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**Basic Income and Violence Against Women: A Review of Cash Transfer Experiments**

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## **Abstract**

**Background:** Violence against women is understood as a public health issue that has long-term health consequences for women. Economic inequality and women’s economic dependence on men make women vulnerable to violence. One approach to addressing poverty is through basic income, a cash transfer for all individuals which is not dependent on their employment status.

This paper examines the relationship between basic income and violence against women by surveying cash transfer experiments on intimate partner violence, sexual exploitation, and systemic violence. Previous reviews report ambiguous outcomes for cash transfer experiments on intimate partner violence. This review goes beyond existing systematic reviews by expanding the definition of violence against women for broader understanding.

**Methods:** A systematic search found 43 articles that informed the direct impact of cash transfers on intimate partner violence or sexual exploitation. The search included both experimental qualitative and quantitative data. This search did not yield in articles of cash transfer studies direct impact on systemic violence, but a few relevant articles were selected for discussion.

**Results:** Consistent with other reviews on this subject matter, cash transfers are viewed to have a positive impact on women’s empowerment. Cash transfers tend to decrease physical forms of IPV overall but have ambiguous outcomes for emotional IPV, such as aggression, controlling behaviours, or threats. Cash transfers may also be associated with reduced sexual exploitation as 9 out of 11 studies reported that participants reduced their number of sex trade interactions due to having their financial needs met and studies also reported their perceived increased autonomy in sexual decision-making.

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**Conclusions:** This article outlines the gaps in literature, including the examination of cash transfers and systemic violence that can guide future research to best understand how cash transfer impact violence against women.

## **Background**

### **Introduction**

Basic income (BI) is a cash transfer from government to individuals to enable everyone to meet their basic needs, participate in society and live with dignity, regardless of employment status (Basic Income Canada Network, n.d.). This paper surveys the literature on cash transfer (CT) experiments to determine whether cash transfers are associated with reduced violence against women (VAW). By alleviating poverty, one might expect cash transfers to reduce household stress making women less vulnerable to violence (Baranov et al, 2021). On the other hand, some have argued that cash transfers may aggravate existing tensions in a family (Angelucci et al, 2008; Tabbush, 2010).

Informal papers written by frontline transition house workers have outlined the personal accounts of VAW and poverty, suggesting that basic income could improve these conditions, and identified the limitations of the current welfare system in Canada (Delaney & Mulvale, 2006; Wong, 2016). Frontline workers at feminist organizations have written about their observations that women’s economic insecurity makes them vulnerable to men’s violence, and a form of guaranteed income can play a crucial part to women’s resistance (Lakeman, 2004).

The purpose of this review is to investigate the impact of basic income on all forms of VAW using existing literature. It differs from existing reviews by extending the definition of VAW beyond intimate partner violence (IPV) to include sexual exploitation and systemic violence, and by explicitly bringing a feminist lens to the study by acknowledging that women in

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poverty are particularly vulnerable to multiple forms of VAW, including intimate partner violence (IPV), sexual assault or harassment, sexual exploitation, homicide, and systemic VAW, because of both gender and income inequality.

**Violence Against Women Through a Feminist Lens**

Srivastava et al (2017) argues that misogyny takes shape in multiple forms in society, appearing as patriarchy and male privilege, while exhibiting negative behaviours towards women such as, the belittling of women, sexual harassment, and violence against women (VAW). Feminist theory describes patriarchy as a society in which male supremacy dominates women. Feminism is the act of resisting oppressive patriarchal conditions and advocating for sexual equality, such as advocating for women’s suffrage.

Globally, feminists address VAW in a variety of ways. Feminists lobbied to change laws, for example, arguing for the inclusion of marital rape under the criminal code of Canada (Sheehy, 1999). With no government funding or public support, feminists created transition houses for women escaping violence at home, leading to over 600 transition houses and women’s shelters across Canada today (Goodhand, 2017). Women around the world have created women’s shelters, rape crisis centres, and support services for women experiencing violence. One global study suggested that feminist activism was the driving factor for national governments to support policies to address VAW (Weldon & Htun, 2013).

Violence against women is a global health issue exacerbated by gender inequality through women’s economic dependence on men and intra-household dynamics (Buller et al, 2018; Gibbs et al, 2017; Falb et al, 2019; Guerra, 2021). VAW is a systematic pattern of behaviour that affects one third of women worldwide (WHO, 2013). VAW “violates the rights of

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women and girls, limits their participation in society, and damages their health and well-being.” (WHO, 2013).

Globally, women are 4% more likely than men to live on less than \$1.90 per day (categorized as extreme poverty), and for working aged women 25-34 years old, the gap is widened to 22% more likely (Lu, 2018). Poverty and misogyny make women economically dependent on men and exacerbates the power imbalance between, adding potential for violence. This also makes women and girls vulnerable to sexual exploitation from a young age (Gibbs et al, 2017; Pettifor et al, 2019). Financial abuse has been more recently recognized as a form of VAW as women’s economic insecurity can be further exploited, controlled, and used as a coercive factor.

These factors were exacerbated by the COVID pandemic, which drew attention to the relationship between the economic marginalization of women and violence. The COVID-19 pandemic increased IPV rates as a result of economic impact and social distancing measures, which prompted public health campaigns to address the IPV emergency (Bradley et al, 2020).

**Canadian Context**

The Government of Canada issued various income supplements) during the COVID-19 pandemic, noting the link between income and health of citizens, but have yet to produce a basic income (Government of Canada, 2021).

In Canada, concern about the effects of the pandemic on IPV accompanied an already existing concern about VAW. Indigenous leaders had called for a guaranteed livable income (that is, a basic income) in the wake of the recent National Inquiry of Missing and Murdered Indigenous Women and Girls to address the health and safety of Indigenous women experiencing structural violence in colonization. The Final Report of the National Inquiry of Missing and

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Murdered Indigenous Women and Girls (2019) highlights how systemic violence affects Indigenous women through the lack of structural resources in Indigenous communities and the gendered oppression caused by colonization. Indigenous communities face economic disparity and have less access to basic services including basic infrastructure (Berman, 2018). The Missing and Murdered Indigenous Women and Girls (MMIWG) inquiry defined systemic violence and drew attention to the finding that “Indigenous women face violence, marginalization, exclusion and poverty because of institutional, systemic, multiple intersecting forms of discrimination not addressed adequately by the State” (Brake, 2019). These forms of discrimination included colonization, racism, sexism, and poverty. Indigenous women are three times more likely to experience violence and make a third less average annual income below the poverty line in comparison to non-Indigenous women (National Inquiry into MMIWG, 2019; Brake, 2019), creating the conditions of systemic violence.

Systemic violence more broadly impacts the economic system, legal system, health system, and family systems to discriminate against Indigenous women in Canada. The Human Rights Watch (2014) report how the criminal justice system and policing failed to protect Indigenous women’s safety and contributed to the systemic violence at hand. Recent cases of abuse by hospital staff on Indigenous patients in Canada were investigated as t Indigenous patients were ignored and even ridiculed in both British Columbia and Quebec (Shingler, 2020; Yoshida-Butryn, 2020). Many experts in family services report that the link between MMIWG and child protection services. Because the state apprehends Indigenous children at a higher rate, this leaves Indigenous mothers particularly fearful of seeking services when facing violence (Taylor, 2018).

**Purpose of Review**

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Addressing systemic violence in the field of research of violence against women would help inform basic income policy to get to the root of income and health inequality in Canada. This review goes beyond existing systematic reviews, by extending the definition of VAW to include additional forms of violence, including specifically systemic violence and sexual violence.

There are four reviews published examining CT experiments and rates of VAW. (Table 1). Most reviews examine IPV exclusively (Buller et al, 2018; Baranov et al, 2021; Leite et al, 2019), while one review included sexual risks, not specifically to evaluate violence but rather to evaluate HIV risk (Gibbs et al, 2017). Two reviews included economic interventions that included CT programs as well as other interventions like microcredit programs (Gibbs et al, 2017; Leite et al, 2019). Although two reviews focused primarily on low-middle income countries (Buller et al, 2018; Baranov et al, 2021), all reviews noted that majority of relevant studies take place in low-middle income countries. The outcomes of IPV were often mixed, but often physical IPV declined. The outcomes of non-physical forms of IPV, which included controlling and aggressive behaviours were often ambiguous in CT experiments. Although the outcomes of IPV had mixed results, in all cases women reported that they had greater empowerment and financial control because of the CT program. These outcomes are consistent with the findings in this review.

Existing reviews focused on IPV experienced by married women cohabitating with their spouses, but other forms of VAW include perpetrators who are not spouses. Statistics Canada reports that women are more likely than men to experience unwanted sexual behaviours in public, with workplaces being a common place (Cotter & Savage, 2019). Sexual exploitation is a

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key form of oppression against women and girls on a global scale. Poverty directly affects women’s vulnerability to sexual exploitation.

This review also acknowledges systemic violence as external structural influences that impact the rates and severity of VAW. Systemic violence includes both interpersonal violence, such as individual acts of violence against women, but also institutional forces that directly harm Indigenous people or impede their health and wellbeing.

## **Methods**

### **Search Methods**

Search databases include EBSCOhost search with Medline, Social Science Abstracts, APA PsychINFO, Social Work Abstracts as well as search in UVic Libraries and Google Scholar. Search terms were “basic income” or “cash transfer” and “women” and “violence.” “Violence” was then replaced with “homicide” or “sexual risk.” I searched “indigenous” or “colonial” or “systemic” instead of “violence” but yielded no results. There were 31 articles found in EBSCOhost search (with Medline, Social Science Abstracts (& Full Text), APA PsychINFO, Social Work Abstracts), and there were 162 + 13 articles found in UVIC Libraries, and 9 articles found in google scholar. Through this process, 215 articles were available for screening.

### **Screening**

Through screening 215 articles, articles written in languages other than English and duplicates were removed from analysis. Articles were screened out if they were not relevant to the research question, which was about cash transfers and violence against women. Some articles merely mentioned these words in the abstract without being the main topic. The cash transfer programs were often paired with social programs and services, which may alter the outcomes of



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findings, but nonetheless, were kept as part of the analysis for better understanding of what exists in other social infrastructure. There were **93** articles relevant to the research questions.

In theory, violence against women is based on gender inequality. Some articles on cash transfer programs examined gender dynamics, household roles, and women’s empowerment more broadly. Although these articles could be useful for another review, this review focused on direct outcomes of violence against women. Articles were further screened out if they were not experimental, in which they gave quantitative or qualitative data of a direct impact of cash transfers and its influence on violence against women (including, IPV, sex trade, transactional sex, or sexual assault). Due to the limited literature on cash transfers and systemic violence, articles that involved basic income relevant interventions and Indigenous peoples were retained and used to provide some insight into the systemic violence section, even if “violence against women” or “systemic violence” were not mentioned specifically. However, these articles are not used for the final analysis on VAW. The results of this search yielded **43** articles for this review to explore the relationship between basic income and violence against women using experimental data.

## **Data Analysis**

### **Intimate Partner Violence**

#### ***Data Summary***

Intimate partner violence (IPV) is defined and measured in these experiments as: aggressive behaviour, controlling behaviour, coercive control, threats, psychological violence, emotional violence, physical violence, sexual violence, intimate partner homicide, and hospitalizations due to violence (Table 2). 28 articles were used for analysis of CT programs impact on IPV. 22 of these articles report a decrease in some form of emotional, physical, or

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sexual IPV in association with CT programs, and of these articles, 17 specifically observed a decrease in physical violence which includes homicide and hospitalizations due to violence, (Table 2). Within the articles that reported decreased IPV, 4 of the articles also reported an increase of emotional IPV (Bobonis et al. 2013; Hidrobo & Fernald 2012; Spencer et al 2020; Angelucci et al, 2008), while 5 articles reported that CTs had no significant associations with emotional IPV (Table 2). There are also 3 articles that reported an increase to psychological and controlling IPV without a reduction in physical IPV (Canedo & Morse 2019; Leite et al. 2020; Litwin et al. 2019).

In some cases, women having higher education than men, or being employed are correlated with increased IPV which is not offset by the CT (Hidrobo & Fernald 2012; Canedo & Morse 2019). As well, a CT with a larger sum or CTs that have more conditions are associated with aggression and coercive IPV (Angelucci et al, 2008; Spencer et al 2020).

3 articles reported that CTs have no significant impact on IPV, one of which reports that participants were reluctant to discuss their personal experiences of IPV (Adato et al, 2000). In summary, most articles report CT programs associated with reduced IPV mainly physical IPV, yet some circumstances impact ambiguous outcomes of emotional/psychological IPV.

***Analysis of Theory***

Baranov et al. (2021) examined the theoretical underpinnings of CT studies and IPV and found that the household resource and stress theory is most consistent among the studies, which is that CT programs can improve economic resources in the household thereby reducing stress and violence within the household. However, the ambiguous outcomes associated with IPV suggest that feminist theory better explains the outcomes observed.

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The CT studies associated with an increase of IPV was due to men’s perceived threat of women’s education, employment, or economic status in comparison to themselves (Hidrobo & Fernald, 2012; Canedo & Morse 2019; Angelucci et al, 2008) – which is consistent with the theory that violence is a result of patriarchal attitudes towards women. Qualitative studies report that CT recipients sometimes experienced increased IPV in the form of threats, aggression, and manipulation by their husbands to gain control of the CT (Litwin et al. 2019; Junior et al 2016). One such study aimed to prevent husbands from taking the CT from their partners by offering a cellphone to help women manage their money discreetly and having administrators validate the correct identity of the person before receiving the CT – and as such thwarted one recipient’s husband from attempting to impersonate his wife (Junior et al 2016). Perpetrators of IPV behaved as though they were threatened by the improved economic status of their partners from the CT programs. For instance, CTs with larger cash value increased men’s aggressive behaviour, when compared to smaller CTs (Angelucci et al, 2008). Women with equal or more education than their partners were more likely to report increased psychological IPV during a CT trial (Hidrobo & Fernald, 2012).

There is evidence to support that cash transfers are empowering for women. Qualitative studies found that women receiving CTs reported feeling empowered, improved self-esteem, improved autonomy, and improved economic agency (Khoza et al, 2018; Kilburn et al, 2020; Sugiyama & Hunter, 2020; Yildirim et al, 2014). For the purposes of this literature search, many studies on the relationship between CTs and women’s empowerment were screened out as violence was not part of their measure.

***Analysis of Study Design***

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There are some limitations in the study designs of the articles reviewed which, if addressed in future work would better address the question of IPV and cash transfers. The examined study designs had a rigid definition for IPV that failed to consider women’s autonomy outside of committed relationships. Of the total 28 studies on CT and IPV, 17 of the articles reporting CTs that went to married women in cohabitating relationships, and out of these studies, 10 studies were of cash transfers that went specifically to mothers with children in their care (Table 2). There were 6 articles where CT went to either member of a low-income household, 3 articles where CT went to young adolescent women (regardless of relationship status), and 2 articles with CT going to male members of households (Table 2). 23 studies observe IPV from partners in intact cohabitating relationships. Some of the longer term CCT studies, such as the Prospera program in Mexico or the Bolsa Familia program in Brazil, required women to bring their children to health appointments and ensure their children meet school attendance requirements despite living in rural areas, otherwise they would be penalized (Litwin et al. 2019; Canedo & Morse 2019). Tabbush (2010), argued that this reinforces existing gender roles and places an unequal burden on women to alleviate household poverty.

None of the CT programs examined in this review had reduced VAW or reduced IPV as a primary goal. Consequently, the study designs were often such that key features associated with IPV were not observable. From the 28 articles on CT programs and IPV, 15 articles were based on conditional cash transfers, in which recipients must meet certain conditions to receive the money (Table 2). These conditions were often related to child school attendance and health appointments, but some included educational health programs for the beneficiaries (Table 2). Much of the data was collected through evaluation questionnaires, administrative data, focus groups, or interviews. There were 3 studies where CT were paired with programs that aimed to

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address gender inequality through education and anti-VAW programming, which had very successful long-term social outcomes (Khoza et al. 2018; Nuwakora, 2014; Angeles, 2012). Based on the gaps in literature and limitations of the articles reviewed, recommendations for further research will be outlined below.

**Sexual Exploitation**

*Definitions*

This review acknowledges sexual exploitation as a potential vulnerability for women in poverty. This section is included separate from IPV because women often experience various forms of sexual exploitation from men outside of their marriages or “intimate partner” relationships. Some may define “intimate partner” to include all sexual interactions including those associated with the sex trade. For women in poverty, the struggle for survival often depends on the sex trade, which raises questions about consensual sex, coercion, and exploitation. However, there is a relationship between IPV and sexual exploitation: women’s financial dependence on men leaves poor women especially vulnerable to these forms of VAW.

For this review, the term sexual exploitation (SE) was chosen to be most relevant by encompassing many layers of unwanted sexual contact in the spectrum of VAW. This review searched for evidence of sexual exploitation (SE) which includes sexual assaults, involvement in the sex trade (trading sex for money or other basic needs), older sexual partners involving minors, sexual harassment, and any other indicators of coerced or unwanted sexual contact. Under this definition of sexual exploitation, there is a continuum between forced sexual violence and coerced sexual encounters – including economic survival as a form of coercion. Indicators of sexual exploitation were described as: age gap (involving minors), women’s sexual decision

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making (autonomy & relationship power), risks to women’s health in sex trade, transactional sex (sex in exchange for money, gifts, basic needs), sex trade interactions, and forced sex/ sexual violence (Table 3). One study looked at partner choice as a way to define autonomy in sexual decision making (Gichane et al, 2020), which is significant given its potential to prevent or reduce both IPV and SE. Studies involving adolescent girls under 18 years old are included in this review as it is understood that sexual exploitation often involves grooming, the process of manipulation of (usually) children towards coerced sexual contact (SSAIC, 2022).

***Data Summary***

There are a total of 15 studies selected for analysis in this review that describe the relationship between CTs and indicators of SE. None of the 15 studies considered external pressures such as sexual exploitation but instead examined women’s own sexual behaviors and whether CT programs could reduce HIV & STI risks, other sexual risks, improve education, and empower decision making among young women and girls (Table 3). Therefore, analysis of sexual exploitation is missing from the original articles examined. However, given some of the indicators, we can examine whether CTs can both empower women/girls with sexual decision making, as well as mitigate against sexual exploitation. The 15 articles examined in this review examine CT programs delivered to individuals, with most of them (11 articles) involving very young women and adolescent girls., These programs are often less robust than the CT programs listed in the studies in the IPV section. For example, 12 of these articles had short term CT programs. Also, 5 of these articles did not involve a control group, so it is difficult to conclude that observed results were impacted by cash transfers.

From the 15 articles, the indicators of sexual exploitation fall into four categories: sex trade, sexual violence, sexual decision making, age gap involving minors. 11 articles examined

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the impact CTs have on involvement in the sex trade, and among these articles there are 3 that also studied outcomes of women’s autonomy in sexual decision making (Table 3). Of the 4 remaining articles, one examined the prevalence of young women having older sexual partners, one examined outcomes of relationship power and sexual decision making, and two examined the outcomes of sexual violence (Table 3). 11 of the 15 articles reported that CTs were associated with some form of reduced sexual exploitation. However, two experiments involved a conditional CT that required girls to attend school and those who dropped out of school were no longer eligible for the CT and were more vulnerable to sexual exploitation (Baird et al. 2010; Kilburn et al. 2018). In 9 out of the 11 articles on the sex trade, participants report that CTs enabled them to decrease their dependency on the sex trade and reported a decrease of sex trade incidence (Table 3). All 5 articles that examined the relationship between CTs and sexual decision-making power report women’s improved autonomy in sexual decision making (Table 3). One article examined the spectrum of partner choice selection when given a CT, women opted for emotional intimacy with sexual partners rather than a clear exchange of sex for basic needs (Gichane et al, 2020). There were 2 articles that examined CTs association with sexual assault, and they both found no statistically significant impact (Kilburn et al. 2018; Özler et al. 2020). Some articles theorize that if cash transfers were unconditional or if they were given directly to the woman rather than her caregivers, this could improve outcomes (Cooper et al. 2018; Handa et al, 2014).

***Analysis of Theory***

*Applying Feminist Theory.*

The studies in this review apply a sexual risk theory examining whether CT programs could improve sexual health, and thus women’s own sexual decision-making to reduce their

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exposure to sexual risks. The studies in this review suggest that CTs are helpful in improving women’s sexual autonomy but did not investigate how sexual exploitation may be an external force impacting such outcomes. Although some of the data from these articles lumped in consensual sex practices with coerced/forced sexual practices, there is little recognition of the differences between the two. All studies examined focused on the sexual behaviour of women without questioning the idea of consent given based on economic needs, age gaps, power dynamics, cultural/societal pressures that can lead to sexual coercion. In many of these articles, the apparent power differential between partners implies sexual exploitation.

*Acknowledging the Sex Trade Controversy*

There is currently a debate and much controversy on the views and policies associated with the sex trade in Canada. A review on the Protection of Communities and Exploited Persons Act where Canadians made arguments for and against criminalization of the sex trade industry was just made public (Canada, Standing Committee on Justice and Human Rights, 2022). Despite the controversy, the concern for safety, economic security, and minimizing sexual exploitation including the exploitation within the sex trade is key for all parties to consider. Through this search, there were no experimental studies that examined whether CTs can improve the lives of women in the sex trade, including those who would wish to leave or decrease their reliance on it for income. As autonomy of women in the sex trade is part of this discourse, this review notes how some evidence from this review shows the potential for BI to improve sexual autonomy of women in the sex trade and allowing those who wish to decrease their involvement in the sex trade to do so. In all policy regarding the sex trade, BI should be considered to alleviate economic conditions that allow for sexual exploitation to happen within the sex trade.

**Systemic Violence**



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This search did not yield articles that examined the relationship between CTs and systemic violence or violence against Indigenous women. However, some articles discussed above were conducted in rural areas that are likely to have larger Indigenous populations. For example, in Canada, “60% of Indigenous peoples compared to 33% for non-Indigenous peoples live in predominantly rural regions” (OECD, 2020). Most of the CT studies that target rural villages are unconditional and participation often required the construction of infrastructure and services that allowed program participants to participate. For example, the unconditional CT program in rural Kenya provided participants with a cellphone to deliver the cash transfer (Junior et al, 2016). However, many rural populations are often excluded from CT programs. For example, in Mexico during the *Prospera* CCT program, the government of Mexico created “naturalization programs” to assimilate Indigenous Guatemalans, many of them unable to meet criteria for the CCT as they were displaced to rural areas with little access to medical centers and schools to bring children to as part of the requirement (Gil-García, 2016). But with the lack of research, it would be problematic to make assumptions of how CTs could impact systemic violence without getting a better understanding from the definition set forth by Indigenous communities and leaders, particularly those involved in the MMIWG inquiry.

***Research approaches***

Constructing a BI/CT program to meet the needs of Indigenous populations will require a strategy as systemic violence, mistrust, and isolation are often reflected between governance and communities. Some conditions for cash transfers do not factor in the Indigenous and rural women’s experiences, as many of the conditions (mentioned in above sections) require visits to westernized models of healthcare that do not operate with cultural safety. One study documented the reports of “obstetric violence,” violence from health care professionals in maternal health

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(Chattopadhyay, Mishra & Jacob, 2018). Many CT programs require pregnant women to seek healthcare through institutionalized health centers aimed to prevent maternal and newborn deaths, however, pregnant women often reported both verbal and physical abuse from their healthcare workers during their pregnancy and births (Chattopadhyay et al, 2018). This is an example of how some conditional CTs are structured in a way that is culturally unsafe for Indigenous women, reinforcing systemic violence. This highlights the need for both an unconditional CT program made accessible to rural populations and fundamental changes to the way healthcare is delivered to Indigenous people.

In some cases, larger scale CT programs often overlook the limitations in its impact with Indigenous populations, with little research and understanding of why these limitations exist. For example, the Alaskan Permanent Fund Dividend, which is a cash transfer sometimes identified as a basic income, had greater impact on reducing poverty for children and seniors in the whole population, while having less impact on reducing poverty for rural Indigenous Alaskan populations (Berman, 2018). In some cases, there were reports of increased child poverty within these households (Berman, 2018). There was a study that observed youth of Cherokee nation self-reporting anticipated longer lifespan in association to the cash transfer, however, this study had no adequate control group and instead was compared to the self-reports of white (Anglo) youth (Singh et al, 2019). The limitations from these studies are not further explored, and do not acknowledge how systemic violence may influence some of these outcomes.

A last point to consider, is that many Indigenous communities value self-determination and environmental sustainability (Corntassel & Bryce, 2012). Cash transfers may inadvertently be designed in a way that clashes with these perspectives. One study examined that given negotiation power of environmental assessments, Indigenous populations were better able to

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advocate for long-term community employment benefits and foster both environmental and economic sustainability in their communities (McCreary et al, 2016). The design of cash transfer programs needs to consider long term sustainability and ensure advocacy for Indigenous groups to uphold such values.

## **Discussion**

### **Gaps in literature**

This literature search was limited to English articles only.

#### ***Tracking women leaving relationships with IPV***

Studies examining the association between cash transfers and IPV collected responses from participants within intact relationships and none tracked whether the CT enabled women to leave these relationships. Qualitative research finds that divorced women experience stigma and devaluation from others’ perceptions of them to the point they fear disclosure of their circumstances (Konstam et al, 2016). This stigma is a potential barrier to researching the topic of divorce, which is one way to track women leaving abusive marriages. There is a gap in the study design to ask women whether they want to leave relationships with IPV and whether CTs could support that.

#### ***Tracking sexual exploitation and sexual violence outside of IPV***

When attempting to understand the potential impact that CTs have on all forms of violence against women, sexual exploitation (as defined earlier) often exploits poor or economically insecure women and exacerbates women’s economic dependence on men.. Over 92% of reported trafficking victims of sexual exploitation are women (UNODC, 2020). The risks associated with sexual exploitation are worsened by poverty, leading to issues like sex trafficking and drug dependency. For example, in one article, women discussed the need to take amphetamines to be

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able to withstand seeing more clients for sex trade encounters to make enough to live on (Page et al, 2019). This is a sexual health issue, but it is also an issue of sexual exploitation. One way to research sexual exploitation is to include anti-trafficking and anti-exploitation groups that provide service to women to understand if CTs could contribute to a reduction of sexual exploitation. There is not enough research that is designed with the perspective of sexual exploitation given the indicators I have listed from existing research, more robust research that uses various indicators of sexual exploitation is needed.

***Tracking the impact of systemic violence & Indigenous women’s experiences***

Indigenous women’s experiences of VAW and systemic violence have not been captured in this search among CT and BI literature. Conditional cash transfer studies on IPV and SE can inadvertently exclude Indigenous women or rural women populations by default based on the conditions required to meet to obtain the income. BI/CT studies among Indigenous populations did not examine outcomes of VAW or systemic violence. In this review, several CT studies involved rural women but did not examine systemic violence. There is a significant gap in research on systemic violence in the studies on BI and VAW.

***Lack of studies in higher income countries***

Out of the 43 articles reviewed on IPV and SE, only two articles were written about higher income countries (United states specifically). The two articles analyzed homicide rates using administrative government data are designed as quasi-experiments which gives limited information on participant experiences. Two experimental CT studies with Indigenous populations of the Alaskan and Cherokee nation occurred in the United States but did not examine VAW. Because of the limited information on studies of CTs and VAW in higher

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income countries, there is a limitation to generalizing outcomes from studies presented in this review due to country differences in resources and social safety net.

**Recommendations**

**Future Research**

Recommendations for future CT and VAW research:

- Gathering data from women regardless of relationship status
- Ask about all forms of VAW, including IPV, sexual exploitation, and systemic violence through interviews and collect administrative data from hospitals, police services, and child protection services
- Consider “partner choice” by documenting women’s decision to leave partners, avoid partnerships, or choosing between partners
- Consider using evaluation data to inform on experiment design from anti-VAW frontline services such as transition houses, sexual exploitation prevention programs, and other services for women who experience both poverty and violence
- For research with Indigenous populations, consider OCAP standards (ownership, control, access, possession) to ensure research benefits Indigenous communities, and information from this research is within the control of this community (FNIGC, n.d).

**How CT structures inform BI construction**

***Unconditionality***

In this review, most CT programs were unconditional for participants isolated in rural areas to create more accessibility to the income. An unconditional CT could potentially be more accessible for populations that face social isolation as well. Studies on COVID-19 highlighted the correlation between social isolation and domestic violence, where women were 1.35 more

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times likely to experience violence if they have less contact with family and friends (Morgan & Boxall, 2020). Although robust social programming to address VAW is needed, it should not be made as a condition to receive the CT.

***Ensure women have direct access and control of CTs***

Almost all studies in this review were based on CT programs that gave the income to one member of a household, rather than all individual adults. Some CT programs direct the income to women in households because of past studies hypothesizing women spending more of their income on their family in comparison to men (Pahl, 1995). For CT programs that went to one member of the household, women became the default beneficiaries because of childcare related duties needed to perform for the income benefit. In many of the qualitative interviews with women receiving the benefit on behalf of their household, felt obligated to use the income for the family, with some women reporting that they gave their income to their partners willingly as they remained the decision-maker on household finances (Junior et al, 2016). Many of the CT programs aimed to prevent HIV were often directed to the families of young individual women. One article showed that giving the CT to both the individual young women as well as their families increased their own economic agency (Kilburn et al, 2020). CTs directed to all individuals could alleviate the burden on women to sacrifice their income in favour of their families, giving them more autonomy over their own income.

***Evaluate existing CT programs in higher income countries***

Many higher-income countries have CT programs in place. For example, Canada offers conditional forms of CTs such as childcare benefits or old age security benefits (Government of Canada, 2022). Some programs could be examined for understanding its impact on VAW. For example, childcare benefits can be evaluated to better understand if the impact on single mothers

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would also reflect how it would impact those leaving IPV. The province of British Columbia has a fund called the Homelessness Prevention Program which is a CT for housing given to vulnerable populations in three categories, one being survivors of IPV (BC Housing, n.d.). Evaluation of such CT programs would help to inform research among higher income countries.

### **Conclusion**

A broader look on how cash transfers are associated with all forms of VAW, this review sought and found articles on IPV, sexual exploitation, and systemic violence, which should be considered in future research. There are significant gaps on published research primarily on sexual exploitation and systemic violence. Questions on whether CTs enabled women to leave IPV, or whether it can reduce impacts of sexual exploitation or systemic violence are crucial to understand how it impacts VAW. This review recommends that CTs are directly accessible to women and made unconditional and hopes to inform future BI research and policy development. Making advancements towards informed BI policy that can play a part in reducing poverty and VAW, would make great contributions to public health.

### **List of Abbreviations**

**VAW:** Violence Against Women

**IPV:** Intimate Partner Violence

**SE:** Sexual Exploitation

**BI:** Basic Income

**CT:** Cash Transfer

**CCT:** Conditional Cash Transfer

**MMIWG:** Missing and Murdered Indigenous Women and Girls

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**Figures and Tables**

**Table 1. Reviews of Cash Transfers and Violence Against Women**

<b>Author/ Year</b>	<b>Geographic Locations</b>	<b>Forms of Violence</b>	<b>#s of reviewed articles</b>	<b>Purposes</b>	<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
<b>Gibbs et al. 2017</b>	Global	IPV HIV risk	45 total 13 on CT	How economic interventions impact IPV and/or HIV risk behaviours due to the overlap	<ul style="list-style-type: none"> <li>• Published &amp; Gray Lit</li> <li>• Quantitative eval</li> <li>• Reported outcome of HIV risk or IPV</li> <li>• Intervention included economic component (CT or economic strengthening condition)</li> <li>• English</li> <li>• Published between January 1 2000 – January 1 2015</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative eval</li> <li>• For HIV risk – did not include behavioural outcome</li> <li>• Reviews</li> </ul>
<b>Buller et al. 2018</b>	Low-Middle Income Countries	IPV	22 total 14 quant 8 qual	Mixed-method review to understand how CT can decrease IPV	<ul style="list-style-type: none"> <li>• Low-Middle Income countries</li> <li>• Cash transfers</li> <li>• Outcomes of IPV or domestic violence</li> <li>• RCTs or quasi-experimental with data collection of two or more points</li> <li>• Qualitative studies</li> </ul>	<ul style="list-style-type: none"> <li>• High income countries</li> <li>• Other forms of social safety nets</li> <li>• Non-partner perpetration</li> <li>• Focus on empowerment/ autonomy</li> </ul>
<b>Baranov et al. 2021</b>	Low-Middle Income Countries	IPV	15 total	Meta-analysis on theoretical study design – CT and IPV outcome	<ul style="list-style-type: none"> <li>• Peer review and non peer review</li> <li>• Cash transfer studies</li> <li>• English</li> <li>• Outcome of violence</li> <li>• Outcome of empowerment</li> </ul>	<ul style="list-style-type: none"> <li>• Papers without direct link between CT and female empowerment</li> <li>• High income studies</li> </ul>
<b>Leite et al. 2019</b>	Global	IPV	32 total 9 on CT	Systematic review on microcredit programs or CT Programs impact on IPV	<ul style="list-style-type: none"> <li>• English, Portuguese, or Spanish</li> <li>• Related to MP or CT and IPV</li> <li>• Heterosexual couples</li> <li>• Primary data</li> <li>• Beneficiaries are women</li> </ul>	<ul style="list-style-type: none"> <li>• No control group</li> <li>• Studies without estimates of prevalence, incidence and relative risk/odds ratio related to IPV</li> </ul>

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**Table 2. Cash Transfer Interventions & IPV**

Author	Country	Intervention	Control	Target Population	Study Design	Time frame	Violence Indicators	Outcomes	Additional Analyses
<b>Adato et al, 2000</b>	Mexico	PROGRESSA – CCT child school attendance and health appts	Pre-program	Mothers of household	Survey and focus groups with all family members	Feb-July 1999	Domestic Violence	-participants were clearly uncomfortable with discussing IPV, thus no significant association was found when asked	
<b>Angeles, 2012</b>	Uganda	UCT - 170 USD/participant, 2 year program + social benefits	VSLA loans and savings group	Cohabiting Women	Sample: 16 interviews with beneficiaries, 162 participants in Focus groups with community members, debrief with 10 program staff	2011	IPV – verbal or physical	-Participants reported a decrease to IPV (described as verbal and physical) most out of all forms of gender-based violence.	Women’s groups were developed and help provide social support
<b>Angelucci et al 2008</b>	Mexico	Oportunidades – bi-monthly conditional cash transfer – small sum and large sum	Small CCT, Large CCT, & villages not receiving CCT	Married cohabitating Women with children or pregnant	Sample: 12,700 households. Structured as evaluation of CCT program	1998-2008	Aggressive behaviour	- small transfers decrease violence by 37% for households -large transfers increase the aggressive behavior of husbands	Decreased husbands’ alcohol abuse by 15%
<b>Bobonis et al. 2013</b>	Mexico	Oportunidades – bi-monthly conditional cash transfer – 218 pesos/month	None	women 15 years or older living with a husband or partner	Sample: 54,230 households Cross Section – Retroactive recall of past 12 months	Oct/Nov 2003	incidence of physical sexual and emotional violence	-CT recipients’ 40 percent less likely to be victims of physical abuse -but more likely to receive violent threats	-
<b>Borraz, &amp; Munyo, 2020</b>	Uruguay	Banco de Previsión Social is a monthly CCT program (\$67 US) increased in 2008. Conditions include children’s	Previous CCT to increasing value	Mothers with children in household	Sample: 1,656 observations Using administrative data crime stats, surveys from CCT beneficiaries	2005-2010	General DV & aggression	-CCT to women significantly decreases domestic violence -increase to amount in CCT significantly decreases aggression.	Aimed to reduce extreme poverty rates



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			school attendance and health status.						
<b>Briaux et al. 2020</b>	Togo	UCT + Package of community activities	Package of community activities only	Mothers at least 3 months pregnant or w/ children aged 0–23 months	Sample: 2658 RCT - Parallel	2014-2016	Physical, Emotional / Controlling IPV	- CT beneficiaries had lower odds of having experienced physical violence in the last 12 months -No impact on emotional/controlling IPV.	Children’s health improved
<b>Buller et al 2016</b>	Ecuador	cash and in-kind food transfer programme. (\$40 worth) Groups receiving cash, food vouchers, or food transfers	Control not receiving cash or food transfer	women aged 15 to 69 years in a relationship	Sample: 2,357 households – 1226 women participants. Mixed Methods study. in depth interviews & focus groups (incl. men in households)	Mar-Nov 2011	physical, sexual, and emotional partner violence	-all intervention groups including CT led to reductions in IPV -reduced day-to-day conflict -improved household well-being -increased women’s decision making	-
<b>Canedo &amp; Morse 2019</b>	Mexico	CCT prospera program given to unworking mothers with low education Nutrition programs for children & food delivery	Employed/not, urban/rural, receiving CCT/no CCT	women who are married or cohabitating with their partners (age 15-64)	Sample: 66,943 survey respondents Cross sectional	2016	Physical IPV and Sexual IPV	-Higher prevalence of IPV for women employed receiving CT. -Employed women have higher prevalence of IPV than non-working women. -Women from urban areas also more likely to have higher prevalence of IPV	-
<b>DeLong et al 2020</b>	South Africa	HPTN 068 Cash Transfer Trial – CCT for education.	Lower risk/higher risk of poverty & sex	Eighth and ninth graders (median age 14 years)	Sample: 907 girls Cohort study – annual surveys	2011-2015	Physical IPV	-The risk of PIPV was previously shown to be lower among girls receiving CT compared to girls not receiving CT	High risk girls are less likely to enrol in CT program
<b>Haushofer &amp; Shapiro, 2016</b>	Rural Kenya	M-Pesa, a UCT - KES 25,200 (\$404 PPP) through mobile service	Control : not receiving CT	Poor households	Sample: 1372 at endline. Cluster RCT, separated men/women, lump sum/monthly payments, and large/small CT amounts	2011-2012	IPV physical emotional sexual	-Decreases in physical and sexual IPV Transfer recipients experience large increases in psychological well-being	
<b>Heath et al. 2018</b>	Mali	National cash transfer program (Jigisémèjiri)	Communes without	Polygamous (40%) vs. non	Sample: 2446 households. 1550 women were interviewed. RCT.	2014-2016	Physical Emotional and	- In polygamous households, Physical IPV decreased by 7%, emotional IPV decreased by 12%,	-

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		10,000 FCFA (USD 18.02/Month) per month paid every quarter over a 3-year period	t CT until 2 years after rollout	polygamous men			Controlling IPV	controlling behaviours decreased by 16%. -Limited effects in non-polygamous households	
<b>Hidrobo &amp; Fernald 2012</b>	Ecuador	The Bono Solidario Humano program UCT 100,000 sucres (approx \$15 USD) per month to poor mothers and 50,000 sucres (approx \$7.5 USD) per month to elderly/disabled	Delayed control not receiving CT	Women with children living with husbands	Sample: 2354 Mothers. Of this sample, 1254 were administered questions. RCT. Compared mothers level of education (+/- 6 years) in comparison to husband’s education.	2003-2006	Physical Emotional and Controlling	-Mothers who have more than 6 years of schooling but have less education than their husbands, CT leads to a significant decrease in emotional violence by 27%, controlling behavior by 17%, and decrease in physical IPV by 10%. -Mothers with less than 6 years of school but equal or more than their husbands report increased psychological IPV	-
<b>Hidrobo et al 2016</b>	Ecuador	CT, Vouchers, or Food program - all equivalent to \$40 per month per household	Control receive no transfers.	women 15–69 years old who are married or in unions at baseline	Sample: 2122 households. RCT Four experiment groups: control, food transfer, food vouchers, and CT	Mar-Nov 2011	Emotional Controlling Physical Sexual IPV	-All interventions compared to control, decrease controlling behaviours 19%, decrease physical/sexual IPV 30%. -CT results in significant negative impact on controlling behavior -No significant impacts on emotional IPV	Food transfers & vouchers also result in significant decrease IPV
<b>Khoza et al. 2018</b>	South Africa	HPTN 068 – CCT young women & sexual health	Male peers not partners	Girls aged 13-20	Sample: male intimate partners (n = 20) and peers (n = 72). Qualitative study – interviews and focused discussion groups.	2012-2015	Physical IPV	-CCTs led to fewer experiences of physical violence among adolescent recipients - CTs led to greater autonomy for young women	
<b>Kilburn et al. 2020</b>	South Africa	HPTN 068 CCT for 80 % school attendance. Cash going to women & parents.	No CCT	Young women aged 13-20 enrolled in high school	Sample: 2448 women. Quantitative methods. Survey/Questionnaire, STI testing,	2011-2015	Physical IPV	-Participants report a decrease in experienced physical violence -Increased economic agency and improved relationships	
<b>Lees et al. 2020</b>	Mali	Filets Sociaux (Jigisémèjiri) program – UCT of 10,000 FCFA (or USD 16.75/month) paid every three	Delayed control receiving CT later	Male heads of households	Sample: 44 individuals from households, men, first wives, second wives (not from same household). Qualitative methods with interviews.	April – May 2017	IPV physical sexual or controlling	-Reports of reduction in physical IPV -Effects on sexual IPV and controlling behavior were limited -Since women are not the primary recipients of the CT,	

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		months over a 3-year period.						there is limited effect on women’s agency	
<b>Leite et al. 2020</b>	Brazil	Programa Bolsa Família – CCT program (\$5US per child up to \$19 max) with health and education conditions.	Below and above poverty line	Mothers in poor families	Sample: 807 women in relationship in past 12 months receiving PBF only (not other supports). Cross sectional study. Structured questionnaire interview.	Apr-Dec 2010	Psychological & physical	-CT has no impact on violence in families below poverty line -Among families above poverty line, CT associated with increased psychological IPV	-
<b>Litwin et al. 2019</b>	Brazil	Bolsa Família – CCT program (\$5US per child up to \$19 max) with health and education conditions	None	Mothers in poor families	Sample: 8 women interviewed survivors of IPV (snowball sampling). And 5 professionals working with these women. Mixed methods.	2004-2009	IPV Emotional Physical Homicide	-7 of the 13 interviews reported increased violence from CCT – -increase due to control of money through threats, physical IPV not used until after spent. -No change in homicide rates	-
<b>Junior et al. 2016</b>	Kenya	Unconditional cash transfers – given sim cards and cellphones for transfer. \$500 UCT or \$1000 UCT.	Control : not receiving UCT.	Individuals living in villages determined by high levels of poverty	Sample: 30 women 18-19 yo. Half were married. Qualitative study. In-depth interviews.	2012-2013	IPV described	-Reports threats of abuse and controlling behaviors remain same - Some husbands used physical violence to get the UCT from their wives	Cell phone-based delivery of UCTs give women discretion.
<b>Moe, C et al. 2020</b>	United States	The Earned Income Tax Credit transfer program for low-income families	Control : EITC prior to EITC 10% increase	Low-income heads of households as well as individuals	Administrative data evaluation. Supplementary Homicide Reports counts of female IPV victims aged 18 or older for 1990–2016.	1990-2016	Intimate Partner Homicide IPH	-Small negative association between increased state EITC generosity and IPH rates	-
<b>Nuwakora, 2014</b>	Uganda	UCT - 170 USD/participant, 2 year program + social benefits	Community members not	Cohabiting women	16,470 program beneficiaries, 19 community respondents, 320 focus group participants	2011-2014	IPV physical, sexual, emotional	-Prevalence of violence decreased at evaluation: physical IPV dropped from 81% to 62%; sexual abuse reduced from 39%	

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			beneficiaries					to 8% and emotional violence reduced from 45% to 32%	
<b>Perova, E 2010</b>	Peru	Juntos, a CCT program in Peru – may be up to 30% of household consumption	Control prior to Juntos program (2005)	Poor households	Sample: 28,371 women. Survey Questions are administered to women aged 15 to 49, married or lived together with a partner.	2000, 2004, and 2008	Emotional Physical	-Reports post CT decrease the prevalence of IPV, and the decreases are higher among employed women with less children	-
<b>Peterman et al 2018</b>	Zambia	Government of Zambia’s Child Grant Program - UCT(\$24 USD) as a bi-monthly stipend	Control : Not receiving CGP	Female caregivers of children under 5yo in rural areas	Sample: 2,171 women age 15 to 49 among the full sample and 1,617 among the currently married or co-habiting sub-sample	2010-2014	Recent Physical IPV in last 12 months	-The program had no significant measurable effect on recent IPV	-
<b>Roy et al 2019</b>	Bangladesh	CCT received a monthly payment via mobile of 1,500 taka (approx. \$19 US). Food ration equivalent to cash amount. BCC education	Control neither cash or food	Mother of young child	Sample: 2,749 pairs of mothers and children. Households with a young child 0-24mo at baseline. Quantitative data collection for TMRI included four rounds of longitudinal surveys:	2012-2015	Emotional physical	-All Transfers + BCC report statistically significant reduction in physical IPV. -Neither cash alone nor food alone has significant impact on emotional or physical IPV.	
<b>Slater &amp; Mphahle, 2008</b>	Lesotho	Cash and food transfers.	Non recipients	Low income household	Sample: 9172 beneficiaries in households. Two qualitative research methods: focus group discussions with stakeholders and in-depth interviews with beneficiaries	Nov 2007-April 2008	IPV in gender conflicts	-CT reduce gender conflicts including IPV	CT do not significantly increase alcohol or cigarette consumption
<b>Spencer et al 2020</b>	United States	CCT Temporary Assistance for Needy Families (TANF), Earned Income Tax Credits (EITCs) CT for low-income workers	Control : those who did not qualify for TANF	Low income household members	Sample: 3545 women in current relationships aged 20+. African American women compared. Sample gathered a longitudinal, birth cohort study. Self-report questionnaire.	1998-2000& 2007–2010	Coercive control & emotional abuse	-EITCs significantly reduced the odds of IPV isolation victimization by 45% and decreased the odds of economic coercion by 53%. -EITC has fewer conditions and improves women’s wellbeing -TANF increase coercive victimization especially AA	There were no differential effects of policies on depression by racial group.

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<b>Sugiyama &amp; Hunter 2020</b>	Brazil	Bolsa Família – CCT for children in household to attend education & meet health requirements	No CCT poor neighborhood	Low income mothers in household	Sample: 1,104 individuals (men and women) Qualitative methods: a survey, focus groups, and elite interviews.	2009-2014	Homicide/hospitalization from violence	-Program associated with lower homicide and hospitalization rates from violence, decreased 25% after four years.	Empowerment was improved: economic, bodily integrity, self esteem.
<b>Yildirim et al 2014</b>	Turkey	CCT to use basic social services.	None	Poor households	Sample: 397 individuals who were beneficiaries, school administrators, or health care workers. Qualitative methods semi-structured in-depth interviews.	2011	Domestic violence	-Only 8% respondents say there have never been any IPV in their household. 71% reported ceasing or decrease in violence once they started to receive the stipends.	positively affected health, self-esteem, and educational outcomes of children

**Table 3. Cash Transfer Interventions and Sexual Exploitation**

<b>Author</b>	<b>Country</b>	<b>Intervention</b>	<b>Control</b>	<b>Target Population</b>	<b>Study Design</b>	<b>Time frame</b>	<b>Indicators of SE</b>	<b>Outcomes</b>	<b>Additional Analyses</b>
<b>Baird et al. 2010</b>	Malawi	Zomba Cash Transfer Program - CCT to improve school attendance. (US\$10/month) & payment of school fees. 30% CT went to girl, rest to caregiver.	Not receiving CT	13-22 year-old females in school or recent dropouts, never married	Sample: 2,692 girls/women. RCT, survey method. Self reported.	2007-2009	Older sexual partner	-The CCT program had no significant impact girls dropped out of school at baseline. -The likelihood of having an older sexual partner is lowered significantly for girls	CCT effective in increasing school attendance among girls. Also reduced instances of early marriage, pregnancy, and sexual activity.
<b>Cluver et al, 2013</b>	South Africa	National child-focused CT program	Not receiving CT	Adolescents aged 10-18	Sample: 1926 girls, 1475 boys. In depth interviews.	2009-2012	Transactional sex	-Receipt of CT associated with reduced incidence of transactional sex.	No associations between CT and risky sexual behaviour were found for boys.
<b>Cooper et al. 2018</b>	Tanzania	RESPECT - CCT to reduce STI incidence. A low-cash award group (T2), eligible for 10.00USD each visit, or a high-cash award group (T3), eligible for 20.00USD each visit.	Not receiving CT	young men and women aged 17–38. Single or married or living in union	Sample: 988 women RCT. 10 randomly selected villages. Participants were tested for STIs 4 times over the course of 1 year. Counselling sessions and surveys.	2009-2010	Sexual decision making	- a conditional cash transfer was not sufficient to offset the larger structural determinants that leave these women less able to negotiate safer sex.	CCT help reduce STI incidence.

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<b>Dixon et al. 2015</b>	Cambodia	12-week CCT provided to women in sex trade to reduce use of Amphetamine type stimulants (ATS) & reduce HIV risk. SMARTgirl outreach education program.	None	Women (18+) in sex trade	Sample: 30 women. Qualitative In depth interviews. Participants received a US\$3 phone card and were provided with transportation assistance.	2013	Sex trade risks	-CCTs and other economic interventions would help minimize risk conditions including ATS use in the sex trade for women who wish to reduce the number of interactions.	*(Dixon et al, 2016) follow up article evaluated participant feedback for this trial. Participants identified 3 key areas: Financial remuneration – many felt the amount offered was not enough. Need transportation assistance. Urine toxicology samples invasive
<b>Gangaramany et al. 2021</b>	Tanzania	Cash transfer program - mobile transfer of (USD \$31) & WORTH+ (entrepreneurial training)	WORTH+ only without CT	Adolescent Girls & Young Women (AGYW) aged 15-23	Sample: 91 Individuals interviewed including beneficiaries, families, community members. Qualitative in-depth interviews	2017	Sexual decision making & transactional sex	-Some participants decided to not engage in transactional sex when received CTs. -Participants report better sexual and relationship decisions.	The education enabled women’s financial decision making
<b>Gichane et al 2020</b>	Tanzania	cash transfer(USD 31) every three months over 18 months; (2) WORTH+ (financial education programme)	None	young women/girls aged 15–23 years	Sample: 80 recipients. Longitudinal cross-sectional, and narrative timeline in-depth interviews	2017-2018	Transactional sex & sexual decision making	-Cash transfers influenced transactional sex engagement by altering partner selection criteria (partner choice) -Reported decreasing sex for basic needs	
<b>Gong et al. 2019</b>	Tanzania, Kenya, Malawi, Rwanda, Zambia, Zimbabwe	CCT appointments in 4 month intervals & STI testing for women. Control group gained \$10 CCT with STI free testing, and intervention group gained \$20 CCT.	Not receiving CT	Women and their male sexual partners	Sample: 1076 women and 1054 men. Women and up to 5 of her sexual partners were interviewed. Food insecurity in the past 4 months to determine “negative shock”.	2007-2014	Transactional sex	-Women experiencing negative shocks, reported higher rates of transactional sex. -The study found no evidence that women in the CCT arm had differential responses to negative shocks.	Negative shocks linked to high rates of STIs as well.
<b>Handa et al, 2014</b>	Kenya	CT-OVC program the Government of Kenya’s CT – UCT (US\$20)/month to caregiver	Not receiving CT	Women/ girls aged 15-25	Sample: 1540 and 754 households were selected from the intervention and control. Interviews,	2007, 2009 & 2011	Transactional sex	-no statistically significant effects on transactional sex	-reported reduced sexual debut by 31%

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<b>Kilburn et al. 2018</b>	South Africa	HPTN 068 CCT for 80 % school attendance. Cash going to women & also going to parents.	Not receiving CT	Young women aged 13-20 enrolled in high school	Sample: 2448 women. RCT. Survey, STI testing.	2011-2015	Forced sex, Sexual Decision Making	-No significant reduction in forced sex -No effect on perceived relationship power but significant interactive effect with sexual partnership behaviours	Risk reduction of multiple sexual partners Economic well-being & psychosocial wellbeing improved. 34% risk reduction in physical IPV.
<b>Özler et al. 2020</b>	Liberia	Cash payment: \$2 per month for a total of \$16 during 8-month period. Girl Empower (GE) education program	Receives GE but no cash payment	girls aged 13–14	Sample: surveyed 1,216 eligible girls and 1,132 caregivers. RCT.	2016	Sexual violence	-Neither GE nor GE+ had a statistically significant effect on the sexual violence index	-
<b>Packel et al. 2018</b>	Tanzania	CCT for women who received counselling and free treatment of STIs. 3 visits given \$20 or \$40 per visit.	Not receiving CT	Women in sex trade (18+ yo)	Sample 84 women in sex trade. 100 at baseline. RCT – women completed survey for study.	2013	Sex trade incidence	-Reduced numbers of sex trade interactions per week -At 4-month mark 42% reported having fewer clients and 17% reported quitting sex trade.	Increased condom use from 72.8% at baseline to 90.3% at 3 <sup>rd</sup> visit
<b>Page et al. 2019</b>	Cambodia	CCT intervention incentives to produce negative results on amphetamine use (ATS). 12-week CCT followed by 4-week cognitive aftercare group.	None	Adult Women in sex trade	Sample: 600 women in sex trade. 6-, 12- and 18-month follow-up assessments	2013-2016	Sex trade incidence	-Fewer sex trade clients at all follow-up assessments with a significant 50% decrease at 12-months	Women had 60% lower odds of being ATS Tox+
<b>Pettifor et al. 2019</b>	Tanzania	Cash transfers (USD 31) PEPFAR DREAMS Sauti/WORTH+. CCT with financial education and 10 hours of BCC program.	None	young women aged 15-23	Sample: 80 women. Qualitative methods. In-depth interviews, narrative approach.	2017-2018	Transactional sex	-CCT program decreased dependency on male sex partners. Allowed decision making & reduced some encounters for transactional sex.	Entrepreneurial skills enhanced aspirations – some women used CT to invest in their own businesses.

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<b>Rosenberg et al, 2013</b>	Kenya	CT-OVC program the Government of Kenya’s CT – UCT (US\$20)/month to caregiver	Not receiving CT	Men & women aged 15-25	Sample: 684 participants (men and women) aged 15-25 who had at least one sexual partner – interviewed.	2007-2011	Transactional sex	- Among younger women and women enrolled in school, the grant may have reduced the financial need to engage in sex for money.	-CT may increase men’s behaviour in increasing their purchase for transactional sex
<b>Stoner et al. 2020</b>	South Africa	HPTN 068 conditional cash transfer for school attendance.	None	Girls & young women aged 13-20 in high school	Sample: 22 girls/women. Qualitative interviews with women/girls who received the CCT. conducted post-intervention. Self report.	2017	Transactional sex, sexual decision making	-Participants reported increased negotiation power in sexual decision-making. -CCT impacted participants to decrease sex for basic needs & felt less reliant on their partners to provide for them.	-