

- Clinical-Theological Guide · For Practitioners

Maintaining Relationships with a *Sexually Abusive Parent*

A Shia Ithna-Asheri clinical-theological guide for trauma-informed practice. Equipping clinicians to work with adult survivors of childhood sexual abuse by a parent who present with religiously-framed guilt about limiting contact.

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VERSION	DATE	AUDIENCE	SCOPE
2.1	April 22, 2026	Clinicians · Chaplains	Adult CSA Survivors

"The pastoral move this guide supports is not a liberalization of the Shia tradition. It is the restoration, in the client's understanding, of Allah's (swt) own justice — a justice that does not require a mazlūma to re-expose herself to her zālim as a condition of religious standing."



Orienting Premise

Clinical-theological synthesis for trauma-informed practice

Complex PTSD

Betrayal Trauma

Shia Ithna-Asheri Fiqh

EMDR · AIP

Moral Injury

Phase-Based Treatment

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- SCOPE & PURPOSE

Audience. Muslim and non-Muslim clinicians (psychotherapists, social workers, counsellors, chaplains, pastoral care providers) working with adult survivors of childhood sexual abuse (CSA) by a parent, who present with religiously-framed guilt about limiting contact or distancing. The guide assumes a Shia Ithna-Asheri client context but its structural arguments are portable.

Scope limitation. This is a clinician-facing resource — not a fatwa, not a client-facing handout, not comprehensive pastoral counsel. For fiqhi rulings binding on a specific client, the client should be referred to a qualified scholar, ideally a trauma-informed one.

SECTION ONE

Orienting the Case

1.1 The presenting structure

The presenting client is typically a female adult survivor of childhood sexual abuse perpetrated by a parent. She may fall anywhere on the spectrum between "rigid" and "flexible" in her interpretation of Islamic law, and is commonly experiencing guilt — about limiting contact with the abusive parent, about considering limiting contact, about having disclosed to anyone, about "negative feelings" toward a parent, or about being unable to perform what she has been told is her religious obligation.

The clinical task is not to resolve a fiqhi question. The clinical task is to create the conditions under which the client can *hold* the fiqhi question clearly. She almost certainly cannot at presentation, because the guilt is doing multiple jobs at once: it is processing a trauma, it is enforcing community-transmitted religious framing, and — as this revised edition makes explicit — it is also defending a family system whose collapse she is unconsciously attempting to prevent. These are distinct phenomena that require distinct clinical interventions.

1.2 What the guilt is made of

In CSA survivors whose perpetrator is a parent, the clinical literature consistently describes a compound presentation. Three layers are usually active; a fourth is frequently present and should be screened for.

01

Trauma-linked self-blame

Developmentally adaptive in childhood — the illusion of control — but maladaptive when it persists into adulthood and interacts with interpersonal betrayal trauma to produce ICD-11 Complex PTSD's "disturbances in self-organization."

02

Community-transmitted religious messaging

Birr al-wālidayn, ṣilat ar-raḥim, qaṭ‘ ar-raḥim, ‘uqūq al-wālidayn — deployed culturally as unconditional obligations. Clients inherit the framing without ever encountering the actual scriptural or fiqhi texts behind it.

03

Family loyalty & traumatic bonding

The pull of the family system itself. Distancing threatens real losses — mother, siblings, extended family, community standing, cultural-religious belonging. The "guilt" is often compressed anticipatory grief for those losses.

04

Moral injury & God-image disruption

"What does it say about Allah (swt) that this happened?" Distinct from the other three and may or may not be present in any given case. When present, it is often the most destabilizing.

These layers amplify each other. Layer 1 tells her it was her fault; Layer 2 tells her distancing is sinful; Layer 3 tells her distancing will destroy the family. All three conclude: *stay in contact*. Unless the clinician addresses each layer as a distinct problem, the client will keep crashing back into "but Islam says I have to..." or "but my mother..." every time trauma processing approaches the guilt. Collapsing the layers into a single "religious guilt" reading is the most common clinical error in this work.

1.3 A formulation diagram the clinician can walk through



The four-layer formulation is the orienting map. Layers 1, 2, and 3 are the ones the clinician can usually move on within the first phase of treatment, though they require different interventions. Layer 4 (moral injury / God-image disruption) is important to watch for and may need its own intervention stream.

SECTION TWO

The Theological Landscape the Client is Inheriting

This section is for the clinician's own orientation. It equips the clinician to hear the client's religious framing and recognize where it has been flattened or distorted relative to the actual textual tradition.

In general, the textual material in this section should not be introduced into the session until after the layered formulation has been named (§4.1) and the clinical alliance is stable enough to hold the material (see §5 on phase-timing).

2.1 Three unexamined premises the client likely holds

Most clients presenting with this kind of guilt hold some version of the following three beliefs, often without having interrogated them:

1. Obedience to parents is religiously absolute.
2. The parent who abused me is still categorically "my parent," which is the primary moral status that governs the relationship.
3. *Ṣilat ar-raḥim* requires close, frequent, in-person contact.

All three are wrong as stated, and each has clear textual grounds to contest within the Shia Ithna-Asheri tradition.

2.2 Premise 1 — "Obedience is absolute"

The Qur'ānic ceiling: Surah Luqmān 31:15. Surah Luqmān is striking precisely because it is a parent (Luqmān the Wise) instructing his own son. In verse 14, Luqmān establishes the baseline of gratitude to parents: "*Be grateful to Me and to your parents; to Me is the (final) destination.*" Verse 15 then immediately places a ceiling on this:

"But if they endeavor to make you associate with Me that of which you have no knowledge, do not obey them but accompany them in (this) world with appropriate kindness and follow the way of those who turn back to Me in (repentance). Then to Me will be your return, and I will inform you about what you used to do."

The structural logic is explicit: *birr* (goodness) and *ma'rūf* (fair conduct) are maintained; *ṭā'a* (obedience) is conditionally withdrawn. This distinction is the whole hinge. The verse is repeated almost verbatim at the Noble Qur'ān 29:8 (Surat al-ʿAnkabūt).

The classical principle extracted by the mufasssīrūn and fuqahā': **parental authority stops at the line where obedience would entail sin against Allah (swt) or harm against the self.** *Shirk* is the paradigm case used in the verses because it is the severest form. But the principle is not limited to *shirk*. It extends to any act in the domain of *ma'ṣiya* (disobedience to Allah (swt)) or *ḍarar* (harm) — and the principle *la ḍarar wa la ḍirār* provides the structural backstop.

The fiqhi codification: as-Sīstānī's two-duty framework

Grand Ayatollah Sayyid ʿAlī al-Ḥusaynī as-Sīstānī has ruled that a child has *two* obligations toward parents, not one:

1. **Iḥsān and financial assistance** — kindness, and helping them if they are needy, providing for their living expenditure, and fulfilling their "religiously compatible wishes" to a normal standard of life.
2. **Raḥma and good conduct** — compassion and avoiding bad behavior in speech and action even if they have done injustice.

Critically, Sistani *distinguishes these from ṭā'a* (obedience) and explicitly rules: "*The personal commands of the parents at their own level are not Wājib.*" He further notes that when parents have "inappropriate characteristics" and disapprove of the child's pursuit of good acts in the world, "such parental annoyance has no effect on the child, and it is not Wājib to obey them."

Sayyid Dastghaib Shirazi, in his influential *Gunahān-i Kabīrah* (Greater Sins), states the same principle with characteristic directness — summarizing the fiqhi consensus that the orders and restraints of the parents carry no weight with respect to wājib acts and divine prohibitions, and that, for example, if parents were to order a child to consume intoxicants or prohibit the obligatory

prayers, such commands must not be obeyed. Dastghaib explicitly grounds this reading in Surah Luqmān 31:15.

- UPSHOT FOR CLINICAL WORK

The client has almost certainly never been taught that Sistani (and the broader mainstream of Shia fiqh) distinguishes between the *two duties that remain* (kindness, good conduct) and the *one category that is conditional* (obedience). This distinction is the foothold that allows her to honor what Islam actually asks of her without recoding distance as sin.

2.3 Premise 2 — "The parent status is the primary moral status"

This premise is what produces the crushing sensation that nothing the parent has done can alter the fundamental obligation. The corrective is that the Islamic moral universe has *another* status that operates at the same categorical level: *ẓālim* (oppressor) and *maẓlūm* (oppressed).

Nahj al-Balāgha, Letter 47. Imām ‘Alī’s (A.S.) will to Imām Ḥasan (A.S.) and Imām Ḥusayn (A.S.), written after he was struck by Ibn Muljam in the masjid of Kufa:

"Speak the truth and act (in expectation) for reward. Be an enemy of the oppressor and helper of the oppressed."

The injunction has no carve-out for oppressors who happen to be kin. It is a universal moral orientation, issued in the gravest register — a final will. The client, in the Islamic moral universe, is not simply "a flawed daughter of a flawed father." She is *maẓlūma* (feminine of *maẓlūm*); her parent, in the act of abusing her, was *ẓālim*. This re-statusing is often the reframe that breaks the guilt open clinically, because it restores the Islamic moral reality rather than imposing a secular one.

The doctrinal principle: *la ǧarar wa la ǧirār*

"There is to be no harming and no reciprocating of harm." This is one of the most important legal maxims (*qawā’id fiqhiyya*) in Shia uṣūl al-fiqh, and it is classified as *mutawātir* — transmitted by so many independent chains that fabrication is considered impossible. It appears in:

- **Al-Kulaynī, *al-Kāfī*, Vol. 5, p. 292, Kitāb al-Mu‘āyasha**

- **aş-Şadūq**, *Man Lā Yaḥḍuruhu al-Faqīh*, Vol. 3, p. 147
- **aṭ-Ṭūsī**, *Tahdhīb al-Aḥkām*, Vol. 7, p. 147

The classical ḥadīth context is the Samura b. Jundub narrative, in which the Noble Prophet (S.A.W.) invalidated Samura's technically valid legal right of access to his palm tree on an Anṣārī's property because the way he was exercising it was causing harm. The principle functions in uṣūl al-fiqh as a *ḥākim* (governing) principle: it overrides secondary obligations where genuine harm is present. Contemporary fuqahā' extend it beyond property to personal harm — and the maxim, by its own logic, cannot be used to require continued contact that constitutes harm to the *maḥlūm*.

2.4 Premise 3 — "Ṣilat ar-raḥim requires close, in-person contact"

This is the most practically important of the three, because even if the first two premises are dismantled, a client can still feel bound by this one.

What ṣilat ar-raḥim actually is. In *al-Kāfī*, Kitāb al-Īmān wa'l-Kufr, Chapter 68 (Good Relations with Relatives), Ḥadīth 1, Imām Abū 'Abdillāh aṣ-Ṣādiq (A.S.) is asked about the Noble Qur'ān 4:1 — "*And fear Allah (swt)... and (fear) the wombs.*" The Imām (A.S.) responds:

"These are the wombs of the people. Allah (swt) commanded its maintenance (bi-ṣilatihā) and magnified it. Do you not see that He connected it to Himself?"

The obligation is real and grave. But the form the obligation must take is not specified. In the fiqhī and ethical literature, *ṣila* (maintaining the bond) is understood to admit of many forms: greeting, supplication, financial assistance where possible, avoidance of active enmity, and — where the relationship is safe — in-person contact.

Dr. Amina Inloes (PhD Islamic Studies, Exeter; MA Programme Leader at the Islamic College London) — in responses on al-islam.org addressing clients in abusive family situations — consistently frames *ṣila* as a broad concept that does not require living in the same home or being in close contact, and that can in abusive situations take the form of more distant ties.

The core point: *ṣila* is the maintenance of the bond's existence, not the rebuilding of face-to-face intimacy with someone who has harmed the client. A supplication for the parent, a brief greeting at Eid from a safe distance, a non-abusive message — each of these can constitute *ṣila*. Total severance, where it happens, is generally triggered by active enmity or ongoing harm — and even then, classical jurists like Dastghaib Shirazi enumerate conditions under which reduced or suspended contact becomes permitted, including being coerced toward the *ḥarām* and suffering serious harm.

On the shadow-side: al-Ḥāliqa

The ḥadīth tradition does issue strong warnings against *qaṭī'at ar-raḥim* (severing the kinship). In *al-Kāfī*, Kitāb al-Īmān wa'l-Kufr, Chapter 142, Ḥadīth 1, Imām Abū 'Abdillāh aṣ-Ṣādiq (A.S.) reports from Rasūlullāh (S.A.W.):

"Beware of al-Ḥāliqa [the destroyer]. I do not mean the shaving of hair, but the shaving (destruction) of religion."

A parallel ḥadīth in the same chapter equates *al-Ḥāliqa* with *qaṭī'at ar-raḥim* itself. These ḥadīth are what the client's community messaging likely draws on — but they must be read alongside the narrower definition of *ṣila* above. What is warned against is the active, hateful rupture of kin bonds — the *taḍāghun* (mutual hatred) that destroys religion itself. What is not addressed is the trauma survivor's protective distance from a perpetrator-parent, which is a qualitatively different act. The ḥadīth warnings address relational posture; the survivor's distance addresses safety.

2.5 What Risālat al-Ḥuqūq adds: the parent has duties to the child

One final piece of textual apparatus that can be transformative in session: *Risālat al-Ḥuqūq* of Imām 'Alī ibn al-Ḥusayn Zaynul 'Ābidīn (A.S.), transmitted by Abū Ḥamza ath-Thumālī and preserved in two recensions — one via Shaykh aṣ-Ṣadūq in *al-Khiṣāl* and *al-Amālī*, the other in Ibn Shu'bah al-Ḥarrānī's *Tuḥaf al-'Uqūl*. The *Risāla* enumerates over 50 rights (*ḥuqūq*) that structure the moral universe of the believer.

On the right of the child (#24): "Know that he is from you and will be ascribed to you, through both his good and his evil, in the immediate affairs of this world. You are responsible for what has been entrusted to you, such as educating him in good conduct (ḥusn al-adab), pointing him in the direction of his Lord, and helping him to obey Him..."

A parent who commits sexual abuse against his or her child has not merely fallen short of parenthood — they have *categorically failed the ḥuqūq obligation* that Islam itself places upon them. The parent-child relationship in Islamic ethics is reciprocal, not unidirectional. This is relevant because it addresses, at the scriptural level, a belief many survivors hold: that the obligation flows only one way, that the parent's status is unconditional while the child's status is purely derivative. Risālat al-Ḥuqūq establishes the opposite: both are duty-bound, and a parent who has failed his or her duty cannot coherently invoke the child's unfulfilled duty as the sole remaining lever.

SECTION THREE

The Fiqhi Spectrum

A fair presentation for clinical work requires representing the spectrum honestly. The client may consult or reference multiple scholarly voices; the clinician should not present a cherry-picked view.

3.1 STRICT-TRADITIONAL

Sayyid Mohammad al-Musawi

Maintains a consistent traditional line: "You should never separate yourself from your parents, but you should be away from their sinful acts." "Hurting any of the parents is one of most dangerous major sins" — regardless of parental abuse. A real position in the tradition; its weakness, applied without trauma-informed modulation, is that it can re-traumatize and does not engage *la ḍarar* or the conditionality of 31:15.

3.2 MAINSTREAM

Sayyid as-Sīstānī

Occupies the middle and clinically defensible ground. Two obligations remain: *iḥsān* (kindness/support) and *raḥma* (compassion/good conduct). Obedience (*tāʿa*) is bounded; personal commands not obligatory; obedience not required when the parent's demand is for the child to abandon obligatory acts or commit the prohibited. Rulings do not require physical proximity or cohabitation.

3.3 TRAUMA-INFORMED

Dr. Amina Inloes

Frames *ṣila* broadly and affirms the survivor's safety. "Keeping ties" does not require living in the same home or being in close contact. In abusive situations, *ṣila* may mean keeping more distant ties — such as occasional technology-mediated contact — rather than physical proximity. The difficulty of leaving abusive situations is acknowledged explicitly, even for the financially independent.

3.4 How to present the spectrum to the client

If the client wants a fiqhi answer specifically, the clinician should be clear about the shape of the field and refer out. In general:

1. **Do not pretend there is no spectrum.** If the client is anywhere in the "rigid-to-flexible middle," she may have heard al-Musawi-style framings and will be attuned to whether she is being given a one-sided picture. Epistemic honesty preserves alliance.
2. **Present the structural principle first** (the Noble Qurʾān 31:15, *la ḍarar*), not the applied ruling. Principles travel; individual rulings sometimes get rejected as "that *marja* ' isn't mine."
3. **Recommend consultation with a trauma-informed scholar** rather than trying to resolve the fiqh in session. Candidates include Dr. Amina Inloes (via al-islam.org), Berak Hussain (RP, Canada — bridges clinical and Islamic frames), and Sr. Masuma Jaffer (qualified chaplain).

SECTION FOUR

The Clinical-Theological Synthesis

4.1 Separating the layers in session

The single most clinically productive move — and what typically needs to happen before any further theological material will land — is to *explicitly name* the layers of guilt. A sample framing:

"The guilt you're carrying — I want to separate a few things that are getting tangled together. One is something your nervous system learned as a child, when it was the only way you could make sense of what was happening. One is something your community has taught you Islam requires. And one, I suspect, is something about what would happen to your family if you stepped back. These are different problems, and they need different kinds of help. Can we try to keep them apart for a little while and see what happens?"

This intervention often produces visible cognitive relief. The client has been treating a compound phenomenon as though it were one monolithic moral verdict; once she sees there are distinct sources, she can consider each on its own terms.

The clinician can then work each layer separately. Layer 1 (trauma-linked self-blame) is addressed with standard CPTSD and CSA protocols — Cloitre's STAIR/MPE sequence, narrative reprocessing, Phase 1/2/3 ISTSS framing — none of which require religious content. Layer 2 (community messaging) is addressed by introducing the principles in §2. Layer 3 (family loyalty / traumatic bonding) is addressed in §4.6. Layer 4 (moral injury) is addressed in §4.5.

- A NOTE ON MODALITY-LEVEL WORK

Cognitive theological reframing (Layer 2) operates at the semantic level. It can shift what the client *believes* about her obligations, but trauma-linked self-blame (Layer 1) is typically held in the trauma memory network at the somatic and affective levels, and cognitive work alone does not reliably resolve it.

The Adaptive Information Processing (AIP) model underlying EMDR proposes that maladaptively stored memories containing the self-blame cognition must be reprocessed for lasting change. For clinicians with EMDR or related somatic-trauma training, the theological work in this guide should be understood as *complementary to* — not a substitute for — reprocessing work.

A common sequence: theological reframing establishes that distance is not a sin (Phase 1 / early Phase 2 stabilization work), which *reduces the cognitive barrier* to processing the shame and self-blame memories (Phase 2 trauma work), which in turn makes the theological reframing available at the *experiential* level rather than just the intellectual one. Clinicians without reprocessing training should consider consultation or co-treatment if the client remains stuck at intellectual-acceptance after the theological material has been introduced.

4.2 Re-statusing the perpetrator as *zālim*

Before she can tolerate the idea that she is permitted to maintain distance, the client often needs to *name what was done to her as zulm*. This is not a moral judgment the clinician imposes; it is an Islamic category the client may not yet have been given permission to apply to her own parent. The move is:

1. Describe (in general terms she controls) what was done.
2. Ask what Islamic category best names that act.
3. Wait.

On the "wait" — titration. This step is clinically powerful but carries risk. With dissociative clients, clients in deep loyalty binds, or clients whose trauma memory is heavily avoided, an open-ended wait can trigger shutdown, compliance ("yes, I guess it was"), or a freeze that reads as refusal. If the client freezes, back off immediately. Do not push. The category can be offered later as a

tentative hypothesis — "I wonder if *ẓulm* is a word that might fit what you're describing. You don't have to answer now. We can sit with it." — rather than as a direct ask. Premature labeling that outruns the client's window of tolerance can re-traumatize. If the client cannot or will not name it as *ẓulm*, that is clinical data: it suggests the dissociation or loyalty-binding (the "pathological loyalty to abuser" pattern Herman describes) is still strong, and the work may need to remain at the stabilization phase (§5) for longer before this move is reattempted. Once she can name it, the reframe in §2.3 becomes usable: she is *maẓlūma*, and her Imām's (A.S.) final will instructs her community to *help* those in her position, not to interrogate their distance.

4.3 Forgiveness is not reconciliation

This is often the single biggest cognitive knot. Both the clinical literature and the Islamic tradition distinguish these, but the client may have conflated them.

The clinical distinction. Worthington's REACH Forgiveness Model and Enright's Process Model are explicit that forgiveness and reconciliation are different constructs. Forgiveness is an *intrapersonal* process: the release of resentment, bitterness, and the desire for revenge. It can happen entirely without contact. Reconciliation is *interpersonal*: the rebuilding of trust, requires the offender's acknowledgment and repentance, and presupposes safety.

The Islamic distinction. Islamic ethical vocabulary makes the same distinction. *ʿAfw* (pardon, release of a personal claim) is an internal act; *ṣulḥ* (reconciliation, restoration of the relationship) is an external one requiring mutual conditions. The Qurʾānic permission to pardon (e.g., 42:40, 24:22) is not a permission to re-expose oneself to harm. The formulaic phrase "*Allāh yaghfiru laka*" — "May Allah (swt) forgive you" — drawn from the ḥadīth tradition on responding to parental mistreatment, is precisely an internal release without any implication of renewed relationship.

4.4 Grief alongside guilt

A standard mistake in the early phase is to treat the client's affect as "all guilt" when a substantial component is grief. The grief is for:

- The parent she should have had.
- The childhood she did not have.
- The self who would have existed if the abuse had not happened.
- The possibility of a reconciled family that is not coming.

This grief is religiously legitimate. The Noble Qur'ān 12:84 records Ya'qūb's (A.S.) grief for Yūsuf (A.S.) until "his eyes whitened with sorrow"; Imām Zaynul 'Ābidīn (A.S.) in *Ṣaḥīfa as-Sajjādiyya* models supplicating from within grief rather than bypassing it. Unnamed grief tends to come out as guilt. Named grief tends to metabolize.

4.5 Watch for moral injury and God-image disruption

Moral injury — originally developed by Jonathan Shay in the context of veterans' experience of *betrayal by authority*, then extended by Brett Litz and colleagues to include *perpetration and witnessing*, and refined by Jinkerson to emphasize the cluster of guilt, shame, spiritual/existential conflict, and loss of trust — is directly applicable to CSA by a parent. The parent held "legitimate authority in a high-stakes situation" and committed "betrayal of what is morally right" — the precise Shay definition.

The spiritual/existential arm of moral injury often shows up as *God-image distortion*: "Where was Allah (swt)?" "If Allah (swt) knows everything, why didn't He stop it?" "Is Allah (swt) like my father?" The last question is the most clinically dangerous because it imports perpetrator-features onto the Divine and can collapse the client's whole religious framework. If these questions appear, treat them as moral injury, not doubt. Pargament's positive/negative religious coping distinction is the relevant framework: positive religious coping correlates with decreased distress and post-traumatic growth; negative religious coping (feeling abandoned by God, punished by God) correlates with the opposite. Bryant-Davis and Wong's *Faith to Move Mountains* is a strong synthesis for clinicians working in this space.

If God-image work is needed, consider a referral or co-consultation with a trauma-informed Muslim chaplain or scholar. This is not territory to handle with standard CBT tools alone. ACT (Acceptance and Commitment Therapy) values-work, IFS (Internal Family Systems) parts-work with the "God-image part," and EMDR targeting of the specific God-distorted memory or belief have all been used adjunctively — but the core work requires someone who can hold both the trauma and the theology without collapsing one into the other.

4.6 The family loyalty / traumatic bonding layer

Layer 3 is often underestimated because it does not present as "religious" or as "trauma" in obvious ways. It presents as a kind of fatigue and inevitability. The client says things like "My mother won't forgive me if I pull back", "I'll lose my siblings", "The family will fall apart", or — most

revealingly — *"It's easier to just put up with it"*. These are not abstract statements. They are usually accurate forecasts of real losses.

Why it is distinct from Layers 1 and 2. A client can have intellectually accepted that the abuse was not her fault AND have intellectually accepted that Islam does not require unconditional contact AND still be unable to act on either, because Layer 3 is live. Layer 3 is not about what she *believes*; it is about what she *stands to lose*.

What to do

1. **Name it as a third, distinct layer.** "I wonder if, beneath the guilt about whether it's sinful, there's also grief about what stepping back would cost you. Your mother. Your siblings. Your standing. Holidays. That grief is real. It's not the same as sin."
2. **Do not rush to "resolve" it.** The losses are often real. The clinical move is to help her see the costs clearly, to see that they are grief-worthy, and to hold them alongside the costs of remaining in the current configuration.
3. **Introduce the family systems frame where appropriate.** The family has, in many cases, organized itself around not-knowing, or around a narrative the client's disclosure contradicts. The client is being asked, implicitly, to hold the secret for the system.
4. **Screen for traumatic bonding.** Herman's framework — fear-gratitude oscillation, identification with the aggressor's worldview, over-responsibility for the abuser's feelings and wellbeing — can show up in subtler forms with parental CSA.
5. **Do not deploy theological material to override grief.** If the clinician says "but the Qur'ān allows you distance" while Layer 3 is hot, the client will hear it as "your losses don't matter." They matter. The theology belongs alongside the grief, not on top of it.

4.7 The non-protective parent

Many CSA clients have both an abusive parent and a non-protective parent who knew (or should have known) and did nothing. The survivor's guilt frequently has as much to do with distancing — or even simply disclosing — the *complicit* parent as the *perpetrator* parent.

Clinical reality. In some cases, the non-protective parent is also a survivor of abuse (often by the same perpetrator or within the same family system) and is operating from her own trauma-based paralysis. In others, the non-protective parent made an active choice to prioritize reputation, financial security, or loyalty to the perpetrator over the child's safety. The clinical response is

different in each case, but the *client's* felt sense is often the same: "She should have protected me. She didn't. I don't know what I owe her."

Theological reality. The Risālat al-Ḥuqūq frame applies in full force here. Imām Zaynul ‘Ābidīn's (A.S.) enumeration of parental duties — to educate in good conduct, to point the child toward Allah (swt), to help the child obey Him — assumes protection as a baseline. A parent who did not protect her child from abuse has failed the *ḥaqq* (right) even if she did not herself commit the abuse.

Session considerations

- Let the client name her relationship with the non-protective parent as a separate question from her relationship with the perpetrator. They may have very different contours.
- Do not assume the non-protective parent is "less responsible" because she was not the one who acted. The betrayal trauma of being unprotected is sometimes more disorganizing than the abuse itself — well-documented in the betrayal trauma literature (Freyd and colleagues).
- If the client carries anger at the non-protective parent that she is unable to direct at the perpetrator (a common displacement), name it gently.
- Watch for cases where the non-protective parent, once confronted, becomes an ally. This does happen and can reshape the clinical picture significantly.

4.8 The deceased parent

A substantial proportion of adult CSA survivors only enter therapy after the perpetrator (or the non-protective parent) has died. The "ongoing contact" framing then does not apply, but the guilt frequently *intensifies* rather than resolves.

- **No possibility of repair.** The client may experience this as permanent closure of a door she did not want open but did not want fully sealed.
- **Survivor's guilt.** "I outlived them." "I am relieved, and that is wrong." The relief is developmentally appropriate and clinically expected; the guilt about the relief is itself a layer to work with.
- **Complicated grief with traumatic features.** Prolonged Grief Disorder (PGD) criteria apply. The grief is not "simple" grief; it is grief intermixed with trauma content, ambivalence, and unfinished business.

- **Religious obligations post-death shift but do not disappear.** *Du‘ā‘*, charitable acts on their behalf, and recitation of the Noble Qur‘ān are considered acts of *ṣīla* toward a deceased parent. For a survivor client, these may be held in abeyance, approached selectively, or embraced in modified form.
- **The community frame does not soften.** In some cases, community messaging intensifies: "You should be making *du‘ā‘* for him every day." "You should forgive now that he's gone." These messages bypass the fact that forgiveness is an internal process that cannot be commanded on a schedule.
- **The disclosure question often re-emerges.** Clients who did not disclose while the parent was alive often face a fresh decision after death: tell the family now or keep the secret.

A note on memorialization. Funeral rites, the fortieth-day commemoration, death anniversaries, and *majālis* (mourning gatherings) are all moments that can be acutely destabilizing for a survivor client. Advance planning for these events is appropriate Phase 1 stabilization work.

4.9 Safety and scope

Basic safety assessment, which should be part of every session on this topic:

- **Current contact status.** Is there any ongoing contact, even remote? If yes, is the contact safe? Is the client being coerced or pressured into contact by other family members?
- **Other children at risk.** Does the perpetrator have access to any other children in the extended family? If yes, there may be a legal reporting obligation depending on jurisdiction. Check against your professional college's standards (e.g., OCSWSSW for registered social workers or CRPO for registered psychotherapists in Ontario) and against local mandatory reporting legislation (e.g., CAS thresholds under the *Child, Youth and Family Services Act* in Ontario).
- **Client's own children.** If the client has children, is the perpetrator-parent ever around them? The same framework from §2.5 (*Risālat al-Ḥuqūq*) now applies in reverse: she owes *her* children the *ḥuqūq* her parent failed in hers.
- **Suicidality, self-harm, substance use** — standard CPTSD screening.
- **Intimate partner considerations.** If the client is married, her partner's relationship to the perpetrator-parent (pro-contact, pro-distance, pro-reconciliation, unaware) is a significant variable.

These questions are not optional in a case of this shape. They are the scaffolding inside which the theological work can happen safely.

4.10 Countertransference

Clinicians working this territory can experience a range of countertransference reactions that interfere with the work. Because the material is emotionally charged, the relational dynamics are highly structured, and the intersection of trauma and religion is destabilizing to many clinicians' own frames, explicit attention to countertransference is essential.

Common patterns

- **Over-identification with the client.** Particularly for clinicians who share community background, religious tradition, or similar family-of-origin dynamics. Risk: loss of neutrality; subtle pressure on the client to make the choices the clinician wishes she had made.
- **Vicarious moral outrage.** An appropriate human response but clinically contraindicated if it leaks into the room. The client needs the clinician's steady presence, not outrage.
- **Retreat to safer cognitive work.** Some clinicians unconsciously pull the work toward CBT-style cognitive restructuring when the actual clinical indication is affect-tolerance and somatic processing.
- **Rescue fantasies.** The desire to "save" the client typically disempowers her.
- **Identification with the abuser.** Rarer but more dangerous. Subtle minimization ("he was probably doing his best"), premature push toward forgiveness, or unacknowledged alignment with the parent's perspective. Consultation is immediately indicated.
- **Community-of-origin complications.** A Muslim clinician in a small Shia Ithna-Asheri community may personally know the client's family or scholars. Not disqualifying, but requires explicit management; dual-relationship considerations apply.
- **Theological discomfort.** Clinicians who do not share the client's tradition may either avoid the religious material or over-engage with it. Honest acknowledgment of one's level of familiarity, combined with humble learning, is the better posture.

Regular supervision is a non-negotiable for sustained work with this population. Peer consultation with clinicians who share the cultural-religious context is particularly valuable and should be actively sought.

SECTION FIVE

Phase-Timing Guidance

The interventions described in §4 and §6 are powerful but phase-dependent. Deploying them in the wrong sequence can harm clients.

The following is a general phase map drawn from the ISTSS three-phase framework for CPTSD, adapted for this specific clinical picture.

PHASE 01 – EARLY

Stabilization, Safety, Skills

- The four-layer formulation (§4.1) named with the client.
- Safety assessment (§4.9), including reporting-obligation analysis.
- Layer 3 / family loyalty work — name the losses at stake; do not pressure decisions about contact.
- Distress tolerance and affect regulation skill-building (Cloitre STAIR).
- Psychoeducation on CPTSD and traumatic bonding.
- The *ẓālim/maẓlūm* reframe is generally premature in Phase 1.

PHASE 02 – MID

Trauma-Focused Processing

- Theological reframes (§2.2, §2.3, §2.4) as readiness signals.
- The *ẓālim/maẓlūm* reframe lands best in early-to-mid Phase 2.
- The 31:15 move (§6.2) and the *ṣīla*-broadening move (§6.3) in mid-Phase 2.
- Trauma memory processing (EMDR, TF-CBT, NET, or equivalent).
- Continued Layer 3 grief work as losses become concretized.

Integration, Reconnection, Meaning

- The forgiveness/reconciliation distinction (§4.3, §6.4).
- Post-traumatic growth and meaning-making work.
- Grief move runs through all phases but is most productive here.
- Moral injury / God-image work if still active.
- Decisions about contact, disclosure, and long-term family positioning.

- ON NON-LINEARITY

The three-phase model is heuristic, not prescriptive. Clients loop through phases, regress under stress, and sometimes do "Phase 3" work spontaneously in a Phase 1 session. The clinician's job is to *track* which phase the work is currently in at a given moment and calibrate interventions accordingly, not to force the client through phases in order.

SECTION SIX

Session Tools and Language

6.1 Opening reframe

For use after rapport and the four-layer formulation:

*"Can I offer a thought that may or may not feel true to you right now, but that I'd like you to try on? Islam recognizes a category called *zulm* — oppression — and a category called *mazlūm* — the oppressed one. These are not minor categories. When Imām 'Alī (A.S.) wrote his final words to his sons, he told them, 'Be an enemy of the oppressor and helper of the oppressed.' He did not add an*

*exception for when the oppressor is a parent. What was done to you was *ẓulm*. That doesn't change because of who did it."*

6.2 The Noble Qur'ān 31:15 move

*"There's something in the Noble Qur'ān that I think you may not have been shown. Surah Luqmān, verse 15 — the verse is given in the exact context of parental authority, in the words of a parent teaching his own son. It says that if parents press you toward something that violates your relationship with Allah (swt), do not obey them, but still accompany them with *ma'rūf* — fair, dignified conduct. The verse itself draws the line. Allah (swt) draws it. It's not a line you are drawing."*

6.3 The *ṣīla* broadening move

*"Ṣīlat ar-raḥim is about keeping the bond alive. It does not specify the form. A *du'ā'* for someone, once in a while, is *ṣīlat ar-raḥim*. A non-abusive greeting at Eid from a safe distance is *ṣīlat ar-raḥim*. Total absence of active hatred is *ṣīlat ar-raḥim*. It has never required you to be in a room with someone who harmed you."*

6.4 The forgiveness/reconciliation move

"I want to check something. When you say Islam requires you to forgive him/her, what do you mean by forgive? Because in the

Islamic tradition there's 'afw, which is an internal release, and ṣulḥ, which is the rebuilding of a relationship. Those are two different things. The first can happen entirely inside you, without him/her ever knowing. The second requires acknowledgment from him/her that, from what you've told me, has not come. You can do the first without doing the second. Many people think they have to do both. They don't."

6.5 The grief move

"Underneath the guilt, I'm wondering if there's grief. Grief for the parent you should have had. For the relationship you would have had if he/she had been who he/she was supposed to be. That grief is legitimate, Islamically. Ya 'qūb (A.S.) grieved Yūsuf (A.S.) until his eyes whitened. The Imams have supplications from within grief. You don't have to manage grief away to be a good Muslim."

6.6 Addressing pre-existing community messaging

If the client has already consulted a community scholar or received pastoral input from community members, it is often better to surface that input proactively than to leave it operating in the background:

"I want to ask — have you talked to anyone else about this? A scholar, a family friend, anyone in the community? I ask because sometimes what people have heard from others is operating in the background of sessions like ours, and I'd rather we look at it together than leave it running underneath."

If she has received strict-traditional guidance — some version of "you should never separate from your parents" — address it directly rather than silently:

"I want to say something about what you heard. That scholar was drawing on a real part of the tradition. The strictness isn't invented. But the question he was being asked wasn't fully the question you were asking. The tradition has other voices too, and other principles — la ḍarar wa la ḍirār, Surah Luqmān — that come in when someone has been harmed the way you were harmed. You're not being asked to choose 'modern Islam' over 'traditional Islam.' You're being asked to hear the parts of the tradition that specifically address your situation and that are often left out when these questions come up in general terms."

6.7 The Layer 3 / family loyalty move

"Here's something I notice. Even when you talk about the idea of stepping back, something in you goes somewhere else — to your mother, your sister, the cousins, the family. I'm wondering if underneath the religious guilt there's also something like anticipatory grief. That stepping back would cost you — not just your relationship with him/her but a lot of other relationships too. Those losses are real. That grief deserves its own room, separate from the question of whether it's sinful."

6.8 The non-protective parent move

"We've been talking about your father. I want to ask about your mother separately, because I don't want to assume they're the same question. What she did or didn't do — what you wanted from her that didn't come — that's its own story. Can we give it its own space?"

SECTION SEVEN

What to Hand the Client

The client does not need a reading list. She needs one or two anchor pieces she can re-read between sessions.

1. **Surah Luqmān 31:14–15.** Any reputable translation. The Qarai, Shakir, or Muhammad Sarwar translations are serviceable. Ask her to sit with verse 15 specifically for one week.
2. **Dr. Amina Inloes's responses on abusive parents** on al-islam.org. Short, trauma-informed, and from a credentialed scholar. They will do much of the community-messaging-correction work without the clinician having to argue the case.
3. **(Optional, if she asks for more.)** The relevant sections of Sayyid Dastghaib Shirazi's *Greater Sins*, Ch. 6 on *ʿAqq al-Wālidayn* — specifically the passages establishing that parental commands carry no weight against obligatory acts or divine prohibitions. Useful only if she wants a traditional scholarly voice rather than a modern one; otherwise skip.

• WHAT NOT TO HAND OUT EARLY

Do *not* start with strict-traditional responses such as Sayyid al-Musawi's, even though they are in the tradition. The client's nervous system cannot metabolize them early in treatment, and they can collapse the therapeutic progress being made. They may become useful later in treatment — but that is Phase 3 material, not Phase 1.

SECTION EIGHT

Referral Resources

- **Dr. Amina Inloes** — al-islam.org Q&A. Useful for the client to consult directly via the site if she has specific fiqhi questions she wants a trauma-informed voice on.
- **Berak Hussain, RP** (Canada) — registered psychotherapist who bridges clinical and Islamic frames; has appeared on the al-islam.org scholar panel.
- **Sr. Masuma Jaffer** — qualified chaplain, experienced in pastoral support for women.
- **Naseeha (1-866-NASEEHA)** — culturally-grounded Muslim mental health line for adjunct support.
- **RAINN (1-800-656-HOPE)** — national sexual assault hotline; trauma-informed and available 24/7, useful for acute moments between sessions.
- **Local community scholars to approach with caution:** any scholar whose first instinct is to quote *‘uqūq* verses at a survivor. If the client has encountered one, name it for what it was — spiritual bypassing dressed in religious language — and help her differentiate the individual scholar from the tradition.

SECTION NINE

Clinician Self-Check Questions

Clinical and formulation

- Am I holding all the relevant layers of guilt as distinct, or have I collapsed them?
- Have I verified my own clarity on the Noble Qur’ān 31:15 and on the distinction between *‘āfw* and *ṣulḥ*, so I can speak about them without hedging?
- Am I calibrating to the client's phase (stabilization vs. processing vs. integration), or am I deploying interventions out of order?
- Have I confirmed that no current children are at risk of the perpetrator?
- Am I the right clinician to handle moral injury / God-image work if it surfaces, or do I need a consult?

Countertransference

- What am I feeling about the perpetrator? Am I staying in therapeutic stance, or am I becoming an advocate?

- What am I feeling about the community? Am I carrying something about my own experience with community scholars or family systems that needs separate reflection?
- Am I identifying with the client in a way that's compromising my neutrality?
- Am I retreating to safer cognitive work to avoid the harder affect?
- Am I carrying a rescue fantasy? Is there a choice I want her to make that I'm privately rooting for?
- Am I carrying anything of my own from this case that I need to bring to supervision?

SECTION TEN

Hadith Verification Table

All ḥadīth classifications below are drawn from ‘Allāmah Bāqir al-Majlisī's *Mir’āt al-‘Uqūl fī Sharḥ Akhbār Āl al-Rasūl* as reported by thaqalayn.net (al-Kāfī digital archive). This follows the epistemological framework of the Sistani school (Usuli, via Khoei's *Muḥjam Rijāl al-Ḥadīth*). *Ḍaʿīf* ḥadīth cited here are used for *thematic corroboration*, not as independent proofs — they are accompanied by stronger sources (the Noble Qurʾān, the *mutawātir la ḍarar* principle, fiqhi rulings).

#	CITATION	TEXT (SUMMARY)	CLASSIFICATION	USE
1	<i>al-Kāfī</i> , Uṣūl, Vol. 2, Ch. 69 (Birr al-Wālidayn), Ḥ. 1	On kindness to elderly parents — gentleness, not raising one's voice, responding to a striking parent with "May Allah (swt) forgive you"	<i>Ṣaḥīḥ</i> (Mir'āt 8/388)	Establishes baseline <i>iḥsān</i> which remains even when obedience is withdrawn
2	<i>al-Kāfī</i> , Uṣūl, Vol. 2, Ch. 69, Ḥ. 9	"Your mother... your mother... your mother... your father" — precedence of kindness to the mother	<i>Ḥasan ka-l-ṣaḥīḥ</i> (Mir'āt 8/419)	Affirms gravity and structure of parental obligation
3	<i>al-Kāfī</i> , Uṣūl, Vol. 2, Ch. 68 (Ṣilat ar-Raḥim), Ḥ. 1	Imām aṣ-Ṣādiq (A.S.) interpreting 4:1 — <i>arḥām an-nās</i> , Allah commanded its <i>ṣila</i> and magnified it	<i>Ḥasan ka-l-ṣaḥīḥ</i>	Grounds <i>ṣilat ar-raḥim</i> in the Qur'ān; form not specified
4	<i>al-Kāfī</i> , Uṣūl, Vol. 2, Ch. 142 (Qaṭī'at ar-Raḥim), Ḥ. 1	"In hatred there is al-Ḥāliqa — not the shaving of hair but the shaving of religion"	<i>Ḥasan ka-l-ṣaḥīḥ</i>	Warns against <i>active hatred</i> -driven rupture; does not address protective distance
5	<i>al-Kāfī</i> , Uṣūl, Vol. 2, Ch. 142, Ḥ. 2	"Be afraid of al-Ḥāliqa; it kills men — severing kinship"	<i>Ḍa'īf</i> (Mir'āt 10/364)	Thematic corroboration; not independent proof
6	<i>al-Kāfī</i> , Uṣūl, Vol. 2, Ch. 143 (al-'Uqūq), Ḥ. 1	"The minimum form of <i>'uqūq</i> is saying 'uff'"	<i>Ḍa'īf 'alā al-mashhūr</i> (Mir'āt 10/370)	Illustrates ceiling of parental respect in normal contexts; obedience-in-sin is not <i>'uqūq</i> to begin with
7	<i>al-Kāfī</i> , Uṣūl, Vol. 2, Ch. 136 (aḏ-	Three kinds of <i>ẓulm</i> : that which Allah does	<i>Ḍa'īf</i> (Mir'āt 10/295)	Taxonomy of <i>ẓulm</i> ; third category

#	CITATION	TEXT (SUMMARY)	CLASSIFICATION	USE
	Ẓulm), H. 1	not forgive (<i>shirk</i>); that which He forgives (between self and Allah); that which He does not leave (between people)		directly applicable
8	<i>La ẓarar wa la ẓirār</i> — al-Kāfī Vol. 5 p. 292; Man Lā Yahḍuruḥu al-Faqīh Vol. 3 p. 147; Tahdhīb al-Aḥkām Vol. 7 p. 147	"There is to be no harming and no reciprocating of harm" — Samura b. Jundub tradition	<i>Mutawātir</i> (per al-Milānī)	Central anchor; the governing (<i>ḥākim</i>) principle that constrains secondary obligations
9	<i>Nahj al-Balāgha</i> , Letter 47 (Subhi Saleh), compiled by ash-Sharīf ar-Raḍī	Imām ‘Alī’s (A.S.) will: "Be an enemy of the oppressor and helper of the oppressed"	Content widely corroborated across Uṣūl sources	Central anchor; universal moral orientation with no kin-exception
10	<i>Risālat al-Ḥuqūq</i> , Imām Zaynul ‘Ābidīn (A.S.), via aṣ-Ṣadūq & Ibn Shu‘bah	Rights of mother (#22), father (#23), child (#24)	Widely transmitted; strong content-based authentication	Establishes <i>reciprocal</i> nature of the parent-child relationship

SECTION ELEVEN

Clinical References

CSA SELF-BLAME & TRAUMA-LINKED GUILT

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- 03 American College of Obstetricians and Gynecologists (ACOG). Adult Manifestations of Childhood Sexual Abuse. Committee Opinion.

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- 01 Herman, J. L. (1992; updated 2015). *Trauma and Recovery: The Aftermath of Violence — from Domestic Abuse to Political Terror*. Basic Books.
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SECTION TWELVE

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Numbered footnotes from §2 and §3.

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- 02 Cloitre et al., *ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults* (2012); WHO ICD-11 (2018) Complex PTSD diagnostic category.
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- 10 Al-Kulaynī. *al-Kāfī*, Uṣūl, Vol. 2, Ch. 142, Ḥadīth 2. Classification: *ḍa‘īf*.
- 11 On *Risālat al-Ḥuqūq* transmission history: WikiShia entry. Recensions preserved in Shaykh aṣ-Ṣadūq's *al-Khiṣāl* and *al-Amālī*, and in Ibn Shu‘bah al-Ḥarrānī's *Tuḥaf al-‘Uqūl*.
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- 15 Herman (1992/2015), *Trauma and Recovery*, Chapter on traumatic bonding and pathological attachment.
- 16 Worthington (2006); Enright & Fitzgibbons (2015) — distinction between forgiveness (intrapersonal) and reconciliation (interpersonal); reconciliation requires offender acknowledgment and mutual trust.
- 17 Shay (1994, 2014) — moral injury as betrayal of "what's right" in a high-stakes situation by someone holding legitimate authority.

- 18 Litz et al. (2009), *Clinical Psychology Review* 29(8), 695–706 — perpetration, failure to prevent, and bearing witness as extensions.
- 19 Jinkerson (2016), *Traumatology* 22(2) — syndrome framing: guilt, shame, spiritual/existential conflict, loss of trust.
- 20 Pargament, Feuille, & Burdzy (2011) — Brief RCOPE and positive/negative religious coping distinction.
- 21 Bryant-Davis & Wong (2013), *American Psychologist* 68(8) — *Faith to Move Mountains* synthesis for trauma-informed faith-integrated work.
- 22 Shapiro (2018) — the Adaptive Information Processing (AIP) model; the theoretical basis for EMDR's targeting of trauma-linked cognitions and memory networks.
- 23 On internal Shia uṣūlī debate regarding *la ḍarar*'s mechanism: the position taken in this guide (that *la ḍarar* functions as a *ḥākīm* / governing principle) follows the Nāyīnī / Ansārī line in the Usuli school. An alternative reading — associated with Khurāsānī and Khumaynī — treats *la ḍarar* more narrowly as a principle that *negates* harmful rulings rather than governing other rulings. The practical implications for the clinical case at hand are substantially the same under either reading.

SECTION THIRTEEN

Document Notes

Methodology disclosure

Ḥadīth classifications in §10 are drawn from ‘Allāmah Bāqir al-Majlisī's *Mir’āt al-‘Uqūl fī Sharḥ Akhbār Āl al-Rasūl* as reported by thaqalayn.net. Clinicians citing these classifications in academic or clinical-academic contexts should confirm them directly at thaqalayn.net or in a print edition of *Mir’āt al-‘Uqūl* rather than relying solely on this guide. The epistemological framework follows the Usuli school (via Khoei's *Mu’jam Rijāl al-Ḥadīth*), consistent with Sistani's school. *Da’īf* ḥadīth are cited for thematic corroboration only, never as independent proof. The structural argument of this guide rests on: (a) *qaṭ’ī* Qur’ānic evidence (31:15, 29:8); (b) the *mutawātir* principle of *la ḍarar wa la ḍirār*; and (c) Sistani's and Dastghaib Shirazi's explicit rulings on limits of parental obedience. These three pillars constitute the load-bearing argument.

Scope disclosure

This guide does not constitute a fatwa. For a binding fiqhi ruling on a specific client's specific situation, consultation with a qualified *marja’* (or a trauma-informed scholar acting on behalf of one) is required. The clinician's role, as understood here, is the *ethical-spiritual* domain — bridging the tradition with clinical application, not issuing legal rulings.

Clinical scope disclosure

This guide addresses a specific presenting clinical picture: adult survivors of childhood sexual abuse by a parent, experiencing religiously-framed guilt about distancing. Adjacent clinical pictures — parental physical abuse without sexual components, parental emotional abuse, abuse by non-parent family members, abuse by religious authority figures, spousal abuse, ongoing CSA of a minor — share some of the material in this guide but require additional clinical and theological frameworks not developed here. The general principles (the four-layer formulation, the *la ɗarar* governing principle, the forgiveness-reconciliation distinction) are portable; the specific session tools, theological anchors, and safety protocols should be adapted with care.

Verification note on specific citations

Two categories of citation warrant explicit attention. First, the ḥadīth classifications in §10 are reported per thaqalayn.net's attribution to Majlisī's *Mir'āt al-'Uqūl*; clinicians citing these in formal academic contexts should verify directly. Second, specific verbatim quotations attributed to living scholars (particularly Dr. Amina Inloes) have been paraphrased in this document for accuracy; if the clinician plans to use a specific direct quotation with a client, confirming it at the source URL is recommended.

Limits of this document

This is one clinician's synthesis, built from the accessible English-language textual record. It has not been peer-reviewed by a *marja*'s office and may be refined in the light of further study. Feedback from trauma-informed scholars and clinicians is welcomed and will be incorporated into future revisions.

End of document.

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THIS DOCUMENT

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A clinician-facing resource. Not a fatwa. Not a client-facing handout. For binding fiqhi rulings, refer the client to a qualified scholar.

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