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Young Researchers Programme

THROUGH THEIR EYES: UNDERSTANDING MALAYSIAN INDIAN WOMEN'S EXPERIENCES OF SEXUAL TRAUMA

Shivakaaminii
HELP University

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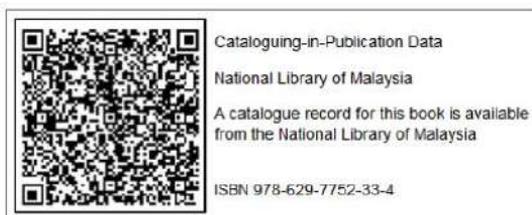
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The APPGM-SDG Case Study Small Grants for Young Researchers Programme empowers researchers under 35 to conduct qualitative research on pressing SDG-related issues in Malaysia. The resulting papers explore challenges affecting left-behind communities, directly supporting APPGM-SDG's grounded, evidence-based research agenda. The grant is offered and managed by APPGM-SDG's policy think tank, MySDG Centre for Social Inclusion.

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HELP University

ABSTRACT

Sexual trauma is a complex and pervasive issue with significant emotional, social, physical, and psychological consequences. Despite a clear increase in reported sexual trauma cases, the cultural and societal contexts that influence a survivor's meaning-making of their experiences remain under-explored. Little is known of the sexual trauma experienced by Indian women in Malaysia, a marginalised ethnic community. This study explored how Malaysian Indian women interpret their experiences of sexual trauma. The study captured in-depth narratives of six survivors aged 19-35 residing in the Klang Valley. The analysis revealed that a survivor's meaning-making is a labyrinth of psychological and sociocultural processes. Three superordinate themes emerged - 1) Cultural Morality and Gendered Shame, showcasing how patriarchal values, moral policing and "good Indian girl" scripts creates internalised shame and silence; 2) Surviving the Self and the World, characterising how trauma responses are embodied and managed through hypervigilance, avoidance, mistrust and strategies of control; 3) Recovery, Reclamation and Identity Repair, revealing survivor's accomplishment in rebuilding their agency, voice and worth. The study acts as a framework for curating culturally sensitive mental health interventions and advocating for inclusive policies.

Keywords: Malaysian Indian women, Sexual Trauma, Meaning-making, Sustainable Development Goals

INTRODUCTION

“Discrimination against women and racism are two sides of the same coin. Both deny justice.” - Justice Annie Ruth Jigge (Jigge, 1980, as cited in Global Citizen)

The statement made by Justice Annie Ruth Jigge at the 1980 UN Women’s Conference illustrates the parallel between two forms of violence that are often experienced by women. A little over four decades later, this call to awareness still holds true for many survivors of sexual trauma, as 1 in 3 (30%) women worldwide have experienced some form of sexual violence in their lifetime (WHO, 2021), despite rape and sexual assault being recognised as highly underreported crimes (Conroy & Cotter, 2017). Reflecting this trend in Malaysia, there has been an alarming increase in sexual violence cases, with over 11.8% increase in reported rape cases between 2022 and 2023 and further 12.1% from 2023 to 2024 (DOSM, 2024, 2025a). While rape cases using force declined by 15.3%, reports of rape without force rose by 29.3%. According to Royal Malaysia Police (PDRM), these figures suggest shifts in reporting practices or patterns of perpetration and should be interpreted cautiously (DOSM, 2025a).

However, the Malaysian statistics only report crimes that have resulted in conviction, while non-convicted cases (including withdrawn or unproven) are uncaptured; concluding that the actual number of incidents might be higher. Although race-disaggregated rape statistics are available, the figures reported are in aggregated form of child and adult rape cases, limiting the understanding the distinct experiences of adult women and how that make sense of their rape experiences. Notably, narratives of Indian women sexual trauma survivors are often overlooked, leaving them to navigate their experiences in isolation. This study hopes to bring those experiences to light and

uncover how these women understand and make sense of their experiences.

LITERATURE REVIEW

Malaysian Indian Women

The positioning of Malaysian Indian women cannot be understood without accrediting the history and political landscape that shaped or shapes the Malaysian Indian community. The community is predominantly composed of Tamils (from South India), alongside minority Indian groups such as Sikhs, Malayalees, Telugus, and others (Gopal & Musa, 2020). Most of the population emerged as descendants of Indian immigrants to Malaysia (formerly called Malaya) brought to work as indentured and later contracted labourers of plantations, railways, and other infrastructure projects as part of the mass labour migration in the 18th and 19th centuries (Datta, 2021), placing the Indian community within a lower socioeconomic status with limited access to healthcare, education and opportunities for advancement up until this day (Thambiah & Loh, 2023). The remnants of these disadvantages continue to shape the positioning of Malaysian Indians, who make up 6.5% of the country's population. Recent statistics show that 5.4% of Indian households live in poverty, equating to one in twenty households (DOSM, 2024b), highlighting a disproportionately high incidence given the Indian community's relatively small population size and illustrating structural inequalities that place Indian households at greater risk of socioeconomic vulnerabilities compared to other Malaysian ethnic communities.

Aside from socioeconomic vulnerabilities, women in Malaysia remain underrepresented in environments of decision-making and leadership. The Malaysia Gender Gap Index (MGGI) 2025 (DOSM, 2025b) data indicate a significant gender gap in labour force participation rate (LFPR), with women participating at a rate of 56.5%,

compared with 83.0% among men, and it is estimated that women's earned income were much lower than men's, where they only received RM93.08 for every RM100 received by their male counterparts. In the sphere of leadership, women constitute only 27.1% of legislators, senior officials and managers, holding just 41.1% percent of professional and technical worker positions. compared to men. In politics, they hold a measly 13.5% of parliamentary seats and 16.1% of ministerial positions. However, this contrasts the level of educational attainment of Malaysian women compared to men. Women enrol in tertiary education at nearly twice the rate of men; 56.4% compared to 37.0%. The discrepancy between women's educational attainment and their underrepresentation in positions of power illustrates the persistent structural challenges to gender equality in Malaysia. Although statistics that are based on ethnicity are not accessible to the public, the remaining data suggest that members of the Malaysian Indian community faces disadvantages from a structural and socioeconomic standpoint. Malaysian Indian women, positioned at the intersection of gender and minority ethnic status, may face complex barriers that relate to decision-making and influential positions (Saigaran, 2022). The community's voice and needs in situations of authority, support services, and recovery are greatly affected due to their limited perceptibility in these spaces, which directly links to being structurally excluded.

What is Sexual Trauma?

Sexual trauma is a pervasive violent act impacting people regardless of gender, sexual orientation, socioeconomic status, race, ethnicity, or ability level, with serious emotional, psychological and social repercussions (Yuan et al., 2016). Sexual trauma is an umbrella term encompassing behaviours that strip an individual of autonomy, forcing them into unwanted sexual acts without their consent (Henry and Powell., 2016). This form of violence exists on a spectrum, ranging

from catcalling to rape. There are many reasons that may contribute to an individual not being able to consent—fear, coercion, age, illness, disability, and/or influence of alcohol or other drugs. Consent involves an individual who voluntarily agrees to participate in an activity, through verbal or written format (Kadam, 2017).

Sexual violence often results in immediate trauma, affecting the survivor's psychological health, physical well-being, and social dynamics. This has long-lasting effects on communities and across generations and remains a rampant issue across the globe. This is due to varying cultures and legal jurisdictions, where no two states or countries share the same legal definition or action toward sexual violence, consequently contributing to misinformation or inconsistent understanding of this experience (Sigurdardottir et al., 2021). Additionally, societal norms may seem to blur boundaries between coercive and consensual interactions, increasing acts of sexual violence, influencing underreporting and infrequent prosecution of sexual violence cases (Sweet, 2018).

A woman's response to sexual trauma experienced in adulthood is highly individualised, influenced by the survivor's attributes, type of assault, environmental conditions and the availability of resources. The responses can lead to severe and chronic psychological symptoms, whereas others report little or no distress (Yuan et. al, 2006). Consequently, survivors might face short-term (initial shock, fear and social withdrawal) and long-term (PTSD, persistent flashbacks and emotional detachment) effects (Herman, 1992; Hazelwood & Burgess, 2025). Scott et al., (1993) note how underrepresented communities in sexual violence studies may experience distinct repercussions. The use of force, depression and alcohol use and survivors with prior adverse experiences such as childhood trauma or

divorce can heighten the survivors' risk of adopting severe psychological distress (Hazelwood & Burgess, 2025; Chivers, 2006).

Cultural and Societal Influences on Sexual Trauma Experiences

Sexual trauma does not only stem from the experience of sexual assault but is also derived from the survivor's surroundings and their society's response towards their experiences (e.g. victim-blaming due to cultural stigma and limited community support) (Dworkin & Weaver, 2022). Consequently, survivors might feel misunderstood, resulting in developing long-term sequelae including PTSD, depression and sexual dysfunction (Yuan, Kose & Stone, 2016). Despite cultural contexts playing an important role towards the development of survivors' sexual trauma, there is limited information that specifies the outcome of sexual trauma for minority communities with distinct coping strategies and mechanisms.

Researchers have explored many factors that may contribute to the variation in victimisation rates and have found data to indicate that many of the factors are connected to differences in ethnic groups and different cultural and environmental contexts (Jimenez & Abreu, 2003). Researchers in the United States have also found significant cultural differences in perceptions and attitudes towards rape. For example, it was found that minority women and men tend to endorse more victim-blaming beliefs than their white counterparts (Jimenez & Abreu, 2003; Wyatt, 1992) while ethnic minorities in America were more likely to share beliefs of rape myths (e.g. "the victim was asking for it") and have negative attitudes towards survivors than White Americans, even if they themselves were survivors of sexual assault (Jimenez & Abreu, 2003; Carmody & Washington, 2001). Research has also found that as much as minority groups have been socialised to believe that certain sexual acts are acceptable, their white counterparts have learnt to believe that minorities are promiscuous

and easy. Carmody and Washington (2001) are of the opinion that this belief stems from women living and functioning in a patriarchal society that holds women accountable as sexual objects and for procreation. The perpetuation of cultural mis-socialisation normalises acts of sexual violence in communities, preventing survivors from getting the appropriate support and recovery that they need (Wyatt, 1992). Survivors may continue to blame themselves for their sexual trauma and avoid identifying with the label of “victims” or “survivors” of sexual violence, despite meeting the legal definition of the act. This then places the burden of responsibility on the survivors for their sexual trauma, contributing to feelings of shame and guilt (Kalof, 2000; Carmody & Washington, 2001).

Additionally, research indicates that historical barriers (legal and institutional) and perceived barriers (worry of judgment or belief) prevent survivors from disclosing their sexual trauma to their support systems and the authorities. A study found minority women are less likely to report to formal channels and when they do, experience negative outcomes compared to white women. A link was found between minority women who do not report their experiences and worsened psychological challenges (Weist et al., 2014). This is also seen in Malaysia, where very limited ethnicity-based data exists to date. However, within that limited data, it has been reported that there are barriers in reporting sexual trauma crimes (Ahmad et al., 2020).

In South Asian cultures, research has found societal expectations and systems to be deeply ingrained with patriarchal beliefs and values that prioritise collective well-being over individual autonomy (Bhopal, 1997; Takhar, 2020; Puwar & Raghuram, 2020). Often, a survivor's decision to disclose or pursue justice or recovery may be guided by expectations set by the family and the survivor's desire to protect their family's social standing. For instance, survivors may face demands to

remain silent, marry their perpetrator, or conform to societal expectations to avoid “bringing shame” to the family (Takhar, 2013). Additionally, the patriarchal beliefs in South Asian communities are reinforced with the belief of gender hierarchies, via social policing and victim-blaming narratives that place the responsibility for the act of violence on the survivor rather than the perpetrator (Bhopal,1997; Takhar,2020; Puwar & Raghuram, 2020).

It is crucial to note that much of the existing literature on cultural and societal impacts on sexual trauma is rooted in Western and South Asian contexts. These studies provide valuable insights; however, they may not fully capture the nuances of a Malaysian Indian women’s experience of sexual trauma, which are shaped not only by Asian values but also by Indian traditions, cultural values and the unique Malaysian socio-political environment. In many Asian cultures (including in Malaysia), sexual trauma is often met with stigma and silence, further driven by societal emphasis on family honour, shame and in turn victim blaming (Bhopal, 1997, Karupiah, 2019. Kandiyoti 1988). In South Asian communities, the idea of protecting one’s honour often reinforces patriarchal values that emphasise family honour and reputation over the survivor’s well-being, shunning survivors into silence to maintain the collective good and reputation of the family (Puwar & Raghuram, 2020).

Malaysian Indian women have been continually socialised and indoctrinated into traditional gender ideologies based in patriarchal systems, which strongly inform Indian cultural values and norms (Chowdhury & Patnaik, 2013; Gopal & Musa, 2020). Within an Indian household, gender roles are segregated into femininity and masculinity and are hierarchical in nature. Indian women are often positioned to be subordinate, prioritising serving the interests and needs of the men of the household (Chowdhury & Patnaik, 2013;

Kallivayalil, 2004; Karupiah, 2016). This process ensures that cultural values of subordination and obedience may be carried on unto the generations to come, entrenching these patriarchal norms into day-to-day life. Scholars have proposed that Indian women are regarded as agents of cultural standards within the community, assigned with maintaining the rituals, beliefs, values, norms, traditions and honour of the family (Kallivayalil, 2004). In diasporic communities such as the Malaysian Indian community, this responsibility has been historically heightened, with Malaysian Indian women expected to serve as cultural vessels who protect their community's legacy and identity through their roles—domestic and maternal. Thus, they have their identities closely tied to the idea of filial piety and cultural preservation. This could resemble Indian women being pressured to conform to be the “ideal Indian woman”, which includes timely marriage, submission to male relatives, prioritisation of family over self and uncompromising adherence to the cultural norms (Chowdhury & Patnaik, 2013). This is done to earn and maintain the respect or status that comes with these ideals in society and in an Indian household (Chowdhury & Patnaik, 2013; Saigaran, 2022). When these cultural scripts are in place, they position Indian women as guardians of family honour; hence, sexual trauma is no longer just a personal violation but rather perceived as a breakdown of the household's honour and legacy. This intensifies the stigma faced by the survivor as silence is encouraged to protect the family name. Honour and shame are used as powerful silencing tools to silence and control women's behaviour, limiting a survivor's access to support or justice (Kandiyoti, 1988; Kallivayalil, 2004; Karupiah, 2019).

The concept of femininity is not a monolith. It is socially constructed and context-specific, taking its own particular meaning with Malaysian Indian women (Connell, 1987; Devasahayam, 2005). In Tamil households, femininity is often seen through the ideal of *karpu*

(chastity), emphasising values of purity, service, self-sacrifice and submission (Karupiah, 2019, 2020). Womanhood or the “ideal’ Tamil woman is when she is caring, nurturing and submissive. A study among Malaysian Indian and Malay women found that an essentialist view of femininity was universally practised and favoured in contemporary society (Karupiah, 2019).

Nevertheless, research highlights strategies women employ to negotiate their positions within this patriarchal structure. Kandiyoti’s (1988) concept of “bargaining with patriarchy” refers to the ways women find pockets of agency within the rigid confines of patriarchal systems to gain some form of autonomy, security and status even at the cost of upholding existing patriarchal norms. Karupiah and Fernandez (2022) found that among Malaysian Indian women professionals, some masked their empowerment or chose not to challenge the patriarchal systems in their homes in order to maintain family harmony. In the same vein, unmarried Malaysian Indian women professionals described feeling obliged to “act disempowered”. By presenting as compliant, they ensured that their families maintained their social standing even at the cost of their own autonomy. The women in the study found they were able to resist the inequalities faced at the workplace but could not challenge the same in their homes, where the family reputation is at risk (Karupiah and Fernandez, 2022). Although employment and education offer Malaysian Indian women access to some forms of agency, their patriarchal cultural values continue to loom over Malaysian Indian women’s lives, suggesting that empowerment doesn’t necessarily equate to liberation; instead, women’s choices are constrained by deeply entrenched cultural scripts (Karupiah, 2019).

THEORIES RELATED TO THE STUDY

This study looks into how Malaysian Indian women make sense of their sexual trauma experiences within a structural and sociocultural context. It draws from three frameworks—Herman's (1992) trauma and recovery framework, Bronfenbrenner's ecological systems theory (1979), and Datta's (2021) theory on fleeting/situational agency—to illustrate how survivors interpret, navigate and shape meaning after a sexual trauma experience. Together, these frameworks recognise that meaning-making after sexual trauma is not only psychological but also involves cultural, relational and contextual understanding.

Herman conceptualises trauma not as just a psychological wound but rather an intense disruption of one's meaning, sense of identity and ability to connect. It has an ability to shatter an individual's beliefs or assumptions about themselves and the world around them, impacting the way they connect, trust and cohere (sense-making). Recovery in Herman's view involves rebuilding safety, integrating of memories and reconnecting internally (self) and externally. This study uses this theory as a conceptual framework for understanding how trauma destabilises a survivor's meaning and identity. In the context of Malaysian Indian women, where cultural scripts often shape a woman's self-concept, the journey of restoring meaning may differ compared to global North models of recovery. Survivors may alternate between silence or disclosure, belonging or alienation as they try to make sense of what happened and find ways to grow with the trauma. Herman's (1992) theory highlights the psychological work of redefining meaning—reclaiming one's agency, voice and coherence while recognising that these recovery processes are influenced by cultural and relational elements.

Bronfenbrenner's Ecological Systems Theory (1979) states that individual development occurs through interactions between a person

and their environments: the microsystem (immediate relationships in an individual's environments); mesosystem (interactions between varying microsystems in an individual's life); exosystem (indirect formal and informal social structures that influence the ones microsystem—media, institutions, workplaces); macrosystem (the overarching cultural elements—ideologies, attitudes, religious or social norms that an individual is immersed in); and chronosystem (predictable and unpredictable changes of contexts over an individual's span of life). For survivors, each system reflects how their meaning will be formed. At the microsystem level, immediate relationships influence how survivors interpret and assign meaning to their experiences—whether they view them as violations, misfortunes or failings. The mesosystem shows how religious or community scripts towards sexual trauma either reinforce silence or understanding. The exosystem incorporates institutions such as law enforcement, healthcare, social services and support systems that may validate or invalidate a survivor's experience. Next, the macrosystem reflects cultural and societal scripts characterising what is acceptable or unacceptable about sexual trauma. Lastly, the chronosystem adds a temporal layer, suggesting that survivors' interpretations of their experience evolve over time as they move through different phases of life, relational and cultural climates. This theory allows the study to capture how Malaysian Indian women make sense of their sexual trauma not in isolation, but instead through a series of continuous intersections between family, community and cultural ideologies, with an end product being a negotiation among the layers of influence that either control or ease Malaysian Indian women's ability to express their experiences.

Datta's (2021) framework of fleeting or situational agency elucidates how Malaysian Indian women during the precolonial era navigated environments of constraint to construct their own meaning. She

critiques how earlier notions of agency celebrate overt and continuous forms of resistance and instead, emphasises the subtle, fleeting and at times contradictory ways of self-determination and preservation among Malaysian Indian women. Datta draws from the histories of Indian coolie women in colonial Malaya. In this, she defines situational agency as the acknowledgement of the constraints on agency in the forms of ideological, material and social structures that Indian coolie women had to bargain with in order to survive.

As Datta (2021, p. 17) reports, "...the concerned individuals managed to escape victimhood in one instance only to find themselves subsequently victimised again", highlighting how agency for coolie Indian women often operates as a form of temporary relief rather than a permanent form of liberation. Datta found that women's actions and interpretations of their situations are often context and necessity-driven. For example, Indian coolie women exercised their agency by deciding when to express themselves and when to comply, remaining aware that each of their decisions held some form of risk. Illustrating how the coolie women's understanding of self fluctuates between positions of vulnerability and resistance, demonstrating how agency and oppression can coexist within an experience. This framework enables a nuanced understanding of Malaysian Indian women's stories—taking into account that survivors' negotiation with constraints, strategic use of silence and moments of clarity or self-forgiveness can be seen as an expression of situational or feeling ways of meaning making. These acts are a survivor's strategies to maintain their dignity, safety and autonomy in these restrictive spaces rather than being seen as in denial or helplessness. Although Datta's analysis centres around colonial era coolie Indian women, the positions she describes remain present in contemporary Malaysian Indian women who continue to negotiate and navigate the cultural and structural

restrictions that shape how they interpret their sexual trauma experience.

Together, these frameworks provide a multifaceted understanding of how Malaysian Indian women make sense of their sexual trauma experience—through Herman's (1992) recognition of psychological meaning-making, Bronfenbrenner's (1994) positioning of social systems, and Datta (2021) shows how survivors bargain their agency given the constrictions surrounding them.

TERMINOLOGY

Earlier on, the paper defined the ways in which sexual trauma and sexual violence exist along a continuum and can encompass a broad range of experiences. However, the lack of specificity in these terms can sometimes result in nuances being overlooked. Moving forward, this study operationalises the term sexual trauma by focusing specifically on the act of rape. Different wordings are used to define the meaning of rape; however, at its core, it continually refers to the act of coercing someone into a sexual act against their will. Coercion may involve physical force, threats, manipulation, or taking advantage of a person's inability to provide consent due to factors such as intoxication, mental incapacity, or age (RAINN, 2025). According to Malaysian law, under Section 375 of the Penal Code, rape is defined as sexual intercourse with a woman under specific conditions, including: (1) Without her consent; (2) With consent obtained through fear, coercion, or fraud; (3) When the woman is unable to provide consent due to unsoundness of mind or intoxication; (4) When the woman is under the age of 16, regardless of consent.

Recognising that survivors may not always identify or resonate with legal or clinical definitions of rape, this study will further break down the term rape into two sub- categories: 1) Unwanted Sexual Contact,

defined as a non-penetrative act experienced without consent, such as groping, touching and kissing; 2) Unwanted Penetrative Sex, refers to non-consensual acts or under coercion that involves vaginal, anal or oral penetration. It is hoped that these categorisations will help recognise and acknowledge the diverse ways survivors make sense and describe their lived experiences.

The term Malaysian Indian women will be used interchangeably with the term survivor in this study to reflect an empowering, focused perspective. The use of survivor highlights the virtues of resilience, agency, and the ability to navigate trauma, shifting the focus away from the harm endured to the recovery process (McKenzie-Mohr & LaFrance, 2011). This is aligned with the study's epistemological stance, which seeks to affirm, empower and amplify women's voices while challenging societal norms that reduce women to their painful experiences. The term victim will be avoided, as in the past it has carried negative connotations of helplessness and is language associated with the criminal justice system, focusing on the traumatic act of violence rather than the individual's lived experiences and personal meaning-making processes (Cullen, Stein & Vlam, 2023).

SIGNIFICANCE TO MALAYSIA'S SDG AGENDA

This research aligns with the United Nations Sustainable Development Goals (SDGs), particularly SDG 5 (Gender Equality), SDG 3 (Good Health and Well-Being), specifically 3.4 (Promote mental health and well-being), SDG 10 (Reduced Inequalities), specifically 10.2 (Promote social, economic and political inclusion of all), and SDG 16 (Peace, Justice and Strong Institutions), specifically 16.1 (Significantly reduce all forms of violence and related death rates everywhere).

Although Malaysia has made notable progress in gender representation, the experiences of Malaysian Indian women showcase

that cultural and structural inequalities are still at play. Their experiences in this study highlight that the systems surrounding Malaysian Indian women's dignity, safety and access to support and justice systems have seen limited changes across generations. The repeated patterns of restricted agency, silence, and pressure to maintain family honour or reputation echo experiences faced by Indian coolie women in colonial Malaya. This further reinforces how trauma may be generational and may be sustained through enduring patriarchal and cultural structures. The intergenerational continuity emphasises critical gaps in achieving SDG 5 and SDG 5.2, which call for the elimination of all forms of violence against women and girls. The continuous patterns of sexual trauma and silence surrounding the conversation indicate that gender equality remains a goal yet to be achieved. This is in line with target 3.4, which stresses the importance of mental health and well-being. Persistent challenges with societal isolation, negative cultural scripts and lack of culturally competent mental health services highlight the need for trauma-informed support systems that are inclusive of the intersections of being a Malaysian Indian woman.

Next, a Malaysian Indian woman's intersection of gender, ethnicity and class may create varying layers of disadvantage, aligning directly with target 10.2, which seeks to reduce inequalities and empower and promote the inclusion of marginalised groups. Malaysian Indian women often face barriers in social and support systems, justice systems, underrepresentation in policy-making spaces and socioeconomic vulnerability—demonstrating how inequality functions in varying systemic levels.

As Angela Davis (1982, p. 116) powerfully asserted, "The struggle against racism must be an ongoing theme of the anti-rape movement." Davis argues that the sexual oppression of women,

particularly women of colour, is often linked to racial hierarchy and structural discrimination. This is in line with the experiences of survivors of Malaysian Indian women who experience racialised marginalisation and patriarchal control to silence and normalise violence against them, in turn preventing justice and eventual recovery. Addressing sexual trauma requires gender sensitive reform as well as anti-racist changes in policy-making and institutions.

RESEARCH GAP

Currently, Malaysia lacks disaggregated ethnicity-based crime statistics regarding sexual violence. Although ethnicity based datasets exist, they are reported in aggregate form. Current data does not specify the experiences of sexual violence across different cultures, races and ethnicities—particularly among minority groups. The existing data on sexual violence is limited to cases reported from the One Stop Crisis Centres (OSCC), NGOs, or cases reported to the authorities. This results in unrepresentative data due to widespread underreporting, possibly shaped by fear, cultural stigma, and social consequences. Additionally, the aggregation of child and adult sexual violence cases hinders the understanding of the distinct lived experiences, meaning-making processes, and coping strategies of adult women. The following section addresses the lack of specificity and cultural consideration in understanding the outcomes and coping mechanisms of survivors from different backgrounds, specifically Malaysian Indian women, in overcoming sexual trauma. This lack of specificity creates a gap in developing effective and culturally appropriate interventions (Kennedy et al., 2024).

IMPLICATIONS

Cultural Insights into Trauma

This research aims to highlight the unique experiences Malaysian Indian women face when making sense of past experiences of sexual

trauma by considering cultural factors such as family dynamics, traditions and norms, stigma and religious values. The following project should offer insight into the challenges and barriers survivors encounter within their contexts, such as when it comes to communicating about their experience. Moreover, it should open up opportunities to better understand and support survivors as they seek to navigate this trauma while respecting community and cultural norms.

Filling the Ethnic Minority Research Gap

As the research focuses on Malaysian Indian women, it helps identify the importance of intersectionality within areas where ethnic minorities are underrepresented. Through documentation of the experiences of Malaysian Indian women, this research will be a foundation for future studies of other minority and marginalised communities across Malaysia. Hence, the study illustrates the critical need for collecting and studying data from communities that are often overlooked.

Informing Culturally Sensitive Interventions

The results obtained from this study provide an opportunity to build on culturally sensitive mental health interventions with the help of tailor-made support systems. The following provides effective trauma-informed care that is suitable for survivors from Malaysian Indian communities. Moreover, this will ensure that professionals from the field of clinical psychology are provided with a deeper understanding of the cultural and emotional context to provide more relevant, inclusive and truly meaningful support. Moreover, looking at a policy perspective, the study encourages the formation of inclusive policies that adhere to the specific needs of minority communities, thus providing an equal and effective mental health landscape.

RESEARCH QUESTION

This research aims to address the following question: How do Malaysian Indian women make meaning of their experiences of sexual trauma?

RESEARCH OBJECTIVES

The research aims to break down the earlier research question into the following aims:

1. To explore how Malaysian Indian women make sense of and understand their sexual trauma experiences.
2. To examine the cultural, societal, and familial influences that shape their trauma narratives.
3. To contribute to the development of culturally sensitive interventions for sexual trauma recovery.

METHODOLOGY

Research Design

The purpose of this study was to understand how women survivors of Malaysian-Indian descent make sense of and understand their experiences of sexual trauma. Qualitative analysis was chosen as it offered an in-depth exploration of how survivors made sense of their experiences through a personal and cultural lens (Creswell & Poth, 2013). Given the limited research in this area, a qualitative approach provided an opportunity for often-overlooked voices to express their experiences (Braun & Clarke, 2006). This method laid the foundation for an approach that allowed the researcher to uncover nuanced and culturally specific narratives moulding a survivor's understanding of their sexual trauma, often overlooked through quantitative research (Denzin & Lincoln, 2011).

Having this in mind, Interpretative Phenomenological Analysis (IPA) was used as the core focus in capturing the contextual and subjective

nature of its subjects, aligned with the study's emphasis on understanding how each survivor processes their lived experience within the unique contexts they inhabit (Smith et al., 2009). IPA allowed the framework to extensively capture the subjective experiences of survivors, allowing for their voices to be heard while examining their lived experiences (Pietkiewicz & Smith, 2014). IPA's hermeneutic nature allowed for this research to critically question underlying meanings in the statements shared by its subjects. Additionally, each survivor's sexual trauma is distinctive, and IPA's idiographic focus allowed the researcher to gain nuanced insight into what shapes a survivor's perspective while identifying broader themes.

Position Statement

A researcher's positionality is informed by identity and lived experience. The author identifies as a biracial woman, feeling most connected to Indian heritage, and continues to navigate through the complexities of these intersecting identities. Growing up in a single-parent household supported by a family of strong female relatives, many of whom have their own histories as survivors of sexual and gender-based violence (SGBV), the researcher brings both personal and vicarious experiences to this work. Understanding of power dynamics, cultural stigma, and resilience has been shaped by the lived experience of trauma and the resilience of those around. Resonating deeply with this work as an intersectional feminist, guided by principles of inclusivity, anti-oppressive practices, and the critique of systemic inequalities such as racism and patriarchy. This perspective is contributing to the approach to this study by ensuring the voices of the women remain central. This work comes from a personal place where recognition of certain privileges and position in society affords certain advantages in life. Challenging these privileges is an ongoing practice while attempting to make some change through opportunities gained. Acknowledgement of said influences

contributing to the researcher's identities may hold within this research project, and the researcher will endeavour to continue a process of reflection and reflexivity moving forward into data collection, analysis and write-up.

Epistemology

A realist social constructionist epistemology postulates a difference between the concept of the "real" world and the "observable" world. It is believed that our comprehension of the world around us is mediated through cultural, social, and individual interpretations and is independent of an individual's perception of it (Elder-Vass, 2012). This study has adopted this epistemology, acknowledging the very real phenomenon of sexual trauma and its consequences while exploring how survivors make meaning surrounding their experiences through societal and cultural interactions. This allowed for a subjective and societal, nuanced understanding of survivor trauma. Additionally, this study was designed through a feminist lens, which centred on providing space for marginalised people and critiquing systems of oppression. Feminist theories stress the importance of understanding how power dynamics and systemic inequalities exert influence on a survivor's experiences while recognizing the survivor's autonomy in resisting and reframing these oppressive narratives (Davis, 1982). Using a realist social constructionist epistemology with a feminist lens, this study sought to amplify the voices of survivors of sexual trauma, critique systemic inequalities, whilst advocating for culturally sensitive interventions that address the needs on both a personal and systemic level.

Data Collection

The data for this study were gathered using semi-structured interviews that were 60-90 minutes per session. Survivors were encouraged to share their experiences via open-ended questions and

invited to speak freely about their experiences, which allowed them the space to personally narrate their experiences. For example, participants were asked,

Could you tell me how you've come to understand your experience of sexual trauma and the way it has impacted you?

This was followed up with relevant probing questions to gain a better understanding of the research objectives described earlier, specific to each participant's story. Each interview was conducted via secure online platforms such as Zoom or MS Teams (university-provided) based on the accessibility and comfort level of participants. Recruitment of participants was conducted by purposive sampling, which was initially used to ensure survivors who participated in the study met the study's specific criteria. Snowball sampling was employed by survivors who participated and referred others who were willing to participate in the study. This ensured the eventual data collected was aligned with the study's research objectives, while addressing factors and sensitivities that might have prevented a survivor from coming forward. The study aimed to recruit 4 -6 participants, aligned with IPA guidelines, which prioritised depth of analysis over broad themes in research (Pietkiewicz & Smith, 2012).

The study recruited survivors who self-identify as Malaysian Indian women aged 19-35 years old, who have experienced sexual trauma more than a year ago and reside in the Klang Valley. The timeframe was included to ensure the survivors have had the necessary space and time to process their experiences and are able to engage in meaning-making. This study chose to focus on survivors within the Klang Valley to facilitate alignment with the cultural and societal context of that region. This is aligned with IPA guidelines that emphasise the importance of a specified and contextual participant

pool (Smith et al., 2009). Additionally, this geographical focus ensures that survivors (when in need) are able to have access to support systems and mental health resources within their area, allowing for a thorough risk assessment and referrals. Age restrictions were put in place to ensure this project captures the experience of survivors within a similar life stage, who may likely share generational influences in terms of how they make sense of their experiences. Survivors in this age range may have grown up with evolving definitions and societal perceptions around a myriad of concepts (e.g. mental health, gender, trauma, etc.) which may shape their meaning-making process differently when compared to someone in an older stage of life (Smith et al., 2009). The study excluded survivors who had experienced suicidal thoughts or self-harm in the past 6 months, to reduce any potential safeguarding issues that may arise due to the sensitive nature of this study. Additionally, survivors who have lived away from the Klang Valley and Malaysia for a significant portion of their lives (more than a year) were excluded as they may be influenced by differing external cultural/societal norms rather than cultural/societal norms purely specific to Malaysian Indian women's narratives.

Participants were recruited using community outreach opportunities such as NGOs or community centres, as well as via word of mouth, as they were more likely to have built trust with the survivors, acting as ideal intermediaries. Online platforms such as social media were widely used by survivors in the study's age criteria. The anonymity and security that social media platforms offered encouraged survivors to reach out without fear of exposure. Confidential referrals were also employed so survivors felt comfortable participating when referred by someone they trusted. A screening call was conducted before each interview session to ensure survivors interested in participating fulfilled the criteria of the study and were able to answer any

questions or concerns they had. A summary of participant characteristics may be found in Table 1.

Table 1. Participant Characteristics

PSEUDONYM	AGE RANGE
Maddie	19-23
Tracy	30-35
Ragini	23-28
Roja	23-28
Anna	23-28
Sasha	30-35

Data Analysis

This study employed an IPA analysis framework that helped organise the data by systematically processing and understanding a survivor's lived experiences and the meaning they took from those experiences. The expected flow was based on IPA guidelines (Larkin & Thompson, 2012) and included detailed transcription, immersion, line-by-line coding and creation of emergent themes for each transcript, followed by interpretative reflection, clustering and theme development. Supervision and consultation improved the accuracy of interpretation and reflexivity. Findings were written up in a narrative manner that placed emphasis on the participant's voice in verbatim quotes and interpretative commentary. Reflections on the researcher's own processes and understanding were captured in a reflexive journal.

ETHICAL CONSIDERATIONS

Trauma-Sensitive Approach

The trauma-sensitive approach addressed the participants' emotional safety and well-being, as well as promoting a safe environment for participants to share their experiences of sexual trauma to minimise distress. During the interview, the researcher, who is a trainee clinical

psychologist, used her clinical skills to manage and attend to the participants when they felt overwhelmed. The following also included informing the participant of their option for a break and the right to withdraw. To help participants remain emotionally regulated, the researcher suggested soothing exercises or grounding techniques (such as taking deep breaths or getting a lighter drink) to ensure the participants' safety throughout the interview. Moreover, the researcher had access to supervision from their supervisor and engaged in self-care practices to address any form of emotional impact as a result of carrying out the research.

Culturally Sensitive Approach

Remaining culturally sensitive in research involves respecting and understanding the cultural beliefs, values and norms surrounding the Malaysian Indian community. Hence, the researcher used culturally appropriate languages (such as Tamil and English) to enable participants to feel comfortable and foster trust while discussing personal and distressing experiences. This also involved using clear, non-stigmatising and appropriate terminologies while conversing and preparing questions that are respectful of their culture. The following ensured the collection of authentic data for the study.

Support Resources

Support resources for participants involved providing access to professional help at different stages of the research to cope with challenges when revisiting their traumatic and distressing experiences. To ensure a positive impact on the participant's well-being, the researcher communicated with the participant regarding mindful techniques and aftercare support that was available throughout the research. At all stages of the research, participants were debriefed on the next steps and reminded of the available resources from mental health services and NGOs. During the

interview, participants were regularly checked in and reminded that they were not pressured to disclose all details of their experience if they did not feel comfortable doing so.

Member Checking

Member checking involves accurately representing participants' experiences and emotions during data analysis to achieve validity and credibility in the research. Participants were reached out by the researcher after the interview session to review their statements before using them for the study. Hence, participants had full access to transcripts and summary writings of their statements so they could make amendments if interested within 2 weeks post-interview.

Informed Consent

Informed consent involves participants understanding the purpose, process, benefits and risks of participating in this research, for participants to make an informed decision involving their participation in this study. Firstly, participants received an information sheet that outlined the study, their rights throughout the interview and tips on how they could prepare for the interview. After reading the sheet, the participants signed a consent form to document their agreement. The following provided transparency to the participants, helped reduce anxiety, and made them feel informed about the research. During the interview, participants were regularly reminded of their rights, autonomy of the conversation and only had to share as much as they felt comfortable.

Confidentiality & Anonymity

Confidentiality and anonymity ensure the safety and security of participants throughout and post-research, hence the researcher briefed all participants on how their identities and data collected were anonymised and securely stored. Participants used online platforms

for their interview sessions. However, to avoid hacking and breaking confidentiality, participants could select their preferred platform and were briefed on the security measures adopted (password-protected meetings and using verified email addresses). Moreover, all data collected were stored in the researcher's university's encrypted OneDrive, where consent forms were password-encrypted and the participants' names as well as demographics were securely stored. Participants were assigned a number when uploading data or a culturally appropriate pseudonym in the write-up. All media recordings were immediately transferred to OneDrive, and consent forms, demographics data and recordings were deleted digitally upon the completion of research. However, anonymous transcripts will be kept for 5 years post-study.

Reflexivity

As a researcher, it was important for the researcher to acknowledge the possibility of how their life experiences, biases, assumptions, and background might have influenced this study. With this in mind, the researcher hoped to critically examine personal, interpersonal, methodological, and contextual factors that may impact this research. As a member of the Malaysian Indian community, while they hold an insider perspective on some shared societal values and norms, it is crucial to recognise that the experiences and biases of others may differ. For instance, as a researcher, there is a high chance of being seen as an outsider by participants, hence creating an unequal power imbalance between both parties that is so often observed in research (Shuman, 2005). Alternatively, they may be seen as someone who "gets it" and thus may need to probe further to ensure incorrect assumptions are not made. Through self-observation, the researcher examined how these shifts in dynamics influenced their interactions with participants. Additionally, they aimed to address the power dynamics by empowering the survivors to tell their narratives as they

see fit and collaborating with them to ensure their stories remain central to the research.

To maintain a reflexive stance, they aimed to employ practices such as reflective journaling to help document their thought processes, emotional responses and evolving understanding of the research throughout this research process. Furthermore, they collaborated with a volunteer expert-by-experience consultant who was able to share a different perspective and, in turn, allowed them to further critically examine the researcher's assumptions, biases and beliefs throughout this research process. This approach allowed for their interpretations to remain rooted in the survivors' lived experiences rather than being based on their preconceptions. In addition, it was crucial to acknowledge the privileges at their disposal (i.e. the researcher's position as a researcher) and how that influenced how they may interpret the survivor's lived experiences. To address this, they actively engaged in introspection into how their perspective deviated or aligned with the survivors' narratives, which in turn helped the survivor understand how each individual's interpretation of an experience may be constructed through their interactions. The researcher also engaged in regular supervisory discussions with their supervisor, who brought relevant lived and cultural insight to support reflexive and ethically grounded analysis.

Lastly, engaging with survivors' narratives of sexual trauma may take an emotional toll on the researcher. To mitigate this, they planned to seek supervision, peer supervision, therapy and engaged in personal reflections to ensure their emotional well-being while maintaining the rigour of my interpretations.

FINDINGS

The analysis identified three themes. In the first theme, survivors shared how patriarchal and moral policing around a Malaysian Indian woman's virtue and femininity shaped the woman's eventual silence and self-blame. Next, they described how their trauma was internalised, embodied and managed through strategies of avoidance, control and mistrust. Lastly, it was examined how each survivor reconstructed their meaning, agency, and identity. Compounded, these themes reveal an entanglement between cultural conditioning, psychological survival and identity reclamation.

Cultural Morality & Gendered Shame

This theme captures how Malaysian Indian cultural values around a woman's virtue, obedience, and modesty can dictate self-concept and sexuality. All six survivors narrate their experiences not just as personal violations but rather communal disappointments—disrupting their sense of identity and sense of belonging with family and the larger Indian community. Feelings of shame are characterised culturally and internally, reinforced by the survivors' fear of losing family honour, parental blame and loss of respectability.

“Good Indian Girl” Scripts

A “good Indian girl” is an influential cultural narrative that implies that an Indian woman or girl is expected to be virtuous, self-sacrificing and conforming. Survivors share upbringings ingrained with ideals of modesty and compliance to protect family honour. Such messaging imposes that a woman's value lies in her virtue and her capacity to be silent during hardship. Several survivors describe two contrasting existences—outwardly partaking in these cultural ideals while secretly questioning them. Maddie reflects:

"..when I'm home I'm like that kudumbe kuttuvillake (family's prized possession) you know don't know what to do... like you know, vittule ella vele seiyirathu, vittule ella velaiyum seiyirathe, vittu vele ellame Nalla seiyirathe" ("Oh you are a good child, at home you do all the house chores)...there was already like an image there on me... so I don't think I will ever be able to tell my parents"

Through Maddie, we see silence not just as a form of protection rooted in fear but rather inextricably tied to the cultural definitions of womanhood placed on her. The "good Indian girl" pigeonhole shows us silence not just as a form of protection rooted in fear but rather inextricably tied to the cultural definitions of womanhood predetermined for survivors. Maddie's need to switch between her home life and external world reveals fragmentation—a survival strategy intensifying after trauma.

Anna shares the toll this messaging took on her:

"I feel like disgusted with myself, like, someone had touched me..., so, I'm not so pure.. So, my value as a woman...it has affected. They say... your aura would change from doing this kind of stuff (sexual violence)... that's why I stopped going to temples... to hide the thing (sexual violence)."

Anna's now avoidance of sacred spaces showcases personifies the fusion of religiosity and morality-virtue based policing on Indian women. This loss of virtue and by extension identity shows how an Indian woman's womanhood is often wrapped within notions of chastity and righteousness. A woman's body becomes not only the site of a violation but also the way in which her value is accounted for.

Family Honour & Moral Policing

In many diasporic cultures, a woman's sexuality is often bound to their family's honour and respectability. Sexual trauma is often not just seen as personal violations but rather an attack against the survivors' family and community. Across all survivors in the study, disclosure of their experience was not seen as an option due to fear of bringing dishonour to the family and being seen as marked. From a young age, survivors were made aware of their responsibility to protect their families' reputation. Tracy shared:

"when that incident happened, my first thought is fuck I'm gonna be a disappointment to my family, my Indian family especially..It wasn't, I need to get help..it has always been 'if you do this, it's shameful', it'll bring shame to your family and this and that...."

This quote shows how cultural values influence a survivor's instinctual reactions—the expectation to maintain family honour over their own wellbeing is seen as a survivor's duty. Additionally, families often engaged in moral policing, enforcing rules on women's clothing, curfews and interactions to perform an image of righteousness. Maddie recalls how preemptive moral policing by a parent shaped her later experience:

"She (Maddie's mother) would say things like "oh nee vanthu kl ke poyitone enne enne pasanghalam parkepore, yaarkude vanthutte kuthu adikke pore"(Oh if you go to KL, who knows what you will be doing, who you will be hanging out/slutting around with)."

The comment reveals how patriarchy views women as liabilities and their independence framed as threats, further reinforcing that a Malaysian Indian woman's morality is constantly under scrutiny. Maternal judgement translates into moral anxiety spanning

generations showcasing how fear acts beyond cultural control, and rather creates spaces where a survivor holds anticipatory feelings of self blame and isolation. Similarly, a survivor also expressed how religious practices were weaponised to enforce moral policing rather than comfort.

Anna recalls:

“He (referring to the priest or bomoh) said I’m masturbating. At that age, I didn’t know what it actually meant. So...I said “I don’t know what is that,” I just cried and asked them because I couldn’t even understand, how am I supposed to admit? She said that and...she said I will do to her son, which is my brother. He, four years younger than me. So she said I will do something to him, so she didn’t want me there”

Humiliation under the guise of love and moral policing exposes how family and community collude to govern a woman’s sexuality. This account illustrates how religious policing can be used to sexualise and shame a survivor and her body. As a result, sacred places become spaces rooted in fear and surveillance rather than refuge.

Shame as Control

This subtheme explored the many ways shame surfaces—as an emotion as well as a strategy often used to govern women’s behaviour, their relationships and self-perceptions. It was found that shame operates both as an internal emotion of feeling marked and an external tool of reprimand, training survivors to silence their struggles and manage their perception to the world. Sasha describes:

“I felt weak. I felt...you know...um, like, really powerless and stupid and shameful, especially very, very shameful...because you have to

keep it a secret, you know, people can't know. And I think that makes it even worse. When you keep it a secret, there's this element of shame there."

Her quote echoes how secrecy becomes a necessity in this context. How a survivor's shame is transformed into underlying rules she lives by. Silence is not merely avoidance but rather a learned survival mechanism within an environment that equates sexual trauma with disgrace. Silence is then the equivalent of survival—showcasing how cultural conditioning translates into self-regulation.

Similarly, Ragini reflects:

"I know the reason why I became like this. Maybe you know the rape victims in big movies, all they'll be like they'll be judged. They'll be like, oh, she was raped, she was second hand and she was this, you know, being in Indian household, right? So it it's always in me, even though people don't care about that."

This shows how shame permeates through cultural narratives that portray survivors of sexual trauma as used or marked. The internalisation of patriarchal gaze resulting in self-surveillance. This internalisation and surveillance were further evident as reflected by Sasha:

"...we would never train to look at our own bodies or ourselves as important. Nobody asked us whether we like to wear what we want to wear or not. ... people just kept controlling your body over and over again that you've never built a sense of like "My body's important, my comfort's important... So when it came to relationship with men at that time, it was also the same thing. It's like my comfort isn't important."

Prolonged messaging of shame and shrinking one's body creates a habit of constraint, equating one's discomfort to the ideals of obedience and conformity. This creates an endless loop of control: cultural policing → survivor self-surveillance → bodily restrictions. Ragini recalls the perpetrator threatened,

“Oh unnake yaare irukka? Yaare vanthe keppa? (Oh, who is there for you? Who will speak on your behalf?) You have brother younger brother nobody. So that's, that's the only weapon he used to so, so those words keep on hearing every time I see the way he look, he like ahh you are done, You are, you are you are, you are rubbish now. So the, the look that every time he gives me it it kills me inside.”

Such threats echo how cultural shame is exploited to ensure a survivor's compliance and silence in turn allow for this gendered violence to continue.

Internalised Patriarchy

This subtheme discusses how survivors and those around them not only participate but also internalise patriarchal norms, moulding how they view themselves and others and interpret the violence imposed on them. A theme that was prominent throughout all six narratives was the strong desire to be seen as strong, independent and composed—values that are often revered. These values however act as double-edged sword and come with the expectation women must endure in silence. Maddie describes this contradiction as:

“... you portray yourself as someone who's so strong, confident woman and you can protect yourself and all of that and now look at what happened”

This contradiction reflects the deeply-held belief that strong women are immune to harm and thus being harmed means that she is weak and a failure. Another survivor shares how patriarchal thought processes can be enabled by family members themselves. Roja recounts:

"I told the boy's family what he is doing is domestic violence—slapping me.. I cannot accept. The mother saying, "You make him angry lah, that's why he does that." For the mother, the action is not wrong you see, this is what happened in Indian community."

This reveals how family members can become custodians of patriarchal order—maintaining silence and compliance in the name of family honour. Roja's pain is framed as her failure to appease the perpetrator which creates a sense of self-doubt. Ragini shares how her perpetrator verbalised his patriarchal entitlement and the impact it had on her:

"I, I, I cannot accept... Why me... Why you did that to me... He told me that I scratch his ego so he got challenged. So he don't know how to humble me so he thought this is the way to humble me."

This quote portrays a chilling example of how gendered violence can be used to "discipline" women. It gives insight into cultural conditioning and male entitlement over women's autonomy and the role the community feels they play in enforcing cultural moral order. This positions women's pain as necessary to maintain gender hierarchy. Eventually, patriarchal narratives become internalised and survivors turn to self-blame.

Together, these themes reveal how cultural morality and in turn gendered shame frames a survivor's meaning-making long before and

after their sexual trauma. Shame acted as a regulating mechanism that inhibited a survivor's voice, emotion and embodiment. Over time, these messagings crystallised into internalised patriarchal scripts, shaping how survivors interpret their pain.

Surviving the Self and the World

This theme looks inwards to understand how survivors made sense of the trauma they experienced in their bodies, minds and relationally. It captures the psychological efforts of reconstructing life in the aftermath of sexual violence. Survivors described feeling disconnected between their inner experiences (self)—bodily sensations, emotions and thoughts and the external world—relationally, social spaces, environments that now felt unsafe or foreign. The survivors' stories revealed that their meaning-making process was a continuous negotiation between fear and control, endurance and withdrawal. Along the way they developed coping mechanisms in acts of self-protection and preservation. Four subthemes emerged: 1) Embodied Trauma and Vigilance—describes somatic experiences and a survivors' state of survival mode (on edge/constant alertness); 2) Loss of Trust—highlights survivors' mistrust in others and themselves; 3) Avoidance, Emotional Suppression and Control—showcases how survivors regained some of control in the aftermath.

Embodied Trauma & Vigilance

This subtheme illustrates how trauma persisted in the survivors' bodies which influenced how they moved, breathed and perceived the world after the assault. Survivors shared experiences such as intrusive sensations, somatic memories, and prolonged hyper-awareness. These experiences made their bodies both a site of memory and a source of fear. The embodied trauma was not only physiological but also profoundly cultural where the nervous system of already

moralised Indian women were additionally burdened as a remnant of violation. Ragini vividly recounts how her trauma impacted her day-to-day functioning:

“my pointer from my diploma pointer 3.8 my first degree the the one I was doing 2.0 only it impacted a lot lecturer solli kudupanghe (lecturer will be teaching) in front appadite ootam (my tears would just pour) in front and I'll be sitting like this only you know but air mata mengalir (tears would pour)”

In Malaysian Indian culture, body vigilance becomes an unspoken form of trauma as modesty norms silence bodily discomfort. Her trauma seeped into daily functioning and disrupted her concentration and academics. This shows how survivors re-experience trauma as a psychological reminder. Sasha also expressed this sense of disconnection from her body:

“I don't have much control over my body...“My body will switch. So I don't trust my body at that time... I know I'm going to freeze at some point. I'm going to people-please so I can get out of the situation.”

Here, she anticipates her body's trauma response—expressing fear and resentment towards her body survival reflexes. Her statement encapsulates how sexual trauma fragments a survivor's agency, resulting in hypervigilance internally (within the survivor) and externally (in the world). Similarly, Maddie expressed this internal struggle when she described the discomfort she felt during an intimate moment with a partner:

“He tried to touch me and I immediately panicked... started hyperventilating... entire anxiety attack... I don't really remember certain things that happened that day... it's kind of like a blur.”

The feeling of disconnection from her body deepened into moments of panic and fragmented memory, her body acting as a reminder to what her mind could not recall. Survivors described hypervigilance, autonomic arousal, and sleep-related fatigue, as a result from prolonged activation of the body's nervous system. Interpretively, Embodied Trauma and Vigilance highlights how the body serves as a record and a battlefield. The participants' physical responses were not only PTSD symptoms, but narratives shaped by gender, culture and morality. Their bodies held experiences their culture wanted erased. The body bears traces of fear, resistance and strength.

Loss of Trust

This subtheme examines the fracture of intrapersonal and interpersonal trust in the aftermath of sexual trauma. Survivors detail how their sexual trauma experiences rupture their sense of safety with others but also undermine their sense of trust with themselves, impacting their intuition, decision making abilities and memory. Relationally, trust which was given in these contexts becomes conditional and delicate; leaving survivors often cautious with those around them. For the survivors, the betrayal felt was not limited to the act of violation itself, but rather how they were treated in the aftermath. Their stories reveal significant disruptions in their self concept, amid relational security. Their loss of trust is intertwined with shame, self-blame and guilt. Roja's story illustrates how emotional and psychological manipulation impacted her self-concept and self-trust:

“ I lost myself, you know, I'm a very strong independent joyful... I was like a free bird. I realise I don't know who I am. I realise I'm the

bad worst person in the world.. because ... he's telling me I'm cheating the whole world being a good girl. Only he understand that how bad I am. The rest of the whole world thinking I'm a good because I'm telling lies to them."

Her account reveals how her self concept was reframed from “good” to bad in the aftermath of her experience, resulting in a cognitive dissonance that shattered her internal scripts. The attack on her integrity left her disoriented and questioning her own goodness and morality, revealing how survivors internalise the perpetrator’s moral schema and manipulation—converting self-knowledge into self doubt. Sasha reflects on the lasting influence of mistrust:

“the actual act itself...I feel like it's still can tahan (bearable) or maybe—maybe it's like the second in line to deal with. I haven't dealt with the first thing yet. The most painful thing was really just trusting—and being wrong about a person. And that's the painful part. So, it's constantly there, it also affects the way I...trust my friends now and when I hang out with them, I don't know whether this is real or not, you know. That's why when I'm spending time with them, I don't feel as high because I'm so cautious in the sense.”

Betrayal here is seen as beyond the physical violation—it is seen as relational. It describes the lingering vigilance and mistrust, extending on to others and even impacting her ability to experience connection with those around her. Social interactions become strained through caution, depriving her of community and emotional connection. In the same vein, Sasha reflects on the impact this has in her intimate relationships. She admits:

“I do want to date men...But I never end up approaching them because I'm scared and I don't trust them.”

This quote captures the tension between desire and fear within a cultural gender context. Sasha's longing for connection yet anticipating harm shows how trauma reshapes a survivor's sense of belonging. A survivor's loss of trust is no longer an interpersonal issue but also a cultural wound—the fear that men from her own ethnic group shaped by cultural-patriarchal conditioning may perpetuate similar forms of harm. Consequently, loss of trust emerges as both a symptom and survival technique necessary for self protection.

Avoidance, Emotional Suppression & Control

This subtheme addresses the combined use of avoidance and control by survivors to cope with the psychological impact of sexual trauma. Many used control as a sense of order in the unrest whereas avoidance offered a means to keep overpowering emotions, sensations and experiences subdued. Collectively, they forged a delicate equilibrium between safeguarding themselves and losing aspects of themselves. Survivors described using routines, rigid structures and emotional suppression to somewhat feel a sense of safety however, these also made it harder to recover. Maddie expressed:

"I would literally go to university and cover myself head to toe... big hoodie, long sweatpants, even socks and cap... nobody knew what happened to me..."

Her words reflect the reasoning behind safety behaviours that trauma survivors often adopt as attempts to avoid reliving trauma by ensuring predictability. Covering up acted as a shield - a physical barrier between herself and the outside world that felt unsafe. It was a way of regaining some form of lost control and sense of security. This ritual of control acted as an armour against the perceptions of others, loss

of bodily autonomy and vulnerability. Control also applied to ritualistic cleaning:

"I would come back home and take long hot showers... scrub myself till my skin was red and hot... I was way too disgusted with what happened."

Avoidance here manifests as a visceral sensory attempt to purify the event. Her cleansing ritual can be understood as her attempt to erase the remnants of her violation; and to cleanse a body she finds contaminated. The ritual was both soothing and self-punishing, offering temporary relief while reinforcing belief that her body is tainted. As Anna shared, avoidance was also manifested by the acts of purging and erasing the tangible memories of the event:

"Whichever clothes which I was wearing during the time, I have disposed them already. But anything similar which looks like the—especially my bra—ah, it reminds me...of what they did."

Objects became triggers and reminders of her violence. The act of discarding physical reminders of trauma acts as a survivor's symbolic way of distancing themselves from the memory itself. Avoidance, emotional suppression and control were strategies all survivors used that offered them temporary protection and means to survive when overwhelmed. This need to control reflects the survivors' deep desire to reclaim their sense of security in the roles that have been robbed from them.

This theme represents the complexity of living with sexual trauma in the aftermath—becoming a battleground of survival. It revealed how trauma rewrites one's bodily sensations and response, how a loss of trust in oneself and others leads to ruptured emotional and social

safety and avoidance and control strategies act as forms of reclaiming agency and forms of entrapment. It shows survival is not merely an act of mere endurance, rather continuous negotiations with self; the relearning to exist in a body and world where no longer feels safe or predictable.

Recovery, Reclamation & Identity Repair

This theme explores how survivors rebuild their sense of self and reclaim their agency after trauma. They demonstrate the multifaceted journey of recovery through pain, reflection, resistance, and support that allowed the survivors to move from being defined by their trauma and cultural shame towards a reconstructed new sense of self. Survivors in this study found recovery to be an amalgamation of cultural and psychological reconstruction. Each step of the process required them to reckon and find meaning in their intersecting identities—as women, as Malaysian Indians, as beings in an environment that continues to try to silence and shame them. Their stories reflect that trauma recovery in patriarchal-diasporic communities is deeply entangled with ideals of self-worth, sense of belonging and morality. Survivors saw recovery as an internal journey of redefining morality by challenging or rejecting patriarchal morality and cultural expectations that once oppressed them, reclaiming their voice by breaking their silence to share their stories and assert their needs, as well as an external act of resistance by identifying personal development and positive growth in the aftermath of their trauma, through collective healing and the power of connection.

Redefining Morality

Traditional ideas of morality, virtue, and goodness are strongly influenced by cultural values and vary greatly across cultures. Survivors describe their upbringing and values that shaped their thoughts and beliefs. Through their trauma, they realised that

morality and worth are not dependent on their virtue, victimhood or pre-defined qualities of being a woman. In their journey of recovery, the survivors in this study reframed those terms. Ragini shares with clarity her turning point:

“I did not blame myself I know he, he, he's the one to be blamed 100%. I know it's a bad thing that happened to me and he took away something that which is doesn't show my value or my worth.

This quote illustrates more than the survivor's ability to reduce self-blame, rather it shows her ability to distance herself from the violation. This transition reads as the restoration of the survivor's moral injury—the reconstruction of one's moral code after a profound violation. She re-centred her worth morally based on her intentions rather than the violation allowed her to distance and redefine her morality. Survivors in this study describe a journey of redefining parts of their culture they maintained and parts they let go as part of their recovery. As Maddie reflects:

“I think the more I grew, I kind of realized like all the cultural norms or like cultural values does not like equal to my way of living... now I am able to differentiate what is my own values and what is culture values.”

The distinction between one's values and cultural values acts as a sign of a survivor's separation from pre-determined moral codes rooted in shame and honour towards dignity-based morality rooted in care, consent and justice. With Malaysian Indian women, this requires challenging deeply rooted narratives that position a woman as pillars of their family's honour and community's reputation. This act of rejecting self-blame against sexual violence is not only healing but an act of rebellion against these cultural-moral codes. Often, the choice

of taking a self-scripted journey may require social and emotional distance from these cultural-moral norms. As seen in Sasha's reflection:

"I -I definitely realise these things (referring to power dynamics and gender hierarchy) and because of me realising it, um. I can call it out but at the same time it makes me feel a bit further away from like my Indian-ness because it feels like being Indian then means you have to be ok with these things. So, when I am going against that, I do feel distant. I do feel less Indian, you know? Which sucks lah not because it's not like I don't want to be Indian, I don't feel...like what society's, um, definition of being an Indian woman is something I fit in. I-I'd rather be distant from my roots or whatever, or my family if that means I get to save and protect myself"

This line carries the weight and tension many survivors from dysphoric communities carry with them a sense of belonging maintained in compliance to gender policing with self-preservation regarded as disrespectful. Malaysian Indian women are often expected to bargain with patriarchy by refusing scripts of silence or endurance in exchange for safety, self-worth and a sense of belonging. Through their experiences, we understand that a Malaysian Indian woman's worth is not seen through her virtue rather in her right to a choice and for that choice to be acknowledged and respected. Next, the narratives show how survivors rediscover their self worth by being empowered to live by her own set of values and ideas instead of being dictated by the community. As well as the realisation that one's dignity is not intertwined to their family's honour. In sum, redefining one's morality is the power source in Malaysian Indian women's identity recovery.

Reclaiming Voice

In the aftermath, survivors describe their ongoing reclamation to their voice through the act of articulating their desires and taking up literal and metaphorical space with their presence. Survivors shared their progress from struggling to find the right words to articulate their experience; to later being able to question and narrate their stories. This subtheme explores the survivors' rediscovery of their autonomy and voice. Sasha shares how her journey began through small acts of introspection:

"I try to, like rediscover stuff... Try to be very open about asking myself about the small, small stuff... Um, it's been nice to relearn who I am ... now with pain included inside I think I-I'm not trying to forget what's happened. I think I'm trying to incorporate that pain into who I am now..."

The journey of reacclimating one's voice is not just the re-telling of a survivor; it is also the process of reflection and becoming acquainted with even basic preferences. Reintroducing a survivor's identity and voice through turning their inner dialogues into healing monologues. For some survivors, reclaiming their voice meant confronting the shame that comes after sexual violence. Tracy states

"... sex is something that I enjoy... but I want to enjoy it knowing that it's happening within my control with my consent, and something that the both of us can enjoy together.... So those incidents didn't really, like make me feel like I should limit myself"

Sexual agency is re-positioned as hers to define and own; challenging the silence and fear often surrounding women's sexuality, especially after experiencing a violation—sexual trauma. A survivor's capacity to reconnect with their sexual pleasure and expression in their own

terms is an important feature of their healing. The reconnection is seen as a form of resistance against the cultural-patriarchal policing of women's bodies and desires, showcasing moral repair through bodily trust. All six narratives showed them regaining their voice through boundary setting and assertiveness. Maddie shares

"Honestly, I just stopped giving (redacted) about what people would think, what people would say. I just. I started being more honest with myself, being more transparent about what I want, and I think the more I was, the more I started having sex as well. The more I realised like what I actually enjoy, what I don't enjoy and where I would feel safe, where I don't feel safe... I feel much more free now."

Her words reflect the restrictions she faced both culturally and in the aftermath of her violation. Where silence once served as a form of protection is now replaced with assertive speech. Voicing up becomes an act of resistance, no longer about seeking approval rather honouring their inner truth. These changes on a personal level contribute to cultural change. They are rejecting society's label and standing firm in belief that they have nothing to be ashamed of.

Post Traumatic Growth

As survivors began rebuilding themselves, they began restoring the loss of trust with themselves and others. Survivors describe an evolving transformation of not just surviving but learning, growing and integrating. This subtheme examines how survivors interpret their growth after a violation. For some this may appear as increased personal strength, renewed sense of purpose or even increased spirituality. A survivor describes through the understanding of her trauma; it allowed for her to find acceptance of its lingering presence. Sasha shares:

"I think in the beginning when I didn't understand what trauma looks like, it was alarming. Now I understand it... when it comes, I'm like, 'OK, it's here. My brain is processing this trauma. I let it stay and let it go."

This statement sheds light on a psychological change from fear to acceptance and recognition of expected trauma responses; reflecting possibility for increased meta awareness and emotion regulation. Through awareness and recognition of a survivor's trauma responses (cognitively, emotionally, bodily), they are then able to regulate and come to terms with their experiences. Another survivor echoes these sentiments through the practice of patience and self-acceptance. Maddie shares:

"I think allowing myself to actually accept what happened... I took my own sweet time... now I feel like I'm prepared to overcome that and those emotions."

Here, we are reminded growth is never linear nor done with a time constraint. For Maddie, time acted as an ally in her feeling journey—a space to process grief without judgement. When survivors have control over their recovery, they regain agency over their journey and challenge cultural impatience and invalidation with female pain. Through this study, we found growth and awareness were not confined to internal processes. For some survivors, it took the shape of relational courage, reclaiming agency by standing up to their perpetrators. Sasha describes this decision:

"I made the choice to call him and tell him what happened... not expecting a response... it really helped me feel secure and empowered."

By confronting the perpetrator on her own terms, she is able to regain control over her narrative that was once dominated by fear. Engaging in boundary setting behaviours may heighten a survivor's self-efficacy and closure, illustrating that recovery involves restoration of a survivor's agency and connection.

These stories highlight that post traumatic growth is not universal nor linear—for some, growth is simply surviving each day. It is worth noting that post traumatic growth at times may occur simultaneously as the survivor processes their trauma responses (as in Theme 2). Here, growth is seen through the power of knowledge, boundary setting and patience; however, a survivor's growth is unique to her story and experience. Malaysian Indian women find their own ways to find acceptance and growth as they face compounded elements of stigma and marginalisation.

Collective Healing

Survivors in this study found their healing journey deepened when they began sharing their experiences. This subtheme looked into how survivors drew strength through the power of connection and validation—through their support systems, religiosity, online spaces or even collective action. It explores how survivors harness the power of connection and belonging into their healing and in turn their communities. A survivor shared the importance of having familial support and understanding in keeping her alive. Roja shares:

“Honestly, I'm saying if he (Roja's father) is not around, most probably you'll be seeing me in the photo (funeral portrait), because the torture, the trauma, it's really, really real.”

This quote reminds us that healing is not solitary; that even one safe relationship can offer an anchoring presence in a survivor's life.

Through all narratives, we see how connection often counteracts despair—emphatic validation has the ability to help regulate a survivor's nervous system and restore some sense of safety. Similarly, Sasha shares how her friendships provided a layer of healing:

“When I talk about it to my friends... that makes me feel secure. When we keep rehashing it, they’re validating the story again and again.”

With each retelling of a survivor's story is met with compassionate and empathic listening it affirms a survivor's pain as valid and undeserved. Storytelling holds the power of reclamation and healing. Each interaction and story slowly erodes any internalised harmful myths and, disbelief, illustrating that recovery is socially co-constructed—a part of healing is believing you are believed. For some, collecting healing came through the form of religious healing. Anna recounts:

“He (priest) came to me at the temple festival, put his hand on my head and said, ‘God bless you, Ma. Everything will be alright.’ So probably that changed me. I stopped thinking myself as unworthy.”

Here, the blessing is a communal acceptance of her hidden pain. In the Malaysian Indian community, religion and religious leaders are seen as a pillar of the community. Being witnessed in spaces that typically reinforce women's virtue-based taboos, recognition by priests rewrites the survivors' shame into sacred worth and faith-based validation. Several survivors' healing took the shape of community care as their sense of purpose. Anna shares:

“...I have started a NGO together with a few people... to help women... And I’m more into social service... now I’m happy with it.”

The narratives show that collective healing began when they were able to channel their pain and suffering into advocacy and action that benefits others. We are able to see how meaningful work brings reconnection with their communities and themselves. Overall, these accounts demonstrate that collective healing can take form across varied relational phases. In the context of Malaysian Indian women, the presence of community adds a unique layer of heaviness. The same norms, messaging and values that once caused them harm when reframed provides comfort and powerful healing opportunities. When families change from policing to protection; when communal spaces shift from sites of punitive judgement to places of acceptance; when survivors unite to support one another—this becomes reparative. This can be seen as cultural reclamation—transforming patriarchal systems into resources for solidarity.

DISCUSSION

This study explored how Malaysian Indian women made sense of and understood their sexual trauma experience. The survivors' narratives highlight how Malaysian Indian women's meaning making journey to be a complex tanglement of psychological processes (manifesting in embodied trauma, loss of trust and strategies of avoidance and control) and sociocultural processes (rooted in cultural-morality scripts, patriarchal messaging and family honour). Through this, survivors were able to embark on their recovery journey through reclaiming their morality, voice and identity. This highlights that meaning making is not just psychological but relational and political. The three main themes emerged from the analysis—1) Cultural Morality and Gendered Shame; 2) Surviving the Self and the World and 3) Recovery, Reclamation and Identity Repair—illustrating a shift from violation to recovery, mediated through the distinct cultural and gender meanings of being a Malaysian Indian woman. Collectively, these themes outline sexual trauma for a Malaysian Indian woman as

both a personal violation and cultural renegotiation, where healing may be attained not through erasure rather through redefining one's identity within and against cultural systems of control.

This study highlights how patriarchal ideals on a Malaysian Indian woman's virtue and obedience regulate their identities preceding a sexual trauma experience. Survivors described living under messaging such as the "good or ideal Indian girl" script (an internalised cultural narrative that expects of Malaysian Indian women to be chaste, silent and respectable in the name of protecting her family honour and in turn her honour) (Chowdhury & Patnaik, 2013; Saigaran, 2022; Karupiah, 2019). Echoing Bartky's (1990) concept of "disciplinary femininity"- where a woman's self-surveillance stems as part of patriarchal control. Control is maintained by training survivors to self monitor, in turn teaching individuals that conforming to norms and power hierarchies is "normal" behaviour, requiring no need for change (Schalk et al., 2023; Puwar & Raghuram, 2020). After sexual trauma, these scripts are intensified, leaving survivors feeling marked or contaminated, exemplifying how cultural stigma and shame magnify the psychological distress and symptomatology experienced in the aftermath of sexual trauma. Shame acts as an invisible leash, functioning beyond a human emotion but as a cultural mechanism of control, echoing the notion of structural betrayal whereby the systems meant for protection instead perpetuate a survivor's harm and silencing (Brown, 2006; Freyd, 1994)

The conflict between autonomy and conformity, between feminist values and filial piety reveals the emotional labour in performance of ideal femininity. This form of messaging is a result of patriarchal norms that link a woman's femininity to chastity, compliance and silent endurance, equating women's worth in how well they perform within the patriarchal limits set upon them (Takhar, 2013 ;Karupiah,

2019; Puwar & Raghuram, 2020). These norms then cause a boomerang effect as self-blame, resulting in survivors feeling like “*bad women*” because they deviated from the norms expected of them. This cultural conditioning results in survivors experiencing a form of moral injury in which they feel they have failed due to being a victim. This aligns with research that states that survivors often experience deep shame, feelings of being marked, self-loathing and feelings of failure in the aftermath. A Malaysian Indian woman’s meaning making of her experience comes attached with cultural messaging on her womanhood which further exacerbates her sexual trauma. The expectation that a “good Indian woman” stays silent and endures not only suppresses and oppresses silences many of the survivors interviewed in this study, but also turns those suppressed emotions inwards. Their experiences further showcases how patriarchal policing serves as a strategy to control, indoctrinating Malaysian Indian women that their value is conditionally dependent on their ability to submit and conform to patriarchal take on femininity (Chowdhury & Patnaik, 2013; Kallivayalil, 2004; Karupiah, 2016,2019).

Aligned with past research within diasporic communities, Malaysian Indian women in this study are seen as the keepers of Indian culture and family honour (Chowdhury & Patnaik, 2013). Bearing this in mind, values initially intended to maintain cohesion and harmony become distorted resulting in the preservation of abuse. Herman (1992) states that trauma may drive survivors towards emotional suppression and withdrawal. In this case, the silence was culturally and self-imposed. It is worth noting that trauma is not only lived in a survivor’s body rather also lives in their moral consciousness—how survivors believe their bodies are seen as and judged.

Additionally, the study reveals how internalised scripts on misogyny, patriarchy and benevolent sexism maintained these moral orders,

illustrating how the patriarchy disfigures women's sense of agency; independence is promoted within limits and when a violation occurs a survivor turns inwards, turning outrage into self-blame and shame. This is aligned with research that finds acceptance of rape myths, endorsement of traditional gender roles through internalised misogyny and race based beliefs leading to victim blaming and minimizing the severity of the situation (Frese et al., 2004). Internalised misogyny is described as internalised messaging that is rooted in the devaluation of women, disbelief in women and prioritisation of men over women (Szymanski et al., 2009). This messaging can also be endorsed by women who are indoctrinated with sexist beliefs, as in Malaysian Indian women. Benevolent sexism is seen as a women's ability to be righteous, respectable and self-sacrificing (Glick & Fiske, 1996). Research has found that women who endorse benevolent sexist beliefs and are directed towards themselves have been found to have a higher rate of believing them as truth (Becker, 2010; Chapleau et al., 2007). In turn, this form of invalidation leads to shame and self-blame with an avoidance to help seeking behaviours, resulting in an increased tendency to self-silence. Self-silencing is when women feel the need to hide parts of themselves or their experience in exchange for their social standing. Research has found that self-silencing enhances the possibility of psychological distress as it also reduces a survivor's tendency to reach for social support (Hurst & Beesley, 2013).

Sexual trauma for many Malaysian Indian women was first understood through the lens of protecting family honour and upholding learnt moral policing. Sexual trauma is often not just seen as personal violation but rather an attack against the survivor's family and community (Takhar, 2020). Similarly, women are often seen "bargaining with patriarchy"—taking on socially acceptable behaviours to maintain social standing and safety even at the cost of maintaining

patriarchal norms (Kandiyoti, 1988). This form of modesty policing equates femininity with control, resulting in that dynamic intensifying in the aftermath of a sexual trauma experience—creating disconnection from one's body, avoidance and chronic contemplation (Schalk et al., 2023; Karupiah, 2019; Kandiyoti 1988). Malaysian Indian women's attempts to avoid blame or even social ostracism were efforts to regain safety, social standing and dignity however in turn reinforced patriarchal messaging that shamed them originally. The findings are aligned with Bene Brown's theory that "shame thrives in secrecy, silence, and judgment" (Brown, 2013). The survivors' shame were intensified by the silence they felt compelled into and by the real or perceived judgments of their community. Clinically, unaddressed shame may sustain trauma symptoms, with withdrawal and hypervigilance, creating barriers in help seeking behaviour. Culturally, it certifies that survivors become the keepers of her own virtue, not necessarily by choice rather born out of necessity.

Survivors' experience of PTSD-like symptoms were not merely trauma responses but rather a reflection of a lifetime of inhibition. Their bodies had been conditioned to equate silence with safety and survival. Thus, the moral conditioning in Theme 1 foreshadows the embodied trauma in Theme 2. Malaysian Indian women's bodies, long conditioned as the guardian of family honour becomes the landscape where moral psychological injuries intersect. Survivors exhibited intrusion symptoms, avoidance, negative alterations in mood, alterations in arousal and reactivity aligned with DSM-5-TR PTSD symptoms (APA, 2013). These symptoms reveal cognitive and somatic reactions from dysregulation of the autonomic nervous system (ANS) following exposure to threat. Neurobiologically, this is consistent with the activation of one's defense cascade (Kozłowska et al., 2015). The sympathetic system's mobilization (fight or flight) followed by parasympathetic shutdown (freeze, fawn, tonic immobility) when

safety or escape is not possible. Several survivors describe fawning trauma responses (tonic immobility)—an involuntary induced paralysis that protects a survivor against further harm, however noting that survivors may misinterpret their trauma responses as evidence of moral weakness leading to further shame and disconnection from their bodies (Porges, 2011; Möller, Söndergaard, & Helström, 2017).

Next, some survivors describe concentration difficulties, mental fog and emotional flooding in the aftermath. These symptoms align with trauma research findings on executive functioning deficits whereby the brain's planning and attention systems are flooded by persistent threat warnings (Brewin, 2011). This corresponds with prefrontal inhibition and activation of amygdala resulting in a survivor's body being in survival mode, prioritising danger detection over reflective thought processes. Nevertheless, these symptoms do not function in isolation rather within cultural conditioned schemes of women being inhibited and compliant. In diasporic communities, women's sexualities are seen through family honour and modesty (Kandiyoti, 1988; Gill, 2014). In addition, normalisation of gender socialisation conditions women to suppress their emotions, to prioritise family honour and harmony, in turn reinforcing bodily containment. In the aftermath of sexual trauma, these ingrained traits acting as perpetuating factors—vigilance develops into hypervigilance; suppression turns into emotional numbing; modesty scripts develop into avoidance (American Psychiatric Association, 2013; Herman, 1992). What is seen as symptoms of avoidance in PTSD (e.g., compulsive washing, discarding clothing, social withdrawal) acts as trauma response and moral cleansing rituals. These attempts to cleanse act as a means to regain control and agency in a world that no longer feels safe (Fairbrother & Rachman, 2004; Dworkin et al., 2017). A survivor's loss of trust is no longer an interpersonal issue but also a

cultural wound with many survivors in this study fearing that men from their own ethnic group shaped by cultural-patriarchal conditioning, may perpetuate similar forms of harm. Gomez (2023) describes this as cultural betrayal trauma where violence inflicted from one's ethnic group underpins the weight of communal disillusionment. For the survivors in this study, where ethnicity is deeply enmeshed with communal honour—distrusting “Indian men” risks isolation but a necessary option for their wellbeing and safety. Loss of trust emerges as both a symptom and survival technique. Psychologically, the lack of trust acts to protect from further betrayal; culturally it aligns with pre-existing narratives of Indian women performing strength as a form of survival. These women's accounts reveal that these acts come at a cost, the cost of connection and emotional isolation (Kallivayalil, 2004; Karupiah, 2019). Similarly, Freyd (1996) defines betrayal trauma as the rupture in trust that then creates tension between external environments and social systems. The survivor's mistrust is experienced beyond the perpetrator extending on to others and even impacting her ability to experience positive emotions. As a result, survivors often experience flattening of their affected emotional numbing where heightened hypervigilance prevents the experience of joy or moments of relaxation (Herman,1992). For survivors in diasporic cultures, this mistrust carries heavier consequences as distance from community acts as a loss of connection and social protection.

Next, the findings demonstrated how survivors progressively refined their identity beyond moral-patriarchal based values. The survivors' accounts revealed their healing journey as an ongoing process of moral renegotiation. Redefining morality—reads as the restoration of the survivor's moral injury—the reconstruction of one's moral code after a profound violation. Hamrick & Owens (2019) found in their study that higher self-compassion led to lower self-blame, which also

meant lesser severity in PTSD and depression, highlighting how crucial moral reframing is in recovery. Ideas of morality may also be rooted deeply in religious and cultural threads within the Malaysian Indian community. Survivors in this study describe a journey of redefining parts of their culture they maintained and parts they let go as part of their recovery. The distinction between one's values and cultural values acts as a sign of a survivor's separation from pre-determined moral codes rooted in shame and honour towards dignity based morality rooted in care, consent and justice (Kandiyoti, 1988). With Malaysian Indian women, this requires challenging deeply rooted narratives that position a woman as pillars of their family's honour and community's reputation. This act of rejecting self-blame against sexual violence is not only healing but an act of rebellion against these cultural-moral codes. Often, the choice of taking a self-scripted journey may require social and emotional distance from these cultural-moral norms.

Malaysian Indian women are often expected to bargain with patriarchy by refusing scripts of silence or endurance in exchange of safety, self-worth and a sense of belonging (Kandiyoti, 1988). This is also aligned with Datta's (2020) argument on fleeting agency among colonial Tamil women that often emerges as minute defiance rather than grand rebellions. With contemporary Malaysian Indian women this is seen when they choose to distance themselves from hierarchical and oppressive messaging. Through their experiences, we understand that a Malaysian Indian woman's worth is not seen through her virtue rather in her right to a choice and for that choice to be acknowledged and respected. Next, the transition into being able to decide what remains authentic to a survivor, based on her own set of values/ideas instead of being demanded of them by the community aided in the rediscovery of a survivor's self-worth. As well as the realisation that one's dignity is not intertwined to their family's

honour. In sum, redefining one's morality is the power source in Malaysian Indian women's identity recovery.

Herman (1992) notes that a survivor's voice is able to remerge in spaces that allow for her to be safe—to allow for her to identify, choose, discern. A survivor's ability to regain her voice extends this act of resistance into empowerment. Survivors in this study shared this process of reclaiming through rediscovering preferences, asserting boundaries and speaking about their sexual preferences. In doing so, a gentle re-negotiation with one's identity helps survivors unlearn the cultural-patriarchal conditioning that taught women to prioritise others over themselves (Drauker et.al, 2009; Sinko & Hughesdon, 2022). Next, practising self-statements and relearning one's preferences allows for survivors to hear herself again and in turn building the scaffolding towards a survivors agency. Research states that sexual violence often disconnects a survivors connection to her body and may often experience fear and disgust upon touch (Drauker et.al, 2009; Sinko & Hughesdon, 2022). A survivor's capacity to reconnect with their sexual pleasure and expression in their own terms is an important feature of their healing. Studies have shown that reattaining one's sexual agency restores a survivor with a sense of ownership and safety over their bodies, in turn improving a survivor's self-concept and emotional regulation. From a feminist point of view, the reconnection is seen as a form of resistance against the cultural-patriarchal policing of women's bodies and desires (Farvid et al, 2017), further showcasing moral repair through bodily trust. Through assertive communication and boundary setting skills, survivors experience better psychological stability and reduced anxiety in relationships (Maercker & Müller, 2004; Gill & Orgad, 2022). Engaging in boundary setting behaviours may heighten a survivor's self-efficacy and closure, illustrating that recovery involves restoration of a survivor's agency and connection. Voicing up becomes an act of

resistance—no longer about seeking approval rather honouring their inner truth. These changes and actions on a personal level contribute to cultural change. They are rejecting society's label and standing firm in belief that they have nothing to be ashamed about. This mirrors Herman's (1992) stage of reconnection: reclaiming narrative control. Sharing their stories on their own terms can feel empowering, and becomes part of their activism and therapeutic recovery.

The survivor's post traumatic growth manifested as a growing reintroduction toward meaning and self-compassion. Survivors shared finding acceptance when met with exposure to environments that were safe and accepting, learning about feminism and power dynamics as well as gaining better understanding of trauma. Researchers have found that a survivor's awareness of their symptoms and experience as a cognitive-emotional-behavioural process can significantly reduce a survivor's reactivity and self-blame, in turn their trauma responses are seen less of personal failures rather than their mind-body's way of recovering (Cloitre et al., 2019). This mirrors Herman's (1992) reconnection phase where survivors develop kindness, self-compassion and begin blending their trauma or trauma response as part of their story rather than being defined by it. Researchers note that the meaning-making journey is an ongoing process of emotional and cognitive negotiations; survivors often fluctuate between distress and insight until a reasonable narrative emerges for them (Brewin et al., 2010). Survivors framed their growth as not the erasure of their past rather the co-existence of it, aligned with Tedeschi and Calhoun's (2004) model of meaning reconstruction.

Moreover, religiosity and spirituality played an important role in a survivor's recovery. In the Malaysian Indian community, religion and religious leaders are seen as pillars of the community. Being witnessed in spaces that typically reinforce woman-virtue based taboos—

recognition by priests rewrites the survivors' shame into sacred worth and faith based validation. Studies have found that affirming religious experiences can aid in rebuilding a survivor's morality-based identity and help establish meaning. This is also known as positive religious coping (Bryant-Davis, & Wong, 2013). Collective healing occurs in cultural spaces where faith is seen as accepting and inclusive rather than punitive. This was seen in survivors of this study who initially avoided places of worship out of fear of their virtue being questioned but upon being accepted in these spaces, were able to kickstart their healing journey. Lefevor et.al. (2024) underscores how certain religious practices may contain linkages between morality and one's virtue, which in turn reinforces feelings of shame and guilt in survivors by placing righteousness and sexual control as important spiritual values. With this, spirituality and religiosity becomes enmeshed with policing offering conditional comfort based on compliance to these codes (Prusak & Schab, 2022) With these belief systems, a survivor's body and experiences become the center of the shame, blame and correction as opposed to the perpetrators acts of violence. Familial, cultural and religious invalidation may further intensify a survivor's trauma. Moreover, feelings of betrayal by caregivers and faith based institutions reconstruct potential healing spacings into further sources of trauma. Furthermore, feminist scholars use the term transformative activism when survivors channel their pain and suffering into advocacy and action that benefits others (Baird,2023). This is aligned with Herman's (1992) final stage of trauma recovery, which involves reconnection and the restoration of a survivor's world through meaningful activities. Survivor-led initiatives have been found to often restore mastery, social recognition, and post-traumatic meaning, allowing for survivors to write their experiences beyond their own personal healing (Delker et al., 2020).

Research has emphasised that connection often counteracts despair—empathic validation has the ability to help regulate a survivor's nervous system and restore some sense of safety. With Malaysian Indians, where one's identity is intertwined with family honour and respectability, this form of relational support takes on a double meaning. It signals that even one form of familial support burns as a torch of hope in a survivor's story. Social responses are important to survivors of sexual trauma; the presence of social supports act as temporal buffers as survivors process their trauma. Ullman (1999) states that a survivor's disclosure of sexual trauma to friends following positive reactions and support have been found to be most helpful to their recovery. When each retelling of a survivor's story is met with compassionate and empathic listening, it affirms a survivor's pain as valid and undeserved. Validation from peers has been found to decrease feelings of shame and increase trust among survivors of sexual trauma (Ahrens & Aldana, 2012; Ullman, 2010, 2025). Storytelling holds the power of reclamation and healing. Each interaction and story slowly erodes a survivor's harmful myths, disbelief, illustrating that recovery is socially co-constructed, a part of healing believing you are believed (Ahrens & Aldana, 2012). Inversely, a lack of social support had been found with heightened distress levels in the aftermath of a survivor's sexual trauma (Stermac et al., 2014).

Figure 1. Malaysian Indian Women’s Sexual Trauma Meaning-Making Journey



Together, these themes reveal a Malaysian Indian woman's sexual trauma as a layered progression. A survivors' recovery is a labyrinth of cultural negotiations (in Theme 1) which laid the framework for the embodied trauma (in Theme 2) which in turn sets the stage of conditions for reauthoring for (in Theme 3). These themes are cyclical rather than sequential, interwoven to illustrate a complex relationship between trauma and survival.

The findings in this study were consistent with existing literature on sexual trauma, survivors in this study exhibited core post-traumatic stress responses commonly seen across different cultures. This confirms the universality among survivors of sexual violence. However the primary significance of this study lies not in the presence of the

survivors symptoms rather in how each symptom was culturally experienced, interpreted, and regulated within the Malaysian Indian community. Shame was not only psychological but seen through purity culture, where a survivor's body was seen as morally marked. Resulting in responses such as compulsive cleansing, clothing avoidance, and religious withdrawal; these were not mere acts of avoidance but attempts to cleanse "impurity". Additionally survivors in this study experienced a feeling of "moral fear"—a fear activated by worries, potential judgement or dishonour, reflecting a cultural specific trauma pathway. Next, survivors described having to preserve dual identities—of being assertive and being authentically themselves in the outside world, but compliant as a "good Indian daughter at home, reflecting culturally shaped identity fragmentation. Emotional suppression and silence functioned both as trauma response and a culturally reinforced messaging on obedience and respectability to honour family harmony. Recovery in this context acted both as an act of political and cultural resistance as well as individual healing at times even at the expense of cultural displacement. The study uniquely contributes how culture does not merely contextualise trauma but actively structures symptom meaning, coping, and recovery. It is understood that their healing journey is not merely the restoration of their individual psyche rather the reinvention of it means to be a Malaysian Indian woman in the aftermath of their sexual trauma. The findings invite mental health practitioners and society at large to challenge the ways cultural, moral and systemic influences shape trauma and pain. This study extends existing post-traumatic stress and feminist trauma response into a culturally grounded understanding of sexual trauma among Malaysian Indian women.

Clinically, these findings confront universal understandings of trauma recovery—with the assumption that a survivors agency may be restored when safety is established. However for Malaysian Indian

women, safety was contingent on moral order and concealment. It is recommended for mental health practitioners to adopt a culturally attuned trauma informed practice whilst incorporating feminist practices that place survivors as experts of their own experiences. This may be done by helping survivors recognise that feelings of shame and self-blame may be rooted in cultural-moral scripts rather than a reflection of who they are; understanding that survivors' deference and compliance are forms of adaptive survival skills instead of pathologizing them; creating spaces that honour a survivor's ongoing negotiations between expression and protection; to use bottom-up approaches that targets healing by reconnecting with one's bodily reactions to trauma safely. Additionally, the power of connection should be prioritised by engaging support systems - family, community and friends involved.

On a systemic level, policy-driven strategies must tackle the structural inequalities at play. This study calls for impactful community education and cultural reframing. Community engagement must include transformative dialogue within spaces of faith, schools, neighbourhood communities where notions of a woman's virtue, family honour and victim blaming are taking root. Religious and pillars of community can play pivotal roles when better equipped with sexual trauma literacy as well as understanding of the cultural-morality scripts at play within the community, so they are able to respond appropriately when survivors disclose, seek help, or show warning signs and connect them to necessary resources. In schools, sex education should be implemented with lessons on consent, bodily autonomy, gender and rape culture.

Additionally, to aid institutional reform, gender-sensitive polices rooted in trauma-informed feminist ethics should be implemented—training first line workers and staff not only to respond to sexual

violence but to recognise the cultural and intersectional difficulties that come into play. Ultimately, these changes should be led with survivors at the helm as cultural mediators leading local NGOs, clinicians and policymakers in formulating the language and interventions that best speak to the Indian community.

These recommendations echo the SDGs. To achieve SDG 5 (Gender Equality), interventions must move towards deconstructing moral and gender hierarchies that ensure survivors remain voiceless. Here, gender equality is moral equality, a woman's right to define her own worth, sexuality, and healing without fear of shame. Next, Good Health and Well-Being (SDG 3) needs to be reimagined to include intersections of cultural and psychological mental health. For example, mental care that is trauma informed, multilingual and integrated to the intersections of gender, cultural and religious systems pathologising survivors without understanding cultural scaffolding of their pain does not warrant healing. Trauma-informed principles must be embedded in public health policies and community health frameworks ensuring every clinic, NGO, and temple space becomes a node of psychological safety. This aligns with SDG 16, highlighting the crucial need for relational justice—the creation of systems that listen to, validate and believe survivors. Survivors' first point of contact, be it law enforcement, faith leaders or mental health professionals must practice compassion before compliance. Institutional strength lies in its ability to hold survivors' stories with dignity.

This study has some limitations. The sample of the study consisted of urban-based, educated young women, limiting generalisability to populations outside of the Klang Valley. The choice of snowball and purposive sampling may have introduced homogeneity, drawing survivors who were ready and comfortable with disclosures,

excluding those who still remain shackled by fear or social control. Future research should explore diverse groups of Malaysian Indian women with elements of differing socioeconomic status, intergenerational differences and Malaysian Indian women of diverse gender and living arrangement to capture a more intersection lived experience. Next, a longitudinal study would be beneficial in better tracing the recovery journey of survivors over time, showcasing how embodied trauma and moral repair evolve.

CONCLUSION

This study explored how Malaysian Indian women made sense of their sexual trauma experiences within intersecting systems of cultural, societal, and familial influences that shape their trauma narratives. Through this study we saw how sexual trauma was not just a psychological injury but also a moral injury, in which survivors face a rupture between their identity and the cultural scripts. Malaysian Indian women's healing journey involved resisting ingrained messaging of shame, reclaiming their morality and identity and relearning safety in both their body and community. Clinically, this calls for culturally attuned trauma informed care that recognises moral-patriarchal conditioning that may influence a survivor's interpretation of their sexual trauma. Recovery in this study was seen as both psychological and sociocultural—an act of reclaiming identity within systems that oppresses it. These insights deepen understanding of sexual trauma in diasporic patriarchal communities while highlighting the importance of intersectional, culturally sensitive approaches in future research.

STATEMENTS AND DECLARATIONS

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Sexual trauma is a complex and pervasive issue with significant emotional, social, physical, and psychological consequences. Despite a clear increase in reported sexual trauma cases, the cultural and societal contexts that influence a survivor's meaning-making of their experiences remain under-explored. Little is known of the sexual trauma experienced by Indian women in Malaysia, a marginalised ethnic community. This study explored how Malaysian Indian women interpret their experiences of sexual trauma. The study captured in-depth narratives of six survivors aged 19-35 residing in the Klang Valley. The analysis revealed that a survivor's meaning-making is a labyrinth of psychological and sociocultural processes. Three superordinate themes emerged - 1) Cultural Morality and Gendered Shame, showcasing how patriarchal values, moral policing and "good Indian girl" scripts creates internalised shame and silence; 2) Surviving the Self and the World, characterising how trauma responses are embodied and managed through hypervigilance, avoidance, mistrust and strategies of control; 3) Recovery, Reclamation and Identity Repair, revealing survivor's accomplishment in rebuilding their agency, voice and worth. The study acts as a framework for curating culturally sensitive mental health interventions and advocating for inclusive policies.

About the Author

Shivakaaminii is a Clinical Psychology graduate from HELP University, Malaysia. Her work focuses on trauma-informed care, sexual violence, and marginalised lived experiences. Drawing on prior social work experience with survivors of sexual and gender-based violence, she approaches research through inclusive, anti-oppressive, community-centred lenses that bridges research, clinical care, and community advocacy.

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A-1-10, Blok A, 8 Avenue, Jalan Sungai Jernih 8/1, Seksyen 8,
46050 Petaling Jaya, Selangor.



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