

Revisiting Economic Empowerment as a Sufficient Remedy for Gender Based Violence: The Case of Jinja District in Uganda

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Abstract: Gender-based violence (GBV) refers to any form of sexual, physical, psychological, or economic harm or threat to harm another that is rooted in gender-based inequalities and unequal power relations. GBV violates human rights, significantly hampers economic productivity and development, and threatens the health and well-being of millions worldwide. The WHO notes that over 35% of women worldwide have experienced GBV; however, in Uganda the figure is as much as 74%. While several efforts have been put in place to address GBV, the most popularly used approach in Uganda is women's economic empowerment (WEE). This paper critiques the WEE approach for the prevention of GBV in Uganda, arguing that WEE alone cannot prevent GBV. With evidence from empirical research conducted in eastern Uganda in 2017/2018, the paper argues for adopting a multidimensional approach to address GBV.

Keywords: gender-based violence (GBV), women's economic empowerment (WEE), Uganda

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Global efforts to combat gender-based violence (GBV) have focused largely on women's economic empowerment (WEE) as a strategy to reduce their vulnerability to GBV (WHO 2013; Swart 2012). However, some studies (e.g. World Bank 2019; Hughes, Bolis, Fries, Finigan 2015; Chibber, Krupp, Padian, Madhivanan 2012) suggest contradictory outcomes of the WEE model on women's vulnerability to GBV. The contradiction in literature regarding the link between GBV and WEE is not just confusing for programming purposes but also implies that WEE programmes may cause harm to their beneficiaries rather than contribute to the prevention of GBV.

This paper re-examines these existing contradictions, arguing that the relationship between WEE and women's vulnerability to GBV is not linear. The former is an important but insufficient way of protecting women from domestic violence, and it is important to note that other contextual factors also affect women's vulnerability to GBV.

The research was conducted in Jinja district about 50 miles east of Kampala, the capital city of Uganda. The paper examines the impact of economic empowerment on women's vulnerability to GBV, by contrasting the GBV experiences of women from different income groups and critically examining the diverse factors that affect their vulnerability to GBV.¹ It starts by presenting the literature on the issues under investigation, proceeds to discuss the conceptual framework for the study, and then presents a comparison of the GBV experiences of economically dependent and economically independent women. The paper then highlights the different contextual factors that affect women's vulnerability to GBV and explores whether WEE is sufficient to prevent GBV. The paper then goes on to document other interventions that can be applied to eliminate GBV.

Understanding gender-based violence

GBV is a complex and pervasive problem rooted in gender inequalities and unequal power relations. It is used as "an umbrella term for any harmful act that is perpetrated against a person's will, and is based on socially ascribed (gender) differences between males and females" (IASC 2015: 7). It exists in many forms, including physical, sexual, economic, emotional, or psychological abuse and social violence. GBV can have a negative impact on development outcomes with increased economic, social, and political costs (World Bank 2019; Duvvury et al. 2013). However, GBV is also a violation of women's rights and has significant negative effects on women's health and life prospects. As such, many organisations have put in place various initiatives to promote WEE, providing legal aid services and shelters and calling for policy and legal reforms to address GBV (UN-Women 2017; Ahikire, Mwiine 2015).

Despite being under-reported, global estimates indicate that over 35% of women worldwide have experienced GBV (WHO 2017, 2013). In eastern and southeastern European countries up to 70% of women have experienced some form of GBV

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compared to 92% of women in India (UN Women 2013). GBV can lead to the spread of Human Immuno-deficiency Virus (HIV) and Sexually Transmitted Infections (STIs), unwanted pregnancies, psychosocial trauma, life-changing injuries and disability, as well as hampering social and economic development (World Bank 2019; UNFPA 2018). Worldwide, men make up almost 80% of violent offenders reported in crime surveys (Fulu 2013; Lauritson 2009; FRA 2014). In over 85% of the cases the survivors are women and children (Van der Gag 2017; Fulu 2013). Because of the overwhelming incidence of GBV against women and girls in Uganda (UNFPA 2018; UBOS 2016), this paper focuses more on violence perpetrated against women and girls than against men.

In 2014, GBV was indicated by the Ugandan Minister of Gender as the second biggest threat to the well-being of Ugandans after terrorism (Tushabe, Peng 2014). The prevalence of GBV is highest in eastern Uganda, where up to 74% of all cases of violence reported to the police are GBV-related (ibid.). The Uganda Demographic Health Survey (UBOS 2016) states that 28% of women compared to only 9% of men aged 15-49 report having experienced sexual violence at least once in their lifetime; 60% of married women in the same age category also report having experienced GBV from their partners; 37% of these women suffered serious injuries that required medical intervention, but less than 2% sought help (UBOS 2016). This suggests a very weak reporting/help-seeking culture.

Women's economic independence and vulnerability to GBV: contradictory evidence

Given the prevalence of GBV, several programmes and strategies have been designed to address it (UNFPA 2018), but most agencies in Uganda use WEE as a solution to GBV. Some authors (e.g. Swart 2012; Agarwal, Panda 2007) suggest that women's economic dependence on men heightens their vulnerability to GBV, especially within the household. They argue that a person's bargaining power is enhanced through the ownership of personal income or assets, and this in turn reduces their vulnerability to GBV. These views are also supported by other authors (Mathur, Slavov 2015; Hughes et al. 2015; Asimwe 2014; Haile, Bock, Folmer 2012; Hague, Ravi 2009) suggesting that WEE can increase women's bargaining power and their self-confidence, thus reducing their vulnerability to GBV. These arguments relate to theories of bargaining and household resource allocation (Agarwal 1997; Sen 1985, 1999). According to these theories, household decisions are based on negotiations in which the higher a person's economic contribution to the household, the more control they have in decision-making processes. This would imply that the more women are able to contribute economically to household income, the less vulnerable they are to GBV.

A second school of thought, however, argues that WEE increases women's vulnerability to GBV when men feel their position of power in the home is threatened by women's increased incomes. In such situations, it is argued, men feel the need to reassert their authority using violence (Kalpana 2017; Heather 2016; Asasira 2014). There is also evidence showing that there are many factors other than economic empowerment that affect women's vulnerability to GBV. There is evidence to suggest that differences in women's social status, living arrangements, social networks, and family status (wife, mother, mother-in-law, or daughter-in-law) may affect their vulnerability to GBV regardless of their economic status (Kalpana 2017; Asasira 2014; Musiimenta 2013; Allendorf 2007). Based on this information, therefore, focusing solely on WEE to address domestic violence may not only be ineffective, it may even increase women's vulnerability to GBV.

Drawing on Uganda as a case study, this paper attempts to resolve the above contradictions and examines the impact of economic empowerment on women's vulnerability to GBV. The next section presents the conceptual framework of the study and emphasises the multi-dimensional and contextual nature of the empowerment process.

Conceptual framework

To conceptualise the relationship between GBV and economic empowerment, this paper adopts the capability approach as a conceptual framework for examining women's experiences and vulnerability to GBV. Accordingly, development is viewed as a process of expanding the choices people have so that they can lead lives they have reason to value (Sen 1999). GBV is thus conceptualised as a form of un-freedom that can negatively affect women's capabilities, functionings, agency, and freedoms (Agarwal, Panda 2007). GBV can, for example, limit women's economic freedoms, i.e. their ability to earn a living, and affect their social opportunities and their sense of self-respect. Hilberman and Munson (1977-1978) explore how GBV can affect women's self-confidence and lead some women to believe that they deserve to be abused. In addition, GBV can also undermine women's well-being and limit their agency. Agency refers to what a person is free to do and achieve in pursuit of whatever goals or values he or she regards as important (Sen 1985), for example, by affecting their employment status and skills, making GBV a highly disempowering process.

Women's empowerment has long been considered crucial for addressing GBV and its associated risks, because empowerment is related to agency, self-confidence, autonomy, and liberation (Alkire, Ibrahim 2007). This study conceptualises empowerment as a process in which individuals can expand their agency whilst at



the same time addressing the institutional structures in which this agency (individual or collective) is exercised or constrained. In the context of GBV, empowering women therefore means allowing them to make strategic life choices in a context where this ability was previously denied to them (Kabeer 2001; Mayoux 2000). To enhance women's ability to make these choices, programmes that seek to empower female survivors of GBV mostly focus on helping these women to improve their livelihoods or to start up their own enterprises (Cheston 2002; Haile, Bock, Folmer 2012). However, focusing solely on WEE to address GBV ignores the multidimensional nature of the empowerment process, especially if women are economically empowered but remain socially, culturally, and psychologically disempowered, which could thus leave them vulnerable to GBV.

The multidimensional framework of women's empowerment (Malhotra, Schuler, Boender 2002) presents six different domains (economic, socio-cultural, familial, legal, political, and psychological) and argues that each of these domains are equally important in influencing empowerment and must therefore all be addressed. He notes that the economic domain includes: women's control over income at the household level; access to employment or asset ownership at the community level; women's representation in high-paying jobs and having national policies that reflect their interests. The second is the socio-cultural domain, which includes the absence of discrimination against women at the household, community, and national levels in terms of access to services like education, leadership, representation, etc. The third is the familial domain, which includes women's participation in decision-making, freedom to choose a marriage partner, and the capacity to influence national decisions, along with the existence of national policies that support women's access to reproductive health services. The fourth is the legal domain, which includes: knowledge of one's rights; community campaigns on women's rights issues; laws supporting women's rights protection, and more. The fifth is the political domain, which includes: understanding political systems and domestic support for women's participation in politics; and women's participation and representation in community- and national-level political and governance structures. The last is the psycho-social domain, which includes: women's self-esteem; women's collective awareness of the need for social justice; and women's engagement in activities that support their inclusion and sense of entitlement at the community and national levels (Malhotra, Schuler, Boender 2002).

The Malhotra framework stresses the interconnected nature of these different domains or dimensions of empowerment and emphasises not only the need to promote economic empowerment but also to address other domains. Using this framework, it can be argued that all these domains are needed in order to achieve holistic empowerment and to prevent GBV, since empowering women means

allowing them to make strategic life choices in different aspects of their lives and to do so in a manner that ensures their well-being. This framework has thus been adopted for our analysis for two main reasons. First, it acknowledges the various domains in which women can be empowered, and by emphasising the inter-linkages between these different domains the framework moves away from a limited analysis of only looking at one or two factors, the way the WEE approach does. Second, this framework allows us not only to explore the interdependent nature of different empowerment domains but also to examine various types of contextual factors, such as familial, socio-cultural, and institutional ones, that can affect women's vulnerability to GBV. This study thus adopts this framework and argues that economic empowerment alone is insufficient to protect women from GBV and that there is a need to empower women in all other dimensions. The next section explains the methodology adopted for this study.

Methodology

The focus of this study is on the economic empowerment or what we refer to as the economic independence of women and how this affects vulnerability to GBV. This research focused on individual women's income because the study challenges the assumption that a woman's economic independence is the sole determinant of her vulnerability to GBV. The study identifies economically empowered women as those who have their own livelihood sources that they can rely on to meet their household needs. On the other hand, those tagged as economically dependent were women who had no income sources of their own and relied mainly on others for financial support. The fieldwork was carried out in 2017-2018, in Jinja district, an area with one of the highest GBV rates (76%) in Uganda (Uganda Bureau of Statistics – UBOS, 2016).

The study adopted a qualitative research design and used in-depth interviews and focus group discussions (FGDs) as the data collection methods. A total of 20 women (survivors of GBV) were interviewed using in-depth interviews. They were purposively selected from police records or were identified by local leaders and the staff of organisations working with GBV survivors. They were then categorised into two groups: those who are economically dependent on others (10) and those who are economically independent (10). Half of these individuals were from urban and half from rural areas. In addition, a total of six FGDs were held in communities with the highest incidences of GBV in order to ascertain respondents' general views on GBV and the factors that affect women's vulnerability to it. To contrast male and female perceptions, four FGDs were conducted with women and two with men. Participants were selected from two urban councils (Walukuba and Wairaka) and from



one rural sub-country (Buwuma). In addition, 15 key informants were also purposively selected and interviewed from agencies working directly with GBV survivors in Jinja. Staff from government policy-making bodies and government officials handling GBV prevention and response in the community. For triangulation purposes, the study also draws upon reports and statistics from different sources. The next section presents our research findings.

Women's economic empowerment and GBV in Uganda: the case of Jinja

Discussions with respondents working on GBV prevention programmes noted that in their programming, the guiding assumption is that WEE protects women from GBV, and thus they strive for WEE to prevent GBV. Looking at their programme documents, the theory of change adopted in their programmes also corroborates the view that WEE protects women from GBV.

The discussions with economically dependent women show that some women believe that economic independence can reduce their vulnerability to GBV. The voices of GBV survivors highlight the importance of economic independence, not only for reducing women's vulnerability to GBV but also for allowing them to walk away from an abusive relationship. For example, Mama Isabirye, a 30-year-old housewife and mother of three, noted: *'If I had my money I would leave this man and move to where I can have peace of mind.'* Similarly, Betty, a 36-year-old housewife and mother of four, noted: *'If only I had money of my own, I would not be suffering in this man's home.'* The voices of other economically dependent women echoed these opinions, arguing that having money helps to reduce vulnerability to GBV by reducing vulnerability to manipulation by spouses, making it possible to leave abusive relationships. They felt that economic independence reduces vulnerability to exploitation by others, especially by their male partners.

Discussions with economically independent women, on the other hand, revealed a very different situation, with most saying there was no difference between their vulnerability to GBV prior to becoming economically independent and their vulnerability after attaining economic independence. They noted that, with economic independence, new forms of control emerged that were not there before. The women's spouses fought to control their new income, fought to reduce them to their previous level of dependence, and in some cases refused to provide for the household as a strategy to control the women's economic growth and curtail their economic independence. All the women in this category lamented that economic independence had made their experiences of GBV more intense. One FGD participant said:

Becoming economically independent made my husband so hostile. He sees me as a threat. We used to laugh and play together, now we cannot even sit together and share a meal...when I had no money, the beatings were limited to once or twice a year, now it is almost weekly... (Mama Natasha, age 37, mother of four, economically independent, trader)

Other participants in the FGDs agreed with her, saying that men seemed to be intimidated by progressive women and sought to control them and their income, which often triggered violence. They noted, however, that even those women that depended on their spouses still faced violence. Agnes, a 40-year-old mother of two and FGD participant, argued: *'It is a case of damned if you are wealthy and damned if you are not ...'* Other FGD participants agreed with her view, but they also noted that the only benefit economically independent women get is the ability to walk away if they have the courage and support to do so. They, however, noted that most women lack that courage. In all the FGD discussions, when asked how many would leave an abusive spouse if they had money, only 30% seemed confident enough to do so. Further probing as to why they would stay in an abusive relationship revealed that factors like a lack of social support, shame in the face of one's family, fear of leaving children behind to suffer abuse, fear of not finding another spouse, and fear of being harmed if they try to leave were cited, among others, as the reasons why many women do not think it possible to leave even if they have the money.

Asked whether there are any differences between the types of violence experienced by economically independent women compared to economically dependent women, the general consensus was that there is none (women's FGDs). The respondents noted that being a woman, whether rich or poor, exposes one to the same set of cultural norms that lead to similar experiences of violence (this was found in all the FGD discussions with women). The findings from the FGDs and the individual interviews also demonstrate that economically independent women also suffer from GBV and this suggests, therefore, that economic independence alone is an insufficient factor to determine women's vulnerability to GBV. Indeed, discussions in the men's FGDs demonstrated male animosity towards economically independent women, with more than 70% arguing that economically independent women tend to be arrogant and disrespectful and therefore need to be controlled and brought back to a level where they respect their husbands. The men further noted that economically dependent women were more respectful and obedient and therefore less likely to be beaten by spouses, except when they challenge their spouses in some way or try to insult or degrade their spouses.

Asked whether economically independent women and economically dependent women suffer different forms of violence, the general consensus among the men



was that they suffer the same forms of violence, but the trigger for them may be different (men's FGDs). While the triggers in the case of economically independent women were mostly men seeking to reassert their authority in the home and control what they perceived as arrogant and undisciplined women, the triggers in the case of economically dependent women were more related to anger and frustration associated with poverty, men's drunkenness, and the need for men to reassert control over wives that question them. The views of men and women therefore seemed to tally with regard to the fact that the types of GBV were not really different, only the circumstances that led to GBV were.

The findings show that all the women interviewed in the economically independent category and those interviewed in the economically dependent category had experienced different forms of abuse including economic abuse, physical abuse/assault, and psychological torture. Six of the ten women interviewed in the category of economically independent women had either been raped or had experienced some form of sexual abuse, compared to two of the women in the economically dependent category – this, however, is a very small difference. The economically independent women felt it was their right to say no when they did not feel like having sex in their marriages, but noted that whenever they said no, their spouses forced them into sex. Asked whether they had experienced these forms of violence before they became economically independent, the women in this category noted that forced sex is common in marriage, that they had experienced it even before they became wealthier, and that having money did not really make a difference in their experience of marital rape. The economically dependent category also noted that their spouses forced themselves on them, but as women they felt it was their duty culturally to provide sex in exchange for provisioning, and therefore they did not resist the sexual advances of their spouses even when they were not in the mood. This accounts for the differences in the number of marital rape cases reported by the two groups.

The findings also show that two out of ten economically independent women had experienced eviction from their home compared to three out of ten of the economically dependent women, which again is a very small difference. Further discussions with the economically independent women reveal that it is common for married women to be evicted either by spouses or the spouses' relatives. The two women who experienced evictions noted that prior to the most recent eviction, which appeared permanent, they had been evicted by their spouses before but had been returned to their marital homes by their relatives. They noted that eviction is a very traumatising and humiliating experience and that it had scarred them for life and affected their children in different ways, from missing school to malnutrition and other associated problems. These findings suggest that economic status per se does not necessarily reduce or increase the level of vulnerability to GBV.

Further discussions with the economically independent women revealed that in some cases their economic independence was the cause of the violence they experienced. They noted that much as there were various factors that led to violence, one key factor leading to increased vulnerability to GBV for economically empowered women was anger from male partners who wanted to control their wives' earnings. The case of Alice, for example, helps to illustrate this point. Alice owned a transport company; however, when she got married her spouse demanded that she hand over her company to him and that he control her bank account. When she resisted, he battered her regularly, raped, and verbally abused her until she decided to leave the marital home and left behind all her household property too.

Discussions with participants in FGDs showed similar findings. The FGDs made it clear that there exists a commonly held perception that economically independent women were less submissive to their spouses as demanded by social norms in the area. As a result, men in the community feel threatened and react by using violence to reassert their control in the home. Anna, a 65-year-old former nurse and mother of three, narrated how her spouse used to batter her and force her to relinquish all her salary to him. He would then use all the money, leaving her begging daily for money to buy food. He told her that women are not supposed to earn money but should rely on their spouses for upkeep.

The violence associated with women's earning in some cases was found to come from in-laws. The case of Josephine, for example, shows the power and influence that in-laws can have on the vulnerability of an individual to GBV.

I worked hard and accumulated a lot of wealth, land, livestock, and a store full of produce for sale. My in-laws were not happy with this progress since it made them look poor compared to me, a mere illiterate woman. They falsely accused me of witchcraft, slaughtered some of my livestock, and shared the rest of my produce and property among themselves, then chased my children and me away empty-handed. I am now a homeless pauper, my kids are malnourished, and I have to do casual work to provide for my children. (Josephine, age 42, mother of nine, economically independent, farmer)

Similar cases were talked about in the FGDs relating to evictions of women who were referred to as 'obstinate'. These women were tagged as a threat to cultural norms and tradition because they disrupted the socially accepted power hierarchy, and as such they were categorised as needing to be 'dealt with' (FGDs in Walukuba, Wairaka and Buwuma).

These discussions show that, contrary to popular belief, WEE on its own does not necessarily reduce vulnerability to GBV. Further, the findings in this section also suggest



that there is no difference between the types of GBV experienced by economically empowered women and economically dependent women. The views of men and women engaged in discussions appear to tally on these issues, suggesting that, to identify practical solutions, there is a need to unravel all the contextual factors that account for vulnerability to GBV.

Untangling the yarn: the contextual factors that affect women's vulnerability to GBV

The previous section showed how the relationship between economic independence and vulnerability to GBV is not straightforward and that other contextual factors may have a role to play in GBV vulnerability. The next sections will explore each of these factors drawing on the experiences of GBV victims in Jinja district.

Socio-cultural factors

Patriarchal norms embedded in religious, cultural, and other institutions affect women's rights and opportunities (World Bank 2019). Patriarchy, or the rule of the fathers, is a hierarchical social structure and a system of beliefs, norms, and practices that are aimed at maintaining male supremacy and female subjugation in society. Patriarchal societies use language, religion, laws, and all other aspects of social conditioning, including violence, to maintain this hierarchical relationship between men and women (Hadi 2017; Garcia 2014; Nkiru 2013; Gonzalez 2004). Such patriarchal social structures can thus not only deepen gender-based inequalities but also deny women access to essential services, thus affecting their well-being (Shorey et al. 2018).

The FGD participants in Jinja noted that culturally men occupy a higher social position in the community than women. They gave the example of local leaders being mainly male, while female leaders were not shown the same level of respect as the male leaders. They noted further that in local governance structures, although women were given some administrative slots, they tended to be lower than those of men and were deemed acts of window dressing since government policy requires women's representation. They noted that culturally only men are recognised as household heads and clan leaders, never women. The FGD discussions with both men and women noted that many women tended to have had fewer opportunities than their male counterparts to access education, property ownership, etc. The FGDs also noted that in cases where women had their own money, the social norms still dictated that they had to honour and respect the men in their lives (father, brothers, and spouses). Discussions with female FGD participants yielded similar feedback, with women noting that the power relations in their homes were skewed against women and that they all treated their spouses with utmost respect as demanded by culture.

The patriarchal norms that produce such social hierarchies were noted as the reason for the prevalence of GBV in Jinja. One female FGD participant and in-depth respondent noted that *'our spouses use GBV as a means of reinforcing their dominant position in the household'*. They further noted that forcing a woman to beg for money is just one of the ways by which men seek to reassert their power in the home. It also reinforces the view that GBV is socially influenced and linked to power inequality. The FGD participants argued that men being violent against women is a practice that cuts across the economic divide and is determined by social and cultural norms, a view shared by Hadi (2017), Musiimenta (2013), and Nkiru (2013).

Such subordination, according to Nkiru (2013), goes beyond mere obedience to the male patriarch in the household and extends to other male members of the family, including fathers and brothers, whose authority women also need to accept. Indeed, the findings in Jinja show the extent of male power over women in the following quotes:

My husband cheats on me and brings home STDs, so I stopped having sex with him. As a punishment, he closed my shop and starved me and my child for weeks. (Latifah, age 43, married, one child, dependent)

I am responsible for farm work as well as household work. My husband never touches any work on the farm, but once the harvest is ready the money is taken from me and spent on other women. (Diana, age 35, married, six children, economically independent, farmer/trader)

I had to drop out of school when I got pregnant. I don't work, I am fully dependent on him, but he beats me, sometimes locks me out of his house. I literally have to beg for everything, he gives me food only when he feels like it. (Milicent, age 23, married, two children, economically dependent)

According to the FGD participants, it is routine for men to punish their wives emotionally and economically to instil in them 'subservience and obedience'. Dominance and control are central to the survival of patriarchy (Asasira 2014; Musiimenta 2013; Hague, Ravi 2009). Such patriarchal norms and practices not only normalise GBV but also affect women regardless of economic status.

Further, women's voices in this study reveal how WEE can increase vulnerability to GBV. Violence in such cases is used as a way to prevent economically empowered women from upsetting the socially ascribed hierarchy in the household (Nkiru 2013). For example, in the Jinja-based findings, 30% of the respondents had spouses who took all their wives' money as soon as they got any. In 20% of the cases, the



husbands took over their wives' income sources and were in full control of decisions regarding the finances of their wife's business, in half of the cases the spouses left all responsibility to the women and refused to contribute to household income or pay for the children's school fees and health bills as a strategy to frustrate women and deprive them of financial support. One example, is the case of Paska, a 55-year-old woman, mother of three, and a nurse, whose abuse went on for 30 years until her now adult children had to forcibly remove her from the marital home for her own safety. Another example, Harriet, a 28-year-old mother of four children and a teacher by profession, noted that her spouse monitors her account and uses her ATM card to withdraw money from her account whenever he wants. She has no control over her own earnings. She noted that she once went to the bank, withdrew her money across the counter, and then got a thorough beating from her spouse. These findings are in line with other studies (Anena, Abalo 2019; Shorey et al. 2018; Hughes et al. 2015) that have argued that – contrary to common belief – economic empowerment can actually increase GBV vulnerability.

Across all six FGDs in this study, the participants showed how men use different means to reassert their power in the household and to disrupt women's economic progress. An example is the case of Jenny, a 43-year-old teacher, who set up a school in their large compound at home to raise income. Once she started the school, her spouse stopped providing food or fees for their own children. Ten years later, the school now has over 1,000 students and earns a billion UG shillings every term (US \$ 270,000). Her husband took over ownership of the school and now pays her only 300,000 UGX (US \$ 90) as a monthly salary, while he pockets the rest. When asked why she handed over the management of the school's finances to her husband, she stated: *'It was either I forego my marriage or I relinquish authority back to him ... where would I go at my age, no man would marry me.'* This reveals not just a very low sense of self-worth but also the pressure that exists to conform to social expectations about womanhood and marriage. It exposes the lack of agency a woman has to use her economic empowerment to free herself from an abusive relationship. The findings demonstrate that WEE alone is insufficient to support GBV survivors like Jenny, hence the need to address other psychological, social, and legal factors that increase their vulnerability to GBV.

WEE was also found to encourage male spouses to abandon their own financial responsibilities in the household, thus shifting the burden of household provisioning onto women. From the study findings, one respondent, Martha, a 37-year-old woman and a member of a women's group supported by one of the NGOs in Jinja, noted that the moment she got her loan from the group, her husband immediately asked her to hand it over, confirming the arguments and findings by Goetz (2001) that sometimes women get loans but the power relations deny them the right to use these funds.

When she refused, she was punished by being forced (by her husband) to take over all the financial responsibilities in the household.

Some authors, (see, e.g., Vaan der Gag 2017; Levtov et al. 2015) argue that WEE can threaten men's social positioning, especially in societies with dominant patriarchal social norms, underlying social hierarchies, and unequal power relations, a situation clearly reflected in the above examples from the study findings. It is clear, therefore, that social norms and expectations regarding patriarchy and women's subordination play a significant role in exposing women to GBV. As such, Goetz (2001) contends that targeting women with money alone cannot lead to transformative relations, equality, or empowerment as long as gender hierarchies remain untouched. Similarly, bell hooks argued that to liberate women and men from unpleasant and outdated norms and attitudes that foster negative actions like GBV, it is essential to dismantle patriarchy first (hooks 2000). This shows the tremendous role that patriarchy plays in fostering and legitimising GBV and indicates that economic empowerment per se may not be sufficient to overcome GBV vulnerability. It also lays credence to Malhotra's framework (Malhotra, Schuler, Boender 2002) multidimensional framework and demands approaches to GBV prevention and response that address all six dimensions of women's lives.

Familial and interpersonal relations

Various scholars (Anena, Abalo 2019; Allendorf 2015; Shih, Pyke 2009; Latreille, Verdon 2007) note that such interpersonal and familial relations or support networks can make women more vulnerable to GBV. Family support and relations with other members of the extended family or the community in general not only affect women's vulnerability to GBV but can also impact women's decisions to leave abusive relationships. To explore the role of family support on women's vulnerability to GBV, the study examined the existing support networks that respondents had. The findings reveal that the lack of dependable, protective, and supportive social networks often makes women more vulnerable to GBV even when they are economically independent. The FGD participants reported cases where relatives and friends not only encouraged women to stay in abusive relationships but even justified GBV as normal in every relationship. Patience, a 27-year-old mother of two, noted that her mother-in-law tortured her emotionally and denied her access to household resources. She said:

I was treated so badly in that home, until I left. My husband would always side with his mother. She would even tell his sisters to beat me if I delayed to do housework, even when I was pregnant, I worked like a maid... It was worse that I had no income source... but even when I started selling second-hand clothes



my husband would demand for money and control my money..." (Patience, age 27, mother of two, economically independent, trader)

Similarly, Faridah, a 27-year-old mother of four, notes that when her husband started beating her, she would run away to her parents' home, but the next day they would bring her back, her husband would pay a fine, and the cycle of violence would continue again and again. Amidst all this, her Senga (paternal aunt) would tell her, *'My daughter, just bear it bravely, take care of your marital union and home'*.

Similar views were raised in FGDs with women who also explained that relatives tend to force a woman back into an abusive marriage with the warning that divorced women rarely get social respect nor do they find it easy to get married again. They also noted that such women are regarded as a source of shame to the family. Numerous scholars (e.g. Fry, Skinner, Wheeler 2017; Keating 2015; Hatcher et al. 2013) have shown that the social norms and expectations around masculinity and femininity not only create familial relations that increase women's vulnerability to GBV but also create contexts in which GBV becomes normalised. The findings reveal that socio-cultural factors, such as patriarchal social norms, unequal power relations within the household, and a lack of family support for women's rights, can play a key role in increasing women's vulnerability to GBV. These norms emphasise the sanctity of marriage over women's freedom to direct their lives, thus restricting women's agency and future choices and limiting their autonomy to exercise their rights to a life free from violence (ibid.). Such social norms cut across economic class and lead to GBV among both economically independent and dependent women.

Psycho-social factors: low self-esteem as a result of GBV

The impact of GBV on women and its emotional toll can be long-lasting, affecting women's feelings of self-esteem and self-confidence. Psychological factors, such as feelings of low self-worth and low self-confidence, also play a role in women's vulnerability to GBV – even if they are economically 'empowered'. The Malhotra framework (Malhotra, Schuler, Boender 2002), for example, notes that GBV constitutes not only physical violence but also emotional abuse, and the latter can have a long-lasting and devastating impact on women, leading to anxiety and even suicide. Discussions with the Police Family and Child protection office revealed that psychological abuse is ranked third highest among reported cases of GBV in Jinja, with up to 600 cases reported in 2016.

The fact that psychological abuse is ranked third, after physical violence (969) and sexual violence (708), shows the magnitude of this form of GBV in Jinja. However, Malhotra authors (e.g. Mootz, Stabb, Molen 2017; Malhotra, Schuler, Boender 2002) argue that unlike the other types of GBV, psychological abuse can be so damaging

and disempowering that it makes a woman more vulnerable to further abuse and feelings of hopelessness, which restrict agency and increase vulnerability to even more abuse. The following voices provide an insight into just how damaging and disempowering GBV can be:

I could only watch helplessly as my in-laws destroyed and took away my life's work. (Naigaga, age 40, no children, separated, economically dependent farmer)

If it was not for my children, I would have killed myself already. Everything I worked for was taken from me and handed over to another woman because in his words am now old. (Halima, age 55, eight children, separated, trader, economically independent)

My husband used to mistreat me, just as a way to remind me that I am just a mere woman. ... I accepted my place and the beatings have reduced somewhat. (Anna, age 36, five children, married, economically independent, teacher)

These voices reveal how GBV victims may suffer from very low self-esteem and feel powerless to leave their abusive partners even if they have a high-earning capacity or their own assets. This low self-esteem results from victims internalising and accepting their subordination, thus allowing violence to continue unabated (Mootz, Stabb, Molen 2017; Hilberman, Munson 1977–1978).

Agarwal and Panda (2007) and Sen (1999) argue that, where feelings of self-worth and agency exist, women are able to overcome forces that keep them subordinate and can then act in defence of their rights, including combating GBV. These views are evidenced in the three cases below.

My husband used to beat me almost daily and eventually left me, but I refused to let him control my money. My relatives call me a failure, his relatives call me useless, but at least I have protected my money. My mother and siblings have been my strength through it all. (Susan, age 42, two children, divorced, economically independent, teacher)

I worked hard and built part of the family house on land I bought with a loan. He now wants to divorce me and take away all our property and assets. I went to FIDA, they said they can help represent me in court. My sisters are also helping and supporting me. (Shamsa, age 38, four children, separated, economically independent, trader)



I married my spouse at a time when he had nothing to his name. I was already working when we started our family, and I already had a well-paid job. I supported my spouse with part of my savings, we bought a 14-seater vehicle which I advised him to use as a source of income for the family. He did not contribute a single coin to the purchase of the vehicle and as soon as he started getting good money from the business, he started battering me whenever I'd ask for accountability. Soon I heard he had married a second wife and was feeding her using the money from my vehicle. When I tried to recover my vehicle, I was battered and hospitalised. I opted to let him have the vehicle. He recently contracted HIV and came home trying to seek forgiveness and reconciliation. When I refused, he forced himself on me and I had to seek medical intervention to prevent me contracting HIV. The case is with the police. I intend to recover my car plus have him charged for damages – physical and psychological. (Maureen, age 35, two children, separated, economically independent, trader)

In the above cases, we see a different perception of self-worth and readiness to fight for one's own rights. We see a positive attitude, one of agency, determination, self-confidence, and self-worth, which appears to be lacking in the other cases. While the women in other cases highlighted above appear to have resigned themselves to their fate, women in these three latter cases are fighting back and refusing to accept GBV as a normal part of life. In all these cases, the women have money, are working, and are capable of looking after themselves, but only in these three latter cases do we see agency and the will to fight for personal well-being. In these latter cases, we also see an awareness of personal rights and personal value/worth, in addition to the presence of the social support of family and friends.

The cases discussed in this paper, clearly reveal the influence of contextual factors in mediating women's vulnerability to GBV and their responses to GBV. It shows that where an understanding of rights exists, where social support networks exist, and where feelings of self-worth/value and willingness to pursue personal well-being exist, women are more likely to defend their rights and fight GBV, whether they have economic independence or not. However, where these are lacking, women tend to be more accepting of GBV and are less likely to fight GBV regardless of their economic situation.

The findings thus suggest that where agency exists, as in the above three cases, women are better placed to assert their rights and self-interest, thereby reducing their vulnerability to GBV. Where agency has been eroded or suppressed, as in the other cases, vulnerability to violence remains high. This again relates to Sen's (1999) argument that agency is essential for a person to be able to achieve what they value for themselves, and it suggests again that, economically independent or not, if a person's

instrumental agency remains at a low level, then their level of vulnerability remains high. As such, the findings suggest that economic empowerment on its own, without consideration of the other contextual factors, may actually increase vulnerability to GBV rather than address it, and they thus call for a holistic empowerment of women that focuses on all six areas of life rather than only one, as proposed by the Malhotra framework (Malhotra, Schuler, Boender 2002).

Legal and institutional factors

In addition to the social, economic, psychological, and familial factors, legal and institutional factors also have a role to play in moderating women's vulnerability to GBV. The legal or institutional frameworks within which GBV cases can be prevented or addressed through diverse set of actions along the GBV referral pathway, greatly affects women's vulnerability to GBV. These legal or institutional factors include but are not limited to having laws against GBV which not only define GBV but also criminalise it and make it possible to prosecute offenders; having policies in place to prevent and respond to GBV; having the necessary capacity building and other forms of institutional reforms to make response to GBV cases possible. These can include: awareness-raising around GBV and the referral pathway; support for reporting and seeking justice; training of police and medics to handle GBV cases professionally; and the provision of psychosocial support to mention a few. Uganda ratified many international instruments and has put in place other legal measures all aimed at combating GBV and enhancing women's rights protection.

The Government of Uganda has also made efforts to ensure that every district has a community development department with staff facilitated to help handle GBV cases as well as sensitise communities to change attitudes towards women and GBV issues. Efforts have also been put in place to empower women economically using government grants to women's groups (MOGLSD official). Ironically, the promised funds are already threatening to achieve the opposite by escalating GBV, as men in the community keep calling Community Development Officers (CDO) to find out when the funds will be released with the intention of grabbing the funds as soon as their wives receive them (CDO Mafubira S/C). The government has further put in place family and child protection units in every police station, charged with the responsibility of addressing GBV cases reported to police.

Some authors (see, e.g., Ahikire, Mwiine 2015; Hague, Ravi, MIFUMI 2009), however, note that in Uganda GBV seems to be on the rise despite the existence of laws and policies to curb it. The increased number of cases could reflect an increase in reporting or they could indicate that actual cases and experiences of violence are on the rise. Similar views are shared by UN-Women (2017), which stated that defilement cases rose from 13,118 in 2015 to 17,567 in 2016; rape increased from 1,419 to 1,572 in the



same period; 50% of females with a hearing impairment had been a victim of rape in 2016; 40% of widows experience actual or attempted property-grabbing in their lifetime; more than 30% of widows have been victims of threats, physical violence, and attempted murder, targeted their lives and those of their children, from property-grabbers. The findings reveal a social apprehension about spouses being arrested and punished for GBV, and surprisingly women appear to be more apprehensive than men and often refuse to cooperate with the police to pursue legal action against perpetrators (Ahikire, Amon 2015; Hague, Ravi 2009).

While it can be asserted that the existing legal and institutional frameworks have helped speed up the handling of GBV cases, concerns were raised by a police officer in charge of the Family and Child Protection Unit (FCPU) – Jinja, who noted that many survivors prefer to handle GBV matters outside of court. He cited factors like social pressure from relatives and friends, a lack of money to hire a lawyer or to ferry witnesses to court, as well as intimidation from perpetrators as discouraging many from pursuing justice (FCPU Officer, Jinja). He also highlighted that there are weaknesses in the judicial system that result in GBV survivors being punished instead. For example, he pointed out that court proceedings are usually open to the general public, which forces survivors to bear the shame and humiliation of recounting their experiences to a room full of strangers, often exposing them to laughter, ridicule, heckling, and insults. The legal teams themselves can be merciless and have been known to throw the blame back to the survivor by claiming they invited the assault by dressing provocatively or behaving in a manner that caused the rape to occur. In some cases, the legal teams have been known to discredit survivors by claiming that they asked for the rape or enjoyed the rape (interviews with various respondents and FGD participants). This tends to discourage many women from reporting GBV and as such they suffer in silence and GBV continues unabated.

The police FCPU officer noted further that because many women are surrounded by in-laws and sometimes live with their in-laws in the same house, they are afraid to rock the boat and unleash a backlash of rejection upon themselves because they rely on the same relatives for economic and other forms of support. Many therefore are afraid to seek justice or have abusive spouses prosecuted. As such, they either suffer in silence or seek help from sources that will not result in prosecution, or seek intervention that is considered more socially 'acceptable'. Such factors need to be clearly understood and addressed by policy-makers and those who design supportive projects to reduce women's vulnerability to GBV. Discussions in FGDs and with some respondents noted that many women are afraid to proceed with court cases because the criminalisation of their partners affects them and their children. For example:

I have lived with my spouse for twelve years, I conceived eight times and lost six pregnancies due to his physical abuse. I know what he is doing is wrong, but I fear reporting because if I report, he will be arrested and jailed. Where will I take my children? (Santa, age 45, two children, married, economically dependent)

My husband and I have been married for twenty years, but where can I go after the father of my children is imprisoned? My own people will call me wicked. His relatives will see him as a victim and I will become the bad person, even if they know all the evil he has been doing. (Maggy, age 42, eight children, married, economically independent, teacher)

My husband is a habitual drunkard, he is also a womaniser and often brings women to our marital bed. The last time he beat me and broke my arm. I cannot report him to the police because I still love him, and how will my children view me knowing I imprisoned their dad. (Daniella, age 28, four children, married, economically independent, trader)

The above discussions provide some insight into the complexities of using formal systems of justice, and the risks associated with this for survivors. For many women we spoke to, reporting a spouse and getting the spouse arrested and presented in court is considered culturally unacceptable. Further, the criminalisation of spouses also implies there is less likelihood of reconciliation and many women are afraid to be regarded as the cause of their marriages breaking up. Many women we spoke to therefore prefer home-based or clan-based reconciliatory mechanisms, which sadly often fail to protect them since the enforcement mechanisms are weak.

In cases of defilement and rape, again, many survivors who opened up during the discussions noted that the humiliation and embarrassment of many people finding out that a woman has been raped makes many women remain silent about their ordeal. The following are some views shared by respondents:

I was raped as I returned home late from work one day. I could not tell my spouse because I knew he would divorce me immediately. I witnessed the case of my in-law whose husband rejected her after her rape was made public when she tried to seek redress in court. My husband made a comment that the woman was just a prostitute who got caught and was trying to hide her shame. When it happened to me, therefore, I knew he would not see my innocence. I also did not want the public shame. (Rachael, age 39, married, six children, economically independent, trader)



Two years ago, I witnessed my cousin report her rape case to the court. She lost the case and her husband divorced her. The shame was too much. She had to leave the village. When my own 17-year-old daughter was defiled last year, we did not tell anyone or even seek redress. (Lucy, age 49, three children, married, economically dependent)

It is therefore clear from the above cases that while laws and policies against GBV are very important in providing a legal framework in which to prosecute offenders and protect vulnerable people from GBV, these are not enough to protect women from GBV, or to persuade women to report or seek justice. These findings are supported by the UN-Women (2017) article, which shows that out of 1,594 new rape and 7,618 defilement cases reported in 2015 and 2016, in only 57% was the perpetrator punished; between 2012 and 2017, only 5% of all sexual violence cases handled by the ODPP were closed, and this was owing to a lack of evidence. Such a small number of convictions gives perpetrators a sense of impunity and in so doing exacerbates GBV. The institutional structures and culture must support reporting and the seeking of justice by all (UNFPA 2018). The FGD discussants, for instance, noted that the high level of corruption in the police and influence-peddling in the judicial system and the overall high cost of pursuing justice (transporting witnesses, paying for legal representation, etc., all fall on the survivor) are major factors that discourage reporting and have helped normalise GBV and other social ills. This widespread normalisation of GBV results in a shroud of silence around GBV, which permits it to flourish and affects women regardless of their economic status.

Conclusion

From the above discussion it is clear that there is no significant difference between the types of GBV experienced by economically independent women and those that are not economically independent. Both categories of women appear to be equally vulnerable to the same types of violence despite the differences in their economic status. Our research suggests that the link between WEE and GBV vulnerability is profoundly contextual and overlaid by several intersecting factors. Women's unique circumstances, social context, and cultural environments (their psychological status, their feelings of self-worth/self-esteem, their access to social networks, their agency levels, their understanding of the legal and political terrain, etc.) play a big role in determining their vulnerability to GBV and affecting their willingness to seek help following incidences of GBV, much more so than their economic status. It is therefore clear that while economic independence has a role to play, it is certainly not the only factor affecting GBV vulnerability and efforts must be made to address the other

contextual factors concurrently. This paper argues that WEE interventions, therefore, while very important, could have mixed outcomes on women's vulnerability to GBV in diverse settings. As such, a multidimensional approach to GBV that holistically addresses all the different aspects and contexts of women's empowerment can be more effective at addressing GBV than merely having unitary uncoordinated and separate programmes that address different aspects of women's empowerment. Key in this approach is the involvement of men in the fight against GBV at all levels.

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