

Understanding the relationship between war and domestic violence

Study overview

This month's Evidence Bits summarises key findings from a literature review conducted by Project dIdl/ድልድል that sought to identify the state of the evidence around the relationship between war and domestic violence at the international level. The review covered four types of studies: a) studies that explored the relationship of war and domestic violence or intimate partner violence (IPV) within military and civilian populations, b) studies that referred to sexual and gender-based violence (SGBV), including IPV, in refugee camps, displaced contexts and migrant communities, c) studies that applied a gender-sensitive or feminist lens to conflict and post-conflict violence, and d) studies that examined the consequences of war on family violence and children's wellbeing. The review also sought to explore linkages with cultural and religious beliefs and parameters.

Overall, the evidence reviewed revealed a multi-dimensional mechanism connecting political violence and domestic violence, such as through mental health trauma affecting victims/survivors, direct effects on the behaviour of soldiers, veterans and civilian ex-combatants, socio-cultural influences and normative frameworks contributing to the further abuse of war survivors, or the breakdown of structures, support systems and community solidarity that would otherwise be available to victims of domestic or other forms of violence in peace time.

The study recommended that psychosocial and other support services provided in humanitarian or post-conflict contexts must consider the existence of accumulated trauma as a result of different forms of violence, and must be contextualised in communities' religio-cultural normative systems and an understanding of how family and social structures and institutions broken or interrupted during conflict might be restored to prevent domestic violence.

The current 'Evidence Bits' is developed from the working paper: Istratii, R. (2021) 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. Working Paper 2 (English). Project dIdl/ድልድል: Bridging religious studies, gender & development and public health to address domestic violence in religious communities. SOAS University of London.

The working paper is re-mixed for educational and non-commercial purposes of the current 'Evidence Bits' in accordance with the Commons License Agreement specified under Project dIdl/ድልድል: <https://projectdIdl.org/>.

Through its 'Evidence Bits' series, IDVRM aims to disseminate both the work of the Institute and its members to inform policy and practice. Views and recommendations made in these publications are those of the original authors and not necessarily those of IDVRM.

Military and civilian populations

Military populations

Studies involving military populations consistently reported a higher frequency of domestic violence or IPV compared to civilian populations. Numerous aetiologies were proposed to explain this higher frequency:

- Veterans and service men/women are more likely to suffer from Post-traumatic Stress Disorder (PTSD), influencing their relationship 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.

Standard domestic violence or IPV programmes may be ineffective if they don not address war trauma (Love et al., 2015). Pre-deployment and post-deployment support that recognises stage-specific stressors may be needed (Schmaling et al., 2011).

See: Love, A. R., Morland, L. A., Menez, U., Taft, C., MacDonald, A., & Mackintosh, M.-A. (2015). "Strength atHome" Intervention for Male Veterans Perpetrating Intimate Partner Aggression: Perceived Needs Survey of Therapists and Pilot Effectiveness Study. *Journal of Interpersonal Violence*, 30(13), 2344–2362; Schmaling, K. B., Blume, A. W., & Russell, M. L. (2011). Intimate Partner Violence and Relationship Dissolution Among Reserve Soldiers. *Military Psychology*, 23(6), 685–699.

Civilian populations

Studies involving civilian populations found higher odds of domestic violence or IPV linked to conflict exposure. Studies reporting prevalence rates also found associations between intensity of violence and odds of domestic violence or IPV. Some mechanisms included:

- Men feeling powerless and re-asserting control through abuse. Moreover, violence can foster humiliation, stress, mental ill-health (e.g. depression, PTSD) and substance and alcohol abuse in men that can manifest as aggression.
- Normalisation of violence and victims' heightened hesitation to leave an abusive environment in fear of losing the protection it offers (Noe & Rieckmann, 2013).

See: Noe, D., & Rieckmann, J. (2013). *Violent Behaviour: The effect of civil conflict on domestic violence in Colombia* (Working Paper No. 136). Discussion Papers. <https://www.econstor.eu/handle/10419/90560>

Sexual violence in conflict



Sexual violence (rape, sex slavery, forced marriage, or other) 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.



Exposure to war-related SGBV may make women and girls more vulnerable to prostitution, sexual exploitation and human trafficking.



In many societies, especially those that place emphasis on pre-marital virginity, rape victims may face challenges to be accepted as brides, or may be divorced if already married.



Where women previously acted as combatants, stigmatisation may make their re-integration difficult.



Re-integration can be further challenged as a result of many women's lack of education and inability to find employment, poverty, marginalisation (victims or children born as a result of rape casted out) or context-specific socio- cultural normative standards.

Intervention approaches and psychosocial support

Contextualised interventions

Any intervention must be contextualised in the affected communities' socio-cultural frameworks and an in-depth understanding of how violence is experienced locally.

So-called 'psychosocial services' in humanitarian settings should consider distinct aetiologies and accumulated trauma that may require both community-wide and individual psychological/clinical support. These distinct responses should be delivered in parallel, based on expert diagnosis and rigorous data collection.



Miller et al. (2021) suggest clarifying the term 'psychosocial' by classifying services into socio-environmental (addressing social/material causes of distress) and clinical (addressing psychological variables).

See: Miller, K. E., Jordans, M. J. D., Tol, W. A., & Galappatti, A. (2021). A call for greater conceptual clarity in the field of mental health and psychosocial support in humanitarian settings. *Epidemiology and Psychiatric Sciences*, 30. <https://doi.org/10.1017/S2045796020001110>

Religious norms and humanitarian blind spots



The literature review revealed that humanitarian responses, including SGBV approaches, have often been top-down, lacking contextualisation. This reflects the nature of humanitarian responses, which tend to be put together in short periods of time and not on the basis of prior research conducted on the ground.



Many humanitarian responses have not engaged substantively with religious beliefs or spiritual life despite these taking place in religious communities. A biased attitude about 'religion' may have interfered with a proper understanding of local normative frameworks, overlooking the potential resourcefulness of religious beliefs and values.



A limited number of studies suggested that religious beliefs could offer coping mechanisms and support improved mental health for survivors of domestic violence and SGBV.

Conclusion

- Individuals affected by conflict continue to face trauma-related consequences for many years following conflict. These consequences are defined within wider gender and marriage normative frameworks, other socio-cultural standards and material realities, as well as individual histories of trauma.
- Responses to conflict-related violence in humanitarian settings must consider how political violence may intersect with pre-existing forms of violence and seek to support affected groups in ways that can prevent further abuse in domestic and communal life in refugee camps and in post-displacement settings.
- It is important to prioritise understandings of violence as upheld by communities and to embed these and attitudes around them in their socio-cultural and material realities.
- While domestic violence intersects with conflict-related SGBV and should not be approached in isolation from the latter in humanitarian settings, it is important to differentiate domestic violence/ or IPV from conflict-related SGBV in order to consider their distinct, albeit interlinked, aetiologies. Domestic violence/IPV is often maintained by a matrix of socio-cultural, intersubjective and individual factors and has complex consequences (e.g. psychological trauma from childhood violence, personality disorders or attachment insecurity) that might require different types of responses than does conflict-related or stranger SGBV.
- Psychosocial and other support services in humanitarian settings must consider the multiple and distinct aetiologies of violence and the existence of accumulated trauma some related to childhood experiences of violence and not war violence that requires a combination of community-wide social-environmental measures with individual-specific psychological/clinical support (as per classification offered in Miller et al., 2021). These strategies may need to be delivered in parallel, ideally informed by expert diagnoses and data collected through rigorous research.
- Any intervention or response needs to understand and be contextualised in communities' religio-cultural normative systems and to consider how family and social structures and institutions broken or interrupted during conflict might be restored to prevent domestic violence or IPV or other forms of abuse in the family, as well as contribute to effective perpetrator treatment programmes in conflict and post-conflict times. Programmes in religious societies where clergy are already involved in couples' marital life and mediate marital problems and domestic violence should consider how to integrate religious stakeholders better and leverage on their resourcefulness and close connections to the communities.

Get Involved with us

Visit our website <https://idvrm.org>

You are invited to subscribe to our [Newsletter](#) to become part of our community, access new evidence and share experience.

If you are interested in exploring new research collaborations or seek advisory services, contact our Director, Dr Romina Istratii, at romina.istratii.work@gmail.com

If you'd like to join our network of partners, contact us at idvrm.info@gmail.com