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The Association Between Political Violence and Intimate Partner Violence Against Women in
the Occupied Palestinian Territory

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Abstract

The Association Between Political Violence and Intimate Partner Violence Against Women in the Occupied Palestinian Territory

By Abbie Shervinskie

Background: Intimate partner violence (IPV) is the most common form of violence against women in both conflict and non-conflict settings. This analysis examines the impact of political violence on intimate partner violence against women in the occupied Palestinian territory (oPt).

Methods: A secondary analysis was conducted using data from the Palestinian Central Bureau of Statistics' 2019 Violence Survey. Data from this nationally representative cross-sectional survey of 12,942 households in the oPt was collected between March and May 2019. A final analytic sample was restricted to 4261 currently married women aged 15-64. Separate negative binomial regressions were used to examine the association between exposure to political violence and physical, sexual, and psychological intimate partner violence against women, adjusting for covariates of IPV.

Results: Political violence was found to significantly increase the incidence rate of psychological IPV against women, after controlling for covariates ($\beta = 0.25$, 95% CI 0.11-1.25). For women that experienced political violence, the incidence rate of psychological IPV increased by 28 percent compared to the incidence rate of those that did not experience political violence. Political violence was not significantly associated with physical or sexual IPV.

Conclusion: This research adds to current literature highlighting the need to consider political violence and conflict settings as drivers for the perpetration and experience of IPV against women.

Chapter 1: INTRODUCTION

Violence against women is one of the most widespread global public health issues and one of the most deleterious violations of women's human rights (WHO, 2021). Of this violence, intimate partner violence (IPV) is known to be the most common form of violence that women experience and impacts 1 in 3 women worldwide (WHO, 2021). Intimate partner violence, defined as abuse or aggression by a current or former spouse or dating partner, often takes the form of physical, sexual, or psychological violence and coercion but can also take on a range of economic and social harms (CDC, 2020). The occurrence of IPV can result in several negative health effects including physical injury, depression, posttraumatic stress disorder (PTSD), reproductive health issues, and even death. Worldwide, 34% of women murdered are killed by intimate partners (UNODC, 2019).

While IPV remains a public health issue in all parts of the world, women in conflict and humanitarian settings may bear a greater burden and risk of IPV (Erikson & Ragstogi, 2015). The extreme instability in communities and families caused by conflict and humanitarian crises can exacerbate gender inequity as well as shift interpersonal norms, which can make women even more vulnerable to violence (Erikson & Ragstogi, 2015). Due to currently limited research of IPV in these settings, it is within the context of conflict settings that public health research and interventions must take place to further explore the drivers of IPV, prevent its occurrence, and protect the health and lives of the most vulnerable women.

Palestine is currently in a state of protracted crisis due to Israel's occupation of the Gaza Strip and the West Bank territories since 1967 (Amnesty International, 2017). Palestinians living in the occupied Palestinian territory (oPt) have faced discrimination by the Israeli government and forces and violations of human rights. In 2019, Palestinian civilians experienced shelling, air

strikes, and other forms of violence by Israeli forces including unlawful detainment, torture and ill-treatment, home demolition, displacement, and the continued illegal blockade of the Gaza Strip restricting freedom of movement (Amnesty International, 2020). Approximately 2.4 million people living in the oPt needed humanitarian assistance in 2019 despite Israel's responsibility to provide for and protect individuals living under its occupation (oPt OCHA, 2020).

Alongside the decades of conflict imposed by Israel and the current humanitarian need in both the West Bank and the Gaza Strip, the prevalence of IPV experienced by women in the oPt was almost 30 percent in 2019 (Palestinian Central Bureau of Statistics, 2019). While the prevalence of IPV in the West Bank specifically was 24 percent, the prevalence of IPV in the Gaza Strip reached more than 37 percent (Palestinian Central Bureau of Statistics, 2019). The increased prevalence of IPV in the Gaza Strip may be related to the severity of political violence faced by civilians incurred by Israel's blockade.

Given the adverse health effects of IPV and the increased burden of violence for women living in conflict settings such as the occupied Palestinian territory, there is a strong need to understand the risk and drivers of intimate partner violence in these settings. To this end, this project will investigate the relationship between the exposure of political violence and the reported experience of physical, sexual, and psychological IPV among women living in the oPt. This study hypothesizes that after controlling for known correlates of intimate partner violence such as age, education level, labor, and attitudes towards abuse, exposure to political violence will significantly increase IPV.

Research question: Does the experience of political violence against a household increase a woman's experience of IPV?

Null Hypothesis: Political violence against a household does not increase a woman's experience of IPV.

Alternative Hypothesis: Political violence against a household increases a woman's experience of IPV.

The proposed research will further the understanding of the impact of conflict on women and their risk of IPV. Understanding women's excess burden will inform the expansion of preventive measure and provide justification for the enhanced services to protect the health and lives of women living in conflict settings.

Chapter 2: LITERATURE REVIEW

Introduction

To gain an understanding of the breadth of research that exists related to gender-based violence (GBV), and more specifically, intimate partner violence (IPV), this review begins with an examination of factors related to IPV situated within an ecological framework of gender-based violence, an umbrella term used to describe violence that disproportionately affects women based on their gender (Heise, 1998; Heise, 2011). The first level of this framework, the individual level, includes causes and correlates of GBV related to characteristics of men and women such as childhood violence, attitudes toward violence, husband's alcohol abuse, gender role conflict, wife's low social support, and sociodemographic characteristics. The second level, the relationship level, includes relationship factors such as high relationship conflict, poor communication, and non-egalitarian decision making. The third level, the community level, includes neighborhood characteristics such as community violence and poverty, as well as norms such as the acceptance of wife beating, the right to use physical force to discipline, and the

stigma of divorced women. The final level, the macrosocial level, includes cultural factors, economic factors, and factors related to gender order.

Due to the complex nature of gender-based violence and expanding research, the ecological framework acts as a lens through which factors can be explored in relation to violence against women. This is evident through an examination of current research on the association between political violence and IPV as well as potential pathways between the two. This literature review aims to situate the proposed research within the current understanding of political violence and IPV against women.

A Framework of Intimate Partner Violence

Individual Factors

In exploring factors associated with IPV, individual factors such as sociodemographic characteristics of both partners are often considered and have been well examined. Generally, it is thought that younger age increases the likelihood of both IPV victimization and IPV perpetration. Findings on this relationship, however, appear to be mixed. A WHO multi-country study of women's health finds a significant relationship between younger age of women and their partners and an increased risk of IPV (Abramsky et al., 2011). A nationally representative study of IPV risk factors in the oPt finds that women 25 years and above were more likely to report IPV compared to the youngest group of women and further reports that the youngest and oldest groups of women were least likely to report exposure to certain forms of violence including severe psychological aggression, minor and severe physical assault, and severe sexual coercion (Haj-Yahia & Clark, 2013). It is possible that other factors such as education, income, and country of residence may impact the variation in age as a risk factor for IPV.

While results have been mixed, low education level has also been found to be a risk factor of IPV perpetration and victimization. The same WHO multi-country study found that the completion of secondary education by one partner was found to be protective of IPV compared to no education or primary education, and when both partners had completed secondary education, the protective effect was greater (Abramsky et al., 2011). This study, however, as well as others, also suggests an increased risk of IPV when there is a discrepancy in education level between partners (Abramsky et al., 2020; Abramsky et al., 2011). Conversely, others have found no significant relationship between women's education level and their risk of IPV or only a significant relationship between husbands' education level and risk of IPV (Iman'ishimwe Mukamana, Machakanja, & Adjei, 2020; Østby, Leiby, & Nordås, 2019).

Household income as well as labor status of the husband and wife have also been explored as potential risk factors for IPV. Nationally representative studies from Lithuania and Zimbabwe have found that women in lower income brackets have been found to be more at risk of experiencing IPV (Iman'ishimwe Mukamana et al., 2020; Žukauskienė, Kaniušonytė, Bakaitytė, & Truskauskaitė - Kunevičienė, 2021). In examining employment status, in the oPt, women with unemployed husbands were more at risk of experiencing physical IPV, but the women's employment status did not appear to be associated with her risk of IPV (Haj-Yahia & Clark, 2013). Conversely, Iman'ishimwe Mukamana et al. (2020) find that employed women were more at risk of experiencing IPV compared to those that were unemployed. The study notes that women's employment may alter traditional household roles due to women spending less time at home, which may lead to marital conflict.

Relationship Factors

Moving to relationship level, Heise (2011) examines factors of IPV well-supported by current research. These include non-equalitarian decision-making in the household, poor communication between partners, and high relationship conflict. This level of the framework also examines triggers of conflict such as money distribution, children or in-laws, and failure to meet gender role expectations.

Within this level, we review marital conflict as a particular factor of interest. Marital conflict often takes the form of frequent disagreements, arguments, and quarreling about family issues or household decisions, which can increase stress in the household. One study in China found frequent marital quarreling to be the strongest predictor for intimate partner violence in the past year (Xu et al., 2005). Among Palestinian couples, marital conflict was also consistently associated with higher odds of experiencing physical, psychological, and sexual IPV (Haj-Yahia & Clark, 2013). This study considered the frequency of marital conflict over 10 different domains and aspects of married life including, for example, financial affairs, relationships with family and friends, and child rearing and found that marital conflict was associated with IPV in a dose-response fashion.

Community Factors

Community level factors examined in relation to intimate partner violence include norms such as wife beating, divorce, and male control, and locality characteristics such as community violence, unemployment, and poverty (Haj-Yahia & Clark, 2013; Kiss, Schraiber, Hossain, Watts, & Zimmerman, 2015; Østby et al., 2019). Because some community factors such as unemployment, poverty, as well as norms are likely tied to urban/rural residence of individuals, some studies choose to consider residence in their assessment of IPV. One study found that

Peruvian women living in urban areas were more exposed to IPV than women living in rural areas (Østby et al., 2019). Conversely, Iman'ishimwe Mukamana et al. (2020) find that women living in rural Zimbabwe were 10% more likely to report IPV than those in urban areas. In considering conflict, people displaced by violence often reside in refugee camps; this may impact intimate partner violence differently than residing in urban or rural locations (Wachter et al., 2017). Haj-Yahia and Clark (2013) considers the locality of refugee camps as well as urban and rural residences in the analysis of IPV and find that women living in rural areas were less likely to report IPV compared to women in refugee camps, but the differences in reports of IPV were less clear between women in urban areas compared to refugee camps.

A final factor, attitude toward wife abuse, is considered a risk factor of intimate partner violence. In 13 of 15 countries reviewed, Abramsky et al. (2011) finds that women's attitudes supportive of a husband beating his wife significantly increased the odds of women experiencing IPV. Similarly, women in Peru that believe wife-beating is ever justified were found to have 0.5-percentage point higher risk of being the victim of IPV than women who believe wife-beating is never justified (Østby et al., 2019). While attitudes and justification of wife abuse are measured individually and can be analyzed individually, they are typically thought to reflect community- or society-wide norms. Haj-Yahia & Clark (2013) as well as Janko, Bloom, and Spencer (2014), analyzed wife abuse justification as a norm in Palestine and Rwanda, respectively, by creating a community abuse justification score based on individual attitudes of women in different locations. Both studies find that higher community-level acceptance of wife beating significantly increased women's risk of experiencing IPV.

Political Violence and IPV

In exploring community and macrosocial levels of factors related to IPV, Heise (2011) suggests that factors that are commonly assumed to be associated with IPV, such as militarization, conflict, and displacement, do not currently have substantive evidence linking them to intimate partner violence. However, Heise (2011) also notes that with further rigorous research demonstrating the association, community and societal factors such as these could be added to the framework. This research project posits that, while research in this area is still limited, conflict and political violence are factors that should be taken into consideration as community and macrosocial level factors related to intimate partner violence. It is within this context that we examine the influence of political violence on intimate partner violence.

As noted, the current literature examining the effect of political conflict on the perpetration and experience of IPV is limited; however, much of the research on the topic reports a positive association between conflict and rates of IPV. Research in this area has examined exposure to political violence using both individual level data and community level or aggregated data; both levels of political violence exposure have been found to be associated with individuals' experience of intimate partner violence.

In an examination of wartime violence in Peru, Østby et al. (2019) find that exposure to general community violence significantly increased women's risk of intimate partner violence. Women living in departments with higher frequencies of reported conflict-related sexual violence and conflict-related nonsexual violence had a .14-percentage-point higher risk for IPV compared to women in a less affected department. Østby et al. (2019) note that, while this effect may seem small, it denotes a greater risk for *all* women living in the affected department compared to other departments. Similarly, Kelly, Colantuoni, Robinson, and Decker (2018) find

that, among women, living in conflict-affected districts of Liberia, determined by the Armed Conflict Location and Event Database (ACLED), was associated with a 50 percent increased risk of IPV compared to women living in districts with no conflict-related fatalities. Women living in districts that experienced 4-5 cumulative years of conflict were also more likely to report experiencing intimate partner violence. In a similar use of the ACLED in Rwanda, Janko et al. (2014), find that the mean number of conflict days per year by geographic area significantly increased the odds of reporting past-year IPV. An increase of 1 violent conflict per year by geographic area corresponded to a 1.1% increase in the odds of reporting recent IPV. These studies, as well as others by Østby (2016) and Ekhatior-Mobayode, Hanmer, Rubiano Matulevich, and Arango (2020), demonstrate the relationship between community wide reports of political violence and the risk of intimate partner violence.

Other studies have examined the relationship between political violence and IPV using individuals' report of direct exposure to political violence. This research suggests relationships between both the perpetrator's and the victim's exposure to political violence and IPV. Clark et al. (2010) examine the effect of husbands' direct exposure to political violence, their indirect exposure through their families' experiences, and economic effects of exposure to political violence on the household in the occupied Palestinian territory. Women whose husbands were directly exposed to political violence had 47 percent higher odds of experiencing psychological IPV, 89 percent higher odds of experiencing physical IPV, and 123 percent higher odds of experiencing sexual IPV compared to women whose husbands did not directly experience political violence. Women whose husbands had indirectly experienced political violence also had significantly higher odds of experiencing physical and sexual IPV. Similarly, Gupta et al. (2009) examined the relationship between preimmigration exposure to political violence and the

perpetration of intimate partner violence of male immigrants in Boston, Mass., US. This study finds a statistically significant association between exposure to political violence in men's country of origin and their perpetration of both physical and sexual violence after immigrating to the US. In a study of the prevalence and predictors of psychological, physical, sexual, and isolation partner violence in postwar Northern Uganda, Saile, Neuner, Ertl, and Catani (2013) finds that women's prior exposure to war-related traumatic events was significantly associated with a higher severity of each type of intimate partner violence against women except sexual IPV.

Pathways Between Political Violence and Intimate Partner Violence

While the described studies suggest a clear link between political conflict and intimate partner violence, some studies also explore the pathways between political violence and IPV and in doing so, explore the intersections of the ecological framework. One possible pathway to consider is the effect of the perpetrator's experience of extreme stress and trauma of conflict on IPV. In a qualitative study investigating gender relations after years of war in DRC, Slegh, Barker, Ruratotoye, and Shand (2012) found that in response to extreme stress caused by conflict-related loss of income, property, and injury, men typically used coping strategies to reduce feelings of vulnerability, such as alcohol and substance use, which are commonly associated statistically and qualitatively with the perpetration of intimate partner violence (Østby et al., 2019; Saile et al., 2013; Wachter et al., 2017). In examining the impact of Liberia's war, Vinck and Pham (2013) find a significant relationship between exposure to potentially traumatic war-related events and the perpetration of and experience of IPV, as well as a significant association between men's symptoms of PTSD and depression and the perpetration of physical intimate partner violence, after adjusting for potentially traumatic war-related events.

Falb, McCormick, Hemenway, Anfinson, and Silverman (2013) also note pathways between women's experience of political violence and their IPV victimization in a study of refugee women on the Thai-Burma border. Refugee women that experienced conflict victimization were 5.9 times more likely to report past year IPV than those that did not experience conflict victimization. This study suggests that women's experience of conflict victimization increases stigma, isolation, and feelings of shame, increasing their susceptibility of IPV. Women have also been found to be more at risk of experiencing controlling behaviors by their partner as well as having less household decision-making autonomy during insurgency and military operations (Ekhaton-Mobayode et al., 2020; Müller & Tranchant, 2019). Ekhaton-Mobayode et al. (2020) find that the Boko Haram insurgency increased the probability of women's experience of a partner's controlling behaviors by 13.8 percentage points and reduced the probability of women's household decision-making autonomy by 22.4 percentage points. This study also notes that controlling behaviors and limited autonomy are considered forms of IPV but can also act as drivers of IPV.

Other research has explored changes in 1 related to interpersonal violence as a result of conflict. In examining women's exposure to civil conflict violent events during childhood and early teenage years and the experience of IPV as adults, Gutierrez and Gallegos (2016) find the effect of women's early exposure to civil conflict violent events increased women's later risk of both perpetrating and being a victim of intimate partner violence. This research also finds a positive effect of early exposure to conflict violence on the probability that the women will justify at least one reason for a man to beat his wife. This effect was found to be greater for women with higher levels of conflict violence exposure. Similarly, Horn, Puffer, Roesch, and Lehmann (2014) qualitatively provide further context for a link between changing norms and

IPV in Sierra Leone and Liberia. This study finds that women perceived men's use of violence during war normalized their use of violence as a response to frustrations and challenges, increasing IPV. This illustration of potential pathways between the exposure of political violence and the perpetration and victimization of intimate partner violence demonstrates many possible ways that political violence may impact women's lives.

Conclusion

The reviewed research provides a landscape of factors contributing to women's experience of intimate partner violence and begins to create an understanding of women's risk of IPV within humanitarian settings and situations. The current literature illustrates a link between political violence at both the societal and individual level and intimate partner violence; however, the research in this area is still limited.

Noted strengths of much of the research reviewed include the ability to draw generalizable conclusions from analyses of nationally representative data as well as the frequent use of reliable and well-tested scales to measure IPV such as versions of the Conflict Tactics Scale and the WHO Multicountry Study on Women's Health and Life Experiences Questionnaire. While these scales have been used by many to measure IPV, the analysis of the data from these surveys typically involved creating one dichotomous variable to represent the outcome of IPV or the types of IPV. Collapsing these scales in this way likely fails to capture important nuances of women's experiences.

The proposed research will further the understanding of the impact of political violence on the occurrence and frequency of intimate partner violence against women. By utilizing data from a nationally representative survey that includes the Conflict Tactics Scale, this research will analyze the relationship between political violence and IPV using methodology better able to

capture the intensity of IPV experienced by different women. This thesis will add to the current literature by creating a more nuanced understanding of the impact of political violence and conflict on the health and lives of women.

Chapter III: METHODS

The purpose of this research is to examine the relationship between the exposure to political violence and women's experience of intimate partner violence in the oPt. To explore this association, a secondary analysis was undertaken using data from a specialized national survey on violence in Palestinian society conducted by the Palestinian Central Bureau of Statistics. This analysis was determined to be IRB-exempt because it is an analysis of secondary data and all data were de-identified prior to analysis.

Palestinian Central Bureau of Statistics (PCBS) Violence Survey

The data for this analysis comes from the 2019 violence survey conducted by the PCBS. The PCBS also conducted iterations of this survey in 2005 and 2011. This cross-sectional household survey provides information on violence experienced by individuals within and outside of the home in the oPt. The 2019 survey collected participants' demographic information, measured violence perpetrated by Israeli occupation forces and settlers, violence in public areas, cyber violence, violence against currently married or ever married women (18-64 years), violence against individuals (18-64 years) who have never been married, violence against children, abuse experienced by the elderly (65 years and above), and violence against husbands by the wife (according to wife's report). Data collection took place between March 2019 and May 2019 in the West Bank and Gaza Strip area of Palestine.

Population and Sample

A total of 12,942 households were sampled from the oPt using systematic random sampling. Of these households, 11,545 responded to the survey (89% response). From the West Bank, 7,913 households responded and 3,632 from the Gaza Strip. Information was collected from the following groups: married or ever married men and women (18-64 years), never married men and women (18-64 years), children (12-17 years) and elderly adults (65 and above).

For this research, eligible participants included ever married women because never married women were not asked questions related to intimate partner violence (n=5114). In order to match the women with their husband's demographic data, this sample was restricted to currently married women (15-64 years) who were married to the head of the household, enabling matching between the woman and her partner to obtain both of their sociodemographic characteristics, resulting in a sample of 4492 women. Finally, only participants with complete information for variables of interest were included in the final analytic sample (n=4261).

Variables

Outcome Variable

The PCBS violence survey included a series of questions related to male-to-female IPV. Intimate partner violence was measured using a 41-item questionnaire with items related to physical, sexual, psychological, social, economic, and coercion partner violence. Only items related to physical, sexual, and psychological IPV were used in this analysis. A total of 12 items were used to measure physical IPV, 3 items for sexual IPV, and 8 items for psychological IPV. Tests of correlation were conducted, and the Cronbach's alpha was observed for selected items in each of the three categories to ensure each item was highly correlated to one of the three IPV types (12 items; $\alpha = .88$, 3 items; $\alpha = .71$, 8 items; $\alpha = .79$). Possible responses to these items

inquiring about frequency of aggression or abuse by the husband included *never, once, twice, 3-5 times, and 6 or more*. To create weighted IPV scores, the response categories were coded to represent frequencies of 0, 1, 2, 3, and 4. The responses were summed over the five responses for each item in each type of IPV to create scores for *physical IPV, sexual IPV, and psychological IPV* in the past year for each currently married woman.

Independent Variables

The main independent variable, *political violence*, was constructed as a binary variable assessing exposure to political violence in the past 12 months. This variable was constructed using 14 items related to violence in three areas: violence against the women by Israeli occupation forces or settlers, violence against the women by Palestinian Military, and restricted mobility of members of the household due to military barriers or blockades. Violence against women by Palestinian Military was included in this measure because the presence of military personnel in oPt communities is a direct result of and response to the presence of Israeli occupation forces. Some examples of items utilized in the measure include, *How many times did (an Israeli occupation soldier or settler or a Palestinian military personnel) punch you, hit you, or pull your hair or clothes in the past 12 months?, How many times did (an Israeli occupation soldier or settler or a Palestinian military personnel) humiliate you, curse you or abuse you in the past 12 months?, Over the past 12 months, did you or any of your household members face any difficulty that prevented you from getting to work due to movement restrictions of barriers or buffer zones?.* These items were condensed into one measure of political violence because few women reported exposure to these items. If the respondent reported that they experienced violence in any of the three areas at least once, then they were considered to have been exposed to political violence.

Other independent variables of interest included the husband's and wife's *age*, *education level*, and *employment status*, as well as *marital conflict*, and the woman's *acceptance of wife beating*. Both husband and wife age were collected; however, only wife's age was used in the analysis due to high correlation with men's age. Wife's age was collected and utilized as a continuous variable. The categorical education level variable was created from the reported number of years of complete education in order to draw comparisons between levels of Palestinian schooling. Six or less years of education was categorized as *primary school or less*, 7 to 8 years of education was categorized as *preparatory schooling*, 9 to 12 years of education was categorized as *secondary schooling*, and more than 12 years of education was categorized as *any degree*. The original job type and labor categories were collapsed to create the binary employment status variable. Marital conflict was measured using one dichotomous item on the survey, "*Have troubles between you and your husband increased in the past year?*". This variable was utilized as a dichotomous variable in the model. Finally, women's acceptance of wife beating was measured using a 17-item scale that asked women to indicate their level of agreement between strongly agree and strongly disagree with statements that might justify wife beating, such as *talking to her husband in a provocative way* or *refusing to have intercourse with her husband*. The responses for these items, originally coded from 1 (strongly agree) to 5 (strongly disagree), were reverse coded so that 1 represents strongly disagree or low acceptance and 5 represents strongly agree or high acceptance of wife beating. These were then summed across the items to create an acceptance of wife beating score for each woman (Cronbach's Alpha = 0.94).

Statistical Analysis

Descriptive statistics were calculated for all variables of interest. To determine the appropriate regression analysis for the IPV variables, which were constructed as weighted frequency counts, dispersion was tested for each of the IPV variables. Each IPV variable was found to be over-dispersed meaning that their conditional variances exceeded their conditional means. Due to the overdispersions, negative binomial regression was used to analyze these data. Separate adjusted negative binomial regression models were analyzed to test the association between exposure to political violence and each of the three types of IPV. The SAS procedure genmod was utilized to conduct the negative binomial modelling. All analyses were completed with SAS 9.4.

Limitations and Delimitations

Due to the cross-sectional design of this study, this research is unable to establish temporality. Furthermore, women's responses to questions about their past-year exposure to political violence and their past-year experience of IPV could be impacted by recall bias. Another limitation of this study is the restriction of the analytic sample to only currently married women. This was necessary to match women with their husband's demographic data; however, this does not capture the experience of divorced and separated women who may be more likely to have experienced IPV. This study was also only able to utilize limited indicators of political violence. While the survey included a questionnaire for political violence, the subsequent data was not released to the public. This restricted the items applicable to political violence exposure, and the analysis was therefore unable to capture husbands' and other family members' exposure to political violence. Finally, the chosen SAS procedure to analyze the over dispersed count data,

the genmod procedure, does not account for the weight, strata, and cluster survey adjustments as cluster designation was not released in the dataset.

Chapter IV: RESULTS

This analysis finds that exposure to political violence significantly increases the likelihood of women experiencing psychological intimate partner violence. While political violence did not appear significantly associated with other forms of IPV, other factors such as wife's age, husband's education level, and acceptance of wife beating were significantly associated with at least one form of IPV. This section will describe these findings in detail as well as provide tables of results.

Table 1 provides an overview of the demographic characteristics of the sample. The mean age of women in the sample was 36 years of age, and over 83 percent of the women had at least secondary education. Of the women's husbands, 77 percent had at least secondary education. While about 80 percent of husbands were currently employed, only about 14 percent of women currently worked. A majority of women in the sample live in urban areas and the majority were from the West Bank. Overall, 17 percent of women in the sample were exposed to political violence; of this, exposure to restricted movement contributed 15 percent, violence by Israeli occupation forces contributed almost 2 percent, and violence by Palestinian Military contributed a third of a percent. Finally, the mean weighted scores for physical, sexual, and psychological IPV were 0.99, 0.11, and 3.71, respectively. Table 2 present the response frequencies of each of the items used in the weighted IPV scores.

Table 1. Characteristics of the Study Sample

	N=4261
Physical IPV mean (SD)	0.99 (3.8)
Sexual IPV mean (SD)	0.11 (0.8)
Psychological IPV mean (SD)	3.71 (5.4)
Political Violence n (%)	726 (17)
Wife Age (years) mean (SD)	36.6 (10.6)
Education Level n (%)	
Wife	
Primary or less*	365 (8.5)
Preparatory[†]	328 (7.7)
Secondary[‡]	2067 (48.5)
Any Degree[§]	1501 (35.2)
Husband	
Primary or less*	554 (13)
Preparatory[†]	416 (9.8)
Secondary[‡]	2023 (47.5)
Any Degree[§]	1268 (29.8)
Unemployed n (%)	
Wife	3699 (86.8)
Husband	893 (20.9)
Marital Conflict n (%)	681 (15.9)
Acceptance of Wife Beating mean (SD)	33.8 (11.3)
Locality n (%)	
Urban	2459 (57.7)
Rural	954 (22.4)
Refugee Camp	848 (19.9)
Region n (%)	
West Bank	2947 (69.2)
Gaza Strip	1314 (30.8)

IPV: Intimate partner violence. *6 or less years, [†]7 to 8 years, [‡]9 to 12 years, [§]more than 12 years

Table 2. Survey items included in the measurement of physical, sexual, and psychological IPV in the past year and response frequency (N= 4261)

IPV Survey Items	Response Options, n (%)				
	Never	Once	Twice	3 to 5 times	6 or more times
<i>Physical IPV (12 items)</i>					
Your husband threw something towards you, which can be harmful	3927 (92.2)	123 (2.9)	70 (1.6)	55 (1.3)	86 (2)
Your husband twisted your arm or pulled your hair	4035 (94.7)	91 (2)	43 (1)	40 (.9)	52 (1)
Your husband assaulted you, causing bruises, scratches, minor wounds, joint pain	4107 (96.4)	65 (1.5)	24 (.6)	31(.7)	34 (.8)
Your husband pushed you hard	3908 (91.7)	124 (2.9)	106 (2.5)	57 (1.3)	66 (1.5)
Your husband tried to attack you with a knife, axe, shovel or any other dangerous tool	4236 (99.4)	14 (.3)	5 (.2)	2 (.05)	4 (.09)
Your husband hit you on the head and you fainted	4234 (99.4)	19 (.5)	3 (.07)	2 (.05)	3 (.07)
Your husband hit you with less dangerous tools, i.e. belt, stick.etc	4154 (97.5)	29 (.7)	22 (.5)	25 (.6)	31 (.7)
Your husband suffocated you or tried to suffocate you	4220 (99)	14 (.3)	9 (.2)	4 (.09)	14 (.3)
Your husband held you tight while attacking you	4024 (94.4)	74 (1.7)	52 (1.2)	41 (1)	70 (1.6)
Your husband slapped you on the face	4009 (94.1)	90 (2.1)	65 (1.5)	40 (.9)	57 (1.3)
Your husband attacked you which resulted in breaking one of your bones	4243 (99.6)	12 (.3)	4 (.09)	1 (.02)	1 (.02)
Your husband refused to send you to a doctor for your treatment (buy medicine or go to a doctor)	4185 (98.2)	15 (.4)	28 (.7)	15 (.6)	18 (.4)
<i>Sexual IPV (3 items)</i>					
Your husband forced you physically to practice sexual intercourse	4175 (98)	19 (.5)	22 (.5)	21 (.5)	24 (.6)
Your husband used different forms of violence with you (hitting and using dangerous tools) to force you practice different forms of sexual intercourse against your will	4229 (99.3)	9 (.2)	6 (.1)	9 (.2)	8 (.2)

Your husband threatened/forced you to have sexual intercourse with him	4185 (98.2)	26 (.6)	20 (.5)	10 (.2)	20 (.5)
<i>Psychological IPV (8 items)</i>					
Your husband insulted or humiliated you	3136 (73.6)	258 (6.1)	251 (5.9)	222 (5.2)	394 (9.3)
Your husband told you that you are stupid, ugly, disabled or any bad word	3581 (84)	137 (3.2)	154 (3.6)	126 (3)	263 (6.2)
Your husband blamed you for your dressing style	4063 (95.4)	43 (1)	47 (1.1)	50 (1.2)	58 (1.4)
Your husband ruined your belongings	4062 (95.3)	104 (2.4)	50(1.2)	24 (.6)	21 (.5)
Your husband shouted at you	2275 (53.4)	247 (5.8)	386(9.1)	491 (11.5)	862 (20.2)
Your husband uttered expressions/bad words to tease you and make you angry	3186 (74.8)	172 (4)	257 (6)	240 (5.6)	406 (9.5)
Your husband kept an eye on your phone and asked you to open your social networking sites to check them	4074 (95.6)	32(.8)	36 (.8)	28 (.7)	91 (2.1)
Your husband insulted your family	4082 (95.8)	24 (.6)	39 (.9)	29 (.7)	87 (2)

The beta coefficients presented in Table 3 have been exponentiated from their log form to incidence rates. Table 3 shows the relationship between the main independent variable, political violence, and the three types of intimate partner violence, controlling for factors that have been shown to be associated with forms of IPV. Similar to other research, this analysis finds that younger women experienced a significantly higher rate of physical and psychological IPV compared to older women. For every year a woman ages, the incidence rate of physical and psychological IPV decreased by about 2 percent. Age, however, was not significantly associated with sexual IPV. Husband's education was also shown to be significantly associated with IPV. For women married to men with any degree or 12 or more years of education, the incidence rate of IPV was 62 percent lower for physical IPV, 58 percent lower for sexual IPV, and 30 percent

lower for psychological IPV compared the incidence rate of IPV for women married to men with primary schooling or less. Employment status of the respondent and her husband was not significantly associated with IPV. Women's acceptance of wife beating, however, significantly increased women's incidence rate of all forms of IPV. For every 1 unit increase in the score for acceptance of wife beating, the incidence rate of IPV increased by 3 percent for both physical and sexual IPV and by 2 percent for psychological IPV.

Along the relationship factors, marital conflict appeared to be one of the most influential factors related to IPV. Women that reported an increase in marital conflict in the past year had an IPV incidence rate 3 times higher for psychological IPV, 9.5 times higher for physical IPV, and 11.6 times higher for sexual IPV compared to the IPV incidence rate for women who did not report an increase in marital conflict.

Women's community also significantly impacted their incidence rate of IPV. Women living in rural areas had incidence rates of IPV 31 percent higher for physical IPV and 22 percent higher for psychological IPV compared to women living in urban areas. Women living in refugee camps also had incidence rates of psychological IPV that were 9 percent higher than the incidence rate for women living in urban areas. Furthermore, living in the Gaza Strip was also significantly associated with IPV. The incidence rate of IPV for women in the Gaza Strip was 2.3 times higher for physical IPV and 1.7 times higher for psychological IPV compared to women living in the West Bank.

Finally, Table 3 shows the association between the main exposure of interest and the types of IPV. Compared to women who were not exposed to political violence, women exposed to political violence had an incidence rate 17 percent higher for physical IPV and 1 percent higher for sexual IPV; however, these associations were not significant. This analysis, however,

revealed a significant association between political violence and psychological IPV. For women that experienced political violence, the incidence rate of psychological IPV increased by 28 percent compared to the incidence rate of those that did not experience political violence.

The results of this analysis suggest that political violence increases women's experience of intimate partner violence. While political violence was only associated with psychological intimate partner violence, other analyzed factors were associated with all three forms of IPV such as husband's education, marital conflict, and wife's acceptance of wife beating. Wife's age, locality type, and region were also associated with physical and psychological IPV but not sexual IPV.

Table 3. Negative binomial regression of the association between political violence and IPV

	PHYSICAL IPV β [95% CI]	SEXUAL IPV β [95% CI]	PSYCHOLOGICAL IPV β [95% CI]
Political Violence	0.16 [-0.15, 0.46]	0.01 [-0.65, 0.67]	0.25 [0.11, 1.25]
Wife Age (years)	-0.02 [-0.04, -0.02]	-0.01 [-0.04, 0.01]	-0.016 [-0.02, -0.12]
Education Level			
Wife			
Primary or less* (<i>ref</i>)	-	-	-
Preparatory [†]	-0.30 [-0.83, 0.22]	-1.34 [-2.53, -0.15]	0.04 [-0.21, 0.29]
Secondary [‡]	-0.31 [-0.73, 0.09]	-0.64 [-1.51, 0.23]	-0.05 [-0.24, 0.15]
Any Degree [§]	-0.42 [-0.88, 0.042]	-0.86 [-1.90, 0.17]	-0.09 [-0.31, 0.13]
Husband			
Primary or less* (<i>ref</i>)	-	-	-
Preparatory [†]	-0.15 [-0.59, 0.28]	0.25 [-0.69, 1.20]	-0.06 [-0.27, 0.15]
Secondary [‡]	-0.40 [-0.74, -0.06]	0.18 [-0.55, 0.90]	-0.14 [-0.30, 0.02]
Any Degree [§]	-0.97 [-1.36, -0.58]	-0.89 [-1.78, -0.003]	-0.36 [-0.54, -0.18]
Unemployed			
Wife	-0.31 [-0.65, 0.03]	-0.77 [-1.55, 0.02]	0.01 [-0.15, 0.17]
Husband	0.22 [-0.06, 0.49]	0.15 [-0.43, 0.72]	-0.05 [-0.18, 0.09]
Marital Conflict	2.25 [1.98, 2.52]	2.45 [1.86, 3.04]	1.16 [1.03, 1.29]
Acceptance of Wife Beating	0.03 [0.02, 0.04]	0.03 [0.01, 0.06]	0.02 [0.01, 0.02]
Locality			

Urban (<i>ref</i>)	-	-	-
Rural	0.27 [-0.03, 0.57]	-0.01 [-0.67, 0.68]	0.20 [0.06, 0.33]
Refugee Camp	0.08 [-0.20, 0.36]	0.27 [-0.32, 0.85]	0.09 [-0.04, 0.22]
Region			
West Bank (<i>ref</i>)	-	-	-
Gaza Strip	0.82 [0.54, 1.10]	0.48 [-0.12, 1.09]	0.51 [0.38, 0.64]

IPV: Intimate partner violence. CI: Confidence interval

*6 or less years, [†]7 to 8 years, [‡]9 to 12 years, [§]more than 12

Chapter V: DISCUSSION AND CONCLUSION

These results demonstrate a significant association between an exposure to political violence and an increase in incidence rate of psychological partner violence among women in the occupied Palestinian territory. This analysis, however, did not find significant associations between political violence and physical and sexual IPV, which may be the result of an underestimation of the prevalence of political violence due to a biased measure. As a result of data restrictions of the main political violence survey items, the political violence proxy measure created for this analysis was likely unable to accurately capture the prevalence of political violence. While this analysis reports a political violence prevalence of 17 percent, previous literature of this association reports a 20 percent prevalence of political violence (Clark et al., 2010).

While the results of this analysis were not consistent across IPV types, this research denotes a similar association presented in current literature that finds that political violence, conflict, and humanitarian crisis settings increase women's experience of harm by a partner, putting women at exceptional risk (Clark et al., 2010; Ekhtor-Mobayode et al., 2020; Gupta et al., 2009; Østby et al., 2019; Saile et al., 2013). These results also add to the examination of this relationship specifically within the oPt. While previous research using the 2005 Palestinian Violence survey found that exposure to political violence increased odds of IPV against women,

this research provides an additional understanding of the rate of psychological IPV events for women exposed to political violence (Clark et al., 2010). This study demonstrates a continuity of the association between political violence and IPV over time with the use of the 2019 Palestinian Violence survey. This research supports the need to consider political violence and conflict settings as drivers for the perpetration and experience of intimate partner violence against women.

This analysis also provides important information about individual, relationship, and community factors that impact the experience and perpetration of IPV. Similar to previous research in the oPt and multiple other countries, younger age of the women was found to be significantly associated with the experience of physical and psychological IPV (Abramsky et al., 2011; Clark et al., 2010). While some studies have found a significant relationship between women's low level of education and IPV, this study only finds statistical significance between women's completion of preparatory schooling and a decrease incidence rate of sexual IPV compared to primary schooling or less (Abramsky et al., 2011; Haj-Yahia & Clark, 2013). However, in alignment with other literature, this study finds significant associations between husbands' completion of any degree and a decrease in incidence rate of each type of IPV compared to those that have primary schooling or less (Østby et al., 2019). No significant relationship was found between employment status of the woman or her husband and IPV; however, this research shows trends that may indicate women's employment as a potential protective factor of physical and sexual IPV and husband's unemployment as a potential harmful factor of physical and sexual IPV, which aligns with other research findings (Haj-Yahia & Clark, 2013; Iman'ishimwe Mukamana et al., 2020). Consistent with previous literature from the oPt and other countries, this analysis finds a strong relationship between marital conflict and each

type of IPV (Haj-Yahia & Clark, 2013; Xu et al., 2005). This analysis reveals that an increase in marital conflict in the past year increased the incidence rate of each type of past year IPV more than any other factor.

Community level covariates were also found to significantly increase the incidence rate of IPV. As expected, acceptance of beating was consistently associated with increased incidence rates of each form of IPV, which is consistent with previous findings from the oPt (Haj-Yahia & Clark, 2013). Similar to research from Zimbabwe, women living in rural areas had significantly higher incidence rates of physical and psychological IPV compared to those in urban areas (Iman'ishimwe Mukamana et al., 2020). Less consistent is the association between living in refugee camps and the experience of IPV. Due to the level of poverty in refugee camps as well as other research supporting the association between this locality and IPV, refugee camps was unexpectedly only associated with an increased incidence rate of psychological IPV (Haj-Yahia & Clark, 2013). Finally, as expected, living in the Gaza Strip was significantly associated with physical and psychological IPV. While a previous study using 2005 data from the oPt found a similar association between living in the Gaza Strip and severe physical IPV, it also found significant associations between living in the West Bank and moderate and severe psychological IPV; however, the study notes that an association between living in the Gaza Strip and IPV was expected due to the higher level of conflict and associated economic impacts in the area and discussed potential differences in IPV reporting (Haj-Yahia & Clark, 2013).

In understanding the observed association between political violence and psychological IPV, it is important to examine potential pathways of this relationship. While more research is needed to fully understand these pathways, women's shame and stigmatization may provide context for this association. In this analysis, one part of political violence constituted direct

violence against women by Israeli or Palestinian military. Women that face exposure to direct political violence, which includes physical, psychological, or sexual harm in this analysis, may then, in turn, face shame and stigmatization by the community, family, and even her husband (Annan & Brier, 2010; Kelly, Betancourt, Mukwege, Lipton, & Vanrooyen, 2011; Slegh et al., 2012). This shame and stigma from victimization may make women feel isolated, be turned away by family, and separated from social supports, making them vulnerable to further violence from a partner (Heise, 1998; Müller & Tranchant, 2019; Slegh et al., 2012).

Another important pathway to consider is the mental health implications of the exposure to political violence. Restricted movement of household members by military barriers is the second form of political violence considered in this analysis. This type of political violence can be found throughout the oPt; however, the Gaza Strip is particularly impacted by movement restrictions (Amnesty International, 2020). Restricting movement of people constitutes a human rights violation as the right to freedom of movement is described in Article 13 of the Universal Declaration of Human Rights (United Nations, 1948). Blockades, barriers, and frequent checkpoints impact Palestinians' daily life and have health and economic implications such as limited access to goods and supplies, health services, education, employment opportunities, and loss of income (Amnesty International, 2017; Issac et al., 2019). An exposure to this type of political violence can lead to extreme emotional and financial stress for a family (Batniji et al., 2009; Issac et al., 2019). The economic impacts of conflict and political action have been found to be associated with IPV in the Gaza Strip (Clark et al., 2010). Potential pathways of this association include husbands' increased aggression or alcoholism to cope with the extreme stress (Slegh et al., 2012). Additionally, this stress may increase marital conflict, which is shown in this

analysis and others to be associated with IPV against women (Haj-Yahia & Clark, 2013; Heise, 2011; Xu et al., 2005).

Finally, it is important to understand the way in which political violence may shift norms of violence acceptance within a community or society as a pathway to IPV. The continued exposure to political violence may create a normalization of violence within the household, leading men to feel more comfortable using violence against family members and leading family members to view violence against them as acceptable forms of discipline (Gutierrez & Gallegos, 2016; Horn et al., 2014). Because the oPt has been in a state of protracted conflict for decades, it is likely that a normalization of violence has been reproduced generationally, as has been shown in previous research (Gutierrez & Gallegos, 2016).

While this study finds that political violence, as well as other factors, increases the incidence rate of IPV against women, this analysis was limited by the inability to access data from a 27- item inventory on the exposure to violence by Israeli occupation forces and settlers against women, their husbands, and other household members. This inventory also collected information related to occupation violence that impacts the financial status of the household and the broader economy, such as home demolition and imposed community curfews. Without the data from this portion of the 2019 Violence Survey, the proxy measure constructed to capture political violence in this analysis lacks robustness and likely lacks a comparable measure of political violence. In order to accurately measure the influence of political violence in the oPt and understand its influence on IPV, it is recommended that this political violence data from the 2019 Violence Survey be released for analysis.

This research was also unable to capture important covariates of IPV and potential mediators of the relationship between political violence and IPV such as socioeconomic status.

Because political violence such as destruction, occupation, and displacement has impacted the economy of oPt as well as the financial security of households, societal economic factors and socioeconomic status of households may provide important information of the additional pathways between political violence and IPV (Issac et al., 2019). Furthermore, this analysis was also limited by restriction of the analytic sample to only currently married women, which was necessary to obtain their husbands' demographic data. This restriction, however, excludes important perspectives of separated or divorced women, who may be separated or divorced due to IPV.

Future research should examine political violence against different members of the household to obtain a better understanding of the total burden of violence that households face and the multiple pathways between political violence and IPV. Furthermore, to create a broader understanding of the violence that girls and women experience, future research should also focus on women that are separated or divorced as well as those that are dating. Young women living in conflict settings may be particularly susceptible to dating violence if they are directly exposed to political violence as well as exposed to parental IPV as a result of political violence (Park & Kim, 2018). Finally, future research should individually explore men and women's exposures to physical, sexual, and psychological political violence to determine if one form of violence is more likely to increase the perpetration or experience of IPV or type of IPV.

The results of this analysis add evidence of the relationship between political violence and intimate partner violence to current literature, finding that political violence in the oPt increases the incidence rate of psychological IPV against women. Political violence as well as IPV is an infringement on the human rights of women and girls, making them particularly vulnerable in conflict and humanitarian settings. The findings demonstrate the need to identify

women at greater risk of IPV based on their experience of political violence. Additionally, interventions targeting the stigmatization of women impacted by violence as well as the normalization of intimate partner violence would take important action to remove this potential pathway of IPV. Finally, the understanding of the impact of political violence imposed by restrictions of mobility demonstrates the continued need to aid families economically and through a distribution of supplies to attempt to mitigate extreme stress felt by households. These findings shed light on the importance of understanding the experience of women and girls living in conflict settings in order to protect their health and human rights.

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