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The Impact of Intimate Partner Violence (IPV) on the Mental Wellbeing and Brain Health of Migrant Women: A Scoping Review

El impacto de la violencia de pareja en el bienestar mental y la salud cerebral de las mujeres migrantes: una revisión exploratoria.

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Review article

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Abstract.

Introduction: Intimate partner violence (IPV) is a significant public health issue that profoundly affects the mental and physical health of women. Migrant women are particularly vulnerable to IPV because of factors such as cultural stigma, language barriers, and limited access to essential support services. This article explored the neuropsychological and mental health consequences of IPV among migrant women. **Methods:** A scoping review was conducted using electronic databases including PubMed, Scopus, and Web of Science. Studies examining neuropsychological and mental health outcomes of IPV among migrant women were included**. Results:** Ten selected articles showed that IPV can severely impair cognitive functioning in women, leading to difficulties in attention, memory, and executive functioning. Furthermore, IPV is associated with a range of mental health issues, including depression, anxiety, post-

traumatic stress disorder, and substance use disorders. It is recommended to: (1) recognize the unique challenges faced by migrant women experiencing IPV; (2) ensure the availability of culturally sensitive and accessible mental health services; and (3) establish timely intervention and comprehensive support systems. Implementing these steps is essential to mitigate the long-term effects of IPV on the mental health and overall well-being of migrant women**. Conclusions:** Findings highlight the critical need for integrated, culturally tailored interventions. Addressing cognitive impairments and psychological trauma through accessible support systems is vital. Prioritizing these specialized strategies will improve long-term health outcomes and empower migrant survivors navigating complex recovery challenges.

KEYWORDS: Violence; Neuropsychology; Women; Migrants; Mental; Wellbeing; SDG 3

Resumen

Introducción: La violencia de pareja (VPI) es un problema de salud pública importante que afecta profundamente la salud mental y física de las mujeres. Las mujeres migrantes son particularmente vulnerables a la VPI debido a factores como el estigma cultural, las barreras lingüísticas y el acceso limitado a servicios de apoyo esenciales. Este artículo exploró las consecuencias neuropsicológicas y de salud mental de la VPI en mujeres migrantes. **Métodos:** Se realizó una revisión exploratoria utilizando bases de datos electrónicas como PubMed, Scopus y Web of Science. Se incluyeron estudios que examinaron los resultados neuropsicológicos y de salud mental de la VPI en mujeres migrantes. **Resultados:** Diez artículos seleccionados mostraron que la VPI puede afectar gravemente el funcionamiento cognitivo en las mujeres, lo que provoca dificultades de atención, memoria y función ejecutiva. Además, la VPI se asocia con una variedad de problemas de salud mental, como depresión, ansiedad, trastorno de estrés postraumático y trastornos por consumo de sustancias. Se recomienda: (1) reconocer los desafíos únicos que enfrentan las mujeres migrantes que experimentan VPI; (2) garantizar la disponibilidad de servicios de salud mental culturalmente sensibles y accesibles; y (3) establecer sistemas de intervención oportuna y de apoyo integral. Implementar estas medidas es esencial para mitigar los efectos a largo plazo de la violencia de pareja en la salud mental y el bienestar general de las mujeres migrantes. **Conclusiones:** Los hallazgos resaltan la necesidad crucial de intervenciones integradas y adaptadas a cada cultura. Abordar el deterioro cognitivo y el trauma psicológico mediante sistemas de apoyo accesibles es vital. Priorizar estas estrategias especializadas mejorará los resultados de salud a largo plazo y empoderará a las sobrevivientes migrantes que enfrentan los complejos desafíos de la recuperación.

PALABRAS CLAVES: Violencia; Neuropsicología; Mujeres; Migrantes; Mental; Bienestar.

INTRODUCTION

Intimate partner violence (IPV) is a significant public health concern with far-reaching consequences for women worldwide, encompassing physical, sexual, and emotional abuse within intimate relationships **[1]**. Concepts like domestic violence, spousal abuse, and relationship violence are often used interchangeably **[2, 3]**. Since its recognition as a social concern, IPV's definition has expanded from physical violence to include unmarried partnerships and psychological abuse **[4,5]**. Migrant women, particularly refugees and asylum seekers, face

unique and heightened vulnerabilities owing to factors such as cultural stigma, language barriers, and limited access to legal and social support resources. For instance, studies have shown that migrant women often experience worse perinatal health outcomes **[6]** and are highly susceptible to postpartum depression **[7]**.

IPV prevalence among migrant women varies widely across global studies. Research indicates high IPV prevalence among migrant women in certain European contexts **[8]**, while studies in the U.S. and Canada have shown varying rates of controlling behavior, physical violence, and reporting disparities among immigrant and refugee populations **[9,10]**.

The nexus between migration, health, and IPV is particularly pertinent to the Sustainable Development Goals (SDGs), notably SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities) **[11]**. Ensuring universal access to healthcare services for refugee or migrant women is imperative **[12,13]**, as creating support networks that empower women can significantly strengthen their social support systems and personal safety. However, the literature often lacks a universal framework for addressing validated interventions and cultural change in this specific population **[14-16]**.

Therefore, the objective of this scoping review is to synthesize the available evidence on the neuropsychological and mental health consequences associated with intimate partner violence in migrant and refugee women, as well as to identify reported interventions and knowledge gaps in this field of research.

MATERIAL AND METHODS

Study design

This scoping review was conducted following the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR), which provide a methodological framework for the identification, selection, and synthesis of evidence in scoping reviews [17].

Search strategy and information sources

PubMed, Scopus, and Web of Science have been explored for published articles from inception to December 2024. The research equation used the PICOs framework, excluding the Intervention and Comparison components. The search focused on population (women migrants/refugees) and outcome (IPV forms). Keywords were combined into: ((women OR females) AND (migrant OR refugees OR 'asylum seekers')) AND (('intimate partner violence' OR IPV OR 'domestic violence' OR abuse OR 'woman abuse')).

Eligibility criteria

This study aimed to evaluate the IPV among female migrants and refugees. Eligible studies included qualitative and quantitative studies such as cohort, case-control, randomized controlled trials (RCTs), and cross-sectional studies published before December 2024. The exclusion criteria were as follows: (i) studies examining violence in men, (ii) studies not specifically targeting migrant or refugee women, and (iii) studies that did not assess intimate partner violence.

Data extraction

A total of 476 articles were identified through the database searches. Ninety-three full-text studies were assessed for eligibility, and ten articles were deemed eligible and included in this scoping review based on the inclusion and exclusion criteria. Study selection was performed independently by two reviewers. Discrepancies regarding eligibility were resolved through discussion and, when necessary, through consultation with a third reviewer. The data extraction process utilized PRISMA-ScR [17] (Figure 1) and focused on collecting precise demographic and clinical information in the following categories: Reference; Country; Research design, summary of main research aims, type of intimate-partner violence, total number of participants (Migrants or Refugees), number of female migrants and/or refugees, origin or birthplace of migrants and/or refugees, neuropsychological and/or mental symptoms, neuropsychological or psychological measures, type of care and therapeutic intervention, and outcomes/results.

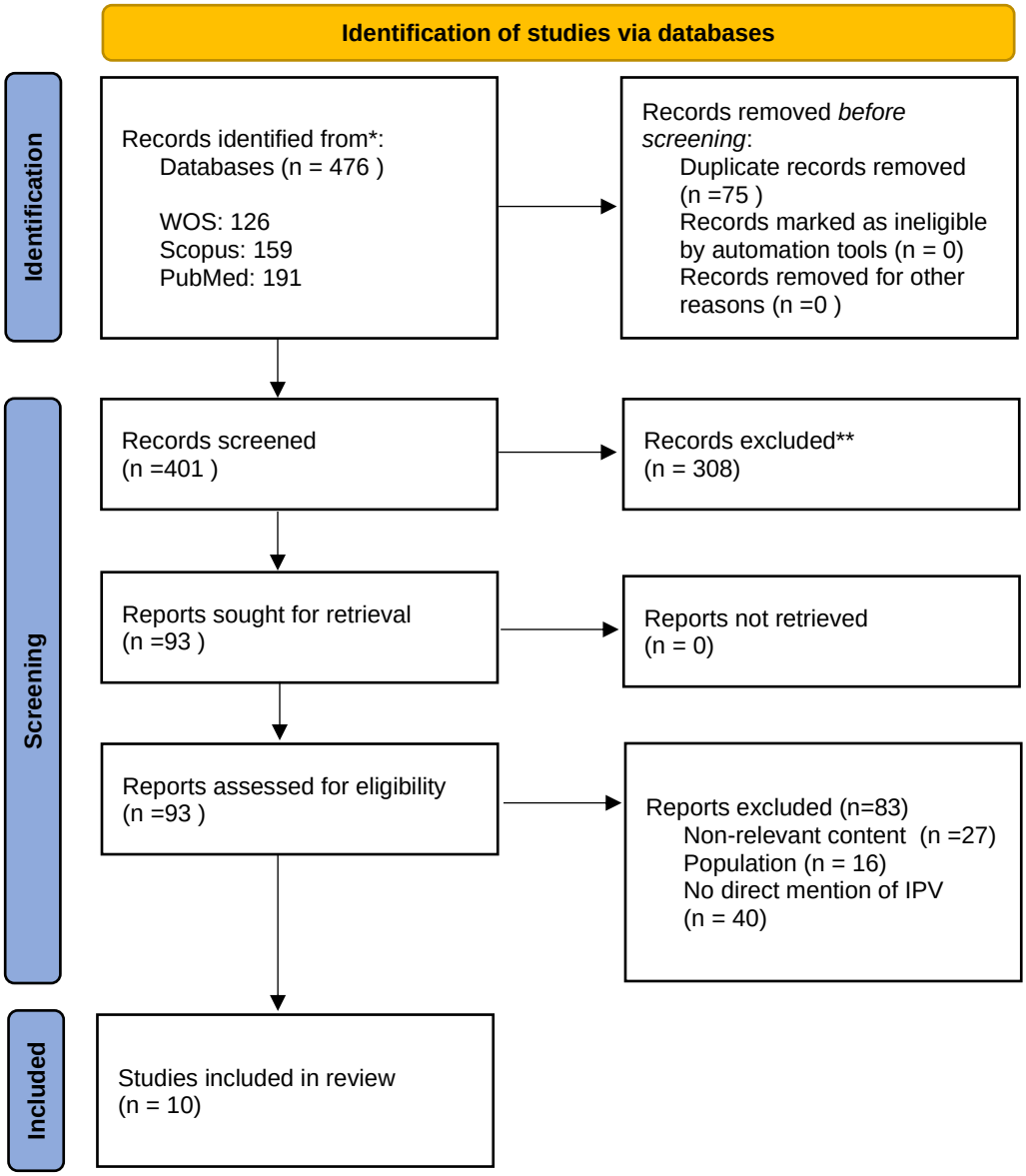

Figure 1. PRISMA-ScR flow diagram for the scoping review process

RESULTS

Characteristics of the selected studies

Table 1. Summary of selected studies in this review

Reference	Country	Research design	Summary of main research aims	Type of intimate-partner violence	Total number of participants (Migrants or Refugees)	Number of women migrants and/or refugees	Origin or birthplace of migrants and/or refugees	Neuropsychological and/or mental symptoms	Neuropsychological or psychological measures	Type of care and therapeutic intervention	Outcomes /results
Kemna et al [18]	Germany	Multicentered rater-blinded randomized controlled trial	To identify the factors that predict symptom improvement within the Mental Health in Refugees and Asylum Seekers (MEHIRA) research initiative.	War-related violence, family violence, spousal violence, sexual violence, harassment and trafficking, and structural violence, such as racism.	168 for the PHQ-9-based analysis and 165 for the MADRS-based analysis.	58	Syria (28%), Afghanistan (25%), and Iran (16%) were the most common countries of origin.	The study focused on depressive symptoms.	-Patient Health Questionnaire-9 (PHQ-9) -Montgomery Asberg Depression Rating Scale (MADRS) -Refugee Health Screener (RHS-15) -Patient Health Questionnaire (PHQ) -Mini-International Neuropsychiatric Interview (MINI) -Brief Resilience Scale (BRS)	Stepped Care and Collaborative Model (SCCM) which included: Watchful waiting (level 1) Non-expert intervention (level 2): smartphone app or peer-to-peer group intervention Empowerment group therapy (level 3) Expert intervention (level 4): pharmacological treatment and/or	- Baseline symptoms, the presence of comorbid PTSD, identification as a migrant, physical health status, years of education, and variations in social status were all positively linked to improvements in symptoms. - Resilience exhibited a marginally significant negative relationship with the increase in MADRS

									-General Self-Efficacy Scale (GSE) -Strength and Difficulties Questionnaire (SDQ) -World Health Organisation Quality of Life (WHOQOL) questionnaire -Harvard Trauma Questionnaire (HTQ) -Challenged Sense of Belonging Scale by Fuchs et al. (2021) -Multidimensional Scale of Perceived Social Support (MSPSS)	psychotherapy	scores. - The WHOQOL-Psychological health scale demonstrated a significant negative correlation with rising PHQ9 scores.
Saadi et al [19]	USA	Case report	To examine methods for conducting forensic assessments of asylum-	The study includes a case of intimate partner violenc	3	2	Honduras, Uganda	Memory difficulty, decreased concentration, difficulty solving problems, headaches, difficulty focusing	-Ohio State University TBI Identification Method Short Form -HELPS screening	Referrals to mental health specialists, neurologists, or neuropsychologists as appropriate and	The retrospective nature of the case studies may limit recall accuracy.

			seekers who have experienced traumatic brain injuries, highlighting the various causes and consequences associated with such injuries in this intricate demographic.	e resulting in TBI.				vision, poor concentration, increased forgetfulness, nightmares, depression, irritability, emotional lability, anxiety.	tool -Rivermead Post-Concussion Symptom Questionnaire -Neurobehavioral Symptom Inventory -Montreal Cognitive Assessment (MoCA), including MoCA-B (Basic) for illiterate patients -Rowland Universal Dementia Assessment Scale (RUDAS) -Neuropsi (for Spanish- and low literacy populations) -Breslau's 7-item screen -Harvard Trauma Questionnaire	available.	

Kohrt et al. [20]	Peru	Cross-sectional study	To investigate how domestic violence (DV) affects the success of urban migrants in Peru and its relationship with maternal depression, compromised parenting, social capital, and child development.	Emotional, physical, and sexual abuse	97 mothers and their school-aged children	97	Peru	Internalizing (i.e., anxiety, sadness, low self-esteem) and externalizing symptoms (i.e., impulsivity, aggression, anger)	-Woman Abuse Screening Tool (WAST) -Center for Epidemiological Studies-Depression Scale (CES-D) -Home Observation of the Environment Scale for Middle Childhood (HOME-SF) -Child-Rearing Practices Report (CRPR) -Short Adapted Social Capital Assessment Tool (SASCAT) -Batería III Woodcock-Muñoz -Social Skills Improvement System (SSIS)	- Mothers disclosing a potentially hazardous domestic violence situation, significant depression, or thoughts of suicide were directed to the organization's psychosocial support teams for suitable assistance.	- A significant 65% of women indicated that they had encountered domestic violence (DV), which was a strong predictor of depression. - Women who experienced DV were less likely to be in the workforce and exhibited lower levels of cognitive social capital, participated in fewer caregiving activities, demonstrated reduced maternal energy, and showed less warmth in their interactions. - The occurrence of DV was linked to internalizing behaviors in children,

											with the effects of impaired parenting serving as a partial mediator in this association.
Dix-Peek et al.[21]	South-Africa	Quasi-experimental study	To examine the effectiveness of a psychosocial framework for the rehabilitation of individuals who have been affected by torture.	Domestic violence, sexual violence	82	38	Many of these people are likely to have been tortured in their country of origin or in transit.	- The psychological effects of torture are frequently assessed through the lens of posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). - Other, less recognized psychological impacts encompass cognitive deficits, reduced functionality, sleep issues, memory challenges, attention problems, and heightened anger. - Co-occurring psychiatric disorders	-Harvard Trauma Questionnaire (HTQ) -Hospital Anxiety and Depression Scale (HADS) -De Jong Gierveld Loneliness Scale	Contextually appropriate psychosocial rehabilitation framework	- A three-month intervention founded on this psychosocial approach results in improved anxiety and functioning among torture survivors, regardless of the severe contextual challenges they face.

								may include depression, suicidal tendencies, psychosis, and substance use disorders.			
ElBarazi [22]	Egypt	Clinical trial	To assess the effectiveness of cognitive processing therapy (CPT) in addressing post-traumatic stress disorder (PTSD), depression, anxiety, and challenges related to emotion regulation among Syrian refugee women residing in Egypt who have encountered intimate partner violence (IPV).	Intimate partner violence (IPV)	39	39	Syria	Post-traumatic stress disorder (PTSD), depression, anxiety and difficulties with emotion regulation	-Women's Health and Domestic Violence against Women questionnaire -Clinician-Administered PTSD Scale (CAPS-5) -Beck Depression Inventory (BDI) -Beck Anxiety Inventory (BAI) -Emotion Regulation Difficulties Scale: (DERS-16)	Cognitive processing therapy (CPT) delivered in a group setting	CPT resulted in reductions in symptoms of PTSD, depression, and anxiety.

O'Connor [23]	Australia	Case report	To draw attention to the mental health impact of coercive practice of dowry demands, associated with domestic violence (DV) in an immigrant woman.	Dowry-related domestic violence	1	1	India	Complex post-traumatic stress disorder	-The post-traumatic stress disorder (PTSD) checklist PCL-5 -The Clinical Global Impression (CGI) score	Mental health treatments enhanced with attention to safety, advocacy, and access to support networks	- Highlights the significant mental health consequences resulting from ongoing emotional and physical abuse perpetrated by a husband dissatisfied with his wife's dowry.
Pertek [24]	Turkey and Tunisia	Qualitative approach; in-depth semi-structured interviews	- This study examines the strategies employed by displaced women in leveraging their faith and religious support to address issues of sexual and gender-based violence (SGBV) and the stressors linked to migration	War-related violence, family violence, spousal violence, sexual violence, harassment and trafficking, and structural violence, such as racism.	38	38	Levantine (Syrian and Iraqi) and African (Nigerian, Congolese, Ivorian, Eritrean, Ghanaian, Guinean, Sierra Leonean, and Sudanese) women	Psychological distress	NA	- Survivors' narratives prominently featured religious references, highlighting their significance in their experiences. - Many individuals found considerable strength in their religious beliefs and practices, attributing their perseverance to divine support. - Some	- The investigation elaborates on the concept of adaptive religious coping, specifying the cognitive, behavioral, and spiritual/emotional approaches adopted by women who have experienced displacement.

			.							survivors indicated that their encounters with violence not only fortified their resilience but also deepened their reliance on faith.	
Nam et al.[25]	South Korea	a nationwide survey	To document the incidence of intimate partner violence (IPV) against women among North Korean refugees.	Intimate partner violence (IPV) against women.	North Korean refugees: 161 South Koreans: 1,597	161	North Korea	Psychological distress	Conflict Tactics Scales (CTS2) Parent–Child Conflict Tactics Scales (PCCTS) Attitude toward Violence Scales Stressful life event scale Sex Role Attitude (SRA)	NA	- The incidence of intimate partner violence (IPV) against women among North Korean refugees stands at 57.1%, significantly surpassing the 9.9% rate observed among South Koreans. - Even when accounting for socioeconomic variables, North Korean refugees exhibited a

											higher frequency of partner violence against women compared to their South Korean counterparts. - In South Korea, the primary contributors to IPV against women include experiences of child abuse and exposure to parental IPV, whereas among North Korean refugees, factors such as stress and a permissive attitude towards violence are strongly linked to IPV.
Tol et al.[26]	Tanzania	Cluster randomized controlled trial	To assess an 8-session combined psychological and	Intimate partner violence (IPV)	400	400	Tanzania	Psychological distress, symptoms of anxiety, depression and post-traumatic	-the 25-item Hopkins Symptom Checklist (HSCL-25) -Part 4 of	8-session integrated psychological and advocacy interventio	- Decreases in the recurrence of intimate partner violence

			advocacy program (Nguvu) for adult female survivors of intimate partner violence (IPV) who are experiencing moderate to severe psychological distress within the past year.					stress	the Harvard Trauma Questionnaire (HTQ) -the 5-item Abuse Assessment Screen (AAS) -the Demographic and Health Survey Domestic Violence Module	n (Nguvu)	(IPV). - Reduction in symptoms associated with anxiety, depression, and post-traumatic stress (primary outcomes). - Improvement in functional impairment (secondary outcomes).
Greene et al [27]	Tanzania	Qualitative study	- This research created a comprehensive health and protection program aimed at alleviating psychological distress and intimate partner violence (IPV). - The program was impleme	Intimate partner violence (IPV)	60	60	Congo	Psychological distress	- the Abuse Assessment Screen (AAS) -the 25-item Hopkins Symptom Checklist (HSCL-25) -the 16-item Harvard Trauma Questionnaire (HTQ) -an adapted version of the Conflict Tactics Scale -the Safety-Promoting Behavior	Integrated health and protection intervention	The intervention's relevance, feasibility, and acceptability were assessed.

			nted by non-professional facilitators in a resource-limited refugee environment.						Checklist		

Ten studies (Table 1) examined neurocognitive and psychological outcomes of IPV across diverse global contexts. The research spans Western countries such as Germany and the USA, as well as middle- and low-income nations including Peru, South Africa, Egypt, Turkey, Tunisia, South Korea, and Tanzania. These studies used varied methodologies, combining quantitative approaches (two randomized controlled trials, a quasi-experimental study, a nationwide survey, and a cross-sectional study) with qualitative methods (case reports and semi-structured interviews).

Multiple studies reported on trauma's relationship to psychological distress, including domestic violence, IPV, torture, and traumatic brain injuries. The findings described predictors of symptom alleviation **[18]** and intervention effectiveness. Several authors **[22, 26]** detailed therapeutic approaches like Cognitive Processing Therapy and integrated psychological programs. They showed links between trauma and social health determinants, as recorded in a study of urban migrants in Peru **[20]** and an investigation of faith's role in addressing sexual and gender-based violence **[24]**. Studies on asylum seekers with traumatic brain injuries **[19]** and dowry-related violence **[23]** addressed specific violence forms. Other authors **[27]** documented challenges in delivering mental health support to displaced populations.

IPV types

The selected articles commonly referenced IPV broadly while categorizing specific clinical manifestations like physical, sexual, and emotional abuse **[20, 21]**. Some authors **[18, 24]** reported on broader categories, including war-related violence, family dynamics, spousal relationships, harassment, trafficking, and structural violence.

These studies detailed migrant origins, with Syria as a main source alongside Central/South American and Asian countries. The authors reported psychological distress, depressive symptoms, and PTSD, as well as cognitive deficits alongside affective symptoms. The reported symptoms are categorized as both "internalizing" and "externalizing" manifestations of distress.

Reported interventions and psychometric evaluations

For interventions, the Stepped Care and Collaborative Model was reported, spanning from watchful waiting to advanced treatments **[18]**. Studies also described customized referrals **[19]**, targeted psychosocial support **[20]**, and context-appropriate rehabilitation **[21]**. Trauma-focused therapies and interventions that incorporated safety and support networks **[23]** were also reported. Faith-based intervention with religious coping **[24]** and regional differences in IPV rates **[25]** were documented.

The psychometric evaluation employed various tools across clinical settings. Trauma assessment used the Harvard Trauma Questionnaire (HTQ) and Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Depression and anxiety were evaluated using the Patient Health Questionnaire-9 (PHQ-9), Montgomery-Åsberg Depression Rating Scale (MADRS), Hospital Anxiety and Depression Scale (HADS), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and Center for Epidemiologic Studies Depression Scale (CES-D).

Cognitive assessments utilized the Montreal Cognitive Assessment (MoCA), Rowland Universal Dementia Assessment Scale (RUDAS), and Neuropsychological Battery (Neuropsi). Social functions were measured using scales such as the Multidimensional Scale of Perceived Social Support (MSPSS), Social Capital Assessment Tool (SASCAT), and Challenged Sense of Belonging Scale (CSBS). The inclusion of the Strengths and Difficulties Questionnaire (SDQ) and Home Observation for Measurement of the Environment-Short Form (HOME-SF) captured assessments within child and family contexts, whereas the Brief Resilience Scale (BRS) and General Self-Efficacy Scale (GSE) measured resilience and self-efficacy.

DISCUSSION

This scoping review synthesized the available evidence on the neuropsychological and mental health consequences of IPV in migrant and refugee women. The included studies consistently showed that exposure to violence is associated with higher levels of depression, anxiety, post-traumatic stress disorder, and psychological distress. Several studies also reported cognitive impairments affecting functions such as attention, memory, and executive functioning.

This scoping review examined the interaction between psychosocial factors, trauma, and mental health outcomes across vulnerable groups. To foster a balanced perspective, it is crucial to highlight the resilience strategies that should women employ to overcome different challenges. Despite adversities, many women used adaptive coping mechanisms contributing to post-traumatic growth. Baseline vulnerabilities and social determinants influenced therapeutic outcomes **[18]**. Trauma's effects on cognitive function were evident **[19, 23]**, while IPV significantly impacted depression and familial dynamics **[20, 25, 26]**. The efficacy of psychosocial interventions in reducing anxiety and PTSD symptoms was well-documented **[21, 22]**. Adaptive religious coping among displaced women **[24]** and the importance of culturally sensitive interventions **[27]** are also key findings from the selected articles

Neuropsychological outcomes of IPV

IPV affected women's neuropsychology, particularly in ethnic minorities, with high percentages of women experiencing IPV in specific global regions **[28]**. Research showed 25% of IPV-affected women developed mild neuropsychological changes, while 5% had severe memory and executive function impairments **[29-30]**. IPV's neuropsychological impact on women with PTSD indicated that cognitive deficits were worsened by chronic stress and altered neurobiological responses **[31]**.

Impaired executive function may increase IPV involvement due to challenges in emotion management and impulse control **[32-33]**. Neuropsychological impairment severity varied with alcohol consumption and abuse type **[34, 35]**. Women who experienced non-fatal strangulation during IPV reported more severe cognitive changes than other survivors **[36, 37]**. The neuropsychological effects of IPV on victims often manifested as cognitive motor deficits exacerbated by PTSD, anxiety, and depression, with high rates showing traumatic brain injury (TBI) **[38, 39]**.

Furthermore, neuropsychological consequences of IPV disproportionately affected immigrant women due to cultural and social challenges. These women face higher IPV risks due to partner dependence, language barriers, deportation fears, and limited service access. Social isolation and communication difficulties prevented immigrant women from seeking healthcare assistance **[40]**. Cultural stigma, family unity commitments, and economic dependence strongly influenced women's decisions to remain in harmful relationships **[41-43]**.

Mental Health Outcomes

IPV correlated with adverse mental health outcomes, including PTSD, depression, anxiety, and substance use disorders **[44, 45]**. IPV severity correlated directly with mental health decline and PTSD symptoms **[46]**. Technology-facilitated abuse impacted mental health similarly to physical violence **[8]**. Psychological abuse strongly predicted PTSD and depression, while physical and sexual violence were associated with PTSD symptoms **[45, 47]**. Reproductive coercion and abuse (RCA) were critical predictors of depression, anxiety, stress, PTSD, and reduced life satisfaction **[48, 49]**.

Interventions and Treatment Approaches

Therapeutic strategies for these at-risk groups included the Stepped Care and Collaborative Model (SCCM), addressing both mental and medical needs **[18]**. Tailored referrals **[19]**, psychosocial support **[20]**, and context-appropriate rehabilitation **[21]** were recommended by different authors. Trauma-informed therapies, including group-based cognitive processing **[22]** and interventions prioritizing safety **[23]**, were also discussed. Socio-cultural environments profoundly affected IPV prevalence **[25]**, requiring faith-based coping **[24]** as well as integrated psychological interventions **[26]** alongside targeted health strategies **[17]**.

Digital-based interventions have benefited immigrant women experiencing IPV **[50]**. While relocation can expose women to new perspectives on gender roles **[51, 52]**, it may also intensify violence due to shifting power dynamics **[51]**. Primary care integration and cultural competence in family violence response were essential **[53]**, supported by e-health initiatives such as SAFE **[54]**. Advocacy interventions empowered IPV survivors through enhanced decision-making **[55]**, and hospital-based programs proved effective in promoting their mental health **[56]**. Implementing trauma-informed care practices in domestic violence organizations improved service delivery such as CARE initiative **[57,58]**, and incorporating psychological interventions unlike CBT into domestic violence support improved emotional safety and self-esteem **[59]**.

Implications for Policy and Practice

The Global Plan of Action aimed to enhance the health sector's role in addressing IPV **[60]**, and coordinated response models may be adapted to diverse socio-cultural contexts **[61]**. Some countries have successfully integrated refugees into Universal Public Health Insurance or endorsed legislation for migrant healthcare **[62-64]**. However, structural and cultural barriers persisted in other nations **[65]**. Healthcare practitioners were crucial in identifying cases of IPV **[66]**, though screening practices remained inconsistent. Organizations should prioritize IPV screening, training, and effective referral systems **[13,67]**. Culturally appropriate interventions, including multilingual resources, enhanced disclosure in clinical settings **[12,68]**, while economic empowerment initiatives helped survivors achieve independence **[69]**. Furthermore, collaboration among healthcare, mental health, and legal professionals was essential to mitigate these negative neurocognitive outcomes among this vulnerable group.

Strengths, limitations and future directions

While the present scoping review provides a critical examination of the intersections between mental health, neuropsychological effets, displacement and healthcare access, among migrant and refugee women, its scope remains bounded by the methodological heterogeneity of the literature. The diversity of existing study designs across various geographical contexts, particularly with the focused lens on some countries, complicates the derivation of conclusive, generalized insights regarding the prevalence and longitudinal effects of IPV. This limitation is further compounded by a dearth of research addressing the subjective experiences of survivors, which necessarily constrains the depth of the current analysis. A significant structural limitation of this review, as noted in peer evaluation, pertains to the organizational framework and terminological consistency of IPV. To address these gaps, future studies should transition toward the implementation of standardized methodologies and meta-analytical approaches to enhance cross-study comparability and reading comprehension. Such formal quantitative syntheses alongside bioecological perspectives, might effectively track the trajectory of women's safety across diverse migration contexts, including other under-represented regions like North Africa and the Middle East, thereby bridging the current divide between conceptual relevance and structural precision.

CONCLUSIONS

This scoping review highlighted the profound neuropsychological and mental health consequences of intimate partner violence on migrant and refugee women, evidenced by significant cognitive impairments and elevated rates of depression, anxiety, and PTSD. Addressing these "hidden wounds" and "silent cry" required a fundamental shift in healthcare and public policy. It is imperative to develop and implement culturally sensitive interventions that account for language barriers, migration trauma, and cultural stigma. Furthermore, health systems must adopt routine and standardized violence screening protocols tailored for migrant populations to facilitate early identification and support. Finally, there is a critical need for more longitudinal studies to track the long-term cognitive and emotional trajectories of migrant women, ensuring that comprehensive, data-driven support systems can be established to break the cycle of violence and foster brain and mental resilience.

Conflicts of interest

The authors declare no conflict of interest.

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Ethics statement

Not applicable.

Data, Materials, and Code Availability

Data are available on request.

Contributor roles

Conceptualization: MT
Data Curation: MT, SA
Methodology and Formal Analysis: MT, SA
Writing- Original Draft: MT.
Writing- Review and editing: MT, SA

AI Usage Disclosure

AI tools only used for copy-editing and not generating the manuscript.

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