Premigration Exposure to Political Violence and Perpetration of Intimate Partner Violence Among Immigrant Men in Boston

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According to the 2005 US Census Bureau's American Community Survey, over 12.4% of the US population is foreign born, a 16.3% increase from the year 2000. As a result, the public health literature increasingly reflects the importance of understanding factors unique to the immigrant experience (e.g., English-speaking ability, acculturation, and exposures in the country of origin) and their impact on health status and behaviors postmigration. ^{2–6}

One such critical public health issue is intimate partner violence (IPV). Although population-based, epidemiological research suggests that immigrant women report IPV victimization at significantly lower rates than their US-born counterparts, 7,8 smaller, community-based investigations have consistently documented high partner victimization rates (40%-48%) among immigrant women.9-11 Additionally, regional homicide data from New York City show that immigrant women are overrepresented as victims of intimate partner-related murders.12 Along with findings from one perpetration study in which foreign-born men in Massachusetts were overrepresented in courtmandated batterer intervention programs. 13 these data underscore the need to better understand the rarely studied issue of IPV perpetration among immigrant men.

One key experience faced by immigrant men that may add to our understanding of IPV in such communities is exposure to political violence (e.g., state-perpetrated armed conflict, repression, genocide, torture, forced disappearance of family members, and massacre)^{14,15} in their place of origin. Although most immigrants enter the United States for economic reasons, research has demonstrated that, like refugee populations, nonrefugee immigrants experience premigration political violence, with exposure ranging from 11% to 69%. ^{16–18}

It has been hypothesized that IPV may occur more frequently in communities whose

Objectives. We examined associations between premigration political violence exposure and past-year intimate partner violence (IPV) perpetration among immigrant men attending community health centers in Boston.

Methods. A convenience sample of immigrant men (N=379; aged 18–35 years), largely from the Caribbean and Cape Verde, who attend community health centers, completed an anonymous, cross-sectional survey on risk and protective factors for male-perpetrated IPV and respondents' exposure to political violence.

Results. One in 5 (20.1%) immigrant men reported that they were exposed to political violence before arrival in the United States. Men reporting political violence exposure were significantly more likely to report IPV perpetration than were men not reporting such exposure (adjusted odds ratio [AOR]=2.84; 95% confidence interval [CI] =1.41, 5.74). Significant associations with political violence exposure were observed for both physical (AOR=2.69; 95% CI=1.11, 6.54) and sexual (AOR=2.37; 95% CI=1.04, 5.44) IPV perpetration.

Conclusions. To our knowledge, our findings document for the first time the significant association between premigration political violence exposure and recent IPV perpetration among immigrant men. Additional work is needed to examine underlying mechanisms to inform culturally appropriate programs. (Am J Public Health. 2009;99:462–469. doi:10.2105/AJPH.2007.120634)

members have been affected by political violence.15 To date, such an association remains anecdotal,15 although high rates of women's IPV victimization and other forms of violence against women (e.g., nonpartner rape and sexual assault) have been well documented in diverse samples of conflict-ridden settings. 19-23 Furthermore, several theories posit that contributors to IPV perpetration within such contexts include viewing violence as a normative method for addressing conflict because of exposure to widespread violence, heightened economic stress, and the mental health sequelae of traumatic exposure. 15,24,25 Unfortunately, despite these theories and the documented high rates of political violence exposure among immigrant groups, no empirical work has explored how premigration political violence exposure affects the perpetration of intimate partner violence.

Studies indicating an increased prevalence of IPV perpetration among men exposed to other forms of violence (e.g., child abuse, ²⁶ witnessing

parental violence,²⁷ and community or neighborhood violence^{28,29}) further support the importance of investigating the impact of political violence experiences on partner violence perpetration. Thus, to assess relations of premigration political violence exposure with maleperpetrated violence toward their intimate partners, we surveyed a sample of immigrant men attending community health centers (CHCs).

METHODS

We collected data as part of the Men's Ecological Systems, Development, and Abuse Study, an anonymous, cross-sectional study that investigated risk and protective factors of male perpetration of intimate partner and other forms of violence. The study was conducted in collaboration with 3 urban CHCs located in the Boston, Massachusetts, neighborhoods of Roxbury, Jamaica Plain, and Dorchester, where immigrants compose 24%, 25.3%, and 36.8%

of the respective communities.³⁰ Participating centers provide primary care annually to over 120 000 individuals, who are largely from racial/ethnic minority populations (49% Black and 27% Hispanic).³¹ Research staff invited 5 centers with men's health programs to participate in the Men's Ecological Systems, Development, and Abuse Study, and 4 agreed to participate. After a brief pilot period, we excluded 1 center because too few men were served there.

The Men's Ecological Systems, Development, and Abuse Study used a convenience sample. We collected data from January 2005 through December 2006. Two trained onsite graduate research assistants recruited men in waiting areas during peak clinical hours on 4 weekdays, as recommended by staff. All men were approached by a research assistant and screened for the following eligibility criteria: (1) he was aged 18 through 35 years; (2) he had English, Spanish, or Portuguese fluency; and (3) he was a CHC patient or nonclinical patron (e.g., who was seeking job referrals) or a companion of a CHC patient or nonclinical patron. Men exhibiting cognitive impairment or very poor health during recruitment were ineligible. We invited men meeting eligibility criteria to participate in a research study involving a 1-time survey on health, development, and experiences of violence in communities and families.

Men agreeing to participate were escorted to a private area of the CHC, where we obtained verbal consent to preserve anonymity. Verbally consenting men were then administered a 30-min anonymous health survey in English, Spanish, or Portuguese via an audio computerassisted self-interviewing technology, which facilitates a higher level of respondent privacy and reduces illiteracy barriers by allowing selfadministered surveys, as has been documented across diverse US and international populations.32-36 Upon completion, participants were provided the opportunity to ask questions, \$20 compensation, and a list of men's health- and IPV-related resources. Onsite counseling was available at all centers.

Of the 3430 men approached for the study, 2229 (65%) agreed to participate. Because of the anonymous nature of the study and the need for verbal consent before data collection, we could not obtain demographic information (e.g., immigrant status) on nonparticipants.

Reasons for nonparticipation were lack of time (57.5%), unspecified (40.5%), awaiting appointment (2.3%), and other (e.g., privacy concerns, 2.0%). Reasons for visiting CHCs included obtaining own health care (35.4%), accompanying a patient or patron (37.5%), other (e.g., health fair, men's health group; 26.5%), and unspecified (2.1%). The current study reports on a subsample of the 637 (28.6%) men who reported being born outside of the United States.

Although Puerto Ricans are US citizens, their migration experiences from Puerto Rico are comparable to those of international migrants. including limited English-speaking ability. 37 challenges regarding housing and employment, 38,39 and marginalization associated with being a visual minority. 40,41 Thus, consistent with existing work on immigrant experiences, 42,43 Puerto Rican men who indicated they were born outside the United States and listed their birth nation as Puerto Rico were considered immigrants in this study. Furthermore, scholarly work on Puerto Rico has discussed human rights violations (e.g., detainment, raids, FBI surveillance) against Puerto Ricans with suspected involvement in pro-independence movements in this commonwealth. 44,45

Among the immigrant men, 48 did not complete political violence exposure survey items. An additional 197 reported never having had sexual intercourse, so they could not provide information regarding sexual violence and coercion integral to IPV assessment. Of the remaining 392 eligible men, 13 did not complete the assessment. Thus, the analysis is limited to the remaining 379 individuals.

Measures

Demographics, including age, race, ethnicity, employment, economic status, and education, were measured with single items from the National Behavioral Risk Factor Surveillance System. 46 Individual immigrant status was measured with a single item: "Were you born in the United States?" We also assessed, via single items, respondents' number of years in the United States, English-speaking ability, country of origin, and marital status.

We determined political violence exposure with a 6-item modified version of the checklist Eisenman et al.¹⁷ developed to assess political violence exposure among low-income immigrants who attend CHCs in Los Angeles. Referring to their country of origin, the audio computer-assisted self-interviewing survey asked about various kinds of violence and things related to violence done by the police, army, or other political groups that men may have directly experienced or witnessed in their birth country. Men were instructed to rely on real-life experiences only, and not to answer based on things seen on television, radio, the news, or in the movies.

Specific survey items were witnessing injury to large numbers of people at once; witnessing the rape of a loved one; being nearly killed by hanging or suffocation, near drowning, or other intentional injury; being made to watch while others were tortured or executed; having 1 or more family member disappear without explanation and still remain disappeared without explanation; and being detained, captured, or kidnapped. A dichotomous variable for political violence exposure was created on the basis of a "yes" response to any of the 6 items. We also created dichotomous variables for each item to examine frequencies of specific forms of political violence. Cronbach α for political violence exposure was 0.84.

We assessed past-year IPV perpetration with items from the physical assault, sexual assault, and injury subscales of the Conflict Tactics Scale-2.47 Three additional items modified from the Sexual Experiences Survey⁴⁸ were used to enhance sexual violence assessment, specifically sexual coercion against an intimate partner (e.g., threats to make a partner have sexual intercourse when she did not want to). We used past-year assessment of IPV perpetration to increase the likelihood that political violence exposure temporally preceded partner violence perpetration. We created 3 dichotomous variables to assess IPV perpetration in the past 12 months: any partner violence perpetration ("yes" to any physical, sexual, or injury-related IPV assessment items), physical partner violence perpetration ("yes" to any physical IPV assessment items), and sexual partner violence perpetration ("yes" to any sexual IPV assessment items).

Analysis

Frequencies were generated for demographics, political violence exposure, and past-year IPV perpetration. We used the χ^2 analysis

or Fisher exact test (where appropriate) to assess bivariate associations between demographics and both political violence exposure and partner violence perpetration (P<0.05). We also generated frequencies of specific forms of political violence. We conducted crude logistic regression analysis to examine bivariate associations between political violence exposure and past-year partner violence perpetration (physical, sexual, or any). Following Miettinen and Cook's rationale, 49 we simultaneously entered all demographic variables as covariates into multivariable models, because they have all been demonstrated, proposed, or conceptualized as correlates of partner violence perpetration.50-56

The approach we used extends model-building beyond relying solely on empirical associations and incorporates principles of causal inference that emphasize substantive knowledge in selecting potential confounders.⁵⁷ Adjusted odds ratios (AORs) and 95% confidence intervals (CIs) were used to assess significance in adjusted models. To assess effect modification of political violence on IPV perpetration on the basis of years in the United States, we created an interaction term and entered it into the multivariable model. For the interaction term, years in the United States was dichotomized (≤ 5 years vs ≥6 years) to enhance interpretability and maximize statistical power. We conducted all analyses with SAS version 9.1.58

RESULTS

Sample Demographics

Sample demographics are displayed in Table 1. The mean age of the 379 participating immigrant men was 25.9 years. The largest percentage reported their race/ethnicity as non-Hispanic Black (49.5%), the second largest as Hispanic (44.9%). Slightly fewer than 6% were classified as "other" on the basis of either reporting race/ethnicity as "other" or belonging to a group representing fewer than 3% of the sample (Asian, White, or Native Hawaiian/Pacific Islander).

Immigrant men were largely from the Caribbean (43.1%), with 41.4% of this group from Puerto Rico and 37.7% from the Dominican Republic. The next largest region of origin was Africa (40.2%), with most coming from Cape Verde (86.1%). Fewer men (7.2%) reported being from Mexico or a South or Central

American country; 9.6% were immigrants from other regions. A large proportion (45.5%) of men reported residing in the United States for 10 years or longer, followed by 17.7% of men reporting 6 to 10 years in the United States; 36.8% reported being in the United States for 5 years or less. Over one half (56.2%) reported speaking English "very well," followed by 27.4% speaking it "okay," and only 16.4% speaking it "not well."

Most respondents (59.0%) were single or never married, and over one half (54.3%) reported having no biological children. One half (51.2%) of the men sampled were employed, slightly fewer than 1 in 5 (19.2%) were unemployed, 1 in 5 (20.3%) were students, and the remaining men were homemakers, retired, or unable to work. Most men in the sample earned less than \$35000 annually; slightly over 1 in 7 (15.1%) reported annual earnings exceeding \$35000. One in 3 (33.6%) men reported not completing high school, and an additional one third (34.9%) reported completing high school. The remaining men reported some college or technical school.

Prevalence of Political Violence Exposure and Demographics

Overall, 1 in 5 (20.1%) immigrant men reported premigration political violence exposure. Chi-square analyses and the Fisher exact test revealed no significant differences in premigration political violence exposure across the demographics considered in this study (Table 1).

The most common form (72.4%) of political violence exposure was witnessing injury or death of many people at once, followed by witnessing rape, torture, or murder of family (35.5%) and being detained, captured, or kidnapped (34.2%). Slightly over one quarter (26.3%) reported having family members or other loved ones disappear. Slightly over 1 in 5 (21.1%) men reported being tortured or being forced to witness torture. (Note that these data are not shown in the table, and percentages do not total 100 because individuals reported multiple forms of political violence.)

Prevalence of Intimate Partner Violence Perpetration and Demographics

Over 1 in 6 (17.9%) immigrant men reported perpetrating any violence toward their intimate partners (physical or sexual) in the past 12

months (Table 1); 9.5% participants reported physical IPV perpetration, and 11.1% reported sexual violence. Immigrant men with children were significantly more likely to perpetrate any IPV and physical IPV (P=0.05 and P=0.02, respectively). No other demographics emerged as significant correlates of partner violence perpetration in this sample.

Political Violence Exposure and Past-Year Intimate Partner Violence Perpetration

Compared with immigrant men with no political violence exposure, men reporting political violence exposure were more likely (30.3% vs 14.9%) to report perpetrating any partner violence in the past year (Table 2). Crude logistic regression indicated this difference in any past-year IPV perpetration on the basis of political violence exposure to be significant (OR=2.49; 95% CI=1.34, 4.46). We also observed significant crude associations between political violence and past-year physical violence perpetration (OR=2.51; 95% CI=1.21, 5.23) and sexual violence perpetration (OR=2.22; 95% CI=1.10, 4.46).

Political violence exposure continued to be significantly associated with IPV perpetration in adjusted logistic regression analyses after we controlled for age, race, region of origin, years in the United States, English-speaking ability, having children, employment status, income, education, and marital status. Men reporting premigration political violence exposure were over twice as likely to report any past-year partner violence perpetration (AOR=2.84; 95% CI=1.41, 5.74), past-year physical violence perpetration (AOR=2.69; 95% CI=1.11, 6.54), and past-year sexual violence perpetration (AOR=2.37; 95% CI=1.04, 5.44) in adjusted models. We observed no evidence of effect modification on the basis of years in the United States. Post hoc analysis revealed no evidence of confounding of the observed relations between political violence exposure and IPV perpetration on the basis of Puerto Rican origin.

DISCUSSION

This United States—based study of male immigrants (of largely Caribbean or Cape Verdean origin) attending urban CHCs indicates a significant relation between premigration

TABLE 1—Demographics of Immigrant Men (N=379) and Associations With Exposure to Political Violence Exposure and Past-Year Intimate Partner Violence (IPV) Perpetration: Boston, MA, 2005-2006

				Past-Year IPV Perpetration					
	No. (%) ^a	Exposure to Political Violence, %b	P	Any IPV, %b	P	Physical IPV, %b	Р	Sexual IPV, % ^b	P
Overall	379 (100)	20.1		17.9		9.5		11.1	
Age, ^c y			.13		.44		.44		.48
18-21	109 (28.8)	17.4		12.8		6.4		7.3	
22-26	101 (26.6)	27.2		19.8		11.9		13.9	
27-30	81 (21.4)	19.8		19.8		9.9		12.4	
31-35	88 (23.2)	14.8		20.5		10.2		11.4	
Race/ethnicity			.46		.26		.24		.60
Hispanic	167 (44.9)	21.0		19.2		11.4		10.8	.00
Non-Hispanic Black	184 (49.5)	28.6		18.5		9.2		12.0	
Other	21 (5.6)	17.9		4.8		0.0		4.8	
Region of origin			.78		.13		.53		.16
Africa	151 (40.2)	18.5		18.5	35.79.39.77	9.3	100	12.6	.10
Caribbean	162 (43.1)	21.0		21.0		11.7		12.3	
South America, Central America, Mexico	27 (7.2)	33.3		18.5		11.1		7.4	
Other	36 (9.6)	13.9		2.8		0		2.8	
Years in United States	()		.5	2.0	.19	O	.47	2.0	.18
<1	48 (12.7)	12.5	.0	10.4	.13	4.2	.41	6.3	.10
1-5	91 (24.1)	20.9		13.2		7.7			
6-9	67 (17.7)	23.4		20.9		10.5		6.6 14.9	
≥10	172 (45.5)	20.4		20.9		11.1			
English-speaking ability	112 (10.0)	20.7	.13	20.5	.48	11.1	> 00	13.4	40
Good	213 (56.2)	20.7	.15	16.0	,40	9.4	≥.99	0.4	.46
Moderately good	104 (27.4)	24.0		21.0				9.4	
Poor	62 (16.4)	11.3		21.0		9.6		13.5	
Current marital status	02 (10.4)	11.5	.93	21.0	22	9.7	F0	12.9	70
Married	73 (19.3)	19.2	.93	10.0	.33	44.0	.50		.76
Divorced/separated	39 (10.3)			19.2		11.0		9.6	
Other		20.5		28.2		15.4		15.4	
Single/never married	43 (11.4)	16.3		16.3		7.0		11.6	
Has children	223 (59.0)	21.1		16.1		8.5		10.8	
No	204 (54.2)	***	.61		.05		.02		.87
Yes	204 (54.3)	19.1		13.7		5.4		10.8	
	172 (45.7)	21.5		21.5		12.8		11.6	
Employment status			.31		.35		.51		.39
Employed	192 (51.2)	22.3		19.2		9.8		11.9	
Not employed	72 (19.2)	22.2		22.2		11.1		13.9	
Student	76 (20.3)	18.4		11.8		5.3		10.5	
Homemaker/retired/unable to work	35 (9.3)	8.8		14.7		11.8		2.9	
Income, US\$.68		.82		.36		.34
0-14999	136 (42.2)	23.5		18.4		12.5		8.8	
15 000-24 999	78 (24.2)	19.2		18.0		5.1		15.4	
25 000-34 999	59 (18.3)	17.0		23.7		11.9		13.6	
≥35 000	49 (15.1)	24.5		20.3		10.2		16.3	
Educational attainment	The series are server		.42		.3		.18		.89
Less than high school	126 (33.6)	23.0		20.6		11.9		11.1	
High school graduate/general equivalency diploma	131 (34.9)	19.8		16.8		10.7		7.6	
Some college/technical school	118 (31.5)	17.8		16.1		5.1		15.3	

Note. Because of missing data, some responses were made by less than 379 men.

^aReported column percentages exclude missing data.

^bRow percentages.

^cMean = 25.9.

TABLE 2—Crude and Adjusted Logistic Regressions for Associations Between Exposure to Political Violence and Past-Year IPV Perpetration in Immigrant Men (n=309): Boston, 2005–2006

Exposure to Political Violence	Past-Year Any IPV			Past-Year Physical IPV			Past-Year Sexual IPV			
	%	Crude OR (95% CI)	AOR (95% CI) ^a	%	Crude OR (95% CI)	AOR (95% CI) ^a	%	Crude OR (95% CI)	AOR (95% CI) ^a	
Yes	30.3	2.49* (1.34, 4.46)	2.84* (1.41, 5.74)	17.1	2.51* (1.21, 5.23)	2.69* (1.11, 6.54)	18.4	2.22* (1.10, 4.46)	2.37* (1.04, 5.44)	
No (Ref)	14.9	1.00	1.00	7.6	1.00	1.00	9.2	1.00	1.00	

Note. OR = odds ratio; CI = confidence interval; AOR = adjusted odds ratio. Regression analyses included only participants reporting on political violence exposure items, IPV perpetration items, and all covariates.

^aAdjusted for age, race/ethnicity, region of origin, years in the United States, English-speaking ability, having children, employment status, income, education, and marital status. All covariates were simultaneously included into multivariable models for conceptual purposes, regardless of bivariate empirical associations.

political violence exposure and past-year IPV perpetration: men reporting exposure to political violence in their country of origin were over twice as likely to report IPV perpetration against a female partner in the past 12 months. Empirical studies of US immigrant men's reports of violence perpetration on intimate partners do not exist, thus referent comparisons are not possible. However, our finding of past-year partner violence perpetration of 17.3% is within the lower range (14%–41%) of men's reports of past-year partner violence perpetration that have been documented. 54,56,59

Although our work represents the first examination, to our knowledge, of the possible effects of political violence on men's IPV perpetration, our findings are consistent with the growing body of literature documenting significant relations between perpetration of violence against intimate partners and early traumatic victimization within families (e.g., child abuse, witnessing parental IPV) as well as exposure to other forms of violence (e.g., neighborhood, gang, media). 60-66 Given the extent of political violence exposure in our sample and the demonstrated association with violence perpetration against partners, our findings underscore the need to consider political violence exposure as a potentially important factor in the study of male-perpetrated IPV.

Further work is needed to understand specific mechanisms underlying the observed association in our study. The relation may, in part, be explained by mental health consequences of traumatic exposures. Studies with diverse samples of immigrants (e.g., from Latin

America, Asia, and the Middle East) have shown experiences of political violence before arrival to the United States and Canada to be associated with negative mental health sequelae (e.g., posttraumatic stress disorder, depression, panic disorder, and mental distress). The mental health of male perpetrators of violence has received considerable attention as an important predictor of IPV perpetration; Po-72 several studies indicate the relation of posttraumatic stress disorder and depression to such abusive behavior.

Further, research with men who have experienced neighborhood violence and military imprisonment has identified increased hopelessness and posttraumatic stress disorder as important mediators in the relation between such traumatic exposures and both partner violence perpetration and a propensity for aggression. Considering this collection of work along with a study indicating that traumatic effects of political and family violence are indistinguishable among Central American and Mexican immigrants, for future research should investigate the potential mechanistic role of mental health in the relation between political violence and IPV perpetration.

The mental health literature recommends that public health programs regularly screen refugees and immigrants for political violence exposure to provide appropriate services;¹⁷ our study supports this recommendation. Through such screening, public health programs (e.g., CHCs) may identify men and their partners and families at heightened risk for IPV and intervene accordingly.

Beyond mental health concerns, attention must be given to sociocontextual factors that may explain the relation between political violence exposure and increased IPV perpetration. Hypotheses suggest that societies exposed to extreme forms of political conflict may view violence as a normative mode of handling conflict, both generally and within intimate relations. 15,76 Immigrant men from conflictridden societies who perpetrate violence against their intimate partners may continue to hold such beliefs. Moreover, given that our sample was drawn from lower socioeconomic status communities, in which high levels of neighborhood violence and social disorder are likely,77,78 the observed effect on IPV may also be attributed to possible interactions with community violence exposure in the United States. Future research should consider such issues.

It is also hypothesized that IPV may increase during political conflict because of gender role changes; traditional patriarchal hierarchies may be threatened as depressed economies require women to be employed outside the home, inciting a perceived backlash against men.15 Although not empirically examined within postconflict settings, recent work with ethnically diverse urban men from CHCs has documented a significant association between men's traditional gender roles and IPV perpetration. 79 Moreover, it is important to consider that gender role shifts have been noted among immigrants in the United States. Economic necessity compelling female immigrants to seek paid employment coupled with men's perceived failure to fulfill culturally prescribed

roles as "breadwinners" has been documented as an important factor driving abusive behavior postmigration. 80,81 Thus, experiences with gender role changes in conflict-ridden countries as well as those associated with immigration experiences may be independently associated with IPV perpetration. Additional research is needed to explore and differentiate these potential pathways.

Limitations

A major limitation of this study was the cross-sectional design, which limits causal inference. Additionally, our reliance on a convenience sample limits applicability of our findings to immigrant groups and demographics outside those represented in this study. Another concern is that men traumatized by previous political violence exposure may have been overrepresented in our study because they may have sought health services at high rates. Moreover, although our use of 3 languages made research participation more accessible to immigrants who were not fluent in English, it rendered those fluent primarily in languages not used in this study ineligible. Our study was also limited because of the lack of data regarding immigration categories (e.g., refugee vs legal immigrant); however, it is unlikely that our sample contained a large number of refugee men, because our 3 CHCs do not have refugee clinics, and separate refugee clinics exist in Boston.

Another important consideration is the 65% response rate and our inability to study potential biases among nonrespondents. The anonymous nature of the study also required reliance on face recognition to reduce potential multiplicity. Finally, reliance on selfreport may introduce social desirability bias, resulting in underreporting of IPV perpetration and a conservative bias toward the null. Notably, use of audio computer-assisted selfinterviewing has been shown to increase selfreporting of stigmatized behaviors (e.g., illicit substance use and risky sexual behavior)35,82 and has been specifically recommended for examining IPV and sexual assault perpetration.83

Conclusions

Despite these limitations, our work documents for the first time to our knowledge the

significant association between premigration political violence exposure and IPV perpetration. Associations remained significant after we controlled for a comprehensive range of demographics. Furthermore, this is one of few studies to examine perpetration of violence against intimate partners among immigrant men, an extremely underrepresented group in both IPV literature and other public health research. Our findings here underscore the importance of partner violence prevention and public health programs to integrate unique aspects of the immigrant context, such as political violence exposure, into existing efforts.

Considering that the 3 main places of origin in our sample-Puerto Rico, Dominican Republic, and Cape Verde-do not represent places from which refugee or asylee groups come, attention of programs to the effects of political violence among nonrefugee or asylee immigrants may be especially important. Further research with representative and diverse samples of immigrant men is needed to confirm our findings. Additional work is also needed to understand the mechanisms responsible for the relation between political violence and IPV perpetration among immigrant men and to guide culturally appropriate programs to address these issues within immigrant communities.

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Human Participant Protection

This study was approved by the institutional review boards at Harvard School of Public Health, Beth Israel Deaconess Medical Center, and the Children's Hospital of

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