Surviving ISIS, Surviving the Self

The Moral Injury of Yezidi Survivors

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TABLE OF CONTENTS

Introduction

On August 3, 2014, the Islamic State of Syria and Iraq (ISIS) began an extermination campaign against the Yezidi Community of Northern Iraq. The current estimate is that ISIS killed 3,100 and kidnapped 6,800 Yezidi people during this campaign.[1] 5,800 of these kidnapping victims are women and girls, who have since been subjected to sexual abuse.[2] After years of conflict, ISIS's power hold and territory is gradually lessening. Surviving women are slowly returning to life outside of ISIS captivity. Many of them return traumatized and sick. Health findings suggest that there are a range of symptoms including psychological trauma, physiological illness, and other forms of distress that are not adequately identified and explained in dominant traumatology models. As a student of a holistic approach to mental health, called Moral Injury, I hypothesize that this novel category integrates these three types of symptoms.

This paper is composed of four main sections. The first section is to explain the context and the current situation of the Yezidi Genocide. This portion discusses significant components of the Yezidi value system, recent findings from health-related studies, and introduces the applicability of the Moral Injury Paradigm in interpreting the data. The following section outlines academic literature on Moral Injury, addresses the limitations barring this research, and ultimately argues for the suitability of MI to achieve holistic perceptions of mental illness. The subsequent section summarizes theories of morality. This section is imperative in demonstrating that this argument in favor of MI is not intending to create severance with the biological and psychological advances from the

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[1] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 2.
[2] Kizilhan, Jan Ilhan, "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 517.

Biomedical model, but rather to expand the field into a more comprehensive framework.

The last segment is devoted to the dominant argument. Genocidal rape can cause a

distinct form of Moral Injury due to the destruction or detraction of fundamental

components of one's sense of self.

Recognizing the synthesis of trauma, illness, and other manifestations of distress,

this thesis is the exploration of the Moral Injury Paradigm as an applicable framework in

comprehending the repercussions of this particular form of violence. Further, it explores

the peculiar nature of sexual violence as a unique and under-addressed form of Moral

Injury.

Case Study on the Yezidi Genocide

Introducing Yezidi Culture

The Yezidis (syn.: Yazidis, Ezidis) are an ethnic and religious minority with a

global population estimated to number at around 800,000 -1,000,000.[3] Yezidism is an

ethnologically ancient faith that has elements in Zoroastrianism, Mithraism, and Yarisan

traditions but over time adopted aspects of Gnosticism, Oriental Mysticism, Christianity,

and Islam. Because of this high level of religious syncretism, Yezidism is a "flexible and

adaptable belief system" with no fixed dogmatic-theological categories and systems.[4] The

tradition is predominantly orally communicated, and rarely disclosed to non-Yezidis.

Thus, the religious influences and history are not known with certainty and the few

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[3] Rometsch, Caroline, Jana Katharina Denkinger, Martha Engelhardt, Petra Windthorst, Johanna Graf, Niamh Gibbons, Phuong Pham, Stephan Zipfel, and Florian Junne, "Pain, somatic complaints, and subjective concepts of illness in traumatized female refugees who experienced extreme violence by the "Islamic State"(IS)." *Journal of psychosomatic research* 130 (2020). 1.

[4] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 9.

written texts on the belief system's history cannot be considered normative texts.[56] The

Yezidis traditionally inhabit the Kurdish areas in northern Iraq with a main settlement

around Mount Sinjar.[7] Traditions maintain profound roots to this specific environment

because it is the faith's origin place, individuals visit holy sites in their home villages,

and ritual acts are often sedentary practices. The relationship between practice and place

creates a strong linkage between the group's self-understanding with this ancestral land.[8]

[9]

Some of the faith's traditional understandings are exhibited in social structures.

Scholars describe it as a "rigid caste system" that descends from God into a religio-social

hierarchy of religious authorities and permeates towards all people in the community.[10]

This is rooted in the belief that God is fundamental to all things. The structure of the

social hierarchy mimics the divine hierarchy; this societal practice of religious belief

reflects a deeply religious social environment. In accordance with the caste system there

is the precedent that "every member of the community has a specific role in the social

hierarchy," which conveys theological underpinnings.[11] This social foundation

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[5] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 9.

[6] Taha, Perjan Hashim, and Shameran Slewa-Younan, "Measures of depression, generalized anxiety, and posttraumatic stress disorders amongst Yazidi female survivors of ISIS slavery and violence." *International journal of mental health systems* 14, no. 1 (2020): 2.

[7] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 247.

[8] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 11.

[9] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 261-262

[10] ibid.

[11] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 10.

demonstrates that communal notions and religious observance cannot be disentangled. The Yezidi cultural-societal norms additionally uphold, "high moral conceptions, limitations, and internalized attitudes to 'honor' and the 'violation of honor'," that manifest in relevant rules and beliefs.[12] For example, there is policing over marriage and procreation. Unions between two castes within the Yezidi community are forbidden.[13] Further, relationships between Yezidis and non-Yezidis is strictly forbidden.[14] The religious decree that children must be born out of marriages between two Yezidi parents in order to be considered Yezidi further disincentivizes such marital arrangements.[15] Being simultaneously an ethnicity and a faith system, bloodline transmission and belief cannot be disentangled. If individuals break these social stipulations and other prerequisites, they face ostracization from paradise in the afterlife.[16] Thus, the Yezidi society is arguably, "a male-dominated and community-oriented culture" that adheres to religious oriented social boundaries.[17] The religio-social norms are a mode of continuance; these mechanisms ensure the reproduction of the community and the faith into the next generation. An essential awareness of Yezidism is that it is an orthodoxy of practice and a lived religion rather than textually bound religion of dogma.[18] The social structure reflects the prominence of purity as an aspect of lived religion.

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[12] Ibid.

[13] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 10.

[14] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 8.

[15] Allison, Christine, "The Yazidis." In *Oxford Research Encyclopedia of Religion*. 2017. 11.

[16] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 10.

[17] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 8.

[18] Allison, Christine. "The Yazidis." In *Oxford Research Encyclopedia of Religion*. 2017. 5.

The history of the Yezidi community is continuously marked by ethnic cleansing campaigns, periods of oppression, and states of persecution.[19] This is due to compounding factors: the Yezidis are an ethnic and religious minority situated in a dense population of Sunni Kurds, they are ethnically affiliated with the similarly oppressed minority, the Iraqi Kurds, and due to the dogmatically ambiguous belief system ignorance, fear, and prejudice commonly arise.[20] Persecution emanates from charges of heresy, demon worshiping, idolatry, and other condemnations because the belief system integrates elements from different religions.

The Yezidi Genocide

On August 3, 2014 ISIS attacked the Sinjar area in Northern Iraq in a campaign to purify the region and bring the people under an Islamic Caliphate. The initiative targeted non-Arab and non-Sunni Muslim communities. ISIS subjected the Yezidi population to particularly brutal attacks based on the presence of compounding identities, both deemed incommensurate with ISIS's religio-ethnic objectives, as well as pejorative misrepresentations of the faith system. These factors and the preexisting vulnerably originating in the Yezidi's minority status culminated in a radical extermination initiative.[21]

> The Independent International Commission of Inquiry on the Syrian Arab
> Republic by United Nations Human Rights Council investigated the violations

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[19] Taha, Perjan Hashim, and Shameran Slewa-Younan, "Measures of depression, generalized anxiety, and posttraumatic stress disorders amongst Yazidi female survivors of ISIS slavery and violence." *International journal of mental health systems* 14, no. 1 (2020): 2.

[20] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 262

[21] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 2.

committed against Yazidis and documented that the Yazidi people were subjected to mass killings, rape, sexual violence, enslavement, torture, and forcible transfer, leading them to declare ISIS's crimes against the Yazidis as a genocide.[22]

The current estimate is that ISIS killed 3,100 and kidnapped 6,800 Yezidi people during this campaign.[23]

The tactics against the Yezidis assumed gendered dimensions: "women and girls were (and are) affected by sexual violence, used as a tool of psychological warfare by ISIS, while men were more likely to be killed and boys were trained as child soldiers," and taken into ISIS territories with captured females.[24] Reports from survivors reveal that sexual violence against women ranges from mass rapes, forcible conversions, torture, abduction, sexual slavery, and trafficking.[25] [26] [27] In 2016 the United Nations Human Rights Office of the High Commissioner estimated that, "over 5800 young girls have been abducted, raped, sold in Arab markets, enslaved, or killed" which clarifies that women comprise a majority of the victims.[28] In comparison to the total of kidnapping victims, this also hints that trafficking predominantly targets women.

[22] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 2.

[23] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 2.

[24] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 257.

[25] Rometsch, Caroline, Jana Katharina Denkinger, Martha Engelhardt, Petra Windthorst, Johanna Graf, Niamh Gibbons, Phuong Pham, Stephan Zipfel, and Florian Junne, "Pain, somatic complaints, and subjective concepts of illness in traumatized female refugees who experienced extreme violence by the "Islamic State"(IS)." *Journal of psychosomatic research* 130 (2020). 1.

[26] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 257.

[27] Cheterian, Vicken, "ISIS genocide against the Yazidis and mass violence in the Middle East." *British Journal of Middle Eastern Studies* (2019): 5.

[28] Kizilhan, Jan Ilhan, "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 517.

Nadia Murad is a Yezidi woman who survived abduction and a period as an ISIS sex slave. She received the appointment to the UN as a Goodwill Ambassador for the Dignity of Survivors of Human Trafficking and now works to end war rape, human trafficking, and stigmatization of survivors. In regard to rape, sexual assault, and sex slavery she wrote: "The Islamists knew how devastating that was for an unmarried Yezidi woman. Our worst fears—those of our community and our clergy, so they will not be resumed—have been shamelessly exploited.".[29] By tying individual fears with communal and clerical fears Murad's remarks capture the associations between self & community and communal life & religious practice. An individual's social and religious identity establishes norms, requirements, and roles. This identification is integral to their sense of self as well as their sense of belonging. This quote demonstrates the oneness between self and group that the Yezidi social structure, faith system, and community-oriented culture fosters. Additionally, Murad touches on the irrevocability of these actions: the Yezidi women face a permanent marginalization from their communities on Earth and in the Afterlife.

Rape is an example of psychological warfare; it is "used as a war tactic to demoralize" victims and communities by employing symbolic meanings and values combatively against themselves.[30]ISIS's assault violates elements that construct Yezidi notions of community. This is intentional and serves a vital function in the context of a genocide. Although the rapes occur against women as individuals, it is a destructive

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[29] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 7.

[30] Pappas, James D., "Poisoned dissociative containers: Dissociative defenses in female victims of war rape." *The Psychological Impact of War Trauma on Civilians: An International Perspective. Westport, CT: Greenwood Publishing Group* (2003): 277.

weapon against the community as an entity. This duality occurs because "the life force of a community is harmed by destroying its intimate relations on a family level as well as its reproductive force on a community level. Such attacks are supposed to have a strong symbolic and metaphysical component" that has the capacity to destroy the group. [31] By weaponizing rape and defiling cultural norms ISIS disrupts intergenerational intellectual and biological continuity. Thus, ISIS's attack against the Yezidis demonstrates that the initiative is to systematically destroy the identity of the society. The repercussions of this are thoroughly unpacked in a later section.

This section intended to illustrate Yezidi lived religion. More specifically, to elucidate how integral and interwoven cultural norms, religious ideology, and social personhood are in the Yezidi context. Yezidism is an ethno-religion: it is simultaneously an ethnicity and a faith system. Bloodline inheritance, belief, and membership cannot be disentangled. The implications of this are multifaceted. Religion is lived out and embodied in everyday experience. Due to this, communal notions of identity are the aggregate of religious practice and social roles. This analysis of Yezidism is imperative in fully excavating Moral Injury in the community.

Health Consequences

This section examines research findings on the mental and physical health statuses of Yezidi survivors. The intent is to explore the health implications of traumatic experiences. The health consequences reviewed showcase the role that social environments play. This is foundational in demonstrating that the multidimensional

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[31] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 6.

assaults against Yezidi women result in illness that is not entirely addressed in the biomedical model's constructs. This is because MI has a wide symptom profile of manifestations that are not usually associated with concepts of illness.

Moral Injuries are the experience of distress and various functional impairments after exposure to actions and circumstances that transgress moral values. This definition points to the broad scope of illness described by a MI Framework. Thus, the implications of MI manifest in myriad and complex symptom profiles. MI is a multilayered outcome of a specific sort of trauma; the exposure to such events causes a "lasting psychological, biological, spiritual, behavioral and social impact" on the person and therefore is a syndrome that must be addressed holistically.[32] Findings from "epidemiological studies described a wide range of biological, psychological/behavioral, social, and religious/spiritual sequelae associated with exposure to potentially morally injurious events" which demonstrates the possibility that both internal and external symptoms can appear.[33] Some of these symptoms will fall into the profiles of illnesses conceptualized by the biomedical model because they are distinctly psychological or physiological. However, with a holistic discernment of mental illness, problems that manifest as social and relational issues potentially indicate mental illness. Therefore, it is essential to analyze the presence of both physical, psychological, and sociological symptoms.

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[32] Litz, Brett T., Nathan Stein, Eileen Delaney, Leslie Lebowitz, William P. Nash, Caroline Silva, and Shira Maguen, "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy." *Clinical psychology review* 29, no. 8 (2009): 697.

[33] Griffin, Brandon J., Natalie Purcell, Kristine Burkman, Brett T. Litz, Craig J. Bryan, Martha Schmitz, Claudia Villierme, Jessica Walsh, and Shira Maguen, "Moral injury: an integrative review." *Journal of Traumatic Stress* 32, no. 3 (2019): 350

Studies exhibit an acute propensity in developing illnesses of psychosomatic origins, psychiatric classifications, and non-communicable diseases.[34] [35] Psychosomatic illnesses are general pains such as head, stomach, and back aches; they are often described as chronic pains.[36] Evidence of psychiatric manifestations such as anxiety, depressive symptoms, and sleep disorders is also well documented.[37] Former ISIS hostages who survived experiences associated with captivity — abduction, torture, rape, and sexual slavery — had high rates of probable PTSD (50.9%) and complex PTSD (20.0%).[38] Research points to the wide array of psychological disorders that can be perceived as an outcome of rape. Out of a 296 person sample, "67% suffered from somatoform disorder, 53% suffered from depression, 39% from anxiety, and 28% from dissociation," 49% suffered from PTSD, and 29% expressed sexual dysfunctions.[39] These findings note "somatoform disorder as a cultural aspect to coping with the trauma" which

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[34] Pia Jäger conducted a study to ascertain an understanding of the health conditions of displaced Yezidi women. Jäger generated the research through standardized interviews and tests to understand the women's own understandings of their health-related quality of life, stress, and experienced trauma. The women interviewed expressed significantly below average assessments of their own physical and mental health. Thus this research is beneficial to this paper in that it focused specifically on women, and on the health related outcomes of the stressful and traumatic experiences that women faced as a unique and particular social group.

[35] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 261

[36] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 258.

[37] This research also pointed to a major gap in information and treatment due to stigma that suppresses women's experiences. In discussing the flaws of the research Jäger pointed out that 78.26% of the women interviewed experienced one or more traumatic events, but '17.39% of the women could not answer to at least one of the mentioned incidences, [and] 13.04% did not want to respond to the question about sexual violence,' which demonstrates a margin of potentially undocumented and unaddressed sexual traumas. It also highlights the persistent notions of taboo and stigma present in these post conflict centers.This under reporting effect means that almost all trauma estimates are lower than the actual number of cases.

[38] Hoffman, Yaakov SG, Ephraim S. Grossman, Amit Shrira, Mordechai Kedar, Menachem Ben-Ezra, Mirza Dinnayi, Lee Koren, Rassul Bayan, Yuval Palgi, and Ari Z. Zivotofsky, "Complex PTSD and its correlates amongst female Yazidi victims of sexual slavery living in post-ISIS camps." *World psychiatry* 17, no. 1 (2018): 112.

[39] Kizilhan, Jan Ilhan, "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 523.

presents the possibility that many symptoms remain clinically unexplained.[40] [41] The non-communicable diseases are associated with high levels of stress: hypertension, musculoskeletal conditions, diabetes, and cardiovascular diseases.[42]

It is challenging to label the psychological consequences in this situation, "due to the core impact of rape, which involves the shattering of a person's sense of safety and trust", preexisting worldviews, and their sense of control.[43] MI includes holistic ideologies of health and illness; this expands idioms of illness into a more emotional realm. One example is the incorporation of distress as a legitimate aspect of illness. Yan discusses the MI psychological distress symptoms — "feelings of deeply rooted shame, guilt, and existential struggle" — that are evidence of illness, but not often understood as such.[44] Further, victims express notions of feeling "helpless and detached, that freedom is capitulated and assimilated", and that they will never be the same person again.[45] Trauma can diminish or destroy an individual's trust in worldly constructs such as autonomy, rationality, and expectations. Such an earth altering experience manifests symptoms and feelings such as the experience of "deep distrust in previous relationships, a fearfulness and withdrawal from others, and a lack of safety within their surroundings" which

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[40] Kizilhan, Jan Ilhan. "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 523.

[41] Jan Kizilhan conducted interviews with female Yezidi rape survivors to understand their mental health statuses. This population was interviewed two years after their initial traumas in an IDP camp in Germany.

[42] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 7.

[43] Hagen, Kristen, and Sophie Yohani, "The nature and psychosocial consequences of war rape for individuals and communities." *International journal of psychological studies* 2, no. 2 (2010): 19.

[44] Yan, Grace W., "The invisible wound: moral injury and its impact on the health of Operation Enduring Freedom/Operation Iraqi Freedom veterans." *Military medicine* 181, no. 5 (2016): 451.

[45] Pappas, James D., "Poisoned dissociative containers: Dissociative defenses in female victims of war rape." *The Psychological Impact of War Trauma on Civilians: An International Perspective. Westport, CT: Greenwood Publishing Group* (2003): 278.

includes their environment, person (i.e. their body), and relationships.[46] This may manifest in a lack of interest in social situations and self-inflicted isolation. Additionally, women express outcomes such as "complete loss of self-esteem, deep helplessness, and despair," which are psychological consequences that are related to illness.

The symptom profile of MI displays an array of internalizing problems— depressive psychopathy, social isolation, self-deprecation, and self-punishing emotions. Studies addressing rape survivors in previous conflicts find an array of commonly articulated mental illnesses and psychological consequences. Research indicates a high prevalence of PTSD, anxiety, depression, and suicide ideation. [47] Self-loathing and rejection of one's body can result in self-injurious behavior and suicidal tendencies. Taha employs a psychosocial argument arguing for the necessity of "placing these experiences into the cultural and religious framework of the Yazidis, where any sexual contact or marriage outside the caste or with non-Yazidis is forbidden, [thus] it is clear that one of the most tragic outcomes being suicide may be related to the notion that some of these survivors killed themselves in order not to live with the supposed 'dishonor'" or felt enmity towards their bodies due to a sense of abjection.[48]

Psychological changes can occur as defensive coping mechanisms. Common psychological defenses include "denial, suppression, depersonalization, distancing, and dissociation" that are protective.[49] In *The Psychological Impact of War Trauma on*

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[46] Hagen, Kristen, and Sophie Yohani, "The nature and psychosocial consequences of war rape for individuals and communities." *International journal of psychological studies* 2, no. 2 (2010): 19.

[47] Kizilhan, Jan Ilhan, "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 523.

[48] Taha, Perjan Hashim, and Shameran Slewa-Younan, "Measures of depression, generalized anxiety, and posttraumatic stress disorders amongst Yazidi female survivors of ISIS slavery and violence." *International journal of mental health systems* 14, no. 1 (2020): 2.

[49] Hagen, Kristen, and Sophie Yohani, "The nature and psychosocial consequences of war rape for individuals and communities." *International journal of psychological studies* 2, no. 2 (2010): 19.

Civilians, Pappas discusses female dissociation as a protective response in the aftermath of rape. Pappas defines dissociation as "dividing consciousness" where a victim simultaneously withdraws into herself and alienates herself from her body. This is a psychological mechanism that is a protective response to trauma and is an adaptive coping mechanism.[50] Moral Injury scholar and Professor of Nursing, Dr. Richard Westphal maintains that these defenses function "to protect the ego, the sense of self" that was harmed either in the event of rape, or by the communal response.[51]

Symptoms of Moral Injury are often linked to survivors' perception of social rejection. Research shows that the survivors of enslavement face exacerbated mental illness symptoms; among this population the "perceived social rejection in their community mediated the relationship between traumatic enslavement events and depression symptoms" and general mental illness.[52] [53] Further, the formerly enslaved Yezidi women exhibited "significantly more frequent levels of severe psychological distress, severe depression and anxiety symptoms and higher rates of probable PTSD and

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[50] Pappas, James D., "Poisoned dissociative containers: Dissociative defenses in female victims of war rape." *The Psychological Impact of War Trauma on Civilians: An International Perspective. Westport, CT: Greenwood Publishing Group* (2003): 278.

[51] Dr. Richard Westphal (Professor of Nursing) in discussion with the author, May 2021.

[52] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 1.

[53] Hawkar Ibrahim's 2018 research focused specifically on the women and girls who survived enslavement and other corporeal atrocities during the genocide. The study aimed to understand the mental health of survivors in direct relation to the perceived social rejection that tends to arise in the aftermath of stigmatized atrocities. This study employed interviews to ascertain PTSD and depression symptoms. The instruments used were the validated Kurdish versions of the standard methodologies and scales ascertaining perception of rejection and exposure to trauma were created for the study. Thus, it achieved a beneficial degree of cultural relevance in measuring inputs and mental health symptoms. These results were statistically significant with upwards of 80% of the sample -- even higher for the sub-category of those who escaped enslavement -- expressing symptoms for probable PTSD diagnoses according to the DSM-V. One of the major findings of this research was that the intensity of the traumatic experience (e.g. exposure to events, assault, or enslavement) predicted different levels of mental health symptoms. For example, 'enslavement predicted a worse outcome over and above the effect of traumatic event types' and enslavement, a prolonged and often involving other everyday traumas constitutes as a particularly intense experience. Taking into consideration that the research employed a culturally validated instrument emphasizes the importance of these findings.

self-reported suicidal thoughts" in comparison to the non-enslaved women.[54] [55] These results indicate that mental illness symptoms can also be the result of secondary trauma, a psychosocial consequence of the additional traumatic experience of marginalization. This research demonstrates the amalgamation of the societal and the psychological in constructing mental illness.

This research illuminates a touchpoint to explore the relationships between the socio-cultural context, individual's perception of the context, and the composition of mental illness. The gender dynamic is a particularly beneficial example. Previous studies demonstrate "that the prevalence rates of PTSD and depression are more than two times higher in women than in men" in post-genocide populations.[56] Ibrahim also argues that specific Yezidi cultural factors may have a significant impact on the women's health status. Due to the "male-dominated and community-oriented culture, any intimate relationship outside of their social community is prohibited. Therefore, Yazidi women and girls who have a history of enslavement, rape, and sexual violence may find themselves isolated in the aftermath of enslavement," which may exacerbate preexisting or generate new mental health issues.[57] Thus, while the mental health implications of rape and enslavement are psychological, there is heavy indication that sociological forces are

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[54] Taha, Perjan Hashim, and Shameran Slewa-Younan, "Measures of depression, generalized anxiety, and posttraumatic stress disorders amongst Yazidi female survivors of ISIS slavery and violence." *International journal of mental health systems* 14, no. 1 (2020): 8.

[55] Perjan Hashim Taha conducted similar research to Ibrahim's but sought to compare self-reported and diagnosed mental health understandings of Yezidi women held in captivity against those who hadn't. Thus while Ibrahim and Jäger included displaced women, formerly enslaved, and witnesses to genocide in the same general category, Taha attempts to isolate the trauma related mental health disorders and suicidal behaviors that arise specifically from enslavement and captivity.

[56] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 8.

[57] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 8.

at play as well. Gender, perceived alienation, communal norms, and social restrictions are all sociological aspects that affect the mental health statuses of these survivors. These sociological aspects are intrinsically related to value systems, and MI is a values violation.

This hypothesis has been substantiated in cross cultural analyses. A study posturing the situation of Yezidi survivors in comparison to statistics from studies of rape survivors from conflicts in Rwanda, Darfur, and the breakup of Yugoslavia and showed that the Yezidi outcomes were an outlier. For example, "the prevalence of PTSD was significantly higher than the 16.1% prevalence rate in a study of survivors of sexual violence in Dafur" which in the Yezidi population was at 49%.[58] Kizilihan promotes that the confounding variables that cause such a disparity could be rooted in societal differences between the population such as religious beliefs, cultural norms, and perception of illnesses. One finding particularly relates to the sociological aspects of MI in this population: "more depressive women than men reported feelings of guilt or worthlessness" which are prominent aspects of the psychosocial implications of MI.[59] Jager explains this and other similar research findings by describing the Yezidi culture. "The existing patriarchy and gender roles in the society can be an additional load factor for the Yezidi women. High moral conceptions, limitations, and internalized attitudes concerning 'honor' and the 'violation of honor' can lead to considerable worry and the fear of collective exclusion. In a qualitative approach, a Yezidi woman, in referring to the

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[58] Kizilhan, Jan Ilhan, "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 522.

[59] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 8.

women who had been abducted and raped by ISIS, said: '*They dishonored our women. Even if they return, they return dishonored.*'"[60] [61] Similar research echoes that the Yezidi "women do not necessarily fulfill the DSM-4 criteria for PTSD. Recent studies, as well as [the study's] results, show a much higher severity of traumatization, described by the prevalence number of PTSD, than studies on Syrian Kurdish refugees after torture or refugee samples after rape, e.g., in Rwanda," which upholds previous studies.[62]

The rates of PTSD are not consistent with rates in past cases, which hints that Yezidi women may be suffering from mental and somatic illnesses that are not within the parameters of PTSD or that there is a limitation related to diagnostic labelling. Rometsch argues that research should attempt to move away from DSM criterion and PTSD diagnoses. This is because the DSM-IV criteria and PTSD diagnoses may be slightly reductive in regard to the compounded or particularly severe trauma experiences that Yezidi women experienced in comparison to previous refugee, torture, genocide, and mass rape situations.[63] This research and furthers the argument of many of these other research findings into the realm of MI.

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[60] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019):

[61] Jäger et. al. compiled a review of existing literature on the mental health statuses of all displaced Yezidi victims of ISIS through a systematic excavation of four major databases. The narrative review took into account all articles published after 2014 that discussed mental health and others from any time period that discussed cultural, historical, and religious aspects of Yezidism. Jäger interpreted research findings by describing the Yezidi culture.

[62] Rometsch, Caroline, Jana Katharina Denkinger, Martha Engelhardt, Petra Windthorst, Johanna Graf, Niamh Gibbons, Phuong Pham, Stephan Zipfel, and Florian Junne, "Pain, somatic complaints, and subjective concepts of illness in traumatized female refugees who experienced extreme violence by the "Islamic State"(IS)." *Journal of psychosomatic research* 130 (2020). 6.

[63] Rometsch, Caroline, Jana Katharina Denkinger, Martha Engelhardt, Petra Windthorst, Johanna Graf, Niamh Gibbons, Phuong Pham, Stephan Zipfel, and Florian Junne, "Pain, somatic complaints, and subjective concepts of illness in traumatized female refugees who experienced extreme violence by the "Islamic State"(IS)." *Journal of psychosomatic research* 130 (2020). 1.

This section constructs a generalizable sense of the current health status of Yezidi female rape, sexual assault, and captivity survivors. Interpreting MI as the experience of distress and various functional impairments that are apparent in psychological, biological, spiritual, behavioral, and social spheres, research points to the myriad and complex symptom profile of Moral Injury. The overlap and the connections between the wide range of physiological distress symptoms discussed in this section — depressive psychopathy, psychiatric and psychosomatic disorders, non-communicable diseases, and stress related diseases — and the sociological distress symptoms — shame, guilt, worthlessness, social isolation, perceived social rejection, and suicidal ideation reiterate that the two are fundamentally entangled. A Moral Injury paradigm is situated to accept these sociological distress symptoms as indicators of illness and as facets of a holistic symptom profile.

Understanding Moral Injury

"How does moral injury change someone? It deteriorates their character; their ideals, ambitions, and attachments begin to change and shrink." — Jonathan Shay [64]

To begin a rational application of Moral Injury to the Yezidi case, I will first illustrate the theoretical and scientific literature discussing the notion of Moral Injury and the generally agreed upon constructs.

Limitations

Moral Injury is a relatively recent addition to academic and medical research. Thus, the field remains fraught with dissension, holes in groundwork, and severely limited inquiry. Limitations specifically barring this thesis are the lack of a widely

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[64] Shay, Jonathan, "Moral injury." *Psychoanalytic Psychology* 31, no. 2 (2014): 186.

accepted definition, discord on the symptom profile, and few investigations outside of post-combat, military personnel.[65] [66] However, the field is progressing. The existing work supplies crucial foundations and provides a dynamic template that can be applied to new, underexplored forms of Moral Injury.

Contemporary Literature Discussing Moral Injury

The academic and scientific research on Moral Injury predominantly began under Jonathan Shay. Being one of the first people to conceptualize of this response to harm and attempt to put it to words, Shay's definition and theory is insufficient today, but it laid a foundation for future additions. He defines MI as a psychological trauma that results from an individual either perpetrating or witnessing an event or action that conflicts with their "ideals, ethics, or attachments." [67] In the eyes of the morally injured victim, the stimulus is essentially "a betrayal of 'what's right'," according to their worldview, and is thus deeply rooted in an individual's personal belief system.[68] [69]An individual will display deterioration of character and sociability following a morally injurious experience.

Jonathan Shay laid much of the groundwork for future scholarship but lacked in areas that this thesis attempts to grapple with. One conceptual difference in approaches was that Shay did not address the possibility of individuals being subjected to actions that

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[65] Griffin, Brandon J., Natalie Purcell, Kristine Burkman, Brett T. Litz, Craig J. Bryan, Martha Schmitz, Claudia Villierme, Jessica Walsh, and Shira Maguen, "Moral injury: an integrative review." *Journal of Traumatic Stress* 32, no. 3 (2019): 350-362.

[66] In a scholarly review Griffin et. al. discuss the limitations in the literature surrounding Moral Injury.

[67] Shay, Jonathan, "Moral injury." *Psychoanalytic Psychology* 31, no. 2 (2014): 184.

[68] Shay, Jonathan, "Moral injury." *Psychoanalytic Psychology* 31, no. 2 (2014): 183.

[69] Shay differentiates between two different forms of Moral Injury, one ensuing from perpetrating the act and the other from witnessing. Shay emphasizes moral agency through this severance and the different outcomes that may arise depending on one's perceived agency in the event. Shay employs the concept of betrayal in his differentiation of the two forms: for a witness the morally injurious experience is betrayal by a respected or trusted authority figure while for the perpetrator the MI arises from a betrayal of what they think is right by personally engaging in an action that contrasts with that belief. Betrayal is felt either from a trusted figure or from the self.

could result in Moral Injury. Griffin's work is beneficial in identifying this possibility. He differentiates between injuries claiming that, "Moral Injury might be conceptualized on two continua: (a) the extent to which individuals appraise themselves as having committed moral violations, leading to perpetration-based symptoms and (b) the extent to which individuals appraise themselves as victims of another's transgressive behavior, leading to betrayal based problems."[70] Which is a definition that now includes the perspective of a victim that is wholly external to the situation that caused the trauma. Litz broadened the lexicon and is useful in understanding the spectrum of injuries by discussing potentially morally injurious events (PMIEs). These events are situations in which an individual is involved either through "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" which opens up the realm of possibilities much further than Shay's original concept allowed. [71]

Recent scholarship has also expanded Shay's original definition by focusing on what exactly he meant with the notion of *what's right* and *ideals, ethics, or attachments*. This was his attempt to delineate what the object of harm is. Litz defines this construct as "core beliefs" that are central to the person perceiving Moral Injury.[72] Nash expands this concept by including the notion that "communally shared moral beliefs and expectations"

[70] Griffin, Brandon J., Natalie Purcell, Kristine Burkman, Brett T. Litz, Craig J. Bryan, Martha Schmitz, Claudia Villierme, Jessica Walsh, and Shira Maguen, "Moral injury: an integrative review." *Journal of Traumatic Stress* 32, no. 3 (2019): 355.

[71] Litz, Brett T., Nathan Stein, Eileen Delaney, Leslie Lebowitz, William P. Nash, Caroline Silva, and Shira Maguen, "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy." *Clinical psychology review* 29, no. 8 (2009): 697.

[72] Litz, Brett T., Nathan Stein, Eileen Delaney, Leslie Lebowitz, William P. Nash, Caroline Silva, and Shira Maguen, "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy." *Clinical psychology review* 29, no. 8 (2009): 697.

are an aspect of these *core beliefs,* thus they are not entirely individual beliefs.[73] Carey

echoes this by visualizing MI as a multilateral structure. Carey considers the individual

the first level, and the second level is the organizational level — it is constructed by the

societal and cultural inputs. Thus, a MI occurs, "when serious acts of transgression have

been caused by or resulted in a betrayal of what is culturally held to be morally right,"

and causes a deterioration of these levels — the self and the cultural/societal ideology.[74]

Zust considers MI as a "soul wound" that results from the individual's "conscientious

inability to reconcile the moral dissonance between their idealized values and their

perceived experiences. This wound produces a continuum of exiling behaviors that

damage [individuals'] ability to reconnect with their lives."[75] Zust's definition is

imperative as it emphasizes the role of values in an individual's conceptualization of

what is morally permissible.

      These definitions highlight the trajectory of the growing consensus that individual

beliefs are an outcome of culture, society, and identity. The major conceptual factor that

these Moral Injury theorists provide is that this psychological harm does not occur to an

individual as an isolated individual, but rather it affects a person as a physical

embodiment of a grander thought process. Each person is only one component of the

wider collective in which they are a part. Individuals do not experience MI as a unit, but

rather as a component. Moral Injury cannot exist without value systems, collective

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[73] Nash, William P., Jennifer Vasterling, Linda Ewing-Cobbs, Sarah Horn, Thomas Gaskin, John Golden, William T. Riley et al., "Consensus recommendations for common data elements for operational stress research and surveillance: report of a federal interagency working group." *Archives of physical medicine and rehabilitation* 91, no. 11 (2010): 1677.

[74] Carey, Lindsay B., Timothy J. Hodgson, Lillian Krikheli, Rachel Y. Soh, Annie-Rose Armour, Taranjeet K. Singh, and Cassandra G. Impiombato, "Moral injury, spiritual care and the role of chaplains: An exploratory scoping review of literature and resources." *Journal of religion and health* 55, no. 4 (2016): 3.

[75] Zust, J. L., "The two mirror model: The concept for interpreting the effects of moral injury." In *Fort Leavenworth ethics symposium: the professional ethics and the state symposium report, Fort Leavenworth, Kansas*. 2015. 2.

identities, and moral worlds because people receive and interpret their experiences as a constituent of a particular worldview and ethos.

Delimiting the Use of and Expanding from the Biomedical Model

In this section I will elucidate the explicit reasoning behind my argument for the use of the Moral Injury model in conjunction with the Biomedical model. The MI framework is advantageous as an addendum to the Biomedical model because it allows for the inclusion of lived experience, value systems, and cultural ideology into the assessment of illness. Addressing post-trauma psychological issues and mental illness may be limited without the incorporation of Moral Injury.

Diagnoses such as PTSD, Depression, and Anxiety may be incomplete in addressing forms of illness that Yezidi women experience because they do not consider MI. These disorders and Moral Injury are not mutually exclusive, but the rising influence of MI scholarship represents a gap in current diagnosing. PTSD is particularly important to isolate and discuss on its own. Both PTSD and MI result from traumatic situations and events; they can also coexist. While they can emerge from the same situation, they differ in that they result from different forms of harm and root causes, they manifest in different emotional and physical forms, and they require different treatment methods. The two share many qualities, but they are in fact different and must be treated accordingly. Theologians Zust and Larson differentiated the types of injuries that create PTSD and MI. They concluded that "PTSD is a threat-based injury… Moral Injury is a values-based injury from severe moral dissonance generated by soldiers processing what they *value*, *do*, and *experience*," and are thus completely different forms of psychological traumas

because they have different stimuli.[76] The symptom profiles of the two are different as

well. Post-Traumatic Stress Disorder (PTSD) is the reexperiencing and persistence of

fears, emotions, and physiological responses that occur during mortally dangerous

situations into everyday life although it is removed from and after that event.[77] This is

different from the manifestations of MI discussed in the previous section. Findings

substantiated the differences by demonstrating that the "PTSD symptom profile included

exaggerated startle reflex, memory loss, flashbacks, nightmares, and insomnia whereas

the Moral Injury profile included guilt, shame, anger, anhedonia, and social alienation,"

among military personnel.[78] Some of the symptoms that fall in a MI symptom profile are

not commonly associated with illness. Litz initiated a scientific inquiry into such

differences and in 2018, Litz et al. disaggregated trauma symptoms and type of PMIE.

Studying these results, Griffin argues that "PMIEs are likely not reducible to PTSD or

attributable to fear-based trauma alone," and MI must be approached as a unique and

particular mental illness.[79]

    Drescher determines the entire field of clinical psychology to be inadequate in

discerning phenomena such as MI. This is due to the trend to medicalize societally

problematic behaviors rather than seeking to embrace holistic concepts of wellness such

as moral issues and character.[80] Additionally, medicalization and a focus on biomedical

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[76] Hansen, Christopher, "Glimmers of the infinite: The tragedy of moral injury." *Dialog* 58, no. 1 (2019): 65.

[77] Shay, Jonathan, "Moral injury." *Psychoanalytic Psychology* 31, no. 2 (2014): 184.

[78] Griffin, Brandon J., Natalie Purcell, Kristine Burkman, Brett T. Litz, Craig J. Bryan, Martha Schmitz, Claudia Villierme, Jessica Walsh, and Shira Maguen, "Moral injury: an integrative review." *Journal of Traumatic Stress* 32, no. 3 (2019): 352.

[79] Griffin, Brandon J., Natalie Purcell, Kristine Burkman, Brett T. Litz, Craig J. Bryan, Martha Schmitz, Claudia Villierme, Jessica Walsh, and Shira Maguen, "Moral injury: an integrative review." *Journal of Traumatic Stress* 32, no. 3 (2019): 352.

[80] Drescher, Kent D., and Jacob K. Farnsworth, "A social–functional perspective on morality and moral injury." (2021): 36.

concerns narrows the focus onto the body of an individual. This is limiting particularly in this discussion of MI as "morality can be seen as being intrinsically social and relational. Moral dilemmas and violations inherently reflect how one individual's actions impact others and vice versa. Because of these historical realities, individually focused assessment and case conceptualization may tend to limit awareness of client moral relational issues," and can deter the pursuit of a proper rehabilitation approach.[81] The PTSD diagnosis is less applicable than Moral Injury Paradigms in this case study because it views health and illness as an individualistic phenomenon. A PTSD diagnosis could be limiting when victims interpret their distress and mental illness symptoms as an experience intimately linked to their worldview, value system, religion, culture, or other form of thought process. There is a plethora of individual, psychological repercussions arising from Morally Injurious traumatic experiences; these are explained in part by PTSD and Biomedical frameworks. There is also an additional side to this type of injury that is related to psychosocial and societal issues. The health implications of traumatic, morally injurious experiences demonstrate that illness and health are inherently linked to culture, community, and society. Unlike someone experiencing PTSD, a morally injured person will feel guilt and shame or isolate socially. These differences reflect that seeing syndromes as biological or a psychological illnesses may be limited. MI frameworks address that some illness is related to biology and psychology but is also related to spirituality, sociality, and an individual's culture.

The Bio-Psycho-Socio-Spiritual Model

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[81] Drescher, Kent D., and Jacob K. Farnsworth, "A social–functional perspective on morality and moral injury." (2021): 36.

   This section outlines recent findings on the Moral Injury symptom profile and argues for the focus of the Bio-Psycho-Socio-Spiritual (BPSS) paradigm. As incorporated in the name, this model addresses the concurrence of biological, psychological, social, and religious/spiritual influences and consequences of MI. The consequences can appear internally and externally -- behaviors, beliefs, and physiology may undergo changes in the aftermath of a morally injurious experience. The BPSS model maintains that these consequences are derived from the victims assessment of the assault and their beliefs regarding it as a "transgression of core personal convictions and values, which are often imbued with social or sacred importance, [thus] perpetration- and betrayal-based moral injuries can have a devastating impact on the emotions, relationships, health, and functioning of affected individuals," and cannot be limited only to the biology and psychology of the victim.[82] This holistic model seeks to incorporate the neurobiological mechanisms underlying the physiological changes an individual could undergo; include the integral role of morality, agency, and decision making; and publicize the role of society and culture in both the inputs and outcomes of MI. The BPSS model incorporates the notion that "moral distress is a product of culturally imbued, shared values that are internalized by individuals," and promotes the recognition of communal bonds and social relationships when analyzing MI.[83] Citing different studies on potentially morally injurious experiences, Griffin demonstrates the miscellaneous social problems, relational

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[82] Griffin, Brandon J., Natalie Purcell, Kristine Burkman, Brett T. Litz, Craig J. Bryan, Martha Schmitz, Claudia Villierme, Jessica Walsh, and Shira Maguen, "Moral injury: an integrative review." *Journal of Traumatic Stress* 32, no. 3 (2019): 358.

[83] Griffin, Brandon J., Natalie Purcell, Kristine Burkman, Brett T. Litz, Craig J. Bryan, Martha Schmitz, Claudia Villierme, Jessica Walsh, and Shira Maguen, "Moral injury: an integrative review." *Journal of Traumatic Stress* 32, no. 3 (2019): 357.

harms, and perceptions of support that individuals can exhibit that make MI a sociological phenomenon just as much as it is psychological.

In an integrative review of the present literature, Griffin et. al highlights the interpersonal and social dimensions of MI and promotes the application of the bio-psycho-socio-spiritual model. One study noted the inverse relationship between MI and social functioning. The research demonstrated measurable changes in victims' interpretations of their relationships, changes in quality of relationships, activity with other people, and activity with the community.[84] Loss of trust in and perceived alienation from previous social structures and relationships is a common facet of a MI symptom profile. These relationships and structures vary from intimate interpersonal relationships such as romantic partners, family, and friends to societal constructs such as the government or the community, and even to meta-relationships such as religious belief and spirituality. Shay argues that MI can incapacitate an individual's ability to trust and form attachments to others, their ideals of the world may change, and individuals often report that they expect harmful behaviors from others and society.[85] This is one aspect of MI that is very apparent in the recent research conducted on the Yezidi survivors that was unable to be reconciled or understood by a biomedical model. The high number of women who felt unable to share their experiences, perceived social rejection, and felt social alienation demonstrate that these symptoms are very prevalent amongst this population.

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[84] Griffin, Brandon J., Natalie Purcell, Kristine Burkman, Brett T. Litz, Craig J. Bryan, Martha Schmitz, Claudia Villierme, Jessica Walsh, and Shira Maguen, "Moral injury: an integrative review." *Journal of Traumatic Stress* 32, no. 3 (2019): 350-362.

[85] Shay, Jonathan, "Moral injury." *Psychoanalytic Psychology* 31, no. 2 (2014): 186.

THE BIO-PSYCHO-SOCIO-SPIRITUAL MODEL AND MORALITY

Introduction to Morality

> "Moral systems are interlocking sets of values, practices, institutions, and evolved psychological mechanisms that work together to suppress or regulate selfishness and make social life possible." — Jonathan Haidt [86]

This section delineates theories of morality to structure the central argument of why an assault to morality is an invasive affliction. To fully excavate the human condition as a morally minded being, susceptible to injuries to that very morality, this portion is devoted to theories on the foundations of moral machinery in the brain. Attempting to decipher morality includes employing "the field of moral cognition, which applies the methods of experimental psychology and cognitive neuroscience to illuminate the structure of moral thinking" that is culturally cross-cutting and highlights certain patterns of human nature.[87] Another field that aids in conceptualizing morality is sociobiology. This field seeks to elucidate contemporary social behavior as an outcome of evolutionary psychological mechanisms. This analysis constructs the biological and psychological aspects of individual morality, how these operate at relational, social, and cultural levels, and argues that moral stipulations can in fact transcend into a spiritual sphere. This is essential to the thesis because it illustrates that moral machinery is entrenched in the brain. It performs as a linkage between the self and others as well as a linkage between the self and the communal ideals of self. Thus, Moral Injury, a disruption of these moral beliefs, is incredibly disruptive to an individual's brain

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[86] Haidt, Jonathan, and Selin Kesebir, "Morality." (2010). 70.

[87] Greene, Joshua David. *Moral tribes: Emotion, reason, and the gap between us and them*. (Penguin: 2013), 5.

functioning, which is biological and psychological, and these linkages, which are social

and spiritual.

Morality is Intrinsically Linked to Biology, Psychology, and Sociality

A growing body of research argues that morality operates within certain

cognitions as a particular sub-group of the emotional spectrum. These are moral

emotions. Moral emotions, and thus the structure of morality, are cognitive adaptations

that biologically evolved.[88] [89] Emotions are the compilation and the cumulation of past

lived experiences and moments of learning that are not limited to any one individual.

Moral emotions are innate impulses transmitted through genetically altered neural

systems from biological and cultural ancestors.[90] These emotions are psychological

mechanisms that coevolved with the brain and societal development to help humans

survive as individuals and as social creatures.[91] [92] Drescher delineates a theory of social-

functionalism and its applicability to MI.[93] According to this theory, emotion and

"associated evaluative cognitions are a primary means of coordinating social relations in

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[88] Drescher, Kent D., and Jacob K. Farnsworth, "A social–functional perspective on morality and moral injury." (2021): 37.

[89] Greene, Joshua David, *Moral tribes: Emotion, reason, and the gap between us and them*. Penguin, 2013.

[90] The human brain provides testimony to this and demonstrates the similarities we maintain with our animalistic roots. We are still equipped with animalistic drives, reflexes, and fears because of a combination of brain parts located in the mammalian, primitive parts of the brain — the amygdala and the hippocampus. They have functions that they are constantly performing, which include scanning environments, looking for threats, and telling the body if a situation is recognizable or not. One key function the pair performs is the processing and transcribing of traumatic situations. The amygdala is programmed to tell the body whether to engage in a fight, flight, or freeze response and the hippocampus stores that instance in an emotionally driven, long term, memory system. A person will not remember the details of what happened, but they will remember how they felt and how their body responded. Both fire up by kinetic energy running through neurons connecting to various parts of the brain; particularly impactful instances or repeated situations will create a neural rutt. This is when a connection is made from an experience that is deeply formative or important to the brain that the brain wants to permanently, in a sense, inscribe it and use it for future reference. This fundamentally alters brain wiring, chemistry, and DNA and thus memories, in part, can be passed down from generation to generation. These memories live on today as moral emotions -- our natural instincts and drives.

[91] Drescher, Kent D., and Jacob K. Farnsworth, "A social–functional perspective on morality and moral injury." (2021). 37.

[92] Greene, Joshua David, *Moral tribes: Emotion, reason, and the gap between us and them*. Penguin, 2013.

[93] This is also an evolution-based framework: morality is present in the modern brain as an outcome of various emotive reactions being transmitted evolutionarily.

the service of" responding to rudimentary survival obstacles in human developmental eras.[94] While emotions induce a plethora of feelings & reactions, they are similar because they "are devices for achieving behavioral efficiency…[E]motions produce behavior that is generally adaptive" that spur rapid fire responses.[95]

The social function of moral emotions is pertinent in individual, dyadic, group, and cultural-social levels. Individually, these feelings trigger visceral reactions to natural threats. Disgust evolved to ensure that humans would avoid contaminants such as fecal matter and poisonous foods. Fear triggered physiological changes such as the flight, fright, or freeze reactions.[96] At a dyadic level emotions equip humans with the ability to communicate effectively, form bonds with others, and form deep relationships.[97] For example, empathy and familial love evolved to encourage adults to sacrifice themselves for children in dangerous situations.[98] Anger and social disgust possibly developed to caution people of cooperation with repeat offenders of dishonesty and unfair treatment in small groups. Shame and guilt are self-punishing emotions; they possibly developed individuals learn from mistakes and punish themselves after antisocial actions. If people experienced these emotions after a wrongdoing, they would be less likely to commit those actions again and lessen the risk of being exiled from the group.

Moral emotions are both self-conscious and social-intuitional. There is a myriad of moral emotions that correspond to automatic tendencies to engineer a general pattern

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[94] Drescher, Kent D., and Jacob K. Farnsworth, "A social–functional perspective on morality and moral injury." (2021):37.

[95] Greene, Joshua David, *Moral tribes: Emotion, reason, and the gap between us and them.* (Penguin: 2013), 134.

[96] Drescher, Kent D., and Jacob K. Farnsworth, "A social–functional perspective on morality and moral injury." (2021): 39.

[97] Drescher, Kent D., and Jacob K. Farnsworth, "A social–functional perspective on morality and moral injury." (2021): 40.

[98] Various emotions emerged from different origins, developmental time periods, and natural triggers. Love is arguably one of the oldest emotions. It provides the emotional valence behind the drives that ensure lineage to continue on.

of available responses. This list includes empathy, familial love, social disgust, honor, shame, guilt, judgmentalism, self-consciousness, embarrassment, tribalism, and righteous indignation. These are aspects of human nature that are ultimately "psychological machinery [that] is perfectly designed to promote cooperation" among humans.[99] Moral emotions are distinct from other emotions due to the unique purpose of creating and maintaining relationships. Even the individualistic examples given previously provide a notable social function. Moral emotions relate to survival of individual bodies and the group. They demonstrate that survival of one necessitates the survival of the other. Humans are social animals by necessity; an individual cannot survive without a group and the group cannot survive without healthy individuals. Sociality is indispensable to this, thus humans developed cognitive, emotional, and psychological mechanisms to ensure that a basic structure underpins all relations. Morality evolved as early humans and other pre-human ancestors learned that cooperation with others was more advantageous than other natural drives to act selfishly. Humans learned that they had a better chance of survival when they bonded with others. These moral emotions are present due to a combination of brain parts. Although they developed to solve problems humanity faced before civilization, they now function in modern contexts. Instead of instilling fear of predators we now are afraid of embarrassment, marginalization, and ostracization, instead of disgust towards matter we have social disgust and judgmentalism. Our natural instinct brain is still present and manifests in modern, social problems.

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[99] Greene, Joshua David, *Moral tribes: Emotion, reason, and the gap between us and them*. (Penguin: 2013), 61.

These biological stipulations engineered the human brain to be not only equipped for social relationships and interactions, but dependent on it. Socialization is important in the neurological makeup of the brain. In 1966 Romanian dictator Nicolae Ceauşescu outlawed contraception and abortion; in the subsequent years, demand for orphanages expanded exponentially. Although the government equipped them with material resources, human resources severely lacked. There were not enough caretakers to provide the necessary bonding, one-on-one, or group interactions that children require. Thus, there was substandard social, emotional, and verbalization developmental exposure. The repercussions of a lack of social interaction manifested in an extreme form in the children. Their brain scans displayed low amounts of energy and few connections. Unused brain parts — those designed for language, communication, interaction, and other social skills — were developmentally stunted or completely atrophied.[100] Other brain functions did not move into the gaps, which normally occurs in response to pruning, and the children's brain sizes were about half the size of other children at their age.[101] [102] Essentially, a socially isolated brain is a less healthy brain than one in a rich social

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[100] This case tragically exemplified a characteristic of human evolutionary biology. Brain functions require kinetic energy; energy takes up physical space in the brain. Knowing that there is a finite amount of space in a brain, a brain will devote more space to what it deems important and will lessen activity in places where that energy is not required. This is the mechanics behind the amygdala and hippocampus shutting off the PFC. Over time, the brain will naturally prune off unused areas. Pruning is to give more space and kinetic energy to more important stuff as deemed by that individual's brain. This is adaptive and often beneficial in that it allows a neuro-typical brain on a normal trajectory of human development to form neural rutts and benefit from deeper, learned mechanisms and connections within the brain.

[101] This research was mirrored in an experiment on rat brains that validated this key insight on the mammalian brain. The conditions were replicated with a single rat with many accommodations and a family of rats with little accommodations. When the brain is learning, neurons connect through synapses to other neurons and dendrites splinter off. The family of rats had brains illuminated like webs of lightning — demonstrating high amounts of blood circulating through the brain due to the kinetic energy required to make these brain connections. The single, lavishly living rat had significantly less activity in the brain. This demonstrated in a controlled experiment that socialization is imperative for blood circulation in the brain, higher capacity to learn, and increased developmental trajectories. In Green, Edward J., William T. Greenough, and Barbara E. Schlumpf. "Effects of complex or isolated environments on cortical dendrites of middle-aged rats." *Brain research* 264, no. 2 (1983): 233-240.

[102] Perry, Bruce D., "Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture." *Brain and mind* 3, no. 1 (2002): 79-100.

environment. Human development biologically necessitates social interaction. Employing sociobiological resources furthers the argument for the applicability and the necessity for the BPSS Model as the biological, the psychological, and the sociological cannot be disaggregated. Human nature intrinsically links biology to sociality.

Humans are innately social animals. One study particularly highlights this fact. Hamlin, Wynn, and Bloom created a study for infants less than a year old with four different videos presented to two groups of babies. In one a circle tries to climb up a hill and is unable to until a triangle appears and pushes it upwards. Another video has the same circle but instead of the triangle there is a square that hinders the uphill movement and forces the circle back down the hill. In the other group of babies, the shapes had googly eyes and displayed "self-propelling motions, a sign of being alive and having intentions." After watching the videos, the infants were given triangle and square toys. The results display "that the infants' preferences are specifically social with fourteen out of the sixteen ten-month-olds and all twelve six-month-olds" who watched the videos with character-like representations choosing the helpful triangle. In contrast, the other group displayed no preference. Therefore, "it's helping, not pushing up, that they like, and it's hindering, not pushing down, that they dislike. Thus, at the age of six months, long before they can walk or talk, human infants are making value judgments about actions and agents" and showing behavioral differences that reflect such judgements. This dramatic age demographic accentuates the argument that "their behavior is clearly not produced by conscious reasoning…instead, these judgements are produced by

automated programs, ones that are sensitive to low-level cues. and given how early this machinery comes online, it is almost certainly part of our genetic inheritance." [103]

This section reviewed how Morality is evolutionary at an individual, biological level to achieve non-individualized, societal products. The human brain is now equipped with biological machinery, moral emotions, and innate tendencies. Our brains now require social interaction to be fully functioning, healthy, and prosperous brains. This furthers the argument for the BPSS Model by displaying that biology and psychology are both linked to sociality.

The Role of Cultural Evolution in Value Systems and Morality

Morality is also an outcome of cultural evolution. Emotions are felt at individual levels, group levels, and in an encompassing sense that is best conceptualized as culture. Social Functionalism highlights that morality functions in different societies and situations by accommodating the survivalist needs of that particular community. Thus, this aspect of morality is less generalizable to the human condition and relates more so to a particular group, place, and time. Different types of groups have different inputs of environmental surroundings, climate, food availability and type, and experiences and thus have different outcomes for moral rules. The myriad of human and group experiences around the world contributes to the great diversity in moral visions, belief systems, and values. Different situations can cause varying aspects of the moral machinery to either ignite or subside in the human brain. Cultural differences reflect the reality of moral diversity.[104] [105]

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[103] Greene, Joshua David, *Moral tribes: Emotion, reason, and the gap between us and them*. (Penguin: 2013), 46-48.

[104] Drescher, Kent D., and Jacob K. Farnsworth. "A social–functional perspective on morality and moral injury." (2021): 39.

[105] Greene, Joshua David. *Moral tribes: Emotion, reason, and the gap between us and them*. (Penguin: 2013), 81.

Biologically, morality evolved as the human brain came to value cooperation. Relationships are the foundation of this, but the brain eventually came to value increasingly looser associations. For most human existence, these groups were small in comparison to contemporary groups — categories such as nationality, ethnicity, religion, and political affiliation constitute some of the major demarcations of group membership today. As illustrated in the last section, group making and group maintaining tendencies are wired into the human survivalistic brain. When humans became aware of the fact that it was easier to survive in groups, natural selection started preferencing those equipped with good group ethics. Group making and group benefitting morality manifests in similar emotions as those previously discussed, but these tendencies transcended group level stipulations into broader notions of collective identity. When employing a meta-analysis of group-based moral emotion functionality, it is evident that emotions serve the function of instilling group identity, pride, belongingness, and boundaries which abet the group's ability to carry out initiatives and share goals.[106] Morality is evolutionary in a cultural sense because such notions would bind communities around a value system, structured norms, and widespread practices which arguably made their group a formidable threat against natural predators and other groups. In a Hobbesian sense, the social functionalism of morality allowed humans to transcend the state of nature into civilized society.

Cultural evolution therefore shapes morality as well. Over time, cultural learning became implemented in individual's brains and like biological codifications, similarly

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[106] Drescher, Kent D., and Jacob K. Farnsworth. "A social–functional perspective on morality and moral injury." (2021). 39.

shapes choices and how choices are made.[107] Reasoning is comparable to emotion

because it is also a "psychological phenomenon…[and] it can refer to any psychological

process that leads to adaptive behavior" that can be resourceful to an individual or passed

down genetically.[108] Emotional responses and reasoning are both imperative in

coordinating past learning with present situations. While emotional drives are designed to

approach situations with rapid fire responses to "map environmental inputs onto

behavioral outputs," reasoning is a conscious approach to decision making that "maps the

relevant features of the situation onto a suitable behavior" which is intricately different

from emotion driven responses.[109] Greene considers this the "dual process moral brain"

that is equipped to make decisions using both these automatic and controlled responses

after years of both biological and cultural evolution.[110] The cultural-social level is unique

because,

> this level of analysis differs from the prior level of the group by looking at how
> emotion is shaped over time by historical factors and how emotional experience
> and expression are embedded within, impact, and perpetuate cultural institutions
> and their symbols. Emotion has an important role in mechanisms through which
> individuals adopt cultural identities. Specific cultural beliefs about what are
> appropriate versus deviant emotions appear to motivate culturally desirable
> behavior. For instance, embarrassment motivates conformity to social roles
> deemed 'proper' within the culture (e.g., real men do not cry in public). In
> contrast, disgust motivates the exclusion of those who violate important cultural
> values (e.g., ostracizing service members who shirk their responsibilities to the
> unit). Cultural expectations about emotional experience and expression strengthen

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[107]Greene, Joshua David, *Moral tribes: Emotion, reason, and the gap between us and them*. (Penguin: 2013), 5.

[108]Greene, Joshua David, *Moral tribes: Emotion, reason, and the gap between us and them*. (Penguin: 2013), 136.

[109]Greene, Joshua David, *Moral tribes: Emotion, reason, and the gap between us and them*. (Penguin: 2013), 135-136.

[110]Greene, Joshua David, *Moral tribes: Emotion, reason, and the gap between us and them*. (Penguin: 2013), 131.

and perpetuate cultural traditions, power structures, and hierarchies, while

sometimes ostracizing and viewing groups with different practices as 'other.' [111]

Groups with shared emotional experiences tend to create group mentalities and collective

identities. Over time these feelings become embedded in institutions, memories,

traditions, and practices. All of these aspects create a sense of culture. Foundational

facets of culture such as practices or rites operate to instill and reinforce what it means to

be a member of that identity. Norms of behavior and acceptable actions as well as

positions of deviance and notions of taboo are emotionally driven perceptions of the self,

the other, and the collective.

Applying this to Moral Injury of Yezidi Survivors

The previous section was devoted to the biological and psychological

underpinnings of morality to filly excavate the role of morality. From this section it is

evident that although morality emanated from biological roots, is a structure that is

deeply contextualized in particular situations. A major aspect of morality is cultural,

societal, and group-based. Morality and cultural value systems are now implicated in a

cyclical feedback loop: morality structures culture just as much as culture structures

morality. The moral machinery in individuals' brains suggests an entrenched link

between the self and their society and the self and the cultural notions or expectations of

the self. The human condition is a morally minded being. An assault to this morality is

disruptive to the biological underpinnings, the psychological aspects, and the

societal/cultural connections. Moral Injury is the multifaceted disruption of these deeply

entrenched moral beliefs.

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[111] Drescher, Kent D., and Jacob K. Farnsworth, "A social–functional perspective on morality and moral injury." (2021): 39.

The social function of moral emotions is pertinent in individual, dyadic, group, and cultural-societal levels. The repercussions of MI are felt on these levels as well. At the individual level, emotions and feelings trigger visceral reactions. In the 'Health Consequences' section we can see the linkage between moral emotions such as guilt, disgust, and worthlessness and the somatic reactions. These are both psychosomatic and sociosomatic illnesses and symptoms derived from the repercussions of an assault to morality. At the relational level morality equips humans with the ability to communicate effectively and form bonds with others. From the health studies, it is evident that these surviving women perceive social rejection, are unable to communicate their experiences, and display a loss of trust in peers. At the cultural level, morality is to allow humans to conceive of loose connections, adhere to systems of thought, and embody collective membership. It is evident that these survivors are struggling with maintaining trust in their previous social situations. A loss of trust in the world in general highlights this.

The Unique Moral Injury of Genocidal Rape

Genocide Theory

Raphael Lemkin coined the term "genocide" in 1944.[112] [113] The key factor differentiating genocide from mass homicide is the intent to eradicate an *identity* from existence. It is not merely the murder of individuals, but the intentional killing or erasure of people due to their membership in a targeted social group.[114] As articulated by the United Nations Convention on the Prevention and Punishment of the Crime of Genocide,

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[112] Lemkin, Raphael, *Axis rule in occupied Europe: Laws of occupation, analysis of government, proposals for redress*. The Lawbook Exchange, Ltd., 2005.

[113] His definition included two different but compounding crimes that occur in a genocidal campaign: the crime of barbarity and the crime of vandalism. The former is the physical extermination of the group and the latter is the destruction of a group's cultural heritage.

[114] Jones, Adam, *Genocide: A comprehensive introduction*. (Routledge: 2010), 8-12.

one group intentionally enacting mechanisms to alter "the group conditions of life,

calculated to bring about its physical destruction in whole or in part" is genocidal. This

stipulation means that a perpetrator group inflicting inalterable changes on another

constitutes genocide, not necessarily mass killings.[115] [116] Rape, more specifically rape

campaigns, are non-lethal genocidal tactics.[117]

Genocidal rape is widespread, systematized campaigns in which perpetrators rape,

mutilate, sterilize, and impregnate women from a targeted community. Perpetrators

engage in such brutal tactics because rape is effective in spreading an assorted and

complex series of harms throughout a community. Both the rape and the ensuing

repercussions are formidable examples of something capable of "causing serious bodily

or mental harm to members of the group" which makes it genocidal at individual and

relational levels.[118] Jonathan Matuiitz considers systematic, widespread rape during

conflict "gender communal terrorism".[119] This appellation points to the notion that it

transcends the boundaries of individualized sexual violence. The multiple "symbolic

reasons of war rape have one purpose in common: the cultural elimination of the enemy,

the domination of the enemy through an instrument of terror that causes profoundly

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[115] United States. Congress. Senate. Committee on Foreign Relations. The Genocide Convention : Hearing before the Committee on Foreign Relations, United States Senate, Ninety-Seventh Congress, First Session on Ex. O, 81-1, *The Convention on the Prevention and Punishment of the Crime of Genocide,* Adopted Unanimously by the General Assembly of the United Nations in Paris on December 9, 1948, and Signed on Behalf of the United States on December 11, 1948. Washington :U.S. G.P.O., 1982.

[116] Additional examples of potential tools are the prevention of language transmission and inhibition of birth rates.

[117] Matusitz, Jonathan, "Gender communal terrorism or war rape: ten symbolic reasons." *Sexuality & Culture* 21, no. 3 (2017): 831

[118] United States. Congress. Senate. Committee on Foreign Relations. The Genocide Convention : Hearing before the Committee on Foreign Relations, United States Senate, Ninety-Seventh Congress, First Session on Ex. O, 81-1, *The Convention on the Prevention and Punishment of the Crime of Genocide,* Adopted Unanimously by the General Assembly of the United Nations in Paris on December 9, 1948, and Signed on Behalf of the United States on December 11, 1948. Washington :U.S. G.P.O., 1982.

[119] Matusitz, Jonathan. "Gender communal terrorism or war rape: ten symbolic reasons." *Sexuality & Culture* 21, no. 3 (2017): 830-844.

negative effects on entire communities" which constitutes a specific branch of genocide known as identicide or ethnocide.[120] Identicide is the initiative to destroy a group's identity in a holistic way that includes the destruction of cultural practices, the connection between the community with spaces they inhabit and honor, the relationships among the group that create and sustain the identity, and the cohesion of the group as a whole.[121] [122] These campaigns can be effective in eradicating an identity by destroying rudimentary elements of membership. Rape humiliates and disempowers communities and initiates a chain reaction of internal communal rejection of women. The trajectory of births, language systems, collective memories, and meaning is stunted. Women's bodies are central in engendering the next generation both biologically and culturally and are thus particularly vulnerable in the event of a genocide.

The objective of such campaigns is not physical destruction. Tactics and assaults manifest as physical actions, but the repercussions and intentions are not material. The violence associated with mass conflict is "psychogenic in origin" meaning that it has distinctly psychological roots.[123] The contrast between genocidal war rape and gendercide exposes the psychological intent. Gendercide is the branch of genocide when a specific gender is massacred at a systematic and organized level. The fact that militants intentionally keep women alive validates the premise that genocidal war rape initiatives are psychological. There is a deliberate reverberation: moral destruction.[124]

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[120] Ibid.

[121] Matusitz, Jonathan, "Gender communal terrorism or war rape: ten symbolic reasons." *Sexuality & Culture* 21, no. 3 (2017): 835.

[122] Jones, Adam, *Genocide: A comprehensive introduction*. (Routledge: 2010), 26.

[123] Pappas, James D., "Poisoned dissociative containers: Dissociative defenses in female victims of war rape." *The Psychological Impact of War Trauma on Civilians: An International Perspective. Westport, CT: Greenwood Publishing Group* (2003): 278.

[124] Matusitz, Jonathan. "Gender communal terrorism or war rape: ten symbolic reasons." *Sexuality & Culture* 21, no. 3 (2017): 830-844.

This thesis focuses on women due to the idiosyncratic characteristics of gender dynamics in post-conflict analyses.[125] Understanding "rape as a gender-based act against women where the greater likelihood of being raped, especially during the time of war, is connected to being female" does not negate the presence of other possible rape victims.[126] While men and boys are war rape victims in certain cases, is not as prolific in cases where the initiative is genocide/identicide. Women are targets of *genocidal rape* campaigns due to their ability to procreate and cultural symbolic associations. These associations are particularly heightened during times of conflict and violence; women's bodies are essentially transformed from individual bodies into social, cultural bodies.[127] [128] Women and girls represent their group — national, ethnic, religious, etc. — and by attacking the individuals they attack the group's identity. Thus, women's bodies provide a multiplex access for degradation and destruction. These campaigns have the intention of cutting off the group's ability to reproduce itself and do so by limiting the reproductive capacities of women and girls.

The Socio-Cultural Foundations of Moral Injury Arising from Genocidal Rape

To attempt to assess an individual victim's psychological state in the aftermath of a genocidal rape campaign, one must comprehend the social environment. This notion is

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[125] In this thesis I wanted to explore the relationship between pre- and post- conflict cultural norms in the construction of mental illness. I particularly wanted to understand the evolution of culturally salient aspects; thus the symbolic and moral cultural norms discussed in the Yezidi Background Section are imperative in contextualizing the current situation. Recognizing that periods of conflict are often tied to the increased policing over women's bodies, exacerbated moral demands, and concerns for reproductive order, I intended to have a gendered lens.

[126] Hagen, Kristen, and Sophie Yohani, "The nature and psychosocial consequences of war rape for individuals and communities." *International journal of psychological studies* 2, no. 2 (2010): 14.

[127] Pappas, James D., "Poisoned dissociative containers: Dissociative defenses in female victims of war rape." *The Psychological Impact of War Trauma on Civilians: An International Perspective. Westport, CT: Greenwood Publishing Group* (2003): 277.

[128] Cultures across the globe associate women's bodies with land, territory, and nationhood; the word "motherland" and other uses of language, spatial metaphors coded as feminine, and artistic projections demonstrate a tendency to visualize land and land-based identities as feminine entities

an essential understanding at the root of MI paradigms in that "the social, cultural, and religious environment and individual nurture influence the survivors' reaction" to experiences.[129] Individuals interpret, and process harms they experience within the cultural consciousness of their societies. Their mental states and interpretations of experiences are functions of their group identity. Mental states are the reconciliation of societally constructed meanings and particular events.

There is a persistent nexus between one's value-system and mental health outcomes; "across different conceptual and theoretical frameworks, the association between social factors and psychological trauma" is heavily substantiated.[130] For example, an "international review revealed that the social context of the refugee experience is associated with the refugee´s mental health," and that preexisting societal roles played a role in mediating prevalence of mental illnesses.[131] Particularly for "women over 23 years of age, sexual assault may be something that strikes at the heart of cultural and religious values that are deeply internalized through their socialization" that potentially puts this demographic at risk for developing Moral Injury.[132] These ideals may be a contributing factor in the rates of suicides, mental illnesses and symptoms, and social isolation.[133] [134] Yezidi women and girls who have survived experiences of rape, enslavement, and other forms of sexual violence dwell in a cultural mental space that tells

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[129] Kizilhan, Jan Ilhan, "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 523.

[130] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 2.

[131] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 257.

[132] Kizilhan, Jan Ilhan, "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 523.

[133] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 261-262.

[134] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 8.

them they must not dishonor their community, that they must maintain bodily purity, and that they will no longer be welcomed in their Earthly or divine community if they do not obey.

The societal, the interpersonal, and the individual aspects of Moral Injury in this case build upon each other. Jean Hampton highlights the acuteness of societal sentiments in the perception of MI claiming "that whether an action diminishes another depends not on whether the victim feels denigrated or on the victim's perception of the action, but rather on the interpersonal and cultural determination of the meaning of an act in the context of a particular society."[135] Miller adds an addendum to Jean Hampton's argument and claims that although, "emphasis on the significance of the contextual, interpersonal meaning of the action is instructive, a victim's own sense of denigration and how she perceives the act should receive equal weight. A complicated interplay between culture and individuals means that the extent to which a victim feels denigrated by an act will most likely be grounded in cultural beliefs surrounding that act," but the individual and the collective should not be severed or placed hierarchically.[136] Foundational to this argument is the role of society and culture in creating the conditions in which a rape survivor interprets the assault.

Therefore, societal influences of the Yezidi community must be taken into consideration. As discussed in the Case Study: Background section, the Yezidi community is a community-oriented culture with a male-dominated, patriarchal social structure that maintains itself through marriage prohibitions, internalized attitudes on

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[135] Miller, Sarah Clark, "Moral injury and relational harm: Analyzing rape in Darfur." *Journal of Social Philosophy* 40, no. 4 (2009): 510.

[136] Ibid.

honor, dishonor, violation, and purity, and a theologically bounded moral ideology.

Another structure that could be pervasive and salient in the mental space of Yezidi

individuals is the caste system and the accompanying societal roles that are expected of

community members.[137] [138] [139] The threat of excommunication for marriage and sexual

relations outside of the community, the stipulation that children must be born inside of

Yezidi partnerships, and the value placed on virginity are all significant factors to

deliberate as well.[140] [141] [142] Acknowledging Yezidism as an embodied and lived religion

that is enacted through belief, societal roles, adherence to norms, and simply being is also

crucial. Understanding value systems and moral ideology is imperative in assessing the

potential of Moral Injury.

The Unique Moral Injury Of Rape: It is A Social Death

ISIS attempted to destroy the Yezidi community through an integral component

of social function — the roles of females. ISIS orchestrated gender-based tactics to

disintegrate Yezidi social structures and thwart both cultural transmission and biological

reproduction into the next generation. Genocide theory is useful in understanding that the

Moral Injury of rape can be related to a social death.

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[137] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 261-262

[138] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 8.

[139] Kizilhan, Jan Ilhan, "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 523.

[140] Jäger, Pia, "Stress and health of internally displaced female Yezidis in Northern Iraq." *Journal of immigrant and minority health* 21, no. 2 (2019): 261-262.

[141] Ibrahim, Hawkar, Verena Ertl, Claudia Catani, Azad Ali Ismail, and Frank Neuner, "Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide." *BMC medicine* 16, no. 1 (2018): 8.

[142] Kizilhan, Jan Ilhan, "PTSD of rape after IS ("Islamic State") captivity." *Archives of women's mental health* 21, no. 5 (2018): 523.

Rape can deteriorate the biological and cultural exchange of identity. Biologically, rape has the power to disrupt, destroy, and hijack bloodlines. There are cases where rape inflicts physical harms that preclude women from being able to conceive later in life, but a portion of the inability to reproduce is the cultural or religious stipulations that deem women unfit, abject, and condemnable. The prospects for women to marry, create families, and participate in the intergenerational transfer of identity are limited by societal notions, not necessarily the women themselves. Women's bodies are originally the site of biological reproduction, but in many societies, motherhood transcends from this initial biological sense into a social engagement.[143] After the birth of children, their position is transformed into a role of raising children: they educate children on social norms, cultural traditions, language, religious expectations, and other aspects of the community. Thus, the societal repercussions of rape can result in women's alienation from the cultural aspect of reproduction.

Culture is a coherent identity sustained by intellectual artifacts transmitted from one generation to the next. It is composed of collective memories, shared ideas and beliefs, and a valorization of ancestry, heritage, and meaning behind practices.[144] Collective beliefs manifest in ideologies such as value systems, norms, expectations, taboo, and stigma. These facets all work together to create a cultural identity and map a structure of acceptable and unacceptable behavior to fit into the identity. Societies have particular meanings attached to rites, items, and experiences: marriage, birth order, and

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[143] Colonel William Flavin, Class Zoom presentation to the Religion, Politics, and Conflict Research Seminar. October 27th, 2020.

[144] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 7.

purity are common examples. Similarly, harms and the attached meanings are cultural. Events such as adultery, illness, and murder are often imbued with interpersonal and communal harms.[145] Rape is a powerful example of this; it is intersubjectively interpreted within a culturally rooted consciousness. One aspect of culture is the reenactment and the recreation of the identity to ensure its continuation for posterity. It is the continuous acknowledgement of history as well as the future. In the Yezidi Community, bloodline transmission is also of vital importance.[146] On another level, the relationship between biology and culture can be understood as social vitality. Genocide scholar, Claudia Card considers social vitality the web of transgenerational and contemporary relationships "that create contexts and identities that give meaning and shape to our lives" by situating individuals in their cultural systems.[147] Individuals will understand themselves and their place in the world in relation to their cultural identity. A genocidal rape campaign essentially targets "the connection between the identity of a collective and the ability to determine the meaning of the collectivity's existence" through intergenerational transfers and the sanctity of value systems.[148]

The Yezidi women are, 'primarily responsible for the parenting, they are instrumental in the transmission of cultural heritage,' but when they are denied the ability to reproduce with individuals of their community they are unable to perform this role.[149] Because this is a society in which "virginity and chastity prior to marriage are cherished,

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[145] Hagen, Kristen, and Sophie Yohani, "The nature and psychosocial consequences of war rape for individuals and communities." *International journal of psychological studies* 2, no. 2 (2010): 14.

[146] Jäger, Pia, Claudia Rammelt, Notburga Ott, and Angela Brand, "Narrative review: the (mental) health consequences of the northern Iraq offensive of ISIS in 2014 for female Yezidis." *International journal of environmental research and public health* 16, no. 13 (2019): 7.

[147] Claudia Card, "Genocide and Social Death," Hypatia 18, no. 1 (2003): 63.

[148] Miller, Sarah Clark, "Moral injury and relational harm: Analyzing rape in Darfur." *Journal of Social Philosophy* 40, no. 4 (2009): 514.

[149] Ibid.

rape transforms the victim into a woman inapt for marriage or motherhood;" thus disallowing a central social function of women.[150] The cultural ideology around virginity, chastity, marriage, and motherhood imposes a climate in which rape is stigmatized because it challenges notions of acceptability. Thus in a cultural sense, rape "corrupts women's roles as caretakers of relationships, conveyors of cultural practices, and sustainers of meaning, using these normally nurturing roles against the community" and the women themselves.[151] Thus, rape "can result in a woman's marginalization within the community that has contributed to her sense of purpose, place, and hence identity," and completely flip a victim's self-understanding as a member of that community against themselves.[152] Card argues that "a major loss of social vitality is a loss of identity and consequently a serious loss of meaning for one's existence" because an individual can no longer find their connection in this intergenerational transfer and contribute in the ways they expected to.[153] Card labels this a social death because the social identity of that person effectively dies.

This loss of social identity is a morally injurious experience. When survivors receive such community backlash, they may experience a redoubling or an exacerbation of the initial traumas. The loss of a relationship between individuals and the entire community, the shame, guilt, and humiliation, a sense of rejection are all effective in "thereby increasing psychological harm and bringing about a multitude of individual losses such as loss of identity, place in society, and self-esteem," which are all major

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[150] Matusitz, Jonathan, "Gender communal terrorism or war rape: ten symbolic reasons." *Sexuality & Culture* 21, no. 3 (2017): 838.

[151] Miller, Sarah Clark, "Moral injury and relational harm: Analyzing rape in Darfur." *Journal of Social Philosophy* 40, no. 4 (2009): 514.

[152] Clark, Janine Natalya, "A crime of identity: Rape and its neglected victims." *Journal of Human Rights* 13, no. 2 (2014): 148.

[153] Claudia Card, "Genocide and Social Death," Hypatia 18, no. 1 (2003): 63.

contributions to a Moral Injury.[154] Thus, rape is a particular form of Moral Injury because survivors can be stigmatized to the extent that their preexisting or potential identity is eradicated. An identity, even a potential identity like the potential identity of young women to become wives, mothers, and women contributing to the proliferation of the community, is a form of a value system. MI that may arise in the aftermath of a genocidal rape is the loss of social identity and the expectations and values associated with it.

Through understanding value systems, cultural modes of reproduction, societal roles, and the basics of the social fabric, it is apparent that rape is a particularly morally injurious experience. Gina Messina-Dysert conceptualizes the physical, psychological, social, and ultimately spiritual outcomes a victim may grapple with as a consequence of rape. She employs the Korean term, "han," which is the compressed suffering a victim will perceive from themselves and their society. Suffering in this sense depends on the societal and cultural circumstances.[155] Further articulated as a spiritual death, it is the aggregate effect of a victim's pain that is never adequately expressed, released, or addressed. This is due to the societal responses or lack thereof that may contribute to feelings of shame and guilt, perceived isolation and alienation, and invisibility. Messina-Dysert claims that an inefficient societal response may be in and of itself a secondary traumatic experience. The Yezidi social structure, faith system, and community-oriented culture fosters a psychological unity between self and group. Through embodying a lived religion, individuals continuously construct a linkage between their culture, their beliefs, and their everyday lives. The effect of this is that an individual's social/religious identity,

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154 Hagen, Kristen, and Sophie Yohani, "The nature and psychosocial consequences of war rape for individuals and communities." *International journal of psychological studies* 2, no. 2 (2010): 19.

155 Messina-Dysert, Gina, "Rape and spiritual death." *Feminist Theology* 20, no. 2 (2012): 121.

and the associated norms, requirements, and roles, are integral to their sense of self as well as their sense of belonging in the world. Rape is a particular form of Moral Injury because it can cause harms to this particular sense of the self. Rape results in a communally inflicted social death that can be the onset, exacerbation, or redoubling of Moral Injury.

The Unique Moral Injury Of Rape: It is A Detraction of Moral Standing

A rapist negates the individual victim's subjectivity. The victim loses autonomy over their body, decision-making agency, and human dignity. The intrinsic harm committed is the desubjectification and the dehumanization of another human being. A power discrepancy between two bodies is exacerbated to the point that one person is relegated to a subhuman state while the other is entirely supreme. This is a violent and coercive revocation of human characteristics. This is precisely the reason this could be a unique form of Moral Injury because,

> morally injurious actions deny the equal moral worth of victims. They represent their recipients as having lesser moral standing or unequal moral value. A Moral Injury brings about 'diminishment' that is, the damage that the injurious action causes to either the acknowledgement or realization of a victim's value. Diminishment occurs when the victim is the recipient of behavior that represents her as not having equal moral standing to the perpetrator. [156]

Therefore, rape constitutes as MI because the moral value of an individual is placed below that of another both physically and subjectively. Miller places rape in a Moral Injury framework arguing that "key to the concept of Moral Injury is the idea that human behavior has an expressive function and can negatively affect another's perceived value

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[156] Miller, Sarah Clark, "Moral injury and relational harm: Analyzing rape in Darfur." *Journal of Social Philosophy* 40, no. 4 (2009): 510.

or worth," in multiple ways.[157] Rape can cause self-condemning judgements; survivors

my find themselves wondering if they could have done something to stop it, questioning

their purity and wholeness, or finding themselves abject or worthless. Additionally, and

as discussed in the previous section, other-condemning judgements may arise in regard to

the victim. Judgements from family, friends, and community may worsen the victims'

perceptions of themselves. In moralistic terms, 'rape can challenge survivors' status as

objects of a certain form of moral regard, as well as the extent to which they figure in

others' moral deliberations," both of which can be very harmful.[158]

   Clark argues that "rape constitutes a crime of identity that attacks the victim's

very sense of self," and focuses on male victims of rape and children born in cases of

rape.[159] Analyzing these victim groups, Clark provides a crucial insight on the identity

dynamics that reside in the intent as well as the aftermath of genocidal rape campaigns.

The summary of Clark's argument is that "male rape often robs the victim of everything

that he believes to be the essence of his male identity, thus emasculating him, the child

born of rape frequently acquires a superimposed identity—inextricably linked to that of

the rapist—which impedes the development of his/her own personal identity," which

makes rape not simply a sexual, physical, communal, spiritual violation, but also a

violation that fundamentally alters and impedes the development and continuation of the

self.[160] This thesis is applicable to my line of argument as notions of identity are

intrinsically related to mental states, concepts of self, interpretations of meanings, and

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[157] Ibid.

[158] Miller, Sarah Clark, "Moral injury and relational harm: Analyzing rape in Darfur." *Journal of Social Philosophy* 40, no. 4 (2009): 511.

[159] Clark, Janine Natalya, "A crime of identity: Rape and its neglected victims." *Journal of Human Rights* 13, no. 2 (2014): 147.

[160] Clark, Janine Natalya, "A crime of identity: Rape and its neglected victims." *Journal of Human Rights* 13, no. 2 (2014): 147.

relationships with value systems — all essential components of Moral Injury. From a conversation on subjectivity, perceived moral worth, and identity it is evident that rape can denigrate some of the most crucial components of one's sense of self. This is a Moral Injury.

The Unique Moral Injury Of Rape: It is A Specific Form of Embodiment

Moral Injury may stem from a plethora of experiences, but due to the corporal element of rape there are unique dimensions that must be considered. Rape fully necessitates and implicates the victim's body. This is vastly different from the forms of Moral Injury articulated in academic literature. As opposed to other forms, it simply cannot occur on the basis of witnessing, perpetrating, failing to prevent, or any of the aforementioned causes. Rather it occurs on the basis of power dynamics, coercion, and the unwilful use of one's body against themself. The victims do not merely witness or perpetrate their assault but are forced to play a certain role. There is a role that the victim's body plays in order to make rape occur; rape fully requires the actual body of the victim. It is an experience that is entirely embodied by the victim. This is a challenging argument to provide as I do not mean to imply in any way that this implies consent, willfulness, or culpability. Rather, that there is a particular form of embodiment of rape that could be particularly morally injurious and that opens a route to recognizing a dimension of MI that other PMIEs do not present. The individual victim's body participates in the morally injurious and traumatic experience. The victim's body is the site for the injury, and this is completely irrevocable. They must carry this scar, this knowledge, this difference with them.

The morally injurious experience happened to and within the body. It is an inter-corporeal transfer of power that relegates one's body to a position of absolute inferiority and the other to a position of superiority. Because the victim's body is so heavily implicated in the assault, some victims may struggle with knowing that they were so deeply involved in the action. It can be viewed as a form of self-betrayal or as Miller considers it "a rape victim's sense of complicity" to have one's body be so intimately connected to its own abuse.[161] Rape is a deeply invasive form of attack. It turns the body against itself by forcing the body to participate and bear witness to its own brutalization. Such an assault on bodily autonomy and bodily sanctity attacks and denies basic human rights. Such an attack is not purely physical. This is an inherently emotional and spiritual form of degradation. It is an attack on human dignity and humanity itself. Rape transcends the boundaries of a physical attack; it is distinctly moral and spiritual.

One of the psychological repercussions of trauma and Moral Injury is intimately related to the role of embodiment. The relationship between psychological defense mechanisms and the body may point to the unique role of embodiment in Moral Injury. Following an event, "a victim may suspend and withdraw from external reality to the extent that she no longer owns— or rather disowns and denies— the traumatic experience. She may withdraw as a means to safety, protection, or integrity, and to avoid conscious awareness and responsibility" which is a form of psychological protection. Pappas defines dissociation as, "dividing consciousness — [wherein victims] may lose touch with their present surroundings and are able to dissociate memories and feelings, as well as their memories from bodily sensations" allowing them to disconnect from the

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[161] Miller, Sarah Clark, "Moral injury and relational harm: Analyzing rape in Darfur." *Journal of Social Philosophy* 40, no. 4 (2009): 513.

associations of being within a body.[162] Dissociation is therefore a protective response. This underscores the importance of psychological considerations in morally injurious experiences and responses. The potential for a survivor to alienate themselves from the body as a defensive, coping mechanism suggests a sense of the trauma occurring to the body.

Women's bodies tend to assume coded meanings during times of conflict. These meanings are symbolic and culturally contrived. The culturally coded meanings attached are often reflected in societal perceptions of rape. In some cases, the body represents an entity that had the property of purity or the propensity for defilement. Other cases the body represents a vessel that connects the history, present, and future of a population. Other societies associate the female body as a representation of the land the community inhabits and the ability to control it. However, a culture symbolizes the body may relate to the imagination of harms associated with rape. The consequence of these associations is that an ''intercorporeal transfer and distribution of harm from the victim to the victim's community may take place through the particular way in which the community symbolizes the raped body of the victim."[163] Employing genocide theory furthers this analysis. Embodiment reaches a similarly destructive apex when. Rape initiates "long-term cultural, social, and psychological ramifications" throughout communities.[164] These consequences are capable of disintegrating the group; it "can destabilize the identities and

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162 Pappas, James D., "Poisoned dissociative containers: Dissociative defenses in female victims of war rape." *The Psychological Impact of War Trauma on Civilians: An International Perspective. Westport, CT: Greenwood Publishing Group* (2003): 278.

163 Miller, Sarah Clark, "Moral injury and relational harm: Analyzing rape in Darfur." *Journal of Social Philosophy* 40, no. 4 (2009): 518.

164 Hagen, Kristen, and Sophie Yohani, "The nature and psychosocial consequences of war rape for individuals and communities." *International journal of psychological studies* 2, no. 2 (2010): 16.

meanings that constitute a community, thereby greatly undermining the overall cohesion of that community," to an irrevocable degree.[165]

Women who are experiencing marginalization, isolation, and ostracization may feel complicit in the fragmentation of the social fabric and destabilization of the communal identity. Survivors may feel the burden of communal impacts when the rape they endured has repercussions felt throughout the society. This could be exacerbated when women feel implicated in the assault due to its corporal nature, and when there are strong cultural associations between their bodies and the community. This is largely an outcome of societal stigma; "even though the victim is forced into passivity, women are...blamed for inviting the act," and seen as morally responsible by themselves and others despite the absolute denial of autonomy and choice in the matter.[166] Thus, women may perceive self-blame and a sense of complicity not only in the event of rape but also in the aftermath of communal implications. Their bodies partially participate in the destruction of the group when relationships and group cohesion implode. Seemingly, their bodies are implicated in the unraveling of the social fabric, the communal norms, and the construction of the cultural identity. They may take on the burden of the group's internal struggles believing that their body was the stimulus of the disarray. This is another sense of complicity that can be morally injurious. This can cause a redoubling of the embodied repercussions.

The Unique Moral Injury Of Rape: *The Sections in Conversation With Each Other*

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[165] Miller, Sarah Clark, "Moral injury and relational harm: Analyzing rape in Darfur." *Journal of Social Philosophy* 40, no. 4 (2009): 513.

[166] Diken, Bülent, and Carsten Bagge Laustsen, "Becoming abject: Rape as a weapon of war." *Body & Society* 11, no. 1 (2005): 116.

This section employs genocide theory to aid in articulating unique dimensions of Moral Injury occurring in the Yezidi case. In determining ISIS's campaign as genocidal, it is evident that the crime is an identity-based assault. It is the initiative to harm and stifle individuals based solely on their group membership. The use of genocide theory demonstrates that systematic rape campaigns are an affront against an individual, and the value systems that they represent. The targeting of women highlights the relationship between biology and culture in this context. Such an incursion to one's value system additionally offends humanity and cultural identity. In this section I argued that rape can engender particular and unaddressed forms of Moral Injury. Moral Injuries can arise from the social deaths associated with rape, a perceived moral detraction from event and subsequent interactions, or the belief that because one's body was involved that they themselves were involved.

These sections highlight the roles that culture and society, the essence of human nature, and the relationship with the body that play in Moral Injury. Moral Injury is the experience of distress resulting from a wound to the human spirit and soul. This is inherently cultural, social, physical, essential, and corporeal. Spirituality is the "binding force of the unity between the inner and outer life" that is all encompassing of the human experience.[167] Spirituality links three components of life: the innermost parts of a person — mind, soul, faith, and lived realities — with the entire spectrum of their social life — political, religious, and communal experiences — with the vessel with which they navigate all these realms — their body. This synthesis positions spirituality as "a fundamental dimension of the human being…and the lived experience which actualizes

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[167] Messina-Dysert, Gina, "Rape and spiritual death." *Feminist Theology* 20, no. 2 (2012): 122.

that dimension" in reality.[168] Spirituality is not an out of body experience, but is innately linked to experience, living, forming relationships, witnessing the world, and being inside of a body. Conceptualizing spirituality as a synthesis of these aspects is beneficial in concluding these three sections of the particular Moral Injury of Rape. Understanding Spirituality is akin to understanding morality, both are attempts to construct the idea that the essence of a person cannot be limited to narrow confines. Rather a person is the manifestation of and the embodiment of a historical lineage and an expected continuation of beliefs, customs, and value systems. Spirituality and morality are the connections humans have to creation and the ability to carry that on in life.

Conclusion

Throughout my argument I have attempted to maintain a persistent nexus between individual bodies and culture. I continuously assert that this relationship is not merely an intersection, but a profound entanglement. There is a particular vulnerability that women face during genocidal rape campaigns that highlights this intrinsic and intimate connection. This relationship is very pertinent in an analysis of rape engendering Moral Injury. The connection between biology and culture that is weaponized against communities in genocidal rape campaigns feeds into MI because of the social roles expected of women, the cultural stigmas, and the perceptions of the body. MI can result from the destruction of these expectations, emotions, and value systems. But it can also result from these constructs being wielded against the survivor by the community. The Yezidi case study is an acute exhibit the multifaceted relationship between biology and culture. Because it is an ethno-religion and group membership is based solely on blood,

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[168] Messina-Dysert, Gina, "Rape and spiritual death." *Feminist Theology* 20, no. 2 (2012): 122.

biology and culture literally share a line of transmission. Rape directly threatens this line. Thus, The Yezidi case study may be an ideal type in conceptualizing the Moral Injury of genocidal rape, but potentially enables the broadening of the Moral Injury paradigm.

I have argued that rape engenders harms that are both internal and external to the victim. These are afflictions to the self and the social person that are distinct for being morally harmful. The physical, psychological, emotional, and social repercussions transcend the body of the individual, and additionally impact the person that they represent in a social sphere. Rape penetrates a deeper level of the self that cannot be captured in a singular notion of either the body, psychology, relationships, or community. Of course, the victims will undergo immense psychological and physical injuries, but they may also suffer from a loss of dignity, a reduction of equal moral standing, and an eradication of societal roles. Further, I have attempted to demonstrate that the severance between an individual, their relationships, their community, and their value systems is an artificial demarcation, but holds no weight. These levels of relationality are often represented through differentiation yet exist in a web of entanglement. An individual is the physical embodiment of their relationships, their cultural value system, and the ethos and the worldview of their society. The mental space and the ways individuals interpret their realities cannot be disentangled from one's identity and form of consciousness. Rape transcends the boundaries of an individual attack; it is distinctly social and collective. Rape transcends the boundaries of a physical attack; it is distinctly moral and spiritual.

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