

Optimization of eHealth interventions for intimate partner violence and abuse: A qualitative study amongst Arabic-speaking migrant women

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Abstract

Aims: This interview study focuses on the needs and wishes of Arabic-speaking migrant women in the Netherlands to culturally adapt and optimize the digital support platform SAFE (safewomen.nl) for intimate partner violence and abuse (IPVA) for their use.

Design: This is a qualitative interview-based study.

Methods: We conducted the study between March 2020 and 2021. The study entailed 16 semi-structured interviews with Arabic-speaking women in the Netherlands with a migration background.

Results: Findings suggest that a cultural gap, a lack of knowledge of the Dutch law, and the prevalence of restrictive gender roles amongst the participants and their spouses affected their acknowledgement of the different forms of IPVA. Furthermore, mental health consequences of IPVA were also strongly stigmatized. Clear information in their native language, summarizing infographics and potential interactive features should be main components of any eHealth intervention for this target group.

Conclusion: The participants in our study deemed e-help a potentially valuable support option for women experiencing IPVA in their community. The impact of IPVA on mental health is currently overlooked within this target group and should be emphasized in future interventions.

Impact: Cultural sensitivity proved crucial in understanding the concepts of IPVA amongst women with migrant backgrounds. To ensure effective eHealth interventions for migrant women, they should be involved in the design and delivery of these interventions.

KEYWORDS

cultural sensitivity, domestic violence, eHealth, immigrant, intimate partner violence abuse, migration, nursing, online support, qualitative, women

1 | INTRODUCTION

Intimate partner violence and abuse (IPVA) is one of the most common forms of violence against women. The United Nations defines violence against women as “any violent act that leads to harm or suffering to women, whether from a physical, sexual or psychological point of view, including the threat of such acts, coercion or arbitrary deprivation of liberty, whether this occurs in public or private life” (Bogat et al., 2016). IPVA occurs in all settings and amongst all socioeconomic, religious and cultural groups. The overwhelming global burden of IPVA is borne by women (Prosman et al., 2011). 30% of women worldwide have experienced physical or sexual violence or both on the part of an intimate partner relationship. In most cases, it concerns male violence towards a female partner (Bogat et al., 2016). In Arab and Islamic countries, at the general societal level domestic violence has not yet been identified and acknowledged to its real extent due to reluctance to report, as well as fear of further forms of violence, (Mojahed et al., 2020) despite its increasing frequency and serious consequences (Sezer Kisa & Kisa, 2021).

Since the beginning of 2020, the world is experiencing the COVID-19 pandemic. Most countries implemented some level of lockdown to combat the initial spreading of the virus. In the Netherlands, the first intelligent lockdown started in March 2019 and went on up to May 2019, when the relaxed intelligent lockdown instructions were announced, imposing strict social distancing and limiting close contact professionals' accessibility for an extended period of time all the way to February 2022 (Jaap Stronks & van der Togt, 2022). Studies have shown an increase in the severity of the violence as well as substance abuse in IPVA situations. Several reasons for this have been proposed, including the decrease in interaction and outreach due to COVID-19 measures, difficulty in accessing support due to the measures, and finally considered the isolation an added stress factor to an already inflamed situation. Although some eHealth tools have been available to professionals pre-pandemic, studies have shown that their use has become more widespread during the pandemic. (Nicole, 2020).

2 | BACKGROUND

A woman's risk of experiencing IPVA depends on several factors at the relationship and community level. For example, gender inequality and stereotypes, low socio-economic status and lack of employment and education opportunities increase the risk of experiencing IPVA (Yaya et al., 2021). In addition, conflicts increase the risk of women being exposed to various forms of violence in public and private life. When examining the socio-economic and political situation and the prevailing dynamics based on gender, the aforementioned factors are common in the Arab region, which increases the vulnerability of these women to IPVA (Gennari et al., 2017). The impact of social dynamics in the public space on intimate relations has been reported. Specifically, violence in public places against both men and women can be reproduced as IPVA in the private space. The

phenomenon is exacerbated by poverty and the accumulation of social burden, coupled with a feeling of general fear and insecurity (Raj & Silverman, 2002).

For women with an immigrant background, IPVA is one of the most commonly experienced forms of oppression (Gennari et al., 2017). The migration process can increase the risk of IPVA and creates forms of dependence that can prevent immigrant women from leaving their intimate partners. Immigrant women experience disadvantages in social status and basic human capital resources relative to immigrant men or cannot participate as actively in networks as males do (Raj & Silverman, 2002). As a result, barriers to safety for immigrant women include a lack of readily accessible resources for IPVA survivors, social isolation or lack of family support, economic unsteadiness and perceptions that disclosure of IPVA to outsiders is against the morals of the Arab societies (Boy & Kulczycki, 2008). Immigrant women from most Arab countries have an added risk of oppression due to relocation. For women who immigrated with a spouse or partner, the move seemed to have an adverse effect on men's level of violence and control tactics. IPVA survivors face several interrelated and intricate barriers that complicate their pursuit of reporting IPVA and seeking help. The underreporting of all forms of IPVA against women is not disputed. Afrouz and colleagues have described how more than half of the affected Arab women do not report IPVA for fear of retaliations. They believed that the police would not assist them, they did not want their families to know what happened to them, and there was no evidence to prove the IPVA experience (Afrouz et al., 2020). Some Arab countries indicated that those who hesitate to report cases of IPVA believe that the police will refuse to receive them and will not support them, given that violence is a private and family issue. Arab women have also been reported to struggle with: embarrassment and shame about disclosing abuse and seeking help from social service or online interventions; emotional connection to and economic dependency on abusers; reluctance to break up families; and fear of numerous forms of violence, control and retaliation by abusers and their communities (Mojahed et al., 2020). In their description of the reasons that prevent IPVA survivors from reporting the incidents, Al-Shdayfat and Hatamleh find that there are direct and indirect causes, such as e.g. the normalization of IPVA or the perception that IPVA, especially from a husband towards a wife, represents a marital right (Al-Shdayfat & Hatamleh, 2017). Societal and cultural value is given to the family and its cohesion, and to children at the expense of the individuality and dignity of women. (Al-Shdayfat & Hatamleh, 2017). Overall, a substantial risk of IPVA can be attributed to prevailing cultural, social and legal contexts that place girls and women in the ranks of second-class citizens. Cultural sensitivity is defined in a three-pronged manner based on the awareness of the cultural differences and similarities between people in any community. That awareness is paired with not assigning a positive or negative value to those differences or similarities, acknowledging their effect on values and behaviour, and lastly in developing the skills to learn and deal with the differences (Foronda, 2008). The antecedents of cultural sensitivity are diversity, awareness and encounter, where diversity is the existence of different cultures, awareness is the knowledge of one's own culture as well as otherness, and encounter entails

the importance of friction between different cultures. The attributes of cultural sensitivity are knowledge, consideration, understanding, respect and tailoring. The attributes define the road from knowledge of the cultures and their differences, considering those differences and taking them into account, understanding their significance and impact, appreciating the different cultures and finally tailoring approaches and solutions to cater to every group (Foronda, 2008). IPVA experience is affected by the difference in culture of minor groups, especially when dealing with immigrants from conservative cultural backgrounds, thus the issue has to be approached through a culturally sensitive lens. The culturally sensitive lens offers a unique insight into understanding the specific IPVA experience in terms of knowledge and respect of the cultural specificities of the type and extent of IPVA as well as the manner of dealing with and seeking help within the minority community. This approach allows for paving the way to achieving solutions that are well-tailored to the specific needs of the cultural group at hand (Elghossain et al., 2019).

3 | THE STUDY

3.1 | Aims

This interview study focuses on needs and wishes of Arabic-speaking women in the Netherlands with a migration background regarding online help. The research question for this interview study is: 'What are key elements for an eHealth intervention against IPVA for Arabic-speaking women in the Netherlands with a migration background?'

3.2 | Design

This study used semi-structured interviews (SSI) to collect the necessary data. SSI is a questionnaire meant to elicit subjective answers from participants about a situation or phenomenon they have encountered. The format of the SSI is composed of interview questions that focus on each participant's responses (see Appendix A). Participants are able to react to these open-ended questions, and the researcher may follow-up on their responses (Morse, 2015). The semi-structured part of this method is defined by the framework and the flexibility of the responses. Analytically, the SSI is defined by comparing the responses of participants to each item. Structured questionnaires, participant observation or literature analysis cannot provide the type and depth of data obtained through SSIs, while SSIs can be used in conjunction with these other data gathering procedures (Hennink et al., 2017).

3.3 | Sample/participants

Participants were recruited through snowball sampling (Naderifar et al., 2017), in which the interviewer in this study used her immigrant background and her ability as a native Arabic speaker to reach

out to Arabic-speaking women in the Netherlands with a migration or refugee background. The first participant was contacted through mutual friends. Subsequently, that participant spread the word through her circle of acquaintances and they shared the invitation with their acquaintances. We included a total of 16 women with various experiences of IPVA, an age range of 18–57 years old, and they all spoke proficient Arabic. Some of the participants were survivors of IPVA (direct experience) themselves or have witnessed a friend or a relative who was a survivor herself (indirect experience). We also included women without a direct or indirect IPVA experience to include a more general view on the topic of IPVA and online support as well (Table 1).

3.4 | Data collection

As we aimed to focus on cultural sensitivity, which of course entails more than translations alone, we tested our first version of the interview guide with a random sample of seven professionals and experts in Egypt, Lebanon and Jordan who work in the field of IPVA. Testing allowed the interview schedule to be rehearsed in simulated conditions, allowing it to be adapted before the main data collection process. Pre-testing also allowed the researcher conducting the interviews to practice their interviewing skills. This approach elucidates how participants respond to questions, whether the questions elicit the necessary information, and the interviewers' ability to collect data, allowing for changes to be made before the real interviews (Morse, 2015). This trial interview was divided into two parts. The first part was to obtain professional feedback from experts working in organizations in Arabic-speaking countries. We ensured that these colleagues had handled IPVA survivor cases before and had a wide spectrum of knowledge related to this topic. We then had the interview professionally translated and proofread by several Arabic language writers and editors to guarantee clarity across different forms of spoken Arabic. We tested the interview in online meetings amongst a random sample of six women from the Middle East and adjusted the guide accordingly to their comments. The purpose of this trial interview was to: (1) Enhance the interview questions to be as clear and short as possible. (2) Avoid any translation issues that might create a misunderstanding between the interviewer and the participant. (3) Gain more knowledge about the possible needs that our interview questions did not cover. (4) Make sure that we can finish the interview within the given time frame we have. (5) Guarantee that the questions are not triggering or traumatizing for our future participants. (6) Practice interviewing women from different backgrounds. (7) Ascertain that our English to Arabic translation suits everyone we interview. The interview started with a set of demographic questions on for example age, country of origin and how long they have been living in the Netherlands. The second part of the interview was a thorough introduction to the topic of IPVA. This part was necessary for the women we were interviewing because the topic

TABLE 1 Demographic data from participants

Participant	Age	Occupation sector	Educational level	Children	Status	Country of origin	In the Netherlands since	Experience with IPVA
101	30	n/a	University	No	Single	Egypt	2020	Indirect experience
102	23	n/a	Secondary school	No	Single	Egypt	2020	No
103	27	Employed (full-time)	University	No	Single	Egypt	2018	Indirect experience
104	57	Employed (part-time)	University	No	Divorced	Iraq	2007	Indirect experience
105	32	n/a	University	No	Partnership	Egypt	2016	No
106	31	n/a	University	No	Partnership	Egypt	2016	No
107	28	Employed (part-time)	University	No	Married	Syria	2016	No
108	28	n/a	University	Yes	Married	Syria	2016	No
109	37	Volunteer job	Middle school	Yes	Married	Syria	2014	Indirect experience
110	26	n/a	Vocational education	Yes	Married	Syria	2015	Direct experience
111	40	n/a	Secondary school	Yes	Divorced	Syria	2017	Direct experience
112	23	n/a	Secondary school	No	Married	Syria	2016	No
113	46	n/a	Secondary school	Yes	Divorced	Syria	1995	Direct experience
114	37	Intern (part-time)	Secondary Vocational education	Yes	Married	Syria	2017	No
115	26	n/a	Secondary Vocational education	Yes	Married	Syria	2016	Indirect experience
116	18	n/a	Secondary school	No	Single	Syria	2016	No

Note: Direct experience: Survivors of IPVA.

Note: Indirect experience: Knowledge of a woman survivor of IPVA.

is associated with major stigma in most Arabic-speaking countries (Morse, 2015). The questions in the last part of the interview covered their views on online help in the context of IPVA (Appendix A). These questions were open-ended and crafted in ways that generate unstructured responses and stimulate conversation. The questions were asked of each interviewee in the same way and in a systematic order, but they are semi-structured in that the interviewers are given some flexibility to slightly deviate from the script (Morse, 2015). One researcher (AEE), a woman who is an immigrant herself and who is a native speaker of Arabic and speaks English fluently, conducted the interviews. Within the boundaries of the schedule's planned replicability, the researcher was allowed to rephrase questions to elicit relevant information or provide clarity (Morse, 2015). Interviews were conducted through phone calls, with a duration between 20 and 45 min. Telephone administered interviews provided several advantages, including increased accessibility to hard-to-reach populations such as the elderly, and those who live in geographically isolated regions, as well as those who must engage discreetly, such as women experiencing abuse (Morse, 2015). All interviews were conducted in Arabic. Each interview was recorded (audio only), typed out *ad verbatim* and translated to English. Before the interview, all participants received an information letter and digitally signed an informed consent form.

3.5 | Ethical considerations

The study was submitted for ethical testing and the Committee declared that the research does not require formal approval from the CMO region Arnhem - Nijmegen or another recognized medical-ethical review committee (dossier number 2020-6673).

3.6 | Data analysis

One researcher (AEE) transcribed and translated the interviews, which were then reviewed for accuracy by Arabic language experts in Egypt and imported into Atlas.ti 8.4.20 (Frieze, 2011). The interviews were partially coded with a preset codebook that was still flexible to changes in the initial codes whenever necessary, consisting of codes on (1) Demographic information (age, country of origin, educational background, occupation, relationship status, etc.). (2) Conditions for safely using an online intervention (preference for anonymity, conditions where participants would choose to share their information while using the online intervention, etc.). (3) Online intervention help options and content (providing thorough explanation of IPVA and mental health, video interviews of IPVA survivors, online chat service, etc.). (4) Preferred method of communication with the survivors (email, SMS, phone calls, etc.).

3.7 | Rigour

For the main part of the interviews, open thematic coding was used and as coding develops, open codes that emerged as new themes were added to the coding framework (Henning, 2004). To assure the trustworthiness of the collected qualitative data, the researchers analysed the data item by item, reading all the participants' answers to the same question first. The researchers then followed normal coding procedures, underlining key words or phrases and making marginal notes that highlight key elements in each response (Morse, 2015). Coding was carried out by using qualitative data analysis software Atlas.ti 8.4.20 (Friese, 2011). The sorting procedure began once the researchers grasped the commonalities that were present in each response. Data were sorted according to comparable criteria at first, keeping the categories large and then subdivided into smaller groups after they become "cluttered" and lengthy. To determine dependability, more than one researcher coded the data. Each category was given a definition, and a synthesizing statement about each category and subclass was provided (Morse, 2015). The first three interviews were coded by three researchers (AEE, NJE and NvG) independently and discrepancies in the analysis were discussed until consensus was reached. The interviews were partially coded with a preset codebook that was still flexible to changes in the initial codes whenever necessary. The following 13 interviews were coded by two researchers (AEE and NJE) independently and discrepancies in the analysis were discussed until consensus was reached, resulting in another three discussion rounds with (AEE, NJE and NvG) present. At the end of this coding process, all interviews were reread with the final codebook to ensure completeness. Following the coding process, the fully coded interviews were explored for emerging concepts and themes (Ayres, 2014).

4 | FINDINGS

The study included a total of 16 women with various experiences of IPVA, an age range of 18 to 57 years old, and they all spoke proficient Arabic. The main themes that were derived from the interview data are:

- Major problems encountered by immigrant women in the Netherlands;
- Views on and awareness of IPVA;
- Definition of IPVA;
- Help-seeking options for IPVA survivors;
- Online support for IPVA survivors.

4.1 | Major problems encountered by immigrant women in the Netherlands

Participants were asked to mention three major problems immigrant women are facing. The most common major problems mentioned

were a cultural gap with the new country of residence, a lack of knowledge about Dutch law amongst immigrant women, and the prevalence of restrictive gender norms amongst immigrant communities.

4.1.1 | Cultural gap

A substantial lack of cultural sensitivity of their environment has been inferred from most of the participants' responses given their reported inability to integrate into the Dutch society due to cultural gaps. One participant explained how most immigrant women were raised to believe that they are not allowed to work and that their husband is the one who supports the family financially while her only responsibility is to raise their children and clean the house. The idea of a woman working is not common amongst the Arab immigrant community due to the prevailing gender roles in most Arab countries. One of the forms of cultural gap, as described by the participant, is the idea of freedom. Freedom is a new term to most of these women. Being able to make their own decisions and the existence of a formal law that protects their rights is a new concept they try to adapt to.

P113: "It is very hard to convince an Arab woman that she has rights and she is allowed to make her own decisions. It's also difficult to explain to Arab men that they have to respect women and allow them to breathe and be independent. In our countries, women are not allowed to earn money or save this money for themselves."

4.1.2 | Lack of Dutch law knowledge amongst immigrant women

Participants explained the link between Arab culture and how it affects immigrant women in seeking help when it comes to IPVA-related issues. Most immigrant women are not aware of their rights as Dutch citizens and they assume that the Dutch law does not protect them since they grew up in Arab countries where the law is perceived as mostly discriminatory against women. The lack of knowledge about Dutch law makes it difficult for them to realize that they have rights and that Dutch law protects them.

P104: "the problem is they think that the same rules apply here. They think that the law doesn't protect them because they grew up in countries where women are always "in the wrong" and the amount of sexism in our societies gets to them. Arab women grow up thinking they are worthless and should never say no to anything."

4.1.3 | Prevalence of restrictive gender roles amongst immigrant communities

Gender roles are embedded in society and according to some participants, immigrant women still suffer from the consequences of

restrictive gender roles. Immigrant men tend to forbid their wives from engaging and integrating into the Dutch society because they still practice the same gender roles they were taught in their countries. This highlights the impact of the study group's cultural environment on their ability to integrate into the Dutch society and seek support.

P103: "The other problem I think is Arab men who live here in the Netherlands! They come here with the same mindset they had in their countries and still stick to the same gender roles. They still think European women are more "open minded" but Arab women should be locked up in their houses and not speak to anyone."

4.2 | Views on and awareness of IPVA

Participants did not spontaneously address IPVA when asked about the major problems immigrant women face. However, if asked "Do you think domestic violence is amongst the top 3 problems that women are facing nowadays?" most of them agreed that it is the number one problem amongst immigrant women although they failed to mention it.

P107: "I think it is possibly amongst the top 3 problems. I've heard so many stories from the Syrian community in the Netherlands and I think it exists but in "silent mode" nobody talks about it because they don't know what the consequences are."

4.3 | Definition of IPVA

In defining what constitutes IPVA, most participants ($N = 10$) only mentioned physical abuse, including marital rape. A smaller group ($N = 5$) also mentioned mental abuse, including verbal abuse, as a type of partner violence. Some participants stated that IPVA is anything that would cause emotional or physical pain to the survivor and others were not aware of specific types of IPVA. Certain forms of IPVA, such as financial abuse or controlling behaviours, were rarely mentioned. One participant had a distinct definition of IPVA consisting of physical abuse with severe consequences. Most participants ($N = 13$) said that immigrant women are not aware of the different forms of IPVA and that most only know of physical and sometimes mental abuse.

P103: "I know all about it but I don't think all Arab women are aware of it. And even if they were, they don't acknowledge all the different forms of IPV. I've seen women being violated and beaten by their husbands and they don't even think its abuse! They think if he doesn't do this then he is not a 'real man'."

4.3.1 | Financial abuse

Most participants were unaware that financial abuse is a form of IPVA. After the interviewer had explained financial abuse to them, they agreed that most immigrant women might not acknowledge that they are subjected to this type of abuse by their partners. One participant explained that due to the current state of immigrants in the Netherlands, the most common form of violence has been financial abuse. Some families rely on the financial help of the government, for example a monthly allowance for the entire family, but the husband is in control of the allowance and the wife is not allowed access to the bank credentials.

P105: "I didn't know that it was a form of abuse. Almost all my friends who are married have this issue. Their husbands take their salary and only give them access to very limited amounts so they can buy groceries."

4.3.2 | Control

Control was discussed at the initiative of the interviewer and most participants did not acknowledge control as a form of IPVA.

P108: "Regarding 'control', I think this part is not violence or abuse! It is my husband's right to tell me what to wear and what might be provocative or stimulating to other men. He would know better because I'm just a woman!"

4.3.3 | Verbal and mental abuse

Participants referred to verbal abuse as a common form of IPVA that most women tend to ignore since they do not think that it would affect their mental health much. Some participants categorized verbal abuse as a form of mental abuse.

P107: "For starters, the most common yet not recognizable form of abuse is verbal and emotional abuse. Every day a woman suffers from emotional abuse and she doesn't know what it is."

Participant's definition of mental abuse varied. Some participants agreed that verbal abuse is part of mental abuse and how an insensitive word said by the partner could cause mental instability for the survivor. The mental health stigma amongst immigrant women is a common topic that most participants discussed. Participants mentioned that mental health awareness is crucial amongst immigrant societies.

P116: "The issue here is that most Arab women don't know how to deal with the psychological problems

they face because they don't even acknowledge the existence of mental health issues."

4.4 | Help-seeking options for IPVA survivors

For the purpose of designing a culturally sensitive platform participants were asked about the needs of women IPVA survivors when using an online support intervention. They prioritized possible components of such an intervention: help options, experiences of IPVA survivors, information and infographics and scientific research about IPVA. Participants were more inclined to choose help options and experiences of other women. Other participants felt all the suggested options were important and also suggested some extra options they thought should be offered through online interventions. Some participants agreed that help options should be a priority since most IPVA survivors would not need a website to tell them that they are being abused but rather tell them how to find help to end this abuse or escape from it.

P101: "If I'm being beaten up every day and I have broken bones in my body then I think I don't need the internet guide to tell me I'm being abused! So, in that case, I would be accessing the internet to find a solution to get out of this situation!"

Participants mentioned that some IPVA survivors would seek help from IPVA organizations. Others stressed on the importance of providing information about safe houses or shelters for IPVA survivors who manage to escape their abusive partners.

The importance of providing legal help for IPVA survivors, as explained by most participants, is amongst the top support tools that an online intervention should provide. Due to the lack of Dutch law knowledge, immigrant women might need legal help and dutch law awareness to be able to understand their rights.

P103: "First of all, she would want to know her rights according to the law. So, if she gets a divorce what would happen to her kids? Second is to find a shelter or a safe place she can escape to when things get really ugly. I think she would also look for legal and psychological help."

Participants were asked what they would do if they were IPVA survivors. Most participants said they would automatically call the police. Other participants said they would first try to find a different solution such as finding a mediator, asking a friend or talking to their parents or inlaws before they report the incident to the police.

Participants agreed that providing an online guide on our website to help women escape from their homes in case of emergency is an important help tool for women with an immigrant background.

P102: "yes, I think that is necessary of course. I think the main issue will be where would she go when she

escapes? If she has kids, will she be able to take them with her if she escapes?"

Participants suggested that information and infographics are important contents that should be available through an online intervention.

P108: "yes, they might want to know what the different types of violence are. And maybe something that talks about the law and how it could help them."

Participants agreed that an online chat would be helpful for the survivors of IPVA. Some participants suggested that the online chat would be helpful if it was with a psychologist providing immediate counselling.

4.5 | Online support for IPVA survivors

Participants agreed that providing a short tutorial explaining how to hide the search history would be useful for most survivors who are using a shared device with their family members. A survivor of IPVA might be experiencing a certain level of anxiety and that would cause her to be distracted and might forget to delete her search history.

P102: "I think that's important yes. If im being subjected to violence and im accessing the website to seek help, I might get distracted and forget to erase the history after im done. It is important of course."

The majority of the participants agreed that the safest way to receive responses to their inquiries is through their personal inbox on the website.

P103: "inbox of my account on the platform is the safest option. If you use SMS then you might risk the safety of the victim if her abuser sees this SMS."

Participants were asked to explain some digital safety tutorials that they would like to see on an online intervention. One participant explained the importance of providing safety guide for safe browsing and how to delete the search history from the laptop and/or mobile phone and make sure they safely log out of their accounts. Some participants emphasized the importance of providing a tutorial for IPVA survivors on how to detect if their abuser is recording their calls or spying on them in case they are using social media to contact an organization or accessing an online intervention to seek help.

5 | DISCUSSION

Our study focused on the perception, barriers and needs of Arab-speaking immigrant women in the Netherlands. Our main focus

was to address these needs to be able to culturally adapt and optimize online help provision which proved especially relevant in the context of the COVID pandemic and its effect on services. Arab-speaking women with a migration background experience all the barriers described for native Dutch speakers and women worldwide (Eijberts & Roggeband, 2016) when trying to access help, however, their migrant status can lead to additional barriers. Culturally sensitive solutions will have to acknowledge these aspects to reach the target group. In our study, the main barriers described by the women were a cultural gap, lack of knowledge of Dutch law and restrictive gender norms. Interestingly, none of the participants mentioned IPVA spontaneously, but all agreed on its importance when the topic was addressed directly. The perception of IPVA was mostly limited to its physical forms, although especially economic violence is highly prevalent in the Arab-speaking migrant community. Online help was viewed as a helpful tool for primary support, if adequate presentation of the relevant information is taken into account.

The three main problems spontaneously reported by the women, highlight the different overall perception of a woman's role in society and her right to freedom and protection under the law. Participants addressed the issue of Arab women being raised to believe that their place is only in the home and that they do not have a right to work or choose independently. This power imbalance affects the women personally but has also been described as a potential risk factor for IPVA. This can be clearly described through the consequences of the gender education gap, i.e. if girls and women are less educated, gender inequalities will be easier to maintain and less resistance is to be expected against IPVA (Wachter et al., 2018). The legal framework of the society that the women live in is an important aspect. The participants explained that in their countries of origin, women feel discriminated against by the law and are not supported by the authorities. They transpose this experience into their interaction with the Dutch law. Due to a lack of language proficiency and a lack of expectation, most of the interviewed women did not know the Dutch law and the protective options it could offer them in terms of rights and freedom. Cultural expectations from the women's home countries are, hence, transposed in their new communities, such as patriarchal structures, familism and collectivism. All of these major cultural experiences and expectations can represent major barriers for help seeking in the new home country as they are coupled with language barriers and isolation (Gennari et al., 2017).

Our study clearly emphasized how the intersection of dimensions of race, gender, social status and marginalization come together in the experience of the migrant women in a Western, mostly white society (Satyen et al., 2019). These forms of marginalization represent direct barriers to access and exacerbate the experience of IPVA. Interestingly, in our study, IPVA is only mentioned on direct questioning, highlighting the powerful social stigma it is surrounded by. All women agreed on the relevance of the issue, yet none of them could mention it openly at first. In addition to the reluctance in discussing IPVA, most participants only recognized forms of physical and mental abuse, as described in other studies. Most

women recognized the role of financial abuse in their relationships, but would not mark this form of abuse as such. This is in line with our recent work highlighting a lack of attention for this very prevalent form of IPVA also in research (Rodriguez Martinez & Khalil, 2017). In our study, the perception of economic abuse was also debated by some participants, as they viewed economic decision-making power as an intrinsic role of the head of the household. The cultural attribution of this role to the husband or male partner played an important role in denying the existence of the phenomenon (Kasturirangan et al., 2004).

A limited recognition of some forms of IPVA and the stigma associated with others, highlighted the importance of low-threshold help options for affected women (van Gelder et al., 2021). Many women who experience IPVA find it hard to seek help and are more likely to turn to informal social support from friends and family members (Akkermans et al., 2020; Statistics Netherlands, 2020a). While this support can be helpful, for Arabic-speaking immigrant women living in a cultural environment that normalizes IPVA, it might be difficult to disclose to friends and family (Gennari et al., 2017; Prosman et al., 2011). Internet-based solutions might be an appropriate alternative, as reported by the participants.

The majority of the participants agreed that a website offering help options to IPVA victims and survivors is an important option. This is in line with previous research describing eHealth options as an important element of the help-seeking chain for survivors (Glass et al., 2021; Hegarty et al., 2019; Tarzia et al., 2017; Tarzia et al., 2018; van Gelder et al., 2021). Participants valued the shared experiences, the provision of clear information and the opportunity to find offline help options. Most participants said the availability of legal advice on the website would be essential to overcome the limited knowledge about Dutch law. Interaction with other survivors in the form of a chat or forum was deemed very helpful since it would allow to overcome language barriers and help in finding peers. Previous studies have shown the importance of social support for the mental health of women experiencing IPVA, as well as their readiness and capability to seek help. Support can come as advice, encouragement or affirmation, as well as in the form of material assistance such as financial help or a safe place to stay (Liang et al., 2005). Overall, the appropriate language and use of culturally sensible terminology to address the topic of IPVA appears essential to support women in this vulnerable situation (Al-Shdayfat & Hatamleh, 2017).

6 | LIMITATIONS

While our sample varies in age, educational level, (in)direct IPVA experiences and (not) having children, covering a broad range of experiences, some limitations need to be considered. In terms of diversity of religion and sexual orientation, our sample is limited, as most participants are Muslim and heterosexual. Since this study focused solely on women with Arab backgrounds, the findings from this study are not immediately generalizable to women with other migrant backgrounds or to women with bicultural backgrounds. Furthermore,

while most people in the Netherlands have access to the internet and have sufficient digital skills (Statistics Netherlands, 2020b) this could be different for people with a migrant background. Therefore, their views on (the potential of) online support may differ according to their experience with and knowledge of digital means.

7 | CONCLUSION

Our study highlights the importance of cultural sensitivity in creating an eHealth intervention to reduce or prevent IPVA against women with migrant backgrounds. Cultural sensitivity in eHealth interventions for IPVA is necessary for an adequate outreach within multicultural societies, such as the Netherlands and it is not sufficient to simply translate IPVA awareness brochures or texts. The women interviewed demonstrated limited knowledge about different forms of IPVA, as well as a limited knowledge of the Dutch law. In addition, the mental health consequences of IPVA were widely ignored. All these aspects should be taken into account when tailoring an online intervention to the target group to maximize its impact. Furthermore, our study highlights the need to involve community members and survivors in the design of online support options for IPVA to develop a product that matches their real needs.

AUTHOR CONTRIBUTIONS

SOP, SAL, NvG and AEE developed the interview guide, AEE recruited participants and conducted all interviews. AEE and NJE coded all interviews, in addition, NvG coded the first four interviews. AEE analysed the interview data. AEE wrote the manuscript. SOP, SAL and NvG reviewed the manuscript for important intellectual content. SOP, SAL and NvG obtained funding for this study. All authors read and approved the final manuscript.

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CONFLICT OF INTEREST

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

PEER REVIEW

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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APPENDIX A

version 1 [07-06-2020].

Semi-Structured Interview (SSI) Topic Guide.

SSI IDNO | __ | __ | __ | __ | Facilitator initials | __ | __ | __ |.

Date | __ | __ / __ | __ / __ | __ | Starting time | __ | __ | __ | End time | __ | __ || __ | __ |.

- Welcome the participant.
- Explain the general purpose of the study.
- Interview objectives and expected duration (30–40 min).
- What happens to the collected information.
- Confidentiality is guaranteed and what is discussed in this interview does not affect the care the participant receives.
- Check whether the participant has any questions about the study.
- Ask people to mute their cell phones before you start.
- Check position and operation of the audio recorder.
- Ask if the participant gives permission to record the interview with an audio recorder.

A.1. | Introduction

In the Netherlands, we have developed a website: safewomen.nl to help women who experience domestic violence. We are aware that this website might not be suitable for women of all backgrounds, as it

is only in Dutch. We are now trying to find out how we can best support women of different cultural backgrounds. The questions I am going to ask you, will help us find different ways to develop our website further so that all women who experience domestic violence can be helped in the best possible way.

Questions about the participant.

I am going to start by asking you some questions about yourself.

1. How old are you?
2. Are you in a relationship? (if yes: married?) How long are you together? If yes do you have children? How many/what age are they?
3. Where are you from? Since what year are you living in the Netherlands?
4. Are you employed? If yes: what kind of work do you do? Are you a full-time or part-time employee (hours/week)? What is the highest education you received?
5. Can you name three major problems that women with a migration background have to deal with these days? Do you think domestic violence is amongst the top 3 problems that women are facing nowadays?

Introduction to the topic.

Can you explain, in a few short sentences, what domestic violence is from your perspective?

1. Do you think women understand what domestic violence is? And are they/are you aware of different forms of domestic violence?

If you would experience domestic violence, or in case you knew someone who was/is experiencing it:

1. Do you know where to find support to change the situation?
2. Would you/they search for online help?

Website development and feedback.

I am now going to ask you some more specific questions on how to support women who have to deal with intimate partner violence / Lexie's situation could look like.

1. Do you think online information like a website could help a women experiencing domestic violence?
 2. What kind of help would a women experiencing domestic violence look for online?
 3. What information would you look for on this website?
 4. More specifically: would you look for information on the following issues:
 - (i) Help options
 - (ii) Experiences of other women
 - (iii) Information/infographics
 - (iv) Scientific research/knowledge about domestic violence
- In depth questions about the technicalities of the website.

In this last part of the interview I would like to know specifically from your perspective how an internet platform should look like to be most helpful.

1. Do you think websites should provide a thorough explanation of what domestic violence is in all its forms?
2. Do you think online websites should provide a thorough explanation of what mental health is and how it affects women experiencing domestic violence?
3. Would you find it easier if this information was communicated through videos, infographics or (research) papers and statistics? If yes, why?
4. Do you think that videos of (interviews with) domestic violence survivors be helpful in raising awareness of the subject of domestic violence?
5. Do you think an online chat for women experiencing domestic violence would be helpful?
6. Would you prefer to be an anonymous website visitor? Would you mind participating with your real name and information?
7. If you prefer to be anonymous on this website, what added to the website would make you comfortable enough to use your real information?
8. If you were to use this online website and you have an inquiry or question, how would you like to receive the response to this question? Which way would be the safest for you in this situation (SMS, email, through the inbox of your account on this platform)?
9. Should there be a short video on our website to explain how you can hide your search history in case you are not using your own device (shared computer and tablet)?
10. What other digital safety tutorials should be available on the website?
11. Do you think it would be helpful to provide an online guide on our website to help women escape from their homes in case of emergency?
12. Do you have any other suggestions to better the experience of the visitors on this online platform?

Ending the interview.

We are now at the end of our interview. Is there anything else you would like to add that we have not talked about, but which you think is important to share with us?

For now, many thanks for your time today and for sharing your experience and thoughts with me. We thank you for your participation in this survey.

- Stop the audio recorder(s)
- Refer the participant to the information letter and contact information if there are any questions about the study.

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