

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

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Background

Rates of intimate partner violence (IPV) against women are unacceptably high worldwide. There has been no systematic review in over 10 years of all risk and protective factors without location or peer-review restrictions. Resultantly, there is no recent, systematically-developed model of the causes of IPV at all levels (individual, relationship, community, and structural) that accounts for differences, similarities, and evidence-gaps across low- to high-income contexts. This remains a barrier to the effective prevention of IPV, with significant uncertainty over what works and within which contexts. We aimed to systematically review all prospective, longitudinal risk and protective factors of IPV victimisation among women.

Methods

Systematic searches were conducted in 16 databases and references of relevant studies were hand-searched. Published or unpublished studies in English that prospectively analysed the association between any risk or protective factor(s) and self-reported IPV victimisation among women, controlling for at least one other variable, were included. Study quality was assessed using the Cambridge Quality Checklists. Study screening, extraction, and quality appraisal were completed and checked by three independent reviewers. Results were graphically synthesised using harvest plots, which allow for the synthesis of heterogeneous evidence and identification of trends towards negative, null, or positive associations.

Results

Searches retrieved 10,444 unique results. After title and abstract review, 387 studies were screened by full-text. Sixty studies from 35 cohorts met inclusion criteria. Most studies were from the USA (80.0%). A total of 71 risk/protective factors were identified, mostly at the individual- (N=21) or relationship-level (N=25) rather than the community- (N=7) or structural-level (N=18). Variables that showed positive or a mix of null-positive associations with women's IPV victimisation were: at the individual-level, women's identification as non-white, younger age, alcohol use, depressive symptoms, antisocial behaviour, aggressive personality, and experience of child abuse; at the relational-level, partners' identification as non-white, alcohol use, antisocial behaviour, low relationship satisfaction, poor parental relationship quality, and experience of low parental monitoring; and at the structural-level, partners' unemployment, women's lower education, and financial difficulties. Other variables were under-studied (≤ 2 studies) or showed mixed or mainly null effects.

Conclusion

Significant work is needed to develop an ecological model of IPV against women using prospective data. Many commonly accepted risk factors for IPV victimisation among women such as exposure to inter-parental violence and community factors have little (if any) prospective evidence from outside the USA. Further prospective research on the etiology of IPV against women is needed to inform rigorous prevention models.