



The Transfer Project is collecting evidence across six sub-Saharan African countries on the link between cash transfers and the reduction of interpersonal violence, including intimate partner violence (IPV) and violence against children (VAC). This Brief describes the methods and measures being used to carry out the research.

INTRODUCTION

Over the past decade, more than a dozen government-run cash transfer programmes have been launched in sub-Saharan Africa as part of national social protection strategies. There is growing evidence of the ability of these programmes to improve children's and adults' lives across a range of outcomes, including food security, health, nutrition, and educational status. These programmes have great potential to impact broader outcomes, particularly due to the unconditional nature of most programming (i.e., eligibility for transfers is not dependent on recipients' behaviour). Recently, there has been increased interest in examining whether cash transfer programmes reduce interpersonal violence, including intimate partner violence (IPV) and violence against children (VAC), which are pervasive and constitute a major hindrance to health and development. In this Research Brief, we discuss different approaches that have been implemented in

evaluations supported by the Transfer Project (led by UNICEF, FAO, Save the Children-UK, the University of North Carolina, and national governments, among other partners), a community of practice created to share lessons, experience and expertise between evaluators, government programme managers and development partners.

BACKGROUND

Gender-based violence, including sexual, psychological, physical and socio-cultural violence, is widespread globally. The most pervasive form of gender-based violence is IPV. One in three women will experience IPV in their lifetimes. IPV adversely affects the health of women and children and their ability to lead productive lives. Among women, such violence increases the risk of sexually transmitted infections, psychological problems, chronic pain and disability, and substance abuse. Furthermore, women's exposure to IPV during pregnancy has been linked to low birth weight and pre-term delivery, and in children, maternal exposure to IPV is associated with developmental delays (i.e., slowed physical and intellectual growth), asthma, respiratory infection, problem behaviours, decreased growth, and mortality. IPV is also a vicious cycle that is often learned in the home; one of the strongest predictors of future victimization and perpetration of IPV is having witnessed it as a child.

VAC in its many forms, including physical, sexual and emotional, is also widespread, and it can prevent children from reaching their full potential by increasing the risk of educational under-achievement, low self-esteem, depression, risky behaviours (e.g., early sexual debut, more sexual partners), and self-harm. There is therefore an urgent need for evidence on interventions that are effective in reducing violence. Violence undermines development efforts; indeed freedom from violence as a child and adult is a basic human right.

• Pathways

There are different pathways through which cash transfers may reduce violence. Stress is a common trigger of violence, and if cash transfer programmes **reduce stress** in the household, they may also have the potential to reduce violence. Second, cash transfers **increase economic well-being** and this often decreases the need for women and young people to be in situations where making ends meet means greater exposure to different forms of violence. For example, they may be less likely to engage in transactional sex or in age-disparate relationships with unequal power dynamics. Finally, because evidence shows that women are more likely



to re-invest resources into their families' well-being, transfers are often given to female heads of households. This additional cash may increase their options outside their respective relationships, thus altering the intra-household distribution of power and empowering them, ultimately making IPV less likely to occur. On the other hand, giving cash transfers directly to women may have unintended negative consequences, with male partners perpetrating IPV in response to the changed power dynamics or in order to force the women to give them the cash.

- *Existing evidence*

Recent studies in Ecuador, Mexico, Peru, and Kenya have examined the impacts of cash transfers on IPV. Results from these studies demonstrate that cash transfer programmes are successful in reducing multiple forms of IPV, including controlling behaviours and emotional, physical and sexual violence, though impacts often varied by setting or characteristics of the recipient (such as educational status or educational status relative to her partner). We are not aware of any studies to date which have examined the impacts of cash transfer programmes on violence against children.

MEASURING INTERPERSONAL VIOLENCE IN THE TRANSFER PROJECT IMPACT EVALUATIONS

In impact evaluations across six countries, the Transfer Project is collecting evidence of violence in household questionnaires, typically directed towards the primary female or female head of household and to adolescents through specialized adolescent modules. Exposure to violence is dealt with using direct questioning and indirect alternatives, such as list experiments and other indirect questions, detailed below. Due to the sensitive nature of the topic and potential for endangering respondents and survey staff, when researching violence against women and children, Transfer Project researchers follow strict ethical guidelines.

- *Direct questioning*

Direct questioning entails asking the respondent whether he or she has ever experienced a specific form of violence. Before asking these types of questions, a safe, private, sensitive environment is assured and interviewers of the same sex as the respondent conduct the interview. To examine physical violence, a variation of the modified Conflict-Tactics Scale, which has been validated globally and used in a variety of settings by the World Health Organization and Demographic and Health Surveys, has been implemented. This scale includes a set of behaviourally-specific questions (e.g.: has anyone ever slapped or pushed you; has anyone ever hit you with a fist, kicked you, or beaten you with an object; has anyone ever pressured, tricked or forced you to have sexual intercourse against your will?). Specific behaviours are asked about in an effort to ensure a consistent definition of violence, instead of relying on the respondent's interpretation of what constitutes violence. Even when validated questions are administered in a safe, sensitive setting, there may still be under-reporting due to the perceived stigma of being a victim of violence. Therefore prevalence estimates will still be a lower bound of the true prevalence, and the ability to correlate violence with other characteristics (including programme participation) may be reduced.

- *Indirect questioning*

Two approaches of indirect measurement used in Transfer Project studies include a list experiment and indirect questions, such as perceptions of violence in the larger community. In a list experiment, respondents are asked how many items on a list of questions apply to them, but are not asked to identify which items they specifically experienced. The interviewer randomly administers one of two lists to the respondent: the first list only contains non-sensitive items (e.g., taken care of a sick relative, gone to visit your child's teacher to talk about his or her progress at school, etc.), and the second list contains those same items with the addition of one question on violence (e.g., been slapped, punched, kicked, or physically harmed by your husband or partner). Prevalence of violence is estimated by comparing the mean number of items reported between the two groups. One drawback to using a list randomization is that it does not provide information about the experience of violence for individual respondents – rather, it provides prevalence estimates for the larger group being studied. The other indirect approach, indirect questions, asks the respondent to report on sensitive information about a group of individuals, such as her extended family or her community, instead of her own personal experience with the topic; or alternatively on attitudes towards acceptance of violence (i.e., whether a husband is ever justified in beating his wife in a range of scenarios such as for burning the food or neglecting the children). An example of an indirect question is, “*In the past year, would you say domestic violence (wife beating) in your community has...*” and response options include “*increased, stayed the same, or decreased.*”

A limitation to using indirect questions has to do with validity, or how well the construct of violence is being measured. In this case, people's perceptions of changes in (or levels of) violence may or may not reflect the actual situation. Further, even if perceptions do reflect reality, there is likely to be a time lag between changes in violence levels and community members' perceptions of such changes. Thus, longer periods of time may be required to see any impacts of cash transfers on the prevalence of violence.

- *Deciding between direct and indirect questions on violence*

When ethical and methodological requirements can be met, and when programme objectives explicitly target violence (or programmes can plausibly be expected to have direct impacts on violence), then direct questions on violence may be appropriate. Alternatively, when programmes are not focused on violence, indirect methods may be more suitable because they reduce both the costs of training and related requirements, and the potential risks associated with asking respondents about their experiences with violence.

FUTURE DIRECTIONS

In the Transfer Project, violence measures have been collected in seven evaluations across six countries (Ghana, Kenya, Malawi, Tanzania, Zambia, and Zimbabwe). Adolescents interviewed include those in households receiving transfers, and they are asked direct questions about their experience with violence, while adult females are asked indirect questions on the subject (Table next page). Future plans include the assessment of violence in follow-up surveys in four of these countries (Ghana, Malawi,



Tanzania and Zimbabwe) over the next two years. We will examine how the programme impacts on experience of violence using impact evaluation methods, as well as looking at the pathways through which cash transfers have an impact on violence, and moderators of this relationship. Available data are currently being analysed and there are plans to present these findings in 2016. More information on the Transfer Project can be found at: https://transfer.cpc.unc.edu/?page_id=587.

Summary of Violence Measures in Transfer Project

COUNTRY PROGRAMME*							
Questionnaire item	Zambia CGP (n=2,404; ages 18-82)	Zambia MCP (n=2,098; ages 15-23)	ZIMBABWE HSCT (n=1,170; ages 13-21)	MALAWI SCTP (n=2,109; ages 13-19)	KENYA CT-OVC (n=2,223; ages 15-25)	TANZANIA PSSN (n=713; ages 14-28)	GHANA LEAP 1000 (n=2,500; ages 15-49)
DIRECT QUESTIONS							
Sexual violence		■	■	■	■	■	■
Forced sex/sexual acts		■	■	■	■	■	■
Transactional sex		■	■	■	■	■	
Emotional violence						■	■
Physical violence			■			■	■
Sought help			■			■	■
Perpetrated or forced sex/acts		■					
INDIRECT QUESTIONS							
List randomization**	■						
Indirect question on perceptions of violence in community**	■	■		■			

Note: n refers to number of women/adolescents interviewed for violence questions.

- * Zambia MCP=Multiple Categorical Grant Programme;
Zimbabwe HSCT=Harmonized Social CashTransfer;
Malawi SCTP=Social CashTransfer Programme;
Kenya CT-OVC=CashTransfer for Orphans and Vulnerable Children;
Tanzania PSSN = Productive Social Safety Net;
Ghana LEAP 1000 = Livelihood Empowerment Against Poverty 1000.

** Asked to adult women in household questionnaire.

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