Introduction

Thirty percent of women worldwide have experienced physical and/or sexual intimate partner violence (IPV) in their lifetime. While IPV is experienced by all women regardless of their socio-economic status, poverty is a key driver of IPV at the individual level. The relationship between poverty and IPV is a reinforcing loop, with multiple pathways (Figure 1). Women living in poorer places with lower socio-economic status, higher food insecurity, and less access to education and work opportunities are more likely to experience IPV. In addition, women without economic and social resources find it harder to leave abusive relationships. Women who experience IPV also experience more mental health challenges, and have more unplanned pregnancies. In turn, women who experience IPV have increased costs related to IPV, which can increase household poverty.

Figure 1: Pathways between poverty and IPV

Poverty is a multidimensional concept, which includes the multiple and overlapping deprivations that constitutes people’s experience of it. This includes being excluded from social institutions, experiencing poor health, and limited education and low levels of income and consumption. This brief focuses on low income and food insecurity, though recognising that the various dimensions of poverty are interlinked.

Poverty as a driver of IPV

Poverty is a key driver of women’s experiences of IPV as it leads to increased dependency on a male provider and lower bargaining power in the household (Figure 1). The WHO Multi-country Study on Women’s Health and Domestic Violence Against Women showed that in all ten countries, lower socio-economic status is associated with women’s increased experiences of IPV.

IPV has also been associated with food insecurity, which is a proxy for poverty. In a recent analysis of women’s experiences of IPV across Cambodia, China, Papua New Guinea and Sri Lanka, poorer women (measured by food insecurity and difficulties faced in finding money for an emergency) were more vulnerable to IPV. This relationship also holds true in countries in the Global North with stronger economies.

These strong associations between food insecurity and IPV are likely due to a number of reasons. First, food insecurity may be a proxy for other forms of poverty, such as lack of education or exclusion from social institutions, all of which are known to be potential risk factors for IPV. Second, food insecurity may signify particularly acute levels of poverty and deprivation. Third, household level food insecurity may increase the levels of stress and antagonism within a household, increasing the likelihood of IPV. In addition, IPV also drives food insecurity (below).

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3 http://www.ophi.org.uk/policy/multidimensional-poverty-index/
4 Abramsky et al. 2011. What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women’s health and domestic violence. BMC Public Health.
7 Buller et al. 2016. The way to a man’s heart is through his stomach?: a mixed methods study on causal mechanisms through which cash and in-kind food transfers decreased intimate partner violence. BMC Public Health. 16:488
Box 1: Emerging evidence from the What Works to Prevent Violence Against Women and Girls? Global Programme — associations between food insecurity and violence against women

In three diverse countries and populations in the What Works portfolio, women’s experiences of household food insecurity increases their vulnerability to IPV. Among young women (18–30) in urban informal settlements in South Africa, 73% of women who are the most food insecure reported IPV in the past year, compared to 49% who are least food insecure. Similarly, for married women in Afghanistan, those reporting the highest level of food insecurity reported higher statistically significant levels of IPV compared to those who are least food insecure. For female garment workers in Bangladesh, household food insecurity was also associated with recent experiences of IPV, despite them earning an independent income.

Other measures of poverty have less clear relationships to IPV. A review of over 30 studies globally found higher levels of household assets were often protective against IPV. However, an analysis of Demographic Health Surveillance (DHS) surveys from 28 countries found that while assets were protective against IPV in three countries, they were a risk factor in five countries, and had no relationship in the other countries. A mixed methods study in South Asia found that the influence of women’s assets on IPV was determined by the value of the asset to the marital household, the degree of control the woman had over the asset, and the extent of natal family support.

Box 2: Poverty and men’s perpetration of violence against women and girls

The relationship between poverty and men’s perpetration of violence against women and girls (VAWG) is complex, with the causation unclear. Qualitative research suggests that in contexts of economic marginalisation, men who are unable to achieve markers of ‘masculinity’ and ‘respect’ through providing financially in relationships may establish alternative forms of masculinity, which reinforce control and dominance over women, including through the use of violence. Quantitative research reinforces the evidence that poverty is a driver of male perpetration of IPV. In multi-country research in the Asia-Pacific region, men’s poverty and low education was found to be associated with IPV perpetration. Other studies report mixed findings on the relationship between poverty and male perpetration of IPV. A review of studies on male rape perpetration found that poorer men were more likely to perpetrate rape. However, it was men who were slightly better off than the poorest men who were more likely to rape, suggesting an association between male economic provision and sexual entitlement.

Within the What Works portfolio, initial analysis combining data from two studies (the Sonke CHANGE trial and the Stepping Stones and Creating Futures trial), both conducted with young men (18–30) in urban informal settlements in South Africa, explored what factors were associated with IPV perpetration. Initial baseline analysis found that poor men who were slightly better off than the very poorest men in the two studies were more likely to use violence against women. Moreover, a number of markers of male provision were also associated with perpetration of IPV, such as earning any money in the past month, compared to earning none. This analysis suggests that violence perpetration may be linked to male economic provision and a sense of male entitlement.

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IPV as a driver of poverty

The economic impacts of IPV on individual women, their families and their communities, which reinforce poverty through multiple pathways, are often overlooked (Figure 1). Pathways include women having to bear costs due to violence such as medical care and replacement of broken household goods, and households facing lost time, productivity and income due to the impact of violence. An example of this includes reducing women’s engagement in formal or care work. IPV also tends to reduce women’s social networks, thus potentially decreasing their ability to depend on family and friends for support, for instance, to carry-out economic activities within the home or to engage in paid work or training. In Vietnam, these pathways result in an estimated cost equivalent of 34% of average monthly income of women experiencing IPV, deepening the economic insecurity of their households.

A second pathway from IPV to poverty is via the impact of IPV on mental health. These include reduced concentration and productivity at work or absenteeism from work. Global evidence suggests significant economic losses due to depression, though the majority of research is from the Global North. A third pathway is via women experiencing IPV having more pregnancies, which in the context of limited governmental legislation and support, increases women’s unpaid care work, thereby reducing their ability to work or limiting the kind of work available to them.

Evidence on economic empowerment interventions to prevent IPV

Women’s economic empowerment interventions have been central to IPV prevention approaches. There have been three broad approaches evaluated: 1) economic interventions that have focused on strengthening household-based/self-employment livelihoods, 2) cash transfers, 3) supporting women to enter the labour market.

Interventions to strengthen women’s livelihoods through microfinance or other similar approaches have improved outcomes in reducing IPV when they are combined with gender-transformative interventions (i.e. those focused on promoting gender equality and the equitable division of decision making and resources). A large-scale randomised control trial (RCT) of the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) in South Africa found that after two years of the intervention, women reported a 55% reduction in IPV. Reviews of similar interventions have also shown positive impact on a range of outcomes, including reducing IPV, although studies have often been limited by small sample size. To build evidence on this approach to prevent IPV, the What Works portfolio is supporting the Stepping Stones and Creating Futures intervention as a large-scale RCT in informal settlements in South Africa, working to strengthen women’s livelihoods and empower women.

Cash transfers have often been implemented as part of wider social protection interventions. Secondary analyses of these interventions have shown they can have small positive effects in reducing forms of IPV, although they may increase men’s controlling behaviours. More research on the impact of cash transfers outside of wider social empowerment interventions is required.

Women’s involvement in paid work, either through changes in labour markets or structured interventions, has mixed effects on women’s vulnerability to IPV. Working women whose spouse/partner is unemployed. As such, working to transform gender relationships in homes and communities to support women’s work is critical to ensure work does not increase women’s vulnerability to IPV.

19 http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000439
22 https://academic.oup.com/esr/article-abstract/9/2/129/558680
Challenges to women’s economic empowerment interventions and innovative responses

There are various challenges to making women’s economic empowerment interventions effective in preventing women’s experience of IPV, especially in terms of the gendered norms related to income and financial decision making. Examples include women being forced to hand over earnings to husbands or mothers-in-law, being prevented from working (see Box 3), or feeling pressure to invest in businesses controlled by their husbands, rather than establishing their own.

What Works is tackling these challenges with innovative programming through One Community One Family in Nepal and Zindagii Shoista (Living with Dignity) in Tajikistan. Both these programmes have developed family economic strengthening interventions with gender transformative components, rather than women-only interventions, to strengthen women’s economic and social positions in households without provoking a backlash from other household members. In South Africa, the Stepping Stones and Creating Futures intervention, and in Afghanistan the Women for Women International programme, include gender transformation and strengthening women’s social networks as well as a core economic intervention.

Box 3: HERrespect, Bangladesh

The ready-made garment industry in Bangladesh employs up to four million people, the majority of whom are women. Women’s paid work does not necessarily decrease their experiences of IPV. Even though women earn a salary, household level food insecurity remains an important driver of women’s experience of IPV (Box 1). Formative research for this project conducted through What Works also highlighted how women were often expected to hand over earnings to husbands or mother-in-laws, further undermining women’s autonomy, and how women were at increased risk of experiencing IPV because as female garment workers they challenged entrenched gender norms.

In turn IPV decreases women’s productivity at work. Workplaces themselves can also be significant sites of violence. HERrespect programme leverages the large increase in women’s employment to reduce violence in the home and workplace, while helping them overcome the challenges of work and maximise its potential benefits. The intervention combines gender transformative training—an adaptation of Stepping Stones—with factory and community campaigns, and works to strengthen workplace policy.

In summary, poverty is a key driver of IPV for women, while IPV is a factor shaping women’s poverty. Effective interventions to reduce IPV need to tackle gender inequalities and poverty simultaneously if they are to prevent VAWG. The effects of violence in terms of loss of productivity and reduced effectiveness of economic interventions, and challenges including the burden of unpaid care work on women, should also be considered. Through innovative programming and research, What Works is strengthening understanding of these relationships and how to intervene to maximise the potential and reduce the risks of women’s economic empowerment interventions, and use these as an entry point to drive down violence against women and girls.

Policy recommendations

• Women’s involvement in economic interventions has mixed effects on their vulnerability to IPV and can increase women’s risks of experiencing IPV, especially in situations where women’s participation in paid economic activity is an exception to the norm. Emerging evidence reinforces the need to design women’s economic empowerment interventions in ways that minimise potential harm, for example through combining women’s economic empowerment interventions with training promoting gender equality and the equitable division of decision making and resources. and, at times, the inclusion of men.

• Evidence suggests that interventions focused on individual women or men do not automatically lead to changes in relationship dynamics and a reduction in violence. The household may be the appropriate focus for interventions working to strengthen the economic wellbeing of individuals in specific contexts.

• Work is not, in and of itself, inherently protective of IPV for women. Interventions that aim to increase women’s access to work need to focus simultaneously on socially empowering women and transforming community gender norms to maximize the positive impact of women’s work on women’s empowerment and the prevention of VAWG.

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