

A Qualitative Study into Perception, Experience, and Response of Intimate Partner Violence among Syrian Refugee Women in Heidelberg, Germany

Arwa Ahmad (✉ arwaahmad90@gmail.com)

Heidelberg Institute of Global Health, University of Heidelberg, Germany

Janine Benson-Martin (✉ janinebensonmartin@gmail.com)

Heidelberg Institute of Global Health, University of Heidelberg, Germany and Gesundheitsamt Enzkreis, Pforzheim, Germany

Albrecht Jahn (✉ albrecht.Jahn@urz.uni-heidelberg.de)

Heidelberg Institute of Global Health, University of Heidelberg, Germany

Claudia Beiersmann (✉ beiersmann@uni-heidelberg.de)

Heidelberg Institute of Global Health, University of Heidelberg, Germany

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Abstract

Background

Intimate partner violence and domestic violence are the most prevalent forms of gender-based violence against women. They pose a significant public health concern with physiological and psychological impacts on women and the society as a whole. Asylum seekers, refugees and undocumented migrants tend to be more prone to psychological and mental distress and refugee women are an especially vulnerable group with regards to intimate partner violence.

Methods

We investigated the experiences, perceptions and attitudes towards IPV through interviews with Syrian refugee women, migrated to Germany. The qualitative study consisted of ten purposefully sampled Syrian women granted refuge within the city of Heidelberg.

Results

An ideological patriarchal and religious belief system condoned the use of violence towards women as punishment. Women highlighted challenges as well as advantages of living in a foreign culture in their post-settlement country. Men may become more violent as they lose their role as breadwinner and provider. The new social environment is perceived to provide more personal freedom and opportunities, but also to be rather destabilizing for matrimonial relationships.

Conclusions

We stress the importance of culturally sensitive approaches in resolving family conflict; the need to explore IPV amongst male refugees, and to further explore the fear behind the concept of “women empowerment” among the refugee community.

Background

Intimate partner violence (IPV) and domestic violence (DV) are the most prevalent forms of gender-based violence. It is defined as “any behaviour that results in physical, sexual, or psychological harm or distress to a current or former partner, including abuse, aggression, coercion, and controlling behaviour” [1]. About one-third of all women above the age of 15 years’ experience physical, sexual and emotional abuse throughout their lifetime [2]. Women also experience economic violence, although fewer empirical studies focus on this form of violence. Poverty is considered both cause and consequence of economic abuse, and women still suffer from its various forms such as limited access to funds, employment and education, exclusion from financial decision-making and lack of control over access to healthcare [3]. IPV

therefore poses a public health concern with physiological and psychological impacts on women and the society as a whole [4–7].

Worldwide the number of armed conflicts has increased during the past decade [8]. This has resulted in a high number of refugees, reaching more than 25.9 million worldwide in 2018 [9]. A refugee is defined as any person “who is unable or unwilling to return to his country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion” [7]. Women and children represent more than half of the refugees, and there is a rising amount of women seeking shelter [6]. This might suggest an increased risk for sexual-based violence as female refugees are an especially vulnerable group.

Asylum seekers, refugees and undocumented migrants tend to be more prone to psychological and mental distress. This could be due to violence exposure in their home country or to the stress prior, during and post migration process [10]. Through conflict and displacement, refugees have a greater probability to suffer violence as a result of the social family structure breakdown, changes in norms and gender-roles, substance abuse as a negative coping strategy, and women's separation from their families, among others [11, 12].

Violence against women is significantly higher in war and armed conflict settings [12]. The war in Syria is one characterized by intense violence, with 11.5% of the population having been killed and or injured [5]. To date nearly 13 million Syrian refugees have been forced to resettle [13]. Lebanon and Turkey are the largest recipients of Syrian refugees with nearly 1 in 6 individual being a refugee in Lebanon, and 3.7 million refugees living in Turkey in 2018 [9]. Europe has also received Syrian refugees [4–5]. Of all the Syrians who have applied for asylum in Europe, nearly 90% registered in Germany, making it one of the most important recipient countries. Distribution quotas exist for each state according to several criteria. The states of Bavaria and Baden Württemberg have the largest population of Syrian asylum seekers with 15.3 percent and 13.0 percent respectively [14].

To our knowledge, studies highlighting IPV among Syrian refugee women in the context of Germany are lacking. This qualitative study aims to address this knowledge gap. Previous studies in this field have focused on IPV in refugees of the Middle Eastern and North African countries and have provided a potential basis for the development of country-specific recommendations to combat IPV [15–18].

The aim of this article is to explore and understand knowledge and perceptions regarding IPV among Syrian refugee women in Heidelberg, Germany along these specific objectives: (1) Assess their perceptions of IPV, (2) Identify the types of IPV they experienced, (3) Identify drivers and inhibitors of IPV and (4) Identify actual and proposed responses (individual/collective) to IPV.

Methodology

Study Location

The study took place in the city of Heidelberg. Heidelberg is a city with a population of about 160.000 [19] and is situated in southern Germany in the province of Baden-Württemberg. Baden-Württemberg had 341.516 migrants coming in from other countries in 2015 at a population of 10.77,514 [20]. With these numbers, Baden-Württemberg ranked second with 31.7 incoming migrants per 1000 population [20] and is considered one of the most welcoming states for asylum seekers and refugees. An asylum seeker is a person that opts to become a refugee but remains in the legal process of determination [21]. All requests about the eligibility of the asylum seeker to be granted the status of a refugee will be decided by the host country. The unexpectedly high influx of refugees in 2015 resulted in a fairly hurried distribution into the different German states where they were accommodated initially in large reception centres. One of these reception centres for Baden-Württemberg is Patrick Henry Village, a former military site located on the outskirts of Heidelberg city. It provides the initial necessary accommodation and safety for asylum seekers, and starts the legal processes for the completion of asylum applications [22]. This would also include the decision about whether refugee status is granted or not. Heidelberg also accommodates refugees throughout the city in decentralized locations as this facilitates integration [23]. Currently around 450 refugees reside in the city [24].

Study design

The study used a qualitative approach and is based on a master thesis. Because of the sensitive nature of the topic, individual in-depth interviews were chosen as the data collection tool.

Study population

The study population consisted of ten purposefully sampled Syrian women above 18 years old granted refuge within the city of Heidelberg. With the topic being a sensitive one, building rapport was considered a crucial step to gain access to participants. As the first author is an Arabic native speaker and familiar with the culture and language of the target population, chain referral sampling was considered a feasible approach to reach possible respondents. It is considered a method that can reduce biases and help access hard-to-reach populations [25]. In total, three chain referral sampling initiatives were undertaken: one through a friend (leading to four interviews), one through a mosque (leading to six interviews) and one through a public place (not successful).

Data collection tools and procedures

The semi-structured interview guide was informed by the women abuse screening tool [26], as well as the author's own experiences and reflections; it was piloted by a team of researchers. Due to the sensitivity of the topic, questions were phrased in a way that respondents had the option of either referring to personal experiences of IPV or that of others experiences (e.g. friends, neighbours, and relatives). It allowed for sufficient flexibility during the interview yet provided sufficient structure. In line with the study objectives, the interview-guide touched on the following fields: IPV perception, IPV experience, potential reasons for IPV, and help-seeking behaviours/responses to IPV. The interviews were carried out by the first author in Arabic language. The interviews lasted about 60 minutes, the longest being 1 hour 40 minutes. Based on

the preferences of the respondents, the interviews took place either in their private homes, in an anonymous room on the university campus, or in a mosque.

Data analysis

The interview guide is translated to Arabic to accommodate refugee women's dialect, and was back-translated into English prior to analysis. Transcribing data was done by the first author. Data was analysed using content analysis [27–29] and the qualitative data analysis software NVivo (NVivo starters for windows, 11th edition). The approach consisted of reading content, noting quality and identifying patterns. Major themes and sub-themes were identified, evidence was sought that supported or denied each theme and sub-theme, links between them were sought, and hence a coding scheme developed. The coding scheme was developed through a mixed deductive (applying codes that were generated on the basis of the interview guide) and inductive (generating codes as they emerge from the data) approach. It was cross-checked with co-author CB. The quality of data collected, and the analysis of this data was tested for its truthfulness through two major principles: credibility was established through looking into negative cases, while confirmability was established through a conscious knowledge about the subjectivity dilemma based on the researcher's cultural similarity with the interviewees.

Ethics

Ethical approval was obtained from the Ethics Committee of Heidelberg University, School of Medicine. Written informed consent was obtained from the participants before interview and voice recordings. Study participants had the right to withdraw from the study at any stage. Anonymity and confidentiality were guaranteed.

Results

Demographic characteristics of the respondents coupled with stressors, coping challenges and opportunities they encountered are presented. IPV perceptions and experiences are outlined and factors that might enhance or inhibit IPV are discussed. Reactions to IPV, its' justifications and consequences are described.

Demographics and the life of refugees in Germany

A. Demographics. Respondents were aged 21–54 years. The median stay duration was 30 months. Most women were married, had children, and lived in the city. All had some form of formal education, with half of the women having a university education. Table 1 represents the demographic characteristics of the respondents. All women were Muslim of the *Sunni* group.

Table 1
Demographic characteristics of respondents

Participants	Min	Median	Max	n/N of participants
Age	21	29	54	10
Stay duration (in months)	17	30	36	10
Number of children	0	1	6	10
Area of residence in Syria	City			8/10
	Village			2/10
Marital status	Married			6/10
	Single			3/10
	Divorced/engaged			1/10
Education	Elementary school			2/10
	Primary school			1/10
	High school			2/10
	University			5/10

B. The life of refugees (stressors, coping challenges & opportunities)

For the respondents, life in Germany bore many challenges, which might have led to tension and possibly violence between couples and family members. Yet not all factors demonstrated negativity; some were seen as opportunities.

The **language barrier** was seen as the major obstacle. But also the **different cultures, customs, and traditions** were mentioned as challenging. Religion, a central aspect for the women, was seen to be a big obstacle in terms of coping and adjusting in Germany, which was completely different in terms of the social and cultural context. Some respondents (4 of 10) explained that the Muslim veil, known as the “Hijab”, stood in their way of coping and adjusting, particularly because of the German community and its (perceived) intolerance to the hijab.

I wish I can go back to Syria, to go back to my customs and my traditions and the people I know, also to go back to the way I put my hijab on. (Respondent 3, 25 years, rural).

From the side of culture and religion, really “religion” for me is the most important part. For example, in the university, I would love to have a close German friend, a girl of course. But I can’t, I feel I sense that the religion precisely, of course, because I am wearing a Muslim head cover they are somehow repulsed. (Respondent 8, 26 years, urban).

Fear of discrimination was also mentioned.

We were also afraid of any kind of discrimination against our children and us. This has been translated into fear, stress and tension between me and my husband (Respondent 4, 32 years, rural).

Although the differences between the Syrian and German cultures are emphasised by the majority of the participants, positive experiences were also highlighted, such as the importance of **human values** in Germany, being equally recognised and acknowledged as individuals having emotions and opinions. Having contact with the host population and making friends helped with coping. In addition to the interaction, learning the language was reported to help create a feeling of **social inclusion**.

Now I feel like I am a human here in Germany, I feel I exist, that I am someone. In my school, I am treated as a human, not according to my age that I am an old woman, I am not young. I am treated like any other person in the class. Like any other young person learning in school. This gave me motivation. Made me feel like I am worth it, that I can still give and do something in my life. (Respondent 1, 54 years, urban).

Economic hardship was mentioned by few participants (2 of 10) as a stressor. Life in Germany also brought about a **role shift** within the family and between partners. This shift has been seen to be positive, instilling the feeling of “enhanced freedom” compared to their previous life in Syria. Having the confidence to discuss, and to have a central role in the family is considered a positive concept by the respondents.

Now ... everything changed, it's like my life flipped. I was a flower in a vase in Syria, I used to go and come from the university. But now I am the head of the house, (she laughs) no one speaks the language except for me, so everything that comes as letters I read them. My parents speak but very little.... I do everything; I am now responsible for everything (she laughs). (Respondent 9, 21 years, urban).

IPV perceptions and experiences

Emotional abuse is manifesting as shouting, yelling, shushing, hurtful words; it also includes betrayal which is considered as unspoken violence by those women. Yet, according to one respondent, emotional abuse is a “normal act” in the Syrian society.

But the emotional abuse calling her names and cursing her is so normal in our societies. For example: I have seen many of my extended family, exerting emotional abuse on their partners,” (Respondent 8, 26 years, urban).

Violence, my daughter, is not physical only. A human being can inflict violence on your mind and heart and soul and children, this is all abuse and violence. And for me it comes from a single source that is the father (the man) (Respondent 1, 54 years, urban).

The majority of the respondents (7 of 10) expressed seeing or experiencing abuse as **physical violence** through “hitting”. It can take a different degree of intensity such as hitting, kicking, brutally bruising and

throwing objects.

My daughter, she is married to a man that cannot have children. He cannot have children, but she is blamed for that and he hits her... And if she dares to make one mistake, she gets hit and not any kind of hitting severe hitting... (Respondent 1, 54 years, urban).

My auntie...he used to hold her head to the sink and hit it so hard that blood goes out everywhere (Respondent 2, 35 years, urban)

Respondents mentioned the possibility that a man might ultimately kill his wife.

Almost half of the participants (4 of 10) considered physical and emotional abuse as overlapping acts.

Sexual violence represents a cultural taboo. Women felt discomfort in speaking about it. They did not admit personal experiences but rather referred to people close to them or to what they have heard.

Well my mother was sexually abused, forced to sex by my father; I used to know because I was married. I understand these things (Respondent 2, 35 years, urban)

One participant expressed that sexual violence is a man's normal biological need, which a woman (his partner) should provide like other chores in the house.

Now if a woman knows that a man has a biological need that is persistent, I cannot really be annoyed from him and I know that Allah have created him this way, I cannot be annoyed by this. If I also know that, a man gets married only for this reason "sexual intercourse." If I know that this is a priority in his life and I am his woman, I should obey this and should do it as I am doing cooking, eating, drinking, raising kids...if she gives him what he wants, there is no longer sexual violence (Respondent 10, 48 years, urban).

For one participant, violence emerged due to a shift in gender role and her financial independence.

Economic abuse arose as she became the financial provider and her partner perceived it as a threat.

My husband was shot in Syria and he got injured [...] this affected his relationship with me and with his family in general, he felt incapable of providing for me anymore and that he is not a complete man. I started working, paying for the household and this has affected him a lot and my relationship with him. He became always violent, always high tone and he was always stressed very easily. He tried to be more dominant than what he really should be. In Syria, a woman has to shut up, as you know... (Respondent 4, 32 years, rural)

Reasons: What drives and inhibits IPV?

The majority (9 of 10) expressed that **women themselves** are the reason for IPV. Some believed due to their "irritating" personality. Others believed due to failing to set limits from the beginning; as she keeps silent, thus she is the reason it persists.

Of course I should be fair, in reality she was also not an easy woman, she used to irritate him, and she had a strong personality. If you know that your husband is irritated and that he is tense, and you keep on ... I told you, a woman forces the man to hit her either emotionally or physically. Or sometimes she used to make some mistakes and she used to get hit because of that.” (Respondent 4, 32 years, rural).

Now if he hits her, means that this is her problem. Because when a man reaches this level, he has crossed so many other lines and she allowed him to do so. Meaning that, he will do it as long as the other person is ok with him doing this... (Respondent 10, 48 years, urban).

Half of the participants believed that **children** were a reason behind IPV. Violence can be triggered by way of a child's conduct or the emotional attachment she has for her children.

Or because of the children [he wanted to sleep and the children used to make noise] when he wakes up, he gets angry of the noises and hits his wife. (Respondent 4, 32 years, rural)

Almost half of the participants (4 of 10) mentioned **economic hardship** as a reason for IPV. Because of the financial conditions, a man may become violent. Thus, economic liability becomes a reason for accepting abuse.

..., some [men], because of the conditions they have gone through, because of the economic hardship, they have manifested violence on their families. (Respondent 1, 54 years, urban)

If my auntie thinks of divorce, she has no revenue to live from, and no one from her family can afford it. Having her and having her children with her, she is living in economic hardship. (Respondent 9, 21 years, urban)

Some participants cited “**male dominance**” as a reason behind IPV. Feeling the need to prove their existing as “male figures” in their households, gave men the right to exert violence on their partners.

It was as if he was trying to control his own lack of manliness, through dominating her as if he was a man, and proving so was through hitting her. (Respondent 9, 39 years, urban)

Religion was a factor to why some women (4 of 10) accepted acts of forced violent sex; religious beliefs and obedience to the male spouse emerged as a motive.

She wouldn't understand that for example his needs for sex and him forcing her to have sex with her is just a biological need is not violence against her. And our religion forces the woman to obey her husband in this manner and she has to have sex with him as you know. (Respondent 10, 48 years, urban).

However, few participants expressed that religion could play a protective role against IPV, “teaching forgiveness” was an example.

In God's (Allah's) will, the relationship is really good... forgiveness has been mentioned in the Quran ... If you say I will forgive him for God, and then you will feel like its snow in your heart, your heart becomes

bigger and this is a beautiful feeling. If I leave it for God things will move normally and nothing will be any more of a problem.” (Respondent 10, 48 years, urban).

If a man has a good relationship with his God he will not commit any act of abuse against his wife, but if he has no good relationship he can do whatever he wants to. (Respondent 1, 54 years, urban).

A “**normal act**,” four participants agreed that IPV is tolerated and acceptable by some women in their everyday life.

Some women feel that this is normal, and this is OK, this also comes from how she was raised, her culture and environment. (Respondent 8, 26 years, urban).

Lack of societal support. The Syrian society is patriarchal in nature, women have no agency and this societal concept persists, even across continents.

No one would give her the right to defend herself in her society.

Interviewer: Even in Germany?

In Germany no, but still, in her society and her actual real environment her seeking help from Germans, no one would look at her in a good way. People would say she was kind of a rebellion. (Respondent 8, 26 years, urban).

Life in Germany might bring a **shift in gender role**, sometimes resulting in a negative consequence on the relationship with the partner. Women might behave more freely and this was viewed negatively amongst four respondents. Freedom manifested through openness, financial and religious liberation, makes the man no longer the authority the woman looks up to.

... some women became too free, they want to remove their “hijab”. They want to control their own husband, and he should be silent, this irritated the man and he hits her, but because she is in Germany she could easily get divorced. (Respondent 3, 25 years, rural).

But despite a difficult **relationship with their partner**, divorce is degrading and is not accepted by the society (Syrian), hence it is feared and avoided.

The hitting, can be forgotten and it will be ok for her, it is much better than having people talking about her and saying that she is divorced.” (Respondent 4, 32 years, rural).

Betrayal in the relationship caused anger and sadness when a man desired other (German) women or chose a new life with another woman.

He got married during these same days last Ramadan and this Ramadan he got a baby... what to explain he is living his own life, regardless of my feelings, there is no more relationship to describe with him. Everything is over... [Pause, crying] ... (Respondent 1, 54 years, urban).

... These men really were not satisfied with what they had as a woman, and they have seen German women, so they slept with as many as possible and they left their own woman behind. Isn't she a human, a person or is she just an object you leave at home and you go please yourself outside?" (Respondent 7, 39 years, urban)

Various respondents (6 of 10) expressed that the relationship became better and more positive in Germany, in terms of partner's personality, freedom, patience, compassion, and religion.

Yes a lot (about relationships), for example like me my husband has changed, but for the best, he is now much better with me than before. (Respondent 4, 32 years, rural)

Responses to IPV: reactions, justifications, and consequences

The majority of the women communicated their **reaction** to IPV as negative feelings through feeling "weak/bad" and "crying/tears".

Personally, I feel weak. I feel as a weak person, he abused me and I could not respond. It is not fear, but it is a weakness. You just give up. (Respondent 5, 24 years, urban).

Possible reactions include physical distance, either through leaving the room or house. A few respondents mentioned divorce in case violence persists. Speaking up about IPV, was mentioned by a majority of respondents as a possible reaction; demonstrated through seeking help or by self-defence.

I knew a woman, that if her husband hits her, she hits him back. (Respondent 2, 35 years, urban).

She should defend herself, she shouldn't keep silent. She has to speak up, not physically defend herself but to seek help from anyone. (Respondent 5, 24 years, urban).

Women's perception and tolerance of what is acceptable from a partner and can be **justified** varied from nothing at all to anything.

Nothing is OK, not really, it is all an abuse. Not even when it is her fault (Respondent 2, 35 years, urban).

Everything that is less than physical abuse ... is ok for me and it happens with everyone and across all families. (Respondent 9, 21 years, urban)

I don't think it is violence, my husband can beat me if I did a mistake or I irritated him. My husband has the right to hit me and to talk to me. (Respondent 3, 25 years, rural)

Respondents are well aware that IPV has major **consequences** on physical and mental well-being - if long lasting, leading to "degenerative well-being".

This is also very frustrating and can destroy his wife's personality. She might reach high level of depression and lose her confidence in this society. (Respondent 6, 23 years, urban).

Respondents emphasized that IPV has consequences on their children, it does not only affect couples. In the presence of children, the cycle of violence can become continuous, and children that have seen violence will grow to inflict and/or receive it.

She has three boys and a girl and the biggest boy is in grade seven ... they saw their father hitting their mother and now they became like him, they hit their little sister as well, she is only three years old... the violence grew from them to the children. (Respondent 9, 21 years, urban).

Discussion

The study addresses the perception of IPV among Syrian refugee women in Heidelberg, Germany. Different types of IPV are well identified, and largely regarded as a fact of life in line with culture, traditions, religion, and the biological nature of (wo)men. Being refugee and economic hardship contributes to IPV. The new socio-cultural environment is perceived as providing more personal freedom and opportunities, but also as destabilizing and threatening matrimonial relationship.

Respondents identified the multiple facets of IPV: emotional, physical and sexual [1]. They also highlighted economic IPV [3, 30]. The reported experiences were personal and collective when it came to emotional and physical violence. For sexual violence, women only expressed friends/relatives and family member's experiences, but not their own, if any. Here, fear or taboo exists. In line with literature, sexual violence is considered by some as a shame needed to be hidden due to fear from the societal structure and its judgment [30].

Respondents emphasized the strong shift in culture and religion. Migrating individuals depart from traditional routine, value systems and accepted ways of behaving. Being taken away from one's familial social and cultural environment can be a traumatizing process [31]. Individuals have to adapt to a new environment and adjust their ways in the country they want, or have to live in [31–34]. Reactions towards the host community might be different depending on the individuals, their life experiences, the country they come from and the country they migrate into [32]. It is important to address this "culture-shock", and challenges and stressors that could set boundaries to interaction with the host community as well as create tension in the nuclear family.

Women implied to consider "cultural sensitivity" or "multiculturalism", this notion of merging their cultural beliefs into the host country [29]. However, this could create conflict with the liberal values of freedom and gender equality in Germany. Granting these women the multiculturalism rights will disseminate a patriarchal culture that suppresses women, and it could reinforce inequality and violation of women rights [29–30].

Life in Germany came with a shift in gender roles. Respondents mentioned the possibility to be freer regarding social, economic, and/or religious aspects - making the relationship more difficult. Syrian society can be described as being hierarchical, patriarchal, male-dominant, where power imbalances exist to the detriment of women [15, 35, 18]. IPV was viewed by some as a 'normal' act, as part of a regular

process a man imposes on his wife which would be accepted and tolerated. This view develops as a result of the culture and environment a woman is raised in. IPV is justified as “a man’s right”. This has also been reported from other countries [36–38]. Women cannot turn to society to seek help, as they have no agency within that societal structure. Hence respondents supported interventions that protect the value of the nuclear family. Women’s empowerment could result in loss of ‘the way things always were’, in turn resulting in family conflict and ultimately divorce. Divorce or leaving a violent relationship was seen as a last resort. It is often seen as a shameful act, stigmatized and associated with breakage of sacred familial bonds, also in other countries [39–40].

Religion has a tremendous influence. From a religious perspective, the woman should be obedient to her spouse, hence women accept and tolerate acts of forced sex or violence. Religion serves here as a justification to IPV. Religion and culture could create and perpetuate the hegemony of patriarchy [41]. At the same time religion was also seen as a potentially protective factor, as it can teach forgiveness. Not all women were of the opinion that it is a man’s right to violate a woman. Some were of the opinion that this is not tolerable.

Cultural and social norms can encourage violence [42]. In a community where a higher proportion of the general population feels that IPV is justifiable, a potential perpetrator will be more likely to feel he or she has the right – resulting in an increased incidence of perpetration [43]. Here the victim is likely to agree that her abuse was justifiable. Hence reporting is less likely, as is intervention or response of a third party – even if the law is against violence. A reduction is not likely [43]. In a community where IPV is a justifiable behaviour, it would not be an act of social deviance but rather a normative behaviour [42–44].

We acknowledge strengths and limitations. The sensitivity of the topic could have had an impact on the sampling (selection bias, with potential respondents most likely to face severe forms of IPV probably being less likely to participate) as well as results (selective reporting). The development of the questionnaire with options for formulations in third-person structure offered an opportunity to reduce reporting bias. The study was mainly conducted by one person (AA), coming from the same socio-cultural background as the respondents, which might have had positive as well as negative implications. Study instruments, analysis procedures, and results were discussed with other researchers (triangulation).

Conclusion

Individuals are not influenced through biological, physiological dimensions only, but also by the socio-cultural, psychological, environmental, economic, and political dimensions in which they live in [45–46]. Violence and IPV are complex concepts embedded in these dimensions. In order to comprehend and respond to violence and IPV, one must understand and address its multi-layered structure and multidimensional aspects. We highlight the importance of a culturally sensitive support system, developed bottom-up together with the refugees. Religious linguistic and bi-cultural individuals, e.g. from IPV services and the legal system, could lead awareness raising and communication in this sensitive area in order to establish common grounds of understanding.

Abbreviations

IPV

intimate partner violence

DV

domestic violence

SDG

Sustainable Development Goal.

Declarations

Ethics approval and consent to participate: Ethical approval was granted by the Ethical Commission of the Medical Faculty of Heidelberg, Germany (protocol number: S-134/2017). Written informed consent was sought from all participants prior to the interview.

Consent for publication: All participants provided written, informed consent for publication of collected data. All authors approved and consented to this publication.

Availability of data and materials: The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests: The authors declare that they have no competing interests.

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Authors' contributions: AA, JBM, AJ, and CB contributed to the conceptualization and methodological planning of the study. AA performed data collection and analysis, with input from JBM and CB. AA wrote the first draft of the manuscript. CB supervised the study. All authors contributed to reviewing and editing the draft. All authors approved the final manuscript.

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