A systematic review of prospective risk and protective factors for intimate partner violence victimisation among women
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INTRODUCTION
• The estimated lifetime prevalence of intimate partner violence (IPV) is 30% among women worldwide.
• Developing effective interventions requires knowing which conditions will, when changed, increase the risk of IPV (risk factors) or decrease this risk (protective factors).
• This is best evidenced by prospective-longitudinal studies, which measure changes in exposures and outcomes over time.
• We aimed to quantify the associations between prospective-longitudinal risk and protective factors and IPV and identify evidence gaps.
• The study protocol is registered with PROSPERO (CRD42018039213).

METHODS
• Systematic searches were conducted in English in 16 databases (e.g., MEDLINE, PsycINFO) from inception to June 2016, using free text and controlled vocabulary for violence, partner, adults, and study design.
• English-language studies that prospectively analysed an adjusted association between any risk or protective factor(s) and self-reported IPV victimisation among women were included.
• Study quality was assessed using the Cambridge Quality Checklists.
• Studies investigating the same risk or protective factor using similar measures, and with appropriate data available, were combined to compute odds ratios using random-effects meta-analyses.
• Screening and extraction involved three independent reviewers.

REVIEW RESULTS
Study screening:
10,444 titles and abstracts screened
385 full-text articles assessed for eligibility
69 studies included in qualitative synthesis
35 studies included in meta-analyses
Common reasons for exclusion:
1, outcome not IPV victimisation (105): not prospective (65)
Study characteristics:
Country of origin:
- USA: 48 (80.0%)
- Low- or middle-income: 5 (8.2%)
- Other: 7 (11.7%)
Sample size: 3,198.2 (6,705.1)
Length of follow-up (years): 9.3 (6.0)
Number of time-points: 5.7 (2.0)
Study quality (Cambridge Quality Checklists):
Non-random sampling (e.g., convenience): 26 (46.7%)
Response rate <70%, retention <70%, or not known: 44 (73.3%)
Sample size <400: 19 (31.7%)
Low or unknown reliability of outcome measure: 21 (35.0%)
Analysis of change:
- Controlling baseline IPV: 23 (38.3%)
- Within-subject variation: 6 (10.5%)
- None: 46 (80.0%)

META-ANALYSIS RESULTS
• 71 risk/protective factors identified:
  - Individual level (e.g., women's substance use): 21
  - Relational level (e.g., partners' substance use): 25
  - Community level (e.g., neighbourhood disadvantage): 7
  - Structural level (unemployment): 10
• Studies for 25 factors were eligible for meta-analysis.
• Statistically significant associations are shown below:

<table>
<thead>
<tr>
<th>Factor</th>
<th>N women</th>
<th>N studies</th>
<th>OR (95% CI)</th>
<th>P (v2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>1,023</td>
<td>10</td>
<td>0.96 (0.93-0.99)</td>
<td>0.7 (0.69)</td>
</tr>
<tr>
<td>Married</td>
<td>419</td>
<td>3</td>
<td>0.90 (0.87-0.99)</td>
<td>0.0 (0.00)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>1,001</td>
<td>2</td>
<td>1.16 (1.05-1.31)</td>
<td>0.0 (0.00)</td>
</tr>
<tr>
<td>Women's parents' education (cHIS)</td>
<td>2,052</td>
<td>5</td>
<td>0.69 (0.57-0.83)</td>
<td>0.0 (0.00)</td>
</tr>
</tbody>
</table>

CONCLUSIONS
• Education and sexual health interventions may be useful for preventing IPV against women.
• Young, unmarried women are at greatest risk.
• More prospective evidence for perpetrator- and context-related risk and protective factors outside of the USA is urgently needed to tailor interventions.

CONTACT & ACKNOWLEDGMENTS
References available upon request.
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