Factors Associated With Intimate Partner Violence Perpetration and Victimization in Asylum Seeking and Refugee Populations: A Systematic Review

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Abstract

Intimate partner violence (IPV) is a common and serious health and justice problem. Asylum seekers and refugees are generally vulnerable to violence and may be particularly vulnerable to IPV. The aim of this study is to identify factors associated with IPV perpetration and victimization in asylum seeking and refugee populations through a systematic review of the literature. PubMed, Web of Science, Scopus, Embase, Global Health, PsycINFO, Westlaw, and Social Science Research Network databases were searched. Quantitative studies were included according to a population, exposure, outcome framework. Studies were critically appraised with the Joanna Briggs Institute's System for the Unified Management, Assessment and Review of Information tool and quality assessed according to the Grading of Recommendations, Assessment, Development, and Evaluations approach. Meta-analysis was not possible due to heterogeneity. A complex multitude of factors associated with IPV perpetration and victimization in asylum seeking and refugee populations was found. Narrative synthesis of 23 studies showed an inverse association between both perpetrator and victim education level and IPV. Relationship factors, legal status, and age were also important factors associated with IPV. The majority of studies had a cross-sectional design. Heterogeneity in definitions of IPV, sample, methods, statistical procedures, and outcomes was reported. Low education level is a consistent modifiable factor associated with IPV in asylum seeking and refugee populations. This work points to a testable intervention that stakeholders could trial to address the unjust and unhealthy problem of IPV. More and better quality research using standardized definitions, longitudinal design, and sensitive tools is needed in this area.

Keywords

associated factors, intimate partner violence, asylum seekers, refugees, systematic review, migration, health inequalities

Violence is a global health problem. Violence was declared a major threat to public health in 1996 when the 49th World Health Assembly adopted Resolution WHA49.25 (Krug et al., 2002). The broad category of interpersonal violence includes the subcategory of intimate partner violence (IPV; Krug et al., 2002). IPV perpetration and victimization is a common problem in many countries regardless of social, economic, religious, or cultural group, though there are predominantly male perpetrators and female victims (Krug et al., 2002). The adverse health effects of IPV include mortality, physical, psychological, and sexual harm (Campbell, 2002). The global prevalence of IPV victimization is high, with an estimated 30% of women affected in their lifetime (Devries et al., 2013). IPV as a subcategory of “domestic violence” has been well-documented in terms of its social, psychological, and economic costs (Dutton & Kroop, 2000).

IPV was defined as any threatened or completed acts of physical, sexual, or psychological abuse committed by a spouse, ex-spouse, current or former boyfriend or girlfriend, or dating partner (Saltzman et al, 1999). “Domestic violence” was conceptualized as broader than IPV but does not exclude IPV. It includes violence within the home, violence against children, and child to parent violence.

In the general population, Heise (2011) reported both female and male attitudes condoning IPV as highly predictive of perpetration rates in over 35 population-based studies. A meta-analytic review of physical IPV perpetration and victimization factors found large effect sizes between physical abuse perpetration and emotional abuse, forced sex, illicit drug use, and attitudes...
condoning marital violence (Stith et al., 2004). Early childhood and adolescent factors are consistent predictors of the development of domestic violence perpetration and victimization (Costa et al., 2015). A recent meta-analysis found that factors associated with previous relationship violence were the strongest factors for IPV victimization in both sexes (Spencer et al., 2019). Evidence exists for having parents with lower than “high-school” education and unplanned pregnancy as modifiable factors associated with IPV victimization (Yakubovich et al., 2018).

Migration is also an issue of concern. Globally, international migrants numbered an estimated 272 million in 2019, with over 70 million forcibly displaced, including almost 26 million refugees and 3.5 million asylum seekers (United Nations, n.d.). We used the European Commission (2011a, 2011b) definitions of asylum seeker and refugee, as they can apply in both European Union and global contexts. Asylum seekers and refugees may be particularly vulnerable to violence perpetration and victimization because their specific experience includes exposure to pre-migration, migration, and postmigration factors for adverse events (Silove et al., 1997). For example, a high rate of violence (65.6%) endured by refugees specifically during their migration journeys was reported recently (Bouhenia et al., 2017). Unique considerations of factors associated with IPV in these populations may include war or persecution, the migratory journey, loss of support networks, and acculturating to the host country. In particular, male and female asylum seekers and refugees may be prone to IPV perpetration and victimization due to exposure to multiple factors on the migratory pathway. The international community is moving toward an agenda of solutions to the complex problems of migration and health (Matlin et al., 2018).

In asylum seeking and refugee populations, two previous systematic reviews focused on factors associated with household violence perpetration and victimization. A review of predictors of interpersonal violence in humanitarian settings found conflict exposure, alcohol and drug use, income or economic status, mental health or coping strategies, and limited social support as significant factors associated with violence against women (Rubenstein et al., 2017). Another review of factors associated with family-related violence in refugee families found associations with multiple factors at the individual, familial, societal, and cultural levels (Timshel et al., 2017). Although slightly different in focus from each other, both reviews identified mental illness, substance abuse, and economic status as factors associated with household violence perpetration and victimization. A third systematic review found that previous exposure to interpersonal violence interacting with longer immigration detention periods was associated with higher depression scores (Kalt et al., 2013).

While previous reviews took a family- or household-oriented approach, no review to date has considered only the individual as the unit of analysis and has had a focus solely on interpersonal relations between intimate partners. Furthermore, while a previous review considered asylum seekers in high-income host countries (Kalt et al., 2013), our review had a global focus and included refugees and perpetrators and victims of IPV. The aim of this systematic review was to identify factors associated with IPV perpetration and victimization in asylum seeking and refugee populations.

**Method**

We undertook this systematic review using a Population, Exposure, Outcome structure (Bettany-Saltikov, 2012). Our methodology was conducted in accordance with the Joanna Briggs Institute (JBI) guidance for systematic reviews (Aromataris & Munn, 2017). We used World Health Organization (WHO) operational definitions to measure physical and sexual violence, emotional or psychological abuse, and controlling behaviors (García-Moreno et al., 2005). These definitions included severity of violence, differentiating between moderate and severe types of violence. Both the definition of IPV used in this study and the WHO operational definitions included controlling behavior by an intimate partner. We employed the ecological model for narrative synthesis (Bronfenbrenner, 1992). This model had been previously applied in germane reviews in both asylum seeking, refugee and general populations (Stith et al., 2004; Timshel et al., 2017). The complexity of the etiology of violence is conceptualized as occurring at four interconnected levels: individual, relationship, community, and societal (Figure 1).

**Inclusion and Exclusion Criteria**

Cohort, case–control, cross-sectional and intervention studies, reports, conference abstracts, and gray literature were included. Qualitative studies, discussion papers, editorials, and letters were excluded. We used Grimes and Schulz’s (2002a) classification system for types of study design. Inclusion criteria required study participants to be aged 18 or older and to have crossed an international border, with the exception of disputed conflict or postconflict settings which have significant refugee populations (United Nations High Commissioner for Refugees, 2016). This caveat was included as our focus was on asylum seeking and refugee populations as opposed to the location of these populations. We did not want to exclude potentially important scientific data due to cultural, political, or social biases. We placed no limitations on publication year or language. We placed no time limits on when exposures or outcomes were assessed. We examined factors associated with IPV in adults as distinct from children and adolescents, internally displaced people, and economic migrants.
Search Strategy and Study Selection

We searched PubMed, Web of Science, Scopus, Embase, Global Health, PsycINFO, Westlaw, and Social Science Research Network electronic databases between November 19, 2018 and December 12, 2018 (Online Appendix 1). For precision, the term “domestic violence” was not included in the search terms. We screened titles and abstracts of records identified. Reviewer 1 screened all records identified. Reviewer 2 screened a random 10% of records. Reviewer 1 cross-checked Reviewer 2’s screening of records with no disagreements within this 10%. It was necessary for studies to report the following: (1) Factors associated with IPV perpetration or victimization, (2) IPV or violence that included IPV, and (3) Asylum seekers or refugees, in order to meet the inclusion criteria. Duplicates were removed. We searched gray literature databases, agency websites, and repositories. We undertook backward citation searching using reference sections of systematic reviews, included studies, and other relevant studies. We completed forward citation searching using Google Scholar and said studies until saturation point was reached. Reviewer 1 conducted full-text reviews of included studies.

Data Extraction and Synthesis

Reviewers 1 and 3 conducted critical appraisal and data extraction concurrently. Reviewers 1 and 3 conducted critical appraisal of all included studies. Reviewer 1 extracted data from all included studies, and Reviewer 3 from 20% of included studies independently. The principal summary measures of effect were odds ratios.

We utilized the System for the Unified Management, Assessment and Review of Information tool from JBI to assess methodological quality (Munn, 2016). Critical appraisal questions included the domains of sampling, participants, setting, exposure, condition, confounding, outcomes, statistical analyses, response rate, and follow-up. Two reviewers independently evaluated these questions by conducting full-text reviews of all included studies and resolved any discrepant responses by consensus. Interrater reliability was 57% agreement in the risk of bias assessment. We anticipated meta-analysis would not be possible because of heterogeneity in definitions of IPV, methods, outcomes, and statistical procedures.

We used the Grading of Recommendations, Assessment, Development, and Evaluations (GRADE) approach to assess the quality or certainty of evidence (Higgins & Green, 2008). We assessed for limitations in design or execution that were serious enough to warrant a downgrading of the quality of evidence. We adapted the GRADE approach by omitting some aspects of the certainty assessment—inconsistency, indirectness, imprecision, and other considerations. As IPV definitions and IPV outcomes were expected to be inconsistent across studies, it was not possible to group and rank studies by IPV outcome. Therefore, we used GRADE’s certainty assessment to examine risk of bias only, in each individual study. The literature on different approaches to applying GRADE is growing and useful to determine when pragmatism is appropriate (Schünemann, 2013). The protocol for this study was registered on PROSPERO prior to commencement of screening of search results against eligibility criteria (El-Moslemany et al., 2019).

Results

Database searching identified 7,219 records. One additional record was retrieved through citation searching. We assessed titles and abstracts of 4,693 records for eligibility; 52 studies were selected for full-text assessment with 23 studies included in the final analysis (Figure 2). Table 1 displays the main characteristics of included studies. Supplemental Table 1 represents statistically significant and nonsignificant factors associated with IPV perpetration and victimization.

Eighteen studies had a cross-sectional design (Clark & Haj-Yahia, 2011; Falb et al., 2013; Feseha et al., 2012; Haj Yahia & Clark, 2013; Hammoury et al., 2009; Hynes et al., 2004; Keygaert et al., 2015; Khawaja & Hammoury, 2008a; Khawaja et al., 2008b; Nam et al, 2017; Napolitano et al., 2018; Oliveira et al., 2018; Pannetier et al., 2018; Parmar et al., 2012, 2014; Tappis et al., 2012; Um et al., 2018; Wako et al., 2015), three were prevalence studies (Al-Modallal et al., 2015; Hammoury & Khawaja, 2007; Kim et al., 2017), and two were cohort studies (Rees et al., 2018; Stewart et al., 2012). The length of follow-up in the cohort studies was 4 months and 15 months.

Seven of 23 studies had data on asylum seekers, while the remaining 16 concerned refugees (Keygaert et al., 2015; Kim et al., 2017; Napolitano et al., 2018; Oliveira et al., 2018; Pannetier et al., 2018; Parmar et al., 2012; Stewart et al., 2012). Four concerned pregnant female refugees (Hammoury & Khawaja, 2007; Hammoury et al., 2009; Khawaja & Hammoury, 2008a; Stewart et al., 2012). Ten had data on women only (Al-Modallal et al., 2015; Falb et al., 2013; Feseha et al., 2012; Kim et al., 2017; Pannetier et al., 2018; Parmar et al., 2012, 2014; Tappis et al., 2012; Um et al., 2018; Wako et al., 2015). Eight had data on both sexes (Clark & Haj-Yahia, 2011; Haj-Yahia & Clark, 2013; Hynes et al., 2004; Keygaert et al., 2015; Khawaja et al., 2008b; Napolitano et al., 2018; Oliveira et al., 2018; Rees et al., 2018). One compared female refugees to host-country population counterparts (Parmar et al., 2012). One compared male refugees to the autochthonous population (Nam et al., 2017).

Nine studies reported on IPV, variably defined, as the primary outcome (Al-Modallal et al., 2015; Clark & Haj-Yahia, 2011; Falb et al., 2013; Feseha et al., 2012; Haj-Yahia & Clark, 2013; Hammoury & Khawaja, 2007; Rees et al., 2018; Um et al., 2018; Wako et al., 2015). Five reported on sexual violence only (Khawaja & Hammoury, 2008a; Kim et al., 2017; Pannetier et al., 2018; Parmar et al., 2012, 2014). Two reported on sexual and gender-based violence (Keygaert et al., 2015; Oliveira et al., 2018). Two reported on domestic violence (Hammoury et al., 2009; Tappis et al., 2012). Two reported on physical IPV only (Khawaja et al., 2008b; Nam et al, 2017). One reported on physical and sexual IPV only (Stewart...
et al., 2012). Two studies had other IPV outcomes (Hynes et al., 2004; Kim et al., 2017). According to GRADE criteria, the certainty of evidence was low in four studies and very low in 19 studies (Hammoury et al., 2009; Nam et al., 2017; Rees et al., 2018; Stewart et al., 2012).

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**Narrative Synthesis**

We present factors associated with IPV below under four headings corresponding to the four levels of the ecological model. A multifaceted impression of factors associated with IPV perpetration and victimization in asylum seeking and refugee populations emerged. Overall, education was the most frequently cited significant factor associated with IPV. We found an inverse association, with lower levels of education in perpetrators and victims being associated with higher IPV victimization and perpetration.

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**Individual Level**

Evidence on the association between education level and IPV was strong. Ten studies examined education as a factor associated with IPV (Al-Modallal et al., 2015; Haj Yahia & Clark, 2013; Hammoury et al., 2009; Hynes et al., 2004; Khawaja & Hammoury, 2008a; Napolitano et al., 2018; Parmar et al., 2012; Stewart et al., 2012; Tappis et al., 2012; Wako et al., 2015). Seven reported on the education level of the female victims (Al-Modallal et al., 2015; Hammoury et al., 2009; Khawaja & Hammoury, 2008a; Parmar et al., 2012; Stewart et al., 2012; Tappis et al., 2012; Wako et al., 2015) and three on the education level of both female IPV victim and male IPV perpetrator (Haj Yahia & Clark, 2013; Hynes et al., 2004; Napolitano et al., 2018). Generally, lower education levels were associated with higher levels of male IPV perpetration and female IPV victimization. Five of 10 studies reported a significant
Table 1. Characteristics of Included Studies.

<table>
<thead>
<tr>
<th>Author (Year), Location</th>
<th>Design</th>
<th>Sample Size</th>
<th>Exposure(s)</th>
<th>Outcome(s)</th>
<th>Results</th>
<th>Risk of Bias</th>
<th>GRADE Certainty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rees (2018), East Timor</td>
<td>Cohort</td>
<td>n = 870 matched couples</td>
<td>Male's age, socioeconomic status, torture exposure, mental disturbance</td>
<td>Male IPV perpetration</td>
<td>Younger age in males predicts IPV perpetration (standardized path coefficient $\beta = -0.14; p &lt; .05$)</td>
<td>Not serious</td>
<td>Low</td>
</tr>
<tr>
<td>Stewart (2012), Canada</td>
<td>Cohort</td>
<td>n = 774 (107 female refugees, 290 pregnant asylum seekers, 377 immigrant women)</td>
<td>Female's less than high-school education and asylum seeker status</td>
<td>Past-year physical and sexual abuse</td>
<td>Increased risk of violence victimization during pregnancy if low education (odds ratio [OR] 2.6, 95% CI [1.36, 4.9]) or were an asylum seeker (OR 3.4, 95% CI [1.55, 7.35])</td>
<td>Not serious</td>
<td>Low</td>
</tr>
<tr>
<td>Hammoury (2009), Lebanon</td>
<td>Cross-sectional</td>
<td>n = 351 pregnant Palestinian refugee women</td>
<td>Education</td>
<td>Domestic violence victimization</td>
<td>Increased risk of victimization if elementary or lower education, OR 6.86 (95% CI [1.2, 38.1]) and intermediate or secondary education, OR 6.84 (95% CI [1.4, 33.3])</td>
<td>Not serious</td>
<td>Low</td>
</tr>
<tr>
<td>Nam (2017), South Korea</td>
<td>Cross-sectional</td>
<td>n = 998 husbands (897 South Korean males, 101 North Korean male refugees)</td>
<td>Refugee status</td>
<td>Physical IPV perpetration</td>
<td>Prevalence of IPV perpetration Male Refugees 57.1%</td>
<td>Not serious</td>
<td>Low</td>
</tr>
<tr>
<td>Clark (2011), Palestine</td>
<td>Cross-sectional</td>
<td>n = 3,510 presently married women</td>
<td>Education Domestic violence victimization Increased risk of victimization if elementary or lower education, OR 6.86 (95% CI [1.2, 38.1]) and intermediate or secondary education, OR 6.84 (95% CI [1.4, 33.3])</td>
<td>IPV perpetration and victimization (OR 1.89, 95% CI [1.2, 38.1]) and intermediate or secondary education, OR 1.87 (95% CI [1.4, 23.3])</td>
<td>Serious Very low</td>
<td></td>
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</tr>
<tr>
<td>Falb (2013), Thailand-Myanmar border</td>
<td>Cross-sectional</td>
<td>n = 861 women</td>
<td>Conflict victimization</td>
<td>Past-year IPV victimization</td>
<td>aOR 5.9 (95% CI [3.0, 11.4], p &lt; .0001)</td>
<td>Serious Very low</td>
<td></td>
</tr>
<tr>
<td>Feshe (2012), Ethiopia</td>
<td>Cross-sectional</td>
<td>n = 422 refugee women</td>
<td>Alcohol, employment</td>
<td>12 month and lifetime physical IPV victimization</td>
<td>Having a male “drunkard” partner (aOR 2.1, 95% CI [1.0, 4.5]) and being a female farmer (aOR 3.0, 95% CI [1.7, 5.5])</td>
<td>Serious Very low</td>
<td></td>
</tr>
<tr>
<td>Haj-Yahia (2013), Palestine</td>
<td>Cross-sectional</td>
<td>n = 3,500 currently married women</td>
<td>Age, husbands’ controlling behavior and marital conflict, education</td>
<td>IPV perpetration and victimization</td>
<td>Husbands’ controlling behavior and marital conflicts related multiple IPV types (all p &lt; .05)</td>
<td>Serious Very low</td>
<td></td>
</tr>
<tr>
<td>Hynes (2004), East Timor</td>
<td>Cross-sectional</td>
<td>n = 2,294 women</td>
<td>Education, marital conflict, status and length</td>
<td>Verbal abuse, sexual coercion, intimidation and control victimization</td>
<td>Illiterate male partners associated with verbal abuse OR 2 (p = .04) Illiterate women associated with sexual coercion, OR 3 (data not shown)</td>
<td>Serious Very low</td>
<td></td>
</tr>
<tr>
<td>Keynaert (2015), Europe</td>
<td>Cross-sectional</td>
<td>n = 562, 375 residents, 187 professionals, male and female</td>
<td>Age, legal status</td>
<td>Sexual and gender-based violence (SGBV) perpetration or victimization</td>
<td>Asylum seeking residents perpetrated physical violence (aOR 7.14, 95% CI [4.152) and endured socioeconomic violence (aOR 10, 95% CI [1.37, 100])</td>
<td>Serious Very low</td>
<td></td>
</tr>
<tr>
<td>Khawaja (2008a), Lebanon</td>
<td>Cross-sectional</td>
<td>n = 349 pregnant refugee women</td>
<td>Low education level</td>
<td>Sexual IPV victimization</td>
<td>Elementary education or less (aOR 2.41, 95% CI [1.04, 5.5])</td>
<td>Very serious Very low</td>
<td></td>
</tr>
<tr>
<td>Khawaja (2008b), Jordan</td>
<td>Cross-sectional</td>
<td>n = 395 married couples</td>
<td>Female and male acceptance of wife beating</td>
<td>Female experience of abuse</td>
<td>Women (OR = 3.2, p = .0129)</td>
<td>Serious Very low</td>
<td></td>
</tr>
<tr>
<td>Napolitano (2018), Italy</td>
<td>Cross-sectional</td>
<td>n = 503 male and female immigrants and refugees</td>
<td>Female and male acceptance of violence</td>
<td>Female experience of abuse</td>
<td>Middle (OR 0.31, SE 0.16, 95% CI [0.12 – 0.83], p = .02) and high school or above (OR 0.31, SE 0.15, 95% CI [0.12, 0.79], p = .015)</td>
<td>Very serious Very low</td>
<td></td>
</tr>
<tr>
<td>Oliveira (2018), Europe</td>
<td>Cross-sectional</td>
<td>n = 562, 375 residents, 187 professionals, male respondents 56.9%</td>
<td>Alcohol</td>
<td>SGBV Perpetration or victimization</td>
<td>Presumed predictor in 8/562 cases (1%)</td>
<td>Serious Very low</td>
<td></td>
</tr>
<tr>
<td>Panter et al. (2018), France</td>
<td>Cross-sectional</td>
<td>n = 980 women (407 without HIV, 573 HIV-positive)</td>
<td>Legal status</td>
<td>Female forced sex victimization</td>
<td>Administrative insecurity associated with concurrent sexual partnerships (β = 0.90, 95% CI [0.53, 1.27]), which increased risk of female forced sex victimization (β = 2.17, 95% CI [1.31, 3.03])</td>
<td>Serious Very low</td>
<td></td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>Author (Year), Location</th>
<th>Design</th>
<th>Sample Size</th>
<th>Exposure(s)</th>
<th>Outcome(s)</th>
<th>Results</th>
<th>Risk of Bias</th>
<th>GRADE</th>
<th>Certainty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parmar (2012), Cameroon</td>
<td>Cross-sectional</td>
<td>n = 600 female heads of household</td>
<td>Education, Age, Refugee status</td>
<td>6 Month and lifetime sexual violence (SV) victimization</td>
<td>Predictive of lifetime SV, Female ability to do basic arithmetic (OR 0.16, 95% CI [0.08, 0.34], p &lt; .01), Older age of women (OR 0.96, 95% CI [0.95, 0.98], p &lt; .001), Predictive of 6-month sexual violence victimization, Older age of women (OR 0.94, 95% CI [0.92, 0.96], p &lt; .001)</td>
<td>Serious</td>
<td>Very low</td>
<td></td>
</tr>
<tr>
<td>Parmar (2014), Cameroon</td>
<td>Cross-sectional</td>
<td>n = 600 female heads of household</td>
<td>Respondents core attachments to home, community, and the future</td>
<td>6 Month and lifetime SV victimization</td>
<td>Ability of human security indicators to predict SV was inadequate, AUC of 0.62 and 0.71 for lifetime and 6-month SV, respectively</td>
<td>Serious</td>
<td>Very low</td>
<td></td>
</tr>
<tr>
<td>Tagge (2012), Syria</td>
<td>Cross-sectional</td>
<td>n = 486 adult females</td>
<td>Education</td>
<td>Past year and lifetime domestic violence victimization</td>
<td>No significant association</td>
<td>Serious</td>
<td>Very low</td>
<td></td>
</tr>
<tr>
<td>Um (2018), South Korea</td>
<td>Cross-sectional</td>
<td>n = 180 North Korean refugee women</td>
<td>Marital status</td>
<td>Physical abuse victimization</td>
<td>Being separated, divorced, or bereaved (OR 3.74, 95% CI [1.42, 9.83])</td>
<td>Serious</td>
<td>Very low</td>
<td></td>
</tr>
<tr>
<td>Wako (2015), Rwanda</td>
<td>Cross-sectional</td>
<td>n = 810 women</td>
<td>Education</td>
<td>IPV victimization</td>
<td>No significant associations</td>
<td>Serious</td>
<td>Very low</td>
<td></td>
</tr>
<tr>
<td>Al-Modallal (2015), Jordan</td>
<td>Prevalence</td>
<td>n = 300</td>
<td>Education</td>
<td>IPV victimization</td>
<td>No significant associations</td>
<td>Very serious</td>
<td>Very low</td>
<td></td>
</tr>
<tr>
<td>Hammoury (2007), Lebanon</td>
<td>Prevalence</td>
<td>n = 351 pregnant women</td>
<td>Previous experience of IPV victimization</td>
<td>IPV victimization</td>
<td>n = 40 (19.3%) who experienced lifetime physical violence victimization were also abused during pregnancy (p &lt; .000)</td>
<td>Very serious</td>
<td>Very low</td>
<td></td>
</tr>
<tr>
<td>Kim (2016), South Korea</td>
<td>Prevalence</td>
<td>n = 140 North Korean female refugee victims</td>
<td>Female mental health problems</td>
<td>Sexual violence victimization</td>
<td>Effects of female sexual victimization on suicidal ideation, F (1,129) = 6.13, p = .015, were significant</td>
<td>Very serious</td>
<td>Very low</td>
<td></td>
</tr>
</tbody>
</table>

Note. GRADE = Grading of Recommendations, Assessment, Development, and Evaluations.
association between female low education level and female IPV victimization (Hammoury et al., 2009; Hynes et al., 2004; Khawaja & Hammoury, 2008a; Parmar et al., 2012; Stewart et al., 2012). Two had mixed findings (Haj Yahia & Clark, 2013; Napolitano et al., 2018). Three reported no significant associations (Al-Modallal et al., 2015; Tappis et al., 2012; Wako et al., 2015).

Two studies reported female victims’ low education level as a factor associated with domestic violence during pregnancy and a factor associated with violence during pregnancy (Hammoury et al., 2009; Stewart et al., 2012). The domestic violence study in Lebanon reported significant associations during the past year and over the lifetime (Hammoury et al., 2009). Firstly, women with an elementary or lower education and women with an intermediate or secondary education were each almost seven times as likely to experience abuse compared to women with a university education (Hammoury et al, 2009). Secondly, in Canada, women were almost three times as likely to experience violence during pregnancy if they had less than a high school education (Stewart et al., 2012). Two studies reported female victims’ low education level as a factor associated with sexual IPV (Khawaja & Hammoury, 2008a; Parmar et al., 2012). Thirdly, in the Khawaja and Hammoury (2008a) study, women with elementary or less education (adjusted odds ratio [aOR] 2.41, 95% CI [1.06, 5.51]) and intermediate and secondary education (aOR 2.08, 95% CI [1.03, 4.19]) were more at risk of sexual IPV than women with more than secondary education. Fourthly, women who knew basic arithmetic were distinctly less likely to report sexual violence victimization during their lifetime (OR 0.16, 95% CI [0.08, 0.34]) and during the previous 6 months (OR 0.07, 95% CI [0.03, 0.17]), in Cameroon (Parmar et al., 2012). Finally, across two time periods, women who had illiterate male partners were twice as likely to experience verbal abuse in East Timor (Hynes et al., 2004). Women who were illiterate were almost three times as likely to experience sexual coercion (Hynes et al., 2004).

Five studies examined age as a factor associated with IPV (Al-Modallal et al., 2015; Haj Yahia & Clark, 2013; Khawaja & Hammoury, 2008a; Parmar et al., 2012; Rees et al., 2018). Two reported significant associations (Parmar et al., 2012; Rees et al., 2018), and three reported no such association. In East Timor, a cohort study path analysis indicated younger age of men predicted IPV perpetration (Rees et al., 2018). In Cameroon, older women appeared less likely to report experiencing sexual violence within the past 6 months and during their lifetimes than younger women (Parmar et al., 2012). Associations between age and IPV were not consistently significant across age categories and violence types in Palestine (Haj Yahia & Clark, 2013). There were no reported significant associations between age and IPV in the remaining 18 studies.

Five studies examined asylum seeker or refugee status as a factor associated with IPV perpetration and victimization (Keynaert et al., 2015; Nam et al., 2017; Pannetier et al., 2018; Parmar et al., 2012; Stewart et al., 2012). A cohort study in Canada reported that women were more than three times as likely to experience violence related to pregnancy if they were an asylum seeker compared to nonabused women (Stewart et al., 2012). Sub-Saharan African migrant women living in France who experienced forced sex victimization after migration were less likely to have a residence permit (Pannetier et al., 2018). This administrative insecurity was significantly associated with concurrent sexual partnerships, which increased the likelihood of experiencing forced sex victimization.

Associations between employment and IPV were reported (Al-Modallal et al., 2015; Feseha et al., 2012; Haj Yahia & Clark, 2013; Hynes et al., 2004). Two studies reported that having a male farmer partner was associated with female IPV victimization (Feseha et al., 2012; Hynes et al., 2004). In Ethiopia, women farmers were significantly at risk of experiencing physical violence compared to housewives (Feseha et al., 2012). Women whose partners worked in subsistence farming were four times as likely to be sexually coerced compared to women whose partners were unemployed in East Timor (Hynes et al., 2004). Having an unemployed husband was statistically related only to increased odds of experiencing physical assault, while female respondents’ unemployment was generally not predictive of any IPV victimization types in Palestine (Haj Yahia & Clark, 2013).

We found living situation to be a factor associated with female violence victimization (Hynes et al., 2004; Napolitano et al., 2018; Pannetier et al., 2018; Tappis et al., 2012). Forced sex victimization experienced by sub-Saharan African migrant women in France was associated with a lack of stable housing and being hosted by family or friends (Pannetier et al., 2018). Additionally, indicators of human security, that is, female respondent’s core attachments to home, community, and the future were inadequate at predicting the presence or absence of lifetime and 6-month sexual violence victimization in Cameroon (Parmar et al., 2014).

Sex as a factor associated with IPV was examined in four studies (Hynes et al., 2004; Keynaert et al., 2015; Nam et al., 2017; Napolitano et al., 2018). Two reported that being male was a factor associated with IPV perpetration (Keynaert et al., 2015; Nam et al., 2017). Two reported that being female was a factor associated with IPV victimization (Keynaert et al., 2015; Napolitano et al., 2018). Regression analysis indicated, in terms of prevalence, that male North Korean refugees perpetrated IPV against women more frequently (57.1%) than their counterparts in the South Korean host population (9.9%; Nam et al., 2017). An individual’s sex was a reported factor associated with physical, psychological, and sexual violence in a European study (Keynaert et al., 2015).

Four studies considered alcohol as a factor associated with IPV (Feseha et al., 2012; Hynes et al., 2004; Kim et al., 2017; Oliveira et al., 2018). Having a male “drunkard” partner was significantly associated with experiencing physical violence in northern Ethiopia (Feseha et al., 2012). In East Timor, women who reported problems caused by their male partners’ alcohol use were more likely to experience multiple types of abuse (Hynes et al., 2004). In contrast, alcohol abuse was measured as a potential predictor for violent behavior in 8/562 cases of
sexual and gender-based violence in European asylum reception facilities (Oliveira et al., 2018). However, this finding was not significant.

Personal history of abuse can be considered a factor associated with IPV perpetration and victimization (Hynes et al., 2004; Khawaja & Hammoury, 2008a; Khawaja et al., 2008b; Um et al., 2018). North Korean refugee women with a history of experiencing child abuse were more than twice as likely to experience sexual abuse than those who reported no such history (Um et al., 2018). In Jordan, acceptance of wife beating by both sexes was strongly associated with previous experiences of wife beating (Khawaja et al., 2008b). Men who reported that they had never hit their wife were much less likely to accept wife beating ($OR = 0.15, p = .0001$). Women who reported that they had never been beaten by their husbands were also less likely to accept wife beating ($OR = 0.52, p = .0129$). Conversely, past year experience of physical IPV victimization was not significantly associated with sexual IPV victimization among pregnant Palestinian refugee women in Lebanon (Khawaja & Hammoury, 2008a).

Mental health problems could be a factor associated with male IPV perpetration and female IPV victimization (Kim et al., 2017; Rees et al., 2018; Stewart et al., 2012). Mental disturbance in men predicted IPV perpetration in East Timor (Rees et al., 2018). In Canada, women who reported violence associated with pregnancy were also significantly more likely to report more depression, anxiety, somatization, and post-traumatic stress disorder (Stewart et al., 2012).

Measured at the individual level, we found that attitudes toward using violence are a factor associated with male IPV perpetration and female IPV victimization (Khawaja et al., 2008b; Nam et al., 2017; Um et al., 2018). A tolerant male attitude toward using violence was significantly associated with IPV perpetration by male North Korean refugees against women (Nam et al., 2017). Among North Korean refugee women in South Korea, experience of physical abuse was associated with females having more traditional gender role beliefs (Um et al., 2018). For North Korean refugee women, experiencing sexual and emotional abuse was associated with an increased likelihood of poor sociocultural adaptation (also measured at individual level) in South Korea (Um et al., 2018).

**Relationship Level**

There were seven reported associations between aspects of being in an interpersonal relationship and IPV perpetration and victimization. Two studies reported on marital conflict (Haj Yahia & Clark, 2013; Hynes et al., 2004), two on marital status (Hynes et al., 2004; Um et al., 2018), and three on length of marriage (Hammoury et al., 2009; Hynes et al., 2004; Khawaja & Hammoury, 2008a).

There were similar findings regarding marital conflicts as a factor associated with IPV. In Palestine, husbands’ controlling behavior and marital conflicts were significantly related to perpetration of multiple IPV types (Haj Yahia & Clark, 2013). In East Timor, women with weekly or daily arguments to report more depression, anxiety, somatization, and post-traumatic stress disorder (Stewart et al., 2012). Violence during pregnancy was strongly associated with pregnancy significantly more often than those who did not (Hammoury & Khawaja, 2007). Hynes et al. (2004) reported similar associations between fear and multiple IPV victimization types in East Timor.

Four studies reported on factors associated with IPV during pregnancy (Hammoury & Khawaja, 2007; Hammoury et al., 2009; Hynes et al., 2004; Khawaja & Hammoury, 2008a). Fear of husband or someone else in the house was associated with domestic violence over the lifetime ($OR = 5.05, 95\% CI [2.26, 11.28]$) and last year ($OR = 2.65, 95\% CI [1.34, 5.25]$) (Hammoury et al., 2009). In Lebanon, Khawaja and Hammoury (2008a) reported that women’s fear of husband or someone else in the household was associated with sexual abuse victimization. Also in Lebanon, women who reported fear of their husbands experienced violence during pregnancy significantly more often than those who did not (Hammoury & Khawaja, 2007). Hynes et al. (2004) reported similar associations between fear and multiple IPV victimization types in East Timor.

**Community Level**

Political violence and conflict victimization, measured at the individual, household, and community level, were shown to be factors associated with IPV. Two studies reported that this type of violence on a broader level was associated with violence at intimate partner level (Clark & Haj Yahia, 2011; Falb et al., 2013). A study in Palestine reported an association between husbands’ direct exposure to political violence and wives’ experience of physical and sexual IPV (Clark & Haj Yahia, 2011). A study from the Thailand–Myanmar border reported
a similar association (Falb et al., 2013). Women who experienced conflict victimization were 5.9 times as likely to report past-year IPV victimization (Falb et al., 2013).

Among female Iraqi refugees in Syria, residence in Damascus was associated with decreased odds of experiencing past year and lifetime violence (Tappis et al., 2012). Non-Damascus residence was associated with increased female domestic violence victimization in the last year. Residents in European asylum reception facilities were reported to be more likely to perpetrate physical violence (Keygnaert et al., 2015).

**Societal Level**

Societal and cultural norms are factors associated with IPV perpetration and victimization, when measured at societal or community level (Haj Yahia & Clark, 2013). Results from a nationally representative cross-sectional survey indicate that greater locality-level acceptance of wife abuse was statistically associated with greater odds of multiple violence types, except sexual violence, according to the responses of the female sample in Palestine (Haj Yahia & Clark, 2013).

**Discussion**

We have investigated factors associated with IPV perpetration and victimization in asylum seeking and refugee populations. We found that education was the most commonly identified factor associated with IPV. We found an inverse association, with lower levels of education in both perpetrators and victims being associated with higher levels of perpetrating and being a victim of IPV. We found that age, aspects of being in a relationship, and legal status were also factors associated with IPV perpetration and victimization. We propose that the inverse association between education and IPV perpetration and victimization cannot be completely explained by bias (selection, information, or confounding) or chance. This proposal is strengthened considering that significant education–IPV associations were found across time, settings, and IPV types. However, we cannot conclude the education–IPV association to be definitely causal because of limitations imposed by cross-sectional designs.

In two of the three studies that reported no education–IPV association, the majority of women had very low levels of education (Al-Modallal et al., 2015; Wako et al., 2015); 83.2% of the sample reported no education or less than elementary level education in Rwanda (Wako et al., 2015). Most female Palestinian refugees living in camps do not have enough education to be employed (Al-Modallal et al., 2015). In the third study, education level was higher, but risk of bias was serious and GRADE certainty level very low (Tappis et al., 2012). Overall, the significant education–IPV associations came from higher quality studies—those with less serious risk of bias and higher GRADE evidence certainty levels.

The main factor associated with IPV perpetration and victimization is potentially modifiable. The education–IPV association implies that education could be targeted as a potential intervention to reduce risk of IPV perpetration and victimization. However, we advise caution because empowering IPV victims may help in one setting, but the same empowerment strategies employed in other settings may exacerbate abuse (García-Moreno, 2000).

The next most commonly associated factors for IPV perpetration and victimization were relationship discord, status, and length—aspects of being in a relationship. Unsurprisingly, we found relationship discord to be a factor associated with multiple IPV types. We found conflicting evidence on relationship status as a factor associated with IPV perpetration and victimization. More robust data are needed before any further claims regarding this association can be made. The relationship between length of marriage and sexual IPV victimization is also not clear. Broader implications of the above findings at relationship level include scaling-up and implementing legal and other sanctions against IPV perpetration and addressing IPV as an issue of public health concern.

Two further factors associated with IPV perpetration and victimization of importance were age and legal status. Although age is a nonmodifiable factor associated with IPV perpetration and victimization, attitudes to IPV across different age groups and settings are important. This echoes some findings of the WHO multicountry study. Young age in men increased the risk of IPV perpetration (Rees et al., 2018). Women who had attitudes supportive of wife beating had increased odds of experiencing IPV victimization in 13 of 15 sites (eight of which were significant; Abramsky et al., 2011).

The evidence for legal status as a factor associated with IPV perpetration and victimization is stronger than the evidence for age. Our results support the position, that being an asylum seeker or refugee is itself a factor associated with IPV perpetration and victimization. The findings on education, age, aspects of being in a relationship, and legal status as factors associated with IPV perpetration and victimization have broader implications for government policy on safeguarding residents in asylum seeker and refugee reception centers and camps. Additionally, there are implications for the screening for and reporting of IPV victimization in these populations in clinical practice.

The ecological model for understanding violence is generally accepted by researchers in this field (Heise, 1998, 2011). This study adds evidence to support this model for examining factors associated with IPV perpetration and victimization in asylum seeking and refugee populations.

Our main findings contrast with those of Rubenstein et al. (2017) who drew attention to conflict exposure, alcohol use, mental health, and income or economic status as factors associated with interpersonal violence, and Timshel et al. (2017) who found mental health or illness, substance abuse, a history of child abuse, and socioeconomic status to be factors associated with family-related violence. The review by Rubenstein et al. (2017) examined predictors including those that increased or decreased the risk of interpersonal violence. Factors associated with IPV reported in these two previous reviews are comparable to less commonly reported factors associated with IPV.
perpetration and victimization in the present study. This may be because we focused on the individuals who were part of each intimate partner dyad, as opposed to the family unit.

There is evidence for education level of parents as a modifiable factor associated with female IPV victimization in the general population (Yakubovich et al., 2018). There was no data on education level of parents of asylum seekers and refugees in included studies. Our findings differ from Stith et al.’s (2004) findings at community level. In their meta-analysis, low education level was found to have a small and negative effect size on both male IPV perpetration and female IPV victimization in the general population. This suggests that education as a factor associated with IPV perpetration and victimization may operate differently in different populations. Both the Yakubovich et al. (2018) and Timshel et al. (2017) studies explicitly refer to risk and protective factors, whereas the current review explicitly examined factors associated with IPV perpetration and victimization.

Findings from our study are similar to Fulu et al. (2013) who observed that factors related to gender and relationship practices are most important in male perpetration of IPV in the general population.

**Strengths and Limitations**

Strengths included a broad search strategy that yielded a considerable quantity of data. The use of the GRADE approach allowed for commenting on the overall quality of the evidence. The methodology, extraction and appraisal tools, checklists, cross-checking, and contributions of second and third reviewers were strengths, which helped to minimize difficulties with bias, reliability, and validity.

The major limitation of the literature reviewed was heterogeneity in definitions, sample, methods, statistics, and outcomes. IPV was variably defined; therefore, synthesis of studies was limited from the outset. We attempted to overcome this problem by using operational definitions for IPV and standard European Commission definitions for asylum seekers and refugees (European Commission, 2011a, 2011b; Garcia-Moreno et al., 2005). Less than one third of studies reported on asylum seekers. There was also a lack of data on males and perpetrators of IPV. Heterogeneity in sampling procedure was common. This imbalance in sex, subgroup, comparator group, and procedure limits what we can say about these populations.

However, some commonalities in factors associated with IPV did emerge across samples and settings. The main limitation in methods of included studies was the measurement of IPV. Often, measures had not been validated in the native language, country, or population. Heterogeneity in measures of primary outcome limits the generalizability of findings. Meta-analysis was precluded for reasons of heterogeneity in definition, sample, and method, prior to consideration of statistical heterogeneity. While it was not possible to quantitatively synthesize data, the narrative textual approach to synthesis provides a base on which future quantitative and qualitative work can be built. IPV outcomes measured also varied widely.

The main limitations of this review were residual confounding, modified GRADE approach, and directionality of associations. A limitation of systematic reviews of observational studies is that residual confounding may explain the results (Deeks et al., 2001). However, many of the studies we reviewed controlled for confounding variables. In terms of internal validity, selection bias, information bias, and confounding are present to some degree in all observational research (Grimes & Schulz, 2002b). A limitation of cross-sectional design is that it is very difficult to determine the directionality of causation, and interdependencies underlying the associations.

Longitudinal studies and further examination of incidence of IPV need to be undertaken in asylum seeking and refugee populations. Further steps must be taken to enhance reliability by designing and validating standardized, culturally appropriate measures of IPV. Future studies could attempt to increase validity by minimizing bias at the design stage. The terms migrant, asylum seeker, and refugee are commonly conflated in the literature. It is important to make clear distinctions between these subgroups.

**Conclusion**

This study found that perpetrator and victim low education level is a factor associated with IPV perpetration and victimization in asylum seeking and refugee populations. However, there is a lack of high-quality studies in this area. We have little knowledge about factors associated with IPV perpetration and victimization in these populations. This review consolidated what is known in this area. Our findings were novel, as previous systematic reviews uncovered different main factors associated with IPV perpetration and victimization. In order to make progress in this area, more data and consistency in the literature are needed, with greater homogeneity regarding definitions of IPV, sample, methods, statistical procedures, and outcomes. Previous calls for consensus on definitions of IPV to enable scientific scrutiny of the concept are supported by the findings presented here. The factors associated with IPV perpetration and victimization highlighted could have implications for government and nongovernment organizations policies, clinical practice, advocacy, and future research. An intersectoral approach with actors from the health, education, and immigration or justice sectors is needed to address this insidious problem.

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References


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