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War Comes Home:
Conflict Exposure and Intimate Partner Violence in Ethiopia

Armed conflict can increase risks of violence within households, including intimate partner violence (IPV). Existing evidence links conflict exposure to IPV, but less is known about whether IPV risk is driven by the presence of conflict or by conflict intensity, whether conflict exacerbates pre-existing IPV or contributes to new IPV, and which household-level pathways accompany these associations. We examine these questions in Ethiopia, a country affected by recent large-scale conflict.

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War Comes Home: Conflict Exposure and Intimate Partner Violence in Ethiopia*

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Abstract

Background: Armed conflict can increase risks of violence within households, including intimate partner violence (IPV). Existing evidence links conflict exposure to IPV, but less is known about whether IPV risk is driven by the presence of conflict or by conflict intensity, whether conflict exacerbates pre-existing IPV or contributes to new IPV, and which household-level pathways accompany these associations. We examine these questions in Ethiopia, a country affected by recent large-scale conflict.

Methods: We link geolocated conflict events from the Armed Conflict Location & Event Data (ACLED) to six waves of household panel data collected across five Ethiopian regions between 2016 and 2021. The analytic panel includes approximately 6,650 woman-wave observations from 1,259 households. Conflict exposure is measured as the number of conflict events within 50 km of the associated factory site during the previous six months. Outcomes are women's reports of physical, sexual, and psychological IPV in the previous three months. We estimate individual and survey-wave fixed-effects models, decompose conflict exposure into the presence of any event and additional events beyond the first, examine heterogeneity by baseline lifetime IPV history, and assess potential pathways.

Findings: A one standard deviation increase in conflict events is associated with a 1.1 percentage point (pp) increase in physical IPV (95% CI 0.2 to 2.1) and a 1.1 pp increase in sexual IPV (95% CI 0.4 to 1.9), corresponding to 11% and 33% increases relative to the outcome means. We find no statistically significant association with psychological IPV in the main specification. Decomposing exposure shows that the

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association is driven by conflict intensity rather than the presence of any conflict event: additional conflict events beyond the first are associated with higher physical IPV (0.065 pp per event; 95% CI 0.012 to 0.118), sexual IPV (0.068 pp; 95% CI 0.027 to 0.109), and psychological IPV (0.047 pp; 95% CI −0.002 to 0.096). Associations are most apparent among women reporting no lifetime IPV at baseline, and are not statistically significant among women with prior IPV history. Conflict exposure is also associated with higher women's affective distress (0.21 SD; 95% CI 0.19 to 0.23), higher wife-reported husband stress (3.2 pp; 95% CI 1.8 to 4.6), reduced working hours among women and men, lower husband income, and greater acceptance of wife-beating.

Interpretation: Local conflict exposure is associated with higher IPV risk in Ethiopia, with the clearest evidence at higher levels of conflict intensity and among women without prior reported IPV. These findings suggest that severe conflict may broaden IPV risk to households without previous reported abuse. IPV prevention and response in conflict-affected settings should extend beyond previously identified high-risk households and integrate survivor-centered services with mental health and livelihood support.

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1 Introduction

In 2024, the world recorded 61 armed conflicts, the highest count in seventy years (Rustad, 2025). Armed conflict has increased since the mid-2000s, with notable escalation in parts of Africa, including Ethiopia (Marshall, 2020; Rustad and Bakken, 2019). Beyond deaths and displacement, conflict has long-term consequences for communities and economies, damaging infrastructure, disrupting education and health systems, and destabilizing labor markets (Brück et al., 2019; Bundervoet et al., 2009). Less is known about how conflict reshapes household dynamics, including its effects on intimate partner violence (IPV).

Approximately 30% of women globally experience IPV (WHO, 2024). IPV occurs in both conflict and non-conflict settings, but armed conflict may increase risk through several channels. Exposure to violence can worsen psychological distress, increase economic insecurity, disrupt labor markets, weaken social and security institutions, and alter gender norms within households and communities (Wirtz et al., 2014; Annan and Brier, 2010; Bendavid et al., 2021; Svallfors, 2023). These processes may increase the likelihood of violence within intimate relationships, particularly when conflict becomes severe enough to destabilize livelihoods and household coping strategies.

A growing literature documents associations between conflict exposure and IPV. Ringdal (Ringdal, 2024) provides a synthesis of this evidence. Studies using cross-national and subnational data from Africa find that women in conflict-affected areas are more likely to experience psychological, physical, and sexual IPV (Østby, 2016; Le and Nguyen, 2022). Other studies provide evidence from specific conflicts. La Mattina (La Mattina, 2017) finds that the 1994 Rwandan genocide increased domestic violence among women who married after the conflict. Ekhator-Mobayode et al. (Ekhator-Mobayode et al., 2021) show that the conflict in Mali increased physical, sexual, and psychological IPV, while evidence from Nigeria links the Boko Haram insurgency to increased IPV through economic hardship and

shifts in social norms (Ekhator-Mobayode et al., 2022).

Despite this evidence, three questions remain underexplored. First, it is unclear whether IPV risk changes when conflict is merely present locally, or whether risk rises mainly as conflict becomes more intense. Second, little is known about whether conflict primarily exacerbates violence among women with prior IPV histories or instead contributes to new IPV among women without prior reported abuse. Third, evidence on the household-level processes accompanying conflict-related IPV remains limited, particularly for both women's and men's mental health and labor market outcomes.

We study these questions in Ethiopia, where political instability and armed conflict escalated during the study period, including the war in Tigray. We use six waves of panel data from women living near factory sites across five regions and link respondents to geolocated conflict events from the Armed Conflict Location and Event Data (ACLED). We estimate the association between local conflict exposure and physical, sexual, and psychological IPV using individual and survey-wave fixed effects. We then decompose conflict exposure into the presence of any local conflict event and the intensity of conflict beyond the first event, examine heterogeneity by baseline lifetime IPV history, and assess potential pathways related to mental health, labor supply, earnings, and acceptance of wife-beating.

2 Methods

2.1 Data sources

We use three data sources: the Armed Conflict Location and Event Data (ACLED) and the Uppsala Conflict Data Program Georeferenced Events Dataset (UCDP GED) to measure conflict exposure, and a primary longitudinal household survey from Ethiopia to measure intimate partner violence and related outcomes.

Our primary conflict data source is ACLED, covering the period from 2015 to 2021.

ACLED records the date, geographic coordinates, event type, actors, and other characteristics of conflict-related events. The dataset is compiled from multiple sources, including reports from conflict-affected areas, humanitarian organizations, academic research, and local, regional, national, and international media outlets (Armed Conflict Location & Event Data Project (ACLED), 2024; Raleigh et al., 2010). We use UCDP GED as a robustness check. UCDP GED records geocoded events of organized violence, with detailed descriptions provided elsewhere (Högbladh, 2024; Sundberg and Melander, 2013). The main difference for our purposes is that UCDP GED focuses on fatal events, whereas ACLED captures a broader set of political violence events, including non-fatal events.

The IPV and household data come from six rounds of panel data collected in Ethiopia between 2016 and 2021 (Kotsadam and Villanger, 2025; Aalen et al., 2024). The panel includes 1,259 households across five regions: Amhara, Dire Dawa, Oromia, SNNP, and Tigray. Each survey round collected information on women's experiences of IPV in the past three months. At baseline, women were also asked whether they had ever experienced IPV, which we use to define baseline lifetime IPV history. The final analytic panel includes approximately 6,650 woman-wave observations.

2.2 Variables and measurement

The panel survey was originally collected for a randomized controlled trial (RCT) of factory employment opportunities in Ethiopia (Kotsadam and Villanger, 2025). We use GPS coordinates for the factory sites, and all sampled women lived close to these sites. We construct local conflict exposure at the factory-wave level. For each survey wave, we draw a 50 km buffer around the associated factory site and count all ACLED conflict events occurring within this buffer during the previous six months. We define conflict events as battles,

explosions/remote violence, and violence against civilians.[1] In the main specification, the conflict-event count is standardized to have mean 0 and standard deviation 1. We also count conflict fatalities within the same buffer and time window for sensitivity analyses.

Across the five study regions, ACLED records 3,992 conflict events and 10,481 fatalities between 2015 and 2021. Figure 1 maps the total number of reported conflict events across zones in the five study regions. The corresponding map for conflict fatalities is shown in Appendix Figure A.1.

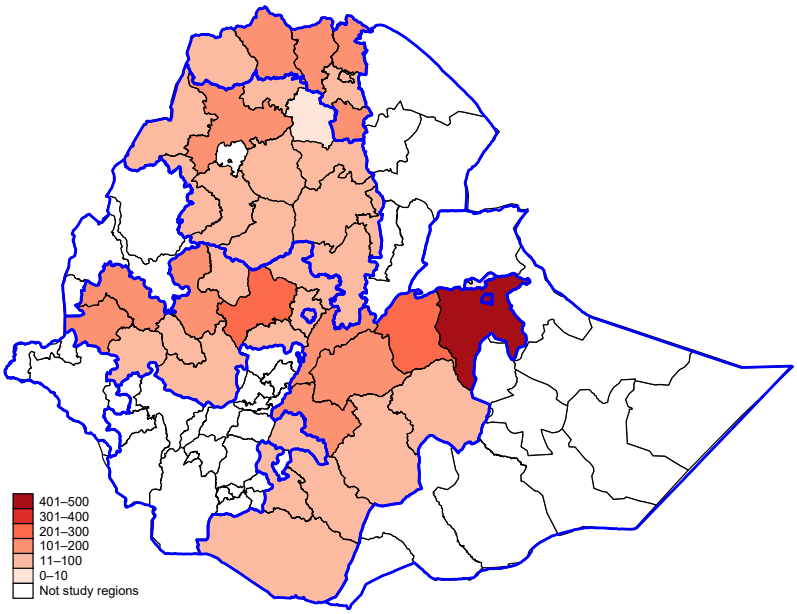

Figure 1: Conflict events, 2015–2021

The main outcomes are based on WHO measures of intimate partner violence. We examine whether women report physical, sexual, or psychological IPV in the past three months. We also use a baseline measure of whether women report ever having experienced IPV, which defines baseline lifetime IPV history for the heterogeneity analyses. Potential pathway outcomes include women's affective distress, women's working hours, wife-reported

[1] ACLED distinguishes between battles, explosions/remote violence, protests, riots, strategic developments, and violence against civilians.

husband stress and money stress, wife-reported husband income and working hours, and women's acceptance of wife-beating. Table 1 describes all outcome, pathway, heterogeneity, and exposure variables.

2.3 Statistical analysis

We estimate linear probability models with individual and survey-wave fixed effects to examine the association between local conflict exposure and IPV. Our main specification is:

$$IPV_{ijft} = \alpha + \beta ConflictIntensity_{ft} + \mu_i + \gamma_t + \varepsilon_{ijft}, \tag{1}$$

where IPV_{ijft} is an indicator equal to 1 if woman i in household j, living near factory f, reports physical, sexual, or psychological IPV in the past three months in survey wave t. $ConflictIntensity_{ft}$ is the number of ACLED conflict events within 50 km of factory f in the previous six months, standardized to have mean 0 and standard deviation 1. The coefficient β therefore represents the percentage-point change in IPV associated with a one standard deviation increase in local conflict exposure. Individual fixed effects, μ_i, account for all time-invariant observed and unobserved characteristics of women, households, and factory catchment areas. Survey-wave fixed effects, γ_t, account for shocks common to all respondents in the same survey round.

To examine whether the association is driven by the presence of conflict or by conflict intensity, we estimate an alternative specification that decomposes conflict exposure into two components:

$$IPV_{ijft} = \alpha + \beta_1 AnyConflict_{ft} + \beta_2 AdditionalEvents_{ft} + \mu_i + \gamma_t + \varepsilon_{ijft}, \tag{2}$$

where $AnyConflict_{ft}$ is an indicator equal to 1 if at least one conflict event occurred within 50 km of factory f in the previous six months, and $AdditionalEvents_{ft} = \max\{0, Events_{ft}-$

Table 1: Variables, measurement, and data sources

Variable	Measurement	Data source
IPV outcomes		
Physical IPV	Indicator equal to 1 if the woman reports any physical IPV in the past three months, including being pushed, shaken, slapped, punched, kicked, choked, or threatened with physical violence.	Panel
Sexual IPV	Indicator equal to 1 if the woman reports any sexual IPV in the past three months, including forced sex or forced sexual acts.	Panel
Psychological IPV	Indicator equal to 1 if the woman reports any psychological IPV in the past three months, including humiliation, insults, or threats to hurt or harm her.	Panel
Baseline IPV history		
Lifetime IPV at baseline	Indicator equal to 1 if the woman reports at baseline that she has ever experienced IPV.	Panel
Potential pathways		
Woman's affective distress	Standardized affective distress index, with mean 0 and standard deviation 1.	Panel
Woman's hours worked	Number of hours the woman worked in the past week.	Panel
Wife-reported husband stress	Indicator equal to 1 if the wife reports that her husband is often angry, frustrated, or stressed.	Panel
Wife-reported husband money stress	Indicator equal to 1 if the wife reports that her husband is often frustrated because of low income.	Panel
Wife-reported husband income	Husband's income in the past six months, reported by the wife.	Panel
Wife-reported husband hours worked	Husband's number of hours worked in the past week, reported by the wife.	Panel
Acceptance of wife-beating	Indicator equal to 1 if the woman reports that a husband is justified in beating his wife in at least one of the following scenarios: she goes out without telling him, neglects the children, argues with him, refuses sex, or burns food.	Panel
Conflict exposure variables		
Conflict intensity	Number of ACLED conflict events within 50 km of the associated factory site in the previous six months. This variable is standardized in the main specification.	ACLED
Any conflict event	Indicator equal to 1 if at least one ACLED conflict event occurred within 50 km of the associated factory site in the previous six months.	ACLED
Additional conflict events beyond first	Number of additional ACLED conflict events beyond the first within 50 km of the associated factory site in the previous six months: $\max\{0, Events - 1\}$.	ACLED
Conflict fatalities	Number of ACLED conflict fatalities within 50 km of the associated factory site in the previous six months. Used in sensitivity analyses.	ACLED
UCDP conflict events	Number of UCDP GED conflict events within 50 km of the associated factory site in the previous six months. Used in sensitivity analyses.	UCDP GED

Notes: IPV = intimate partner violence. ACLED = Armed Conflict Location and Event Data. UCDP GED = Uppsala Conflict Data Program Georeferenced Events Dataset. Conflict events are defined as battles, explosions/remote violence, and violence against civilians.

1} counts the number of additional events beyond the first in the same exposure window. The coefficient β_1 captures the association with moving from zero to at least one conflict event, while β_2 captures the association with each additional event beyond the first.

We examine heterogeneity by baseline IPV history by estimating the main specification separately for women who report no lifetime IPV at baseline and women who report having experienced IPV before baseline. We also estimate the presence-versus-intensity specification separately by baseline IPV history.

To examine potential pathways, we re-estimate the main fixed-effects specification using mental health, labor market, earnings, and IPV-attitude outcomes as dependent variables. These analyses include women's affective distress, women's hours worked, wife-reported husband stress, wife-reported husband stress about money, wife-reported husband hours worked, wife-reported husband income, and women's acceptance of wife-beating.

Sensitivity analyses examine the robustness of the main association to alternative samples, conflict datasets, and conflict measures. We re-estimate the main specification among women observed in all survey waves, using UCDP GED instead of ACLED, using a 25 km conflict buffer, using conflict fatalities instead of conflict events, and using violence against civilians as the conflict exposure measure. We also estimate models with regional fixed effects instead of individual fixed effects and conduct separate analyses for Tigray, where conflict exposure was most intense during the study period. Standard errors are clustered at the individual level.

2.4 Descriptive statistics and attrition

Table 2 reports descriptive statistics for IPV outcomes, potential pathway outcomes, conflict exposure, and household characteristics. In the analytic sample, 10% of women report physical IPV in the past three months, 3% report sexual IPV, and 15% report psychological

IPV.[2] On average, there are 4.88 conflict events and 20.92 fatalities within 50 km of the associated factory site in the previous six months.

Not all respondents are observed in all six survey waves. Of the 1,259 individuals surveyed at baseline, 944 remain in wave 6. Appendix Table A.1 compares baseline characteristics of the 944 retained women with the 315 who attrited before wave 6. The two groups do not differ significantly on any baseline IPV outcome (physical, sexual, or psychological; all $p \geq 0.30$). They differ, however, on several household characteristics and on conflict exposure: retained women are on average older, have more children, are more likely to be Muslim, and were exposed to more local conflict events at baseline, while attriters report somewhat more education and greater acceptance of wife-beating. We therefore report a balanced-panel specification as a sensitivity analysis.

3 Results

Main association between conflict and IPV. Table A.2 shows the main association between local conflict exposure and intimate partner violence. A one standard deviation increase in the number of conflict events within 50 km in the previous six months is associated with a 1.1 percentage point (pp) increase in the likelihood that women report physical IPV in the past three months (95% CI: 0.2 to 2.1), corresponding to an 11% increase relative to the mean. The same increase in conflict exposure is associated with a 1.1 pp increase in reported sexual IPV (95% CI: 0.4 to 1.9), corresponding to a 33% increase relative to the mean. We find no statistically significant association with psychological IPV.

[2] When compared to the Demographic and Health Surveys (DHS) 2016 data, which reported that 16.9% of women experienced physical violence, 8.3% experienced sexual violence, and 20.2% experienced psychological violence in the past 12 months, our estimates are slightly lower. This discrepancy is likely due to our shorter recall period of 3 months compared to the 12-month period used in the DHS.

Table 2: Descriptive statistics

	(1)			
	Mean	SD	Min	Max
Domestic violence measures				
Physical violence last 3 months	0.10	0.30	0	1
Sexual violence last 3 months	0.03	0.18	0	1
Psychological violence last 3 months	0.15	0.36	0	1
Other outcome variables				
Husband stressed	0.30	0.46	0	1
Husband stressed about money	0.27	0.45	0	1
Acceptance of violence	0.34	0.47	0	1
Husband income last 6 months	17027.02	14362.81	0	180000
Husband hours of paid work last week	44.45	20.38	0	168
Woman's hours of paid work last week	20.10	23.60	0	168
Woman's affective distress index (std.)	0.00	1.00	-2	4
Conflict measurement				
Number of conflict events in 50 km radius last 6 months	4.88	19.37	0	144
Number of fatalities in 50 km radius last 6 months	20.92	88.84	0	619
Household characteristics				
Lifetime IPV at baseline	0.31	0.46	0	1
Number of children	1.29	1.30	0	8
Years of education	9.23	3.11	0	15
Age	25.11	6.21	16	60
Muslim	0.15	0.35	0	1
Husband Age	31.93	8.02	18	80
Husband years of education	9.59	3.71	0	21
N	6704			

Presence versus intensity of conflict. To examine whether these associations are driven by the presence of any local conflict or by conflict intensity, we decompose conflict exposure into an indicator for any conflict event within 50 km in the previous six months and the number of additional events beyond the first in the same exposure window (Table A.3). The association with IPV is driven by the intensive margin. The presence of any conflict event is not statistically significantly associated with physical, sexual, or psychological IPV. By contrast, each additional conflict event beyond the first is associated with a 0.065 pp increase in physical IPV (95% CI: 0.012 to 0.118 pp), a 0.068 pp increase in sexual IPV (95% CI: 0.027 to 0.109 pp), and a 0.047 pp increase in psychological IPV (95% CI: −0.002 to 0.096 pp). Figure 2 translates these estimates into predicted changes in IPV risk at one event, moderate conflict intensity, and high conflict intensity. These results indicate that IPV risk does not increase simply because conflict is present locally, but rises as conflict becomes more intense.

Heterogeneity by baseline IPV history. We next examine whether the association between conflict exposure and IPV differs by women's baseline IPV history. Figure 3 shows estimates separately for women who report no lifetime IPV at baseline and women who report having experienced IPV before baseline, with full regression results reported in Appendix Tables A.4 and A.5. Among women with no lifetime IPV at baseline, a one standard deviation increase in conflict exposure is associated with a 1.0 pp increase in physical IPV (95% CI: −0.0 to 2.0) and a 1.2 pp increase in sexual IPV (95% CI: 0.4 to 2.0). These correspond to an increase of 25% and 120% compared to the mean in this group. We find no statistically significant association with psychological IPV. Among women with prior IPV history at baseline, the corresponding estimates are smaller relative to the means and are not statistically significant for any IPV outcome.

Additional analyses decomposing conflict exposure into presence and intensity within

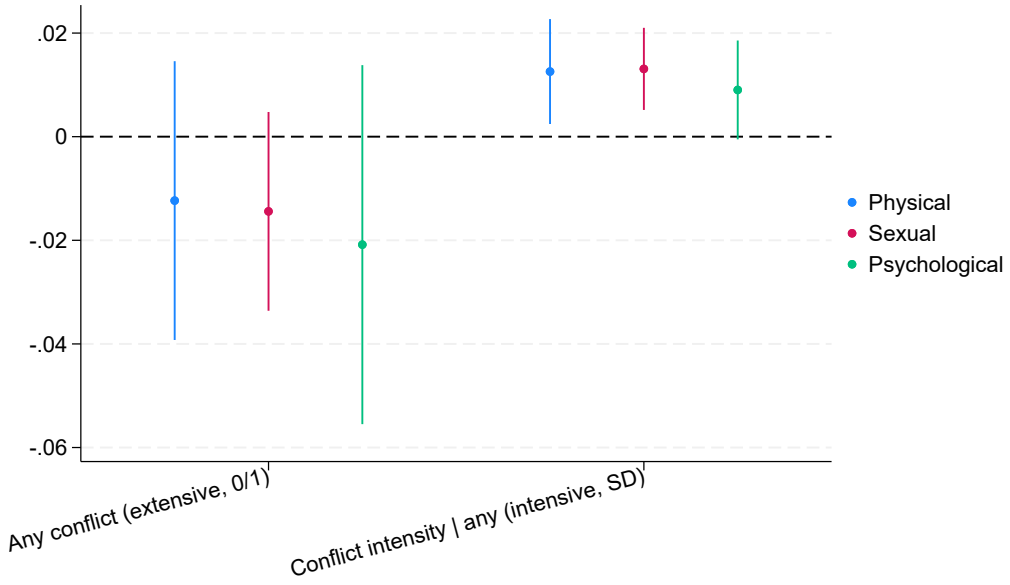

Figure 2: Presence versus intensity of conflict and IPV outcomes. Each color (Physical, Sexual, Psychological) is from a separate individual- and wave-fixed-effects regression with the extensive dummy and the standardized intensive count entered jointly. Vertical bars are 95% confidence intervals.

each baseline IPV-history subgroup show a similar pattern (Appendix Tables A.6 and A.7). Among women with no lifetime IPV at baseline, the presence of any conflict event is not associated with IPV, while additional conflict events beyond the first are associated with higher physical and sexual IPV. Among women with prior IPV history at baseline, the intensive-margin estimates are positive but imprecise, and the results are not consistent across outcomes. Taken together, these analyses suggest that the main association is most clearly observed among women without prior reported IPV and at higher levels of conflict intensity.

Potential pathways. We next examine potential pathways linking conflict exposure to IPV (Appendix Table A.8). Conflict exposure is associated with deteriorating mental health among both partners. A one standard deviation increase in conflict exposure is associated with a 0.21 standard deviation increase in women's affective distress index (95% CI: 0.19 to

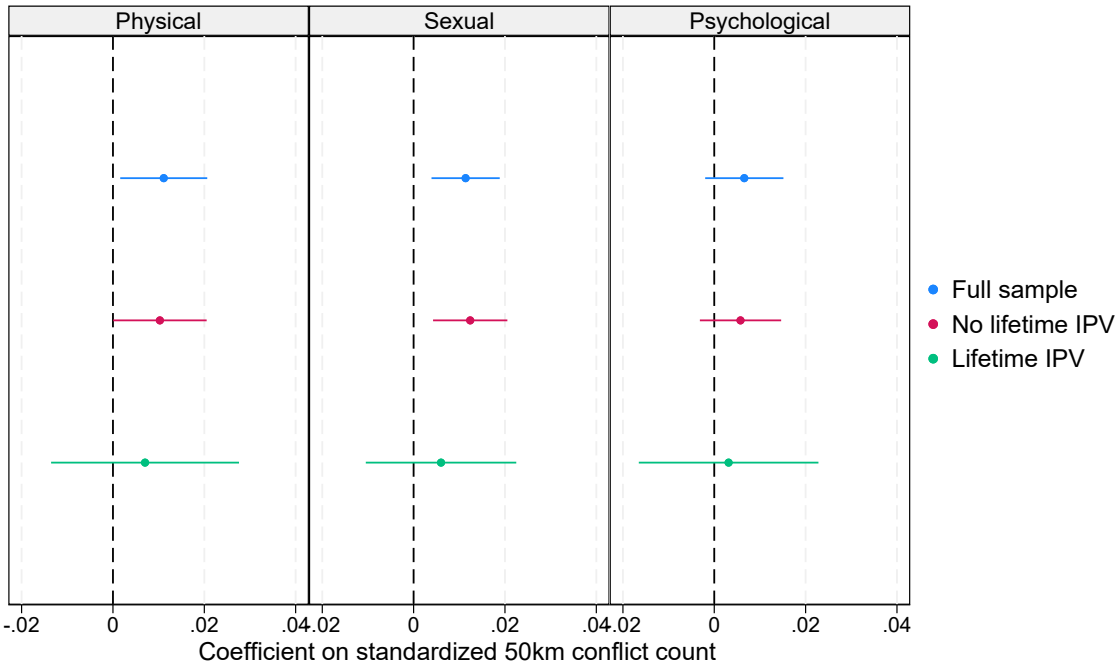

Figure 3: Heterogeneity by lifetime IPV at baseline — panel layout. Each panel shows estimates from individual- and wave-fixed-effects regressions of the named outcome on the standardized 50 km conflict count over the prior six months. Within each panel, the three estimates are full sample, no lifetime IPV at baseline, and lifetime IPV at baseline. Horizontal bars are 95% confidence intervals.

0.23), a 3.2 pp increase in wife-reported husband stress (95% CI: 1.8 to 4.6), and a 3.1 pp increase in wife-reported husband stress about money (95% CI: 1.7 to 4.5). Conflict exposure is also associated with reduced labor supply among both partners: women's working hours decrease by 2.4 hours per week (95% CI: -2.9 to -1.8), and husbands' working hours decrease by 3.3 hours per week (95% CI: -4.0 to -2.5). Husbands' income decreases by 1,332 birr (95% CI: -1,774 to -891). Finally, women are more likely to report at least one justification for wife-beating; a one standard deviation increase in conflict exposure is associated with a 1.7 pp increase in acceptance of wife-beating (95% CI: 0.4 to 3.0). These patterns are consistent with psychological distress, livelihood disruption, and changes in attitudes toward IPV as potential pathways through which conflict may destabilize households.

Sensitivity analyses. Sensitivity analyses are reported in Appendix A.1. First, the main association between conflict exposure and IPV is similar when restricting the sample to women observed in all survey waves (Table A.9) and when using UCDP rather than ACLED conflict data (Table A.10). Results are also similar when using alternative measures of conflict exposure, including a 25 km buffer (Table A.11), conflict fatalities (Table A.12), and violence against civilians (Table A.13). Re-estimating the models with regional fixed effects instead of individual fixed effects yields similar associations (Table A.14). Second, we examine the robustness of the presence-versus-intensity result. The intensive-margin pattern is similar when using a 25 km buffer, and when using UCDP rather than ACLED conflict data at both 25 km and 50 km buffers (Tables A.16-A.21). Third, because the most intense conflict exposure occurs in Tigray, we also examine regional heterogeneity. Estimates from Tigray alone remain statistically significant (Table A.15). This pattern is consistent with the presence-versus-intensity results, but also indicates that the findings are most applicable to high-intensity conflict settings.

4 Discussion

Using longitudinal panel data from Ethiopia linked to geolocated conflict events, we find that local armed conflict exposure is associated with higher IPV. The main associations are observed for physical and sexual IPV, while decomposing conflict exposure shows that IPV risk is more strongly related to conflict intensity than to the mere presence of any conflict event. The association is most apparent among women who report no lifetime IPV at baseline, while estimates among women with prior IPV history are not statistically significant. Together, these findings suggest that high-intensity conflict may broaden IPV risk by contributing to new IPV in households without prior reported abuse.

Our findings are consistent with earlier studies from conflict-affected settings, including Rwanda, Mali, and Nigeria, which document higher IPV in areas exposed to armed conflict. However, this study extends existing evidence in three ways. First, we use longitudinal data with individual fixed effects, allowing us to compare women to themselves over time as local conflict exposure changes. Second, we distinguish between the presence of conflict and the intensity of conflict, showing that the association is driven by additional conflict events rather than by the first event in the exposure window. Third, we show that the association is most clearly detected among women who report no lifetime IPV at baseline, suggesting that severe conflict may precipitate IPV onset rather than only exacerbate pre-existing violence.

The potential pathway analyses are consistent with this interpretation. Conflict exposure is associated with deteriorating mental health among both women and men, reduced working hours for both partners, lower earnings among men, and greater acceptance of wife-beating among women. These patterns point to psychological distress, livelihood disruption, and changes in attitudes toward IPV as plausible pathways through which conflict may destabilize households. However, these analyses should not be interpreted as formal mediation tests, since these outcomes may themselves be affected by IPV and are measured contempo-

raneously with conflict exposure.

These findings have implications for IPV prevention and response in conflict settings. If high-intensity conflict expands IPV risk to households without prior reported IPV, programs should not only target women already identified as being at high risk. Instead, IPV screening, survivor-centered services, and prevention efforts should be broadened in areas experiencing severe conflict escalation. The pathway results also suggest that IPV programming may need to be integrated with mental health support and livelihood protection, while ensuring that survivor safety remains central.

This study has several strengths, including rich panel data, repeated IPV measurement, individual fixed effects, and localized conflict exposure measures. It also has limitations. IPV is self-reported and may be underreported, particularly at baseline, which could lead to misclassification of lifetime IPV history. Although the use of individual fixed effects accounts for time-invariant differences across women, unobserved time-varying factors may still confound the association between conflict exposure and IPV. Attrition is another concern. Not all individuals are followed across all six waves; of the 1,259 individuals surveyed at baseline, 944 remain in wave 6. Attrited individuals differ from retained individuals on some baseline characteristics, including acceptance of violence and conflict exposure. We show that the main results are similar in the balanced panel, but cannot fully rule out bias from selective attrition. Finally, the study sample is drawn from women living near factory sites, and findings may not generalize to all women in Ethiopia, particularly rural women or women displaced by conflict.

Overall, the findings suggest that IPV should be understood as an important consequence of high-intensity conflict. Severe conflict may not only worsen conditions for households already experiencing violence, but may also generate new IPV risk among women without prior reported IPV. Conflict-response and post-conflict recovery programs should therefore include IPV prevention, mental health support, and livelihood protection as core components

of humanitarian and development responses.

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Appendix:

A.1 Additional figures and tables

Additional figures

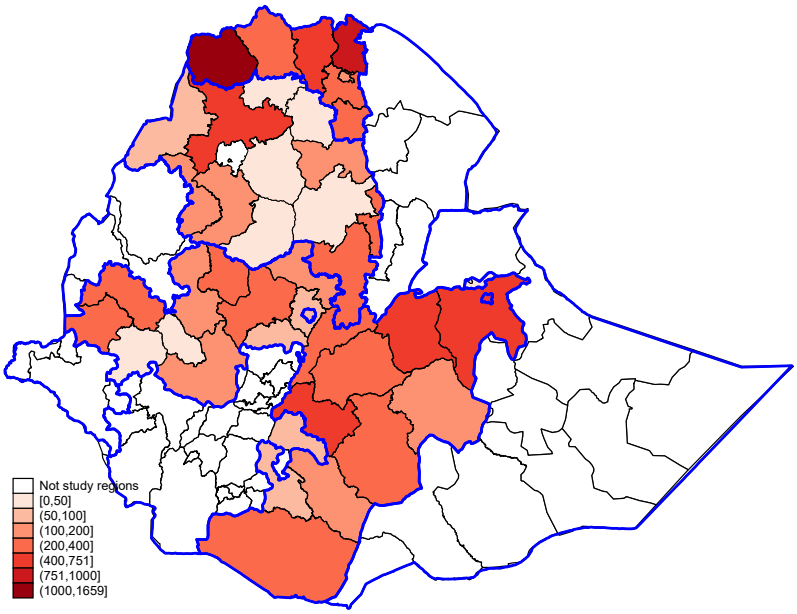

Figure A.1: Conflict Fatalities, 2015-2021

Descriptive statistics and attrition

Table A.1: Baseline characteristics by attrition status

	Retained	Attriters	Difference	p-value
Domestic violence measures				
Physical violence last 3 months	0.15	0.16	-0.01	0.723
Sexual violence last 3 months	0.09	0.07	0.02	0.315
Psychological violence last 3 months	0.25	0.28	-0.03	0.300
Other outcome variables				
Husband stressed	0.39	0.40	-0.00	0.931
Husband stressed about money	0.34	0.36	-0.01	0.691
Acceptance of violence	0.45	0.52	-0.07*	0.028
Husband income last 6 months	14965.92	15024.95	-59.03	0.943
Husband hours of paid work last week	49.08	47.81	1.27	0.384
Woman's hours of paid work last week	11.21	11.04	0.17	0.896
Woman's affective distress index (std.)	0.37	0.26	0.10	0.178
Conflict measurement				
Number of conflict events in 50 km radius last 6 months	2.61	1.58	1.03***	0.000
Number of fatalities in 50 km radius last 6 months	11.72	8.79	2.93	0.218
Household characteristics				
Lifetime IPV at baseline	0.32	0.28	0.04	0.202
Number of children	1.36	0.91	0.45***	0.000
Years of education	9.14	9.64	-0.50*	0.012
Age	25.45	23.34	2.10***	0.000
Muslim	0.16	0.08	0.08***	0.001
Husband Age	32.34	29.83	2.51***	0.000
Husband years of education	9.54	9.76	-0.21	0.379

Notes: Values are measured at baseline. "Retained" denotes the 944 women observed in wave 6 (the main analytic sample); "Attriters" denotes the 315 women surveyed at baseline but not observed in wave 6. The difference is retained minus attriters, with stars and p-values from a two-sample t-test. p-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$.

Main and additional analyses

Table A.2: Main association between conflict exposure and IPV

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Conflicts last 6 months (50km)	0.011**	0.011***	0.0066
	(0.0049)	(0.0038)	(0.0044)
Mean in sample	0.10	0.03	0.15
N	6649	6647	6648
R-squared	0.38	0.27	0.39
Mean X-var	4.78	4.78	4.78
SD X-var	19.08	19.08	19.08
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects.

Table A.3: Presence versus intensity: regression output (intensive margin in raw event units).

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Any conflict last 6 months (50km)	-0.012	-0.014	-0.021
	(0.014)	(0.0098)	(0.018)
Number of conflicts if any	0.00065**	0.00068***	0.00047*
	(0.00027)	(0.00021)	(0.00025)
Mean in sample	0.10	0.03	0.15
N	6649	6647	6648
R-squared	0.38	0.27	0.39
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects. The presence margin is measured by an indicator for any conflict event within 50 km in the previous six months. The intensity margin is measured by the number of additional conflict events beyond the first in the same exposure window.

Table A.4: Conflict exposure and IPV among women with no lifetime IPV at baseline

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Conflicts last 6 months (50km)	0.010**	0.012***	0.0057
	(0.0052)	(0.0041)	(0.0045)
Mean in sample	0.04	0.01	0.10
N	4558	4558	4558
R-squared	0.36	0.23	0.37
Mean X-var	4.92	4.92	4.92
SD X-var	19.81	19.81	19.81
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects. The sample is restricted to women who report no lifetime IPV at baseline.

Table A.5: Conflict exposure and IPV among women with lifetime IPV at baseline

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Conflicts last 6 months (50km)	0.0070	0.0060	0.0031
	(0.010)	(0.0084)	(0.010)
Mean in sample	0.22	0.08	0.27
N	2091	2089	2090
R-squared	0.41	0.34	0.41
Mean X-var	4.47	4.47	4.47
SD X-var	17.39	17.40	17.40
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

*Notes:*Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects. The sample is restricted to women who report lifetime IPV at baseline.

Table A.6: Presence versus intensity among women with no lifetime IPV at baseline

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Any conflict last 6 months (50km)	-0.0042	0.0058	-0.0021
	(0.013)	(0.0097)	(0.019)
Additional conflict events beyond first	0.00056**	0.00060***	0.00031
	(0.00028)	(0.00022)	(0.00026)
Mean in sample	0.04	0.01	0.10
N	4558	4558	4558
R-squared	0.36	0.23	0.37
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects. The sample is restricted to women who report no lifetime IPV at baseline.

Table A.7: Presence versus intensity among women with lifetime IPV at baseline

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Any conflict last 6 months (50km)	-0.019	-0.053**	-0.053
	(0.032)	(0.020)	(0.036)
Additional conflict events beyond firsty	0.00048	0.00065	0.00050
	(0.00058)	(0.00046)	(0.00057)
Mean in sample	0.22	0.08	0.27
N	2091	2089	2090
R-squared	0.41	0.35	0.41
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects. The sample is restricted to women who report lifetime IPV at baseline.

Potential pathways

Table A.8: Potential pathways

	(1) Woman affective distress	(2) Wife-reported husband stress	(3) Wife-reported husband money stress	(4) Woman hours worked	(5) Husband hours worked	(6) Husband income	(7) Accept wife-beating
Conflicts last 6 months (50km)	0.21***	0.032***	0.031***	-2.37***	-3.28***	-1313.4***	0.017**
	(0.012)	(0.0070)	(0.0069)	(0.29)	(0.38)	(226.0)	(0.0066)
Mean in sample	0.00	0.30	0.27	20.24	44.39	17127.68	0.34
N	6676	6459	6459	5337	5312	6252	6649
R-squared	0.44	0.42	0.42	0.53	0.53	0.43	0.49
Mean X-var	4.77	4.62	4.62	5.43	4.55	4.69	4.78
SD X-var	19.04	18.51	18.51	21.19	17.73	18.79	19.08
Wave f.e.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. The women's affective distress index is standardized. Husband stress and husband stress about money are reported by wives. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects.

Sensitivity analyses

Table A.9: Main association in the balanced panel

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Conflicts last 6 months (50km)	0.011**	0.011***	0.0068
	(0.0049)	(0.0038)	(0.0044)
Mean in sample	0.09	0.03	0.15
N	5504	5502	5503
R-squared	0.35	0.25	0.36
Mean X-var	5.49	5.50	5.50
SD X-var	20.86	20.86	20.86
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects.

Table A.10: Main association using UCDP conflict data

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Conflicts last 6 months (50km)	0.012**	0.012***	0.0067
	(0.0050)	(0.0040)	(0.0044)
Mean in sample	0.10	0.03	0.15
N	6652	6650	6651
R-squared	0.38	0.27	0.39
Mean X-var	2.62	2.62	2.62
SD X-var	10.51	10.51	10.51
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects.

Table A.11: Main association using a 25 km conflict buffer

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Conflicts last 6 months (25km)	0.010**	0.011***	0.0060
	(0.0048)	(0.0037)	(0.0045)
Mean in sample	0.10	0.03	0.15
N	6649	6647	6648
R-squared	0.38	0.27	0.39
Mean X-var	1.96	1.96	1.96
SD X-var	8.67	8.67	8.67
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects.

Table A.12: Main association using conflict fatalities

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Fatalities last 6 months (50km)	0.012***	0.0099***	0.0040
	(0.0047)	(0.0038)	(0.0043)
Mean in sample	0.10	0.03	0.15
N	6649	6647	6648
R-squared	0.38	0.27	0.39
Mean X-var	20.47	20.48	20.48
SD X-var	87.45	87.46	87.45
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects.

Table A.13: Main association using violence against civilians events

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Conflicts last 6 months (50km)	0.0093*	0.0073*	0.00085
	(0.0051)	(0.0038)	(0.0048)
Mean in sample	0.10	0.03	0.15
N	6649	6647	6648
R-squared	0.38	0.27	0.39
Mean X-var	1.62	1.62	1.62
SD X-var	2.99	2.99	2.99
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual and survey-wave fixed effects.

Table A.14: Main association with regional fixed effects

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Conflicts last 6 months (50km)	0.011**	0.013***	0.0039
	(0.0048)	(0.0037)	(0.0046)
Mean in sample	0.10	0.03	0.15
N	6677	6675	6676
R-squared	0.02	0.03	0.03
Mean X-var	3.05	3.05	3.05
SD X-var	14.22	14.22	14.22
Wave f.e.	Yes	Yes	Yes
F.E.	Region	Region	Region

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. Models include regional and survey-wave fixed effects.

Table A.15: Main association in the Tigray subsample

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Conflicts last 6 months (50km)	0.011**	0.0075**	-0.0030
	(0.0046)	(0.0038)	(0.0040)
Mean in sample	0.10	0.04	0.18
N	3121	3121	3121
R-squared	0.35	0.29	0.40
Mean X-var	4.53	4.53	4.53
SD X-var	20.21	20.21	20.21
Wave f.e.	No	No	No
Ind. f.e.	Yes	Yes	Yes

Notes: Standard errors, clustered at the individual level, are in parentheses. P-values are $\leq 0.01^{***}$, $\leq 0.05^{**}$, and $\leq 0.1^{*}$. All models include individual fixed effects. The sample is restricted to observations from Tigray.

Table A.16: Presence vs. intensity of conflict exposure on IPV, 25 km buffer.

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Any conflict last 6 months (25km)	-0.0035	-0.017*	-0.018
	(0.012)	(0.0087)	(0.015)
Number of conflicts if any (25km)	0.0012**	0.0015***	0.00094*
	(0.00058)	(0.00045)	(0.00055)
Mean in sample	0.10	0.03	0.15
N	6649	6647	6648
R-squared	0.38	0.27	0.39
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Table A.17: Presence vs. intensity of conflict by baseline lifetime IPV, 25 km buffer.

	Lifetime IPV at baseline			No lifetime IPV at baseline		
	(1) Physical	(2) Sexual	(3) Psychological	(4) Physical	(5) Sexual	(6) Psychological
Any conflict last 6 months (25km)	-0.0059	-0.044**	-0.025	-0.0040	-0.0050	-0.015
	(0.025)	(0.019)	(0.029)	(0.011)	(0.0082)	(0.015)
Number of conflicts if any (25km)	0.00090	0.0013	0.00073	0.0011*	0.0014***	0.00084
	(0.0013)	(0.00100)	(0.0012)	(0.00062)	(0.00048)	(0.00059)
N	2091	2089	2090	4558	4558	4558

Table A.18: Presence vs. intensity of conflict exposure on IPV, UCDP events with 25 km buffer.

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Any conflict last 6 months (25km)	0.0069	-0.028***	-0.024*
	(0.012)	(0.0088)	(0.015)
Number of conflicts if any (25km)	0.0045*	0.0072***	0.0049**
	(0.0026)	(0.0020)	(0.0024)
Mean in sample	0.10	0.03	0.15
N	6652	6650	6651
R-squared	0.38	0.27	0.39
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Table A.19: Presence vs. intensity of conflict by baseline lifetime IPV, UCDP events with 25 km buffer.

	Lifetime IPV at baseline			No lifetime IPV at baseline		
	(1) Physical	(2) Sexual	(3) Psychological	(4) Physical	(5) Sexual	(6) Psychological
Any conflict last 6 months (25km)	0.0037	-0.071***	-0.037	-0.00013	-0.013*	-0.027*
	(0.026)	(0.020)	(0.031)	(0.011)	(0.0077)	(0.014)
Number of conflicts if any (25km)	0.00055	0.0063	0.0035	0.0047*	0.0068***	0.0042*
	(0.0055)	(0.0044)	(0.0056)	(0.0027)	(0.0021)	(0.0025)
N	2093	2091	2092	4559	4559	4559

Table A.20: Presence vs. intensity of conflict exposure on IPV, UCDP events with 50 km buffer.

	(1) Physical last 3m	(2) Sexual last 3m	(3) Psychological last 3m
Any conflict last 6 months (50km)	0.0090	-0.018**	-0.015
	(0.011)	(0.0078)	(0.013)
Number of conflicts if any (50km)	0.0010**	0.0013***	0.00076*
	(0.00049)	(0.00038)	(0.00043)
Mean in sample	0.10	0.03	0.15
N	6652	6650	6651
R-squared	0.38	0.27	0.39
Wave f.e.	Yes	Yes	Yes
Ind. f.e.	Yes	Yes	Yes

Table A.21: Presence vs. intensity of conflict by baseline lifetime IPV, UCDP events with 50 km buffer.

	Lifetime IPV at baseline			No lifetime IPV at baseline		
	(1)	(2)	(3)	(4)	(5)	(6)
	Physical	Sexual	Psychological	Physical	Sexual	Psychological
Any conflict last 6 months (50km)	0.013	-0.044***	-0.018	0.0026	-0.0071	-0.016
	(0.023)	(0.016)	(0.026)	(0.010)	(0.0077)	(0.013)
Number of conflicts if any (50km)	0.00041	0.0010	0.00048	0.0010*	0.0013***	0.00066
	(0.0011)	(0.00084)	(0.0010)	(0.00052)	(0.00042)	(0.00045)
N	2093	2091	2092	4559	4559	4559

Background: Armed conflict can increase risks of violence within households, including intimate partner violence (IPV). Existing evidence links conflict exposure to IPV, but less is known about whether IPV risk is driven by the presence of conflict or by conflict intensity, whether conflict exacerbates pre-existing IPV or contributes to new IPV, and which household-level pathways accompany these associations. We examine these questions in Ethiopia, a country affected by recent large-scale conflict.

Methods: We link geolocated conflict events from the Armed Conflict Location & Event Data (ACLED) to six waves of household panel data collected across five Ethiopian regions between 2016 and 2021. The analytic panel includes approximately 6,650 woman-wave observations from 1,259 households. Conflict exposure is measured as the number of conflict events within 50 km of the associated factory site during the previous six months. Outcomes are women's reports of physical, sexual, and psychological IPV in the previous three months. We estimate individual and survey-wave fixed-effects models, decompose conflict exposure into the presence of any event and additional events beyond the first, examine heterogeneity by baseline lifetime IPV history, and assess potential pathways.

Findings: A one standard deviation increase in conflict events is associated with a 1.1 percentage point (pp) increase in physical IPV and a 1.1 pp increase in sexual IPV, corresponding to 11% and 33% increases relative to the outcome means. We find no statistically significant association with psychological IPV in the main specification. Decomposing exposure shows that the association is driven by conflict intensity rather than the presence of any conflict event: additionalconflicteventsbeyondthefirstareassociatedwithhigherphysicalIPV, sexual IPV, and psychological IPV. Associations are most apparent among women reporting no lifetime IPV at baseline, and are not statistically significant among women with prior IPV history. Conflict exposure is also associated with higher women's affective distress, higher wife-reported husband stress, reduced working hours among women and men, lower husband income, and greater acceptance of wife-beating.

Interpretation: Local conflict exposure is associated with higher IPV risk in Ethiopia, with the clearest evidence at higher levels of conflict intensity and among women without prior reported IPV. These findings suggest that severe conflict may broaden IPV risk to households without previous reported abuse. IPV prevention and response in conflict-affected settings should extend beyond previously identified high-risk households and integrate survivor-centered services with mental health and livelihood support.

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