Reducing and Reporting IPV
Evidence from a Field Experiment on the Economics of Women’s Entrepreneurship

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While there is increasing evidence showing mixed effects from cash transfers to women on IPV, we know less about how economic empowerment through self-employment affects IPV. Both cash transfers and productive self-employment increase women’s incomes. However, income from self-employment depends on women’s skills and effort. This might affect IPV differently from the economic windfalls of cash transfers.

We study a skills-based entrepreneurship program in Uganda that teaches business management skills (accounting, inventory management, etc) alongside entrepreneurship skills (raising capital, growing a customer base, identifying market opportunities). We assign treated women to one of two mentoring programs: intensive mentoring, in which a coach tries to visit the women at their homes or businesses three times over the six months of the program, or opt-in mentoring, where women choose to show up for mentoring at a centralized venue. Lang and Seither (2022) show that the program has large impacts on business ownership and profits. Women re-invest heavily, limiting the benefits that flow back to households.

In a companion paper (Casabianca et al. (2022)), we consider the effect the program has on IPV 12–18 months after it ends. These effects are not obvious. Women may face pressure to allocate more of their profits to household expenditures, potentially causing an increase in IPV due to expropriation. Alternatively, having an independent source of income may place women in a stronger position within the household. Identifying and quantifying such effects is critical for the design of programs aimed at increasing women’s economic inclusion.

Measuring the effect of any program on IPV poses challenges because there are two possible effects: true reductions in IPV, and reductions in reported IPV. This concern is particularly relevant for programs that focus on women’s empowerment. Women who participate in such programs may be less willing to report IPV to study enumerators if they know the study is evaluating a program focused on empowerment, potentially leading to inaccurately large, negative effects on IPV.

We follow Dhar, Jain, and Jayachandran (2022) to address this concern. We use the social desirability index developed by Crowne and Marlowe (1960) to measure a respondent’s propensity to provide socially desirable answers. We then estimate heterogeneous effects on IPV based on whether a woman has above versus below-median social desirability bias. Doing so allows us to establish the social norm by observing which direction social desirability biases answers of women in the control group. The heterogeneity analysis allows us to understand whether the treatment is interacting with social desirability bias to generate under-reporting.

Changes in IPV in the Past 12 Months.
Note: Levels of IPV experienced by women in our sample over the 12 months prior to the endline survey. Bold bars show 90% confidence intervals, light bars show 95% confidence intervals.
We illustrate our findings in Figure 1. The figure shows the incidence of IPV over the last 12 months for women in our sample who were partnered at baseline. The reported outcome is an index of spousal abuse composed of individual questions about specific types of abuse. The illustrated coefficients describe treatment effects relative to the benchmark of women in the control group with low social desirability scores.

**New Insights**

**Social norms lead to under-reporting of IPV.** Examining differences between reported IPV for women with high versus low social desirability bias in the control group reveals that social norms discourage women from truthfully reporting IPV in our survey. Women with high social desirability bias in the control group report less than half the level of IPV than women in the control group with low social desirability bias.

**Treated women are more likely to report IPV.** Among treated women with high social desirability bias, the tendency to under-report IPV effectively disappears. This suggests that participating in the treatment may help remove some of the stigma against talking about IPV, at least when interacting with people associated with the study like our team of enumerators. However, we do not find corresponding evidence that women are more likely to report IPV through formal channels.

**Treated women have experienced significantly lower IPV.** Specifically, women in the intensive mentoring group (those receiving coaching visits at home or at their businesses) report significantly lower IPV than women in the control group. The magnitudes are large: the treatment is nearly cutting in half the instances of IPV in the 12 months leading up to the endline survey for women with low social desirability bias. A similar effect holds for women in the intensive mentoring group with high social desirability bias, although it is not statistically significant.

**Intensive mentoring drives reductions in IPV and increases in IPV reporting.** While the effects on IPV and reporting of IPV go in similar directions for women in the opt-in mentoring group as we see in the intensive mentoring group, we do not find any significant effects for these women relative to the control group. This suggests that intensive mentoring may have been particularly effective at helping women navigate intrahousehold dynamics.

**Policy Recommendations**

Women who participated in the entrepreneurship program do not, on average, subsequently experience higher levels of IPV than women in the control group, and many experience significant reductions in IPV. This suggests that a program that encourages women to start businesses and earn income does not lead to backlash within households. As such, skills-based programs may be an important tool for women's economic inclusion because they present fewer opportunities for expropriation.

In Lang and Seither (2022), we find that women in opt-in mentoring have stronger business outcomes than those in intensive mentoring. However, our results on IPV suggest that intensive mentoring may have benefits outside the realm of business growth and development by helping women develop tools to reduce IPV. This suggests that some of the gains from mentoring may be difficult for women to anticipate: when women opt-in to mentoring, they are likely focused on business-related questions and concerns, while women who are automatically signed up for mentoring may have wider-ranging conversations and thus reap benefits outside the realm of business performance. This highlights the importance of defining clear objectives for each component of a program.

**Limitations**

While we randomize treatment status, women self-select into our sample. There may be fundamental differences between these women and women who are not interested in an entrepreneurship program, or who feel that they cannot take part in such a program due to household dynamics. Our results cannot speak to the best strategies for reducing IPV among women who do not select into our sample.

We are currently limited in our ability to understand why intensive mentoring was effective at reducing IPV. In future work, we plan to test mechanisms to bring more clarity to policy recommendations.