

Cash Transfers and Intimate Partner Violence

A Research View on Design and Implementation for Risk Mitigation and Prevention

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Cash transfers are a widely used form of social protection globally. They are promoted as effective and efficient ways to reduce poverty and support well-being, with coverage rapidly expanding in response to COVID-19 (Gentilini et al. 2021). A growing body of rigorous quantitative and qualitative evidence shows that cash transfers can reduce intimate partner violence (IPV), particularly in low- and middle-income countries (LMICs) – even when IPV prevention is not an explicit objective of programming.¹ For example, a review of 22 quantitative and qualitative studies examined the IPV impacts of cash transfer programs focused primarily on poverty reduction and found that, in the majority (73 percent) of cases, declines occurred in at least one type of IPV (emotional, physical, or sexual) (Buller et al. 2018). Further, a meta-analysis of 14 quantitative impact evaluations of cash transfer programs showed average decreases across all types of IPV analyzed (Baranov et al. 2021). This evidence highlights the roles of poverty and economic insecurity as both triggers and underlying risk factors for IPV, operating alongside a complex set of individual and societal factors that normalize and sustain violence against women. Given that cash transfer programs operate at large scale in many countries around the world and often effectively reach the poorest women and households, who are at high risk for IPV, there is increasing interest in how these programs can be leveraged to reduce IPV.

However, there is limited rigorous evidence on how to best design cash transfer programs to maximize reductions in IPV. To date, studies measuring cash transfer impacts on IPV generally have not focused on design-related questions and recommendations, often due to study design and data limitations.² Nonetheless, design decisions must be made, and implementers may be interested in knowing if they can make minor tweaks (relative to the “standard” model) that

IN THIS BRIEF

There is increasing interest from social protection actors and violence-against-women stakeholders in the potential of cash transfers to reduce intimate partner violence (IPV). Although evidence suggests cash transfers reduce IPV across a wide range of programs and contexts, there is less clear guidance on specific design and implementation components that may facilitate these decreases – particularly for programming without explicit violence prevention objectives. This brief summarizes evidence from rigorous studies and existing operational guidance around common decisions made in cash transfer programs, including (1) targeting; (2) amount, frequency, duration, and predictability of transfers; (3) delivery of transfers and operational considerations at pay points; and (4) system linkages and complementary programming. To guide recommendations, we use research on pathways of impact between cash transfers and IPV, and provide examples of supporting evidence. The audience for this brief includes program implementers, policymakers, and funders, with the objective of increasing gender-sensitivity and responsiveness to IPV prevention in cash transfer programming.

could contribute to reducing IPV – or reduce chances of unintended adverse effects for women in their households and communities. Given the lack of evidence to conclusively guide these decisions, there is interest in an approach informed by the best evidence to date, focusing on recommendations that *might* help, and are unlikely to hurt.

In this brief, we aim to inform some design and implementation decisions with evidence from rigorous evaluations and operational guidance. We focus on four categories of decisions commonly made in cash transfer programs: (1) targeting; (2) amount, frequency, duration,

BOX 1 Cash versus alternative modalities: Does evidence suggest in-kind transfers and vouchers have similar potential?

Studies in Ecuador and Bangladesh of World Food Program transfers have examined the impact of cash versus alternative modalities on IPV (Hidrobo et al. 2016; Roy et al. 2019a; Roy et al. 2019b). In Ecuador, cash, food, and food vouchers were randomly allocated to poor Ecuadorians and Colombian refugees in peri-urban settings over a 6-month period. In Bangladesh, food and cash transfers were paired with nutrition behavior change communication (BCC) for women with young children in poor rural households over a 24-month period. In Ecuador, transfers reduced physical and/or sexual IPV by 30 percent, with no meaningful differences by transfer type. In Bangladesh, cash transfers plus BCC reduced physical IPV both six months after the program ended and four years after the program ended; food transfers plus BCC had similar impacts at six months post-program, but showed no impacts by four years post-program. Together, these studies suggest that the type of transfer may not matter for improving mechanisms and IPV impacts in the short term, but cash may result in more sustainable impacts than food over the longer term. Moreover, costing analysis in Ecuador shows that delivering cash is substantially cheaper than food and slightly cheaper than vouchers – suggesting cash transfers will be more cost-effective in reducing IPV (Margolies and Hoddinott 2015).

and predictability of transfers; (3) delivery of transfers and operational considerations at pay points; and (4) system linkages and complementary programming. For clarity, we discuss recommendations within each category; however, we acknowledge that there are trade-offs across categories in terms of budgetary and human resource implications. We use the framework proposed by Buller and colleagues (2018) on pathways through which cash transfers might affect IPV as a way to organize and present choices. We focus on cash transfer and “cash plus” programs (that is, programs that link cash to existing services or deliver complementary programs alongside cash). We do not discuss broader forms of economic transfers or social assistance, including public works programming, as the literature on these types of programs is less definitive in terms of impacts on IPV. However, some common lessons on design may apply to broader forms of social assistance (see Box 1).

Select implementers might also be interested in designing cash transfer programs specifically for IPV prevention and be willing to make the extra investments needed to

implement IPV-focused components. Such approaches should be carefully designed for the context and piloted in collaboration with local experts on IPV prevention, as well as implemented by well-trained specialized staff. The need for these best practices may make this integrated, intentional approach less attainable for standard large-scale cash transfer programs. Thus, while we include some discussion of gender-transformative approaches – that is, programs that specifically aim to shift gender norms or address IPV prevention – these are not the focus of this brief.

Pathways of impacts: Cash transfers and intimate partner violence

While an understanding of how cash transfers affect IPV is still evolving, existing evidence suggests three main pathways (Buller et al. 2018, Prevention Collaborative 2019, Peterman and Roy 2021). Evidence from rigorous studies across different settings supports the existence of the following three pathways and suggests there may be synergies across pathways (Figure 1). The three main pathways include:



1. ECONOMIC SECURITY AND HOUSEHOLD EMOTIONAL WELL-BEING:

At the household level, cash can improve economic security, leading to reduced poverty-related stress and negative coping behaviors, which in turn may increase the emotional well-being of all household members. This can directly reduce IPV – or may potentially reduce the use of alcohol as a coping mechanism, further decreasing the risk of IPV.



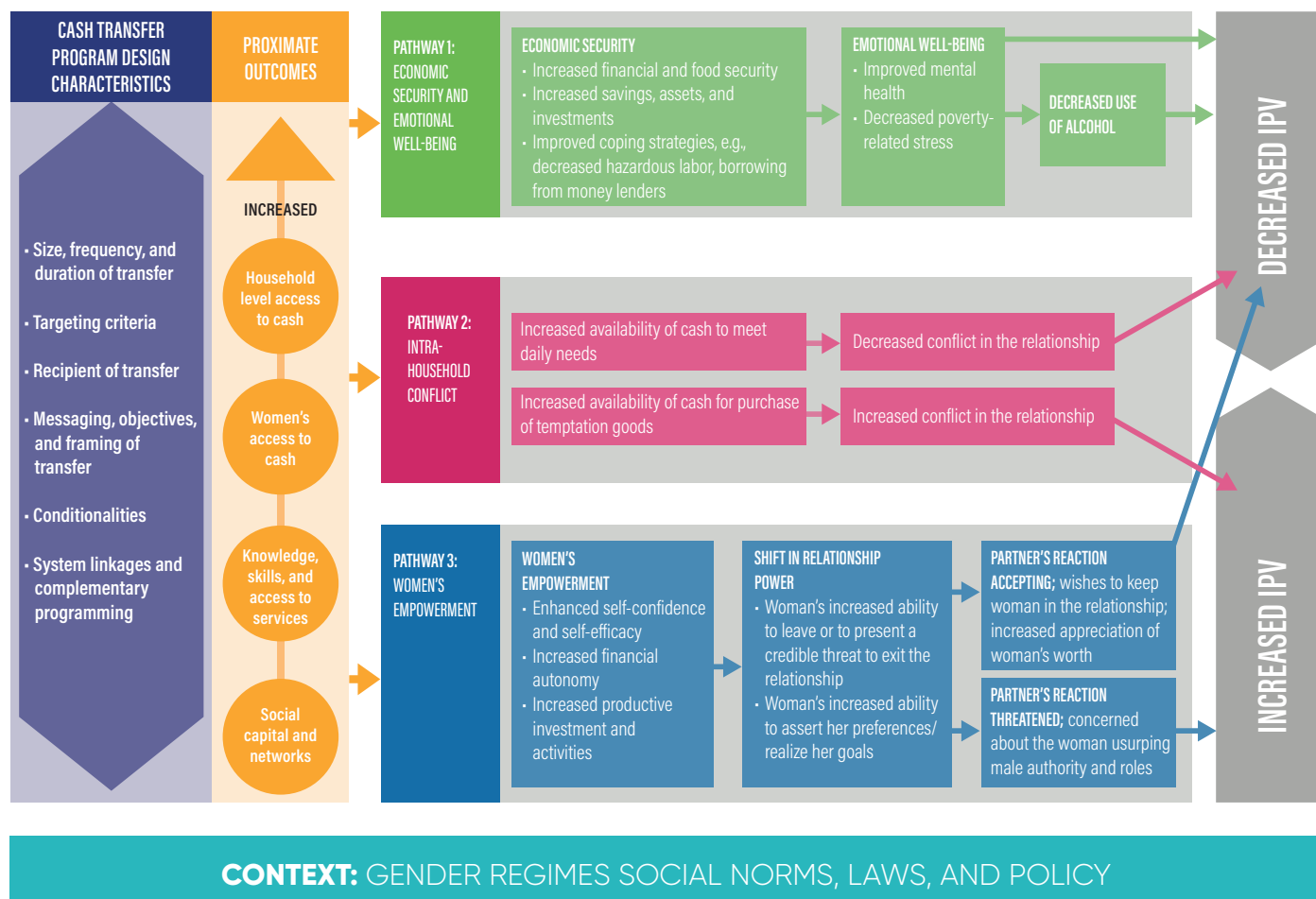
2. INTRAHOUSEHOLD CONFLICT:

For couples, cash can alleviate daily conflict over scarce resources, which reduces triggers for IPV, such as when women need to ask men for money for daily consumption needs. Although evidence suggests it is unlikely, increased cash may, in some cases, trigger increased conflict if used for temptation goods (such as alcohol) or if there are disagreements on spending priorities.³



3. WOMEN'S EMPOWERMENT AND MEN'S REACTION:

At the individual level, there is potential for cash or complementary programming to increase women's knowledge, social capital, and financial standing – leading to increases in their empowerment (broadly defined as agency, confidence, status, and ability to assert their preferences in the household and community). If men accept these changes, this can lead to decreases in IPV. However, in certain settings, if men feel threatened by these

FIGURE 1 Program theory linking cash transfers to intimate partner violence

Source: [The Prevention Collaborative](#) (2019) based on Buller et al. (2018).

changes – due to rigid gender norms around masculinity, for example – IPV could increase as men attempt to reassert authority.

Recent studies suggest additional pathways may be present among certain groups or with specific program designs. There are relatively few studies exploring these additional pathways and the extent to which they hold across settings, but ongoing research has potential to add to our understanding (Peterman et al. 2017, Cirollo et al. 2021, Botea et al. 2021, Kilburn et al. 2018). Examples include:



INTERGENERATIONAL EFFECTS: Cash transfers to households with children can reduce children's exposure to IPV in the home, as well as reduce caregivers' use of violent discipline, potentially due to reductions in poverty and stress (see Box 2). Less violence in the home may normalize healthy home relationships and promote intergenerational freedom from violence as

children transition to adulthood. In addition, some cash transfer programs target adolescent girls, either as recipients or co-recipients with guardians. Targeting or reaching adolescent girls with cash transfers can increase their educational attainment (which reduces risk of IPV), as well as reduce their likelihood of engaging in transactional sex or being exposed to dating violence.



ACCESS TO SERVICES AND COMMUNITY VISIBILITY: At the community level, women's participation in cash transfer programs may increase their interactions with program staff or other participants, and may also link them to health and social services. This may increase the visibility of IPV experienced by women and women's opportunities to seek help. Moreover, it may increase social disapproval of their partners' perpetration, leading to a deterrent effect for men (Barrington et al. 2022). For example, if women increase visits to health facilities due to a

program's complementary activities, men may fear health providers will ask women about IPV as part of routine screenings or see visible signs of physical abuse. If women meet regularly with groups of peers or program staff, men may similarly fear greater detection and disapproval of IPV perpetration, or women may find resources for support.

Conceptualizing how design and implementation decisions affect intimate partner violence

Targeting

Every cash transfer must be designed with eligibility criteria in mind – including if transfers should be given universally or targeted based on geography, demographics, or other poverty-related criteria. In addition, many programs select or prioritize a certain individual within the household to receive the transfer, or they allow individuals to qualify separately. These decisions are often shaped by the program's objectives, the politics around entitlements for certain demographic or geographic groups, and the available budget. There is little evidence on the direct role of targeting on IPV impacts. However, target group composition may influence which IPV impact pathways are activated and thus contribute to effectiveness of the program for IPV prevention. In this section, we outline evidence primarily related to poverty-targeted cash transfer programs (Table 1), but acknowledge that some programming may explicitly target IPV survivors – a targeting model that should be carefully designed and implemented in collaboration with violence-specific services.⁴

At the household level, ensuring the inclusion of households who are less economically secure or more prone to conflict (such as those with tighter budgets, larger households, or polygamous households) may help to reduce IPV. Transfers to relatively poorer households will represent a larger increase in monthly income as compared to transfers of the same value to less-poor households. In these cases, there is a higher probability of increasing economic security and activating a pathway to reduced IPV. A meta-analysis of 40 social protection impacts across 21 studies of caloric intake and availability in LMICs found larger impacts among target groups with lower pre-program caloric intake (Hidrobo et al. 2018). This suggests the short-term benefits in economic and food security are likely to be greater among very poor populations. Another study in Mali of an unconditional cash transfer found larger decreases in stress and anxiety, disputes, and IPV among polygamous






BOX 2 Aligning mechanisms and cash transfer program design for impacts on violence against children

Evidence shows that cash transfers can also reduce or prevent diverse measures of violence against children (VAC). However, the literature on cash transfers' impacts on VAC is less conclusive than on IPV. A review of 11 studies in LMICs found that among 57 impact estimates, approximately 20 percent showed protective effects (Peterman et al. 2017). In particular, these impacts were more promising for indicators of sexual exploitation and abuse of adolescent girls – primarily in sub-Saharan Africa – as compared to violent discipline measures. More recent studies examining impacts on both IPV and VAC within the same cash transfer program have found reductions in both measures, signaling that similar or common mechanisms might be driving the two types of violence (see Roy et al. 2019a in Bangladesh, Heath et al. 2020 in Mali, Lachman et al. 2021 in the Philippines, and Jensen et al. 2021 in Rwanda). Mechanisms mentioned in these studies as influences on both IPV and VAC reduction include reductions in poverty-related stress inside the household (including for men specifically) and increases in skills for managing stress and promoting freedom from conflict with household members (attributed to complementary programming). This evidence suggests a promising role for cash and cash-plus programming to reduce multiple types of violence inside the home. It specifically suggests that design decisions influencing stress and intrahousehold conflict hold potential to affect both IPV and VAC, increasing the cost-effectiveness of such measures.

households (compared to non-polygamous households) (Heath et al. 2020). One possible explanation is that polygamous households were larger, had lower pre-program expenditures per capita, and higher rates of anxiety, disputes, and IPV – and thus, the cash had more potential to drive improvements in these households. Therefore, when targeting large polygamous households, implementers should consider treating wives as separate recipients to help support the economic standing of all women and avoid further conflict regarding resources (Guilbert and Pierotti 2016).

In addition, ensuring the inclusion of households with children, and particularly adolescent girls, will activate an intergenerational pathway of impact. Existing cash transfer programs often target households with young children, but more emphasis should be given to ensuring benefits are not discontinued as children grow into adolescence and face increasing vulnerabilities, including those related to IPV. In

TABLE 1 Targeting of households and individuals

Recommendations	Examples
<p><i>Household level</i></p> <p> Ensure inclusion of households and individuals who are economically insecure and prone to conflict.</p> <p> Ensure inclusion of households with children and adolescents to promote intergenerational prevention of IPV.</p> <p> Consider universal (or near-universal) transfers within geographically targeted areas, or those with clear and transparent targeting criteria.</p> <p><i>Individual level</i></p> <p> Prioritize women as named recipients; build community support for participation of women, particularly where acceptance of women as named recipients is in question; include measures to promote women's participation in deciding uses of cash and in complementary programming.</p> <p> If transfers are capped at the household level, consider classifying co-wives in polygamous households as distinct households, such that each co-wife qualifies for her own transfer</p> <p> For transfers tied to punitive conditions – such as a requirement to attend trainings or comply with health visits to maintain eligibility – consider relaxing or removing them, or ensure these are labeled as household responsibilities (rather than solely women's)</p>	<p>Polygamous households in Mali had higher levels of anxiety, disputes, and IPV as compared to monogamous households. These households also showed larger decreases in IPV due to Jigisémèjiri, the national unconditional cash transfer, including decreases of physical IPV (7 percentage points [pp]), emotional IPV (13 pp), and controlling behaviors (16 pp) – potentially because they had higher levels of pre-program IPV (Heath et al. 2020).</p> <p>A study examining the impacts of an unconditional cash transfer delivered via mobile transfers by GiveDirectly in Western Kenya randomly varied whether men or women received transfers. The study found reductions in both physical and sexual IPV when women received transfers versus physical IPV only when men received transfers (Haushofer et al. 2019).</p> <p>A transfer program in Bangladesh included a complementary group-based nutrition training for women that also invited other influential household members (such as mothers-in-law and husbands) to attend some sessions. It also included meetings between program staff and influential community members (such as village heads, religious leaders, schoolteachers, community-elected persons, and local health and family planning staff) to explain the importance of the training and provide them with the information being conveyed to study participants. The aim was to facilitate women's participation in the training and create a supportive household and community environment. Authors hypothesize that these measures supported women's participation in the training, despite gender norms restricting women's mobility outside the home (Roy et al. 2019a).</p> <p>A mixed-method study in Ghana of an unconditional cash transfer to pregnant women and women with young children (the Livelihood Empowerment Against Poverty 1000 program) showed decreases in IPV – both quantitative and qualitative evidence suggest that women's increased financial and social standing was a key pathway of impact (Peterman et al. 2022; Barrington et al. 2022).</p>

Note: Icons denote which pathways are likely to be activated for each recommendation.

all cases, these prioritizations do not imply that only such households should be targeted – but rather that, within budget constraints, efforts should be made to minimize exclusion errors that might otherwise omit such households.

A targeting process that is clear, transparent, and reduces exclusion errors can also reduce stigma and jealousy faced by recipient households from other community members – which in turn may increase social cohesion and reduce conflict between the household and community at large.⁵ Another consideration for targeting is whether there are likely to be spillover benefits in terms of IPV reduction among non-participant women. Spillover benefits are possible as a result of potential effects in the local economy or community-wide norm changes associated with complementary programming, for example. However, spillover effects on IPV reductions are likely to be smaller and less probable than effects among direct participants.⁶ Therefore, recognizing that numerous considerations go into targeting decisions including budgetary and political economy

concerns, we recommend that implementers consider the feasibility of using universal transfers (or near-universal transfers, such as those with criteria that aim to exclude only the affluent rather than to include only the very poor) within geographically targeted areas (Grosh et al. 2022, Hanna and Olken 2018, Kidd and Athias 2020). Doing so may reduce exclusion errors of households and individuals with high potential to benefit, simplify targeting, and make targeting more transparent. In this way, universal targeting can increase opportunities for meaningful population-level change – with implications for IPV impacts via the economic security and intrahousehold conflict pathways.

At the individual level, evidence suggests that cash can reduce IPV regardless of the gender of the named recipient, which is consistent with the economic security and intrahousehold conflict pathways operating in any case. However, targeting women to receive transfers or complementary programming can make women more likely to retain control of funds and benefit from additional

knowledge, social capital, or financial inclusion – thus making the women’s empowerment pathway more likely to operate. Numerous studies suggest that women’s status increased due to rising financial or social standing from cash transfer programs in which they were named recipients (Buller et al. 2018, Buller et al. 2016, Peterman et al. 2022). A study in Kenya suggests that IPV is reduced by cash transfers regardless of whether men or women are targeted, but reductions in more forms of IPV (both sexual and physical, versus physical only) occur when women are targeted (Haushofer et al. 2019). Despite frequent concerns about a backlash to transfers targeted to women, there is little evidence to suggest that cash is inherently risky when given to women. Most evaluations show no evidence of increases in IPV (Buller et al. 2018). However, three studies from Mexico and Ecuador suggest potential for subgroup increases in IPV, even when decreases in IPV are found on average.⁷

Based on the breadth of existing evidence, our recommendation is to consider targeting approaches that prioritize women as primary recipients of cash and complementary programming, while taking proactive approaches to reduce the potential for backlash. Some design components to consider are: (1) building community support for targeting of women by engaging gatekeepers (such as on-the-ground implementation partners and community leaders) and vocalizing this support in community forums; and (2) removing formally monitored conditions related to qualifying for or maintaining eligibility for transfers. Such conditions may increase stress, cognitive, and time burdens on women, as well as creating the possibility that women who are most in need will lose access to transfers – and be blamed by their partners and families for doing so. Some of these options are discussed further in the section on transfer delivery.

An addendum to this recommendation applies to contexts where consultations with local women’s and girls’ rights organizations indicate that exceptionally strict gender norms may shape household members’ reactions to women being targeted – or where norms and other constraints may limit women’s mobility in public spaces and thus participation in programs. In these cases, implementers should carefully consider which design features might nonetheless allow targeting women (for example, mobile transfers) and bolster an empowerment effect, while reducing the probability of resistance from male partners and community members. In these settings, implementers may consider framing or labeling the transfer as being for the well-being of the entire household and/or children, or emphasizing household harmony as part of community sensitization. If implementers believe that naming women









as primary recipients is contextually infeasible even after considering such options, they should nonetheless take measures to promote women’s inclusion in deciding how to use transfers and participation in complementary programming, as these may promote some empowerment impacts. For example, programs could consider authorizing multiple household members to make transactions, ensuring information reaches both men and women by using multiple channels, and providing messaging that benefits are for the entire family.

Amount, frequency, duration, and predictability of transfers

Cash transfers typically have clearly set out transfer values, as well as planned disbursement intervals (for example, monthly, quarterly, or lump-sum payments). Programs may be short-term or continue over a number of years; they may have a set duration (after which participants “graduate”) or continue for as long as funding allows. These core considerations are all part of “getting the basics right” and can be important considerations for IPV impacts as well (Table 2).

Ensuring transfers are of substantial and meaningful value is an essential ingredient for improvements in economic security and related emotional well-being. Acknowledging budgetary considerations, transfer values should also be regularly assessed to ensure they keep pace with inflation over time. While no single formula exists to determine “substantial” value, one approach is to set transfer values such that they raise recipient households to meet the context-specific “minimum expenditure basket” (the monetary value households need to meet season-specific basic needs through local markets) (WFP 2020). Cross-country programmatic guidance from the Transfer Project suggests transfer levels should be at least 20 percent of pre-program household expenditures in order to result in meaningful, widespread impacts across a range of domains (Handa and Davis 2015). A study in Kenya shows that larger transfer values lead to larger improvements in psychological well-being, suggesting that larger transfer values may be more likely to support IPV reductions through the economic security and emotional well-being pathway (Haushofer and Shapiro 2016). A systematic review of the impacts of cash transfers on subjective well-being and mental health in LMICs supports this conclusion, finding that the value of transfers, both relative to previous income and in absolute terms, is a strong predictor of effect size (McGuire et al. 2022). On the other hand, case studies in Egypt and Bangladesh have found that women may have stronger control over smaller transfers (WFP 2019). Given the importance

TABLE 2 Amount, frequency, duration, and predictability of transfers

Recommendations	Examples
   Provide transfers of substantial value to ensure meaningful effects on well-being. If there are context-specific concerns about larger transfers remaining in women's control, provide framing and arrange community advocacy to support women's roles.	A study examining the impacts of an unconditional cash transfer delivered by GiveDirectly in Western Kenya randomly varied transfer value and found that larger transfers – holding fixed frequency – improved psychological well-being more (Haushofer and Shapiro 2016).
   When possible, consider providing regular, frequent transfers. These may be more likely to be used to improve food security and more likely to be controlled by women, as compared to larger, more “lumpy” transfers. Men's acceptance is also more likely to evolve over a longer duration than a short period (as with a lump-sum transfer). In addition, while measures to ensure post-intervention impacts on IPV mechanisms may be context-specific, programs over a longer time period likely have higher potential for such sustained impacts.	A study in Colombia used municipality-level variation in the payments of a conditional cash transfer to find overall reductions in IPV of 6 percent during payment months. However, in months where transfers were expected but not received, IPV increased – suggesting expectations around economic scarcity are important (Camacho and Rodriguez 2020).
  Provide clear communication about the frequency and duration of transfers, and ensure predictable delivery of benefits to facilitate budget planning and reduce stress around future uncertainty.	

Note: Icons denote which pathways are likely to be activated for each recommendation.

of transfer values being sufficient to cover essential needs, our recommendation is to ensure foremost a meaningful transfer value and accompany the transfers with additional measures (described in the “Targeting” section on framing) to strengthen women's control over the transfers.

Although there is limited evidence on the implications of varying frequency and duration of transfers (holding fixed the total amount transferred), it is conceptually likely that smaller, more regular transfers over a longer duration will influence IPV pathways more strongly than larger one-time lump-sum transfers. Research suggests that women may have greater control over smaller transfers (leading to an empowerment pathway) and that small regular transfers may be used to improve food security and cover day-to-day consumption needs, thus reducing daily conflict. In addition, these regular, longer-duration transfers may provide more time for a transition in men's reaction to any changes in women's status and be less likely to trigger backlash than large, one-time transfers to women. On the other hand, suggestive evidence also indicates that slightly larger and “lumpier” transfers (such as quarterly or semi-annually) – holding the total value constant – are more likely to increase investments. This may have multiplier effects for future productivity and the economic situation of the household over the longer term (Haushofer and Shapiro 2016). Frequency of transfers may also influence cost-effectiveness. In one study that compared 15 monthly installments with 5 quarterly installments of equal value to ultra-poor women in Nigeria, there were few differences between the two groups in terms of economic impacts or women's ability to control the transfer. However, quarterly transfers were more cost-effective, leading the authors to suggest that cost savings from









quarterly transfers could free up resources to increase the total value of transfers or extend the program to reach additional women (Bastian et al. 2017). Given current evidence, our general recommendation is to prioritize relatively frequent and longer duration of transfers – all else equal – but to balance these decisions against budgetary implications for transfer amounts and program coverage. In addition, once transfer size, frequency, and duration are set and communicated, there is evidence suggesting predictability is key to reducing IPV (Camacho and Rodriguez 2020). Clear communication and predictable payments can facilitate household members' budgetary planning and reduce anxiety around future uncertainty, thus minimizing stress and conflict around the receipt of the transfers themselves.

Although existing evidence is limited regarding which design decisions contribute to IPV reductions persisting *after* the end of programming in various contexts, post-program IPV impacts will occur only if the program leads to changes in IPV mechanisms that persist after transfers end (Roy et al. 2019a, Roy et al. 2019b). The specific design decisions that will shape post-program mechanisms are likely to be highly context specific. However small, one-off or short-term transfers may be particularly unlikely to change IPV mechanisms beyond the end of programs themselves.

Delivery of transfers and operational considerations at pay points

There are numerous operational considerations around the delivery of transfers, which may be important for IPV, that extend beyond the need for clear communication and sensitization mentioned in earlier sections (Table 3).

TABLE 3 Delivery of transfers and operational considerations at pay points

Recommendations	Examples
 If women's access to mobile phones and digital literacy is high, consider mobile transfers, as these may increase women's ability to retain control over transfers. Prioritize choice in modality or manual transfers if women's mobile access and digital literacy are not high.	An Oxfam cash transfer designed for women in Vanuatu in response to tropical cyclones and COVID-19 used e-vouchers to maintain security and discretion for women so they would not have to carry cash over long distances. To mitigate risks to women, implementers requested both husband and wife come to the initial distribution to confirm and agree on the primary recipient – framing the transfer as being for “the one doing the shopping” (Tønning 2020).
  Consider delivering transfers through women's groups to facilitate social capital and solidarity, while leveraging implementation synergies.	
  Integrate grievance and complaint mechanisms that explicitly address issues of IPV alongside other forms of violence, exploitation, and abuse – and ensure they are properly advertised, accessible, anonymous, and supported by action.	A study in Niger tested differences between a Concern Worldwide mobile and a manual cash transfer delivery for women, finding improvements from the mobile modality in household well-being (dietary diversity and increased purchases of energy-rich foods), as well as for the women themselves (time savings and greater decision-making power). The authors hypothesize these changes were partly due to the shorter travel distances required for mobile transfers, as well as to women being more easily able to hide that they received funds (Aker et al. 2016).
 If mobile transfers are used, consider complementary programming that brings together women with other program participants and/or staff.	
  Ensure location of pay points and time of day are convenient and safe for women.	

Note: Icons denote which pathways are likely to be activated for each recommendation.

First, implementers should carefully consider the trade-offs between delivery modalities for transferring benefits and/or the feasibility of allowing participants to choose between modalities. There are numerous options beyond manual cash payments, including mobile transfers, use of direct deposit into bank accounts, prepaid ATM cards, and e-vouchers, depending on local infrastructure and service availability (Beazley et al. 2020). These different options may have implications for the women's empowerment pathway. For example, mobile transfers may increase a woman's financial inclusion, save her time, and increase her ability to retain control over transfers, as shown in a study testing mobile versus manual transfers in Niger (Aker et al. 2016). It is possible that some of these same factors could result in changes in IPV, although no study to date has tested this directly. However, exclusively using mobile money may leave out women who do not have access to cell phones or who may not be able to easily use technology due to illiteracy or other issues – excluding them from programming entirely, or reducing their control over transfers if they rely on another household member's phone. The decision to use mobile transfers should thus rely on careful assessment of women's access to mobile phones in a given context, or be accompanied by in-kind transfers of phones at program enrollment.

Manual transfers, by contrast, may allow women to gather in groups, which may have the added benefit of increasing women's social capital and solidarity (see Box 3). In addition, manual transfers offer an opportunity

for women to interact with program staff, who can provide additional information or sensitization. For example, it is essential practice for cash transfers to incorporate grievance and complaint mechanisms, and pay points may offer more visibility and accessibility for women. Help-seeking information for violence issues (both IPV and other forms of exploitation and abuse) should be available with referrals to dedicated services, and complaints should be anonymous, regularly reviewed, and disaggregated by gender to address operational challenges for women that could trigger IPV (Lindert et al. 2020). If mobile transfers are used, information for grievance mechanisms should be conveyed using other methods that do not rely on mobile access, and opportunities for bringing women together with other participants and staff should be considered through complementary programming. If manual transfers are used, payment distribution should be in locations that are feasible and safe for women to visit, and at times that allow participants to manage family and work tasks, thus minimizing related conflict within the home that may raise additional triggers for IPV.

System linkages and complementary programming

In order to create synergistic effects for a particular program objective, cash transfer programs are increasingly designed as “cash-plus” to include (1) linkages to other systems and services (such as referrals to health services) or

BOX 3 The potential of women's groups for implementation and complementary programming

A substantial body of literature supports the potential of [women's groups](#) (such as women's economic collectives and women's self-help groups) to increase women's economic empowerment, agency, self-confidence, and social capital, as well as health outcomes. Women's groups have also been shown to help participants mitigate the effect of shocks – such as the COVID-19 pandemic and associated lockdowns (Nasingo et al. 2021) – by providing savings and access to credit. By reducing adverse effects of shocks on food security and income, they may reduce economic insecurity and resulting stress, and thus reduce IPV triggers during shocks. Women's groups may serve as both a [platform for delivery of cash](#) and for complementary programming. Mechanisms of impact for IPV within group-based programming may occur via women's empowerment, as well as increased visibility in the community. If groups are facilitated by program staff – as in group-based trainings, for example – there is additional interaction that may promote linkages to services or social control. These benefits have potential to be sustained beyond the end of programming if social networks persist, including through virtual communication platforms.

Thus, group-based complementary programming need not focus on IPV objectives in order to activate IPV pathways. Although little guidance exists on how specifically to design group-based programming to optimize impacts on IPV pathways, evidence suggests certain features may make this more likely:

- Group interactions should be sufficiently "intensive" in terms of regular meeting frequency and relatively long duration of programming, since more interaction over a longer period is likely to strengthen effects on self-confidence, agency, and social capital.
- When incorporating training components, the format should be participatory, interactive, and engaging, with high-quality facilitation, as this both motivates participants to attend and encourages interactions that build social capital.
- Women's participation may be more acceptable to their households and communities if training and group objectives focus on a topic that is contextually viewed as within women's domain (such as nutrition or parenting). Moreover, women's knowledge on such topics may be more likely to earn them respect and improve their status within the household and community, as well as enhance their own feeling of agency. These effects are likely strengthened when the training content is well-designed to be accurate and relevant to the context.
- Inviting influential household decision-makers (such as husbands and mothers-in-law, depending on the context) to attend some sessions may increase acceptability of women's participation at the household level. Sensitizing the community to the importance of women's participation through advocacy from program staff and community leaders may also be useful, particularly in settings where there are restrictions on women's mobility.
- Attention should be given to making the space inclusive. If group-based sessions involve both men and women, it may be important to have discussions split by gender, as case studies suggest that power dynamics lead women to speak less freely in mixed-group sessions – reducing benefits of participation. Translation or other supports needed for inclusive participation should be arranged.






(2) complementary additional program components (such as adding a training or additional in-kind transfer) (Table 4). Overall, while options for system linkages and complementary programming are numerous and diverse, we focus on a few specific options where there are clear implementation or impact synergies for IPV. In the absence of these options, given coordination costs and diverging program objectives, there is little incentive to pair programs instead of implementing vertical programming, which might operate just as effectively.

Typically, when high-quality services exist, system linkages are preferred over the creation of new program components; however, these services are not always available in low-resource settings. When such services are in place, we recommend building linkages to violence-specific response, referral and case management, or social welfare

services – all of which operate to reduce IPV or support women experiencing IPV, primarily through interactions with service staff. These linkages could be made by participant demand (such as grievance referral mechanisms); through active outreach, including automatic referral through program triggers (for example, if women miss trainings or do not collect transfers for several cycles in a row); or rapid assessment. Some of these services function in response to IPV, meaning they are unlikely to play a primary role in prevention, and often require intensive and well-trained staffing from outside the cash transfer sector. While they are unlikely to reach cash transfer participants at scale, they may be able to address severe cases or increase help-seeking among survivors.

Complementary measures can be wide ranging, but they are often "light-touch" if implementers are overstretched

TABLE 4 System linkages and complementary programming

Recommendations	Examples
 Where high-quality services are available, create system linkages to violence-specific response, referral, or case management services to address extreme cases or increase help-seeking. Depending on what components align with overall program objectives, budget, and capacity, consider providing complementary programming that aims to:	<p>A program in Bangladesh providing cash or food transfers to poor rural women, with or without group-based behavior change communication (BCC) focused on nutrition, showed sustained reductions in physical IPV from the combination of cash plus BCC four years post-program – but no sustained impacts from cash alone (Roy et al. 2019b).</p>
 Further strengthen household economic security – such as livelihood training or productive asset transfers, training on financial planning, or direct efforts at financial inclusion.	<p>Evaluations of group-based parenting (Philippines) and home-vis-it-based early childhood development programs (Rwanda) layered over the government's flagship social protection programs showed reductions in IPV. Both interventions were 12 sessions and implemented by laypeople who received content trainings. The sessions included elements to help couples co-parent and interact with their families using non-violent and stress reduction techniques, as well as linkages to other social services (in Rwanda) (Lachman et al. 2021, Jensen et al. 2021).</p>
 Improve relationships between couples or within households – through, for example, parenting programs or trainings that bring husbands and wives together on other valued topics.	
  Empower women – through, for example, group-based activities for women (Box 3), programs that improve women's self-perceptions, or programming that specifically supports women's economic standing (such as livelihood trainings, financial planning, or community-based safe childcare).	<p>A voucher program for childcare in informal settlements in Kenya increased women's employment by 8.5 percentage points (Clark et al. 2019). Community "mobile childcare" implemented in Burkina Faso was linked to social protection programming, allowing mothers to participate while ensuring their children were in a safe environment (World Bank 2021).</p>

Note: Icons denote which pathways are likely to be activated for each recommendation.

and have little dedicated training to implement complex specialized programming. As mentioned above, we do not recommend implementing complementary programming that aims to directly address IPV without carefully considering the local context, piloting with local IPV prevention experts, and ensuring implementation by well-trained staff. As this approach may not be feasible for many large-scale cash transfer programs, we focus here on add-ons that are not explicitly focused on IPV in terms of content, but have links to IPV pathways. Although few studies have rigorously assessed the IPV impacts of specific add-ons to cash transfers, conceptually promising add-ons include those that may (1) further increase household's economic security – or make these increases more sustainable, (2) reduce conflict between couples or within households more generally, and (3) increase women's empowerment, including their agency or social capital.

Complementary programming can strengthen economic security in many ways. For example, livelihood training or asset transfers can pair cash with productive asset transfers or with training on best practices or new technologies; these can facilitate uptake of income-generating activities, which may continue beyond the program. Training on financial planning can cover how to save or invest a portion of cash transfers received. Direct efforts at financial inclusion can help recipients to save or conduct other financial transactions with a portion of their cash transfers (Ambler et al.

2020, Blattman et al. 2016, Kluve et al. 2019, Ranganathan et al. 2022, Suri and Jack 2016, WFP 2019). Complementary programming that improves relationships between couples or within households could include trainings that bring husbands and wives together on valued topics (such as budgeting or livelihoods) and thus give them common ground for joint decision-making. Parenting/early childhood development programs can focus on managing discipline and coping with both children's and parents' emotions using positive, non-violent methods (Lachman et al. 2021, Jensen et al. 2021, Quisumbing et al. 2021). Examples of complementary programming that may strengthen women's empowerment can include: (1) components that bring women together with peers in a group-based format, as this may facilitate agency, self-confidence, and social capital (see Box 3; these may also increase the visibility of violence through interactions with program staff and participants); (2) components that aim to improve women's self-confidence, perceptions, and agency; or (3) programming that specifically supports women's economic standing. The latter might include previously mentioned economic interventions or provision of safe childcare services, which can boost women's labor force participation (Halim et al. 2021). With any intervention aimed at changing women's role in the household – including moving from primarily domestic work to work outside the home – consideration should be given to building household and community support for these

transitions. In addition, with any complementary program, implementers should consider that sustained post-program reductions in IPV will require sustained post-program impacts on pathways. Identifying which pathways are likely to be salient in a given context, and what types of add-on programming are more likely to lead to sustained effects on these pathways, may help guide the choice of complementary programming.

Concluding remarks

Evidence shows cash transfers are promising tools to reduce IPV, yet research is scarce on how to design programs specifically to enhance this potential. We aim to provide recommendations that enable implementers to act with what we know, rather than letting gaps in evidence lead to inaction. We organize our thinking around plausible mechanisms through which cash transfers affect IPV, building off the framework developed by Buller et al. (2018) and using emerging evidence to expand on these mechanisms. We note that our recommendations should not be seen as “silver bullets” that will apply universally. In particular, the mechanisms discussed here may not be the only ones operating within diverse program types, target groups, and settings. Several mechanisms may operate at the same time within one program, potentially moving in countervailing directions in response to a design decision. The existing evidence is drawn from a limited set of program types and settings. We do not explicitly address issues of safeguarding and risk mitigation against other forms of gender-based violence beyond IPV – including other sources of sexual exploitation and abuse. Nonetheless, we hope that our recommendations serve as general evidence-informed guidance that can be adapted to various settings based on local stakeholders’ insights into the gender and violence context, as well as specific program objectives and constraints.

With these caveats in mind, there are several overarching recommendations:

1. Cash transfer programs should focus on providing meaningful income support to vulnerable populations. This is central to the economic security and intrahousehold conflict pathways that emerge repeatedly in the literature as mediating relationships between cash transfers and IPV. Guidance includes setting transfer amounts, frequency, duration, and predictability to ensure meaningful effects on well-being, as well as targeting to minimize exclusion errors of vulnerable households and individuals.
2. Measures to empower women should be intentionally included alongside proactive measures to mitigate backlash. Guidance includes targeting women as primary recipients of cash transfers and complementary programming whenever possible; choosing payment modalities and pay points that are convenient, feasible, and safe for women; building community support for women’s program participation; and framing transfers in such a way that targeting women will entail minimal risk of violence from household members and communities. In specific cases where naming women as transfer recipients is viewed as infeasible, measures to promote women’s inclusion in decisions around using transfers and participating in complementary programming should be prioritized.
3. Complementary programming is highly promising for strengthening the effects of cash on IPV, yet it is important to ensure that there are clear synergies between cash and “plus” components, as well as ensuring that the design is responsive to both program objectives and constraints. There is no rationale to deliver cash and additional programming together unless there are clear synergistic components between them, and doing so may divert resources from the cash programming. Moreover, not all cash transfer programs must be gender-transformative to have IPV impacts. Particularly when logistical resources and expertise are limited, implementers should focus on components aligned with core program objectives that can also strengthen economic security, reduce intrahousehold conflict, and promote women’s empowerment – such as livelihoods and economic interventions, couples’ trainings, parenting programs, women’s groups, or economic/agency interventions focused on women. System linkages can be established with high-quality services for responding to violence or case management in settings where such services exist. Programs with clear gender-related objectives and funding can build more complex complementary programs that intentionally try to reduce IPV, but these should be informed by experts on gender norms and violence in the local context.
4. Underlying all recommendations is the understanding that achieving impacts relies on the quality of implementation – both for cash and for complementary programming. This is particularly important to consider in the case of complementary programming, which often requires staff capacity and specialized expertise beyond the social protection sector. Where staff capacity does not yet exist, program funders and designers

should incorporate it explicitly into plans and budgets for new programming.

5. Regardless of the explicit program objectives, implementers should be guided by a deep understanding of gender dynamics in program settings via pre-program rapid gender assessments and collaboration with local women's groups or stakeholders.

Further research is key to expanding, refining, and adapting these recommendations. To that end, a research agenda was developed in 2021 that lays out priority areas for future research linking cash transfers to IPV in LMICs, including a focus on the role of design and operational features, as well as on complementary programming (Peterman and Roy 2021). Since good evidence is key to informing programming, the research agenda also lays out best practices to produce ethical and methodologically rigorous research and to translate findings into policy across diverse settings. Thus, the current guidance is part of a “living” body of evidence intended to help policymakers and program implementers design programs that tackle both poverty and gendered linkages to violence, ultimately improving the well-being of women and their families.

ADDITIONAL OPERATIONAL GUIDANCE AND RESOURCES FOR CASH TRANSFERS AND GENDER-BASED VIOLENCE

The [gender and cash sub-workstream](#) of the Grand Bargain's Cash Workstream developed a [Tools and Guidance](#) mapping of gender-based violence, cash, and voucher resources focused on humanitarian settings. The mapping contains information on the objectives, audience, setting, areas addressed, and languages available for each tool.

The World Bank's [Safety First: How to Leverage Social Safety Nets to Prevent Gender-Based Violence](#) provides operational guidance on how to optimize program design and implementation to prevent and mitigate gender-based violence.

The [RESPECT Women: Preventing Violence against Women – Implementation Package](#) developed by UN Women, the World Health Organization, and stakeholders includes material on the [Poverty Reduced](#) strategy, [program summaries of cash transfers](#), and [monitoring and evaluation guidance](#).

The **Cash Transfer and Intimate Violence Research (IPV) Collaborative** is a group of interdisciplinary researchers focused on producing and disseminating rigorous evidence linking cash transfers to IPV in low- and middle-income countries. **Amber Peterman** is a research associate professor, Department of Public Policy and the Transfer Project, University of North Carolina at Chapel Hill, and a non-resident fellow, Center for Global Development, Washington, DC. **Shalini Roy** is a senior research fellow in the Poverty, Nutrition, and Health Division, International Food Policy Research Institute, Washington, DC.

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Endnotes

- 1 IPV includes any physical, sexual, psychological, or economic violence perpetrated by a current or former intimate partner, including a dating partner. IPV has been linked to adverse short- and long-term health, social, and economic outcomes for women and their children. According to the most recent global estimates, approximately 27 percent of ever-partnered women ages 15 to 49 have experienced physical and/or sexual IPV in their lifetime (Sardinha et al. 2022).
- 2 To study program design variations in a causal framework, quantitative studies must set this up intentionally, for example by randomly varying design components and testing them against each other.
- 3 However, a global review and meta-analysis suggests little evidence that cash increases expenditures on temptation goods (Evans and Popova 2017).
- 4 Explicit targeting of IPV survivors should only be done when transfers can be implemented discreetly – or if the exact reason women are prioritized or included in the program will not be known to community members. For example, some programs have prioritized survivors for cash transfers identified via social services. Others may implement triage or screening tools to identify families at risk for IPV for complementary programming as part of their intake operations. For an example of pairing cash and vouchers with violence case management, see Manell and Welcome-Radice (2020). Further, “freedom from IPV” should never be a condition for program eligibility or for renewal/receipt of benefits. While such conditions may be intended to serve as a preventive measure, they may have the adverse effect of reducing reporting and help-seeking and may exclude the most vulnerable groups of women. During the COVID-19 response, the program Bogotá Solidaria en Casa in Colombia provided poor and vulnerable households with cash transfers estimated to cover 70 percent of their expenditures. Conditions and requirements included complying with quarantine and not having reported domestic violence, which may have harmed the exact population that it sought to help (Gentilini et al. 2021).
- 5 For example, Valli and colleagues (2019) review literature on economic transfers and social cohesion in LMICs. While the majority of evidence points to beneficial impacts on social cohesion, several examples were given of potential adverse effects due to targeting concerns in Indonesia (resulting in higher crime rates), Kenya, Yemen, Nicaragua, and the State of Palestine (resulting in jealousy, resentment, and increased community tensions).
- 6 One study in Kenya shows relatively large unconditional cash transfers given by GiveDirectly (average value of US\$709 PPP, or equivalent to two years of per-capita household expenditures) have positive spillovers, reducing physical IPV among non-participant women in treatment villages (however, to a lesser extent than among participant women). Potential mechanisms include norm change or spillovers in economic security due to local economy effects of increased cash (Haushofer et al. 2019).
- 7 The three studies with evidence of subgroup increases in IPV are Angelucci (2008), Bobonis et al. (2013), and Hidrobo and Fernald (2013). In the first paper, cross-sectional data from 1998 are used to find Mexico’s national cash transfer, Oportunidades, has no average effect on household member’s “aggressive behavior after drinking.” However, the study tests and finds numerous subgroup effects. In particular, in households with specific numbers of children (2, 3, and 5, for example), those with larger transfers, and households where husbands have low education show increases in aggressive behavior after drinking. However, many other subgroups show decreases, and it is not clear what is driving these different effects (including pre-program differences in aggression), or if they would still be deemed significant accounting for multiple hypothesis testing. In addition, the outcome measure is not gold standard, and can be seen as a proxy for IPV, rather than a holistic measure capturing different types of IPV. In the second study, again examining Oportunidades, the authors find average decreases in 12-month physical, sexual, and combined IPV measures. However, subgroup analysis shows impacts are concentrated on women with “low expected gains to marriage” as proxied by schooling levels between partners (women’s secondary schooling completion paired with men’s educational attainment). In this sample with low expected gains to marriage, there is also an increase in threat of physical IPV and emotional IPV. Given average impacts support decreases, this finding is consistent with partners in the subgroup potentially seeking (threatening) to extract cash transfer funds from women. In the third study, in Ecuador, authors find average decreases in lifetime controlling behaviors and an index of psychological IPV (but no average impacts on physical or emotional IPV). In addition, they show that impacts are driven by mothers with >6 years education, for whom there are average decreases also for emotional IPV and controlling behaviors. However, emotional IPV increases for mothers with ≤6 years education in cases where she has equal or more education than her partner. Given data constraints, the authors are not able to examine 12-month (contemporaneous) measures of IPV, thus impacts are driven by women who were newly experiencing IPV during the study period, rather than women who might have experienced IPV in the past but were no longer experiencing it during the program period. Taken together, the studies point to average decreases in IPV and do not support a narrative that more vulnerable subgroups of women are necessarily the groups where increases in IPV occur. However, they do show that more research is needed to understand potential for subgroup adverse effects.

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