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Risk and Protective Factors Associated with Intimate Partner Violence in Southeast Asia: A Systematic Review of Regional Evidence

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Abstract

Purpose

Intimate partner violence (IPV) is a major family and global public health concern with consequences for victim safety, mental health, family functioning, and intergenerational well-being. Risk for IPV interacts with structural, relational, and individual factors, yet regional evidence remains fragmented. This systematic review synthesized published evidence on the risk and protective factors associated with IPV in Southeast Asia.

Methods

Five databases (MEDLINE, Embase, PsycINFO, CINAHL, Scopus) were searched for studies published between January 2005 and May 2025. Eligible studies included adults aged 18 and above residing in Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, or Vietnam that examined IPV risk or protective factors. Findings were synthesized using textual narrative synthesis.

Results

Thirty-two studies met inclusion criteria, representing at least 91,042 participants. Nineteen studies recruited women-only samples. Thailand was the most represented country, whereas Laos and Timor-Leste were the least. Frequently reported risk factors included socioeconomic hardship, childhood and intergenerational exposure to violence, inequitable gender norms and relationship power imbalances, and psychosocial vulnerabilities such as alcohol misuse, depression, and suicidal behavior. Protective factors included higher educational attainment, greater socioeconomic resources, attitudes rejecting violence, and awareness of gender rights.

Conclusions

Findings highlight IPV in Southeast Asia as a socially patterned form of family violence shaped by economic stress, gendered power relations, prior violence exposure, and psychosocial adversity. Strengthening prevention and response efforts will require culturally responsive family violence services, trauma-informed interventions, and policies addressing structural inequality. Future research should clarify causal pathways and improve representation across regional populations.

Introduction

The World Health Organization (WHO) defines intimate partner violence (IPV) as behavior within an intimate relationship that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors. IPV remains a major public mental health and human rights challenge. Globally, around 27% of ever-partnered women aged 15–49 years have experienced physical and/or sexual IPV in their lifetime (Sardinha et al., 2022). IPV is also highly prevalent across Southeast Asia, including Brunei Darussalam, Cambodia, Timor-Leste, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam. These countries span two WHO regions, with estimated lifetime prevalence of IPV of approximately 33% in the South-East Asia Region and 20% in the Western Pacific Region (The Lancet Regional Health–Southeast Asia, 2022; WHO, 2024). Although IPV affects people across socioeconomic groups, its patterns are shaped by local structural, relational, and individual determinants.

In Southeast Asia, socio-cultural influences such as entrenched gender norms, expectations around marriage and family roles, and community traditions may normalize coercion and constrain disclosure and help-seeking (Valdez et al., 2022; Eisenbruch, 2018). These intersect with structural determinants including legislative frameworks, policy implementation, and access to health and social care responses (Jaising et al., 2009). At relationship and individual levels, factors such as controlling

behaviors, substance use, and psychosocial stressors may increase risk, while education, economic resources, and social support may be protective (Abramsky et al., 2011). Despite the scale and contextual complexity of IPV, there is no contemporary synthesis consolidating quantitative evidence on associated risk and protective factors across Southeast Asian countries. A region-specific synthesis is needed to inform policy, services, and culturally responsive prevention strategies, particularly considering regional priorities such as the ASEAN Regional Plan of Action on the Elimination of Violence against Women (WHO, 2025).

Objectives

This systematic review aimed to identify and synthesize non-randomised quantitative studies published in English between 2005 and 2025 that examined risk and protective factors associated with IPV among ever-partnered adults aged 18 years and above living in Southeast Asian countries, including both heterosexual and same-sex relationships. A secondary aim was to organise these determinants across socio-cultural, psychological, and structural domains in order to inform culturally sensitive prevention, intervention, and policy.

Methodology

Eligibility Criteria

The review followed PRISMA guidelines and prospectively registered with PROSPERO (CRD420251078682). Ethical approval and informed consent were not required. The review included quantitative studies of ever-partnered adults aged 18 years and above residing in a Southeast Asian country who had experienced or perpetrated IPV, and which reported associated risk and/or protective factors. Eligible countries were Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Timor-Leste, and Vietnam. Studies were included if they were primary quantitative research, had an abstract in English, were published between 2005 and 2025, and reported on IPV types such as physical, sexual, psychological, emotional, verbal, financial, or controlling behaviors. Studies were excluded if they were qualitative, mixed-methods without extractable quantitative findings, reviews, opinion papers, conference proceedings, theses, dissertations, protocols, or involved mixed-age samples including participants below 18 years. Studies of second-generation immigrant populations in Western countries and populations with mixed non-Southeast Asian ethnicity were also excluded.

Search Strategy

Five scientific databases were searched: MEDLINE, Embase, PsycINFO, CINAHL, and Scopus. These were selected to maximise retrieval across biomedical, public health, psychological, nursing, allied health, and interdisciplinary literature. The most recent search was conducted on 16th June 2025. The search strategy for each source included specific keywords, with filters and limits applied, such as publication date range. The search strategy and keywords utilised for this review were adapted from the MEsH keywords after a facet analysis of the PEO components: (“intimate partner violence” or "partner violence" or “domestic violence” or "domestic abuse" or “gender-based violence” or “relationship violence” or "physical violence" or "physical abuse" or “spousal abuse” or “partner abuse” or "psychological abuse" or "emotional abuse" or "intimidation" or "coercion" or "rape" or “Battery” or "Domestic Battery" or "Couple Violence" or "Coercive" or "Intimate Terrorism") AND (“risk factors” or “protective factors” or “predictors” or “determinants” or “associated factors” or “socioeconomic factors” or "economic factors" or "legal factors” or "psychosocial factors" or "sociocultural factors" or “cultural factors” or "social factors" or “social support” or “gender norms” or “education” or "employment" or "religion" or "drug use" or "substance use" or "legal protection" or "policy" or "legal framework") AND (“Southeast Asia” or “Brunei” or “Cambodia” or “East Timor” or “Timor-Leste” or “Indonesia” or “Laos” or “Malaysia” or “Myanmar” or “Burma” or “Philippines” or “Singapore” or “Thailand” or “Vietnam” or "Bruneian" or "Cambodian" or "Khmer" or "Indonesian" or "Laotian" or "Malaysian" or "Burmese" or "Myanma" or "Filipino" or "Filipina" or "Singaporean" or "Thai" or * Vietnam: or "Vietnamese" or "Timorese" or "Maubere") AND ("marital" or "spouse" or “women” or “female” or “teenage” or "teenager" or “adults” or “young women” or “victims”).

Study Selection

The search retrieved 1,817 references, which were exported to RefWorks for deduplication; 746 duplicates were removed. After title and abstract screening of 1,071 records, 867 were excluded as clearly irrelevant or ineligible. Two authors independently screened titles and abstracts, then assessed 204 full-text articles. Disagreements were resolved through discussion with a third reviewer. Following full-text screening, 32 studies met inclusion criteria summarised in Table 1. Reasons for exclusion included mixed age categories, mixed-methods design without separable quantitative results, and studies in which IPV functioned as a risk factor instead of the independent variable. The PRISMA diagram is available in Figure 1.

Data Synthesis and Risk of Bias

The results were synthesized using textual narrative synthesis, a method that organizes studies into more homogenous groups and has been shown to be effective in synthesizing evidence (Barnett-Page & Thomas, 2009). This approach involves reporting study characteristics, context, and findings in a standardized format, enabling comparisons of similarities and differences across studies. Subsequently, structured summaries are developed and elaborated (Barnett-Page & Thomas, 2009). The Risk of Bias (RoB; Table 2) in the included studies was assessed and noted as a limitation, primarily based on the study design and issues related to the study setting and generalizability.

Results

Characteristics of the Study Population

32 studies were included in the review. 30 studies reported a sample size encompassing Southeast Asian participants, yielding a total of at least 91,042. The largest single dataset was the Singapore linked administrative cohort analyzed by Xu et al. (2024) (N = 51,839; 26,724 female; 25,115 male), while several multi-country analyses were drawn from the UN Multi-Country Study on Men and Violence and related datasets (e.g., Postmus, 2023; Laslett et al., 2021; Fulu et al., 2017; Jewkes et al., 2017; 2025).

In terms of geographic coverage, Thailand was the most represented country, analyzed in 9 studies, followed by Cambodia, Vietnam, and Indonesia, which were each represented in 5 studies. Malaysia and Philippines were each represented in 3 studies, while Myanmar and Singapore were each represented in 2 studies. Laos and Timor-Leste were each represented by 1 study. One study was conducted in Taiwan but focused on Vietnamese immigrant women (Kanai et al., 2020).

Several studies focused on specific populations. Five studies recruited pregnant or perinatal groups (combined N = 3,689), including postpartum women in Thailand (Sonthon et al., 2024), postnatal women in Malaysia (Haron, 2021), women attending antenatal care/general outpatient services in Thailand (Pengpid et al., 2018), and two studies of pregnant Thai women (Thananowan, 2008; Thananowan & Heidrich, 2008). Other key groups included men who have sex with men in Bangkok, Thailand (Seeya, 2024; N = 382), men with HIV in Vietnam (Hershow et al., 2020; N = 313), and migrant/ethnic minority women at the Thailand–Myanmar border (Koning, 2024; N = 534). Two studies analyzed administrative populations, namely a Singapore study linking administrative data including Personal Protection Order applicants (Xu et al., 2024), and a Malaysia study referring to a number of shelter or refuge case files (Awang & Hariharan, 2011).

Associated Risk Factors

Across the included studies, the most frequently reported associated risk factors clustered into three categories: (1) socioeconomic and material conditions, (2) exposure to intergenerational and childhood forms of violence, and (3) gender norms and attitudes supportive of violence and unequal relational power.

Socioeconomic and material correlates were the most common domain, reported in 16 studies. These included poverty, low levels of education, lack of or unstable employment, food insecurity or scarcity, housing disadvantage, and financial dynamics such as women earning or contributing more within households (e.g., Jewkes et al., 2025; Dang & Le, 2025; Koning, 2024; Seeya et al., 2024; Xu et al., 2024; Postmus et al., 2023; Tarigan & Himawan, 2023; Hanafi et al., 2022; O'Hara & Tan, 2022; Haron et al., 2021; Jewkes et al., 2017; Jansen et al., 2016; Awang & Hariharan, 2011; Xu et al., 2011; Ansara & Hindin, 2009;

Thananowan & Heidrich, 2008). Childhood trauma and maltreatment, including authoritarian and neglectful parenting or witnessing parental violence, were the second most common domain, reported in 15 studies (e.g., Jewkes et al., 2025; Koning, 2024; Seeya et al., 2024; Xu et al., 2024; Haron et al., 2021; Hershow et al., 2020; Ayuwat & Sananikone, 2018; Fulu et al., 2017; Jewkes et al., 2017; Laeheem & Boonprakarn, 2017; Yount et al., 2016; Jansen et al., 2016; Ansara & Hindin, 2009; Fehringer & Hindin, 2009; Kyu & Kanai, 2005). Gender norms and attitudes supportive of IPV, including patriarchal beliefs, acceptance of IPV, inequitable gender attitudes, dominance, and power imbalance, were reported in 13 studies (e.g., Dang & Le, 2025; Seeya et al., 2024; Xu et al., 2024; Postmus et al., 2023; Hanafi et al., 2022; Laslett et al., 2021; Haron et al., 2021; Lee, 2020; Laeheem & Boonprakarn, 2017; Tsai, 2017; Xu et al., 2011; Ansara & Hindin, 2009; Kyu & Kanai, 2005). A second tier of commonly noted correlates included substance use, especially alcohol. Substance use (alcohol and/or drugs/smoking) appeared in 11 studies, with alcohol cited in 10 studies (e.g., Jewkes et al., 2025; Seeya et al., 2024; Sonthon, 2024; Postmus et al., 2023; Laslett et al., 2021; Hershow et al., 2020; Jewkes et al., 2017; Jansen et al., 2016; Ansara & Hindin, 2009; Kyu & Kanai, 2005).

Demographic and life-course factors such as younger age, parity or multiparity, unmarried status, unwanted pregnancy, and children or adolescents in the household were reported in 8 studies (Dang & Le, 2025; Seeya et al., 2024; O'Hara & Tan, 2022; Haron et al., 2021; Pengpid et al., 2018; Awang & Hariharan, 2011; Thananowan, 2008; Thananowan & Heidrich, 2008). Psychosocial and mental health-related factors such as depression, other mental illness, poor emotional health, suicidal behavior, male attachment insecurity, low self-esteem, and low social support were reported in 7 studies (e.g., Jewkes et al., 2025; Xu et al., 2024; Postmus et al., 2023; Tarigan & Himawan, 2023; Ayuwat & Sananikone, 2018; Pengpid et al., 2018; Thananowan, 2008). Relationship-level dynamics in the context of control, including coercion and controlling behaviors related to household management and financial decision-making, appeared in 6 studies (e.g., Postmus et al., 2023; Chuemchit et al., 2018; Jewkes et al., 2017; Tsai, 2017; Yount et al., 2016; Xu et al., 2011).

A smaller number of studies explicitly listed other grouped factors, such as: (1) geographic variation across urban and rural regions or provinces (e.g., Dang & Le, 2025; Chuemchit et al., 2018; Jansen et al., 2016; Ansara & Hindin, 2009), (2) vulnerabilities related to migration, sociopolitical conflict, and legal status discrimination (Dang & Le, 2025; Haron et al., 2021; Tarigan & Himawan, 2023), and (3) infidelity and overt relationship conflict (Jewkes et al., 2017; Jansen et al., 2016). Factors identified by only a single study were health system inequality, reflected in inadequate antenatal care (Haron et al., 2021); exposure to a natural disaster, specifically an earthquake (Ayyagari et al., 2024); homophobic discrimination (Seeya et al., 2024); and risk histories involving non-partner sexual violence during adolescence and forced or coerced first sexual intercourse (Jansen et al., 2016).

Associated Protective Factors

Protective factors were reported less consistently than risk factors across the 32 included studies, with 17 studies identifying none. Among the remaining studies, higher educational attainment was the most frequently reported protective factor, identified in eight studies (e.g., Jewkes et al., 2025; Dang & Le, 2025; Xu et al., 2024; Seeya et al., 2024; Haron et al., 2021; Chuemchit et al., 2018; Jansen et al., 2016; Luke et al., 2007). Employment, particularly skilled or white-collar work, was identified in five studies (Jewkes et al., 2025; Dang & Le, 2025; Haron et al., 2021; Chuemchit et al., 2018; Ansara & Hindin, 2009), while age-related demographic factors (e.g., being older, having an older partner, or having a wider age difference between partners) were also reported in five studies as being associated with a lower likelihood of IPV (Seeya et al., 2024; Hanafi et al., 2022; Jansen et al., 2016; Ansara & Hindin, 2009; Luke et al., 2007). Higher income, wealth, assets, or savings were identified in four studies (Dang & Le, 2025; Seeya et al., 2024; Chuemchit et al., 2018; Jansen et al., 2016), as were attitudes rejecting IPV, disapproval of violence, and more positive gender attitudes or rights awareness (Ayyagari et al., 2024; Hanafi et al., 2022; Haron et al., 2021; Luke et al., 2007). Social support and autonomy-related factors, including family support, women's social autonomy, self-efficacy, social organization, and local language ability, were reported in three studies (Dang & Le, 2025; Koning, 2024; Haron et al., 2021). Alcohol abstinence was identified in two studies (Sonthon et al., 2024; Hershow et al., 2020). Other protective factors were reported only once and appeared to be more context-specific, including positive emotional health (Ayuwat & Sananikone, 2018), regular church attendance (Ansara & Hindin, 2009), exposure to television dramas as an informational source associated with attitudes rejecting IPV (Hanafi et al., 2022), joint decision-making (Fehringer & Hindin, 2009), higher educational attainment associated with reduced likelihood of a Personal Protection Order

(PPO) application (Xu et al., 2024), and stable resettlement in the context of sociopolitical displacement, such as having permanent legal status or living in a camp residence (Koning, 2024). Another study also reported factors that were negatively associated with IPV victimization among men who have sex with men, which included older age, higher educational attainment, and higher income (Seeya et al., 2024).

Although not identified as a directly measured protective factor for IPV, Ayyagari et al. (2024) suggested that post-earthquake reconstruction programs may have had a context-specific protective influence on attitudes toward domestic violence. Specifically, the authors proposed that reconstruction and recovery efforts may have improved household economic conditions, restored housing and infrastructure, and supported greater female participation in community decision-making, which may have mitigated the adverse effects of earthquake exposure on acceptance of domestic violence. These protective factors were heterogeneous and comparatively underexplored, although education emerged as the most consistently reported associated protective domain.

Discussion

Principal Findings

This review identified a relatively small and uneven evidence base across a 20-year period. A number of these studies used cross-sectional data, as well as secondary data from previous surveys focusing on other primary variables aside from IPV. This reflects the global reality cited by the WHO (2024): countries have differing levels of reporting, with some nations reporting IPV statistics once every decade. High-income countries largely provide more data to the WHO. In our review, geographic representation was notably skewed. Thailand was represented by nine studies, whereas Timor-Leste, which has some of the highest rates of IPV globally, was represented by only one study. Despite rapid globalization and advancements in Southeast Asia over the last 20 years, our review suggests that the prevalence of IPV remains largely stagnant. This mirrors the WHO 2023 Violence Against Women prevalence estimates, which found that the global lifetime decrease in IPV is only 0.2% per annum, representing less than 5% improvement over the last 20 years. Our review sought to synthesize regional evidence alongside global data to identify the drivers of and barriers to progress in Southeast Asia.

The inclusion of nearly 100,000 participants (N = 91,042) across 32 studies demonstrated relatively balanced sampling between women and men. However, most studies focused on women. Marginalized sub-cohorts were also represented in some studies, including perinatal women, migrants, ethnic minorities, men who have sex with men, and men living with HIV, reflecting increasingly positive attitudes toward these populations in the region, such as those seen in recent policies in Thailand regarding state recognition of LGBTQ+ rights (Alibudbud, 2025a; Alibudbud, 2025b).

Structural and Sociocultural Implications

Rapid urbanization and educational gains in Southeast Asia may act as external indicators of progress, especially in capital cities. However, more data are needed to compare urban and rural realities. Furthermore, the domestic sphere, where traditional risk factors persist, appears to have remained resistant to changes in broader societal structures. Therefore, it is imperative to determine the prevalence and associated factors of IPV to better reflect differing societal realities across Southeast Asia, including urban and rural areas, and to identify services that address diverse community needs.

One study identified that acute traumatic events, such as natural disasters, did not shift beliefs regarding IPV in the long term. Thus, while effective reconstruction programs or risk management policies could potentially mitigate secondary trauma in the short term, the findings of this review suggest that they did little to shift the long-standing status quo of patriarchal norms toward women. This resistance to long-term attitudinal change was further underscored by several studies, which observed that women earning more than their partner or managing finances independently can paradoxically experience an increased risk of IPV. Additionally, while previous studies show that the independent socioeconomic capacity of women may offer protection against IPV (Hoang Dang & Le, 2024; Mabena et al., 2025), women in Southeast Asia may be subject to prevailing patriarchal and religious norms regarding women's subservience, potentially overriding the benefits of such socioeconomic independence (Abesamis & Alibudbud, 2024; Alibudbud, 2023). This review supports current advocacy by the WHO and other

NGOs to prioritize the education of girls and women to promote personal agency, highlighting that higher levels of education may reduce IPV prevalence among men and women.

Trauma, Mental Health, and Substance Use

As presented, authoritarian parenting styles and exposure to IPV or other violence in childhood were associated with an increased risk of perpetuating IPV, either as a victim or perpetrator. Likewise, consistent with studies elsewhere, the reviewed studies show that adverse childhood events have lifelong effects on mental health and risk of substance misuse. The findings also show that alcohol use and depressive symptoms can increase the risk of IPV. In particular, even in the absence of other mental health difficulties, frequent alcohol consumption was strongly associated with increased IPV risk. Thus, the findings suggest that a cycle in which trauma leads to substance misuse, and substance use facilitates further trauma, appears pervasive across both heterosexual and non-heterosexual relationships. Nonetheless, prospective and longitudinal studies are needed to confirm the nature and characteristics of such IPV cycles and their potential effects on the prevalence of mental disorders, such as PTSD and depression (Nathanson et al., 2012).

Limitations

The dominance of cross-sectional designs has limited understanding of the trajectory of abuse over the life course. This review was unable to map how pervasive risk factors and shifting socioeconomic stressors shape the typology of IPV over time. Additionally, many studies failed to specify or distinguish between rural and urban classifications, which may mask geographic disparities. Therefore, it is essential to further explore IPV risk factors and typologies across varied settings through longitudinal studies.

While higher quality surveys categorizing types of IPV (physical, sexual, emotional, economic) have emerged in the last two decades, a significant disclosure gap remains. In this review, several participants were included in samples because they were accessing services such as perinatal services, sexual health clinics, and other hospital services. This leaves those outside the healthcare system unaccounted for. Therefore, community-based surveys are recommended to fully capture people experiencing IPV outside healthcare systems. Likewise, according to the WHO, 55%–95% of women who survive violence do not disclose or seek any type of services. IPV experienced by men, individuals in non-heterosexual relationships, and individuals experiencing IPV in humanitarian settings also remain underrepresented.

Moreover, sub-cohorts such as migrants, refugees, and members of the LGBTQ+ community face structural bias, stigma, and state-level discrimination that render them socially and legally invisible. Finally, there is a significant gap in understanding IPV across changing life stages, as most studies excluded peri- and postmenopausal women. Hence, anonymized and confidential face-to-face surveys are needed to address the underrepresentation of those experiencing IPV, especially from marginalized communities, and to help alleviate fears of retaliation, shame, and lack of awareness.

Implications for Practice, Policy, and Research

Global IPV data and research remain highly heterogeneous, with low-income countries frequently underrepresented despite having some of the highest prevalence of IPV. To address this, healthcare systems should implement standardized, acts-based screening within high-contact settings such as antenatal, mental health, and sexual health services. Clinical guidelines must prioritize screening for alcohol misuse and depression, as these function as synergistic risk multipliers for violence. Furthermore, integrating pharmacotherapy or psychotherapy with material assistance can effectively address the interconnected economic and psychological consequences of abuse.

Government policies should prioritize IPV prevention by de-normalizing gender inequality through both formal education and strategic media-based advocacy. National frameworks must also ensure equal legal protection and explicit safeguards for women, LGBTQ+, and other minority populations within an inclusive legal structure. Finally, future research must use purposeful, diverse sampling to include marginalized cohorts such as LGBTQ+ individuals, ethnic minorities, men, and older women, ensuring that interventions reflect the region's full demographic reality. Research on perpetrators of IPV can also

provide further insight into the dynamics that lead to and perpetuate IPV. Research should also shift toward longitudinal designs to further investigate the complex biopsychosocial pathways linking adverse childhood experiences to adult IPV.

Conclusion

The review highlights several potential risk and protective factors associated with IPV that may help inform programs and policy development in Southeast Asia. These findings underscore the importance of strengthening protections for marginalized groups in the region, particularly women and LGBTQ+ individuals, who may face a heightened risk of experiencing IPV. As a starting point, educational initiatives and policy measures should aim to promote healthy family environments and advance gender equality. Such efforts can be reinforced through policies that ensure equal protection and legal safeguards for women and LGBTQ+ populations.

In addition, psychosocial support programs could play an important role by providing material assistance and mental health services to survivors, helping to reduce the economic and psychological consequences of IPV. Nonetheless, the limitations of the studies included in this review highlight the need for further research. Future studies should seek to clarify the causal relationships between the identified factors and improve the representation of diverse populations across the region. Strengthening the evidence base in this way may help guide more effective interventions and contribute to a more gender-equitable Southeast Asia, where IPV is not only addressed but meaningfully reduced.

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Tables

Table 1

Summary of the Reviewed Studies' Research Design, Population, Sample, IPV Prevlance, and Findings

Year	Country	Authors	Research Design, Population, and Sample	IPV Prevalence	Associated Risk Factors	Associated Protective Factors
2025	Multi-country (Cambodia)	Jewkes, R. et al.	Cross sectional. N=1,473 Cambodian men aged 18-49 witnessing IPV.	Pooled across 6 countries No reported prevalence for Cambodia.	Food Insecurity, alcohol use. childhood trauma (neglect, sexual/ emotional/ witnessing abuse), depression.	Attended high school or higher education. Employed.
2025	Vietnam	Dang, T.N.H., & Le, D.D.	Cross sectional. Multi-stage sampling strategy. 15% sample list from 2009 Population and Housing Census, N = 4019 Vietnamese women aged 18-60 who have ever had a partner or husband.	Not explicitly reported for the sample. Cited national Vietnamese estimates of 58% lifetime IPV in 2010 and 63% in 2019.	Kinh ethnicity (OR 1.629, 95% CI 1.318–2.014); women earning money (OR1.657, 95% CI 1.243–2.210); residence in Red River Delta (OR 1.131, 95% CI 1.033–1.670), Central Highlands (OR 2.158, 95% CI 1.668–2.792), and Southeast (OR 1.858, 95% CI 1.423–2.428).	Women's higher education (OR 0.967, 95% CI 0.945–0.989)]; family support (OR 0.704, 95% CI 0.555–0.892); residence in North Central and Central Coastal (OR 0.759, 95% CI 0.610–0.946); husband's extra schooling (OR 0.967, 95% CI 0.945-0.989); and skilled occupation (OR 0.765, 95% CI 0.653–0.895).
2024	Bangkok	Seeya, A. et al.	Cross sectional. N=382 MSM aged 18 or older and members of Rainbow Sky Association of Thailand (RSAT) in Bangkok.	Any IPV in last 12 months 82.9% (317/382); emotional 77.5%; physical 58.1%; sexual 57.3%.	Younger age (β -0.073), alcohol use (β 0.0141), positive attitude toward IPV (β 0.243), parenting: authoritarian (β 0.013), neglectful (β 0.039); living in risky community (DE β 0.171; TE β 0.159), homophobic discrimination (β 0.195), open sexual orientation (β -0.103).	Higher education (β -0.114) and income (β -0.039); parenting: authoritative (β -0.162), permissive (β -0.040).
2024	Multi-country (Thailand, Myanmar)	Koning, S.M.	Cross sectional. Migrant women at Myanmar-Thailand border aged 18 or older. 534 women: Shan (66%), Thai (8%), other highland minority groups.	9% experienced ever IPV and 8% current IPV. Over 6% of women feared their partner. By generation: second-generation women had the highest IPV prevalence — 19% ever and 17% current.	1st generation vs multigeneration women: indirect effect through conflict and early-life adversity OR 1.46, 95% CI 1.02-2.10; through border violence or adversity OR 1.63, 95% CI 1.11–2.41; displacement-duration risk factors OR 2.43, 95% CI 1.47-4.02.	Advanced Thai language ability and permanent resident legal status. Higher perceived community safety 43.6% lower IPV odds (p<0.05). Higher self-efficacy 64.5% lower IPV

					Second-generation vs multigeneration women had higher total IPV odds after displacement-duration factors were added (OR 6.08, 95% CI 1.67–22.16), and after adjusting for protective resettlement factors (OR 6.47, 95% CI 1.32–31.73).	odds (p<0.001).
2024	Singapore	Xu, X. et al.	Cross sectional. N=51,839 (married) from the 1980 and 1985 birth cohorts; records of Personal Protection Order (PPO) indicating allegation of victimization of spousal violence.	This paper did not report IPV prevalence directly. It used a PPO application as a proxy outcome. PPO applicants were 830/51,839 (1.6%).	Lower educational attainment, early marriage, early parenthood, staying in a public rental flat, childhood maltreatment, and prior PPO respondent history had direct associations with PPO application, while criminal history and mental illness were indirectly linked through other adversities.	
2024	Thailand	Sonthon, P. et al.	Cross sectional. 1,207 Thai women > 18 yrs with normal delivery at public hospital in 2023.	IPV during pregnancy was <5% overall in the sample. Among husbands who binge drank, prevalence was 20.8% in monogynous vs 46.2% in polygynous relationships.	Polygyny vs monogyny (aOR 2.23, 95% CI 0.94–5.26; adjusted association not statistically significant overall). Among binge-drinking husbands, polygyny had much higher IPV odds (aOR 9.54, 95% CI 1.10–82.54). Interaction is not significant (Breslow-Day p=0.259).	
2024	Indonesia	Ayyagari, P. et al.	Longitudinal study. No reported number of respondents. Married men and women who experienced 2006 earthquake in Yogyakarta and Central Java.	Not explicitly reported for the sample.	The outcome for this paper is attitudes toward wife beating, not directly IPV occurrence. Main finding is that the earthquake had no statistically significant effect on acceptance of domestic violence.	
2023	Multi-country (Cambodia, Indonesia)	Postmus, J. L. et al.	Cross-sectional study. No specific	21.9% lifetime economic abuse perpetration; 17.9% physical IPV; 35.3%	Food scarcity (OR 1.40, 95% CI 1.19–1.64); age 25-34 vs 35-49 (OR 1.22,	

			mention how many participants were from Southeast Asian countries.	psychological, 12.6% sexual and 6.6% economic.	95% CI 1.05–1.41); married (OR 1.71, 95% CI 1.34–2.18); problematic alcohol use (OR 3.85, 95% CI 3.27–4.53); depressive symptoms (OR 1.05, 95% CI 1.04–1.06); primary education or less vs some high school (OR 1.24, 95% CI 1.02–1.51); men deciding on large investments (OR 1.43, 95% CI 1.17–1.75); gender inequity beliefs (OR 1.16, 95% CI 1.13–1.20).	
2023	Indonesia	Tarigan, G.N.E., & Himawan, K.K.	Cross-sectional study. Advertised survey on social media, snowball and purposive sampling. 300 married women.	Not explicitly reported for the sample.	Attachment anxiety β = .420, p<.001; avoidance β = .256, p<.001. Younger age β = -.192, p<.05, lower education β = -.101, p<.05, longer marriage duration β = .174, p<.05, and lower income contribution β = -.142, p<.05. One-way ANOVA suggested higher domestic violence scores among housewives (M 40.26, SD 16.35, p < .001) and Hindu participants (M 52.87, SD 10.73, p < .001).	Higher age, higher education, and greater income contribution to household.
2022	Singapore	O'Hara, C.A., & Tan, R.K.J.	Cross-sectional. Self-report. Recruitment on social media. N=259, 59.2% heterosexual, 86.6% Chinese, 71.5% religious, 73.4% living in public housing, 57.6% with degree-and above educational attainment, 66.8% in full-time work, 58.3% not WFH.	Before lockdown: restriction of contact 17.2%, verbal abuse 25.0%, finances 16.7%, physical violence 17.6%, pressured sex 17.5%, forced sex 18.5%. During lockdown: 17.4%, 19.8%, 14.7%, 13.5%, 14.7%, 15.2%, respectively.	Younger age and more youths aged <18 in the household were consistently associated with higher prevalence of multiple IPV outcomes (aPRs reported); Chinese ethnicity, higher income, and non-heterosexuality were associated with some outcomes during lockdown, with caution for small subgroup sizes.	

2022	Malaysia	Hanafi, W. S. W. M. et al.	Cross-sectional. Four districts in Kelantan. MYPAIPVQ questionnaire. Logistic regression analyses. N=405 (173 males, 232 females.)	This paper measures attitudes toward rejecting IPV, not IPV occurrence. 50.4% had attitudes toward rejecting IPV.	Risk toward not rejecting IPV attitudes: self-employment (AdjOR 0.20, 95% CI 0.09–0.40).	Protective toward rejecting IPV attitudes: older age (AdjOR 1.12, 95% CI 1.03–1.19); female sex (AdjOR 2.49, 95% CI 1.54–4.03); drama as IPV information source (AdjOR 3.66, 95% CI 2.26–5.91).
2021	Multi-country (Cambodia, Indonesia, Timor-Leste)	Laslett, A.-M. et al.	Secondary analysis of cross-sectional datasets: logistic regression and random effect meta-analysis accounting for country and site clustering. SEA subsamples: Cambodia: 1,474, Indonesia: 2,447, Timor Leste: 768.	Past-year physical or sexual IPV perpetration 13% (95% CI 9–16%).	Less equitable GEM score pooled OR 1.07 (95% CI 1.04–1.09); regular heavy episodic drinking pooled OR 3.42 (95% CI 2.43–4.81); significant interaction between inequitable attitudes and RHED (p=0.001).	
2021	Malaysia	Haron, K.	Cross-sectional. Hospital-based. Validated Malay version of WHO Women's Health and Life Experiences Questionnaire. 1,200 postnatal women who have been admitted to hospital.	Any violence during pregnancy 35.9% (95% CI 0.33–0.39); emotional 29.8% (95% CI 0.27–0.32); physical 12.9% (95% CI 0.11–0.15); sexual 9.8% (95% CI 0.08–0.12).	Drug use towards emotional violence (AOR 6.96, 95% CI 1.26–38.43) and physical violence (AOR 43.66, 95% CI 7.17–265.71); childhood violence exposure towards emotional violence (AOR 1.52, 95% CI 1.05–2.19); multiparity towards sexual violence (AOR 1.32, 95% CI 1.10–1.59); inadequate antenatal care towards physical violence (AOR 2.61, 95% CI 1.85–3.68); and violence-supporting attitudes towards IPV outcomes.	Agreeing that a woman can choose her own friends was associated with lower odds of emotional violence (OR 0.70, 95% CI 0.53–0.91).
2020	Vietnam	Hershow, R.B. et al.	Secondary analysis of longitudina data from a 3-arm randomized	Not explicitly reported for the sample.	Higher average heavy drinking (aOR 1.05, p=0.002) and alcohol use disorder (AUD)	Higher average proportion of days' alcohol abstinent was associated

			controlled trial in Thai Nguyen, Vietnam (2016- 2018). 313 married or cohabiting men with HIV.		(aOR 4.74, p<0.0001) were associated with increased odds of IPV perpetration; time-specific increases in AUD were also associated with increased odds (aOR 2.95, p=0.001)	with decreased odds of IPV perpetration (aOR 0.43, p=0.03); time-specific increases in alcohol abstinence also protective (aOR 0.39, p=0.02).
2020	Taiwan	Lee, F.-H.	Cross-sectional. Immigrant Vietnamese women in Taiwan. Regression analysis. N=250 women, employed (89.2%), naturalised Taiwanese citizens (77.6%), adapted to life in Taiwan (87.2%), financially dependent on husbands (78.0%); most husbands employed (89.2%).	Past-year marital violence 70.4% overall; physical violence 40.0%; sexual violence 28.8%; psychological violence 70.4%.	Not depending on husband's income associated with higher violence frequency (β -11.34, 95% CI -15.61 to -7.08; t=-5.28; p<.001. Stronger views objecting to marital violence were also associated with higher violence frequency (β 4.58, 95% CI 1.81–7.35; t=3.25; p=.001).	
2018	Laos	Ayuwat, D., & Sananikone, S.	Cross-sectional. N=350 men Sangthong district, Vientiane Capital. Multiple regression analysis. In primary (46%) or secondary (43.7%) education, worked in agriculture.	Economic violence perpetration was reported by 40.6% of men; 35.4% reported not liking the idea of letting their wives work outside the home.	Experienced violence in childhood (β 0.440, p=0.000), witness of violence in childhood (β 0.363, p=0.003), and poorer emotional health (β -0.170, p=0.028) were the three significant predictors in the final regression model (R^2=0.285; F=4.247; p=0.000).	
2018	Thailand	Pengpid, S. et al.	Cross-sectional. N=14,288. Women attending antenatal care and general outpatient clinics in 9 randomly selected Thai hospitals. All were Thai, most had at least	1.5% positive for past-12-month IPV; among the 207 women with IPV in the analytic sample, 27.5% reported sexual assault in the past 12 months. Psychological 82.1%, physical 67.1%, combined psychological, physical, sexual violence 21.3%.	Psychological abuse associated with sexual assault (AOR 3.42, 95% CI 1.07–11.01). Factors in bivariate analysis: older age (OR 1.04, 95% CI 1.00–1.07), general outpatient recruitment (OR 2.57, 95% CI 1.37–5.83), more children (OR 1.57, 95% CI 1.14–2.15),	

			secondary education, were married or co-habiting, and were living with abusive partner.		high physical violence (OR 4.55, 95% CI 2.13–9.75), suicidal behaviour (OR 4.58, 95% CI 2.16–9.74). High physical violence (AOR 2.42, 95% CI 0.95–6.16) and suicidal behaviour (AOR 2.62, 95% CI 0.94–7.31) approached significance.	
2018	Thailand	Chuemchit, M. et al.	Cross-sectional. N=2,462 women. Questionnaire adapted from WHO study on women's health and domestic violence. High school or higher education (59.1%); primary (23.5%), secondary (16.3%), and no formal education (1%). 10.7% were housewives or had no occupation. Others: employed.	Lifetime psychological or physical or sexual IPV 15.4%; among those reporting within the past 12 months, psychological violence was most common (60-68%), then sexual (62-63%), physical (52-65%). Controlling behaviors 4.6%-29.3%.	Residence in Phitsanulok vs Chonburi (OR 2.34, 95% CI 1.34–4.06); greater controlling behaviors by male partner (39.3% of abused women reported 4–7 controlling acts vs 8.2% of non-abused women; p<0.0001; mean number of acts 2.6 vs 1.0, p<0.0001).	Women with sufficient income and savings had lower odds of lifetime IPV than those with insufficient income (OR 0.26, 95% CI 0.17–0.41) or sufficient income without savings (OR 0.46, 95% CI 0.30–0.72). Residence in Khonkaen (OR 0.36, 95% CI 0.26–0.49) and Suratthani (OR 0.19, 95% CI 0.13–0.27) vs Chonburi was also associated with lower odds.
2017	Thailand	Laeheem, K., & Boonparakarn, K.	Cross-sectional. N=1,536 Thai Muslim wives with associate or equivalent degree (36.33%), primary educ. (35.16%), secondary (17.19%), or bachelor's degree or higher (11.32%). Occupation in agriculture (40.17%), trading (35.61%).	Not explicitly reported for the sample.	Strict upbringing (B=0.16, p<.001), violent behaviour in childhood (B=0.07, p<.001), and inferior status of women (B=0.66, p<.001) positively predicted domestic violence; overall model R^2=0.875, p<.001.	
2017	Philippines	Tsai, L. C.	Longitudinal study. Filipino mothers from Metropolitan	Women managing finances independently vs jointly reported	Independent household financial management was associated with	

			Cebu. 2,202 women participated in the 1998 follow-up; 2,102 in 2002; and 2,018 in 2005.	physical IPV in the last 12 months: 88.06% vs 91.21%, IPV scale score of 1-2: 8.48% vs 6.90%, 3-4: 2.79% vs 1.68%, 5+: 0.67% vs 0.21%. Independently managing: 2.24x the severity of violence versus joint.	greater IPV severity than joint financial management. Main finding is causal direction via propensity score methods rather than a multivariable list of risk factors.	
2017	Multi-country (Cambodia, Indonesia)	Fulu, E. et al.	Cross-sectional. Standardized household surveys in 2011-2012. SEA subsamples: 4,865 ever-partnered participants (Cambodia: 1,812 men and 477 women; Indonesian men: 815 rural site, 868 urban, 893 Jayapura). No Indonesian women included.	Cambodia: men, 57.3–57.4% any IPV perpetration (12.1% physical only, 16.5% sexual only, 4.5% physical and sexual, 24.2% emotional or economic); women, 56.7% any IPV victimization (16.0% PV 3.2% SV, 5.9% PV and SV, 31.5% emotional or economical). Indonesia: 41.3-41.4% any IPV perp. (7.4%, 14.1%, 3.9%, 16.0%, respectively); urban, 48.8% (6.1%, 17.7%, 6.5%, 18.5%); Jayapura, 70.8% (16.1%, 22.3%, 21.4%, 11.0%).	Among women, all forms of childhood trauma were significantly associated with physical IPV and both physical and sexual IPV; witnessing abuse of the mother was not significantly associated with sexual-only IPV or frequent emotional or financial IPV.	
2017	Cambodia	Jewkes, R. et al.	Cross-sectional. Men and women aged 18-49 from 4 countries: Cambodia, China, Papua New Guinea (PNG), and Sri Lanka. SEA subsample: Cambodia: 1805 (1,395 partnered men, 410 women).	Cambodian subsample: 56.6% of women any past-year IPV victimization (3.2% sexual only, 16.2% physical only, 5.9% both, 31.4% emotional/economic); men 57.3% any past-year IPV perpetration (16.5%, 12.1%, 4.5%, 24.2%, respectively).	Four main risk-factor groups were identified for women's past-year physical/sexual IPV: poverty, all childhood trauma, frequent quarrelling and limited relationship control, and partner factors including substance abuse, unemployment, and infidelity; currently married women were also at greater risk.	Less of poverty, higher education, and more gender-equitable attitudes and relationship skills were associated with lower IPV risk.
2016	Vietnam	Yount, K. M. et al.	Cross sectional. 533 married women aged 18-50 surveyed in July-Aug 2012 in Mỹ Hào district.	Not explicitly reported for the sample.	Witnessing mother being hit associated with co-occurring economic coercion + IPV (aOR 3.54, 95% CI 1.84–6.83) and IPV only (aOR 1.75, 95% CI 1.00–3.06); being hit/beaten as a child associated with IPV only (aOR 1.63, 95% CI 1.04–2.56); lower household standard of living	

					associated with IPV only (aOR 0.75, 95% CI 0.63–0.89, inverse direction indicating worse living standard = higher IPV risk).	
2016	Vietnam	Jansen, H.A.F.M. et al.	Cross sectional. 4838 female respondents aged 18–60 years.	Lifetime physical or sexual IPV 34% and past 12-month physical or sexual IPV 9%.	Sexual violence by others since age 15 (AOR 5.46, 95% CI 2.17–13.73); childhood sexual abuse (AOR 2.77, 1.07–7.15); first sex coerced/forced (AOR 4.17, 1.47–11.82); mother beaten by partner (AOR 2.27, 1.61–3.22); partner's daily alcohol use (AOR 7.06, 3.39–14.69), weekly (3.32, 1.59–6.94), monthly (2.97, 1.48–5.98); partner fights with other men (AOR 5.27, 2.95–5.82); partner extramarital relationships (AOR 3.37, 1.95–5.82); partner's mother abused (AOR 2.75, 1.71–4.42); partner abused as child (AOR 1.71, 1.02–2.86); woman contributing financially more than partner (AOR 2.40, 1.58–3.65); higher-risk regions included Red River Delta (AOR 2.03, 1.05–3.93) and Central Highlands (AOR 2.17, 1.23–3.83).	Higher education (AOR 0.51, 95% CI 0.30–0.87); partner age 30–39 (AOR 0.47, 0.22–0.98) and 40–49 (AOR 0.37, 0.15–0.90) vs <30; no children vs one child (AOR 0.39, 0.17–0.89); high household assets (AOR 0.55, 0.30–0.99).
2011	Malaysia	Awang, H., & Hariharan, S.	Cross sectional. Secondary analysis of 164 Women's Aid Organisation case files of women who sought shelter services during 2002 to 2005.	Not explicitly reported for the sample.	Older perpetrator age and having an income were associated with more frequent violence. Compared with perpetrators aged ≥40, survivors whose partners were aged 30–39 had lower odds of nearly daily abuse (Exp(B) 0.375); survivors with no income had lower odds of nearly daily abuse than survivors with income (Exp(B) 0.311); survivors with partners aged	

					≤29 had higher odds of abuse once or twice/month (Exp(B) 15.34). Having ≥3 children indicated greater weekly abuse than having 1–2 children.	
2011	Thailand	Xu, X. et al.	Cross sectional. 770 married women in Bangkok.	Not explicitly reported for the sample.	Approval of wife abuse and husband alcohol abuse consistently associated with higher psychological violence, physical assault, and physical injury (Tobit coefficients reported); status or resource inequality associated with higher violence.	Wife employment, arranged marriage, and older age at first marriage were associated with lower violence frequency (Tobit coefficients).
2009	Philippines	Fehringer, J.A., & Hindin, M.J.	Cross-sectional. Secondary analysis of 472 cohabitating or married women from Cebu, Philippines.	Perpetration: 55.8% female respondents, 25.1% male; victimization 27.7% and 30.5% respectively; reciprocal violence 24.2%, 23.5%.	Witnessing maternal perpetration predicted victimization (RRR 4.18); longer relationship duration predicted victimization and reciprocal violence, e.g. victimization at 37–48 months RRR 5.79 and >48 months RRR 4.85; reciprocal violence at 13–24 months RRR 3.48, 25–36 months RRR 3.49, 37–48 months RRR 3.03, >48 months RRR 5.20. Rural residence was associated with perpetration (RRR 1.70).	Greater parental joint decision-making protective for victimization (RRR 0.82, 95% CI 0.70–0.97) and reciprocal violence (RRR 0.91, 95% CI 0.83–0.99); being male lowers risk of victimization and reciprocal violence; among males, higher maternal church attendance protective for reciprocal violence (OR 0.39, 95% CI 0.16–0.99).
2009	Philippines	Ansara, D.L. & Hindin, M.J.	Cross-sectional. Secondary analysis of survey in 2002: 1,861 women either married or living with partner at the time.	Any physical aggression in past year 26.0%; wife-only 9.9%; husband-only 5.9%; reciprocal 10.3%. Frequent psychological aggression by either partner 32.0%. Husband's sexual coercion during relationship 22.0%.	Violence between wife's parents and wife's alcohol use identified across perpetration groups; wife-only perpetration associated with multinuclear household living; husband-only perpetration with husband dominance/control, financial difficulty, and urban residence;	Regular church attendance by wife was protective for wife-only perpetration; regular church attendance by both spouses was protective for reciprocal perpetration; husband working for pay was protective for

					reciprocal perpetration with household alcohol expenditure, husband dominance, and urban residence. Supporting adjusted RRRs included wife alcohol use: wife-only 1.79, husband-only 1.66, reciprocal 2.15; husband dominance: husband-only 1.63, reciprocal 2.35; husband control: husband-only 1.70; difficulty coping with major expenses: husband-only 1.94; urban residence: husband-only 2.11, reciprocal 2.28.	husband-only perpetration. Supporting adjusted RRRs: husband works for pay 0.43 for husband-only perpetration.
2008	Thailand	Thananowan, N.	Cross-sectional. 600 adult pregnant women from a university hospital.	Young age (≤25 years; n=296) vs older group (>25 years; n=304): ever abused 26.0% vs 25.0%; physical abuse in last year 15.2% vs 13.2%; physical abuse during pregnancy 5.1% vs 3.0%; sexual abuse in last year 8.1% vs 10.5%; emotional abuse 10.8% vs 8.9%.	Younger age during pregnancy more likely to experience physical, sexual, and emotional IPV compared to older pregnant women.	
2008	Thailand	Thananowan, N., & Heidrich, S.M.	Cross-sectional. N=475 pregnant women in antenatal clinic visits to five hospitals in Bangkok.	13.1% ever abused; 4.8% physical abuse during pregnancy.	Women abused during pregnancy more likely to be younger, unmarried, have low income, be unemployed, and report pregnancy was unwanted.	
2007	Vietnam	Luke, N. et al.	Cross-sectional. 465 women aged 18-35 and their husbands aged 20-44 in February 2002 from Vietnam.	36.8–37.0% ever physically hit by husband; 14.6% hit in the past year; 18.2% of ever-abused women reported injury.	Husband's age (OR 1.06–1.09 per year); husband 1–3 years older than wife vs 4+ years (OR 1.77); husband having lower education than wife; and low household economic status. The paper also found that husbands with lower resources or status than wives were more likely to have been abused.	Husband's higher education (secondary OR 0.54–0.64; higher secondary or postsecondary OR 0.30–0.44 vs none/primary); high economic status (45% lower odds); more equitable couple gender-attitude interaction, with each additional

						point associated with 12–13% lower odds of violence.
2005	Myanmar	Kanai, A., & Kyu, N.	Cross-sectional. 286 women.	69% psychological aggression, 27% physical assault in the past year.	Witnessing parental violence; husband's unemployment and frequent alcohol use; women's more liberal or feminist attitudes; lack of strong social support; being fooled into marriage.	

Table 2. Risk of Bias and GRADE Rating

Abbreviations based on Joanna Briggs Institute Critical Appraisal Checklist. C1: Were the criteria for inclusion in the sample clearly defined?; C2: Were the study subjects and the setting described in detail?; C3: Was the exposure measured in a valid and reliable way?; C4: Were objective, standard criteria used for measurement of the condition?; C5: Were confounding factors identified?; C6: Were strategies to deal with confounding factors stated?; C7: Were the outcomes measured in a valid and reliable way?; C8: Was appropriate statistical analysis used?

Year	Author	Title	C1	C2	C3	C4	C5	C6	C7	C8	Risk of Bias	GRADE
2025	Jewkes, R. et al.	Impact of witnessing abuse of their mother and childhood trauma on men's perpetration of intimate partner violence in the cross-sectional UN multi-country study on men and violence in Asia and the Pacific	✓	✓	✓		✓		✓	✓	Low	Low
2025	Dang, T.N.H., & Le, D.D.	Socioeconomic Inequalities in Intimate Partner Violence: Evidence from Vietnam	✓	✓	✓	✓	✓		✓	✓	Low	Low
2024	Seeya, A. et al.	A structural equation model of factors influencing intimate partner violence victimization and health outcomes among men who have sex with men in Bangkok, Thailand	✓	✓	✓	✓			✓	✓	Low	Low
2024	Koning, S.M.	Protracted Chains of Violence: How Chronic Conflict and Displacement Structure Intimate Partner Violence at the Thailand-Myanmar Border	✓	✓	✓		✓		✓	✓	Low	Low
2024	Xu, X. et al.	Understanding the Risk Factors of Spousal Violence Victimization Using Machine Learning and Network Approaches	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2024	Sonthon, P. et al.	Variations in the association between polygyny and experience of intimate partner violence by husband's alcohol consumption: a cross-sectional study among postpartum women in Thailand	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2024	Ayyagari, P. et al.	Natural Disasters and Acceptance of Domestic Violence	✓	✓	✓	✓	✓	✓	✓	✓	Low	Moderate

2023	Postmus, J. L. et al.	Perpetrating Economic Abuse across the Globe: Results from the U.N. Multi-Country Study on Men and Violence in Asia and the Pacific	✓	✓	✓	✓	✓	✗	✓	✓	Low	Low
2023	Tarigan, G.N.E., & Himawan, K.K.	When Love Hurts: The Role of Adult Romantic Attachment as a Predictor of Domestic Violence among Married Women in Jakarta	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2022	O'Hara, C.A., & Tan, R.K.J.	Intimate partner violence before and during the COVID-19 lockdown: findings from a cross-sectional study in Singapore	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2022	Hanafi, W. S. W. M. et al.	Factors Associated with Attitudes towards Rejecting Intimate Partner Violence among Young Adults in Malaysia	✓	✓	✓	✓	✓	✓	✗	✓	Low	Low
2021	Laslett, A.-M. et al.	Does drinking modify the relationship between men's gender-inequitable attitudes and their perpetration of intimate partner violence? A meta-analysis of surveys of men from seven countries in the Asia Pacific region	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2021	Haron, K. et al.	Women's Attitude and Its Influence on Violence During Pregnancy in Northern State of Peninsular Malaysia: Cross-Sectional Study	✓	✓	✗	✓	✓	✓	✗	✓	Low	Low
2020	Hershow, R.B. et al.	Longitudinal analysis of alcohol use and intimate partner violence perpetration among men with HIV in northern Vietnam	✓	✓	✓	✓	✓	✓	✗	✓	Low	Moderate
2020	Lee, F.-H.	Factors Influencing Marital Violence Among Vietnamese Women in Taiwan	✓	✓	✓	✓	✗	✗	✓	✓	Low	Low

2018	Ayuwat, D., & Sananikone, S.	Influential Factors Among Male Population, Which Associated with the Economic Violence Against Women in Laos	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2018	Pengpid, S. et al.	Intimate partner sexual violence and risk for femicide, suicidality and substance use among women in antenatal care and general out-patients in Thailand	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2018	Chuemchit, M. et al.	Prevalence of intimate partner violence in Thailand	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2017	Laeheem, K., & Boonparakarn, K.	Factors predicting domestic violence among Thai Muslim married couples in Pattani province	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2017	Tsai, L. C.	Household Financial Management and Women's Experiences of Intimate Partner Violence in the Philippines: A Study Using Propensity Score Methods	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2017	Fulu, E. et al.	Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2017	Jewkes, R. et al.	Women's and men's reports of past-year prevalence of intimate partner violence and rape and women's risk factors for intimate partner violence: A multi-country cross-sectional study in Asia and the Pacific	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2016	Yount, K. M. et al.	Economic Coercion and Partner Violence Against	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low

		Wives in Vietnam: A Unified Framework?									
2016	Jansen, H.A.F.M. et al.	Exploring risk factors associated with intimate partner violence in Vietnam: results from a cross-sectional national survey	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2011	Awang, H., & Hariharan, S.	Determinants of Domestic Violence: Evidence from Malaysia	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2011	Xu, X. et al.	Understanding Gender and Domestic Violence From a Sample of Married Women in Urban Thailand	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2009	Fehringer, J.A., & Hindin, M.J.	Like Parent, Like Child: Intergenerational Transmission of Partner Violence in Cebu, the Philippines	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2009	Ansara, D. L., & Hindin, M. J.	Perpetration of intimate partner aggression by men and women in the Philippines: prevalence and associated factors	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2008	Thananowan, N.	Intimate partner violence (IPV), risk factors, and health outcomes in adult pregnant women	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2008	Thananowan, N., & Heidrich, S.M.	Intimate partner violence among pregnant Thai women	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2007	Luke, N. et al.	Exploring Couple Attributes and Attitudes and Marital Violence in Vietnam	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low
2005	Kanai, A., & Kyu, N.	Prevalence, antecedent causes and consequences of domestic violence in Myanmar	✓	✓	✓	✓	✓	✓	✓	✓	Low	Low

Figures

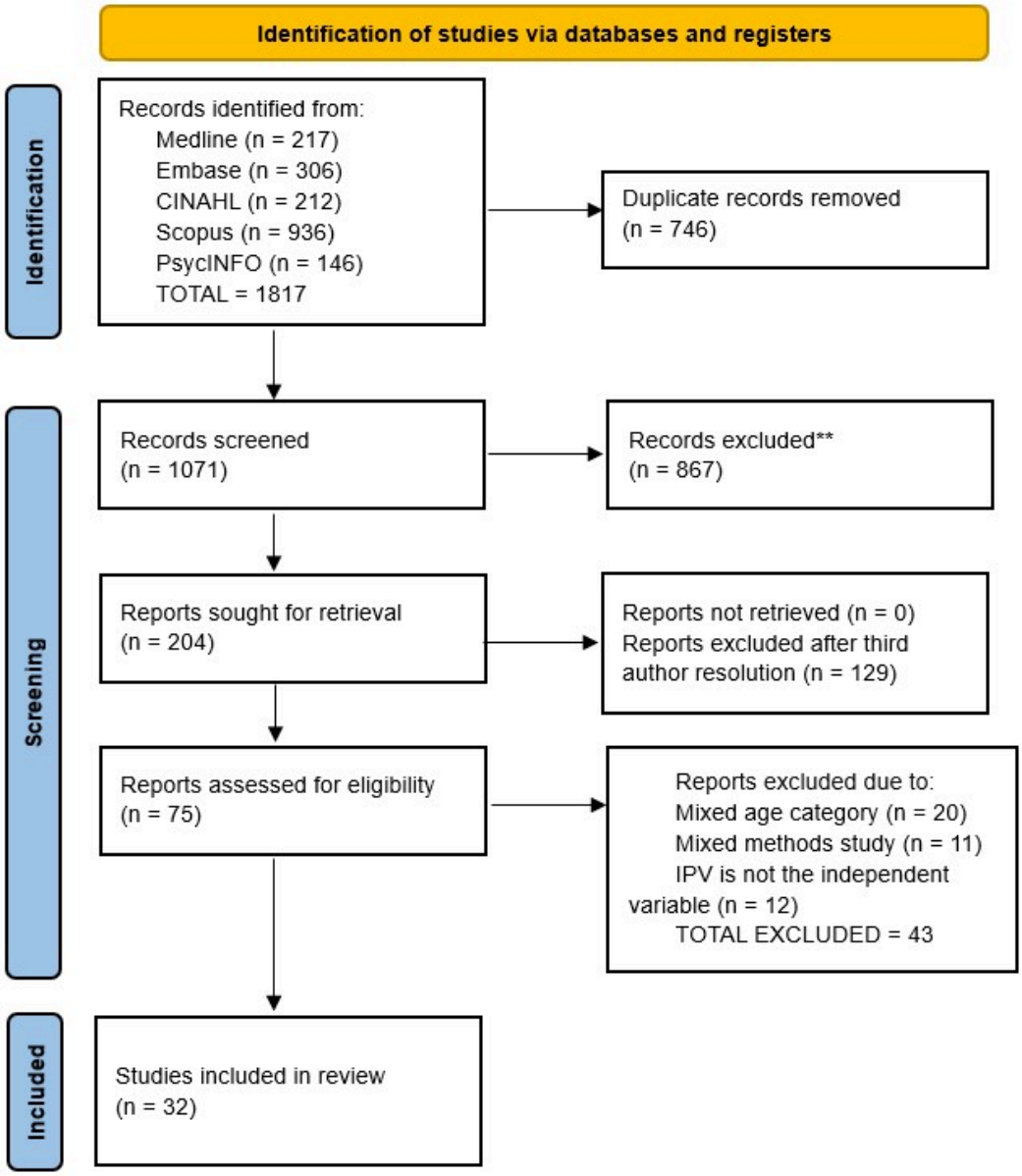


Figure 1

PRISMA flow chart.