

Gendered violence in violent environments:
Expressions, conditions, and associations of intimate partner violence
and mental health among women affected by war in northern Iraq

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Bielefeld, 19.09.2020

Katharina Gößmann

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List of Abbreviations

DVA: Domestic violence and abuse

GBV: Gender-based violence

GVPS: Gendered Violence in Partnerships Scale

IDP: Internally displaced person / internally displaced people

IOM: International Organization for Migration

IPV: Intimate partner violence

IS: 'Islamic State'

ISIS: 'Islamic State of Iraq and Syria'

KRI: Kurdistan Region of Iraq

OHCHR: Office of the United Nations High Commissioner for Human Rights

PTSD: Posttraumatic stress disorder

SGBV: Sexual and gender-based violence

UN: United Nations

UNHCR: United Nations High Commissioner for Refugees

VAW: Violence against women

WHO: World Health Organization

1. Overview

1.1 Executive summary

The present thesis explored the occurrence and conditions of violence against women in contexts shaped by violence by investigating forms and expressions of intimate partner violence and its associations with mental health. Incidents of sexual and gender-based violence against women in numerous forms have been reported from many war-torn countries across the world (Alsaba & Kapilashrami, 2016; Buckley-Zistel, Krause, & Loeper, 2014; Freedman, 2016; Nawyn, Reosti, & Gjakaj, 2009). An increasing body of research also indicates violence against women in partnerships to be prevalent in contexts of conflict and displacement (Stark & Ager, 2011). The impacts of violent experiences within family and partnership settings have long been described as detrimental on various levels including for mental health in terms of posttraumatic stress disorder (PTSD) and depression (J. C. Campbell, 2002; Ellsberg & Emmelin, 2014; Ellsberg, Jansen, Heise, Watts, & García-Moreno, 2008; Sugg, 2015). Conflict-focused research suggests that those forms of violence often persist and may play a great part in the health status of individuals who experienced displacement (Annan & Brier, 2010; Guruge et al., 2017; Hossain et al., 2014; Rees, Thorpe, Tol, Fonseca, & Silove, 2015; Stark & Ager, 2011; Vinck & Pham, 2013). The investigation of male-perpetrated intimate partner violence and its circumstances in the current war-related displacement context of the Middle East can thus help to provide important information on the partnership and family life of displaced people and provide insights for adequately tailored violence and mental health interventions for this population. Therefore, the present dissertation project aimed to examine experiences of violence against women, conflict-related violent events, and psychopathology among Iraqi and Syrian women who reside in displacement camps in northern Iraq. Three aspects of intimate partner violence against women are at the focus of this research project: its contextual assessment, its associations with mental health, and factors driving its perpetration. The three included studies that

represent the core of this thesis each investigate one of these three aspects and together they aim to increase the understanding of violent partnership dynamics within severely violence-affected settings through the example of couples living in displacement camps in northern Iraq.

The aim of the first study was to address the lack of contextually valid instruments for the assessment of intimate partner violence. The study aimed to develop a contextually relevant and appropriate assessment instrument for Middle Eastern displacement environments and to measure the prevalence of violence in partnerships among a sample of displaced Syrian and Iraqi women. Despite comparatively high prevalence rates, the Middle East is among the regions for which very few validated instruments for partnership violence exist. Using a participatory approach including focus group discussions with women of the communities and expert panels, this study was able to create the Gendered Violence in Partnerships Scale (GVPS), an 18-item checklist that is reflective of the women's living situations and that presents a new typology of violent acts in partnerships, which met psychometric criteria. The study found high levels of partner violence, PTSD, and depression among the participating women. In line with existing research on mental health impacts of partnership violence (Ellsberg & Emmelin, 2014), we found significant correlations of intimate partner violence exposure with measures of depression and PTSD symptomatology, which adds to the literature by showing the impacts of violence against women in settings with severe social and political strains.

The second study investigated the role of gender-based violence for mental health impairment in a context of war atrocities. Focusing on women of the Yazidi minority in northern Iraq, this study found high levels of self-reported psychopathology (PTSD and depression symptoms) and experiences of war-related violence and gender-based violence, both in terms of partner violence and violence experienced in captivity by Islamic State terrorists. Multivariate hierarchical regression analyses showed that the women's psychopathology symptoms were associated with exposure to war-related events as well as with gender-based violence in captivity and with partner violence, the latter adding

significantly to the variances explained by the regression models. The findings of this study replicate well-known associations of mental health with war-related violent experiences, and, additionally, show the significant role that gender-based violence in partnerships can play in the impairment of mental health in war-affected women (Usta, Farver, & Zein, 2008). The study adds to the growing number of reports on the situation of those who survived the cruelties by the Islamic State group in Iraq and Syria. It highlights the myriad ways in which Yazidi women have been suffering within the ongoing conflicts in the region. This calls for comprehensive support and interventions recognizing that psychopathology in women war survivors cannot be solely attributed to events that happened due to war and atrocities in the past, but might be related to ongoing interpersonal forms of violence as well, to which women are particularly vulnerable.

As perpetration of intimate partner violence is known to be associated with several personal factors including war-related trauma and gender attitudes (Devries, Mak, Bacchus, et al., 2013; Fulu, Jewkes, Roselli, & García-Moreno, 2013), the third study aimed to investigate the relationship and interaction of such factors among war-affected Iraqi couples to determine starting points for potential preventive and interventive approaches. Using a dual-informant survey conducted with a sample of Iraqi couples in a displacement camp in the Kurdistan Region of Iraq, the study was able to determine significant associations between men's self-reported mental health (PTSD and depression) and gender attitudes with intimate partner violence experienced and reported by their wives. The prevalence of past-year exposure to partner violence found in this sample was over 58%. Moderating effects of the associated variables were determined by multivariate regression analysis, suggesting that higher psychopathology levels and inequitable gender attitudes in men interact in the prediction of male-perpetrated partner violence. This study indicates high prevalence of partner violence among displaced Iraqi couples and gives hints to possible contributing factors to violence against women perpetrated by men in contexts of highly strained social relations. The interaction of these factors underlines the importance of

addressing both mental health issues and gender attitudes in any efforts aiming to end violence against women in (post-)war settings.

Overall, the findings presented in this dissertation thesis expand the existing research on partner violence against women in war and displacement settings through the example of Syrians and Iraqis residing in camps in the conflict-torn Kurdish regions of northern Iraq. This thesis thus contributes to our understanding of associated conditions, consequences, and opportunities to prevent violence as an ongoing burden for women in these contexts and beyond. From our findings, valuable implications for intervention efforts in humanitarian settings can be derived, emphasizing the relevance of mental health issues and ongoing forms of violence within the adversities of a post-war setting. Intervention approaches that target both previous violent experiences and current family and partnership conditions seem crucial to improve the situations of people who have experienced numerous war atrocities and loss and, in the long run, to allow rebuilding of stability in war-torn societies. Further, by underlining the gendered facets of structurally violent settings, the findings provide contributions and relevant reference points for future theoretical and practical research efforts regarding occurrence and transmissions of violence against women in contexts shaped by a myriad of violent experiences and perpetrations.

1.2 Zusammenfassung

Die vorliegende Arbeit untersucht Gewalt gegen Frauen in einem von Kriegsgewalt geprägten Kontext anhand der Erforschung von Formen und Ausprägungen von Partnerschaftsgewalt sowie deren Zusammenhänge mit psychischer Gesundheit. In vielen kriegsbelasteten Ländern der Welt werden zahlreiche Fälle sexueller und geschlechtsbezogener Gewalt gegen Frauen berichtet (Alsaba & Kapilashrami, 2016; Buckley-Zistel et al., 2014; Freedman, 2016; Nawyn et al., 2009). Eine zunehmende Anzahl von Studien zeigt zudem, dass auch Gewalt gegen Frauen in Partnerschaften in Konflikt- und Fluchtkontexten weit verbreitet ist (Stark & Ager, 2011). Die schädigenden Auswirkungen gewalttätiger Erfahrungen im familiären und partnerschaftlichen Umfeld sind seit langem bekannt und werden unter anderem in Form psychischer Erkrankungen wie Posttraumatische Belastungsstörung (PTBS) oder Depressionen beschrieben (J. C. Campbell, 2002; Ellsberg & Emmelin, 2014; Ellsberg et al., 2008; Sugg, 2015). Forschung in Konfliktkontexten hat gezeigt, dass solche Formen von Gewalt oft anhaltend sind und eine bedeutende Rolle für den Gesundheitszustand von vertriebenen und geflüchteten Menschen spielen können (Annan & Brier, 2010; Guruge et al., 2017; Hossain et al., 2014; Rees et al., 2015; Stark & Ager, 2011; Vinck & Pham, 2013). Die Untersuchung von durch Männern verübte Gewalt in Partnerschaften und ihrer Umstände im gegenwärtigen Kriegskontext des Nahen Ostens könnte daher dazu beitragen, wichtige Informationen über das Partnerschaft- und Familienleben von vertriebenen Personen zu liefern und Ansatzpunkte für maßgeschneiderte Interventionen zur Gewaltprävention und zur Förderung mentaler Gesundheit zu erarbeiten. Daher zielte das vorliegende Dissertationsprojekt darauf ab, geschlechtsbezogene Gewalterfahrungen sowie konfliktbedingte Gewalterlebnisse und Psychopathologie unter irakischen und syrischen Frauen zu untersuchen, die in Lagern für Geflüchtete im Nordirak leben. Drei Aspekte von Partnerschaftsgewalt stehen dabei im Fokus des Forschungsprojekts: die kontextuelle Erfassung von Partnerschaftsgewalt, Zusammenhänge mit mentaler Gesundheit sowie mögliche Faktoren, die mit der Ausübung von Gewalt in Partnerschaften

zusammenhängen. Die drei Studien, die den Kern dieser Arbeit darstellen, untersuchen jeweils einen der drei genannten Aspekte und folgen damit dem Ziel, einen Beitrag zum Verständnis von gewaltvollen Partnerschaftsdynamiken in gewaltgeprägten Umgebungen am Beispiel von geflüchteten Personen im Nordirak zu leisten.

Das Ziel der ersten Studie war es, eine Lücke in der vorhandenen Literatur zu Erfassungsinstrumenten von Partnerschaftsgewalt, die bisher überwiegend in westlichen Kontexten entwickelt wurden, zu schließen. Die Studie zielte darauf ab, eine für den Nahen Osten geeignete und im gegebenen Kontext sinnvolle Erhebungsskala zu entwickeln, sowie die Prävalenz von erlebter Partnerschaftsgewalt in einer Stichprobe von geflüchteten irakischen und syrischen Frauen zu erfassen. Trotz vergleichsweise hohen Prävalenzraten gehört der Nahe Osten zu den Regionen der Welt, für die nur sehr wenige validierte Instrumente für die Erfassung von Partnerschaftsgewalt existieren. In der ersten Studie wurde daher durch eine partizipative Vorgehensweise die Gendered Violence in Partnerships Scale (GVPS) entwickelt. Im Prozess waren sowohl Expert_innengruppen als auch Fokusgruppen mit Frauen aus der lokalen Gemeinschaft beteiligt. Die in der Studie entwickelte Erhebungsskala besteht aus einer Checkliste mit 18 Items, die die Lebensrealitäten der beteiligten Frauen widerspiegeln und die eine neue Typologie von Gewaltakten in Partnerschaften präsentieren, die eine inhaltliche Zuordnung von Gewaltakten erlaubt und deren psychometrische Validität nachgewiesen werden konnte. Unter den Teilnehmerinnen der Studie wurden hohe Raten von erlebter Partnerschaftsgewalt sowie von PTBS und Depressionssymptomen gefunden. In Übereinstimmung mit vorangegangener Forschung zu Einflüssen von Partnerschaftsgewalt auf die psychische Gesundheit (Ellsberg & Emmelin, 2014), konnten signifikante Korrelationen von erlebter Partnerschaftsgewalt mit Depressions- und PTBS-Raten festgestellt werden. Die Befunde der Studie ergänzen vorangegangene Forschungsergebnisse, indem sie die schädigenden Einflüsse von Gewalt gegen Frauen in Kontexten von großer sozialer und politischer Instabilität aufzeigen.

Die zweite Studie des Projekts erforschte die Rolle von geschlechtsbezogener Gewalt bei Beeinträchtigungen der mentalen Gesundheit im Kontext von Kriegsgewalt. Diese Studie konzentrierte sich auf Frauen, die der jesidischen Minderheit im Nordirak angehören. Unter den Studienteilnehmerinnen wurde ein hohes Maß an selbstberichteter Psychopathologie (PTBS und Depressionssymptome) sowie Erfahrungen von kriegsbedingter und geschlechtsbezogener Gewalt gefunden; letztere sowohl in Form von Partnergewalt als auch in Form von Gewalterlebnissen in Gefangenschaft durch Terroristen des sogenannten Islamischen Staates (IS). Multivariate hierarchische Regressionsanalysen zeigten signifikante Zusammenhänge zwischen der Psychopathologie der Frauen und dem Erleben von kriegsbedingter Gewalt, sowie zwischen ihrer Psychopathologie und erlebter geschlechtsbezogener Gewalt in IS-Gefangenschaft und Partnerschaftsgewalt. Letztere hatte einen erheblichen Anteil an den von den Regressionsmodellen erklärten Varianzen. Die Ergebnisse der zweiten Studie replizieren somit bekannte Zusammenhänge von Psychopathologie mit Kriegserfahrungen. Darüber hinaus weisen sie auf die signifikante Rolle hin, die das Erleben von geschlechtsbezogener Partnerschaftsgewalt für den psychischen Gesundheitszustand von Frauen mit Kriegs- und Fluchterfahrungen spielen kann (Usta et al., 2008). Die Studie leistet zudem einen Beitrag zu der steigenden Anzahl von Berichten über die Situation der Überlebenden von Angriffen durch den IS in Syrien und Irak, indem sie die vielfältigen Formen des Leidens jesidischer Frauen aufzeigt, die in einem Umfeld anhaltender Konflikte leben. Umfassende Unterstützungsmaßnahmen sind notwendig, die anerkennen, dass die Psychopathologie von überlebenden Frauen nicht allein auf vergangene Kriegsereignisse zurückzuführen ist, sondern dass sie möglicherweise verknüpft ist mit anhaltenden interpersonellen Gewaltformen, von denen Frauen besonders oft betroffen sind.

Da die Ausübung von Gewalt in Partnerschaften nachweislich mit bestimmten persönlichen Faktoren verbunden ist, unter anderem mit Kriegstraumatisierung sowie Geschlechter Einstellungen (Devries, Mak, Bacchus, et al., 2013; Fulu et al., 2013), zielte die dritte Studie des vorliegenden Forschungsprojekts darauf ab, die Beziehung und

Interaktion solcher Faktoren bei kriegsbetroffenen irakischen Paaren zu untersuchen, um mögliche Ansatzpunkte für die Prävention von Gewalt zu ermitteln. Mithilfe eines Erhebungsdesigns, das Informationen von beiden Partner_innen erfasste, zeigte diese Studie in einer Stichprobe von irakischen Ehepaaren signifikante Zusammenhänge zwischen den von Männern berichteten eigenen psychischen Einschränkungen (PTBS und Depression), ihren Einstellungen zu Frauen und der von ihren Ehefrauen erlebten und berichteten Partnerschaftsgewalt. Die Prävalenz der berichteten Partnerschaftsgewalt im vergangenen Jahr lag bei 58%. Anhand multivariater Regressionsanalysen wurden moderierende Effekte zwischen den zusammenhängenden Variablen gefunden, die darauf hinweisen, dass bei Männern höhere Psychopathologieraten mit Einstellungen, die Frauen als nicht gleichberechtigt ansehen, in der Prädiktion von Partnerschaftsgewalt interagieren. Die Studie weist demnach zum einen auf hohe Raten von Gewalt gegen Frauen in Partnerschaften in geflüchteten irakischen Paaren hin. Zudem gibt sie Hinweise auf mögliche Faktoren, die zum Auftreten von derartiger Gewalt in einem Umfeld mit ausgeprägten sozialen Belastungen beitragen. Die gefundenen Interaktionseffekte dieser Faktoren unterstreichen darüber hinaus die Notwendigkeit von Maßnahmen, die mit dem Ziel, Gewalt gegen Frauen in (Nach-)Kriegskontexten zu beenden, sowohl psychische Gesundheitseinschränkungen als auch Geschlechter Einstellungen und deren Zusammenspiel miteinbeziehen.

Die in der vorliegenden Dissertationsschrift berichteten Studienergebnisse zu geflüchteten Menschen im Nordirak liefern somit einen relevanten Beitrag zur Forschung zu Partnerschaftsgewalt gegen Frauen in Kriegs- und Fluchtkontexten. Die Arbeit erweitert das Verständnis von Bedingungen und Konsequenzen von Gewalt und zeigt zudem mögliche Ansatzpunkte für das Verhindern derartiger anhaltender Belastungen im Leben von Frauen auf. Aus den Ergebnissen lassen sich wichtige Implikationen für humanitäre Interventionen ableiten, die die Relevanz von psychischer Gesundheit und anhaltenden Formen von Gewalt in (Nach-)Kriegskontexten betonen. Interventionsansätze, die sowohl vergangene Kriegserlebnisse als auch aktuelle Bedingungen innerhalb von Familien und

Partnerschaften im Blick haben, erscheinen demnach als zentral, um die Lebenssituation von Menschen, die unzählige Gewaltakte und Verluste durch Krieg erlebt haben, zu verbessern und um langfristig soziale Stabilität herzustellen. Durch das Aufzeigen geschlechtsbedingter Facetten von strukturell gewaltvollen Umgebungen liefern die hier vorgestellten Studienergebnisse zudem relevante Anknüpfungspunkte für zukünftige theoretische wie praktische Forschung zum Auftreten und zu Kontinuitäten von Gewalt gegen Frauen in Kontexten, die von einer Vielzahl unterschiedlicher Gewalterlebnisse und Gewaltakte geprägt sind.

1.3 Publications of the cumulative dissertation

The three articles that compose the core of this dissertation thesis are the results of a collaborative research project conducted in northern Iraq by researchers from Bielefeld University, Germany, and Koya University, Iraq.

1.3.1 Article information

- Article 1 (hereinafter referred to as 'Study 1'): Towards a contextually valid typology of partner violence: Development and psycho-sociometric evaluation of the Gendered Violence in Partnerships Scale (GVPS). By Katharina Gößmann, Hawkar Ibrahim, Laura B. Saupe, Frank Neuner; published January 11, 2021 in *Frontiers in Psychology*, 11: 607671. doi:10.3389/fpsyg.2020.607671.
- Article 2 (hereinafter referred to as 'Study 2'): Association of war-related and gender-based violence with mental health states of Yazidi women. By Katharina Gößmann, Hawkar Ibrahim, Frank Neuner; published September 18, 2020 in *JAMA Network Open*, 3(9):2013418. doi:10.1001/jamanetworkopen.2020.13418.
- Article 3 (hereinafter referred to as 'Study 3'): The contribution of mental health and gender attitudes to intimate partner violence in the context of war and displacement: Evidence from a multi-informant couple survey in Iraq. By Katharina Gößmann, Hawkar Ibrahim, Laura B. Saupe, Azad A. Ismail, Frank Neuner; published July 2019 in *Social Science & Medicine*, 237:112457. doi:10.1016/j.socscimed.2019.11 2457.

1.3.2 Author contributions

The integrated manuscripts were prepared with the support of some colleagues. My own contributions were:

- Conceptualizing the studies' research questions and designing their analyses;
- Data collection procedures: Training of local interviewers, carrying out of informal interviews and focus group discussions with refugee and internally displaced women, supervision and monitoring of data acquisition;
- Statistical analysis and interpretation of data;
- Manuscript drafting as first author.

2. Introduction

Violence against women continues to be one of the most widespread, persistent, and devastating human rights violations worldwide, and it represents a significant issue in global (post-)war and humanitarian settings (United Nations, 2019). As the number and extent of active armed conflicts worldwide rises (Pettersson, Högladh, & Öberg, 2019), the risk of suffering for women in war-torn areas also continues to increase.¹ Attacks against the civilian populations have been common, and often even deliberate, parts of combat operations in many armed conflicts of the past and current decades, violating international humanitarian laws by making also those who don't actively fight – usually women and children – vulnerable to systematic atrocities (Bellal, 2019; Pettersson et al., 2019). Furthermore, women in conflict settings are often subjected to violence precisely because of their gender, as has been reported in terms of assaults by strangers as well as by partners (Stark & Ager, 2011). Focusing on the situatedness of women in the current war-related displacement settings of the Middle East, the present dissertation project therefor aims to examine occurrences and interplays of (partner) violence against women, conflict-related violence, and psychopathology. Three aspects of intimate partner violence (IPV) among war-affected Middle Eastern populations are at the focus of this research project: Contextual assessment of IPV, its associations with mental health, and factors driving its perpetration. Each aspect is investigated in one of the three studies of this thesis.

To begin, the following introduction paragraphs first outline some general characteristics of violence against women and its most prevalent subtype, IPV (section 2.1). Then, aligned with the three studies' research objectives, section 2.2 summarizes the state of research on prevalence, types, assessment, and associations of IPV, and identifies research

¹ Over the past years since 2014, conflict research has identified the highest numbers of armed conflict since 1946 (Pettersson, Högladh, & Öberg, 2019). The registered number of active armed conflicts in 2018 was 69, as stated in the latest War Report by The Geneva Academy of International Humanitarian Law and Human Rights (Bellal, 2019).

gaps. The introduction then continues with the illustration of an ecological model applied to explain violence against women, particularly IPV (2.3). Lastly, women's experiences of IPV and other forms of gender-based violence in the specific contexts of (post-)war and displacement settings are discussed in section 2.4., setting the stage for the empirical part of this dissertation thesis.

2.1 Violence against women

2.1.1 *Facets of a global human rights violation*

Violence of all kinds is a global issue of increasing extent, placing immense burdens on individuals and societies in every part of the world (WHO, 2002). Violence can be defined as a behavior that is intentional, unwanted, nonessential, and harmful (Hamby, 2017), and it has many forms and ways, each violating a person's rights to integrity and protection. The field of violence research has identified four main types of violent acts that play out on (inter)personal, collective, and structural levels (Galtung, 1969; WHO, 2002). Types of violence are usually distinguished as either self-directed acts (e.g., self-harming or suicide), interpersonal acts performed by an individual or a small group of individuals against another individual or group of individuals, collective acts in terms of political and economic violence perpetrated by organized groups or regimes (e.g., armed conflict, war, terrorist attacks, mass violence), or structural acts characterized by systematic suffering or lack of flourishing in a society due to the social structures in place (Galtung, 1969; WHO, 2002).

Violence against women (VAW), or gender-based violence (GBV), is a particularly pervasive human rights abuse.² It is defined as “violence that is directed against a woman

² The terms ‘gender-based violence’ and ‘violence against women’ are often used interchangeably. Terminological and descriptive precision is warranted in this area of research. Thus, within the frame of this work focusing on violence performed against persons because of their female gender, the term

because she is a woman or that affects women disproportionately” (OHCHR, 1992, cl. 6), and is characterized by acts that result in, or are likely to result in, physical, mental or sexual harm or suffering, including threats of such acts, coercion and other deprivations of liberty (United Nations, 1993). Women can be subjected to violence in all its forms and across all areas of life: in partnerships, families, work and educational settings, in social group settings, in the public, in conflict-affected regions as well as in stable societies, and during all life stages from pre-birth to old age (United Nations, 2015).³ Perpetrators of interpersonal violence against women can be anyone from close family members and partners to state officials; however, in the majority of cases the perpetrator is well-known to the victim (Watts & Zimmerman, 2002). The “epidemic” (WHO, 2013b) and “pervasive nature” (United Nations, 2006, p. 14) of VAW becomes evident in the numerous and multi-faceted manifestations of violence that women and girls are continuously subjected to across the world, and the immense health burdens associated with these experiences (Valadares, de Oliveira Neves, Moreira, de Almeida Costa, & Mendes, 2020).⁴ It is estimated that millions of women and girls are subjected to violent acts on a regular basis, sometimes for decades (Watts & Zimmerman, 2002). Acts of violence against women can be more or less contextually specific or globally prevalent, including female infanticide, female genital mutilation, gender discrimination in child upbringing, child marriage and sexual abuse of girls, trafficking and forced prostitution, forced marriage, rape, sexual assault, sexual

‘violence against women’ is predominantly used, without meaning to ignore the fact that persons of other gender identities can be subject to violence, too (Manne, 2018).

³ For examples of violence at different ages in a woman/girl’s life, see the “Life Cycle of Violence Against Women” (Ellsberg & Heise, 2005, p. 8) and the depiction by Watts & Zimmerman (2002, p. 1233).

⁴ In their in-depth study on all forms of violence against women (United Nations, 2006) the General Assembly under Secretary-General Kofi Annan called violence against women “a pervasive violation of human rights and a major impediment to achieving gender equality” that persist in every country in the world (p. 9). Fifteen years later, in their analysis of progress made with respect to the 1995 Beijing Declaration and Platform for Action to prioritize women’s empowerment and gender equality, the UN still reports huge deficits in efforts to end violence against women globally (United Nations, 2020).

coercion, stalking, harassment, domestic violence and abuse (DVA), intimate partner violence, and femicide (Ali & McGarry, 2020; Watts & Zimmerman, 2002).

The long-lasting negative impacts of violence against women have been recognized and studied widely since the end of the 20th century (Heise, 1993). Consequences for affected women are known to be detrimental to all levels of health (i.e., physical, mental, sexual, and reproductive), thereby creating immense social and economic costs (García-Moreno et al., 2015; Krantz, 2002). Against this background, the necessity of active efforts to eliminate violence against women has been recognized as crucial to achieving the Sustainable Development Goals (United Nations Economic and Social Council, 2019; WHO, 2005a). However, the ratification of international agreements and implementations of preventive approaches vary greatly between different regions of the world. A continuous normalization and, relating thereto, silencing and underreporting of violence against women often bar the way to real elimination efforts (Pokharel, Hegadoren, & Papathanassoglou, 2020). Further, the overlap and mutual reinforcement of different forms of violence against women alongside gender inequitable attitudes anchored in patriarchal social structures has been described as one of the main reasons for the failure to eliminate it completely (Falb, Annan, & Gupta, 2015; Michau, Horn, Bank, Dutt, & Zimmerman, 2015; United Nations, 2006).

2.1.2 Intimate partner violence as a prevalent form of violence against women

The most frequently occurring – and arguably the most widely studied (United Nations, 2006) – form of gender-based violence against women is the interpersonal type of VAW that happens within heterosexual (ex-)partnerships (WHO, 2005b). Estimations suggest that one-third of women globally experience physical or sexual attacks from their current or former partners during their lifetime (WHO, 2013a). The term mostly used to describe this issue is intimate partner violence (IPV), which in its general definition refers to physical, verbal/emotional, economic or sexual acts or patterns that cause, or have the potential to cause, harm to an intimate partner (Heyman, Smith Slep, & Foran, 2015). Other terms like

domestic violence/abuse (DVA) and family violence are also commonly used to describe partner violence. However, they serve more precisely as umbrella terms for any acts of violence that occur within the domestic context, including child abuse, elder abuse, and IPV (Ali & McGarry, 2020). Research on domestic violence against different family members initially emerged separately, but a growing number of studies is observing a co-occurrence of violence against women and children within the same household, indicating intersecting dynamics of violence perpetration and patriarchal orders (Carlson et al., 2020; Mootz, Stark, et al., 2019; Namy et al., 2017). Additional alternative terms proposed and used in IPV research are relationship violence or dating violence.

It is noteworthy that none of those terms reflect the element of control inherent to most acts of violence against women in partnerships (Walsh, Spangaro, & Soldatic, 2015). Further, it seems that women sometimes do not use the terms (intimate partner violence, domestic violence, wife battering, etc.) to describe their experiences or do not think of them as fitting to what happens in their relationships (Spangaro, Zwi, & Poulos, 2011). In many cases, this happens due to the unwillingness of recognizing oneself as a victim of abuse, with the result that the acts often remain undetected (Spangaro et al., 2011). Nevertheless, efforts to access violence-affected women have been pushed forward, and research into different aspects of IPV has been growing over the past decades, providing insights into its pervasiveness, assessment of different types, its associations with health outcomes as well as contributing factors (Miller & McCaw, 2019). The subsequent paragraphs present an overview of the current state of IPV research.

2.2 State of research on intimate partner violence

The following paragraphs present and discuss existing scientific knowledge on several aspects of intimate partner violence. They constitute the starting points for the three research questions that are investigated by the studies of this dissertation project. First, subsection 2.2.1 summarizes global data on IPV prevalence, showing regional differences in its occurrence and highlighting the necessity of context-focused prevalence assessment.

Subsection 2.2.2 discusses existing typologies and measurement approaches of IPV, noting the dominant research focus on Western areas and a lack of context-valid IPV instruments. In 2.2.3, an overview of the findings on health impacts of IPV is drawn, indicating immense health burdens for affected women and pointing out possibilities for research on co-occurring violence against women. Subsection 2.2.4 discusses identified individual factors associated with both IPV victimization and perpetration and thus gives indications for research opportunities to study potential mechanisms of IPV occurrence.

2.2.1 Prevalence of IPV

With research and activist interest on violence against women having increased since the 1970s, efforts have been taken in the past decades to estimate the global prevalence of IPV. Prevalence estimates for physical and sexual forms of IPV exist today from almost every part of the world, despite many challenges involved in this kind of research leading to an array of different assessment methods and presumably frequent underreporting due to several factors such as the topic's sensitivity or self-blame, particularly in less accessible communities (Devries, Mak, Petzold, et al., 2013; Pokharel et al., 2020). The global prevalence rate that has come to be known widely in the field is the aforementioned estimation that over 30% of all women above the age of 15 experience physical and/or sexual violence from a partner during their lifetime (WHO, 2013a). IPV against women is reportedly prevalent across the world, but the rates vary between different regions (Devries, Mak, Petzold, et al., 2013; García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Miller & McCaw, 2019). As depicted in the figure drawn from the review by Karen Devries and colleagues (2013) which summarizes data on physical and sexual IPV collected by 141 studies in 81 countries between 1983 and 2010, the geographical regions of South Asia, Andean Latin America, North Africa, the Middle East, Oceania, as well as East, Central and West Sub-Saharan Africa show average IPV prevalence rates above 30%.

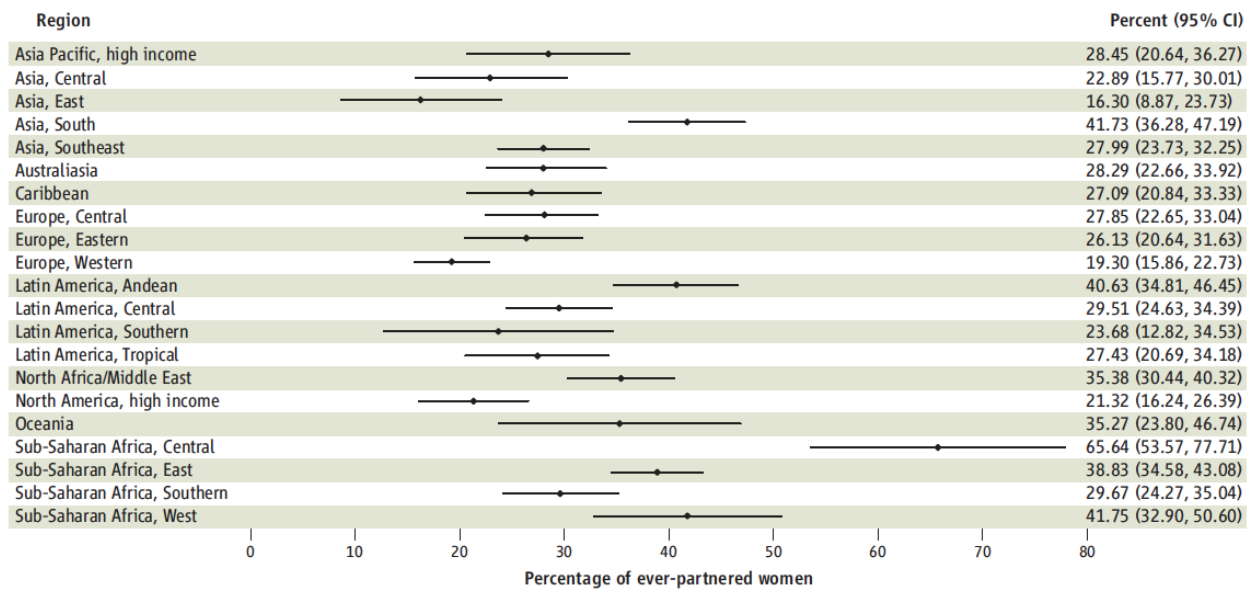


Figure 1. Regional prevalence of IPV, percentage of ever-partnered women (Source: Devries et al., 2013).

Western Europe and East Asia are the only regions with considerably lower rates; however, they are also close to 20%. A global summary report by the United Nations using combined data from several surveys paints a similar picture regarding physical and sexual IPV, and further describes psychological forms of IPV to be particularly high in African and Latin American countries (United Nations, 2015).

While these global and regional numbers impressively point out the widespread occurrence of IPV across geographical regions, less attention has been paid to IPV prevalence in specific social settings, despite its presumed high context dependency (Voith, Topitzes, & Berg, 2020). Particular living settings and social conditions may render some women more vulnerable to experiencing IPV, which highlights the necessity of IPV assessment among more refined groups and in more specific contexts. This would help to identify context-related factors contributing to the occurrence of IPV (Michau et al., 2015; Wachter et al., 2018).

2.2.2 Types and assessment of IPV

IPV is a multifaceted phenomenon that can manifest in a myriad of often co-occurring ways, including physical, verbal, emotional, economic, and sexual behaviors. The majority

of existing IPV assessment instruments applies a tripartite typology, describing violent acts as either physical, psychological, or sexual. This classic typology of IPV has drawn criticism in recent years, above all by feminist scholars, for lacking information and context-related value and for ignoring gender-related and power dynamics (Ali, Dhingra, & McGarry, 2016; Bender, 2017; DeKeseredy, 2011; Hamby, 2014; Reed, 2008; Reed, Raj, Miller, & Silverman, 2010). As different types of IPV have been associated with diverging motivational and contextual characteristics as well as with different outcomes, a growing body of theory has suggested the use of alternative categories and the inclusion of a greater variety of violent acts (Ali et al., 2016; Johnson & Ferraro, 2000; Johnson & Leone, 2005; Kelly & Johnson, 2008; Mennicke, 2019; Velonis, 2016). Nevertheless, the most commonly applied IPV instruments⁵ stick to the classic trisection of physical, psychological/emotional, and sexual violence (Gómez-Fernández, Goberna-Tricas, & Payá-Sánchez, 2019), with physical acts being the main focus of domestic violence research and prevention practice (Ford-Gilboe et al., 2016; Hegarty, Sheehan, & Schonfeld, 1999; Postmus, Hoge, Breckenridge, Sharp-Jeffs, & Chung, 2020; Strauchler et al., 2004). Other forms of violence are usually not assessed. For example, acts of IPV that are more prevalent in contexts of high dependency of women to their husbands or other male family members have not been studied systematically, such as threats to be thrown out or to be replaced by a new wife, as well as coercive reproduction. The lack of items of such kind may be related to a global imbalance in IPV research in which most IPV instruments are developed and validated in Western countries and are often transferred to other contexts without or with limited cultural adaptation (Wangel & Ouis, 2019). Thus, context-specific IPV phenomena remain largely hidden (Amawi, Mollica, Lavelle, Osman, & Nasir, 2014; Haddad, Shotar, Younger, Alzyoud, & Bouhaidar, 2011; Wangel & Ouis, 2019). For some geographical regions, such as the Middle East, no originally developed and only very few validated IPV instruments exist

⁵ Still the most widely used assessment instrument for violence in partnerships is the Conflict Tactics Scales (Straus, Hamby, Boney-McCoy, & Sugarman, 1996).

– despite widespread support and use of violence against women (Boy & Kulczycki, 2008). Furthermore, as the majority of the existing prevalence research is still mostly conducted in relatively stable European and North American countries, population-based data of IPV from non-Western countries, especially from more fragile (e.g., conflict-torn) societies, remains scarce (Falb et al., 2015; Heise & Kotsadam, 2015). This paucity of IPV assessment and instrument development in non-Western contexts and inadequate variety of items calls for the development and extensive empirical validation of scales that include a more heterogeneous item list and that purposefully differentiate between types of IPV. This would help to expand our knowledge about IPV in different areas and populations and to inform its prevention (Ali et al., 2016; Kelly & Johnson, 2008), which is crucial in light of the numerous detrimental consequences that have been associated with IPV, as described in the following subsection.

2.2.3 Health consequences of IPV

Besides having the potential to disrupt social connections on familial and communal levels, IPV bears a myriad of detrimental, often long-lasting consequences for the affected individual. Those include social and economic disadvantages, and especially health impairment. Health outcomes in victims of IPV are widely studied and are described as manifold and often devastating (J. C. Campbell, 2002; Ellsberg & Emmelin, 2014; Ellsberg et al., 2008; Sugg, 2015), with IPV being a leading cause of homicide death in women globally (Stöckl et al., 2013). Studies show that women who experience IPV have more medical and stress-related symptoms compared to women without IPV experience (Bonomi et al., 2006; J. C. Campbell et al., 2002; Sugg, 2015). Adverse health outcomes are reportedly particularly impactful when the IPV victimization has occurred more recently, with a longer duration, and as a combination of several abuse types (Bonomi et al., 2006). Physical injuries are the most common and immediate consequences of most physical violence and also of psychological violence (Coker et al., 2002), including long-lasting harm such as chronic pain and illness (Sugg, 2015), gastrointestinal disorders as well as impaired reproductive

functioning (J. C. Campbell, 2002). Furthermore, IPV can have impacts across generations. Children growing up in households where IPV is prevalent between parents not only are under increased risk of experiencing violence themselves, they also risk to suffer negative consequences from witnessing IPV (Forke et al., 2018; Guedes, Bott, García-Moreno, & Colombini, 2016; McTavish, MacGregor, Wathen, & MacMillan, 2016). Women's experiences of IPV during pregnancy may additionally affect the health and neurodevelopment of their children through epigenetic modifications lasting into adolescence (Radtke et al., 2011; Toso, de Cock, & Leavey, 2020).

IPV's impacts on mental health are less visible but heavily impactful. As a violation that occurs within the supposedly safe environment of an intimate partnership, IPV can be shattering to the affected individual and can result in a wide range of mental symptoms and disorders (Correa Palacio, Delgado Fuente, Paricio del Castillo, & Polo Usaola, 2019; Valadares et al., 2020). Emotional distress, depressive symptoms and suicidal ideation and suicide attempts are among the most common mental health consequences of IPV experiences of all kinds (Devries, Mak, Bacchus, et al., 2013; Ellsberg et al., 2008). Posttraumatic stress disorder (PTSD), substance abuse, as well as dissociative, psychosomatic, and eating disorders have also been associated with IPV victimization in numerous studies (Correa Palacio et al., 2019). Traumatic stress as a result of violent events has in turn been associated with fear, hopelessness, and isolation in the long run, which may explain the high numbers of depression in abused women (Devries, Mak, Bacchus, et al., 2013). Depressive symptoms may further be triggered by weakened self-esteem and feelings of worthlessness due to the continuous insecurity and sense of lost control associated with being in a violent partnership (Velonis, 2016). Combined impacts of different forms of violence and traumatic stressors, such as during armed conflict, might take a particularly high toll on women's mental health (Mootz, Muhanguzi, et al., 2019). It can be assumed that the building block effect of traumatization, defined as the amount of cumulative exposure to traumatic stressors being linked to the level of risk of developing stress-related disorders (Schauer et al., 2003), plays a relevant role with regard to the

simultaneous occurrence of IPV and other violent experiences in contexts where violence is widespread, such as during and after armed conflicts.

2.2.4 Individual factors associated with IPV occurrence

While IPV happens across all societies and social classes, research has identified several personal characteristics in both perpetrators and victims that may be associated with the occurrence of violence in partnerships. Findings span from sociodemographic characteristics to childhood experiences, personality traits, attitudes, addictive behaviors, and mental states, as summarized in several meta-analyses and systematic reviews published in the past decade (Capaldi, Knoble, Shortt, & Kim, 2012; Dowling et al., 2016; Fernández-Suárez, Pérez, Herrero, Juarros-Basterretxea, & Rodríguez-Díaz, 2018; Gil-González, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet, 2008; Kimber, Adham, Gill, McTavish, & MacMillan, 2018; Li, Zhao, & Yu, 2019; Spencer, Stith, & Cafferky, 2019).

2.2.4.1 Repetition and transmission of interpersonal violence

Among the most consistently shown associations is the finding that previous exposure to violence can play a role in the victimization of women in partnerships. Across different settings, experiences of IPV are correlated with other forms of violence against women such as previous partner violence or childhood abuse, as well as with witnessing of IPV between parents in childhood or adolescence (Brassard et al., 2020; Fulu et al., 2017; Kimber et al., 2018; Li et al., 2019; Liu, Mumford, & Taylor, 2018; Wright, Turanovic, O'Neal, Morse, & Booth, 2019). To a lesser extent, studies also looked at the role of childhood violence experiences in men, indicating that physical, sexual, and psychological child maltreatment as well as witnessing of IPV between parents in childhood are robustly associated with men's IPV perpetration as well as victimization (Gil-González et al., 2008; Godbout et al., 2019). Drawing on data from the WHO multi-country study on women's health and domestic violence (WHO, 2005b), Tanya Abramsky and colleagues also found experiencing childhood abuse and growing up with domestic violence to be consistently associated with IPV (Abramsky et al., 2011). The repetition and transmission of violence are explained by

the 'cycle of violence' hypotheses that has its origin in the work of Cathy Spatz Widom (1989), indicating that perpetration as well as victimization of interpersonal violence can occur in repeating ways throughout someone's life and across generations (Ali & Naylor, 2013; Ellsberg & Heise, 2005). A cycle of violence of IPV was first described within the concept of the 'battered women syndrome' proposed by Leonore Walker (1979). Drawing on theories of learned helplessness and social learning (Bandura, 1977), Walker aimed to explain the psychological states of women who stay in abusive partnerships and who experience cycles of re-victimization within the same and across different relationships. Since the proposition of this theory, several studies have investigated social learning as well as biological and genetic mechanisms to explain intergenerational cycles of family violence, both regarding victimization and perpetration (Afifi, Mota, Sareen, & MacMillan, 2017; Barnes, TenEyck, Boutwell, & Beaver, 2013; Cannon, Bonomi, Anderson, & Rivara, 2009; Cordero et al., 2012; Foshee et al., 2016).

2.2.4.2 The role of psychopathology in IPV occurrence

Mental health has been studied both in victims and perpetrators of IPV. A recent meta-analysis found that various mental health diagnoses (i.e., depression, anxiety, PTSD, antisocial personality disorder, and borderline personality disorder) correlate with both IPV perpetration and victimization; with depression, PTSD and anxiety relating more with victimization and personality disorders relating more with perpetration of IPV (Spencer, Mallory, et al., 2019). Research suggests that the association of IPV and mental disorders such as depression can go both ways, with IPV causing psychopathology (in victims) as well as mental health issues (in victims or perpetrators) causing IPV (Devries, Mak, Bacchus, et al., 2013). Summarized evidence from several studies, including longitudinal studies, however, shows that depression, anxiety disorders, and PTSD in both victims and perpetrators can increase the odds for women to experience IPV (Devries, Mak, Bacchus, et al., 2013; Trevillion, Oram, Feder, & Howard, 2012). This finding may be explained by the potential maladaptive effects of psychopathology, such as cognitive distortions about risk

and loss of self-efficacy, which may render depressive or otherwise unstable women more vulnerable to engaging with a violent partner. At the same time, impaired mental health may also be the result of previous violence victimization, which in itself is a risk factor for IPV (Devries, Mak, Bacchus, et al., 2013).

On the perpetrator side, general aggression and impulsivity levels have been studied to explain varying expressions and rates of IPV perpetration in men (Cascardi, Chesin, & Kammen, 2018). Research suggests that a lack of self-regulatory and impulse control inherent to several mental health issues may explain the associations of mental disorders like depression, anxiety, PTSD, and psychopathic traits with the perpetration of IPV (Fernández-Suárez et al., 2018; Finkel, 2007; Spencer, Mallory, et al., 2019). Since mental health issues in adult life are often related to life stressors such as earlier experiences of violence (Lund et al., 2018), research assumes that psychopathology plays a mediating role in the transmission from witnessing, experiencing or perpetrating of domestic violence in early years to IPV perpetration (and victimization) in later life (Catani, 2010; Milner et al., 2010). This mediation may play a particular role in the context of war trauma, which will be elaborated below in the section on violence against women in the context of war (2.4).

2.2.4.3 Attitudes and life style factors associated with IPV

Several other factors, such as gender-inequitable attitudes towards women and their rights, attitudes supporting wife-beating, alcohol abuse, cohabitation, young age, having outside sexual partners, and experiencing or perpetrating other forms of violence in adulthood, have been found to play an impacting role in women's victimization in partnerships, especially if both partners have the attribute (Abramsky et al., 2011). Research has shown that individuals who support the usage of violence against women in partnerships more often act violently against their female partners (Alexander, Morris, Tracy, & Frye, 2010; Khawaja, Linos, & El-Roueiheb, 2008; Simon et al., 2001; Stith, Smith, Penn, Ward, & Tritt, 2004). Similarly, women who themselves justify and accept wife-beating seem to experience victimization in partnerships more often (Devenish, Hooley, &

Mellor, 2019). Unfortunately, such violence-supporting attitudes still remain prevalent in many countries across the world (United Nations, 2015). Sexist and gender-inequitable attitudes seeing women as inferior to men are also the norm in many areas of the world and are related to both acceptability and use of IPV against women across various countries (Berkel, Vandiver, & Bahner, 2004; C. J. Clark et al., 2018; Fitzpatrick, Salgado, Suvak, King, & King, 2004; Fulu et al., 2013; Herrero, Rodríguez, & Torres, 2017; Yoshihama, Blazevski, & Bybee, 2020). As individual attitudes are usually embedded in the surrounding social environment in which a person lives, these associations indicate that, for violence against women to end, societal norms of gender inequality and associated beliefs about violence need to change (Jewkes et al., 2015; Michau et al., 2015).

Out of those factors found by Abramsky and colleagues (2011), the role of substance abuse in IPV perpetration has also been intensively studied. Meta-analytic research indicates that the association of alcohol and IPV is moderated by a number of other factors, such as whether the sample is clinical or non-clinical (Foran & O'Leary, 2008). Socioeconomic factors (e.g., education levels and employment) have been found to have weaker associations with IPV (Spencer, Stith, et al., 2019), and the direction of results is somewhat inconsistent depending on the greater sociocultural context (Jewkes, 2002; Kim et al., 2007; WHO, 2005b).

It must be noted, however, that for most of the here-described individual factors a causal link to IPV cannot be postulated, as the majority of the studies are cross-sectional and report only correlative associations. The only existing meta-analysis of IPV studies with prospective-longitudinal designs, most of which were conducted in the United States, found unplanned pregnancy and having parents with less than a high-school education to be the only consistent risk factors of IPV, and being older and being married to be protective factors (Yakubovich et al., 2018). With IPV being a phenomenon that occurs within social realms, it makes sense to assume that individual, relationship, situational, and sociocultural factors interact in its occurrence (Capaldi et al., 2012; Ebbeler, Grau, & Banse,

2017). The interplays and mechanisms connecting various potentially contributing factors will be discussed below (2.3), where an integrated ecological model for IPV is presented.

2.3 Explaining intimate partner violence against women

Over the past decades, the global awareness of violence against women has increased, and research efforts have been pushed forward, mostly by feminist scholars, to address violence against women and girls globally. A number of theories and frameworks have been applied to explain its occurrence and etiology, particularly of violence against women in heterosexual partnerships. The most widely used theory to explain the complex interplays of factors associated with partner violence is the integrated ecological model for IPV. The following two subsections first describe the model's original layout and structure as proposed by Lori Heise (1998) (2.3.1). Then, an extended version of the integrated ecological model including a global level and its potential to explain violence against women in (post-)war settings are discussed (2.3.2).

2.3.1 The integrated ecological model of IPV

The integrated ecological model for IPV is based on Uri Bronfenbrenner's (1979) multi-level socio-ecological system model and was first proposed and described in detail by Lori Heise (1998). According to this model, IPV is influenced by several interrelated factors on the personal (or ontogenetic), the micro-, the exo-, and the macro-levels of a person's ecological system (Heise, 1998, 2011).⁶ On the individual level, the above-described (subsection 2.2.4) individual factors such as previous violent experiences and sociodemographic and personal characteristics are at play. The micro-level encompasses partnership characteristics and the couple's communication and interaction styles, such as frequent marital conflict or male control over wife and children. Assigned to the exo-level are factors relating to the community surrounding the couple, such as their socioeconomic

⁶ For a graphic illustration of the integrated ecological model, see for example Ali et al. (2020).

status (e.g., poverty, unemployment), neighborhood characteristics (e.g., isolation of the woman), and community norms (e.g., stigma for divorce). On the macro-level, societal factors are at play, including gender order which can be reflected in attitudes discriminating against women and accepting violence in partnerships, discriminative legislation, or inequitable economic structures (Ali, McGarry, & Bradbury-Jones, 2020; Fulu & Miedema, 2015; Heise, 1998, 2011).

The integrated ecological model for IPV has been informed and expanded by a number of sociological, psychological, and feminist theories and perspectives, such as social learning theory (Bandura, 1977), relevant resource theory (Atkinson, Greenstein, & Lang, 2005), stress theory (Farrington, 1986), adult attachment theory (Hazan & Shaver, 1987), conflict theory (Collins, 1975), and theories of genetically driven aggression (Barnes et al., 2013; Stuart et al., 2014). The model is thus useful to demonstrate the complexity of IPV allowing for analyses of individual, partnership, community, and society levels. However, as the author herself has pointed out, its integrated levels are unable to explain the embeddedness of IPV in the global context of gender inequality and the impact of larger factors such as armed conflict and war on IPV (Heise, 2011). Thus, in order to allow for analyses of IPV considering the globalized perspective, the integrated ecological model has recently been extended.

2.3.2 Adding global dimensions: The globalized integrated ecological model of IPV

Since the first introduction of the original 4-level ecological model for IPV, the world has experienced increasing globalized processes and transformations. Political, economic, and social developments more and more affect communities and populations across the globe in interdependent ways. To account for this increasing globalization also with regard to explanatory frameworks of IPV, Heise's model has been extended by a global level making it the 'globalized integrated ecological model' (Fulu & Miedema, 2015). The model's extension rests on the assumption that globalization is gendered, and that the increasing

globalized processes impact women in all areas of their lives. Accordingly, global processes such as globalized conflicts, economic development and integration, religious fundamentalisms, and global cultural and ideological exchange are assumed to play relevant roles in IPV occurrence (Fulu & Miedema, 2015). Conflict and other destabilizing factors have been described as contributing to the association of a woman's status and their exposure to IPV, particularly in light of slow or even reversal progress toward gender inequality which is often observed in war-affected countries (United Nations, 2020). A consideration of global factors in the occurrence of IPV might thus be useful to shed light on IPV in war-torn societies, which is a prevalent issue as will be discussed in the subsequent section (2.4) characterizing the situatedness of women in war times. The following description of facets of violence against women, including IPV, in the specific contexts of (post-)war and displacement settings, presents the starting point of the empirical analyses of this dissertation thesis.

2.4 Women in wars

"All wars are deeply gendered, in the preparations made for them, the kinds of masculinities and femininities required to support and conduct them, the effects they produce, and the processes that attempt to recover from them." (Cohn, 2013, p. 24)

Same as in peacetimes, the lived realities of women during and after wars are closely related to their gender and gender role assignments (Enloe, 2017). However, for a long time since establishing the Refugee Convention in 1951, the global community has failed to recognize gender and the particular situation of women within the global war and migration contexts (Bloch & Donà, 2018; Buscher, 2010; Dharmapuri, 2011; Valji, 2001), despite the United Nations recognizing that vulnerabilities related to gender are exacerbated by war and conflict (UN General Assembly Security Council, 2010; UN Security Council, 2013). As a result, women and their rights and needs have been ignored in political and security decisions concerning war-torn populations, and gendered protection

and support measures for refugees and IDPs have been deficient – despite the fact that of the 79.5 million forcibly displaced persons globally more than 50% are female (UNHCR, 2020). Only in the 1990s have international migration authorities started to adopt gender-specific perspectives; however, a predominant view of women as sole victims continues to hide the complexity of women’s lives in (post-)war and migration settings, as well as their vulnerabilities, resilience and agency, which often intersect with factors such as ethnic and religious group affiliation, age, and class (Bloch & Donà, 2018; Krause, 2017a; Pulvirenti & Mason, 2011; Steiner, 2016).

2.4.1 Gender-based violence against women in war and displacement contexts

“We have seen in many conflicts that the abuses and lack of rights that women experience in war and captivity are often reflections of the social norms and lack of human rights that are embedded in their ‘normal lives’.” (Bunch, 2016, p. 1154)

Violence in all its forms is inherent to armed conflicts, and all members of a war-torn society are affected by it in direct and indirect ways. The detrimental conditions of armed conflicts and their aftermaths often place a particularly heavy burden on women (Sjoberg, 2016; TRT World Research Centre, 2018). A growing body of research has shown that women are, in addition to experiencing the common atrocities of war, exposed to gender-specific forms of violence both during armed conflicts as well as in post-conflict communities and displacement settings (Alsaba & Kapilashrami, 2016; Buckley-Zistel et al., 2014; Freedman, 2016; Nawyn et al., 2009; Stark & Ager, 2011; Ward, 2002). One reason for the occurrence of violence against women amidst the cruelties of war might have to do with the tendency of charged societal conditions to increase existing subordinating hierarchical and patriarchal structures, as those are assumed to be perpetually reinforced by authoritarian, hegemonically male-led warfare (Cohn, 2013).

Sexual and gender-based violence (SGBV) is particularly prevalent in contexts of war, and can hit persons of all genders.⁷ SGBV directed against women, however, has probably been part of every war or armed conflict globally. While formerly sometimes being pardoned as a mere instinct-driven offense perpetrated by men who are incited by the aggressions of war (San Vicente Cano, Niño-Laina, Muñoz Sánchez, & Polo Usaola, 2019), rape and other abusive acts have now been recognized as socially and politically motivated. Such violence is often strategically applied as a weapon, for example, as a means of domination of one group (of men) over another group (of men) (Buckley-Zistel et al., 2014; Pittaway & Pittaway, 2004). Most experts and practitioners in the field state that rape (especially during war) should be seen as outside of the sexual realm, as it primarily serves the goal to put the (female) victim in a subordinate social position, thus representing a particularly perfidious kind of demonstration of power (Sjoberg, 2016). In line with this, mass rape of women belonging to an opponent group has reportedly been used as an act to humiliate the enemy men (Pittaway & Pittaway, 2004; San Vicente Cano et al., 2019). Several studies conducted from the 1980s on have described various examples of sexual and gender-based violence against women in different war-torn geographic regions of East and West Africa, East Asia, and the Middle East (Banerjee & Samaddar, 2018; Buckley-Zistel et al., 2014; Reese Masterson, Usta, Gupta, & Ettinger, 2014). A particularly cruel form of SGBV against women is abduction and human trafficking ending in sex slavery, to which refugee women and girls seem to be particularly vulnerable (Banerjee & Samaddar, 2018). Examples of women abducted into slavery in (post-)war settings are numerous (Alam, 2016; Pittaway & Bartolomei, 2001). Among the most recent and still ongoing cases are women of the Yazidi community in northern Iraq who have been abducted by the so-called 'Islamic State' militant terrorist group.

⁷ For a relevant review of existing research on conflict-related sexual violence against male and LGBTIQ individuals, see Kiss et al. (2020).

In all its forms, sexual and gender-based violence in the context of war is a serious issue and is a risk factor for developing stress-related symptoms among women, even in inherently highly stressful environments such as (post-)war and migration settings. A recent study with Congolese refugees in Uganda found that conditional PTSD prevalence for women was highest in the case of rape experience (Ainamani, Elbert, Olema, & Hecker, 2020). The intersections of gender, ethnic/religious group affiliation, socioeconomic status, as well as gender-specific trauma is assumed to be a driving factor for the high vulnerability of women to PTSD (Recio-Barbero, Sáenz-Herrero, Navarro, & Hurtado, 2019; Villamor-García & Adana, 2019).

Besides violence against women perpetrated by strangers, IPV is also a reportedly prevalent issue among couples affected by armed conflict, migration, and forced displacement. The following subsection discusses some details of this phenomenon.

2.4.2 IPV against women in war and displacement contexts

Among the first to systematically investigate IPV among war-affected women is a study conducted in Lebanon by Jinan Usta and colleagues, finding IPV to be increased during war times and to be significantly correlated with women's impaired mental health (Usta et al., 2008). Within the past decade, research on IPV in conflict settings has increased, and study findings indicate that IPV prevalence in (post-)war settings tends to surpass rates of SGBV by non-partners and that it often remains prevalent even after the immediate dangers of war have decreased (Annan & Brier, 2010; Gupta, Reed, Kelly, Stein, & Williams, 2012; Guruge et al., 2017; Hossain et al., 2014; Rees et al., 2015; Stark & Ager, 2011). Prevalence studies on IPV in (post-)war and displacement settings have consistently found high rates across geographical regions (Stark & Ager, 2011). The more recent quantitative studies found past-year IPV rates of over 75% for women in Uganda (Black et al., 2019; Saile, Neuner, Ertl, & Catani, 2013) and about 20-25% in west African countries like Côte d'Ivoire (Gupta et al., 2014; Hossain et al., 2014), Sierra Leone (Alleyne-Green, Kulick, Matsuzaka, & Betancourt, 2019), and Liberia (Vinck & Pham, 2013). Studies conducted in post-war

settings in Asia and Oceania found up to 50% of past-year IPV reported by women in the West Bank and Gaza Strip (Haj-Yahia & Clark, 2013), 33% in Papua New Guinea (Jewkes, Jama-Shai, & Sikweyiya, 2017), and over 60% in Timor-Leste (Rees et al., 2018).

A cycle of violence theory assuming transmissions of violence across socio-ecological levels has been used by scholars to explain the prevalent issue of IPV in (post-)war settings. Following the above-described globalized integrated ecological model of IPV, interdependent factors across all five socio-ecological levels (global, macro-societal, exo-community, micro-family, and individual) seem to play a role in this (Daoud, 2020). Firstly, social and gender hierarchies on the macro-level tend to get reproduced and reinforced by warfare (Buckley-Zistel et al., 2014; Wachter et al., 2018). Further, a normative use of violence as it is prominent during war times may promote a “culture of violence” wherein violent acting and power hierarchies are transmitted from global levels through macro-societal, community, partnership, and individual levels, resulting in violence perpetrated by men against women and children (Jewkes, 2002). Impaired psychological wellbeing is assumed to play a prominent role in this as well, as war-related mental health issues such as traumatic stress seem to mediate both victimization and perpetration of domestic violence in post-war settings (Catani, 2010; Daoud, 2020; Horn, 2010a; Rees & Pease, 2006). While much of the cycle of violence studies conducted in humanitarian settings still focus on the role of mental health in IPV victimization (Rubenstein, Lu, MacFarlane, & Stark, 2020), an increasing number of empirical studies point to a relevant impact of war-related violent experiences and traumatization on domestic violence perpetration (Dutton, 1995; Rees et al., 2018; Vinck & Pham, 2013; Voith et al., 2020). Symptoms associated with stress-related disorders and depression, such as feelings of weakness or failure, may play a role in this. In line with the assumption that a lack of (perceived) power and control in men be associated with an increased risk of IPV (Ali & Naylor, 2013), research into psychological sequelae of torture, for example, has suggested that men’s overcompensation for a sense of loss of control may facilitate the occurrence of violence in war-torn families (C. J. Clark et al., 2010; S. Turner & Gorst-Unsworth, 1990).

Within the macro- and exo-levels, factors such as the disruption of cultural codes and the shifting of gender roles and responsibilities through a loss of men's traditional hegemonic position may also serve as driving forces for IPV in destabilized or war-affected societies (Buckley-Zistel et al., 2014; Daoud, 2020; Jewkes, 2002; Voith et al., 2020). Some scholars suggest that in the context of organized violence, war, and displacement some men may experience feelings of emasculation due to a loss of their role as breadwinner and protector of the family and the nation (Daoud, 2020; DeLargy, 2013; Ferrales, Nyseth Brehm, & McElrath, 2016; Guruge et al., 2017; MacKenzie & Foster, 2017). As a compensatory of this feeling, they may use violence against their children and wives, in order to restore their perceived loss of respect and power. For example, Burundian refugee men who fled to Tanzania reported feeling to lose their traditional role as a provider and leader of their families due to the situation as refugees, which is associated with their use of violence against family members (Lukunka, 2012). Recent qualitative research conducted with women in humanitarian and displacement settings also points to an interrelation of factors on all ecological levels, such as (destabilization of) gendered social norms and roles, men's substance use, women's separation from family and economic dependency to their husband, as well as rapid remarriages and forced marriages, which are said to drive and perpetuate IPV occurrence among war-affected displaced couples, increase reluctance to report abuse and hinder response for protection (Daoud, 2020; Falb et al., 2020; Horn, 2010b; Wachter et al., 2018).

The reported findings from theoretical and empirical literature underline the complexity of violence against women generally, and particularly in the context of structural and war violence. A comprehensive understanding of IPV and its conditions and circumstances thus requires its deepened investigation, particularly in highly charged social environments such as war-related displacement settings, to take account of the fact that various interrelated factors add to the complexity of IPV and to shed light on the exact mechanisms associated with the persistence and transmission of violence (Daoud, 2020; Michau et al., 2015; Wachter et al., 2018).

3. Present Research

This chapter summarizes the objectives (3.2), methodological approaches (3.3), and findings and implications (3.4) of the three studies integrated in this work. To set the stage for the empirical part of this thesis examining intimate partner violence against women in the displacement context of northern Iraq, the first part of this chapter (3.1) characterizes the historical and political backgrounds against which the research project was carried out. The findings of the present thesis investigating experiences of Syrian and Iraqi women of different ethnic and religious affiliations must be understood and interpreted with the following social, political and historical circumstances in mind.

3.1 Historical and political background of the research site

3.1.1 *Destabilization of the Middle East following the 'Arab Spring'*

The current situation of mass displacement to and within the Kurdistan Region of Iraq (KRI) is in large parts a result of the ongoing war in Syria, which started following a wave of civil uprisings in countries in the greater Middle East area and North Africa almost a decade ago in 2011. Since then, much has been written about the circumstances and progressions of what has come to be known as the 'Arab Spring'. While this is not the place to go into detail about the origins, circumstances, and developments of the civil uprisings in the so-called 'Arabic World'⁸, some aspects of the aftermaths of these events have to be mentioned in order to place this research work in its surroundings and allow contextual interpretations of its findings. For the understanding of the present work, it is important to look at how the war in Syria and other destabilizing factors have affected large numbers of people also in neighboring countries.

⁸ This has been comprehensively done by various scholars, see, e.g., Noueihed & Warren (2012).

Having started as a local uprising of the people of Tunisia against their government in the beginning of 2011, the Arab Spring movements in the following years spread across various countries in the Middle East and North Africa, including Libya, Egypt, Yemen, Bahrain, Iraq, and Syria. Throughout the 2010s, increasingly violent clashes between various groups have led to massive social and political destabilizations in the already conflict-torn greater Middle Eastern area. In some countries, this has resulted in civil wars, like in Syria, where democratic forces today continue to fight for their rights. The war in Syria has taken its toll on the whole population of the country and its bordering regions. As the longest-lasting and most violent war this country has seen in a long time, its impacts on the lives of many continue to be devastating, having forced over 60% of the Syrian population into internal displacement or to fleeing to other countries (UNHCR, 2020). Moreover, the conflicts now involving local as well as international actors have ignited multiple border fights, and have spread across Syria's borders to neighboring countries such as Iraq, Turkey, and Lebanon.

On top of this, the increased instability in the region has led to the rise of an Islamist militant terrorist group who calls themselves 'Islamic State' (IS) and whose organizational origins lie in an al-Qaeda splinter group formed in 2006 (CNN Library, 2019). During those recent years of political instability in the Middle East from 2012 on, this terrorist organization strengthened its power particularly in Iraq and Syria (where it is also known as 'Islamic State of Iraq and Syria', ISIS), and conducted innumerable horrendous crimes against the civil population, including bombings, mass killings, abductions of women and children into slavery or for military exploitation, as well as genocidal attacks. Among those most affected by ISIS are the Yazidis⁹, a non-Muslim minority who have inhabited the region for centuries (Allison, 2017). Their marginalized position as an ethnoreligious minority has been brazenly abused by ISIS, who declared the Yazidis as the primary target within their genocidal efforts to "purify" their aspired "Caliphate" of non-Arab and non-

⁹ Also: Yezidi, or Êzdî/Êzîdî in Kurdish.

Muslim groups (Amnesty International, 2014).¹⁰ ISIS' most cruel and momentous attacks against the Yazidi population of Iraq took place in August of 2014 in Sinjar in northern Iraq, resulting in a genocide against the Yazidi population with several thousand victims. Details of the genocide and its aftermath have been described elsewhere (Amnesty International, 2014; Cetorelli, Sasson, Shabila, & Burnham, 2017; Kurdistan Regional Government, 2014; Tagay, Ayhan, Catani, Schnyder, & Teufel, 2017), including in the introduction of Study 2 of this thesis (Goessmann, Ibrahim, & Neuner, 2020). Besides mass killings, forced conversion to Islam, and expulsion, ISIS has abducted thousands of Yazidi women and girls of the region into sex slavery (Amnesty International, 2014; Otten, 2017), a tremendous gender-based human rights violation that is still ongoing up until today. The UNHCR (2019b) assumes that of the more than 1,400 Yazidi women and girls still missing by 2019, many are still in captivity, where they are bought and sold by ISIS officials and abused as house and sex slaves. Those who survive the experience are now mostly residing in IDP camps with precarious living conditions and regularly suffer from immense health impairments including trauma-related disorders such as PTSD, depression and anxiety disorders (Connor & Burç, 2020; Gerdau, Kizilhan, & Noll-Hussong, 2017; Ibrahim, Ertl, Catani, Ismail, & Neuner, 2018b; Jäger, Rammelt, Ott, & Brand, 2019).¹¹

The ongoing numerous conflicts and acts of violence have had terrible consequences for almost the entire populations of Syria and Iraq. By the end of 2019, about 2.5 million Iraqis and close to 13.5 million Syrians were living in displacement (UNHCR, 2020). While a

¹⁰ While Yazidism shares several features of the three Abrahamic religions (Islam, Judaism, Christianity), it is a distinct monotheistic religion. Yazidis are, due to their history and their rather isolated way of life, largely considered as a separate (ethnic) group by others and by themselves. In light of internal pressure particularly among younger Yazidis toward a more modern lifestyle, self-identification among Yazidis varies, with some describing themselves as Kurds or sympathizing strongly with the Kurds (Allison, 2017). For more details on characteristics of Yazidi communities and their religion, see for example Allison (2017) and the introduction part of Study 2 (Goessmann et al., 2020).

¹¹ For personal accounts of Yazidi women who survived ISIS enslavement, see the autobiography by Nadia Murad (2017) and interviews with Yazidi women survivors conducted by Otten (2017) and Schmidinger (2019).

considerable number of them, particularly Syrians, have made their way to Europe and North America, the vast majority of those forced to leave their homes have fled across borders to neighboring countries. As a relatively stable region within the area, the autonomous KRI located in northern Iraq, where the present research took place, has been a favored destination for individuals and families fleeing from fights in Syria and the southwestern areas of Iraq. Camps set up across the three governorates of Erbil, Sulaymaniyah, and Duhok in the KRI are hosting the majority of the about two and a half million displaced people of various backgrounds in Iraq (UNHCR, 2019a). The mass displacements and refugee movements have further destabilized political and economic structures in Syria and Iraq (as well as in the surrounding countries) with immense detrimental consequences on all levels, for entire communities and for individuals alike, including in terms of physical and mental health. Given the well-known pervasive consequences of conflict and displacement (Bogic, Njoku, & Priebe, 2015; Henkelmann et al., 2019), it is not surprising that a growing body of research conducted among displaced Syrian and Iraqi populations in the Middle East and in other countries repeatedly reports high rates of physical and mental health problems (Acarturk et al., 2018; Ceri et al., 2016; Ibrahim & Hassan, 2017). Trauma- and stress-related psychological disorders are among the most prevalent conditions found in these populations (Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016; Mahmood, Ibrahim, Goessmann, Ismail, & Neuner, 2019).

3.1.2 Living conditions of women in (war-torn) Iraq and Syria

Due to traditionally highly pronounced patriarchal social orders, unequal rights and possibilities have long been the widespread norm for the lives of most women in Iraq and Syria. Like in many countries around the world, structural discrimination of women determines everyday living situations, and population-wide support of a full range of women's human rights is still lacking (Amowitz, Kim, Reis, Asher, & Iacopino, 2004; Haj-Yahia, 2000). For example, in Iraq, women's identification documents are depending on their male relatives (Organization of Women's Freedom in Iraq et al., 2015). Furthermore,

with implementations of legislation on domestic violence still pending (Human Rights Watch, 2017; Iraq Ministry of Planning, 2012), Iraq ranks among the countries with the highest social and legal inequalities between women and men (World Bank Group, 2019). The same applies to Syria, where achievements toward gender equality following the decades after independence from France in 1946 have been overshadowed by growing political and economic destabilization and inequalities in the late 20th and the beginning of the 21st century (Alsaba & Kapilashrami, 2016). According to a number of scholars, domestic and other forms of violence against women have not been considered a major concern by a majority of people in Arab countries and the Middle East with attitudes supporting of violence in partnerships continuing to be high (Boy & Kulczycki, 2008; Islam, Suzuki, Mazumder, & Ibrahim, 2018; Lafta, Al-Saffar, Eissa, & Al-Nuaimi, 2008). This, as well as reportedly high prevalence of IPV in the Middle East (Devries, Mak, Petzold, et al., 2013), call for a more thorough information gathering regarding IPV among these populations, particularly as its occurrence is likely to be affected by the ongoing political and social instabilities in the region. Instruments used to do this should thus best represent all women living in the area, which is why this project aimed to develop an IPV scale based on data from displaced women of different nationalities (Iraqi and Syrian) as well as ethnic (Kurds and Arabs) and religious affiliations (Sunni Muslim, Shia Muslim, and Yazidi), see Study 1 (Goessmann, Ibrahim, Saupe, & Neuner, 2021).

As described in an article on the situation of women in the KRI (Joly & Bakawan, 2016), there has been, on the one hand, a societal “evolution which questions established norms and traditional ways” (p. 957). On the other hand, the strengthening of fundamentalist groups such as ISIS in the region has reinforced misogynist attitudes and behaviors, thereby silencing any efforts toward equitable gender relations. Citing a 2003 Human Rights Watch report, one Iraqi study has described a sharp increase of violence against women and girls following the Iraq war in 2003, including increased numbers of feminicides and IPV, and explained this with pervasive economic instabilities, whose stressful consequences are typically carried by the women in Iraqi families (Lafta et al., 2008). According to a number

of studies from Iraq, attitudes supporting inequality between men and women as well as justifications of partner violence against women are particularly prevalent, both among Iraqi men and women (Lafta et al., 2008; Linos, Khawaja, & Kaplan, 2012; Tausch, 2019), including among displaced populations (Amowitz et al., 2004). An investigation by the International Organization for Migration (IOM, 2016) found increased levels of domestic violence among displaced families to be associated with the challenges of displacement and men's feelings of emasculation due to their incapability to protect and provide for their families. In light of the high impacts of war-affected mental health on IPV perpetration (C. J. Clark et al., 2010; Rees et al., 2018; Vinck & Pham, 2013), more research in this regard is needed to get insights into the interplaying dynamics of attitudes and health states which make women in displacement contexts more vulnerable to violence in their partnerships.

In light of their above-described peculiar vulnerabilities, it is worth looking at the situation of Yazidi women in the region separately as well. Their violent subordination has not started with the strengthening of ISIS nor is it exclusive to ISIS ideology and actions (Connor & Burç, 2020). However, the level of violence these women have endured under ISIS is unprecedented and has reportedly resulted in high rates of trauma-related disorders, as mentioned above (Gerdau et al., 2017; Ibrahim et al., 2018b). Less is known about how this immense mental health burden is associated with the variety of violent experiences these women had suffered due to war and genocide as well as with other forms of violence against women, such as IPV. In light of the tremendous human rights violations the Yazidi women have endured, it is worth analyzing these associations among them; see Study 2 (Goessmann et al., 2020). This will both shed light on the complex interplays of violent experiences related to impaired mental health and will help to enhance our understanding of how to provide tailored interventions.

3.2 Objectives of the present research

In light of the described societal circumstances, a focus on women living in the KRI, which is affected by ongoing conflicts, seems crucial (Begikhani, Hamelink, & Weiss, 2018). Within the frame of the present work, a variety of violence-related experiences (i.e., IPV, gender-based violence during ISIS enslavement, as well as war-related violent events) are investigated to contribute to a more comprehensive picture of the lived realities of women living in the war-torn Middle East. IPV as a prevalent violation of women's rights worldwide, is at the focal point of this present dissertation project, intending to provide highly relevant research insights into a hitherto neglected aspect of the ongoing violent crisis in the Middle East. Several issues related to violence in partnerships are worth to be examined as described above (2.2), including methodological aspects as well as conditions and factors associated with IPV. The empirical part of this thesis therefor focuses on the investigation of three interrelated guiding research questions surrounding IPV in war-torn displacement settings:

- Assessment of IPV: What does IPV in the gendered war and displacement settings of the Middle East look like, what are its specificities, and how can it be appropriately measured? (Study 1)
- Potential mental health consequences of IPV: To what extent is IPV related to mental health impairments of women from the Yazidi community, who were severely affected by various forms of gender-based and war violence? (Study 2)
- Mechanisms of IPV: Which characteristics of Iraqi men living in a war-related displacement setting in the Middle East potentially contribute to their using IPV against their wives? (Study 3)

Each one taking on one of these three research questions related to IPV, the three studies included in this dissertational thesis thus look at assessment, prevalence, psychological correlates, and conditions of violence against women in partnerships (see

conceptual model in Figure 2). Below, the objectives and associated hypotheses of the three studies are described.

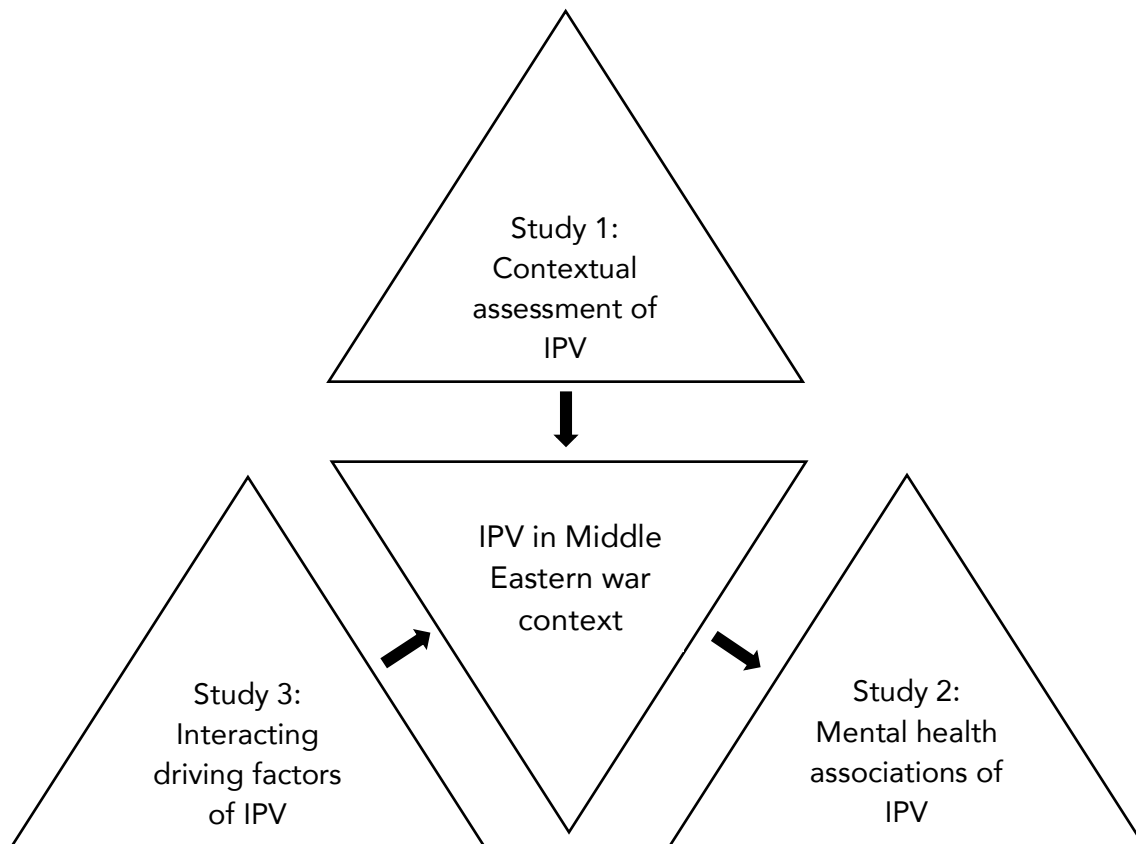


Figure 2. Conceptual model of the research objectives.

3.2.1 Study 1: Developing a new contextual instrument for IPV assessment

The aim of Study 1 was to address the above-described lack of contextually valid IPV instruments by presenting an IPV scale suited for women with experience of displacement in the Middle East and to add to the global IPV literature by determining the prevalence of IPV victimization among them. Despite showing comparatively high IPV rates, the Middle East is among the regions for which very few validated IPV instruments exist (Boy & Kulczycki, 2008). Thus, adequate IPV measures are necessary, which consider the full variety of violent experiences of women in the context. Given that (post-)war and

displacement settings have been identified as contexts of high risk for IPV in numerous studies, refugee camps in the war-torn KRI provide a suitable environment in which to develop and test a contextually valid IPV instrument.

A further aim of Study 1 was to contribute to existing theoretical grounds and measures of IPV by establishing a typology of IPV apart from the physical, emotional and sexual IPV categories, which have been criticized for lacking informative value and for ignoring gender-related dynamics (Ali et al., 2016; Anderson, 2005; Bender, 2017; DeKeseredy, 2011; Hamby, 2014; Reed, 2008; Reed et al., 2010). In light of the predominant gendered living situations in the Middle East in general and in displacement contexts in particular, the inclusion of gender-specific IPV items based on the women's lived realities is crucial to create an instrument that assesses what they actually experience in their partnerships. Based on discussions with women of the displaced population as well as with local experts following previous theoretical considerations on gendered violence in partnerships, four categories of violent acts were identified for the new IPV instrument developed in this study, which was called the Gendered Violence in Partnerships Scale (GVPS).

The statistical analyses performed in Study 1 thus aimed to test the hypotheses that (1.a) the items included in the GVPS are fittingly arranged on four subscales in accordance with theoretically derived types of IPV, and (1.b) that the scale's internal consistency, convergent validity and feasibility can be shown for a sample of displaced women in northern Iraq.

3.2.2 Study 2: Investigating violent experiences and psychopathology in Yazidi women

The aim of Study 2 was to shed light on a largely marginalized, highly vulnerable group within the current KRI displacement setting, the Yazidi women. Focusing on the women's psychopathology levels and their relation to various forms of violence, this study aimed at differentiating the mental health impacts of IPV, gender-based violence by ISIS, and war-related violence among Yazidi women who experienced ISIS attacks, war, and displacement. As described above, mental health impairments among this group of women

have found to be immense, yet no study has looked into the distinguishable mental health consequences of different forms of their violence exposure. Since IPV is known as contributing to mental health impairment of women in instable environments, including post-genocide contexts (Umubyeyi, Mogren, Ntaganira, & Krantz, 2014), investigating its impact on the severely impaired mental health of Yazidi women survivors of ISIS will shed light on the complex interplays of different violent experiences in general and on opportunities for mental health care approaches for these women.

The necessity of IPV research among this marginalized and vulnerable group is further highlighted by the fact that IPV among indigenous or marginalized groups has been largely ignored in research and prevention efforts, despite indications of high prevalence due to macro-economic and human rights factors. The United Nations Economic and Social Council points out that marginalized groups tend to be generally disadvantaged regarding efforts toward gender equality, which might be due to reasons like continuous isolation from the majority society, discrimination, and other human rights violations against them (United Nations, 2020). Intersecting affiliations to various marginalized categories (i.e., being an ethnic minority or being economically disadvantaged in addition to being female) seem to place women at particular risk for violence victimization in a myriad of forms, including IPV (Batsleer et al., 2002; Falb et al., 2015; Rogers, 2020).

Thus, Study 2 aimed in the first place to detect experiences of violence among Yazidi women in terms of war-related events and GBV (both as IPV and under ISIS enslavement), and to determine their presumably high levels of PTSD and depression symptomatology (hypothesis 2.a). Secondly, the study sought to investigate the hypothesis (2.b) that experiences of GBV contribute to the war-related mental health impairment of these women.

3.2.3 Study 3: Analyzing driving factors of IPV among men in conflict-torn Iraq

Mental health issues, like PTSD and depression, have repeatedly been associated with partner violence, in particular as possible outcomes for victimized women (e.g., Pico-

Alfonso et al., 2006) as well as in terms of risk-increasing predecessors of violence (see, e.g., cycles of violence, battered women theory). It has long been recognized in IPV research that women's experiences of familial abuse in childhood and adolescence is often associated with prevalent psychopathological issues and further violence victimization in later life (Maniglio, 2009). While a number of studies also found mental health issues in men as potential driving factors for IPV perpetration (Cascardi et al., 2018; Spencer, Stith, et al., 2019), less attention has been paid to such associations in (post-)war and displacement settings. The sparser studied perpetration-side of the cycle of violence hypotheses suggest that experience of violence can beget perpetration of violence, and this connection is assumed to be mediated by stress-related mental health conditions such as PTSD and depression (Catani, 2010; Milner et al., 2010). Since men in war-torn settings can be heavily affected by violent experiences taking their toll on mental health, it is thus not surprising that increased levels of family violence perpetration have been found in such contexts (Annan & Brier, 2010; Guruge et al., 2017; Hossain et al., 2014; Stark & Ager, 2011). When destabilizations through war and armed conflict come upon societies with highly pronounced patriarchal orders and widespread attitudes subordinating women, this combination may further enhance the likelihood of IPV and other forms of violence against women. The aim of Study 3 was thus to explore mechanisms of IPV in a displacement setting in the Middle East by means of moderation analysis of interactions between men's war-related psychopathology, their attitudes towards women, and perpetration of violence against their wives, following the hypothesis (3) that self-reported mental health states and gender attitudes in men interact in their association with IPV as reported by their wives.

3.3 Research method

The findings presented in this dissertation thesis are based on data collected within the scope of a collaborative research project carried out by an international team of researchers from the University of Bielefeld, Germany, and Koya University, Iraq. Samples of persons from Syria and Iraq who are staying in official refugee and IDP camps in the Sulaymaniyah

and Duhok regions of the KRI were interviewed by qualified interviewers over the course of three years (2016-2019). Sampling for the three included studies was based on pragmatic sampling approaches, in which camps were divided into sections based on the camps administrative maps, and households within each section were selected randomly by spinning a pen from the section center. Eligibility for participation of women (and their husbands) was then determined through personal visits to the selected households. All steps of the present research project were approved by the ethical review boards of the universities involved and were conducted in accordance with ethical requirements for research among vulnerable persons and were performed with great care by qualified and trained research staff with the aim to protect participants from unnecessary further harm (see subsection 3.3.2 below for more details on this).

The research conducted for this dissertation project used several research methods. Focus group discussions and expert panels were employed particularly with the aim to develop or adapt instruments for the target population (Jayawickreme, Jayawickreme, & Goonasekera, 2012). Standardized instruments used in this research were administered in structured individual interview sessions. They included questionnaires to assess sociodemographic and war-related personal characteristics of the participants, experiences of violence, mental health in terms of depression and PTSD symptomatology, and attitudes towards women. An overview of instruments used in each of the three included studies can be found in Table 1. All instruments had been translated from English to the relevant languages (Arabic and the two Kurdish dialects, Kurmanji and Sorani) following translation guidelines for clinical assessment and transcultural research (Human Services Research Institute, 2005; Van Ommeren et al., 1999), and administration was performed in the preferred language of each participant.

Table 1. *Method details of the three included studies.*

Sample		Objectives and method		Assessments		
Sample size <i>N</i>	Sample characteristics	Research objective	Statistical analysis	Variables measured	Assessment instruments	
Study 1	1,009	Syrian and Iraqi women	Contextual assessment of IPV in the Middle Eastern displacement setting	Confirmatory factor analysis; descriptive and correlation analyses	Exposure to intimate partner violence PTSD scores Depression scores	Gendered Violence in Partnerships Scale (GVPS) PTSD Checklist for DSM-5 (PCL-5), adapted version (Ibrahim, Ertl, Catani, Ismail, & Neuner, 2018a); scoring 0 – 80 Hopkins Symptom Checklist (HSCL-D) (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974)
Study 2	326	Iraqi women from the Yazidi community	Mental health consequences of IPV in contexts of other types of (gender-based) violence	Hierarchical regression analyses	Exposure to war-related events Family affectedness by war and ISIS Exposure to violence in ISIS enslavement Exposure to intimate partner violence PTSD scores Depression scores	War Exposure Scale (WES) (Ibrahim et al., 2018a) Self-created 4-item scale Enslavement Trauma Scale (ETS) (Ibrahim et al., 2018b) Gendered Violence in Partnerships Scale (GVPS) PTSD Checklist for DSM-5 (PCL-5), adapted version (Ibrahim et al., 2018a); scoring 0 – 80 Hopkins Symptom Checklist (HSCL-D) (Derogatis et al., 1974)
Study 3	92	Iraqi women (<i>n</i> = 46) and their husbands (<i>n</i> = 46)	Driving factors of IPV perpetration in war-affected men	Moderated regression analysis	Exposure to intimate partner violence PTSD scores in men Depression scores in men Gender attitudes in men	23- item preliminary version of the Gendered Violence in Partnerships Scale (GVPS) PTSD Checklist for DSM-5 (PCL-5), adapted version (Ibrahim et al., 2018a); scoring 0 – 80 Hopkins Symptom Checklist (HSCL-D) (Derogatis et al., 1974) Attitudes Toward Women Scale (AWS) (Spence, Helmreich, & Stapp, 1973)

3.3.1 Methodological approaches of the three studies

The three empirical studies included in this thesis partly differ regarding methodological aspects, assessment instruments, and statistical analyses, as well as regarding the included samples (cf. Table 1).

In the first study presenting the development and psycho-sociometric evaluation of a new IPV assessment scale, a stepwise multi-method analysis approach was applied. That included the conduction of two focus group discussions with Iraqi and Syrian women in displacement camps with the aim to discuss and develop items for IPV assessment in the women's living environment. In a later step, statistical analysis of the properties of the newly developed item list using confirmatory factor analysis and correlation analyses with data from a large sample of women from the camps ($N = 1,009$) was performed in order to test hypotheses 1.a and 1.b regarding the psychometric properties of the scale (see 3.2.1). The sample recruited for the statistical analyses of the scale included displaced women of different nationalities (Iraqi and Syrian) as well as ethnic and religious affiliations (Kurd, Arab; Sunni Muslim, Shia Muslim, Yazidi) to represent the living realities of the variety of women currently living in displacement on northern Iraq.

Study 2 analyzing associations of women's different violent experiences with psychopathology (PTSD and depression) relied on data from a sample of displaced Iraqi women of the Yazidi community ($N = 327$) to determine levels of violence exposure and psychopathology among them (2.a), and to test the hypothesis (2.b) that gender-based violence including IPV add to mental health impairment beyond non-gender specific war-related violence. Following the notion that more violent experiences increase the likelihood of developing PTSD and depression, Study 2 investigated the combined account of the Yazidi women's myriad experiences of violence. Those were assessed in a standardized way using instruments adapted or developed for the present research context and were analyzed in multivariate hierarchical regressions separately for their associations with PTSD and depression.

In Study 3, a multi-informant approach was used, including both women's and men's reports obtained in standardized structural interviews to test the hypothesis (3) that an interaction of psychopathology and gender attitudes in men be associated with IPV perpetration. Moderated regression analysis of dyadic data from Iraqi married couples ($N = 92$) residing in an IDP camp in northern Iraq, was performed to examine the interactive impacts of men's war-related mental health and attitudes towards women with their use of IPV as reported by their wives.

3.3.2 Ethical considerations in research on violence, trauma, and gender

In light of the numerous vulnerabilities of individuals and communities in war and displacement settings, the topics investigated in this scientific work call for cautious methodological awareness. There are several ethical and practical aspects to be considered when conducting studies on violence and trauma, particularly in relation to gender and armed conflict. According to the Belmont principles of beneficence, respect, and justice, research should, above all, bear the best interest of the research participants in mind (Belmont Report, 1979). The rule to do no harm has been declared a guiding principle for any field research in the context of war, refugees, migration, and displacement (Krause, 2017b). Due to the participants' often severe stress load, trauma-focused research requires particular considerations to protect participants from unnecessary harm (Hunt, 2010; Tarvydas, Levers, & Teahen, 2017). Furthermore, mental health stigma is still a global issue, and for some communities with Arab cultural backgrounds, particularly high rates of stigma are assumed (Dardas & Simmons, 2015).

In research on gender-based violence, ethical considerations are generally key to protect participants, but particularly so when conducted in humanitarian settings (Ellsberg, Heise, Pena, Agurto, & Winkvist, 2001; Fontes, 2004; Hossain & McAlpine, 2017; WHO, 2001). Specific challenges and issues in humanitarian settings include the urgent and immediate needs of participants and their families (Hossain & McAlpine, 2017). Regarding IPV, which is still considered a private issue in many parts of the world, access to affected women is

often difficult (Bender, 2017; Waltermaurer, Ortega, & McNutt, 2003). Furthermore, interviewing women about their experiences in their partnerships can put them under immense pressure and potentially places them at risk of further abuse (Bender, 2017). Severe emotional tolls of repeatedly telling own stories of suffering have been described (Foster & Minwalla, 2018). However, it has long been argued as well that not asking about abuse risks to increase the suffering of violence-affected persons in the long run (Becker-Blease & Freyd, 2006), and benefits of participation in research on violence and trauma have been found to generally outweigh its costs (Gibbs et al., 2018; Jaffe, DiLillo, Hoffman, Haikalis, & Dykstra, 2015). However, to achieve this, a sensitive approach to the topic is required during all steps of such research.

In order to address the multiple challenges involved in the contexts of this research, careful interviewer training provided the basis. Interviewers employed in our studies were from local backgrounds and received a one-week intensive training including theoretical and practical contents on trauma and gender topics. Further, the local interview team was involved in the planning and execution of the study procedures from the outset of the project including the adaptation of instruments. In light of the particular vulnerabilities of women in the present research setting, apt protective measures were taken in order to protect participating women of potential harm in accordance with existing guidelines and recommendations (J. J. Clark & Walker, 2011; Ellsberg & Heise, 2005; Hossain & McAlpine, 2017; WHO, 2001). Interviewing procedures included ensuring privacy and confidentiality, such as separate seating of women and their husbands in case of couples' interviews. The interviews were introduced as surveys about general health and living conditions, in order to avoid stigma, to facilitate access to violence-affected women and to prevent them from any risks when talking about their husbands' behavior. Further, referral systems to health care and support organizations were established to be available for participants in need at all stages of the data collection. The procedures of the research project were approved by the ethical review boards of the University of Bielefeld, Germany, and Koya University, Iraq. More details on the protective measures taken are described in

the method parts of Studies 2 and 3 (Goessmann et al., 2020; Goessmann, Ibrahim, Saupe, Ismail, & Neuner, 2019) as well as in other publications of the greater research project (Ibrahim et al., 2018a, 2018b; Ibrahim, Goessmann, & Neuner, 2020).

3.4 Summary and discussion of main results

The following subsections (3.4.1 – 3.4.3) summarize and discuss the results of the three studies included in this thesis which investigated the research questions stated in the objectives above (see 3.2) using the afore-described methods (3.3).

3.4.1 Study 1: The Gendered Violence in Partnerships Scale

The first part of this research presents the development and psycho-sociometric evaluation of the Gendered Violence in Partnerships Scale (GVPS), a new instrument for the assessment of violence against women in partnerships (Goessmann et al., 2021). The goal of this study was to come up with a contextually valid and appropriate assessment instrument for IPV in the war-affected environment of the Middle East and to measure IPV prevalence among a sample of Syrian and Iraqi women residing in displacement camps the KRI. The study's analyses resulted in an 18-item checklist that was developed within the women's communities to reflect their own partnership experiences. The four resulting subscales of the GVPS are based on a novel typology of male-to-female partner violence that presents an alternative to the traditional classification by type of abuse (i.e., physical, psychological, sexual acts). Therein, dominating behaviors, existential threats, impulsive aggression, and aggravated physical assault were identified as reflective of the lived realities of women in the war-torn Middle East, as hypothesized (1.a).

In addressing the call to develop IPV assessment categories with greater contextual information value (Ali et al., 2016; Bender, 2017; DeKeseredy, 2011; Hamby, 2014; Reed, 2008; Reed et al., 2010), the four new subcategories of IPV had been derived from theoretical considerations taking the gendered nature of IPV against women into account. Thus, the first resulting subscale assesses dominating behaviors that are reflective of a violent man's

intention to control a female partner, for example controlling her clothing decisions, limiting her social interactions, and forcing her to have sex or becoming pregnant (six items). Control in this sense can be exerted by emotional or sexual acts, their binding element being their oppressive nature (Kelly & Johnson, 2008), which highlights the role of gender and power relations in IPV against women (Caldwell, Swan, & Woodbrown, 2012; Pico-Alfonso et al., 2006).

The second subscale introduced by the GVPS assesses existentially threatening behaviors. Those include mainly economic- and finance-related acts such as being denied access to financial means, being forced to sell one's possessions, or threats of being thrown out of the house or getting divorced (five items). Such violence may pose severe risk of losing status and creating social and economic disadvantages by holding the victimized women in a continuous state of helplessness as seeking support is impeded by threatening behaviors such as being denied from contact with relatives and friends.

The third subscale measuring impulsive aggressions includes acts which usually occur during situational partner conflicts, such as yelling or throwing things (four items). The separate assessment of such acts may be useful to investigate motivational and relationship aspects relevant in their occurrence, as impulsive aggressions are assumed to be dependent on factors such as underlying gender hierarchies, as well as the perpetrator's general level of aggression, conflict management style, or substance abuse (Cascardi et al., 2018; Derefinko, Dewall, Metze, Walsh, & Lynam, 2011; Graham, Bernards, Wilsnack, & Gmel, 2011). The assessment of those behaviors may thus be particularly relevant in contexts in which individuals are under a lot of stress, as indicated by the 25% prevalence rate of impulsive aggressions among women in this study.

Lastly, the fourth subscale of the GVPS measures acts of aggravated physical assault (e.g., burning, attacks with weapons, etc.; three items). Such acts have been described as having a specific quality to them in terms of intensity and the perpetrator's intention and planning as well as their immediate and long-term consequences being dangerously health- and life-threatening (Capaldi & Kim, 2007; Johnson & Leone, 2005); therefore, the separate

assessment of such high-intense physical violence may help to identify particularly alarming living situations of women.

According to hypothesis 1.b, psychometric analyses confirmed the internal consistency and convergent validity of the GVPS and its subscales to be acceptable. Furthermore, the study's analyses regarding prevalence of IPV and associations with mental health impairment indicate worrying impacts of experiences of violence for women in the investigated displacement setting. High prevalence of IPV, PTSD and depression were found in this study, the former exceeding the average prevalence rate of 35% previously reported for Middle Eastern countries (Devries, Mak, Petzold, et al., 2013) by 9 percentage points. In line with existing research on mental health impacts of IPV (Ellsberg & Emmelin, 2014), we found significant correlations of IPV with measures of depression and PTSD symptomatology, which extends existing knowledge about IPV and its impacts in settings with profound social and political challenges. As some of the highest mental health correlations were found with subtypes of IPV that are a product of male dominance over women (i.e., existential threats, dominating behaviors), this study's findings further indicate the embedment of IPV in this context into underlying patriarchal, women-subordinating societal orders (Johnson & Leone, 2005).

In conclusion, Study 1 succeeded in its aims to develop and psycho-sociometrically evaluate an instrument for the assessment of IPV experiences of women in Middle Eastern displacement settings. With the GVPS, the study presents a valid measure whose suitability and utility were demonstrated for the living environment of displaced women in northern Iraq. Given the particularity of the research context, more diverse applications of this new instrument and its proposed subscales are needed to broaden our understanding of types and circumstances of IPV across different settings.

3.4.2 Study 2: GBV contributes to psychopathology in Yazidi women ISIS survivors

The second study of this dissertation project aimed to determine levels of mental health and violence exposure among Yazidi women living in IDP camps in the KRI (2.a), as well as

to investigate the specific association of IPV exposure with mental health states next to other violent experiences (2.b). The results provide insights into the complex interplay of different violent events experienced by this highly marginalized group of women (Goessmann et al., 2020). In a sample of 326 Yazidi women aged 17 to 75 years, of whom 17% had a history of ISIS abduction, high rates of self-reported psychopathology and experiences of war-related violence and gender-based violence (in terms of IPV and enslavement by ISIS) were found. With well over 90% reporting war-related violence or gender-based violence during ISIS captivity, and two thirds (66%) reporting IPV, this study's findings highlight the myriad ways in which many Yazidi women have been victimized. Dominating behaviors were the most common acts of IPV reported in this sample, which indicates that control and oppression play a prominent role in these women's everyday lives. Mean scores for PTSD and depression symptoms were 49.91 ($SD = 14.42$; range 8 – 80) and 2.53 ($SD = .68$; range 1.13 – 4) as measured with the PCL-5 and the HSCL-D, respectively. Their heavily impaired mental health is reflective of the Yazidi women's particular situation that has continuously put strains on their lives and well-being, from long-lasting social isolation as an ethnic minority to genocidal attacks under ISIS (cf. section 3.1). Several intersecting factors seem to be at play in this, as their marginalized ethnic identity is further impacted by their position as women in a gendered society, leading for example to restricted access to health systems (Marino & Jausoro, 2019). In addition, since context may have an impact on experiences and expressions of trauma and stress symptoms, interplays of individual suffering and community processes may be contributing to the immense mental suffering of these women and to their reporting (Lewis-Fernández & Kirmayer, 2019; Recio-Barbero et al., 2019), as Yazidi individuals in the area tend to take on the suffering of other community members in a collective way (Buffon & Allison, 2018).¹² In light of the Yazidi's traditionally pronounced community orientation,

¹² In individual interviews and focus group discussions conducted by myself in a camp for IDPs in Sulaymaniyah Governorate, Iraq, in July 2017 and April 2019, participating women of the Iraqi Yazidi

there may otherwise also be a soothing effect of collective trauma narratives which is likely to come into play across generations, insofar as repeated narrations of own traumatic experiences and of the suffering of former generations may enhance a sense of belonging and solidarity (Hunt, 2010).

Applying multivariate hierarchical regression analyses, Study 2 was further able to show that the women's psychological symptoms were associated with their exposure to war-related events as well as with gender-based violence in ISIS captivity and with violence in the partnership (hypothesis 2.b). Regression weights (β) ranged between .13 and .29 for the prediction of PTSD symptoms and between .18 and .28 for the prediction of depression symptoms, with war violence showing the highest correlations, but gender-based violence, both in form of IPV and degrading violent experiences under ISIS enslavement, adding significantly to the variances explained by the models. These findings replicate well-known associations of mental health with violent experiences in (post-)war settings. Additionally, they underline the significant role that experiences of domestic violence can play in the impairment of mental health in war-affected women. The effect of cumulative exposure to traumatic stressors seems to play a role in this (Schauer et al., 2003), as well as reciprocal effects between both partners' mental states, aggression and partnership conflicts (Daoud, 2020; Horn, 2010a; Trevillion et al., 2012).

By focusing on Yazidi women, this study provides evidence from a highly marginalized and violence-torn group and underlines the multidimensionality and complexity of women's vulnerabilities in (post-)war environments. The study thus adds important scientific knowledge to the growing number of reports on the situation of those who survived ISIS' cruelties in Iraq and Syria which may inform adequate support services and

community expressed severe emotional suffering due to own as well as others' violent experiences. This cultural specificity expressed in pronounced collective ways of suffering may also bias the determination of trauma symptoms in the Yazidi population, which has to be kept in mind when interpreting the present findings.

promote their seeking social justice and international recognition (Buffon & Allison, 2018; Ibrahim et al., 2018b).

3.4.3 Study 3: Interacting factors contribute to IPV perpetration in war-affected Iraqi men

With the aim to explore conditions of IPV occurrence in a war-affected population, Study 3 investigated interactions between self-reported mental states of displaced Iraqi men, their attitudes towards women, and incidences of partner violence experienced and reported by their wives. Being the first study conducted in the current displacement situation in northern Iraq to include reports from both husbands and wives in the investigation of IPV, the study gives hints to possible contributing factors to violence against women perpetrated by men in contexts of highly strained social relations (Goessmann et al., 2019). Findings revealed highly prevalent IPV rates among the participating couples, as over 58% of the women reported the experience of past-year husband-perpetrated violence. Women's IPV exposure was significantly related to men's self-reported psychopathology (PTSD and depression symptoms) and gender attitudes, which is in line with previous findings suggesting mental health and attitude factors to be facilitators of IPV perpetration (Abramsky et al., 2011; Cascardi et al., 2018; Fulu et al., 2013; Spencer, Stith, et al., 2019). Since the psychopathology measured in men was also highly correlated with their own war-related violent experiences, the findings provide further indications for a transmission of experience to perpetration of violence through mental health issues, as suggested by other scholars before (Catani, 2010; Milner et al., 2010). A subsequent multivariate regression analysis of the dyadic couples' data revealed significant moderating effects between the variables of interest as hypothesized (3): More inequitable gender attitudes in combination with higher psychopathology levels in men were linked to higher rates of IPV perpetrated against their wives, and, reversely, there was a protective effect of more equitable gender attitudes in men, as such attitudes generally lowered the risk of IPV, even in case of high psychopathology levels. Despite the cross-sectional design,

the findings of this study provide promising insights into inter-partner factors that might be at play in the occurrence of IPV in (post-)war contexts. The interaction of attitudes and war-related psychopathology has important implications for violence intervention approaches in (post-)war and displacement settings and highlights the interrelatedness of mental health and gender attitudes which can both be seen as issues embedded in the greater societal contexts of inequalities, violence, and oppression (Jewkes et al., 2015; Michau et al., 2015).

A number of other implications for IPV future research and practice can be derived from the three presented studies, including the necessity of and possibilities for treatment and supportive interventions in war-affected areas and displacement settings. Those will be elaborated and discussed in the following chapter.

4. Resume and Perspective

The present thesis is among the first to study intimate partner violence against women in the current war-torn displacement setting of northern Iraq. By investigating three interrelated aspects of partner violence – contextual assessment, potential driving factors, and associated mental health – this research aimed to contribute to the understanding of how IPV in displacement settings can occur and manifest as a function of different factors that lie on all ecological levels of society, including global factors such as war and forced migration. The three studies included in this thesis were based on self-reports of women with displacement experiences as well as their husbands and provide further evidence that IPV against women is a severe issue in settings that are shaped by war and displacement.

In the first study, a new approach for the contextual assessment of IPV was investigated, by developing and applying a gender-focused IPV measurement for assessing IPV among displaced Iraqi and Syrian women. As described above, this study resulted in the development and contextual testing of the Gendered Violence in Partnerships Scale (GVPS), which presents a possibility for IPV assessment considering gendered aspects of violence and differentiating between violent acts based on their reflecting rather dominating behaviors, existential threats, impulsive aggressions or aggravated physical assaults. Secondly, in a study conducted among Iraqi women of the Yazidi minority group who have been strongly affected by violence, links between different forms of violence exposure and mental health issues were analyzed. This study aimed to determine the additional impacts of gender-based forms of violence on top of war-related violence. The thesis' investigations further looked at factors on the perpetrator side of IPV in a war-torn population by examining Iraqi men's levels of war-related psychopathology and gender attitudes in association with IPV perpetration in the third study. Results of this study indicate that an interplay of factors may contribute to men's using violence against their wives in war and displacement contexts. Building on the results of the three studies (cf. 3.4), the following sections will discuss the general implications and perspectives of the present dissertation.

4.1 Integration of the research findings and prospects

Despite women's gendered experiences in humanitarian settings and associated effects on health have received more attention in recent years and have led to a discussion of gender-specific assessments and interventions (Morina, Akhtar, Barth, & Schnyder, 2018), less visible forms of violence against women such as partnership violence have not been in the focus of research and practice efforts in this context. A possible explanation for this might be an impeded accessibility to the more private living spheres of war-torn societies, as well as the long tradition of not recognizing gender in global war and migration contexts which have rendered women refugees and their needs rather invisible (Bloch & Donà, 2018; Buscher, 2010; C. Campbell & Mannell, 2016; Dharmapuri, 2011; Valji, 2001). The lack of comprehensive research efforts regarding IPV against women in (post-)war settings in general and in the ongoing violent conflicts in the Middle East in particular, may further be explained by the absence of adequate contextual assessment instruments (Amawi et al., 2014; Wangel & Ouis, 2019). With the successful development of the GVPS, we were able to show that it is possible to gain access to women's partnership experiences to enable precise and context-specific assessments of IPV. The GVPS's most important advantage in this regard is that it was developed through interviews with those women whose experiences it aims to assess, which makes it contextually useful and valid. Focus group discussions with Syrian and Iraqi women revealed highly pronounced gender-related relationship dynamics underlying acts of IPV among war-torn populations in Iraq, which are reflected in the resulting item list of the scale. Furthermore, the theoretically developed and statistically tested subscales of the GVPS suggest a new, purposeful typology which may contribute to the international field of IPV assessment by offering opportunities for research into specific aspects of IPV occurrence such as motivation and intention, relationship-related characteristics and power dynamics (Boxall, Rosevear, & Payne, 2015). Future studies should test and evaluate the GVPS and its proposed factor structure in different contexts to elucidate further the perspective on the magnitude and complexity of violence against women in partnerships. The scale's items and subscales could also be used as a starting

point for discussions with women who experience violence as well as with perpetrators of violence against women in intervention settings. The GVPS could thus serve as a helpful tool for studies analyzing circumstances around IPV and to forward its prevention and elimination in context-focused ways.

Failure to preventively address violence against women in partnerships in the current war-torn areas of the Middle East is indicated by our studies' findings showing high prevalence rates of IPV across different samples of women residing in displacement camps in northern Iraq. The prevalence rates of partner violence reported in the three studies all exceed previous estimations of IPV victimization among Middle Eastern women (Devries, Mak, Petzold, et al., 2013). The alarmingly high IPV prevalence rates of 43-60% found by this research give an idea of the ongoing adversities that women in displacement contexts often endure. The burden that IPV victimization can place on women is illustrated by the finding of significant associations of gender-based violence exposure with mental health impairments, even in the presence of other, war-related experiences. To describe the multifaceted vulnerabilities of women in conflict settings (Cottingham, García-Moreno, & Reis, 2008), feminist researchers have coined the term 'intersectional oppressions' (Pittaway & Pittaway, 2004). According to this perspective, oppression of women in war contexts is related to intersecting aspects of powerlessness caused, among other things, by their gender, socioeconomic factors and class, religion or ethnic group membership, that reduce or cut their access to resources (Buscher, 2009; Hardi, 2013). By integrating the combined effects of war-related experiences as well as gender-based violence in both individual and collectively-oriented forms, our findings are an important contribution to a holistic understanding of women's burdened health in (post-)war contexts (IOM, 2016). This perspective should be complemented and expanded on by future studies taking a closer look at the interplay of different factors related to the psychopathology of women who are affected by intersecting sources of violence. An intersectional perspective might be particularly relevant with regard to highly affected and marginalized groups such as the Yazidis in Iraq. Among ethnic or religious minorities, mental suffering and stress seem to

have an important social component, as discrimination and marginalization might add to their poor health due to minority stress (Gómez, 2019).

The present thesis further expands the knowledge on driving factors of IPV perpetration in a context of social instability and violence. Indicated by this research's findings, men's mental health seems to contribute to their perpetrating violence against their wives which points to burdened family and partnership relations. Furthermore, since the mental health of men in post-conflict settings is likely a result of their own violent experiences, transmissive effects of violence experience to perpetration through mental health can be assumed. This hypothesis, however, needs to be tested in future studies investigating mediating effects of psychopathology in violence victimization and perpetration. In addition, the potential retroactive effects between both partners' mental health and their relationship behaviors including IPV should also be considered in future research in this context. Not only can multiple violent experiences have negative effects on women's mental health; their impaired health due to war and displacement experiences might in turn make them more vulnerable for further victimization within their families and partnerships (Rees & Pease, 2006; Rubenstein et al., 2020). The causes for this require further investigation, preferably in longitudinal studies including assessments of relationship quality from both partners over time.

Broader social factors, however, also shape the perpetration of IPV in a war-torn setting (Jewkes et al., 2015; Michau et al., 2015). In line with previous studies, the findings of this research show that gender attitudes are related to IPV perpetration against women (Fitzpatrick et al., 2004; Fulu et al., 2013), and that the negative impacts of inequitable attitudes towards women might be particularly harmful in combination with impaired mental health. The finding of gender attitudes moderating the effect that men's psychopathology levels have on their use of IPV underlines the role of the social context in violence against women in partnerships. Individual gender attitudes are usually an expression of social norms indicating the impact of macro-social factors being transmitted to individual and interpersonal levels (Jewkes et al., 2015; Michau et al., 2015). Following

the globalized integrated ecological model of IPV (Fulu & Miedema, 2015), this highlights the necessity to consider contributing factors of IPV on all ecological levels. Their effects and interplays need to be further investigated in studies preferably integrating interdisciplinary approaches of psychology, sociology, and political science in order to assess the globalized effects of patriarchy and violence (Carter, 2015; Fulu & Miedema, 2015).

The findings of this research spanning from prevalence assessment to health-impairing impacts to contributing factors of IPV are an indication of the intricacy of the myriad experiences of violence among those who are structurally oppressed, which has important implications for care and support efforts for war-affected populations on several levels. Subsequent to outlining some noteworthy limitations of the present research (4.2), some practical implications of it will be discussed below (4.3).

4.2 Limitations

While the research presented in this thesis followed rigorous methodological planning and procedures relevant for the comprehensive investigation of the studies' research questions, some limitations must be noted. Participant recruitment in the project was based on a pragmatic sampling approach, which might limit the samples' representativeness. Further, due to the intimacy of the research's main topic, IPV, and the strained living conditions in camps in the KRI, the samples might not include those who are most burdened by violence and impaired health. As underreporting of IPV is likely in strained social circumstances and especially when relationships with the abusers are ongoing or if women themselves justify spousal violence (Al-Modallal, 2015), the considerably high IPV rates found in our studies might still not accurately reflect the real extent of the women's violent experiences. The issue might be even bigger than this research was able to show. Another methodological limitation of this thesis' research is its cross-sectional design. Causal relationships between the analyzed variables cannot be claimed and directions of effects need to be investigated in future longitudinal studies. In addition, longitudinal

studies in this area of research could help in the analysis of developments of mental health conditions over time and to shed light on long-term effects and transgenerational transmissions of violence perpetration and victimization as well as psychopathology within a cycle of violence framework. To this end, adequately funded high-quality longitudinal and randomized controlled studies are needed, particularly in geographical regions that have not been in the focus of intervention implementation, such as the war-torn Middle East (Gupta & Reed, 2019; D. T. Turner et al., 2020).

Further, there is a number of other factors potentially relevant to the understanding of IPV among couples with war and displacement experiences that could not be addressed in the present research but should be valuable to include in future studies. For example, as the justification of IPV against women has been found to be prevalent among women across countries (Waltermaurer, 2012), violence-condoning attitudes in women should be analyzed as well. Furthermore, next to depression and PTSD, other mental health issues as well as aggression and impulsivity need to be looked at when aiming to further disentangle the dynamics of IPV occurrence in war-torn populations. For example, substance abuse in men was not investigated in this research as potentially contributing to their use of IPV. Alcohol, nicotine as well as illegal substances are sometimes used as a means of coping with the experiences of war and trauma (Hawn, Cusack, & Amstadter, 2020), and have been associated with enhanced risk of IPV perpetration (Jewkes, 2002; Saile et al., 2013). Hence, such behaviors should be assessed and included in future studies on IPV, even in areas where alcohol consumption is prohibited or socially ostracized, as is the case in many predominantly Muslim countries such as Iraq.

4.3 Practical and clinical implications

The present work has important practical implications for mental health interventions in conflict-affected areas with regard to two major aspects. One concerns the support of women who are subjected to myriad forms of violence within the context of war and displacement. It has to be considered that psychopathology in women war survivors might

not solely be attributed to events that happened due to war events in the past, but might rather be caused by a continuum of adverse factors in which impaired mental health, violent households, and war trauma are mixed up in a dangerous self-enhancing interplay. Former violent experiences cannot be undone, which makes it all the more important to aim to eliminate current forms of violence in families in order to prevent continuous victimization, break cycles of violence and reduce the risk of developing or worsening mental health issues. As the living spheres of women in the constricting displacement settings are often limited to the domestic domain, outreaching services are crucial to providing women with the support and mental health care they need (WHO, UN Population Fund, & UNHCR, 2019). This might best be achieved on the basis of rigorous assessments of all violent experiences including those happening in the private sphere, and the prioritization of mental health care especially for socially disadvantaged individuals and groups. Increased gender awareness is crucial to disentangle different sources of violence in the lives of women in conflict-affected settings and to adequately promote efforts to improve their health status and living conditions (El-Bushra & Sahl, 2005; Percival et al., 2018). From a prevention perspective, conflict-affected individuals and communities need to be informed early on about links between their violent experiences and potential interactions with mental health in order to raise their awareness of the harmful dynamics that are at play in the occurrence of mental suffering and domestic violence. Research suggests that empowerment of women can be beneficial both for reducing IPV revictimization and PTSD symptoms (Cattaneo & Goodman, 2015; Dardis, Dichter, & Iverson, 2018). In line with current research indicating that being affected by domestic violence is no obstacle for successful treatment of common mental disorders (Keynejad, Hanlon, & Howard, 2020), we advocate for the promotion of comprehensive mental health care for women in displacement contexts with and without experiences of IPV. In displacement camps in northern Iraq, this could be done by psychological services that promote accompanied social support groups and group therapies to raise awareness, collective and individual empowerment and agency, and that provide reliable referral to

further mental health services (Fineran & Kohli, 2020; WHO et al., 2019). The successful implementation of sustainable interventions for displaced populations, however, heavily depends on their ability to create and restore trust – which is an issue particularly for marginalized groups such as the Yazidis in northern Iraq (Strang, O'Brien, Sandilands, & Horn, 2020). Hiring local staff could be an effective means to bridge trust gaps between refugee communities and service program providers (Fineran & Kohli, 2020). Meeting affected women where they are and acknowledging the importance of sociocultural sensitivity in IPV assessment and prevention efforts might allow women of displaced populations to seek help in cases of impaired health and ongoing domestic violence at an early stage (Damra & Abujilban, 2020; Fineran & Kohli, 2020; Mojahed, Alaidarous, Shabta, Hegewald, & Garthus-Niegel, 2020; Strang et al., 2020).

The second important implication for interventions concerns the promotion of mental health care for violence-affected and violence-perpetrating men. While interventions engaging men in the prevention of IPV have been increasingly applied also in conflict-torn communities in recent years (Pierotti, Lake, & Lewis, 2018; Veale, Shanahan, Hijazi, & Osman, 2020), the potential transmissive effects of own violence victimization on the perpetration of violence against partners and other family members have not been in the focus of programming. Men's usual social position as head of families renders wives and children dependent on them; thus, their individual wellbeing is crucial for the entire family's condition and functioning. This might be particularly impactful in cases of long-term or protracted displacement where prolonged strained social conditions including economic hardship due to lacking working opportunities etc. provoke perceived loss of control and power in men. This puts additional strains on family and partnership relations as psychological distress is high (Ali & Naylor, 2013; Hyndman & Giles, 2018). If not addressed adequately, multidirectional cycles of violence may emerge and risk to perpetuate themselves among family members and couples, as well as across social levels and even across generations. Adequate care approaches in humanitarian settings thus need to tackle individual problems of refugees and IDPs, as well as partnership and family

dynamics and also structural factors like living settings and work opportunities. To this end, close collaborations between different actors and organizations is crucial to allow quick referral and to make comprehensive support in unstable settings possible.

Psycho-social interventions have proven to be applicable and effective in IPV prevention in low-resource and humanitarian settings (D. T. Turner et al., 2020), and provide a chance for integrating trauma-related symptom reduction within broader intervention approaches. The integration of trauma-focused counseling approaches such as Narrative Exposure Therapy (NET), an approach that is feasible even in ongoing conflict settings when sociocultural sensitivity is ensured (de Jong, Knipscheer, Ford, & Kleber, 2014), and trauma-focused cognitive behavioral therapy could be useful. The present work indicates that implementations of combined interventional approaches that target war experiences and psychopathological issues through individual therapy and also offer the space for self-reflection on own violent behavior and attitudes are highly needed. While widespread gender-inequitable attitudes are difficult to be changed within individual psychological interventions as they are usually rooted in, and reinforced by, societal structures, the chances of psychological interventions lie in the psychoeducation regarding potential transmissions of stress and the provision of nonviolent coping and interaction skills. Such interventions targeting health and behavioral problems in war-affected and forcibly displaced men may show their violence-preventing and stabilizing effects across families and generations in the long run (Rubenstein et al., 2020).

Addressing IPV in violent environments effectively and sustainably, however, seems to depend on various factors operating on many social levels. Attitudes and their origins need to be targeted not only on individual, but also on community, as well as on larger macro-ecological levels. The normalization of gender equality including the same rights and opportunities for women and men needs to be enforced across levels, from the education of young children, to promoting social action and the elimination of legislation disadvantaging women (Casey, Carlson, Two Bulls, & Yager, 2018). The dynamic framework for social change proposed by Beniamino Cislighi and Lori Heise (2019) to be

used for health promotion in low- and mid-income countries could be an adequate tool for this if adapted for (post-)war settings. As the theory behind this framework is to address social norms in their interplay with other behavioral drivers, it could be useful to plan and deliver effective interventions to change the harmful behaviors of partner violence against women in unstable societies. In general, it seems crucial that any support and health intervention approaches be sustainable and provided beyond the period immediately following an armed conflict and that they are established and secured as default in every society even after wars are over (Houge & Skjelsbaek, 2018). Default assessment and interventions to reduce partnership violence against women among war-affected couples may be important first steps towards the establishment of healthy and safe living environments in post-conflict and displacement settings.

4.4 Conclusion and outlook

Gender equality and a life free of violence are fundamental human rights. Unfortunately, many women globally are deprived of those rights, as violence against women continues to happen in numerous forms and settings, including in families and partnerships. Ending violence against women must therefore be a global interest. From an economic standpoint alone it becomes evident that global efforts to determine and prevent situations where women are subject to violence are crucial for development, as the global costs resulting from interpersonal violence such as IPV surpass the costs of warfare and terrorism by far (Hoeffler, 2017).

The present work used a clinical-psychological approach that yielded scientifically sound results regarding violence against women in a displacement setting with important implications for theory and practice in the present geographical context. However, the topics targeted by this research have also shown the importance of focusing on gendered aspects in the investigation of violence across societal levels. In light of persisting gender inequalities globally, a growing number of scholars are suggesting a more theory-driven and feminist-informed research approach as fruitful to holistically investigate global

occurrences of violence against women and its circumstances (Bender, 2017; Stark, Seff, Weber, & Darmstadt, 2020). As has been outlined above, the role of patriarchal norms and gender inequalities has long been recognized in the perpetuating occurrence of violence against women over place and time (Carter, 2015; Manne, 2018; United Nations, 1993, 2006).¹³ Gender informed perspectives are increasingly applied in interventions for GBV and IPV (Jewkes et al., 2015). Their translation into contexts of armed conflict and forced displacement, however, is lacking, although the complexity of interrelated factors intensifying women's subordinate status is likely to be increased in such settings of social instability (Sjoberg, 2016).

Applying a gender lens on violence and health issues seems thus crucial to detect the global dynamics of inequality and to effectively challenge them (Stark et al., 2020). Keeping the intersecting dynamics of oppression in mind might help researchers to inform future studies and foster interdisciplinary and multi-method research approaches. In settings shaped by violence and forced displacement, a more pronounced participatory research approach may be promising, as indicated by the successful performance of focus group discussions within this research's development of a contextually valid IPV scale. Gathering local and contextual information on the situation of women, their needs and resources, and the gendered dynamics within their living conditions may help to enhance trust and facilitate help-seeking behaviors, particularly for those whose rights and needs are often neglected (Fitzgerald & Chi, 2020; Strang et al., 2020). This is crucial in order to forward the adequate and sustainable implementation of interventions in accordance with the guidelines established by UNHCR to address gender-based violence against women in emergency settings (Buscher, 2009).

The research presented in this thesis provides a first step in this direction, as it deepens our understanding of intimate partner violence against women within a violent

¹³ See also the abovementioned definition by the United Nations defining violence against women as an issue rooted in gender inequality (United Nations, 1993).

environment through the example of Syrians and Iraqis displaced in the conflict-torn Kurdish regions of northern Iraq. In light of severely impaired mental health of displaced couples and the potential pervasive and transmissive effects of interpersonal violence affecting also other community and family members and even future generations, the findings and implications of this research underline the importance of the prevention of partner violence in all efforts aiming to build afresh social and economic stability in war-affected societies.

5. References

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Die Erforschung von Trauma und Gewalt erfordert besondere Aufmerksamkeit sowohl hinsichtlich praktischer Hindernisse in ihrer Umsetzung als auch ethischer Herausforderungen. Menschen, die von Gewalt betroffen sind, sind oft schwer erreichbar und ihre Situation führt häufig dazu, dass sie weitere Verletzungen und Ungerechtigkeit erfahren. Der Schutz dieser Menschen muss daher an oberster Stelle stehen. Politische und gesellschaftliche Spannungen tragen dazu bei, dass bereits marginalisierte Positionen weiter unterdrückt werden. Die Zunahme (der Sichtbarkeit) von häuslicher Gewalt in sozialen Krisensituationen wie der aktuellen COVID-19-Pandemie macht deutlich, dass zu wenig Schutzräume existieren, um Gewalt und Verletzungen entgegenzuwirken. Der Wille und die Bereitschaft zu erzählen und die eigene Geschichte zu teilen sind jedoch klare Bestätigungen für die Notwendigkeit, Räume zu schaffen, in denen solch ein Teilen möglich ist. Frauen, die Gewalt erleben, die untergeordnet und oft nicht gehört werden, nach ihren – wenn auch schmerzhaften – Erlebnissen zu fragen, kann deshalb dazu beitragen ihnen eine Sichtbarkeit zu verschaffen, die sie vorher nicht hatten.

Diese Arbeit ist ihnen gewidmet.

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