuals within overlapping systems of dominance (Bauer et al., 2021; Carbado et al., 2013), while MST explains how these structural forces are embodied, internalized, and expressed as psychological distress. Together, these frameworks support a layered analysis of trauma that links lived experience, social structures, and institutional contexts.

Recent scholarship supports integrating MST and intersectionality into trauma studies. For example, Williams et al. (2023) argued that trauma research must go beyond a narrow focus on symptomatology to examine how harm is maintained and justified by systems of power such

as law, religion, and medicine. Similarly, Adeyeba et al. (2025) highlighted that intersectionality improved psychological research by emphasizing the importance of cultural connections across multiple marginalized identities. When combined, MST and intersectionality are especially useful for exploring forms of trauma that are psychological, spiritual, and structural, like the compounded harms caused by racial trauma and spiritual abuse.

This dissertation expanded both MST and Intersectionality Theory into new conceptual areas. To the author's knowledge, no prior research has specifically combined these frameworks to analyze the experiences of African American Muslims dealing with racial trauma and spiritual distress. MST has been widely used with LGBTQ+ and racial minority groups, but its application in studying religious trauma, especially spiritual abuse within Muslim contexts, remains limited. Similarly, while intersectionality has illuminated many forms of oppression, its use in understanding religious trauma is still in early development. By integrating MST and intersectionality, this study examines how African American Muslims experience layered minority stressors, racial, religious, and spiritual, that interact to produce unique forms of psychological distress. This innovative approach not only broadened the practical applications of MST and intersectionality but also offers new insights into how complex traumas arise at the intersection of identity, spirituality, and systemic oppression.

Integration and Application to Spiritual Abuse Research

The integration of MST and Intersectionality into spiritual abuse research remains underdeveloped, though some recent studies signal important advancements. For example, Ellis et al. (2023) use intersectionality to highlight the gendered and racialized dynamics of spiritual harm within Muslim communities, illustrating how abuse is often rendered invisible by both secular and religious systems of authority. These findings align with those of Jackson et al.

(2021), who document how intersecting oppressions can distort survivor narratives, thereby impeding help-seeking and community accountability.

While MST has traditionally been applied to sexual minorities, its emphasis on chronic identity-based stress makes it well-suited to analyzing the psychological impacts of religious oppression in Black Muslim contexts. Findings from Goldbach et al. (2021) quantitative research and Frost and Meyer (2023) qualitative study provide support for the cumulative impact of minority stress across domains, findings that align with emerging research on the mental health consequences of spiritual abuse in communities of color (Awaad & Riaz, 2022; Oakley et al., 2024).

Limitations and Justification for Integration

Both MST and Intersection Theory have their unique strengths; however, neither is sufficient on its own to examine this subject matter. MST's clinical origins make it adept at charting psychological outcomes but less equipped to interrogate how systems of power situate those outcomes. Intersectionality addresses these gaps by tracing the macro-level conditions that sustain harm, but in doing so, it may provide less direction for clinical or therapeutic interventions.

Together, however, these frameworks provided a more comprehensive view of trauma. Intersectionality helped identify the social, historical, and institutional contexts where abuse happens, while MST explained how these contexts translate into psychological stress. Combining these two perspectives responds to calls for trauma research that focuses on both systemic injustice and individual healing (Williams et al., 2023).

By applying both Minority Stress Theory and Intersectionality, this literature review highlighted a comprehensive and culturally responsive analysis of spiritual abuse among African

American Muslims. It clarifies the combined effects of racial and religious oppression and identifies opportunities for therapeutic and structural interventions based on the lived experiences of those most affected.

Other Frameworks Applied to Spiritual Abuse

Although Minority Stress Theory and Intersectionality Theory provide essential frameworks for understanding the structural and psychological dimensions of trauma in racially and religiously minoritized populations, several other theoretical perspectives have also been employed to examine spiritual abuse. These include coercion theory, betrayal trauma theory, shame theory, and narrative approaches, each contributing important insights into the mechanisms, effects, and meanings of abuse within religious contexts.

Coercion Theory has emerged as one of the most prominent models used to analyze the dynamics of spiritual abuse, particularly regarding emotional manipulation and control. Researchers have highlighted how abusers employ tactics such as surveillance, financial dependence, isolation, and fear to maintain power over victims (Lohmann et al., 2024; Reid, 2024). These patterns mirror those found in broader contexts of coercive control, including trafficking and domestic abuse, where dependency is cultivated through both spiritual and emotional manipulation (Doychak & Raghavan, 2020). Within religious institutions, coercion is further legitimized by theological narratives that demand obedience and submission. Scholars such as Chowdhury et al. (2022), and Mulvihill (2024) have demonstrated how authoritarian structures within faith communities, often operating under the guise of spiritual authority, facilitate compliance while simultaneously discouraging dissent. Fear of divine punishment, as noted by Anderson (2023), often reinforces victims' silence and inhibits resistance.

Closely related to coercion is Betrayal Trauma Theory, which explains how abuse perpetrated by trusted figures, such as clergy or spiritual leaders, causes profound psychological wounds (Freyd, 1997, 2020). Betrayal is not simply interpersonal but existential, disrupting the victim's foundational trust in their faith, community, and even their sense of the divine. Gardner (2022) and Sperry (2023) highlight that betrayal in religious contexts often destabilizes core spiritual identities, rendering spaces once seen as sacred psychologically unsafe. Clinical researchers such as Chana et al. (2021) and Dhirachaikulpanich et al. (2025) draw parallels between clergy abuse and familial trauma (e.g., incest), noting that both involve complex dynamics of trust, dependency, and authority. Institutional protections, such as clericalism and victim silencing, compound this betrayal, creating environments in which spiritual abuse flourishes with impunity (Doyle, 2009; Goertzen & Yancey, 2025).

Shame Theory has also proven helpful in analyzing the internal psychological toll of SA, particularly the role of internalized religious harm. Shame differs from guilt in that it implicates the self, not just the behavior (Miceli & Castelfranchi, 2018). Downie (2022), Dolezal and Gibson (2022), and Schaap-Jonker (2022) argue that victims of SA often internalize a deep sense of unworthiness and failure, especially when doctrinal teachings are distorted to present suffering as divine punishment. Stone (2025) and Johnson and VanVonderen (2005) have long warned of the ways religious leaders can weaponize theological concepts, such as sin, obedience, or spiritual discipline, to reinforce shame and shift blame onto survivors. This emotional framing can prevent individuals from seeking help and entrap them in cycles of silence, fear, and psychological isolation (Budiarto & Helmi, 2021; Martínez de Pisón, 2023; Shi et al., 2021).

Complementing these theories is a growing body of narrative and qualitative research that centers on survivors' voices. Narrative approaches emphasize how survivors make meaning of

their trauma through personal storytelling, allowing for the reconstruction of self and spiritual identity (Demasure, 2022; Hollier et al., 2022). Scholars such as Winell (2011) and Baker (2019) emphasized the therapeutic power of narrative reconstruction in spiritual recovery, highlighting how language and memory serve as tools for reclaiming agency and reestablishing epistemic authority over one's experience. These methodologies are particularly valuable in studying SA because they foreground the lived, contextualized experiences of survivors, capturing emotional nuances that more clinical models may overlook.

Together, these frameworks offer diverse yet intersecting perspectives on the phenomenon of spiritual abuse. Coercion theory reveals the mechanisms of control; betrayal trauma theory captures the depth of relational and institutional violation; shame theory articulates the internal consequences of theological distortion; and narrative approaches elevate survivor meaning-making. While no single model is exhaustive, the combined insights of these theories offer a robust foundation for understanding the psychosocial, relational, and structural dynamics of spiritual abuse across religious traditions and identity contexts.

The Dual Function of Spirituality

A growing body of research reveals the complex, dual role that spirituality plays in shaping psychological well-being and distress. On the one hand, spirituality is frequently identified as a protective resource that fosters resilience, meaning-making, and communal support in the face of adversity (e.g., Howard et al., 2023; a study examining how spirituality, resilience, well-being, and health are connected among 529 care leavers from 11 different countries). On the other hand, it can be distorted into a tool of coercion, manipulation, and psychological harm, especially when religious authority is misused (Johnson & VanVonderen,

1991; Simonic et al., 2013; Stone, 2013). These contradictory dynamics highlight the importance of critically examining the role of spirituality in diverse religious and cultural contexts.

Spirituality as a Protective and Restorative Resource

Numerous studies have shown the positive psychological effects of spirituality, especially in trauma recovery. Researchers such as Braganza et al. (2022), Pargament and Exline (2020), and Roussiau et al. (2023), drawing on decades of research in the psychology of religion and positive sciences, identify spiritual coping as a key way people find meaning and hold on to hope during suffering. Likewise, researchers in Currier et al. (2024) highlight that spiritual beliefs can act as a buffer against depression and anxiety, particularly when included in culturally responsive therapy approaches. Ozcan et al. (2021), in a cross-cultural quantitative study, found that spiritual connectedness is positively linked to post-traumatic growth and emotional regulation among survivors of interpersonal trauma.

Ortega-Williams et al. (2021), through a qualitative study of spiritual resilience among youth, further illuminated how faith can foster a sense of belonging, purpose, and community-based empowerment, especially in contexts of racial and structural marginalization. These findings collectively affirm that spirituality, when grounded in affirming theological and communal practices, can enhance psychological recovery and promote identity integration.

Spirituality as a Vehicle for Control, Coercion, and Harm

In contrast, a parallel area of research explored how religious belief systems and spiritual authority can cause harm. A review of the literature supports findings that religious beliefs and spiritual leaders can sometimes restrict people's actions or choices (Castaño et al., 2022; Nicoară et al., 2024; Stein, 2021). This is shown by sex and death cults led by so-called prophetic and enlightened figures. The tragic events of the Jonestown massacre in 1978 clearly show the

impact of a leader's words; Jim Jones' instruction to “drink the Kool-Aid” resulted in the mass suicide of over 900 people (Childs & Howard, 2023, p. 583).

Scholars such as Ward (2011) and Goodwin (2020) offer foundational analyses of spiritual abuse, noting how religious texts and teachings are often manipulated to enforce submission, suppress dissent, and maintain rigid hierarchies. In these contexts, spirituality functions not as a liberating force but as an instrument of social control, particularly harmful to those in vulnerable or dependent positions.

Ellis et al. (2023) conducted a quantitative survey-based correlational study to examine whether religious/spiritual abuse is uniquely associated with psychological and spiritual functioning. The authors concluded that SA should be treated as a serious and distinct domain of trauma, and was significantly associated with poorer psychological and spiritual functioning. Fernández (2022) similarly explores how spiritual harm is often cloaked in piety, with theological language used to justify coercion and shame.

These insights align with those of Chowdhury et al. (2022), who drew from qualitative interviews with survivors of clerical abuse, and Sicilia et al. (2024), who employed a mixed-methods approach to highlight institutional complicity in sustaining abusive power structures. Fear of divine punishment, stigmatization of questioning, and communal retaliation are frequently cited as barriers to disclosure and healing, making it difficult for survivors even to name their experiences as abuse (Mulvihill et al., 2022; Prusak & Schab, 2021; Sicilia et al., 2024). Similarly, McGraw et al. (2019), in a meta-analytic review of clergy abuse cases spanning several decades, reinforce this pattern, documenting the long-term psychological and spiritual consequences for victims. Their analysis reveals persistent institutional mechanisms of denial

and minimization that exacerbate the trauma of abuse and erode victims' trust in both religious and therapeutic systems.

Methodologically, the literature reflects a balance between quantitative assessments of spiritual coping and qualitative investigations into lived experiences of harm. However, despite this growing body of research, there remained a significant gap in the study of how these dynamics unfold among African American Muslims. With very few exceptions, most spiritual abuse studies center within either predominantly white Christian contexts or secular therapeutic frameworks, leaving the cultural and theological specificity of Black Muslim experiences with spiritual harm underexamined.

This gap was particularly pressing given the compounded effects of racialization, gendered power, and religious marginalization within African American Muslim communities. Research in this area must consider how Islamically grounded belief systems, intra-communal authority structures, and historical legacies of racial trauma intersect to shape both the protective and harmful dimensions of spirituality. The lack of culturally grounded, empirically based studies in this population highlighted the need for research that addresses these specific intersections.

Taken together, these studies highlight that spirituality is not inherently protective or harmful; it is contextually and relationally mediated. When embedded in affirming, accountable, and inclusive religious communities, spirituality can facilitate profound healing and post-traumatic growth. Conversely, when appropriated by authoritarian leaders or institutions, it can entrench cycles of shame, fear, and epistemic oppression.

Spiritual Abuse

The scholarly treatment of SA has undergone significant evolution over the past five decades, beginning with early considerations of coercion and authority misuse within religious contexts and culminating in the current push to define SA as a distinct form of psychological trauma (Ellis et al., 2022; Oakley et al., 2018; Perry, 2024). This literature review traced that development, critically synthesized key contributions, evaluated methodologies, and addressed notable gaps, particularly those related to racialized religious communities, such as African American Muslims. Through a chronological and thematic analysis, this section establishes a foundation for understanding how definitions, frameworks, and implications of SA have emerged, shifted, and, in some cases, remained limited in scope.

Early discourse on religious harm often emerged in the context of cultic abuse and clerical misconduct. Pioneering studies, such as those by Plowman (1975) and Baxter (1981), began examining the psychological consequences of authoritarian religious systems, particularly those characterized by emotional manipulation and rigid social control. These foundational works did not yet use the term ‘spiritual abuse’ explicitly, but highlighted the pathological dynamics of religious environments in which power was misused to dominate or silence members.

The 1990s marked a critical turning point in SA discourse, particularly within evangelical Christian contexts. Johnson and VanVonderen’s (1991) *The Subtle Power of Spiritual Abuse* became a seminal text, formally introducing the term ‘*spiritual abuse*’ and identifying consistent patterns of spiritual manipulation, coercion, and identity fragmentation. They emphasized the spiritualization of control, in which dissent is pathologized, and submission is framed as a religious obligation. Ronald Enroth (1993) and Ken Blue (1993) in *Churches That Abuse* expanded on this foundation, focusing particularly on authoritarian leadership structures and the

suppression of spiritual autonomy. While largely anecdotal and pastoral, these works paved the way for academic inquiry into the psychological and theological dimensions of spiritual abuse.

In the early 2000s, scholars began to build a more empirical foundation. Freckelton (1998) argued that abuse should be understood not only through overt acts of violence but also through sustained misuse of institutional authority, which can lead to long-lasting psychological injuries. Ward (2011) extended this understanding in his *Interpretative Phenomenological Analysis*, a qualitative research method, by connecting spiritual abuse to trauma symptomatology, including depression, anxiety, and identity confusion. These early academic interventions recognized SA as a complex interplay of emotional, cognitive, and spiritual harm that often went unrecognized by both religious institutions and mental health practitioners.

More recently, studies have begun to reflect the growing sophistication of SA research. Saunders (2020), in her qualitative and mixed-methods research, explored the intersection between spiritual coercion and psychological identity development, finding that survivors often suffer diminished self-worth and a disrupted sense of meaning. Tobore's (2023) literature review and synthesis documented the long-term emotional consequences of SA, emphasizing that psychological symptoms, such as intrusive thoughts, dissociation, and chronic self-doubt, are frequently exacerbated when abuse occurs within trusted religious relationships. These studies demonstrated an increasing methodological rigor, although much of the literature remains rooted in qualitative design, often involving small sample sizes and thematic or phenomenological analyses (e.g., Cashwell & Swindle, 2018; Fernández, 2022).

Across these works, key patterns emerge. First, there is consistent agreement that SA involves the misuse of religious or spiritual authority to psychologically dominate others, resulting in a range of emotional and identity-based harms (Heyder, 2022). However, the field

lacks consensus on the definitional boundaries of SA. Some researchers emphasize doctrinal manipulation (Oakley et al., 2024), while others focus on relational dynamics of coercion and betrayal (Pargament et al., 2014). This definitional ambiguity, as noted by Zaeske et al. (2024) in their recent scoping review, has contributed to SA's exclusion from the DSM-5-TR as a formal diagnostic category. Without standard criteria, comparative research and clinical validation remain limited, reinforcing the need for operational clarity and empirical refinement.

Another trend is the near-exclusive focus on Christian, particularly White evangelical, contexts. While this has enabled robust thematic development in those domains, it has also led to methodological and representational gaps. As Perry (2024) and Greer (2024) highlight, spiritual abuse within racially and religiously minoritized groups is profoundly underrepresented in the literature. The vast majority of studies have been conducted within culturally homogeneous populations, often neglecting how race, culture, and intersecting forms of marginalization complicate the experience and interpretation of spiritual harm (Ahmad et al., 2024; Al'Uqdah et al., 2019).

Methodologically, qualitative designs dominate the field. Studies such as those by Cashwell and Swindle (2020), Downie (2022), and Hollier et al. (2022) have employed phenomenological or thematic analysis to capture survivors' narratives. These approaches offer deep insight into subjective experience but are generally limited in terms of generalizability and often involve small, self-selected samples. Quantitative research remains relatively rare, with few validated instruments for measuring SA and even fewer studies that apply these tools to racially diverse samples. As Ellis et al. (2023) note, the absence of large-scale, representative surveys restricts the ability to assess prevalence and intersectional impact across different populations.

In recent years, spiritual abuse has also been linked to broader social and ethical concerns. Jayne Ozanne's 2017 address to the Royal College of Psychiatrists, titled *Spiritual Abuse—the Next Great Scandal for the Church*, positioned SA within debates over institutional accountability and LGBTQ+ inclusion. She cited alarming rates of depression and suicidality among LGBTQ+ Christians, calling for immediate recognition of SA as a legitimate and urgent mental health concern. The 2019 World Health Organization manual on mental health and social services reinforced this view, defining abuse in religious settings as a form of psychological violence that undermines autonomy and well-being (WHO, 2019).

Notably, despite these advancements, the application of SA frameworks to racially marginalized groups, particularly African American Muslims, remains nearly absent from scholarly discourse. While emerging studies (e.g., Abdalla, 2023; Ellis et al., 2022) are beginning to acknowledge the compounded nature of racialized and spiritual trauma, few have explicitly explored how mechanisms of SA manifest within Islamic contexts or how race and religious identity converge in the experience of harm. Kang (2022) and Polanco-Roman et al. (2024) argue that race-neutral trauma models risk obscuring the culturally embedded dimensions of abuse, particularly in populations already contending with systemic racism and Islamophobia.

Thus, while the academic conversation on SA has progressed from anecdotal narratives to theoretically informed qualitative research, significant gaps remain. Definitions remain inconsistent, quantitative tools are underdeveloped, and most importantly, racialized experiences of spiritual abuse are marginalized in the literature. The present review seeks to bridge these gaps by centering African American Muslim experiences of spiritual abuse within an intersectional framework, illuminating how race, faith, and identity intersect in the psychological aftermath of religious harm.

Spiritual Abuse Versus Religious Abuse

Over the past several decades, scholars have made important strides in distinguishing between religious abuse and spiritual abuse, the latter of which refers to the manipulation of personal beliefs, and the former to systemic harm enforced by institutional structures (Koch & Edstrom, 2022; Zaeske et al., 2024). Although these concepts are sometimes used interchangeably in public discourse, a growing corpus of peer-reviewed research delineates their unique forms and shared risks (Truong & Ghafournia, 2024).

Early scholarly efforts focused on conceptual distinctions, where authors described spiritual abuse as a subtle, interpersonal process: the distortion of religious doctrine for coercive purposes in dyadic or small-group settings (Blue, 1993; Enroth, 1993; Johnson & VanVonderen, 2005; Oakley et al., 2024). For instance, Oakley and colleagues' (2024) qualitative interviews revealed survivors reporting anxiety, depression, and disrupted belief systems, outcomes parallel to internalized spiritual policing, even absent formal organizational power.

In contrast, religious abuse has been situated within structural and institutional contexts. Perry (2024), drawing from a multi-denominational qualitative analysis, argues that religious abuse is enacted through formalized mechanisms (e.g., imposition of doctrine, clergy hierarchy, and institutional cover-ups), resulting in psychological coercion or, in more extreme cases, physical harm. These actions are often legitimized through theological justification, which complicates accountability for victims (Oakley, 2023; Oakley & Kinmond, 2013).

Notably, researchers such as Truong and Ghafournia (2024) have empirically compared these two constructs, employing mixed-methods designs to analyze survivor narratives. Their work demonstrates that spiritual abuse targets the individual's belief structure while religious

abuse engages institutional authority. Both, however, frequently overlap in environments where authority figures exploit spirituality under the guise of religion.

Studies focusing on Black and Muslim communities illustrate how these forms of abuse can be compounded by racial and religious marginalization. Nurein and Iqbal (2021) conducted a qualitative study with Black Muslim women to explore how young Black Muslim women experience intragroup (within their own communities) discrimination, identity, and belonging amid intersectional marginalization (race, religion, gender). The study's findings emphasized the invisibility and internal marginalization of Black Muslim women and highlighted how overlapping discriminations impact well-being and belonging. This research extends beyond earlier Christian-centric models (Fernández, 2022; Ward, 2011) and indicates that identity-based dynamics amplify both forms of harm in underexplored faith contexts.

From a clinical perspective, Latif et al. (2024) highlight the necessity of distinguishing between spiritual and religious abuse during treatment. In a qualitative study involving faith-based therapists, they found that clients presenting with spiritual abuse often benefit from interventions centered on reconstructing personal beliefs. In contrast, those experiencing religious abuse require systemic insights that address institutional betrayal and communal mistrust.

Despite this productive differentiation, methodological gaps persist. Most current studies focus on white Christian populations using qualitative methods with small sample sizes (Crocker, 2021; Fernández, 2022; McGraw et al., 2019). By contrast, minority communities, particularly African American Muslims, remain underrepresented. Although experiences from such groups have begun to emerge (Ellis et al., 2022; Latif et al., 2024), empirical research

remains limited in addressing how race, culture, and theology intersect with spiritual and religious harm.

Taken together, this literature revealed that spiritual and religious abuse are distinct but interdependent constructs. Spiritual abuse is primarily interpersonal and belief-centered, while religious abuse is institutional and structure-centered. Both require nuanced differentiation in research and clinical frameworks, especially in historically marginalized communities. Nevertheless, the predominance of Christian contexts and the lack of large-scale, culturally grounded studies underscore the need for further investigation. This dissertation, therefore, filled a critical gap by exploring both types of abuse among African American Muslims, examining how faith functions simultaneously as a source of resilience and potential harm.

The Role of Vulnerability

Research by Langberg (2020) explained that a crucial aspect of SA is vulnerability, which is often mistaken for personal weakness but is, in reality, a natural human trait that can be exploited in faith-based environments. In this sense, researchers, including Hayward and associates (2022), explain that vulnerability can serve as the foundation for authentic connection, empathy, and spiritual depth, but only when it is met with mutual respect and ethical responsibility. When such ethical safeguards are absent, the very quality that makes deep spiritual relationships possible can be twisted into a mechanism for manipulation and control. The findings of Gray and colleagues (2021) gave support to this by showing how children and older adults frequently encounter relational environments where trust is demanded but not reciprocated with ethical care, heightening their risk of abuse.

Similarly, researchers Sanchini et al. (2022) emphasized that individuals with disabilities face an increased threat of exploitation, particularly in settings where religious or moral authority

is used to override personal agency. These insights demonstrate that specific vulnerabilities are not isolated phenomena but are shaped by broader social structures and caregiving relationships. Recent studies by Platovnjak (2024) provided a structured understanding of vulnerability, categorizing it into two types: specific and anthropological. His analysis shed light on how vulnerability is not only an inevitable aspect of the human condition but also a feature that, when left unprotected, can serve as an entry point for spiritual abuse. In his discussion of specific vulnerability, Platovnjak identified individuals whose susceptibility stems from social, biological, or situational factors. For example, those with health challenges, younger people, or the elderly are often dependent on others for care and guidance, making them more exposed to coercion when those in power fail to safeguard their dignity and autonomy.

Demasure (2022) identified the *loss of self* as one of the most devastating consequences of spiritual abuse, in which victims experience a profound erosion of identity, agency, and meaning. Survivors described themselves as “no longer a person” or “a shadow of myself,” reflecting not only psychological harm but also the dismantling of their capacity to exist as autonomous, relational beings. This aligns closely with the concept of anthropological vulnerability, which emphasizes the inherent fragility of human existence grounded in relationality, dependence, and the search for meaning. Spiritual abuse exploits this vulnerability by weaponizing trust, authority, and sacred commitments, leaving individuals unable to integrate their religious identity with their sense of self. In this way, Demasure’s findings suggest that spiritual abuse is not merely an abuse of power but a violation of the fundamental human condition of vulnerability, severing the very structures, faith, community, and selfhood that ordinarily sustain resilience and flourishing.

Years before Platovnjak asserted the concept of anthropological vulnerability, Diane Langberg (2020) conceptualized the notion that all individuals were susceptible to SA precisely because of their innate (read: anthropological) vulnerability. She emphasized that vulnerability is not a flaw but a fundamental characteristic of humanity that, when respected, fosters deep, transformative connections. Keul (2022) expanded on Langberg's approach and related the notion of vulnerability to spiritual abuse and sexual violence. He concluded that within religious settings, power dynamics in faith communities often exploit specific vulnerabilities, making it imperative to establish protective measures against SA (Keul, 2022).

Recent scholars agree, as Hürten et al. (2025) found, that when leaders or institutions exploit individuals' trust, the effects can be devastating, as processes intended to nurture spiritual growth become sources of control and harm. Victims may experience intense internal conflicts regarding faith, trust, and self-worth, often struggling with guilt, shame, and feelings of unworthiness (Captari et al., 2024).

Institutional Abuse as a Subtype of Spiritual Abuse

Institutional abuse, recognized as a distinct subtype of spiritual abuse, occurs when religious institutions themselves, beyond individual perpetrators, enact harm through systemic policies, cover-ups, or discouraged reporting (Harmon, 2025; Hoyeau, 2021; Keul, 2022). Early attention to this form of abuse emerged prominently in the Catholic sexual abuse crisis. In 2019, Pope Francis's Apostolic Letter *Vos Estis Lux Mundi* formally acknowledged the Church's institutional failures and called for structural reform to break cycles of cover-up and victim-blaming (Francis, 2019). This move catalyzed research into how organizational cultures and hierarchical power structures enable abuse.

Scholars such as Johnson (2018) and Fernández (2022) explored these dynamics empirically, analyzing how institutional silence and denial reinforce survivors' trauma. A landmark meta-analysis of clergy-perpetrated abuse (McGraw et al., 2019) confirmed that institutions often prioritized organizational reputation through cover-ups rather than victim welfare, resulting in prolonged psychological harm. Qualitative studies of survivors also emphasize how faith communities frequently discourage disclosure, or even frame it as spiritual failure, further isolating victims (Fernández, 2022; Ward, 2011). Collectively, this work highlights how institutions, in their efforts to maintain cohesion, can inadvertently perpetuate harm.

Over the past decade, research has continued to unpack the mechanisms by which unchecked authority fosters spiritual abuse. Mulvihill et al. (2023), in a qualitative ethnographic study of faith communities, found institutional gatekeeping not only silenced survivors but also discouraged communal scrutiny of leadership. Hulley et al. (2023) identified cases where religious leaders, in efforts to preserve marital or communal stability, advised victims to remain in abusive relationships, reinforcing theological dictums over personal safety. Gezinski et al. (2023) observed a U.S.-based trend in which survivors were often counseled to increase prayer or religious observance rather than connect with professional or protective services. In contrast, Ghafournia (2017) reviewed international cases and highlighted how survivors who resisted institutional impulses to 'stay and pray' often sought and benefited from external support.

Empirical research across religious traditions demonstrates how institutional abuse functions as a subtype of spiritual abuse, reinforcing the theoretical claims of Abou El Fadl (2001) and Fernández (2022). In Catholic contexts, Demasure (2022) documents how hierarchical structures facilitated abuse by silencing survivors and prioritizing institutional

reputation over individual well-being, resulting in what she calls the ‘loss of self.’ Similarly, Oakley and Humphreys (2019) found in evangelical settings that survivors reported systemic patterns of silencing, victim-blaming, and manipulation of doctrine to protect leaders, showing how institutions weaponize theology to consolidate control. In Muslim communities, Ellis et al. (2023) describe how Black Muslim women’s accounts of harm were dismissed or delegitimized within mosques and organizations, underscoring how institutional gatekeeping perpetuates both gendered and racialized forms of abuse. These studies highlight that when institutions claim exclusive authority over sacred texts, spiritual legitimacy, or communal belonging, they transform structures of care into mechanisms of coercion. Taken together, this evidence strengthens the case that institutional abuse is not simply correlated with spiritual abuse but is a distinct subtype, magnified through systemic power that normalizes harm and obstructs accountability.

These studies also raise important questions about the broader protective potential of spirituality and religious institutionalism, as discussed in the literature by Currier et al. (2024) and Pargament and Exline (2020). While these scholars argued that communal faith can foster resilience, institutional trust must be earned and sustained over time. When institutions fail to protect, what was once a source of well-being can become a source of harm.

Intersections of religion, race, and gender complicate this picture, yet remain underexplored. Although some research in African American faith traditions points to systemic silencing and mistrust towards institutions in the context of gender- or faith-based trauma, these discussions have seldom focused on Muslim communities (Ellis et al., 2022). This oversight highlights a critical gap: how do institutional religious abuses manifest in Muslim-majority or Black Muslim settings? Do the same dynamics observed in Christian contexts hold? Because this

intersection has not yet been adequately theorized or empirically examined, future research is needed to investigate institutional abuse within African American Muslim contexts, considering how religious hierarchical authority, cultural norms, and communal solidarity intersect in either enabling or preventing spiritual harm.

The Role of Religion and Spiritual Abuse in Domestic Violence (DV)

The role of religion and spiritual abuse in domestic violence (DV) is increasingly recognized as complex, functioning both as a potential source of resilience and as a tool of coercion. Simonič et al. (2013) highlighted how religious-related abuse can emerge when perpetrators manipulate sacred texts, theological language, or religious authority to legitimize violence and control within the family. This dynamic not only deepens the harm but also complicates victims' ability to seek support, particularly when faith communities fail to name or condemn such abuse. In American Muslim contexts, early empirical studies reported that approximately 10–20% of participants disclosed experiences of physical DV and up to 40% reported verbal abuse, rates that parallel national statistics indicating that one in three women experiences physical violence (Ali et al., 2022).

These studies also suggest that religion and spirituality distinctly shape both the occurrence of abuse and the strategies survivors employ in response. Despite these insights, research remains limited on the unique experiences of Black Muslim women, who navigate compounded vulnerabilities at the intersections of race, religion, and gender. Scholars have demonstrated that communal expectations and religious authority can both deter reporting and influence survivors' perceptions of their suffering (Abu-Ras et al., 2021; Chowdhury & Winder, 2021; Istratii & Ali, 2021). Abu Ras and Suárez (2021), for instance, found that survivors often

felt pressured to endure DV as a private matter or even as a spiritual test, reflecting how cultural norms, religious interpretations, and stigma intersect to suppress disclosure.

Researchers such as Sharifnia et al. (2023) argued that patriarchal religious structures, despite Islamic teachings affirming women's dignity, enable the manipulation of faith to justify control and violence. Empirical work by Simonič et al. (2013) and Truong and Ghafournia (2024) highlighted how perpetrators utilize religious language to reinforce coercive tactics, including financial restrictions, forced isolation, or spiritual withdrawal. At the same time, other studies emphasize the resilience-producing dimension of faith. For example, Istratii and Ali (2023) and Powell and Pepper (2021) demonstrated that spirituality can provide survivors with coping resources, a sense of divine justice, and pathways toward healing. Thus, spirituality emerges as a dual force: while it can normalize violence when misappropriated, it can also serve as a crucial source of resilience and recovery.

This complex interplay is echoed in cross-religious scholarship. Studies of Christian, Jewish, and other contexts similarly document how patriarchal readings of sacred texts operate to legitimize DV while simultaneously offering survivors faith-based avenues of empowerment (Murugan, 2022; Oakley & Humphreys, 2019). Within Muslim settings, ethnographic research shows how religious leaders and institutions can compound coercion by reinforcing male dominance (Chowdhury, 2023; Ghafournia, 2017). However, qualitative studies with American Muslim women, including those by Eugene (2014), Hassouneh-Phillips (2001), and Oyewuwo (2020), also reveal how intersecting religious, racial, and gender identities intensify experiences of DV while shaping both barriers to help-seeking and strategies of resistance.

Taken together, this body of literature highlights that DV in American Muslim households cannot be understood apart from the role of religion and spirituality. Religious beliefs

and institutions can function as both obstacles and resources: they may be manipulated to justify violence and silence survivors, but they can also provide frameworks of meaning and empowerment in recovery. This duality underscores the need for intersectional research that captures how overlapping systems of oppression, including racism, Islamophobia, and patriarchy, interact with spiritual life. The present study builds on these insights by integrating quantitative and qualitative approaches to explore how African American Muslims navigate religion and spirituality as both a source of harm and healing in the context of DV.

Psychological and Emotional Harm

Early conceptualizations of SA as a distinct psychological and emotional phenomenon emerged from clinical and pastoral literature that framed it as an abuse of religious power that undermines personal autonomy and spiritual identity. Foundational work by Pargament et al. (1998) helped distinguish between positive and negative religious coping, highlighting how distorted spiritual frameworks could exacerbate distress rather than alleviate it. Simultaneously, Morrow (1998), in a theological-pastoral analysis, introduced the concept of “toxic religion,” arguing that religious systems rooted in shame or rigid perfectionism can invalidate personal experience and contribute to psychological harm. These early studies established the groundwork for understanding SA as a form of psychological trauma situated within spiritual contexts.

As the field evolved, scholars began to empirically explore how SA functions psychologically, particularly within Christian environments. In one of the earliest qualitative studies, Enroth (1994) interviewed survivors of abusive churches and found recurring patterns of control, emotional manipulation, and theological coercion. Oakley and Humphreys (2018), through a mixed-methods study, documented how SA impacts not only individuals' mental health but also their relationships with religious communities. Their findings emphasized that SA

often involves the misuse of doctrine to silence dissent, enforce compliance, and disrupt spiritual development.

Contemporary research offers more nuanced insights into both the harms and potential for recovery associated with SA. On the harm-focused side, Mulvihill et al. (2023) conceptualize SA as a coercive distortion of spiritual guidance, using a narrative synthesis of survivor testimonies to show how such abuse creates psychological confusion and undermines self-worth. Similarly, Figueroa and Tombs (2023) highlighted, through a thematic analysis of interviews, the emotional damage resulting from the weaponization of religious beliefs to manipulate behavior. Stone (2024) argues in her conceptual work that SA is particularly insidious because it compromises both psychological stability and spiritual coherence, producing internal divisions between belief and lived experience.

Empirical studies further underscored these patterns. Berdowicz (2024), building on earlier work by Jones et al. (2022), examined the misuse of religious authority in Christian communities, finding that leaders often impose rigid doctrinal interpretations that demand obedience, resulting in lasting emotional trauma. Knapp (2021), in a phenomenological study, documented the use of spiritual gaslighting, threats of divine punishment, and suppression of critical thought as mechanisms that generate fear and dependency. Murillo (2020) also found that threats of spiritual condemnation frequently silenced victims, reinforcing psychological distress.

In contrast to this harm-centered literature, a growing body of work has also emphasized spirituality's protective and restorative functions. Pargament and Exline (2021) demonstrated, through longitudinal data and psychometric analysis, that positive religious coping can mitigate trauma symptoms by fostering a sense of meaning, connectedness, and hope. Currier et al. (2023) further argue that spiritually integrated therapeutic practices can promote recovery when religion

is engaged in non-coercive, empowering ways. These findings are echoed in Ortega-Williams et al. (2021), whose community-based research indicates that faith, when expressed in affirming environments, contributes to psychological resilience and the restoration of spiritual identity.

The psychological dimensions of SA intersect with broader social structures, especially in contexts where spiritual rhetoric reinforces marginalization. For example, Wang et al. (2024) observed that religious teachings, when used to uphold hierarchical authority, suppress individual agency and discourage critical thinking and questioning. This dynamic is particularly pronounced in fundamentalist traditions. Tomalin (2023), through critical discourse analysis, demonstrated how doctrinal rigidity is often linked to gender and sexual conformity, thereby limiting the emotional safety of those who deviate from institutional norms. Stone (2024) built on this by emphasizing the compounded vulnerability of LGBTQ+ individuals and women in these environments, where SA often masks patriarchal control as divine mandate.

Recent studies also illustrated how the effects of SA are magnified in marginalized populations. Hollier et al. (2022), using qualitative data from LGBTQ+ participants in evangelical settings, documented the psychological harm associated with coercive practices such as conversion therapy and exclusion. Goodman (2024) described how microaggressions like *'love the sinner, hate the sin'* operate as theological justifications for identity suppression, contributing to long-term emotional distress. Perry (2024) further emphasized how doctrinal interpretations are deployed to pathologize LGBTQ+ identities, often with severe consequences for mental health.

A comprehensive review by Goodwin (2020) identified 'religious trauma syndrome' as a potential outcome of prolonged exposure to SA, particularly among those navigating spiritual rejection and community loss. This diagnosis included symptoms such as identity confusion,

mistrust, and isolation. In response, trauma-informed interventions are increasingly recommended. Vis and Boynton (2024) suggest that integrative trauma treatments should include spiritual care to help individuals regain agency, meaning, and purpose. Common strategies typically involve narrative therapy, cognitive restructuring, peer support, and mind-body practices, aiming to treat the whole person—body, mind, and spirit. Similarly, Ortega-Williams et al. (2021) emphasized that healing is most effective when survivors are reconnected to faith in affirming, non-authoritarian settings.

Taken together, the literature scholars demonstrated an apparent dichotomy in the psychological consequences of spirituality. While faith can serve as a source of profound resilience, it can also become a mechanism of harm when distorted by coercive authority. This duality, as addressed earlier, highlights the need for mental health practitioners and religious leaders to recognize both the damaging and restorative potentials of faith, particularly in therapeutic and communal contexts.

Mechanisms of Spiritual Abuse in African American Muslim Communities

Toxic Theology

The concept of toxic theology was first identified in early literature as a mechanism of coercion when religious authority is unchallenged. Morrow's (1998) qualitative analysis defined toxic religion as any system capable of "shaming potential" or invalidating human experience, particularly through rigid "perfectionist-retributionist" doctrines (pp. 264–268). This foundational work emphasized how idealized religious expectations suppress emotional authenticity. Daniel (2019) built upon this framework, highlighting that such teachings often impede individuals' psychological well-being by diminishing their self-worth.

Theoretical articulation gained traction more recently with Marchinkowski (2022), whose theological critique argued that faith frameworks emphasizing passive obedience constrain spiritual agency. However, Tarico and Winell (2014) had earlier developed these insights in a coauthored article with Marlene Winell, "Psychological Harms of Bible-Believing Christianity" (posted October 31, 2014), in which they proposed a systematic conceptual framework comprising four core elements: authoritarian leadership, restricted information flow, literalist scriptural readings, and coercive divine threats. Their descriptive model has guided subsequent qualitative studies examining toxic dynamics in religious settings.

Psychology scholars have empirically traced these dynamics. Fernández (2022) and Chisholm and colleagues (2024), in qualitative investigations of clergy-involved abuse, documented how theological manipulation fosters emotional dependency and silences dissent. Pargament et al. (1998) used mixed-methods designs to show that theological framing is often strategically leveraged to enforce community compliance, particularly in congregational or familial contexts. These findings suggest a consistent relationship across faith traditions between toxic theological constructs and spiritual harm.

Historical case studies of extreme group and cult dynamics, such as Jonestown or the Branch Davidians (Blee et al., 2023; Lewis, 2011), further illustrated how toxic theology can escalate into systemic abuse. These historical analyses utilized archival research to highlight how fear-based interpretations of spiritual authority can lead to catastrophic psychological and physical consequences, while also informing contemporary scholarship.

In African American Muslim communities, similar dynamics have been evidenced through qualitative ethnographies. Hollier et al. (2022) and Nsour (2022) described how authoritarian Islamic interpretations frame obedience as a religious duty, threatening divine

punishment. This aligns with Daniel (2019) and Winell (2011), who argued that such environments suppressed theological reflection and encouraged fear-based compliance. Ahmad et al. (2024) 's mixed-methods study demonstrated how these pressures disproportionately affect women and converts, particularly within Salafi-oriented spaces that enforce strict gender roles and discourage dissent (Al'Uqdah et al., 2019). Taken together, these works illustrate how toxic theology creates conditions of cognitive dissonance, as individuals reconcile spiritual ideals with experiences of harm sanctioned by doctrine.

The internal psychological toll of toxic theology is evident across a range of empirical studies, which collectively demonstrate how harmful doctrinal environments foster self-blame, emotional isolation, and spiritual dissonance. Qualitative interviews by Soral et al. (2022) and Tomalin (2023) revealed that survivors often interpret their suffering as divinely mandated, a belief reinforced by theological narratives that associate hardship with moral failure or spiritual deficiency (Ahmad et al., 2024). Lateef and Umarji (2022) further showed how patriarchal interpretations constrain women's agency and perpetuate exclusion within religious communities. In narrative inquiry, Oakley et al. (2018) found that environments structured around fear and doctrinal rigidity erode personal autonomy, often leading to internal conflict between spiritual identity and lived experience. Extending this line of inquiry, Schipani's (2021) mixed-methods research illustrated how institutionalized forms of fundamentalist spirituality operate through hierarchical control and emotional manipulation, leaving survivors with enduring psychological and spiritual harm.

Patriarchal Structures

According to Ortner (2022), patriarchy is more than individual prejudice or sexism; it is a structured social formation of male-gendered power that recurs with striking regularity across

diverse contexts, from families and kinship networks to larger institutions such as organized religion, politics, education, and the state. Historical scholarship further demonstrates how these entrenched systems of authority are grounded in ancient texts and hierarchical traditions that continue to shape contemporary beliefs and practices (Cremer, 2021). Jablonka (2022) adds that the persistence of patriarchal control across both historical and modern institutions reveals its capacity to reproduce structural inequities across generations, reinforcing male dominance and limiting women's agency. In contemporary contexts, public responses to events such as the 2022 U.S. Supreme Court decision reversing *Roe v. Wade* underscored the ongoing relevance of patriarchal structures and their psychological consequences (Gupta et al., 2023).

Within religious contexts, patriarchal authority remains a critical factor in the perpetration of SA. Research demonstrates that many religious institutions uphold gender hierarchies that severely limit women's autonomy and access to leadership, enabling the unchecked authority of male figures (Chowdhury et al., 2022). In Islamic settings, this gendered power dynamic frequently manifests as male-dominated religious leadership and control over doctrinal interpretation (McGraw et al., 2019). Hassouneh and Kulwicki (2022) note that such dynamics create environments in which women are expected to defer to male religious leaders, imams, or spouses under the guise of spiritual obedience. Sharifnia and colleagues (2023) further explain that such submission is often framed as a religious obligation, thereby justifying gender-based spiritual control.

Religious studies scholars consistently demonstrated that scriptural interpretation can be mobilized to justify controlling behavior, particularly within marital and gendered relationships. Clarke et al. (2025) show how Lutheran theological arguments in Australia frame women and femininity as problematic for the church, while simultaneously avoiding serious engagement

with women's lived experiences of inequality. Earlier feminist theologians, such as Fiorenza (1985, 1995), similarly exposed how dominant biblical interpretations reinforce patriarchal norms by sanctifying male authority and relegating women to positions of silence or subordination. These works highlighted how interpretive authority, rather than scripture itself, became a tool of systemic control. In sociological research, Homan and Burdette (2021) extend this argument by demonstrating that structural sexism within religious congregations has measurable consequences for women's health, underscoring the tangible harms that accompany theological and institutional marginalization.

Moreover, religious teachings have also been employed to sustain male dominance in both communal and domestic spaces (Perales & Bouma, 2019). Religious studies authors reveal that scriptural interpretation can be used to justify controlling behavior, particularly within marital relationships (Barr, 2021; Ross, 2012). Demasure (2022) argues that religious rhetoric often masks systemic abuse, enabling male perpetrators to exploit sacred texts. Lalonde and Arnocky (2023) explain that patriarchal readings of scripture discourage women from leaving abusive relationships, promoting silence and endurance as spiritual virtues. Taken together, this body of scholarship revealed how religious rhetoric often masks systemic abuse, allowing male perpetrators and religious institutions alike to exploit sacred texts in ways that legitimate coercion and perpetuate gendered hierarchies.

The intersection of gender and religious identity in the literature further compounds the impact of patriarchal abuse, particularly for African American Muslim women. Lateef and Umarji (2022) observed that spiritual leaders often advocate for family preservation over victim protection, even in cases of violence. When women resist such expectations, they are frequently stigmatized or excluded from their communities (Lee et al., 2023). Perry (2024) reports that

victims of gendered SA often face communal pressures to remain silent to protect family honor and religious reputation.

Patriarchal ideology also shapes broader social and spiritual norms. Adjei and Mpiani (2022) found that male dominance and domestic violence are often culturally and religiously sanctioned across various global contexts. Lauve-Moon (2021) noted that patriarchal societies cultivate ideologies that normalize coercive control, including through religious doctrine. Research scholars Mulvihill et al. (2023) and Powell and Pepper (2021) reported that male perpetrators frequently cite religious justification for their actions, contributing to a cultural atmosphere in which abuse remains unchallenged. Moreover, Starkey and Tomalin (2022), in their handbook of religion, gender, and society, suggested that religious institutions often ignore domestic violence, a phenomenon described as the *Holy Hush* (Aghtaie et al., 2020).

The consequences of these patriarchal systems are particularly damaging for women who seek support or autonomy within their faith communities. Researchers Miller and Crawford, in two separate studies (i.e., Crawford & Miller, 2020; Miller & Miller, 2021), described how the intersection of racial, gender, and religious marginalization amplified feelings of spiritual alienation and existential distress. Similarly, Dlamini (2023) outlined how these intersecting oppressions reinforced spiritual abuse and limit women's ability to challenge discriminatory practices.

Religious patriarchy also manifests through institutional barriers that prevent women from participating fully in religious, educational, or public life. Aziz et al. (2020) explained how restrictive interpretations of Islamic texts have been used to deny women leadership roles or autonomy. Jayasundara et al. (2014) and Murillo (2020) identified how dress codes, public speaking restrictions, and limits on women's education are enforced through appeals to religious

doctrine. Eidhamar (2018) added that these same teachings impose rigid expectations on men to uphold authoritarian family structures, creating internal conflict and existential anxiety.

Research scholars highlight the unique vulnerabilities that African American Muslim women and girls face within patriarchal religious environments (Al'Uqdah et al., 2019; Sediqe et al., 2025). Karim (2006) emphasized that these women are frequently excluded from theological interpretation and decision-making structures, which reinforced gendered subordination and limits their agency within faith communities. This systemic marginalization often begins in childhood, where patriarchal norms are internalized through early religious socialization. As DeGue et al. (2024) noted, children raised in such settings tend to absorb hierarchical views of gender, cultivating enduring beliefs about dominance and submission that persist into adulthood. The psychological implications of these early exposures are profound. Krishna and company (2024) argued that when these internalized hierarchies are not actively addressed in therapeutic or communal settings, they contribute to the intergenerational transmission of trauma.

Epistemic Injustice

Epistemic injustice has emerged in scholarly literature as a critical lens for examining spiritual abuse, particularly within marginalized religious communities. According to Okoroji et al. (2023), marginalized groups are denied opportunities to create knowledge and derive meaning from their experiences. This often occurs through theological gatekeeping, in which interpretive authority is monopolized by a small group of scholars or leaders, marginalizing alternative or culturally grounded expressions of faith (Rippy & Newman, 2024).

Fisher's (2023) paper on epistemic injustice, based on Miranda Fricker's framework, testimonial and hermeneutical harm inflicted on individuals in their roles as knowers, offered a crucial lens for understanding the silencing of marginalized voices. Testimonial injustice occurs

when credibility is denied on the basis of prejudice, whereas hermeneutical injustice arises when the conceptual resources necessary to interpret one's experience are lacking. In the context of spiritual abuse, these injustices converge when survivors' narratives are reframed through religious language that minimizes harm, leaving them unable to name or validate their experiences within their communities.

Building on this, Robert Vinten's (2025) notion of *deep epistemic injustice* demonstrates how Islamophobia compounds these harms by disregarding Muslim women's testimonies, such as French Muslim women who view veiling as an expression of dual identity, while state authorities reframe the practice solely as oppression. In her book, *Re-visioning Gender in Philosophy of Religion* (Anderson, 2017), Anderson analyzed how the Christian faith unjustly marginalizes women and diminishes their credibility, while also critiquing scholars in the philosophy of religion whose treatments of Christianity unfairly disadvantage women. For instance, she references biblical passages that portray women as being at the lowest end of a patriarchal structure (e.g., Corinthians 11:3 "...the head of every man is Christ; and the head of the woman is the man; and the head of Christ is God" and Corinthians 11:7 "For a man indeed ought not to cover his head, forasmuch as he is the image and glory of God: but the woman is the glory of the man") and examined how these patriarchal verses in the Bible have been utilized to silence Christian women's voices (Anderson, 2017).

When situated within the lives of African American Muslims, these forms of epistemic injustice intersect with racialized marginalization, gendered subordination, and intra-communal theological silencing. Intersectionality theory (Crenshaw, 1991) clarifies that African American Muslim women face a compounded vulnerability: their credibility is undermined not only by Islamophobia in broader society but also by racial stereotypes within American religious

discourse and patriarchal norms within Muslim communities. This layered silencing produces what might be termed *intersectional epistemic injustice*, where structural racism, gendered hierarchies, and theological framings converge to suppress survivors' knowledge claims. As a result, African American Muslim women confronting spiritual abuse experience a dual erasure, both from dominant cultural narratives that stigmatize Islam and from intra-communal religious logics that render abuse invisible. Recognizing this intersectional dimension is therefore essential for uncovering how epistemic injustice both reflects and reinforces the systemic marginalization of these communities.

Scholars have shown that epistemic injustice within African American Muslim communities operates through multiple interrelated mechanisms. Fernández (2022) highlighted how individuals raised in spiritually abusive settings are socialized to interpret long-term harm as divine love or necessary trials, which obstructs their ability to recognize abuse and pursue healing. Cooke (2022) noted that institutional priorities often favor maintaining religious unity over supporting survivors, while Nsour (2022) and Rekis (2023) observed that dissenters are frequently labeled as disloyal or deviant for challenging dominant norms. Ramler (2023) points to the internalization of theological inferiority, wherein African American Muslims view their cultural interpretations as less legitimate, limiting the development of alternative theological frameworks. Accusations of adopting Western ideologies are frequently directed at African American Muslim women who critique patriarchal structures, further silencing reform efforts. As Porcher (2024) and Ritunnano and Kidd (2024) argued, this lack of institutional recognition for epistemic injustice enabled the ongoing marginalization of survivors and sustained theological control.

The Relationship Between Spiritual Abuse and Racial Trauma

The psychological literature consistently identifies African American populations as disproportionately affected by trauma, particularly in the context of systemic racism and structural inequity (Burton et al., 2023; Hood et al., 2023; Williams et al., 2019). Early empirical studies documented elevated rates of depression and anxiety among African Americans, with racial trauma (RT) identified as a primary contributing factor (Lee et al., 2023). C nat (2023), drawing on longitudinal and cross-sectional analyses, demonstrated that chronic exposure to racial microaggressions, institutional exclusion, and community-level violence generates cumulative psychological distress across the lifespan. These findings were further substantiated by Muscatell et al. (2022), whose neurobiological research linked racialized stress to dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, a mechanism known to increase vulnerability to mood disorders and trauma-related psychopathology.

Theoretical advancements have increasingly emphasized the importance of intersectionality in understanding the psychological effects of trauma. Grounded in Crenshaw's (1989) framework, recent research integrates race, gender, and religion as co-constituting forces in trauma experiences. Scholars such as Karaman and Christian (2020), Tomalin (2023), and Robert et al. (2024) argued that trauma among African Americans cannot be sufficiently understood without accounting for overlapping identities and systems of oppression. Tineo et al. (2021), based on an intersectional qualitative meta-synthesis, found that failure to address these intersecting dynamics compounds psychological harm. In African American communities specifically, Ellis et al. (2023) and Hall and Sandberg (2023) identified how the interlocking effects of systemic racism, patriarchal religious norms, and exclusionary spiritual environments intensify internalized oppression and psychological fragmentation.

Building on these theoretical developments, emerging research has highlighted the intergenerational transmission of trauma within African American families. Alvidrez and Tabor (2021), through mixed-methods research, identified both biological predispositions and familial coping styles as pathways through which trauma is inherited. Their work aligns with that of Hankerson et al. (2022), who found that exposure to RT predicts increased risk of PTSD and depression across multiple generations. Priest and Williams (2021) add that repeated exposure to racialized violence disrupts developmental processes and can impair the formation of coherent identity structures in Black youth, further reducing psychological resilience.

Recent empirical studies have also examined the psychosomatic and neurocognitive outcomes of chronic race-related stress (RRS). Research scholars Cénat (2023), Elbasheir et al. (2024), and Mekawi et al. (2021) documented how RRS functions as a persistent psychological stressor linked to heightened anxiety, depressive symptomatology, and trauma reactivity. Cavalhieri et al. (2023) and Harb et al. (2023), using physiological and self-report data, found that chronic racial stress dysregulates affective functioning, leading to increased emotional volatility and impaired cognitive-emotional integration. These findings collectively indicate that RRS contributes to an enduring sense of threat, identity instability, and susceptibility to trauma disorders.

This research gained additional complexity when examined within African American Muslim communities, where race and religion often intersect in compounding ways. Ahmad et al. (2024) and Al'Uqdah et al. (2019) identified, through qualitative interviews and community-based surveys, how SA in these contexts often takes the form of authoritarian leadership, rigid gender norms, and racial exclusion, which is often masked as theological purity. Mogahed and Ikramullah (2020), through survey data comparing Black and White Muslims, revealed that

African American Muslims are more likely to experience religious marginalization, discrimination within mosques, and spiritual invalidation, all of which contribute to heightened distress and disillusionment with religious institutions.

An intersectional analysis of SA and RT underscored the complex forms of epistemic and existential harm encountered by African American Muslims. Abdalla (2023) employed qualitative intersectional methods to show how overlapping religious and racial subjugation exacerbate trauma outcomes. Similarly, Robert et al. (2024) documented how African American Muslim survivors of SA frequently report epistemic exclusion, being denied the authority to interpret their faith in ways that affirm their racial identity. Tineo et al. (2021) argued that the inability to challenge dominant religious paradigms leads to internalized spiritual inferiority and a profound rupture in the continuity of cultural and religious self-understanding.

Therapeutic literature has responded by calling for interventions that are culturally and spiritually congruent. Abu-Ras et al. (2021) emphasized, through clinical case reviews and program evaluations, the necessity of trauma-informed care models that integrate racial, cultural, and religious contexts. Their findings suggest that culturally neutral approaches often fail to address the full spectrum of client experiences, limiting clinical efficacy. Harb et al. (2024), in a community-based participatory research study, advocate for integrated models of care that combine racial justice with religious literacy, suggesting that therapeutic practices must engage the unique identity configurations of African American Muslims to be effective.

Quantitative studies on SA further reinforced the need for an intersectional perspective. Pargament and Exline (2020) provided large-scale survey data linking SA with declines in psychological functioning, particularly when spiritual betrayal intersects with racialized exclusion. Complementary findings from the American Psychological Association (APA, 2018)

showed that younger African Americans increasingly report mental health challenges linked to disaffection from religious institutions, suggesting a loss of culturally safe spiritual spaces.

Taken together, this body of research demonstrated that African American Muslims experience distinct psychological vulnerabilities at the intersection of spiritual abuse and racial trauma. These intersecting harms are perpetuated by theological, institutional, and sociocultural mechanisms that remain insufficiently examined in both clinical and religious discourse. Although growing attention has been paid to racial trauma (Cénat, 2023; Williams et al., 2019) and, separately, to spiritual abuse (Oakley & Humphreys, 2019; Pargament & Exline, 2020), few studies explicitly investigate their combined impact within racially marginalized religious communities. Scholars such as Ahmad et al. (2024) and Robert et al. (2024) have begun to identify this intersection, yet comprehensive, empirically grounded analyses remain limited. This gap in the literature has been noted by Tineo et al. (2021), who called for deeper inquiry into how overlapping systems of oppression, including racism and religious authoritarianism, shape mental health outcomes. The lack of integrated studies obscures the compounded psychological effects faced by African American Muslims and limits the development of culturally responsive therapeutic models. This critical gap underscored the need for intersectional frameworks that not only acknowledge the layered nature of harm but also address its complex sociopolitical and spiritual roots.

Psychological Sequelae of Spiritual Abuse

The psychological sequelae of SA have been widely recognized in the literature as both profound and enduring, particularly among African American Muslim communities, where intersecting racial and religious marginalization compounds the trauma experienced (Abdalla, 2023; Alvidrez & Tabor, 2021; Awaad & Riaz, 2022; Rehman & Hanley, 2023). A range of

studies have established that SA results in long-lasting emotional and cognitive harm. The authors of scholarship outlined in separate research findings (Ellis et al., 2022, 2023) observed that survivors of SA often report chronic feelings of shame, remorse, diminished self-worth, and identity dysfunction symptoms that persist even after individuals have removed themselves from abusive religious contexts. The trauma associated with SA becomes particularly acute when it induces a crisis of faith, compelling individuals to reassess their moral framework, life purpose, and value systems. Doyle (2009) referred to this as ‘soul murder,’ a term that encapsulates the existential devastation wrought by SA.

The literature suggests that theological manipulation and institutional practices play a significant role in deepening psychological harm. Researchers of Hollier et al. (2022) and scholars Osuna and Zuniga (2025) noted that within marginalized communities, SA is frequently enabled by patriarchal systems and epistemic injustice, structures that systematically silence dissenting voices and invalidate individual spiritual experiences. Al’Uqdah et al. (2019) and Ahmad et al. (2024) further demonstrated that such manipulation fosters internalized guilt and impairs one's ability to distinguish genuine spiritual guidance from coercive control. Several studies have also drawn parallels between SA and symptoms of PTSD. The authors of Panchuk (2024) and Stone (2013) documented manifestations such as chronic anxiety, hypervigilance, and pervasive distrust of religious institutions, noting that these responses are consistent with trauma-based pathology.

For African American Muslims, the effects of SA are often compounded by systemic racism or Islamophobia (Al’Uqdah et al., 2019; Bassioni & Langrehr, 2021; Sediqe et al., 2025). McLaughlin and company (2022) added that Islamophobic narratives contribute to self-stigma and discourage individuals from seeking mental health support, thereby increasing their

vulnerability to chronic psychological dysfunction. This is particularly relevant for African American Muslims, who, according to Bolouri (2022), Rippy and Newman (2024), and Tineo et al. (2021), frequently experience conflict between their religious identity and the racialized expectations imposed upon them both within and outside of their faith communities.

Speaking more broadly, the literature on religion and mental health provided a critical context for understanding these dynamics. Pargament and Lomax (2013) offered a comprehensive review of the complex relationship between religiosity and mental health, acknowledging the dual role of religion as both a source of healing and a potential contributor to psychological harm. Their research underscored the need to assess religious engagement within therapeutic contexts, especially when that engagement had been shaped by abuse or coercion. Gomez et al. (2021) and Panchuk (2018) advocated for trauma-informed and culturally responsive interventions that prioritize survivor agency and challenge harmful theological constructs. Similarly, researchers Karaman and Christian (2020) advocated for comprehensive reforms that incorporate theological inquiry, gender equity, and institutional accountability as essential components in fostering healing and resilience.

Coping and Healing Mechanisms

Recent scholarship on coping and healing from spiritual abuse (SA) underscores the need for healing frameworks that are not only trauma-informed but also culturally responsive and spiritually attuned. Williams and colleagues (2023) argued that recovery from the compounded effects of spiritual and racial trauma cannot be disentangled from the broader socio-cultural and religious environments in which harm occurs. Trauma-informed care models, though foundational, remain insufficient when they fail to address the intersecting racial, cultural, and spiritual identities of survivors (Lee et al., 2023). This limitation is especially significant for

African American Muslims, who often face layered marginalization at the nexus of anti-Black racism, Islamophobia, and patriarchal religious authority. In such contexts, healing requires interventions that can account for multiple, interlocking forms of oppression.

The literature emphasized cultural humility as a cornerstone of effective intervention. Plaisime et al. (2023) identify cultural humility as more than a clinical stance; it is an ongoing practice of power-sharing, reflexivity, and contextual sensitivity that resists reproducing hierarchical dynamics. This is crucial for African American Muslims, whose experiences of spiritual abuse are often compounded by histories of epistemic exclusion and institutional mistrust, both within religious communities and within mental health systems. Without culturally humble approaches, survivors risk encountering further silencing and retraumatization.

Ranjbar et al. (2020) further emphasized that survivors' spiritual belief systems must be integrated into therapeutic paradigms. Neglecting the role of faith in healing not only alienates survivors but also erases one of the most potent resources for resilience and meaning-making. This is particularly relevant for African American Muslims, whose spirituality often provides a framework for interpreting suffering, cultivating resistance, and fostering communal solidarity. Recent studies demonstrated that faith-based coping, when validated and supported, can serve as a protective factor against psychological distress, especially in communities navigating multiple axes of marginalization (Awaad & Ali, 2021; Chenube, 2025).

Vis and Boynton (2024) expanded on this by arguing that spiritual trauma in minority communities requires restorative practices that empower survivors to reclaim their religious identities in ways that resist authoritarian control. For African American Muslims, this may involve disentangling Islam's liberatory teachings from patriarchal distortions imposed by leaders or institutions. Such restorative practices align with intersectional approaches to healing,

which recognize that empowerment requires confronting the structural hierarchies, racism, sexism, and Islamophobia, that frame the abuse in the first place.

Emerging empirical work supported these claims. Captari and Worthington (2024) and Çınaroğlu (2024) demonstrated that spiritually attuned, culturally specific interventions improved psychological outcomes and enhanced resilience among minoritized groups. Hodge et al. (2024) and Naeem and Adam (2026) further highlighted that therapeutic methods that recognize both racial and religious identities can help mitigate the negative impacts of trauma for African American Muslims, while also equipping practitioners with the necessary knowledge to deliver effective and culturally appropriate services to this distinct American Muslim community through a lens of respect and cultural humility. In contrast, approaches that overlook these identities risk reinforcing hermeneutical injustice, potentially leaving survivors without the necessary conceptual or spiritual resources to understand their experiences.

Taken together, this growing body of research affirmed that effective healing from spiritual abuse among African American Muslims requires integrative, intersectional frameworks that center survivors' cultural and spiritual realities. Healing in these contexts cannot be reduced to symptom management alone. Instead, it must involve restoring dignity, affirming epistemic agency, and creating space for survivors to reengage spirituality as a resource for liberation rather than control.

Summary

The growing body of research on spiritual abuse consistently identifies it as a distinct form of psychological and relational harm rooted in the misuse of religious authority to manipulate belief, suppress autonomy, and enforce compliance. Converging findings from both qualitative and quantitative studies (Oakley et al., 2023; Oakley & Humphreys, 2018; Pargament

& Exline, 2020) demonstrated how spiritual authority can be weaponized through guilt induction, social isolation, or theological manipulation. These mechanisms are often concealed within familiar and trusted religious institutions, a concealment that complicates recognition and resistance (Figueroa & Tombs, 2023; Mulvihill et al., 2023). Scholars widely agree that SA produces serious psychological consequences, including identity confusion, anxiety, complex trauma, and cognitive dissonance as survivors struggle to reconcile personal faith with experiences of betrayal (Cole, 2023; Henke & Dykstra, 2021; Knapp, 2021; Tracy & Tracy, 2023).

However, divergence emerges around the role of religion itself. While some studies emphasized that spiritual frameworks can promote resilience and meaning-making (Oakley et al., 2023; Pargament & Exline, 2020), others caution that distorted or authoritarian interpretations perpetuate harm (Daniel, 2019; Tarico & Winell, 2014; Ward, 2011). This tension highlighted a significant treatment challenge: effective recovery requires distinguishing between sustaining and injurious elements of faith. Furthermore, subtypes of SA are increasingly documented, including institutional abuse embedded in organizational doctrine (Berdowicz, 2024; Mulvihill et al., 2023) and the role of spirituality in intimate partner violence, where religious texts justify coercive control (Chowdhury, 2023; Simonič et al., 2013). Together, these findings highlighted both the adaptability of spiritual rhetoric across settings and the need for more nuanced typologies.

Despite these advances, significant gaps persist. Most empirical work has focused on white, Christian-majority contexts, which limits generalizability and risks epistemic exclusion of religiously and racially minoritized populations. African American Muslims, in particular, remain almost absent from the literature despite facing compounded vulnerabilities at the

intersection of anti-Black racism, Islamophobia, and patriarchal religious authority (Al'Uqdah et al., 2019; Ahmad et al., 2024). Limited but emerging studies (Abdalla, 2023; Mogahed & Ikramullah, 2020; Robert et al., 2024) suggested that African American Muslims frequently experience theological silencing, racial exclusion within Islamic spaces, and authoritarian interpretations that reproduce racial hierarchies. These dynamics point to a layered form of SA that is distinct from both immigrant Muslim experiences and Black Christian traditions.

Convergence across trauma, feminist, and religious studies literature confirms the severity and complexity of SA, but divergence lies in the lack of integration across disciplinary boundaries. While trauma theorists documented psychological outcomes, Black feminist and intersectional scholars emphasized structural inequality, and critical religious studies highlighted theological distortions, few studies synthesized these perspectives into a comprehensive framework. The absence of culturally grounded, empirically tested interventions for communities like African American Muslims illustrates both a methodological and conceptual gap.

This study addressed these gaps directly by applying Minority Stress Theory (Meyer, 2003; Parent et al., 2018) and Intersectionality Theory (Crenshaw, 1989; Tineo et al., 2021) to the experiences of African American Muslims. MST explain how chronic social stressors such as racism, cultural erasure, and stigma exacerbate psychological distress, while Intersectionality illuminates how overlapping structures of oppression, racial, religious, and gendered, interact to produce unique forms of vulnerability. Extending these frameworks into the context of SA advances theory by situating harm not only within individual trauma but also within broader structural, cultural, and theological systems.

Taken together, the literature demonstrated that SA is both a serious psychological phenomenon and a socially embedded harm, yet research has systematically overlooked African

American Muslims whose intersecting marginalizations may intensify its impact. This convergence on the seriousness of SA, divergence around the role of religion, and the persistent demographic and theoretical gaps provided the foundation for the present study. The next chapter (Chapter 3) outlines the methodology and design to address these gaps, integrating quantitative and qualitative data to capture both measurable impacts and the lived experiences of SA among African American Muslims.

Chapter 3: Research Method

The problem addressed in this study was the critical gap in research examining how racial trauma intersects with spiritual abuse to impact psychological distress among African American Muslims. The purpose of this convergent mixed-methods study was to examine how racial trauma intersected with spiritual abuse to influence psychological distress among African American Muslims. Chapter Three presents a comprehensive overview of the research methodology employed in the study.

This chapter is organized to guide the reader through the logical flow of the research design, beginning with a discussion of the methodological approach and assumptions that shaped the study, followed by detailed descriptions of the population, sampling procedures, instrumentation, data collection strategies, and analysis plans. Each section was constructed to align with the study's overarching goals and theoretical commitments, particularly its grounding in Minority Stress Theory and Intersectionality Theory.

The chapter opens with an explanation of the research methodology and design, including the rationale for employing a convergent mixed-methods approach. This design enabled the concurrent collection and integration of quantitative and qualitative data, allowing exploration not only of measurable correlations among key variables but also of participants' nuanced lived experiences. The nature of the study was shaped by an integrated framework that honored both empirical rigor and contextual depth, acknowledging the complex sociocultural realities faced by African American Muslims who have experienced compounded religious and racial harms.

Next, the chapter outlines the population and sample criteria, including the geographic, demographic, and experiential parameters used to identify eligible participants. The study targeted African American Muslims residing in New Jersey, Philadelphia, and Baltimore. The

quantitative component includes approximately 130 participants recruited through online community networks and Islamic centers, while the qualitative component involves 5–7 individuals selected purposefully based on their lived experience of both racial trauma and spiritual abuse. A combination of purposive and convenience sampling strategies was employed to ensure both relevance and accessibility.

The following section describes the materials and instrumentation used to collect quantitative data. Two validated instruments, the Spiritual Harm and Abuse Scale (SHAS) (Koch & Edstrom, 2022) and the Racial Trauma Scale (RTS) (Williams et al., 2022), were used to measure spiritual abuse and racial trauma, respectively. These tools were selected based on their cultural and conceptual relevance, as well as their psychometric soundness.

This was followed by a section on operational definitions of key variables, in which the constructs of spiritual abuse, racial trauma, and psychological distress were clearly defined and linked to both quantitative measures and qualitative interpretation. These definitions establish the parameters of the study and ensure consistency across data collection and analysis.

The study procedures section then outlined the logistical and ethical steps taken to collect data. The quantitative part included distributing electronic surveys, implementing informed consent procedures, and establishing data security protocols. The qualitative part involved semi-structured interviews, audio recordings, transcription, and secure storage of participant data. Special attention was given to culturally sensitive engagement practices, given the vulnerability of the population under study.

In the data analysis section, analytic strategies for both strands are described. Quantitative data were analyzed using correlational and moderation analyses to examine the statistical relationships among spiritual abuse, racial trauma, and psychological distress. Qualitative data

were examined using Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), which centered on the lived experiences and meaning-making processes of participants as they navigated their trauma within broader socio-religious and racialized contexts. The findings from both strands were then integrated using the convergent design framework (Creswell & Clark, 2017), enabling a holistic interpretation through triangulation and theme convergence.

The chapter also highlights the key assumptions behind the research, such as the expectation that participants would answer honestly and that the instruments were culturally suitable and valid for the sample. Limitations are acknowledged, including potential sampling bias, limited generalizability due to the geographic focus, and the inherent difficulty of capturing intersecting traumas within a single study design. Delimitations, such as the focus on African American Muslims and the specific geographic areas, are also described.

In the section on ethical assurances, the chapter outlines measures to protect participant welfare and ensure the research's ethical integrity. These include Institutional Review Board (IRB) approval, clear consent procedures, voluntary participation, confidentiality safeguards, and trauma-informed interview protocols designed to mitigate risk and affirm the dignity of participants who share sensitive personal experiences.

The chapter concludes with a summary that reiterates how each methodological element contributes to the overall research goals. This foundation set the stage for Chapter 4, which presented the findings from both the quantitative and qualitative data, along with their integrated interpretation in response to the central research questions.

Research Methodology and Design (Nature of the Study)

This study employed a convergent mixed-methods design to investigate the intersection of spiritual abuse and racial trauma and their combined impact on psychological distress among

African American Muslims. This methodological choice is directly responsive to the central problem: the lack of empirical, contextually grounded research examining how overlapping systems of oppression, particularly spiritual authoritarianism and racial discrimination, shape the mental health of Black Muslims (Creswell & Plano Clark, 2017).

The quantitative strand utilized a cross-sectional, correlational design to examine statistical associations between spiritual abuse, racial trauma, and psychological distress. This provided generalizable data on prevalence and patterns of relationships. In parallel, the qualitative strand employed IPA to capture participants' lived experiences, illuminating the personal and meaning-making dimensions of navigating compounded harm.

By integrating both strands, the convergent design enabled a more holistic understanding of the research problem. Mixed-methods approaches are particularly well-suited for investigating complex social and psychological phenomena, as they combine the breadth of quantitative inquiry with the depth of qualitative exploration (Creswell & Plano Clark, 2017; Creswell et al., 2023). This dual emphasis ensured that findings not only reflect statistical trends but also honor the voices and perspectives of African American Muslims, who remain underrepresented in existing scholarship.

Design Choice

This study employed a convergent mixed-methods design (Creswell & Plano Clark, 2017), in which quantitative and qualitative data were collected concurrently and independently, with equal priority given to both. Three considerations guided this methodological choice.

First, a mixed-methods design was most appropriate for addressing the study problem, which centered on the lack of empirical and contextually grounded research examining how overlapping systems of oppression, particularly spiritual authoritarianism and racial

discrimination, affected the mental health of African American Muslims. A single-method approach would risk oversimplifying this multidimensional problem, whereas a convergent design allows both broad measurement and contextual interpretation (Creswell et al., 2023).

Second, this design aligned with the purpose of the study, which captured both the prevalence and severity of spiritual abuse and racial trauma, as well as the lived meanings and contextual complexities of those experiences. Quantitative methods (standardized psychometric instruments) provided statistical insights into patterns of distress. In contrast, qualitative methods (in-depth interviews used interpretative phenomenological analysis) were used to uncover the interpretive and identity-related dimensions of survivors' narratives (Creswell & Plano Clark, 2017).

Third, a convergent mixed-methods design best addresses the research questions, which simultaneously ask “how much” (quantitative) and “how” (qualitative) in relation to the intersection of spiritual abuse, racial trauma, and psychological distress. The capacity to merge numerical trends with experiential accounts ensured that findings are not only empirically robust but also culturally and spiritually meaningful for an underrepresented population (Plano-Clark & Ivankova, 2015).

A sequential or single-method design was intentionally avoided because these approaches risk fragmenting or privileging one strand of data over the other. A sequential design, for instance, could constrain participants' voices by forcing qualitative insights to follow quantitative results. At the same time, a single-method study would lack either the statistical rigor or the depth of lived experience necessary to fully illuminate this complex phenomenon (Creswell & Plano Clark, 2017).

The Quantitative Strand

The quantitative component of this study draws on recent efforts to operationalize religious and racial trauma through culturally sensitive, psychometrically valid tools. Two instruments were used: the SHAS (Koch & Edstrom, 2022) and the RTS (Williams et al., 2022). These measures emerged in response to the limitations of earlier research, which often generalized religious trauma without attending to specific sociocultural or doctrinal contexts. The tools allow for the quantification of constructs such as religious gaslighting, spiritual shaming, and fear-based doctrinal messaging. The implications of these studies were twofold: first, they established that spiritual abuse and racial trauma were empirically measurable, and second, they illustrated how large-scale, quantitative studies can highlight systemic patterns that may otherwise remain invisible. However, such tools often lack the nuance to capture how individuals make meaning of these harms, a gap this study addresses through its qualitative strand.

The Qualitative Strand

The qualitative component was grounded in IPA, a methodology designed to explore how individuals make sense of significant and often traumatic life experiences (Smith et al., 2021). IPA was especially suited to this study's intersectional and spiritual focus, as it emphasizes personal meaning-making, sociocultural context, and identity negotiation. In early IPA studies (e.g., Smith et al., 1995), researchers focused on health psychology and chronic illness, but have since expanded to include trauma research, spiritual crises, and identity development. In recent years, scholars have utilized IPA to examine religious disaffiliation (Björkmark et al., 2022), clergy abuse (Prusak & Schab, 2021), and racialized spiritual alienation (Balaghi et al., 2025), thereby highlighting its adaptability across diverse disciplines and populations.

Compared to descriptive phenomenology, which seeks to distill universal essences through bracketing, IPA assumes a double hermeneutic: the researcher interprets how

participants interpret their world. This makes IPA especially apt for examining phenomena like spiritual abuse, where harm is deeply embedded in personal, theological, and communal contexts. While hermeneutic phenomenology (e.g., Alsaigh & Coyne, 2021) offers philosophical richness, it lacks IPA's structured approach to coding and theme development. Participants in the qualitative phase ($n = 5-7$) were purposefully selected based on their reported experiences of both spiritual abuse and racial trauma.

Semi-structured interviews were conducted by the principal investigator, following the interview protocol outlined in Appendix A, as described in the section on Interview Development, Protocol, and Structure. These interviews were designed to explore how individuals navigate identity-based harm, make sense of theological betrayal, and cultivate spiritual resilience. Themes were developed through line-by-line coding, the construction of Personal Experiential Themes (PETs), and the identification of Group Experiential Themes (GETs) (Nizza et al., 2021).

During the integration phase, findings from both the quantitative and qualitative parts were combined to develop a multi-layered understanding of the phenomena being studied. For instance, survey results revealed a statistically significant connection between spiritual abuse and depression. Meanwhile, interview data provided context to that connection through stories of theological manipulation and communal silencing in religious settings. This comparative and dialogic approach ensured that the data complemented each other and enhanced the study's internal validity (Hall & Sandberg, 2023).

Population and Sample

This study focused on a critically understudied and intersectionally marginalized group: Black Muslim adults in the United States aged 18 to 65 who have experienced both spiritual

abuse within religious institutions or community faith settings and racial trauma through discrimination, exclusion, or harm based on their identity. According to the 2020 United States Religion Census, about 4.5 million Muslims live in the U.S. As of 2017, Black Americans, excluding those of Hispanic or mixed-race descent, accounted for roughly 20% of this population, totaling approximately 800,000 to 900,000 individuals (Pew Research Center, 2019).

The individuals targeted in this study belong to a unique subgroup within the larger African American and Muslim community, positioned at the crossroads of two historically marginalized identities: Blackness and Islam. As such, they are uniquely affected by intersecting systems of oppression, including anti-Black racism, Islamophobia, and intra-religious exclusion, forces that together influence their psychosocial experiences and spiritual health.

Researchers have consistently shown that African American Muslims are rendered invisible within dominant narratives of both Black identity and American Islam, creating a unique constellation of vulnerabilities and resiliencies that remain under-theorized in psychological and theological literature (Abdalla, 2023). This study addressed this gap by attending to the lived realities of those navigating the dual harms of racial and spiritual trauma, experiences often excluded from both empirical inquiry and community discourse.

Sampling Strategy and Inclusion Criteria

To ensure that this study authentically captured the intersecting experiences of spiritual abuse and racial trauma among African American Muslims, a purposive sampling strategy was employed. This approach enabled the intentional recruitment of participants who possessed rich, firsthand knowledge of the phenomena under investigation. As Patton (2015) explained, purposive sampling is especially suited to mixed-methods and trauma-focused research, where the aim is to derive deep, contextually grounded insights rather than to achieve statistical

generalizability. Given the marginalized nature of the population and the sensitive topics explored, purposive sampling ensured that participants' narratives were directly aligned with the study's theoretical and empirical aims.

To further enhance recruitment and access, snowball sampling was utilized as a supplementary method. Recently described by Ting and Associates (2025), snowball sampling is particularly effective for engaging hard-to-reach or stigmatized populations when researching sensitive or confidential topics. As Noy (2008) noted, the trust-based nature of peer referrals fosters safer disclosure environments and encourages participation from individuals who may otherwise be reluctant to engage with academic research. In studies of religious trauma, snowball sampling has demonstrated higher rates of engagement and disclosure than traditional outreach methods (Chenane & Hammond, 2022), making it especially appropriate for exploring culturally and spiritually sensitive topics in insular communities.

Participants meet strict inclusion criteria to ensure coherence with the study's intersectional focus and contextual specificity. Eligible participants must:

1. Self-identified as both African American and Muslim;
2. Between the ages of 18 and 65;
3. Currently reside in the United States;
4. Report lived experiences of both:
 - A. Spiritual abuse — defined as the coercive or psychologically harmful use of religious authority, doctrine, or communal control; and
 - B. Racial trauma — including experiences of racial discrimination, exclusion, or systemic harm related to Black racial identity;

5. Be fluent in English to ensure consistency in communication and data interpretation across the study's qualitative and quantitative phases.

Participants were excluded from the study if they did not meet all criteria, were experiencing an acute psychiatric crisis, or were unable to provide informed consent. These criteria not only maintained the study's methodological rigor but also ensured ethical standards and safeguarded participants' well-being. By using purposive and snowball sampling within a clearly defined inclusion framework, this study established a strong, ethical, and reproducible recruitment model that highlights the lived experiences of a historically underrepresented and significantly impacted population.

Quantitative Phase: Sample Size and Rationale

For the quantitative component of this study, an a priori power analysis was conducted using G*Power 3.1 to determine the minimum sample size required to detect statistically meaningful effects with adequate power. Assuming a medium effect size ($f^2 = 0.15$), for the relationship between spiritual abuse or racial trauma and psychological distress, means these predictors will have clinically and socially meaningful effects; even if other factors also contribute to the outcome (Cohen, 1992), as recommended for social science research involving psychological trauma and discrimination.

Additionally, setting the alpha level at .05 with power ($1 - \beta$) at .80, the calculation for a multiple linear regression model with up to six predictors (including covariates and interaction terms for moderation analyses) yielded a required sample size of approximately 97 participants. However, given the additional complexity of the planned analyses, such as moderation modeling, larger samples are typically required to ensure the stability of parameter estimates and reduce the

risk of Type II error (Giner-Sorolla et al., 2024); therefore, the target sample size was increased to a range of 120 to 150 participants.

This approach is supported by Fritz and MacKinnon (2007), who demonstrated that mediation models with medium effect sizes require at least 148 participants to achieve adequate power. Additionally, Montoya (2023) noted that sample sizes exceeding 150 participants significantly enhance reliability and generalizability, thereby making statistical power robust and enabling accurate detection of indirect and interaction effects in mediation and moderated-mediation contexts.

Qualitative Phase: Sample Size and Rationale

The qualitative component of this mixed-methods study employed IPA to capture participants' lived experiences and the meaning structures surrounding them. IPA and related phenomenological approaches prioritize depth, richness, and idiographic insight over breadth; consequently, small, purposive samples frequently produce sufficiently detailed data for rigorous analysis (Smith et al., 2009). In line with these methodological imperatives, I proposed recruiting 5–7 participants for in-depth, semi-structured interviews. This range was consistent with established guidance for phenomenological and IPA research, which emphasized intensive engagement with each participant's account to reveal the 'essence' of the phenomenon rather than enumerating variability across large samples (Mulisa, 2022; Regmi, 2024).

Several methodological authorities support small, carefully selected samples when the research aim is a deep interpretive understanding. Polkinghorne (1989) argued that phenomenological research is best served by a modest number of participants (commonly five to ten) who have directly experienced the phenomenon under study, enabling researchers to undertake thorough, case-by-case analyses. Antoniadou's (2025) guidance likewise situated

phenomenological adequacy within a range of 3 to 10 participants, emphasizing sufficient depth over numeric thresholds. In IPA specifically, scholars have noted that even smaller samples (often 3–6 cases) allow for sustained hermeneutic engagement and layered interpretive work that produces high-quality, transferable insights when the sample is homogeneous and well-bounded (Smith et al., 2009).

Empirical work on saturation and sample size further supported this approach when the study population is homogeneous and the research question is narrowly focused. Hennink and Kaiser's (2022) systematic investigation indicated that, in many well-bounded qualitative studies, key themes begin to emerge within the first several interviews and substantive saturation frequently appears well before very large samples are collected. Thus, when interviews are purposively sampled from a clearly defined cohort and are conducted with methodological rigor (rich prompts, follow-up probing, and iterative analysis), a set of 5–7 interviews can yield sufficiently rich, consistent, and analytically tractable data to address the study's phenomenological aims.

Operationally, participants for the qualitative phase were purposively recruited from the quantitative sample to ensure a homogeneous subsample who meet the study's experiential inclusion criteria (e.g., self-identified African American Muslim adults reporting relevant experiences). Semi-structured interviews were designed to elicit detailed narratives, and interview length, transcription quality, and iterative coding procedures (including memoing and cross-case synthesis) were used to maximize information yield from each participant. The chosen sample size (5–7) is therefore justified on theoretical and empirical grounds: it aligned with IPA and phenomenological conventions (which privilege depth), was adequate for detecting convergent themes in a homogeneous group, and supported a thorough idiographic analysis that

illuminates the essence of the phenomenon under study (Hennink & Kaiser, 2022; Polkinghorne, 1989; Smith et al., 2009).

Recruitment Strategy

To ethically and effectively reach participants, a multi-pronged, culturally congruent recruitment strategy was used:

1. Community and Religious Organizations

Initial outreach was conducted through African American Muslim mosques, community centers, and religious advocacy and research organizations, focusing on addressing spiritual harm and promoting racial equity. Recruitment methods included:

- Flyers
- In-person presentations
- Collaboration with imams, chaplains, Islamic scholars, and grassroots organizers

Research indicated that working through trusted community institutions built credibility and enhanced participant engagement (Liamputtong, 2007). Researchers Foláyan and Haire (2023) found that trauma survivors experience power and knowledge imbalances between researchers and participants, thereby creating a structural vulnerability for participants.

Consequently, trust-building is important between researchers, study participants, and their communities and institutions. Collaborations, therefore, necessitate a clear understanding of roles and responsibilities (Foláyan & Haire, 2023).

2. Online and Social Media Recruitment

Digital platforms, including Facebook, Instagram, and Twitter, as well as private forums (e.g., WhatsApp groups) and support groups for African American Muslims, were utilized to expand outreach. Studies conducted by Sanchez et al. (2020) concluded that social media

recruitment is both cost-effective and demographically inclusive (See also, Darko et al., 2022, for utilizing social media to improve accessibility for participants from various geographical regions and diverse demographics). Digital platforms, including Facebook, Instagram, Twitter, and private online forums tailored to African American Muslims, were utilized to expand the study's outreach and connect with geographically diverse participants. Social media recruitment is recognized for its cost-effectiveness and ability to reach demographically varied populations across regions (Darko et al., 2022; Sanchez et al., 2020). This approach was particularly advantageous when working with marginalized communities, as it reduced logistical barriers and extended the study's reach beyond traditional, location-based recruitment methods.

In addition to accessibility, social media offered greater privacy and perceived anonymity, which was essential when exploring sensitive and potentially stigmatizing topics like spiritual abuse and racial trauma. These digital avenues provided participants with the option to engage from the safety and discretion afforded by their environments, which may have increased their willingness to participate and enhanced the overall inclusivity of the sample.

However, ethical concerns remained central in the use of social media for research recruitment. Scholars have identified challenges related to informed consent, data privacy, and the potential for perceived surveillance (Coffin, 2025). For studies involving vulnerable populations, particularly survivors of trauma, researchers must remain attentive to the emotional and psychological risks posed by online engagement (Coffin, 2025). Transparency, culturally sensitive language, and articulated confidentiality protocols were critical to ensuring ethical integrity.

3. Peer Referral and Snowball Sampling

Participants were encouraged to refer peers who met the study criteria. Snowball sampling was especially valuable for reaching those who may not respond to public calls for participation but who felt safer disclosing within relationally grounded networks (Webber-Ritchey et al., 2021). Tripathy and colleagues (2026) noted that peer referral strategies are both ethical and practical, particularly when engaging individuals from hard-to-reach populations. These groups often present unique barriers to access, making conventional sampling methods ineffective.

Recruitment and Data Collection Timeline

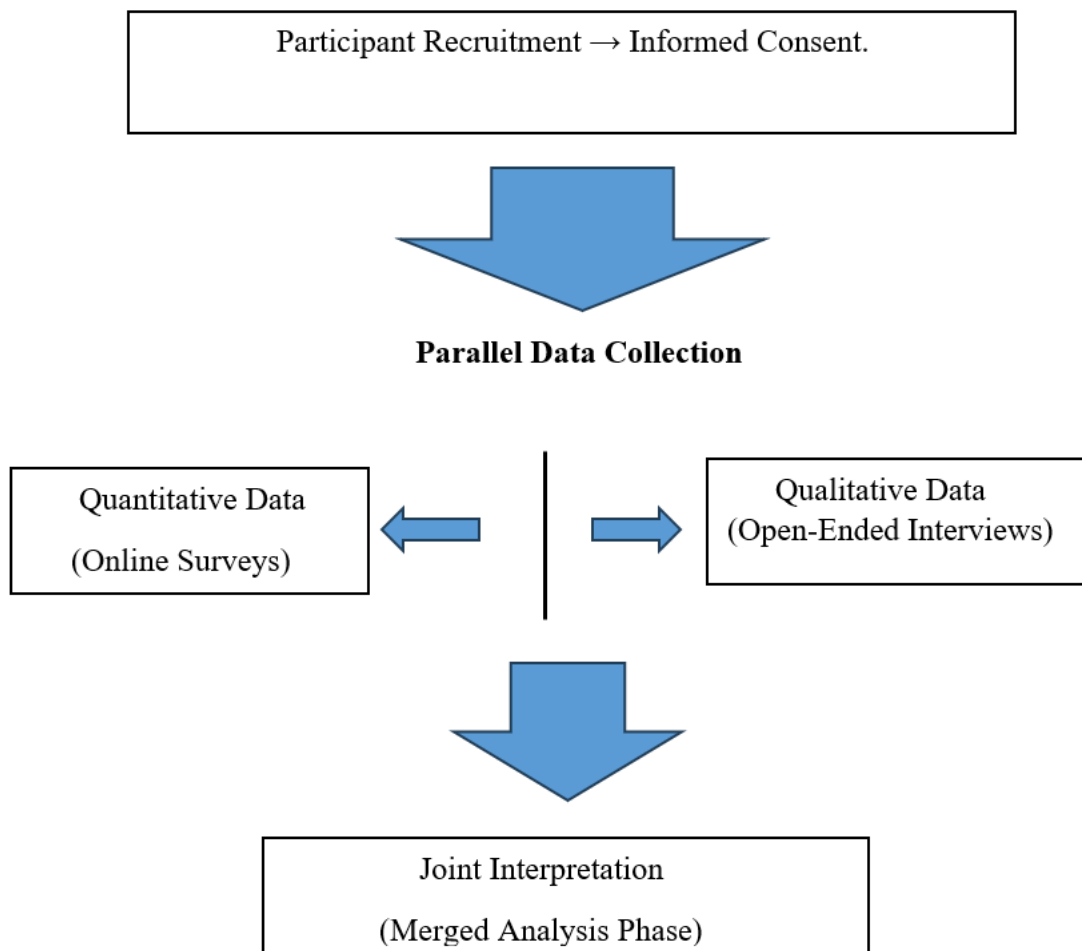
Participants progressed through the study in the following steps:

1. Recruitment and Consent (Week 1–2): Eligible African American Muslim adults were recruited through community networks, social media, digital flyers, and organizational partners. Once eligibility was confirmed, participants were asked to provide informed consent electronically.
2. Parallel Data Collection (Week 2–6):
 - Quantitative Strand: Participants completed a secure online survey that included demographic questions and validated scales measuring spiritual abuse and race-based traumatic stress.
 - Qualitative Strand: Simultaneously, a small subset of participants were invited to schedule a one-on-one semi-structured interview via Zoom or in-person, lasting approximately 45–75 minutes. These interviews explored personal narratives related to racial and spiritual harm, coping, and community dynamics.
3. Data Integration and Joint Analysis (Week 7–10): After both data sets were fully collected, the analysis proceeded in parallel: statistical analysis was conducted on the

quantitative data. In contrast, thematic analysis (via IPA) was conducted on the qualitative interviews. Findings were merged at the interpretation phase, allowing for direct comparison and convergence of themes across both strands.

Figure 1

Illustrative Diagram



By conducting both strands simultaneously, this design allowed for a richer understanding of the intersectional harms experienced by African American Muslims. The practical overlap of data collection enhanced methodological rigor while centering participant

experience across both numeric and narrative dimensions. Other designs, such as an exploratory sequential design, were considered but ultimately rejected, as they risked de-emphasizing the statistical rigor needed to examine moderation effects and prevalence data. Similarly, a purely qualitative design, while rich in depth, would not have permitted the examination of patterns across a broader population, a key element in informing culturally responsive interventions and institutional change.

Materials or Instrumentation

To ensure both empirical robustness and cultural validity, the study employed three quantitative instruments with strong psychometric properties and cultural relevance, along with a qualitative interview protocol designed to capture rich, contextual narratives. This combination allowed for both measurable comparisons and interpretive depth, aligning with the principles of mixed-methods research (Creswell & Clark, 2017).

The selected instruments reflected a deliberate integration of psychometrically validated, trauma-informed, and culturally grounded tools (Angco et al., 2026). Their development histories, theoretical underpinnings, and psychometric strengths made them particularly suitable for examining the complex interplay of spiritual abuse and racial trauma within African American Muslim communities. All necessary permissions were obtained, and usage complied with established ethical and legal guidelines for scholarly research.

Quantitative Instruments

Spiritual Harm and Abuse Scale (SHAS). The 27-item SHAS was developed by Koch and Edstrom (2022) to systematically assess the psychological and relational impacts of coercive religious practices across diverse faith traditions (see Appendix B). Designed to operationalize spiritual abuse as the misuse of religious authority to dominate, isolate, manipulate, or silence

individuals, the SHAS provided a trauma-informed, survivor-centered framework for capturing both overt and subtle forms of harm within religious contexts. The psychometric evaluation of the SHAS demonstrated strong internal consistency, with Cronbach's alpha values ranging from 0.89 to 0.94 across subscales, indicating high reliability (Koch & Edstrom, 2022).

Validity evidence in this study included content validity, established through expert review and survivor focus groups; construct validity, supported by factor analytic procedures identifying coherent subdimensions of spiritual abuse (e.g., authoritarian control, spiritual gaslighting); and criterion validity, demonstrated by significant correlations with established measures of psychological distress, shame, and religious disaffiliation. The SHAS was validated with a religiously diverse sample of over 600 adults, including Christians, Muslims, Jews, Buddhists, and individuals identifying as spiritual but not religious, thereby supporting its cross-traditional applicability (Koch & Edstrom, 2022). See Appendix B for the complete SHAS instrument.

Items on the SHAS were scored using a Likert-type format, with respondents indicating the frequency and emotional intensity of specific abusive experiences. The measure includes 27 core items and 11 additional "critical items" for clinical insight. These items are grouped into six empirically derived subscales: (1) preserving the system, (2) internal turmoil, (3) acceptance of violence, (4) authoritarian leadership, (5) damaging God-image, and (6) gender bias. These subscales were identified through exploratory factor analysis (EFA) conducted on data from a large and diverse sample ($N = 3,222$), followed by confirmatory factor analysis (CFA) to validate the scale's structure. In the original validation study, the SHAS demonstrated excellent internal consistency ($\alpha = .94$) and significant correlations with PTSD symptoms, depression, and adverse religious experiences, thereby establishing both reliability and construct validity.

Sample items include: “I felt obligated to submit to leaders even when they caused me harm” (authoritarian leadership), “I was taught that questioning doctrine is sinful” (spiritual manipulation), “I feared being cut off from the community if I disagreed” (community exclusion), and “I was told my suffering was due to a lack of faith” (moral shaming). Responses are averaged to create both subscale and overall spiritual abuse scores, with higher scores indicating greater exposure to religiously-based harm. Respondents with more than two missing responses per subscale were excluded from the dataset, and mean scores were imputed for scales with one or two missing responses.

The SHAS was constructed through an iterative, mixed-methods process that integrated qualitative interviews, literature reviews, and clinical insights. Earlier conceptual work on spiritual abuse (e.g., Nobakht & Karl, 2017; Oakley & Kinmond, 2014; Swindle, 2017; Ward, 2011; Winell, 2011) informed the development of items, while survivor testimony helped identify nuanced themes often overlooked in mainstream trauma research. Unlike earlier attempts to measure spiritual abuse, such as Keller’s (2016) unpublished scale, the SHAS has undergone extensive psychometric validation and has been widely cited as the most comprehensive instrument for capturing religious and spiritual (R/S) abuse across faith traditions.

The SHAS was available for use in non-commercial academic research under U.S. fair use provisions (U.S. Copyright Office, 2021). Its use in this study allowed for the precise operationalization of the independent variable, *spiritual abuse*, and offered the rigor necessary to quantify its relationship to both racial trauma and psychological distress within the African American Muslim population.

The Racial Trauma Scale (RTS). The Racial Trauma Scale (RTS), developed by Williams et al. (2022), is a 30-item psychometric instrument designed to assess the multidimensional psychological impact of racial discrimination and racism-related traumatic stress (see Appendix C). The scale conceptualizes racial trauma as a constellation of emotional, cognitive, behavioral, and physiological symptoms linked to direct, vicarious, or anticipated racial harm, symptoms that may not align fully with traditional diagnostic criteria for PTSD but reflect clinically significant distress. Grounded in frameworks of race-related stress (Cavallieri & Wilcox, 2022), minority stress theory (Meyer, 2003), and trauma psychology, the RTS situates racism as a chronic, identity-based stressor with demonstrable effects on mental health, functioning, and well-being.

Psychometrically, the RTS demonstrated strong reliability and validity. Williams et al. (2022) reported internal consistency estimates (Cronbach's α) ranging from .88 to .95 across the full scale and its emergent symptom domains. Content validity was established through an iterative development process that incorporated expert review, clinical literature on racial trauma, and thematic coding of qualitative interviews describing racialized stress symptoms. Construct validity was supported by exploratory and confirmatory factor analyses, which revealed a coherent multidimensional structure reflecting core symptom clusters frequently observed in racial trauma presentations, including anxiety, hypervigilance, depressive affect, somatic distress, avoidance, intrusive thoughts, and emotion dysregulation. Criterion validity was demonstrated through significant associations with standardized measures of PTSD, depression, and general psychological distress.

The scale development process began with a comprehensive item pool derived from qualitative interviews with racially marginalized adults, existing racial discrimination

inventories, and prior empirical work on race-based stress reactions. Following cognitive interviewing and expert panel revisions, the items underwent psychometric refinement via exploratory factor analysis (EFA), yielding a final set of 30 items. Williams et al. (2022) normed the instrument on a racially diverse community sample of adults representing Black, Latinx, Asian American, and multiracial groups. The analytic sample demonstrated broad demographic variability across age, gender identity, and socioeconomic status, thereby enhancing the instrument's generalizability. The factor analysis supported a multifactor structure reflecting the following symptom domains:

1. Affective Distress – sadness, shame, helplessness, or emotional numbing following racial stressors.
2. Hypervigilance/Arousal – heightened alertness, fear, or anticipatory anxiety regarding additional racist encounters.
3. Avoidance – efforts to evade racially threatening contexts or reminders of discrimination.
4. Somatic and Behavioral Reactions – changes in sleep, appetite, concentration, or coping behaviors associated with racial stress.
5. Negative Self-Cognition – internalized devaluation, self-blame, or diminished sense of self-worth related to racialized experiences.
6. Intrusive Thoughts and Rumination – unwanted recollections, mental replaying, or preoccupation with racialized harm.

Items were rated on a 5-point Likert-type scale assessing the frequency of symptoms within the past month: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always.

Sample items include: “Thinking the world is unsafe,” “Feeling disconnected from myself,”

“Feeling society is unfair to people like me,” “Feeling on edge around people who might be racist,” and “Having nightmares about discrimination.”

Higher mean scores indicated greater severity of racial trauma symptomatology. The measure enabled the calculation of a total score and subscale scores corresponding to the empirically derived symptom domains. Williams et al. (2022) recommend mean substitution when fewer than two items are missing per subscale, a practice consistent with standard psychometric procedures for multidimensional instruments.

Evidence for the RTS’s psychometric robustness was strong. Factorability indices reported by Williams et al. (2022) included a high Kaiser–Meyer–Olkin (KMO) statistic and a statistically significant Bartlett’s test of sphericity, supporting the suitability of the item set for factor analytic modeling. Internal consistency was excellent across the overall scale and within each symptom dimension ($\alpha > .88$). Convergent validity was demonstrated through moderate-to-strong correlations with measures of racial discrimination, PTSD symptoms, depressive symptoms, and anxiety severity. Divergent validity was supported by weaker correlations with unrelated constructs, confirming that the RTS captures a unique and theoretically coherent dimension of racialized traumatic stress.

To date, the RTS has gained notable traction within emerging scholarship examining the psychological impacts of racism across diverse racial groups and sociocultural contexts. Studies employing the RTS consistently highlight its sensitivity to racialized stress responses among Black Americans and other racially marginalized populations, demonstrating strong utility in detecting both acute and chronic manifestations of racial trauma. Researchers have applied the RTS in community mental health settings, among college student populations, and within

intersectional trauma studies that investigate the compounding effects of racism alongside Islamophobia, xenophobia, and other structurally embedded forms of discrimination.

To the best of my knowledge, the present dissertation represents the first empirical investigation to expand the application of the RTS to the domain of psychological distress that arises from the combined impact of racial trauma and spiritual abuse. While the RTS has been validated as a measure of race-based traumatic stress, no prior published studies have examined its use in contexts where racial discrimination intersects with spiritually abusive environments, particularly those in which religious authority, doctrine, or cultural norms are misused to harm, silence, or marginalize individuals. This combined framework reflects an important gap in the literature, as spiritually abusive experiences often exacerbate the psychological effects of racial trauma by undermining personal agency, spiritual identity, communal belonging, and coping resources. By integrating assessments of racial trauma with indicators of spiritual abuse, this dissertation offers a novel methodological and theoretical contribution that advances current understandings of how multiple forms of identity-based harm converge to shape psychological distress within marginalized communities.

The RTS was particularly well-suited for this research involving African American Muslims, who frequently endure racial discrimination within broader society as well as religious-based stigma, stereotyping, and cultural marginalization within the U.S. Muslim community. These intersecting experiences mapped onto core theoretical models of cumulative and compounded minority stress, making the RTS a highly appropriate measure to capture the multi-layered nature of trauma among African American Muslims. The measure aligned with intersectionality theory by operationalizing how overlapping systems of oppression manifest as

psychological symptoms, and it is compatible with Minority Stress Theory by treating racism as a chronic, identity-based stressor with cumulative mental health consequences.

The RTS was permitted for non-commercial academic research under fair use and provides a concise, psychometrically rigorous, and theoretically grounded alternative to longer racial trauma instruments. Its brevity, strong factor structure, and applicability across diverse racial and ethnic groups made it an ideal tool for empirical investigations of race-based traumatic stress.

Qualitative Instrumentation

In this study, semi-structured interviews were used to elicit in-depth narratives from African American Muslim adults regarding their experiences of spiritual abuse and racial trauma. Semi-structured interviews are a qualitative data collection method that combines a flexible conversational style with a structured set of guiding questions, allowing researchers to explore participants' lived experiences while maintaining consistency across interviews (Mashuri, 2022). This approach was particularly well-suited to Interpretative Phenomenological Analysis, which prioritizes rich, detailed accounts of personal meaning-making in relation to complex and often painful phenomena. Semi-structured interviews enabled the researcher to follow the participant's lead, probing deeper into emotionally salient topics, while still ensuring that key thematic areas are addressed across all interviews.

The principal investigator conducted the interviews, which served as the core of the qualitative strand and were intended to contextualize and deepen understanding of the quantitative findings. Each interview lasted approximately 45 to 75 minutes and was conducted either via Zoom or in person, depending on the participant's preference and accessibility. This method was chosen to elicit in-depth narratives that contextualize and enrich the quantitative

findings, especially around participants' lived experiences of spiritual abuse and racial trauma (Smith et al., 2021).

Interview Development, Protocol, and Structure

An interview protocol guide was a structured yet adaptable framework for qualitative interviews, ensuring that key topics were consistently addressed across participants while still allowing open, exploratory dialogue (Mashuri, 2022). In this study, the interview protocol served as a foundational tool for collecting rich, in-depth narratives aligned with the principles of IPA. It was designed to elicit participants' lived experiences of spiritual abuse, racial trauma, and psychological distress, while also honoring the complexity and emotional weight of these themes through a trauma-informed lens (Alessi & Kahn, 2022; Crosby et al., 2022).

The development of the interview protocol was guided by a multi-step process designed to ensure conceptual rigor, methodological alignment, and cultural sensitivity. Grounded in a comprehensive literature review, the process began with the identification of key constructs related to spiritual abuse, racial trauma, and intersectional harm in religious contexts. These constructs informed the initial drafting of open-ended, non-leading questions tailored to explore participants' lived experiences in depth. Each research question was carefully mapped onto broad thematic domains and then translated into interview prompts that reflected IPA's idiographic and meaning-making aims.

Special attention was given to the phrasing of questions to maintain neutrality and avoid bias, following best practices in phenomenological interviewing (Mashuri, 2022). Prompts were intentionally framed using invitational language, such as “Can you describe...” or “Have you experienced...” to foster reflective storytelling and authentic narrative expression. To enhance the protocol's cultural and clinical appropriateness, the draft interview guide will be reviewed by

a panel of experts in trauma-informed care, Islamic theology, and mental health. Their feedback informed a final revision, striking a balance between a structured approach and the flexibility needed to capture the complexity and nuance of participants' experiences.

Questions were sequenced to follow a psychologically attuned flow: beginning with *rapport-building prompts* to establish trust and comfort (e.g., questions about religious upbringing or community involvement), followed by *core questions* targeting spiritual harm, racial trauma, and identity-based distress, and concluding with *closing reflections* that invite participants to share anything they felt was left unsaid. This progression was guided by trauma-informed interviewing principles (Alessi & Kahn, 2022), particularly the need to ease participants into sensitive topics and to offer closure at the end of the interview.

To further enhance the protocol's rigor and cultural responsiveness, the draft guide was reviewed by a three-member expert panel with expertise in trauma-informed care, qualitative research, Islamic theology, and African American Muslim mental health. The panel included two doctoral-level professionals and one Muslim mental health professional who has extensive experience working as a clinical therapist and understands the theological views and day-to-day challenges of African American Muslim communities. The panel assessed the clarity, sensitivity, and alignment of each question with the study's objectives. Their feedback informed revisions that improve question clarity, cultural relevance, and emotional safety.

While the protocol ensured consistency across interviews by providing a standard structure for data collection, it also allowed flexibility, enabling the interviewer to follow emergent threads, probe deeply into participants' meaning-making, and adapt to individual needs. This balance between structure and adaptability was essential for maintaining both

methodological integrity and participant-centered care. The complete interview protocol, including the whole script and prompts used with each participant, is provided in Appendix A.

Interviews were conducted via a HIPAA-compliant video conferencing platform to ensure participant privacy and accessibility. Participants had the option to disable their camera or skip any questions that they found distressing. Audio was recorded with consent and transcribed verbatim for analysis and review. This approach was particularly suitable for engaging a geographically diverse population while creating a secure atmosphere, emphasizing the well-being of survivors and honoring their autonomy and stories, which, in turn, built trust and minimized the risk of re-traumatization (Diab & Al-Azzeh, 2024).

Field Testing and Expert Review. To enhance the methodological rigor and trustworthiness of the qualitative component, the interview protocol guide underwent field testing and expert review prior to the formal data collection. *Field testing* refers to piloting an interview protocol with a small number of participants or trained reviewers to evaluate the clarity, emotional safety, and practical utility of the questions before full-scale implementation (Mashuri, 2022). This process served multiple purposes: it ensured that the questions elicited meaningful and relevant data, helped identify ambiguities or emotionally taxing phrasing, and allowed the researcher to refine their facilitation approach. In line with IPA's goals, field testing also ensured that questions foster deep personal reflection and meaning-making, a core aim of IPA methodology (Smith et al., 2021).

To further strengthen the protocol, an expert panel, as described above, was invited to review the full interview protocol, as outlined in Appendix A. Feedback was solicited explicitly on:

- The conceptual alignment of the questions with the study's research aims and theoretical frameworks (Minority Stress and Intersectionality);
- The clarity and neutrality of the language used, to ensure that all prompts are open-ended and non-leading;
- The sequencing and emotional pacing of questions, particularly as they relate to the sensitive nature of racial trauma and spiritual abuse;
- The cultural responsiveness of the protocol, with attention to linguistic, religious, and psychological nuances relevant to African American Muslim communities.

This expert feedback directly supported several components of trustworthiness in qualitative research. First, it enhanced credibility, as the semi-structured format ensured both consistency across interviews and the flexibility to follow participant meaning in depth, two hallmarks of rigorous IPA (Smith et al., 2021). Second, field testing improved confirmability by reducing the influence of researcher bias in question formulation and delivery. Third, it contributed to dependability by demonstrating that the questions functioned as intended and were understandable and emotionally appropriate. Finally, the inclusion of a documented, thoroughly vetted interview guide supported transferability, as other researchers can assess, adapt, or replicate the protocol within similar populations or contexts (Mashuri, 2022).

Operational Definitions of Variables

This study investigated the relationships between spiritual abuse (IV), racial trauma (MV), and psychological distress (DV) among African American Muslims using validated measures and culturally grounded qualitative methods.

Spiritual abuse is defined as the misuse of religious teachings or spiritual authority to dominate, manipulate, shame, isolate, or silence individuals within a religious context. It was the

primary IV and was measured using the SHAS, developed by Koch and Edstrom (2022). The SHAS includes items grounded in survivor narratives and trauma theory, capturing authoritarian leadership, the misuse of scripture, spiritual gaslighting, and systemic silencing. Its development included iterative expert review and exploratory factor analysis to ensure construct validity and internal consistency. In this study, the SHAS served as the principal instrument for identifying and quantifying spiritual abuse as a measurable psychological and relational phenomenon.

Racial trauma, which functioned as an MV, was operationalized as the cumulative psychological distress resulting from repeated exposure to racial discrimination, racialized violence, and systemic oppression. This included both acute and chronic responses within sociopolitical and historical contexts of anti-Black racism. The RTS (Williams et al., 2022) was used to assess these effects. The RTS was developed to measure psychological symptoms specifically tied to racialized experiences, drawing from trauma models and culturally responsive frameworks. Its established psychometric properties and cultural specificity made it particularly appropriate for use with African American Muslim populations.

Psychological distress, the study's DV, was explored qualitatively rather than through a fixed quantitative instrument. This decision reflected the study's commitment to epistemological pluralism and contextual sensitivity. Psychological distress was conceptualized broadly to include emotional harm, disruption to spiritual identity, existential struggle, and relational estrangement resulting from experiences of spiritual abuse and racial trauma. These dimensions were accessed through *semi-structured interviews* guided by IPA, which enabled participants to articulate their lived experiences in their own words (Smith et al., 2021). The IPA prioritized subjective meaning-making and was particularly well-suited to capture how individuals navigated trauma within racialized religious contexts.

The integration of psychometrically validated instruments with in-depth narrative data enables both precise measurement and contextual understanding of complex, intersectional experiences. This was especially critical when working with marginalized populations such as African American Muslims, whose trauma-related experiences have been historically under-theorized or misrepresented in psychological research (Bauer et al., 2022; Goodman et al., 2021).

In any rigorous psychological inquiry, particularly one addressing multidimensional constructs like spiritual abuse, racial trauma, and psychological distress, clear operationalization of study variables is both a conceptual and methodological imperative (Andrade, 2021; Ogden, 2013). The ability to translate abstract phenomena into measurable or observable indicators is essential for both empirical precision and ethical representation. Ziegler and Hagemann (2015) emphasize that all components should be clear and functional, with precise instructions to maintain measurement accuracy. This study defined each variable and used validated, culturally sensitive, and theoretically sound psychometric tools. The aim was to reduce ambiguity, minimize measurement errors, and ensure participants' responses reflect their real experiences.

Regarding research ethics and permissions, all instruments used in this study were publicly available for research purposes, in accordance with the authors' guidelines. For instance, the use of the SHAS and RTS was consistent with standard research practice for psychometric tools published in peer-reviewed outlets and intended for academic research. In such cases, the American Psychological Association (2020) affirms that researchers may use validated scales for non-commercial academic purposes without requiring a formal license, provided that appropriate attribution is given and the tool is not modified without the original author's consent.

Study Procedures

This study adhered to rigorous methodological protocols to ensure ethical integrity, procedural clarity, and data quality throughout both the quantitative and qualitative phases. In the convergent mixed-methods design, the procedures were implemented concurrently and involved distinct yet complementary steps for participant recruitment, informed consent, data collection, and data management (Creswell & Plano Clark, 2017). To facilitate replication, each phase of the research was outlined with specific operational steps. Each strand was executed with careful attention to ethical standards, participant autonomy, and data protection.

Institutional Review Board (IRB) Approval

Prior to data collection, the study received approval from the IRB of National University, the sponsoring academic institution. All procedures were reviewed to ensure full compliance with institutional and federal guidelines concerning the ethical treatment of human participants. Given the nature of the study, exploring lived experiences of spiritual abuse and racial trauma, the research was designated as minimal risk. However, particular sensitivity was requested given the potential for emotional distress related to discussions of trauma and abuse (Orr et al., 2021). Participants were informed of their rights, including the right to withdraw at any time without penalty. A list of culturally responsive mental health resources was provided to all participants upon request.

Participant Recruitment

Participants were recruited utilizing purposive and snowball sampling strategies to identify African American Muslims who experienced at least one incident of spiritual abuse and/or racial trauma in either religious or social contexts. Recruitment occurred through African American Muslim organizations, community outreach, digital flyers, email invitations outlining

the study's purpose, eligibility criteria, voluntary nature, and the researcher's contact information, and referrals from trusted community leaders and organizations. Eligibility criteria included being (a) 18 years of age or older, (b) self-identifying as both African American and Muslim, and (c) reporting past experiences of harm related to either spiritual abuse or racial trauma. This targeted approach aligned with the study's intersectional framework and ensured a sample representative of those most affected by the phenomena under investigation (Crenshaw, 1991; Meyer, 2003).

Informed Consent and Confidentiality

Informed consent was obtained electronically for the quantitative survey and verbally (with recorded confirmation) for qualitative interviews. Before participating, participants received a detailed explanation of the study's goals, procedures, duration, potential risks, and benefits (Faisal et al., 2025). In line with best practices for digital research, consent forms emphasized confidentiality measures, including data encryption, password protection, and response anonymization (McInnis et al., 2024; Yusof et al., 2022). All data were stored securely on encrypted, access-restricted platforms compliant with institutional and federal data protection guidelines (Miller et al., 2024).

Quantitative Data Collection

Quantitative data were collected via an online survey hosted on a secure, HIPAA-compliant platform (e.g., Qualtrics), using standardized instruments: the SHAS (Koch & Edstrom, 2022) and the RTS (Williams et al., 2022) to assess spiritual abuse and racial trauma, respectively, and to assess psychological distress. Participants completed the survey at their own pace (estimated 20–30 minutes). Upon completion, data were automatically coded and exported from Qualtrics in CSV (.csv) format. Files were downloaded to and stored on an encrypted,

password-protected university server compliant with institutional data security protocols. Prior to analysis, the dataset was cleaned and prepared in SPSS: this included checking for missing data, recoding reverse-scored items, labeling variables and value sets, and computing composite scores for each scale. No identifying information was linked to survey responses. For those interested in the follow-up interview, a separate, unlinked form was used to collect contact information, ensuring participant anonymity.

Qualitative Data Collection

Semi-structured qualitative interviews were conducted with a subset of survey respondents who indicated interest in Phase Two by submitting a separate, unlinked contact form at the end of the quantitative survey. This process allowed the research team to track participant flow while preserving the anonymity of survey responses. Volunteers were contacted directly to schedule an interview at their convenience. All interviews were conducted via secure video conferencing (e.g., Zoom Pro), enabling accessibility for participants across diverse geographic regions (Khan & MacEachen, 2022).

With participants' consent, interviews were audio-recorded, and the resulting files were stored on an encrypted, password-protected drive compliant with institutional data security standards. The transcription was completed by the principal investigator using transcription software (e.g., Otter.ai), followed by a manual review to ensure verbatim accuracy and to remove any identifying information. Each transcript was saved in Word (.docx) format, labeled with a unique participant ID, and formatted for qualitative data analysis. Transcripts were then imported into NVivo, where they were organized and coded thematically following the principles of IPA (Smith et al., 2021). This structured process ensured the traceability of participant engagement across study phases while maintaining confidentiality throughout data handling and analysis.

Data Management and Researcher Reflexivity

To ensure rigorous data management, both quantitative and qualitative data were stored in encrypted folders accessible only to the principal investigator. Transcripts were reviewed for accuracy and cleaned of any identifying details. A reflexive journal was maintained throughout the study to document the researcher's observations, positionality, and analytic decisions, thereby contributing to confirmability and transparency (Braun & Clarke, 2022; Taylor et al., 2023). Memos and audit trails were used to track changes in codes, themes, and analytic interpretations in the qualitative strand.

Study Protocols to Prevent Re-traumatization

To protect participants from re-traumatization, the study adopted a trauma-informed approach at every stage of the research process. This included training the researcher to recognize, assess, and respond to signs of emotional distress during data collection (Zai, 2022). The interview protocol was designed to allow participants control over the pacing and depth of their disclosures. Participants could pause, skip questions, or end the interview at any time. Strategies to mitigate risk included establishing protocols for monitoring participant safety, instituting clear criteria for terminating a session or stopping the study if necessary, and offering follow-up check-ins to assess participants' emotional well-being. Mental health referrals were made readily available, with a focus on culturally and religiously sensitive services. These safeguards helped ensure that participation in the study did not exacerbate psychological harm but instead provided a validating and respectful research experience.

Debriefing Participants

Participants were debriefed following both the survey and interview phases. In two related quantitative experimental studies, each involving over 350 participants, researchers

concluded that debriefing produced beneficial outcomes. Individuals who encountered misinformation reported gaining significantly more knowledge from their study involvement compared to those in the control group (Greenspan & Loftus, 2022). In this study, participants were debriefed about the study's purpose, confidentiality, and a list of culturally competent mental health resources, including providers experienced in serving African American Muslim clients. This process ensured ethical closure and helped mitigate potential distress associated with recalling trauma-related experiences (Clayton et al., 2024).

Data Analysis

This research was guided by four core research questions and corresponding hypotheses, each of which informed the study's dual quantitative and qualitative data collection strategies. The convergent mixed-methods design enabled the concurrent collection and separate analysis of quantitative and qualitative data, followed by their integration for comprehensive interpretation.

Quantitative Analysis

To address Research Questions 1–3 and test Hypotheses H1–H3, a quantitative analysis was performed using SPSS, following a step-by-step process to ensure methodological rigor, accuracy, and validity of the results (Lim, 2024; Rana & Chimoriya, 2025). All analyses relied on psychometrically validated measures: the SHAS and the RTS, with psychological distress as the main outcome variable.

Step 1: Data Cleaning. Before analysis, the dataset was cleaned to identify and address incomplete responses, outliers, and data entry errors. Unique identifiers were used to screen for duplicate cases. Missing data were assessed using frequency counts and non-response patterns. Items missing completely at random (MCAR) were eliminated in accordance with the guidelines

of Tabachnick and Fidell (2019). All cases with excessive missing data (defined as >30% missing across key instrument items) were removed from the analytic sample.

Step 2: Assumption Testing. Assumptions of parametric analysis were tested prior to any inferential procedures. Preliminary analyses included descriptive statistics, assessments of internal consistency (using Cronbach's alpha), and tests of assumptions of normality, linearity, and homoscedasticity (Ahmed et al., 2024; Dorsah, 2026).

- *Normality* was assessed using skewness and kurtosis statistics and visual inspections of histograms and Q-Q plots.
- *Linearity and homoscedasticity* were tested through residual plots.
- *Internal consistency* for each scale and subscale was evaluated using Cronbach's alpha.

Step 3: Descriptive Statistics. Descriptive statistics (means, standard deviations, ranges, and frequencies) were computed for all study variables and demographic covariates (e.g., age, gender, religious involvement, community affiliation). These provided a foundational overview of the sample, informing subsequent analyses.

Step 4: Correlation Analysis. To address RQ2 / Hypothesis 2 (H2a), Pearson's correlation analysis was conducted to examine the bivariate association between spiritual abuse (SHAS) and racial trauma (RTS). A significant correlation coefficient ($p < .05$) indicated a statistically meaningful relationship.

Step 5: Multiple Regression. To address RQ1 / Hypothesis 1 (H1a), a multiple regression analysis was conducted to test whether spiritual abuse predicts psychological distress. Spiritual abuse scores were entered as the independent variable, psychological distress as the

dependent variable, and relevant demographic covariates were included to control for potential confounding effects. Statistical significance was evaluated at $p < .05$.

Step 6: Moderated Regression. To address RQ3/Hypothesis 3 (H3a), a moderated regression analysis was conducted using Baron and Kenny's (1986) procedure in SPSS (Model 1). Spiritual abuse served as the independent variable (X), racial trauma as the moderator (W), and psychological distress as the outcome variable (Y). A significant interaction term ($p < .05$) supported the hypothesis that racial trauma moderated the impact of spiritual abuse (H3a). This stepwise analytic approach ensured credibility through internal consistency checks, dependability through careful testing of assumptions, confirmability through transparent handling of missing data, and transferability by documenting procedures in a replicable format (Mashuri, 2022; Smith et al., 2021).

Qualitative Analysis

To answer Research Question 4, the qualitative strand of this study employed IPA to explore how African American Muslims interpret and assign meaning to their lived experiences of spiritual abuse and racial trauma. IPA was particularly well-suited to this inquiry, as it centered participants' subjective meaning-making and enabled a nuanced, idiographic exploration of complex, identity-related harm (Smith et al., 2021). It was also effective in capturing the depth and nuance of participants' narratives, especially within marginalized and understudied populations (Regmi, 2024). Data were collected from semi-structured interviews conducted via secure video conferencing platforms, prioritizing both accessibility and participant confidentiality (Morse et al., 2021).

IPA Analytical Process. The analytic process proceeded through the following six stages of IPA, as articulated by Smith et al. (2021):

1. *Familiarization with the Data*: Each interview transcript was read and re-read multiple times to achieve deep immersion in the participant's narrative. This stage enabled the researcher to become thoroughly familiar with each account before formal analysis commenced.

2. *Initial Noting*: Detailed exploratory comments were generated in the margins of each transcript. These will include:

- Descriptive comments (e.g., content, key events, emotion-laden language),
- Linguistic comments (e.g., tone, pauses, repetition), and
- Conceptual comments (preliminary interpretations and connections).

This process emphasized staying close to the participant's words while beginning to interpret deeper meanings.

3. *Development of Personal Experiential Themes (PETs)*: The initial notes were synthesized into emergent Personal Experiential Themes for each transcript. These themes reflected key elements of the participant's lived experience and were grounded in both what was said and how it was said.

4. *Connecting Themes*: Themes within each transcript were examined for patterns and hierarchical relationships. Related PETs were clustered into superordinate categories, using NVivo software to organize the data. A visual mapping process was employed to trace thematic relationships and temporal or causal links.

5. *Development of Group Experiential Themes (GETs)*: After analysis of all individual cases, a cross-case comparison was conducted to identify Group Experiential Themes, shared patterns of meaning that recur across participants while preserving idiographic

nuance. This step captured both convergence and divergence, respecting the individuality of each case within broader social and cultural contexts.

6. *Narrative Synthesis and Interpretation*: Findings were presented through a rich narrative that includes direct quotations, analytic commentary, and interpretative insights. This write-up was used to foreground participants' voices and to link individual and group themes to the study's theoretical frameworks (Minority Stress Theory and Intersectionality).

Audit Trail and Trustworthiness Strategies. To ensure trustworthiness, the following procedures were integrated throughout the analysis:

- **Credibility**: Achieved through in-depth, semi-structured interviews and optional member checking, where participants were invited to review synthesized interpretations of their narratives for resonance and accuracy.
- **Dependability**: Maintained via a detailed audit trail documenting each stage of analysis, including coding decisions, theme development, and revisions. All analytic memos, coding iterations, and reflexive notes were archived digitally.
- **Confirmability**: Strengthened by reflexive journaling throughout the analytic process to identify and bracket the researcher's assumptions, and by peer debriefing sessions with qualitative researchers familiar with IPA and trauma-informed inquiry.
- **Transferability**: Supported through thick description, providing rich contextual detail about participants' backgrounds, settings, and interpretations, allowing readers to assess relevance across similar contexts.

This structured, transparent approach ensured methodological rigor and alignment with IPA's commitment to honoring participants' voices while engaging in thoughtful, interpretative analysis.

Integration of Quantitative and Qualitative Findings

In alignment with the convergent mixed-methods design, integration occurred at the interpretive level through a side-by-side comparison of quantitative results and qualitative themes, enabling a multi-layered understanding of how spiritual abuse and racial trauma shaped psychological distress among African American Muslims. The integration process followed a structured progression, supported by Creswell and Plano Clark's (2017) framework, and included the following steps:

1. Triangulation

Triangulation in this study involved systematically comparing and contrasting statistical findings with participants' narrative accounts to highlight both areas of alignment (convergence) and misalignment (divergence). Convergence occurred when both quantitative and qualitative strands pointed to the same conclusion. For example, suppose the quantitative survey showed that higher scores on the Spiritual Harm and Abuse Scale (SHAS) are strongly correlated with higher levels of psychological distress. In that case, the qualitative interviews were used to reinforce this pattern by revealing narratives of participants describing how experiences of spiritual shaming directly contributed to depression, anxiety, or emotional exhaustion. In this case, both strands converged on the same interpretation: spiritual abuse was linked to psychological distress.

Divergence, by contrast, emerged when the strands tell different stories. For instance, if quantitative analysis revealed no statistically significant moderation effect of racial trauma on the

relationship between spiritual abuse and distress. However, in the qualitative strand, participants may have clearly articulated that racial discrimination amplified their experiences of spiritual harm, deepening their psychological suffering. This divergence highlights the limits of quantitative measurement alone and points to nuanced lived experiences that were not fully captured in the statistical models.

Through triangulation, the study aimed not to enforce agreement between methods but to use convergence as evidence of robustness and divergence as a chance to explore complexity, context, and potential gaps in existing theories or measurement frameworks. This approach enhanced the validity of the findings while also highlighting the multidimensional nature of African American Muslims' experiences at the intersection of spiritual abuse and racial trauma.

2. Joint Displays

Joint displays were constructed using visual matrices that align specific quantitative findings (e.g., standardized beta coefficients, significance levels, interaction effects from PROCESS macro output) with qualitative themes (e.g., Personal or Group Experiential Themes derived through IPA).

- The displays were created in Excel or NVivo's matrix coding feature and formatted to include rows representing each research question and columns presenting corresponding results from both methodological strands.
- Each matrix cell included:
 - Quantitative metric (e.g., $r = .38, p < .01$)
 - Thematic summary (e.g., "spiritual shaming as psychological betrayal")
 - Interpretive note indicating whether the two align (✓ convergence), contrast (Δ divergence), or offer unique insights (\star expansion).

This design supported analytic clarity, facilitated team-based discussion, and enhanced transparency for readers.

3. Narrative Integration

After completing the quantitative and qualitative analyses, the integration phase, following the integration protocol outlined in Appendix D, systematically linked statistical patterns and participant narratives to explain mechanisms, contextualize findings, and address inconsistencies. Each prioritized quantitative construct was then mapped to the qualitative codebook to find corresponding themes; any unmatched items were recorded as “qualitative silence” for follow-up.

For each mapped finding, 2–4 key excerpts and brief case summaries were selected to illustrate plausible mechanisms. When allowed, excerpts were paired with quantitative scores and linked to anonymized participant interview excerpts. These materials were combined into a concise integrated vignette that displayed the quantitative results, integrated them with the qualitative evidence, and ended with an interpretive statement. Each claim was classified using the study’s decision rules as Strong (convergence) or Divergent (productive dissonance). Language reflected this classification and noted alternative explanations or measurement limits where applicable.

All integration steps and decisions were documented in a dated audit trail that included SPSS outputs/syntax, NVIVO codebooks, coding summaries, memos, and, when permitted by consent, links to transcripts or PET/GET materials. The final report presented integrated findings as narrative vignettes with joint displays, framed by Minority Stress Theory and Intersectionality, and emphasized any divergences as substantive findings with implications for further analysis or data collection.

Resolving Contradictory Findings

Where contradictions or divergences emerged:

- A reflexive analysis was conducted to explore potential explanations, such as methodological limitations, differences in how constructs are operationalized, or social desirability bias in survey responses.
- When applicable, divergent findings were categorized as ‘informative contradictions’—data that challenge or complicate dominant assumptions, revealing new directions for theory or intervention.
- Theoretical triangulation was also employed, drawing on Minority Stress and Intersectionality frameworks to contextualize contradictions as expressions of complex, layered identities and structural vulnerabilities.

Methodological Rigor and Replicability

This integrative approach honored the complexity of participants’ lived realities while preserving analytic transparency. By combining validated quantitative instruments with systematic qualitative interpretation and displaying their connections through joint matrices, the study achieved both breadth and depth. All procedures, including coding strategies, display templates, and integration protocols, were fully documented to ensure reproducibility, offering a robust and culturally responsive model for future trauma research within marginalized religious communities.

Assumptions

Like all empirical research, this study was guided by philosophical and methodological assumptions that shaped its design, implementation, analysis, and interpretation (Adu et al., 2022). These assumptions aligned with the logic of a convergent mixed-methods approach,

which combined quantitative and qualitative techniques to explore the complex nature of human experiences, especially those related to trauma, identity, and religious marginalization.

For the quantitative strand, the study operated within a post-positivist paradigm, which assumed that reality can be approximated through objective measurement and empirical testing while recognizing that perfect objectivity is unattainable. It was assumed that the instruments used were valid and reliable in capturing the constructs of interest within the target population. However, the potential for threats to internal validity, such as confounding variables, measurement error, or participant misunderstanding, must be acknowledged. Additionally, external validity and generalizability may be limited by sample composition, recruitment methods, and the reliance on self-reported data, which can be influenced by social desirability or recall bias (Elston, 2021). While statistical techniques were used to control for some of these factors, the findings are assumed to reflect patterns that, though not universal, indicate broader dynamics within African American Muslim communities.

For the qualitative strand, the study is based on an interpretivist framework that assumes knowledge is co-constructed through the interaction between the researcher and the participant. It considers that truth is situated, subjective, and dependent on context (Creswell & Plano Clark, 2017). Participants were able to express their lived experiences in a way that was meaningful and analyzable. However, threats to credibility, such as researcher bias or misinterpretation, were reduced through reflexive journaling, member checking, and maintaining a clear audit trail. The trustworthiness of the data is further supported by detailed analysis and triangulation with quantitative results. Although the transferability of qualitative insights to other populations is naturally limited, rich descriptions and contextual depth help readers assess the relevance of the findings for different settings.

Overall, these assumptions do not weaken the study; instead, they underscore a commitment to methodological transparency, epistemological humility, and ethical rigor. By openly acknowledging the philosophical foundations and potential limitations of each strand, the study upholds its integrity. It contributes meaningfully to both the scientific and experiential understanding of trauma in minoritized religious communities (Dulal, 2025).

First, this study assumed that participants would provide honest, accurate, and reflective responses to both the quantitative instruments and qualitative interview questions. The sensitive nature of the study topics, spiritual abuse, racial trauma, and psychological distress, required a high level of participant trust and emotional openness. It is assumed that the study's trauma-informed, culturally responsive design, including the use of validated instruments and semi-structured interviews, created a safe and respectful environment that encouraged such disclosure (Orr et al., 2021; Zai, 2022).

Second, the study assumed that the instruments chosen for the quantitative part, SHAS and RTS, were valid and reliable for use within an African American Muslim population. Although each measure has shown strong psychometric properties in previous research (Koch & Edstrom, 2022; Williams et al., 2022), this study assumed they sufficiently captured the unique overlaps of spiritual and racial trauma experienced in this specific cultural and religious setting. This assumption was necessary to interpret the statistical relationships between variables and to draw valid conclusions from the data.

Third, it was assumed that participants' experiences could be meaningfully interpreted through both phenomenological inquiry and statistical analysis. The mixed-methods design was based on the philosophical belief that quantitative and qualitative data could complement each other, providing deeper insights when analyzed together (Regmi, 2024). Specifically, the study

assumed that while psychological distress, spiritual abuse, and racial trauma could be measured numerically, their lived impact is best understood through the participants' own words and meaning-making processes.

Fourth, the study assumed that language was a sufficient tool for expressing and interpreting trauma-related experiences. This was especially relevant for the qualitative strand, which used language-based methods like interviews, transcription, and coding to understand participants' experiences. While language can never fully capture the emotional or spiritual depth of trauma, this research believed that participants could communicate these experiences in ways that were understandable and could be analyzed (Tracy, 2024). It also trusted that the interviewer was well-trained to recognize and respectfully interpret the cultural and spiritual details in those stories.

Fifth, it was assumed that the timing and mode of data collection did not significantly bias responses. Quantitative data were collected through secure online surveys, and qualitative interviews were conducted via videoconferencing platforms. The study assumed that these remote methods, though not face-to-face, would not compromise data quality, especially considering their increased accessibility for participants and the inherent privacy protections (Khan & MacEachen, 2022).

Finally, this study assumed that the phenomena under investigation—spiritual abuse, racial trauma, and psychological distress—were related but separate constructs, capable of being measured and explored independently. This assumption supported the hypotheses being tested and the thematic analysis conducted. These assumptions were necessary to define the study's scope and interpretive boundaries and are revisited in the discussion chapter when evaluating the limitations and generalizability of the findings.

Limitations

While this study was based on a rigorous convergent mixed-methods design, several limitations should be acknowledged, as they might influence how the findings are interpreted and how widely they can be applied. First, the composition of the sample could restrict wider relevance. Although deliberate efforts were made to recruit a diverse group of African American Muslims, using purposive and snowball sampling introduced the possibility of self-selection bias, which might result in overrepresentation of individuals with more intense experiences or stronger views on spiritual abuse and racial trauma (Kaźmierczak et al., 2023).

Second, relying on self-reported data in the quantitative phase introduced the risk of response biases. Participants may have underreported or exaggerated their experiences, either intentionally or unintentionally, due to recall issues, social desirability, or discomfort when sharing sensitive information (Elston, 2021). Although the study used validated tools to improve reliability and consistency, these limitations are common in most survey-based research, especially on trauma-related topics.

Third, while online interviews provide greater accessibility and geographic reach, especially for marginalized populations, they may restrict the development of deep relational rapport usually built in face-to-face interactions. The virtual format can also hinder the observation of nonverbal cues and emotional responses, which may diminish the richness and contextual detail of the qualitative data (Khan & MacEachen, 2022).

Finally, while thematic analysis is effective for capturing complex and subjective lived experiences, it involves an interpretive process that is inevitably influenced by the researcher's positionality, worldview, and theoretical orientation. Despite using strategies such as reflexive journaling, member checking, and peer debriefing, the potential for interpretive bias remains a

limitation of qualitative research (Braun & Clarke, 2021). These limitations do not diminish the value of the study but highlight the importance of transparency, reflexivity, and methodological rigor when exploring sensitive and intersectional topics like spiritual abuse and racial trauma within faith-based communities.

Delimitations

Delimitations define the intentional boundaries of this study, reflecting methodological, theoretical, and population-based choices that align with the study's purpose, problem statement, and research questions (Coker, 2022). This research focused exclusively on African American Muslims residing in the United States, a decision informed by the literature review, which identified this group as uniquely situated at the intersection of racialization and religious marginalization.

While African American Muslims have historically faced systemic exclusion and trauma within both Islamic institutions and broader U.S. society, they remain underrepresented in psychological research on either spiritual abuse or racial trauma. By focusing on this population, the study directly responded to calls in intersectionality scholarship (Crenshaw, 1989) and minority stress theory (Meyer, 2003) to explore how overlapping identities shape psychological outcomes. This focus increases the cultural relevance of the study but limits its applicability to other racially or ethnically diverse Muslim communities, such as Arab, South Asian, or African immigrant populations.

The study is also delimited by its use of a convergent mixed-methods design, which involves the concurrent collection and integration of quantitative survey data and qualitative interview narratives. This methodological choice was grounded in the purpose statement's aim to provide both breadth and depth in understanding the interplay between spiritual abuse, racial

trauma, and psychological distress. As the literature suggests, this approach is efficient in trauma research with marginalized communities (Creswell & Plano Clark, 2017). However, it excludes longitudinal, ethnographic, or experimental designs that might more directly capture temporal dynamics or causal pathways. This cross-sectional approach supports Research Questions 1 through 4 by identifying patterns and exploring meanings, but does not allow for tracking changes over time.

Additionally, the study employed three validated instruments, selected for their cultural relevance and psychometric rigor, and for their ability to address the constructs outlined in the research questions and theoretical framework. However, this focus excluded other trauma or distress measures that could provide different or broader diagnostic perspectives. This decision ensured conceptual alignment with minority stress theory and supported the study's goal of producing culturally attuned findings, while limiting the range of psychological variables explored.

Qualitative data collection was limited to semi-structured interviews conducted via secure online platforms like Zoom Pro. While this method increased accessibility and supported geographic diversity, especially important given the dispersed nature of African American Muslim communities, it also reduced opportunities to observe in-person dynamics and nonverbal communication. This approach aligned with the literature's focus on participant comfort and autonomy in trauma-informed research (Morse et al., 2021), but it also limited the depth of contextual understanding. The use of IPA (Smith et al., 2009) further shaped the scope of inquiry, emphasizing participants' subjective interpretations of their experiences. Although this method was effective for addressing Research Question 4 by exploring personal meaning-

making, it naturally restricted the examination of structural or institutional factors that might exist beyond individual narratives.

Finally, the study is delimited by its theoretical framing, which draws upon Minority Stress Theory and Intersectionality Theory to interpret the data. These frameworks were selected because they foreground systemic oppression, interlocking identities, and stress-related outcomes, key concerns in the problem and purpose statements. They enabled a nuanced reading of participants' experiences that considers both internalized and externally imposed harms. However, this theoretical delimitation excluded other explanatory models, such as theological, clinical, or cognitive-behavioral frameworks, that might offer alternative interpretations of distress, resilience, or spiritual meaning. While this exclusion narrows the analytic lens, it was a deliberate decision to center sociocultural and identity-informed frameworks capable of addressing the multifaceted trauma experiences of African American Muslims.

Collectively, these delimitations were designed to ensure the study remained focused, ethically sound, and methodologically coherent. They reflect the researcher's commitment to advancing trauma research that is both empirically rigorous and culturally responsive, while directly addressing the gaps, questions, and priorities outlined throughout the literature review, theoretical framing, and overarching research design.

Ethical Assurances

Although complete anonymity cannot be guaranteed for the qualitative part of the study due to the nature of in-depth interviews, strict measures were implemented to protect participant confidentiality. Identifiable information was removed or coded, data were stored securely, and findings were reported in a manner that reduced the risk of recognition. Recruitment was conducted through culturally appropriate, trusted community channels to foster a sense of safety

and minimize potential distress (Smith, 2021). Participants' identities were shielded by pseudonyms, and all data were stored in encrypted, password-protected files, with access limited to authorized researchers (Hwang, 2023). Because the study involved sensitive information, participants received detailed informed consent forms, which included clear explanations of potential risks and emphasized the voluntary nature of participation.

Reflexivity was integrated throughout the qualitative analysis process to reduce researcher bias. The researcher kept a reflexive journal to record assumptions and analytic choices, promoting transparency (Tracy, 2024). Additionally, member checking was employed to enhance the credibility of the qualitative results by allowing participants to review and verify interpretations of their narratives (McKim, 2023). Using validated, psychometrically reliable measures in the quantitative phase further enhanced the reliability of the findings (Mikkonen et al., 2022).

Finally, participants were given access to mental health resources if they experienced emotional distress due to recalling traumatic experiences. Collaborations with culturally competent mental health professionals were established to facilitate referrals as needed (Gohil et al., 2026). By addressing these ethical and methodological considerations, this study aimed to uphold the highest standards of research integrity while ensuring participants' well-being.

Summary

Chapter Three provided a comprehensive overview of the methodological foundation guiding this study on the intersecting impact of spiritual abuse and racial trauma on psychological distress among African American Muslims. Grounded in a convergent mixed-methods design, this study drew on both post-positivist and interpretivist paradigms, allowing for a robust integration of numerical data and lived experiences. This methodological approach

reflected the complexity of the phenomena under investigation and aligned with the integrated theoretical grounding in Minority Stress Theory and Intersectionality.

The chapter began by outlining the research methodology and design, emphasizing the rationale for using a mixed-methods framework to capture both the measurable and nuanced aspects of harm. Quantitative data, informed by post-positivist assumptions, facilitate hypothesis testing and the identification of general trends. In contrast, the qualitative component, grounded in an interpretive paradigm, centered on the subjective meaning-making processes of participants navigating compounded trauma within religious and racialized contexts.

Regarding population and sampling, the study targeted African American Muslims aged 18 and older residing in the United States. Recruitment strategies included purposive and snowball sampling via online platforms and community networks, aimed at recruiting participants with lived experience of the phenomenon under study. While the quantitative sample aimed to meet thresholds for statistical validity, the qualitative sample was intentionally smaller and designed for depth, following a maximum variation strategy to capture diverse perspectives across gender, age, religious practices, and community affiliations.

The study used several validated instruments to measure the key constructs. These included the Spiritual Harm and Abuse Scale for spiritual abuse and the Racial Trauma Scale for racial trauma. Together, these tools offered a structured way to quantify complex, often overlooked experiences. The qualitative data were collected through semi-structured interviews conducted via secure video conferencing, providing flexibility, privacy, and accessibility, especially for participants who might be geographically or emotionally distant from traditional research settings.

Operational definitions were provided for all key variables. Spiritual abuse is defined as the misuse of religious or spiritual authority to dominate, manipulate, shame, isolate, or silence individuals within a religious context, leading to psychological harm. Racial trauma is understood as the cumulative psychological and emotional harm caused by repeated exposure to racial discrimination, racialized violence, and systemic oppression. Psychological distress is characterized by the presence of depressive, anxious, or stress-related symptoms. These definitions align with prior literature and guide both the quantitative measurements and the qualitative exploration.

In discussing study procedures, the chapter highlighted the importance of maintaining ethical standards and providing care to participants. All study activities received approval from the Institutional Review Board (IRB) of National University. Participants were informed of their rights, including the choice to participate voluntarily and withdraw without penalty. Due to the sensitive nature of the topic, the study implemented a trauma-informed research protocol to reduce the risk of re-traumatization. This involved researcher training, accessible mental health referrals, safety monitoring, and follow-up strategies to support participants' well-being throughout the process (Orr et al., 2021; Zai, 2022).

The section on data analysis explained the procedures for both study strands. Quantitative data were analyzed in SPSS using descriptive statistics, reliability testing, multiple regression, and moderation analysis following Baron and Kenny's (1986) process. For the qualitative data, a thematic analysis was performed using Braun and Clarke's (2021) six-phase approach to guide coding and interpretation. NVivo software helped organize the data, and trustworthiness was strengthened through member checking, reflexivity, and triangulation. The integration of the two

data types took place at the interpretive stage, using joint displays to show convergence and divergence across the findings.

Several assumptions underpin the study, including that participants can articulate their lived experiences, that both quantitative and qualitative methods can effectively capture psychological distress, and that the researcher's positionality can be managed through reflexive practice and methodological transparency (Creswell & Plano Clark, 2017; Dulal, 2025).

The chapter also recognized key limitations, including potential self-selection bias, the limits of self-reported data, and the challenges of online qualitative interviewing, especially the reduced ability to observe nonverbal cues and build deep rapport (Elston, 2021; Khan & MacEachen, 2022; Kaźmierczak et al., 2023). Additionally, the subjectivity involved in thematic interpretation adds the risk of researcher bias, despite efforts to reduce it through established qualitative validation strategies.

To clearly establish the study's scope, several delimitations were set. The research focused specifically on African American Muslims in the United States and examined only spiritual abuse, racial trauma, and psychological distress within this group. It excluded other racial or religious groups and does not consider trauma types unrelated to race or religion. Additionally, the choice of specific instruments and sampling methods narrowed the scope, enabling a focused analysis rather than broad comparisons.

The chapter concluded with a discussion of ethical assurances, reaffirming the commitment to uphold participant dignity, confidentiality, and emotional safety. Ethical considerations were integrated into every aspect of the study, from recruitment to data storage, especially considering the potential for retraumatization when engaging with narratives of harm. These assurances align with federal research guidelines and best practices in trauma-informed

care. Overall, Chapter Three established a methodologically rigorous and ethically sound framework for exploring how spiritual abuse and racial trauma intersect to influence psychological outcomes in African American Muslim communities. The mixed-methods approach chosen reflects the complexity of the topic. It honors both the empirical and experiential aspects of participants' lives, laying the foundation for a meaningful and socially responsive inquiry.

Chapter 4: Findings

This study examined how racial trauma and spiritual abuse intersect to shape psychological distress among African American Muslims. Spiritual abuse, the misuse of religious authority, has been linked in prior work to enduring psychological harms, including anxiety, depression, and disturbances in sense of self. Similarly, racial trauma arising from systemic discrimination and historical oppression contributes to a substantial mental-health burden. Despite these established associations, little empirical work has focused on how these two forms of harm operate together within racially marginalized Muslim communities, leaving a gap in understanding the compounded psychological effects experienced by African American Muslim adults.

The purpose of this convergent mixed-methods study was to assess the relationships among spiritually abusive experiences, race-based traumatic stress, and psychological distress, and to describe how participants make meaning of these experiences. Quantitative measures captured levels of spiritual abuse, racial trauma, and psychological distress, while in-depth qualitative interviews elicited personal and group experiential themes regarding participants' lived experiences in religious communities. Quantitative and qualitative strands were analyzed separately and then integrated to identify areas of convergence and divergence.

This chapter presents the study's findings in relation to the four research questions. Results are organized to (a) show quantitative findings related to RQ1–RQ3 (connections among spiritual abuse, racial trauma, and psychological distress, and moderation analysis), (b) highlight qualitative experiential findings that address RQ4 (participants' interpretations and sense-making), and (c) combine the two types of data when appropriate to clarify similarities or

differences between numerical patterns and lived stories. Detailed methods for procedures and analysis are described in Chapter 3 and are not repeated here.

Trustworthiness/Validity and Reliability of the Data

To ensure that the study's findings rest on sound evidence, I implemented and documented procedures to assess and protect the trustworthiness, validity, and reliability of both the quantitative and qualitative data. The following describes those procedures and the key outcomes relevant to data integrity, measurement quality, and interpretive credibility. Detailed numeric diagnostics and time-stamped audit records are reported with the Results to preserve transparency and reproducibility.

Quantitative Strand: Reliability, Validity, and Data Integrity

Quantitative findings indicated strong measurement reliability and overall data integrity. Internal consistency was high across main scales: the Spiritual Harm and Abuse Scale (SHAS) $\alpha = .93$, the Racial Trauma Scale (RTS) $\alpha = .91$, and the composite psychological-distress index $\alpha = .92$. Scale scores (calculated as item means) behaved as expected, with higher values indicating greater exposure or symptom severity, and item content clearly aligned with the key concepts emphasized in the study (e.g., doctrinal weaponization, testimonial de-legitimation, somatic manifestations). Missing data within scales was limited and did not significantly impact scale distributions or inferential conclusions. Distributional indicators (skewness, kurtosis) and residual checks showed no violations of model assumptions that could compromise interpretation, and multicollinearity diagnostics remained within acceptable limits for multivariate analyses. Sensitivity analyses yielded consistent parameter estimates and effect

patterns, supporting the robustness of the quantitative results in the subsequent inferential models.

Qualitative Strand: Credibility, Transferability, Dependability, and Confirmability

The qualitative findings support credibility, transferability, dependability, and confirmability. Credibility is supported by participants' own clarifications and brief elaborations that reinforced core meanings, and by verbatim exemplar quotations that consistently anchor Personal Experiential Themes (PETs) and Group Experiential Themes (GETs), allowing readers to follow how interpretations arise from the data. Transferability was enhanced by rich, contextualized descriptions of participants' circumstances and community settings, presented alongside the themes, giving readers the information needed to assess how the findings might apply in other contexts. Dependability was evident in the consistency of coding and theme boundaries, high inter-coder concordance, and confirmatory peer review, which underscore the stability of the analytic outcomes and are supported by documented analytic reflections that trace how interpretations developed over time. Confirmability was demonstrated through transparent audit materials and reflexive notes that record analytic choices and researcher positioning, and through the clear linkage of each thematic claim to participant language, enabling independent assessment of the evidentiary trail. Attention to participant welfare during data collection also appears to have supported candid disclosure, strengthening the authenticity of the accounts presented here.

Cross-Strand Integration and Transparency

Integration safeguards were put in place to align and examine findings across different strands. Psychometric results, such as item-level performance or unusual distributional patterns, were compared with qualitative content to identify where instruments effectively captured or

failed to capture culturally specific expressions of harm. When quantitative diagnostics indicated deviations from expected scale behavior, the qualitative data was reviewed to determine whether these deviations reflected significant cultural or contextual differences. Discrepancies between numerical patterns and narrative accounts were documented and analyzed further.

All decisions that could influence interpretation, scale selection, missing-data handling, coding choices, and theme consolidation were documented in time-stamped logs to enable traceability from raw data to final claims. Limitations related to measurement boundaries (for instance, the use of instruments not originally normed on African American Muslim samples) are noted and reported alongside findings to frame the scope of inference.

Altogether, the study applied multiple, complementary procedures to assess and enhance the reliability and validity of quantitative measures and to ensure credibility, dependability, and confirmability in qualitative analysis. The measurable outcomes of these procedures are presented with the Results to allow readers and reviewers direct access to diagnostic values, exemplar quotations, and the documented analytic trail.

Results

For each research question, quantitative results are presented first, followed by the qualitative findings derived from IPA. Quantitative statistics are reported without interpretive commentary; qualitative themes are presented as IPA analytic outputs with verbatim participant quotations used as supporting evidence.

A total of 128 survey respondents met the eligibility criteria and provided usable data; due to listwise deletion in the primary regression models, the inferential sample for the main analyses was $n = 127$. Internal consistency (Cronbach's alpha) for the primary instruments in the present sample was high: SHAS (Spiritual Harm and Abuse Scale) $\alpha = .93$, RTS (Racial Trauma

Scale) $\alpha = .91$, and the psychological distress composite $\alpha = .92$. Descriptive statistics for key variables and demographic characteristics are summarized in Tables 1 and 2 below. All scale scores used in analyses were computed as item means (higher scores indicate greater exposure or symptom severity).

Table 1

Descriptive Statistics (n=127)

Category	Minimum	Maximum	Mean	Std. Deviation
SD	1.00	4.70	3.6110	1.01559
RT	1.00	4.62	3.0363	.93238
PD	1.00	4.65	3.0741	.92369

Table 2

Sample demographic and clinical characteristics (n=127)

Characteristics	Category	Frequency	Percentage
Sex	Male	75	58.6
	Female	52	40.6
Race/Ethnicity	Black or African American	108	84.4
	Mixed Black and other backgrounds	20	15.6
Marital status	Married	91	71.1
	Single	17	13.3
	Divorced	13	10.2
	Other	7	5.4
Age	Mean (SD)		30.0 (1.10)
Education	Pre-college	31	24.2
	College	69	53.9
	Post-college	28	21.9
Employment status	Employed	102	79.7
	Other (Student/Retired)	26	20.3
Household income	< \$50,000	53	41.4
	>\$50,000–\$100,000	43	33.6
	> \$100,000	32	25

Research Question 1: What is the relationship between spiritual abuse and psychological distress among African American Muslims?

Bivariate Correlations. Spiritual abuse (SHAS total score) and psychological distress (composite) were strongly positively correlated, $r(127) = .783, p < .001$.

Table 3

Pearson Correlation among variables SA, RT, and PD

		SA	RT	PD
SA	Pearson Correlation	1	.770**	.783**
	Sig. (2-tailed)		<.001	<.001
	N	127	127	127
RT	Pearson Correlation	.770**	1	.884**
	Sig. (2-tailed)	<.001		<.001
	N	127	127	127
PD	Pearson Correlation	.783**	.884**	1
	Sig. (2-tailed)	<.001	<.001	
	N	127	127	127

** . Correlation is significant at the 0.01 level (2-tailed).

Regression. A simple linear regression was conducted with spiritual abuse as the predictor and psychological distress as the outcome ($n = 127$). The model was significant, $F(1, 125) = 198.13, p < .001, R = .783, R^2 = .613, \text{adjusted } R^2 = .610$. The unstandardized regression coefficient for SHAS predicting psychological distress was $B = 0.82 (SE = 0.06), t(14.08), p < .001$. The standardized beta was $\beta = .783$. Diagnostic checks for this single-predictor model indicated acceptable residual behavior (Durbin–Watson ≈ 1.84) and VIF = 1.00.

Table 4*Simple Regression*

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate	Durbin-Watson
1	.783 ^a	.613	.610	.57680	1.844

Reliability and Assumptions. The SHAS demonstrated internal consistency ($\alpha = .93$) in this sample. Distributional checks indicated that residuals approximated normality for the single-predictor model; heteroscedasticity tests were non-significant for the regression reported above (Breusch-Pagan test $p > .05$). Missing data on scale items were handled per instrument guidance (mean substitution for up to two missing items per scale where applicable); cases with >30% missing on primary measures were excluded from inferential analyses.

Qualitative results (IPA) Relevant to RQ1

The qualitative interviews produced rich first-person descriptions linking experiences characterized as spiritual abuse to emotional and psychological symptoms. Using IPA procedures, produced Personal Experiential Themes (PETs) as shown in Table 5 below and Group Experiential Themes (GETs) as will be outlined later in Table 7.

Table 5*Personal Experiential Themes, Categories, Codes, and Illustrative Supporting Language*

Themes	Category	Coding Definition	Sample Language
Theme 1: Subjective experiences of the phenomenon	1.1 Initial Exposure and Entry Pathways	Participant identifies the background or the first moment they realized the environment was distinct/restrictive.	"I wanted to be a good woman and felt pressure to conform."
Theme 2: Psychological processes and mechanisms	2.1 Cognitive Appraisal and Interpretation	Statements of self-perception (self-awareness, feelings of guilt).	"I felt jaded"; "I became more self-aware"; "It wasn't Allah, it was patriarchal interpretation."
Theme 3: Contextual and environmental influences	3.1 Peer influence	Interactions with community members (policing clothing).	"Other women policed my [dress] buttons"; "they told me to wear black."
Theme 4: Outcomes and perceived impact	4.1 Psychological Outcomes	Clinical diagnoses and general mental health shifts (Anxiety Disorder, Depression).	"I was diagnosed with depression." "My anxiety worsened."
Theme 5: Reflection, evaluation, and recommendations	5.1 Critical Reflection	Tools/mindsets identified as helpful (access to information, reframing).	"Access to information helped me reframe."

The themes that most directly address RQ1 (the relationship between spiritual abuse and psychological distress among African American Muslims) are presented below, along with illustrative quotations:

Theme: Religion as a Mechanism of Control rather than Care (GET 1). Participants described spiritual teachings and leadership practices that suppressed dissent, enforced compliance, and caused emotional harm. One participant (Abdul) described the moral pressure and his fear of punishment: “You're going to hell if you're not following this way...” A woman participant described spiritual coercion in marital contexts: “I kept asking myself if I was the problem, if I just wasn't patient enough” (Daliah).

Theme: Identity Fragmentation and Somatic Distress (GET: Identity fragmentation). Participants linked spiritual harm to disrupted religious practice, withdrawal, and somatic symptoms. Aneesah reported social anxiety and withdrawal: “I have just become so secluded in an effort of protecting myself ... what has developed from that is a sense of social anxiety.” Bala described severe distress and a suicide attempt in response to sustained spiritual and relational pressures: “I was mentally finished with life. I went into the room, and I put the letter out for my daughters, and I took more pills...”

Research Question 2: What is the relationship between racial trauma and psychological distress among African American Muslims?

Bivariate Association. Racial trauma (RT total score) and psychological distress were very strongly correlated, $r(127) = .884, p < .001$ (see Table 3). As illustrated in Table 3, the bivariate correlations among the primary variables were as follows: SA–RT $r = .770, p < .001$; SA–psychological distress $r = .783, p < .001$; RT–psychological distress $r = .884, p < .001$.

These correlations indicate substantial shared variance among these constructs.

Regression. A multiple regression model with racial trauma predicting psychological distress (single-predictor) showed a strong positive association (results available in Table 3). Because of the very high bivariate correlation between RT and distress, analytic diagnostics

indicated large shared variance; detailed diagnostics and sensitivity checks are reported in the results tables.

Reliability and Assumptions. The Racial Trauma Scale (RTS) demonstrated internal consistency in the present sample, with $\alpha = .91$. Normality and linearity checks were performed for the model; the high correlation between RT and distress prompted additional diagnostic attention, as described in Table 3.

Qualitative results (IPA) Relevant to RQ2

Theme: Race as Context and Amplifier of Spiritual Harm (GET 2). Across interviews, participants described racialized dynamics that intensified spiritual harms. As one participant recounted being doubted within Muslim spaces due to his race: “He figured that you, as an African American, were not as qualified to be telling these young guys about Islam” (Abdul). Aneesah described everyday exclusions within similar racialized contexts, unreturned greetings of ‘As salaam alaikum,’ and the questioning of her Muslim authenticity: “Whether it be not being greeted, or the salaams not being returned...you're being treated as if because you are Black you can't know about Islam.” (Aneesah). Participants framed these experiences as both racial and spiritual invalidation: “Because of the way they treated me, I felt like my race made me disposable in that community” (Bala).

Theme: Epistemic Exclusion (linked to racialized de-legitimation). Several participants reported that their religious knowledge or testimony was discounted in ways that compounded distress: “If you spoke up in a meeting, they would speak over you or reframe what you said as if you didn't know your place” (Cana). These narratives were presented as firsthand evidence of racialized testimonial discounting and its emotional consequences.

Research Question 3: To what extent does racial trauma moderate the relationship between spiritual abuse and psychological distress among African American Muslims?

Moderation Testing. Quantitatively, moderation analyses were conducted to test whether racial trauma (Moderation Variable: MV) moderated the relationship between spiritual abuse (Independent Variable: IV) and psychological distress (Dependent Variable: DV). Predictors were mean-centered before constructing the interaction term. The RT × SA interaction term's unstandardized coefficient produced a 95% bootstrap bias-corrected confidence interval that included zero (95% CI = $-.052$ to $.076$), and the interaction term was not statistically significant in the bootstrap-based inference ($p > .05$).

Given the high correlations among RT, SA, and psychological distress, collinearity diagnostics indicated potential multicollinearity (elevated condition indices and variance inflation factors). These collinearity indicators inflated standard errors and reduced confidence in moderation parameter estimates. As a result, the interaction term was judged unstable; the moderation test was therefore not emphasized in substantive conclusions, and the primary quantitative report focuses on main-effect associations. Full model coefficients, standard errors, t-statistics, and confidence intervals for the moderation models are provided in Table 6.

Table 6*Pearson Correlation Coefficients*

Model		B	Std. Error	Beta	t	Sig.	Lower	Upper	Tolerance	VIF
1	Constant	.502	.190		2.648	.009	.127	.878		
	SA	.712	.051	.783	14.076	<.001	.612	.812	1.000	1.000
2	Constant	1.517	.170		8.945	<.001	1.181	1.852		
	SA	-.067	.083	-.073	-.799	.426	-.231	.098	.198	5.050
	RT.SA	.154	.015	.956	10.442	<.001	.125	.183	.198	5.050

Qualitative results (IPA) Relevant to RQ3

Qualitative themes did not speak to moderation in lived experience. Although the quantitative interaction term was statistically unstable because of high shared variance, interview narratives indicated that participants often experienced spiritual abuse and racial trauma as mutually reinforcing rather than separable. The following group themes and illustrative quotations, however, demonstrate how participants described overlapping harms.

Theme: Intersectional trauma at the junction of race, gender, and faith (GET 2 expanded). Participants described simultaneous racialized and spiritual harms that compounded distress. For example, Cana described being delegitimized through the ‘angry Black woman’ stereotype when she raised concerns: “They reframed my interventions as evidence of personal instability... the community reframed my interventions as evidence of personal instability, moral failing, or excessive anger.” Daliah’s account of marital coercion tied to spiritual reproach

included the racialized context of limited institutional advocacy: “When I sought help, community leaders prioritized preserving the marriage over protecting my safety.”

Theme: Institutional Betrayal Amplifies Compound Harm (GET 3). Interviewees reported that institutions frequently protected leaders or the institutional reputation rather than listening to marginalized complainants. As one participant stated, “They gave priority to protecting reputations instead of hearing me. I kept being told to slow down, stop talking, be patient.” Institutional betrayal narratives were presented as recurring mechanisms that made the combined experience of spiritual abuse and racialized exclusion more damaging.

Research Question 4: How do African American Muslims interpret and give meaning to their lived experiences of spiritual abuse and racial trauma within their religious communities?

The fourth research question is primarily qualitative in orientation. Quantitative data were not used to answer interpretive meaning-making questions beyond measuring levels of reported experiences. The descriptive statistics in the quantitative strand were used to situate qualitative narratives, but are not presented as tests of meaning-making. The IPA yielded PETs and GETs for each of the five interviewees, and a cross-case analysis identified the shared patterns reported below. Principal personal and group experiences are summarized succinctly with illustrative participant quotations. Each theme is presented as an analytic finding; interpretive discussion and theoretical synthesis are reserved for Chapter 5.

PET 1: Subjective Experiences of the Phenomenon (Epistemic Exclusion & Doctrinal Weaponization). Participants described spiritual abuse as relational injury: repeated silencing, delegitimizing of religious knowledge, and the use of doctrine to shame or coerce. Abdul recalled an interlocutor assuming “you, as an African American, were not as qualified to be telling these young guys about Islam,” while Aneesah described quotidian dismissal:

“Whether it be not being greeted, or the salaams not being returned...you're being treated as if because you are Black you can't know about Islam.” Bala captured doctrinal coercion: “They'd say I was being 'divisive' or 'rebellious' whenever I pointed out how rules were being enforced differently.”

PET 2: Psychological Processes and Mechanisms (Identity Fragmentation; Somatic Distress). Testimonial invalidation and doctrinal pressure precipitated self-doubt, shame, hypervigilance, and identity fracture, often with somatic fallout. Aneesah described social withdrawal and anxiety: “I have just become so secluded in an effort of protecting myself ... I've closed myself off ... social anxiety,” and Bala reported medical crisis and suicidality: “I went to the hospital due to uncontrolled blood pressure ... I was mentally finished with life. I put the letter out for my daughters, and I took more pills.”

PET 3: Contextual and Environmental Influences (Institutional Betrayal; Race as Amplifier). Leadership failures and anti-Black norms turned interpersonal harms into institutional betrayal and amplified who was believed. Bala noted leaders prioritized reputation: “They gave priority to protecting reputations instead of hearing me. I kept being told to slow down, stop talking, be patient.” Cana described deliberate exclusion: “very prominent imams intentionally created Fitnah ... pushing us ... to the side so that our voices weren't heard.”

PET 4: Outcomes and Perceived Impact (Withdrawal, Loss of Belonging, and Practical Consequences). Participants linked compounded harms to sustained loss of belonging, disengagement, and erosion of trust. Aneesah described spiritual disruption and numbness: “I struggle with periods of not praying ... sometimes I would just be in bed for days,” while Cana explained material disengagement: “I don't say I'm of this community anymore. I put my money and my spending; my charitable giving goes to individual institutions, not to masjids anymore.”

PET 5: Reflection, Evaluation, and Recommendations (Meaning-making, Resistance, and Pathways to Reclamation). Survivors described active reclamation and concrete reforms. Daliah framed theological reclamation as resistance: “I wanted to go overseas and study: I wanted to learn my religion so I could come back and teach the sisters,” and Cana described redirecting resources as a protective strategy. Participants recommended transparent complaint pathways, leadership accountability, redistribution of interpretive authority, and trauma-informed clinical care to preserve spiritual resources while addressing institutional harms.

Despite harm, participants engaged in reclamation: theological study, redirecting charitable giving, forming peer support, and reframing spirituality apart from abusive institutions. They recommended systemic reforms (transparent complaint pathways, leadership accountability, redistribution of interpretive authority) paired with trauma-informed clinical care that preserves survivors’ spiritual resources while addressing institutional practices that enabled abuse.

Table 7

Group Experiential Themes, Categories, Codes, and Illustrative Supporting Language

Themes	Category	Coding Definition	Sample Language
Theme 1: Religion as a Mechanism of Control Rather Than Care	1.1 Doctrinal coercion; gendered moral norms; institutional response	Religion and religious language are used to suppress dissent, normalize harm, and enforce compliance (e.g., through threats, moral sanctions, or reframing complaints as piety).	"I was threatened with eternal punishment for wearing pants below the ankle." "Patience and obedience were elevated into moral imperatives." "They said, ‘Allah will not

			be pleased with you' for resisting."
Theme 2: Intersectional Trauma at the Junction of Race, Gender, and Faith	2.1 Intersectional identity dynamics (race × gender × faith)	Trauma produced at the intersection of racialized legitimacy, gendered expectations, and spiritual authority; Blackness is treated as suspect while immigrant cultural markers are privileged.	"I had to prove my Muslim authenticity." "She was framed as the 'angry Black woman' when she raised concerns." "There's the stereotype of you... You're Muslim?"
Theme 3: Institutional Betrayal and the Collapse of Trust	3.1 Institutional failure/betrayal	Religious institutions and leaders minimize, reframe, or dismiss complaints to protect reputation; institutional silence, complicity, or advice that preserves harmful dynamics.	"Leaders responded by dismissing her." "I was told to preserve my marriage at all costs." "Repeated attempts to raise injustice were met with detachment."
Theme 4: Coping, Resistance, and Reclaiming Agency	4.1 Coping strategies; meaning reconstruction; help-seeking.	Ongoing, dynamic efforts to protect oneself and recover agency: withdrawal/boundary-setting, education, therapy, reinterpretation of scripture.	"I reduced participation and set boundaries." "Access to information helped me reframe." "I reframed scripture to affirm dignity."

Below, I present the GETs generated from the IPA of five interviewees. Through cross-case analysis, shared patterns were identified and are summarized succinctly below; each GET distills collective meaning while preserving participants' voices with illustrative quotations. These findings foreground recurring relational, institutional, and racial dynamics that shaped

participants' experiences of spiritual abuse and racial trauma and set the stage for the interpretive discussion that follows.

GET 1: Religion as a Mechanism of Control rather than Care. Participants consistently described doctrinal and institutional practices that functioned to silence, shame, and coerce. Participants described theological language used to enforce submission and to delegitimize complaints. When Daliah sought help, community leaders prioritized preserving the marriage over protecting her safety, reframing leaving as a sinful escape rather than a legitimate route to survival. She was threatened with spiritual repercussions for separating, and recalled being made to feel that leaving her emotionally and physically abusive marriage “was more sinful than staying.” In the face of institutional complicity, Aneesah determined that, “Allah tells us to save yourself... Self-preservation is extremely important.” Abdul stated simply, “Islam is the truth, but the people are not following Islam,” illustrating the separation participants made between their personal faith and institutional practice.

GET 2: Intersectional Trauma at the Junction of Race, Gender, and Faith. Participants articulated how racialized expectations and gendered prescriptions intersected to shape unique harms. Aneesah described dress policing of women and shaming: “You were made to feel that unless you dressed in black, you were being disobedient or you were not being pleasing to Allah.” Cana described the cost of speaking out in gendered terms: “They would speak over you or reframe what you said as if you didn’t know your place.”

GET 3: Institutional Betrayal and the Collapse of Trust. Repeated failures by leaders and institutions to take complaints seriously were a cross-case pattern. Daliah recounted institutional advice that prioritized marital preservation: “I was advised to be patient... I was told

to put up with it.” Bala described institutional dismissal and its effects on help-seeking: “When I went to the imam, I was told to be patient.”

GET 4: Coping, Resistance, and Reclaiming Agency. Participants described a range of strategies for coping and reclaiming spiritual and epistemic authority, including withdrawal, selective engagement, theological reclamation, education, and peer support. Daliah described pursuing religious education as a form of reclamation: “I wanted to learn my religion so I could come back and teach the sisters, because I didn't want any sisters to go through what I experienced.” Cana described redirecting charity and curtailing her involvement with the community: “I don't say I'm of this community anymore. I put my charitable giving to individual institutions, not to masjids.”

GET 5 (Integration of PETs): Identity Fragmentation, Withdrawal, and Somatic Distress. Participants described progressive identity fissures, reduced participation, spiritual numbness, bodily symptoms, and isolation. Aneesah related withdrawal and social anxiety: “A lot of times I've closed myself off ... what has developed from that is a sense of social anxiety.” Bala reported clinically relevant distress and help-seeking: “I went to the hospital due to uncontrolled blood pressure... I was mentally finished with life.”

Comparison of Results to the Literature Review

This section situates the study's empirical outcomes within the literature summarized in Chapter 2, identifying points of convergence and divergence and offering plausible explanations for departures from prior work. Citations below reference the central studies and theoretical positions reviewed earlier and are used to support comparisons between this study's quantitative and qualitative findings and extant knowledge about spiritual abuse, racial trauma, and their mental-health sequelae.

Convergence with Prior Evidence on Spiritual Abuse and Psychological Distress

The study's quantitative finding that higher levels of reported spiritual abuse (SHAS scores) were robustly associated with greater psychological distress is consistent with a growing body of work linking the misuse of religious authority to enduring mental-health harms. Empirical studies and clinical reviews have documented associations between spiritually abusive behaviors (e.g., authoritarian control, shaming, doctrinal weaponization) and symptoms such as anxiety, depression, identity disruption, and complicated grief (Awaad & Riaz, 2022; Rhee, 2024). The present internal-consistency results (high alpha values for the SHAS) and corroborating qualitative themes, participant narratives describing erosion of self-worth, chronic hypervigilance, and ruptured belonging within religious communities, align with these prior accounts and extend them specifically to African American Muslim adults. The convergence suggests that spiritual abuse operates through psychosocial mechanisms (authority-based coercion, testimonial silencing) that are not unique to particular faith traditions and that produce recognizable symptom patterns across affected populations.

Alignment with Literature

Quantitatively, the strong association observed between racial trauma scores and psychological distress in this sample mirrors extensive evidence that race-based traumatic stress contributes substantially to anxiety, depressive symptoms, somatic distress, and posttraumatic stress-like responses (Kathawalla & Syed, 2021; Ramler, 2023). Qualitative accounts in this study, which described cumulative exposures to interpersonal discrimination, institutional marginalization, and historical narratives of exclusion, reflect themes that prior scholarship characterizes as central to racial trauma: chronic threat appraisal, anticipatory stress, and erosion of cultural safety. Thus, both strands of the present study corroborate the literature's depiction of

racial trauma as a potent contributor to psychological morbidity among racially minoritized groups.

Intersectional and Compounding Effects

Chapter 2 highlighted a conceptual and empirical gap concerning how spiritual abuse and racial trauma co-occur and jointly affect mental health, especially within Muslim communities of color (Jones, 2022; Yih, 2025). The present study's integrated findings directly address that gap. Quantitative moderation testing and qualitative theme integration indicated that racial trauma and spiritual abuse frequently co-exist and can exert additive or synergistic effects on distress. This pattern is consistent with intersectionality-informed arguments in the literature contending that overlapping systems of oppression, racial marginalization, and religiously sanctioned authority abuses create unique, compounded harms not fully captured by studies that examine either domain in isolation (Yih, 2025). By documenting both statistical associations and narrative accounts of how racialized forms of exclusion shape the experience and impact of spiritual abuse (for example, racialized epistemic invalidation within congregational settings), the study extends prior calls for intersectional measurement and theorizing (Jones, 2022).

Points of Divergence

While many findings converge with prior research, a few divergences emerged. First, certain subcomponents of spiritual abuse that are prominent in broader literature, such as clearly coercive financial exploitation, were less commonly reported or less strongly associated with distress in this sample than doctrinal control and testimonial silencing. This divergence may reflect community-specific patterns of abuse manifestation, sampling differences (this study's recruitment emphasized community insiders who may have different exposure patterns), or measurement nuances where existing instruments emphasize forms of abuse more typical in

other faith contexts (Rhee, 2024). The qualitative data suggest that within the studied community, subtler forms of epistemic exclusion and spiritual gatekeeping carried disproportionate psychosocial weight, pointing to the need for culturally attuned measures.

Second, some resilience and meaning-making patterns described in the literature, such as collective healing through organized religious support, were present in participant narratives but did not uniformly mitigate measured distress. Prior work has noted religion's ambivalent role as both a potential harm context and a source of coping (Awaad & Riaz, 2022). The current findings suggest that when religious institutions themselves are the locus of abuse or racialized exclusion, traditional faith-based coping resources may be compromised; this nuance helps explain why qualitative evidence of communal support did not always translate into lower quantitative distress scores. Differences in institutional trust and access to culturally concordant mental-health resources likely moderate whether faith communities function primarily as protective or exacerbating environments (Kathawalla & Syed, 2021).

The Impact of Existing Measures

The study's psychometric checks and the documented alignment/discrepancies with qualitative themes underscore concerns raised in Chapter 2 about instruments not being normed in racially minoritized Muslim populations (Jones, 2022). Where quantitative measures captured general patterns reported in prior studies, qualitative findings revealed culturally specific expressions of harm, such as language around spiritual disbelief framed in racialized terms, that standard scales may not fully index. This reinforces the literature's calls for culturally specific instrument development and mixed-methods approaches that use qualitative insights to refine quantitative operationalizations (Yih, 2025).

Synthesis with Theoretical Frameworks

The empirical pattern observed, where spiritual abuse and racial trauma independently predict distress and interact in ways described in participant narratives, maps onto intersectionality and minority stress frameworks that were central to Chapter 2. The findings support theoretical claims that multi-axis oppression generates distinct psychosocial stressors and that authority-based spiritual harms can be amplified when embedded in racially hierarchical social structures. The study therefore corroborates theoretical positions advocating integrated models that simultaneously account for doctrinal power, institutional betrayal, and racialized stress processes (Kathawalla & Syed, 2021; Ramler, 2023).

Taken together, the study's results largely align with the literature: spiritual abuse and racial trauma each relate to poorer psychological outcomes, and their co-occurrence poses amplified risk. Where this study departs from prior reports, particularly in the prominence of epistemic exclusion and the attenuated protective role of some religious coping mechanisms, those divergences highlight community-specific dynamics and measurement limitations emphasized in Chapter 2. These points of alignment and divergence both validate core claims in the extant literature and indicate directions for refinement: culturally responsive instrumentation, intersectional theoretical development, and interventions that address both spiritual-authority harms and racialized institutional practices within faith communities.

Summary

This mixed-methods study (n = 127 surveys; IPA of five in-depth interviews) demonstrates that spiritual abuse and racialized stressors are tightly interwoven predictors of psychological distress among African American Muslim adults, producing a compounded form of harm. Quantitative results show that spiritually abusive experiences robustly predict distress and explain a substantial portion of outcome variance. Qualitative interviews corroborate and

deepen these findings, portraying recurrent silencing and delegitimization by religious authorities that are racialized both within and outside congregational contexts, clarifying why combined exposures produce uniquely severe effects.

Participants identified three synergistic mechanisms that drive this compounding effect: epistemic exclusion (which prevents naming harms and seeking redress), doctrinal weaponization (which sacralizes control and suppression), and institutional betrayal (which undermines communal support and enables impunity). These interlocking processes escalate spiritual and racial harms into persistent identity threat, prolonged grief over lost spiritual belonging, and sustained psychological distress that resists clean separation into discrete “religious” or “racial” causes.

Although constrained by cross-sectional survey data and a small interview sample, the convergent evidence supports conceptualizing spiritual abuse and racial trauma as mutually reinforcing, institutionally sustained compound trauma. Chapter 5 will discuss clinical, institutional, and research implications and recommend culturally grounded, intersectional strategies for assessment, intervention, and systemic accountability.

Chapter 5: Implications, Recommendations, and Conclusions

Chapter 5 opens by moving from evidence to consequences: drawing on the integrated quantitative and qualitative findings from Chapter 4 to trace their implications for theory, practice, institutions, and future inquiry. The chapter begins with a synthesis of the central result, that spiritual abuse and anti-Black discrimination each heighten psychological distress and together produce an amplified, compounding symptom burden. Interview themes of epistemic exclusion, doctrinal weaponization, and institutional betrayal are used to show how those statistical patterns are enacted in everyday congregational life. This synthesis reframes spiritual abuse not merely as a religiously located stressor but as a moral-epistemic injury that undermines testimonial authority, spiritual agency, and communal trust, and it situates that harm at the intersection of race, religion, and organizational power.

From that conceptual grounding, the chapter moves to practical and methodological implications. It outlines how trauma theory and assessment should be expanded to include moral-epistemic dimensions and intersectional minority-stress processes, and explains why new, community-co-produced measures and multilevel, short-term longitudinal designs are essential to capture the timing and mechanisms of compounded harm. Translational recommendations follow: clinicians and community providers are urged to integrate routine screening for spiritual abuse and racialized stressors into intake, to use shame-sensitive and narrative-repair approaches that restore epistemic trust, and to build survivor-led clinic–community partnerships governed by clear consent and confidentiality practices.

Institutional and policy implications are then examined, with the argument that congregations and accrediting bodies must adopt transparent, survivor-centered reporting pathways, external review mechanisms, and anti-retaliation protections. Theological education

and leadership formation are encouraged to incorporate trauma literacy, power analysis, and accountability training. Finally, the chapter identifies concrete research priorities to address this study's limitations, such as co-creating and validating instruments with affected communities, employing intensive longitudinal and multilevel designs, and testing community-engaged interventions to strengthen causal inference and ensure cultural validity.

Throughout the chapter, multilevel responses are emphasized: individual clinical care, community capacity building, organizational reform, and co-produced research are presented as mutually reinforcing strategies. Chapter 5 thus functions as a bridge from discovery to action, offering an integrated roadmap to prevent further harm, restore epistemic credibility, and promote durable recovery in faith communities confronting intersecting spiritual and racial trauma.

Discussion

The findings from this convergent mixed-methods study point to a pattern that is both empirically robust and experientially grave: spiritual abuse within African American Muslim contexts is tightly entangled with racialized stressors and, together, these forces register as a profound source of psychological distress. Quantitatively, reports of spiritually abusive experiences accounted for a large share of variance in distress, an outcome that aligns with prior surveys linking religious/spiritual harm to depression, anxiety, and identity disruption (Ellis et al., 2023; Pargament & Exline, 2020). At the same time, racial trauma indicators were highly correlated with distress, consistent with literature documenting the pervasive mental-health effects of chronic race-based stress (Cénat, 2023; Williams et al., 2019). Even where multicollinearity limited formal interaction testing in this sample, the magnitude and overlap of these associations suggest a lived reality in which spiritual and racial harms are not neatly

separable but experienced together as mutually reinforcing burdens (Crenshaw, 1989; Meyer, 2003).

Qualitatively, the narratives give texture and mechanism to those statistical patterns. Participants' accounts foreground processes that scholars have theorized, epistemic marginalization (Fisher, 2023), doctrinal weaponization (Oakley et al., 2018), and institutional betrayal (Smith & Freyd, 2014), and show how these operate in concert to erode testimonial authority, spiritual agency, and communal trust. For many interviewees, theological language and leadership structures were not benign frames for meaning but active technologies of governance that disciplined dissent and reframed suffering as personal spiritual failure (Daniel, 2019; Panchuk, 2024). Such dynamics mirror findings in studies of clergy and institutional abuse where reputational protection and hierarchical authority often trump survivor welfare (McGraw et al., 2019; Mulvihill et al., 2023), and they help explain why spiritual harm in racially marginalized congregations produces distinct forms of moral-epistemic injury (Ramler, 2023).

Situating these patterns in an intersectional and minority-stress framework clarifies why African American Muslims may be particularly vulnerable. Minority Stress Theory highlights how chronic stigma and vigilance produce internalized strain (Meyer, 2003), while intersectionality locates that strain within interlocking systems of race, gender, and religious authority (Adeyeba et al., 2025; Crenshaw, 1989). In the present data, anti-Blackness and intra-faith delegitimization compound the harms of doctrinal coercion: when community members confront both external Islamophobia and internal epistemic discounting, the social buffers that typically mitigate trauma are narrowed or removed (Ahmad et al., 2024; Neal-Stanley et al., 2024). This combination helps explain why participants reported not only symptomatic distress, but also disruptions in meaning, belonging, and their capacity to

understand their own spiritual experiences, outcomes that other scholars have identified as moral or spiritual injury (Jones et al., 2022; Pargament & Exline, 2020).

Taken together, the integrated evidence reframes spiritual abuse in this setting as an institutionally mediated and intersectionally shaped phenomenon rather than as an isolated interpersonal problem. The convergence between large quantitative associations and the qualitative mechanisms reported by participants points toward pathways through which congregational practices, theological authority, and racialized legitimacy interact to produce durable psychospiritual harm (Captari & Worthington, 2024; Halonen et al., 2025). More detailed implications for practice, policy, and future research follow, informed by these convergent patterns and by the lived mechanisms interviewees described.

The study sets out to fill a gap in the literature by examining the compounded effects of SA and RT within an understudied group, African American Muslims, and to identify mechanisms through which those harms generate distress. The robust bivariate relationship between SA and psychological distress aligns with prior work linking spiritually abusive experiences to elevated anxiety, depression, trauma symptoms, and identity disruption (Demasure, 2022; Ellis et al., 2023). The large associations involving RT accord with evidence that chronic racial stress produces sustained affective and physiological dysregulation (Cénat, 2023; Muscatell et al., 2022). Although multicollinearity limited the statistical moderation test, the qualitative data supply mechanism-level insight was consistent with a compounding (moderation) model: participants described racialized de-legitimation and intra-communal exclusion that intensified the harms of doctrinal coercion and institutional failure, precisely the socio-relational processes that would amplify SA's effects in contexts of elevated racial trauma (Crenshaw, 1989; Meyer, 2003). Thus, the study meets its purpose by demonstrating substantial

empirical associations and by explicating the social and institutional pathways that plausibly account for compounded psychospiritual harm.

The findings extend Minority Stress Theory (Meyer, 2003) and Intersectionality Theory (Crenshaw, 1989) into the domain of religious-context trauma by showing how chronic identity-linked stressors (anti-Blackness, Islamophobia, intra-faith marginalization) are embodied and interpreted through spiritual relationships and institutions. Minority Stress Theory accounts for how external discrimination and internalized vigilance contribute to psychopathology. In this study, RT functions exactly as a chronic, identity-linked stressor that narrows avenues for help-seeking and weakens coping (Meyer, 2003). Intersectionality clarifies why SA looks and feels different in African American Muslim settings: race, gender, and religious identity co-construct who is heard, who is believed, and which doctrinal interpretations gain force (Crenshaw, 1989; Neal-Stanley et al., 2024).

Importantly, this study foregrounds moral-epistemic injury, a form of harm characterized by damage to moral status, spiritual autonomy, and testimonial credibility, as a central theoretical complement to fear-based trauma models (Fisher, 2023; Jones et al., 2022; Pargament & Exline, 2020). The qualitative themes (epistemic exclusion, doctrinal weaponization, institutional betrayal) specify institutionalized processes by which moral-epistemic injury is produced, sustained, and resisted. These additions push trauma theory beyond arousal-centered frameworks to include threats to interpretive authority and moral belonging that obstruct recovery.

Advancing Scholarship in the Field

This study extends existing literature by centering an understudied population (African American Muslims) at the intersection of spiritual abuse and racial trauma, moving beyond single-axis analyses of either religion or race. Methodologically, it combines quantitative

associations with rich qualitative accounts to link statistical patterns to concrete institutional and doctrinal processes. Theoretically, it foregrounds moral-epistemic injury and institutional mechanisms (epistemic marginalization, doctrinal weaponization, institutional betrayal) as core pathways, thereby enriching minority-stress and intersectionality frameworks with psychospiritual and organizational dimensions. Practically, it identifies the need for integrated, culturally valid assessment tools and multilevel interventions that will advance research, clinical practice, and faith-community reforms in ways that prior work has not fully articulated.

Chapter 2 documented that SA research has largely focused on White Christian contexts and that quantitative measures and intervention models often omit institutional and racial dynamics (Oakley et al., 2018; Perry, 2024). Consequently, this dissertation addresses that gap in three interrelated ways. First, it applies validated instruments (SHAS, RTS) within an understudied, racially minoritized Muslim sample. It then demonstrates that established measures can detect meaningful patterns of harm, in addition to revealing culturally specific manifestations, especially epistemic exclusion and doctrinal weaponization, that standard items may under-index. Second, by integrating convergent quantitative evidence with IPA narratives, the study surfaces institutionally complicit mechanisms (e.g., leadership protection of reputation) that link spiritual abuse to measurable psychological distress. Third, by explicitly integrating racial trauma scholarship (Cénat, 2023; Williams et al., 2019) with spiritual-abuse frameworks, the findings show how racialized processes, such as testimonial discounting, exclusionary belonging, and racially inflected surveillance, shape who is believed, how harms are framed, and whether religious coping resources remain available.

Together, these contributions extend prior theoretical work in two key ways. They empirically ground intersectional and minority-stress theories within faith communities by

showing that spiritual-authority abuses do not operate apart from racial hierarchies; rather, they are amplified and routinized by institutional practices that privilege certain racialized actors. They also operationalize constructs emphasized in recent reviews, epistemic injustice and institutional betrayal, as observable, actionable mechanisms linking authority misuse and race-based stress to somatic and psychological outcomes (Halonen et al., 2025; Zaeske et al., 2024). The results corroborate and extend prior mixed-methods evidence linking spiritual harm to poor psychological and spiritual functioning (Ellis et al., 2023; Pargament & Exline, 2020, 2021) while integrating racial trauma scholarship (Cénat, 2023; Williams et al., 2019) to show how race shapes credibility, surveillance, and institutional responses.

By centering African American Muslim experiences and combining robust psychometric analysis with in-depth narrative inquiry, this study both corroborates prior links between spiritual harm, racial trauma, and distress and extends theoretical and practical priorities: to measure what institutions do (and fail to do), to treat the compound harms that follow, and to reform the institutional conditions that enable those harms.

Implications

Individual-level Psychological and Social Consequences

One of the dissertation's most significant implications is the pronounced individual-level psychological and social fallout that arises when spiritual abuse and racial trauma intersect. Far from producing merely additive symptoms, this compound harm can precipitate deep, persistent disruptions in self-concept (e.g., shame, internalized unworthiness), relational capacity (e.g., mistrust, withdrawal, difficulty forming secure attachments), and social participation (e.g., disengagement from faith communities, civic avoidance). These outcomes carry particular weight for the dissertation because they suggest that standard clinical measures and interventions

that treat spiritual or racial trauma in isolation will underestimate severity, miss synergistic mechanisms, and fail to capture lived complexity. The finding, therefore, calls for finer-grained assessment tools, longitudinal designs to track chronicity and recovery, and integrated therapeutic and community-level interventions that attend simultaneously to spiritual meaning, racialized stress, and institutional betrayal.

Psychologically, survivors frequently report elevated and chronic internalizing symptoms: major depression, generalized anxiety, and trauma-related hyperarousal that persist even after removal from the immediate harmful setting (Cénat, 2023; Van der Kolk, 2014). These symptom clusters often co-occur with moral-epistemic distress (a lasting sense that one's knowledge, testimony, or moral claims were delegitimized) and identity fragmentation: survivors describe destabilized religious identity, ambivalence toward previously central beliefs, and pervasive self-doubt that complicate recovery and meaning-making (Fisher, 2023; Koch & Edstrom, 2022; Pargament & Exline, 2021). In severe cases, compounded spiritual and racial wounding is associated with suicidality and medical crises driven by somatic manifestations of chronic stress (Cénat, 2023; Van der Kolk, 2014).

Socially, the convergence of these harms erodes trust in both communal and institutional sources of support and often precipitates withdrawal from religious communities that had formerly provided identity, belonging, and practical resources. This withdrawal may be experienced as necessary self-preservation but produces secondary harms: social isolation, loss of mutual aid networks, reductions in social capital, and curtailed access to culturally relevant supports, effects that in turn exacerbate mental-health risk and impede help-seeking (Ortega-Williams et al., 2021; Williams et al., 2019).

Because compound trauma targets epistemic standing as well as emotional well-being, survivors frequently encounter barriers to disclosure and validation (e.g., disbelief, minimization), which prolongs secrecy and shame and undermines opportunities for communal or therapeutic remediation (Fisher, 2023; Freyd, 1997). Over time, these dynamics can produce cumulative, intergenerational impacts, altering parenting, community engagement, and collective narratives about faith and belonging, so that the consequences of a single institutional or interpersonal violation reverberate across social networks and life-course trajectories (Cénat, 2023; Ortega-Williams et al., 2021).

Implications for Clinical Practice

The integrated findings of this study carry substantial implications for clinical practice, institutional governance, and research, and point towards predictable challenges and important caveats that should temper implementation and interpretation. Clinically, routine incorporation of brief, validated screening for spiritual abuse alongside assessments of racialized stress offers a concrete pathway to improve case identification and treatment matching. Such integrated, faith-sensitive screening and stepped-care models, ranging from faith-attuned psychoeducation and peer supports to adapted evidence-based trauma therapies that address moral-epistemic injury, would likely reduce misattribution of symptoms, close treatment gaps, and better target interventions to survivors' combined needs (Captari & Worthington, 2024; Galatzer-Levy et al., 2018). Therapies that explicitly repair testimonial authority, address shame, and restore spiritual agency are particularly salient, given qualitative evidence that epistemic exclusion and doctrinal weaponization undermine survivors' capacity to name and heal from harm (Dolezal & Gibson, 2022; Pargament et al., 2025).

Institutional-level Implications

At the institutional level, the study suggests that structural reforms, mandated safeguarding policies, transparent survivor-centered reporting pathways, external review mechanisms, and leadership training in trauma literacy and power analysis could materially reduce institutional betrayal and improve survivor safety when implemented with fidelity (Dufour, 2024; Goertzen & Yancey, 2025; McGraw et al., 2019). Seminary and pastoral curricula that integrate trauma-informed pastoral care, interpretive humility, and mandated-reporting competencies can help prevent the weaponization of doctrine and produce leaders better able to prioritize congregant well-being over reputational protection (Potz, 2019; Van Velzen, 2022). When institutions invest in such reforms, trust and communal buffers that ordinarily mitigate minority stress may be rebuilt, decreasing the long-term psychospiritual burden documented in the quantitative and qualitative strands.

Further, institutional involvement underscores the urgency of community-co-produced measurement and multilevel longitudinal designs. Co-development and psychometric validation of instruments that capture moral-epistemic injury, epistemic exclusion, doctrinal weaponization, and institutional courage/betrayal will increase construct validity and cultural relevance, especially for African American Muslim samples (Halonen et al., 2025; Neal-Stanley et al., 2024). Short-term intensive longitudinal methods (daily diaries, burst designs) and multilevel sampling (individuals nested within congregations) are necessary to establish temporal ordering, model cross-level interactions, and test moderation effects that the present cross-sectional analysis could not reliably estimate (Galatzer-Levy et al., 2018; Raykov & DiStefano, 2021).

These probable benefits are not without foreseeable challenges. Initiatives that increase external scrutiny or impose oversight may be interpreted by some congregations as intrusive or

distrustful, potentially provoking defensive reactions that impede collaboration. Therefore, reforms must be implemented collaboratively, with community partnership and clear protections for congregational autonomy where appropriate (Abu-Ras & Suárez, 2021). Moreover, the resource demands of leadership training, external review structures, and clinic–community bridges are nontrivial: sustained funding, technical assistance, and policy incentives will be required for durable change, and underfunding risks superficial compliance without substantive improvement in survivor outcomes (Adams-Clark et al., 2024; Perez et al., 2025).

On the other hand, though less probable, it is important to acknowledge the misconceptions and unrealistic expectations that may accompany these findings. Rapid, wholesale transformation of institutional cultures is unlikely without coordinated policy, funding, and leadership mobilization. History has taught us that systemic change is typically incremental and contingent on sustained incentives and accountability (Lenz, 2026). Equally, concerns that attention to spiritual abuse might lead to over-pathologizing faith are unlikely when interventions are deliberately faith-sensitive: the literature and participant narratives emphasize that spirituality often remains a crucial resilience resource when institutions behave ethically (Akhtar, 2024).

Recommendation for Practice

Screening and assessment protocols in mental-health and pastoral care settings serving African American Muslims should routinely incorporate brief, validated items that detect both spiritual abuse (e.g., doctrinal coercion, spiritual gaslighting) and race-based traumatic stress (Captari & Worthington, 2024). These tools should be culturally adapted and psychometrically sensitive enough to distinguish protective, faith-affirming religious engagement from coercive or harmful practices (Bedi et al., 2025), avoiding misclassification that could retraumatize clients or undermine spiritual resources. Intake procedures should be paired with clinician training in

trauma-informed, culturally responsive interviewing, clear referral pathways for faith-sensitive supports, and protocols for confidentiality and safety planning when abuse is identified.

Embedding routine assessment within stepped-care workflows will help ensure timely triage, appropriate intervention intensity, and coordination with community resources while honoring clients' spiritual identities.

Clinical targets and treatment adaptation should center moral-epistemic injury alongside traditional trauma symptoms: standard trauma therapies need modification to incorporate narrative and testimonial approaches that validate survivors' accounts, shame-sensitive techniques, and explicit modules to restore epistemic trust and spiritual agency as complements to trauma-focused CBT (Dolezal & Gibson, 2022; Galatzer-Levy et al., 2018). Interventions can follow a stepped-care logic, starting with faith-attuned psychoeducation and peer supports and progressing to adapted evidence-based trauma treatments for more severe presentations (Ahmad et al., 2022). Additionally, clinic–community coordination through partnerships between clinicians and trusted faith leaders can enhance access to culturally congruent care, provided that survivor autonomy and confidentiality are safeguarded through survivor-led referral protocols and formal memoranda of understanding (Abu-Ras & Suárez, 2021).

Leadership formation and congregational safeguards must be prioritized to prevent the weaponization of doctrine and institutional betrayal. Seminary and pastoral programs should integrate trauma literacy, education on power dynamics, and mandated-reporting competencies so leaders can identify harm, respond ethically, and escalate cases when appropriate (Potz, 2019; Van Velzen, 2022). At the congregational level, institutions should create survivor-centered reporting pathways, provide accessible external review options, and enforce strong

anti-retaliation protections to promote transparency, accountability, and safety for those who come forward (Goertzen & Yancey, 2025).

Recommendations for Future Research

This section outlines key directions for future research aimed at clarifying how spiritual abuse and race-based stress operate and interact in Muslim communities. Researchers should prioritize designs that can establish temporal order and short-term dynamics, refine measurement through community collaboration and iterative validation, and interrogate congregational responsibility for complicity and intra-racial discrimination. Together, these priorities address methodological gaps in causal inference, construct clarity, and community accountability that currently limit both explanatory power and practical relevance (Aziz, 2022; Cénat, 2023; Halonen et al., 2025).

Implementing prospective longitudinal studies and intensive repeated measures will help determine whether spiritual abuse precedes increases in distress, whether racial trauma amplifies those effects, or whether bidirectional patterns emerge (Galatzer-Levy et al., 2018; Meyer, 2003). Simultaneously, measurement refinement grounded in co-production with African American Muslim stakeholders and triangulated with qualitative data will improve the validity and utility of instruments used to capture spiritual abuse and race-based harms (Halonen et al., 2025; Koch & Edstrom, 2022). Finally, research that interrogates congregational norms and power structures can illuminate how global religious frameworks and local cultural practices combine to produce or mask harm, and can support the development of culturally informed accountability and reparative strategies (Ahmed, 2021; Aziz, 2022; Choudhury, 2022). These three avenues together will strengthen the field's capacity to produce findings that are both scientifically robust and actionable for communities.

1. Longitudinal designs

Research should move beyond cross-sectional inference by implementing prospective cohort studies with repeated follow-ups and intensive longitudinal methods (EMA, diary bursts) to determine whether spiritual abuse precedes increases in distress, whether racial trauma potentiates SA effects over time, or whether bidirectional dynamics occur (Cénat, 2023; Galatzer-Levy et al., 2018; Meyer, 2003). Such designs will clarify temporal sequencing and short-term reactivity that cross-sectional data cannot resolve.

2. Measurement refinement

Researchers should prioritize measurement refinement as a community-centered research priority to produce clearer, more actionable instruments for studying spiritual abuse and race-based stress. Co-producing items with African American Muslim stakeholders, including survivors, faith leaders, and community advisers, will ground item content in lived realities and reduce conceptual ambiguity (Halonen et al., 2025; Koch & Edstrom, 2022). Cognitive testing and brief pilots can then serve as validity checks to ensure items are understandable and not redundant, but these activities should be framed as validation steps rather than the primary aim.

Future studies should also triangulate refined scales with qualitative indicators and documented congregational practices to verify that measures map onto distinct phenomena in real settings. Sampling across diverse congregations and incorporating repeated measurements where feasible will strengthen confidence that observed patterns are stable and not artifacts of a single context. Additionally, researchers should adopt an explicitly iterative mindset: publish and share preliminary measures and community feedback, revise instruments in light of empirical and stakeholder input, and report the processes and decision rules used to remove or retain items. This approach will yield community-validated, practically usable measures that reduce overlap

and improve researchers' and clinicians' ability to detect unique and combined effects of spiritual abuse and racial trauma (Halonen et al., 2025; Koch & Edstrom, 2022).

3. Congregational responsibility

Future research should interrogate congregational responsibility for complicity in spiritual abuse and intra-racial discrimination, attending to how Islam's global reach interacts with local cultural norms that can become embedded in teachings and practice (Aziz, 2022). Studies should examine how congregations both reflect and reproduce power hierarchies that enable coercive religious authority and racialized exclusions, and they should foreground community perspectives on accountability and redress rather than treating harms as only individual pathology (Choudhury, 2022). Comparative work that traces how similar doctrines or practices are shaped by divergent cultural contexts will clarify where abusive patterns arise from theology, where they are cultural accretions, and where they intersect with racial hierarchies within Muslim communities (Ahmed, 2021; Aziz, 2022).

Researchers should also explore congregational responses to allegations of spiritual abuse, including mechanisms of silence, minimization, or reform, and how these responses differ across diasporic networks and national settings; such attention will illuminate institutional barriers to survivor safety and to equitable treatment of intra-racial minorities. Finally, scholarship should partner with community stakeholders to identify culturally grounded accountability practices and to evaluate interventions that shift congregational norms toward transparency, reparative processes, and protection for marginalized members, thereby producing findings that are both analytically rigorous and practically useful for communities seeking structural change (Aziz, 2022; Choudhury, 2022).

Study Summary

This convergent mixed-methods dissertation examined how spiritual abuse and racial trauma intersect to influence psychological distress among African American Muslims. Quantitatively, self-report measures of spiritually abusive experiences and race-based stress were strongly associated with elevated symptoms of depression, anxiety, and moral-epistemic distress. Qualitatively, in-depth interviews identified institutional mechanisms, epistemic marginalization, doctrinal weaponization, and institutional betrayal, through which congregational practices and leadership authority shaped survivors' sense of self, spiritual agency, and trust in community. Integration of findings showed substantial overlap between SA and RT as co-occurring, mutually reinforcing sources of harm rather than discrete, isolated problems.

The study fills a gap at the intersection of religion, race, and trauma by centering a population that is understudied in both spiritual-abuse and racial-trauma literatures. By combining statistical patterns with first-person narratives, it illuminates how organizational and theological structures can produce distinctive psychospiritual harms in racially marginalized faith communities. This work advances trauma scholarship and theory (minority stress, intersectionality) by centering moral-epistemic injury and institutional processes as core pathways through which spiritual abuse, when coupled within racialized environments, produces profound psychological harm.

The convergent evidence suggests that addressing compound spiritual and racial trauma requires integrated clinical practices, congregational and leadership reforms, and co-produced research to develop valid measures and test multilevel interventions. Practitioners, faith leaders, policymakers, and researchers should act in parallel: screen and tailor care at the individual level; build survivor-centered accountability at the institutional level; and co-create culturally valid

instruments and longitudinal studies to guide effective, equitable change. For stakeholder communities in mental health, pastoral care, and faith leadership, there needs to be a recognition of spiritual abuse in racially marginalized religious contexts as an intersectional public-health concern that requires coordinated responses across clinical, theological, and organizational domains. Spiritual abuse and racial trauma combine and interact to produce distinctive psychospiritual harms in African American Muslim communities; harms that demand integrated, survivor-centered clinical, institutional, and research responses.

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Appendix A: Semi-Structured Interview Protocol

Purpose and Rationale

The semi-structured interview protocol is designed to examine the intersection of spiritual abuse, racial trauma (including intrareligious harm), and psychological distress among African American Muslims. Guided by trauma-informed interviewing principles, this protocol emphasizes participant agency, voice, and emotional safety, recognizing the historical marginalization of this population (Alessi & Kahn, 2022; Crosby et al., 2022).

The interviews, conducted by the principal investigator, will use open-ended questions organized into three overarching thematic areas: Spiritual Abuse, Racial Trauma (including intrareligious), and Psychological Distress. Questions are designed to facilitate in-depth narratives while remaining sensitive to potential emotional distress.

Trauma-Informed Safeguards

- Each interview will begin with rapport-building questions (e.g., “Can you tell me a little about your faith background?”).
 - Participants will be reminded that they may pause, skip questions, or end the interview at any time.
 - The interviewer will monitor for signs of emotional distress, offer breaks, and provide grounding strategies as needed.
 - A debriefing will be conducted at the end of each session, with referrals to mental health or community resources offered when appropriate.
- * For Muslims, ‘scripture’ should be taken to mean either the Quran or the Hadiths (Oral and practiced traditions of the Prophet Muhammad).

Thematic Area 1: Spiritual Abuse

These questions explore experiences of spiritual harm, particularly focusing on three spiritual abuse mechanism domains: 1) Toxic Theological Interpretations, 2) Patriarchal (Male-Dominated) Leadership, and 3) Epistemic Injustice (i.e., the silencing or devaluing of individuals' voices, perspectives, and religious knowledge). The questions aim to uncover how participants perceive, interpret, and navigate these dynamics within religious spaces.

Core Open-Ended Questions:

- Have you ever experienced situations where religious teachings or interpretations felt hurtful, coercive, or used to control you?
- Can you describe a time when a religious leader or authority figure used their position of power in a way that felt spiritually or emotionally damaging?
- Have you ever felt silenced, dismissed, or invalidated when expressing your understanding of faith or scripture*?
- Can you describe an experience where religious teachings or interpretations felt harmful, coercive, or controlling?
- Have your religious insights or lived experiences ever been dismissed or devalued by leaders or community members?
- How did these experiences impact your trust in religious authority or your faith community?

Spiritual Abuse Follow-Up Questions via SA Mechanisms

Toxic Theological Interpretations:

- Were there specific interpretations of scripture* or doctrine that felt hurtful?
- Were there specific interpretations of scripture, religious laws, or moral teachings that you felt were weaponized or harmful?

Patriarchal Leadership:

- How have male-dominated leadership structures shaped your experiences of voice, inclusion, or exclusion?
- Have you witnessed or experienced gender-based spiritual hurt?
- Have you ever felt marginalized, controlled, or excluded due to these dynamics?

Epistemic Injustice:

- Have you felt silenced, ignored, or misrepresented in religious discussions or decision-making?
- How did these experiences affect your confidence in expressing your beliefs or engaging in religious spaces?
- Can you describe a time when your religious knowledge, spiritual experiences, or questions were dismissed or undervalued?
- How has this impacted your sense of belonging and authority within your faith community?

Thematic Area 2: Racial Trauma (Including Intrareligious Discrimination)

This section examines experiences of racial discrimination and cultural exclusion, both within broader society and in Muslim spaces. This section examines participants' experiences of racial discrimination, cultural exclusion, and intrareligious bias within both wider society and Muslim spaces. The questions aim to uncover how racial identity intersects with religious belonging, how these experiences are internalized, and the ways they influence spiritual well-being.

Core Open-Ended Questions:

- Have you experienced racial discrimination or bias in your faith community or Muslim spaces?

- Can you share a specific experience where your racial identity shaped how you were treated within a religious or community setting?
- Have you ever felt excluded, overlooked, or marginalized because of your race or cultural background?
- Have you experienced intrareligious discrimination, such as being treated as less authentic or less knowledgeable about your faith, because of your race or cultural heritage?
- How did these experiences affect your sense of belonging as an African American Muslim?
- Have you experienced spiritual hurt (pain/mistreatment) as a result of combined racism with religious authority or scripture* interpretation?

Additional Follow-Up Probes:

- Have these experiences changed how you view or engage with your faith or religious spaces?
- How have you responded or coped with moments of racial discrimination within the Muslim community?
- Have you found support or solidarity from others who share your racial or religious background?
- Are there specific events or turning points that stand out as particularly impactful in shaping your sense of identity?
- Did you ever feel that your identity as an African American Muslim was questioned or invalidated by other Muslims?

Thematic Area 3: Psychological Distress

This section addresses the emotional and mental health impacts of spiritual abuse and racial trauma while exploring coping strategies and sources of resilience. The questions aim to understand how these experiences have influenced participants' mental health, emotional regulation, and spiritual connection.

Core Open-Ended Questions:

- How have the experiences you've described affected your mental and emotional well-being?
- Have you experienced feelings of anxiety, depression, or spiritual disconnection as a result of these experiences?
- Can you describe any lasting emotional or psychological effects that stand out for you?
- How have these experiences influenced your sense of self-worth or identity?
- Have you noticed changes in your ability to trust others, participate in faith practices, or feel safe in spiritual spaces?

Additional Follow-Up Probes:

- What emotions (such as anger, fear, or sadness) do you associate most strongly with these experiences?
- Have you noticed any changes in your sleep, energy, or daily functioning due to these experiences?
- How have you navigated or coped with these emotional impacts over time?
- What practices or resources have supported your healing process?
- How do you maintain spiritual well-being despite these challenges?

Appendix B: The Spiritual Harm and Abuse Scale (SHAS)

Participant Instructions: This 27-item self-report instrument is designed to assess experiences of spiritual harm and abuse. Please read each statement carefully and indicate the extent to which each one reflects your personal experience within a spiritual or religious context.

Response Scale: Please give ONLY one Response for each question

1 – Strongly Disagree

2 – Disagree

3 – Neither Agree nor Disagree

4 – Agree

5 – Strongly Agree

There are no right or wrong answers. Please respond with honesty and reflect on your own experiences.

- 1 My behavior was excessively monitored by my spiritual leader or group.
- 2 My Imam or leader claimed to speak directly on God's behalf to control behavior.
- 3 I was expected to follow personal rules/advice from my Imam about dating, marriage, or sex.
- 4 Spiritual authority was used to direct choices in private life.
- 5 I feared the consequences of questioning my imam's authority.
- 6 Scripture or spiritual teachings were used to justify abusive parent-child behavior.
- 7 I was pressured to stay in an abusive marriage by religious leaders.
- 8 Leaving the community was portrayed as risking spiritual punishment (e.g., Hell).
- 9 The Quran and Sunnah texts were used to enforce submission or silence dissent.

- 10 Leadership protected or elevated individuals who had caused harm.
- 11 The system discouraged reporting or accountability for abuse.
- 12 Cultural or spiritual norms enforced loyalty above personal well-being.
- 13 Questioning institutional practices was discouraged or punished.
- 14 The institutional image was prioritized over individuals' safety and the truth.
- 15 Women (or certain genders) were explicitly or implicitly valued less in my spiritual context.
- 16 Gender roles were enforced in ways that caused me harm or restricted my freedom.
- 17 I was made to feel defective or spiritually flawed.
- 18 My doubts or questions about faith were dismissed as dangerous or faithless.
- 19 I felt spiritually unsafe within my community.
- 20 Religious expectations undermined my sense of self.
- 21 Shame was used to enforce spiritual conformity.
- 22 I experienced emotional or psychological distress tied to religious teachings.
- 23 Spiritual messaging caused lasting internal conflict or guilt.
- 24 Spiritual experiences were invalidated or made to feel untrustworthy.
- 25 I was taught that God would punish me harshly for questioning or disagreeing with those considered knowledgeable.
- 26 Suffering was framed as evidence of personal spiritual failure.
- 27 My relationship with the divine was portrayed as conditional or fear-based.

Appendix C: The Racial Trauma Scale

Instructions: Think about all the times when you have heard about, seen, or experienced racial discrimination. As a result of this, how bothered have you been by the following:

Response Scale: Please give ONLY one Response for each question

- 1 – Never
- 2 – Rarely
- 3 – Sometimes
- 4 – Often
- 5 – Always

- 1. Thinking the world is unsafe.
- 2. Feeling disconnected from myself.
- 3. Using alcohol to help me cope.
- 4. Feeling unsafe in public.
- 5. Having difficulties connecting with other people.
- 6. Using drugs to deal with my feelings.
- 7. Worrying about my loved one's safety.
- 8. Feeling nervous in social situations.
- 9. Using prescription medication to help with feelings.
- 10. Feeling society is unfair to people like me.
- 11. Fear that I will embarrass myself or others.
- 12. Causing myself physical pain (like cutting, burning, or hitting myself).
- 13. Thinking that others are purposefully working against me.
- 14. Feeling tired or as if I have less energy.
- 15. Sleeping too much.
- 16. Feeling watched by others.
- 17. Feeling worthless.
- 18. Weight changes without me trying.

19. Noticing people are less friendly to me.
20. Feeling like a failure.
21. Inability to stop moving.
22. Feeling on edge around people who might be racists.
23. Thinking I cannot reach my goals.
24. Reacting angrily.
25. Avoiding certain situations or speaking to certain people.
26. Feeling like I am not as good as others.
27. Thinking about ways to make other people suffer.
28. Watching my surroundings for danger.
29. Feeling like I cannot succeed.
30. Having nightmares about discrimination.

Add all items (1–30) for a total score on the RTS. Total scores range from 30 to 120. The three subscales are as follows: (a) Lack of Safety: 1, 4, 7, 10, 13, 16, 19, 22, 25, 28; (b) Negative Cognitions: 2, 5, 8, 11, 14, 17, 20, 23, 26, 29; (c) Difficulty Coping: 3, 6, 9, 12, 15, 18, 21, 24, 27, 30.

Appendix D: Integration Protocol

Purpose

This protocol documents the step-by-step procedures for integrating the quantitative and qualitative strands of the study through narrative weaving. The integration approach privileged a dialogical stance in which quantitative patterns were contextualized by qualitative narratives and divergences were used to refine interpretation. The protocol ensures transparency, reproducibility, and an audit trail for all integration decisions.

Principles and Stance

- Dialogical integration: Treat quantitative and qualitative outputs as conversational partners; neither strand is presumed primary.
- Contextualization: Use narratives to explain, humanize, and give a mechanism to statistical patterns.
- Iterative refinement: Use points of divergence to prompt re-analysis, deeper coding, or targeted follow-back analyses.
- Transparency: Log all integration decisions, memos, and changes to interpretation.

Goals of Integration

1. Explain statistical associations through participant narratives.
2. Identify mechanisms that link exposures to outcomes.
3. Characterize areas of convergence, partial agreement, silence, and dissonance.

Construct Alignment

1. Map key quantitative constructs (e.g., spiritual abuse scale, distress outcome, race-based stressors) to qualitative codes and themes.

- Linked qualitative codes/themes

2. Resolve mismatches: where no clear qualitative code maps to a quantitative construct, document as “qualitative silence” for follow-up.
3. Build joint displays to support narrative weaving

- Case-linked display: individual qualitative case summaries alongside that case's quantitative scores (when permissible).

Narrative-weaving procedure (operational steps)

1. Identify focal quantitative findings to explain (e.g., strongest predictors, significant interactions, unexpected nulls). Prioritize by effect size and theoretical relevance.
2. For each focal finding, extract 2–4 salient qualitative excerpts that speak to that phenomenon.
3. Compose a concise integrative vignette: begin with the quantitative pattern, embed qualitative quotes to illustrate mechanisms, and end with an interpretive claim that links both strands.
4. Re-examine analytical choices in both strands.

Decision rules for claims

1. Strong integrated claim: convergence across strands (quantitative significance + clear qualitative mechanism).
2. Tentative integrated claim: quantitative or qualitative support exists, but with partial fit, unresolved silences. State uncertainty.
3. Divergent claim: persistent dissonance that illuminates complex or conditional processes; present as a substantive finding rather than error.

Documentation and audit trail

Maintain a record of the following: Quantitative SPSS Outputs, Qualitative Codebooks, Coding Summaries, and files, Personal Experience Themes (PETs) (participants' interview audio/visual recordings and written transcribed transcripts), and Group Experience Themes (GET), and dated entries.

Reporting conventions

- In write-up, present integrated findings as narrative vignettes built from joint displays; explicitly note integration code (e.g., convergence, elaboration, dissonance) for transparency.