

Wartime violence and intimate partner violence

Dr Romina Istratii¹

Abstract

The current chapter discusses the relationship between wartime and intimate partner violence, focusing on women's perspectives and experiences of the effects of war on their partners and the family context. The review engaged with studies drawn primarily from North America, Africa, Latin America, the Levant and South Asia and examined intimate partner violence within military populations, civilian populations affected by war and among refugee and displaced populations. The evidence points to a multi-dimensional mechanism that connects political violence to intimate partner violence, such as through mental health trauma and behaviour change among victims and perpetrators, socio-cultural parameters contributing to the further abuse of war survivors, or the breakdown of support systems and community solidarity that would be otherwise available in peacetime. Individuals affected by conflict tend to continue to face trauma-related consequences for many years after, which are defined within wider normative frameworks and material realities, as well as individual histories of trauma. Responses to conflict-related intimate partner violence must consider how political violence may intersect with pre-existing individual trauma and seek to support affected groups in ways that can prevent further abuse in domestic and communal life. Such efforts need to be contextualised in communities' religio-cultural beliefs systems.

Having read this chapter, you should be able to understand:

- The relationship between wartime violence and intimate partner violence
- Explanatory theories, prevalence rates and risk factors
- Women's perceptions and experiences of intimate partner violence and their responses to it in conflict and post-conflict time and in displaced contexts
- How interventions may be designed to respond to partner abuse in conflict and post-conflict time

Keywords: Intimate Partner Violence, War-related Violence, Post-Conflict, Displacement, Women's perspectives

¹ UKRI Future Leaders Fellow, School of History, Religions and Philosophies, SOAS University of London, UK;
Email: ri5@soas.ac.uk.

1.1. Introduction

This chapter discusses the relationship between wartime and intimate partner violence (IPV), focusing on women's perspectives and experiences of the effects of war on their partners and the family context (See Box 1 for definitions). The chapter draws heavily from a recent review that examined the international evidence on the relationship between wartime violence, including Sexual and Gender-Based Violence (SGBV), and IPV to inform responses in the humanitarian sector (See Box 2).² Violence affecting women in wartime and in post-conflict includes: a) violence from strangers and militant elements, including sexual violence, abduction, sexual exploitation and torture, b) violence from spouses or intimate romantic partners, and c) violence from the community, such as when a person's wartime victimisation is not recognised by others in their surroundings causing their re-traumatisation or interfering with their rehabilitation in post-conflict society.

While the evidence review on which this chapter is based was limited to IPV to exclude parent-child or child-parent violence and violence from other relatives, studies that referred to effects on children through war-related partner violence were included. The review engaged only with studies in English and examined IPV within military populations (soldiers and veterans), civilian populations affected by war, including ex-combatants, and refugee and displaced populations. Studies were drawn primarily from North America, Africa, Latin America, the Levant and South Asia, and areas of the world that have documented conflict in recent decades, such as Northern Ireland. The large majority were quantitative cross-sectional studies, population surveys and statistical and econometric analyses. A relatively lower number were qualitative and ethnographic studies that incorporated women's perspectives and providers' experiences of supporting victims and survivors of war-related violence, which this chapter has placed emphasis on.

Box 1: Definitions of key terms

Definition: Wartime Violence

Wartime violence refers to violence experienced or witnessed during war or conflict and could be perpetrated by militant elements from any of the warring sides and combatants recruited from the general population. War violence may include physical violence and injury, torture, death,

² This essay repeats some of the content of the working paper 'War and domestic violence: A rapid scoping of the international literature to understand the relationship and to inform current responses in the Tigray humanitarian crisis' authored by Dr Romina Istratii and published by project dldl/ድልድል. The content is reproduced with permission of the author and the original publisher, <https://projectdldl.org/>.

abduction, sexual and gender-based violence (SGBV), genocidal violence, as well as witnessing any of these forms of violence with implications for one's psychological wellbeing.

Alternative Terminology

War violence, Conflict Violence, Political Violence

Definition: Intimate Partner Violence

Intimate Partner Violence (IPV) is violence experienced between intimate romantic partners who cohabit either under a formal marital union or a more irregular union arrangement. It can include various forms of violence, such as physical, psychological, emotional, financial and spiritual violence.

Alternative Terminology

Spousal violence, Conjugal violence, Marital violence

Box 2: Geographical focus of previous studies

Study Locations

Rwanda, Uganda, Liberia, Sierra Leone, Democratic Republic of the Congo (DRC), South Africa, Timor-Leste, Cote d'Ivoire, Papua New Guinea, Sri Lanka, Afghanistan, occupied Palestinian territory, Lebanon, Colombia, Peru, Northern Ireland, former Yugoslavia

1.2. Historical Context

While the relationship between wartime violence and IPV received limited attention historically, this has changed in recent decades as new evidence emerged to establish close associations between different forms of violence. This evidence documents direct associations between exposure to political violence (either directly as a perpetrator or victim or indirectly as a witness of violence or loss of relatives) and an increased likelihood of victims, survivors and perpetrators experiencing or resorting to violence in the domestic sphere as a consequence of their exposure to wartime violence. The review pointed to four types of studies comprising the current evidence:

1. studies that explored the relationship of war and IPV within military and civilian populations,
2. studies that related SGBV to IPV in refugee camps, displaced contexts and refugee populations,

3. studies that applied a gender-sensitive or feminist lens to conflict and post-conflict violence, and
4. studies that examined the consequences of war on family violence and children's wellbeing.

Reviewing the available evidence suggested that interest in the sector transitioned from a focus on IPV in military populations to looking at the effects of war violence in civilian populations and wider communities. Studies on SGBV distinguish themselves by drawing attention to the interlinkages between wartime violence, and specifically conflict-related SGBV, and society-wide gender norms and violence existing prior to conflict.

1.3 Explanatory approaches

The existing scholarship points to a multi-dimensional mechanism that connects political violence to violence committed by intimate partners, such as through:

- mental health trauma affecting victims, survivors or perpetrators of war-related violence, which can influence their behaviour with intimate partners,
- direct effects on the behaviour of soldiers and veterans, including abusing alcohol and substances or reduced ability to regulate emotions in situations of stress that include situations of conflict with their intimate partners,
- socio-cultural influences and normative frameworks contributing to further the abuse of war victims, survivors in post-conflict, and
- the breakdown of structures, support systems and community solidarity that would be available to victims and survivors of domestic or other forms of violence in peace time.

Feminist perspectives distinguish themselves by seeing violence as a continuum, with war-related sexual violence and its consequences on the domestic sphere being thought to be exacerbated by pre-existing socio-cultural ideals of sexuality and gendered standards of behaviour within marriage, the breakdown of law fostering impunity, and the militarisation of the private sphere in post-conflict contexts (Davies and True 2015). Moreover, conflict-related violence is seen as being interlinked with SGBV and the vulnerabilities women and girls experience during flight from a conflict zone and during displacement, reinforcing an understanding of violence as a continuous threat (Krause 2015).

1.4 Prevalence Rates

1.4.1 Military Populations

The general evidence shows that IPV in military populations is higher than in the civilian population, although this evidence is disproportionately informed by research with western populations. The most recent systematic review of studies that measured IPV in military populations reported that all studies had been conducted in the US, with one being from Canada (Kwan et al. 2020). Thirty of a total of 42 studies reported prevalence of physical IPV ranging between 5% and 57.6%. Fifteen studies were included in a meta-analysis, resulting in a pooled prevalence rate of 26%, which was higher than the reported prevalence rates for US civilians (between 4% and 15%). A study that explored the relationship between a soldier's length of deployment and the probability of spousal violence during a one-year period found that the probability of self-reporting severe aggressive behaviour was more significant for soldiers who had been deployed in the past year than those who had not (McCarroll et al. 2010). Moreover, the length of deployment seemed to have a small, but statistically significant, effect on severe spousal abuse.

1.4.2 Civilian Populations

In general, studies report a significant positive relationship between IPV frequency and exposure to war-related violence. A study that tested the relationship involving multiple sub-Saharan African countries established an independent and significant effect of conflict and a woman's risk of IPV and other forms of SGBV in her home region (Østby 2016).

Reports from studies on individual countries in other parts of the world reinforce these findings. A study from the occupied Palestinian territory reported that women whose partners were exposed to political violence were nearly twice as likely to experience physical and sexual violence compared with those whose partners were not directly exposed (Clark et al. 2010). A study from Colombia reinforced these findings and furthermore found that the intensity of war-related violence increased the risk of women being abused by partners, with the highest estimates showing over 12 percentage points of higher incidence in an intensely conflict-affected environment (Noe and Rieckmann 2013).

1.4.3 Displaced Populations

A systematic review on prevalence rates of sexual and gender-based violence in complex emergency contexts found that IPV rates ranged between 3% and 52%, which were higher than most of the reported rates of wartime rape and sexual violence perpetrated by strangers (Stark and Ager 2011). A

study that measured SGBV incidence rates in camps hosting internally displaced persons in Northern Uganda estimated an overall incidence of IPV in the past year of 51.7% (based on respondents' estimates), 44% (based on respondents' sisters' estimates) and 36.5% (based on respondents' neighbours' estimates) (Stark et al. 2010). The study also found a high incidence of forced sex by husbands, but relatively fewer incidents of stranger rape. This evidenced that IPV combined with other forms of violence, but was a considerably more prevalent problem to address.

A study that assessed the magnitude of intimate partner physical violence and associated factors among women in Shmelba refugee camp, Northern Ethiopia, found that the prevalence of physical violence in the last 12 months and lifetime was 25.5% and 31% respectively (Feseha et al. 2012). In terms of risks factors, the authors reported that the likelihood of experiencing intimate partner physical violence was higher in Muslim and Catholic followers than among Christian Orthodox adherents. Similarly, a study with refugee women affected by the conflict in Burma (Myanmar) at the Thai-Burma border found that women who experienced conflict victimisation were 5.9 times more likely to report past-year partner abuse than women who had not experienced victimisation (Falb et al. 2013).

1.5 Gender Differentials

While many studies with military populations investigated IPV odds for both female and male soldiers, the evidence in the civilian population and displaced contexts has focused on female victims, with few studies attempting to investigate female-to-male abuse. Within military populations, a systematic review reported higher levels of past-year IPV for males than for females (Kwan et al. 2020). However, six studies in the sample reported higher levels of physical IPV for females than males, although for severe IPV perpetration gender differences were minimal.

In the civilian population, two studies were inclusive of both males and females. A cross-sectional study from Liberia found that men were more likely to have experienced severe beating by a spouse or partner if they had direct exposure to war-related events, while women were more likely to have experienced severe beating if they had direct exposure to war-related events, exposure to crime, having participated in the conflict and having higher income (Vinck and Pham 2012). Additionally, women were found to have higher prevalence rates of post-traumatic stress disorder (PTSD) and depression, which could be associated with differences in conflict-related experience of violence, different coping mechanisms, and differences in women's sense of control in their lives (Cloitre et al. 2002 and Tolin and Foa 2002 cited in Vinck and Pham 2012, 47).

A study that explored the association between IPV and common mental health disorders among inhabitants of post-genocide Rwanda is also distinctive as it considered the possibility of IPV being mutual in some couples (Verduin et al 2012). The study found that participants who reported IPV had higher odds of health disorders. Interestingly, this association was not found for victims of IPV only, but found for those who reported being both a victim and a perpetrator in their relationship. None of these associations were significant, but they suggest that perpetrators of IPV may experience more mental health problems than victims in post-genocide Rwanda, which would need special attention in treatment programmes.

1.6 Aetiologies, Risk Factors and Predictors

Numerous aetiologies (the cause or manner of causation) have been proposed or established to explain the higher frequency of IPV within military populations. Service men and women and veterans were found to be more likely to be affected by war trauma, including PTSD symptomatology, which could consequently influence relationships with intimate partners and family members. Service personnel and veterans often manifested a reduced ability to adjust feelings and emotions in marital relationships, as well as hyper-sensitivity as a result of stressors faced in combat. These findings suggest that standard treatment programmes for perpetrators of IPV might be ineffective for military populations if they do not take into account and address war trauma (Love et al. 2015) and that there may be a need for pre-deployment and post-deployment specific programmes to support service personnel with stage-specific stressors and to effectively prevent relationship problems that can foster partner abuse (Schmaling et al. 2011).

Studies examining IPV within civilian populations affected by war have proposed that violence may render men powerless, who can then seek to re-assert their power by using abuse with partners (Clark et al. 2010; Kohli et al. 2015). Moreover, violence can foster humiliation, stress, mental ill-health and substance and alcohol abuse in men that can manifest as aggression (Clark et al. 2010; Mannell et al. 2020). Additional causal mechanisms may include a higher normalisation of violence for both men and women (Guruge et al. 2017), and a victim's heightened hesitation to leave an abusive environment in fear of losing the protection it offers (Noe and Rieckmann 2013).

As an especially pernicious form of war violence, sexual violence experienced during conflict can cause physical disability, health problems, unwanted pregnancies and dysregulated affect in females, interfering with healthy intimate relationships in post-conflict times (Josse 2010). Moreover, exposure to war-related SGBV may make women and girls more vulnerable to prostitution, sexual exploitation

and human trafficking (Handrahan 2004). In many societies, rape victims may face challenges to be accepted as brides, or may be divorced if already married (Manjoo and McRaith 2011).

Studies in refugee camps and displaced contexts described IPV to be the result of emotional distress, changes in gender roles, shifts in family power structures and male unemployment (Meffert and Marmar 2009). Victims of partner abuse were also reported to be reluctant to leave their abusive husbands, to report the abuse and to use humanitarian services. Reasons included perceived and experienced stigma, reliance on the social or economic security support from husbands, lack of awareness of services, and a fear that children will be kidnaped while mothers sought services (Al-Natour et al. 2019; Horn 2010).

Lastly, studies on war violence and family violence established that violence against children in post-conflict is often an extension of political violence and a consequence of domestic violence perpetrated by family members (Catani et al. 2009). Intimate partner abuse can interfere with parenting skills, which can lead to child abuse or affect children's psychological state and wellbeing, as well as affect children's behaviour in future adult relationships (Dalgaard et al. 2020). Furthermore, perpetration of violence against children has been associated with PTSD symptoms among veterans (Sullivan and Elbogen 2014).

Box 3: Case study describing the impact of conflict-related experiences on combatants and civilians

Case Study

In 2017, Rachel Jewkes, Nwabisa Jama-Shai and Yandisa Sikweyiya published a study from Bougainville, Papua New Guinea that described the conflict-related experiences of former combatants and civilians, the long-term impact of these experiences and associations with mental health problems about 14 years after the end of civil war. Data collection was achieved through a household survey involving 864 men and 879 women. According to the questionnaire analysis, 29.2% of male respondents had been combatants and about 20% had beaten, raped or forced a woman into marriage during the conflict. A portion (6.7%) disclosed having been the victims of rape themselves. About one fourth of the female respondents (23.3%) had been raped in the previous year and over one third (33.3%) had been the victim of physical or sexual partner violence. The findings overall showed high prevalence of mental ill-health, including high depressive symptomatology among both women and men, substance and alcohol abuse among men and PTSD symptoms in both women and men. Respondents' answers about long-term impact revealed negative effects on employment and societal peace, as well as challenges to control aggression and build trust with others.

Severe partner violence and non-partner rape and war trauma were associated with PTSD symptoms among women. Among men, PTSD symptoms were associated with war trauma. Severe partner violence and non-partner rape were also associated with depressive symptoms and alcohol abuse among women. Among men, depressive symptoms and drug abuse were associated with conflict impact. Moreover, enduring conflict impact was associated with perpetrating past-year rape and physical and/or sexual partner violence. The overall analysis pointed to multiple effect pathways, with exposure to war increasing the risk of PTSD symptoms, and depressive symptomatology being associated with intimate partner violence. Moreover, the enduring impact of conflict increased the risk of perpetrating rape and physical and/or partner abuse.

1.7 Women's Perceptions and Experiences

1.7.1 Intimate Partner Violence in the Civilian Population

Horn and co-authors previously explored women's perceptions of the causes of IPV in Sierra Leone and Liberia (Horn et al. 2014). The study consisted of 14 focus group discussions and 20 individual interviews in two locations in Sierra Leone and two locations in Liberia. Women generally felt that men who had committed violence, which included assaulting women sexually, were more likely to become violent and be disrespectful to women in their personal lives. Respondents spoke about men abusing drugs during and after the war, which they linked to some violent behaviour. Traditionally in both societies, men were expected to be breadwinners, but the war had resulted in many women's economic independence, which some respondents thought had reduced violence at home because it took some stress off men's shoulders. Overall, the study found that while no individual woman considered the war to be the direct cause for her spouse's violence, it was unanimously agreed that the war had impacted on intimate relationships and the likelihood of abuse.

A study that examined risk factors, individual and family consequences and community-driven responses to IPV in the eastern Democratic Republic of Congo following a conflict that had lasted over 18 years provides further insight into women's perspectives (Kohli et al. 2015). The qualitative study involved 13 female survivors and five male perpetrators of IPV in South Kivu Province. As in other studies, some female participants reported men's problems with alcohol abuse, which they thought was encouraged through peer pressure in the post-conflict environment. Women also spoke about men judging women as disobedient and men needing to reaffirm control in the household. The participants of the study spoke extensively about the breakdown of traditional, community institutions and support systems, economic deprivation and financial stresses resulting from the war and a lack of local leadership that made difficult alleviation of the problem.

Research from Sri Lanka on women's experiences of and responses to IPV at the end of the 30-year civil war pointed in turn to important gender dynamics (Guruge et al. 2017). The study consisted of qualitative interviews with 15 women who had experienced partner abuse and 15 service providers. In addition to finding that physical, sexual and psychological partner violence were pervasive, the authors reported that IPV was a 'hidden' problem. While women of all backgrounds were affected, the perception was that Tamil and Muslim women were disproportionately affected due to war dynamics and trauma and restrictions experienced by women under Muslim laws (e.g. concerning marriage). Some providers thought that perpetrators may have become used to violence because of the war, while some women considered that men's inability to provide as breadwinners caused conflict, leading to violence. It also emerged that women hesitated to leave abusive relationships due to the risk of community violence, for fear of becoming outcasts if they separated or divorced and due to a lack of support systems.

A more recent study examined Afghan women's experiences of domestic violence and relationship to conflict based on semi-structured interviews with 20 women living in safe houses (Mannell et al. 2020). The authors identified three themes in the interviews that suggested possible connections between conflict and violence at home: violence from loss of male support, violence due to men's substance use under the booming drug trade during the conflict, and violence due to women's increased vulnerability due to poverty. As a result of conflict, women lost male relatives and consequently the protection of male guardians, which overall made them more vulnerable to forced marriages, partner abuse, neglect and psychological or other forms of abuse. The study demonstrated the interdependent nature of the public and private sphere, with women's lived experiences of partner abuse being directly informed by society-wide conflict, poverty and other changes caused by war.

1.7.2 Intimate Partner Violence in Displaced Populations

Recent studies have explored Syrian refugee women's experiences of violence in Lebanon (Usta et al. 2019) and in displacement centres in Jordan (Al-Natour et al. 2019). The former study, which consisted of focus group discussions with 29 Syrian women in NGO community centres in Lebanon, reported important partner violence, which women associated with men's increased stress in the host environment, harassment, and community violence. The women spoke about difficult living conditions due to crowding and a lack of privacy, unemployment and poverty. They also found their children harder to manage, particularly as they needed to be constrained from playing outside due to safety risks, or they faced harassment in the host society, making the children stressed and irritable.

Numerous coping strategies were reported by the women, such as not speaking back and keeping a low profile, letting go of partner abuse-related stress by beating their children, or finding solidarity in other members of the community. The women also referred to problems regarding the aid they received from humanitarian services, expressing beliefs that these provided help haphazardly or with discrimination that reinforced or created new power hierarchies in the community, or divided people by religious affiliation.

The latter study described the lived experience of Syrian refugee women with marital violence during the Syrian civil war relying on data from 16 semi-structured interviews with women in displacement centres in Jordan (Al-Natour et al. 2019). Participants were aged between 22 and 68 years old, were financially dependent on their spouses and identified with the Islamic faith. The authors found that women felt loss and insecurity and experienced many stressors and hardships as a result of the flight from Syria and the resettlement in the refugee camps. The women spoke about their husbands' changed behaviour following the war, and them becoming easily irritable, nervous or verbally abusive. Women often responded to abuse by being silent or endured in the hope that their husbands might change, because of their children or because they needed the social support of their husbands and family relatives in the refugee community. As coping strategies, women also found recourse to their faith, tried to appease their husbands or focused on protecting their children from marital conflict.

1.8 The Importance of Religious and Cultural Parameters

While religious affiliation, faith and spiritual parameters emerged to be salient in many of the reviewed studies, these factors have received minimal attention in the humanitarian sector and need to be better integrated when appraising alleviation strategies in conflict and post-conflict contexts and among refugee and displaced populations. The influence of clergy, which has been postulated in studies on religion and domestic violence more generally, could also be further explored.

The aforementioned study with Syrian female victims of IPV found that coping strategies included reading the Quran, fasting and offering prayers of forgiveness to avoid conflict (Al-Natour et al. 2019). Studies that have examined domestic violence in religious communities have found that female victims may resort to religious beliefs to condemn the abuse and through their ordeals may acquire a more justice-oriented understanding of their faith, helping them to address the harmful situation (see detailed literature review in Istratii 2020). Anthropological research from Ethiopia that analysed conjugal abuse through the religio-cultural framework of the Ethiopian Orthodox *Tāwahādo* population found that faith helped women to face and overcome painful marital experiences and was

never openly used to justify intimate partner abuse, which the faith clearly taught against (Istratii 2020). Moreover, the clergy were found to be directly involved in the mediation of conjugal problems and despite some lacking awareness of the extent of the problem in their societies or not responding to victims with the utmost sensitivity of risks involved, the majority prioritised the victimised party and often supported them in ways that secular institutions did not (ibid).

A study by Saile and colleagues that sought to identify the prevalence and predictors of partner violence in Northern Uganda also made reference to culture-specific beliefs about spiritual activity, suggesting more pernicious implications (Saile et al. 2013). The authors related the problem of women's isolation to beliefs in the local society that the re-traumatisation symptoms they experienced, such as flashbacks, were due to evil spirits called 'cen.' They explained that members of the local communities believed that those who had committed atrocities during conflict were possessed, and subsequently, those who manifested symptoms could be perceived as 'murderers' and could be abused, isolated or mistreated by people in their surroundings. The study also suggested that women identified with 'cen' possession could be abused by partners who might fear them and employ aggression to control them.

A longitudinal study by Doyle and McWilliams that summarised women's experiences of IPV in the conflict in Northern Ireland reported important culture-specific religious influences (Doyle and McWilliams 2018). In 1992, as opposed to 2016, victims of partner abuse were more concerned about the reactions of the Catholic clergy and their responses to the abuse they faced were more directly shaped by how they perceived religious standards and expectations upheld in the wider society. Despite such attitudes having weakened by 2016, victims of partner violence still experienced consequences that were underpinned by rigid religious standards, such as stigma or the fear of being judged for being a single parent, divorcing their (abusive) spouses, or having children from different fathers. According to the authors, 45% of interviewed women in the 2016 cohort expressed such concerns and attitudes, which seemed to interfere with them reporting the abuse or seeking to exit their harmful situations.

1.9 A Case-Study with Policy Implications

In a study published in 2018, Mootz and colleagues conducted research with women to determine their level of exposure to alcohol misuse, low socioeconomic status, gender (in)equitable decision-making, intimate partner violence, and armed conflict and to test how these different indicators related to each other. The study was motivated by a recognition that oftentimes multiple issues

combined to perpetuate problematic trends. Alcohol misuse could be an important indicator, but the mechanism relating exposure to conflict, IPV and alcohol misuse needed to be established further.

The study involved 605 women aged 13 to 49 randomly selected through multistage sampling across three districts in Northeastern Uganda in 2016. The study found that 88.8% of the respondents experienced conflict-related violence and that 30.7% of the respondents' partners consumed alcohol daily. The lifetime and past 12 month prevalence of experiencing IPV was 65.3% and 50.9% for psychological abuse and 59.9% and 43.8% for physical abuse. The authors found that the partner alcohol misuse pathway was significant for women who made healthcare decisions alone and not for women who decided jointly with their partners. However, IPV was significantly associated with socioeconomic status for those respondents who made healthcare decisions jointly. These findings implied that interventions to address partner violence and alcohol misuse in humanitarian settings should consider exposure to armed conflict and gender dynamics within couples, which could serve as important mediating factors.

1.10 Directions for Research and Practice

Victim support services in conflict and post-conflict time need to consider the multi-faceted effects of conflict-related violence that make women, and often men, vulnerable to abuse. These require research-intensive approaches that engage with individuals directly, especially in view of the fact that humanitarian responses have often been guided by top-down recommendations (Horn 2010). Moreover, these have not substantively engaged with religious beliefs and spiritual aspects of life that may be salient in tradition-oriented religious communities, which may have interfered with a proper understanding of local gender normative frameworks, but also with leveraging on the resourcefulness of religious beliefs (Istratii 2020). Numerous studies found that faith could serve as coping mechanisms and as a source of improved mental health (e.g. Al-Natour et al. 2019), suggesting that religious beliefs, faith and the clergy need to be better integrated in psychosocial responses.

For psychosocial services to be effective in diverse humanitarian settings, the distinct understandings and aetiologies of different forms of violence need to be understood and researched thoroughly. Responding to different aetiologies may require a combination of community-wide measures with more individual psychological or clinical support. To facilitate such efforts, the meaning and usage of the term 'psychosocial' needs to be revisited (Miller et al. 2021). As opposed to its broad and sometimes vague usage in humanitarian discourse, Miller and co-authors have proposed classifying psychosocial services as socio-environmental and clinical to evidence the different types of needs, aetiologies for the problem or causal mechanisms and specialisations involved. These distinct

remedies should be ideally delivered in parallel informed by expert diagnoses and data collected through rigorous research.

Summary

- The relationship between wartime violence and domestic violence has been extensively documented, with the frequency and intensity of violence being associated with a higher likelihood of intimate partner abuse.
- The existing scholarship points to a multi-dimensional mechanism that connects political violence to intimate partner violence, such as through mental health trauma and behavioural change, socio-cultural parameters contributing to the further abuse of war survivors, or the breakdown of support systems and community solidarity that would be available to victims in peacetime.
- Individuals affected by conflict continue to face trauma-related consequences for many years following conflict, which are defined within wider gender and marriage normative frameworks and material realities, as well as individual histories of trauma.
- It is important to prioritise aetiologies of violence as upheld by victims and survivors themselves and to embed these and attitudes around them in wider socio-cultural and material realities.
- Responses to conflict-related IPV must consider how political violence may intersect with pre-existing forms of domestic or societal violence and seek to support affected groups in ways that can prevent further abuse in domestic and communal life.
- Any intervention or response needs to be contextualised in communities' beliefs systems and normative frameworks and to consider how religious and cultural parameters can interfere with or facilitate effective responses to IPV in conflict and post-conflict times.

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