Review

Intimate Partner Violence in the Khaliji Women: A Review of Frequency and Associated Factors

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Intimate Partner Violence in the *Khaliji* Women: A Review of Frequency and Associated Factors

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Abstract: The Gulf Cooperation Council (GCC), locally known as *Khaliji*, is a group of six Arab nations, including Saudi Arabia, Bahrain, Kuwait, Oman, Qatar, and the United Arab Emirates (UAE). Intimate partner violence (IPV) is a significant public health concern in the GCC region, but the research that synthesized the trend has received scant attention. The present narrative review examines existing research on the prevalence and frequency of IPV among *Khaliji* women in GCC nations. This review synthesized studies on physical violence, sexual violence, emotional abuse, and controlling behaviors perpetrated by an intimate partner. The prevalence rates of IPV among *Khaliji* women are observed to be high: women reported facing different types of abuse from their partners, namely physical (7% - 71%), sexual (3.7% - 81%), financial (21.3% - 26%) and psychological (7.5% - 89%), which is a culmination of controlling behavior (36.8%), emotional (22% - 69%) and social violence (34%). The extant studies in the GCC suggest that the most endorsed IPV was psychological abuse (89%) followed by sexual violence (81%). Qualitative content analysis of the associated factors resulted in four meaningful descriptors such as demographics of the victim, sociocultural factors, socioeconomic, and perpetrator-related issues. The study on IPV is still nascent and few. The way forward will require developing culturally appropriate interventions that address unique risk factors for IPV among *Khaliji* populations, strengthening institutional responses, and increasing awareness and social support for the victim of IPV.

Keywords: intimate partner violence; domestic violence; prevalence rates; forms of IPV (physical; sexual; emotional; economic); risk factors; cultural attitudes towards violence and gender roles; GCC; Arab; *Khaliji*

1. Introduction

Intimate partner violence (IPV) is a form of domestic violence that occurs between intimate partners, such as spouses, boyfriends, or girlfriends. The World Health Organization (WHO) defines intimate partner violence as "any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship" as well as controlling behaviors as a form of abuse [1,2]. In some socio-cultural around the world, women are not granted equal legal rights and protections as men. This is may lead to the de facto treatment of women as property or objects to be controlled by male family members or husbands [3]. Such predicaments are sometimes reinforced with sociocultural teaching fostered collective mindset so that individual autonomy is not socially sanctioned [4]. While such collective and interdependent teaching may foster IPV, the 'geography of IPV is not limited to a collective society, individualistic society, or for that matter, patriarchal or matriarchal societies [5].

IPV can take many forms, including physical, sexual, emotional, or psychological abuse. The consequences of IPV have emerged in the literature [6]. Sequalae include injuries such as bruises, broken bones, head injuries, chronic pain, including headaches and back pain, sexually transmitted

infections, and unintended pregnancies. The broader physical sequelae could include long-term health problems such as cardiovascular disease, chronic pain, and gastrointestinal disorders. The corpus of literature has also highlighted the emotional impact of IPV survivors, including all spectrums of psychiatric disorders. These often trigger various problems of externalization and internalization behavior, including low self-esteem, feelings of worthlessness, self-blame, difficulty trusting others and forming new relationships, guilt, shame, humiliation, suicidal thoughts, or behaviors [7]. There is also evidence to suggest that IPV can also impact and trigger subtle but debilitating cognitive impairment that manifests itself as difficulty concentrating and making decisions, difficulties learning and remembering, increased distractibility, and impulsivity [8]. There are also reports that IPV can cascade the social and economic sphere, including isolation from one's social network, family, and friends, loss of social support and resources, economic dependence and financial difficulties, homelessness, or insecure housing [7]. IPV can have negative impacts on children, including behavior problems, emotional difficulties, and poor academic performance [9]. This implies that such diverse negative impacts of IPV require different types of support and interventions to address them.

Elghossain, Bott, and Akik [10] have reported a systematic review of IPV in the Middle East/North Africa (MENA) region. The authors have collected population-based studies from seven countries. The frequency of IPV ranged from 6% to as high as 59% for physical violence, 3% to 40% for sexual violence, and 5% to 91% for emotional/psychological violence. More recently, Kisa, Gungor & Kisa [11] have reported a scoping review of the MENA. The authors reported that physical injury common sequel of IPV. Associated factors with IPV included age, education, length of the marriage, previous experiences of childhood abuse or witnessing family violence, geographical area (a rural location), and family income. Interestingly, both the systematic review and scoping review did not proceed with a metanalysis. It is not clear whether such omission stems from the heterogeneity of the design, methods, or outcome measures of the extant studies. Another conspicuously absent from critical review are studies from the Arabian Gulf countries except for Saudi Arabia [10]. The review of trends in the GCC is needed even using studies that seemingly employed suboptimal methodology. The rationale for this is that such less robust studies can provide valuable information on IPV experiences in contexts that have not been extensively studied before. This can help identify unique risk factors, protective factors, and cultural or social factors that may influence IPV in these regions. While less robust methodologies may not provide the same level of accuracy or precision as more rigorous research designs, they can still offer valuable information that can inform future research and policy. For example, these studies can identify important areas for further investigation or highlight the need for culturally appropriate interventions to address IPV in different contexts.

The term "*Khaliji*" or "*Khaligi*" refers to the Gulf region of the Arabian Peninsula, which includes countries belonging to the six nations that make up the Gulf Cooperation Council (GCC), an economic and political alliance [12]: Oman, Saudi Arabia, Kuwait, Bahrain, Qatar, and United Arab Emirates (UAE). In the present discourse, *Khaliji* women are women from the GCC or who identify with its culture and traditions [4]. One key aspect of the population structure of the GCC is its urbanization. The region is rapidly urbanizing, with more and more people moving to cities in search of better economic opportunities. According to the World Bank, the majority of the population exceeds two-thirds of the population now living in urban areas [13]. *Khaliji* populations have diverse family structures, which are shaped by cultural, religious, and historical factors [14]. Studies have suggested that *Khaliji* populations have family structures that fall under extended or tribal families and are often polygamous and consanguineous. The latter is firmly rooted in sociocultural teaching, but there is a dissenting view [15]. With increased acculturation and changing modes of life from rural to urban, nuclear families are becoming increasingly common in tightly woven patriarchal societies; every individual is supposed to have a family, ethnicity, or tribal connection [14]. As is often the case with patriarchal societies, men are typically seen as breadwinners and decision-makers, while women are expected to prioritize their roles as wives and mothers [4]. But recent reports suggest GCC has been undergoing a social transformation that would direct bearing on the well-being of the woman. The recent World Bank annual entitled Women, Business and the Law 2020 (WBL) aims to assess laws

and regulations affecting women's economic opportunity in 190 economies [16]. Saudi Arabia has enacted groundbreaking reforms to the extent that it has been lauded to have as the "global top reformer". A similar feat has been noted in the other GCC countries. While women's empowerment is an important goal, it is crucial to address the topology and associated factors of IPV to further ensure that women have the necessary resources, support, and protections to navigate the challenges of juggling the two worlds –traditional and modern. A review to synthesize the emerging trend of IPV directed towards *Khaliji* women may set the background for greater scrutiny of the topics and contemplate evidence-based prevention and intervention. Within the such background, the present discourse aims to fill the gap in the literature. The objectives of this review are two-fold. The first is to examine the frequency of IPV among *Khaliji* women. The second related aim is to quantify the factors associated with IPV. The associated factors have the potential to identify factors that may be amenable to prevention and mitigation.

2. Materials and Methods

The current review covered papers up to 2023 as it served as a narrative assessment of the epidemiology and correlates of IPV in the GCC. The articles were searched using keywords, which reflect the spectrum of IPV. The keywords for specifying IPV were: intimate partner violence, domestic violence, dating violence, spousal abuse, gender-based violence, battering, relationship violence, and family violence. Academic databases like PsychINFO, Scopus, Google Scholar, and PubMed/Medline were used to retrieve articles as well as gray literature. In some sociocultural patterns around the world, intimate relationships tend to be associated with those relationships that are legally bound by marriage. The sexual mores and forms of intimate relationships are increasingly becoming diverse [17]. Some related terms of IPV include 'domestic violence, 'dating violence, 'spousal abuse', 'gender-based violence', 'battering', 'relationship violence, family violence, intimate partner aggression, interpersonal violence, family violence, partner violence, intimate terrorism, coercive control [18]. In the present discourse, these related concepts will be used interchangeably when the reference is toward IPV.

The keywords used for the English articles were divided into four levels as follows; each level has to be matched in the search: [Level 1] epidemiology OR point prevalence OR period prevalence OR lifetime prevalence OR incidence OR prevalence OR survey OR prevalence rates OR incidence rates OR epidemiological studies OR Cross-sectional studies OR longitudinal studies OR national surveys OR population-based surveys OR community-based surveys OR victim surveys OR perpetrator surveys AND [Level 2] Oman OR Saudi Arabia OR Qatar, OR UAE OR Kuwait OR Bahrain AND [Level 3] The related term for associated factors, risk factors, predictors, and correlates is "determinants". This term is often used in epidemiology and public health research to refer to any factor or variable that contributes to the occurrence or distribution of a health outcome, such as a disease or condition. Determinants can be classified into various categories, including demographic factors (e.g., age, gender), socioeconomic factors (e.g. income, education), behavioral factors (e.g. smoking, physical activity), and environmental factors (e.g. access to healthcare) [19].

The search methodology did not impose any restrictions on the period of the articles being considered.. Relevant published papers were also examined, but only those that were related to the specific region of interest. The articles that were collected were analyzed to identify any variables, indicators, determinants, or factors associated with IPV in Bahrain, Kuwait, UAE, Qatar, Saudi Arabia, and Oman. The accrued associated factors of the identified articles were then tabulated and narrated into meaningful descriptors as a qualitative content analysis approach [20]. Qualitative content analysis is a research method used to analyze textual data by systematically categorizing, coding, and interpreting its meaning. In this approach, the associated factors are identified and then categorized into different themes or codes based on their similarities and differences. These themes or codes are then narrated into meaningful descriptors that provide insights into the underlying patterns or relationships in the data.

3. Results

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The search of the current literature accrued 14 articles that covered the frequency and associated factors of IPV in the six GCC countries. In the present search, the timeframe of the accrued from 2009 to 2022. Saudi Arabia appeared to have the highest number of IPV articles with women (n = 7), followed by Bahrain (n = 2) and UAE (n = 2), Oman (n = 1), Qatar (n = 1), Kuwait (n = 1).

3.1. Frequency

The frequency of IPV is shown in Table 1 and, for each country, the rate is highlighted below in tandem. In Saudi Arabia, studies examining IPV violence of intimate partners found that the prevalence of women exposed to lifetime violence ranged from 11.9% to 44.8%. Additionally, among the frequency of different types of violence revealed, physical abuse faced by women was 9% - 45.5% and sexual abuse 6.9% - 19.2. The highest percentage of domestic violence among partners was reported to be psychological abuse, which was a culmination of mental and emotional abuse, with 35.9% and 22%-69%, respectively.

Regarding the incidence rate of IPV studies in Oman, almost 28.8% of women had experienced lifetime abuse by their partners, 21% were exposed to emotional abuse and 18% experienced physical abuse. Moreover, about 10.1% of the women also endorsed being emotionally and physically abused by their respective partners.

Among women in the UAE, the prevalence of women exposed to IPV in studies showed that 7.5% to 46% had been psychologically abused by their partners. In addition, a majority of women were also reported to be physically and sexually abused, with a prevalence of 7% - 32% and 3.7% - 14%, respectively.

A study in Qatar explored the incidence of reported violence among a sample population of 2787 women and found that nearly 12.4% of married women had experienced lifetime abuse from their partners.

Studies that investigated IPV among women attending primary care in Bahrain showed that almost 30.1% to 71.7% of women reported 'ever experiencing' domestic violence. The type of violence varied between emotional abuse 60%, physical abuse 32.9%, sexual abuse 13.8%, and financial abuse 21.3%.

A study among Kuwaiti women demonstrated that the highest type of violence, to be reported, was sexual abuse with a prevalence of 81%, followed by 75% of psychological abuse and 71% of physical abuse.

3.2. Associated Factors

The second aim of this study is to examine the determinants of IPV among *Khaliji* women. The identified articles were analyzed using qualitative content analysis, where associated factors were grouped as themes and narrated as meaningful descriptors. The qualitative content analysis resulted in broader and more encompassing descriptors, namely, (i) demographic; (ii) societal/cultural factors; (iii) Socio-Economic; (iv) perpetrator-related (Table 2).

Table 1. Frequency and Association of intimate partner violence among Khaliji Women.

Country	Authors	The instrument used to solicit the presence of IPV	Sample characteristic	Catchment area	Prevalence
Kingdom of Saudi Arabia	Wali et al. [73]	Norvold Domestic Abuse Questionnaire	n= 1845	National Guard Primary Healthcare Centers in the Western Region (Bahra, Jeddah, Makkah, and	Lifetime prevalence = 33.24% Psychological abuse = 48.47% physical abuse =34.77% Sexual abuse =16.75%

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			Taif. All are satellite clinics of King Abdulaziz Medical City	All three types of abuse = 4.1%
Afif et al. (2011)[74]	An author developed an Arabic Questionnaire & Well Structured Interviews General Health Questionnaire to assess the level of stress	n= 2000 2-stage proportionate cluster random sample Currently or Formerly married	Al-Ahsa Oasis in the Eastern Province of Saudi Arabia	Lifetime - 39.3% Mental - 35.9% Physical - 17.9% Sexual - 6.9%
Alzahrani, T. A., Abaalkhail, B. A., & Ramadan, I. K. (2016) [75]	3-Part Survey: Part I - Basic characteristics of participants and their husbands Part II - A structured self-administered questionnaire, HITS (Arabic). Part III - A questionnaire assessing IPV (adopted from the World Health Organization report)	n=497 Consecutive Saudi women attended primary health care centers from Jan-Feb, 2015 2-stage probability sampling	Taif city, Saudi Arabia	Overall - 11.9%
Alquaiz, Almuneef, Kazi & Almeneessier (2017) [76]	Social Support Survey Scale Intimate Partner Violence Against Women Questionnaire Anthropometric Measurements Structured interview for detailed case-history	n= 1,883 Married Women 18 randomly selected primary health care centers and 13 private institutions (teaching institutes, government offices, social welfare organizations)	Riyadh, Saudi Arabia	Lifetime Violence - 43% Controlling Behaviour - 36.8% Emotional - 22% Physical - 9% Sexual - 12.7%
Barnawi F. H. (2017) [77].	Study survey adopted from the literature	n= 720 women Consecutive Saudi women attending	Al-Wazarat primary health care center in Riyadh,	Overall - 20% Emotional - 69% Social - 34% Economical - 26%

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			Primary Health Care Centres from March - July 2011		Physical - 20% Sexual - 10%
	Eldoseri, H. M., & Sharps, P. (2020) [78].	World Health Organization (WHO) Violence against women questionnaire (v.10.0)	n= 200 women Consecutive Saudi women attended primary healthcare centers from March to June 2012.	Primary care in Jeddah City, Saudi Arabia	Spousal physical violence =45.5%
	Abolfotouh, M. A., & Almuneef, M. (2020) [79].	Arabic version of the World Health Organization multicountry instrument on violence against women	n= 400 currently married women Consecutive Saudi women attending Primary Health Care Centres, from November 1, 2015, to February 1, 2016	Primary care in Riyadh, Saudi Arabia	Overall - 44.8% Physical - 18.5% Emotional - 25.5 Sexual - 19.2% Economic - 25.3%
Oman	Al Kendi, A., Al Shidhani, N., & Al Kiyumi, M. (2021) [80].	The author's own developed questionnaire + The Arabic version of the NorVold Domestic Abuse Questionnaire	N = 978 women Consecutive Omani women attending Primary Health from April 1, 2019, to July 30, 2019	Primary health care centers in Muscat governorate, Oman	Lifetime - 28.8% Emotional - 21% Physical - 18% Emotional+Physical - 10.1%
United Arab Emirates	Serkal et al. (2014) [81].	Author's owned adopted questionnaire	700 ever-married women Consecutive Emirati women were randomly from Primary health care centers	Primary health care centers, Dubai, UAE	Physical – 7.14% Sexual - 3.7% Psychological - 7.5%
	AlMulla, & Alothman, (2020) [82].	Authors' own developed questionnaire	n= 920 married women A community survey was conducted in May, June and July 2017.	Abu Dhabi, Dubai, Sharjah, and the rest of the Emirates.	Physical - 32% Psychological - 46% Sexual - 14%
Qatar	Al-Ghanim (2009) [83].	The authors' own developed questionnaire	n = 2787 female students A field survey was conducted during the Spring of 2006	A national tertiary education center in Doha, Qatar	Overall - 2.22% Overall (married) - 12.4%

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Bahrain	Bubshait et al..(2021) [84].	Authors' own developed questionnaire (From the Norvold Abuse Questionnaire)	602 Bahraini women Consecutive women who attended primary health care centers	Primary Health Centre, Bahrain	Overall - 30.1% Emotional - 60% Physical - 32.9% Sexual - 13.8% Financial - 21.3
	Al Ubaidi et al. (2021) [85].	Women Abuse Screening Tool-short	n= 810 women The executive women sought consultation from 27 primary healthcare centers from September to October 2020.	Primary Health Centre, Bahrain	Overall - 71.7%
Kuwait	Alsaleh A. (2022) [86].	The Severity of Violence Against Women Scales Women's Experiences With Battering Scale	n= 1335 women Randomly selected community survey	Kuwait City, Kuwait.	Physical - 71% Sexual - 81% Psychological - 89%

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Table 2. Factors associated with intimate partner violence in Khaliji women.

Demographic factors	Age of the victim and duration of the marriage
	Victims with above-average weight
	Victim having divorced parents
	The victim has gone through a divorce and remarried
	Perpetrator living with the widowed mother
	Education level of the victim
Socio-cultural factors	Victims living in a polygamous marriage
	Victims who live in households that sanction violence in a marital context
	Victims alleging lack of support from the society
Socio-Economic Factors	The victim does not receive tangible support in her marriage
	The victim who is living in a household with insufficient income
	Victim's perceived lack of economic independence from the perpetrator
	The perpetrator controls the financial matters of the victim
Perpetrator-related Factors	Perpetrator has a history of ACE (Adverse Childhood Experience)
	Perpetrator's low educational level
	Unemployed perpetrator
	Perpetrator's working in military occupation
	Perpetrator's smoking, alcohol use, and gambling habits
	A perpetrator with poor self-regulation, poor mental health outcome, and autocratic

The first broad associated factors are those related to the victim and perpetrator's demographic background. Factors emerged among studies in the GCC including the age of the person who was victimized and the length of time they were married to their partner, victims who are overweight or obese, *Khaliji* women who grew up with parents who were divorced, *Khaliji* women who have been divorced and have remarried, perpetrator living with the widowed mother, and education of the *Khaliji* women.

The associated factors are those that fall under socio-cultural. Existing studies in the GCC suggest that women who have lived in polygamous marriages or households that sanction violence in a marital context and those who allege a lack of support from society are likely to maintain IPV.

The third factor is those that were operationalized to fall under socioeconomic factors including the lack of tangible support, insufficient income, perceived lack of economic independence, and financial control by the husband are all factors which contribute to IPV.

The final associated factors broadly fall under the characteristic of the perpetrator. Husbands with adverse childhood experiences, low education, unemployment, or certain occupations (such as being in the military) may be at increased risk of perpetrating domestic violence. Similarly, husbands with substance misuse, poor self-regulation, poor mental health outcomes, and autocratic tendencies may also be at increased risk of engaging in abusive behavior.

4. Discussion

Once desolate Arabian Peninsula has undergone rapid transformation due to an economy primarily based on oil and gas exports, and more recent efforts have been made to diversify their economies away from oil and gas. Many of the GCC countries have been internationally lauded for undergoing a rapid economic transformation. According to Smith [21], money earned from the oil industry has propelled GGC's development at a remarkable pace, achieving what took Europe a thousand years to achieve in less than two decades. While there are some subcultural differences, the countries nevertheless share several similarities including history, language, religion, culture, economy, and politics, which, in turn, have fostered a sense of common identity and cooperation [22].

The GCC's rapid modernization in recent years has resulted in significant material progress for its population, while regressive practices that harm women such as female genital mutilation, child marriage, and honor killing are gradually declining [23-25]. However, the challenges of a patrilineal

society that exist elsewhere in the world are also common among *Khaliji* women. In a patrilineal society, women are often subjected to traditional gender roles and expectations, and their primary role is traditionally limited to being a wife, mother, and caretaker of the household. Elsewhere, women can also face restrictions on their mobility and autonomy, as their actions and decisions are often controlled by male family members. In some patrilineal societies, women have also considered the property of their husbands or male relatives and may be subjected to various forms of violence, discrimination, and oppression. Despite such misgivings, most of the atavistic views toward women have the potential to be changed by laws and emerging empowerment. Many countries in the MENA region have agreed to comply with the requirement to reduce the incidence of IPV against women, as part of their efforts to achieve Sustainable Development Goal (SDG) 5.2.1 and related indicators [26]. However, it is important to note that just because a law or policy exists, it does not necessarily guarantee effective implementation or translate into meaningful change in real life [27].

There is a significant amount of IPV in the world. Approximately 13% of women who have ever been in a committed relationship and are between the ages of 15 and 49 have suffered physical or sexual IPV in the last year[28]. The lifetime prevalence of IPV varies by region, ranging from 20% in the Western Pacific to 49% in Oceania and central Sub-Saharan Africa [29]. A study including 124,838 women found that the prevalence rates of any type of IPV during pregnancy ranged from 1.8% to 99.5%, depending on the study[30]. Overall, it is estimated that around 30% (nearly 1 in 3), or specifically 736 million women around the world have sustained IPV or non-partner sexual violence [31]. The magnitude broader Eastern Mediterranean or MENA region has been featured in the international survey. Approximately, 67% of the victims of IPV are in the age range of 15-34 years old [31]. One of the most notable features of the MENA region is its youthful population. According to the United Nations, the median age in the region is around 25 years old, which is significantly younger than the global median age of 31. This is largely due to the high fertility rates and the fact that a large proportion of the population is under the age of 30 [32].

In the GCC, "the family forms the basic building block of society, and "family institution remains strong" (p. 352) [15]. Indeed, in some of the GCC countries, premarital screening programs are mandatory to rule out whether the couples are compatible and do not have genetic disorders that would affect their offspring [33]. This implies that the region is making a concerted effort to increase the quality of *Khaliji* women and their offspring. According to the Ministry of Health, 'healthy marriage guarantees to prevent family members from hereditary and infectious diseases; thus building a happy and stable family"[34]. Thus, quantifying the magnitude and associated factors of IPV, which the late UN Secretary-General, Kofi Annan, has called "…most shameful human rights violation" [35] will further assist in building a happy and stable family in the GCC in general and *Khaliji* women in particular.

According to a WHO report in 2013 [36], worldwide, more than one in three women have experienced physical or sexual assault from a partner or sexual violence from a non-partner and its global occurrence implies that IPV is one of the phenomena that transcends culture, ethnicity, and geography. In the Americas, a systematic review of the frequency of IPV by Bott et al. [37] reports among studies from 24 nations that meet the inclusion criteria suggested 14% to 17% of women in Brazil, Panama, and Uruguay have suffered from IPV variant spectrum IPV. The data from Bolivia suggested the highest rates of IPV while the data from North America suggested a low rate compared to South America. In Europe, the rate of IPV fluctuates in a complex way with the type of IPV considered. Overall, Barbier, Chariot & Lefèvre have reported that 51.7% of ever-partnered women have incurred IPV [38]. The study concludes that rates are likely to be underreported. In Africa, Roman & Frantz [39] in the systematic review, the IPV ranged from approximately 26.5% to 48%. Regarding Asia and the Pacific, Jewkes et al. [40] have reported lifetime prevalence ranging from 27.5% to 67.4% in Bangladesh, Cambodia, China, Indonesia, Sri Lanka, and Papua-Neuve Guinea. In general, the magnitude of IPV appears to fall within the global trend and, indeed, fluctuate in the complex. The available figures from different continents could be the tip of the iceberg due to underreporting, as IPV is a highly stigmatized and sensitive topic, lack of standardized measurement tools, as different studies may use different definitions and measures of IPV, creates challenges in

comparing and contrasting results between different studies.. The sampling bias could be another confounder, as studies often rely on convenience samples, such as women seeking services from shelters or health clinics, which may not accurately represent the population of women who experience IPV. Another factor that hampers the accurate magnitude of IPV is cultural and linguistic barriers. In some cultures, the discussion of IPV may be taboo and language barriers may prevent survivors from seeking help or accurately describing their experiences.

A total of 14 articles were collected in the current literature search, which examined the occurrence and factors of IPV in the six GCC countries between 2009 and 2022. Among these countries, Saudi Arabia had the highest number of articles discussing IPV with women, with a total of 7. Bahrain and UAE had 2 articles each, while Oman, Qatar, and Kuwait each had one article discussing IPV. The present review suggests that *Khaliji* women have been documented to have physical issues ranging from 7% to 71%. Other subtle but debilitating IPVs also appear to exist, including financial, which ranged from 21.3% to 26% of the sample surveyed, and psychological trauma, which ranged from 7.5% to 75% of the sample. Other IPV subtypes were also noted among *Khaliji* women, including controlling behavior (36.8%), emotional abuse (22% - 69%), and social violence (34%). Almost higher than the global average is sexual violence (81%). As different studies have used different concepts and the resultant instrument to tap into IPV, the generalization of the presently observed frequency of IPV is likely to be hampered by such constraints.

4.1. Associated Factors

The second objective of the present review is to explore the factors associated with IPV among 12 articles that met the criteria for the present inclusion. Using qualitative content analysis [41], the present quest has accrued four comprehensive descriptors that include topics relevant to factors related to demographic, social/cultural factors, socioeconomic and perpetrator-related factors. These associated factors will be recapitulated below in tandem with the extant literature.

The age of women and the duration of marriage have been documented and were found to be significantly associated factors in the studies so far that have emerged from the GCC. Studies in Saudi Arabia, Bahrain, and UAE have shown that the duration of marriage is strongly associated with IPV. Women who have been married for a duration between 10 to 20 years are more prone to experiencing IPV, as opposed to those who have been married for less than 10 years or over 20 years. Looking at the data from KSA and Bahrain, risk factors for IPV are heightened after a decade of marriage and last until 20 years. Furthermore, women's age has also been reported to be correlated with IPV. This implies that women aged 30 to 40 years reported experiencing more IPV.

Previous studies have suggested that, on the one hand, women who have experienced violence by their intimate partners are at increased risk of developing obesity [42] and, on the other, obesity in some populations around the world tends to be stigmatized, which in turn, could contribute to negative body image and self-esteem [43]. Recent lifestyle changes and sedentary life have triggered an increased risk for obesity [44]. In the Arab population, it has been previously reported that being overweight is considered a status symbol and a desirable trait in women. Historically, studies have indicated that, for example, in some GCC societies, there is a cultural preference for women to be voluptuous. This is enhanced by force-feeding or gavage, but such practice appears to have eroded with recent modernization [45]. However, such perception has come under scrutiny in recent years, with increased recognition that obesity has negative health effects and the 'globalization of the lean body ideal' which has been alleged to be propelled by popular culture [46]. Therefore, the emerging ideal body image in the GCC has been used among abusive husbands to shame their partners. The future direction is stark, as surveys conducted by the National Epidemiological Health Survey [47], the prevalence of obesity among *Khaliji* women is notably higher than among men. In Kuwait, for example, the obesity rate for women is 47.9%, whereas it is 34.6% for men. Similarly, in Qatar and Saudi Arabia, approximately 45.3% and 44% of women are classified as obese, which is almost twice the rate of men in those countries. As obesity appears on the rise among *Khaliji* women and husbands are more apt to use their wife's body side to ostracize them, studies are needed to disentangle this emerging trend.

The present review suggests that the issue pertinent to divorce appears to be significant including women who were having divorced parents or are remarried. This implies that *Khaliji* women who grew up with divorced parents may be more vulnerable to IPV due to a variety of factors, including unresolved trauma, difficulty trusting others, and lack of positive role models for healthy relationships, as documented by other populations [48]. These views echo psychodynamic theory suggesting the role of early childhood experiences in shaping adult relationships and behaviors. Accordingly, experiences in childhood can lead to unresolved conflicts and emotional wounds that can manifest in adult relationships and contribute to dysfunctional behaviors [49].

Divorce is often stigmatized in society, especially for women., who may be seen as failures or shamed for not being able to maintain their marriages [50]. Many families would rather see their daughters stay married, even if their husbands are abusive than deal with the shame that a divorce would entail. Divorced Arab women describe feeling criminalized, isolated from society, blamed, and made to feel sinful [51]. Future studies should examine whether the entrance of divorce represents a risk factor for IPV or whether this is the result of multiple factors.

Another demographic factor associated with IPV among *Khaliji* women living with a widowed mother-law. Being 'family-centric' [4], traditional GCC communities tend to live in the extended family through urbanization has started to erode the centrality of extended family [52, 53]. In some extended families, the household can have many generations under one roof. Naturally, mother-in-law and daughter-in-law can lead to misunderstandings and conflicts due to differences in beliefs and generation. In some cases, the mother-in-law may feel threatened by the daughter-in-law's role in the family and her influence on her son, leading to feelings of jealousy and resentment [54]. In such an enmeshed family setting, tension could build up, and sometimes the husband may side with the mother. The tension between husband and wife would proliferate into fulfilled IPV.

Research conducted on Euro-American populations has indicated that women's education can act as a safeguard against IPV. This is supported by evidence that suggests that as women's educational attainment rises, their vulnerability to experiencing IPV declines [55]. More recently, women have been one of the benefits of the spread of education in GCC countries. This would suggest that women are empowered to escape abusive husbands. As the present study suggests, it appears that lack of education, as previously reported from other populations, renders some vulnerable *Khaliji* women to fall prey to the vagary of IPV. In most GCC countries, girls' education is compulsory, and the enrollment rates of girls in primary and secondary education have increased significantly [56]. Similar trends have been observed in tertiary education where, according to the public media, women make up the majority of the university students in Qatar [57], and in Oman, there is a 'feminization' of healthcare services [58]. It remains to be seen whether women's empowerment has a direct positive bearing on reducing IPV. Therefore, more studies are warranted.

Sociocultural factors play a significant role in shaping attitudes toward IPV. One sociocultural factor prevalent in the GCC is patriarchal types where traditional teaching entails men as the head of the household and women as subservient. This implies that men have the right to control and discipline their wives can lead to justifications of violence in the context of "maintaining discipline" or "correcting" behavior [59]. Another factor is gender roles where women's roles are primarily in the home. Women who do not conform to these gender roles can be seen as disobedient and may be subjected to violence as a form of punishment. In the existing studies on GCC, it appears that the sociocultural view of polygamy also increases the risk of IPV. Studies conducted in Saudi Arabia, the UAE, and Kuwait reported that polygamy is highly associated with IPV. Related to this, in both UAE and Kuwait, studies have shown that some cultural beliefs such as the husband's authoritarianism and his right to punish the wife alongside the wife's obedience to the husband and the social acceptance of violence against women are correlated with high levels of IPV. In polygamous relationships, there may be jealousy and competition between wives. The presence of multiple wives can create a sense of rivalry and competition, which can lead to conflict and violence, and resultant IPV. The socio-cultural factors that contribute to IPV are likely to be complex and deeply ingrained. Addressing these factors requires a comprehensive approach that includes efforts to change attitudes, promote gender equality, and provide education and support to victims of IPV.

Various factors have emerged to be related to the perpetrator of IPV. Studies have shown that there is a strong association between adverse childhood experiences (ACEs) and IPV in adulthood [60]. ACEs can involve a variety of childhood types of abuse, neglect, and family dysfunction. Factors such as sadness, anxiety, impulsivity, and problem drinking can act as mediators in the association between ACE and IPV [61]. Additionally, substance use can often be used as 'self-medication' to cope with the trauma of childhood abuse [62]. One associated factor that echoes the trend from elsewhere increased the risk of IPV among soldiers. It has been speculated that military services that entail exposure to combat, deployment-related stressors, and mental health issues may contribute to this increased risk of IPV [63].

The aforementioned discussion of factors associated with IPV prominently features women who have experienced IPV. These factors include descriptors related to demographics, society/culture, socioeconomics, and the perpetrators themselves. The present risk factors appear to echo international trends and broadly echo those identified by the Centers for Disease Control and Prevention (CDC) [64].

4.2. Limitation

One limitation of this review is that the quality of the articles included was not assessed. Thus, there is a need for more research on IPV in the present region of interest. Ideally, critical appraisals such as systematic review and meta-analysis will be essential to scrutinize the present trend. Secondly, it is unclear whether the reported magnitude of IPV among *Khaliji* women is representative of the entire GCC region, given the large expatriate population and the fact that there is a maldistribution of the studies with only Saudi Arabia having a majority of the studies. Some of the studies in the GCC were mainly conducted in facilities (e.g., healthcare settings). In the future, a more robust community survey is needed so the inclusion of expatriate communities. Third, some studies have employed different assessment tools. This means the present generalization might echo euphemisms of comparing 'apples and oranges'. Therefore, culturally sensitive instruments will be essential that could be equipped with items that leave the option for international comparison. Fourth, cultural and religious norms that only allow relationships between married couples may also mask the true prevalence of IPV. As alluded to earlier, types of intimate relationships and sexual mores are changing. Thus, the centrality of IPV emerging outside the realm of marriage might not come to the forefront. As reported elsewhere, interdependent societies such as those in the GCC tend to aspire to maintain family harmony and privacy, as well as to avoid shame and stigma. This may prevent women from reporting IPV and seeking help [65]. Notwithstanding such a view, the present review has suggested high-frequency psychological abuse (89%) followed by sexual violence (81%). Nevertheless, a concerted effort will be needed to quantify the frequency and risk factors for IPV using sociocultural lances to avoid any spuriousness of the data.

Despite the above-mentioned limitation, (i) there is a need to create a culturally sensitive classification system for IPV, (ii) conduct more rigorous research to accurately determine the extent of IPV, (iii) enhance education and prevention efforts to reduce the occurrence of IPV and (iv) expand and improve services for those affected by IPV. These points are further elaborated on below.

The first step is to create a culturally sensitive classification system for IPV and to take into account the unique circumstances and factors that may contribute to IPV. To date, there are various emphases on what constitutes IPV, including physical violence, sexual violence, psychological or emotional violence, and economic violence. It is not clear whether such a taxonomy could lead to misunderstandings or oversimplifications of the complex issue of IPV in a different culture. Baker & Dwairy [65] has argued that cultural taboos surrounding sex and sexuality can make it difficult for victims to come forward and seek help in a collective society. Individuals in collective society as those of GCC societies are patterned to operate in an interdependent and collective framework. Thus, much cherished individual autonomy, commonly observed in the legal system in Euro-American societies, is not largely reinforced in traditional communities around the global south [66]. Related to this, it has been reported that when stress occurs in the *Khaliji* population, the afflicted individual is likely to experience distress in somatic distress rather than 'psychic pain' often observed and documented

in the Euro-American population [67]. If this view has heuristic value, this would imply that the perception and sequelae of IPV are likely to be experienced in the socio-cultural context. Qualitative research can help to uncover these cultural factors and provide insight into how they influence the occurrence and perception of IPV within a specific cultural context. Therefore, the use of multiple sources of evidence to build a more comprehensive understanding of IPV is essential, if not paramount.

Second, to gain a more accurate picture of the magnitude and scope of IPV, more robust research studies that utilize reliable and valid measures as well as diverse samples. The population in the GCC is known to be 'social media savvy'. Elsewhere, it has been suggested that one way to gauge the 'pulse' of society is to look at what is covered in social media platforms [68]. A study entitled "#MaybeHeDoesntHitYou: Social Media Underscore the Realities of Intimate Partner Violence" found that social media platforms possess the capability to serve as influential means for initiating public discussions about the actualities of IPV and can provide a platform for IPV victims to share their experiences and receive support. The study highlights the importance of online social support for IPV victims [3] Homan et al. [69] suggest that machine learning and other computational methods can be used to analyze social media data related to IPV. The high number of social media users in the GCC, along with their diverse demographic, could serve as a valuable tool for better measuring the incidence of IPV. It may also help identify potential ways to mitigate this IPV.

Thirdly, alongside research efforts, it is crucial to increase education and prevention efforts to reduce the occurrence of IPV. This includes raising awareness about the signs and effects of IPV, as well as promoting healthy relationship skills and communication. Reducing IPV in the GGC requires, multifaceted approaches are warranted including reminding society that, according to Roesch [70], the Prophet Mohammed has advised Muslims to treat women with kindness, and to be the best to their wives. The Quran also commands that husbands be gentle with their wives, even if there are problems in their relationship. It prohibits mistreatment and forcing women to do anything against their will: "I command you to be kind to women." …."The best of you is the best to his family (wife) (Sunan al-Tirmidhī)… and the Holy Quran has stated, "O you who believe! You are forbidden to inherit women against their will. Also, do not treat them with harshness. (Quran 4:19). Along with sociocultural teaching, there is a need to increase public education on what constitutes abuse and how to identify warning signs [55, 71]. To date, there is a dearth of studies that directly address the attitude and awareness of IPV in the Arab population, and the GCC is no exception. Raising awareness of IPV can help reduce the stigma associated with it and encourage victims to seek help. Furthermore, to consolidate this, it would be essential, if not paramount, to strengthen laws and policies by which victims of IPV and perpetrators of abuse are made accountable for their actions. This includes criminalizing all forms of IPV, providing resources for victims, and ensuring that perpetrators are prosecuted. Developing policies and laws that protect victims of IPV and hold perpetrators accountable can help to reduce the incidence.

Lastly, it is important to expand and improve services for those impacted by IPV. This includes providing accessible and culturally sensitive support services. The GCC must increase the services for IPV including law enforcement, healthcare providers, and social services. These organizations should receive training on how to work with diverse populations and provide culturally sensitive services that meet the needs of people from different ethnic and cultural backgrounds given the diversity of GCC societies [72]. In many societies where support and resources are widely available, it appears that for victims of abusive relationships, to rebuild their lives, a range of services warranted to be established, including culture-sensitive counseling and emergency shelters. The GCC countries have been internationally lauded for promoting women's empowerment, but empowerment can present unforeseen challenges for women. Therefore, reducing IPV in the GGC requires a multifaceted approach that involves raising awareness, strengthening laws and policies, providing support services, engaging men and boys, and promoting the path of empowerment that has the potential to reduce IPV.

5. Conclusions

*Khalij*i women have recently witnessed that their part of the world has undergone rapid economic and social changes. The GCC has been internationally lauded to have secured unprecedented material progress in the last decades and women have borne out the empowerment precipitated by the spread of education and the judicial system that safeguard their wellbeing. However, like their counterparts in the global south, in the global north, *Khalij*i women still endure some form of gender-based violence. In the present analysis, the frequency of physical abuse ranged from 7% to 71%, sexual from 3.7% to 81%, financial abuse ranged from 21.3% to 26%, and psychological abuse ranged from 7.5% to 89%. By any standard, such figures are stark, but the generalization of this study should be reviewed with caution given there is maldistribution of research and the field itself appears to be nascent. Various associated factors including victim demographics, sociocultural factors, socioeconomic, and perpetrator-related issues were noted to be significant and would require further scrutiny. In the final analysis, IPV is a complex issue that requires a multi-faceted approach that includes legal, social, and cultural interventions. Efforts to address IPV in the GCC must focus on raising awareness, providing support services to survivors, strengthening legal frameworks, and challenging gender norms that perpetuate violence. To establish a more evidence-based and informed approach, more studies would be warranted.

Supplementary Materials: The following supporting information can be downloaded at the website of this paper posted on Preprints.org., Figure S1: title; Table S1: title; Video S1: title.

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