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Abstract

This study aimed to explore sexual violence as a form of moral–spiritual rupture, examining how survivors experience moral injury and engage in processes of spiritual repair within a collectivistic cultural context. Building on emerging moral injury literature, the study proposes the Moral Injury–Spiritual Repair (MI–SR) Model as a culturally grounded conceptual framework. A qualitative interpretative phenomenological approach was employed to capture the lived experiences of survivors of sexual violence in India. Seventeen participants were interviewed, comprising 3 males and 14 females, aged 25–43 years. Semi-structured interviews explored experiences of shame, moral meaning, spirituality, and recovery. Data were analysed narratively with attention to reflexivity and audit processes to enhance rigour. Findings revealed sexual violence as a non-agentic moral trauma resulting in traumatic moral rupture and moral injury, characterised by shame, contamination, and diminished self-worth. Contextual amplifiers, including honour-based norms, religious interpretations, and sociocultural expectations, intensified injury. Participants described spiritual disruption, including altered God-images and existential alienation. Pathways of spiritual repair included reclaiming innocence, reframing meaning, reconstructing agency and boundaries, and, in some cases, spiritual disengagement. Outcomes ranged from partial repair to integrative moral reconstruction. The findings extend moral injury theory beyond military contexts and highlight the need for culturally responsive, spiritually sensitive therapeutic approaches. The proposed MI–SR Model conceptualises recovery as moral–spiritual reconstruction embedded within sociocultural systems, offering implications for trauma theory, global mental health discourse, and survivor-centred practice.

Keywords- *Moral Injury, Spiritual Repair, Trauma, Sexual Violence, Phenomenology*

Introduction

Sexual violence is any sexual activity that is perpetrated without the free consent of the victim (CDC, 2024). According to the World Health Organisation (WHO), it is "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting." (World Health Organisation, 2024). Acts of sexual violence can take place in any circumstance or setting, and they further vary in terms of victim-perpetrator relationships, sexual acts, forms of coercion, and contexts of vulnerability (Dartnall & Jewkes, 2013). What these circumstances have in common is that they are acts directed against a person's sexuality and occur in situations where either consent is not given or is not given freely (Dartnall & Jewkes, 2013).

While sexual violence can affect all genders, it is more prevalent among women; research has indicated that about 1 in 3 (30%) of women worldwide have experienced physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (World Health Organisation, 2024). Such violence against women is frequently the result of real or perceived power disparities between men and women and is strongly influenced by cultural values, attitudes, and behaviours (Kalra & Bhugra, 2013). Women are more vulnerable to sexual violence because of a patriarchal culture that limits their agency and reduces them to men's bodies, while also reinforcing the perception of them as mere sexual objects of men (Mas'udah, 2022). The cause of sexual violence in India largely remains the patriarchal and entitled male mindset that is inculcated in the minds of children, along with stratified gender roles (Nainar, 2022). India has been grappling with the problem of sexual violence for a long time; however, in recent years, there has been a significant rise in rape culture, which both normalises and perpetuates acts of sexual violence (Dar, 2023).

Furthermore, brutal rapes in India have persisted, with the most recent high-profile case involving a 27-year-old veterinarian who was raped and murdered after her red scooter had a flat tire. National protests erupted, leading to claims that India remains in the grips of a "rape culture" (Gupta, 2022). It is estimated that a woman is raped in India every 13 minutes ("India Rape," 2018). Although there were relatively few reports of rape in India in 2016–approximately 39,000 and 19,000 incidents of rape against women and children, respectively–other estimates suggest that reports are severely underestimated (National Crime Records Bureau [NCRB] 2017). The rate of sexual violence-related crimes in India rose from 11.6 in 2001 to 19.8 in 2018 per 100,000 women and girls. This is a 70.7% increase, with most of the

rise happening after a 2012 gang rape and murder case in Delhi. The most common crime was assault with intent to outrage a woman's modesty, followed by rape (Dandona et al., 2022). The prevalence of cases of sexual violence in India is very high, with the total number of rape cases reported in 2022 in India amounting to over 31,000 (Statista, 2022).

Furthermore, many cases go unreported due to the issue's sensitivity, making it challenging to gather the exact extent of the problem (Kalra & Bhugra, 2013). Other factors contributing to underreporting of cases include fear of retaliation, a lack of confidence in the justice system, and a lack of trust between the public and authorities (Dar, 2023). This growing rate is alarming since sexual violence against women is a severe public health and human rights concern, having substantial short- and long-term effects on their physical, mental, sexual, and reproductive health (World Health Organization, 2024).

Effect of sexual violence

Sexual violence has a profound immediate effect on the survivors, and it severely disrupts the balance of the body among various systems that include the central nervous, endocrine, and immune systems; it does so by triggering a “fight, flight, or freeze" response, the body's usual reaction to such trauma is to flee or fight. However, it freezes when the other two options are unavailable (Sigurdardottir & Halldorsdottir, 2021). Long-term stress from trauma can also activate the hypothalamic-pituitary-adrenal (HPA) axis and the autonomic nervous system, leading to increased or abnormally low cortisol levels in the blood, as well as low or elevated norepinephrine levels (Sigurdardottir & Halldorsdottir, 2021). Sexual violence has long-term effects that increase the risk of health problems, such as increased risk of genital and extragenital trauma, unintended pregnancy, sexual dysfunction, sexually transmitted diseases, and even death (Blake et al., 2014).

In addition to the physical effects, traumatic occurrences in female victims of sexual violence can cause psychological distress by triggering cognitive processes such as automatic rumination that include regret for past events, self-blame and judgment, fear of reactions from others, and fear of the perpetrator (Suhita et al., 2021). Victims of sexual violence face not only physical and psychological harm but also social stigma, labeling, blaming, and bullying from the community (Mas’udah, 2022) The social stigma attached to sexual violence is higher in Asian cultures, where any sexual connotation is highly stigmatized, and adverse social reactions lead to higher levels of mental health issues in the victims (Kalra & Bhugra, 2013).

In a sociocentric culture, family members share feelings of shame after an incident, whereas in an egocentric culture, guilt is more individualistic and private (Kalra & Bhugra, 2013).

A meta-analysis of the symptoms in victims of sexual violence revealed signs such as irritability, fear, nightmares, decreased academic performance, pessimism, distrust of others, and substance abuse (Suhita et al., 2021). Survivors of sexual violence also have an increased chance of developing psychological challenges. The literature mainly focuses on PTSD symptoms, but research suggests that there is an association between sexual violence and a range of other adverse mental health outcomes, such as low self-esteem, mental distress, suicidal ideation, substance abuse, sexual dysfunction, eating disorders, depression, psychosis, and anxiety (Artykbayeva, 2023; Oram, 2019).

Sexual violence is extremely shocking for victims, with severe consequences, and the failure to handle these traumatic feelings can create physical and psychological stress that can result in inflammatory reactions and a variety of diseases (Sigurdardottir & Halldorsdottir, 2021). However, beyond these well-documented physiological and psychological sequelae, sexual violence also constitutes a profound moral and existential violation. Survivors are often confronted not only with fear and distress but with deeply destabilizing questions about personal worth, goodness, justice, and belonging, questions that extend beyond the scope of symptom-based trauma models (Grijalva, 2010; Lindhard, 2022). Emerging scholarship suggests that such violations may be more accurately understood as forms of *moral injury*, in which an individual's core moral assumptions about the self, others, and the world are ruptured (Lopes et al., 2023; Njoku et al., 2024). Early descriptions of moral injury were provided by Shay (1994, 2002) in documenting phenomena among veterans; the idea was later further developed in the scientific literature by Litz et al. (2009). In their work, Litz and colleagues drew upon social-cognitive theories of posttraumatic stress disorder (PTSD) and conceptualised moral injury as involving an act of transgression (either perpetrated, witnessed, or experienced as an act of betrayal) that violated deeply held assumptions and beliefs about right and wrong or personal goodness.

Exposure to such a transgressive act is sometimes referred to as a potentially morally injurious event (PMIE). Exposure to PMIEs can create dissonance between what was experienced and what was morally expected, resulting in lasting emotional, cognitive, behavioural, social, and spiritual sequelae. The core cognitive and emotional effects have generally been placed under the categories of guilt and shame. The concept has since been

expanded outside of military contexts (Levinson, 2015). Carey and Hodgson (2018), based upon the research of Shay (2002), Litz et al. (2009), Jinkerson (2016) and Hodgson and Carey (2017), proposed a definition intended to capture numerous, sometimes divergent, aspects of moral injury. Their proposed definition was as follows: "Moral injury is a trauma related syndrome caused by the physical, psychological, social and spiritual impact of grievous moral transgressions, or violations, of an individual's deeply-held moral beliefs and/or ethical standards due to: (i) an individual perpetrating, failing to prevent, bearing witness to, or learning about inhumane acts which result in the pain, suffering or death of others, and which fundamentally challenges the moral integrity of an individual, organization or community, and/or (ii) the subsequent experience and feelings of utter betrayal of what is right caused by trusted individuals who hold legitimate authority"

Although these definitions were largely derived from military populations and contexts involving perpetration, witnessing, or betrayal in combat, the underlying mechanism they describe, a profound violation of deeply held moral beliefs resulting in shame, dissonance, and spiritual disruption provides a compelling framework for understanding the moral and existential impact of sexual violence, particularly where survivors experience moral rupture despite the absence of personal wrongdoing. In the context of sexual violence, this rupture frequently occurs without personal culpability, yet survivors nonetheless report enduring shame, self-condemnation, and a sense of moral contamination (Abrams, 2025; Khan et al., 2023). These experiences reflect an injury not merely to psychological functioning, but to the moral identity of the survivor, challenging their sense of being a "good," worthy, or legitimate moral subject (Lindhard, 2022).

For many survivors, these moral disruptions are inseparable from the spiritual domain. Sexual violence can fracture one's relationship with the sacred, destabilise God-images, and undermine felt spiritual legitimacy, particularly in cultural and religious contexts where purity, honour, and moral worth are tightly intertwined (Iverson, 2023). Rather than serving solely as a resource for coping, spirituality may become a site of struggle, alienation, or ambivalence (Fayazb, 2024), yet this dimension remains under-theorised in mainstream trauma research. At the same time, limited qualitative literature revealed efforts to restore meaning, dignity, and moral coherence through diverse pathways of *spiritual repair (*Keul, 2022; Hamrick et al., 2022*)*. These processes may involve reclaiming innocence, reframing theological meanings, reconstructing spiritual boundaries, or, in some cases, ethically refusing imposed narratives of forgiveness or reconciliation. Such pathways are neither linear nor uniform, and they cannot

be adequately captured through existing models of posttraumatic growth or religious coping alone (Fayaz, 2025). Taken together, these observations point to the need for a conceptual framework that integrates moral injury and spiritual repair in the lived experiences of sexual violence survivors. Understanding how survivors negotiate moral rupture and spiritual meaning is essential for developing theory, research, and practice that are ethically attuned, culturally sensitive, and responsive to survivors' own meaning-making processes.

Although the concept of moral injury has been increasingly examined within trauma research, empirical and theoretical work has been overwhelmingly concentrated on military and combat-related populations, particularly among veterans exposed to acts of killing, betrayal, or moral transgression during war (Jones et al., 2022; Richardson & Lamson, 2022). Within this body of literature, moral injury is typically framed around *perpetration-based* or *witness-based* moral violations, where personal agency and responsibility are central analytic concerns. While this work has been foundational, its conceptual emphasis does not readily translate to the experiences of sexual violence survivors, whose moral injury often emerges in the absence of agency, intent, or moral wrongdoing (Litz, 2024; Konopasky et al., 2022).

Consequently, the moral sequelae of sexual trauma, such as non-agentic shame, perceived moral contamination, and fractured moral selfhood, remain under-theorised and empirically marginalised within the moral injury literature. Moreover, studies that do examine sexual trauma have tended to subsume moral and spiritual disruptions under broader constructs such as posttraumatic stress, depression, or religious coping, thereby obscuring the distinct moral logic of survivors' experiences (Lopes et al., 2023; Zasiekina et al., 2023). In particular, the intersection of moral injury and spirituality among sexual violence survivors has received scant scholarly attention, despite growing recognition that spiritual meaning systems play a central role in how survivors interpret suffering, innocence, and worth (Fayaz, 2024). This imbalance highlighted a fundamental theoretical limitation in current scholarship: the absence of survivor-centred, phenomenologically grounded models that meaningfully account for the moral and spiritual disruptions experienced following sexual violence.

Rationale of the study

Taken together, existing scholarship reveals a critical conceptual and theoretical gap in understanding the aftermath of sexual violence. While psychological and biomedical models have documented the severity of trauma-related symptoms, they have largely overlooked the moral and spiritual dimensions through which survivors interpret harm, innocence, worth, and

belonging. At the same time, moral injury frameworks, though theoretically well suited to capturing such disruptions, have been developed primarily in military contexts, where moral injury is often linked to acts of commission, omission, or betrayal involving personal agency. This leaves sexual violence survivors, whose moral suffering frequently arises *without culpability*, insufficiently represented within current theory. There remains a need for research that examines how survivors experience moral rupture and how they attempt to restore, or consciously refuse to restore, moral and spiritual coherence in the aftermath of sexual violence.

This gap is particularly salient in the Indian sociocultural context, where sexuality, morality, religion, and honor are deeply intertwined. In many Indian religious and cultural traditions, moral worth, especially for women, is closely linked to notions of purity, bodily integrity, and family honor (Bhatia et al., 2024; Mangat, 2022). Sexual violence may therefore carry not only psychological consequences but also profound moral and spiritual implications, including intensified shame, fear of social exclusion, and perceived loss of spiritual legitimacy (Saxena, 2025; Sharma & Sharma, 2025). Religious beliefs and practices, rather than functioning solely as sources of comfort, may become sites of moral struggle, silence, or ambivalence. Despite this, empirical research from India has largely focused on legal (Aidy et al., 2022), social (Nainar, 2022), or psychiatric outcomes (Stockman et al., 2023) of sexual violence, with limited attention to survivors lived moral and spiritual meaning-making processes. Addressing this gap is essential for developing culturally attuned theories and interventions that resonate with survivors lived realities.

Accordingly, the present study seeks to explore how sexual violence survivors experience moral injury and navigate pathways of spiritual repair within their specific cultural and religious contexts. Spiritual repair refers to the processes through which individuals seek to restore, reconstruct, or renegotiate their relationship with the sacred, the self, and their moral world following experiences that disrupt core spiritual beliefs and assumptions (Starnino et al., 2019). Drawing from moral injury scholarship, spiritual repair involves efforts to rebuild trust in transcendent meaning systems, reconcile perceived violations of sacred values, and re-establish a sense of moral and spiritual coherence (Drescher et al., 2011; Carey & Hodgson, 2018). Rather than implying a return to prior belief structures, spiritual repair may include reframing one's image of God, redefining spiritual identity, engaging in restorative practices, reconstructing theological meaning, or, in some cases, redefining one's relationship to religion altogether (Sullivan & Starnino, 2019). Within broader psychology of religion literature, such processes overlap with constructs of religious coping and meaning-making (Pargament, 2006),

yet spiritual repair specifically foregrounds the restoration of moral–spiritual integrity following perceived moral violation or existential rupture. Rather than presupposing recovery, growth, or reconciliation, this study adopts a phenomenological approach to explore how survivors themselves make sense of moral rupture, spiritual disruption, and potential reconstruction over time. By foregrounding survivors' voices, the study aims to contribute a survivor-centred conceptualisation of moral injury that accounts for non-agentic trauma and recognises both reconstructive and non-reparative responses as ethically meaningful. This study aims to explore how survivors of sexual violence experience and make sense of moral injury, and what pathways of spiritual repair emerge in the aftermath of sexual violence.

Method

Design and Epistemological Position

To explore how sexual violence survivors experience moral injury and navigate pathways of spiritual repair, this study adopted a qualitative phenomenological research design. Phenomenology was selected to capture survivor's lived moral–spiritual experiences as they are perceived, interpreted, and given meaning within their personal, cultural, and religious contexts. The study used a qualitative design; data were obtained through semi-structured interviews and analysed using interpretative phenomenological analysis (IPA; Smith et al., 2009), which has three theoretical foundations: phenomenology, hermeneutics, and ideography (Smith et al., 2022). This explores in detail how individuals make sense of life experiences and derive meaning from them, offering a detailed interpretation of the account to understand experience (Smith et al., 2022; Smith & Nizza, 2021).

A social constructionist (Willig, 1999) and a Foucauldian epistemological stance (Fox, 1998) guided the research and analysis process. A social constructionist epistemology was used to examine how interactions with society and participants' worlds gave meaning to their experiences and subjective interpretations of those experiences (Willig, 1999). Foucauldian theory (Fox, 1998) states that power relationships exist in all interactions and societies and can be expressed through language. Guided by this, consideration was given to how participants position themselves through their language. This may indicate their perception of power (i.e., a victim may indicate powerlessness, whereas a survivor may indicate a sense of power) and, therefore, where they position themselves within societal relationships (i.e., powerless and passive, or powerful and active).

Participant Sample

Due to its idiographic approach and concern with understanding a particular phenomenon in specific contexts, interpretative phenomenological analysis studies use small, homogeneous samples, focusing on identifying participants for whom the research question is meaningful (Smith et al., 2022; Smith & Nizza, 2021). Between six and ten interviews are considered sufficient and meaningful (Smith et al., 2022). Seventeen participants were recruited from a community-based support organisation and social media (see Table 1 for demographic data). Those eligible to participate were: (1) adults (aged 18 years and above) who had (2) experienced sexual violence, and (3) were willing to reflect upon and discuss their moral and/or spiritual experiences in the aftermath of the violence. Participants were required to have sufficient emotional stability to engage in in-depth interviews and to provide informed consent. Participants who speak and understand English, Urdu and Hindi. Participants were excluded if they: (1) were currently in situations of ongoing or immediate crisis, (2) had experienced sexual violence within the past 12 months, in order to minimise risk of acute re-traumatisation, (3) were currently undergoing intensive trauma-focused psychotherapy.

Table 1. Information about demographic data[1]

Compliance with Ethical Standards:

The Research and Ethics Review Board (RERB) of the author's institution approved the study (*RERB/2026/017*). Prospective participants were provided with an information sheet explaining the study objectives, voluntary participation, confidentiality, anonymity, and the right to withdraw from the study at any point. All information will be shared in a way that prevents any participant from being identified, and any personal details will be removed or changed before publication. Written informed consent was obtained from the participants before conducting the interviews.

Recruitment and Procedure

Two experts-by-experience (EbE) served as external advisors to the study to enhance credibility, cultural sensitivity, and ethical responsiveness. Both individuals had lived experience relevant to the study focus and were consulted at key stages of the research process, including study design, recruitment materials, and interpretation of findings. Their feedback contributed to improving accessibility, refining interview sensitivity, and minimising potential

[1] All participant information has been anonymised. Identifying details have been removed or modified to protect confidentiality.

researcher bias. However, they were not involved in data collection or analysis. In the event of distress, participants were encouraged to seek support from appropriate services (a list of resources was provided in PIS), and the researcher remained available for follow-up communication if required. Recruitment was conducted through Indian-based non-governmental organisations (NGOs) working with survivors of sexual violence, as well as through social media platforms where study information was shared.

Recruitment posters containing brief study details and contact information were disseminated through these channels. Interested individuals contacted the researcher directly via email. Those who expressed interest were sent further information, including the Participant Information Sheet and consent form. A brief telephone or video screening conversation was conducted to confirm eligibility, explain the study procedures, and address any questions. All eligible individuals who completed the screening process participated in the study. In-depth semi-structured interviews were conducted both online via secure video-conferencing platforms and face-to-face. Data were collected from seventeen (17) participants (7 online; 10 offline), comprising 3 males and 14 females. Participants' ages ranged from 25 to 43 years ($M = 32.65$, $SD = 5.15$. Interviews ranged from 60 to 110 minutes. With participants' permission, interviews were audio-recorded and later transcribed verbatim. The researcher personally reviewed all transcripts for accuracy. Participants were debriefed at the conclusion of the interview and again provided with information about relevant support services.

Data Collection

An interview schedule was developed by the researcher and refined following consultation with two external experts-by-experience to enhance sensitivity, clarity, and cultural appropriateness. Particular attention was given to the language and framing of questions to ensure they facilitated exploration of participants lived moral and spiritual experiences without imposing prescriptive interpretations. The schedule functioned as a flexible topic guide rather than a structured questionnaire. Participants were informed that they could decline to answer any question and could pause or discontinue the interview at any time. A semi-structured, open, and flexible interviewing approach was adopted, consistent with phenomenological methodology (Smith et al., 2022). This approach enabled participants to narrate their experiences in their own words and at their own pace, allowing meanings to emerge organically rather than being directed by the researcher. The interview guide served as

an orienting framework, but the direction of each interview was shaped by participants' narratives.

A non-judgmental and empathically attuned interviewing stance was maintained throughout. Participants were offered breaks when needed, and emotional responses were acknowledged with sensitivity. Following each interview, the researcher documented field notes capturing contextual observations, emotional tone, and preliminary reflections. A reflexive journal was maintained throughout the research process to critically examine assumptions, positionality, and analytic decisions, thereby enhancing methodological transparency and rigour.

Positionality

It is imperative to acknowledge my positionality and biases as the researcher. As a researcher with a background in psychology and a personal interest in the intersection of religion and mental health, I approached this study with certain preconceptions and assumptions that may have influenced various stages of the research process, including data collection, analysis, and interpretation. My religious beliefs and cultural background may have subtly shaped my interactions with participants and the lens through which I interpreted their narratives. Being aware of this potential bias, I consciously maintained reflexivity throughout the research process, continually questioning my assumptions and critically reflecting on how they might affect the study's outcomes. My own gender identity and positionality as a male researcher inevitably shape my perceptions and understanding of the experiences of women survivors of sexual violence.

While I bring to this research a genuine commitment to understanding and amplifying survivors' voices, I recognise that my own social location and life experiences may limit my perspective. In presenting the results of this research, it is vital to acknowledge the limitations of reflexivity and recognise that, despite efforts to maintain objectivity, my subjectivity as a researcher inevitably shapes the study outcomes. By transparently addressing my positionality and biases, I aim to enhance the credibility and transparency of this research. Additionally, I employed strategies to ensure participants' honesty by allowing them to withdraw from the study at any time, verifying their responses (member checking), and having a peer with a similar background conduct frequent debriefing sessions with the researcher.

Data Analysis

Data were analysed using Interpretative Phenomenological Analysis (IPA), which seeks to explore how individuals make sense of their lived experiences and how meanings converge and diverge across cases (Smith et al., 2022). IPA was selected given the study's focus on moral injury and spiritual repair as deeply personal, interpretative, and contextually embedded phenomena. This approach enabled a detailed, idiographic examination of participants' accounts before moving toward patterns of shared meaning across interviews. Analysis was conducted by the researcher in accordance with IPA's hermeneutic foundations. Consistent with the principle of the double hermeneutic, the analytic process recognised that participants were engaged in making sense of their experiences, while the researcher, in turn, interpreted these meaning-making processes (Smith et al., 2022). The aim was not merely descriptive categorisation, but a theoretically informed interpretation of the moral and spiritual meanings embedded within participants' narratives. Following each interview, initial impressions, emotional responses, and analytic reflections were documented in a reflexive journal to enhance transparency and reflexive awareness.

Transcripts were reviewed multiple times and checked against audio recordings to ensure accuracy, with attention paid to tone, pauses, emphases, and other non-verbal expressions where discernible (Smith et al., 2022). The iterative analytic process involved close reading, exploratory noting, development of emergent themes, and subsequent identification of patterns of convergence and divergence across cases, while preserving the idiographic integrity of individual accounts. External experts-by-experience were consulted at later stages of interpretation to provide feedback on thematic clarity and resonance, thereby strengthening analytic credibility without directing the interpretative process. The analysis followed the stages of Smith et al. (2022): (1) reading and re-reading, (2) exploratory noting, (3) constructing personal experiential statements, (4) searching for connections across personal experiential statements to develop personal experiential themes, (5) naming the personal experiential themes, (6) continuing the individual analysis of other cases, and (7) developing group experiential themes across cases. Noting and coding of the transcripts was completed by hand (Smith et al., 2022; Smith & Nizza, 2021). The study's quality was evaluated using established criteria for qualitative rigour: credibility, dependability, confirmability, and transferability (Guba & Lincoln, 1994), alongside reflexivity as a fifth dimension (Stenfors et al., 2020). Credibility was strengthened through sustained engagement with the data, iterative theme development, and maintenance of an audit trail documenting analytic decisions. External experts-by-experience were consulted during later interpretative stages to assess thematic

resonance and clarity, enhancing analytic depth without shaping findings. Dependability was supported by systematic, transparent analytical procedures. Confirmability was ensured by grounding interpretations in participants' language and maintaining clear links between excerpts and analytic claims.

A reflexive journal documented evolving interpretations and methodological choices throughout. Although qualitative findings are context-bound (Spencer et al., 2003), transferability was facilitated by rich descriptions of participants' experiences and by explicit attention to the Indian sociocultural context in which moral, spiritual, and honour-related meanings are embedded. Reflexivity was treated as an ongoing ethical practice. The researcher critically reflected on personal, cultural, and professional assumptions regarding sexuality, religion, shame, and moral responsibility, and considered how positionality and power dynamics within the Indian context might influence both participants' disclosures and interpretation. This process aimed to render subjectivity transparent and analytically accountable rather than neutralised.

Findings

In recounting their experiences, participants reflected on how sexual violence reshaped their moral and spiritual worlds, where the rupture began, how it was carried forward into their sense of self, and the ways they attempted, resisted, or refused repair (**refer to table 2**). These processes were not linear but unfolded unevenly, shaped by personal reflection, relational responses, and broader cultural and religious frameworks

Table 2. Main Themes and Sub-Themes[2]

1. Moral contamination without culpability: "*Something inside me changed*"

Participants frequently described the aftermath of sexual violence as a sense of being morally altered, despite a clear intellectual understanding that they were not responsible for what occurred. This experience was articulated not through the language of guilt, but through metaphors of contamination and taint, an unwanted imprint that settled into the self (***felt moral defilement without agency***). Survivors struggled to find words for this shift, often pausing as they described a feeling that was deeply embodied yet difficult to articulate.

[2] Themes and subthemes were developed through interpretative phenomenological analysis and are supported by anonymised participant accounts.

One participant reflected, *"I know it wasn't my fault… I really know that. But still, it's like something… something stayed with me after that."* (P3). Another echoed this sentiment, saying, *"It's not guilt exactly. It's more like I feel different inside, like something crossed into me."* (P11).

This sense of contamination was experienced as involuntary, reflecting a ***non-agentic moral rupture***. Participants spoke of feeling morally changed against their will, as though their sense of goodness had been interrupted rather than erased. *"I didn't choose anything,"* one participant said slowly, *"but I still became someone else."* (P7).

For others, contamination was accompanied by heightened self-monitoring, reflecting ***hypervigilance around moral exposure***. Participants described watching their bodies, words, and behaviours closely, as if guarding against further moral intrusion. *"I keep checking myself… how I sit, how I speak,"* one participant explained. *"Like I might reveal something wrong in me."* (P1).

These internal experiences were often reinforced through social interactions, even in the absence of explicit blame, revealing ***social mirroring of contamination***. *"No one said anything,"* one participant noted, *"but I felt it in the way things changed."* (P6).

2. Ontological shame and loss of goodness: "*I don't feel like a good person anymore*"

As feelings of contamination persisted, participants' narratives shifted from what had happened to whom they believed they had become. Shame emerged not as a momentary emotion, but as an enduring state embedded in identity (***shame as an ontological condition***). Participants spoke of a quiet yet pervasive loss of goodness that reshaped their sense of moral selfhood.

Several participants described pausing before naming themselves as "good," reflecting ***erosion of moral self-recognition***. *"Before, I would say I'm a good person without thinking,"* one participant reflected. *"Now I stop myself."* (P4). Another shared, *"It feels like goodness left me quietly. I didn't notice when it went."* (P16).

This shame often existed without an external accuser, illustrating ***internalised moral judgment***. *"No one accused me,"* one participant said, *"but I still feel like I'm on trial."* (P10). Participants described carrying an invisible moral indictment that shaped everyday interactions.

For many, this resulted in withdrawal from moral roles and responsibilities, reflecting ***moral self-silencing***. Participants described stepping back from advocacy, leadership, or guidance. *"I stopped advising people,"* one participant explained. *"Who was I to talk about right and wrong?"* (P5).

3. Fractured spiritual legitimacy: "*I didn't feel allowed anymore*"

For many participants, moral injury extended into the spiritual domain, disrupting not belief itself but their felt legitimacy to engage with the sacred (***loss of spiritual entitlement***). Participants described distancing themselves from prayer, worship, or religious spaces, not because faith disappeared, but because belonging felt conditional.

One participant shared, *"I didn't stop believing. I stopped going. I didn't feel allowed there anymore."* (P13). Another reflected, *"Those places felt too clean for me."* (P17).

Prayer, once a source of comfort, became fraught with vulnerability, reflecting ***exposure anxiety before the divine***. *"Praying felt like standing naked,"* one participant said quietly (P6). Others described a deep rupture in how they imagined God, illustrating the ***destabilisation of the God image***. *"If God is just,"* one participant wondered, *"then where does that leave me?"* (P9).

Rather than rejecting faith outright, many participants described ***distanced spiritual affiliation***, maintaining belief while withdrawing from intimacy. *"I believed,"* one participant said, *"but from far away."* (P15).

4. Reconstructive pathways of spiritual repair: "*I had to make meaning livable*"

Despite profound moral and spiritual disruption, many participants described engaging in deliberate efforts to restore dignity and coherence. These were not framed as healing outcomes, but as ***active meaning reconstruction***.

Some participants spoke of ***reclaiming innocence through moral naming***, explicitly asserting non-culpability. *"I had to say it—'I did nothing wrong,'"* one participant shared. *"It didn't fix everything, but it mattered."* (P7).

Others described ***reframing the sacred***, reshaping God from judge to witness. *"I needed God to just see me,"* one participant explained, *"not evaluate me."* (P3). Agency also emerged through ***selective spiritual engagement***, as participants chose practices that felt survivable. *"I decided how I would pray,"* one participant said. *"Not how I was told."* (P8).

Boundary-setting became another pathway, reflecting ***the reconstruction of spiritual boundaries***. *"Some beliefs hurt me,"* one participant reflected. *"So I stepped away from those."* (P5).

5. Ethical refusal and non-repair: "*I won't force meaning where there is none*"

Not all participants pursued spiritual repair. For some, refusal itself emerged as a morally coherent response (***resistance to imposed reconciliation***). Participants described rejecting expectations to forgive, reconcile, or spiritually resolve their experiences for others' comfort.

"Forgiveness was demanded," one participant said. *"It didn't feel like a choice."* (P2). Others described ***protective withdrawal***, choosing distance from spiritual discourse. *"I stepped back so I could breathe,"* one participant shared (P12).

Some participants articulated ***acceptance of unresolved meaning***, framing ambiguity as an ethical stance rather than failure. *"Some questions don't get answers,"* one participant reflected. *"I'm learning to live anyway."* (P20). For these individuals, non-repair preserved integrity. *"Repair is optional. Survival is not."* (P9).

Together, these narratives illustrate moral injury as a profound moral–spiritual reorganisation following sexual violence. Across themes, participants moved through contamination, shame, spiritual fracture, and divergent responses, including reconstruction, redefinition, and refusal. Rather than converging toward a single endpoint, survivors sought moral coherence on their own terms, highlighting that after sexual violence, the central task is not mandated growth or forgiveness, but the reclamation of dignity, agency, and moral selfhood.

Discussion

The present findings highlighted sexual violence as a profound moral–spiritual rupture, rather than solely a psychological trauma. Participants' narratives reflected an experience of non-agentic moral violation that disrupted core assumptions about self, purity, worth, and the sacred. The trajectory described across themes moved from moral injury, characterised by shame, contamination, and diminished selfhood, through contextual and spiritual disruptions, toward varied pathways of spiritual repair. Outcomes were neither linear nor uniform; rather, survivors described processes of partial repair, ongoing rupture, or integrative reconstruction (**see figure 1**). Collectively, the findings suggest that sexual violence may be understood as a

moral injury embedded within sociocultural and spiritual ecologies, requiring meaning-oriented repair rather than symptom reduction alone.

Participants' accounts positioned sexual violence as a violation of deeply held moral frameworks, resulting in what aligns conceptually with moral injury. Although moral injury has been primarily theorised within military contexts (e.g., exposure to perpetration or betrayal; Jonathan Shay, 1994; Brett Litz et al., 2009), emerging scholarship has extended the construct to experiences of interpersonal trauma (Currier et al., 2015). Survivors in the present study described internalised shame, perceived contamination, and a sense of worthlessness, experiences consistent with Litz et al.'s (2009) formulation of moral injury as a disruption of moral beliefs and identity. Unlike combat-related moral injury, however, the violation here was non-agentic: participants did not transgress moral codes; rather, they experienced an imposed violation. This nuance complicates traditional moral injury models that centre perpetration or betrayal and instead support re-conceptualisations of moral injury in contexts of sexual trauma (Jinkerson, 2016).

The findings are also consistent with Janoff-Bulman's (2010) shattered assumptions theory, which posits that trauma destabilises beliefs in a just, meaningful world and a worthy self. Participants' sense of "moral contamination" parallels research linking sexual victimisation with shame-based identity disturbance (Herman, 1992). However, some trauma literature emphasises fear conditioning and hyperarousal as primary mechanisms (Brzozowska & Grabowski, 2025; Traina & Tuszynski,2023; Weston, 2014), potentially minimising the moral and existential dimensions foregrounded here. The current findings, therefore, extend trauma theory by demonstrating that for many survivors, the core wound is moral and relational, not merely fear-based. The theme is thus theoretically grounded in moral injury frameworks while expanding them to account for non-agentic violation, supporting the conceptualisation of sexual violence as a form of moral trauma.

Participants' narratives underscored the role of religion, culture, and honour-based norms in amplifying moral injury. Shame was not solely intrapsychic but socially mediated. Ecological systems theory (Bronfenbrenner, 2000; Perron, 2017; Tudge et al., 2022) provides a useful framework for understanding these multilayered influences, situating individual trauma within microsystem (family), mesosystem (community), and macrosystem (cultural-religious ideologies) contexts. Survivors described how cultural scripts around purity and honour intensified self-blame and social silence, echoing research demonstrating that honour-based

and collectivist contexts can exacerbate stigma following sexual violence (Dos Santos, 2025; Foster et al., 2024).

At the same time, the literature on social support suggests that community and faith can serve protective roles (Bryant-Davis et al., 2015; Fayaz, 2024), which presents an apparent contradiction. While some participants experienced religious or familial responses as invalidating, others noted that supportive interpretations buffered harm. This divergence reinforces ecological theory's premise that context can function as both a risk and a protective factor. The present findings justify the theme by demonstrating that moral injury is not experienced in isolation but is co-constructed within sociocultural systems that shape meaning, blame, and legitimacy.

Beyond social context, participants described rupture in their relationship with the sacred, alienation from God, altered God-images, and existential questioning. These experiences align with Park's (2022) meaning-making model, which distinguishes between global beliefs and situational meaning. Sexual violence disrupted global spiritual schemas, generating distress until new meanings were negotiated. Research on spiritual struggle similarly identifies trauma as a precipitant of divine anger, abandonment, or punishment beliefs (Abelow, 2016; Wang, 2024). The findings resonate with attachment-to-God theory (Kirkpatrick, 2005; Granqvist & Kirkpatrick, 2013), wherein disruptions in perceived divine attachment mirror relational trauma. Survivors' descriptions of feeling forsaken or spiritually contaminated suggest that trauma may destabilise sacred attachment representations. However, some quantitative studies indicate that religiosity correlates with post-traumatic growth (Fayaz, 2024a; Fayaz, 2024b), highlighting complexity: spirituality can be both wounded and reparative. The current data contribute nuance by distinguishing between institutional religiosity and subjective spiritual meaning. This theme is theoretically justified through meaning-making and attachment frameworks, reinforcing the interpretation of sexual violence as a rupture of sacred relational bonds

Participants articulated diverse pathways toward spiritual repair, including reclaiming innocence, reframing meaning, reconstructing boundaries, and, in some cases, disengaging from harmful spiritual frameworks. These processes align with posttraumatic growth theory (Fayaz, 2024a; Tedeschi & Calhoun, 2004), particularly the domains of spiritual change and personal strength. However, growth was neither automatic nor uniformly positive; it involved active moral reconstruction. Narratives of reclaiming agency resonate with narrative identity

theory (McAdams, 2001), which holds that individuals revise life stories to restore coherence and dignity. Boundary reconstruction aligns with Herman's (1992) recovery stages (Mendelsohn et al., 2011), particularly reconnection and empowerment. Notably, spiritual disengagement challenges assumptions within growth literature that reconnection to faith is inherently adaptive. Some participants experienced healing through redefining or distancing from prior religious interpretations, echoing critiques that posttraumatic growth measures may over-pathologise doubt or secular coping (Gendre et al., 2025; Hashemi & Mahmoudzadeh, 2025). The findings thus support a dynamic, pluralistic understanding of spiritual repair. Theoretically anchored in posttraumatic growth and narrative reconstruction frameworks, the theme demonstrates that moral–spiritual recovery involves reclaiming authorship over meaning rather than returning to pre-trauma belief systems.

Outcomes reflected partial repair, ongoing rupture, or integrative reconstruction. This variability aligns with contemporary critiques of linear trauma recovery models, suggesting that healing is iterative and context-dependent (Fayaz, 2026). Integration, in which trauma is incorporated into a revised moral identity, parallels constructivist self-development theory (McCann & Pearlman, 1990). Conversely, ongoing rupture underlines that some injuries remain unresolved, particularly where contextual invalidation persists. Importantly, the presence of ongoing spiritual struggle does not necessarily indicate psychopathology; Pargament (2013) argue that spiritual wrestling may represent an active process of meaning negotiation, which was later corroborated by Polson et al (2025). Thus, contradictory literature that equates unresolved distress with maladjustment may overlook the moral complexity revealed here. The findings justify this theme by demonstrating that moral–spiritual outcomes are best conceptualised along a continuum of reconstruction rather than as binary healed/unhealed states.

Overall Theoretical Contribution

Taken together, the findings extend moral injury theory beyond military paradigms to encompass non-agentic sexual trauma, situating it within ecological, attachment, and meaning-making frameworks. By foregrounding moral contamination, contextual amplification, and spiritual rupture, the study challenges reductionist trauma models that prioritise fear conditioning or symptom clusters alone. While foundational formulations of moral injury (e.g., Jonathan Shay, 1994; Brett Litz et al., 2009) centred on perpetration and betrayal in combat contexts, the present findings demonstrate that moral injury may also arise from non-agentic

violations in which survivors experience imposed moral rupture rather than enacted transgression.

In light of these findings, the author proposes the *Moral Injury–Spiritual Repair (MI–SR)* Model (**refer to figure 1**) as a conceptual framework emerging from the data. The MI–SR Model conceptualises sexual violence as initiating a *traumatic moral rupture* that manifests as moral injury (shame, contamination, loss of worth), which is subsequently amplified or mitigated by sociocultural and religious contexts. This rupture often extends into the spiritual domain, disrupting God-images, sacred meaning systems, and existential coherence. Recovery, within this model, is understood not as symptom elimination but as engagement in pathways of spiritual repair, such as reclaiming innocence, reconstructing agency, renegotiating belief systems, or redefining spiritual belonging leading to varied moral–spiritual outcomes (partial repair, ongoing rupture, or integration).

Figure 1. Moral Injury–Spiritual Repair (MI–SR) Model[3]

The MI–SR Model integrates insights from ecological systems theory (Bronfenbrenner, 2000), meaning-making frameworks (Park, 2022), and posttraumatic growth theory (Tedeschi & Calhoun, 2004), offering a multi-layered account of moral–spiritual reconstruction. Importantly, it accommodates contradictory evidence regarding religiosity's protective versus harmful roles by conceptualising spirituality as a dynamic interpretive system rather than a uniformly buffering factor. Thus, the model advances theory by positioning sexual violence within a moral–spiritual injury and repair trajectory, providing a coherent framework for future empirical and clinical work.

Implications

The findings carry significant social and therapeutic implications at both global and Indian levels by reframing sexual violence as a moral–spiritual rupture rather than solely a psychological disorder. Clinically, interventions must move beyond symptom-focused models to incorporate moral injury-informed and spiritually sensitive approaches that address shame, contamination beliefs, disrupted God-images, and identity reconstruction. Therapies integrating meaning-making, narrative reconstruction, and culturally attuned spiritual dialogue may be particularly relevant, especially in contexts where religion and honour shape survivors' self-perceptions. At a social level, the results underscore the need for community education,

[3] The model is a conceptual representation developed from participant's lived experiences and does not depict individual cases.

faith-based engagement, and policy discourse that actively dismantle purity-based stigma and victim-blaming narratives. In the Indian sociocultural context, where honour, family reputation, and religious frameworks strongly mediate responses to sexual violence, the amplification of moral injury through collective norms necessitates culturally responsive advocacy, clergy training, and trauma-informed community systems. Globally, the findings call for incorporating moral injury constructs into sexual violence policy, research, and service provision, recognising that recovery requires restoration of dignity and moral worth, not merely reduction of post-traumatic symptoms.

Limitations and Future Directions

One key limitation concerns gender representation. Of the 17 participants, only three were male, with the majority identifying as female. This imbalance limits the extent to which the findings capture the moral–spiritual dimensions of sexual violence across genders. Male survivors may experience distinct forms of stigma, masculinity threat, or spiritual alienation that were not sufficiently represented in the data. Future research may purposively recruit a more gender-diverse sample, including men and gender-diverse individuals, to explore whether the Moral Injury–Spiritual Repair (MI–SR) trajectory manifests differently across gendered socialisation patterns and expectations. Second, the study was conducted within a collectivistic sociocultural context (India), where honour, family reputation, and religious frameworks strongly shape responses to sexual violence. While this contextual depth strengthens cultural specificity, it may limit transferability to more individualistic societies. The amplification of shame and moral contamination observed here may be particularly pronounced in collectivist, honour-based systems. Future cross-cultural comparative studies could examine whether the MI–SR Model operates similarly in Western individualistic contexts or whether pathways of spiritual repair differ according to cultural constructions of selfhood, morality, and autonomy. The reliance on a qualitative, interpretative phenomenological approach prioritised depth over breadth. While this methodology enabled nuanced exploration of lived moral–spiritual meanings, it limits generalisability and does not permit causal inference. Future research may employ mixed-methods or longitudinal designs to empirically test components of the MI–SR Model, including the relationships among moral injury, spiritual disruption, and psychosocial outcomes over time. This study relied on self-reported retrospective accounts, which may be shaped by memory reconstruction, social desirability, or current meaning-making positions. Given that meaning evolves, participants' narratives may reflect present interpretive

frameworks rather than initial posttrauma experiences. Longitudinal qualitative work may trace how moral–spiritual interpretations develop and transform across recovery stages.

Although the sample included some heterogeneity of religious and social backgrounds, the study did not systematically compare religious traditions or levels of religiosity. Spiritual disruption and repair may differ significantly across faith systems, secular identities, or degrees of religious commitment. Future research may undertake comparative analyses across religious affiliations to better understand how specific theological constructs (e.g., sin, purity, karma, forgiveness) shape moral injury and repair processes. Finally, as with all interpretative research, the analysis is shaped by the researcher's positionality and reflexivity. Although reflexive journaling and team consultation enhanced rigour, the moral–spiritual framing may reflect both participant narratives and the interpretive lens applied. Future studies may incorporate collaborative or participatory methodologies, engaging survivors as co-researchers to further validate and refine the MI–SR Model. Addressing these limitations through gender-inclusive, cross-cultural, longitudinal, and participatory research designs will strengthen theoretical refinement and empirical validation of the Moral Injury–Spiritual Repair framework, enhancing its applicability across diverse social and clinical contexts.

Declarations

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Table 1. Information about demographic data

S.No	Participant's ID's	Age	Mode of interview	Level of education	Time Since Sexual Violence	Sexual Orientation	Participants Faith
1	P1	33	In-person	Graduation	4 Years	Heterosexual	Christianity
2	P2	37	Online	High School	7 years	Heterosexual	Muslim
3	P3	33	Online	Post-Graduation	3 Years	Heterosexual	Muslim
4	P4	31	Online	High School	6 years	Heterosexual	Christianity
5	P5	30	In-person	Graduation	5 years	Heterosexual	Hindu
6	P6	26	In-person	Post-Graduation	7 Years	Heterosexual	Muslim
7	P7	29	In-person	High School	5 years	Heterosexual	Muslim
8	P8	27	Online	Graduation	8 years	Heterosexual	Christianity
9	P9	25	In-person		3 years	Heterosexual	Others
10	P10	28	Online	High School	7 years	Heterosexual	Hindu
11	P11	39	In-person	Graduation	11 years	Heterosexual	Christianity
12	P12	35	In-person	Post-Graduation	9 years	Heterosexual	Others
13	P13	38	Online	Post-Graduation	7 years	Heterosexual	Hindu
14	P14	29	In-person	Graduation	6 years	Heterosexual	Christianity
15	P15	34	In-person	Post-Graduation	6 years	Heterosexual	Hindu
16	P16	43	In-person	Post-Graduation	12 years	Heterosexual	Christianity
17	P17	38	Online	Graduation	3 years	Heterosexual	Hindu

Table 2. Main Themes and Sub-Themes

Superordinate Theme	Subordinate Themes
1. Moral contamination without culpability	▪ Felt moral defilement without agency ▪ Non-agentic moral rupture ▪ Hypervigilance around moral exposure ▪ Social mirroring of contamination
2. Ontological shame and loss of goodness	▪ Shame as ontological condition ▪ Erosion of moral self-recognition ▪ Internalised moral judgment ▪ Moral self-silencing
3. Fractured spiritual legitimacy	▪ Loss of spiritual entitlement ▪ Exposure anxiety before the divine ▪ God-image destabilisation ▪ Distanced spiritual affiliation
4. Reconstructive pathways of spiritual repair	▪ Active meaning reconstruction ▪ Reclaiming innocence through moral naming ▪ Reframing the sacred (God as witness rather than judge) ▪ Selective spiritual engagement ▪ Spiritual boundary reconstruction
5. Ethical refusal and non-repair	▪ Resistance to imposed reconciliation ▪ Protective withdrawal ▪ Acceptance of unresolved meaning

Figure 1. Moral Injury–Spiritual Repair (MI–SR) Model

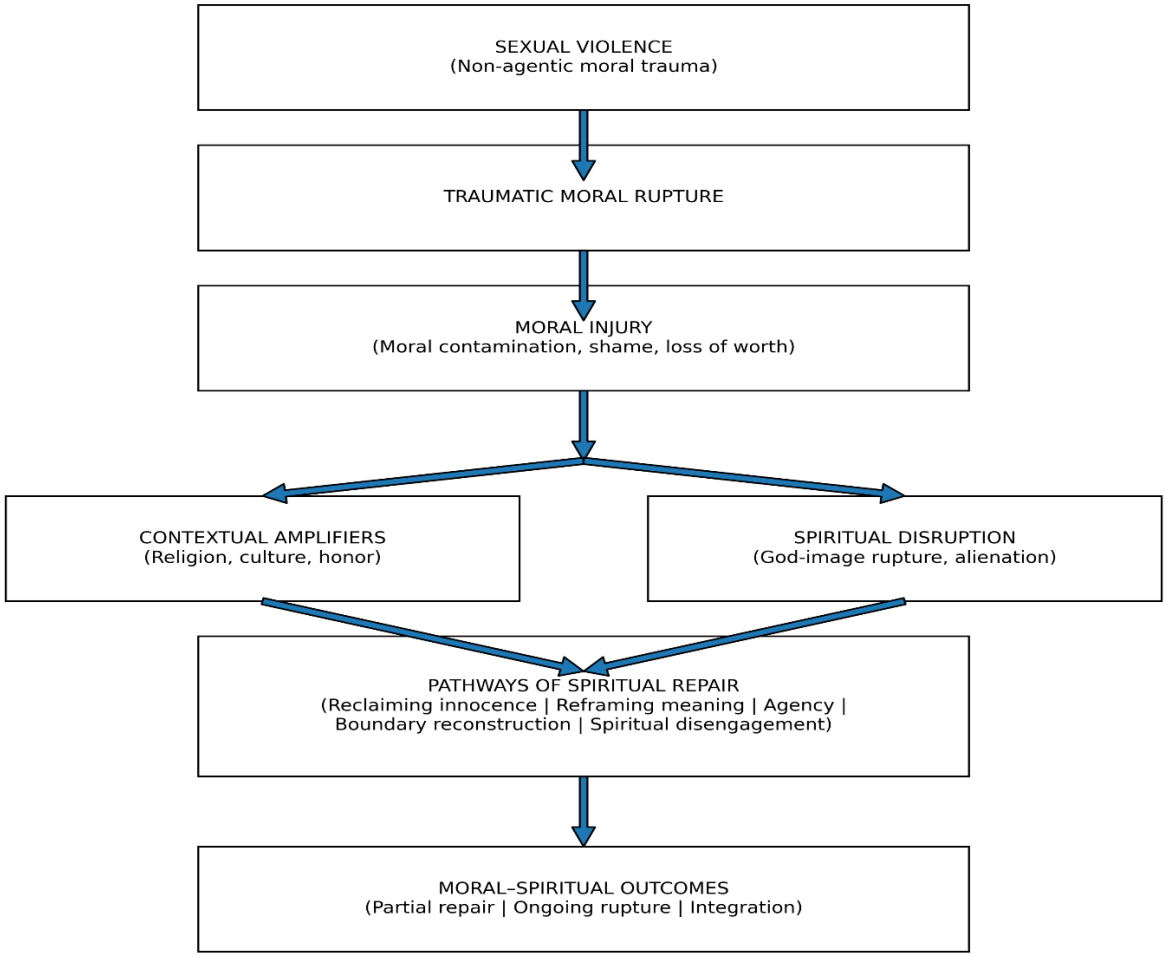


Figure 1*. Moral Injury–Spiritual Repair (MI–SR) Model among sexual violence survivors is described in the results section.*