

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 spiritual abuse and racial trauma independently contribute to psychological distress, their intersection within racially marginalized faith communities remains insufficiently understood. African American Muslims are notably underrepresented in research on religious harm and race-based stress, creating a critical gap in understanding how congregational power dynamics and anti-Blackness jointly produce psychospiritual injury. This study addresses 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. Grounded in an intersectionality-informed minority stress framework, it incorporates concepts of institutional betrayal and moral-epistemic injury to investigate multi-level sources of harm. Using a convergent mixed-methods design, the study integrates quantitative self-report surveys with in-depth qualitative interviews. Participants were African American Muslim adults with experience in congregational settings. Quantitative measures assessed spiritual abuse, race-based traumatic stress, and symptoms of depression, anxiety, and moral-epistemic distress, with analyses examining associations and multivariate relationships. Qualitative interviews employed a phenomenological approach to explore lived experiences and identify themes related to organizational behavior and leadership practices. Findings revealed strong associations between spiritual abuse, racial trauma, and psychological distress, with evidence of overlapping and mutually reinforcing effects. Thematic analysis identified three institutional pathways of epistemic marginalization, doctrinal weaponization, and institutional betrayal through which harm is enacted. Overall, results highlight the synergistic nature of these stressors, framing spiritual abuse in marginalized religious contexts as an intersectional public health concern requiring culturally informed clinical and institutional responses.

Keyword: Spiritual Abuse, Racial Trauma, Psychological Distress, African American Muslims, Intersectionality, Toxic Theology, Doctrinal Distortion, Patriarchal Structures, Moral-Epistemic Injury, Institutional Betrayal

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). 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 commonly manifests through coercive practices such as doctrinal distortion, spiritual gaslighting, and the misuse of religious authority to instill guilt, fear, and compliance.

Importantly, this form of harm does not occur in isolation but is embedded within broader systems of social and structural inequality. Within marginalized communities, where faith and identity are deeply intertwined, the effects of spiritual abuse are often compounded by other forms of oppression. In the African American Muslim community, an understudied yet significant segment of the U.S. Muslim population, spiritual abuse frequently intersects with the cumulative effects of racial trauma. Members of this community navigate a

complex socio-religious landscape shaped by intra-religious hierarchies and the enduring legacies of systemic racism, intensifying experiences of alienation and psychological distress (Ellis et al., 2023; Panchuk, 2020). Recent scholarship has increasingly emphasized the need for intersectional approaches to understanding the experiences of marginalized Muslim populations, particularly Black Muslim women (Nurein & Iqbal, 2021; Oyewuwo & Walton, 2023). Traditional research frameworks often fail to capture the complexity of overlapping identities and how multiple forms of marginalization interact to shape both harm and resilience. In this context, the concept of “compound trauma” has emerged to describe the layered and mutually reinforcing effects of spiritual abuse and racial trauma (Ramler, 2023).

Despite growing recognition of spiritual abuse and racial trauma as independent contributors to psychological distress, their intersection remains insufficiently explored, particularly within racially marginalized religious communities.

This study addresses this gap by examining how racial trauma intersects with spiritual abuse to influence psychological distress among African American Muslims. Grounded in an integrated framework that combines Minority Stress Theory (Meyer, 2003) and Intersectionality Theory (Crenshaw, 1989), the study conceptualizes trauma as both a psychological and a socio-structural phenomenon. Methodologically, the study employs a convergent mixed-methods design, integrating quantitative and qualitative approaches to capture both the measurable patterns and lived experiences of compounded trauma.

Statement of the Problem

This study addresses the lack of research on how racial trauma and spiritual abuse jointly influence psychological distress among African American Muslims. While both forms of trauma independently contribute to outcomes such as anxiety, depression, and identity disruption, their combined effects remain underexplored, particularly within marginalized religious communities. Existing literature has largely focused on spiritual abuse in predominantly White, Christian contexts, overlooking culturally distinct populations. As a result, African American Muslims—who experience both racial and religious marginalization—are at risk of misdiagnosis, inadequate treatment, and insufficient support. This study seeks to fill this gap by examining how racial trauma interacts with spiritual abuse to shape psychological distress, contributing to more culturally responsive frameworks for understanding and addressing trauma.

Purpose of the Study

The purpose of this convergent mixed-methods study is to examine how racial trauma intersects with spiritual abuse to influence psychological distress among African American Muslims. Using both quantitative and qualitative approaches, the study integrates statistical analysis with in-depth exploration of lived experiences. Quantitatively, validated measures assess the relationships among spiritual abuse, racial trauma, and psychological distress in a cross-sectional sample. Qualitatively, Interpretative Phenomenological Analysis (IPA) is used to explore how individuals make meaning of these experiences. Data from both strands are analyzed separately and then integrated to provide a comprehensive understanding. The study ultimately aims to inform culturally responsive mental health interventions and support systems for this understudied population.

LITERATURE REVIEW

This literature critically examines spiritual abuse (SA) and racial trauma (RT) within the lived experiences of African American Muslims, with particular attention to their intersection and compounded psychological effects. While SA has gained recognition as a form of harm involving the misuse of religious authority to control and coerce, its manifestation within racially marginalized Muslim communities remains underexplored. Similarly, trauma research has increasingly acknowledged sociocultural influences on psychological distress, yet limited attention has been given to how SA and RT operate simultaneously within communities shaped by anti-Black racism, Islamophobia, and intra-religious hierarchies.

Emerging scholarship demonstrates that spirituality functions as a dual force. On one hand, religious frameworks can be manipulated to justify coercion, normalize violence, and silence dissent (Sharifnia et al.,

2023; Simonič et al., 2013; Truong & Ghafournia, 2024). On the other hand, spirituality can foster resilience by providing meaning-making resources, coping mechanisms, and pathways toward healing (Istratii & Ali, 2023; Powell & Pepper, 2021). This duality is evident across religious traditions, where patriarchal interpretations of sacred texts have been shown to legitimize control while simultaneously offering survivors avenues for empowerment (Adelman, 2001; Oakley & Humphreys, 2019).

Foundational research conceptualizes SA as a form of psychological harm rooted in the abuse of spiritual authority, undermining autonomy and identity (Pargament et al., 1998; Morrow, 1998). Subsequent empirical work identifies recurring mechanisms such as theological coercion, emotional manipulation, and spiritual gaslighting, all of which contribute to anxiety, fear, and cognitive dissonance (Enroth, 1994; Dupont, 2004; Oakley & Humphreys, 2018). Contemporary studies further highlight how SA disrupts self-concept and meaning-making processes, often producing long-term psychological distress, identity fragmentation, and diminished self-worth (Mulvihill et al., 2023; Figueroa & Tombs, 2023; Stone, 2024).

Scholars identify several institutional and theological mechanisms through which SA is enacted. The concept of toxic theology describes doctrinal systems that emphasize shame, obedience, and fear, thereby suppressing autonomy and legitimizing coercion (Morrow, 1998; Daniel, 2019; Tarico & Winell, 2014). Patriarchal structures further reinforce these patterns by embedding gendered hierarchies within religious institutions. Research consistently shows that male-dominated leadership and doctrinal authority limit women's autonomy and normalize control under the guise of spiritual obedience (Chowdhury et al., 2022; Hassouneh & Kulwicki, 2022; Sharifnia et al., 2023).

A substantial body of research demonstrates that African American populations experience disproportionate exposure to trauma due to systemic racism and structural inequality (Cénat, 2023; Williams et al., 2019). Racial trauma, characterized by chronic exposure to discrimination, microaggressions, and institutional exclusion, has been linked to depression, anxiety, and trauma-related disorders (Lee et al., 2023; Muscatell et al., 2022). Within African American Muslim communities, SA and RT often co-occur, creating compounded psychological vulnerability. Survivors frequently report epistemic exclusion and internalized inferiority when dominant religious narratives conflict with their racial identities (Robert et al., 2024).

The psychological consequences of SA are extensive, including chronic shame, identity disturbance, anxiety, and trauma-related symptoms (Ellis et al., 2023; Panchuk, 2024). The convergence of SA and RT often results in complex trauma characterized by both psychological and existential distress.

Collectively, the literature establishes SA as a significant psychological and social harm while highlighting the dual role of religion as both a source of resilience and a mechanism of control. Although substantial research exists on SA and RT independently, their intersection within African American Muslim communities remains insufficiently examined. This gap underscores the need for integrative, intersectional frameworks that account for the combined effects of racial, religious, and gendered oppression.

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 argued that marginalized populations experience unique stress burdens tied to their minority status that significantly impact mental health outcomes (Alessi, 2014; Frost & Meyer, 2023; Goldbach & Gibbs, 2017).

MST distinguishes between distal stressors, external experiences such as prejudice and systemic exclusion, and proximal stressors, internal processes including vigilance, internalized stigma, and anticipatory rejection. These stressors are understood as chronic, cumulative forces that erode psychological well-being over time (Goldbach et al., 2021; Meyer, 2003; Rivas-Koehl et al., 2023).

MST has been applied across diverse populations. Parent et al. (2018) found that faith-based discrimination increased stress levels, while Stamps (2024) linked anti-Blackness to elevated distress in Black communities. Sue and Spanierman (2020) found that microaggressions significantly impair well-being. Lick et al. (2013) found that minority stress is associated with anxiety and depression.

A key assumption of MST is that minority stress is structurally produced but psychologically internalized (Frost & Meyer, 2023). MST challenges pathologizing narratives by reframing distress as a response to systemic oppression (Rivas-Koehl et al., 2023; Tan et al., 2019). However, critics note that MST underrepresents structural power and inequality (Rivas-Koehl et al., 2023). Despite its limitations, MST remains a crucial tool but requires complementary frameworks such as Intersectionality Theory.

Intersectionality Theory

Intersectionality Theory, developed by Kimberlé Crenshaw (1989, 1991), argues that individuals marginalized across multiple identities experience unique forms of oppression. Identity is understood as relational and shaped within systems of power (Jackson et al., 2021).

In trauma research, intersectionality reveals how harms are intensified across institutional and epistemic contexts. Abdalla (2023) and Mosley et al. (2025) demonstrate compounded marginalization, while Rekis (2023) highlights epistemic exclusion in religious institutions.

Minority Stress Theory complements intersectionality by explaining psychological outcomes of identity-based oppression (Meyer, 2003). While intersectionality maps systems of power, MST explains how these forces are internalized as psychological distress (Bauer et al., 2021; Carbado et al., 2013). Recent scholarship supports the integration of both frameworks to examine how systems of power maintain harm (Bowleg, 2012; Cole, 2009; Williams et al., 2023).

Integration and Application to Spiritual Abuse Research

The integration of MST and Intersectionality into spiritual abuse research remains underdeveloped. Ellis et al. (2023) highlight racialized dynamics of spiritual harm, while Jackson et al. (2021) show how intersecting oppressions distort survivor narratives.

MST's emphasis on chronic identity-based stress makes it suitable for analyzing religious oppression in Black Muslim contexts. Research supports the cumulative impact of minority stress and its alignment with mental health consequences of spiritual abuse (Awaad & Riaz, 2022; Frost & Meyer, 2023; Goldbach et al., 2021; Oakley et al., 2024).

Other Frameworks Applied to Spiritual Abuse

Additional frameworks include coercion theory, betrayal trauma theory, shame theory, and narrative approaches.

Coercion Theory examines manipulation and control within religious contexts (Lohmann et al., 2024; Reid, 2024).

Betrayal Trauma Theory explains harm caused by trusted figures (Freyd, 1997, 2020).

Shame Theory examines internalized unworthiness linked to distorted teachings (Dolezal & Gibson, 2022).

Narrative approaches emphasize survivor meaning-making and identity reconstruction (Demasure, 2022).

Together, these frameworks provide complementary perspectives on the mechanisms, effects, and meanings of spiritual abuse.

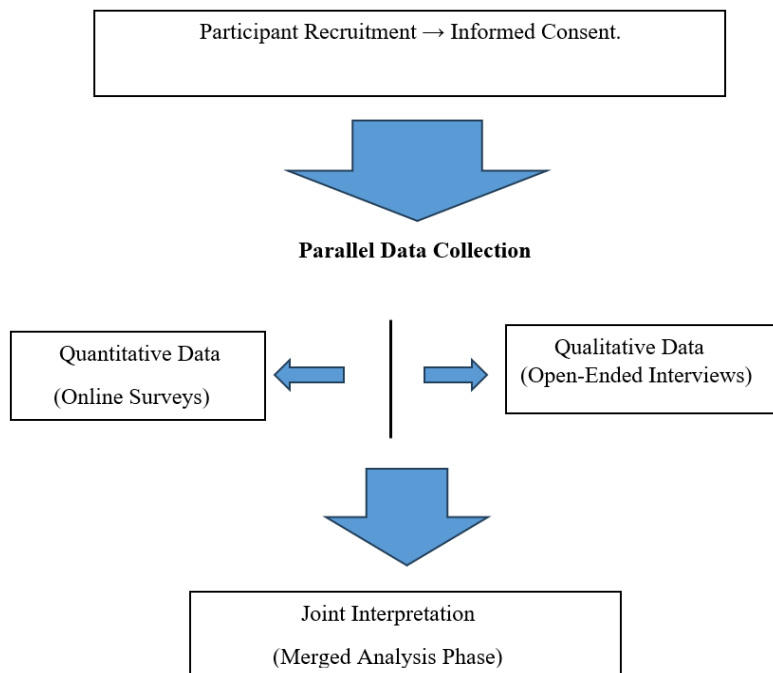
RESEARCH METHODOLOGY

Research Design

This study employed a convergent mixed-methods design to examine the intersection of spiritual abuse, racial trauma, and psychological distress among African American Muslims. This approach enabled the simultaneous

collection of quantitative and qualitative data, allowing for both statistical analysis and in-depth exploration of lived experiences. By integrating numerical trends with narrative accounts, the design provided a more comprehensive understanding of intersectional harm than either method alone.

Figure 1. Illustrative Diagram of Convergent Mixed-Methods Design



This study employed a convergent mixed-methods design... providing a more comprehensive understanding of intersectional harm than either method alone.”

Materials and Instrumentation

To ensure empirical rigor and cultural validity, the study utilized two quantitative instruments alongside a qualitative interview protocol. The tools were psychometrically robust, theoretically grounded, and appropriate for trauma-informed, culturally responsive research.

Quantitative Instruments

The Spiritual Harm and Abuse Scale (SHAS) (Koch & Edstrom, 2022) is a 27-item measure assessing psychological and relational impacts of coercive religious practices. It conceptualizes spiritual abuse as the misuse of religious authority to control, manipulate, or silence individuals. The scale demonstrates strong reliability ($\alpha = .89-.94$) and includes subscales capturing distinct dimensions of spiritual harm. Responses use a Likert format, with higher scores indicating greater exposure.

The Racial Trauma Scale (RTS) (Williams et al., 2022) is 30-item instrument measuring psychological responses to racial discrimination, including affective distress, hypervigilance, avoidance, somatic reactions, and intrusive thoughts. It demonstrates high reliability ($\alpha = .88-.95$) and strong construct validity, with higher scores indicating greater symptom severity.

Qualitative Instrumentation

Semi-structured interviews explored the lived experiences of spiritual abuse and racial trauma. This approach balanced structure and flexibility, enabling in-depth narratives while maintaining coverage of topics.

Interviews lasted 45–75 minutes and were conducted via secure video conferencing or in person. A trauma-informed guide was used, beginning with rapport-building, progressing to core topics, and ending with reflective prompts. The guide was developed from a literature review and expert input to ensure cultural relevance and sensitivity.

Operational Definitions of Variables

Spiritual abuse (independent variable) was defined as misuse of religious authority to control, manipulate, or harm individuals and measured using the SHAS.

Racial trauma (moderator) was defined as psychological distress from racial discrimination and measured using the RTS.

Psychological distress (dependent variable) was explored qualitatively, encompassing emotional, spiritual, and relational impacts.

Study Procedures

Ethical approval was obtained prior to data collection. Participants were informed of their right to participate voluntarily and to withdraw.

Purposive and snowball sampling were used. Eligibility included being 18+, African American Muslim, and having experienced spiritual abuse or racial trauma.

Informed consent was obtained electronically (via surveys) and verbally (via interviews). Data were anonymized and stored on encrypted platforms.

Data Collection

Quantitative data were collected via a secure online survey platform. Participants completed the SHAS and RTS independently. Data were exported, cleaned, and prepared for analysis.

Qualitative data were collected through semi-structured interviews with a subset of participants. Interviews were recorded with consent, transcribed verbatim, and anonymized for thematic analysis.

Data Analysis

A convergent mixed-methods design guided four research questions and corresponding hypotheses, enabling parallel collection, separate analysis, and integration of quantitative and qualitative data.

Quantitative Analysis

Data were analyzed using SPSS. Screening removed missing data, outliers, and duplicates beyond acceptable thresholds. Assumptions of normality, linearity, and homoscedasticity were tested using descriptive and visual diagnostics.

Descriptive statistics summarized sample characteristics. Pearson correlation tested associations between spiritual abuse and racial trauma. Multiple regression examined whether spiritual abuse predicted psychological distress while controlling for demographics. Moderated regression tested whether racial trauma influenced this relationship via interaction effects. Statistical significance was set at $p < .05$.

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 inferential procedures. Preliminary analyses included descriptive statistics, assessments of internal consistency (using Cronbach's alpha), and tests of normality, linearity, and homoscedasticity (Hair et al., 2019; Taber, 2018).

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), providing a foundational overview of the sample.

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 (Brinkmann & Kvale, 2015; Smith et al., 2021).

Qualitative Analysis

Qualitative data were analyzed using Interpretative Phenomenological Analysis (IPA), focusing on participants' meaning-making processes. Analysis involved iterative reading, detailed noting, development of emergent themes, and clustering into higher-order categories. Cross-case analysis identified shared patterns while preserving individual experiences.

Trustworthiness was supported through audit trails, reflexive journaling, and peer review, ensuring credibility and transparency.

Integration of Findings

Integration occurred at the interpretive level through comparison of quantitative and qualitative results.

Triangulation was used to identify convergence and divergence across findings. Convergent results strengthened the validity of conclusions, while divergence highlighted complexity and potential gaps in measurement or theory.

Joint displays were used to align statistical findings with qualitative themes, enhancing clarity. Narrative integration further connected numerical patterns with participant experiences, providing a deeper understanding of how spiritual abuse and racial trauma shaped psychological distress.

Methodological Rigor

Rigor was maintained through systematic procedures, transparent documentation, and the integration of multiple data sources. This approach supported reliability, validity, and analytical depth while ensuring replicability.

Assumptions

The study was guided by both post-positivist and interpretivist assumptions. The quantitative strand assumed that constructs could be measured with reasonable accuracy using validated instruments, while the qualitative strand assumed that meaning is context-dependent and co-constructed through participant narratives.

It was further assumed that participants would provide honest responses, that the selected instruments were appropriate for the population, and that integrating methods would yield a more comprehensive understanding. Language was considered sufficient for capturing and interpreting lived experiences, despite its limitations.

Limitations

The use of purposive and snowball sampling may introduce self-selection bias, limiting generalizability. Self-reported data may also be affected by recall bias or social desirability. Online data collection enhanced accessibility but may have reduced rapport and limited observation of nonverbal cues. Additionally, qualitative analysis involves interpretive processes that may be influenced by the researcher's perspective, despite efforts to enhance rigor.

Delimitations

This study focused specifically on African American Muslims in the United States, reflecting an intentional effort to examine intersecting racial and religious experiences. While this enhances cultural relevance, it limits generalizability to other populations.

The study employed a convergent mixed-methods design and selected specific validated instruments, prioritizing depth and alignment with the research framework. Other designs and measures were outside the scope of this investigation.

Ethical Considerations

Measures were implemented to protect participant confidentiality, including anonymization and secure data storage. Participation was voluntary, with informed consent obtained prior to data collection.

A trauma-informed approach guided all procedures. Participants could pause or withdraw at any time and were provided with access to mental health resources. Reflexive practices and participant validation further supported ethical integrity.

Findings

This study examined how racial trauma and spiritual abuse intersect to shape psychological distress among African American Muslims. While both constructs have independently been linked to adverse mental health outcomes, limited empirical work has explored their combined effects within racially marginalized Muslim communities. This study addressed that gap using a convergent mixed-methods design, integrating quantitative measures with qualitative narratives to examine both statistical relationships and lived experiences.

Findings are organized according to the four research questions. Quantitative results are presented first for Research Questions 1–3, followed by qualitative findings addressing experiential meaning-making (RQ4). Integration across strands is presented where appropriate to clarify convergence and divergence.

Data Quality, Reliability, and Trustworthiness

Quantitative measures demonstrated strong internal consistency: Spiritual Harm and Abuse Scale (SHAS) $\alpha = .93$, Racial Trauma Scale (RTS) $\alpha = .91$, and psychological distress composite $\alpha = .92$. Data screening indicated minimal missingness, no major violations of statistical assumptions, and acceptable multicollinearity diagnostics. Sensitivity analyses yielded consistent results, supporting the robustness of the findings.

Qualitative rigor was supported by audit trails, reflexive documentation, intercoder consistency, and verbatim quotations to anchor interpretations. Credibility, transferability, dependability, and confirmability were maintained through systematic analytic procedures and transparent documentation.

Integration procedures included cross-checking quantitative patterns against qualitative narratives and documenting divergences. All analytic decisions were recorded to ensure traceability and transparency.

Sample Characteristics and Descriptive Statistics

A total of 128 participants met the inclusion criteria, of whom $n = 127$ were included in inferential analyses.

Table 1 presents descriptive statistics for key variables.

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 summarizes demographic characteristics.

Table 2 Sample Demographic 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

Relationship between Spiritual Abuse and Psychological Distress

Quantitative Findings

Spiritual abuse and psychological distress were strongly positively correlated, $r(127) = .783, p < .001$.

Table 3 Pearson Correlations among Study Variables

		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).				

Note. $p < .01$

A simple linear regression indicated that spiritual abuse significantly predicted psychological distress, $F(1,125) = 198.13, p < .001, R^2 = .613$.

Table 4 Regression Model Predicting Psychological Distress

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

The unstandardized coefficient was $B = 0.82$ (SE = 0.06), $\beta = .783, p < .001$, indicating a strong positive effect.

Qualitative Findings (RQ1)

Participants consistently linked spiritually abusive experiences to psychological distress.

Theme: Religion as a Mechanism of Control rather than Care

Participants described coercive religious practices that suppressed dissent and produced emotional harm. One participant stated:

“You're going to hell if you're not following this way...”

Another reflected internalized blame:

“I kept asking myself if I was the problem...”

Theme: Identity Fragmentation and Somatic Distress

Participants reported withdrawal, anxiety, and severe psychological strain:

“I have just become so secluded... what has developed from that is a sense of social anxiety.”

In extreme cases, distress escalated to suicidality:

“I was mentally finished with life... I took more pills...”

Research Question 2

Relationship between Racial Trauma and Psychological Distress

Quantitative Findings

Racial trauma was very strongly correlated with psychological distress, $r(127) = .884, p < .001$ (Table 3).

Qualitative Findings (RQ2)

Theme: Race as Context and Amplifier of Harm

Participants described racialized marginalization within religious spaces:

“You, as an African American, were not as qualified...”

“You're being treated as if because you are Black, you can't know about Islam.”

Theme: Epistemic Exclusion

Participants reported being silenced or dismissed:

“They would speak over you... as if you didn’t know your place.”

Research Question 3

Moderation of Racial Trauma on the Relationship between Spiritual Abuse and Psychological Distress

Quantitative Findings

Moderation analysis indicated that the interaction between spiritual abuse and racial trauma was not statistically significant (95% CI [-.052, .076], $p > .05$). High multicollinearity among predictors inflated standard errors, limiting interpretability of the interaction term.

Table 5 Moderation Model Coefficients

Predictor	B	SE	β	t	p	VIF
SA	.712	.051	.783	14.08	<.001	1.00
Interaction (RT×SA)	.154	.015	—	10.44	<.001	5.05

Qualitative Findings (RQ3)

Although statistical moderation was not supported, participants described **overlapping and mutually reinforcing harms**.

Theme: Intersectional Trauma

“They reframed my interventions as evidence of personal instability...”

Theme: Institutional Betrayal

“They gave priority to protecting reputations instead of hearing me.”

Research Question 4

Meaning-Making and Lived Experiences

Qualitative analysis generated core experiential themes:

- Epistemic Exclusion and Doctrinal Weaponization
- Identity Fragmentation and Psychological Distress
- Institutional Betrayal and Racial Amplification
- Withdrawal and Loss of Belonging
- Resistance and Reclamation

Participants described both harm and active recovery strategies, including theological reframing, boundary-setting, and disengagement from harmful institutions.

Summary of Findings

Findings indicate that spiritual abuse and racial trauma are strongly associated with psychological distress and frequently co-occur. Quantitative results demonstrate robust main effects, while qualitative findings reveal

mechanisms through which these harms operate, including epistemic exclusion, doctrinal control, and institutional betrayal.

Taken together, the results suggest that these experiences function as mutually reinforcing forms of harm, shaping both psychological outcomes and lived meaning within religious contexts.

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 are rarely studied outside White, Christian-majority contexts. Similarly, racial trauma caused by systemic racism and Islamophobia has been examined in broader 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 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 experience, this research situated it within intersecting systems of oppression, offering a more holistic understanding of how harm operates 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 stresses the importance of intersectional, culturally grounded frameworks that mirror the lived experiences of multiple marginalized groups.

In practical terms, the study provided insights for clinicians, religious leaders, and community advocates. For mental health professionals, the findings offer a foundation for designing culturally responsive, trauma-informed care. For religious institutions and advocacy groups, the research provides empirical evidence to inform policies, accountability practices, and the creation of safer spiritual environments. The study also contributed to survivor visibility and empowerment by validating their experiences and amplifying their narratives.

Ultimately, this research laid the groundwork for more inclusive, justice-oriented approaches to trauma care, institutional reform, and community resilience. It serves as both a scholarly contribution and a call to action for mental health fields, faith-based institutions, and society to respond to the realities of spiritual and racial trauma experienced by African American Muslims.

DISCUSSION

Findings from this convergent mixed-methods study indicate that spiritual abuse (SA) and racial trauma (RT) operate as mutually reinforcing determinants of psychological distress among African American Muslims. Quantitative results demonstrate strong associations between both SA and RT with elevated distress, consistent with prior research linking religious harm and racialized stress to adverse mental health outcomes (Cénat, 2023; Ellis et al., 2023; Pargament & Exline, 2020; Williams et al., 2019). Although multicollinearity limited formal moderation analysis, the magnitude and overlap of effects suggest that these stressors are not experienced independently but as intersecting and compounding burdens (Crenshaw, 1989; Meyer, 2003).

Qualitative findings elucidate the mechanisms underlying these associations. Participants described processes of epistemic exclusion, doctrinal weaponization, and institutional betrayal, which collectively undermine testimonial authority, spiritual agency, and communal trust. These findings align with scholarship on epistemic injustice and institutional harm (Fricker, 2007; Smith & Freyd, 2014), while extending them into racially

marginalized Muslim contexts. Religious authority and theological discourse were frequently experienced not as sources of support but as mechanisms of control that reframed suffering as individual spiritual failure.

Situating these findings within Minority Stress Theory and Intersectionality Theory clarifies the heightened vulnerability of African American Muslims. Chronic exposure to anti-Blackness, Islamophobia, and intra-faith marginalization reduces access to protective community resources while intensifying psychological strain (Bowleg, 2012; Meyer, 2003). The convergence of these stressors produces not only emotional distress but also disruptions in meaning, belonging, and self-understanding, consistent with conceptualizations of moral epistemic injury (Jones et al., 2022; Pargament & Exline, 2020).

Taken together, the findings reframe spiritual abuse as an institutionally mediated and intersectionally structured phenomenon. Rather than an isolated interpersonal issue, SA emerges as embedded within organizational practices and racialized power dynamics that sustain and amplify harm.

Theoretical Contributions

This study advances scholarship in three key ways. First, it extends Minority Stress and Intersectionality frameworks into the domain of religious-context trauma by demonstrating how identity-based stressors are mediated through spiritual institutions and authority structures. Second, it foregrounds moral epistemic injury as a critical dimension of trauma, emphasizing harm to testimonial credibility, moral status, and interpretive agency alongside psychological symptoms. Third, it identifies institutional mechanisms of epistemic marginalization, doctrinal weaponization, and institutional betrayal as observable pathways linking structural power to individual distress.

By centering African American Muslims, an understudied population in both spiritual abuse and racial trauma literature, the study also addresses a significant empirical gap. The integration of quantitative and qualitative data deepens explanation by linking statistical associations to lived institutional processes.

Implications

Individual-Level Implications

The intersection of SA and RT produces substantial psychological and social consequences that exceed additive effects. Survivors report persistent depression, anxiety, trauma-related symptoms, and identity disruption, alongside moral–epistemic distress characterized by shame, self-doubt, and loss of spiritual agency (Cénat, 2023; Van der Kolk, 2014).

Social consequences include erosion of trust, withdrawal from religious communities, and loss of social support networks. While disengagement may serve as a form of self-protection, it often results in secondary harms, such as isolation and reduced access to culturally relevant resources (Ortega-Williams et al., 2021). These dynamics also create barriers to disclosure, reinforcing cycles of silence and invalidation.

Clinical Implications

The findings underscore the need for integrated, culturally responsive clinical approaches. Routine screening for spiritual abuse and racialized stress should be incorporated into assessment protocols. Treatment models should be adapted to address moral–epistemic injury through narrative repair and testimonial validation, shame-sensitive interventions, and restoration of spiritual agency. Stepped-care frameworks ranging from psychoeducation to adapted trauma therapies offer a scalable approach to intervention (Captari & Worthington, 2024).

These results have several practical implications for clinical practice. First, assessment and formulation should routinely attend to spiritual harm and racialized stress as potentially co-occurring drivers of moral–epistemic injury. Clinicians are advised to integrate brief, culturally adapted screening items into intake and follow-up procedures that probe experiences of shaming, silencing, disbelief, and racially motivated harm within religious or community settings. Positive screens should trigger structured assessment of events, impact on

identity and trust, symptomatology (trauma, shame, mood, anxiety), cultural and spiritual resources, and immediate safety concerns. Formulation should explicitly name the moral and epistemic harms experienced, map how racialized stress and spiritual abuse intersect, and identify protective resources to guide collaboratively set goals (e.g., restoring agency, reducing shame, rebuilding testimonial trust).

Second, treatment planning should center on culturally responsive interventions targeted at moral–epistemic injury. Three core therapeutic aims follow directly from the findings:

- Narrative repair and testimonial validation: Provide therapeutic spaces for uninterrupted, witness-based storytelling and therapist affirmation of clients' credibility. Use structured narrative methods (guided timelines, witness statements, externalization) and adapt narrative formats to cultural storytelling traditions.
- Shame-sensitive work: Prioritize interventions that explicitly target shame as a mediator (e.g., compassion-focused techniques, values-oriented ACT, behavioral experiments) and translate self-compassion into culturally congruent idioms and practices.
- Restoration of spiritual agency: Support clients to renegotiate or reclaim spiritual identity and practice on their own terms through meaning-reconstruction, psychoeducation about healthy spiritual boundaries, and individualized spiritual/self-care plans; engage spiritual resources only with informed client consent.

Third, existing trauma treatments should be adapted rather than abandoned. When clinical thresholds for PTSD or complex trauma are present, trauma-focused CBT, narrative exposure methods, EMDR, or CPT can be retooled to address moral-injury targets, incorporate faith-sensitive psychoeducation, and integrate culturally resonant metaphors and spiritual resources identified by the client.

Fourth, implement a stepped-care model to match intensity to need and to increase scalability and access. Practical tiers include:

- Tier 1: Universal psychoeducation, community resource lists, brief interventions, and routine screening.
- Tier 2: Targeted outpatient work combining narrative repair, shame interventions, and agency restoration (e.g., 8–20 sessions; short testimonial or shame-resilience groups).
- Tier 3: Intensive trauma-specialist care, psychiatric consultation, safety planning, and advocacy/legal supports.

Movement between tiers should be driven by symptom severity, functional impairment, suicidality, and client preference; telehealth and community-based options can improve reach.

Fifth, collaborations with faith communities can expand access but require clear protocols to protect autonomy and confidentiality. Clinicians should obtain explicit informed consent before reaching out to spiritual leaders, assess whether collaboration will increase safety, define roles and boundaries (e.g., clinical confidentiality; clergy as spiritual rather than clinical supports), and offer trauma-informed training for community leaders. Referral pathways and joint safety plans are appropriate when congregational resources are mobilized, but clinicians must avoid situations that could re-traumatize or coerce survivors.

Sixth, ethical, legal, and competency considerations must be foregrounded. Clinicians should prioritize safety (including mandated reporting where applicable), document consent decisions, and explicitly address power differentials. Workforce development should include training in cultural humility, structural competency (racism/colonialism), spiritual assessment, moral-injury frameworks, and shame-sensitive interventions. Regular reflective supervision and use of cultural brokers or community advisors are recommended to manage countertransference and improve cultural fit.

Finally, implement routine outcome monitoring and quality improvement processes that capture trauma symptoms, shame, spiritual well-being, testimonial trust, and functioning. Track process indicators (number

screened, culturally adapted treatments delivered, community referrals) and use feedback-informed treatment methods to iteratively refine services.

Institutional Implications

The study indicates that institutional reform within religious organizations is central to preventing institutional betrayal and reducing the long-term psychospiritual harms documented across quantitative and qualitative strands. Structural reforms, mandated safeguarding policies, transparent, survivor-centered reporting pathways, independent review mechanisms, and leadership training in trauma literacy and power analysis are not merely procedural changes but foundational shifts that reorient institutions from protecting reputation to prioritizing congregant safety and dignity. When implemented with fidelity, these reforms can restore trust and rebuild communal buffers that ordinarily mitigate minority stress (Dufour, 2024; Goertzen & Yancey, 2025; McGraw et al., 2019).

Central to this reorientation is the transformation of leadership formation. Embedding trauma-informed pastoral care, interpretive humility, and mandated-reporting competencies into seminary and pastoral curricula addresses the problem at the pipeline: leaders trained in these competencies are less likely to weaponize doctrine and more likely to respond ethically when congregants disclose harm (Potz, 2019; Van Velzen, 2022). Over time, such educational reforms can shift institutional norms so that spiritual resources remain a source of resilience rather than a locus of harm. Concerns that addressing spiritual abuse will harm faith are unfounded when reforms respect faith and focus on survivors. Evidence shows that spirituality stays strong when institutions act ethically, supporting both congregant safety and spiritual life (Akhtar, 2024).

Practical implementation steps

- Immediate (0–3 months)
- Convene a diverse safeguarding working group that includes survivors, congregational representatives, legal counsel, and mental-health professionals.
- Publicly announce a commitment to survivor-centered reporting and an initial timeline for policy review.

Short term (3–9 months)

- Design and launch confidential, trauma-informed reporting pathways (multiple modalities, clear timelines, options for anonymity, and survivor advocates).
- Pilot an independent review arrangement specifying conflict-of-interest rules and survivor participation in process design.
- Draft and promulgate anti-retaliation policies with interim safety measures (no-contact directives, reassignment options).

Medium term (9–18 months)

- Require baseline trauma-literacy and power-analysis training for clergy and senior leaders; include experiential learning and survivor testimony.
- Revise governance documents (bylaws/policies) to codify reporting processes, triggers for external review, and inclusion of independent oversight members.
- Establish formal referral agreements with culturally competent clinical, legal, and advocacy services.

Sustained (ongoing)

- Maintain survivor support services (advocates, subsidized care), periodic refresher training, and public reporting of aggregated, de-identified process metrics to maintain accountability.

Mitigation strategies for predictable barriers

- To limit resistance to oversight: co-design oversight models with community input and frame external review as safeguarding rather than doctrinal intrusion (Abu-Ras & Suárez, 2021).
- To address resource limits: pool resources across communities, pursue Islamic philanthropic grants, and leverage pro bono expert partnerships (Adams-Clark et al., 2024; Perez et al., 2025).

Institutional reforms that combine survivor-centered reporting, independent review, anti-retaliation protections, trauma-literate leadership formation, and sustained resourcing can materially reduce institutional betrayal and restore trust, particularly for racially minoritized congregants, if implemented collaboratively and with fidelity. These policy directions balance protection of spiritual life with rigorous accountability, offering a pragmatic pathway for religious institutions to repair harm and strengthen communal resilience (Dufour, 2024; Goertzen & Yancey, 2025; McGraw et al., 2019).

Recommendations for Practice

- Integrated Assessment**
Mental health and pastoral care settings should adopt culturally validated tools that assess both spiritual abuse and racial trauma.
- Treatment Adaptation**
Interventions should explicitly address moral–epistemic injury alongside conventional trauma symptoms.
- Clinic Community Partnerships**
Survivor-led collaborations between clinicians and faith institutions should be formalized with clear ethical safeguards.
- Leadership Development**
Training programs should emphasize trauma-informed care, power analysis, and accountability mechanisms.

Recommendations for Future Research

Future research should prioritize:

- Longitudinal Designs**

To establish causal pathways and temporal dynamics between SA, RT, and psychological distress.

- Measurement Development**

Co-produced, culturally grounded instruments that capture institutional and epistemic dimensions of harm.

- Congregational Analysis**

Examination of institutional responses, power structures, and accountability practices within diverse Muslim contexts.

These directions will strengthen causal inference, construct validity, and practical applicability.

CONCLUSION

This study demonstrates that spiritual abuse and racial trauma function as intersecting and mutually reinforcing sources of psychospiritual harm among African American Muslims. By integrating quantitative and qualitative evidence, this study reveals how institutional practices and racialized dynamics shape both the experience and the impact of harm.

Addressing these issues requires coordinated, multilevel responses. Clinical interventions must integrate spiritual and racial dimensions of trauma; religious institutions must implement accountability and safeguarding reforms; and research must advance culturally valid, community-engaged methodologies.

Recognizing spiritual abuse within racially marginalized faith communities as an intersectional public health concern is essential for developing effective, equitable, and sustainable responses.

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