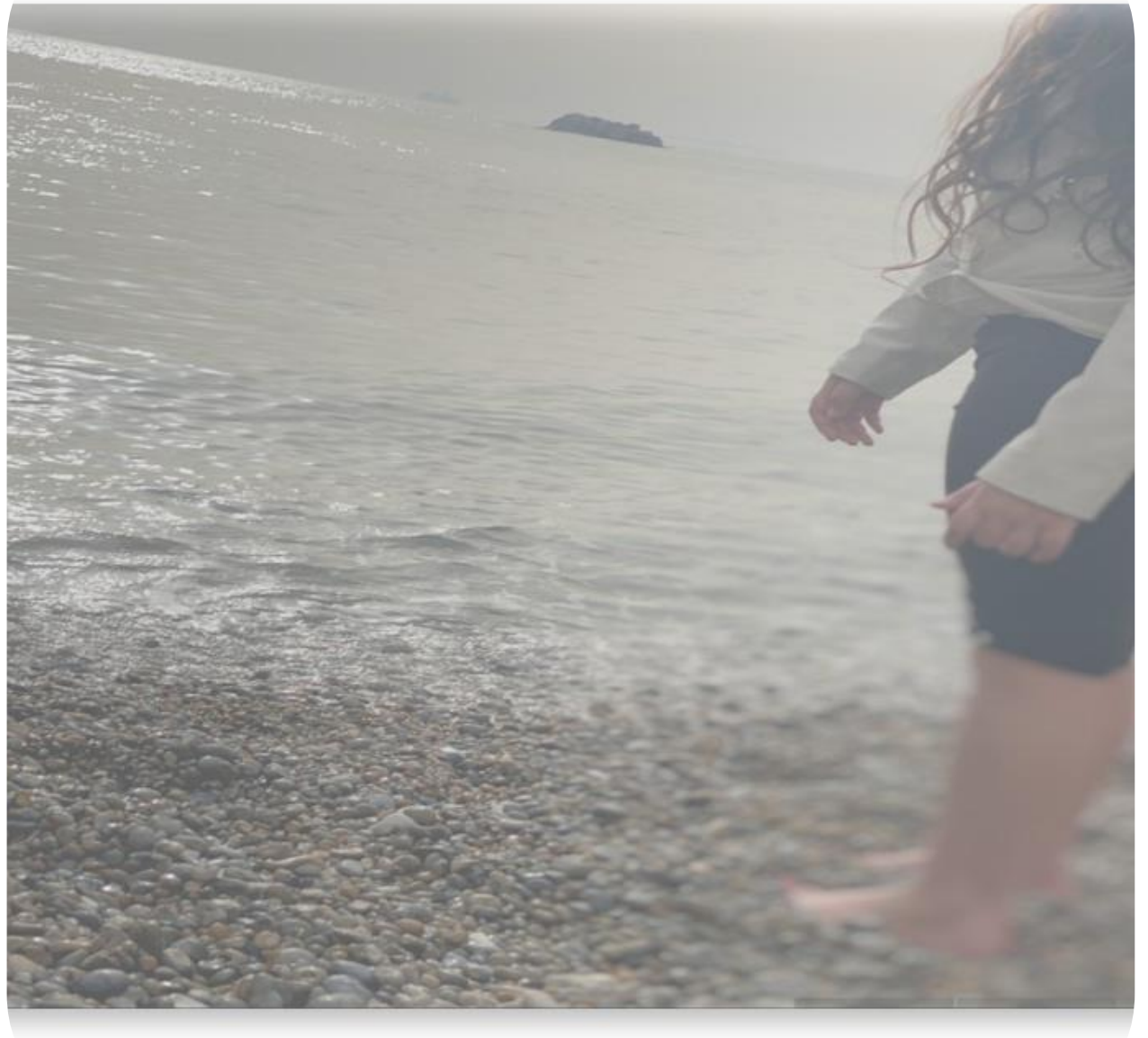


Navigating the Spirit through Time: An IPA and Life Course Analysis of Well-being among Sikh Survivors of Abuse.

**By: Harjinder Kaur-Aujla MSc, BSc
(Hons), RNMH, PGDip, Dip. Empl. Law
Doctoral Candidate – University of
Birmingham. Director/s: Sikhs in
Academia; BABCP**





- **Aim**

- This research aims to understand how women of Sikh heritage in the UK who have survived Domestic Violence and Abuse (DVA) interpret their psychosocial well-being and identity.

- **Objectives**

- Conduct a systematic review to seek out relevant qualitative research on the experiences of DVA victims/survivors from a Sikh heritage.
- Establish a timeline of the participant's life to identify key life events that have impacted their identity during the life-course.
- Simultaneously to completing the timeline, also complete semi-structured interviews that explore how DVA has impacted on the participants' mental health and identity.
- Critically analyse a timeline and interviews using an Interpretative Phenomenological analysis of in-depth idiosyncratic subjective experiences of survivors of DVA.
- Evaluate the level of help-seeking and social determinants that facilitate/compound/hinder personal growth after surviving DVA.
- Make recommendations of how, based on the analysis of the participants, policy and practice can be improved to support Sikh women in the UK who have experienced DVA.

A Systematic Review: Investigating the global lived experiences of women from Sikh heritage who have survived Domestic Violence and Abuse.

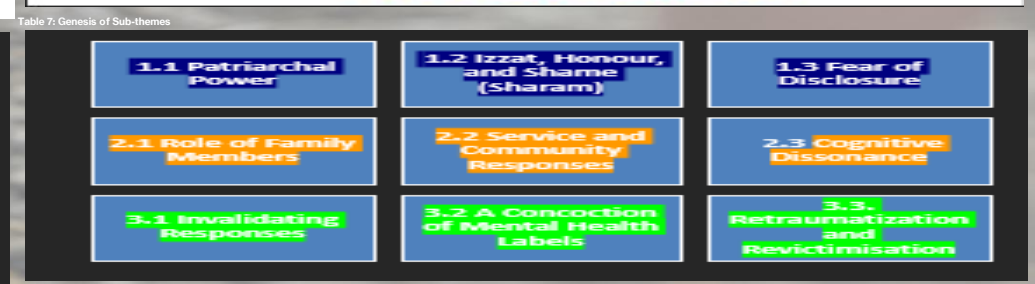
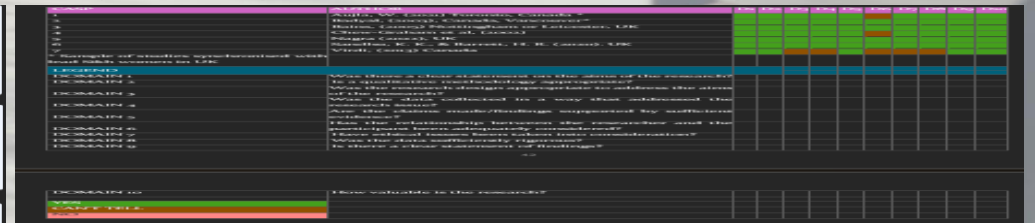
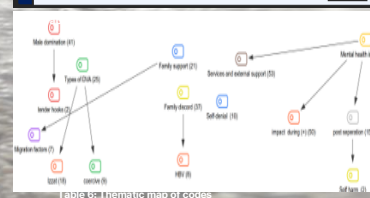
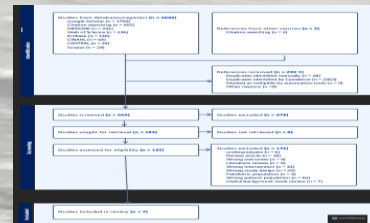
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This systematic review aims to examine the global lived experiences of women of Sikh heritage who have survived (DVA). DVA is a global issue for all communities. There is no evidence that DVA is more prevalent in any one religion or race, however, research on sub-groups helps to inform treatment plans and 'healing' mechanisms often used in faith communities.

The researcher searched various databases, including MEDLINE, Web of Science, CINAHL (EBSCO), ASSIA (ProQuest), Scopus, Cochrane Library, MEDLINE, PsycINFO, EMBASE (OVID), Google Scholar and citation searching. The searches covered papers only in the period covering 1st April to 25th May 2024

Seven qualitative studies used Braun and Clarke's Thematic Analysis to explore the experiences of twenty-one Sikh women survivors of Domestic Violence and Abuse (DVA). This review extrapolates the key factors that influence the journey of abuse, creating a juxtaposition of 'should I stay, or should I go, and even should I go back', due to the experiences of the Sikh survivors from pre-contemplation to post-separation. The findings indicate that faith plays a significant role in healing for some, and extended family dynamics, especially in-laws, impact their well-being. The patriarchal structure often contributes to psychological distress, and female perpetration of DVA typically involves in-laws. Challenges include trauma from both within and outside the community including izzat, with 'organised family abuse' explaining some female-female abuse instances. Support preferences include engagement with natal family, psychotherapy, and religious connectivity – and individual preferences around South Asian or Mainstream services, despite retraumatisation and revictimisation due to misunderstandings of culture and lack of religious provision.

The extrapolating of Sikh voices on this issue has been difficult, and no community voice should be suppressed amongst hidden sets of data in wider studies, as this review has proved. Rather, this methodology and use of qualitative data methods may lend a hand in researching under-researched populations in future. However, more research is needed in relation to the mental health impact, due to the limited idiosyncratic peer-reviewed studies in this systematic review process - a theoretical lens of intersectionality, anti-racist philosophy and rejection of 'othering' is embodied in the works. Furthermore, service development models need to embrace Sikh religious provision and faith facilities including access to faith articles.

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IMRAD



01

Introduction

02

Methods

03

Results

04

Analysis

05

Discussion

Introduction

- This research focusses on DVA survivors from an intimate partner.
- Spiritual impact, HBV and other forms of abuse not part of this study.
- Qualitative study explores lived experience, meaning-making, recovery.
- Systematic review presented at Sikhs in Academia in 2025 and in Hong Kong University, (pending publication in BMC).

Abuse is universal – ‘Anyone can be a victim of domestic violence, regardless of age, race, gender, sexual orientation, faith or class’, (United Nations, 2026).

The Methodological Layer Cake

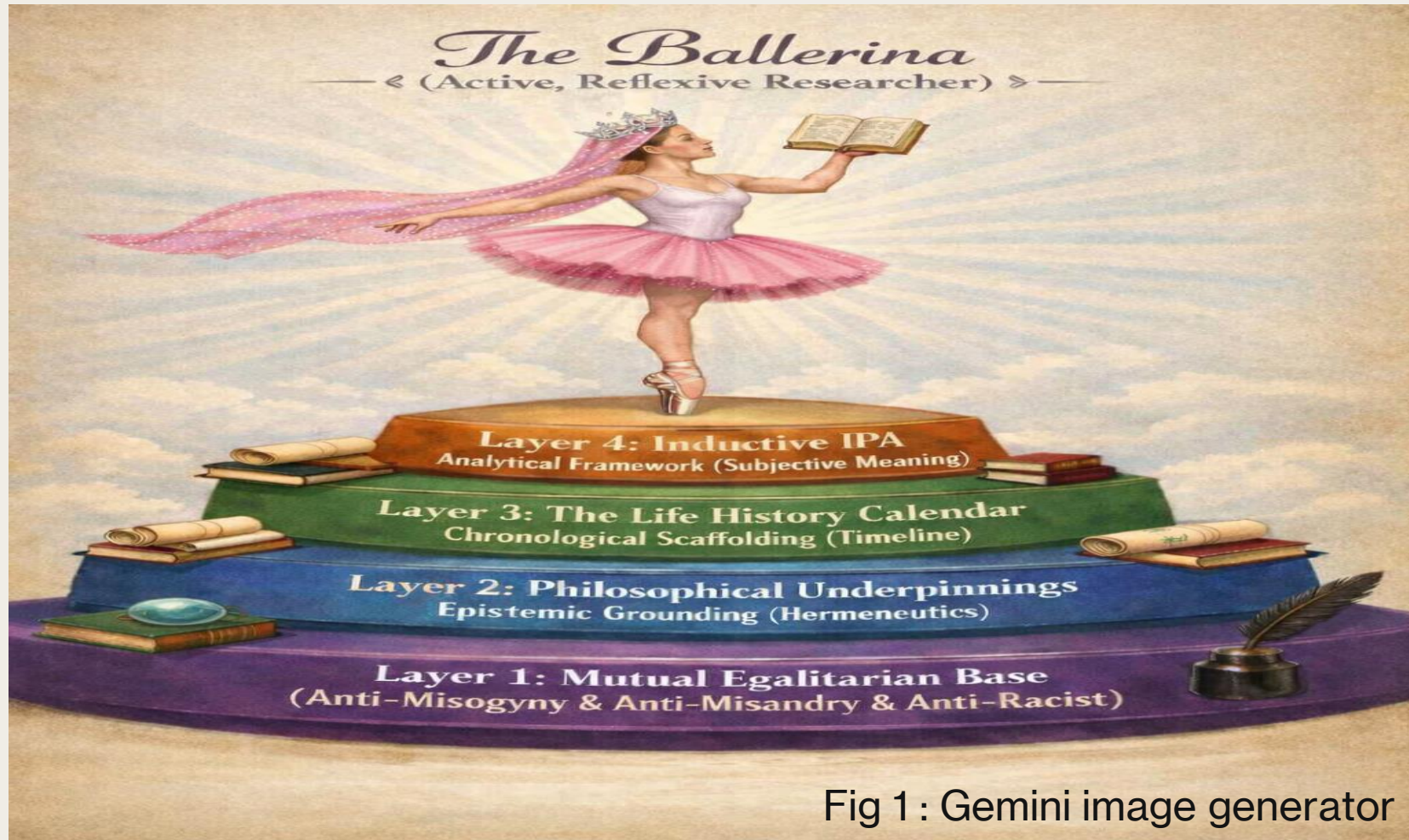


Fig 1 : Gemini image generator

Recruitment



- PPI completed with Sikh community organisation consultation will guide formulation, results, and future dissemination.
- Recruitment via social media, word of mouth, purposive sampling, and snowballing across London, Leicester, and Scotland. Later the criteria was relaxed due to low uptake to include wider areas.
- Small IPA group of participants (8–12 Sikh women, 18+) enables deep, rich analysis of survivor experiences.

Missing poster in one community venue.

Theoretical Lens

1. **Sikh-centred, anti-racist, decolonial lens** Grounds the research in Sikh cultural worlds and challenges racialised, colonial assumptions about South Asian women and abuse.
2. **Pluralistic methodology: IPA + Life Course** Integrates Interpretative Phenomenological Analysis with Life Course approaches using semi-structured interviews, participant timelines, and a Life History Calendar.
3. **Survivor-constructed timelines** Uses survivor-drawn timelines to map key events, turning points, and emotional shifts through their own sequencing and meaning-making.
4. **Everyday-language mapping of escalation and recovery** Tracks how abuse intensifies and how recovery unfolds using participants' own words and cultural expressions rather than clinical terminology.
5. **IPA meaning-making across time** Explores how survivors make sense of their experiences while acknowledging researcher interpretation, showing how meaning evolves across the life course.

Methods

Section	Focus	Approach / Findings
Design	Qualitative life-course analysis	Interpretative Phenomenological Analysis (IPA) with timeline mapping (LHC)
Participants	Sikh women survivors of interfamilial abuse	Recruited via community networks and survivor-led organisations
Data Collection	Semi-structured interviews	Explored lived experiences across pre-abuse, marriage, endurance, and recovery
Analysis	Thematic and narrative synthesis	Identified cross-stage transitions and emotional trajectories
Results	Emergent life-course themes	Interfamilial silence, coercive control, embodied trauma, motherhood pressure & joy, projection & reconciliation
Implications	Clinical and cultural relevance	Highlights need for trauma-informed mediation and culturally sensitive interventions

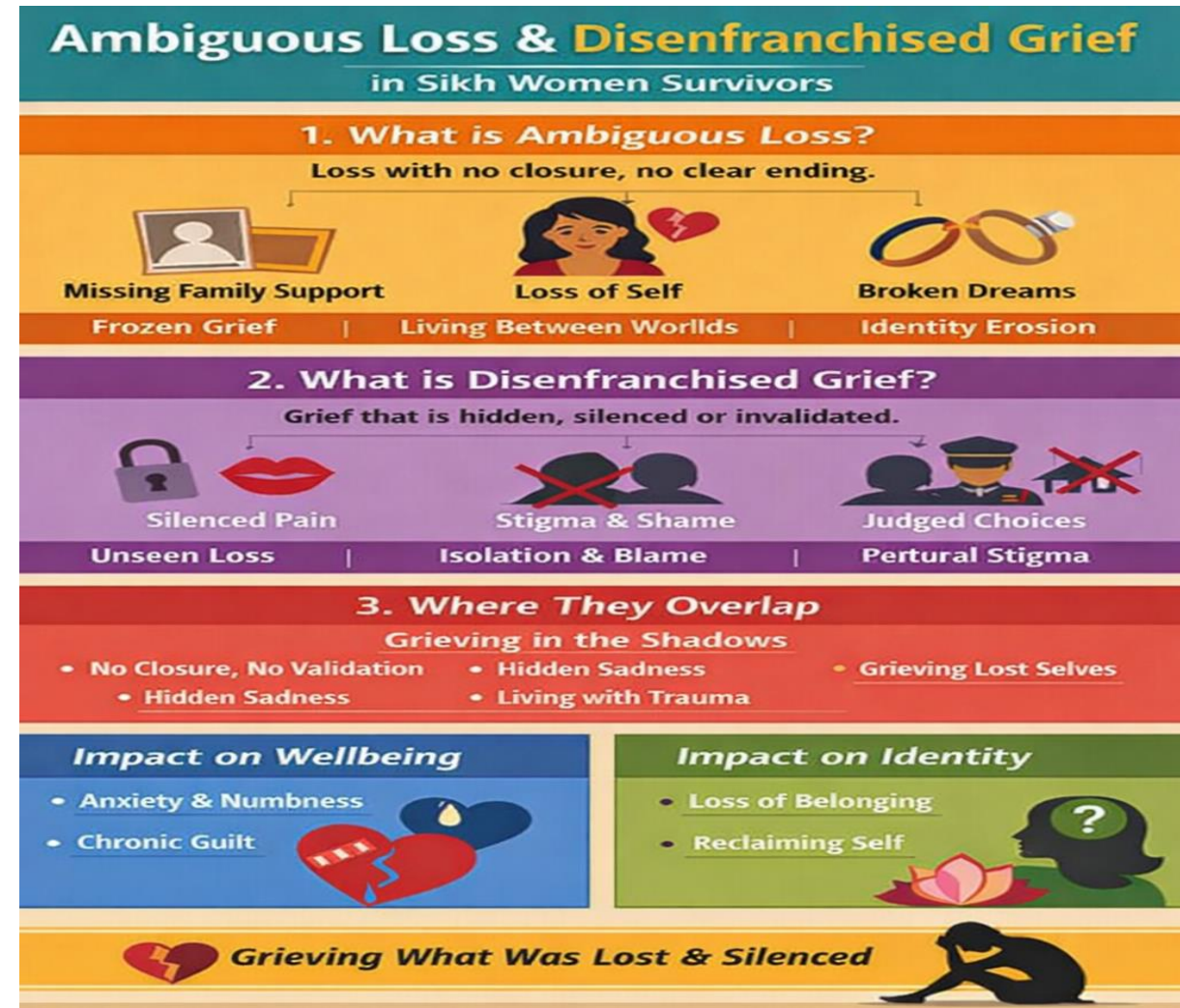
Results

Interfamilial Experience Through a Double Hermeneutic Lens

Fig 2 : Gemini image generator



Fig 3 : Gemini image generator



Analysis

Stage	Core Focus	Emotional / Symbolic Layer
Pre-Abuse / Nimanstha	Interfamilial conditioning, neglect, silent suffering	Roots of duty and fear
Grishti Jeevan	Marriage, coercive control, motherhood pressure & joy	Love and burden intertwined
Onset & Endurance of DVA	Escalating control, embodied trauma, shame, void in empathy	Survival and suppression
Here and Now	Identity reconstruction, ongoing trauma, mediation, projection of blame	Reflection and reconciliation often for children's sake

Discussion

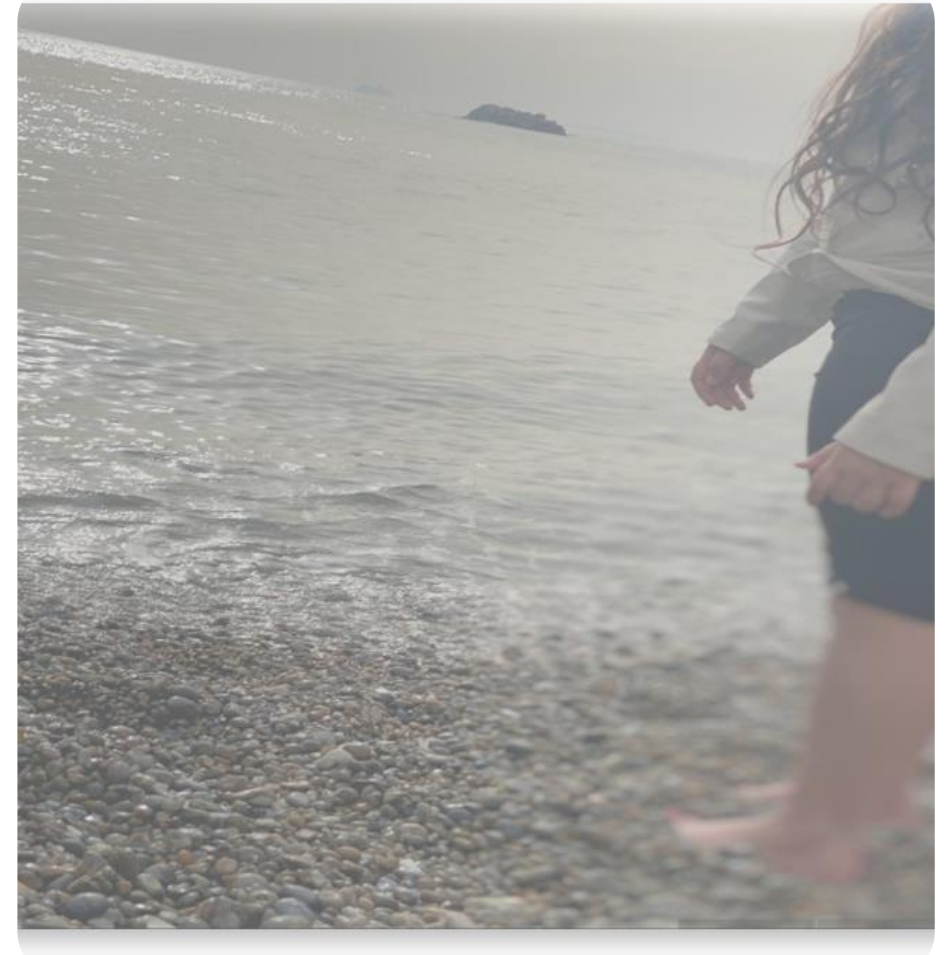


Naming the Truth in Sikh Women's Survivorship

- • **Ambiguous Loss and disenfranchised grief evidence** - Women's voices matter – and their fear of losing their children, concerns about their future is grounded in lived danger, not imagined instability.
- • **Secular violence is not Sikhi** Coercive control is a man's choice, not a Sikh principle. Abuse is secular violence enacted through power, not faith.
- • **Survivors are not 'mentally unwell'** Women are responding to danger created by the trusted man in their lives. They can situate the threat clearly were rarely diagnosed, could articulate the triggers to the pain caused to them. The perpetrators rarely seek support in the unit.
- • **Grihasti reframed** Grihasti honours love, responsibility, and family. A mother centring her children in a threatening situation is not alienation or enmeshment – **IT IS LOVE.**
- • **Systemic harm through 'Failure to Protect'** labels punish women whose every action is for their children. Women are repeatedly told they are failing, even as they are the only ones protecting.
- • **Therapy, community support and mediation during the relationship is yearned for** and out of area, anonymised confidential support is best due to tight community relations. Both CBT and counselling were appraised positively in the main, including the research process.

Recommendations

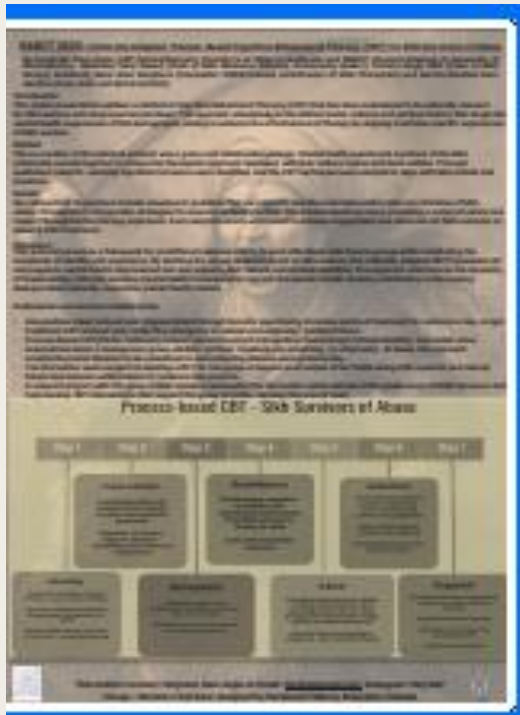
- Offer confidential mediatory and family-based interventions outside formal social services.
- Provide culturally aligned constructive-shame interventions for perpetrators.
- Expand anonymous virtual therapeutic support for survivors.
- Create child-focused emotional support and safety-in-relationship pathways.
- Develop safe accommodation or hostels for men who perpetrate abuse.
- Build service models that support women who stay, recognizing that the Western “broken family” model does not fit and feels ‘coercive’ to access, i.e. Delhi Model of mediation, in low-medium risk cases of DVA.



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Interim Outputs



MISSING POSTER 1!

European
Conference EACBT
-Glasgow

Designed by:
Hard Working
Tattoos, Brampton,
Canada!

Suicide in Women of Sikh Heritage: Working with a Warrior Belief System

By Harjinder Kaur-Aujla, Dr. Tarsem Singh Cooner and Dr. Christopher Wagstaff (University of Birmingham, UK)

Abstract:

Background: The suicide of Mandeep Kaur (USA) has brought this issue to the fore; we extrapolate data from South Asian and Sikh literature to help this group who have a belief system around being a warrior and disseminate our findings to ensure there are some key determinants to detect risk and support women from this community. Religion does not promote suicide; however, the religious and cultural beliefs can inform how we prevent and manage suicide in that group. We adapt the Steve Morgan risk assessment tool for assessing risk to include key risk considerations for Sikh women.

Methods: We embark on a wider scoping review to extrapolate key themes to enable enriched consideration of this issue of Sikh suicide in poster form to help guide providers on this issue. Through this search we balance cultural-religiosity variables to enable risk assessment factors to be considered when working with women of Sikh heritage. We produce a scoping review in the form of a poster to deduce the main factors that face this group. By conducting this review, we present an evidence based 'risk matrix' that can inform risk assessment when working with women of Sikh heritage and supporting their mental health. The matrix will be presented for the first time in poster format at the Global International Nursing Conference in Hong Kong.

Results: There are key themes in the literature that would need inclusion in risk assessment to ensure religious and cultural aspects were considered for this group of women

Conclusion: This need to be mentally strong and desist weakness brings about an anti-thesis when confronted with social problems outside of our control, namely, domestic abuse and resultant social isolation. The warrior mindset is incorporated in this risk tool to help detect factors that innovatively embrace cultural religiosity in practice.

Key Themes in the literature/ Analysis

- ❖ In UK, a higher prevalence of suicide in Sikh and Hindu populations, than Muslim faith. In India, this is the inverse. Statistics should be treated with caution. (Lester)
- ❖ Poor parental understanding of mental health in young children by first generation Sikhs
- ❖ High prevalence of Domestic Violence and Abuse in reported suicides
- ❖ In UK, India- more aggressive forms of suicide- jumping into danger, hanging
- ❖ High levels of psychological shame- including perpetrators and victim
- ❖ The belief of a 'warrior' or 'martyrdom' psychological defence system- preventing access to therapy
- ❖ 'Suffering' and 'sacrifice' as a karmic retribution is in line with injustices incurred political and religious history in India due to 1947 Partisan and 1984 Sikh Genocide
- ❖ Racism and religious discrimination- due to being a minority faith in India and widely dispersed in the diaspora

Results

Risk Matrix- Cultural-religiosity (Sikh) adaptation of Steve Morgan Risk Assessment Tool

Pre-historic factors/ Protective Factors: Family history of suicide and coping, beliefs about suicide/ religion, is religion or family a protective factor or a risk for that individual.

Intent: View of suicide linked to martyrdom, false belief that their act will bring relief to the suffering of self/others, ritualistic beliefs (cultural), 'karmic retribution'.

Means: higher risk, opportunistic, more extreme- hanging, jump in front of vehicles, poison.

Plan: Impulsive, without a plan/ reactive unlike the Western society, a reaction to extreme distress- less predictable, the level of distress would increase the likelihood of an unplanned attempt in this group.

Professional Recommendations

Health professionals are likely to be the first point of contact for this group

There is a global need to ensure suicide risk indicators embrace all cultural religiosity- Sikh faith is one example.

There must be a global dedication of resources for cultural adaptation of our clinical tools in mental health

Minoritized communities deserve the 'gold standard' ethical research and psychological resources that the majority in any demographic utilize

A Systematic Review: Investigating the global lived experiences of women from Sikh heritage who have survived Domestic Violence and Abuse.

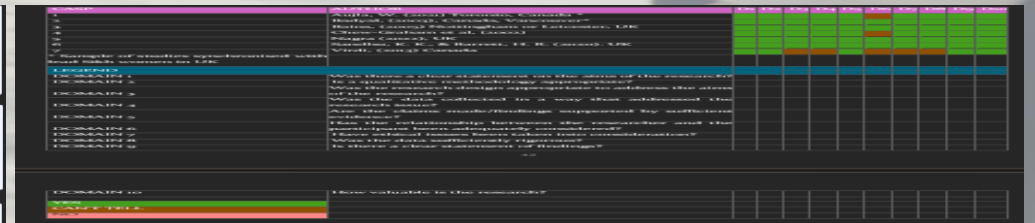
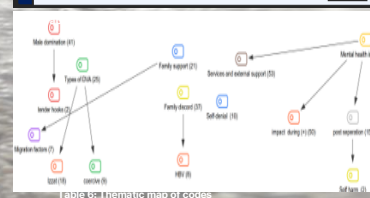
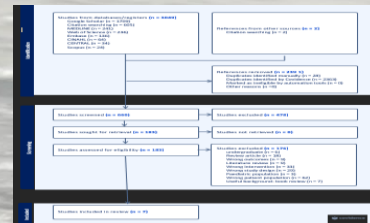
1.1.11.1	1.1.11.2	1.1.11.3	1.1.11.4	1.1.11.5	1.1.11.6	1.1.11.7	1.1.11.8	1.1.11.9	1.1.11.10	1.1.11.11	1.1.11.12	1.1.11.13	1.1.11.14	1.1.11.15	1.1.11.16	1.1.11.17	1.1.11.18	1.1.11.19	1.1.11.20	1.1.11.21	1.1.11.22	1.1.11.23	1.1.11.24	1.1.11.25	1.1.11.26	1.1.11.27	1.1.11.28	1.1.11.29	1.1.11.30	1.1.11.31	1.1.11.32	1.1.11.33	1.1.11.34	1.1.11.35	1.1.11.36	1.1.11.37	1.1.11.38	1.1.11.39	1.1.11.40	1.1.11.41	1.1.11.42	1.1.11.43	1.1.11.44	1.1.11.45	1.1.11.46	1.1.11.47	1.1.11.48	1.1.11.49	1.1.11.50	1.1.11.51	1.1.11.52	1.1.11.53	1.1.11.54	1.1.11.55	1.1.11.56	1.1.11.57	1.1.11.58	1.1.11.59	1.1.11.60	1.1.11.61	1.1.11.62	1.1.11.63	1.1.11.64	1.1.11.65	1.1.11.66	1.1.11.67	1.1.11.68	1.1.11.69	1.1.11.70	1.1.11.71	1.1.11.72	1.1.11.73	1.1.11.74	1.1.11.75	1.1.11.76	1.1.11.77	1.1.11.78	1.1.11.79	1.1.11.80	1.1.11.81	1.1.11.82	1.1.11.83	1.1.11.84	1.1.11.85	1.1.11.86	1.1.11.87	1.1.11.88	1.1.11.89	1.1.11.90	1.1.11.91	1.1.11.92	1.1.11.93	1.1.11.94	1.1.11.95	1.1.11.96	1.1.11.97	1.1.11.98	1.1.11.99	1.1.11.100	1.1.11.101	1.1.11.102	1.1.11.103	1.1.11.104	1.1.11.105	1.1.11.106	1.1.11.107	1.1.11.108	1.1.11.109	1.1.11.110	1.1.11.111	1.1.11.112	1.1.11.113	1.1.11.114	1.1.11.115	1.1.11.116	1.1.11.117	1.1.11.118	1.1.11.119	1.1.11.120	1.1.11.121	1.1.11.122	1.1.11.123	1.1.11.124	1.1.11.125	1.1.11.126	1.1.11.127	1.1.11.128	1.1.11.129	1.1.11.130	1.1.11.131	1.1.11.132	1.1.11.133	1.1.11.134	1.1.11.135	1.1.11.136	1.1.11.137	1.1.11.138	1.1.11.139	1.1.11.140	1.1.11.141	1.1.11.142	1.1.11.143	1.1.11.144	1.1.11.145	1.1.11.146	1.1.11.147	1.1.11.148	1.1.11.149	1.1.11.150	1.1.11.151	1.1.11.152	1.1.11.153	1.1.11.154	1.1.11.155	1.1.11.156	1.1.11.157	1.1.11.158	1.1.11.159	1.1.11.160	1.1.11.161	1.1.11.162	1.1.11.163	1.1.11.164	1.1.11.165	1.1.11.166	1.1.11.167	1.1.11.168	1.1.11.169	1.1.11.170	1.1.11.171	1.1.11.172	1.1.11.173	1.1.11.174	1.1.11.175	1.1.11.176	1.1.11.177	1.1.11.178	1.1.11.179	1.1.11.180	1.1.11.181	1.1.11.182	1.1.11.183	1.1.11.184	1.1.11.185	1.1.11.186	1.1.11.187	1.1.11.188	1.1.11.189	1.1.11.190	1.1.11.191	1.1.11.192	1.1.11.193	1.1.11.194	1.1.11.195	1.1.11.196	1.1.11.197	1.1.11.198	1.1.11.199	1.1.11.200	1.1.11.201	1.1.11.202	1.1.11.203	1.1.11.204	1.1.11.205	1.1.11.206	1.1.11.207	1.1.11.208	1.1.11.209	1.1.11.210	1.1.11.211	1.1.11.212	1.1.11.213	1.1.11.214	1.1.11.215	1.1.11.216	1.1.11.217	1.1.11.218	1.1.11.219	1.1.11.220	1.1.11.221	1.1.11.222	1.1.11.223	1.1.11.224	1.1.11.225	1.1.11.226	1.1.11.227	1.1.11.228	1.1.11.229	1.1.11.230	1.1.11.231	1.1.11.232	1.1.11.233	1.1.11.234	1.1.11.235	1.1.11.236	1.1.11.237	1.1.11.238	1.1.11.239	1.1.11.240	1.1.11.241	1.1.11.242	1.1.11.243	1.1.11.244	1.1.11.245	1.1.11.246	1.1.11.247	1.1.11.248	1.1.11.249	1.1.11.250	1.1.11.251	1.1.11.252	1.1.11.253	1.1.11.254	1.1.11.255	1.1.11.256	1.1.11.257	1.1.11.258	1.1.11.259	1.1.11.260	1.1.11.261	1.1.11.262
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This systematic review aims to examine the global lived experiences of women of Sikh heritage who have survived (DVA). DVA is a global issue for all communities. There is no evidence that DVA is more prevalent in any one religion or race, however, research on sub-groups helps to inform treatment plans and 'healing' mechanisms often used in faith communities.

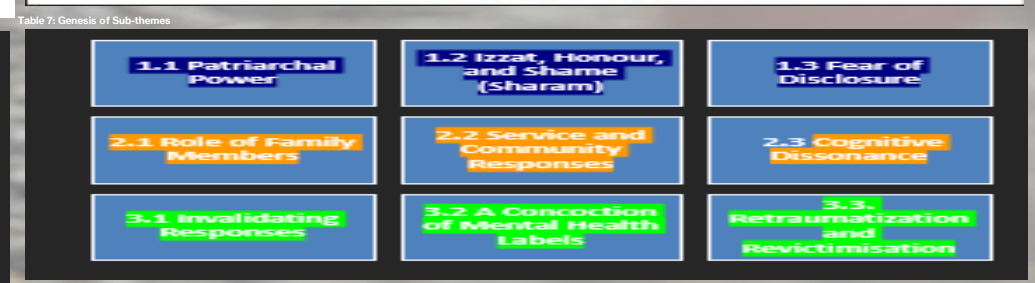
The researcher searched various databases, including MEDLINE, Web of Science, CINAHL (EBSCO), ASSIA (ProQuest), Scopus, Cochrane Library, MEDLINE, PsycINFO, EMBASE (OVID), Google Scholar and citation searching. The searches covered papers only in the period covering 1st April to 25th May 2024

Seven qualitative studies used Braun and Clarke's Thematic Analysis to explore the experiences of twenty-one Sikh women survivors of Domestic Violence and Abuse (DVA). This review extrapolates the key factors that influence the journey of abuse, creating a juxtaposition of 'should I stay, or should I go, and even should I go back', due to the experiences of the Sikh survivors from pre-contemplation to post-separation. The findings indicate that faith plays a significant role in healing for some, and extended family dynamics, especially in-laws, impact their well-being. The patriarchal structure often contributes to psychological distress, and female perpetration of DVA typically involves in-laws. Challenges include trauma from both within and outside the community including izzat, with 'organised family abuse' explaining some female-female abuse instances. Support preferences include engagement with natal family, psychotherapy, and religious connectivity – and individual preferences around South Asian or Mainstream services, despite retraumatisation and revictimisation due to misunderstandings of culture and lack of religious provision.

The extrapolating of Sikh voices on this issue has been difficult, and no community voice should be suppressed amongst hidden sets of data in wider studies, as this review has proved. Rather, this methodology and use of qualitative data methods may lend a hand in researching under-researched populations in future. However, more research is needed in relation to the mental health impact, due to the limited idiosyncratic peer-reviewed studies in this systematic review process - a theoretical lens of intersectionality, anti-racist philosophy and rejection of 'othering' is embodied in the works. Furthermore, service development models need to embrace Sikh religious provision and faith facilities including access to faith articles.

[illegible]

Services and external support



Other Publications- Everything But the PhD

Masih, M., Wagstaff, C., & Kaur-Aujla, H. (2024). The global psychological and physical effects of domestic abuse and violence on South Asian women: A qualitative systematic review. *Frontiers in Global Women's Health*. <https://doi.org/10.3389/fgwh.2024.1365883>

Kaur-Aujla, H. (2026, May 23). Building safer Gurdwaras for women, children and the vulnerable. *Asia Samachar*. <https://asiasamachar.com/2026/05/23/building-safer-gurdwaras-for-women-children-and-the-vulnerable/>

Kaur-Aujla, H & Wagstaff, C (2025) Sikhi(sm): What's Faith Got to Do With It? Domestic Violence and Abuse in Sikh Communities. in J Siebert (ed.), *Abuse in World Religions: Articulating the Problem*. 1st edn, Rape Culture, Religion and the Bible, Routledge, New York, pp. 76-86. <https://doi.org/10.4324/9781003324164-6>

Kaur-Aujla, H & Wagstaff, C. (2025). Sikhi(sm): From Sikhi Spiritual Abuse to Sikhi Spiritual Healing. in J Siebert (ed.), *Abuse in World Religions: Towards Solutions*. 1st edn, Rape Culture, Religion and the Bible, Routledge, New York, pp. 70-78. <https://doi.org/10.4324/9781003324171-7>

Kaur-Aujla, H., Pillon, S. (2025). Ethical Challenges in Mental Healthcare for South Asian, Particularly Sikh, Survivors of Domestic Abuse. In: Faintuch, J., Faintuch, S. (eds) *Business Ethics in the Healthcare Industry*. Springer, Cham. https://doi.org/10.1007/978-3-032-07649-6_41

Kaur-Aujla, H., Lillie, K., & Wagstaff, C. (2022). Prognosticating COVID therapeutic responses: Ambiguous loss and disenfranchised grief. *Frontiers in Public Health*, 10, 799593.

Kaur-Aujla, H., & Wagstaff, C. (2022). Domestic abuse and mental health remain taboo subjects for many Sikhs – with deadly consequences. *The Conversation*.

Kaur-Aujla, H., Shain, F., & Lillie, A. K. (2019). A gap exposed: What is known about Sikh victims of domestic violence abuse (DVA) and their mental health? *European Journal of Mental Health*, 14(1), 179–189.