RISK FACTORS FOR INTIMATE PARTNER VIOLENCE IN AREA- AND INDIVIDUAL-BASED MEASURES OF SOCIOECONOMIC CIRCUMSTANCES AND ADHD PRESCRIPTION UPTAKE AMONG YOUNG CHILDREN IN SCOTLAND: A POPULATION-BASED REGISTER STUDY

Background Intimate partner violence (IPV) is a pressing public health concern with well-documented evidence of adverse health consequences including mortality, physical, psychological and sexual harm. The specific experience of the asylum seeking and refugee populations includes exposure to pre-migration, migration and post-migration risk factors for adverse events. This migration history, along with factors such as differences in cultural values and norms may make these populations especially vulnerable to IPV. The aim and objective of this review was to identify risk factors for IPV in the asylum seeking and refugee populations by synthesising and critiquing the literature on this topic.

Methods We identified 7,219 records by searching the PubMed, Web of Science, SCOPUS, Global Health, Embase, PsycINFO, Westlaw and SSRN electronic databases. We searched grey literature databases, agency websites and repositories. We critically appraised and extracted data using the JBI SUMARI tool. We ranked evidence quality using the GRADE approach. Meta-analysis was not possible due to heterogeneity. We took a framework analysis approach to narrative synthesis i.e. familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation. We considered any risk factor as the exposure and IPV as the outcome. We separated asylum seekers and refugees for subgroup analysis. We registered the review with PROSPERO and adhered to the PRISMA reporting criteria.

Results This review is ongoing. Searching resulted in 7,220 records. There were 4,693 records after we removed duplicates. We screened 4,693 titles and abstracts, selecting 52 studies for full-text assessment against explicit eligibility criteria. We excluded 28 studies with reasons for exclusion. We included 24 studies in the analysis. Twenty studies had a cross-sectional design, three were prevalence studies and one a cohort study. Political violence, conflict victimization, attitudes to IPV, previous experience of IPV and education emerged as categories of risk factors that may be associated with IPV. 96% of studies had a cross-sectional design, therefore temporality and direction of associations were difficult to determine.

Discussion There is a large gap in research and policy-relevant evidence in this area. This review is important because it may be the first systematic review on this particular topic. The challenges for this study include inconsistent terminology, absent definitions, validity and reliability of measures of risk factors and IPV, self-report of IPV. This review may have implications for policy on safeguarding residents in reception centres and camps, screening for and reporting of IPV in clinical practice and future research.