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**DLL**  
**Evidence Review**

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**Conflict and domestic turmoil: A  
review of intimate partner violence  
in conflict settings**

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## Abstract

This evidence review examines existing research linking conflict and intimate partner violence (IPV), identifies macro and micro-level mechanisms driving this relationship, and reviews interventions aimed at mitigating IPV in conflict settings. Findings indicate a strong association between conflict exposure and increased IPV, with significant impacts on mental health and social norms. While interventions focused on empowerment and changing gender norms show promise, gaps remain in understanding long-term effects and intervention efficacy across diverse contexts. Policy implications emphasize the need

for integrated approaches addressing economic empowerment, mental health, and societal attitudes towards violence to effectively reduce IPV in conflict-affected areas.

## Main points

- Armed conflict is strongly associated with increased intimate partner violence (IPV), affecting various conflict settings worldwide.
- Conflict exposure is associated with worsened mental health, including PTSD and depression, which increases the risk of IPV.
- Conflict exposure is associated with a higher acceptance of IPV, which increases the risk of IPV.
- Interventions focusing on economic empowerment and changing gender norms are most effective in reducing IPV in conflict and post-conflict settings.

## 1 Introduction

Conflicts around the world have been increasing significantly since the mid-2000s (CSP, 2020). Africa, for example, has seen many devastating armed conflicts in recent decades, including the Congo Wars, the Rwandan genocide, and the Eritrean-Ethiopian War (Bakken & Rustad, 2018). The effects of these conflicts go far beyond the immediate loss of life, causing long-term damage to communities and countries. Conflicts slow down economic development, trap countries in poverty (Azariadis & Drazen, 1990; Sachs, 2005), and reduce investment (Guidolin & La Ferrara, 2007). For individuals, conflicts worsen health conditions, disrupt education, and make it harder to find jobs (Bruck et al., 2019; Bundervoet et al., 2009).

Gender-based violence (GBV) in conflict zones varies, but women and girls suffer the most (Wirtz et al., 2014). Rape, child sexual abuse, and sexual exploitation during wars have been well documented (United Nations, 2017; United Nations & World Bank, 2018; Vu et al., 2014). Among these, intimate partner violence (IPV) is the most common form of violence against women, both in conflict and non-conflict settings. However, it often gets less attention than other forms of GBV in conflict areas. IPV includes physical, psychological, and sexual harm caused by a partner, affecting about 30% of women worldwide (WHO, 2012).

The connection between armed conflict and IPV is complex. On an individual level, conflict can change how people think, making them more accepting of violence. At the relationship level, economic stress and threats to traditional male roles due to job losses can increase IPV. On a societal level, the breakdown of social support and security systems during conflicts leaves women less protected from IPV. Women in conflict areas are particularly vulnerable, facing severe threats of IPV (Annan & Brier, 2010; Bendavid et al., 2021).

This evidence review aims to explore the relationship between armed conflict and IPV comprehensively. It will (i) examine existing research linking conflict and IPV, (ii) discuss the mechanisms behind this relationship, focusing on individual, relationship, and societal levels, and (iii) review the effectiveness of interventions against IPV in conflict settings. By doing so, this review hopes to highlight the impacts of armed conflict on IPV and provide insights for policy and interventions to protect vulnerable populations in conflict-affected areas.

## 2 Methods

We started this evidence review with a foundation of known papers to set the context for our topics of interest. To build on this foundation and thoroughly explore the subjects, we conducted a targeted search on the 3ie Evidence Portal, a well-regarded repository for systematic reviews and evaluations related to international development interventions. Our search focused on systematic reviews about intimate partner violence (IPV) in conflict settings, aiming to gather a wide range of evidence-based findings and insights.

Recognizing the need to include the most recent research, we also searched for independent studies published from 2016 to 2024 on the 3ie Evidence Portal. Additionally, we searched the Web of Science for studies published after 2016. This allowed us to incorporate the latest data and evolving perspectives.

By using this comprehensive search strategy, we aimed to create an extensive overview of current knowledge and identify gaps where future research could enhance our understanding of IPV in conflict settings.

### 3 Conflict/war-exposure and IPV

This section provides a review of the literature on the impact of conflict exposure on IPV. We examine the immediate and long-term effects of conflict on IPV, considering various aspects such as childhood exposure, the experiences of veterans, and the unique vulnerabilities faced by refugees and displaced populations.

#### 3.1 Conflict-related IPV: Immediate and long-term impacts of conflict exposure on intimate partner violence

This section reviews the literature on the impacts of conflict exposure on IPV. We will first cover studies that establish causal links between conflict and IPV, providing strong evidence of the effects of conflict on IPV. Next, we will discuss studies that use objective measures of conflict exposure, like the Armed Conflict Location and Event Data Project (ACLED), to assess the relationship between conflict and IPV. Finally, we will consider studies that use subjective measures of conflict exposure, gathered through self-report, to understand the personal experiences of individuals affected by conflict and their subsequent IPV outcomes.

##### 3.1.1 Causal links between conflict and IPV

Three studies establish a causal relationship between conflict exposure and IPV, focusing on the Rwandan genocide, the Boko Haram insurgency, and the Malian conflict. These studies show how conflicts can worsen violence and change household dynamics.

La Mattina (2017) explores the long-term effects of the 1994 Rwandan genocide on domestic violence and household power dynamics. The study finds that women who married after the genocide in areas with high genocide intensity experienced higher levels of domestic violence and had less decision-making power in the household. This is due to changes in marriage dynamics and the high male mortality rate during the genocide. However, there was no effect on women who married before the genocide. Ekhatior-Mobayode et al. (2021) study the impact of the Malian conflict on IPV and women's decision-making autonomy. They find significant increases in physical, sexual, and emotional IPV in conflict-affected areas. Unlike in Rwanda, women in Mali reported greater autonomy in decision-making, likely because of the reduced presence of men, though their control over earnings decreased. Ekhatior-Mobayode et al. (2022) examine the effects of the Boko Haram insurgency on IPV in Nigeria. The conflict worsened IPV due to economic hardships and changes in social norms, although it did not significantly affect women's decision-making autonomy.<sup>1</sup>

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<sup>1</sup> We have found one additional causal study, that investigates the long-term effects of the Paraguayan War (1864-1870) on intimate partner violence (IPV) in Paraguay (Boggiano, 2024). Using a historical dataset that proxies the impact of the war through the distance from regions to military camps and the size of these camps, the study finds that the likelihood of modern-day IPV is 5.54% higher in areas more heavily affected by the war.

### 3.1.1 Objective measure of conflict-exposure

Seven papers use objective measures of conflict exposure, including data from the Uppsala Conflict Data Program (UCDP), ACLED, and national sources. These studies cover sub-Saharan Africa, Liberia, Colombia, Peru, and Afghanistan, all finding a positive link between conflict exposure and IPV.

Østby (2016) and Le and Nguyen (2022) study the impact of armed conflict in Africa on IPV, combining DHS data with UCDP. Østby (2016) finds that women in high-conflict regions are more likely to experience sexual IPV. Similarly, Le and Nguyen (2022) find that increased number of battles significantly raise the likelihood of various forms of IPV. Kelly et al. (2018, 2021) combine DHS data with ACLED, finding that living in conflict-affected districts increases the risk of IPV by 50%, with prolonged conflict raising the risk by nearly 90% in Liberia. Svallfors (2021) uses DHS data from Colombia and UCDP to show that local conflict slightly raises the risk of emotional, physical, and sexual IPV, and women exposed to more conflict are more likely to stay in abusive relationships. Østby et al. (2019) combine Peruvian DHS data with conflict data from the Truth and Reconciliation Commission, finding that local conflict exposure, especially sexual violence, increases the risk of IPV. Khatir et al. (2024) use Afghan DHS data and a conflict index from Office for the Coordination of Humanitarian Affairs (OCHA), finding that armed conflict significantly raises the likelihood of all forms of IPV, with women's attitudes towards IPV playing a moderating role.

### 3.1.2 Self-reported exposure

We identified 12 studies using subjective measures of conflict exposure, covering nine conflict-affected countries. These studies consistently find a link between conflict exposure and IPV.

In Uganda, Saile et al. (2013) and Kinyanda et al. (2016) identify war-related trauma as a key predictor of IPV. Mootz et al. (2018) find that armed conflict in Uganda increases IPV, mediated by the husband's alcohol use. In the DRC, Slegel et al. (2014) find that conflict increases men's likelihood of perpetrating IPV due to economic hardship and personal conflict-related violence. Bourey et al. (2024) find that interpersonal violence and trauma symptoms raise the risk of IPV. Gupta et al. (2010) find that men's exposure to human rights violations during apartheid increases IPV perpetration in South Africa. Sileo et al. (2019) link lifetime exposure to traumatic events, including war trauma, with increased severe IPV among pregnant women in Liberia, mediated by depression, anxiety, and attitudes towards violence. Khalaf et al. (2022) find that exposure to non-partner physical violence raises the likelihood of IPV perpetration in South Sudan.

Clark et al. (2010) and Gibbs et al. (2020) find a positive relationship between political violence exposure and IPV likelihood in the occupied Palestinian territory. Jewkes et al. (2018) find that trauma exposure in Afghanistan is linked to higher IPV odds, mediated by poor mental health and increased quarreling. Women exposed to trauma are also more likely to hit their children. Jewkes et al. (2017) find that, 14 years after a civil war, war trauma exposure significantly raises IPV risk, mediated by PTSD, depressive symptoms, and substance abuse, in Papua New Guinea.

### 3.2 Childhood exposure

Previous studies have shown that witnessing IPV during childhood increases the likelihood of being a victim or perpetrator of IPV in adulthood (Clare et al., 2021; Wight et al., 2022). This section discusses four studies that examine the effect of conflict exposure during childhood on adulthood IPV.

Gutierrez and Gallegos (2016) focus on the internal conflict in Peru during the 1980s and early 1990s. Their study finds that women exposed to conflict during childhood and early teenage years have a higher probability of being both perpetrators and victims of IPV. Similarly, Foneska et al. (2022) find that women who grew up near conflict areas in Sri Lanka are more likely to be victims of IPV, with this increased likelihood partially mediated by a higher probability of child marriage. In Colombia, Stark et al. (2023) explore the link between external violence, such as community violence and internal conflict, and IPV among young women. They find that women who witnessed community violence have an increased risk of experiencing physical IPV. Torrisi (2023) examines the long-term impact of early-life exposure to armed conflict on IPV in four ex-Soviet countries: Armenia, Azerbaijan, Moldova, and Tajikistan. Her study indicates that exposure to conflict during early childhood (0-10 years) increases the risk of experiencing IPV later in life, particularly physical and sexual IPV.

Additionally, La Mattina and Shemyakina (2024) investigate the relationship between growing up amid armed conflict and acceptance of violent behavior later in life across 23 sub-Saharan African countries. They find that women who were exposed to high-intensity conflict before age 20 exhibit a higher acceptance of domestic violence compared to those exposed later in life or born after the conflict. This is especially true for women exposed to war in early childhood, before age 3

### 3.3 Veterans: The effect of experiencing war-acts on IPV

Veterans represent a unique group affected by conflict exposure. Kennedy (2020) shows in a literature review that IPV is often more common and severe in military families due to factors such as substance use, relationship dynamics, and PTSD. Kennedy notes that it is not military service or combat alone that increases the risk of IPV. Instead, specific wartime experiences, such as exposure to atrocities, feeling that one's life is in danger, and participation in killing, are more closely linked to higher levels of PTSD symptoms and partner violence perpetration. Below, we review some of the most recent literature on this topic.

Cesur and Sabia (2016) investigate the impact of combat service on domestic violence among veterans in the US. The study uses a natural experiment from the Global War on Terrorism, leveraging the random assignment of servicemen to combat versus non-combat zones to identify causal effects. Their findings indicate that combat service significantly increases the likelihood of domestic violence and reduces relationship quality. Additionally, combat service is associated with a decline in trust and communication within relationships. These effects are partly driven by stress-related mental health issues, such as PTSD and substance abuse, which are more common among combat-exposed servicemen. Similarly, Lane et al. (2022) find that key predictors of IPV among UK military personnel deployed to Iraq or Afghanistan are military trauma exposure and deployment in combat roles.

Rees et al. (2018) examine the risk factors associated with IPV perpetration among men exposed to torture in conflict-affected Timor-Leste. They find that torture exposure predicts mental health issues in men, which in turn increases the likelihood of IPV perpetration. Adejimi et al. (2022) conduct a comparative assessment of IPV perpetration among male military personnel and civil servants in Nigeria, finding higher rates of IPV perpetration among military personnel. Stojetz and Brück (2023) investigate the long-term impact of exposure to wartime sexual violence on IPV among Angolan war veterans. Using a natural experiment, they find that exposure to wartime sexual violence significantly increases a veteran's propensity to commit physical violence against a female intimate partner more than a decade after the war. This effect is attributed to a lasting reduction in self-control skills among those exposed to such violence. Finally, Cesur and Kibris (2023) examine the impact of armed conflict exposure on subsequent IPV perpetration among men conscripted into the Turkish military. Utilizing a natural experiment provided by Turkey's universal conscription system, they analyze data from men randomly assigned to conflict zones during the PKK insurgency between 1984 and 2011. They find that deployment to conflict zones increases the likelihood of physical and psychological IPV perpetration. Furthermore, men exposed to combat are more likely to engage in aggressive behaviors and struggle with anger management.

### **3.4 Refugees/displaced populations: Effects of being a refugee or displaced on IPV**

This section examines the impact of being a refugee or displaced person on intimate partner violence (IPV). Refugees and displaced populations are particularly vulnerable, with both their experiences of conflict and their current situations potentially exacerbating IPV.

Falb et al. (2013) explore the prevalence and characteristics of conflict victimization and its associations with past-year IPV among refugee women affected by the prolonged conflict in Myanmar. They find that 9.6% of partnered women reported conflict victimization and 7.9% reported experiencing past-year IPV. Women who experienced conflict victimization were 5.9 times more likely to report past-year IPV compared to those who had not experienced such victimization. Wako et al. (2015) examine the prevalence and correlates of past-year IPV among displaced women in two Congolese refugee camps in Rwanda. The study reveals that 20% of the women reported experiencing past-year IPV, and women who experienced outsider violence were 11 times more likely to report IPV than those who had not experienced such violence. Gökçe and Kırdar (2023) investigate the impact of the Syrian civil war and refugee status on the risk of physical IPV among Syrian women in Jordan. They find that both the civil war and refugee status increase the risk of IPV.

## **4 Mechanisms through which conflict experiences affect IPV**

Svallfors (2021) provides a comprehensive framework explaining how conflict can influence IPV. This section heavily relies on her framework but also includes references to other studies. Svallfors distinguishes between mechanisms at the macro level, that is, at the societal or community level, and the micro level, that is, effects on relationships and individuals. Importantly, she emphasizes that these mechanisms are not mutually exclusive and can be mutually reinforcing.



## 4.1 Macro-level mechanisms

At the macro-level, Svallfors (2021) identifies two mechanisms: (i) a normative shift of power dynamics and (ii) higher acceptance of violence.

In societies experiencing violent conflict, power dynamics often shift in ways that condone IPV, especially when gender norms become more militarized and patriarchal. These changes can increase the risk of IPV as existing gender inequalities are amplified. The concept of "militarized masculinity" helps explain how soldiers, typically male, become dominant figures, reinforcing aggressive and patriarchal attitudes. Militarism, which values armed struggle and views men who do not fight as weak, supports these norms. This environment can lead to increased gender-based violence, including IPV, as violence becomes a way to assert masculinity and social cohesion within armed groups.

On a broader societal level, the acceptance of IPV can rise when violence becomes a normalized part of daily life due to ongoing conflict, especially when more men participate in armed activities, altering the community's overall dynamics. This effect tends to be more pronounced in prolonged conflicts. Several studies support this idea. La Mattina and Shemyakina (2024) find that women exposed to high-intensity conflict before age 20 have a higher acceptance of violence compared to those exposed later in life or born after the conflict across sub-Saharan Africa. Studies also show that conflict increases women's acceptance of IPV, which in turn leads to IPV, including in Afghanistan (Jewkes et al., 2018; Khatir et al., 2024), Liberia (Sileo et al., 2019), the occupied Palestinian Territories (Gibbs et al., 2020), and the DRC (Bourey et al., 2024). However, Torrisi (2023) finds that conflict exposure in childhood in four ex-Soviet countries does not impact women's attitudes towards IPV, but men exposed to conflict in late adolescence are more likely to condone IPV.

## 4.2 Micro-level mechanisms

At the micro level, Svallfors (2021) identifies four main mechanisms: (i) war-related psychological problems, (ii) increased likelihood of women staying in violent relationships due to poverty and skewed sex ratios, (iii) violent backlash against changing gender roles due to a "crisis" of male identity and women entering new roles, and (iv) a reinforcement of traditional gender roles due to fear and insecurity, and displacement and loss of social network.

First, war trauma can cause psychosocial problems, which may lead to more IPV if men develop aggression as a pathological adaptation to a violent environment. Several studies indicate that the relationship between conflict exposure and IPV is mediated by mental health issues, including PTSD and depression. These studies span various contexts, including the occupied Palestinian territory (Clark et al., 2010; Gibbs et al., 2020), South Africa (Gupta et al., 2010), Uganda (Kinyanda et al., 2016), Liberia (Sileo et al., 2019), Afghanistan (Jewkes et al., 2018), and among veterans in the US (Cesur and Sabia, 2016), the UK (Lane et al., 2022), and Burundi (Nandi et al., 2017). Violent behavior can also be reinforced if men turn to substance abuse (see, e.g., Kinyanda et al., 2016; Cesur and Sabia, 2016; Lane et al., 2022).

Second, women may be more likely to stay in abusive relationships due to increased acceptance of violence, reduced institutional support for victimized women (Kelly et al., 2018), and a lack of resources. Women might not be able to leave an abusive relationship because of conflict-induced poverty.

Additionally, women may stay in abusive relationships if excessive male mortality in conflict creates a skewed sex ratio, making it difficult to form new relationships (see, e.g., La Mattina, 2017).

Third, there might be a violent backlash against changing gender roles. Conflict disrupts daily life, and men may use IPV as a way to maintain control if conflict changes gender roles within couples. This can happen if men lose their jobs or are unable to care for their families (Clark et al., 2010; Slegel et al., 2014; Le and Nguyen, 2022), or if women enter new roles in society (Boggiano, 2024). This backlash can also occur if women become more involved in household decision-making because of the conflict (Ekhatior-Mobayode et al., 2021).

Fourth, during conflict, gender dynamics within couples may revert to a traditional division, with men empowered and women disempowered, due to fear, insecurity, and displacement. Insecurity can lead men to grasp for control in any way they can, such as becoming more dominant in a partnership, similar to the backlash mechanism. Displacement often causes new vulnerabilities for women due to the disruption of social networks, which are sources of social control and protection from harm (Falb et al., 2013; Wako et al., 2015; Gökçe and Kırdar, 2023).

## 5 Interventions against IPV in conflict settings

The systematic review by Spangaro et al. (2021) evaluates the impact of interventions aimed at reducing IPV and sexual violence in conflict and post-conflict settings in low and middle-income countries. The review includes 18 papers describing 16 studies conducted in 12 countries, focusing on six types of interventions: personnel, community mobilization, social norms, economic empowerment, empowerment, and survivor responses. The most frequently studied interventions were those focused on economic empowerment and changing gendered social norms.

In Liberia, a gender-sensitive police reform was implemented as a personnel intervention, but it faced significant challenges, including limited capacity building and weak judicial support, which hindered its overall effectiveness. Community mobilization efforts, evaluated in three studies, showed promising results; however, the limited number of studies makes it difficult to draw firm conclusions about their effectiveness in reducing IPV in conflict settings.

Gendered social norms interventions were assessed through cluster randomized controlled trials in Côte d'Ivoire, Somalia, and the Democratic Republic of Congo (DRC). These interventions involved group discussions to challenge community beliefs about gender norms and promote gender equity. The results were promising, with increased male involvement in household tasks, reduced intentions to perpetrate violence, and stronger beliefs in women's rights. However, changes related to consent were less pronounced.

Economic empowerment interventions were evaluated through one randomized controlled trial and a qualitative study, with additional trials combining economic empowerment with social norms interventions. These studies typically employed microcredit strategies and showed potential in reducing IPV and improving women's well-being. However, including male partners in the interventions did not

sufficiently address increases in economic abuse, and achieving consistent male attendance was challenging.

The COMPASS program, aimed at reducing violence against girls in Ethiopia and the DRC, provided life skills sessions and caregiver groups. While the program did not significantly reduce violence, it improved social supports and gender attitudes among girls. The DRC study also reported increased caregiver affection towards daughters, indicating potential for changing gender norms among girls.

Survivor response interventions focused on providing care, support, and protection to women who had experienced IPV. Four studies reported improvements in health and well-being, increased knowledge of gender-based violence, and better access to services. Although none of these studies showed statistically significant reductions in IPV, they indicated positive trends.

Following the review by Spangaro et al. (2021), additional studies have provided further insights. Falb et al. (2019) assessed an emergency cash assistance program in Syria, which aimed to understand the influence of unconditional cash transfers on women's protection outcomes. The cash transfers reduced food insecurity and negative coping mechanisms but did not significantly change perceived household needs and stress. Increased depressive symptoms and IPV, particularly economic and sexual abuse, were reported, possibly due to men reasserting control.

Cuneo et al. (2023) evaluated a program in the DRC that included men's discussion groups in a community-wide GBV prevention program and found that it significantly reduced the probability and severity of IPV among men who had previously used violence. Another program in the DRC targeted power sharing, gender norms, harsh discipline practices, and positive parenting. A pilot study found this intersectional approach to be highly effective in preventing multiple forms of violence in the home, particularly child maltreatment, and in improving equitable attitudes and skills in couples (Falb et al., 2022). Women who participated with their partners reported greater reductions in physical, sexual, and emotional IPV than those on a waitlist.

In summary, interventions addressing IPV in conflict settings demonstrate varied effectiveness. Programs focusing on gender norms and economic empowerment show the most promise. While community mobilization and empowerment strategies also appear beneficial, more research is needed to fully understand their impact.

## 6 Discussion

This evidence review has explored the relationship between armed conflict and IPV. The findings indicate a strong link between conflict exposure and increased IPV. Studies utilizing both objective and subjective measures of conflict exposure consistently found a positive association between conflict and IPV across various settings, including sub-Saharan Africa, the Middle East, and Southeast Asia. The mechanisms identified at both macro and micro levels illustrate how societal shifts and individual psychological impacts during conflict contribute to the normalization and perpetuation of IPV. Additionally, interventions addressing IPV in conflict settings showed varied effectiveness, with those focusing on gender norms and economic empowerment demonstrating the most promise.

**Gaps in current literature and areas for future research:** While substantial progress has been made in understanding the relationship between conflict and IPV, several gaps remain. First, there is a need for more longitudinal studies to understand the long-term impacts of conflict on IPV. Most existing studies are cross-sectional, limiting the ability to draw causal inferences. Second, research should focus on the differential impacts of conflict on various forms of IPV, including emotional and economic abuse, which are less studied compared to physical and sexual violence. Third, more research is needed on the role of male attitudes and behaviors in perpetuating IPV during and after conflicts. Lastly, there is a lack of studies examining the effectiveness of interventions over time and across different cultural contexts.

**Policy Implications and Recommendations:** The findings underscore the importance of integrating IPV prevention and response into conflict and post-conflict recovery programs. Policymakers should consider the following:

1. *Empowerment and Social Norms Interventions:* Interventions focusing on economic empowerment and changing gendered social norms have shown promise in reducing IPV in conflict and post-conflict settings. Programs that combine economic support with efforts to challenge harmful gender norms can be particularly effective.
2. *Mental Health and Attitudes Towards Violence:* Given the significant impact of conflict exposure on mental health and attitudes towards violence, interventions might want to prioritize addressing trauma and promoting mental health support. Efforts to reduce acceptance of violence as a norm and provide psychological care for those affected by conflict is of high importance.

By focusing on these areas, interventions might more effectively mitigate the risk of IPV in conflict-affected populations and support long-term recovery and resilience.

**Limitations:** This review has several limitations. The reliance on existing studies means that the findings are constrained by the quality and scope of the available research. The heterogeneity of conflict settings and IPV forms makes it challenging to generalize the findings universally. Additionally, the review predominantly focuses on low and middle-income countries, potentially overlooking IPV dynamics in high-income conflict-affected regions. Finally, the rapid evolution of conflicts and their impacts means that some of the most recent developments might not be fully captured in this review.

## References

- Adejimi, A.A., Sekoni, O.O., & Fawole, O.I. (2022). *A comparative assessment of intimate partner violence perpetration among military personnel and civil servants in Ibadan, Nigeria*. *Journal of Family Violence*, 37(3). <https://doi.org/10.1007/s10896-020-00235-4>
- Annan, J., & Brier, M. (2010). *The risk of return: Intimate partner violence in Northern Uganda's armed conflict*. *Social Science & Medicine*, 70(1), 152–159. <https://doi.org/10.1016/j.socscimed.2009.09.027>
- Azariadis, C., & Drazen, A. (1990). *Threshold externalities in economic development*. *The Quarterly Journal of Economics*, 105(2): 501–526. <https://doi.org/10.2307/2937797>
- Bakken, I.V & Rustad, S.A. (2018). *Conflict Trends in Africa, 1989–2017*, Conflict Trends, 6. Oslo: PRIO.
- Bendavid, E., Boerma, T., Akseer, N., Langer, A., Malembaka, E. B., Okiro, E. A., Wise, P. H., Black, R. E., & Bhutta, P. (2021). *The effects of armed conflict on the health of women and children*. *The Lancet*, 397, 522–532. [https://doi.org/10.1016/S0140-6736\(21\)00131-8](https://doi.org/10.1016/S0140-6736(21)00131-8)
- Boggiano, B. (2024). *Long-term effects of the Paraguayan War (1864-1870) on intimate partner violence*. *Journal of Economic Behavior and Organization*, 222:177-224. <https://doi.org/10.1016/j.jebo.2024.04.013>
- Bourey, C., Musci, R. J., Bass, J. K., Glass, N., Matabaro, A., & Kelly, J. T. D. (2024). *Drivers of men's use of intimate partner violence in conflict-affected settings: learnings from the Democratic Republic of Congo*. *Conflict and Health*, 18(9). <https://doi.org/10.1186/s13031-023-00562-5>
- Bruck, T., Di Maio, M., & Miaari, S. H. (2019). *Learning the hard way: The effect of violent conflict on student academic achievement*. *Journal of the European Economic Association*, 17(5): 1502–1537. <https://doi.org/10.1093/jeea/jvy051>
- Bundervoet, T., Verwimp, P., & Akresh, R. (2009). *Health and civil war in rural Burundi*. *Journal of Human Resources*, 44(2): 536–563. <https://doi.org/10.3368/jhr.44.2.536>
- Cesur, R. & Sabia, J.J. (2016). *When war comes home: The effect of combat service on domestic violence*. *The Review of Economics and Statistics*, 98(2): 209-225. [https://doi.org/10.1162/REST\\_a\\_0054](https://doi.org/10.1162/REST_a_0054)
- Cesur, R., & Kibris, A. (2023). *Subjecting the 'Average Joe' to war theater triggers intimate partner violence*. NBER Working Paper 31227.
- Clare, C.A., Velasquez, G, Martorell, G.M.M, Fernandez, D., Dinh, J., and Montague, A. (2021). *Risk factors for male perpetration of intimate partner violence: A review*. *Aggression and Violent Behavior*, 56:101532. <https://doi.org/10.1016/j.avb.2020.101532>
- Clark, C.J., Everson-Rose, S. A., Suglia, S. F., Btoush, R., Alonso, A., & Haj-Yahia, M. M. (2010). *Association between exposure to political violence and intimate-partner violence in the occupied Palestinian territory: a cross-sectional study*. *The Lancet*, 375: 310-316. [https://doi.org/10.1016/S0140-6736\(09\)61827-4](https://doi.org/10.1016/S0140-6736(09)61827-4)
- CSP. (2020). *Major episodes of political violence, 1946-2013*. Available: <https://www.systemicpeace.org/warlist/warlist.htm> [Accessed 02 Aug 2024].
- Cuneo, A.G., Vaillant, J., Koussoubé, E., Pierotti, R.S., Falb, K., & Kabeya, R. (2023). *Prevention, cessation or harm reduction: Heterogeneous effects of an intimate partner violence prevention*

- program in eastern Democratic Republic of the Congo*. PLoS ONE, 18(3): e0282339. <https://doi.org/10.1371/journal.pone.0282339>
- Doyle, J.L. & McWilliams, M. (2020). *What difference does peace make? Intimate partner violence and violent conflict in Northern Ireland*. *Violence against women*, 26(2): 139-163. <https://doi.org/10.1177/1077801219832902>
- Ekhtor-Mobayode, U.C., Hanmer, L.C., Rubiano-Matulevich, E., & Arango, D. J. (2022). *The effect of armed conflict on intimate partner violence: Evidence from the Boko Haram insurgency in Nigeria*. *World Development* 153. <https://doi.org/10.1016/j.worlddev.2021.105780>
- Ekhtor-Mobayode, U.C., Kelly, J., Rubin, A., & Arango, D.J. (2021). *Intimate partner violence and household decision making autonomy. Effects of the Malian conflict on women*. World Bank Policy Research Working Paper, 9821.
- Falb, K.L., McCormick, M.C., Hemenway, D., Anfinson, K., & Silverman, J.G. (2013). *Violence against refugee women along the Thai-Burma border*. *International Journal of Gynecology and Obstetrics*, 120: 279 – 283. <http://dx.doi.org/10.1016/j.ijgo.2012.10.015>
- Falb, K., Annan, J., Blackwell, A., & Stennes, J. (2019). *Cash transfers in Raqqa Governorate, Syria. Changes over time in women's experiences of violence and wellbeing*. Washington DC: International Rescue Committee and London: UK Department for International Development.
- Falb K.L., Asghar K., Blackwell A., Baseme S., Nyanguba M., Roth D., & Hategekimana J.D. (2023) *Improving family functioning and reducing violence in the home in North Kivu, Democratic Republic of Congo: a pilot cluster-randomised controlled trial of Safe at Home*. *BMJ Open*, 13(3):e065759. <https://doi.org/10.1136/bmjopen-2022-065759>
- Fonseka, R.W., McDougal, L., Raj, A., Reed, E., Lundgren, R., Urada, L., & Silverman, J.G. (2022). *A mediation analysis of the role of girl child marriage in the relationship between proximity to conflict and past-year intimate partner violence in post-conflict Sri Lanka*. *Conflict and Health*, 16:5. <https://doi.org/10.1186/s13031-022-00436-2>
- Gibbs, A., Abdelatif, N., Said, N., & Jewkes, R. (2020). *Associations between exposures to occupation-related events, depression and intimate partner violence among women in the occupied Palestinian Territories*. *Global Public Health*. <https://doi.org/10.1080/17441692.2020.1849349>
- Gökçe, M. B. & Kırdar, M. G. (2023). *The effects of civil war and forced migration on intimate partner violence among Syrian refugee women in Jordan*. Unpublished.
- Guidolin, M., & La Ferrara, E. (2007). *Diamonds are forever, wars are not: Is conflict bad for private firms?* *American Economic Review*, 97(5): 1978–1993. <https://doi.org/10.1257/aer.97.5.1978>
- Gupta, J., Reed, E., Kelly, J., Stein, D.J., & Williams, D.R. (2010). *Men's exposure to human rights violations and relations with perpetration of intimate partner violence in South Africa*. *Journal of Epidemiology & Community Health*, 66(6):e2. <https://doi.org/10.1136/jech.2010.112300>
- Gutierrez, I.A. & Gallegos, J.V. (2016). *The effect of civil conflict on domestic violence: The case of Peru*. *Rand Labor & Population*, WR-1168.
- Jewkes, R., Jama-Shai, N., & Sikweyiaya, Y. (2017). *Enduring impact of conflict on mental health and gender-based violence perpetration in Bougainville, Papua New Guinea: A cross-sectional study*. PLoS ONE, 12(10): e0186062. <https://doi.org/10.1371/journal.pone.0186062>
- Jewkes, R., Corboz, J., & Gibbs, A. (2018). *Trauma exposure and IPV experienced by Afghan women: Analysis of the baseline of a randomized controlled trial*. PLoS ONE, 13(10):e0201974. <https://doi.org/10.1371/journal.pone.0201974>

- Kelly, J.T.D., Colantuoni, E., Robinson, C., & Decker, M.R. (2018). *From the battlefield to the bedroom: a multilevel analysis of the links between political conflict and intimate partner violence in Liberia*. *BMJ Global Health*, 3:e000668. <https://doi.org/10.1136/bmjgh-2017-000668>
- Kelly, J.T.D., Colantuoni, E., Robinson, C., & Decker, M.R. (2021). *Quantifying the ripple effects of civil war: How armed conflict is associated with more severe violence at home*. *Health and Human Rights Journal*, 23(1): 75 - 89
- Kennedy, L. (2020). *Postwar interpersonal violence: Reflections and new research directions*. *Aggression and Violent Behavior*, 53:101429. <https://doi.org/10.1016/j.avb.2020.101429>
- Khalaf, M., Contreras-Urbina, M., Murphy, M., & Ellsberg, M. (2022). *Factors influencing lifetime perpetration of intimate partner violence among ever-partnered men in South Sudan*. *Men and Masculinities*, 25(5): 802 – 824. <https://doi.org/10.1177/1097184X221098723>
- Khatir, A. G., Ge, T., Ariyo, T., & Jiang, Q. (2024). *Armed conflicts and experience of intimate partner violence among women in Afghanistan: analysis of the 2015 Afghanistan DHS data*, *BMJ Open* 14:e075957. <https://doi.org/10.1136/bmjopen-2023-075957>
- Kinyanda, E., Weiss, H.A., Mungherera, M., Onyango-Mangen, P., Ngabirano, E., Kajungu, R., Kagugube, J., Muhwezi, W., Muron, J., & Patel, V. (2016). *Intimate partner violence as seen in post-conflict eastern Uganda: prevalence, risk factors and mental health consequences*. *BMC International Health and Human Rights*, 16(5). <https://doi.org/10.1186/s12914-016-0079-x>
- La Mattina, G. (2017). *Civil conflict, domestic violence and intra-household bargaining in post-genocide Rwanda*. *Journal of Development Economics*, 124: 168-198. <http://dx.doi.org/10.1016/j.jdeveco.2016.08.001>
- La Mattina, G. & Shemyakina, O.N. (2024) *Growing up amid armed conflict: Women's attitudes toward domestic violence*. *Journal of Comparative Economics*. <https://doi.org/10.1016/j.jce.2024.04.002>
- Lane, R., Short, R., Jones, M., Hull, L., Howard, L.M., Fear, N.T., & MacManus, D. (2022). *Relationship conflict and partner violence by UK military personnel following return from deployment in Iraq and Afghanistan*. *Social Psychiatry and Psychiatric Epidemiology*, 57: 1795-1805. <https://doi.org/10.1007/s00127-022-02317-8>
- Le, K. & Nguyen, M. (2022). *War and intimate partner violence in Africa*. *SAGE Open*, April-June 1-10. <https://doi.org/10.1177/2158244022109642>
- Mootz, J.J., Muhanguzi, F.K., Panko, P., Mangen, P.O., Wainberg, M.L., Pinsky, I., & Khoshnood, K. (2018). *Armed conflict, alcohol misuse, decision-making, and intimate partner violence among women in Northeastern Uganda: a population level study*. *Conflict and Health*, 12:37. <https://doi.org/10.1186/s13031-018-0173-x>
- Rees, S., Mohsin, M., Tay, A.K., Steel, Z., Tam, N., da Costa, Z., Soares, C., Tol, W., Eapen, V., Dadds, M., & Silove, D. (2018). *Risk of perpetrating intimate partner violence amongst men exposed to torture in conflict-affected Timor-Leste*. *Global Mental Health*, 5:e23. <https://doi.org/10.1017/gmh.2018.16>
- Sachs, J. (2005). *The end of poverty: Economic possibilities of our time*. Penguin Books.
- Saile, R., Neuner, F., Ertl, V., & Catani, C. (2013). *Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in Northern Uganda*. *Social Science & Medicine*, 86: 17-25. <http://dx.doi.org/10.1016/j.socscimed.2013.02.046>
- Saile, R., Ertl, V., Neuner, F., & Catani, C. (2014). *Does war contribute to family violence against children? Findings from a two-generational multi-informant study in Northern Uganda*. *Child Abuse & Neglect*, 38: 135-146. <http://dx.doi.org/10.1016/j.chiabu.2013.10.007>

- Sileo, K.M., Kershaw, T.S., Gilliam, S., Taylor, E., Kommajosula, A., & Callands, T.A. (2021). *Trauma exposure and intimate partner violence among young pregnant women in Liberia*. *Journal of Interpersonal Violence*, 36(21-22): 10101 – 10127. <https://doi.org/10.1177/0886260519881533>
- Slegh, H., Barker, G., Ruratotoye, B. & Shand, T. (2012). *Gender Relations, Sexual Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of Congo: Preliminary Results of the International Men and Gender Equality Survey (IMAGES)*. Sonke Gender Justice Network and Promundo-US: Cape Town, South Africa, and Washington, DC.
- Spangero, J., Toole-Anstey, C., MacPhail, CL., Rambaldini-Gooding, D.C., Keevers, L., & Garcia-Moreno, C. (2021). *The impact of interventions to reduce risk and incidence of intimate partner violence and sexual violence in conflict and post-conflict states and other humanitarian crises in low and middle income countries: a systematic review*. *Conflict and Health*, 15:86. <https://doi.org/10.1186/s13031-021-00417-x>
- Stark, L., Meinhart, M., Seff, I., Gillespie, A., Roa, A.H., & Villaveces, A. (2023). *Associations between conflict violence, community violence, and household violence exposures among females in Colombia*. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2023.106341>
- Stojetz, W. & Brück, T. (2023). *Exposure to collective gender-based violence causes intimate partner violence*. *Journal of Development Economics*, 164:103054. <https://doi.org/10.1016/j.jdeveco.2023.103054>
- Svallfors, S. (2023). *Hidden casualties: The links between armed conflict and intimate partner violence in Colombia*. *Politics & Gender*, 19(1), 133-165. <https://doi.org/10.1017/S1743923X2100043X>
- Torrisi, O. (2023). *Young-age exposure to armed conflict and women's experiences of intimate partner violence*. *Journal of Marriage and Family*, 85(1): 7-32. <https://doi.org/10.1111/jomf.12876>
- United Nations. (2017). *Report of the Secretary-General on Conflict-Related Sexual Violence* (Report).
- United Nations & World Bank. (2018). *Pathways for peace: Inclusive approaches to preventing violent conflict*. World Bank.
- Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., Beyrer, C., & Singh, S. (2014). *The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: A Systematic Review and Meta-analysis*. *PLoS Currents*. <https://doi.org/10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7>.
- Wako, E., Elliott, L., De Jesus, S., Zotti, M.E., Swhagn, M.H., & Beltrami, J. (2015). *Conflict, displacement and IPV: Findings from two Congolese refugee camps in Rwanda*. *Violence against Women*, 21(9): 1087-1101. <https://doi.org/10.1177/1077801215590669>
- World Health Organization. (2012). *Understanding and addressing violence against women: Intimate partner violence*. [https://apps.who.int/iris/bitstream/handle/10665/77432/WHO\\_RHR\\_12.36\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1&isAllowed=y)
- Wight, D., Sekiwunga, R., Namutebi, C., Zalwango, F., and Siu, G.E. (2022). *A Ugandan parenting programme to prevent gender-based violence: description and formative evaluation*. *Research on Social Work Practice*, 32(4): 448-464. <https://doi.org/10.1177/10497315211056246>
- Wirtz, A. L., Pham, K., Glass, N., Loochkarth, S., Kidane, T., Cuspoca, D., Rubenstein, L. S., Singh, S., & Vu, A. (2014). *Gender-based violence in conflict and displacement: Qualitative findings*



*from displaced women in Colombia.* Conflict and Health, 8(1), 10. <https://doi.org/10.1186/1752-1505-8-10>.

Østby, G. (2016). *Violence begets violence: Armed conflict and domestic sexual violence in Sub-Saharan Africa.* HiCN Working Paper 233.

Østby, G., Leiby, M., & Nordås, R. *The legacy of wartime violence on intimate-partner abuse: Microlevel evidence from Peru, 1980-2009.* International Studies Quarterly, 63: 1-14, <https://doi.org/10.1093/isq/sqy043>