



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
Refusal to have biometric data collected by authorities	Attitudes towards biometrics	Beliefs about data security: privacy and function creep ¹	Social norms related to interacting with authorities and using technologies	Individuals from high power distance cultures are very willing to comply with requests from authorities ²	Perceived behavioural control of providing information to authorities complying with requests from authorities	Control beliefs over providing biometric data	biometrics, fingerprints, fingerprinting, iris scan, body scan, facial recognition, iris recognition, DNA, voice recognition, ear shape, gait analysis, hand-written signature verification, keystroke analysis, biometric identifiers, RFID chips, visa chip, smart card, smartgate, retinal scanning, biometric registration system, facial image, automated name transcription, automated dialect identification, EURODAC, UNHCR, Red Rose, thumbprint image, photograph, biodata, name, age, place of birth, nationality, Biometric Identity Management System (BIMS), facial image	biometrics - used for return/repatriation, biometrics - security threat, biometrics - intelligence, biometrics-detention, biometrics-discrimination, biometrics-documents, biometrics - benefits (e.g. unemployment benefits; healthcare), benefits - distribution of supplies/aid (food distribution), biometrics – granted/refused entry, smartphones - information collection, biometrics - asylum application, biometrics - control, biometrics - power, biometrics-abuse/theft/data sold, biometrics-profiling/segregating, biometrics-deportation/ethnic cleansing/genocide/persecution/criminal proceedings/threat to life, biometrics-privacy, biometrics-travel/education/employment; individuals avoid institutions and prefer to find solutions within their community (e.g. some Asian cultures); language barriers make individuals less compliant, lack of legal culture makes individuals less likely to be assertive towards authorities
				Individuals from individualist cultures are less willing to comply with requests from authorities ³				
				Individuals from uncertainty/conflict avoiding cultures are more likely to comply ⁴				
				Women from patriarchal cultures are reluctant to engage with authorities (because of fear of deportation/fear of male family members) ⁵				
				Migrants from patriarchal cultures and/or with accumulated experience of racial bias are more likely to disrespect a female police officer ⁶				
				Males evaluate the police much more negatively than females in many cultures so they are less likely to engage in positive interactions ⁷				
				People coming from places with high crime rate are less likely to comply with the requests of police ⁸				
		Beliefs about health & safety		Negative beliefs about police in the country of origin (e.g. Latin American communities) ⁹				
		Ease of technology use						
		Familiarity with the technology						



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Attitudes towards authorities (need to select a specific authority such as a specific country border guards/police/army etc.) Also, one should differentiate between an organization and its members		Beliefs about benevolence/honesty of a specific authority					<p>identity papers, police routine stop and search, rioting, crime reports, application for visas, crime reporting, addressing crime issues, police response time, adequate protection, fair or unfair treatment, cultural sensitivity (e.g. refusal to speak English), crime prevention, respond promptly to non-emergency calls, respond promptly to emergency calls, helpful to victims, deal effectively with neighbourhood concerns, work together with residents to solve local problems, deal with individuals fairly and courteously, frisking, interrogation, arrest, police beatings</p>	police - fear, police - persecution, police -discrimination, police-racial profiling/racism/bigotism, police-suspicion, police-disrespectful, police-stop people without reason, police arrival - no good/bad, police - not believing them/invent a crime, police - blame people/laugh at them, police-bribery, police-impunity, police-being normal/speaking kindly/being polite, people in uniform - fear, fear of police - uncertain legal status/illegals/illegal migrants, fear of police - lack of language skills, police - destroying (identity) papers
		Beliefs about the predictability of actions of a specific authority						police – uncertainty/hesitancy, police - language barriers/misunderstanding, police-harassment, police - neighbourhood safety/security
		Beliefs about the effectiveness of a specific authority						reporting to police-shame/disrespect, police - not able/does not care to ensure their safety (e.g. Roma), police - breaking the law
		Beliefs about the fairness of procedures (neutrality, treated with dignity & respect, given the opportunity to express their views)						Discrimination/preferential treatment of non-immigrants, verbal/physical abuse, profiling, racism, corruption, brutal, vicious, police will not persecute their own (citizens) because of an immigrant, police are more suspicious of those that are different in the society, police do not understand the culture of immigrants (e.g. speak their language, police officers from an immigrant background), police arrest people they do not like, it is risky to report police officers
		Belief in fairness of outcome (outcome						border guards - deportation, border guards - push-back



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		similar to the one received by others)						crime-ethnicity, crime - political violence (bombings, sightings of mutilated and tortured bodies, assassinations and disappearances), fear of crime - social vulnerability (e.g. illegal immigrant), fear of crime - poverty, fear of crime - gender, fear of crime - status (in the community)/social class,
		Beliefs about crime (previous experience with crime and violence, contact with police/immigration officials, knowledge about crime in the destination country)						
	Attitudes towards identity documents	Beliefs on the use of identity documents: Correlated benefits (access to services) Correlated disadvantages (means of control by state/fear of surveillance/fear of discrimination)		Beliefs about the truthfulness of identity documents ('fake identity documents' are accepted as 'normal' because of ease of replication - Afghanistan) ¹⁰		Beliefs about the difficulty/easiness to refuse identifying yourself (individuals with higher self-efficacy will be more likely to transfer this sense of confidence to the specific context of privacy protection through an increased level of perceived behavioural control)	Beliefs about the enforcement, nationality verification process, stateless, citizenship, smart cards, ethnic identity, biographical information, identification papers, citizenship document, temporary registration cards, refugee certificate, proof of identity, undocumented, registration, personal names, place names, ProGres, case management system, refugee status determination, voluntary repatriation, provisional documentation, legal status, Refugee Assistance Information System (RAIS), voter card, asylum seeker pass, alien card, internally displaced person, pink card, Allodapon, taskera certificate, Mol card, family book, certificates of identity, emergency travel documents, fake stamp, family record	cards-security raids, cards-access to services, cards-register births, cards-commercial activities, cards-access to medical care, cards - refugee camps / checkpoints, cards-biometrics, cards-UNHCR, cards-corruption cards-repatriation / confiscation, cards-ethnic identity, identification-genocide, cards - lack of transparency, identity-persecution, identity documents – expensive / useless, identity documents - humanitarian agencies, identity - reunification of family, cards - food distribution, identification-interviews, passports - fraud, cards - humanitarian protection, registration-voluntary, registration-confidentiality, identification-expulsion, Foreigner / refugee-negative connotations in country of destination, refugee / asylum seeker - pity, fake identity – dignity / pride, refugee-welfare benefits, identity - damaging to your life, identity - rejection, refugee identity - stigma, documentation - normality
		Familiarity with identity documents						
Attitudes towards the use	Beliefs about security and confidentiality	Societies with a high-power distance are linked to higher levels of concerns over social network services' privacy ¹¹	Beliefs about the difficulty / easiness of avoiding	Eurodac, Eurosur	identity - DNA samples, identity - Eurosur, identity - Eurodac, identity - mobile phones/social media			



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	of data by governments	<ul style="list-style-type: none"> Beliefs about privacy & anonymity Beliefs on transparency, control, consent and trust Beliefs on governance and regulation Beliefs about data collection / processing process 		<p>Higher levels of individualism linked to lower levels of privacy concerns¹²</p> <p>Women are more concerned than men about their personal privacy in information gathering situations¹³</p>		disclosing information to the government		accounts, Data collection - surveillance, privacy-personal information
	Attitudes towards others (past experience is very important here)	<ul style="list-style-type: none"> Beliefs about the benevolence of others Beliefs about the predictability of actions of others 	Trust in members of other ethnic, language or religious groups	<p>Individuals having experienced violence themselves or living in communities that have been violently attacked display more altruistic behaviour but are also more risk seeking, and act less patiently¹⁴</p> <p>Inability to easily separate friend from foe is likely to make people more cautious and less trusting towards their immediate environment¹⁵</p>		Beliefs about difficulty/easiness of avoiding interactions with others		Others/neighbours – informers, others – betrayal/violence
Refusal to provide authorities with identities	Attitudes towards authorities (need to select a specific authority such as a specific	Beliefs about benevolence/honesty of a specific authority	Cultural factors related to attitude towards authorities	<p>Individuals from high power distance cultures are more willing to comply with requests from authorities;</p> <p>Individuals from individualist cultures are less willing to comply with requests from authorities</p>	Beliefs about perceived behavioural control of providing information to authorities/complying	Beliefs about difficulty/easiness of refusing to comply with requests coming from authorities	identity papers, police routine stop and search, rioting, crime reports, application for visas, crime reporting, addressing crime issues, police response time, adequate	police - fear, police - persecution, police -discrimination, police-racial profiling/racism/bigotism, police-suspicion, police-disrespectful, police-stop people without reason, police arrival - no good/bad, police -



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country border guards/police/army etc.) Also, one should differentiate between the organization and its members				Individuals from uncertainty/conflict avoiding cultures are more likely to comply	with requests from authorities	(e.g. this is related to consequences of non-compliance, are they none/verbal abuse/physical abuse/arrest/deportation)	protection, fair or unfair treatment, cultural sensitivity (e.g. refusal to speak English), crime prevention, respond promptly to non-emergency calls, respond promptly to emergency calls, helpful to victims, deal effectively with neighbourhood concerns, work together with residents to solve local problems, deal with individuals fairly and courteously, frisking, interrogation, arrest, police beatings	not believing them/invent a crime, police - blame people/laugh at them, police-bribery, police-impunity, police-being normal/speaking kindly/being polite, people in uniform - fear, fear of police - uncertain legal status/illegals/illegal migrants, fear of police - lack of language skills, police - destroying (identity) papers										
				Women from patriarchal cultures are reluctant to engage with authorities (because of fear of deportation/fear of male family member)														
				Men from patriarchal cultures are more likely to disrespect a female police officer														
				Males evaluate the police much more negatively than females in many cultures; people coming from places with high crime rate are less likely to comply with the requests of authorities														
								Beliefs about the predictability of actions of a specific authority									police – uncertainty/hesitancy, police - language barriers/misunderstanding, police-harassment, police - neighbourhood safety/security	
																		reporting to police-shame/disrespect, police - not able/does not care to ensure their safety (e.g. Roma), police - breaking the law
																		Discrimination/preferential treatment of non-immigrants, verbal/physical abuse, profiling, racism, corruption, brutal, vicious, police will not persecute their own (citizens) because of an immigrant, police are more suspicious of those that are different in the society, police do not understand the culture of immigrants (e.g. speak their language, police officers from an immigrant background), police arrest people they do not like, it is risky to report police officers
																		Negative beliefs about police in the country of origin (e.g. Latin American communities)
																		Beliefs about the fairness of procedures (neutrality, treated with dignity & respect, given the opportunity to express their views)



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		Belief in fairness of outcome (outcome similar to the one received by others)						border guards - deportation, border guards - push-back
		Beliefs about crime (prev. experience with crime and violence, contacts with police/immigration officials, knowledge about crime in the dest. country)						crime-ethnicity, crime - political violence (bombings, sightings of mutilated and tortured bodies, assassinations and disappearances), fear of crime - social vulnerability (e.g. illegal immigrant), fear of crime - poverty, fear of crime - gender, fear of crime - status (in the community)/social class
	Attitudes towards identity documents	Beliefs on use of identity documents: Correlated benefits (access to services) Correlated disadvantages (means of control by state/ fear of surveillance/ fear of discrimination)						enforcement, nationality verification process, stateless, citizenship, smart cards, ethnic identity, biographical information, identification papers, citizenship document, temporary registration cards, refugee certificate, proof of identity, undocumented, registration, personal names, place names, ProGres, case management system, refugee status determination, voluntary repatriation, provisional documentation, legal status, Refugee Assistance Information System (RAIS), voter card, asylum seeker pass, alien card, internally displaced person, externally displaced person, pink card, Allodapon, taskera certificate, Mol card, family book, certificates of identity, emergency travel documents, fake stamp, family record
		Familiarity with identity documents						
		Beliefs about the accuracy of identity documents (wrong information/wrong photographs), Beliefs about authenticity/security of documents				Beliefs about perceived behavioural control of refusing to identify oneself		



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Attitudes towards identity	Attitudes towards identity	Beliefs about race	Cultural factors related to identity formation	Beliefs about race vary across communities, with some having a different understanding from the Western one (Rohingya) ¹⁶ ;			enforcement, nationality verification process, stateless, citizenship, smart cards, ethnic identity, biographical information, identification papers, citizenship document, temporary registration cards, refugee certificate, proof of identity, undocumented, registration, personal names, place names, ProGres, case management system, refugee status determination, voluntary repatriation, provisional documentation, legal status, Refugee Assistance Information System (RAIS), voter card, asylum seeker pass, alien card, internally displaced person, externally displaced person, pink card, Allodapon, taskera certificate, Mol card, family book, certificates of identity, emergency travel documents, fake stamp, family record	Foreigner/refugee- negative connotations in the country of destination, refugee/asylum seeker - pity, fake identity - dignity/pride, refugee-welfare benefits, identity - damaging to your life, identity - rejection, refugee identity - stigma, identity - forced labour, arbitrary taxation and extortion, forced relocations, torture, rape, extrajudicial executions, identity - forced labour, arbitrary taxation and extortion, forced relocations, torture, rape, extrajudicial executions, Foreigner/refugee- negative connotations in the country of destination, refugee/asylum seeker - pity, fake identity – dignity/pride, refugee-welfare benefits, identity - damaging to your life, identity - rejection, refugee identity - stigma, conceal information - ease the process, lying about identity - prison, determining identity - narrative detail, language, accent and knowledge of the country of origin, refugee - weak person/poor person /poverty/hunger/handicapped/suffering
		Beliefs about ethnicity		Beliefs about the compatibility of their own identity with that of the country of destination (e.g. Muslim identity incompatible with some European identities)				
Lying to authorities about one's identity	Attitudes towards identity	Beliefs about race	Cultural factors related to identity formation	Community beliefs about race vary, with some groups having a different understanding from the Western one (Rohingya);	Opportunities and constraints to lying to authorities; Using documents of family members so false documents overlap real identities ¹⁸		enforcement, nationality verification process, stateless, citizenship, smart cards, ethnic identity, biographical information, identification papers, citizenship document, temporary registration cards, refugee certificate, proof of identity, undocumented,	Foreigner/refugee- negative connotations in the country of destination, refugee/asylum seeker - pity, fake identity - dignity/pride, refugee-welfare benefits, identity - damaging to your life, identity - rejection, refugee identity - stigma, identity - forced labour, arbitrary taxation and extortion, forced relocations,
		Beliefs about ethnicity ²⁰		National/community norms on identity documents (who they are issued to, under what circumstances, how reliable they are) ¹⁹				



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		Beliefs about the compatibility of their own identity with that of the country of destination (e.g. Muslim identity incompatible with some European identities) ²¹					registration, personal names, place names, ProGres, case management system, refugee status determination, voluntary repatriation, provisional documentation, legal status, Refugee Assistance Information System (RAIS), voter card, asylum seeker pass, alien card, internally displaced person, externally displaced person, pink card, Allodapon, taskera certificate, Mol card, family book, certificates of identity, emergency travel documents, fake stamp, family records	torture, rape, extrajudicial executions, identity - forced labour, arbitrary taxation and extortion, forced relocations, torture, rape, extrajudicial executions, Foreigner/refugee- negative connotations in country of destination, refugee/asylum seeker - pity, fake identity – dignity/pride, refugee-welfare benefits, identity - damaging to your life, identity - rejection, refugee identity - stigma, conceal information - ease the process, lying about identity - prison, determining identity - narrative detail, language, accent and knowledge of country of origin, refugee - weak person/poor person/poverty/hunger/handicapped/suffering
		Beliefs about value of a certain identity (some identities are perceived as being more desirable than others) ²²						
	Attitudes towards dishonesty (though as this is often considered in terms of survival moral norms may not be so relevant)	Beliefs about dishonesty ²³	Cultural factors related to dishonesty	Norms on the appropriateness and prevalence of providing false personal information in a given context ²⁴ ;		Individuals have a greater propensity to lie/ cheat if sanctions are not imposed or are not severe enough; easiness to claim a fake identity (e.g. speak the language, know the country, can obtain fake docs) but also maintain it for a longer period of time		
		Once refugees have lied, they are more likely to keep on lying ²⁵		Norms about self-formation and context ²⁶				
Reporting lies at a higher frequency is typically found among refugees who have less contact with the population of their new host country ²⁸	Norms about verbal or non-verbal communication ²⁷							
	Community beliefs about cheating (e.g. portrayal of cheating as a manifestation of smartness and intelligence - China) ²⁹							
Destroying one's identity documents	Attitudes towards identity	Beliefs about race	Cultural factors related to identity formation	Different understanding of races than Western ones (Rohingya)	Beliefs about perceived behavioural control of asylum procedures in the	Beliefs in their ability to still achieve their goals even in the absence of documents (e.g.	imposed identity	Foreigner/refugee- negative connotations in the country of destination, refugee/asylum seeker - pity, fake identity – dignity/pride, refugee-welfare benefits, identity - damaging to your life, identity - rejection,
		Beliefs about ethnicity						



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		<p>Beliefs about the compatibility of their own identity with that of the country of destination (e.g. Muslim identity incompatible with some European identities)</p> <p>Beliefs about the value of a certain identity (some identities are perceived as being more desirable than others)</p>			absence of documents	ability to be granted asylum, to adopt and maintain a fake identity)		refugee identity - stigma, identity - forced labour, arbitrary taxation and extortion, forced relocations, torture, rape, extrajudicial executions, identity - forced labour, arbitrary taxation and extortion, forced relocations, torture, rape, extrajudicial executions, Foreigner/refugee- negative connotations in country of destination, refugee/asylum seeker - pity, fake identity – dignity/pride, refugee-welfare benefits, identity - damaging to your life, identity - rejection, refugee identity - stigma, conceal information - ease the process, lying about identity - prison, determining identity - narrative detail, language, accent and knowledge of country of origin, refugee - weak person/poor person/poverty/hunger/handicapped/suffering
	Attitudes towards identity documents	<p>Beliefs on use of identity documents: Correlated benefits (access to services) Correlated disadvantages (means of control by state/fear of surveillance/fear of discrimination)</p> <p>Familiarity with identity documents</p> <p>Beliefs about accuracy of identity documents (wrong information/wrong photographs), Beliefs about authenticity/security of documents</p>	Cultural factors related to identity documents	Trust in identity documents; 'fake identity documents' are accepted as normal because of ease of replication (Afghanistan)	Beliefs about perceived behavioural control of refusing to identify oneself	Is it easy/difficult to refuse to identify yourself; individuals with higher self-efficacy will be more likely to transfer this sense of confidence to the specific context of privacy protection through an increased level of perceived behavioural control	enforcement, nationality verification process, stateless, citizenship, smart cards, ethnic identity, biographical information, identification papers, citizenship document, temporary registration cards, refugee certificate, proof of identity, undocumented, registration, personal names, place names, ProGres, case management system, refugee status determination, voluntary repatriation, provisional documentation, legal status, Refugee Assistance Information System (RAIS), voter card, asylum seeker pass, alien card, internally displaced person, externally displaced	cards-security raids, cards-access to services, cards-register births, cards-commercial activities, cards-access to medical care, cards - refugee camps/checkpoints, cards-biometrics, cards-UNHCR, asylum/cards-corruption, cards-repatriation/confiscation, cards-ethnic identity, identification-genocide, cards - lack of transparency, identity-persecution, identity documents - expensive/useless, identity documents - humanitarian agencies, identity - reunification of family, cards - food distribution, identification-interviews, passports - fraud, cards - humanitarian protection, registration-voluntary, registration-confidentiality, identification-expulsion, Foreigner/refugee-negative connotations in country of



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							person, pink card, Allodapon, taskera certificate, Mol card, family book, emergency travel documents, certificate of identity, fake stamps, family record	destination, refugee/asylum seeker - pity, fake identity – dignity/pride, refugee-welfare benefits, identity - damaging to your life, identity - rejection, refugee identity - stigma, refugee status - bribes, evidence of presence - fingerprints, fake identity documents – prison/deportation, identification - immigration detention/removal
Attitudes towards authorities (need to select a specific authority such as a specific country border guards/police/army etc.) Also, one should differentiate between the organization and its members	Beliefs about benevolence/honesty of a specific authority	Cultural factors influencing attitudes towards authorities and technologies	Individuals from high power distance cultures less willing to comply with requests from authorities	Beliefs about perceived behavioural control of providing information to authorities/complying with requests from authorities	Is it easy/difficult to refuse to comply with authorities' requests (e.g. consequences of non-compliance are none/verbal abuse/physical abuse/arrest/deportation)	identity papers, police routine stop and search, rioting, crime reports, application for visas, crime reporting, addressing crime issues, police response time, adequate protection, fair or unfair treatment, cultural sensitivity (e.g. refusal to speak English), crime prevention, respond promptly to non-emergency calls, respond promptly to emergency calls, helpful to victims, deal effectively with neighbourhood concerns, work together with residents to solve local problems, deal with individuals fairly and courteously, frisking, interrogation, arrest, police beatings	police - fear, police - persecution, police - discrimination, police-racial profiling/racism/bigotism, police-suspicion, police-disrespectful, police-stop people without reason, police arrival - no good/bad, police - not believing them/invent a crime, police - blame people/laugh at them, police-bribery, police-impunity, police-being normal/speaking kindly/being polite, people in uniform - fear, fear of police - uncertain legal status/illegals/illegal migrants, fear of police - lack of language skills, police - destroying (identity) papers	
			Individuals from individualist cultures are less willing to comply with requests from authorities					
Individuals from uncertainty/conflict avoiding cultures are more likely to comply								
Women from patriarchal cultures reluctant to engage with authorities (because of fear of deportation/fear of male family members)								
Men from patriarchal cultures are more likely to disrespect a female police officer								
Males evaluate the police much more negatively than females in many cultures								
People coming from places with high crime rate are less likely to comply with the requests of authorities								
Beliefs about the predictability of actions of a particular authority	Negative beliefs about police in the country of origin (e.g. Latin American communities)	police – uncertainty/hesitancy, police - language barriers / misunderstanding, police-harassment, police - neighbourhood safety/security						



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		Beliefs about effectiveness of a specific authority						reporting to police-shame/disrespect, police - not able/does not care to ensure their safety (e.g. Roma), police - breaking the law
		Beliefs in fairness of procedures (neutrality, treated with dignity & respect, given the opportunity to express their views)						discrimination/preferential treatment of non-immigrants, verbal/physical abuse, profiling, racism, corruption, brutal, vicious, police will not persecute their own (citizens) because of an immigrant, police are more suspicious of those that are different in the society, police do not understand the culture of immigrants (e.g. speak their language, police officers from an immigrant background), police arrest people they do not like, it is risky to report police officers
		Belief in fairness of outcome (outcome similar to the one received by others)						border guards - deportation, border guards - push-back
		Beliefs about crime (previous experience with crime and violence, contacts with police / immigration officials, knowledge about crime in the destination country)						crime-ethnicity, crime - political violence (bombings, sightings of mutilated and tortured bodies, assassinations and disappearances), fear of crime - social vulnerability (e.g. illegal immigrant), fear of crime - poverty, fear of crime - gender, fear of crime - status (in the community)/ social class,
Attitudes towards a potential return	Beliefs about return (positive / negative outcome) ³¹	Community beliefs about how the asylum system works and the status of their application	Community beliefs about returnees ³²	Community beliefs about the status of asylum-seeker/applying for asylum	Beliefs about the difficulty/easiness of applying for asylum/receiving a certain status	There is a negative correlation between belief in the ability to succeed and willingness to resort to smugglers.	confirmed identity, dispose/destroy documents, fake documents, identity manipulation (changing religion, intermarriage)	destruction documents - human smugglers, identity documents - return/resettlement/asylum/refugee status, reception/identification centre - long delays/postponement (without explanation), asylum procedures - uncertainty/discrimination, postponement of procedures - deportation
Attitudes towards asylum seeking	Knowledge of the asylum system ³³							
		Beliefs about benefits of being undocumented						



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Attitudes towards being a refugee/asylum seeker	Beliefs about the asylum system	Community beliefs about how the asylum system works and the status of their application			Beliefs about the ability to succeed in applying for asylum/receiving a certain status	There is a negative correlation between belief in the ability to succeed and willingness to resort to smugglers.	asylum interview, unaccompanied minors, elderly, confirmed identity, dispose/destroy documents, fake documents, identity manipulation (changing religion, intermarriage)	refugee - discrimination, refugee - persecution, migration/asylum - fear, migration/asylum - unknown/lacking information, refugee - lack of privacy, intrusion, refugee - gender-based violence/rape, refugee - sexual orientation (LGBTQIA+), refugee - health-related information (physical/mental disabilities, pregnancy, HIV/AIDS), refugee/asylum - sensitive/private information, refugee/asylum - informed consent
Attitudes towards authorities	Beliefs about benevolence/honesty of a specific authority	Cultural factors influencing attitudes towards authorities and technologies	Individuals from high power distance cultures less willing to comply with requests from authorities	Beliefs about perceived behavioural control of providing information to authorities/complying with requests from authorities	Is it easy/difficult to refuse to comply with authorities' requests (e.g. consequences of non-compliance are none/verbal abuse/physical abuse/arrest/deportation)	identity papers, police routine stop and search, rioting, crime reports, application for visas, crime reporting, addressing crime issues, police response time, adequate protection, fair or unfair treatment, cultural sensitivity (e.g. refusal to speak English), crime prevention, respond promptly to non-emergency calls, respond promptly to emergency calls, helpful to victims, deal effectively with neighbourhood concerns, work together with residents to solve local problems, deal with individuals fairly and courteously, frisking, interrogation, arrest, police beatings	police - fear, police - persecution, police - discrimination, police-racial profiling/racism/bigotism, police-suspicion, police-disrespectful, police-stop people without reason, police arrival - no good/bad, police - not believing them/invent a crime, police - blame people/laugh at them, police-bribery, police-impunity, police-being normal/speaking kindly/being polite, people in uniform - fear, fear of police - uncertain legal status/illegals/illegal migrants, fear of police - lack of language skills, police - destroying (identity) papers	
			Individuals from individualist cultures are less willing to comply with requests from authorities					
			Individuals from uncertainty/conflict avoiding cultures are more likely to comply					
			Women from patriarchal cultures reluctant to engage with authorities (because of fear of deportation/fear of male family members)					
			Men from patriarchal cultures are more likely to disrespect a female police officer					
			People coming from places with high crime rate are less likely to comply with the requests of authorities					
	Beliefs about predictability of actions of a specific authority		Negative beliefs about police in the country of origin (e.g. Latin American communities)					police - uncertainty/hesitancy, police - language barriers/misunderstanding, police-harassment, police - neighbourhood safety/security



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
		<p>Beliefs about effectiveness of specific authority</p> <p>Beliefs in fairness of procedures (neutrality, treated with dignity & respect, given the opportunity to express their views)</p> <p>Belief in fairness of outcome (outcome similar to the one received by others)</p> <p>Beliefs about crime (previous experience with crime and violence, contacts with police / immigration officials, knowledge about crime in the destination country)</p>						<p>reporting to police-shame/disrespect, police - not able/does not care to ensure their safety (e.g. Roma), police - breaking the law</p> <p>discrimination/preferential treatment of non-immigrants, verbal/physical abuse, profiling, racism, corruption, brutal, vicious, police will not persecute their own (citizens) because of an immigrant, police are more suspicious of those that are different in the society, police do not understand the culture of immigrants (e.g. speak their language, police officers from an immigrant background), police arrest people they do not like, it is risky to report police officers</p> <p>border guards - deportation, border guards - push-back</p> <p>crime-ethnicity, crime - political violence (bombings, sightings of mutilated and tortured bodies, assassinations and disappearances), fear of crime - social vulnerability (e.g. illegal immigrant), fear of crime - poverty, fear of crime - gender, fear of crime - status (in the community)/ social class,</p>
<i>Run from authorities</i>	Attitudes towards authorities	Beliefs about benevolence/honesty of a specific authority	Social norms related to interacting with authorities and technologies	<p>Individuals from high power distance cultures less willing to comply with requests from authorities</p> <p>Individuals from individualist cultures are less willing to comply with requests from authorities</p> <p>Individuals from uncertainty/conflict avoiding cultures are more likely to comply</p>	Beliefs about perceived behavioural control of providing information to authorities/complying with requests from authorities	Beliefs about Is it easy/difficult to refuse to comply with authorities' requests (e.g. consequences of non-compliance are none/verbal abuse/physical	identity papers, police routine stop and search, rioting, crime reports, application for visas, crime reporting, addressing crime issues, police response time, adequate protection, fair or unfair treatment, cultural sensitivity (e.g. refusal to speak English),	<p>police - fear, police - persecution, police - discrimination, police-racial profiling/racism/bigotism, police-suspicion, police-disrespectful, police-stop people without reason, police arrival - no good/bad, police - not believing them/invent a crime, police - blame people/laugh at them, police-bribery, police-</p>



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				<p>Women from patriarchal cultures reluctant to engage with authorities (because of fear of deportation/fear of male family members)</p> <p>Men from patriarchal cultures are more likely to disrespect a female police officer</p> <p>Males evaluate the police much more negatively than females in many cultures</p> <p>People coming from places with high crime rate are less likely to comply with the requests of authorities</p>		abuse/arrest/deportation)	<p>crime prevention, respond promptly to non-emergency calls, respond promptly to emergency calls, helpful to victims, deal effectively with neighbourhood concerns, work together with residents to solve local problems, deal with individuals fairly and courteously, frisking, interrogation, arrest, police beatings</p>	<p>impunity, police-being normal/speaking kindly/being polite, people in uniform - fear, fear of police - uncertain legal status/illegal migrants, fear of police - lack of language skills, police - destroying (identity) papers</p>
		Beliefs about predictability of actions of a specific authority						police – uncertainty/hesitancy, police - language barriers/misunderstanding, police-harassment, police - neighbourhood safety/security
		Beliefs about effectiveness of a specific authority						reporting to police-shame/disrespect, police - not able/does not care to ensure their safety (e.g. Roma), police - breaking the law
				Negative beliefs about police in the country of origin (e.g. Latin American communities)				discrimination/preferential treatment of non-immigrants, verbal/physical abuse, profiling, racism, corruption, brutal, vicious, police will not persecute their own (citizens) because of an immigrant, police are more suspicious of those that are different in the society, police do not understand the culture of immigrants (e.g. speak their language, police officers from an immigrant background), police arrest people they do not like, it is risky to report police officers
		Belief in fairness of outcome (outcome similar to the one received by others)						border guards - deportation, border guards - push-back



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
		Beliefs about crime (previous experience with crime and violence, contacts with police/immigration officials, knowledge about crime in the destination country)						crime-ethnicity, crime - political violence (bombings, sightings of mutilated and tortured bodies, assassinations and disappearances), fear of crime - social vulnerability (e.g. illegal immigrant), fear of crime - poverty, fear of crime - gender, fear of crime - status (in the community)/ social class,
Refusal to follow legal procedures on arrival (including applying for asylum)	Attitudes towards a certain country	Beliefs about the benefits of applying for asylum in a certain country by comparison to another	Beliefs about how the asylum system works and the status of their application		Beliefs about the ability to succeed in applying for asylum/reaching by oneself in the desired host country	There is a negative correlation between belief in the ability to succeed and willingness to resort to smugglers.		refugees - no right to work, refugees - not able to access public services, refugees - socially marginalized, being a refugee - stress, sadness, loneliness, depression, worrying, insomnia/suicidal thoughts, asylum interview-stressful/anxiety-provoking, asylum interview - deportation, asylum interview – aggravate/trigger PTSD
	Beliefs about self-efficacy ³⁴	Beliefs about one's ability to succeed in applying for asylum negatively correlated with willingness to resort to smugglers.						
	Attitudes towards being a refugee/asylum seeker	Knowledge of the asylum system						
Refusal to provide health information	Attitudes towards health care practices	Individual beliefs about medicine/medical treatment	Cultural factors influencing attitudes towards health practices	Beliefs that health problems should be resolved within the family/clan and/or with the assistance of traditional / spiritual healers (African/Asian) ³⁵	Beliefs about difficulty/easiness of refusing to interact with health	Difficulty/ease to provide information (language spoken by health	medical screening, medical health assessment, doctors, nurses, midwives, radiation, general practitioner (GP), appointment, prescription/non-	medical screening – miscommunication/language barriers, medical treatment-religious beliefs/spirituality, medical treatment/medical screening - unfamiliarity, time



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
			and health practitioners	<p>Beliefs about when should one access health service (distrust of preventive care/only go to seek medical help when sick - some African communities)³⁶</p> <p>Beliefs about homoeopathic remedies and that going to the doctor is what makes you sick (Somali/Hmong)³⁷</p> <p>Beliefs about the inefficiency of pill-based treatment regimens (especially for chronic illnesses) (African communities)³⁸</p> <p>Beliefs that treatment should be to cure illness (even if the case of non-curable illnesses) linked to expecting a cure for symptoms rather than illness (some African communities)³⁹</p> <p>Beliefs that delivery is a natural process with no need for intervention (some African communities)⁴⁰</p> <p>Beliefs about the need to preserve modesty⁴¹</p> <p>Beliefs about reading religious texts as a form of treatment (some Muslim communities)⁴²</p> <p>Beliefs about predestination.⁴³</p> <p>Beliefs about the dangerousness of Western health care practices and objectives⁴⁴</p> <p>Beliefs that health should improve immediately after seeing a health practitioner/receiving a treatment (some African communities)⁴⁵</p>	practitioners/provide health information	<p>practitioners/presence of an interpret)</p>	<p>prescription medicine, surgery, cancer/hepatitis/flu/diabetes/depression/PTSD, COVID etc, diet, female genital cutting/mutilation, pharmacy, clinic, traditional healer, vaccine, blood test, X-ray, contraception</p>	<p>constraints, health system very complicated (by comparison to country of origin); information overload, medical treatment - resettlements, medical treatment - external pressure/ fear/anxiety; health practitioners & health care practices - torture, post-traumatic stress disorder, rape, medical treatment - discrimination, medical treatment - fear of expense/costs, medical treatment - being rushed/waste of time, health practitioners - impersonal, mental illness - life in camps/living in camps</p>
		<p>Beliefs about modesty</p> <p>Religious beliefs with implications for health care practices</p> <p>Beliefs about the efficiency of certain</p>		<p>Fears over being charged and facing immigration checks if they present to take a vaccine (undocumented migrants)⁴⁶</p>		<p>Is medical screening / treatment mandatory and / or connected to asylum / resettlement (e.g. to qualify</p>		



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
		investigation/treatment/drugs				for disability benefits and services)		
	Attitudes towards health and illness	Beliefs about sources of illness		<p>Beliefs that spirits/soul loss cause illness (some Asian and African communities)⁴⁷</p> <p>Beliefs that imbalance of diet and exercise causes illness (some Asian communities)⁴⁸</p> <p>Health beliefs linked to identity as hard workers who were able to look after themselves - coping with adversity was a necessity (e.g. Irish immigrants)⁴⁹</p> <p>Beliefs about reliance on members from the same group and self-reliance (e.g. Irish immigrants)⁵⁰</p> <p>Beliefs about what being healthy means - health is viewed holistically and within the context of their daily lives: being engaged in productive activities; relating well to self, family and Allah [God]; and living in communities that “watch our children and avoid violence” (Somali)⁵¹</p> <p>Beliefs about what being ill looks like (e.g. ill-health is associated to symptoms: pain, insomnia, and fatigue)⁵²</p> <p>Beliefs about the sources of illness being sadness, lifestyle, and isolation (Somali)⁵³</p> <p>Beliefs that physical and mental illness can be attributed to God’s will, an evil spirit or another person’s curses (some African communities)⁵⁴</p> <p>Beliefs about depression (e.g. being depressed means you are crazy and it is a disgrace for family and/or is seen as being normal and thus not requiring treatment- Somali)⁵⁵</p>				



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
		Beliefs about the seriousness and susceptibility of a particular condition		Beliefs that a certain condition is normal and not an illness to be prevented/cured (e.g. ascariasis, malaria in some parts of Africa, schistosomiasis in Egypt) ⁵⁶				
		Beliefs about what being healthy means		Beliefs that frank disclosure of medical information is inappropriate and insensitive (Ethiopia) ⁵⁷				
	Attitudes towards health information	Religious beliefs impacting health care		Beliefs that responsibility of information control (information-seeking, giving and withholding) and decision-making are sometimes assumed by family members (Chinese, Vietnamese, Cree, Ethiopian and Somali cultures) ⁵⁸				
				Beliefs that mentioning the dead is culturally not acceptable (Gambia) ⁵⁹				
				Beliefs about pregnancy (e.g. pregnancies are not talked about even when visible and/or concealed as a means to protect the unborn baby from harm - Gambia, Mozambique, Liberia) ⁶⁰				
	Attitudes towards health practitioners	Beliefs that Western health providers do not involve the patients adequately in decisions (e.g. some Asian communities) ⁶¹						
		Beliefs that Western health providers do not respect or understand cultural beliefs (e.g. some Asian communities) ⁶²						
		Beliefs that Western health providers do not understand traditional medicine (e.g. some Asian communities) ⁶³						
		Beliefs that Western health providers are insensitive to the patient's embarrassment ⁶⁴						



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				<p>Beliefs that Western health providers are cold or impolite (e.g. some Asian communities)⁶⁵</p> <p>Beliefs that Western health providers are sometimes disrespectful to the patient's will (e.g. some Asian communities)⁶⁶</p> <p>Beliefs that Western health providers are not responsive to questions (e.g. some Asian communities)⁶⁷</p> <p>Beliefs that health providers lack cultural awareness (e.g. Irish immigrants)⁶⁸</p> <p>Beliefs that medical practitioners should be gender matching (especially in the case of females), especially for reproductive health concerns (e.g. some Asian, African and Muslim communities)⁶⁹</p> <p>Beliefs that following a medical visit, the health practitioner should immediately recommend treatment and medicine (Somali)⁷⁰</p> <p>Beliefs that follow-up questions by health practitioners and requests for additional tests are a sign of incompetence (Somali)⁷¹</p>				
Refusal to undergo medical screening	Attitudes towards health and illness	Beliefs about sources of illness	Cultural factors influencing attitudes towards health practices, health practitioners and technology	<p>Beliefs that spirits/soul loss cause illness (some Asian communities)</p> <p>Beliefs that imbalance of diet and exercise causes illness (some Asian communities)</p> <p>Health beliefs linked to identity as hard workers who were able to look after themselves - coping with adversity was a necessity (e.g. Irish immigrants)</p> <p>Beliefs about reliance on members from the same group and self-reliance (e.g. Irish immigrants)</p>		Is medical screening/treatment mandatory and/or connected to asylum/resettlement (e.g. to qualify for disability benefits and services)	radiation, cancer, preventive care, tuberculosis, viral hepatitis, sexually transmitted infections and malaria, intestinal parasites, dermatophytes and ectoparasites, tuberculosis, viral hepatitis, sexually transmitted infections and malaria, intestinal parasites, dermatophytes and ectoparasites, HIV/AIDS, X-ray, vaccine, health certificate	



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations	
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)			
				Beliefs about what being healthy means - health is viewed holistically and within the context of their daily lives: being engaged in productive activities; relating well to self, family and Allah [God]; and living in communities that 'watch our children and avoid violence' (Somali)					
				Beliefs about what being ill looks like (e.g. ill-health is associated to symptoms: pain, insomnia, and fatigue)					
				Beliefs about the sources of illness being sadness, lifestyle, isolation (Somali)					
				Beliefs that physical and mental illness can be attributed to God's will, an evil spirit or another person's curses (some African communities)					
				Beliefs about depression (e.g. being depressed means you are crazy and it is a disgrace for family - Somali)					
				Beliefs about seriousness and susceptibility of a particular condition					
	Beliefs about what being healthy means	Beliefs that a certain condition is normal and not an illness to be prevented/cured (e.g. ascariasis, malaria in some parts of Africa, schistosomiasis in Egypt)							
	Attitudes towards health practices	Individual beliefs about medicine/medical treatment							Beliefs that health problems should be resolved within the family/clan and/or with the assistance of traditional/spiritual healers (African/Asian)
									Beliefs about when should one access health service (distrust of preventive care/only go to seek medical help when sick - some African communities)
									Beliefs about homoeopathic remedies and that going to the doctor is what makes you sick (Somali)



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations				
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)						
				Beliefs about the inefficiency of pill-based treatment regimes (especially for chronic illnesses) (African communities)				practitioners - impersonal, mental illness - life in camps / living in camps				
				Beliefs that treatment should be to cure illness (even if the case of non-curable illnesses) are linked to expecting a cure for symptoms rather than illness (Somali)								
				Beliefs that delivery is a natural process with no need for intervention (some African communities)								
				Beliefs about the need to preserve modesty								
				Beliefs about reading the religious texts as a form of treatment (some Muslim communities)								
				Beliefs about predestination								
				Beliefs about the dangerousness of Western health care practices and objectives								
	Beliefs that health should improve immediately after seeing a health practitioner/receiving a treatment (some African communities)											
	Beliefs about modesty											
	Beliefs about the efficiency of certain investigations/treatments/drugs											
Beliefs about what a health practitioner is & how he/she should behave (traditional vs Western medicine)												
Attitudes towards health practitioners												
				Fears over being charged and facing immigration checks if they present for a vaccine (undocumented migrants)								
				Beliefs that Western health providers do not involve the patients adequately in decisions (e.g. some Asian communities)								
				Beliefs that Western health providers do not respect or understand Asian cultural beliefs (e.g. some Asian communities)								



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				Beliefs that Western health providers are insensitive to the patient's embarrassment				
				Beliefs that Western health providers are cold or impolite (e.g. some Asian communities)				
				Beliefs that Western health providers are sometimes disrespectful to the patient's will (e.g. some Asian communities)				
				Beliefs that Western health providers are not responsive to questions (e.g. some Asian communities)				
				Beliefs that health providers lack cultural awareness (e.g. Irish immigrants)				
				Beliefs that medical practitioners should be gender matching (especially in the case of females) especially for reproductive health concerns (e.g. some Asian, African and Muslim communities)				
				Beliefs that following a medical visit, the health practitioner should immediately recommend treatment and medicine (Somali)				
	Religious beliefs impacting health care							
	Attitudes towards the particular technology being used	Familiarity with technology		Beliefs that faith in God more than science cures illness (some Muslim communities) ⁷²				
	Beliefs about its safety	Beliefs that mammograms radiate women (Asian); ⁷³						
Refusal to attend	Attitudes towards gender	Beliefs about chastity	Cultural factors influencing attitudes towards	Beliefs that talking about reproductive health is a taboo/shameful (some African communities) ⁷⁴	Beliefs about the difficulty/easiness of preventing a	Beliefs about the consequences of preventing a	medical screening – miscommunication/language barriers, medical treatment-religious	



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
		Beliefs about marital hierarchy	health practices, health practitioners and access of different family members to health	In patriarchal family structures the head of the family takes all decisions ⁷⁵	family member to undergo medical screening	family member to undergo medical screening (e.g. is it linked to asylum applications, can the other family members accompany them)		beliefs/spirituality, medical treatment/medical screening - unfamiliarity, time constraints, health system very complicated (by comparison to country of origin); information overload, medical treatment - resettlements, medical treatment - external pressure/ fear/anxiety; health practitioners & health care practices - torture, post-traumatic stress disorder, rape, medical treatment - discrimination, medical treatment - fear of expense/costs, medical treatment - being rushed waste of time, health practitioners - impersonal, mental illness - life in camps/living in camps
				Women have a very low literacy rate (Somali) and/or women do not speak English so a man must act as translators, this makes women afraid to go to the doctor because they cannot explain their problems and it is very awkward to have a man translate (Somali) ⁷⁶				
				Beliefs that it is easier for men to access health care as they can communicate with doctors without constraints (Somali)				
				Beliefs that it is not culturally acceptable to count numbers of children because counting them would reduce their numbers, that is, increase their chances of dying (Gambia) ⁷⁷				
	Attitudes towards children	Beliefs about children and the health/role of children in families		Beliefs that to know how many children someone has, it enables you to curse them and cause the children's death (Gambia)				
	Attitudes towards health practices	Individual beliefs about medicine/medical treatment		Beliefs that health problems should be resolved within the family/clan and/or with the assistance of traditional/spiritual healers (African/Asian)				
				Beliefs about when should one access health service (distrust of preventive care / only go to seek medical help when sick - some African communities)				
				Beliefs about homoeopathic remedies and that going to the doctor is what makes you sick (Somali)				
Beliefs about the inefficiency of pill-based treatment regimes (especially								



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				for chronic illnesses) (African communities) Beliefs that treatment should be to cure illness (even if the case of non-curable illnesses) linked to expecting a cure for symptoms rather than illness (Somali) Beliefs that delivery is a natural process with no need for intervention (some African communities) Beliefs about the need to preserve modesty Beliefs about reading the religious texts as a form of treatment (some Muslim communities) Beliefs about predestination Beliefs about the dangerousness of Western health care practices and objectives Beliefs that health should improve immediately after seeing a health practitioner / receiving a treatment (some African communities)				
		Beliefs about modesty Religious beliefs with implications for health case practices Beliefs about the efficiency of certain investigations/treatments/drugs		Fears over being charged and facing immigration checks if they present for a vaccine (undocumented migrants)				
	Attitudes towards health practitioners	Beliefs about what a health practitioner is & how he/she should		Beliefs that Western health providers do not involve the patients adequately in decisions (e.g. some Asian communities)				



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
		behave (traditional vs Western medicine)		Beliefs that Western health providers do not respect or understand Asian cultural beliefs (e.g. some Asian communities)				
				Beliefs that Western health providers are insensitive to the patient's embarrassment				
				Beliefs that Western health providers are cold or impolite (e.g. some Asian communities)				
				Beliefs that Western health providers are sometimes disrespectful to the patient's will (e.g. some Asian communities)				
				Beliefs that Western health providers are not responsive to questions (e.g. some Asian communities)				
				Beliefs that health providers lack cultural awareness (e.g. Irish immigrants)				
				Beliefs that medical practitioners should be gender matching (especially in the case of females) especially for reproductive health concerns (e.g. some Asian, African and Muslim communities)				
				Beliefs that following a medical visit, the health practitioner should immediately recommend treatment and medicine (Somali)				
	Beliefs that follow-up questions by health practitioners and requests for additional tests is a sign of incompetence (Somali)							
	Attitudes towards health and illness	Beliefs about sources of illness		Beliefs that spirits/soul loss cause illness (some Asian communities)				



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				<p>Health beliefs linked to identity as hard workers who were able to look after themselves - coping with adversity was a necessity (e.g. Irish immigrants)</p> <p>Beliefs about reliance on members from the same group and self-reliance (e.g. Irish immigrants)</p> <p>Beliefs about what being healthy means - health is viewed holistically and within the context of their daily lives: being engaged in productive activities; relating well to self, family and Allah [God]; and living in communities that 'watch our children and avoid violence' (Somali)</p> <p>Beliefs about what being ill looks like (e.g. ill-health is associated to symptoms: pain, insomnia, and fatigue)</p> <p>Beliefs about the sources of illness being sadness, lifestyle, isolation (Somali)</p> <p>Beliefs that physical and mental illness can be attributed to God's will, an evil spirit or another person's curses (some African communities)</p> <p>Beliefs about depression (e.g. being depressed means you are crazy and it is a disgrace for family - Somali)</p> <p>Beliefs that a certain condition is normal and not illness to be prevented/cured (e.g. ascariasis, malaria in some parts of Africa, schistosomiasis in Egypt)</p>				
Acting violently when put into quarantine	Attitudes towards violence/use of violence	Beliefs about the usefulness of resorting to violence	Cultural norms about the use of violence	In certain cultures, violence may be perceived as a normal and acceptable way to resolve conflict (e.g. some African communities accept wife-beating as acceptable behaviour in certain circumstances) ⁷⁸	Beliefs about the ability to solve a situation through violence/leave quarantine by violent means			alcohol - courage, rape – masculinity/being a man, girls - inferior, violence - legitimacy



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				<p>Beliefs that men have a right to control or discipline women through physical means⁷⁹</p> <p>Beliefs that sexual violence is a private affair, which requires no outside intervention⁸⁰</p> <p>Beliefs about alcohol consumption (e.g. societies in which acute intoxication is tolerated)⁸¹</p> <p>Beliefs about alcohol playing a positive role by helping people to shed their inhibitions (alcohol can be used as a justification for violent behaviour, or consumed to fuel the courage needed to commit violent crimes)⁸²</p> <p>Female children are valued less in society than males (e.g. Peru)⁸³</p> <p>Children have a low status in society and within the family (e.g. Guatemala)⁸⁴</p> <p>Physical punishment is an acceptable or normal part of rearing a child (e.g. Turkey, Ethiopia, Korea)⁸⁵</p> <p>Communities adhere to harmful traditional cultural practices such as genital mutilation (e.g. Nigeria, Sudan) or child marriage⁸⁶</p> <p>Beliefs that a man has a right to assert power over a woman and is socially superior (e.g. India, Nigeria, Ghana)⁸⁷</p> <p>Beliefs that a man has a right to “correct” or discipline female behaviour (e.g. India, Nigeria, China)</p> <p>Beliefs that a woman’s freedom should be restricted (Pakistan)⁸⁸</p> <p>Physical violence is an acceptable way to resolve conflicts within a relationship (e.g. South Africa, China)⁸⁹</p>				



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				<p>Beliefs that a woman is responsible for making a marriage work (e.g. Palestine)⁹⁰</p> <p>Beliefs that intimate partner violence is a taboo subject (e.g. South Africa) and reporting abuse is disrespectful (e.g. Nigeria)⁹¹</p> <p>Beliefs that divorce is shameful (e.g. Pakistan, Indonesia)⁹²</p> <p>Beliefs that a man's honour is linked to a woman's sexual behaviour. Here, any deviation from sexual norms disgraces the entire family, which can then lead to honour killings (e.g. Jordan)⁹³</p> <p>Reporting youth violence or bullying is unacceptable (e.g. the United Kingdom)⁹⁴</p> <p>Sexual activity (including rape) is a marker of masculinity (e.g. South Africa)⁹⁵</p> <p>Violence is an acceptable way of resolving conflict (e.g. the United States of America)⁹⁶</p>				
	Attitudes towards health and illness	Beliefs about sources of illness	Cultural factors influencing attitudes towards health practices and health practitioners	<p>Beliefs that spirits/soul loss cause illness (some Asian communities)</p> <p>Beliefs that imbalance of diet and exercise causes illness (some Asian communities)</p> <p>Health beliefs linked to identity as hard workers who were able to look after themselves - coping with adversity was a necessity (e.g. Irish immigrants)</p> <p>Beliefs about reliance on members from the same group and self-reliance (e.g. Irish immigrants)</p> <p>Beliefs about what being healthy means - health is viewed holistically and within the context of their daily lives: being engaged in productive</p>				



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				<p>activities; relating well to self, family and Allah [God]; and living in communities that 'watch our children and avoid violence' (Somali)</p> <p>Beliefs about what being ill looks like (e.g. ill-health is associated to symptoms: pain, insomnia, and fatigue)</p> <p>Beliefs about the sources of illness being sadness, lifestyle, isolation (Somali)</p> <p>Beliefs that physical and mental illness can be attributed to God's will, an evil spirit or another person's curses (some African communities)</p> <p>Beliefs that a certain condition is normal and not an illness to be prevented/cured (e.g. ascariasis, malaria in some parts of Africa, schistosomiasis in Egypt)</p>				
		<p>Beliefs about the seriousness and susceptibility of a particular condition</p> <p>Beliefs about what being healthy means,</p>						
	Attitudes towards health practitioners	Beliefs about what a health practitioner is & how he/she should behave (traditional vs Western medicine)		<p>Beliefs that Western health providers do not involve the patients adequately in decisions (e.g. some Asian communities)</p> <p>Beliefs that Western health providers do not respect or understand Asian cultural beliefs (e.g. some Asian communities)</p> <p>Beliefs that Western health providers are insensitive to the patient's embarrassment</p> <p>Beliefs that Western health providers are cold or impolite (e.g. some Asian communities)</p> <p>Beliefs that Western health providers are sometimes disrespectful to the patient's will (e.g. some Asian communities)</p>				



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				Beliefs that Western health providers are not responsive to questions (e.g. some Asian communities)				
				Beliefs that health providers lack cultural awareness (e.g. Irish immigrants)				
	Beliefs that medical practitioners should be gender matching (especially in the case of females) especially for reproductive health concerns (e.g. some Asian, African and Muslim communities)							
	Beliefs that following a medical visit, the health practitioner should immediately recommend treatment and medicine (Somali)							
	Religious beliefs impacting health care	Beliefs that follow-up questions by health practitioners and requests for additional tests is a sign of incompetence (Somali)						
Attitudes towards health practices	Individual beliefs about medicine/medical treatment	Beliefs that health problems should be resolved within the family/clan and/or with the assistance of traditional / spiritual healers (African/Asian)						
		Beliefs about when should one access health service (distrust of preventive care / only go to seek medical help when sick - some African communities)						
		Beliefs about homoeopathic remedies and that going to the doctor is what makes you sick (Somali)						
		Beliefs about the inefficiency of pill-based treatment regimes (especially for chronic illnesses) (African communities)						
		Beliefs that treatment should be to cure illness (even in the case of non-curable illnesses) linked to expecting						



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				a cure for symptoms rather than illness (Somali)				
				Beliefs that delivery is a natural process with no need for intervention (some African communities)				
				Beliefs about the need to preserve modesty				
				Beliefs about reading the religious texts as a form of treatment (some Muslim communities)				
				Beliefs about predestination				
				Beliefs about the dangerousness of Western health care practices and objectives				
				Beliefs that health should improve immediately after seeing a health practitioner/receiving a treatment (some African communities)				
	Beliefs about modesty	Fears over being charged and facing immigration checks if they present for a vaccine (undocumented migrants)						
	Religious beliefs with implications for health care practices							
	Beliefs about the efficiency of certain investigations/treatments/drugs							
Attitudes towards authorities	Beliefs about benevolence/honesty of a specific authority	Social norms related to interacting with authorities and technologies	Individuals from high power distance cultures less willing to comply with requests from authorities					
			Individuals from individualist cultures are less willing to comply with requests from authorities					
			Individuals from uncertainty/conflict avoiding cultures are more likely to comply					
			Women from patriarchal cultures reluctant to engage with authorities (because of fear of deportation/fear of male family members)					



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				<p>Men from patriarchal cultures are more likely to disrespect a female police officer</p> <p>Males evaluate the police much more negatively than females in many cultures</p> <p>People coming from places with high crime rate are less likely to comply with the requests of authorities</p>				
				Negative beliefs about police in the country of origin (e.g. Latin American communities)		<p>Belief about is it easy/difficult to refuse complying with authorities' requests (e.g. consequences of non-compliance are none/verbal abuse/physical abuse/arrest/deportation)</p>	<p>identity papers, police routine stop and search, rioting, crime reports, application for visas, crime reporting, addressing crime issues, police response time, adequate protection, fair or unfair treatment, cultural sensitivity (e.g. refusal to speak English), crime prevention, respond promptly to non-emergency calls, respond promptly to emergency calls, helpful to victims, deal effectively with neighbourhood concerns, work together with residents to solve local problems, deal with individuals fairly and courteously, frisking, interrogation, arrest, police beatings</p>	<p>police - fear, police - persecution, police -discrimination, police-racial profiling/racism/bigotism, police-suspicion, police-disrespectful, police-stop people without reason, police arrival - no good/bad, police - not believing them/invent a crime, police - blame people/laugh at them, police-bribery, police-impunity, police-being normal/speaking kindly/being polite, people in uniform - fear, fear of police - uncertain legal status/illegals/illegal migrants, fear of police - lack of language skills, police - destroying (identity) papers</p> <p>police – uncertainty/hesitancy, police - language barriers/misunderstanding, police-harassment, police - neighbourhood safety/security</p> <p>reporting to police-shame/disrespect, police - not able/does not care to ensure their safety (e.g. Roma), police - breaking the law</p> <p>discrimination/preferential treatment of non-immigrants, verbal/physical abuse, profiling, racism, corruption, brutal, vicious, police will not persecute their own (citizens) because of an immigrant,</p>
		Beliefs about predictability of actions of a particular authority						
		Beliefs about effectiveness of a specific authority						
		Beliefs in fairness of procedures (neutrality, treated with dignity & respect, given the opportunity to express their views)						



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
		<p>Belief in fairness of outcome (outcome similar to the one received by others)</p> <p>Beliefs about crime (previous experience with crime and violence, contacts with police/immigration officials, knowledge about crime in the destination country)</p>						<p>police are more suspicious of those that are different in the society, police do not understand the culture of immigrants (e.g. speak their language, police officers from an immigrant background), police arrest people they do not like, it is risky to report police officers</p> <p>border guards - deportation, border guards - push-back</p> <p>crime-ethnicity, crime - political violence (bombings, sightings of mutilated and tortured bodies, assassinations and disappearances), fear of crime - social vulnerability (e.g. illegal immigrant), fear of crime - poverty, fear of crime - gender, fear of crime - status (in the community)/ social class,</p>
Refusal to go to/stay in a refugee camp / detention centre	Attitudes towards camps in general and a particular camp in particular	<p>Beliefs about living conditions (e.g. rooms, food)</p> <p>Beliefs about privacy</p>	Cultural factors influencing attitudes towards refugee camps ⁹⁷	<p>Beliefs about the (un)safety of camps due to occurrence of rapes, forced marriages, forced prostitution and trafficking⁹⁸</p> <p>Beliefs about women having less access to resources than men⁹⁹</p> <p>Beliefs about camps normalizing violence towards women¹⁰⁰</p> <p>Beliefs about camps existing in a legal limbo fostering impunity</p> <p>Beliefs about living conditions in camps¹⁰¹</p>	Beliefs about one's ability to control going to/staying in a camp / detention centre	Beliefs about the consequences of refusal to go/ stay in a camp/ detention centre (e.g. violence, deportation, starving)	<p>Zaatari, Azraq, bailout, sponsor family book, Campsfield, Holot, Dadaab, hay'adihii, shelter, ration cards, a card game (exchanging ration card for identity card - Kenya/Tanzania), taar, xawilaad, Mishamo, Moria, Lesbos, Shatila, security zones, Dagahaley, Idomeni, Jungle camp Calais, Eleonas, Schisto, Elliniko, Sandholm, Mottardstraße, Refugium Rhinestraße, black job (job on the black market), Safi barracks, Malta camps – inhumane/ degrading, informal encampments, makeshift camps, tent</p>	<p>camp - prison, being in a refugee camp - fenced like livestock, life in camp - deprivation of material and physical security, camp - rape, police/ authorities tasked with protection - distrust, camps - human rights abuses, camp - violence, camp - poverty/hunger, camp - guerrilla forces, camp - voluntary community workers, camps - tents, Moria - health issues, Moria - poor hygiene, Moria - lack of medication, Moria - hell, Moria - no basic shelter, life in camp - sleep on the ground, camp - safe, Moria - mud/rubbish, life in Moria – impossible/hunger, refugees – criminals/abnormal, camp life - control, accommodation (in camps) - limits</p>
		Beliefs about personal safety		Beliefs about government officials and aid workers as source of abuse ¹⁰²				
	Attitudes towards the status of refugee/ asylum seeker	Beliefs about how refugees/asylum seekers/migrants are perceived by the host community						



Undesirable behaviour (threat)	Threat indicators (A+SN+PBC)						Synonyms for biometrics	Concept associations
	Attitudes	Behavioural beliefs (determine attitudes)	Social norms	Normative beliefs (linked to social norms)	Perceived behavioural control	Control beliefs (determine perceived behavioural control)		
				Individuals having experienced violence themselves or living in communities that have been violently attacked display more altruistic behaviour, but are also more risk seeking, and act less patiently ¹⁰³			city, detention/transit centre, asylum centre, Choucha, Ventimiglia, Roja Camp, Donna camp, Vucjak, Bira, Miral, Nangweshi Camp, Lusaka, Meheba, Faneromani, Katsikas, Malakasa, Ritsona	their lives, arrival in camp - protection/relief, camps - paradise in the beginning, asylum centre - concentration camp, camp life – boring/ waiting, Safi barracks - miserable conditions, food in camps - rotten/expired/not cooked properly, camps – scabies/lice, life in camp - uncertainty, life in camp -anxiety, Samos camp - awful conditions, life in camp - wasted time, life in camps - lack of education for children, ready-made meals in camp - low quality/unpalatable, isolation – heartbroken/ hopeless, being dependant - being a burden/disgust with using the free things given, camps - separation from family members
	Attitudes towards others	Beliefs about benevolence of others		Inability to easily separate friend from foe is likely to make people more cautious and less trusting with regard to their immediate environment ¹⁰⁴				

- 1 Function creep refers to the gradual widening of the use of a technology or system beyond the purpose for which it was originally intended, esp. when this leads to potential invasion of privacy.
- 2 Individuals in cultures demonstrating a high-power distance are very deferential to figures of authority and generally accept an unequal distribution of power, while individuals in cultures demonstrating a low power distance readily question authority and expect to participate in decisions that affect them. See more in: Hofstede G. (1980). *Culture's Consequence: International Differences in Work-Related Values*. Sage Publications; and Hofstede, G. (1991). *Cultures and Organizations: Software of the Mind*. The McGraw (1991);
- 3 In individualistic cultures, self-definition is based on individual autonomy and separation from others and priority is given to the individual's goals and preferences. In collectivistic cultures, the self is defined primarily based on social embeddedness and interdependence with others comprising their ingroups and the priority is placed on the needs, norms, and goals of one's group or collective. See more in: Hofstede G. (1980). *Culture's Consequence: International Differences in Work-Related Values*. Sage Publications; Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98(2), pp. 224–253; Triandis, H. C. (1995). *Individualism & collectivism*. Westview Press; Oyserman, D. et al. (2002) *Rethinking Individualism and Collectivism: Evaluation of Theoretical Assumptions and Meta-Analyses*. *Psychological Bulletin*, University of Michigan, Vol 128, pp. 3-72.; Xiao, S.W. (2021) *The Role of Collectivism–Individualism in Attitudes Toward Compliance and Psychological Responses During the COVID-19 Pandemic*. *Frontiers in Psychology*. Available at: <https://doi.org/10.3389/fpsyg.2021.600826> [accessed on 19 May 2022].
- 4 People from high uncertainty avoidance cultures, such as many Latin American cultures, Mediterranean cultures, and some European (e.g., Germany, Poland) and Asian cultures (e.g., Japan, Pakistan) tend to have greater need for formal rules, standards, and structures. Deviation from these rules and standards is considered disruptive and undesirable. They also tend to avoid conflict, seek consensus, and take fewer risks. See more in: Hofstede, G. (1991). *Cultures and Organizations: Software of the Mind*. The McGraw (1991); Gill, C. (2017) *Hofstede's cultural dimensions and differences across cultures*. *Blog.oup.com*. available at: <https://blog.oup.com/2017/03/hofstede-cultural-dimensions/> [accessed on 19 May 2022].
- 5 For immigrants and refugees, patriarchal aspects of family relationships may be intensified for various reasons and there is ample evidence of hierarchical and patriarchal nature of families in many immigrant/refugee population groups, where roles and powers are ascribed based primarily on gender and age; in general, the man is regarded as the head of the household, and women are expected to defer to men. See more in: Vishnuvajjala, R. (2012). *Insecure Communities: How an Immigration Enforcement Program Encourages Battered Women to Stay Silent* Program Encourages Battered Women to Stay



- Silent. Boston College Journal of Law & Social Justice, Vol 32:1. Available at: <https://lawdigitalcommons.bc.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1006&context=jlsj> [accessed on 19 May 2022].
- 6 Immigrants with negative view or accumulated experiences of racial bias, and those that have experienced disrespectful treatment are more likely to disrespect a female police officer. See more in: Egharevba, S. (2014). Determinants of migrant perception of the police: The attributes of race, trust and legitimacy. Justice Policy Journal, Vol.11. Available at: http://www.cjcr.org/uploads/cjcr/documents/egharevba_determinants_migrant_final_formatted.pdf [accessed on 19 May 2022].
- 7 Males evaluate the police much more negatively than females on various accounts and that this is true for both adults and juveniles. See more in: Denno, D.W. (1994) Gender, Crime and Criminal Law and the Criminal Law Defenses. Journal of Criminal Law and Criminology, Vol. 85, pp. 80 – 194.; Hrust, Y., Frank, J. & Browning, S. (2000) The Attitudes of Juveniles Toward the Police: A comparison of Black and White Youth. Policing an International Journal of Police Strategies and Management, 23(1): pp.37-53.; Miller, J., Davis RC. (2008) Unpacking Public Attitudes to the Police: Contrasting Perceptions of Misconduct with Traditional Measures of Satisfaction. International Journal of Police Science & Management, 10(1): pp. 9-22.; Mbuba, J. (2010) Attitudes Toward the Police: The Significance of Race and Other Factors Among College Students. Journal of Ethnicity in Criminal Justice, 8:3, pp. 201-215.
- 8 Ibid.
- 9 Negative experiences with home country police thus may hinder Latino immigrants' positive expectations and interactions with the U.S. police. See more in: Sun, I.Y., Wu, Y. (2018). The Apparent Immigrants: Latinos' Attitudes Toward the Police. In: Race, Immigration, and Social Control. Palgrave Studies in Race, Ethnicity, Indigeneity and Criminal Justice. Palgrave Macmillan. Available at: https://link.springer.com/chapter/10.1057/978-1-349-95807-8_4 [accessed on 19 May 2022].
- 10 The format is non-standard and lacks any modern security features. A signature and stamp are often affixed by a local elder as an endorsement [...] The ease with which bogus Afghan documentation can be obtained — in either Afghanistan or Pakistan — makes it difficult to either verify or refute a claimed identity. [...] applicants who list Afghanistan as their country of origin demonstrate high rates of fraudulent behaviours compared to other cohorts. However, this is not necessarily representative of active attempts to deceive Australian authorities, but rather an indicator of how easily fraudulent documents can be obtained in Afghanistan as well the prevalence and normality of fraudulent documents. See more in: Hollins, K. (2018). Comparative International Approaches to Establishing Identity in Undocumented Asylum Seekers. Lowy Institute. Available at: <https://www.lowyinstitute.org/publications/comparative-international-approaches-establishing-identity-undocumented-asylum-seekers> [accessed on 19 May 2022].
- 11 Those from higher power distance countries appear to be more accepting of those in positions of authority collecting information. See more in: Cao, J. & Everard, A. (2008). User Attitude Towards Instant Messaging: The Effect of Espoused National Cultural Values on Awareness and Privacy. Journal of Global Information Technology Management, vol 11(2), pp. 30-57.; Thompson, N. et.al. (2020) Cultural Factors and the Role of Privacy Concerns in Acceptance of Government Surveillance. Journal of the Association for Information Science and Technology, 71: pp. 1129– 1142. Available at: <https://espace.curtin.edu.au/bitstream/handle/20.500.11937/77593/77775.pdf;jsessionid=51FA91A54E753D045DF34265582BD1D5?sequence=3> [accessed on 19 May 2022].
- 12 People from cultures ranking high in individualism found it less important to generate social gratifications on SNSs as compared to people from collectivist-oriented countries. However, the latter placed greater emphasis on privacy risks—presumably to safeguard the collective.
- 13 Women seem to be more concerned about their privacy online. See more in: Baruh, L, et al. (2017) Online Privacy Concerns and Privacy Management: A Meta-Analytical Review, Journal of Communication, Volume 67, Issue 1, pp. 26–53., Moscadrelli, D., Divine, R. (2007) Adolescents' Concern for Privacy When Using the Internet: An Empirical Analysis of Predictors and Relationships with Privacy-Protecting Behaviors. Journal of Family and Consumer Sciences 35(3): pp.232 – 252.; Sheehan, M. (1999) Workplace Bullying: Responding with Some Emotional Intelligence. International Journal of Manpower, 20, 57-69.; Youn, S. (2009). Determinants of Online Privacy Concern and Its Influence on Privacy Protection Behaviors Among Young Adolescents. The Journal of Consumer Affairs, Vol. 43, pp. 389-418. However, other studies contradict these ideas, as some showed that men are more inclined to protect their online privacy and that the actions that men take to protect their privacy differ from those used by women. See more in: Milne et al., 2009; Smit, E. et al. (2014). Understanding online behavioural advertising: User knowledge, privacy concerns and online coping behaviour in Europe. Computers in Human Behavior, vol 32, pp. 15-22.; Sheehan, M. (1999) Workplace Bullying: Responding with Some Emotional Intelligence. International Journal of Manpower, 20, 57-69.
- 14 Individuals self-reporting high levels of exposure to violence display more altruistic behaviour, are more willing to take risks, and exhibit a higher discount rate, but that victims and non-victims do not differ very much in related prosocial behaviours. See more in: Vélez, M., Trujillo C., Moros, C. (2018). Correction: Prosocial Behavior and Subjective Insecurity in Violent Contexts: Field Experiments. PLOS ONE 13(5): e0198020. Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0158878> [accessed on 19 May 2022]; Voors, M. J., Nillesen, E. E. M., Verwimp, P., Bulte, E. H., Lensink, R., & Van Soest, D. P. (2012). Violent Conflict and Behavior: A Field Experiment in Burundi. The American Economic Review, 102(2), pp. 941–964. Available at: <https://www.jstor.org/stable/23245440?seq=4> [accessed on 19 May 2022].
- 15 The inability to easily separate friend from foe is likely to make people more cautious and less trusting with regard to their immediate environment. [...] although the literature on the effects of war related violence on behaviour does not focus on the norm of truth telling, it could be that extreme events such as experiencing a civil war or flight may affect truth telling significantly. See more in: El-Bialy, N. et al.



- (2021). Norm Compliance and Lying Patterns: An Experimental Study Among Refugees and Non-refugees in Syria, Jordan, and Germany. ILE Working Paper Series, No. 44, University of Hamburg, Institute of Law and Economics (ILE). Available at: <https://www.econstor.eu/bitstream/10419/228744/1/ile-wp-2021-44.pdf> [accessed on 19 May 2022].
- 16 There are four primary races in the world: Islam, Buddhism, Christianity, and Hinduism [...] Where we are from, race and religion are the same. See more in: Pugh, C. (2019). Race, Ethnicity, and Culture: How do Rohingya Explain Concepts that Undermine their Existence? The Global Post. Available at: <https://theglobepost.com/2019/04/09/rohingya-social-identity/> [accessed on 19 May 2022].
- 17 A significant proportion of all asylum seekers claim to originate from countries where identity documents in general are scarce and lacking in credibility. For example, one of the main asylum-seeking nationalities to Norway are (alleged) Somalis. Somalia issues few or no documents at all, and the documents that do exist are not credible, making the identity clarification complicated and time consuming. Norway also receives a large number of asylum seekers claiming to be citizens of countries that issue identity documentation, but have issuance procedures that do not meet the quality standard required for trustworthy documents. See more in: Eide, S.K. Establishing Identity for International Protection: Challenges and Practices National Contribution from Norway. European Migration Network. Available at: https://www.udi.no/globalassets/global/european-migration-network_i/studies-reports/identity-international-protection-challenges-practices-norwegian-national-report.pdf. Refugees originating from poor, vulnerable, or disconnected segments of society will have never owned identity documents. This could be because they were never incentivised to own one, the application process was too costly or inconvenient, or their government lacked the capacity to issue identity documents to its citizens. See more in: GSMA, (2017). Refugees and Identity: Considerations for mobile-enabled registration and aid delivery. GSMA Intelligence. Available at: <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2017/06/Refugees-and-Identity.pdf> [accessed on 19 May 2022]. Children whose fathers are of unknown or different nationality from their mothers, or who are missing or dead, may not be able to obtain their mother's nationality (this includes children of Syrian mothers, who have extremely limited rights to confer nationality on their children. See more in: Manby, B. (2016) Identification in the Context of Forced Displacements. World Bank. Available at: <https://documents1.worldbank.org/curated/en/375811469772770030/pdf/Identification-in-the-Context-of-Forced-Displacement-Identification-for-Development-ID4D.pdf> [accessed on 19 May 2022].
- 18 In practice this would mean that the same document is used by several people.
- 19 A significant proportion of all asylum seekers claim to originate from countries where identity documents in general are scarce and lacking in credibility. For example, one of the main asylum-seeking nationalities to Norway are (alleged) Somalis. Somalia issues few or no documents at all, and the documents that do exist are not credible, making the identity clarification complicated and time consuming. Norway also receives a large number of asylum seekers claiming to be citizens of countries that issue identity documentation, but have issuance procedures that do not meet the quality standard required for trustworthy documents. See more in: Eide, S.K. Establishing Identity for International Protection: Challenges and Practices National Contribution from Norway. European Migration Network. Available at: https://www.udi.no/globalassets/global/european-migration-network_i/studies-reports/identity-international-protection-challenges-practices-norwegian-national-report.pdf. Refugees originating from poor, vulnerable, or disconnected segments of society will have never owned identity documents. This could be because they were never incentivised to own one, the application process was too costly or inconvenient, or their government lacked the capacity to issue identity documents to its citizens. See more in: GSMA, (2017). Refugees and Identity: Considerations for mobile-enabled registration and aid delivery. GSMA Intelligence. Available at: <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2017/06/Refugees-and-Identity.pdf> [accessed on 19 May 2022]. Children whose fathers are of unknown or different nationality from their mothers, or who are missing or dead, may not be able to obtain their mother's nationality (this includes children of Syrian mothers, who have extremely limited rights to confer nationality on their children. See more in: Manby, B. (2016) Identification in the Context of Forced Displacements. World Bank. Available at: <https://documents1.worldbank.org/curated/en/375811469772770030/pdf/Identification-in-the-Context-of-Forced-Displacement-Identification-for-Development-ID4D.pdf> [accessed on 19 May 2022].
- 20 Immigrants can reject the dominant culture whereas on the other extreme they can shun their own culture (language and/or religion) in favour of the dominant one. A particular ethnic group can therefore form 'oppositional identities' where some belong to one group while the others belong to the second group. See more in: Battu, H. & Zenou, Y. (2010). Oppositional Identities and Employment for Ethnic Minorities: Evidence from England. The Economic Journal, V. 120, pp. 52-71.; Piracha, M. et al. (2021) Ethnic Identity and Immigrants' Labour Market Outcomes. IZA Institute of Labour Economics. Migrants play up (or downplay) aspects of their ethnic identities in favour of others, at times in order to minimize threat or friction, or to generally fit in. In the course of their journey, some aspects of their ethnic identities will become salient; others will be submerged. See more in: Corraera, M. (2021). Reassessing Race and Ethnicity through a Migration Lens. Open Edition Journals. Available at: <https://journals.openedition.org/mcv/14774> [accessed on 19 May 2022].
- 21 Migrants are significantly more exposed to identity change than other social groups. The flight of forced migrants into exile results in a loss of identity. Moreover, their arrival is often marked by uncertainties that raise questions about belonging and identity. This often leaves mental scars and sometimes physical footprints, which alter the way their life course evolves and even the manner in which they talk about themselves. See more in: Pugh JD. (2018) Negotiating identity and belonging through the invisibility bargain: Colombian forced migrants in Ecuador. Int Migr Rev. 52(4): pp. 978–1010; Kebede, SS. (2010) The struggle for belonging: forming and reforming identities among 15-generation asylum seekers and refugees. Oxford: Refugee Studies Centre; Piacentini T. (2008). Contesting identities in exile: an exploration of collective self-understanding and solidarity in Refugee Community Organisations in Glasgow. ESharp, 11; Bhugra, D., Becker, MA. (2005) Migration, cultural bereavement and cultural identity. World Psychiatry, (1):18–24; European national identities are historically connoted with (White) ethnic and (Christian) religious traditions, which exclude European-born Muslims as fellow citizens. See more in: Kunovich RM. (2006). An Exploration of the Salience of Christianity for National Identity in Europe. Sociological Perspective, 49(4): pp.435-460.; Fleischmann, F., & Phalet, K. (2016). Identity Conflict or Compatibility: A Comparison of Muslim Minorities in Five European Cities. Political Psychology, 37(4), pp. 447–463.



- 22 For their first steps in the new community, the migrants did deliberately change their identities from time to time to have their dignity protected by other selves that they saw as positive identities. However, most participants showed unease about the pity that locals appeared to exhibit towards them. In some instances, the migrants received less favourable treatment and other times more favourable treatment than the average person; in most cases, the migrants resented the 'patronising' aspects of the way they were dealt with. See more in: Hack-Polay, D., Mahmoud, A.B., Kordowicz, M. et al. (2021) Let us define ourselves: forced migrants' use of multiple identities as a tactic for social navigation. *BMC Psychol* 9, 125. Available at: <https://doi.org/10.1186/s40359-021-00630-6> [accessed on 19 May 2022].
- 23 Observing other people littering, stealing or lying can trigger own misconduct. See more in: Rauhut, H. (2013). Beliefs about Lying and Spreading of Dishonesty: Undetected Lies and Their Constructive and Destructive Social Dynamics in Dice Experiments. *Journals.plos.org*. Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0077878> [accessed on 19 May 2022].
- 24 Trepte, S., Reinecke L. (eds). (2014). *Privacy Online: Perspectives on Privacy and Self-Disclosure in the Social Web*, Springer; 2011th edition.
- 25 Some migrants seem to 'test' their new environment. In other words, they explore the type of acceptable behaviour in some form of 'try-and-error' process; if an activity is not indicated as inappropriate by members or rules of the hosting nation (reputational costs), but financially lucrative (direct cost of lying), some migrants will engage in this activity – regardless whether the hosting society considers the behaviour inappropriate or not. See more in: El-Bilal, N. Aranda, E. et al. (2022) Flight and the preferences for truth-telling: An experimental study among refugees and non-refugees in Syria, Jordan, and Germany. *Journal of Behavioral and Experimental Economics*. Available at: <https://www.sciencedirect.com/science/article/pii/S2214804321001270> [accessed on 19 May 2022].
- 26 In societies where the interdependent self (being part of relations with others or a group) dominates, the person assumes different selves in different social contexts (in relations with different people), thus one's words are adjusted to the circumstances one is in (some Asian cultures). See more in: Kwiatkowska, A., Łukasik, A. (eds). (2015) How Do Others Deceive? Cultural Aspects of Lying and Cheating in The Small and Big Deceptions: In Psychology and Evolutionary Sciences Perspective Chapter: How Do Others Deceive? Cultural Aspects of Lying and Cheating. Wydawnictwo Uniwersytetu Rzeszowskiego.
- 27 In a communication in high-context cultures, such as some Asian cultures, words are not the most important part of communication as information is transmitted indirectly, through other means of communication. See Nam, K. A. (2015). High-context and low-context communication. In J. M. Bennett (ed.), *The SAGE Encyclopaedia of Intercultural Competence*. Thousand Oaks, CA: Sage Publication.
- 28 El Bialy, N., Aranda, E., Nicklisch, A., Saleh, L. & Voigt, S. (2021). Norm Compliance and Lying Patterns: An Experimental Study Among Refugees and Non-refugees in Syria, Jordan, and Germany Norm Compliance and Lying Patterns: An Experimental Study Among Refugees and Non-refugees in Syria, Jordan, and Germany. ILE Working Papers Series.
- 29 See How Do Others Deceive? See more in: Kwiatkowska, A., Łukasik, A. (eds). (2015) How Do Others Deceive? Cultural Aspects of Lying and Cheating in The Small and Big Deceptions: In Psychology and Evolutionary Sciences Perspective Chapter: How Do Others Deceive? Cultural Aspects of Lying and Cheating. Wydawnictwo Uniwersytetu. Lying is evaluated within Chinese society by moral standards different from those of Americans. See more: D. Blum, S. (2007) *Lies That Bind: Chinese Truth, Other Truths*. Rowan & Littlefield.
- 30 Reasons for declaring a false date of birth (often associated with difficulties of translation between different calendars, or in the case of orphans, street children or individuals from countries that do not routinely issue birth certificates or alternatively countries where home births (without medical assistance) are the norm, the individuals do not know their exact age and/or are illiterate so they invent a date of birth (some African communities, such as Ethiopians). See more in: Pearson, R., Note: What's My Age Again? The Immigrant Age Problem in the Criminal Justice System. *Minnesota Law Review*. Available at: https://www.minnesotalawreview.org/wp-content/uploads/2013/12/Pearson_MLR.pdf [accessed on 19 May 2022].
- 31 More educated IDPs demonstrate a stronger desire to return to their ancestral communities, suggesting that education increases available options for displaced persons. See more in: Stefanovic, Dj., Loizides, N., Parsons, S. (2015). Home is Where the Heart Is? Forced Migration and Voluntary Return in Turkey's Kurdish Regions, *Journal of Refugee Studies*, Volume 28, Issue 2, pp. 276–296. Available at: <https://academic.oup.com/jrs/article-abstract/28/2/276/1542692?login=false> [accessed on 19 May 2022]. The myth of return and its predominance among a refugee community are dependent on past refugee experiences and the relationship of the group with its country of origin (e.g. whether they are part of the majority or an ethnic/religious minority). See more in: Al-rasheed, M. (1994) The Myth of Return: Iraqi Arab and Assyrian Refugees in London, *Journal of Refugee Studies*, Volume 7, Issue 2-3, pp. 199–219 Available at: <https://academic.oup.com/jrs/article-abstract/7/2-3/199/1531637?login=false> [accessed on 19 May 2022]. Syrian perspective on return. See more: Yahya, M., Kassir, J., El-hariri, K. (2018) *Unheard Voices: What Syrian Refugees Need to Return Home*. Carnegie Middle East Center. Available at: https://carnegieendowment.org/files/Yahya_Unheard_Voices_Brief_Final.pdf [accessed on 19 May 2022].
- 32 Returnees are encountering significant challenges to reintegrate in their countries of origins, especially due to discrimination. See more in: Coutin, S. (2010). *Exiled by Law: Deportation and the Inviability of Life, in The Deportation Regime*. Duke University Press.; Golash-Boza, M. (2015). *Deported: Immigrant Policing, Disposable Labor and Global Capitalism*. NYU Press.; Hagan, J., Rodriguez, N. & Castro, B. (2011) Social effects of mass deportations by the United States government, *Ethnic and Racial Studies*, 34:8, pp.1374-1391.; Hagan, J., Rodriguez, N. (2008). U.S. Deportation Policy, Family Separation, and Circular Migration. *International Migration Review*, Vol. 42., pp. 64-88. The discrimination is related to certain characteristics acquired during their migratory journey, which are then perceived by the community as being strange or foreign and can act as a social barrier. See more: Hernandez, M., Jacobo, M. & Cardenas, N. (2020). Attitudes Towards Returned Migrants in Latin America. *Ediciones Universidad de Salamanca*. Available at: <https://revistas.usal.es/index.php/1852-9003/article/view/22912/24444> [accessed on 19 May 2022].
- 33 Little information is known about how the asylum system works and overreliance on information received from smugglers (e.g. Afghans generally know very little about the asylum system, who is entitled to asylum, the Dublin Regulation or what to do if rejected. The smuggling networks offer online training against payment and allegedly advise them on 'how to prepare for asylum interviews. The information deficit is even higher among Pashtu speakers, as there is little to no information in their language on the Internet). See more in: UNHCR (2016) *From a Refugee Perspective*:



- Discourse of Arabic speaking and Afghan refugees and migrants on social media from March to December 2016. Available at: <https://www.unhcr.org/5909af4d4.pdf> [accessed on 19 May 2022]. Different asylum procedures and processes were unclear to them and limited or no information was provided. They were also unsure if they were in a process of relocation or family reunification and others did not know if they were in an asylum process at all (e.g. Iraqis/Kurdish refugees).
- 34 See more in: Gilardi, J. (2020). Ally or Exploiter? The Smuggler-Migrant Relationship Is a Complex One. Migration Policy Group. Available at: <https://www.migrationpolicy.org/article/ally-or-exploiter-smuggler-migrant-relationship-complex-one> [accessed on 19 May 2022].; Campana, P., Gelsthorpe, L. (2021) Choosing a Smuggler: Decision-making Amongst Migrants Smuggled to Europe. *European Journal on Criminal Policy and Research*, vol 27, pp.5-21. Available at <https://link.springer.com/article/10.1007/s10610-020-09459-y> [accessed on 19 May 2022].
- 35 A blood illness requires support from family and traditional healers to overcome. While this participant certainly relies on these various sources of healing when she is ill, her decision to rely on a particular system ultimately relies on her own authority. See more in: Oluwatoyosi, A., Kimbrough, J., Obafemi, B., & Strack, R.W. (2014). Health literacy from the perspective of African Immigrant youth and elderly: A photovoice project. *Journal of Health Care for the Poor and Underserved*, 25(4), pp. 1730–1747.; Kaplan SA., Ahmed R., Musah A. (2015) 'When you walk in the rain, you get wet': A qualitative study of Ghanaian immigrants' perspective on the epidemiological paradox. *Journal of Immigrant and Minority Health*, 17(1): pp.255–62; Ndukwe EG, Williams KP, Sheppard V. (2013). Knowledge and perspectives of breast and cervical cancer screening among female African immigrants in the Washington D.C. metropolitan area. *Journal of Cancer Education*, 28(4): pp.748–54; Sellers SL, Ward EC, Pate D. (2006) Dimensions of depression: A qualitative study of wellbeing among black African immigrant women. *Qualitative Social Work*, 5(1): pp. 45–66; Vaughn LM, Holloway M. (2010) West African immigrant families from Mauritania and Senegal in Cincinnati: a cultural primer on children's health. *Journal of Community Health*, 35(1): pp.27–35; Opoku-Dapaah E. (2013) Use of Cancer Screening by African Immigrants in NC. *Journal of Best Practices in Health Professions Diversity Education Research & Policy* .;6(1); Page LC, Goldbaum G, Kent JB, Buskin SE.(2009). Access to regular HIV care and disease progression among black African immigrants. *Journal of the National Medical Association* .,101(12): pp.1230–6.; Fuller, A. (2018) Health and Medicine among First-Generation African Immigrants in the United State. Undergraduate Honours Theses. Paper 1204. Available at: <https://scholarworks.wm.edu/cgi/viewcontent.cgi?article=2221&context=honorstheses> [accessed on 19 May 2022].
- 36 It was common for participants to delay office visits until the diseases or illnesses were certifiably irreversible or severe enough to halt daily activities. See more in: Omenka, O.I., Watson, D.P. & Hendrie, H.C. (2020) Understanding the healthcare experiences and needs of African immigrants in the United States: a scoping review. *BMC Public Health* 20, 27. Available at: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-019-8127-9> [accessed on 19 May 2022]. Participants agreed that seeking health care is undertaken primarily in two situations: (1) when having physical manifestations of illness, or (2) when illness interferes with day-to-day activities [...] Several participants stated that their reasoning for not using preventative health care was due to their larger fear of being ill, as well as a linked fear that a diagnosis of an illness or condition would result in death. Participants stated that by forsaking preventative healthcare services, such as screenings, and delaying a probable diagnosis, they could avoid learning about a premature death. See more in: Hassan, S.A.; Mohamed, F.; Sheikh, N.; Basualdo, G.; Daniel, N.A.; Schwartz, R.; Gebreselassie, B.T.; Beyene, Y.K.; Gabreselassie, L.; Bayru, K.; et al. (2021)'They Wait until the Disease Has Taking Over You and the Doctors Cannot Do Anything about It': Qualitative Insights from Harambee! 2.0. *International Journal of Environmental Research and Public Health*, 18, 12706.
- 37 Among refugees it felt like they were torn between two cultures. Many have traditional ideas of medicine where elders would administer different homeopathic remedies and chanting of religious incantations that would be used to cure the patient. See more in: Meyran, O. (2015) Somali Elder Care: A Guide for Healthcare in the West. *Culminating Projects in Gerontology*. 1. Available at: https://repository.stcloudstate.edu/cgi/viewcontent.cgi?article=1000&context=gero_etds [accessed on 19 May 2022].
- 38 Certain communities (e.g. Somali) are accustomed to viewing illness as a symptom-based, treatable condition, so they display distress with pill-based treatment regimes. According to a member of this community 'In our culture, we don't have prevention and screening. So, when we [Somali people] get screening and hear we have high blood pressure or diabetes, it's difficult to understand.' According to a physician 'They [immigrants] believe that we [healthcare providers] are treating symptoms to cure as opposed to our understanding that we're treating symptoms because there is no [disease] cure. There's no sense of chronic disease.' See Pavlish, C., Noor, S. Brandt, J. (2010). Somali immigrant women and the American health care system: Discordant beliefs, divergent expectations, and silent worries. *Social Science & Medicine*, vol.71, pp. 353-361. Available at: https://www.sciencedirect.com/science/article/pii/S0277953610003199?casa_token=hliwq2Of4e4AAAAA:geWdku_qO4eL4eby7yGo9LvP6u80ID-dYxtHy_uV4jP-a8kwm2npzgMMDF_iXuH0qvj14Pc1 [accessed on 24 May 2022].
- 39 Chronicity of disease may not be recognised as a concept by some African societies. See more in: Aikins, A., Unwin, N., Agyemang, C., Allotey, P., Campbell, C., Arhinful, D. (2010). Tackling Africa's chronic disease burden: from the local to the global. *Global Health*. 19; 6:5. Also, African migrants have been found to emphasise symptoms above underlying diagnostic causes for their problems and that symptoms themselves thus come to account for illness. As noted by medical practitioners in regards to the Somali community 'they [immigrants] believe that we [healthcare providers] are treating symptoms to cure as opposed to our understanding that we're treating symptoms because there is no [disease] cure. There's no sense of chronic disease.' See more in: Pavlish, C., Noor, S. Brandt, J. (2010). Somali immigrant women and the American health care system: Discordant beliefs, divergent expectations, and silent worries. *Social Science & Medicine*, vol.71, pp. 353-361. Available at: https://www.sciencedirect.com/science/article/pii/S0277953610003199?casa_token=hliwq2Of4e4AAAAA:geWdku_qO4eL4eby7yGo9LvP6u80ID-dYxtHy_uV4jP-a8kwm2npzgMMDF_iXuH0qvj14Pc1 [accessed on 24 May 2022]. Moreover, in cases where chronic illness required treatment there was a belief, that unless there are symptoms no treatment is required: 'when we don't feel well [that is when] we take the medicines, if we feel well I don't think that the [medicines] will be important, even as a preventative'. See more in: Cooper, M., Harding, S., Mullen, K., & O'Donnell, C. (2012). 'A chronic disease is a disease which keeps coming back



- ... it is like the flu': chronic disease risk perception and explanatory models among French- and Swahili-speaking African migrants. *Ethnicity & Health*, 17:6, pp. 597-613. Available at: DOI: 10.1080/13557858.2012.740003.
- 40 Women from several African communities view the processes of pregnancy and delivery as normal events which do require special attention or concern. Consequently, they may not seek help and maternity care and may not attend available prenatal programs [...] they are not comfortable with pain relief injections since they believe that pain relief disrupts normal events and that labor pain is associated with immediate birth; using pain relief interrupts the natural birthing process. See Murray, L., Windsor, C., Parker, E., Tewfik, O. (2010) The experiences of African women giving birth in Brisbane, Australia. *Health Care Women I*, 31 (5): pp. 458-472.; Carolan, M. (2010). Pregnancy health status of sub-Saharan refugee women who have resettled in developed countries: a review of the literature. *Midwifery*, 26 (4): pp. 407-414. Also see: Hill, N., Hunt, E., Hyrkas, K. (2011). Somali Immigrant Women's Health Care Experiences and Beliefs Regarding Pregnancy and Birth in the United States. *Journal of Transcultural Nursing*. Available at: <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.893.3504&rep=rep1&type=pdf> [accessed on 24 May 2022].
- 41 In some communities, women experience genuine discomfort at having another man who isn't their husband see what they call 'private parts' and have displayed strong preferences to be assisted by doctors and nurses of the same gender. See more in: Deyo, N. (2012). *Cultural Traditions and the Reproductive Health of Somali Refugees and Immigrants*. The University of San Francisco: Master's Theses, Fall 12-14. Available at: <https://repository.usfca.edu/cgi/viewcontent.cgi?article=1034&context=thes> [accessed on 24 May 2022].
- 42 Although participants in the majority of focus groups (n = 8) noted the importance of visiting the doctor and taking medication in conjunction with using prayer, some respondents felt reticent about going to allopathic providers, and viewed religious-based therapeutics more favourably. See more in: Padela, A. I., Killawi, A., Forman, J., DeMonner, S., & Heisler, M. (2012). American Muslim perceptions of healing: key agents in healing, and their roles. *Qualitative health research*, 22(6), pp. 846–858.
- 43 God has already decided one's fate, has a major influence in preventative health care beliefs—if you are destined to become ill, then only with divine assistance can you remain healthy, and preventative care is superfluous. See more in: Hassan, S.A.; Mohamed, F.; Sheikh, N.; Basualdo, G.; Daniel, N.A.; Schwartz, R.; Gebreselassie, B.T.; Beyene, Y.K.; Gabreselassie, L.; Bayru, K.; et al. (2021). 'They Wait until the Disease Has Taking Over You and the Doctors Cannot Do Anything about It': Qualitative Insights from Harambee! 2.0. *International Journal of Environmental Research and Public Health*, 18, 12706.
- 44 Western medicine is more dangerous and expensive than it is beneficial. One participant from the Somali community mentioned a fear of treatments such as invasive surgeries because they were afraid the doctor would harvest their organs instead of treating them. See more in: Hassan, S.A.; Mohamed, F.; Sheikh, N.; Basualdo, G.; Daniel, N.A.; Schwartz, R.; Gebreselassie, B.T.; Beyene, Y.K.; Gabreselassie, L.; Bayru, K.; et al. (2021). 'They Wait until the Disease Has Taking Over You and the Doctors Cannot Do Anything about It': Qualitative Insights from Harambee! 2.0. *International Journal of Environmental Research and Public Health*, 18, 12706.
- 45 In some communities (e.g. Somali) they are accustomed with healthcare providers who listen to symptom explanations and immediately prescribe treatment. In contrast, in many Western countries, medical practitioners expect their patients to wait, sometimes for days, as they rely on the accuracy of laboratory-based diagnostic tools to determine disease conditions and treatments. According to a member of the Somali community, 'I don't understand why the doctor asks so many questions. The doctor should know the answer. He should know my diagnosis and tell me what's best.' See more in: Pavlish, C., Noor, S. Brandt, J. (2010). Somali immigrant women and the American health care system: Discordant beliefs, divergent expectations, and silent worries. *Social Science & Medicine*, vol.71, pp. 353-361. Available at: https://www.sciencedirect.com/science/article/pii/S0277953610003199?casa_token=hliwq2Of4e4AAAAA:geWdku_qO4eL4eby7yGo9LvP6u80IDdYxtHy__uV4jP-a8kwm2npzgMMDF_iXuH0qvj14Pc1 [accessed on 24 May 2022]. 1
- 46 See more in: Savage, M. (2021). Migrants refusing vaccines for fear of being deported, charity warns. *The Guardian*. Available at: <https://www.theguardian.com/uk-news/2021/nov/13/effects-of-uks-hostile-environment-for-migrants-have-worsened-during-the-pandemic-study-shows> [accessed on 24 May 2022].; Hayward, S. et al. (2021). Clinical outcomes and risk factors for COVID-19 among migrant populations in high-income countries: A systematic review. *Journal of Migration and Health*. Available at: [https://deputyprimeminister.gov.mt/en/phc/mhlo/Documents/Clinical%20outcomes%20and%20risk%20factors%20for%20COVID-1\(%20among%20migrant%20populations%20in%20high-income%20countries.pdf](https://deputyprimeminister.gov.mt/en/phc/mhlo/Documents/Clinical%20outcomes%20and%20risk%20factors%20for%20COVID-1(%20among%20migrant%20populations%20in%20high-income%20countries.pdf) [accessed on 24 May 2022].; Page, KR., Genovese, E., Franchi, M., et al. (2022) COVID-19 vaccine hesitancy among undocumented migrants during the early phase of the vaccination campaign: a multicentric cross-sectional study. *BMJ Open* 2022;12: e056591. Available at: <https://bmjopen.bmj.com/content/12/3/e056591> [accessed on 24 May 2022].
- 47 Illness had stronger roots in explanations such as spiritual dissonance, social disconnection, and sadness. See more in: Pavlish, C., Noor, S., Brandt, J. (2010). Somali immigrant women and the American health care system: discordant beliefs, divergent expectations, and silent worries. *Social science & medicine* (1982), 71(2), pp.353–361. Available at: <https://doi.org/10.1016/j.socscimed.2010.04.010> [accessed on 19 May 2022].
- 48 Diet was associated strongly with health and illness among Chinese- and Hmong-born women. See more in: Zhao, M., Esposito, N., Wang, K. (2010). Cultural Beliefs and Attitudes Toward Health and Health Care Among Asian-Born Women in the United States. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, v.39, pp. 370-385. Available at: [https://www.jognn.org/article/S0884-2175\(15\)30291-4/fulltext](https://www.jognn.org/article/S0884-2175(15)30291-4/fulltext) [accessed on 24 May 2022]. The principles of traditional Chinese medicine (TCM) are associated with the relationship between food and health, aiming to guarantee the balance between cold and heat, yin and yang. See more in: Badanta, B., de Diego-Cordero, R., Tarriño-Concejero, L., Vega-Esaño, J., González-Cano-Caballero, M., García-Carpintero-Muñoz, M. Á., Lucchetti, G., & Barrientos-Trigo, S. (2021). Food Patterns among Chinese Immigrants Living in the South of Spain. *Nutrients*, 13(3), 766. Available at: <https://doi.org/10.3390/nu13030766> [accessed on 24 May 2022]. /



- 49 See more in: Rionach, C. (2010). 'You doctor yourself': health beliefs, resilience and well-being among the Irish in Yorkshire. *Diversity in Health and Care*, 7: pp. 129 – 138. Available at: <https://diversityhealthcare.imedpub.com/you-doctor-yourself-health-beliefs-resilience-and-wellbeing-among-the-irish-in-yorkshire.pdf> [accessed on 24 May 2022].
- 50 See more in: Rionach, C. (2010). 'You doctor yourself': health beliefs, resilience and well-being among the Irish in Yorkshire. in *Health and Care*, 7: pp. 129 – 138. Available at: <https://diversityhealthcare.imedpub.com/you-doctor-yourself-health-beliefs-resilience-and-wellbeing-among-the-irish-in-yorkshire.pdf> [accessed on 24 May 2022].
- 51 Health is viewed health holistically and within the context of their daily lives. Being engaged in productive activities; relating well to self, family and Allah [God]; and living in communities that 'watch our children and avoid violence' were among the contextual descriptors of health. See more in: Ibid.
- 52 Many individuals from the Somali community described an association between mental and physical health. Five described physical symptoms that resulted from mental illness such as lack of energy, weakness, physical pain, insomnia, loss of appetite, and even death. Penny, D., Schaefer, J., Freeman, P. (2012). Somali Refugees' Perceptions of Mental Illness. *Social Work and Health Care*, 54(8). Available at: https://www.researchgate.net/publication/268104814_Somali_Refugees%27_Perceptions_of_Mental_Illness [accessed May 23 2022].
- 53 See more in: Rae, S. (2014). Somali male refugees: Perceptions of depression and help-seeking. Doctoral Research Thesis submitted in partial fulfilment of the University of East London, Professional Doctorate in Counselling Psychology. Available at: <https://repository.uel.ac.uk/download/903ac56179c5f0a64bbf4448d097260ac2b3f31e588e3603c56788cf9a1656b2/1606463/Sophie%20Rae.pdf> [accessed on 24 May 2022].
- 54 For example, in the Somali community, if an individual demonstrates indicators of mental illness, their families are the ones who provide the initial care; however, they would also seek out assistance from religious leaders and traditional healers instead of seeking medical help [...] They believe that they would be able to be cured from the mental illness if a healer recites the Quran on them. Often the source of the mental illness is seen as stemming either from God, therefore they will go to a religious healer to solve the problem. If they believe it's a curse from another person, they might go to a traditional healer. See more in: Adan, H. (2015). Views on Seeking Mental Health Services in the Somali Community. St. Catherine University. Available at: https://sophia.stkate.edu/cgi/viewcontent.cgi?article=1420&context=msw_papers [accessed on 24 May 2022].
- 55 Individuals with mental illness are viewed as 'crazy' and how mental illness is a taboo subject in the community [...] Sometimes anxiety and depression were viewed as 'a part of life'. See more in: Linney, C., Ye, S., Redwood, S. et al. (2020). 'Crazy person is crazy person. It doesn't differentiate': an exploration into Somali views of mental health and access to healthcare in an established UK Somali community. *International Journal for Equity in Health*, 19, 190. Available at: <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-020-01295-0> [accessed on 24 May 2022]. Among Somalis, mental illness is often considered a shame and disgrace, and carries high social stigma. People with severe mental health conditions are often discriminated against and socially isolated. See more in: Cavallera, V, Reggi, M., Abdi, S., Jinnah, Z., Kivelenge, J., Warsame, A.M., Yusuf, A.M., Ventevogel, P. (2016). Culture, context and mental health of Somali refugees: a primer for staff working in mental health and psychosocial support programmes. United Nations High Commissioner for Refugees. Available at: <https://www.unhcr.org/5bbb73b14.pdf> [accessed on 24 May 2022].
- 56 See more in: Kemp, C., Rasbridge, A. (2004). *Refugee and Immigrant Health: A Handbook for Health Professionals*. Cambridge University Press.; Burgess, A. et al. (2004) *Health Challenges for Refugees and Immigrants*. Immigration and Refugee Services of America, vol. 25. No.2.
- 57 In Western countries, it is normal to break bad news to patients directly and Caucasian patients usually expect to be informed about their condition; such behaviour is not acceptable in non-Caucasian communities, such as Asian and Middle Eastern communities and may be perceived as inhumane. See more in: Torres, MB., Rao, N. (2007). Disclosure and Truth in Physician–Patient Communication an Exploratory Analysis in Argentina, Brazil, India and the United States. *Journal of Creative Communications*, 2(3): pp.279-305.; Xu, O. (2010) The Impact of Detention and Deportation on Latino Immigrant Children and Families: A Quantitative Exploration. *Hispanic Journal of Behavioral Sciences*, 32(3) pp.341–361.
- 58 In Somali communities, men play an important part in decision-making even before the medical practitioners – 'If I am conscious, I do decide. Otherwise, my husband first. Then my doctor.' See more in: Herrel, N., Olevitch, L., DuBois, DK., Terry, P., Thorp, D., Kind, E., Said, A. (2004). Somali refugee women speak out about their needs for care during pregnancy and delivery. *Journal for Midwifery and Women's Health*, 49(4): pp.345–9. In some cultures (i.e., family centred cultures such as Chinese, Vietnamese, Cree and Ethiopian cultures) the responsibility of information control (information-seeking, giving and withholding) and decision-making are often assumed by family members rather than individual patients. See more in: Lloyd, A. (2014) Building Information Resilience: How do Resettling Refugees Connect with Health Information in Regional Landscapes – Implications for Health Literacy. *Australian Academic & Research Libraries*, 45:1, pp. 48-66, DOI: 10.1080/00048623.2014.884916.
- 59 Gambians prefer not to dwell upon those who have died so they are often not mentioned. See more in: Rerimoi, A. J., Niemann, J., Lange, I., & Timæus, I. M. (2019). Gambian cultural beliefs, attitudes and discourse on reproductive health and mortality: Implications for data collection in surveys from the interviewer's perspective. *PloS one*, 14(5), e0216924. Available at: <https://doi.org/10.1371/journal.pone.0216924> [accessed on 24 May 2022].
- 60 In Fula, Wolof and Serahule communities it was not culturally acceptable to count numbers of children because counting them would reduce their numbers, that is, increase their chances of dying. The belief is that if someone know how many children someone has, it enables you to curse them and cause the children's death. [...] hiding the pregnancy was a way of protecting it from harm from others who might cause the woman to miscarry by means of the evil eye or witchcraft. See more in: Ibid.



- 61 Members of Asian communities expect to be involved in health-related decision making. See more in: Juckett, G., Nguyen, C., Shahbodaghi, D. (2014). Caring for Asian immigrants: Tips on culture that can enhance patient care. *The Journal of Family Practice*, vol. 62,1. Available at: https://cdn.mdedge.com/files/s3fs-public/Document/September-2017/JFP_06301_ArticleW1.pdf [accessed on 24 May 2022]; Ngo-Metzger, Q., Legedza, A. T., & Phillips, R. S. (2004). Asian Americans' reports of their health care experiences. Results of a national survey. *Journal of general internal medicine*, 19(2), pp. 111–119. Available at: <https://doi.org/10.1111/j.1525-1497.2004.30143.x> [accessed on 24 May 2022].
- 62 There is evidence of Chinese- and Vietnamese-born women perceiving that health care providers did not show respect to their cultural health beliefs. There were also cases when Hmong-born women reported that they had encountered health care providers who mocked their suffering and violated their own will for health decision making. See Ngo-Metzger, Q., Massagli, M. P., Clarridge, B. R., Manochia, M., Davis, R. B., Iezzoni, L. I., et al. (2003). Linguistic and cultural barriers to care. *Journal of General Internal Medicine*, 18(1), pp. 44-52; Johnson, S. K. (2002). Hmong health beliefs and experiences in the western health care system. *Journal of Transcultural Nursing*, 13(2), pp.126-132.
- 63 While western medicine has been integrated into the Hmong people's conceptual framework of health and health care, it has played a lesser role in Hmong people's ideas about health than their traditional beliefs, therefore [...] Western medicine has been used with some reluctance and ambivalence. See more in: Lor, M., Xiong, P., Park, L., Schwei, R. J., & Jacobs, E. A. (2017). Western or Traditional Healers? Understanding Decision Making in the Hmong Population. *Western journal of nursing research*, 39(3), pp. 400–415. Available at: <https://doi.org/10.1177/0193945916636484> [accessed on 24 May 2022].
- 64 Women with an Asian cultural background complained about the health care providers' insensitivity to their embarrassment during physical examinations. See more in: Zhao, M., Esposito, N., Wang, K. (2010). Cultural beliefs and attitudes toward health and health care among Asian-born women in the United States. *Journal of Obstetric, Gynaecologic & Neonatal Nursing*. Available at: <https://pubmed.ncbi.nlm.nih.gov/20629925/> [accessed on 24 May 2022].
- 65 Patients may become offended by or uncomfortable with the way doctors address them, their body language such as tone of voice and direct eye contact, or even the way they undertake physical examinations. See more in: Teal, C., Street, R. (2009). Critical elements of culturally competent communication in the medical encounter: a review and model. *Social Science and Medicine*; Carroll et al., 2000; Chenoweth et al.(2006). Evaluation of a model of nursing care for older patients using participatory action research in an acute medical ward in Mixed Methods Application in Action Research. Sage Publications. People from high-context cultures prefer more formal interpersonal relations while in the low-context culture informal relations are preferable. See more in: Leong, F., Le, S. (2006). A cultural accommodation model for cross-cultural psychotherapy: Illustrated with the case of Asian Americans. *Psychotherapy Theory Research Practice Training* 43(4): pp.410-23. Therefore, some patients may feel disrespected by doctors' informal manner, while other patients may not receive enough emotional support or the friendliness they expect because the doctors are too formal and exhibit emotionally restrained behaviour that does not meet the patients' standards. See more in: Alizadeh, S., Chavan, M. (2019). Perceived Cultural Distance in Healthcare in Immigrant Intercultural Medical Encounters. *The International Organisation for Migration*. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/imig.12680> [accessed on 24 May 2022].
- 66 Health care providers are sometimes discourteous and disrespectful to their beliefs/choices. See more in: Zhao, M., Esposito, N., Wang, K. (2010). Cultural beliefs and attitudes toward health and health care among Asian-born women in the United States. *Journal of Obstetric, Gynaecologic & Neonatal Nursing*. Available at: <https://pubmed.ncbi.nlm.nih.gov/20629925/> [accessed on 24 May 2022].
- 67 Ibid.
- 68 See more in: See more in: Rionach, C. (2010). 'You doctor yourself': health beliefs, resilience and well-being among the Irish in Yorkshire. *Diversity in Health and Care*, 7: pp. 129 – 138. Available at: <https://diversityhealthcare.imedpub.com/you-doctor-yourself-health-beliefs-resilience-and-wellbeing-among-the-irish-in-yorkshire.pdf> [accessed on 24 May 2022].
- 69 Religion continues to have a strong influence on sexual beliefs and customs for some women. For example, in Muslim countries, the heightened social control over women may even prevent speaking about certain topics; sexuality or sexual health is an intimate issue, private, about which few or none speak, and failure to follow this rule may be heavily punished by the family or society in general. See more in: Alvarez-Nieto, C., Pastor-Moreno, G., Grande-Gascón, M.L. et al. (2015). Sexual and reproductive health beliefs and practices of female immigrants in Spain: a qualitative study. *Reproductive Health* 12, 79. Available at: <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-015-0071-2> [accessed on 22 May 2022].; Preference for female obstetricians/gynaecologists was demonstrated among Asian communities as well. Although many will accept a male provider, psychological stress, delays, or avoidance in seeking care may result. See more in: Aubrey, C., Chari, R., Mitchell, P., Mumtaz, Z. (2017). Gender of Provider—Barrier to Immigrant Women's Obstetrical Care: A Narrative Review. *Journal of Obstetrics and Gynaecology Canada*, vol. 39, pp. 567-577. Available at: [https://www.jogc.com/article/S1701-2163\(16\)39633-5/fulltext](https://www.jogc.com/article/S1701-2163(16)39633-5/fulltext) [accessed on 24 May 2022].
- 70 Somali women often expected similar immediacy from their American health care providers. In contrast, most American clinicians expect their patients to wait, sometimes for days, as they rely on the accuracy of laboratory-based diagnostic tools to determine disease conditions and treatments. See more in: Pavlish, C. L., Noor, S., & Brandt, J. (2010). Somali immigrant women and the American health care system: discordant beliefs, divergent expectations, and silent worries. *Social science & medicine* (1982), 71(2), pp. 353–361. Available at: <https://doi.org/10.1016/j.socscimed.2010.04.010> [accessed on 24 May 2022].
- 71 Expectations on the physician are high. Patients expected an explanation and a treatment. A doctor asking too many questions may be considered incompetent. See more in: Svenberg, K., Mattsson, B., & Lepp, M. (2013). Encounters with patients from Somalia: experience among vocational trainees in Swedish general practice. *International Journal of Medical Education*, 4, pp. 162–169. Available at: <https://doi.org/10.5116/ijme.51fc.dc05> [accessed on 24 May 2022].



- 72 Among members of the Muslim community, good health is considered the greatest blessing and gift God has given humankind. Muslim patients receive illness with patience, prayers, and meditation. It is not uncommon for Muslim patients who are not otherwise actively practicing their faith to turn to God and seek religious intervention in times of hardship. See more in: Attum, B., Hafiz, S., Malik, A., Shamoan, Z. (2022). Cultural Competence in the Care of Muslim Patients and Their Families. StatPearls. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK499933/> [accessed on 24 May 2022].
- 73 A common belief among members of the Asian Indian and Filipino communities are that mammograms expose women to radiation. See more in: Zhao, M., Esposito, N., Wang, K. (2010). Cultural beliefs and attitudes toward health and health care among Asian-born women in the United States. *Journal of Obstetric, Gynaecologic & Neonatal Nursing*. Available at: <https://pubmed.ncbi.nlm.nih.gov/20629925/> [accessed on 24 May 2022].
- 74 See more in: Agbemenu, K., Hannan, M., Kitutu, J., Terry, M., Doswell, W. (2017). 'Sex Will Make Your Fingers Grow Thin and Then You Die': The Interplay of Culture, Myths, and Taboos on African Immigrant Mothers' Perceptions of Reproductive Health Education with Their Daughters Aged 10–14 Years. *Journal of Immigrant and Minority Health*. Available at: <https://core.ac.uk/download/pdf/224781629.pdf> [accessed on 24 May 2022].
- 75 In some cultures, elders or family members are the decision makers and must be consulted for any important medical matters. See more in: O'Fallon, A. (2005). Culture Within a Culture: US Immigrants Confront a Health System that Many Citizens Can't Manage. *AMA Journal of Ethics*, vol. 7, pp. 509 – 513. Available at: <https://journalofethics.ama-assn.org/article/culture-within-culture-us-immigrants-confront-health-system-many-citizens-cant-manage/2005-07> [accessed on 24 May 2022]. In the case of Afghan communities, there is evidence that women suffered from low self-esteem and were dependent on men for access to health care. They spoke of their highly patriarchal society, submissive role, and need to obey not only their husband but also all males within their family. They talked about the problems they experienced, particularly in relation to illness, and some resigned themselves to tolerate disease. See more in: Amiri, R., King, K. M., Heydari, A., Dehghan-Nayeri, N., & Vedadhir, A. A. (2019). Health-Seeking Behavior of Afghan Women Immigrants: An Ethnographic Study. *Journal of Transcultural Nursing*, 30(1), pp.47–54. Available at: <https://journals.sagepub.com/doi/full/10.1177/1043659618792613> [accessed on 24 May 2022].
- 76 In the case of community members or children interpreting, the conversation between the woman and her healthcare provider may be muted as both the woman and the interpreter may not feel comfortable with details relating to the woman's health. See more in: Floyd, A., & Sakellariou, D. (2017). Healthcare access for refugee women with limited literacy: layers of disadvantage. *International journal for equity in health*, 16(1), 195. Available on: <https://doi.org/10.1186/s12939-017-0694-8>. [accessed on 24 May 2022]. There is skepticism among the Somali women that a third party will be present, for example an interpreter. According to the Somali women, interpreters do not have the competency to use medical terms. Furthermore, the women do not want to share personal issues with an interpreter, no matter whether it is a stranger or someone they know. See Byrskog, U., Olsson, P., Essén, B., Klingberg-Allvin, M. (2015). Being a bridge: Swedish antenatal care midwives' encounters with Somali women and questions of violence; a qualitative study. *BMC Pregnancy & Childbirth*; 15:1.; Binder, P., Borné, Y., Johndotter, S., Essén, B. (2012) Shared language is essential communication in a multi-ethnic obstetric care setting. *Journal of Health Communication: International perspectives JHC*;17(10): pp. 1171–1186.
- 77 In Fula, Wolof and Serahule communities it was not culturally acceptable to count numbers of children because counting them would reduce their numbers, that is, increase their chances of dying. The belief is that if someone know how many children someone has, it enables you to curse them and cause the children's death. [...] hiding the pregnancy was a way of protecting it from harm from others who might cause the woman to miscarry by means of the evil eye or witchcraft. See more in: Rerimoi, A. J., Niemann, J., Lange, I., & Timæus, I. M. (2019). Gambian cultural beliefs, attitudes and discourse on reproductive health and mortality: Implications for data collection in surveys from the interviewer's perspective. *PloS one*, 14(5), e0216924. Available at: <https://doi.org/10.1371/journal.pone.0216924> [accessed on 24 May 2022].
- 78 See more in: UNICEF (2021). Attitudes and Social Norms on Violence. UNICEFData.org. Available at: <https://data.unicef.org/topic/child-protection/violence/attitudes-and-social-norms-on-violence/> [accessed on 24 May 2022].
- 79 A central component of Confucianism is that men have absolute power over women and as the 'weaker sex', women must be taught what is appropriate. Before marriage, females are subordinate to their father, and after marriage they are subordinate to their husband. See more in: Gao, E., Zuo, X., Wang, L., Lou, C., Cheng, Y., Zabin, LS. (2012). How does traditional Confucian culture influence adolescents' sexual behavior in three Asian cities? *Journal of Adolescent Health*;50: S12–S17. Available at: doi: [dx.doi.org/10.1016/j.jadohealth.2011.12.002](https://doi.org/10.1016/j.jadohealth.2011.12.002) [accessed on 24 May 2022]. Such a perspective has been linked to beliefs among both men and women that the husband has the right to 'teach' his wife (including via abusive behavior) when necessary, setting the stage for violence towards women to be accepted by both men and women as legitimate treatment. See Tang, CSK., Lai, BPY. (2008) A review of empirical literature on the prevalence and risk markers of male-on-female intimate partner violence in contemporary China, 1987–2006. *Aggression and Violent Behavior*; 13:10–28. Available at: doi: [10.1016/j.avb.2007.06.001](https://doi.org/10.1016/j.avb.2007.06.001) [accessed on 24 May 2022]. See also: Perrin, N., Marsh, M., Clough, A. et al. (2019). Social norms and beliefs about gender-based violence scale: a measure for use with gender-based violence prevention programs in low-resource and humanitarian settings. *Conflict and Health* 13, 6. Available at: <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-019-0189-x> [accessed on 24 May 2022].
- 80 A central component of Confucianism is that men have absolute power over women and as the 'weaker' sex, women must be taught what is appropriate. Before marriage, females are subordinate to their father, and after marriage they are subordinate to their husband. See more in: Gao, E., Zuo, X., Wang, L., Lou, C., Cheng, Y., Zabin, LS. (2012). How does traditional Confucian culture influence adolescents' sexual behavior in three Asian cities? *Journal of Adolescent Health*;50: S12–S17. Available at: doi: [dx.doi.org/10.1016/j.jadohealth.2011.12.002](https://doi.org/10.1016/j.jadohealth.2011.12.002) [accessed on 24 May 2022]. Such a perspective has been linked to beliefs among both men and women that the husband has the right to 'teach' his wife (including via abusive behavior) when necessary, setting the stage for violence towards



- women to be accepted by both men and women as legitimate treatment. See Tang, CSK., Lai, BPY. (2008) A review of empirical literature on the prevalence and risk markers of male-on-female intimate partner violence in contemporary China, 1987–2006. *Aggression and Violent Behavior*, 13:10–28. Available at: doi: 10.1016/j.avb.2007.06.001 [accessed on 24 May 2022]. See also: Perrin, N., Marsh, M., Clough, A. et al. (2019). Social norms and beliefs about gender-based violence scale: a measure for use with gender-based violence prevention programs in low-resource and humanitarian settings. *Conflict and Health* 13, 6. Available at: <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-019-0189-x> [accessed on 24 May 2022]. Available at: https://www.researchgate.net/publication/350820028_Socio-Cultural_Factors_Associated_with_Gender-Based_Violence_Survivors_Accessing_Legal_Services_in_Makueni_County_Kenya [accessed May 23 2022].
- 81 Cultures in which acute intoxication is found more commonly and is tolerated to a greater extent within society report the strongest relationship between alcohol and violence. See more in: World Health Organization (2005). *Alcohol and Interpersonal Violence*. World Health Organization. Available at: https://www.euro.who.int/__data/assets/pdf_file/0004/98806/E87347.pdf [accessed on 24 May 2022].
- 82 One of the key distinguishing characteristics of nonintegrated or dry drinking cultures is the belief in the power of alcohol to loosen inhibitions and ‘release’ the inner person. When intoxicated, drinkers are expected to alter their behavior and to engage with the crowd in varying degrees of promiscuity, vandalism, public displays of affection, loud and boisterous behavior, dancing, sex, and other activities that are normally under fairly strict social constraint. See more in: International Centre for Alcohol Policies (2008). *Alcohol and Violence: Exploring patterns and responses*. International Centre for Alcohol Policies. Available at: <http://www.druglibrary.stir.ac.uk/files/2017/04/Violence-Monograph.pdf> [accessed on 24 May 2022].
- 83 World Health Organization (2009). *Changing cultural and social norms that support violence*. World Health Organization. Available at: https://apps.who.int/iris/bitstream/handle/10665/44147/9789241598330_eng.pdf;jsessionid=6B3989A48A3DE8F3042817818B359364?sequence=1 [accessed on 24 May 2022].
- 84 Ibid.
- 85 In Korean culture, children are taught to be obedient and to live up to adults' expectations, quietly carrying out their important duties like schoolwork. In such an adult-centered culture that has largely ignored children's opinions and perceptions, corporeal punishment has been accepted as a disciplinary action often employed by parents and teacher. See more in: Doe, S. (2000). Cultural factors in child maltreatment and domestic violence in Korea. *Children and Youth Services Review*, vol.22., issues 3-4, pp. 231-236. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0190740900000773>; See also *Changing cultural and social norms that support violence* available at [accessed on 24 May 2022].; World Health Organization (2009). *Changing cultural and social norms that support violence*. World Health Organization. Available at: https://apps.who.int/iris/bitstream/handle/10665/44147/9789241598330_eng.pdf;jsessionid=6B3989A48A3DE8F3042817818B359364?sequence=1 [accessed on 24 May 2022]
- 86 See more in: Satti, A. et al. (2006). Prevalence and determinants of the practice of genital mutilation of girls in Khartoum, Sudan. *Annals of Tropical Paediatrics*, 26: pp. 303–310; Ouattara, M., Sen, P., Thomson, M. (1998). Forced marriage, forced sex: the perils of childhood for girls. *Gender and Development*, 6: pp. 27–33; Amoakohene, MI. (2004). Violence against women in Ghana: a look at women's perceptions and review of policy and social responses. *Social Science and Medicine*, 59: pp. 2373–2385.
- 87 See Mitra, A., Singh, P. (2007) Human capital attainment and gender empowerment: the Kerala paradox. *Social Science Quarterly*, 88: pp. 1227–1242; Ilika, AI. (2005). Women's perception of partner violence in a rural Igbo community. *African Journal of Reproductive Health*, 9:77–8.
- 88 A woman was expected to hide her emotions, to compromise with her opinions and to sacrifice her own dreams. The informants reported that some women perceived their husband to be their owner and ruler and therefore they should acquire their husbands' permission to perform any activity [...] Societal and religious misconceptions about women were used to reinforce the suppression of women's rights. Mothers and mothers-in-law were said to teach misinterpretations of religious doctrines to their daughters; most commonly that a woman cannot refuse the will of her husband: See more in: Ali, T. S., Krantz, G., Gul, R., Asad, N., Johansson, E., & Mogren, I. (2011). Gender roles and their influence on life prospects for women in urban Karachi, Pakistan: a qualitative study. *Global health action*, 4, 7448. Available at: <https://doi.org/10.3402/gha.v4i0.7448> [accessed on 24 May 2022].
- 89 See more in: Liu, M., Chan, C. (1999). Enduring violence and staying in marriage. *Stories of battered women in rural China*. *Violence Against Women*, 5:1469–149; Jewkes, R., Levin, J., Penn-Kekana, L. (2002). Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science and Medicine*, 55:1603–1617.
- 90 Espanioly, N. (1997). Violence against women: a Palestinian women's perspective. *Personal is political*. *Women's studies International Forum*, 20: pp. 587-592.
- 91 See more in: Fox, AM. et al. (2007). In their own voices: a qualitative study of women's risk for intimate partner violence and HIV in South Africa. *Violence Against Women*, 13: pp. 583–602.
- 92 Some Muslim communities consider divorce and marriage annulment disgraceful and normally women get blamed for it. Embedded religious and social narratives, both hand in hand, hold women directly responsible for ‘shattering a family’ and destroying the husband's life. In other words, divorce becomes a definition for divorced women. See more in: Meryaniwal, F. & Talwasa, S. (2021). Muslim Women Seeking Divorce: An Analysis on Socio-Religious Practice. *ANTAKIYAT Journal of Social and Theological Studies*, pp. 1 -20. Available at: <https://dergipark.org.tr/en/download/article-file/1712482> [accessed on 24 May 2022].; Childress, S. (2018). ‘Plates and Dishes Smash; Married Couples Clash’: Cultural and Social Barriers to Help-Seeking Among Women Domestic Violence Survivors in Kyrgyzstan. *Violence Against Women*;24(7): pp. 775-797. Available at: <https://pubmed.ncbi.nlm.nih.gov/29332501/> [accessed on 24 May 2022].



- 93 See Brown, R., Baughman, K., & Carvallo, M. (2017). Culture, Masculine Honor, and Violence Toward Women. *Personality and Social Psychology Bulletin*, 44. Available at: https://www.researchgate.net/publication/321851810_Culture_Masculine_Honor_and_Violence_Toward_Women [accessed on 24 May 2022]. ; Christianson, M., Teiler, Å., & Eriksson, C. (2021). 'A woman's honor tumbles down on all of us in the family, but a man's honor is only his': young women's experiences of patriarchal chastity norms. *International journal of qualitative studies on health and well-being*, 16(1), 1862480. Available at: <https://doi.org/10.1080/17482631.2020.1862480> [accessed on 24 May 2022].
- 94 See more in: Yates, J. (2006). 'You just don't grass': youth, crime and 'grassing' in a working-class community. *Youth Justice*, 6: pp.195–210.
- 95 See more in: Petersen, I., Bhana, A., McKay, M. (2005). Sexual violence and youth in South Africa: the need for community-based prevention interventions. *Child Abuse and Neglect*, 29: pp. 1233–1248.
- 96 Champion, HL., Durant, RH. (2001). Exposure to violence and victimization and the use of violence by adolescents in the United States. *Minerva Pediatrics*, 53: pp.189–197
- 97 These are not specific to a certain culture but rather are beliefs shared by refugee women living in various camps.
- 98 See more in: Cotterill, N, Welander, M., Yonkova, N. (2017). Hidden Struggles: Filling Information Gaps Regarding Adversities Faced by Refugee Women in Europe. Refugee Rights and Immigrant Council of Ireland. Available at: <https://www.immigrantcouncil.ie/sites/default/files/2017-11/AT%202017%20Hidden%20Struggles,%20Refugee%20Women%20in%20Europe.%20Refugee%20Rights%20Data%20Project%20&%20DC%20&%20Associates.pdf> [accessed on 24 May 2022].
- 99 Women are the ones who spend most of their time collecting food and water. It can easily be justified by the gender division of labour dictated by cultural and/or religious norms. In some camps (for instance, in Malawi), men do not need to queue and directly go to the head of the line because of the privilege they think they have as males (consequences of a patriarchal society). Plus, 'surrounding water and boreholes often included physical and verbal attacks between the female refugees 'and women 'who are viewed as weak, both physically and socially, or women who are ostracized' prefer avoiding verbal and physical fighting. As a consequence, some women may choose to fetch water at night, and they increase their risk of physical and sexual assault. See more in: Daoudi, I. (2020). Gender and Security Issues in Refugee Camps. Gender in Geopolitics Institute. Available at: <https://igg-geo.org/?p=2031&lang=en> [accessed on 24 May 2022].
- 100 There is evidence of constant violent acts against women in refugee camps. Among the most pressing challenges in the camps were a 'lack of physical safety, lawlessness, violence, the lack of effective law enforcement and internal security'. See Chung, RCY. (2001). Psychosocial adjustment of Cambodian refugee women: Implications for mental health counselling. *Journal of Mental Health Counselling*, 2. Vol. 23. pp. 115. Sheriff, F. (2013). Contagion of Violence. Forum on Global Violence Prevention. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK207254/> [accessed on 24 May 2022]. Also see Wachter, K., Horn, R., Friis, E., Falb, K., Ward, L., Apio, C., Wanjiku, S., & Puffer, E. (2018). Drivers of Intimate Partner Violence Against Women in Three Refugee Camps. *Violence Against Women*, 24(3), pp. 286–306. Available at: <https://journals.sagepub.com/doi/abs/10.1177/1077801216689163> [accessed 24 May 2022].
- 101 Moria is just a place for waiting for death. See more in: Grant, H. (2020). 'Moria is a hell': new arrivals describe life in a Greek refugee camp. *The Guardian*. Available at: <https://www.theguardian.com/global-development/2020/jan/17/moria-is-a-hell-new-arrivals-describe-life-in-a-greek-refugee-camp> [accessed on 24 May 2022]. Refugees living in camps reported lower satisfaction with health, and fared worse on nearly every indicator of physical health and environmental wellbeing than their urban counterparts.
- 102 In some cases, there is a culture clash between aid workers and local populations, often revolving around attitudes towards alcohol, sex and gender roles. [...] There have also been cases of abuses and sexual exploitation perpetrated by aid workers as well as peacekeepers in West Africa which lead refugees from those area to have a very negative perception of aid workers. See more in: Fast, L. (2015). Aid in Danger: The Perils and Promise of Humanitarianism. *International Review of the Red Cross*. Available at: <https://international-review.icrc.org/sites/default/files/irrc-894-book-review-neuman.pdf> [accessed 24 May 2022].
- 103 See more in: Voors, M. J., Nillesen, E. E. M., Verwimp, P., Bulte, E. H., Lensink, R., & Van Soest, D. P. (2012). Violent Conflict and Behavior: A Field Experiment in Burundi. *The American Economic Review*, 102(2), 941–964. Available at: <http://www.jstor.org/stable/23245440> [accessed on 24 May 2022].
- 104 See more in: El-Bialy, N., Fraile Aranda, E., Nicklisch, A., Daleh, L., Voigt, S. (2021). Norm Compliance and Lying Patterns: An Experimental Study Among Refugees and Non-refugees in Syria, Jordan, and Germany, ILE Working Paper Series, No. 44, University of Hamburg, Institute of Law and Economics (ILE). Available at: <https://www.econstor.eu/bitstream/10419/228744/1/ile-wp-2021-44.pdf> [accessed on 24 May 2022].