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A systematic review of risk and protective factors associated with family related violence in refugee families



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ABSTRACT

The current systematic review summarizes the evidence from studies examining the risk and protective factors associated with family related violence in refugee families. Data included 15 peer-reviewed qualitative and quantitative studies. In order to gain an overview of the identified risk and protective factors an ecological model was used to structure the findings. At the individual level, parental trauma experiences/mental illness, substance abuse and history of child abuse were found to be risk factors. Family level risk factors included parent-child interaction, family structure and family acculturation stress. At the societal level low socioeconomic status was identified as a risk factor. Cultural level risk factors included patriarchal beliefs. Positive parental coping strategies were a protective factor. An ecological analysis of the results suggests that family related violence in refugee families is a result of accumulating, multiple risk factors on the individual, familial, societal and cultural level. The findings suggest that individual trauma and exile related stress do not only affect the individual but have consequences at a family level. Thus, interventions targeting family related violence should not only include the individual, but the family.

1. Introduction

The issue of family related violence is globally recognized as a leading health problem with significant long-lasting consequences for the mental health and wellbeing of the survivors (Krug et al., 2002; Krug, Mercy, Dahlberg, and Zwi, 2002). Furthermore, family related violence has considerable costs for societies. The issue is recognized as a problem occurring in all societies across age, social, geographic, economic, religious and cultural regions (Stoltenborgh, Bakermans-Kranenburg, van IJzendoorn, & Alink, 2013). Globally, children and women are more commonly victims (WHO, 2014). Furthermore, it is well known that individuals who have experienced child maltreatment in their childhood are at high risk of perpetrating family related violence themselves later in life (Black, Sussman, & Unger, 2010; Kaufman & Zigler, 1987). Research on the prevalence of family related violence among refugees is scarce, but the few existing studies concerning such violence have found the prevalence rate to be 30–50% (Alink, Euser, van IJzendoorn, & Bakermans-Kranenburg, 2013; Euser, van IJzendoorn, Prinzie, & Bakermans-Kranenburg, 2011; Hinton, Rasmussen, Nou, Pollack, & Good, 2009). Refugee children and women also tend to be at particular risk of experiencing violence (Pittaway, 1991; Rees & Pease, 2006). Consequently, it is important to prevent and treat family violence within refugee families. While much of the research on family related violence has been carried out in the general population, very few studies have been conducted in the context of refugee families resettling in Western countries. Thus, the specific risk and protective factors associated with family related

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violence among refugees are rather unexplored. However, recently the issue of refugees has been of great importance throughout the world. The number of refugees was estimated to be 19.5 million by the end of 2014 as a result of war, conflicts, persecution, generalized violence or human rights violations (UNHCR, 2014). Researchers have conceptualized the refugee experience as a prolonged period of accumulating, multiple interacting stressors during pre-migration, flight and post-migration (Lustig et al., 2004). Before and during flight refugees might experience war, torture, violence and persecutions. After arrival into the resettlement country many face further stressors of asylum procedures, unemployment, family separations, losses, social, and cultural adjustment challenges. In refugee research these stressors have also been described as a circle of disruptive and intertwined processes of traumatization, acculturation, uprooting and marginality (De Haene, Grietens, & Verschuere, 2007). Following the adverse trauma experiences and stress, refugees are at high risk of developing mental health disorders. In particular Post-Traumatic Stress Disorder (PTSD) depression and anxiety disorders are highly prevalent among refugee children and adults (Fazel, Wheeler, & Danesh, 2005). A number of studies have found an association between PTSD and family-related violence in other traumatized populations, both in the general population (Banyard, Williams, & Siegel, 2003; Leen-Feldner, Feldner, Bunaciu, & Blumenthal, 2010) and among war-veterans (Beckham, Feldman, Kirby, Hertzberg, & Moore, 1997; Byrne & Riggs, 1996; Catani, 2010; Jordan et al., 1992; Sherman et al., 2006). A study by Catani et al. (2008), examining family related violence in conflict areas in Sri Lanka found a significant association between earlier war exposure and the scope of family violence (Catani et al., 2008). The studies indicate that the risk of family related violence is significantly higher when a family member suffers from PTSD and/or other consequences of war trauma. In the case of refugees a growing body of research has likewise documented that trauma does not only affect the individual, but has consequences for the whole family (De Haene et al., 2007; Weine et al., 2004). Thus, refugee research has recently changed from an individual focus toward a *family perspective* when understanding the effects of refugee traumatization. From an attachment theoretical perspective, the potential negative impact of parental traumatization on the mental health of children is suggested to be mediated by disrupted attachment representations in both parent and children. The mental attachment representations are fundamental to the quality of the emotional bond and interaction between child and caregiver as they guide parental thoughts, feelings and behavior toward the child. The disruptions are proposed to be caused by damages to parental internal attachment representations of the child (Almqvist & Broberg, 2003; De Haene, Grietens, & Verschuere, 2010) and decreased parental emotional availability following traumatization (Blankers, 2013). Consequently, parental PTSD symptoms can be transgenerationally transmitted to the child even if the child has not been directly exposed to a traumatic event. While an insecure attachment style of the child is a risk factor for psychopathology, a secure attachment is a protective factor (Bowlby, 1988; Fonagy, Gergely, Jurist, & Target, 2007). Thus, the family can function as a protective factor to the mental health of children following exposure to traumatic events as a secure attachment enables the child to better overcome challenges in life. Contributions from family system theory suggest that parental traumatization and distress during resettlement may lead to changes in multiple dimensions of family dynamics and relationships. One domain affected by the refugee experience is changes in family communication patterns. As a result of the painful war- and exile-related events, silencing and denial of the traumatic events often dominate in refugee families (Rousseau & Drapeau, 1998). Exploration of the different degrees of parental disclosure of traumatic material from the past has been found to affect the wellbeing of children in refugee families (Dalgaard & Montgomery, 2015). Thus, through trauma communication parental trauma can be transgenerationally transmitted to the child (Dalgaard, Todd, Daniel, & Montgomery, 2016). Another domain of the refugee experience leading to changes in family dynamics is the process of acculturation upon arrival to the resettlement country. The process of family members trying to integrate into a new cultural environment may lead to a redefinition of family roles, obligations and child-rearing practices. In turn this can cause changes in parent-child or spousal relationships (Bernadon & Pernice-Duca, 2010). Following the flight, many families also face family separations and losses, which threaten the internal cohesion of the family and family structure. Such disruptions in family dynamics likely lead to a lack of intra- or extra-familial support and to family conflicts. These are significant factors moderating the impact of the refugee experience on refugee children (De Haene et al., 2007). Thus, existing theory and research emphasize how the refugee family functions as a key emotional regulator in which different migration- and trauma-specific relational processes may buffer or exacerbate the impact of traumatization on the child (Weine et al., 2004). This has clinical implications as preventing and treating family related violence in refugee families are of fundamental importance to the long-term health of the child and affected family members.

1.1. Aim

Existing research suggest that family related violence is present in a vast number of refugee families. The substantial gaps in the prevalence data and empirical knowledge of the risks associated with this violence may undermine prevention efforts. To date, no systematic review of the particular risk and protective factors associated with family related violence in refugee families has been carried out. In order to make helpful interventions and ensure the mental health and well-being of the affected family members, empirical knowledge of the risk and protective factors is needed. Thus to serve as a resource for practitioners who are developing, selecting and implementing prevention programs of family related violence in refugee families, the aim of this article was to carry out a comprehensive systematic review of the literature.

2. Method

Searches were carried out in the databases PubMed, PsycINFO, Scopus and PILOTS and finalized in September 2016. No publication date restrictions were imposed. Publication status was limited to peer-reviewed journal articles in English. Initially, free-text searches were carried out in all databases using a wide range of free-text terms related to the subject. Records were screened and the

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