

# A systematic review of prospective risk and protective factors for intimate partner violence victimisation among women

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## INTRODUCTION

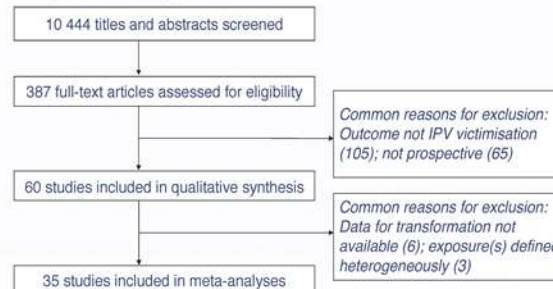
- The estimated lifetime prevalence of intimate partner violence (IPV) is 30% among women worldwide.
- Developing effective interventions requires knowing which conditions will, when changed, increase the risk of IPV (risk factors) or decrease this risk (protective factors).
- This is best evidenced 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 (CRD42016039213).

## 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:



### Study characteristics:

	N studies (%) or M (SD)
Country of origin:	
USA	48 (80.0%)
Low- or middle-income	5 (8.3%)
Other	7 (11.7%)
Sample size	3 126.2 (5 705.1)
Length of follow-up (years)	9.3 (8.8)
Number of time-points	5.7 (7.9)

### Study quality (Cambridge Quality Checklists):

	N studies (%)
Non-random sampling (e.g., convenience)	28 (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	9 (15.0%)
None	48 (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): 18
- Studies for 25 factors were eligible for meta-analysis.
- Statistically significant associations are shown below:

Factor	N women	N studies	OR (95% CI)	I <sup>2</sup> (τ <sup>2</sup> )
Age (years)	19 623	10	0.96 (0.93-0.98)	68.7 (0.00)
Married	6 410	3	0.93 (0.87-0.99)	0.0 (0.00)
Unwanted pregnancy	3 085	2	1.66 (1.20-1.31)	0.0 (0.00)
Neighbourhood disadvantage	2 807	3	0.93 (0.87-1.00)	0.0 (0.00)
Women's parents' education (<HS)	2 452	3	1.55 (1.10-2.17)	0.0 (0.00)

## 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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