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Intimate Partner Violence: Prevalence and factors

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ABSTRACT

This policy brief, the first in a three-part series on Intimate Partner Violence (IPV), reviews prevalence rates and risk factors for IPV victimisation and perpetration, with a focus on Belgium set against the European context. Drawing on EU-level and Belgian survey data, it shows that around 15% of ever-partnered women in Belgium report lifetime physical violence, 30% psychological violence, and 8% sexual violence from a current or former partner, with substantially lower rates of official reporting to police than of self-reported victimisation. The brief then synthesises the scientific literature on the determinants of IPV, distinguishing between lifetime risk factors (adverse childhood experiences, mental health, poverty, and cultural norms including "male backlash"), factors shaping the frequency and severity of violence (age, relationship and separation status, presence of children), and situational triggers (alcohol use, job loss, unwanted pregnancy). It concludes by highlighting the absence of systematic Belgian data linking IPV to health and legal outcomes, a gap that limits the design of policies targeting victims with intersecting needs.

KEY ELEMENTS

- ▶ Among ever-partnered women, around 15% have experienced physical violence, 30% psychological violence, and 8% sexual violence from a current or former intimate partner over their lifetime, representing roughly 560,000 women for physical violence alone (2021 data).
- ▶ Only about 30% of victims of intra-household violence in the last 12 months report it to police, dropping to 23% for sexual violence and 18% for psychological violence.
- ▶ Childhood exposure is the strongest predictor: Suffering physical/sexual abuse before age 15 is associated with more than a threefold increase in IPV prevalence in young women (Spain), and childhood victimisation quadruples the risk of revictimisation in adulthood (Sweden); Belgian data confirm pre-18 victimisation as the strongest predictor of adult IPV.
- ▶ Steep socioeconomic gradient: Women in the lowest-income households experience up to 7 times the rate of abuse compared to women in the highest-income households, and Belgian IPV victims are over 6 times more likely to live in overcrowded housing than the general population.
- ▶ Separation is a period of acute risk: In Belgium, the 12-month IPV prevalence rate for women is 15%, rising to 18% among recently separated women and 26% among separated women still in contact with their former partner.

INTRODUCTION

This policy brief is the first in a series of three briefs dedicated to Intimate Partner Violence (IPV). It presents the prevalence rates of IPV victimisation with a focus on Belgium as well as factors of victimisation and perpetration identified in the scientific literature. The second piece [here](#) presents a literature review of individual and societal consequences of IPV as well as the challenges associated with exiting violent households. The third piece [here](#) focuses on the institutional and societal responses to IPV. This series of policy briefs is part of a broader research project investigating the costs and benefits of legal aid for IPV victims.

The policy brief starts by presenting the forms and definitions of intimate partner violence. It then presents the prevalence rates by type of violence and period considered (last year and lifetime) as well as the case reporting rates, contrasting survey evidence with official criminality statistics. Finally, it presents a review of the main factors of victimisation and perpetration as identified in the literature.

FORMS AND DEFINITIONS OF INTIMATE PARTNER VIOLENCE

Intimate Partner Violence is violence perpetrated by current and past intimate partners. Prevalence of intimate partner violence is usually presented as a share of women aged at least 18 years old and who have ever been in an intimate partnership (European Union Agency for Fundamental Rights et al., 2024); IPV statistics hence exclude dating violence among teenagers. IPV is a subset of domestic violence, which also includes violence on ascendant and descendant household members.

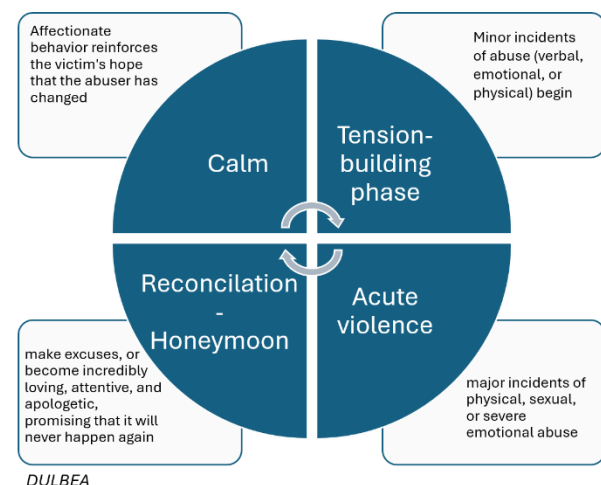
Three categories of IPV are usually identified: physical, sexual and psychological (Stylianou, 2018). We present below the definitions that have been used by Eurostat (European Union Agency for Fundamental Rights et al., 2024) in the most recent EU-level survey.

- **Physical** violence refers to “a range of violent types of behaviour or acts involving harm and fear” and includes pushing, pulling the hair, slapping, throwing things at someone, punching, beating, kicking, burning (with fire or acid), choking and strangling, threatening with a knife, gun or acid.
- **Sexual** violence refers to “unwanted sexual intercourse through force or physical violence or by exploiting a situation in which the respondent is not able to refuse sexual intercourse because they are under the influence of alcohol or drugs”, as well as “forced (coerced) sexual intercourse with or touching by other people and unwanted sexual behaviour that the victim finds degrading or humiliating”.
- **Psychological** violence refers to “a range of behaviours, encompassing acts of emotional abuse and controlling behaviour towards the respondent”. This category of violence is broad and is therefore sometimes subdivided into several other categories under the heading “non-physical abuse” or “coercive control”. The literature (A. Adams et al., 2024; A. E. Adams et al., 2012; Anderberg & Rainer, 2013; Postmus et al., 2020; Stylianou, 2018) has identified and defined the following sub-categories:
 - **Psychological**: degradation of the sense of logic and making the victim feel as if she is losing her mind.
 - **Emotional**: undermine *self-worth* through insult and public embarrassment. *Threatening* to hurt the victim’s children or other people close to the victim; threatening to take away the victim’s children or to deny custody; or threatening to harm themselves if the victim leaves them.

- **Social:** isolation from friends and family (for instance by coercing move to another city). Forbidding the respondent to see friends or family, or to engage in hobbies or other activities, taking away ID/passport or sabotaging administrative procedures (such as asylum or immigration requests, sometimes referred to specifically as **administrative violences**), tracking via GPS, locking up at home, ...
- **Economic:** create dependency through **control** (supressing knowledge about and access to finances, controlling personal expenses), **employment sabotage** (keeping partners up at night before important interview, destroying homework assignment, turning off alarm clocks, damage reputation at work, sabotage childcare arrangements, failing to show up for childcare or transportation), and **economic exploitation** (stealing money or contracting debt in name of victim).

Following the pioneering work of Walker (1979), abuse is understood to take place following a phased pattern of behaviour comprising tension building, acute violence, reconciliation (sometimes referred to as the “honeymoon” phase) and calm, as schematised in Figure 1. Over time, the cycles repeat more rapidly, with increased intensity of violence and shorter reconciliation/calm phases.

Figure 1. The cycle of violence base on Walker (1979).



RATE OF PREVALENCE IN BELGIUM

Prevalence over lifetime by type of violence

In Belgium, among women who ever partnered, around **15% have experiences physical violence from an intimate partner (current or former) over their lifetime** (Janssen & Vesentini, 2024, based on the 2021 EU-level survey). In 2021, year of the last comprehensive survey, that represented 560 000 women¹ who declared having ever experienced physical violence over their lifetime, as presented in Table 1 and Figure 2 below. Most women who experience physical violence also experience psychological violence. Among men, around 8,5% declare having experienced physical violence from an intimate partner in their lifetime.

Among women who ever partnered, around **30% have experienced psychological violence perpetrated by a current or former intimate partner over their lifetime** (Janssen & Vesentini, 2024, based on the 2021 EU-level survey), a figure similar to the EU average. In 2021, that represented around 1 million women. Notably, a similar percentage of victim is observed among men (30%). Poly-victimisation is however very different among men and women, with 25% of men and 50% of women victims of psychological violence declaring being victim of one other form of violence as well. The type

¹ In 2021, there were 4,092 million women aged 18-74 in Belgium. Not all have ever partnered.

of psychologically violent behaviour also varies between men and women. For instance, among women victims, almost 8% report being forbidden to work, while among men victim this percentage was below the reporting threshold. Similarly, among women victims, 10% experienced threats related to close ones (including children), while this percentage was below the reporting threshold among men victims. Stalking on the other hand was more frequent among men victims than women victims.

Among women who ever partnered, around **8% have experienced sexual violence from a current of former intimate partner over their lifetime** (Janssen & Vesentini, 2024, based on the 2021 EU-level survey), similar to the EU average.

Figure 2. Cumulative IPV against women in thousands, Belgium 2021. Data from Statbel, EU GBV; computation and figure from IWEPS (Janssen & Vesentini 2024).

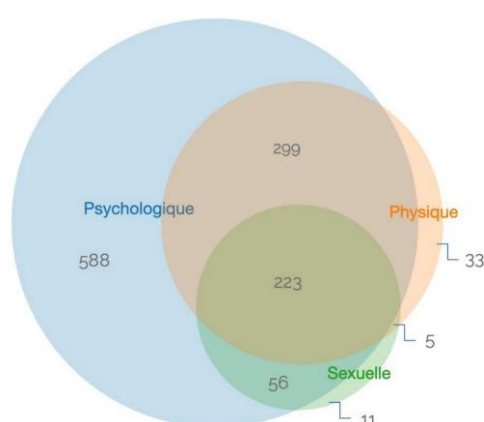


Table 1. Prevalence of IPV among Belgian women aged 18-64 who ever were in an intimate relationship in 2021.

	Lifetime	Last year
Psychological	30%	n.a.
Physical	15%	0,7-2%
Sexual	8%	0,5-1%

Prevalence in the last year by type of violence

Based on the latest available EU-level survey data, 6.3% of ever-partnered women report having experience IPV (in any form) in the last 12 months. The detail by type of violence was not made available. The survey from Pieters et al. (2010) reported the detail by type of violence but also a much higher rate of victimisation, with 15% of women who declared having experienced any form of violence in the last 12 months, 10% for men. Among women, prevalence of violence in the last 12 month was 2% for physical violence (representing approximately 75 000 women), 1% for sexual violence (approximately 37 500 women) and 12% for psychological or verbal violence (approximately 450 000 women). In the latest available survey on all forms of violence in Belgium (Drieskens et al., 2025), 0.7% of women reported physical violence from a partner or ex-partner in the last 12 months (representing approximately 26 000 women), although the sample was small and the figure should hence be taken with caution. Overall, prevalence studies' methodologies vary slightly and figures should account for reporting shame, in particular for men, which may lead to under-reporting or attrition (Buysse et al., 2013). For instance, in the survey on all forms of violence in Belgium of 2013 (Drieskens & Demarest, 2015), only 38% of respondents who declared having experienced violence in the last 12 months answered the survey question on whether the perpetrator was a member of their household.

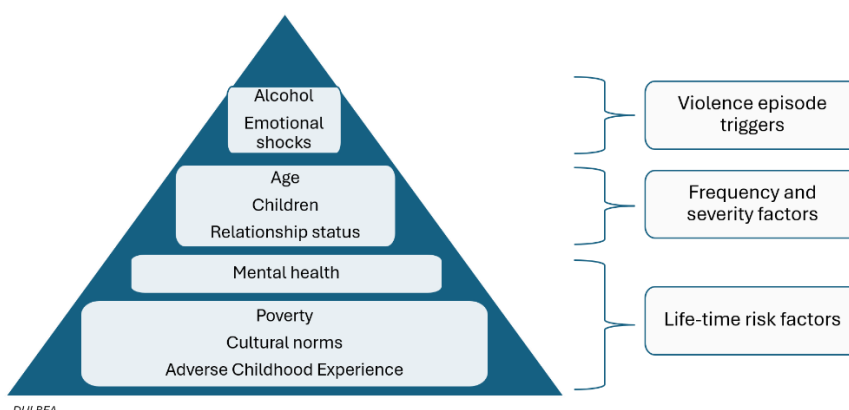
Notably, IPV cases reported to police and officially registered are much lower. In a survey of approximately 8800 Brussels residents in 2024, only 30% of respondent who declared having been

victim of intra-household violence² in the last twelve months also declared having reported it to the police. That percentage drops to 23% for victims of intra-household sexual violence and 18% for psychological violence. Cases officially recorded in the criminality statistics are even lower (see policy brief C for more details on the police response).

FACTORS OF IPV VICTIMISATION AND PERPETRATION

In this section, we present the existing literature on the main determinant of Intimate Partner Violence (IPV), as a victim or perpetrator. We propose to organise the presentation of the literature along the following categories: factors of life-time victimisation, factors that moderate the frequency and intensity of violence for a given life-time risk, and finally factors that act as triggers of specific violence episodes, as illustrated in Figure 3 below. We start with the factors of life-time prevalence: Adverse Childhood Experience (ACE) and associated deteriorated mental health status, poverty and socio-cultural factors. We then cover determinants of the frequency and severity of violence: age, relationship status (living with partner or recently separated) and triggers of acute violence episodes such as alcohol use, job loss, and unwanted pregnancy.

Figure 3. Factors of IPV victimisation.



Exposure to violence in childhood and mental health

A robust and consistent body of evidence identifies exposure to violence (as victim or as witness) during childhood as **the most prominent risk factor for both intimate partner violence (IPV) victimization and perpetration in adulthood**. In Spain, a study showed that having suffered physical and/or sexual abuse by an adult before the age of 15 was associated with a more than threefold increase in the prevalence ratio of IPV among young women, as illustrated in Figure 4 below (Sanz-Barbero, López Pereira, et al., 2018). In Sweden, Andersson et al. (2020) find that victimization in childhood multiplied by four the risk of revictimization in adulthood. Belgian data similarly indicate that victimization before age 18 is the strongest predictor of IPV victimization in adulthood (Buyse et al., 2013). At the international level, both a literature review of 81 studies (Devries et al., 2013) and an EU-wide survey (Barbier et al., 2022) confirmed the pervasive association between childhood

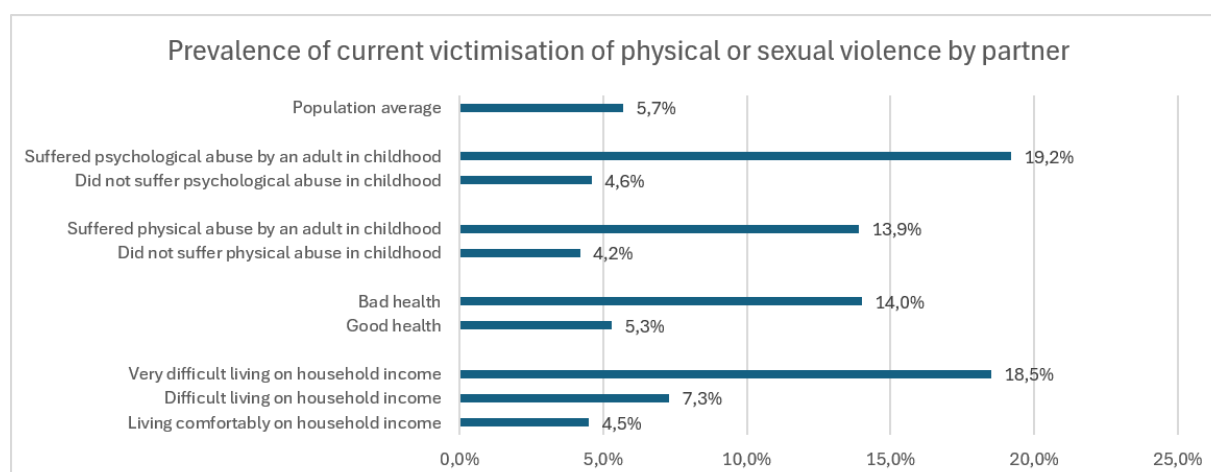
² Statistics are not broken down between violence against the partner and violence against children or parents. In the officially recorded cases, two third of cases relate to violence against the partner.

abuse and later IPV across diverse settings. The mechanisms between adverse childhood experience and subsequent victimisation or criminalisation are explored in McCloud & Abdullah (2025).

Beyond direct child abuse, exposure to violence within the family environment also plays a determining role. Childhood exposure to IPV between parents has been linked to significantly higher risk of both victimisation and perpetration of IPV (Artz et al., 2014; Niolon et al., 2017;), with IPV exposure estimated to be as « equally detrimental as experiencing abuse first-hand » based on survey data from The Netherlands (Meijer et al., 2019). The intergenerational transmission of violence is not limited to the private sphere, with studies showing how exposition to IPV leads to present behavioural problems and later criminalization and victimization in many areas (Andresen & Linning, 2014; Carrell & Hoekstra, 2010).

Multiple studies have shown how **mental health status shapes the pathway from adverse childhood experience to intimate partner violence**. In particular, exposure to violence has been identified as a factor of mental health disorders such as low self-esteem, severe anxiety and depression (Andresen & Linning, 2014; Artz et al., 2014; Meijer et al., 2019; Oram et al., 2022; Savard & Zaouche-Gaudron, 2011; Voith et al., 2020). Consistently, the over-representation of individuals with pre-existing mental health diagnoses among IPV victims has also been well documented (Bacchus et al., 2018; Chandan et al., 2020; Hisasue et al., 2024; Oram et al., 2022). **Not all children** exposed to violence become perpetrator or victim of violence, and a dedicated strand of the literature highlighted the key role of the mental health status of the mother in moderating the children's degree of resilience (Racicot et al., 2010; Renner et al., 2020).

Figure 4. Prevalence of ongoing physical or sexual violence. Based on Sanz-Barbero et al., 2018, selected factors.



Exposure to sexual abuse and other ACEs does not occur in a “psychosocial vacuum”, as has been evidenced and named by Andersson et al. (2020). As they show, the apparent statistical effect of childhood exposure to violence may partly reflect **confounding economic, social and familial conditions** that constitute the underlying cause. Factors such as low socioeconomic status, poor family functioning, parental abuse, parental psychiatric illness, and low parental education, as well as individual characteristics including emotional problems, school difficulties, impulsiveness, and early substance use, covary with victimization across the life course. These contextual adversities both increase exposure to childhood violence and shape long-term vulnerability trajectories, with IPV and ACE co-occurring in the same families with shared risk and protective factors, and compounding effects

(Spencer et al., 2023). In addition, Artz et al. (2014) argue that some of the adulthood consequences of witnessing IPV may be attributable to the consequences of residing in shelters as a result of IPV between the parents.

Income level and poverty

Socioeconomic disadvantage is another consistently identified structural determinant of intimate partner violence (IPV) victimization. **Financial strain at the household level** is directly associated with increased risk: among young women in Spain, reporting major difficulties living on household income was significantly associated with higher IPV prevalence as shown on Figure 4 above (Sanz-Barbero, López Pereira, et al., 2018). At the European level, couples with low socioeconomic status exhibit higher prevalence of violence within current partnerships (Barbier et al., 2022; Reichel, 2017). Similarly, U.S. data identify low income as a key contextual risk factor for IPV (Niolon et al., 2017). The magnitude of the income gradient can be substantial: women in the lowest income households experience up to seven times the rate of abuse compared to women in the highest income households (Rosenberg & Grab, 2015). Consistent with this gradient, IPV victims are over-represented among individuals outside the labour force (Hisasue et al., 2024). In Belgium, a survey in 2014 (Drieskens & Demarest, 2015) revealed that IPV victims were more than 6 times more likely than the average population to live overcrowded housing.

Economic shocks further illustrate the mechanisms at play. Evidence indicates that job loss increases financial stress within households, which in turn can trigger conflict escalation and violence (Bhalotra et al., 2025). Beyond victimization, socioeconomic disadvantage is also reflected on the perpetration side, with the most disadvantaged social groups over-represented among IPV suspects referred to prosecutors' offices in Belgium (Vanneste, 2016). Taken together, these findings point to a pronounced socioeconomic gradient in IPV, where poverty, labour market exclusion, and economic insecurity operate both as chronic stressors and as acute triggers, substantially increasing women's vulnerability to abuse.

While most of the literature referred to above takes a public health and epidemiology approach, focused mostly on prevalence rate and odds ratios, the economic literature proposes mechanisms that link poverty to violence³. Several theoretical bargaining models have been developed where **violence is considered as instrumental obtain control over scarce resources**. These models have supported income-support interventions to lower the level of violence by increasing the negotiation power of the victim in the sharing of resources (Baranov et al., 2021; Eggers Del Campo & Steinert, 2022; Farmer & Tiefenthaler, 1997).

However, evaluations of programme effectiveness (in particular cash-transfer programmes) led to conclusions conflicting the epidemiological evidence. Indeed, in some cases, it has been evidenced that **cash transfers have increased violence** to appropriate the new resources, or to re-establish power within the household (Anderberg & Rainer, 2013; Baranov et al., 2021; Devries et al., 2013; Matavelli et al., 2026; Meyer et al., 2024). This counter-acting effect of income increase on violence has been evidenced for specific sub-groups only, such as women with low levels of education whose husbands have even lower levels of education (Baranov et al., 2021) or couples where both individuals

³ For a comparative review of the Public Health and the Economics approach, see for instance Ranganathan et al. (2021).

have very low income, and only the women's income is slightly increased (Anderberg & Rainer, 2013). In a meta-analysis of results from the literature, Eggers Del Campo & Steinert (2022) confirm that while women's economic empowerment was generally associated with a significant reduction in the pooled measure of emotional, sexual, and physical IPV, some included studies reported increases in IPV, primarily in the form of partners exerting controlling behaviour and dominance over financial resources.

Cultural norms and male backlash

As illustrated in the case of cash transfer to women leading to an increase in violence, the prevalence of IPV has been shown to be linked to male backlash, defined as violence emerging from “the perceived need to demonstrate manhood and sustain control, when other means cannot be used” (Meyer et al., 2024). The theory of the male backlash predicts that **changes in status and power relations between men and women that benefit women can result in increased IPV**, whereby men feeling threatened by women gaining more power and status utilize IPV to reassert their authority (Bulte & Lensink, 2021; Matavelli et al., 2026; Meyer et al., 2024). As in the case for resource control, the violence is again considered as instrumental to obtain a desired social status (Matavelli et al., 2026).

This theory of the “male backlash” has notably been largely used to explain prevalence rates of IPV much higher in Scandinavia compared to the rest of Europe (Sanz-Barbero, López Pereira, et al., 2018), although another possible explanation is that in countries with traditional family policies, IPV would be perceived as a private affair and hence underreported. In the latter case, it would still be a question of social norm that result in IPV being seen as a private issue rather than a public concern (Devries et al., 2013).

Finally, the theory of the male backlash has also been used to explain a higher prevalence of IPV among migrant, as documented in several studies (Barbier et al., 2022; Sanz-Barbero, López Pereira, et al., 2018; Stockman et al., 2015). In these cases, violence is hypothesised to come as a compensation for the impossibility for men to provide for their families, as would be expected based on norms and values (GAMS, 2019). Other studies link the higher rate of IPV among individuals with migration background by stronger religious beliefs, leading to stronger valuation of remaining in marriage “at all costs” by the victims (Heron et al., 2022). The higher prevalence of IPV among individuals with a migration background should also be put in relation to the prevalence of poverty and of experiencing violence and trauma on the migration routes, both closely linked to IPV prevalence.

Relationship status: living together, separating, separated

The frequency and severity of the violence is not constant over lifetime nor relationship status. **Younger women report higher rates of violence** across all EU countries (Barbier et al., 2022) as well as in the US (Niolon et al., 2017). It is not clarified in all studies whether age was a determinant of violence or if it reflects a recall bias among older women, or a tendency of older women to not associate their experience with IPV.

Beyond age, the relationship status has been identified as a key determinant of the frequency and severity of the violence between intimate partners, or former partners. In particular, the period of **separation is a period of heightened risk of severe forms of violence** (Blom et al., 2024; Douglas, 2018) and one of the most potential lethal times in abusive relationships (Niolon et al., 2017). In

Belgium, this has been confirmed in a 2009 population survey which reported a prevalence rate of IPV in the last 12 months of 15% for women, a rate that increased to 18% for women who left their partners in the last 12 months and 26% for women who left their partners in the last 12 months and are still in contact with him (Pieters et al., 2010). A Canadian study found strong evidence of **violence that continued post separation**, with IPV victims' risk of suffering intentional injury or death multiplied by five in the absence of probation sentence for the perpetrator (Nesca et al., 2021).

The **presence of children** is one of the main reason for which the victim remains in the relationship (Heron et al., 2022) or in contact with the perpetrator, for instance in the context of share custody or visitation rights for non-custodial parent (Flory et al., 2001; Khaw et al., 2021; Laing, 2017). Notably, already before the separation, the presence of children increases the prevalence of violence (Sanz-Barbero, López Pereira, et al., 2018) and children are often the object of threat by the perpetrator (threat to harm the children or to take them away from the victim for instance).

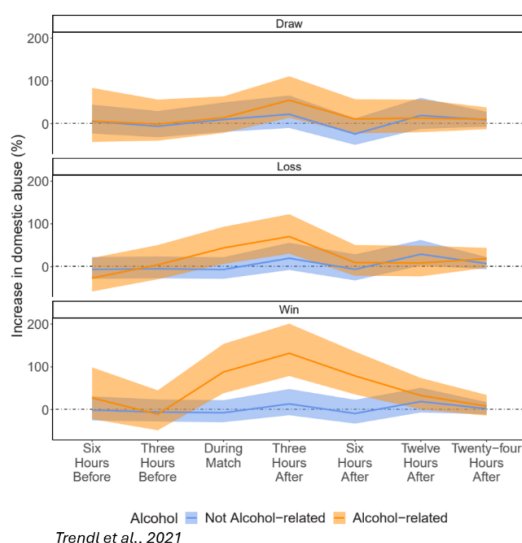
Emotional triggers and contextual factors: alcohol, football and laws

Alcohol abuse is consistently identified as key trigger of IPV, increasing both the likelihood and severity of violent incidents (Barbier et al., 2022; Devries et al., 2013; Graham et al., 2011; Reichel, 2017).

Emotional shocks, ranging from job loss to unexpected losses in emotionally salient events such as football matches, have been shown to trigger IPV, as short-term negative cues can generate stress and frustration that escalate into violence (Bhalotra et al., 2025; Card & Dahl, 2011). Card (2011) theorizes these dynamics within a gain–loss framework in which violence may provide satisfaction to the perpetrator in contexts where individuals experience a loss relative to a reference satisfaction point. In this perspective, violence is not necessarily instrumental (e.g., to secure income or status) but is perceived as valuable in itself by the perpetrator. Notably, the evidence on the impact of unexpected football loss on IPV identified by Card and Dahl has been shown to be specific to some US States (Collins, 2026) and to be mediated by alcohol abuse, as illustrated in Figure 5 below (Trendl et al., 2021). Violent episode are also more frequent during pregnancy, in particular in the case of unwanted pregnancies, as evidenced in France (Bréhat & Thévenot, 2019) and in Belgium (Roelens et al., 2008). These studies report that three to eight percents of pregnant women report physical violence in the last 12 months, as opposed to one to two percents of women in the overall population.

Finally, **institutional context** conditions these behavioural triggers. Legal frameworks play a dual role: they signal the social unacceptability of IPV and provide mechanisms of recourse that may deter violent conduct (Devries et al., 2013). While there is evidence of lower probability to experience IPV in countries that implement gender violence legislation (Sanz-Barbero, Corradi, et al., 2018), the causal mechanisms are not clearly identified. Gender violence legislation is expected both to emerge where gender violence is less socially desirable, and to increase the incentives for victims to report violent episodes, with opposite expected effect on official statistics.

Figure 5. Increase in IPV and alcohol consumption by outcome of football match in the UK.



CONCLUSIONS AND PUBLIC POLICY IMPLICATIONS

Belgium does not differ from its European neighbours in terms of prevalence of Intimate Partner Violence. In Belgium as elsewhere, IPV is shaped by multiple risk factors identified in the literature, including adverse childhood experiences, mental health issues, socioeconomic disadvantage, cultural norms, and contextual triggers such as alcohol use, job loss, or relationship status and the presence of children. These factors contribute to both the likelihood of victimization and the frequency or severity of violent episodes. While some details on the prevalence rate of IPV by sup-population category exist, there is very limited to no account of the intersection of IPV prevalence with health and legal needs. For instance, national statistics on health do not systematically account for IPV victimisation (the only existing dataset dates from 2013 and appeared to have been a one-shot initiative). On the legal side, there are no statistics of the prevalence of IPV in cases related to divorce or indebtedness for instance. Such data would however help design policies targeted at victims from intersecting health, legal and violence issues.

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