

Understanding Trauma in Migration: A Scoping Review of How Trauma is Conceptualized in Literature on West Asian Young Women in Western Contexts

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Abstract

Objectives: Trauma in migration is shaped by individual, social, and structural factors. Using an intersectional lens, this scoping review examines how trauma (i.e., as defined by the Substance Abuse and Mental Health Services Administration; SAMHSA, 2014) is conceptualized in literature on young West Asian women in Western contexts. Given large-scale migration from West Asia over the past two decades, understanding these definitions is key to identifying gaps and informing resilience and recovery efforts.

Methods: Using Arksey and O'Malley's (2005) five-stage framework, a scoping review was conducted. From 424 articles (post-duplicates), 112 were screened, and 15 met the inclusion criteria for final analysis.

Results: Trauma in migration is mainly defined as exposure to life-threatening events like war, persecution, or refugee camp conditions. Its impact is shaped by pre-existing (e.g., age, gender) and situational (e.g., discrimination, cultural dislocation) factors. Effects are typically framed clinically (e.g., post-traumatic stress disorder (PTSD), depression, anxiety, and somatization).

Conclusions: Trauma is often framed as isolated events, with little attention to ongoing, complex experiences. Lived experiences and broader impacts are overlooked, with a reliance on the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) frameworks. Intersectionality and trauma specific to young West Asian migrant women is rarely addressed across all three Es of trauma: Event, Experience, and Effect. Recovery strategies lack tangible actions.

Implications: Future research could explore trauma's complex nature. Centering the lived experiences of young West Asian migrant women through intersectional and mixed-methods approaches is essential. Policies must be trauma-informed, gender- and age-responsive, and address post-migration stressors. Interventions should be co-designed with the target population, culturally grounded, and attuned to systemic and relational dimensions of trauma.

Keywords: Trauma; migration; young West Asian women; intersectionality; resilience

Introduction

Migration has become a defining global phenomenon in recent decades, significantly affecting Western countries, including Canada. As of 2024, there were approximately 304 million international migrants worldwide, representing 3.7% of the global population (United Nations, 2025). According to UNHCR (2023), by the end of 2022, more than 108 million people were forcibly displaced globally due to human rights violations, armed conflicts, and political instability. A displaced individual is someone who has been forced to leave their home or habitual place of residence due to various adverse circumstances, such as war, persecution, or violence (Global Migration Data Analysis Centre, 2024; UNHCR, 2025a; UNESCO, 2021).

The broader West Asian region—defined according to Statistics Canada’s classification of “West Central Asian and Middle Eastern origins” (Statistics Canada, 2017)—has been a major source of migrants due to prolonged conflict, political instability, and widespread human rights violations. Countries such as Syria, Iraq, Iran, Afghanistan, Palestine, Lebanon, and Yemen have experienced intense armed conflict, economic hardship, and state oppression, leading to significant forced migration over the past decade.

As of 2025, Syria remains one of the world’s largest displacement crises, with 7.2 million internally displaced people and 6.2 million refugees (UNHCR, 2025b). The civil war, ongoing since 2011, has driven mass displacement through widespread destruction, violence, and human rights violations targeting diverse ethnic, religious, and tribal groups—making it the largest refugee crisis since World War II (Rahim et al., 2023; Renner et al., 2021; Roupetz et al., 2020).

Afghanistan, for instance, has endured prolonged conflict, culminating in the Taliban’s return to power in 2021, which led to economic collapse and mass migration. The Hazara community, in particular, faces systematic persecution by the Taliban, resulting in mass displacement and cultural suppression. Since 2021, hundreds of Hazaras have been killed and thousands displaced, with women and girls particularly affected (Mohammadi, 2024; Qurban-Ali & Scott, 2020).

Similarly, the Yazidi community in Kurdistan endured genocide at the hands of ISIS in 2014, resulting in mass displacement and widespread human rights violations (Gerdau et al., 2017). Women and girls were particularly subjected to extreme sexual violence and enslavement. According to Otten (2022), approximately 3,000 Yazidis remained missing, and over 200,000 were still displaced at the time of the report.

The journey of migration for forcibly displaced individuals is marked by potentially traumatic events (PTEs) and circumstances before, during, and after migration (Schouler-Ocak, 2015). Specifically, before migration, individuals may face war, persecution, political repression, or the loss of family members (Atrooz et al., 2022; Khamis, 2023). During migration, forcibly displaced individuals often endure unsafe travel conditions, exploitation, trafficking, starvation, and life-threatening environmental hazards (Arsenijević et al., 2017). Post-migration, they must navigate complex asylum processes and may experience acculturation stress, discrimination, and socioeconomic hardships (Arenliu et al., 2020; Renner et al., 2021). These adverse experiences may profoundly affect both physical and mental health and overall well-being (Bruhn et al., 2018; Kliewer et al., 2021).

This study adopts the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) definition of trauma, which consists of three core elements: Event or Circumstance, Experience, and Effect. Trauma arises from events or circumstances that cause overwhelming stress and are perceived as harmful or life-threatening, leading to lasting adverse effects on physical, emotional, social, and spiritual well-being.

SAMHSA (2014) recognizes trauma in various forms, including abuse, disasters, and human rights violations. Individuals and communities experience trauma differently based on their unique contexts and positionalities, resulting in diverse effects such as post-traumatic stress disorder (PTSD), depression, anxiety, and substance use disorders, as well as less documented, culturally specific expressions of distress. This definition moves beyond an individual-based model to consider context and subjective experiences, acknowledging trauma’s broader impacts beyond psychopathology and recognizing its effects at collective levels.

The effects of trauma can profoundly disrupt the well-being of displaced individuals, impacting their ability to adapt and thrive in host countries (Meyer et al., 2023; Müller, Büter et al., 2019; Veese et al., 2023). This challenge is particularly severe for vulnerable groups, such as women, children, and youth, who face unique adversities and are at a heightened risk of exposure to trauma (Brooks, Finley et al., 2022; Hosseini et al., 2023).

Women, including those from West Asian regions, face distinct PTEs that are often gender-specific, including female genital mutilation, forced marriage, and honor-based violence, which may necessitate displacement in search of safety (Brooks, Meinhart et al., 2022; Klugman, 2022). The migration journey further exacerbates these vulnerabilities, exposing women to elevated risks of exploitation, human trafficking, and sexual violence, frequently perpetrated by smugglers, traffickers, or fellow migrants (Arsenijević et al., 2017). The absence of safe shelter and inadequate access to essential healthcare services, particularly those related to reproductive health, can intensify the effects of trauma or result in retraumatization (Correa-Salazar et al., 2023). Bulut and Brewster (2021) highlight that migrant women from conflict-affected areas in West Asia exhibit significantly higher rates of psychopathology, particularly depression and post-traumatic stress disorder, when compared to both West Asian men and migrant women from non-Western regions. This increased vulnerability is likely attributable to the compounded impact of gender-based violence and forced displacement. Post-migration, challenges often persist, as intersecting forms of gendered and racial discrimination hinder access to stable housing and employment (Ferrer & Dhatt, n.d.; McAuliffe & Oucho, 2024; Canadian Centre for Housing Rights, 2022; United Nations, 2025). These structural barriers may further complicate their ability to build resilience and recover from the trauma experienced before and during migration (Brooks et al., 2024; Emery et al. 2022)

Children and youth also face unique challenges during migration (UNHCR, 2013), a critical stage where PTEs can disrupt their physiological, cognitive, emotional, developmental, social, and spiritual growth (Perry & Winfrey, 2021). Displaced youth often handle family responsibilities, struggle to access education and employment, and grapple with identity and belonging in new environments (UNHCR, 2013). These factors leave displaced youth in a precarious position, lacking stability, security, and supportive networks, which complicates their ability to rebuild their lives and reach their potential (UNHCR, 2013). Children and youth frequently experience emotional and behavioral distress, with common diagnoses including PTSD, anxiety with sleep disorders, and depression (Bürgin et al., 2022). Their heightened sensitivity to trauma requires targeted support to mitigate long-term mental health impacts (Hamburger et al., 2019; Lipsicas & Mäkinen, 2010; Sapmaz et al., 2017).

The intersection of age, gender, ethnicity, migration status, and broader sociopolitical conditions uniquely positions displaced young women from West Asia at heightened risk of marginalization (Miller, 2023). These overlapping vulnerabilities not only increase their exposure to PTEs, such as violence, discrimination, and systemic exclusion, but also could intensify the cumulative impact of trauma (Abdelhamid et al., 2023; Klugman, 2022). As a result, both the experience and recovery from trauma are shaped by structural inequities that operate across individual, familial, community, and societal levels (Abdelhamid et al., 2023). Without addressing these intersecting factors, interventions risk overlooking the compounded nature of trauma faced by this population.

Recovery from trauma in the context of migration is a multifaceted and non-linear process, shaped by experiences at every stage of displacement (Ahmad et al., 2008; Arsenijević et al., 2017; Müller, Gossmann et al., 2019). To effectively promote recovery, fostering resilience is essential, as the two processes are deeply intertwined.

Ungar (2012) conceptualizes resilience as a dynamic, relational, and context-dependent process, rather than an innate trait. He argues that resilience is cultivated through the continuous negotiation between individuals and their environments, where individuals actively seek, access, and make use of resources that support their well-being. These resources, ranging from stable relationships and education to community and systemic supports, must be culturally meaningful and tailored to the individual's lived experience. In Ungar's (2012) framework, resilience is not solely an individual's capacity to adapt, but also the responsiveness of their social world to provide necessary supports in ways that are accessible, relevant, and sustainable.

Understanding how trauma is conceptualized in literature on displaced young West Asian women is essential for developing effective, resilience-oriented interventions. As conflicts in West Asia continue to displace large numbers of girls and young women, their unique vulnerabilities in the context of migration demand clearer, more context-sensitive definitions of trauma. Without this clarity, interventions risk being poorly aligned with lived experiences.

This scoping review aims to: (1) examine how trauma is defined in studies on young West Asian migrant women in Western countries; (2) assess the strengths and gaps in these definitions for promoting resilience and recovery; and (3) identify recommendations for future research, practice, and policy.

Method

A comprehensive scoping review was conducted using the five-stage framework proposed by Arksey and O'Malley (2005) to gain a deeper insight into trauma in the context of migration among young women from West Asia. The review process encompassed the following stages: (1) defining the research question, (2) identifying pertinent studies, (3) selecting the studies, (4) organizing and recording the data, and (5) bringing together, summarizing, and presenting the findings. The subsequent sections outline the procedures involved in each of these steps within the framework.

This scoping review adopts the Commonwealth definition of youth, which includes individuals between the ages of 15 and 29 (Commonwealth Secretariat, 2021).

Identifying the Research Question

Reviewing the literature on trauma in the context of migration among young West Asian migrants highlights the need for a deeper understanding of how trauma is perceived and experienced by young migrant women from West Asia living in Western countries. This scoping review therefore aims to examine what the existing literature reveals about trauma within the migration experiences of this demographic. It includes peer-reviewed research published from 2003 onward—marking the onset of the Second Persian Gulf War, which intensified regional conflict and prompted increased migration from West Asia.

Identifying Relevant Studies

A literature search was conducted employing specific search terms to retrieve relevant studies on trauma within the context of migration among young women migrants from West Asia, covering the period from 2003 to 2025. The search terms included: [Trauma* OR Adversity OR Stressor OR Traumatic] AND [Immigra* OR Migra* OR Refugee* OR Undocumented OR "International Student*" OR "Foreign Work*" OR Asylum] AND ["West Asia*" OR "Middle East*" OR "Syria" OR "Iran" OR "Afghanistan" OR "Palestine" OR "Iraq" OR "Lebanon" OR "Yemen"] AND [Youth OR Young* OR Child* OR Teen* OR Minor* OR Juvenile* OR Adolescent* OR Pubertal*] AND [Female* OR Woman* OR Girl*]. The specific countries were listed individually, as they represent the most conflict-affected nations in the West Asian region. Three electronic databases for this purpose were selected: Social Services Abstract, Scopus, and PsycINFO. The literature search across the selected databases was conducted between March 9 and 19, 2025.

Study Selection

Arksey and O'Malley (2005) recommend establishing inclusion and exclusion criteria that align with the central research questions. In this scoping review, the inclusion criteria were related to the type of study (peer-reviewed, original, and empirical), the focus of the studies, the participants' nationality, age, and gender, the language of the study, study's setting, and the publication date (see Table 1).

Table 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Original, empirical, peer-reviewed articles	Reviews, commentaries, editorials, case studies, intervention studies, book chapters, thesis
Full-text available	Studies based on secondary analysis of data
Focused on at least one aspect of trauma as defined by SAMHSA (2014)	Studies that did not involve youth participants aged 15 to 29 years
Studies published from 2003 onwards	Studies that did not involve women and girls
Studies published in the English language	Studies that did not involve West Asian participants
Studies published in any country	Studies that were not conducted on participants residing in Western countries
Studies conducted on participants residing in Western countries	Non-English publications
Studies involving youth participants aged 15 to 29 years	
Studies involving women and girls	
Studies involving participants from West Asia	

The application of the inclusion and exclusion criteria followed a two-stage screening process. Arksey and O'Malley (2005) recommend that two reviewers conduct the screening and study selection process. In this review, inter-rater reliability was ensured by involving both authors in the screening and selection of the studies.

In the initial phase, 436 articles were identified through database searches, including: 408 from Scopus, 22 from Social Services Abstracts, and five from PsycINFO. These records were screened by title and abstract to assess their potential eligibility for inclusion in this scoping review. A total of 10 duplicate records were removed: nine articles appeared twice, and one article (i.e., *Long-term effects of organized violence on young Middle Eastern refugees' mental health*; Montgomery, 2008) appeared four times across the databases. After removing all duplicates, a total of 424 unique articles remained. Of these, 112 were selected for full-text screening, and ultimately, 15 studies met the inclusion criteria and were retained for analysis (see Figure 1).

Studies that emphasized migration-related adversities or stressors within the target population were considered for further assessment, even if they did not explicitly use the term "trauma." However, for inclusion in the final analysis, studies were required to address trauma, adversity, or stressor in at least one of their research questions—whether in relation to traumatic events, experiences, or effects. In other words, only articles that explored at least one dimension of trauma were selected for the final inclusion, even if they used the terms "adversity" or "stressor" instead of "trauma".

Articles with mixed-gender samples were retrieved for full-text screening and included only if they reported findings specific to women or girls, or if women or girls comprised more than 50% of the sample. The same criteria applied to studies with mixed geographic regions or age ranges: inclusion required either disaggregated data for West Asian participants within the 15 to 29 age range or a majority of such participants in the sample.

Charting the Data

In the fourth stage of the framework (Arksey & O'Malley, 2005), data charting involved extracting key information from the studies included in the review. A table was created capturing the authors, publication year, study location, sample, objectives, a brief summary of the methodology, theoretical framework, key findings, and noted limitations. This table enabled the author to identify recurring themes and gaps in the literature (see Table 2).

Collating, Summarizing, and Reporting the Results

The fifth stage of the Arksey and O'Malley (2005) framework involved summarizing and reporting the findings, with data charting used to present a narrative account based on key patterns, themes, and gaps. A thematic analysis, following Braun and Clarke's (2006) six-phase approach, was then conducted. This involved familiarization with the data, coding for key patterns related to trauma and migration (e.g., refugee, war, PTSD), and grouping codes into overarching themes. The themes were rigorously reviewed and refined through peer debriefing and reflexive discussions involving the authors and two scholarly experts in migration. This collaborative process enhanced the reliability of the analysis.

Results

This process produced four key themes: trauma in the context of migration is defined as life-threatening events both before and during migration; experiences of trauma in the context of migration are influenced by specific pre-existing and situational factors; the effects of trauma in the context of migration are typically understood as clinical mental health symptoms; recommendations emphasize the need for trauma-informed responses that are culturally, gender-, age-, and structurally responsive across the migration trajectory.

Trauma in the Context of Migration is Defined as Life-Threatening Events both Before and During Migration

In all the articles reviewed in this paper, trauma in the context of migration is consistently regarded as physically or emotionally life-threatening events and circumstances that transpire both *before* and *during* the migration process. These encompass exposure to war, witnessing violence (e.g., house search, parental imprisonment and torture, intimidation, and killing), forced recruitment, personal persecution, the loss of parents, and residing in refugee camps (Abu-Kaf et al., 2021; Chung et al., 2018; Jesuthasan et al., 2018; Solberg et al., 2020). Events or circumstances explored in the *post-migration* context are typically labeled as "post-migration stressors" (Bohland et al.,

2024; Georgiadou et al., 2017; Montgomery, 2008; Solberg et al., 2020) or “risk factors” (Nesterko et al., 2019; Seglem et al., 2011) rather than as forms of trauma.

The combined findings from the articles suggest that PTEs in the migration context extend beyond individual experiences, especially in the context of West Asian youth, where such trauma is frequently systemic and organized, often instigated by state authorities.

Figure 1. PRISMA Flowchart of Included Studies (adapted from Page et al.,2020). For more detailed information, refer to the original publication available at <http://www.prisma-statement.org>.

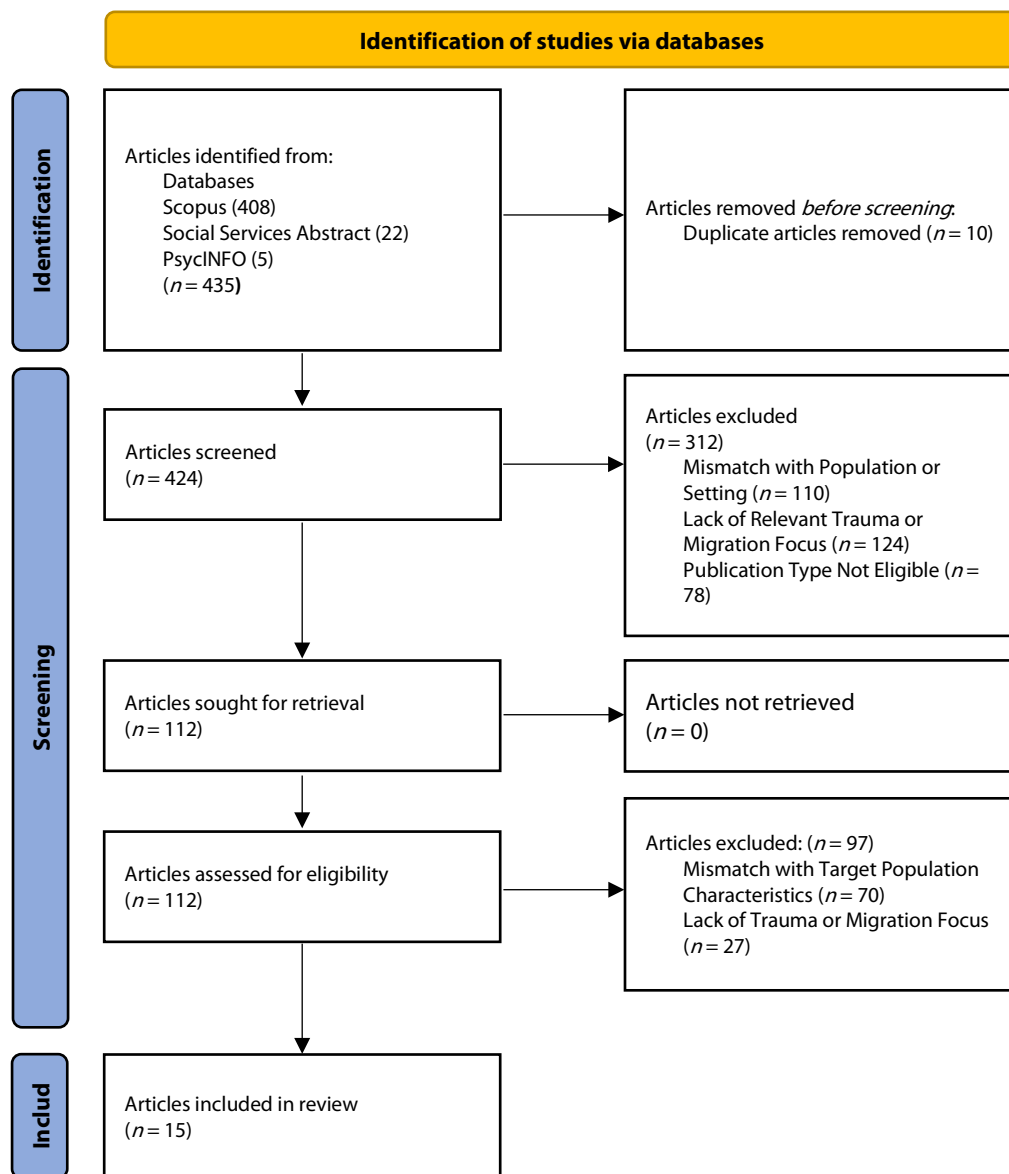


Table 2. Overview of Empirical Studies on Trauma among Young Migrants from West Asia and Neighboring Regions

Article Title	Author(s) and Publication Year	Study Location(s)	Sample	Objective(s)	Method(s) and/or Methodology	Theoretical Framework	Key Findings
Negative and protective experiences influencing the well-being of refugee children in Germany	Abdelhamid et al., 2023	Germany	47 parents and 11 refugee children from Syria, Iraq, Palestine, Afghanistan, Eritrea	To explore negative and protective experiences from children's perspectives using a socio-ecological model	Qualitative thematic analysis of interviews	Socio-ecological model	Identified family dispersion, displacement, policy stress, and community support as key influences on well-being
Community coherence and acculturation strategies among refugee adolescents	Abu-Kaf et al., 2021	Greece	173 Syrian adolescent refugees (60.7% female)	To examine how community coherence and acculturation strategies influence mental health	Cross-sectional survey; self-report on PTSD, internalizing/externalizing problems	Community coherence and acculturation models	Sense of community coherence and separation/competition strategies significantly explained PTSD and other mental health symptoms; females reported higher community coherence
Traumatic experiences and PTSD in Kurdistanian children and their parents	Ahmad et al., 2008	Iraqi Kurdistan and Sweden	312 children aged 6–18 and their parents from Iraqi Kurds background.	To assess prevalence and correlates of PTSD among Kurdistanian children and their parents in homeland and exile	Epidemiological cross-sectional study using the Harvard-Uppsala Trauma Questionnaire and PTSD interviews	Mentions of transgenerational trauma, family dynamics, and cultural framing of symptoms, but no structured theory is applied.	Children in exile had lower PTSD rates than those in homeland; child PTSD was associated with maternal education and exile, while father's PTSD related to low education and poor living standards
Depression and anxiety in female refugees from East Africa and the Middle East displaced to Germany: Cross-sectional results of the female refugee study, taking sociodemographic and migration-related factors into account	Bohland et al., 2024	Germany	92 female refugees; most aged 18–32 (median = 29); from Syria, Iraq, Iran, Afghanistan, Eritrea	To assess prevalence and predictors of anxiety and depression among female refugees	Cross-sectional interviews using the Hopkins Symptom Checklist; the Harvard Trauma Questionnaire; and the Posttraumatic Diagnostic Scale	NA	65.2% had depression symptoms, 60.9% anxiety; higher symptoms associated with more trauma, Middle East origin, and higher education
PTSD and psychiatric comorbidity among Syrian refugees: The role of trauma centrality	Chung et al., 2018	Turkey and Sweden	1,197 Syrian refugees; ~37% female; included youth, middle-aged, and older adults	To assess how trauma centrality relates to PTSD and psychiatric comorbidity across age groups	Cross-sectional survey with trauma centrality scale and mental health measures	Trauma centrality theory	Trauma centrality strongly predicted PTSD and psychiatric symptoms; younger adults had lower trauma centrality and fewer symptoms

Table 2. Overview of Empirical Studies on Trauma among Young Migrants from West Asia and Neighboring Regions (suite)

Article Title	Author(s) and Publication Year	Study Location(s)	Sample	Objective(s)	Method(s) and/or Methodology	Theoretical Framework	Key Findings
High manifestations of mental distress in Arabic asylum seekers accommodated in collective centers for refugees in Germany	Georgiadou et al., 2017	Germany	56 Arabic-speaking asylum seekers; aged 18-45 (44.7% aged 18-29); 35.7% female	To assess PTSD, depression, and anxiety and validate Arabic measures	Cross-sectional survey using the Essen Trauma-Inventory; the Patient Health Questionnaire—Depression Module; and the Generalized Anxiety Disorder 7-item scale	NA	80.4% had trauma exposure; 35.7% PTSD, 35.7% severe depression, 26.8% severe anxiety; underscoring need for culturally sensitive care
Near-death experiences, attacks by family members, and absence of health care in their home countries affect the quality of life of refugee women in Germany: A multiregion, cross-sectional, gender-sensitive study	Jesuthasan et al., 2018	Germany	663 refugee women; aged 17-64; from Syria, Iraq, Iran, Afghanistan, Eritrea, Somalia	To examine how sociodemographic and trauma experiences affect quality of life	Cross-sectional interviews using the Harvard Trauma Questionnaire and structured questionnaires	NA	Quality of life negatively associated with older age, near-death experience, family violence, and absence of healthcare; trauma was widespread and deeply gendered
Social anxiety among unaccompanied minor refugees in Norway	Jore et al., 2020	Norway	557 unaccompanied minors (49.6% from Afghanistan, 11.1% Somalia, 7% Iraq)	To examine effects of trauma, discrimination, and acculturation on social anxiety	Cross-sectional SEM using self-report questionnaires	Acculturative stress and socio-cultural adaptation	Social anxiety was more related to post-migration discrimination and cultural competence than pre-migration trauma
Long-term effects of organized violence on young Middle Eastern refugees' mental health	Montgomery, 2008	Denmark	131 refugees aged ~15 from Middle East (mainly Iraq)	To assess the influence of trauma and post-migration social life on mental health 8-9 years after arrival	Quantitative follow-up study	NA	Post-migration discrimination and lack of social integration predicted more internalizing problems than pre-migration trauma
Prevalence of PTSD, depression and somatisation in recently arrived refugees in Germany	Nesterko et al., 2019	Germany	569 adult refugees; 58.3% aged 18-29; 30.6% female; ~14% from West Asia (Syria, Iraq, Turkey)	To assess prevalence of PTSD, depression, and somatisation in new arrivals using epidemiological methods	Cross-sectional survey using standardized tools including the DSM-5 Life Events Checklist (LEC-5); the Patient Health Questionnaire—Depression Module; the PTSD Checklist; and the Somatic Symptom Scale-8	NA	49.7% screened positive for a mental disorder (PTSD: 34.9%, depression: 21.7%, somatisation: 31%); trauma exposure was high and multidimensional
Predictors of depressive symptoms among resettled unaccompanied refugee minors	Seglem et al., 2011	Norway	414 unaccompanied minors; 21.5% female; mainly from Afghanistan, Somalia, Iraq, Sri Lanka	To explore depressive symptom predictors post-resettlement	Multilevel regression analysis of survey data	NA	Post-traumatic stress predicted depression; girls had higher depressive symptoms; Somali youth had lowest scores; contextual and individual differences shaped risk

Table 2. Overview of Empirical Studies on Trauma among Young Migrants from West Asia and Neighboring Regions (suite)

Article Title	Author(s) and Publication Year	Study Location(s)	Sample	Objective(s)	Method(s) and/or Methodology	Theoretical Framework	Key Findings
Identifying subgroups of refugees from Syria resettled in Sweden based on multiple trauma exposures	Sengoelge et al., 2019	Sweden	1,215 Syrian refugees	To identify trauma exposure patterns and related mental health outcomes	Latent class analysis (LCA) on trauma and mental health data	NA	Three trauma classes identified; those with multiple violent trauma had the worst mental health; gender and partner status were predictive
Asylum-seekers' psychosocial situation: A diathesis for post-migratory stress and mental health disorders?	Solberg et al., 2020	Sweden	455 asylum-seekers; 63.1% aged 18–30; from Afghanistan, Eritrea, Iraq, Somalia, Syria	To assess prevalence and predictors of mental disorders in early post-migration period	Cross-sectional survey with validated mental health scales	NA	High rates of depression, PTSD, and anxiety; low education and post-migratory stressors were key predictors
Post-traumatic stress disorder among Syrian refugees in Greece	Theofanidis et al., 2022	Greece	73 Syrian refugees in camp; 27.4% female	To determine PTSD prevalence and severity among Syrian refugees	Cross-sectional survey using Arabic PTSD Checklist (PCL-C)	NA	79.5% prevalence of PTSD; men showed higher PTSD rates than women; ages 35–44 most affected
Potentially traumatic events and mental health problems among children of Iraqi refugees	Trentacosta et al., 2016	USA	211 Iraqi refugee youth	To examine traumatic events and promotive factors on youth mental health	Cross-sectional; surveys measuring PTSD, depression, and school/parent relationships	Grounded in ecological and developmental thinking (e.g., family systems, school contexts)	Supportive relationships with parents and positive school attitudes buffered effects of trauma

Note: NA = Not applicable; PTSD = post-traumatic stress disorder.

All studies provided some form of definition or conceptualization of PTEs or circumstances in the context of migration, although their approaches varied. Each study provided a brief definition of trauma in its introductory section, often drawing on existing literature. Many studies also administered diagnostic tools and self-assessment scales—such as the Harvard Trauma Questionnaire, the Child and Adolescent Trauma Screen, and the Refugee Trauma History Checklist—to participants (Ahmad et al., 2008; Bohland et al., 2024; Chung et al., 2018; Georgiadou et al., 2017; Jesuthasan et al., 2018; Jore et al., 2020; Seglem et al., 2011; Sengoelge et al., 2019; Solberg et al., 2020; Trentacosta et al., 2016; Theofanidis et al., 2022). In addition, some studies relied further on standardized diagnostic frameworks, such as the DSM-5 Life Events Checklist (LEC-5) to identify trauma (Nesterko et al., 2019), or on structured interviews (Montgomery, 2008).

Overall, the studies primarily relied on event-based definitions of trauma, emphasizing discrete, single-incident experiences over prolonged or complex adversities. Some quantitative studies involving participants under 18 used youth-specific tools like the Harvard–Uppsala Trauma Questionnaire for Children, though none used gender-specific measures (Ahmad et al., 2008; Abu-Kaf et al., 2021). Only five of the 15 studies employed culturally sensitive or adapted tools to assess trauma events (Abdelhamid et al., 2023; Ahmad et al., 2008; Bohland et al., 2024; Georgiadou et al., 2017; Jesuthasan et al., 2018).

Moreover, while several studies identify PTEs specific to children and youth—such as parental imprisonment, torture, and the loss of a parent (Abdelhamid et al., 2023; Abu-Kaf et al., 2021; Ahmad et al., 2008; Jore et al., 2020; Montgomery, 2008; Trentacosta et al., 2016)—as well as those specific to women, including sexual abuse during migration and forced marriages prior to migration (Jesuthasan et al., 2018; Sengoelge et al., 2019), they fell short of offering a comprehensive and intersectional understanding of the PTEs and circumstances unique to young migrant women from West Asia. Most analyses examined gender and age as separate variables, with West Asian participants represented in the sample but not explored in an integrated or intersectional manner (Bohland et al., 2024; Chung et al., 2018; Georgiadou et al., 2017; Nesterko et al., 2019; Seglem et al., 2011; Sengoelge et al., 2019; Solberg et al., 2020; Theofanidis et al., 2022).

Experiences of Trauma in the Context of Migration are Influenced by Specific Preexisting and Situational Factors

All studies have identified risk and protective factors that shape how traumatic events and circumstances are experienced by the target population. Most of the risk and protective factors discussed in the literature pertain to the severity of trauma-related effects, rather than to the likelihood of trauma exposure itself (Abu-Kaf et al., 2021; Chung et al., 2018; Jesuthasan et al., 2018; Solberg et al., 2020). However, a few studies identified factors that may increase the likelihood of trauma exposure, including male gender (Sengoelge et al., 2019), residence in war zones or conflict-affected regions in West Asia (Bohland et al., 2024; Georgiadou et al., 2017; Seglem et al., 2011), the use of smugglers during migration (Georgiadou et al., 2017; Jesuthasan et al., 2018; Seglem et al., 2011).

The factors contributing to trauma experiences in the context of migration, whether influencing the severity of impacts or the likelihood of exposure, reflect a combination of pre-existing vulnerabilities (demographic) and situational elements (contextual). Pre-existing vulnerabilities identified in the literature include gender and age (Abu-Kaf et al., 2021; Ahmad et al., 2008; Chung et al., 2018; Jesuthasan et al., 2018; Jore et al., 2020; Nesterko et al., 2019; Sengoelge, 2019; Seglem et al., 2011; Solberg et al., 2020; Theofanidis et al., 2022; Trentacosta et al., 2016). For example, Montgomery (2008) identified young West Asian migrants as being at elevated risk for developing mental health issues related to trauma, with girls and young women generally exhibiting a higher tendency toward internalizing symptoms such as depression.

Articles examining situational risk factors that contribute to trauma in the context of migration primarily focus on *post-migration*. These include, but are not limited to, experiences of discrimination, cultural dissonance, economic hardship, lack of information about family or friends left behind. Such factors have been shown to exacerbate trauma-related distress and increase vulnerability to mental health issues among West Asian migrant youth (Abu-Kaf et al., 2021; Solberg et al., 2020; Chung et al., 2018; Georgiadou et al., 2017; Jore et al., 2020; Nesterko et al., 2019; Seglem et al., 2011; Theofanidis et al., 2022; Trentacosta et al., 2016). In contrast, risk factors occurring *during migration* are less frequently discussed. One exception is the identification of dangerous travel conditions, such as reliance on smugglers (Georgiadou et al., 2017; Jesuthasan et al., 2018).

Several *post-migration* situational protective factors have been identified as supporting positive adjustment and trauma recovery. These include cultural competence and the ability to navigate both heritage and majority cultures (Trentacosta et al., 2016), a strong sense of community coherence (Abu-Kaf et al., 2021), language acquisition (Jore et al., 2020), cohabitation with a partner or caregiver (Seglem et al., 2011; Sengoelge, 2019), and access to educational opportunities (Ahmad et al., 2008).

Several *post-migration* conditions, such as accompanied versus unaccompanied status (Seglem et al., 2011), the presence of family members in the host country, time since arrival, school experiences (Trentacosta et al., 2016), and acculturation strategies (Abu-Kaf et al., 2021), can function either as risk or protective factors. Their impact depends on how these conditions interact with individual and contextual variables, ultimately influencing trauma outcomes, resilience, and overall well-being.

Notably, Trentacosta et al. (2016) and Jore et al. (2020) indicate that persistent *post-migration* risk factors, such as discrimination, acculturation-related stressors, and parental mental health, may exert a more negative influence on migration-related experiences than the PTEs that occurred before migration or during migration.

Among all articles reviewed, only three (Abdelhamid et al., 2023; Abu-Kaf et al., 2021; Chung et al., 2018) directly explore how West Asian migrant youth *experience* trauma, rather than focusing solely on influencing factors.

Abu-Kaf et al. (2021) emphasize the subjective perception of danger among Syrian adolescents in Greek camps, showing that feeling unsafe—not just exposure to risk—was a key predictor of PTSD and other mental health symptoms.

Chung et al. (2018) examine "trauma centrality"—how refugees integrate trauma into their identity and life narrative. While many saw trauma as identity-defining, young adults (18–29) were less likely to do so, often maintaining a future-oriented, hopeful outlook that buffered distress.

Abdelhamid et al. (2023) offer rich qualitative insight into how refugee children and parents make meaning of trauma. The study moves beyond viewing PTEs as inherently harmful, revealing how participants experienced trauma through emotional disruptions such as fear, identity loss, and isolation, while also emphasizing the protective role of meaning-making through education, social support, and family and community resilience.

The Effects of Trauma in the Context of Migration are Typically Understood as Clinical Mental Health Symptoms

All 15 studies addressed the effects of trauma, but with varying degrees of depth and focus. The effects are primarily framed as mental and physical health symptoms and reactions following exposure to PTEs. The documented symptoms include a wide range of internalizing and externalizing difficulties. These include PTSD (Abdelhamid et al., 2023; Abu-Kaf et al., 2021; Ahmad et al., 2008; Georgiadou et al., 2017; Montgomery, 2008; Nesterko et al., 2019; Seglem et al., 2011; Sengoelge et al., 2019; Solberg et al., 2020; Theofanidis et al., 2022), depression (Abdelhamid et al., 2023; Abu-Kaf et al., 2021; Bohland et al., 2024; Georgiadou et al., 2017; Jore et al., 2020; Montgomery, 2008; Seglem et al., 2011; Sengoelge et al., 2019; Solberg et al., 2020), somatization (Nesterko et al., 2019), as well as, and various forms of anxiety, including social dysfunction (Abdelhamid et al., 2023; Abu-Kaf et al., 2021; Bohland et al., 2024; Georgiadou et al., 2017; Jore et al., 2020; Sengoelge et al., 2019; Solberg et al., 2020).

These studies collectively show that trauma-related health symptoms frequently arise following exposure to conflict- and war-related events, including but not limited to torture and imprisonment. These symptoms often persist after resettlement (Solberg et al., 2020) and are further shaped by a combination of protective and risk factors. Notably, post-migration stressors, such as discrimination, acculturation challenges (e.g., separation, integration, marginalization, assimilation), and restrictive migration policies, frequently intensify these symptoms, further compromising the health and well-being of affected youth (Abdelhamid et al., 2023). One study (Jore et al., 2020) found that youth social anxiety symptoms were more strongly associated with post-migration risk factors, particularly discrimination, than with pre-migration trauma exposure.

Only one study examined the effects of trauma beyond mental health diagnoses and physical health symptoms. Jesuthasan et al. (2018) examined how trauma experienced *before* and *during* migration affected the quality of life of migrant women from various age groups in Germany (2015–2016), focusing on self-perception, health satisfaction, and living conditions. They found that PTEs and circumstances—especially near-death events, family

violence, and lack of healthcare—were strongly linked to lower quality of life. Older age, attacks by family members, and healthcare inaccessibility were key predictors of poor outcomes.

Findings on gender were mixed. Some studies found no significant gender differences in PTSD (Abu-Kaf et al., 2021) or depression and anxiety (Georgiadou et al., 2017) or social anxiety (Jore et al., 2020), though the latter noted such effects might emerge with larger samples. Others reported worse outcomes for men—higher rates of anxiety and PTSD (Theofanidis et al., 2022; Solberg et al., 2020). Conversely, several studies found women had more severe symptoms across PTSD, depression, anxiety, and somatisation (Chung et al., 2018; Nesterko et al., 2019; Montgomery, 2008; Seglem et al., 2011; Sengoelge et al., 2019).

Age-related findings were also inconsistent. Some studies identified higher PTSD risk in older adolescents and young adults (Abu-Kaf et al., 2021; Solberg et al., 2020), while others reported worse symptoms in older adults (Sengoelge et al., 2019) or found no clear age effect (Bohland et al., 2024; Chung et al., 2018; Nesterko et al., 2019).

Inconsistencies were partly due to methodological issues: small or unbalanced samples limited subgroup analysis (Ahmad et al., 2008; Georgiadou et al., 2017; Jore et al., 2020; Seglem et al., 2011); gender imbalance and underrepresentation of adolescents skewed results (Abdelhamid et al., 2023; Chung et al., 2018; Sengoelge et al., 2019; Solberg et al., 2020; Theofanidis et al., 2022); and reliance on self-report, non-validated tools, or cross-sectional designs further reduced analytical power (Jesuthasan et al., 2018; Nesterko et al., 2019; Trentacosta et al., 2016).

Eleven of fifteen studies noted limitations related to ethnicity or cultural context, citing concerns over generalizability, cultural relevance of tools, and how cultural norms shape mental health expression (e.g., Abdelhamid et al., 2023; Abu-Kaf et al., 2021; Bohland et al., 2024; Chung et al., 2018; Montgomery, 2008).

Recommendations Emphasize the Need for Trauma-Informed Responses that are Culturally, Gender-, Age-, and Structurally Responsive Across the Migration Trajectory

Most of the studies included in this scoping review offered explicit or implicit recommendations, broadly grouped into three domains: research, practice, and policy. In terms of research, several scholars highlight the need for longitudinal studies that capture the long-term impacts of trauma and track mental health across all migration stages (Abdelhamid et al., 2023; Nesterko et al., 2019; Solberg et al., 2020; Trentacosta et al., 2016), as well as a shift toward cumulative, complex, and ongoing forms of trauma rather than isolated events (Chung et al., 2018). Others emphasize the importance of using culturally sensitive tools and frameworks, including adapting DSM criteria to better align with local interpretations of distress (Georgiadou et al., 2017), and recognizing how cultural beliefs may influence symptom reporting (Seglem et al., 2011). The call for more granular, disaggregated data (i.e., particularly by region) is also present, especially regarding transnational ties and protective cultural dynamics (Bohland et al., 2024). Some researchers further advocate for greater attention to gender-specific experiences of trauma (Abu-Kaf et al., 2021; Sengoelge et al., 2019; Jesuthasan et al., 2018).

In terms of practice, several studies advocate for moving beyond narrowly clinical models to broader frameworks that reflect the ecological and social realities of migrants' lives (Trentacosta et al., 2016). Others call for trauma-informed care that is culturally and linguistically appropriate (Georgiadou et al., 2017; Nesterko et al., 2019), as well as age- and gender-sensitive interventions, particularly for adolescents who face distinct vulnerabilities (Abdelhamid et al., 2023; Jesuthasan et al., 2018; Solberg et al., 2020). Few recommendations are tailored specifically to young West Asian migrant women, despite evidence of elevated distress among this group. Some studies highlight the importance of addressing trauma across the full migration trajectory—from pre-migration experiences to displacement and resettlement (Jore et al., 2020; Montgomery, 2008). Family dynamics and caregiver involvement are occasionally emphasized, particularly in studies involving children and adolescents (Abdelhamid et al., 2023; Ahmad et al., 2008). The need for early and ongoing mental health screening is also underscored (Jesuthasan et al., 2018; Nesterko et al., 2019; Theofanidis et al., 2022).

At the policy level, scholars call for structural responses that consider the intersecting influences of age, gender, family, and sociopolitical context—especially for migrant youth and families (Trentacosta et al., 2016). Structural interventions, such as access to education, housing, and income security, can mitigate trauma-related mental health challenges (Ahmad et al., 2008; Seglem et al., 2011; Trentacosta et al., 2016). Several studies stress the urgency of legal reform, particularly around prolonged asylum procedures and insecure residency, which are consistently linked to psychological distress (Georgiadou et al., 2017; Solberg et al., 2020). Scholars also recommend early mental health screening at arrival and access to trained, trauma-informed staff and interpreters to improve service delivery (Nesterko

et al., 2019; Theofanidis et al., 2022). While there is growing recognition that mental health should be central to migration policy, few articles move beyond broad imperatives to offer concrete strategies, programs, or accountability mechanisms—underscoring a persistent implementation gap between research-informed principles and practice.

Despite growing calls for multi-level, intersectional, and context-sensitive approaches, the 15 studies reviewed reveal critical gaps—particularly in responding to the complex realities of young West Asian migrant women. While many studies report heightened distress among this group, few offer gender- or age-specific recommendations, and even fewer center their unique experiences in intervention design. Intersectional factors, such as age, gender, regional origin, and sociopolitical marginalization, are rarely addressed in proposed solutions. Structural drivers of trauma, including insecure legal status, poor housing, and limited educational access, are largely overlooked, with most recommendations limited to clinical or psychosocial responses. Notably, none of the studies involved young women in shaping interventions, revealing a striking absence of participatory or co-designed approaches. Future work must move beyond broad imperatives toward concrete, inclusive strategies grounded in lived experience and responsive to systemic inequities.

Discussion

The analysis of 15 articles provided a comprehensive understanding of the events, experiences, and effects of trauma among young West Asian migrant women within the context of migration. This understanding emerged through four interconnected themes: (1) *trauma in the context of migration is defined as life-threatening events both before and during migration*; (2) *experiences of trauma in the context of migration are influenced by specific preexisting and situational factors*; (3) *the effects of trauma in the context of migration are typically understood as clinical mental health symptoms*; and (4) *recommendations emphasize the need for trauma-informed responses that are culturally, gender-, age-, and structurally responsive across the migration trajectory*.

The articles offered valuable insights, though they varied in emphasis. Some delved deeply into one of the three Es while others explored a combination of them, offering a more holistic view of trauma in the migration context.

This review found that trauma in migration is often defined as exposure to life-threatening events before and during the journey, typically assessed through standardized tools. Challenges after arrival, known as post-migration stressors, are also commonly identified. These PTEs include war, persecution, loss of caregivers, honor-based violence, child marriage, physical and sexual violence, and survival threats such as food scarcity (Abu-Kaf et al., 2021; Ahmad et al., 2008; Chung et al., 2018; Jesuthasan et al., 2018; Jore et al., 2020; Montgomery, 2008; Solberg et al., 2020; Trentacosta et al., 2016).

Several critical gaps were identified in the existing literature related to the first theme. First, while the systemic and organized nature of PTEs is often acknowledged, it is rarely meaningfully integrated into the analysis. Second, there is a limited focus on the ongoing and chronic or complex nature of these events and circumstances, with many studies framing them as isolated or one-time incidents. Third, the literature largely overlooks an intersectional lens, failing to adequately account for the unique and potentially traumatic experiences of young West Asian migrant women shaped by the convergence of gender, age, ethnicity, and sociopolitical context.

Adopting an intersectional lens that accounts for sociopolitical context enables a deeper contextualization of traumatic events and circumstances, allowing for a more nuanced understanding of the specific needs of the target population and the promotion of resilience grounded in their particular contexts and positionalities (Miller, 2023). Furthermore, acknowledging the complexity and prolonged or chronic nature of potentially traumatic experiences challenges narrow diagnostic interpretations, such as those limited to PTSD, which often fail to capture the broader psychological, developmental, and relational impacts of sustained exposure to adversity. This perspective allows for a more comprehensive examination of how such experiences can disrupt developmental trajectories and shape long-term psychosocial functioning (Herman, 1992; Psychotherapy.net LLC, 2018; Perry & Szalavitz, 2017). In addition, applying an intersectional lens allows for a better understanding of how multiple, politically targeted and marginalized identities can intersect to produce unique and compounded forms of trauma (Miller, 2023)—for instance, in cases of honor-based violence—thereby calling for responses that reflect this layered complexity.

Only three studies in this review explored the lived experience of trauma, in terms of how PTEs are understood and felt, highlighting participants' interpretations across ecological levels, including trauma centrality and perceived threats to personal and relational safety (Abdelhamid et al., 2023; Abu-Kaf et al., 2021; Chung et al., 2018). The remaining

studies focused on factors shaping how PTEs are experienced. These included pre-existing factors (e.g., age, gender) and situational ones during or after migration (e.g., discrimination, cultural dissonance, economic hardship, and separation from loved ones). Protective factors included cultural competence, community coherence (Abu-Kaf et al., 2021), language skills, cohabitation with a caregiver or partner (Seglem et al., 2011; Sengoelge, 2019), and access to education (Ahmad et al., 2008; Trentacosta et al., 2016). These factors interact in complex, individualized ways.

Within the second theme, this review found a noticeable gap in how these studies address the lived experiences of young West Asian migrant women, regarding how they make meaning of their trauma considering their intersectional identities and positionality. Without understanding how they make meaning of their trauma through the lens of their intersectional identities (i.e., gender, age, ethnicity, migration status, and sociopolitical background) interventions risk being culturally irrelevant, gender-insensitive, or even retraumatizing, ultimately failing to address their specific needs and lived realities. Drawing on Ungar's (2012) resilience theory and Crenshaw's (1989) intersectionality framework, it becomes clear that resilience is not merely an individual trait but is shaped by access to culturally and contextually meaningful resources—resources that are often unequally distributed based on intersecting social positions. Thus, acknowledging these intersections is essential to designing trauma-informed supports that are both equitable and effective.

All 15 studies examined trauma effects, primarily framing them as mental and physical health symptoms following exposure to PTEs, typically internalizing and externalizing difficulties (Abu-Kaf et al., 2021; Ahmad et al., 2008; Bohland et al., 2024; Jore et al., 2020; Georgiadou et al., 2017; Nesterko et al., 2019; Seglem et al., 2011; Sengoelge et al., 2019; Solberg et al., 2020; Theofanidis et al., 2022). These outcomes were usually measured using standardized tools aligned with DSM and ICD criteria, such as the Posttraumatic Stress Symptoms Scale for Children (Ahmad et al., 2008). Only one study (Jesuthasan et al., 2018) examined broader impacts on quality of life.

Findings on gender and age differences were mixed and often inconclusive. Some studies reported no significant differences between youth and other age groups (Bohland et al., 2024; Chung et al., 2018; Nesterko et al., 2019), or between women and other gender groups (Abu-Kaf et al., 2021; Georgiadou et al., 2017; Jore et al., 2020). In contrast, other studies found higher symptom severity among youth (Abu-Kaf et al., 2021; Solberg et al., 2020) or women (Chung et al., 2018; Montgomery, 2008; Nesterko et al., 2019; Seglem et al., 2011; Sengoelge et al., 2019). A few studies, however, reported lower symptom severity in these groups, either among youth (Sengoelge et al., 2019) or women (Solberg et al., 2020; Theofanidis et al., 2022).

These inconsistencies likely stem from small samples, limited subgroup analyses, and tool limitations, which may have obscured meaningful trends (Abdelhamid et al., 2023; Ahmad et al., 2008; Chung et al., 2018; Georgiadou et al., 2017; Jesuthasan et al., 2018; Jore et al., 2020; Nesterko et al., 2019; Seglem et al., 2011; Sengoelge et al., 2019; Solberg et al., 2020; Theofanidis et al., 2022; Trentacosta et al., 2016).

Regarding the third theme, the review identified several key limitations in the existing literature. First, most studies focus narrowly on psychopathological outcomes, such as PTSD, depression, or anxiety, without examining the broader psychological, developmental, social, or relational effects of trauma. This limited scope fails to account for the full impact of trauma on young West Asian migrant women, particularly those who have experienced repeated or prolonged interpersonal trauma. Second, there are notable inconsistencies in how gender and age are measured and analyzed in relation to trauma outcomes, contributing to significant variability in findings and limiting comparability across studies. There is a need for more nuanced, intersectional, and contextually grounded approaches to understanding trauma effects.

Most studies in this scoping review offered recommendations across three domains: research, practice, and policy. In research, authors called for longitudinal studies tracking trauma's long-term effects across the migration journey (Abdelhamid et al., 2023; Nesterko et al., 2019; Solberg et al., 2020; Trentacosta et al., 2016), a focus on cumulative and complex trauma rather than isolated events (Chung et al., 2018), culturally sensitive tools and DSM adaptations (Georgiadou et al., 2017), recognition of cultural influences on symptom reporting (Seglem et al., 2011), region-specific and disaggregated data (Bohland et al., 2024), and more gender-focused research, especially on young women (Abu-Kaf et al., 2021; Jesuthasan et al., 2018; Sengoelge et al., 2019). In practice, recommendations included moving beyond narrow clinical models toward trauma-informed, culturally and linguistically appropriate care tailored by age and gender (Abdelhamid et al., 2023; Georgiadou et al., 2017; Nesterko et al., 2019; Solberg et al., 2020), addressing trauma across all migration phases (Jore et al., 2020; Montgomery, 2008), involving caregivers (Abdelhamid et al., 2023; Ahmad et al., 2008), and ensuring early, ongoing mental health screening (Jesuthasan et al., 2018; Nesterko

et al., 2019; Theofanidis et al., 2022). Policy-level recommendations stressed structural supports like education, housing, and income security (Ahmad et al., 2008; Seglem et al., 2011; Trentacosta et al., 2016), and legal reforms to reduce asylum delays and improve residency stability (Georgiadou et al., 2017; Solberg et al., 2020).

Despite growing recognition of the need for intersectional and context-sensitive approaches, the 15 studies reviewed reveal key gaps in addressing the realities of young West Asian migrant women. While many articles analyzed in this review report elevated distress in this group, few offer gender- or age-specific recommendations, and none involve young women in shaping interventions. Structural factors like legal insecurity, poor housing, and limited education access are often overlooked, with most solutions confined to clinical or psychosocial responses. Future efforts must prioritize concrete, participatory strategies that reflect lived experiences and tackle systemic inequities.

Several limitations of this review should be noted. While the studies included young women, few centered their gender-specific experiences, and youth aged 15 to 29 (i.e., defined by the Commonwealth Secretariat, 2021) were often not prioritized, with findings commonly aggregated across broader age groups or focused on adults. Although all studies involved West Asian participants, many combined them with non-West Asian groups (Abdelhamid et al., 2023; Bohland et al., 2024; Georgiadou et al., 2017; Jesuthasan et al., 2018; Nesterko et al., 2019; Seglem et al., 2011; Solberg et al., 2020) or focused on a single national context (Ahmad et al., 2008; Chung et al., 2018; Montgomery, 2008; Sengoelge et al., 2019; Theofanidis et al., 2022; Trentacosta et al., 2016), limiting broader regional insights. The review adopted migration as an umbrella term encompassing all forms of migration; however, all included studies focused exclusively on displaced individuals (e.g., refugees and asylum seekers). This focus likely reflects the urgency and heightened vulnerability of these populations, but it limits the applicability of findings to other migrant groups. Additionally, most studies were conducted in Europe, with limited representation from North America, narrowing the relevance of findings for contexts like Canada and the United States. Future research should address these gaps to better reflect the diverse experiences of West Asian migrant youth globally.

Implications

This scoping review reveals important directions for advancing research, theory, practice, and policy related to trauma among young West Asian migrant women.

Future studies should move beyond event-based definitions of trauma to explore its cumulative, systemic, and chronic nature. Research must center the voices and lived experiences of young West Asian women by employing intersectional methodologies that examine how gender, age, migration status, and sociopolitical context shape trauma and meaning-making. Mixed method designs that combine qualitative inquiry with contextually sensitive quantitative tools can offer a more comprehensive understanding of trauma and resilience in this population.

Existing trauma frameworks, typically rooted in clinical and diagnostic models, should be expanded to include intersectional perspectives that consider sociopolitical contexts (e.g., Crenshaw, 1991; Miller, 2023) that better capture the complexity of lived experience. Integrating Ungar's (2012) resilience theory further highlights how access to protective resources is influenced by intersecting structural factors, reframing recovery as a process embedded in social relationships, power dynamics, and political contexts.

These findings call for trauma-informed migration policies that are gender- and age-responsive, culturally relevant, and structurally grounded, addressing not only pre- and peri-migration trauma but also post-migration stressors, such as limited access to reproductive health services.

Service providers should develop trauma-informed interventions that reflect cultural values, lived experiences, and intersectional identities, going beyond clinical symptoms to address relational and community-level disruptions. Programs co-designed with the target population and grounded in their definitions of trauma and recovery are more likely to be effective. Practitioners must also be equipped to recognize and respond to the compounding effects of systemic violence and marginalization.

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Conflict of interest

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Understanding Trauma in Migration: A Scoping Review of How Trauma is Conceptualized in Literature on West Asian Young Women in Western Contexts

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