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Review

# Post-Resettlement Intimate Partner Domestic Violence in Afghan and Arab Refugees: A Scoping Review

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Abstract: Intimate Partner Domestic Violence (IPDV) has been reported to be high in minorities across the US. Among minorities, refugees and immigrants encounter particular barriers that may influence their responses to IPDV. This scoping review examined three decades of literature (1980-2022) on resettled married Afghan and Arab refugee women's attitudes and behaviors toward IPDV in their host countries, aiming to explore gaps in the research, practice, and policy recommendations. Based on the Arksey and O'Malley model, our scoping review conducted extensive searches in SCOPUS, PubMed, PsychInfo, CINAHL, the Web of Science, the Directory of Open Access Journals, and the Embase databases. Searches identified articles that examined resettled Afghan and/or Arab refugees' responses to IPDV in Western countries. The search identified 439 unique citations; 17 met the inclusion/exclusion criteria. The major findings included acculturative changes in refugee attitudes and behaviors and in stakeholders' perspectives. Significant attitudinal changes (acknowledgment, silence, justification, or IPDV disapproval) contrasted with less behavioral changes (help-seeking behaviors, or action plans), or changes in barriers to actions, and with a resistance to change in stakeholders (cultural norms and beliefs, the community patriarchal normalization of violence, service providers' unfamiliarity with client diversity and refugee cultures) in supporting women's decision-making regarding IPDV. Not a single article made explicit policy recommendations.

**Keywords:** intimate partner domestic violence; Afghan and Arab refugees; acculturation; women's decision-making



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# 1. Introduction

The basic foundations of domestic violence (DV) have emanated from a variety of fields, including psychology (e.g., frustration-aggression theory, cognitive-behavioral theory), biobehavioral sciences (e.g., individualist theories), criminology, sociology, public health, and others (Larsen 2016; Astbury et al. 2000). DV includes different forms, based on the United Nations definition as "physical, sexual, emotional, economic or psychological actions or threats of actions that frighten, intimate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound someone" (United Nations 2023), and impacts survivors' reproductive, sexual, and psychological health and well-being (World Health Organization 2015). DV is a broad term generally referring to violence occurring between any residents within one single location (interspousal violence; mother, father, brother-in-law, etc., perpetrating violence against a son-in-law, daughter-in-law, etc.). Intimate Partner Violence (IPV) is also a too-broad term pointing to violence happening between two partners in an intimate

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relationship that can be anywhere, location-wise. The term chosen by our study, Intimate Partner Domestic Violence (IPDV), is a more focused term specifically referring to the violent behavior of residents of one single location who are in an intimate relationship with each other (and married, in our case), in turn excluding family members or other residents living within the household who would fall under the broader term of Domestic Violence. IPDV can occur among all genders and across a lifespan; however, it disproportionately impacts women, especially pregnant women, mothers with young children, and ethnical minorities (Astbury et al. 2000). In the most recent report by the United Nations, about one in three women worldwide experienced types of intimate physical or sexual abuse during their life span (World Health Organization 2021). Women from countries representing diverse cultural settings reported a high rate of partner-related violence and a low rate of using supportive services (World Health Organization 2005).

Although several studies reported higher rates of violence experienced by immigrant and refugee women, to our knowledge, there are not enough strong data indicating a higher prevalence of IPDV among refugees compared to the general population. Most existing articles emphasized that the experience of DV is more severe in immigrant women due to language barriers, isolation from social contacts, financial insecurity, and other social instabilities (Gonçalves and Matos 2016; Menjívar and Salcido 2002). This study aims to examine Afghan and Arab refugee women's attitudes and help-seeking in the case of IPDV, and explore possible gaps in the research, practice, and policy recommendations presented by the available literature.

## 1.1. Afghan and Aran Refugee Women

Middle Eastern countries are among the largest countries of origin for newcomers in the US, including refugees from Afghanistan, Iraq, and Syria (Batalova and Ward 2023). Since the collapse of the Afghan democratic government in August 2021, more than 1.6 million Afghans have fled the country because of conflict, violence, and poverty, which has brought the total number of Afghan refugees located in 103 different countries around the world to about 8.2 million, "accounting for one of the largest protected refugee situations in the word". (Afghanistan Refugee Crisis Explained 2023). More than 97,000 have come to the United States (Batalova and Ward 2023; Blinken 2023). Along with the major refugee crisis from Afghanistan, over 10 years of crisis in the Syrian Arab Republic has led Syria to become one of the top 10 countries of origin for a global refugee crisis, with 6.8 million Syrians being refugees in other countries and almost the same number displaced internally. Along with this major refugee crisis from Afghanistan, over 6.8 million refugees have also been displaced from the Syrian Arab Republic alone (UNHCR—Refugee Statistics 2023; Concern Worldwide 2023), and also, between 2012 and 2022, around 83,000 Iraqis have been resettled in the US and 3.7 million Arab-Americans now call the US home (Batalova and Ward 2023; Demographics—Arab American Institute 2023), many of them refugees (Batalova and Ward 2023). This study gives special consideration to these communities because of this extraordinary magnitude of displacement.

The Afghan and Arab communities, despite their distinct cultural backgrounds, share overarching similarities that warrant our focus in the context of domestic violence research and support. Both communities have been deeply affected by conflict, uncertainty, and the destruction of social and community support systems, creating an environment conducive to DV (Rubin 2002; Refugee Crises in the Arab World—Carnegie Endowment for International Peace 2023). This scoping review aims to better understand the post-resettlement attitudes and help-seeking behaviors of violently abused Afghan and Arab married refugee women hoping to inform a path for future research, strategies, interventions, and policies to support refugee women in their responses to IPDV.

Afghanistan is a multi-ethnic and mostly tribal society comprising a wide range of ethnolinguistic groups (Lamer 2011). Decades of war and foreign intervention have disrupted family structures and exacerbated the risk of gender-based violence; according to the World Health Organization (WHO), at least 17% of Afghan women have experienced sexual

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violence, and 52% reported experiencing physical violence (World Health Organization 2015). A recent study of the Afghanistan Demographic and Health Survey reported that 55.54% of ever-married Afghan women reported experiences of some form of abuse by their intimate partner (Shinwari et al. 2022). Though these rates are alarming, it is also known that instances of domestic violence are vastly underreported, meaning this number is likely even higher (Lins and Carvalho 2016). Similarly, the Arab World is also a territorially characterized region including about 465 million people with diverse ethnical backgrounds who live in what are now recognized as 22 Arab countries or states (UNDP Annual Report 2023; Mojahed et al. 2022). The Arab Region has experienced tremendous war and political and social upheaval in recent years (Refugee Crises in the Arab World—Carnegie Endowment for International Peace 2023). The Middle East and North Africa (MENA) has experienced significant political and social upheaval, resulting in health and safety concerns for women (Refugee Crises in the Arab World—Carnegie Endowment for International Peace 2023; Middle East and North Africa 2023; UNHCR—Refugee Statistics 2023). A 2019 systematic review on the prevalence of intimate partner violence in Arab countries reported that the actual rate of DV and intimate partner violence (IPV) against women in the Arab world could be much higher than the UN general estimates of 37%, and as high as 6-59% for physical violence, 3-40% for sexual violence, and 5-91% for emotional or psychological violence (Facts and Figures: Ending Violence against Women and Girls 2023; Elghossain et al. 2019; Moshtagh et al. 2023).

Conflict and uncertainty, as seen in Afghanistan and the Arab Middle East region, the destruction of social and community supports, trauma, and poverty can also perpetuate existing and facilitate new instances of domestic violence (Gibbs et al. 2020). Beyond the preresettlement challenges, post-resettlement barriers, including language barriers, cultural norms, and economic constraints, impact women's ability to seek help (Fariyal Ross-Sheriff 2013). Additionally, the societal importance of preserving family honor and reputation, as well as the expectation for women to modify their behavior to prevent abuse, are common threads in both communities (Moshtagh et al. 2023; Shannon et al. 2012; Usta et al. 2007; Barakat 1993). Educational disparities also play a role, with higher levels of education often associated with a reduced acceptance of DV (Afghanistan Multiple Indicator Cluster Survey (MICS), 2022–2023 | UNICEF Afghanistan 2023). These shared circumstances emphasize the need to better understand refugee women's responses and decision-making processes to IPDV in their new environment and provide more effective support within refugee communities (Gibbs et al. 2020). Recognizing these similarities is crucial for developing research, interventions, and policies that can empower Afghan and Arab refugee women in responding to various forms of DV, and ultimately foster more supportive and safer environments (Astbury et al. 2000; Gonçalves and Matos 2016; Menjívar and Salcido 2002; Meguid and Bakry 2006).

### 1.2. Refugee Women's Approach toward IPDV

In addition to coming from countries and communities with uncertainty and instability, the overwhelming day-to-day life, responsibilities after resettlement, and a lack of financial security can increase the conflict in the family environment and impact refugee women's degree of experiencing abuse within their relationship (Fariyal Ross-Sheriff 2013).

Several factors can impact survivors' decision-making and action-taking. Financial instability has been reported as a factor that impacts response to DV, especially for women who face challenges finding employment (Asian Pacific Institute on Gender Based Violence 2017). The individual level of education also has been reported to have an association with women's perspectives of DV and help-seeking approach (Coker et al. 2000). In Afghanistan, a study conducted in both urban and rural communities reported that 81% of women with no educational background justified IPDV in the case of women leaving home without informing their partner. However, amongst women with their secondary education completed, only 60% agreed on the same justification (Afghanistan Multiple Indicator Cluster Survey (MICS), 2022–2023 | UNICEF Afghanistan 2023). Although the acceptance of IPDV among

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women in Afghanistan decreased with higher education and higher economic standing, a 60% acceptance of IPDV among the most educated women in Afghan society could indicate that other factors outside of education may contribute to women's acceptance of violence, which could include factors like tribalism and institutional influences that could shape the perception and attitudes toward IPDV among women in Afghanistan (Mannell et al. 2021).

### 1.3. Impact of Religion and Cultural Norms on Gender Roles, Domestic Violence and Divorce

Understanding how Muslim marriages fail and the response of religious and sociocultural norms to domestic violence and divorce is important for informing interventions for Arab and Afghan refugee families; unfortunately, perspectives relying mostly on hegemonic Western research framing and findings may be of limited use (Esmaeili and Schoebi 2017). While the Middle East is composed of various countries, most of these countries are labeled as Muslim-majorities and practice Islamic laws. However, the challenges to addressing IPDV within communities originating from these countries are rooted in their diversity of ethnicity and religion. The religious compositions dominant in the Middle East include major Abrahamic religions (Islam, Christianity, and Judaism), several minorities, and individuals not affiliated with any religion (Kiprop 2019). The multitude of religions makes it nearly impossible to generalize the impacts of religion and culture on DV; however, it is evident that faith directs family values (Dollahite et al. 2018).

In Islam, the family forms the basic building block of society, and despite the many pressures of life in the Western environment on Muslims, the family institution remains strong (Dhami and Sheikh 2000). The Arab traditional family remains a vital cultural force through which individuals and communities are taught their cultural values (Barakat 1993; Haj-Yahia 2000). In Arab societies, the family is the central social security system for the young and the old; parents take care of their children well into their adult lives, and children responsibly must care for their aged parents. Consequently, and unlike in Western host societies, the marriage of Arab refugees is not an individual but a major family matter, a social and financial contract between two families. Since such two families may be composed of 40-50 or even more members, no disgruntled spouse, no matter how aggrieved, can make a divorce decision without the consent of all concerned parties (Al-Krenawi and Jackson 2014). Divorce is seen as a failure, an irresponsibility, and a deviation from religiously enshrined cultural norms (Al-Kazi 2008). In the Islamic ruling, however, if the spouses seek divorce, the Quran encourages first meditation rather than rushing to divorce; meanwhile, it permits divorce and encourages the men to act in a great manner (Abdel-Haleem 2005). Whether leaving the marriage or remaining, Muslim women may have to contend with judgment about how they respond to IPDV without risking family destruction or community exclusion, as the community and the spouses often misuse the religious texts to convince women that gender-power norms, including abuse, are an accepted part of their Muslim faith (Abugideiri 2010).

In the discussion of how the dissonance between Western and Arab perspectives on marriage, IPDV, and divorce play out in Arab refugee families in the United States, here is where individualistic (Western, Global North, USA) and collectivistic (Global South, Arab) cultures seem to collide (Oyserman 2017). And yet, divorce rates have been increasing in the past two decades not only in the West but also in the Arab Region. For example, between 1996 and 2017, Egypt has seen an 83% increase in divorce rates (Reda 2019). This rise has been attributed to a 2000-year-old law change that grants women a no-fault divorce if they renounce their right to entitled financial benefits (Samaha 2016). Theoretically, many employed women may afford to do that. Globalization, higher education, and increased female employment in the Middle East and North Africa (MENA) might have reduced the primacy of gender role expectations (Cohen and Finzi-Dottan 2012). Research findings in MENA point out that the participation of Muslim women in local economies is modulated more by the need for female labor rather than by the religious and cultural framing of gender roles (Karshenas and Moghadam 2001; World Bank 2004; World Bank Report 2014). However, religiously sanctioned gender roles remain powerful determinants of social life

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that tend to change extremely slowly (Perales and Bouma 2019). Despite the rising rates of female employment and divorce in the MENA, a marital breakup comes at a prohibitive cost for women. Divorce continues to be stigmatized (Frisby et al. 2012) and women must suffer post-divorce disapproval and blame from their families and communities. Thus, many employed and self-reliant Arab women choose to endure IPDV and stay in their marriage to avoid social humiliation, discrimination, and exclusion.

Afghanistan, or more officially, the Islamic Emirate of Afghanistan, is a non-Arab Muslim country that has been violently aggressed for over a century by the United Kingdom, the Soviet Union, and the United States. Distrustful of the purported Western liberal values seen as a disguise for global conquest and exploitation, the country is ruled by an Islamic government strictly adhering to the Sunni Hanafi school. This directly impacts women's ability to dress, attend school, and practice religion (Ahmadi and Sultan 2023), affecting their family lives as well. The impact of the government on education can be seen through women's attitudes toward IPDV. Educated Afghan women were 15% less likely to accept IPDV when compared to those who received no formal education (Most Women in Afghanistan Justify Domestic Violence 2023). Despite the reported high percentage of acceptance of domestic abuse among Afghan women, it is important to consider that the highly traditional practices and legal approaches to domestic abuse are all factors that limit Afghan women in their ability to be vocal about their true beliefs and attitudes toward IPDV (Afrouz et al. 2021a). This multi-ethnic country (Shah 2020) allows for various religious interpretations and cultures. A highly patriarchal and problematic legal system can affect the likelihood of women seeking help for IPDV, especially across the different ethnic groups living in Afghanistan (ethnic Tajiks had significantly greater odds of reporting help-seeking behavior for IPDV than ethnic Pashtuns) (Metheny and Stephenson 2019).

Finally, the role of religion and culture in Afghan and Arab communities is intertwined with many traditional values, given that culture and religion are passed through family stories. Earlier generations would maintain these values in the grandparents' home, resulting in constant family gatherings and teachings. How these stories are passed on in families ultimately depends on the religious level and the family structure. This scoping review intended to explore whether the post-resettlement acculturation to Western values might reduce the sociocultural and religious opprobrium of divorce to permit a change in attitudes and behaviors towards IPDV in Arab and Afghan refugees.

### 1.4. Impact of Family Structure

The overlapping similarity between these two communities, Arab and Afghan, lies in the societal importance of protecting the face and reputation of the men and families. According to Barakat (1993), in Arab society, families remain tightly knit—spouses do not have much privacy or independence. Families also strongly influence ideas like marriage and divorce (Barakat 1993); immediate and often trusted distant relatives are involved in marital disputes, and together, the families will consult and attempt to find a solution. Traditionally, this solution will focus on the holiness of family values, continuity, and the family's reputation. Even if both partners are dissatisfied in their marriage, or if one is suffering at the hands of the other, maintaining family integrity has tremendous cultural and societal importance (Kulwicki et al. 2010; Balice et al. 2019).

Furthermore, women are often expected to alter their actions to help prevent any conflict or family dispute. A cross-sectional exploratory study conducted with a sample of 260 participants from Jordan, including 110 male (42.5%) participants and 149 female (57.5%), revealed the tendency for Jordanian society to expect the abused wife to change her behavior and assume responsibility in instances of abuse, and a reliance on informal agents in instances of repeated abuse such as the community or religious figures, their family, and other means (Btoush and Haj-Yahia 2008). The fear of possible grave consequences from the perceived disloyalty to the victims' families or spouses, and the lack of personal resources to leave or change the situation could lead to entrapment and isolation for refugee women (Usta et al. 2007). This family and community condoning of domestic violence creates firm societal and

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community expectations to keep instances of domestic violence private and within the family, finding the solution withinside rather than airing family issues to the larger community. Traditionally, this solution will focus on the holiness of family values, continuity, and the family's reputation. Regardless of the changes in the contemporary family due to urbanization, the traditional family as a collective force remains a vital cultural force through which individuals and communities are taught their cultural values (Barakat 1993; Haj-Yahia 2000).

In the end, despite leaving their home countries, refugee women often face increased rates of domestic violence, furthered by their post-resettlement environments, family structure, educational attainment disparities, and religious and cultural norms. After resettlement in a new country, women's education levels and ability to acclimate to the new environment, both individually and as a community, can also greatly influence their perception of marital violence and help-seeking behaviors (Meguid and Bakry 2006). Understanding how these populations experience barriers to moving forward with community solutions, legislature, and healthcare interventions is important. This scoping review aims to better understand the impact of culture on Afghan and Arab refugee women's attitudes, help-seeking, and decision-making regarding domestic violence, and to create a path for future research, strategies for interventions, and policies to support women from refugee communities in their response to IPDV.

#### 2. Methods

This review aims to map the 1980–2022 literature on the attitudes and/or actionable behaviors towards IPDV of Afghan and Arab Refugee women resettled in Western countries. Due to the probing nature of this review, a scoping review was designed to explore the breadth of the literature available and to provide methodological flexibility to address the broad nature of our research question and study criteria. Our scoping review follows the enhanced Arksey and O'Malley approach and uses the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), the Extension for Scoping Review Guidelines, and the PRISMA-ScR Checklist and Guidelines (Moher et al. 2009).

# 2.1. Methodological Framework

Arksey and O'Malley (Arksey and O'Malley 2005) describe four reasons for performing a scoping review. Our review complies with the first, third, and fourth reasons: (1) to examine the extent, range, and nature of the available research on a topic or question; (3) to summarize and disseminate the research findings across a body of research evidence, and (4) to identify gaps in the literature to aid in the planning and commissioning of future research. We opted for an enhanced scoping review model that integrates qualitative and quantitative literature assessments and employs an interprofessional, team-based approach through all stages of the scoping review (Westphaln et al. 2021).

### 2.1.1. Arksey and O'Malley Framework: Stage 1—Identify the Review Question

We first conceptualized our research question based on a rapid but broad literature review in five successive "blast searches". Finding out that Afghan and Arab refugee DV studies are carried out across various disciplines and professions prompted us to choose a transdisciplinary, interprofessional, team-based approach. A wide range of roles, expertise, skills, and professional contexts are embodied within the eight members of our team, which included a public health doctoral student with experience in DV and sexual health (AG), a medical doctor, a public health professional with expertise in Afghan refugee women's health and DV (ZG), an Arab American data scientist in healthcare and medicine (ZC), a psychiatric epidemiologist trained in cultural anthropology and with expertise in Arab refugee trauma and DV (PMK), a public health specialist (YPA), and three UC Davis students (2 Afghan-American and 1 Iranian-American) with substantial work experience at student-run refugee clinics (LA, RH, and SAMA). After training for two months in scoping and systematic reviews, PRISMA, and Covidence, our team had bi-weekly review meetings communicating across different disciplines for twelve months.

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We identified our review question: Does the literature on Afghan and Arab refugees identify post-resettlement gendered acculturative changes in attitudes and behaviors towards IPDV? We defined our population of interest as married Afghan and Arab refugee females and males, aged 18 years or more, who have resettled in developed Western host countries (USA, Canada, EU, Australia, and New Zealand).

# 2.1.2. Arksey and O'Malley Framework: Stage 2—Identify Relevant Literature

For this scoping review, we searched the following databases: SCOPUS, PubMed, PsychInfo, CINAHL, Web of Science, the Directory of Open Access Journals, and Embase. The Principal Investigator of the project led the construction of the search strategy. Five initial blast searches were performed to probe search terms and refine the research question and inclusion and exclusion criteria.

The following search terms were chosen: Afghan Refugees/Afghan Women/Refugees from Afghanistan/Afghanistan Refugees/Arab Refugees/Arab Women/Refugees from Arab countries/Iraq/Syria/Yemen/Libya/Sudan/Somalia/Refugees/Arab domestic violence/intimate partner violence/intimate partner domestic violence/DV/IPV/IPDV/domestic abuse/gender-based violence/domestic violence/gendered violence/spousal abuse/partner abuse/gendered acculturation/developed countries/America/USA/US/Europe/European Union/EU/Canada/New Zealand/Australia. The subsequent searches yielded 724 articles. Article titles and abstracts were imported into an Endnote library and uploaded into Covidence (Covidence—Better Systematic Review Management 2023), an online review management software. Covidence removed 285 duplicates, leaving 439 studies to be screened based on the inclusion and exclusion criteria.

# 2.1.3. Arksey and O'Malley Framework: Stage 3—Selecting Studies Inclusion and Exclusion Criteria

Articles were assessed for eligibility based on the inclusion and exclusion criteria (Table 1). The study selection process was reported using a PRISMA flow diagram.

Table 1. Inclusion and Exclusion Criteria.

	Inclusion		Exclusion
1.	Afghan and or Arab Refugees; multi-ethnic studies should include Afghan and/or Arab refugees	1.	Non-Afghan, non-Arab refugee study populations
2.	Married male and/or female refugee adults 18 years of age and older	2.	Unmarried refugee youth under 18 years of age, unless the study also includes married refugee adults over 18 years of age
3.	Participants have been assessed for intimate partner domestic violence (IPDV)	3.	Participation only in clinical trials
4.	Study focused on survivor decision-making or behaviors, and not only on psychiatric/counseling/medical treatments	4.	Study focused exclusively on medical, psychiatric, or counseling assessment and treatment, and did not consider the survivors' decision-making or behaviors
5.	Peer-reviewed qualitative and/or quantitative research articles, scoping, and systematic reviews	5.	Non-peer-reviewed, unfiltered information such as book chapters, editorials, commentaries, case studies, case reports, cohort or conference papers
6.	Study carried out only on refugees resettled in developed Western host countries (USA, Canada, EU, Australia, New Zealand)	6.	Study carried out on military personnel, veterans of the Iraq and Afghanistan Wars, or outside of the above-mentioned developed Western host countries.
7.	Study published during 1980–2022	7.	Study published before 1980
8.	Study published only in English	8.	Study published in languages other than English
9.	Study examines refugee attitudes and/or behaviors towards IPDV	9.	Study with little or no attention to attitudes and/or behaviors towards IPDV
10.	Study examines the impacts of gender acculturation on refugee attitudes and/or behaviors towards IPDV, and/or evaluates assessment instruments.	10.	Study does not address the correlations of IPDV with gender, class, generation (age), and acculturation variables of study population

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Firstly, the researchers of sub-team 1 (RH, SMA) independently reviewed the unique 439 articles, screening by title and abstract to determine records that qualify for inclusion in the full-text review. Researcher PMK was assigned as the arbiter for any conflicting decisions. Secondly, after excluding 384 articles, 54 were selected for full-text eligibility by sub-team 2 (PMK, ZG), and 20 were excluded. Researcher AG was assigned as the arbiter for any conflicting decisions.

# Interrater Reliability

Expressed as the Cohen's Kappa correlation coefficient, this term represents reviewer agreement. We included an assessment of the interrater reliability to verify the process validity and reliability of our scoping review. In the inter-reviewer reliability (Cohen's Kappa) of the screening phase by title and abstract: A member of sub-team 1 (RH) screened each article and then compared this to the findings from the other member of sub-team 1 (SMA)—Cohen kappa value: 0.85. After full-text analysis and hand-searching of the remaining 34 articles, a total of 17 articles were identified for inclusion in the scoping review. The first co-author (ZG) and senior investigator (PMK) conducted the full-text review and data extraction due to these authors' disciplinary, research, and clinical expertise. The last and corresponding author (AG) served as arbiter.

# 2.1.4. Arksey and O'Malley Framework: Stage 4—Extracting, Mapping, and Charting the Data

First, we determined the variables of interest for data extraction, per our review question, by discussing the variable candidates with all team members. Then, we pooled the preliminary results to produce a cross-disciplinary analytical framework for data charting.

Our included articles were charted in Microsoft Excel for Mac 2021 version 16, using the following eight subheadings: (1) "Author's Information" (full APA citation); (2) "Sample Information: (Country of origin, Sample size, Location, Gender [M&F], Class [level of education, socioeconomic status/SES], Generation [Age range], and "Research Design"; (3) "Aim of the Study"; (4) "Focus Area"; (5) "Refugee personal post-resettlement attitudes towards IPDV"; (6) "Refugee personal post-resettlement behaviors towards IPDV"; (7) "Refugee community attitudes and/or behaviors towards IPDV"; and (8) "Research, practice, and/or policy recommendations". Table 2 displays the charted data, except for the limitations. Data in each of the columns were extracted by three authors independently and compared to ensure rigor and consistency.

# $2.1.5.\ Arksey\ and\ O'Malley\ Framework:\ Stage\ 5---Collating,\ Summarizing,\ and\ Reporting\ the\ Data$

The main challenge of the Arksey and O'Malley Framework's stage 5 is that it lacks clear guidance on accomplishing this. We followed the Levac et al. (2010) suggested three distinct steps for stage five: (5.1) conduct a quantitative descriptive analysis and qualitative thematic analysis, (5.2) report the results within the context of the research question(s) and purpose, and (5.3) interpret the findings within the context of future research, practice, and policy. These customizations emphasize the benefit of integrating a mixed-method framework into the scoping review methodology (Levac et al. 2010). Importantly, these steps allow us to (1) develop a framework or template to summarize and analyze the results, (2) analyze the data as a quantitative and/or qualitative analysis and thematic analysis, (3) relate the results to the research question and/or purpose, (4) present findings within the context of future research, policy, and practice, (5) provide additional levels of depth to the data from the inter-disciplinary expertise of our team, and (6) prioritize findings to emphasize implications for future research.

Finally, we used a thematic analysis to identify patterns in meaning through our data set. Through triangulation meetings, we discussed, across our disciplines, the possible meanings and interpretations of generating new insights from our data. We utilized a shared thematic analysis table to ensure all themes, subthemes, and quoted texts were captured for utilization.

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**Table 2.** Chart of the Findings.

#	COLUMN 1 Author Information	COLUMN 2 Research Design & Participant Information	COLUMN 3 Study Aims	COLUMN 4 Focus Area	COLUMN 5 Refugee Post-Resettlement Attitudes towards IPDV	COLUMN 6 Refugee Post-Resettlement Behaviors toward IPDV	COLUMN 7 Refugee Community Attitudes and/or Behaviors towards IPDV	COLUMN 8 Research, Practice, and/or Policy Recommendations
1	(Afrouz et al. 2021b) Afrouz, Rojan, Beth R. Crisp, and Ann Taket. 2021b. Understandings and Perceptions of Domestic Violence Among Newly Arrived Afghan Women in Australia. Violence Against Women 27: 2511–29. https://doi.org/10.1177/ 1077801220985937.	Semi-structured interviews with 21 newly arrived Afghan women in Australia.	To explore newly arrived women's understanding and perceptions of DV and whether they perceive this as normal/acceptable.	Domestic violence, experiences and perceptions around domestic violence.	Attitudes changed based on educational level, English proficiency, personal experience of IPDV, years of living in Australia, connecting with host society, pursuing education.	Lack of knowledge and English impact perception of violence and response to it normalizing IPDV.	Communities have different perspectives and definitions of IPDV, women might not get the support and assistance they need.	Expand the community definition of IPDV to include various forms of abuse. Long-term and consistent community education and training should be delivered in collaboration with community members.
2	(Afrouz et al. 2021a) Afrouz, Rojan, Beth R. Crisp, and Ann Taket. 2021a. Experiences of Domestic Violence among Newly Arrived Afghan Women in Australia, a Qualitative Study. The British Journal of Social Work 51: 445–64. https://doi.org/10.1093/ bjsw/bcaa143.	Semi-structured interviews with 21 newly arrived Afghan women in Australia.	To understand Afghan women's experiences of DV and their perceptions about the extent of DV in the Afghan refugee community.	Domestic violence, perception of domestic violence.	Resettlement in a new environment impacted women's perspectives on IPDV viewing it as abnormal and unacceptable.	Women were less dependent and socially active in the host community. Husbands may not agree with this change, view it as a threat to their power leading to more controlling patterns. Immigration status and financial instability are barriers to emancipation.	Community normalization of IPDV enables further abuse. The normalization of violence is rooted in interpretations of Sharia law, cultural norms mandating that a bride should live with in-laws, women should stay silent to not dishonor family, and an overall culture of male dominance.	Promote changes at systemic levels: (1) religious leaders' approach to IPDV, (2) community support for IPDV laws, (3) agencies organizational approach to IPDV.  Improve the cultural diversity of available supportive services
3	(Afrouz et al. 2023) Afrouz, Rojan, Beth R. Crisp, and Ann Take. 2023. Afghan Women's Barriers to Seeking Help for Domestic Violence in Australia. Australian Social Work 76: 217–30. https://doi.org/10.1080/ 0312407X.2021.2004179.	Semi-structured interviews with 21 newly arrived Afghan women in Australia.	Barriers to seeking help for domestic violence, specifically experienced by Afghan women after settling in Australia.	Domestic violence, help-seeking, and barriers to help-seeking for domestic violence.	Afghan culture dictated that a good woman did not disclose marital problems to others and that those who did so deserved negative judgments.	Seeking help may not be possible considering financial barriers, children, and language barriers.	Community shaming and labeling/blaming women who seek help for IPDV experiences.	IPDV services priorities should match and respond to women's needs.

 Table 2. Cont.

#	COLUMN 1 Author Information	COLUMN 2 Research Design & Participant Information	COLUMN 3 Study Aims	COLUMN 4 Focus Area	COLUMN 5 Refugee Post-Resettlement Attitudes towards IPDV	COLUMN 6 Refugee Post-Resettlement Behaviors toward IPDV	COLUMN 7 Refugee Community Attitudes and/or Behaviors towards IPDV	COLUMN 8 Research, Practice, and/or Policy Recommendations
4	(Abu-Ras 2007) Abu-Ras, Wahiba. 2007. Cultural Beliefs and Service Utilization by Battered Arab Immigrant Women. Violence Against Women 13: 1002–28. https://doi.org/10.1177/ 1077801207306019.	Structured survey collection in the US through in-person interviews with 67 Arab immigrant women from MENA.	Relationship between cultural beliefs and service utilization among Arab immigrant women clients of ACCESS's Domestic Violence Prevention Project.	Partner abuse, attitudes, and beliefs around partner abuse.	For many women, family is the building block of society and should be preserved at all costs. However, some women did not approve of IPDV and saw it as an unacceptable abuse.	Women who did not justify wife-beating and did not blame victims for being the cause of IPDV have a higher chance of seeking and utilizing IPDV services.	Divorce is not approved of nor accepted in the community. The Arab community has a patriarchal culture that often blames and shames female victims for being responsible for the IPDV.	Need for immediate action with supporting policies and interventions. Disseminate information on IPDV and on women's rights to community, including Arab men.  Use spiritual and Islamic teaching to raise IPDV awareness and to stop violence against women.
5	(Gennari et al. 2017) Gennari, Marialuisa, Cristina Giuliani, and Monica Accordini. 2017. Muslim Immigrant Men's and Women's Attitudes Towards Intimate Partner Violence. Europe's Journal of Psychology 13: 688–707. https://doi.org/10.5964/ ejop.v13i4.1411.	Focus groups with 42 first- generation Muslim immigrants (21 males and 21 females) from Pakistan, Egypt, and Morocco.	Study the attitudes towards Intimate Partner Violence (IPV) in a group of Muslim immigrants.	Intimate partner violence, attitudes towards intimate partner violence.	Interpretation of violence as a norm and as the act of spousal care normalizes IPDV. Female respect toward men regardless of suffered IPDV. The impact of social isolation on refugee women.	The older generation (women's in-laws) leads the decision-making and action items for couples in cases of IPDV.	Culturally normed male dominance and role in protecting females. IPDV is normalized as a tool for social control over women. Divorce is not acceptable.	N/A
6	(Holtmann 2016) Holtmann, Catherine. 2016. Christian and Muslim Immigrant Women in the Canadian Maritimes: Considering Their Strengths and Vulnerabilities in Responding to Domestic Violence. Studies in Religion/Sciences Religieuses 45: 397–414. https://doi.org/10.1177/ 0008429816643115.	Semi-structured interview and focus group in Canada, 89 Christian and Muslim immigrant women from 27 countries of origin.	Aims to assess the strengths and vulnerabilities of Muslim migrant women in the Canadian social context.	Domestic violence, the intersection of attitudes and practices in countries of origin with the Canadian social context	Post-resettlement changes in gender roles are a positive asset for women.  While all participants in this study disapproved of violence, they also believed that women do their best to keep the family together.	Participants were highly aware of the services available in the host country. Women used new networks and social support as safe spaces to discuss their IPDV issues and get support.	Bonding with international families increased women's awareness and changed their perspectives about gender roles and controlling power.  Both Christian and Muslim families expect the wives to keep the family together and cope with their marital issues.	Public service providers and religious and ethnic leaders should be aware of shifting gender roles and social status post-migration, which increases the conflict between partners. Need to increase knowledge of religious diversity for service providers. Women can be the best allies to support each other.

Table 2. Cont.

#	COLUMN 1 Author Information	COLUMN 2 Research Design & Participant Information	COLUMN 3 Study Aims	COLUMN 4 Focus Area	COLUMN 5 Refugee Post-Resettlement Attitudes towards IPDV	COLUMN 6 Refugee Post-Resettlement Behaviors toward IPDV	COLUMN 7 Refugee Community Attitudes and/or Behaviors towards IPDV	COLUMN 8 Research, Practice, and/or Policy Recommendations
7	(Wachter et al. 2021) Wachter, Karin, Laurie Cook Heffron, Jessica Dalpe, and Alison Spitz. 2021. 'Where Is the Women's Center Here?': The Role of Information in Refugee Women's Help Seeking for Intimate Partner Violence in a Resettlement Context. Violence Against Women 27: 2355–76. https://doi.org/10.1177/ 1077801220971364.	Semi-structured interviews with 35 refugee women in the US.	Examined factors that hinder help-seeking for intimate partner violence (IPV) among women who resettled to the United States as refugees.	Intimate partner violence, factors that hinder help-seeking behaviors	Women believe that they should be silent in the case of abuse to respect cultural norms. Women do not have the power to verbalize the IPDV situation.	Back in their country, women would go to elder community members for support. In the host country, women reported a lack of knowledge about resources and a lack of ability to access them. Language barriers and financial instability are major reasons for women not to seek help even when they know of services.	The community is not supportive of women in the case of IPDV.  Anticipation of community and family reactions prevents women from taking any action.	Network-oriented interventions: Create an ongoing system of connection support and communication with refugee women.
8	(Kulwicki et al. 2010) Kulwicki, Anahid, Barbara Aswad, Talita Carmona, and Suha Ballout. 2010. Barriers in the Utilization of Domestic Violence Services Among Arab Immigrant Women: Perceptions of Professionals, Service Providers & Community Leaders. Journal of Family Violence 25: 727–35. https://doi.org/10.1007/ s10896-010-9330-8	Focus groups with 65 Arab American religious and community leaders, health and human service providers, legal and law enforcement.	Explored the role of personal resources, family, religion, culture, and social support systems in the utilization of DV services by Arab immigrants.	Domestic violence, the role of personal and social support in the utilization of help-seeking resources and behaviors.	Patriarchal and patrilineal cultures may lead to women's acceptance of IPDV and shame of seeking help when abused.  Negative perspectives toward IPDV resources such as these, in the long run, will disturb family structure.	Women may not seek help because of a lack of awareness about services, a complicated access path to resources, fear of lack of confidentiality in community-based services or support, immigration status, and financial instability.	Healthcare providers not properly trained in IPDV screening have cultural gaps and language barriers. Family is the only support system that women utilize. Family and culture push women to return to abusive relationships. Religious leaders are not trained in IPDV and cannot provide appropriate support.	There is a need for multidisciplinary interventions. Healthcare providers and law enforcement need cultural competency training. Increase awareness and facilitate utilization of services. Training at every level, including religious leaders, lawyers, and healthcare providers, on women's rights and family structure.

Table 2. Cont.

#	COLUMN 1 Author Information	COLUMN 2 Research Design & Participant Information	COLUMN 3 Study Aims	COLUMN 4 Focus Area	COLUMN 5 Refugee Post-Resettlement Attitudes towards IPDV	COLUMN 6 Refugee Post-Resettlement Behaviors toward IPDV	COLUMN 7 Refugee Community Attitudes and/or Behaviors towards IPDV	COLUMN 8 Research, Practice, and/or Policy Recommendations
9	(Balice et al. 2019) Balice, Guy, Shayne Aquino, Shelly Baer, and Mallory Behar. 2019. A Review of Barriers to Treating Domestic Violence for Middle Eastern Women Living in the United States. Available online: https: //www.researchgate.net/ publication/335403510_A_ Review_of_Barriers_to_ Treating_Domestic_ Violence_for_Middle_ Eastern_Women_Living_ in_the_United_States (accessed on 23 September 2023).	Literature review (32 articles).	Examined literature that addresses DV and Intimate Partner Violence (IPV) in Middle Eastern women living in the United States.	Domestic violence, barriers that limit help-seeking behaviors and services.	Women's patriarchal values impact their views on marital relationships and IPDV. DV is kept a private family matter because of family reputation, cultural expectations, religious values, and financial dependence on husbands. Unemployment and living in rural areas may lead to more acceptance of IPDV.	Help-seeking of IPDV services decreases in women with higher enculturation who count on help from family and friends. They may not seek mental health support because of fear of becoming stigmatized and isolated by the community.	IPDV is normalized in the community and regarded as a family private matter of no great significance for the community at large.	Mental health providers and social workers should learn more about Arab family structure, patriarchal values, and stigma about mental health and how these factors impact the normalization of IPDV and help-seeking behaviors.
10	(Kulwicki and Miller 1999) Kulwicki, Anahid Dervartanian, and June Miller. 1999. Domestic Violence in the Arab American Population: Transforming Environmental Conditions Through Community Education. Issues in Mental Health Nursing 20: 199–215. https://doi.org/10.1080/ 016128499248619.	Quantitative study, Structured survey collection of in-person interviews with 202 Arab American (162 female and 40 male) immigrants followed by community-based intervention.	Assessed and provided community interventions for DV victims in the Arab American immigrant population in the United States.	Domestic violence, resources for domestic violence, barriers that limit help-seeking behaviors	Among the study participants, 58% of women and 59% of men approved of a husband slapping a wife in an argument. The participants reported a high percentage of belief in men controlling women.	After the study interventions, more women reported taking action and seeking help either through community centers or outside resources.	The community became more supportive of the IPDV survivors after interventions.	There is a need for culturally and linguistically competent programs to increase IPDV awareness and prevention.

Table 2. Cont.

#	COLUMN 1 Author Information	COLUMN 2 Research Design & Participant Information	COLUMN 3 Study Aims	COLUMN 4 Focus Area	COLUMN 5 Refugee Post-Resettlement Attitudes towards IPDV	COLUMN 6 Refugee Post-Resettlement Behaviors toward IPDV	COLUMN 7 Refugee Community Attitudes and/or Behaviors towards IPDV	COLUMN 8 Research, Practice, and/or Policy Recommendations
11	(Meguid and Bakry 2006) Meguid, Abdel, and Mona Bakry. 2006. Measuring Arab Immigrant Women's Definition of Marital Violence: Creating and Validating an Instrument for Use in Social Work Practice. Ph.D. thesis. The Ohio State University, Columbus, OH, USA. Available online: https:// etd.ohiolink.edu/acprod/ odb_etd/etd/r/1501/10? clear=10&p10_accession_ num=osu1148507126 (accessed on 27 July 2023).	Quantitative study, structured paper survey collection from 224 Arab- Muslim immigrant women in the US.	Investigated how Arab-Muslim immigrant women define IPV and help-seeking sources and barriers to accessing help outside the family.	Intimate partner violence, help-seeking behaviors, and barriers to help-seeking behaviors.	On emotional abuse, women reported men making fun of their wives in front of others or calling them names. On physical abuse, women agree on the definition of abuse. Actions like forced sex or refusing to have sex with a disobedient wife were counted as less abusive.	Family members as the first source of help-seeking, followed by friends and then the Imam, and last to get help from formal authorities and shelters. The longer women stayed in the US, the less they used friends as resources, increasingly relying on other resources.	Islamic and cultural beliefs have a role in women's perspectives and attitudes toward men being controlling or men using a second marriage as abuse.	Arab-Muslim women's help-seeking process differs from Western women's and has specific characteristics. Providers of professional services should educate themselves about different backgrounds and cultural perspectives. There is also a need to increase the diversity of the workforce by training Muslim social workers.
12	(Pottie et al. 2015) Pottie, Kevin, Govinda Dahal, Katholiki Georgiades, Kamila Premji, and Ghayda Hassan. 2015. Do First Generation Immigrant Adolescents Face Higher Rates of Bullying, Violence and Suicidal Behaviours Than Do Third Generation and Native Born? Journal of Immigrant and Minority Health 17: 1557–66. https://doi.org/10.1007/ s10903-014-0108-6.	A systematic review of 18 studies on first-generation immigrant adolescents versus their later-generation and native-born counterparts.	Examined comparatively the likelihood of experiencing bullying, violence, and suicidal behaviors to identify factors that may underlie these risks.	Various forms of violence, and risk factors for violence.	Identified only one study in our review documenting an increased risk of sexual violence among specific subpopulations of immigrant adolescents.	N/A	When both cultural environments, family culture of origin, and host culture promote conflicting values, the result may be increased intergenerational cultural dissonance, family conflict, and increased risk for violence.	Examine the challenges experienced by immigrant adolescents and their families, as well as the mediating and mitigating factors associated with these challenges.

Table 2. Cont.

#	COLUMN 1 Author Information	COLUMN 2 Research Design & Participant Information	COLUMN 3 Study Aims	COLUMN 4 Focus Area	COLUMN 5 Refugee Post-Resettlement Attitudes towards IPDV	COLUMN 6 Refugee Post-Resettlement Behaviors toward IPDV	COLUMN 7 Refugee Community Attitudes and/or Behaviors towards IPDV	COLUMN 8 Research, Practice, and/or Policy Recommendations
13	(Aboulhassan and Brumley 2019) Aboulhassan, Salam, and Krista M. Brumley. 2019. Carrying the Burden of a Culture: Bargaining With Patriarchy and the Gendered Reputation of Arab American Women. <i>Journal of Family Issues</i> 40: 637–61. https://doi.org/10.1177/0192513X18821403.	Semi-structured interviews with 20 second-generation Arab American women in the United States.	Explored the attitudes and beliefs of Arab American women about IPV.	Intimate partner violence, cultural expectations, and attitudes around intimate partner violence.	Culture plays both negative and positive roles in shaping women's perspectives about themselves and about IPDV. Internalized beliefs on gender roles highly impact women's perspectives. Pushing, shoving, grabbing, and slapping were identified as violent and unacceptable but, in a larger cultural context, were seen as permissible.	Reputation is a social reality that may impact women's decision-making. Stigma about divorce may also impact decision-making. Financial burden and immigration issues.	Culture defines how families look at the IPDV. Arab culture decreases the severity and importance of violence and ignores some types of mental and emotional abuse. The community does not encourage other women to support IPDV victims. Friends and families are advised not to destroy family structure.	Discussed the women's strength as empowering characteristics, women did not describe Arab women as victims but as strong supportive members of the family that hold the family together. Ethnic identity should be considered in addressing IPDV. Future research on how Arab American women see IPDV within the American context, how their marginalized position will impact their perspectives, and how much acculturation would increase the utilization of IPDV services.
14	(Wachter et al. 2019) Wachter, Karin, Jessica Dalpe, and Laurie Cook Heffron. 2019. Conceptualizations of Domestic Violence–Related Needs among Women Who Resettled to the United States as Refugees. Social Work Research 43: 207–19. https://doi.org/10.1093/ swr/svz008	In-depth interviews and focus groups with 35 refugee women and service providers in the US.	Investigated the DV-related needs of refugee women resettled in the United States.	Intimate partner violence, needs related to intimate partner violence.	Women believed IPDV had adverse impacts on their physical and mental well-being including PTSD, feelings of worthlessness, and failure as women and wives. Most were anxious about their financial stability.	Women who left abusive husbands reported peace and overall improvement in physical and mental health. Some women decided to talk about IPDV with people whom they trusted and hoped they could tell them what action to take.	The community may pressure women to remarry after separation from their abusive partner. Survivors might prefer not to separate from their spouses as they worry about how the community will treat them if they divorce, and they also fear financial challenges.	The study highlighted the post-resettlement structural barriers that impact women's decision-making and the need for community-based support and service providers to respond to women's needs for income and safety.

Table 2. Cont.

#	COLUMN 1 Author Information	COLUMN 2 Research Design & Participant Information	COLUMN 3 Study Aims	COLUMN 4 Focus Area	COLUMN 5 Refugee Post-Resettlement Attitudes towards IPDV	COLUMN 6 Refugee Post-Resettlement Behaviors toward IPDV	COLUMN 7 Refugee Community Attitudes and/or Behaviors towards IPDV	COLUMN 8 Research, Practice, and/or Policy Recommendations
15	(Tlapek et al. 2020) Tlapek, Sarah Myers, J. Kale Monk, and Cheyenne White. 2020. Relational Upheaval During Refugee Resettlement: Service Provider Perspectives. Family Relations 69: 756–69. https://doi.org/10.1111/ fare.12468	7 Focus groups with refugee women and semi-structured interviews with service providers.	Explored intimate relationships and service provider responses during the resettlement transition in the United States.	Intimate relationship challenges, impact of resettlement on relational lives and attitudes.	New gender roles can increase relational confrontations. Refugee women may stand up to their partners and ask for shared decision-making and no longer tolerate inadequate pre-resettlement gender norms.	Women are conflicted about services and rights available to them and what action they should take. Most women do not share their IPDV or relationship challenges with providers, only with trusted family or friends. Males usually show resistance to new gender role norms in the new country.	N/A	Providers should be aware of the stressors and risks in refugee partners' relationships and get training on ways to improve the safety, health, and well-being of refugees.
16	(Shalabi et al. 2015) Shalabi, Dina, Steven Mitchell, and Neil Andersson. 2015. Review of Gender Violence Among Arab Immigrants in Canada: Key Issues for Prevention Efforts. Journal of Family Violence 30: 817–25. https://doi.org/10 .1007/s10896-015-9718-6.	A literature review on gender violence among Arab immigrants in Canada.	Examined ways to reduce gender violence while recognizing resilience, family hierarchy, and the value of maintaining a family as protective factors in prevention programming.	Gender violence, reducing instances of gender violence.	Victimized women may lack an understanding of DV and have a self-blame perspective. Religious interpretations may also increase the women's self-blame culture.	Financial dependence and a lack of knowledge about available resources may impact women's response to IPDV. Wives who held traditional beliefs and attitudes towards IPDV were less likely to use services. Also, immigrant women without knowledge about the world outside their homes would be even more dependent on their spouses and less trusting of service workers in public agencies.	Arab communities live collectively; family hierarchy dictates relationships and individual agency. Despite incidents of abuse, keeping a family is seen as essential to meeting social expectations. Police may see IPDV in the Arab community as a cultural issue and avoid it as a post-resettlement problem.	Collaboration among the various stakeholders in the Arab community is essential in designing more solid programs that address the issue of gender-based violence from different angles. This includes involving community leaders, elders of the community, religious leaders, and community organizations that understand the various aspects of the Arab culture.

Table 2. Cont.

#	COLUMN 1 Author Information	COLUMN 2 Research Design & Participant Information	COLUMN 3 Study Aims	COLUMN 4 Focus Area	COLUMN 5 Refugee Post-Resettlement Attitudes towards IPDV	COLUMN 6 Refugee Post-Resettlement Behaviors toward IPDV	COLUMN 7 Refugee Community Attitudes and/or Behaviors towards IPDV	COLUMN 8 Research, Practice, and/or Policy Recommendations
17	(Mojahed et al. 2022) Mojahed, Amera, Nada Alaidarous, Hanade Shabta, Janice Hegewald, and Susan Garthus-Niegel. 2022. Intimate Partner Violence Against Women in the Arab Countries: A Systematic Review of Risk Factors. Trauma, Violence, & Abuse 23: 390–407. https://doi.org/10.1177/ 1524838020953099	A systematic review. Female participants (age ≥ 13) in heterosexual relationships, estimates of potential risk factors of IPV, and IPV as a primary outcome.	Examined the risk factors according to the integrative ecological theoretical framework for IPV for women living in Arab countries.	Intimate partner violence, risk factors for intimate partner violence	50% of Jordanian women believed that men have the right to physically hurt and sexually abandon a rebellious wife. 50% of Palestinian women agreed that wives are responsible for the violence conducted against them. 80% of the surveyed Egyptian women said that physical IPDV against females is justified, especially if they refused sexual interactions with their husbands, but also if the women interfere with their husbands' social life or if they talk or complain too much.	N/A	A patriarchal hegemony is deeply ingrained into many Arab societies and shaped by social norms and cultural beliefs about traditional gender roles.	The sociocultural complexity of IPDV requires preventive measures that are more structural and situational rather than individualistic only, where the focus of change would be on the behavior of individuals, as well as the real ecological and contextual structure of IPDV.

Table Acronyms: Domestic Violence (DV); Intimate Partner Violence (IPV); Intimate Partner Domestic Violence (IPDV); Not Applicable (N/A).

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### 3. Results

During the identification stage of the review, 724 articles were identified. After removing 285 duplicates through Covidence, 439 remained for screening. After screening based on title and abstract, 384 articles were removed, leaving 54 to be screened and assessed for full-text eligibility. After excluding 27 articles for reasons such as wrong study design, population, setting, and indicator, we identified seventeen studies from the literature review (Figure 1).

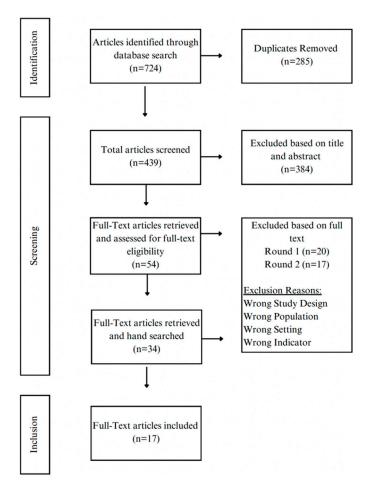


Figure 1. PRISMA Flow Diagram.

A summary of the included articles is included in Table 2. Eleven studies were qualitative, two were quantitative, and four were literature reviews. Studies included refugees from Afghanistan, Iraq, Syria, Libya, Palestine, Pakistan, Egypt, Morocco, and other countries. Some studies (n = 3) included mixed-gender samples, but most focused only on women (n = 10), excluding literature reviews. Overall, studies aimed to explore refugee (and immigrant) women's understandings, attitudes, experiences, and perceptions of IPDV. Articles also explored the barriers facing refugee women's help-seeking behaviors for IPDV. Several articles assessed community interventions and resources for women, and some delved into the IPDV-related needs of refugee women who have settled in host countries. Most studies focused on IPDV, and most had a secondary focus on evaluating the perspectives, experiences, behaviors, or barriers of women in refugee populations.

# 3.1. Thematic Analysis

Three main categories were identified for a thematic analysis: refugee women's attitudes toward DV, refugee women's help-seeking behaviors in cases of domestic violence, and stakeholders' attitudes and/or behaviors toward DV.

## 3.1.1. Refugee Women's Attitudes toward IPDV

Among the studies that focused on violence among married Afghan and Arab refugee women, different perspectives and awarenesses about IPDV were reported. Afrouz et al. reported that Afghan women have different levels of understanding and define IPDV differently. Women without sound knowledge of IPDV might perceive violence as normal (Afrouz et al. 2021b). Abdel Meguid, M. B. and colleagues also reported a wide range of responses on the definition of abusive words and abusive actions; as an example, women agreed that "men making fun of their wives in front of others or calling them names" are examples of emotional abuse, and most agreed that physical abuse is not acceptable; however, actions like "forced intercourse or refusing to have sex with the wife if she is not obedient" were reported as less abusive (Meguid and Bakry 2006). Wachter K. et al. reported that women believed IPDV had several impacts on their physical and mental well-being, and some felt worthlessness and failure as women and wives (Wachter et al. 2019). Women's internalized patriarchal values impact their views on marital relationships and IPDV. This leads to women accepting IPDV and the shame of seeking help when abused. Some of the examined articles emphasized the impact of the new environment on the refugee women's attitude toward IPDV; for example, Afrouz and colleagues reported that resettlement in a new environment impacts women's perspectives on IPDV, viewing it as abnormal and unacceptable (Afrouz et al. 2021a). In another study, a change in women's attitudes was reported to depend on their education level, English proficiency, personal experience of IPDV, years of living in the host country, connecting with the host society, and pursuing education in the new home (Afrouz et al. 2021b). Tlapek, S. M. and colleagues also reported that refugee women in their host countries encounter new gender roles that can increase daily relational confrontations; refugee women may stand up to their partners, ask for shared decision-making, and no longer tolerate inadequate pre-resettlement gender norms (Tlapek et al. 2020).

# 3.1.2. Refugee Women's Help-Seeking Behaviors in Cases of IPDV

Most studies we examined highlighted that although refugee women acknowledged the acts of IPDV, their help-seeking approach and action-taking may vary based on several individual, communal, and structural factors. Wachter et al. mentioned that women stay silent in the case of abuse to respect cultural norms (Wachter et al. 2021); for many women, family is the building block of society and should be preserved at all costs (Abu-Ras 2007). Women felt that their children and families were more important than themselves and that if they rejected IPDV, they would harm the family. Afrouz et al. reported that Afghan culture dictated that a good woman did not disclose marital problems to others and that those who did so deserved negative judgments (Afrouz et al. 2023). The study by Kulwicki et al. on Arab immigrants highlighted that the patriarchal and patrilineal culture may cause women to accept IPDV and avoid the shame of seeking help (Kulwicki et al. 2010). A similar study on Middle Eastern immigrants also reported that Arab American women have internalized patriarchal perspectives, impacting their value of marital relationships. The study by Salam. A. et al. on second-generation Arab American immigrants also highlighted that culture plays negative (shame, secrecy sacrifice) and positive roles (the foundation of family, marriage, virginity, etc.) in shaping women's perspectives about themselves and IPDV (Aboulhassan and Brumley 2019). They also mentioned that internalized beliefs on gender roles highly impact women's perspectives on IPDV.

Financial instability and the challenges of supporting their children were also reported as determinants of women's decision-making and help-seeking. Afrouz et al. mentioned that seeking help post-resettlement through service providers may not be possible considering financial barriers, children, and language barriers (Afrouz et al. 2023). Participants in the Wachter et al. study reported a lack of knowledge about resources and a lack of ability to access resources, which are determinant factors; meanwhile, even if women know about the services, they will not take action due to language barriers and financial instability. Kulwicki et al. also reported a lack of awareness about the services and a complicated

access path to the resources as a barrier to women seeking help; women also reported a negative perspective toward Western community IPDV resources and counted them as disturbing family structures (Kulwicki et al. 2010). Immigration status and financial instability were also highlighted in the study by Salam et al. as reasons that women may not seek help through service providers (Aboulhassan and Brumley 2019). Another study also emphasized that survivors might prefer not to separate, as they worry about how the community will treat them if they divorce and fear financial challenges (Wachter et al. 2019). Afrouz et al. also discussed immigration status (visa status) and economic instability as the major barriers to women's action. They highlighted that "for women entering Australia on a spouse visa, visa restrictions could place them in a vulnerable situation in which they are subject to control by their husbands (Afrouz et al. 2021b)".

### 3.1.3. Stakeholders' Attitudes and/or Behaviors toward IPDV

In analyzing the role of stakeholders in women's action-taking toward IPDV, articles highlighted the role of several stakeholders, including the refugee community, service providers, healthcare providers, and law enforcement. Most studies highlight the role of community perspectives and support in how women take action. Afrouz et al. mentioned that knowledge and beliefs about IPDV are not enough to act when the community and partners have different perspectives and definitions, and when the greater community normalizes IPDV, women may not get the support and assistance they need (Afrouz et al. 2021b). Watchter et al. mentioned that women could go to the elder community members for support back in their country of origin, which may not be the same post-resettlement (Wachter et al. 2021). In the new environment, women have less trust and take their marital challenges from the family. Most women do not share their IPDV or relationship challenges with providers, only with trusted family or friends (Tlapek et al. 2020). Abdel Meguid et al. also mentioned that women prefer family members as the first source of help-seeking, followed by friends and then the Imam, and lastly to get help from formal authorities and shelters. However, Kulwicki et al. mentioned that religious leaders in Western communities are not trained in IPDV and cannot provide appropriate support (Kulwicki et al. 2010). Kulwicki et al. also mentioned that although family is the only support system most women utilize, family and culture push women to return to abusive relationships (Kulwicki et al. 2010). Salam et al. also mentioned that the community may not encourage other women to support IPDV victims, and friends and families are advised not to destroy family structures (Aboulhassan and Brumley 2019). Among other stakeholders, Shalabi et al. mentioned that law enforcement may see IPDV in the Arab community as a cultural issue, avoid it, and not look at it as a post-resettlement problem (Shalabi et al. 2015).

# 3.1.4. Recommendations for Future Work

Several studies recommended future steps in the understanding of and approach to supporting refugee women in the case of IPDV. Afrouz et al. suggested expanding the community definition of IPDV to include various forms of abuse through long-term and consistent community education, and training should be delivered in collaboration with community members (Afrouz et al. 2021b). Changes should include a systemic level: religious leaders' approach to IPDV, community support for IPDV laws, and agencies' organizational approach to IPDV, and an improvement in the cultural diversity of available supportive services (Afrouz et al. 2021a). Training should use spiritual and Islamic teaching to raise IPDV awareness and to stop violence against women (Abu-Ras 2007). Arab-Muslim women's help-seeking process differs from Western women's and has specific characteristics. Providers of professional services should educate themselves about different backgrounds and cultural perspectives. The training of Muslim social workers is also needed to increase workforce diversity (Meguid and Bakry 2006). Public service providers and religious and ethnic leaders should be aware of shifting gender roles and social status post-migration, increasing conflict between partners (Holtmann 2016). There is a need to increase the knowledge of religious diversity for service providers. Women can be

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the best allies to support each other (Holtmann 2016). Also, healthcare providers and law enforcement need cultural competency training. Mental health providers and social workers should learn more about these communities' family structure, patriarchal values, and stigma about mental health, and how these factors impact the normalization of IPDV and help-seeking behaviors (Balice et al. 2019).

### 4. Discussion

### 4.1. Key Points

In this study, we developed a deeper understanding of Afghan and Arab refugee women's perceptions and actions toward IPDV and the community and providers' attitudes and roles toward supporting the survivors of domestic violence. We examined the complex interactions of gender relations, power dynamics, and cultural and structural factors in shaping women's help-seeking behaviors. The fear of community judgment highly impacts women's decision to leave the relationship or stay with the marriage, while dealing with ongoing threats, intimidation, degradation, and isolation. The findings highlight the gendered acculturation's subtle yet significant impact on Afghan women's perspectives on violence. While not overtly examined, the transformative influence of the new environment on refugee women's perspective regarding IPDV seemed prominent in the studies. Although most studies reported that women acknowledged IPDV in their lives and within their families (Meguid and Bakry 2006; Wachter et al. 2019), the responses and action-taking toward IPDV were highly varied. Refugee women may develop changes in their roles and perceptions, which act as polyfactorial determinants of action change (Afrouz et al. 2021a, 2021b; Tlapek et al. 2020). While women viewed DV as unacceptable, they also had to work to keep their families together in their new environment. Studies reported a large consideration for culture, shame, social stigma, and self-blame among women (Afrouz et al. 2023; Kulwicki et al. 2010; Balice et al. 2019; Shalabi et al. 2015). A great deal of women's thoughts were put into avoiding social shame and community exclusion while bearing the cultural and religious self-blame if one wanted the abuse to stop. Women may justify IPDV as a result of gender norms and the husband's rights of control over the wife, or believe children and family are more important than a woman's self (Abu-Ras 2007; Kulwicki et al. 2010; Aboulhassan and Brumley 2019; Mojahed et al. 2022). Looking at the help-seeking decisions and factors that shape these decisions, studies reported that women were also less likely to seek help due to a lack of awareness of and access to IPDV services in their new environment (Afrouz et al. 2021b; Holtmann 2016; Kulwicki et al. 2010; Shalabi et al. 2015). However, acculturative changes were facilitators of taking action (Afrouz et al. 2021a; Abu-Ras 2007; Holtmann 2016; Kulwicki and Miller 1999; Meguid and Bakry 2006; Wachter et al. 2019). Several women reported stronger disapproval of IPDV and had positive experiences when accessing DV services and interventions.

Communities often still had a patriarchal normalization of IPDV, which normalized and perpetuated the further abuse and control of refugee women (Afrouz et al. 2021a, 2021b; Afrouz et al. 2023; Wachter et al. 2021; Aboulhassan and Brumley 2019; Mojahed et al. 2022). Communities also push a 'family first' rhetoric and believe that families should be kept together no matter what and that divorce is not an option (Afrouz et al. 2023; Abu-Ras 2007; Holtmann 2016; Aboulhassan and Brumley 2019; Shalabi et al. 2015); which result in immense fear of retribution by the community (Abu-Ras 2007; Holtmann 2016; Wachter et al. 2019; Shalabi et al. 2015). Blame, shame, marginalization, and inadequate social support are all potential consequences of the separation of women from their community, and there are very few documented instances of facilitators of help-seeking behaviors within the community.

Moreover, the role of religious leaders emerges as a critical factor in shaping women's perceptions of domestic violence and their help-seeking behavior (Afrouz et al. 2021a). The contrast between the perspectives of religious leaders back in the origin country and in the new environment further demonstrates the evolving influence of cultural context on religious interpretations, urging for shifts in religious perspectives and norms to drive

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systemic change and endorse women's rights (Kulwicki et al. 2010). Findings regarding help-seeking behaviors and mental health support are also insightful (Abu-Ras 2007). While many participants sought services for DV, the reluctance to seek mental health support stands out (Abu-Ras 2007). This highlights the stigma surrounding mental health within these communities and underscores the need for culturally sensitive services and culturally sensitive mental health services that cater to the specific needs and expectations of Afghan women (Balice et al. 2019).

Finally, looking at approaches or solutions suggested by these studies, there is a need for further research, specifically around pre- and post-acculturative changes in views on the utilization of IPDV services (Aboulhassan and Brumley 2019). Several studies provide practice recommendations in the form of expanding the community view on and response to DV (Afrouz et al. 2021b; Abu-Ras 2007), promoting tiered changes in the community (Afrouz et al. 2021a; Kulwicki et al. 2010), cultural competence (Afrouz et al. 2021a; Meguid and Bakry 2006; Aboulhassan and Brumley 2019), multi-partner collaboration (Kulwicki et al. 2010; Balice et al. 2019; Kulwicki and Miller 1999; Meguid and Bakry 2006; Shalabi et al. 2015), practicing responsive prioritization (Afrouz et al. 2023), and providing network-oriented interventions (Holtmann 2016; Wachter et al. 2021). Importantly, the terms DV, IPV, and IPDV should not be used interchangeably as they describe substantially different situations. Lastly, in spite of the lofty research and practice recommendations, none of the selected review articles made any specific policy recommendations. Without a clearly articulated translational way forward, the dismal status quo remains unchallenged.

### 4.2. Limitations

The purpose of this study was not to generalize nor to blame groups, communities, or societies; it rather was to better understand refugee women's choices of action and their barriers to effecting choices. To propose effective interventions and support systems, it is necessary to understand and incorporate refugee women's voices and perspectives, which often may diverge from the traditional views held by the community or service providers. Research papers reporting large datasets have not always specified where exactly the data have been deposited and have not provided the corresponding access numbers. Additionally, most studies have been qualitative and included limited sample sizes; the first three most relevant articles shared the same dataset and the same main author. Lastly, the wide range of countries of origin and post-resettlement, host locations, have made it hard to combine studies for more streamlined inferences.

### 5. Conclusions

Given the accelerated globalization with massive population mobility, the disparity in accessing and receiving support in the case of intimate partner domestic violence in refugee populations comes at a high medical and social cost. The public health relevance of the present study consists of identifying a paucity of research literature on supportive policy changes acceptable to both mainstream systems and refugee communities to ensure full uptake and implementation. This knowledge gap points out an important direction for future research. Nevertheless, our data analysis reveals a multitude of interwoven structural and personal barriers that prevent abused women from responding proactively to violence. Some of the identified structural barriers include the refugee community's collectivistic cultural and religious norms in regard to family, decision-making processes in case of domestic violence and divorce, a Western individualistic conceptual framework for legal and social services for IPDV, etc. Some of the main personal barriers to seeking help appear to be the internalized patriarchal values of accepting and rationalizing IPDV, financial dependence on the husband, especially when having children, the poor awareness of rights and available services, challenges navigating help and supportive resources, insufficient autonomy, and the fear of social shame, blame, and exclusion. The insights we gathered suggest the need for an ecosystemic, interprofessional collaborative approach to IPDV prevention by engaging refugee families, communities, religious leaders, service

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providers, mental health and healthcare providers, law enforcement, and policymakers to produce a viable support system for women at all levels. Our findings also suggest a need for more effective translational research on IPDV ecosystemic interventions that could bridge the gaps between Western norms and policies, and refugee community rights to self-regulatory autonomy, to measurably reduce the IPDV rates, refugee suffering, and the subsequent burden of disease.

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