RHRC
Consortium

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Mission statement

The Reproductive Health Response in Conflict (RHRC) Consortium is dedicated to the promotion of reproductive health among all persons affected by armed conflict. The RHRC Consortium promotes sustained access to comprehensive, high quality reproductive health programs in emergencies and advocates for policies that support the reproductive health of persons affected by armed conflict.

The RHRC Consortium believes all persons have a right to good quality reproductive health care and that reproductive health programs must promote rights, respect and responsibility for all. To this end, the RHRC Consortium adheres to three fundamental principles:

° using participatory approaches to involve the community at all stages of programming;

° encouraging reproductive health programming during all phases of emergencies, from the initial crisis to reconstruction and development; and

° employing a rights-based approach in all of its work, as articulated in the 1994 International Conference on Population and Development Programme of Action.

Gender-based Violence Tools Manual

For Assessment & Program Design, Monitoring & Evaluation

in conflict-affected settings

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CONTENTS

General Overview

INTRODUCTION

Purpose of the Manual

This manual is one of several outcomes of a three-year global Gender-based Violence Initiative spearheaded by the Reproductive Health Response in Conflict (RHRC) Consortium and aimed at improving international and local capacity to address gender-based violence (GBV) in refugee, internally displaced, and post-conflict settings. The tools have been formulated according to a multi-sectoral model of GBV programming (described more thoroughly on page 35) that promotes action within and coordination between the constituent community, health and social services, and the legal and security sectors. The manual is meant to be used by humanitarian professionals who have experience with and are committed to GBV prevention and response.

The tools are divided into three major categories: **assessment, program design,** and **program monitoring and evaluation**. The **assessment** tools are meant to improve awareness of the nature and scope of GBV in a given setting, to assist in gathering information about local attitudes and behaviors related to GBV, and to identify existing GBV services and gaps in services within the community. The **program design** tools may be used for designing and implementing projects whose outcomes meet intended goals, and for improving hiring practices within GBV programs. The **program monitoring and evaluation** tools assist in evaluating program effectiveness, as well as in recognizing short- and long-term service utilization and service delivery trends that may be used to adjust programming.

This manual should be used in conjunction with other GBV programming resources, accessible on the RHRC Consortium website at www.rhrc.org/gbv. Of special note are United Nations High Commissioner for Refugees' *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response* (May 2003*)* and the RHRC Consortium's *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations* (2002).

Background

Since the mid-1990s, the international community has implemented a number of special programs in conflict-affected countries around the world to address violence against women and children. The earliest projects were generally small in scope, focused on survivors of war-related sexual violence, and provided services through vertical or "stand alone" programs that ended when the special funds were spent (usually 12 or 24 months). Within the last several years, efforts have focused on developing comprehensive and long-term services that include health care, emotional support, and social reintegration, as well as police and legal intervention. Programs are also developing prevention strategies, including community involvement in raising awareness at the international, national, and local levels.

In 2001, the United Nations High Commissioner for Refugees (UNHCR) hosted an international conference to explore and document lessons learned and recommended practices for prevention and response to GBV among conflict-affected populations. The conference proceedings describe the recommended approaches for multi-sectoral, inter-agency, community-based action to address survivor needs and reduce further incidents of violence. Initiatives are currently underway in nearly twenty conflict-affected countries to institute the recommendations outlined by UNHCR.

In May 2002, the RHRC Consortium published *If Not Now, When?: Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-Conflict Settings*. The findings of this global overview of GBV issues, programs, and gaps in programming suggest that the vast majority of refugee and internally displaced settings have not received adequate support, commitment, or funding to implement the model of multi-sectoral programming advocated by UNHCR. One critical limitation to addressing GBV is the absence of data on the nature and scope of GBV. Even when available, methods for GBV data collection are not sufficiently standardized to allow for comparability within and across cultures. Without sufficient data, programs often depend on anecdotal evidence of GBV crimes to inform the design of prevention and response activities.

The tools in this manual are intended to improve data collection efforts on GBV in humanitarian settings. They are also aimed at supporting and furthering the recommendations of UNHCR and others regarding the necessity for multi-sectoral, inter-agency, and community-based GBV programming. An equally important goal of this manual is to assist field programs in establishing and maintaining strategies for ongoing monitoring and evaluation of program outcomes and goals.

How to Use the Tools

These tools were developed for use by international and local professionals with experience addressing GBV in the communities in which they work. Even so, it is anticipated that those using the tools will represent a range of expertise. For this reason, attempts have been made to make the tools as user-friendly as possible and accessible to a wide audience. The one exception to this user-friendly approach is the draft prevalence survey tool, which is included in this manual for reference and research planning purposes, but should only be used by those with extensive GBV research experience, preferably in consultation with the RHRC Consortium.

Every tool within each section of this manual has an introduction that explains the purpose and application of the tool. For each tool, recommendations are provided about the extent to which the tool may be altered or adjusted to meet the needs of the local context. At the end of each section a resource list is provided for further reading relevant to that section.

The **assessment section** contains **situational analysis**, **focus group, pair-wise ranking, mapping and causal flow analysis guidelines**, as well as a **draft prevalence survey questionnaire** and an accompanying **sample interviewer training handbook**. These assessment tools may be used independently or in conjunction with each other, depending on the needs of the setting. The situational analysis tool is based on a multi-sectoral model of GBV prevention and response, and should be used to guide programming efforts that support existing services and respond to gaps in those services. The focus group guidelines highlight some of the more important issues in conducting qualitative research on GBV, and list specific questions that may be used to investigate local communities' knowledge, attitudes, and behavior related to GBV.

It is important to note that not all assessment tools will be appropriate for all settings. Conducting a methodologically and ethically sound GBV prevalence survey, for example, requires extensive technical and financial resources, and therefore may not be warranted in some situations.

The assessment tools should be adapted to the local situation and informed by a participatory approach. At minimum, the local community should be engaged in reviewing and editing the assessment tools prior to applying them to a local context. The success of any assessment will depend on its relevance to local culture and traditions. However, the extent to which the assessment tools are adjusted to the local context must also be informed by international standards for research on GBV. The prevalence research tool, for example, has been designed not only to provide specific information about a given setting, but also to meet the important goal of cross-cultural comparability of data. Major adjustments to the tool may limit comparability and thus undermine the extent to which research findings improve international understanding of how the nature, scope, and impact of GBV manifest differently around the world. For more information on participatory assessment strategies as well as standards for research on GBV, refer to the resource list at the end of the assessment section.

The **program design section** includes a **causal pathway framework,** as well as some **program implementation tools,** including **hiring guidelines**, a standardized **Rights and Responsibilities of GBV Program Beneficiaries and Employees**, and a sample **Code of Conduct** for GBV staff. The causal pathway framework offers a method for designing and implementing programs that follows a logical progression towards an intended goal. The remaining program design tools are intended to address an important foundation of all GBV programs: professional hiring practices of staff who are familiar with basic GBV-related issues in their communities, and who understand that working in a GBV program requires committing to the human rights values that GBV programs promote.

The **monitoring and evaluation** section contains sample **GBV output and effect indicators,** an **incident report form** including a **consent for release of information**, **monthly statistical forms**, and a **client feedback form**. These tools have been developed by GBV professionals with extensive experience working in humanitarian settings, and are meant to establish global standards and procedures for GBV data collection within cultures as well as cross-culturally. It is therefore strongly recommended that field professionals use the monitoring and evaluation forms as they are presented in this manual. Revisions and adjustments to the forms will limit standardization and comparability of data collection.

Each tool assumes a common understanding of basic GBV-related concepts, such as definitions of various types of GBV, knowledge of the standards of a multi-sectoral approach to GBV prevention and response, and an understanding of participatory methods of assessment and program design, monitoring and evaluation. The **definitions** that will be used throughout this manual and which form the theoretical basis for all the tools are outlined below. See the end of this section for additional references addressing general GBV issues and multi-sectoral programming in humanitarian settings.

DEFINITIONS RELATED TO GENDER-BASED VIOLENCE [1]

Note: Professionals working in the field of gender-based violence often have difficulty sharing and comparing information, including data generated from research and from the provision of GBV services, because ideas about how gender-based violence is defined are inconsistent both within and across cultures. The definitions below are provided in an effort to standardize the way in which gender-based violence is understood within humanitarian settings in order to promote more useful data collection, dialogue, and action.

Gender: Refers to the social differences between men and women that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures.

Gender-based Violence: Gender-based violence is an umbrella term for any harm that is perpetrated against a person's will, and that results from power inequities that are based on gender roles. Around the world, gender-based violence almost always has a greater negative impact on women and girls. For this reason the term "gender-based violence" is often used interchangeably with the term "violence against women." One reason the term "gender-based violence" is often considered preferable to other terms that describe violence against women is that it highlights the relationship between women's subordinate status in society and their increased vulnerability to violence. However, it is important to remember that in some cases men and boys may also be victims of gender-based violence. Violence may be physical, sexual, psychological, economic, or socio-cultural. Categories of perpetrators may include family members, community members, and/or those acting on behalf of cultural, religious, or state institutions.

Violent Episode: An act or series of acts of violence or abuse by one perpetrator or group of perpetrators. May involve multiple types of violence (physical, sexual, emotional, economic, socio-cultural); and may involve repetition of violence over a period of minutes, hours, or days.

Survivor: Person who has experienced violence or other abuse.

Secondary Survivor: Person impacted by the experience of gender-based violence inflicted upon the survivor. May include family members or others close to the survivor.

Perpetrator: Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will.

Intimate Partner: Includes current or former spouses (legal and common law), non-marital partners (boyfriend, girlfriend, same-sex partner, dating partner). Intimate partners may or may not be cohabitating and the relationship need not involve sexual activities.

Minor: Person under the age of 18 (according to the United Nations Convention on the Rights of the Child).

1. The definitions provided in this manual are primarily informed by the work of the Reproductive Health Response in Conflict Consortium, the U.S. Centers for Disease Control and Prevention, and the World Health Organization.

EXAMPLES OF GENDER-BASED VIOLENCE [2]

Note: When collecting data on gender-based violence, you must analyze whether the act was committed due to gender or sex-based power inequities between the perpetrator and victim, or for other reasons related to the victim's socially ascribed gender roles and/or sex. Acts that are not based on gender- or sex-based subordination fall outside the realm of gender-based violence and should not be categorized as such. Given that most women and girls around the world suffer gender discrimination, the vast majority of acts of violence against them are gender-based. Acts of violence against men and between men, however, are more selectively representative of gender-based violence. For example, while a man killing another man in war may not represent gender-based violence, a boy forcibly recruited into the armed forces based on the expectation that males fight wars is an example of gender-based violence.

Rape/Attempted Rape

An act of non-consensual sexual intercourse (the invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the genital or anal opening of the victim with any object or any other part of the body by force, threat of force or coercion). Any penetration is considered rape; efforts to rape someone which do not result in penetration are considered attempted rape. Consent by a minor must be evaluated against international standards in which those under the age of 18 are legally considered unable to provide informed consent. Rape/attempted rape may include:

- rape of an adult female;
- rape of a minor (male or female), including incest;
- gang rape, if there is more than one assailant;
- marital rape, between husband and wife; or
- male rape, sometimes known as sodomy.

Sexual Abuse

Other non-consensual sexual acts, not including rape or attempted rape. Sexual abuse includes acts performed on a minor. As above, even if the child has given consent, sexual activity with a minor may indicate sexual abuse because she/he is considered unable to give informed consent. Examples of sexual abuse are:

- forced removal of clothing;
- forcing someone to engage in sexual acts, such as forced kissing or forced touching; or
- forcing someone to watch sexual acts.

Sexual Exploitation

Sexual exploitation includes sexual coercion and manipulation by a person in a position of power who uses that power to engage in sexual acts with a person who does not have power. The exploitation may involve the provision of assistance in exchange for sexual acts. In these situations, the survivor may believe that she/he has no other option than to comply (perhaps to protect her family, to receive goods or services, etc.), so that even if consent is given, it is *manipulated* or *coerced*. Examples include:

- humanitarian worker requiring sex in exchange for material assistance, favors, or privileges;
- teacher requiring sex in exchange for passing grade or admission to class;
- refugee leader requiring sex in exchange for favors or privileges; or
- soldier or security worker requiring sex in exchange for safe passage.

Forced Early Marriage

This occurs when parents or others arrange for and force a minor to marry someone. Force may occur by exerting pressure or by ordering a minor to get married, and may be for dowry-related or other reasons. Forced marriage is a form of GBV because the minor is not allowed to, or is not old enough to, make an informed choice.

2. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research & Training Institute, 2000-2003, and *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, Guidelines for Prevention and Response,* UNHCR. May 2003.

Domestic Violence: Intimate Partner or Other Family Members

Domestic violence takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between family members (for example, mothers-in-law and daughters-in-law). Domestic violence may include sexual, physical, and psychological abuse. In any reference to domestic violence, it is important to be clear whether the violence is perpetrated by an intimate partner or another family member. Other terms used to refer to domestic violence perpetrated by an intimate partner include "spousal abuse" and "wife battering." Examples include:

- slapping, hitting, beating, kicking, use of weapons;
- verbal and emotional abuse, including public humiliation, forced isolation;
- murder or threats to life;
- spouse's control and deprivation of his/her partner's access to food, water, shelter, clothing, health care, fertility (forced pregnancies and/or abortions);
- wife is beaten or abused for not performing her duties according to husband's expectations (refuses sex, food is late to be prepared, etc.); or
- a woman is beaten by her mother-in-law because of the woman's subordinate status in the household.

Trafficking for Sex or Labor

Trafficking, as defined by the International Organization of Migration (IOM), occurs when "a migrant is illicitly engaged (recruited, kidnapped, sold, etc.) and/or moved either within or across borders…Intermediaries (traffickers) during any part of this process obtain economic or other profit by means of deception, coercion, and/or other forms of exploitation under conditions that violate fundamental human rights of migrants." [3] Women and girls are at primary risk of trafficking, in the form of trafficking for domestic work, forced prostitution, forced marriage, etc.

Female Genital Cutting (FGC)

FGC entails cutting of healthy female genital tissue, usually as part of a traditional ceremony that symbolizes a rite of passage for the victim. Adult women and girls may consent to FGC due to social and cultural pressure, or may be physically forced. Minors are often physically forced; even if not, they are considered unable to give informed consent due to their age. FGC is also referred to as Female "Circumcision" and Female Genital Mutilation.

Other Gender-based Violence

This includes physical, mental, or social abuse that is directed against a person because of his or her gender role in a society or culture. Examples include:

- a girl is not allowed to go to school because of gender role expectations in the family (housekeeping, cooking, care of children, etc.);
- a girl or woman is required to marry against her will according to local custom; or
- a woman or girl is prevented from freely walking around in her own community because of cultural practices that require women to be accompanied by a male when in public.

3. See IOM website at **www.iom.int** for more information on their global trafficking initiatives.

ADDITIONAL RESOURCES

Al-Omari G. *The legal protection of refugee women.* Oxford: Refugee Participation Network, 1995, 20. www.fmreview.org/ rpn204.htm

CARE Health and Population Unit. *Embracing participation in development*. 1999. www.care.org

Heise L, Ellsberg M, Gottemoeller M. *Ending violence against women.* Population Reports Series L, No. 11. Johns Hopkins University School of Public Health, Population Information Program, 1999. http://www.jhuccp.org/pr/l11edsum.stm

International Planned Parenthood Federation Western Hemisphere Region. *Manual to evaluate quality of care from a gender perspective*. IPPF/WHR 2000. mirror.ippf.org/resource/meetings/991202gqc/page3.htm

InterAction. *Weaving gender in disaster and refugee assistance: Report and field checklists.* Online without checklist at www.interaction.org/caw/gender (To order: www.interaction.org/pub/morepubs.html)

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Williams S, Seed J, Mwau A. *The Oxfam gender training manual*. Oxfam, 1995. To order, go to www.oxfam.org.uk

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Assessment Tools

INTRODUCTION

Purpose of the Tools

The assessment tools included in this section are intended to help you efficiently and effectively gather information about community attitudes, capacities, and practices related to GBV, including obstacles to addressing GBV in your setting. All of the tools should be applied according to participatory methods, essential for building community involvement and engagement from the beginning of your intervention.

When trying to understand behaviors related to a particular situation or setting, it is important to remember that people's perceptions and attitudes about GBV are often variable and subject to change over time. The first assessment, or **baseline** assessment, is critical to designing and implementing GBV programming. Baseline assessments are typically conducted quickly (hence, the term "rapid assessment") in order to respond to a specific research need. Very often baseline assessments have the added value of introducing issues related to GBV prevention and response into communities where such issues were formerly unrecognized, and as such can be a community education as well as an information gathering strategy. Subsequent periodic assessments using the same tools and methodology allow you to monitor changes in your environment and adjust programming accordingly.

As is the case in all research, but is perhaps even more critical when addressing sensitive or stigmatized topics such as GBV, the more trusting the relationship between researchers and assessment participants, the more likely individuals and groups will feel comfortable giving accurate information during assessment interviews. Thus, any assessment efforts must prioritize techniques that engender community and individual trust.

Tools Included in this Chapter

- *Situational Analysis Guidelines*
- *Focus Group Guidelines*
- *Mapping Guidelines*
- *Pair-wise Ranking Guidelines*
- *Causal Flow Analysis Guidelines*
- *Draft Prevalence Survey Questionnaire*
- *Sample Interviewer Training Handbook*

Description of the Tools

The *Situational Analysis Guidelines* will allow you to collect and analyze complicated and diverse data in order to develop effective action plans. The tool organizes broad categories of data and information about your target community in a way that enables a systematic multi-sectoral investigation of GBV issues and programming in your setting.

Focus groups are particularly helpful in the early stages of program development because they allow the moderator to obtain in-depth information about participants' and communities' knowledge, attitudes, and behaviors related to GBV. Insofar as they can be conducted with relatively limited technical and financial resources, focus groups are also a cost-effective and efficient method of GBV research. Focus groups raise awareness and spark dialogue about GBV, and thus are a valuable component of participatory planning and programming.

The *Mapping Guidelines* are designed to enable your community to participate in identifying its own needs. Community members identify geographic, demographic, historic, cultural, economic, and other factors within their communities that may exacerbate GBV.

The *Pair-wise Ranking Guidelines* allow community members to collectively determine their most significant GBV-related problems or issues through a systematic listing and graphing exercise. By obtaining information about how communities rank GBV problems, programs are better equipped to prioritize prevention and response strategies.

The Causal Flow Analysis Guidelines allow investigators to delve more deeply into an issue with the assistance of community members. They provide a framework for looking at the causes and effects of GBV, and a method of diagramming the problems for a visual inspection.

The *Draft Prevalence Survey Questionnaire* is designed for collecting data on the prevalence of GBV in your community. Research initiatives have illustrated that good quality prevalence data are essential to fully assess the nature and scope of GBV, to design appropriate interventions, and to advocate for improved policies to protect survivors and to reduce rates of GBV. However, conducting a methodologically and ethically sound GBV prevalence survey requires extensive technical and financial resources, and therefore may not be warranted in some situations. This tool is included for reference and research planning purposes, and should only be used by those with extensive GBV research experience, preferably in consultation with the RHRC Consortium.

The *Sample Interviewer Training Handbook* provides an example of some of the major areas of concern in preparing for population-based research, as well as an explication of and rationale for the survey questions.

Introduction

The situational analysis guidelines contained in this manual rely on a combination of research methods that include semi-structured interviews, content review of existing data related to GBV cases, and observation of the target environment. The purpose of a situational analysis is to determine the policies, attitudes, and practices of key institutions and institutional actors within the security, judicial, legal, and psychosocial sectors of the target community. Questions are geared towards assessing the nature and quality of current services for survivors of violence, as well as identifying resources that may be used in GBV prevention activities.

The data generated from a situational analysis can be used to convince community leaders of the need for GBV programming. In addition, the process of conducting a situational analysis can itself be an intervention, by initiating a public discussion of violence and opening dialogue with key institutional actors. The situational analysis should be used as a tool to instruct as much as it is a tool to investigate. For this reason, it is strongly suggested that those using the tool are members of the local community, with a long-term and vested interest in using the knowledge gained from the situational analysis to improve GBV programming. Local researchers should not only participate in (and, wherever possible, lead) the research process, but should also be actively engaged in reviewing the results and developing action plans.

The Situational Analysis is divided into six sections. Moving from general population information to more specific GBV-related issues, each section will enable you to conduct an overall investigation of your community. An incomplete situational analysis can lead to misinterpretations of the GBV situation in your setting and may result in an incorrect or inappropriate allocation of resources. For this reason, *please pay attention to each section of the Situational Analysis, make sure you understand precisely what information is being elicited, and try to fill out as much of each section as possible.* At the end of select sections there are suggestions of how to interpret the information you have collected and ideas about how you may want to develop certain aspects of your program accordingly.

Section 1. General Demographic Information

Dates Information Collected:

From *(month/year)* _____ **to** *(month/year)* _____

Location of Situational Analysis

Camp/Community Name	Nearby Village/Town	District/Zone

Current Population Data:

	Female	Male	TOTAL
Total Population			
< 5			
5 - 14			
15 - 45			
> 45			

General information about population:

Primary Language Spoken	
Other Languages	
Ethnic/Tribal Groups Represented	
Religions (approximate % of population)	
Home Country Lifestyle / Economic Information (urban, rural, nomadic, farming, business, etc.)	
Other	

Section 2. Overview of Population Movement

*This section is specifically for communities in which there are refugee or internally displaced populations, or where there is significant population movement that affects the provision of services to your target community. If your setting does not meet these qualifications, move to section 3. The purpose of this section is to assess how temporary or permanent the population is, what factors affect their ability to remain in one place, and the risks to personal safety during movements. This information will help you to get a sense of whether to engage in long-term or short-term types of programming and projects. For example, situations where there are new arrivals, or frequent influxes, may require more attention to war-related sexual violence and protection in new arrival temporary housing facilities. Conversely, situations that are long-standing, focusing more on care and maintenance than emergency situations, may require more attention to domestic violence and harmful traditional practices. With this information you can target specific members of the community and specific community behaviors and issues in your program, and determine a suitable duration for your various programs and project*s.

When did the refugee/IDP population first arrive in this location?

Year	Size of Population (first influx)	Place of Origin	Ethnicity

Describe major population movements in the past 5 years beginning with the most recent:

Year	Size of Population	Influx / Egress	Origin / Ethnicity

Describe any anticipated population increase or decrease:

Circle the number that best describes the majority of population movements in this setting and provide more description in the line below:

1)	Little routine movement of significant portion of population; restricted movement.
2)	Frequent movement of population for trade, farming, collecting water, firewood, wild foods, military maneuvers.
3)	Fluid, virtually unrestricted population movement.

Analyzing the data from Section 2.

Questions to think about when analyzing this data are: how long has the target population been here? How long does it look as though they will stay? If it seems they will only stay for a number of days, weeks, or months, programs need to take that into account (i.e., emergency services to survivors may take precedence over long-term community development projects). If the target community appears to be settled for an extended period of time, community development and education programs that are continuous and that focus on behavior change strategies may be the best strategies for combating GBV.

If the population is frequently moving in and out of your area to farm or collect firewood, water, etc., you may want to investigate whether this movement causes women and girls to feel vulnerable and whether incidents of GBV occur during these movements. If movements are forced and overseen by the military or security within the host community, you may want to find out whether women and girls are vulnerable to or experiencing GBV during their interactions with military officials and/or members of the host community.

Remember that coercion, abuse, and exploitation can occur in any type of setting, but the specific circumstances will vary. Understanding the specific details of potential risk in your setting will help you to design effective prevention strategies.

Section 3. Description of Community/Camp

The purpose of this section is to help you organize basic information on the current local administrative structures, community-based activities, NGO programs, and practical resources available in the refugee/internally displaced camp or other conflict-affected community you are investigating. The information gleaned will enable you to understand the factors that may help or hinder the establishment and development of GBV programming in your community.

Community/Camp Leadership Structure

Describe camp/community administrative divisions, types of leaders, presence/involvement of women in camp/community leadership, obstacles to involvement of women in camp/community leadership, etc.

_____

_____

_____

Local Community/Camp-based Groups, Clubs, or Other Activities

While you may wish to highlight local groups and clubs that specifically target women and girls, this list is aimed at providing you with a general overview of locally based activities in your target community, and should therefore not focus exclusively on women's groups or clubs. Examples: religious services, informal business or trade groups, sports groups, crafts groups, youth clubs, women's organizations, men's organizations, etc.

Name of Group	Types of Activities	Contact Person

Schools, Education, Skills Training

Number of primary schools in camp/community: _____

Estimated coverage of girls in primary school: _____

Total number of girls in school: _____

Total number of girls eligible for primary school: _____

Comment on activities targeting girls: _____

_____

_____

Number of secondary schools in camp/community: _____

Estimated coverage of girls in secondary school: _____

Total number of girls in secondary school: _____

Total number of girls eligible for secondary school: _____

Comment on activities targeting girls: _____

_____

_____

Attendance of female students (Low/high? Tapers off after certain age?):

_____

_____

Skills training, vocational education, other training programs available in camp/community:

Name of NGO or Group	Type of Training/Target Group(s)

International and Local Non-govermental Organizations (NGOs) Working in Camp/Community

This chart is meant to provide information about general NGO activities in your community, not just those related to women's issues or GBV. However, the "Comments" block should be used to identify activities that could be linked to GBV programming or share common concerns and issues with GBV programs; for example, if an NGO conducts activities related to reproductive health, you should note this. Other activities that are linked to GBV might include, but are not limited to: provision of sanitary supplies, HIV/AIDS services, youth and children's programming, human rights documentation, education projects, and community animation. The second component of the identifying information asks about whether the organizations have any written mandates for the provision of specific GBV services within their larger organizational mandate (for example, whether a reproductive health program provides post-rape services or a youth program provides awareness-raising about GBV issues); whether there are any methods for accountability regarding the provision of those specific GBV services; whether staff are required to abide by a code of conduct that condemns any behavior that contributes to GBV (such as sexual exploitation of beneficiaries); and whether funding or training exists for GBV-related activities.

Organization 1.	Role/Sector	Contact Name/Title	Contact Number	Comments
Job descriptions including GBV responsibilities in place? Yes ____ No ____	Accountability of job performance GBV/ protection? Yes ____ No ____	Staff conduct (code of conduct, personnel policy regarding GBV), monitoring and sanctions? Yes ____ No ____	Funding and resources for GBV? Yes ____ No ____	Training and other resources to address GBV? Yes ____ No ____

Organization 2.	Role/Sector	Contact Name/Title	Contact Number	Comments
Job descriptions including GBV responsibilities in place? Yes ____ No ____	Accountability of job performance GBV/ protection? Yes ____ No ____	Staff conduct (code of conduct, personnel policy regarding GBV), monitoring and sanctions? Yes ____ No ____	Funding and resources for GBV? Yes ____ No ____	Training and other resources to address GBV? Yes ____ No ____

Organization 3.	Role/Sector	Contact Name/Title	Contact Number	Comments
Job descriptions including GBV responsibilities in place? Yes ____ No ____	Accountability of job performance GBV/ protection? Yes ____ No ____	Staff conduct (code of conduct, personnel policy regarding GBV), monitoring and sanctions? Yes ____ No ____	Funding and resources for GBV? Yes ____ No ____	Training and other resources to address GBV? Yes ____ No ____

Organization 4.	Role/Sector	Contact Name/Title	Contact Number	Comments
Job descriptions including GBV responsibilities in place? Yes ____ No ____	Accountability of job performance GBV/ protection? Yes ____ No ____	Staff conduct (code of conduct, personnel policy regarding GBV), monitoring and sanctions? Yes ____ No ____	Funding and resources for GBV? Yes ____ No ____	Training and other resources to address GBV? Yes ____ No ____

National Organizations Providing GBV-specific Services

This chart may help you identify possible links and/or collaboration with national groups providing or promoting GBV-specific programming, including rape and domestic violence counseling and referrals, safe shelters, legal/legislative advocacy, police training, etc. These organizations may be governmental or non-governmental.

Organization	Role	Contact Name/Title	Contact Number	Comments

International Organizations/Institutions Providing Services/Funding/Technical Support for GBV-specific Programming

This chart may help you identify possible links and/or collaboration with international organizations (e.g., the International Rescue Committee, CARE, JSI) or international institutions (UNHCR, WHO, UNIFEM, UNICEF) providing services, funding, technical assistance, or otherwise promoting GBV-specific programming.

Organization	Role/Services	Contact Name/Title	Contact Number	Comments

Analyzing the data from Section 3

If there are large and extensive networks of community-based groups in your target community, you may want to incorporate them into GBV programming, for example, by coordinating outreach and education workshops using their networks and leaders. If there are few community-based groups, you may want to consider whether encouraging the growth of such groups, including women's organizations and youth clubs, might be a useful outreach strategy for your GBV program. Analyze the data you have recorded about NGOs and international organizations with the same questions in mind: What is lacking here that a GBV program can address? What resources are present that a GBV program can use to become more effective? There may be very few organizations working on GBV or GBV-related issues, suggesting that in order to forge relationships with other organizations and gain access to their resources and knowledge, you may have to think creatively. Alternatively, there may be numerous organizations working on GBV and GBV-related issues, in which case it is essential that you coordinate with them to ensure that you do not overlap.

Data on education, skills, and training in the camp population will give you essential information on how to design your outreach and education activities (i.e., what level of knowledge to presume, how to communicate ideas) as well as what kinds of human resources are available to you (e.g., are there enough adequately educated people who can become peer educators, counselors, or mentors on GBV issues in the camp?) If the majority of people are literate, you may want to consider distributing leaflets or other written material with information about GBV. If female school attendance is low, you may want to consider advocating for prolonged female school attendance as part of your GBV program. In general, you should take a "whole-picture" approach to your data as you look at it and think about how each piece of information may be related to GBV and to your GBV program.

Section 4. Overview of GBV

This section will give you a picture of the types and extent of GBV being reported in your setting and tell you whether there are specific types of GBV that are more likely to be reported than others, whether certain age groups report GBV more than others, what kinds of specific interventions have occurred in the past, and what is being done in general at various organizations and agencies to respond to reports of GBV. This section also gathers information about the population, which can help you identify groups that are potentially at a higher risk of GBV.

Special Populations at Risk of GBV:

Characteristic	Number	Any current arrangements for care/protection of these groups
Female-headed households		
Unaccompanied children		
Minority groups		
Physically handicapped		
Mentally handicapped		
Other (describe)		

Reports / Assessments of GBV in this Location:

Year	Author, Title, Agency, Where can a copy be accessed?

Reported Incidents of GBV in Past 12 Months:

Following are four charts where you can separately insert information about GBV reports gathered by the police or other security personnel, local health centers, community services organizations (if a camp setting, UNHCR community services officers), protection-oriented programs such as human rights centers (if a camp setting, UNHCR protection officers), and any other organizations that may maintain records on reports of GBV. It is important to collect data from as many sources as possible but to keep data separate because statistics will differ from one source to the next, according to their methods and objectives. Once you have data from multiple sources, you can review the data to get a larger picture of the reporting rate by comparing numbers and considering the objectives and methods that shape each source's data. In order to interpret the data and determine whether the number of incidents recorded by each source indicates a high or a low reporting rate, follow the directions below to calculate reports per 10,000 people. It is important to calculate in terms of percentages because, for example, a report of 40 incidents in a camp/community last year may indicate an extremely high rate if the camp/community is inhabited by 400 people, or an extremely low rate if the camp/community is inhabited by 40,000 people. The incident report rates that you calculate using the Situational Analysis can give you a baseline figure that will allow comparison over time as you develop your GBV services.

SOURCE: Police/Security

Year	**Month**	**Type of Incident or Offense** (as listed in records)	**Total Number of GBV Incidents**	**Agency/Organization where first reported**	**Outcome (if known)** Examples: No charges filed, Perpetrator convicted, Case dismissed

SOURCE: Health Facility

Year	**Month**	**Type of Incident or Offense** (as listed in records)	**Total Number of GBV Incidents**	**Agency/Organization where first reported**	**Outcome (if known)** Examples: Report to police, Pregnancy, Death, Disability, Referred for counseling

SOURCE: Community Services

Year	**Month**	**Type of Incident or Offense** (as listed in records)	**Total Number of GBV Incidents**	**Agency/Organization where first reported**	**Outcome (if known)** Examples: Refer to health clinic, Report to police, Perpetrator convicted, Case dismissed

SOURCE: Protection

Year	Month	Type of Incident or Offense (as listed in records)	Total Number of GBV Incidents	Agency/Organization where first reported	Outcome (if known) Examples: report to police, Perpetrator convicted, Case dismissed, Referred for counseling, etc.)

Calculations from Incident Report Data from All Sources

Calculate 12-month Police/Security Report Rate:

Total Number Reports over 12 months *x 10,000* = _____ reports per 10,000
Average population over 12-month period population in that 12-month period

Calculate 12-month Health Facility Report Rate:

Total Number Reports over 12 months *x 10,000* = _____ reports per 10,000
Average population over 12-month period population in that 12-month period

Calculate 12-month Community Services Report Rate:

Total Number Reports over 12 months *x 10,000* = _____ reports per 10,000
Average population over 12-month period population in that 12-month period

Calculate 12-month Protection Report Rate:

Total Number Reports over 12 months *x 10,000* = _____ reports per 10,000
Average population over 12-month period population in that 12-month period

Total GBV Reports by TYPE of GBV. (Please refer to the definitions section of this manual for instructions on how to categorize different types of GBV.)

This chart is simply another way of recording the same data identified in the previous section, but allows you to break down reports according to type of incident. The total numbers arrived at here may include duplicates (e.g., a survivor may have reported the same incident to both the police and to a health center). For this reason, these numbers should not be relied upon to represent total numbers of cases. These numbers will be useful in that they will provide a comprehensive picture of the types of GBV reported. You may limit the time period to the last year, or, if you have sufficient data, you may go back several years. However, be sure that your breakdown is in terms of an **entire year** because identifying total numbers for only a portion of a year will not allow you to compare data from that portion of a year to other years in which you have data from the entire year.

Year (start with most recent)	Type of Incident	Total Number Reported

Analyzing the data from Section 4

When reviewing your data, you will want to try to identify trends in the numbers and types of GBV incidents that are occurring, so that you can target GBV advocacy, service delivery, and community education. You may also wish to analyze what sectors receive the most reports in order to develop hypotheses about why some sectors are more active in GBV than others. You will also want to identify gaps in the data, and, along with information obtained from the rest of the situational analysis, develop hypotheses about the reasons for those gaps. Are there certain types of GBV that are not reported? If so, is this because of low rates of this type of GBV or because there are no services that support reporting? These hypotheses can guide further research. (You may wish, for example, to use focus group discussions with the general population or with key institutional actors to investigate some of the hypotheses you have developed while conducting your situational analysis.)

Section 5. National Security and Legal Authority

This section provides a framework for soliciting information on rules and methods governing official responses to GBV by the police, courts and other institutions under whose jurisdiction your target community falls. Understanding the way GBV is addressed at the legislative, judicial, and police levels will enable you to devise GBV interventions and programming that strengthen and support GBV-related protection policies and programs.

The information requested in this section can be obtained in any of the ways listed below. You should not enter rumors, third-hand stories, or information from other sources unless circumstances absolutely prevent you from having access to the people listed below. Unreliable information about GBV is common, even from widely respected NGOs, universities, and international organizations. Try to collect information directly from the police, courts, or organizations that specifically deal with legal issues and GBV whenever possible.

Data Collection Methods

1. Interview the following:
Judge
National GBV Advocacy NGO
Local Attorney, preferably providing GBV consultation
Police Commander/Chief or Head of GBV Unit

AND

2. Visit, Tour, and Observe the following:
Police Station
Court, Chambers, Offices
Jail
Official Vehicles

I. Laws

Obtain the following information on legal definitions (A-D) from an interview with at least one of the officials listed in the chart above. It is best to identify more than one person listed in the chart so that you can verify your information.

A. Legal Definitions

Type of Offense	Description of Legal Definition and/or Legal Statutes or Policies Governing the Type of GBV	Statute of Limitations for this Crime
Rape/Attempted Rape		
"Defilement" or Statutory Rape (rape of minor)		
Marital Rape		
Other Forms of Sexual Violence (e.g., Sexual Exploitation)		
Domestic Violence (Intimate Partner Abuse, Including Economic, Emotional, etc.)		
Forced Marriage		
Trafficking for Sex or Labor		
Other Forms of GBV (e.g., Female Genital Cutting)		

B. Other Legal Protections and Stipulations

What is the age of "majority" or the age children are legally deemed adults? Is the age the same for males and females?

What are the legal procedures and consequences for the abandonment of newborns/ infanticide? Are they the same for boy babies and girl babies?

What are legal stipulations regarding the following:

Age and conditions of marital consent for males and for females?

Women's property ownership rights?

Inheritance rights of women, girls, and widows?

Divorce, child custody, and child support rules and conditions?

C. Emergency Contraception and Abortion

Is emergency contraception legal? Yes _____ No _____
If so, under what circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for emergency contraception.

Is abortion legal? Yes _____ No _____
If so, under what circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for a legal abortion.

Who covers the cost of emergency contraception? (health care provider, pregnant woman, etc.)

Who covers the cost of an abortion? (health care provider, pregnant woman, etc.)

D. Mandatory Reporting Laws

Who, if anyone, is required by law to report incidents of GBV to police authorities?

What types of GBV fall under the mandatory reporting laws?

What are the penalties for non-reporting?

Are there special circumstances for which reporting is not mandatory?

II. Police Procedures

Obtain the following information by interviewing the local Police Commander/Chief or, if existent, the police officer who runs the GBV Unit.

A. Police Procedures and Practice

What types of cases related to GBV have you seen here at this police post or court? (You may have already gotten this information from the data collected in the previous section of the situational analysis.)

What happened to those cases? Are there some situations the police are more likely to investigate or follow up than others? (Probe for the reasons that may contribute to limited follow-up, such as a woman who drops the charges against her husband for domestic violence and the investigation is therefore dropped; or police perceptions that claims of rape are a cover for a woman's promiscuity and therefore not worthy of investigation, etc.)

From what individuals or organizations do police typically receive or allow reports? (Victims? Family members of victims? Health professionals? NGOs? Others?)

Medical Documentation Required to Make a Police Report: (Describe)

Standard Form	
Medical Exam Findings	
Forensic Evidence	
Signature or Authorization of Doctor	
Additional Signatures or Authorizations	
Other documentation:	

B. Investigation and Arrest

What is the process for detaining suspects?

What are conditions like for detained suspects (food, treatment, water, sanitation, etc.)?

Whose role is it to write the charges being made and forward the case for prosecution (i.e., police, magistrate, prosecutor)?

What measures exist to ensure the protection of the survivor and of witnesses during the arrest and detention of suspects?

III. Judicial Procedures

Obtain the following information by interviewing a local judge or magistrate.

A. Criminal Legal Proceedings

Who is responsible for pressing charges in criminal proceedings?

Is witness corroboration required in the prosecution of GBV crimes? Yes _____ No _____

What is/are the requisite standard(s) of proof?

What is the typical time frame for prosecution from date of charges filed to date of acquittal or conviction?

Is a specific time frame required by statute, and if so, what is it?

What are reasons for delays in the prosecution of cases?

Can court proceedings occur *in camera* (in private) for GBV cases (i.e., the presiding judge clears the courtroom or hears the testimony in chambers)? Who decides?

B. Transport, Care, and Protection of Witnesses

You may wish to interview a representative of a GBV-related NGO for more information about witness care if the police or judiciary do not have provisions for care.

What are the standard procedures for transport, care, and protection of witnesses?

Are there any relevant legal provisions?

What is the capacity (vehicles, fuel, staff, etc.) or limitations in instituting procedures for witness transport, care, and protection?

What role does UNHCR take if witnesses are refugees? To what degree does UNHCR coordinate with police and courts on these cases?

Are there other organizations involved in witness assistance?

What, if any, special provisions are there for minors if they are:

1. Victims?

---

2. Witnesses?

---

3. Accused?

C. Sentencing

Are there standard sentencing procedures for different types of GBV crimes?

If a person is convicted of multiple GBV crimes, are sentences concurrent or consecutive?

Are there any provisions for repeat GBV offenders?

How much discretion does the judge have during the sentencing process?

Based on evidence from prior GBV cases, how likely is it that the sentence will be carried out?

Do alternatives to prison sentences exist for GBV offenders (e.g., parole)?

D. Capacity of the Court

What kinds of qualifications, experience, and training in GBV do the judge/magistrate, clerks, and other staff have?

Are copies of GBV-related statutes and laws available and up-to-date?

Does the court conduct training and continuing education for court staff?

How equipped is the court and in what condition is this equipment (typewriters, computers, offices, papers, pens, files, vehicles, fuel, staff)?

E. Civil Proceedings

What are the options for civil proceedings?

What are normal procedures in civil proceedings?

Analyzing the data from Section 5

With the information you collect here, you will be able to identify potential problems with current legal and police procedures and develop training and other programming that attempts to address those problems. You will also be able to identify positive aspects of police and court procedures that you may use as models, and to which you may refer survivors. You will also develop contacts within the judicial and security sectors who are committed to issues of GBV and may be ongoing resources for your program.

Section 6. Assessment of Existing Multi-sectoral Prevention & Response

This section contains a series of charts that will allow you to identify the mechanisms that exist and do not exist in your setting to address GBV. This is intended to give you a specific, detailed tabulation of the strengths and weaknesses of GBV programming in your setting so that you can devise and improve your program in a way that complements and/or improves existing activities.

The assessment questions are based on the model of multi-sectoral programming. To date, the multi-sectoral model forms the "best practice" for prevention of and response to GBV in refugee, IDP, and post-conflict settings. The underlying principle of the multi-sectoral model recognizes the rights and needs of survivors as pre-eminent, in terms of access to respectful and supportive services, guarantees of confidentiality and safety, and the ability to determine a course of action for addressing the GBV incident. Key characteristics of the multi-sectoral model include the full engagement of the refugee community, interdisciplinary and inter-organizational cooperation, and collaboration and coordination among health, psychosocial, legal, and security sectors.

Each of these sectors is charged under the multi-sectoral model with basic responsibilities related to the prevention of and response to GBV. The health sector, for example, should be able to: actively screen clients for GBV in a way that is respectful and supportive; ensure same-sex interviewers for survivors; respond to the immediate health and psychological needs of the survivor and, wherever possible, provide those services free of cost. Health care providers should also be prepared to collect forensic evidence when authorized by the survivor and provide testimony in cases where a survivor chooses to pursue legal action.

The psychosocial sector should be able to: provide supportive and ongoing psychological assistance, in which social workers and community services workers have access to professional supervision and support; confidentially collect, document, and analyze client care data, and adjust programming accordingly; offer safe haven for victims who choose to leave an unsafe environment; provide hotlines—in settings where phones exist—to facilitate support and referral; offer income generation and training programs that allow women and girls sustained economic viability; conduct broad-based community education on the prevention of GBV and on the availability of services; and provide early childhood and adolescent education about safe touch, gender, and healthy relationships.

The legal sector should work to: review and revise laws that reinforce GBV and gender discrimination; provide free or low-cost legal counseling and representation to survivors; conduct ongoing training to members of the judiciary to apply GBV laws and carry out judicial proceedings privately, respectfully, and safely; institute provisions for monitoring court processes and collecting and analyzing data on cases; and conduct broad-based community education on the existence and content of anti-GBV laws.

The security sector should have systems in place that reinforce a zero tolerance policy for all police, military, and peacekeeping staff who contribute to or commit acts of GBV, and that policy should be actively enforced by those in command. The security sector should be trained and prepared to intervene in cases of GBV in a way that acknowledges the severity of GBV and does not further victimize the survivor by: designating private meeting rooms within police stations; providing same-sex police officers to work with survivors; creating specialized units to address various manifestations of GBV, such as sexual violence, domestic violence, and trafficking; offering survivors referrals for collateral assistance; conducting community policing and education programs; instituting ongoing training and supervision of police personnel; and standardizing sex-disaggregated data collection and analysis.

A critical responsibility of all the sectors is coordination. Coordination includes strategic planning, gathering data and managing information, mobilizing resources and ensuring accountability, orchestrating a division of labor, negotiating and maintaining a serviceable framework of action, and providing leadership. Coordination also includes: sharing information about GBV incident data; discussion and problem-solving among actors about prevention and response activities; and collaborative monitoring, evaluation, and ongoing program planning and development. As part of coordination, methods should exist for reporting and referrals among and between sectors, and those methods should be continuously monitored and reviewed. Referral networks should focus on providing prompt, confidential, and appropriate services to survivors. And, perhaps most importantly, regular meetings should be convened involving representatives of the various sectors tasked with GBV responsibilities. A designated "lead agency"—which ideally would be a ministry or other national body but could also be an international institution or organization, or a local NGO or representative body invested with due authority—would be

responsible for encouraging participation and facilitating meetings and other methods for coordination and information. The charts below have been designed according to the responsibilities and activities outlined above. It is important to remember that these responsibilities and activities are not exhaustive and will vary in terms of priority for each setting. Some of the questions below are specific to refugee and internally displaced settings, and some responsibilities outlined below may not be possible, for example, in the emergency stage of humanitarian response. Even so, the general topic areas provide a guide for identifying existing protocols, activities, programming, and their gaps. The charts are divided into the four primary sectors involved in addressing GBV: health, psychosocial, legal, and security. Within each sector, responsibilities are categorized according to administration, prevention, and response. Administrative responsibilities are those that are more organizational than activity-specific.

In order to complete the charts below, you will need to identify and interview representatives from each of the target areas. Within the health sector, you may wish to interview health facility administrators, doctors, nurses, midwives, traditional birth attendants, and perhaps even health ministry staff. In the psychosocial sector, you may wish to interview social workers and other counselors who may be providing psychological and case management assistance to survivors, teachers, and school administrators. Members of the legal sector might include judges and other officers of the court, legislators, lawyers, representatives of legal advocacy groups, and members of the ministry concerned with justice. The security sector interviews would target police, peacekeeping forces, international and national military, and representatives of the ministry tasked with national security. For the coordination questions, you would seek out the person(s) specifically tasked with addressing GBV (for example, at the national level, a minister of women's affairs, or, within a camp setting, a UNHCR protection officer or gender advisor). If no such person exists, which is often the case, you will want to approach an agency that has taken the lead in promoting GBV prevention and response to investigate what coordination activities are underway. If the persons/agencies you identify are international, be sure to investigate to what extent the capacities of local persons/agencies are being supported as a component of creating sustainable GBV programming.

You may use these charts as a way to guide your questions during the interviews, or you may choose to devise questions in advance that address the issues within the charts and then complete the charts based on your notes from the interviews.

GBV Coordination – Administrative (These refer to GBV-specific coordination activities)			
In place?		Activity	Comment
Yes	No		
		GBV Coordinator for setting (If an international representative, is there also a local/refugee counterpart?)	
		GBV lead agency for setting	
		GBV focal point for each sector (local/refugee counterparts for each focal point?)	
		GBV focal point for each agency operating in setting (local/refugee counterparts for each focal point?)	
		GBV focal point for local government/camp council	
		Multi-sectoral and inter-agency procedures, protocols, practices, and reporting forms established in writing and agreed upon by all sectors/ agencies/persons engaged in providing GBV-related services	
		Directory of organizations providing GBV-related services (maintained and up-to-date?)	
		Written procedures distributed to organizations for multi-sectoral referral and coordination	
		Inter-sectoral coordination meetings held monthly and led by GBV coordinator or lead GBV agency for setting and attended by GBV focal points	
		Factors contributing to GBV identified in coordination meetings (through trend analysis of GBV reports)	
		Inter-sectoral strategies to address contributing factors developed and regularly reviewed and monitored	
		Protocol established and adopted by all sectors of client flow and referrals through sectors	
		Standard documentation of GBV incidents and standard flow of documentation inter/intra-agency	
		Use of GBV incident report information for coordination of prevention and response activities	
		Ethical and safety standards in place for all sectors and for coordination (e.g., privacy and interagency, inter-sectoral confidentiality)	
		Community/refugee/local and national government participation in GBV assessment, program planning, and coordination	
		Periodic (biannual) coordination training to ensure that participating sectors engage in coordination and understand protocols for coordination	

GBV Coordination – Prevention (These refer to general activities that improve community and NGO sensitivity to issues of gender and GBV)			
In place?		Activity	Comment
Yes	No		
		Setting-wide (all agencies, all sectors) zero tolerance policy for relief/humanitarian workers who abuse their power, with codes of conduct and reporting mechanisms in place	
		Regular review of setting/camp layout, housing allocations, food/ non-food distributions, etc. with a view to increasing access and security of women and reducing risk of GBV	
		Monthly multi-sectoral, multi-agency meetings attended by all relevant agencies with appropriate refugee/ local/government representation and facilitated by GBV coordinator or lead agency. Meeting notes distributed. (As distinguished by meetings for focal points above, these meetings are open to a general audience and are meant to facilitate communication with non-GBV programs and agencies.)	
		Community meetings on GBV issues regularly held for purposes of information-gathering and education	
		Ongoing advocacy to ensure protection activities are occurring in all sectors	
		Ongoing advocacy to ensure gender analysis completed before policies/programs are designed and implemented	
		Beneficiaries involved in all aspects of assessment, and planning and implementing programs	
		In refugee/IDP settings, host community engaged in programming for refugees/IDPs	

GBV Coordination – Response (these refer to the responsibilities of the GBV coordinator/lead agency/sector focal points to ensure appropriate GBV services to survivors)			
In place?		Activity	Comment
Yes	No		
		Ensure appropriate psychosocial services by conducting advocacy, program development, training, etc.	
		Ensure appropriate health services by conducting advocacy, program development, training, etc.	
		Ensure responsive security system by conducting advocacy, program development, training, etc.	
		Ensure appropriate protection actions by conducting advocacy, program development, training, etc.	
		Assure confidentiality within sectors and across sectors	
		Coordinate solutions for survivor safety needs as appropriate (ration cards, housing, non-food items)	
		Maintain, analyze, and report data generated from service delivery and from other sources. Use data for coordination and program improvement.	

Psychosocial sector – Administration (this refers to the responsibilities of each psychosocial agency as well as to the responsibilities of the psychosocial GBV focal points and institutions/key actors overseeing the design and delivery of psychosocial services)			
In place?		**Activity**	**Comment**
Yes	**No**		
		Policy/mandate/protocol for gender-balanced hiring in all psychosocial programs, including for positions of authority and decision-making	
		Policy/mandate/protocols for the provision of counseling, advocacy, and referral for survivors of GBV addressing: • sexual assault • harassment • physical assault • domestic violence • survivor of child sex abuse • state violence • other forms of GBV (e.g., FGC, forced marriage, kidnapping, prostitution, etc.)	
		Psychosocial programs have and maintain directory of organizations providing GBV and collateral services	
		Policy/mandate/protocol for coordination among psychosocial programs	
		Policy/mandate/protocol for information, education, and communication (IEC) related to human rights and GBV	
		Policy/mandate/protocol for women's empowerment programming	
		Policy/mandate/protocol for male involvement programming	
		Policy/mandate/protocol for survivor response, including intake, counseling, safety planning, and secondary trauma/stress	
		Policy/mandate/protocol for the care and safety of counselors and other service providers	
		Policy/mandate/protocol for record keeping that ensures safety and confidentiality of survivor	

Psychosocial – Prevention (these activities are the responsibility of all psychosocial programs)			
In place?		Activity	Comment
Yes	No		
		Practice gender-balanced hiring within psychosocial programs	(comment on number of females and males hired)
		Practice gender equity in positions of authority in psychosocial programs	
		Sensitize all psychosocial workers in setting to GBV	
		Sensitize international, national, and humanitarian aid workers in setting to issues of GBV	
		Provide targeted GBV and human rights training to international, national, and humanitarian workers in setting	(comment on number trained)
		Conduct IEC campaigns to raise awareness of GBV in the setting and promote community action	
		Support community engagement in IEC campaigns (e.g., through religious groups, market groups, men's groups, etc.)	
		For education-related psychosocial programs, incorporate age - appropriate gender awareness into formal and informal curriculum	
		Support/provide empowerment activities: • income generating activities • literacy programs • vocational training • civil society-building	
		Support/facilitate peer groups for: • women • adolescents • men	

Psychosocial – Response (These are the responsibilities for programs providing GBV-related services)			
In place?		Activity	Comment
Yes	No		
		24-hour (on call) services	
		Intake/assessment using standard incident report form	
		Provide supportive counseling and case management for survivor	
		Conduct survivor safety planning	
		Provide referrals: maintain and utilize directory of organizations offering GBV-related services	
		Advocate for the needs of survivor to family members, other agencies/sectors (i.e., health, legal, police)	
		Assist survivor to interact with other sectors as s/he desires by initiating contact, making phone calls, etc.	
		If survivor raped or injured, escort to health services	
		If survivor requests, escort to police/security services	
		If survivor requests, escort to lawyer/legal services	
		Facilitate survivor support groups	
		Provide ongoing supervision to GBV counselors	
		Assure care and safety of counselors and other program employees	
		Facilitate community action to establish "safe houses" or other methods to ensure survivor safety	
		Maintain confidential files	
		Compile and analyze monthly incident reports to use for program improvement	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	

Health – Administration (this refers to the responsibilities of each health agency as well as to the responsibilities of the health GBV focal points and institutions/key actors overseeing the design and delivery of health services)			
In place?		Activity	Comment
Yes	No		
		Policy/protocol for medical management of GBV that includes: medical history, examination, forensic evidence, treatment (emergency contraception, STI/HIV prevention/treatment) referral (surgeon, OB-GYN, psychologist, psychiatrist, other), pregnancy counseling, record keeping that ensures confidentiality, and coordination with other sectors and actors	
		Policy/protocol for gender-balanced hiring, including positions of authority and decision-making	
		Protocol for drug supply inventory and maintenance	
		Directory of organizations providing GBV and collateral services maintained and up-to-date	
		GBV sensitization curriculum for health staff available	

Health – Prevention (these activities are the responsibility of all health programs)			
In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices	(comment on number of females and males)
		Gender equity in positions of authority and decision-making	
		All health staff receive GBV sensitization training	
		Select staff receive training on medical management of GBV, including ability to screen for GBV	
		Provide training in the community related to health impacts of GBV	(comment on number trained)
		Involve men in reproductive health activities	

Health – Response (these are the responsibilities of health programs providing GBV-related services, at minimum available in all hospitals)			
In place?		Activity	Comment
Yes	No		
		24-hour (on call) services with same-sex medical provider (nurse and/or doctor) trained in GBV response	
		In-take/assessment using standard incident report form	
		Survivor safety planning	
		Take medical history	
		Conduct medical exam	
		Collect forensic evidence as appropriate	
		Provide medical treatment	
		Provide referrals using directory of organizations providing GBV and collateral services	
		Schedule follow-up visit	
		Share information with police, community services, protection as appropriate and authorized by survivor	
		Testify in court as appropriate	
		Document actions	
		Maintain confidential files	
		Compile and analyze monthly incident reports to use for program improvement	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	

Security / Police – Administration (this refers to the responsibilities of institutions/key actors overseeing the protection of the target population, including police, peacekeeping forces, local military, and private security personnel)			
In place?		Activity	Comment
Yes	No		
		Policy/protocol for UNHCR field security officer to address GBV (for refugee setting)	
		Policy/protocol for national police officers to prevent/respond to GBV	
		Policy/protocol for peacekeeping forces to prevent/respond to GBV	
		Policy/protocol for local military to prevent/respond to GBV	
		Curriculum available for training police, security officers, and community in national laws relevant to GBV	
		Curriculum available for interview and investigative procedures for national GBV crimes (per national law), including: • child sexual assault (female and male) • adult sexual assault (female and male) • domestic abuse (partners, parents, children, elderly)	
		Police posts with private interview space for GBV cases	
		Copies of current statutes on file in police stations/posts	
		Orientation and training for all new officers regarding GBV prevention/response	
		Protocol for confidential record keeping	
		Protocol for coordination with other sectors and actors	
		Directory of organizations providing GBV and collateral services maintained and up-to-date in police posts	

Security / Police – Prevention			
In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices in police, peacekeeping forces	(comment on number of females and males)
		Gender equity in positions of authority and decision-making in police, peacekeeping forces	
		Personal codes of conduct enforced for police, peacekeeping forces, local military	
		Reporting mechanisms in place for violations in codes of conduct	
		Security/police participate in site planning to minimize risks (for refugee/IDP settings)	
		Police, peacekeeping forces work with community to identify and solve high-risk situations	
		Ongoing training for police, security officers, and community in national laws relevant to GBV	(comment on number trained)
		Community policing, including patrols in high-risk areas	

Security / Police – Response (these are the responsibilities of police and other security forces tasked with responding to GBV reports)			
In place?		Activity	Comment
Yes	No		
		24-hour (on call) services with trained same-sex interviewers available	
		Assessment using standard incident report form	
		Survivor interviewed in private space	
		Survivor safety planning	
		Collect/store evidence	
		Provide referrals using directory of organizations offering GBV and collateral services	
		Escort to health services, as appropriate	
		Investigate alleged crime	
		Arrest perpetrator	
		Record all actions, including follow-up	
		Compile and analyze monthly incident reports	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	

Legal/Justice – Administrative			
In place?		Activity	Comment
Yes	No		
		Policy/protocol for UNHCR Protection Officer to address GBV (for refugee setting)	
		Policy/protocol for court system to respond to GBV cases (efficiently, privately, etc.)	
		Policy/protocol for GBV evidence collection and storage	
		Policy/protocol for GBV survivor protection, assistance, and advocacy through judicial proceedings	
		Policy/protocol for court's coordination with other sectors	
		Copies of national laws related to GBV made available to all representatives of the court and legal systems	
		Guidelines for traditional courts, including refugee tribunals, for types of GBV cases these courts can and cannot judge; sentencing is appropriate for types of crimes and respects/reinforces human rights of survivors	
		Curriculum for training judges and lawyers in national laws and practice relevant to GBV	

Legal/Justice – Prevention			
In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices in judicial system	(comment on number of females and males)
		Gender equity in positions of authority and decision-making in judicial system	
		Human rights education for the community, police, courts, and humanitarian actors (national and international)	(comment on number of females and males trained)

Legal/Justice – Response			
In place?		Activity	Comment
Yes	No		
		For Lawyers, UNHCR Protection Officers:	
		Assessment using standard incident report form	
		Safety planning for the survivor	
		Provide referrals using directory of organizations providing GBV and collateral services	
		Monitor police action for investigation and arrest of perpetrator	
		Provide legal advice and information to survivors	
		Monitor court proceedings; advocate for survivor as necessary	
		Escort survivor and witnesses to court; advocate for protection as necessary	
		Provide assistance for survivor and witnesses for appearance in court (meals, transport, overnight accommodation, etc.)	
		Ensure perpetrator protection (food, appropriate treatment, etc.) in jail/prison facilities and in community at large	
		Ensure ongoing survivor protection (safe houses, relocation, etc.)	
		Compile and analyze monthly incident reports	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	
		National and/or Traditional Court:	
		Conduct legal proceedings with minimal delays	
		Hear survivor and witness testimonies *in camera* (in private, not in open court)	
		Ensure legal advice and advocacy for survivor, witnesses	
		Ensure appropriate sentencing, compliant with existing laws that respect human rights of women/survivors	

Introduction

As a method of more in-depth qualitative research, focus groups provide a means to obtain greater insights into the settings and contexts in which violence occurs, the dynamics of abuse, and how women, children, and communities are affected by this violence. Additionally, research on men can provide important insights into the causes of violence, as well as into the most effective strategies for preventing violence.[5]

Focus groups also assist in determining the survival mechanisms that women employ to deal with GBV, both on their own, and with the help of their families and friends, especially those women for whom there is an absence of formal services. Understanding survivors' pathways to recovery can improve clinical interventions and public education campaigns.[6]

In planning focus group discussions, you should consider the overall objectives of the study: do you want to learn about attitudes towards GBV?; or about survivor's coping mechanisms and utilization of GBV-related services?; or about the general nature and scope of GBV in a community? In identifying your objectives, it is critical to seek the advice of local women, particularly regarding cultural appropriateness of topics and methodologies for conducting group discussions. As with all research on GBV, issues of safety and security for both participants and researchers should be paramount when designing your research plan.

Focus Group Composition

When conducting focus groups on sensitive or taboo topics such as GBV, it is often preferable that participants are relatively similar to one another in terms of age, culture, sex, social class, etc. By attempting to create a more homogeneous profile of participants within each focus group, you may be able to increase group comfort level when discussing sensitive topics. After you have gained sufficient experience in conducting focus groups within your target community, you may wish to design more heterogeneous groups in order to stimulate communication within and among disparate groups.

Whenever you are investigating an issue through focus group discussions, it is important for purposes of representation and comparison to conduct at least two focus groups for each representative population, e.g., women; men; married; unmarried; different ethnic groups; different age cohorts; etc. One rule of thumb in focus group research is to conduct focus groups until they no longer provide any new information. This may occur after only two or three focus groups; sometimes it may take five or six groups before you feel that you have sufficient information on the topic you are investigating. If this is your first time conducting focus groups, you should plan to conduct a few practice groups, and expect that they may not provide the quality of information you need.

Participants may be recruited through local organizations or community leaders. In refugee settings, the local UNHCR and NGO staff can help determine the most feasible way of doing this. However, you must always weigh your strategies for recruiting participants against safety and security issues posed by investigating issues of GBV. If, for example, a woman in an abusive relationship participates in a focus group on domestic violence, she may be at risk if the community-at-large is aware of the topic, and her husband may feel threatened by her participation and further abuse her. It is important that people understand that participation in focus group discussions is completely voluntary, and that they may choose to leave at any time during the discussion. In addition, it is imperative that participants are aware that they will receive no tangible benefit for their participation.

The ideal size for a focus group is eight to ten respondents. In general, the smaller the group, the more manageable it is. Where the purpose is to generate depth of expression from participants, a smaller group size may be preferable. Remember to recruit a few more respondents than you need in case some decide to drop out.

Location

The location where the discussions will be held should be carefully selected. It should be private so that participants may speak without being overheard or seen by others not in the group. Avoid noisy areas where it will be difficult for participants and the moderator to hear each other. In addition, the setting should be comfortable, non-threatening, and easily accessible for the respondents. Seating should be arranged to encourage participation and interaction, preferably in a circle where all respondents can see each other and the moderator.

4. Adapted primarily from Debus, M. *The Handbook for Excellence in Focus Group Research*. AED.1991.
5. *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*, WHO/EIP/GPE/99.2
6. Koss, MP, Methodological issues in cross-national sexual violence research. International Research Network on Sexual Violence Annual Conference, Johannesburg, SA. 2001.

Conducting the Group Discussion

When the group of respondents is gathered for the discussion, the moderator should give a brief introduction to put everyone at ease. She/he should explain the purpose of the discussion, how the organization plans to use the information collected, and the group rules (speak one at a time, avoid interrupting or monopolizing, etc.). Explain that the discussion is confidential and that participants should respect each other's right to privacy by not discussing what was talked about with people outside of the focus group. Reiterate that all participants must agree to the rule of confidentiality; those who do not agree should be invited to leave the focus group without being stigmatized.

Of special importance, the moderator should inform the participants that she/he will be asking general questions about issues in their community affecting women, men, and families, and she/he is NOT requesting that participants disclose personal information about themselves. In fact, in focus group discussions where confidentially can not be absolutely ensured, moderators should monitor participants' rates of disclosure and actively discourage participants from self-revelations within the group. If it appears that a participant would like to talk about her own history of GBV, encourage her to speak to a moderator after the focus group has finished. The moderator should be sure to have someone available to speak privately with a participant should she become emotionally overwhelmed during the focus group, and should also allot time at the end of the focus group for follow-up with select group members who may require individual attention.

If the discussion is to be tape-recorded, obtain permission from the respondents first, and be sure to inform participants about how the tapes will be kept secured (e.g., in a locked cabinet) until they can be destroyed. Always be sure to bring extra batteries and tapes. Introduce any note-taker, observer, or translator who will remain in the room during the discussion and ensure participants that the rules of confidentiality extend to everyone in the room, including the note-takers, observers, and translators. Explain that no names will be used. Repeat that no benefits will come from participation.

The discussion should last no longer than one-and-a-half to two hours. Remember to allow for extra time if the discussions are to be simultaneously translated. It is strongly recommended that moderators speak the language of the group participants; however, in cases where translation must be provided for the moderator, participants should be forewarned that the discussion process will require that participants speak slowly and wait for translation before moving on to the next participant.

Moderator Characteristics

The moderators, observers, and translators for each group discussion should be the same general demographic profile as the participants. All-female groups should have female moderators; all-male groups should have male moderators. If the group is comprised of both males and females, there should be both a male and a female moderator. In all cases, it may be preferable to have two moderators per group, not only so that the discussion can be monitored more closely than is possible with one moderator, but also so that one moderator will be available to leave the group and provide individual assistance in the event a participant becomes overwhelmed during the group discussion.

The study team should discuss the characteristics of the people they believe will make successful moderators.
They should consider:

- minimum education level;
- age (minimum or maximum);
- sex (generally the moderator should be the same sex as the participants);
- language and communication skills in the lingua franca and other local languages;
- ability to feel at ease with people;
- good verbal and interpersonal skills;
- comfort level with discussing sensitive topics;
- good listening skills;
- ability to be non-judgmental and respect the dignity of respondents and confidentiality;
- interest and motivation to work;
- previous experience with focus groups or other research activities.

In situations where an experienced moderator is unavailable, it is important to stress the importance of being non-judgmental, avoiding the temptation to offer opinions, agree, or disagree with commentary from participants. The moderator should not put words into participants' mouths. There are no right or wrong answers in a focus group discussion. The discussion is a time to listen, and not to inform. The moderator should be as attentive to what is not said as to what is.

The Topic Guide

The topic guide is a list of topics or question areas the moderator should cover in the focus group discussion. The moderator uses the topic guide to direct the discussion and cover all of the relevant topics while allowing the discussion to flow naturally. Questions should be selected because of their relevance to the research objectives while taking into account local knowledge and cultural sensitivities. The sequence of topics generally moves from the general to the specific. This strategy of starting with more general questions is especially important when conducting GBV research, as it helps to ease the participants into the issues.

Once the topic guide is prepared, it must be translated into the local language by a native speaker and then translated back into English by someone else to ensure the accuracy of the translation. The topic guide should be pre-tested with a group of respondents similar to those you will include in your focus groups. In addition, if the moderator is inexperienced, she/he should conduct several focus groups as practice. A good instrument makes the data more useful.

The suggested topic guides outlined next are organized to elicit knowledge, attitudes, and behaviors associated with GBV among the target population. These questions are meant to provide prompts for establishing your own focus group topic guides, and can be reorganized or edited as the research team deems useful. However, when adapting the questions to your community, bear in mind the general rules that you should move from the more general to the specific, and that you should not ask questions that encourage or require participants to disclose their own histories of GBV within the focus group.

FOCUS GROUP TOPIC GUIDE FOR MEN/WOMEN[7]

Name of Group Interviewed: _____ **Date:** _____

Site: _____ Time discussion started:_____ Time ended: _____

Participant summary: No. of women: _____ No. of men: _____ No. of children: _____ Total No.: _____

Name(s) of Facilitator(s): _____

INTRODUCE MODERATORS, TRANSLATORS, RECORD KEEPERS

INTRODUCE TOPIC OF RESEARCH:

I am interested in learning about some of the concerns and needs of people in this community. I'm especially interested in trying to understand some of the issues that women and girls have to deal with here. I hope that your answers to my questions will help improve services for women, girls, and families in this community. I expect our discussion to last about one-and-a-half to two hours.

AGREE ON GROUP NORMS AND CONFIDENTIALITY

FIRST, I WOULD LIKE TO ASK YOU SOME GENERAL QUESTIONS ABOUT YOUR COMMUNITY:

How did men spend time in your country (before conflict)? How do they spend their time now?

How did women spend time in your country (before conflict)? How do they spend their time now? What are their daily chores? What are their social activities? Do you think women are busier now or before? Why?

How did children spend time at home (before conflict)? How do they spend it now? Do they play? Where and with what? Are they in school? To what age? Are they working? At home or for pay?

Who is responsible for making decisions for this community? Who is responsible for making decisions in the family? Who controls the resources in the community? In the family?

What people or groups in this community are involved in helping those most in need?

How do men get information about what is happening in the community?

Who do men go to for help when they have problems?

How do women get information about what is happening in the community?

Who do women go to for help when they have problems?

7. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research and Training Institute, 2000-2003.

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT THE SAFETY AND SECURITY OF WOMEN AND GIRLS:

Are you aware of problems with the safety and security of women and girls in this community? (Ask for examples. If no one speaks specifically about GBV, evaluate the group to decide whether you want to bring up the issue now or wait until the group has developed more comfort talking about these issues.)

What are the circumstances that cause problems of safety and security for women and girls in this community? (Ask for examples.)

What has been done here to improve the safety of women and girls?

What about specific forms of violence against women and girls? What practices are considered sexually inappropriate, abusive, or violent in the community? Can you give examples of sexual abuse in your community? (Examine definitions of forced sex/rape, sexual harassment, sexual manipulation, etc.)

When and where does sexual violence occur?

Without mentioning names or indicating anyone specific, who are the perpetrators? What happens to the perpetrators (different consequences if the perpetrator is known/unknown)?

Without mentioning names or indicating anyone specific, which groups of women do you think feel the least safe, or feel at most risk for sexual violence? Which groups of women do you think feel the most safe?

Has the problem of sexual violence gotten worse, better, or stayed the same in the last year? What particular types of sexual violence have gotten worse, better, or stayed the same? If there has been a change, what has caused it?

Without mentioning names or indicating anyone, do you know women who have been forced to have sex with soldiers or armed gangs against their will? If yes, how do you know who they are? What problems do they have? How are they treated by the community?

Without mentioning names or indicating anyone, do you know of women in this community who are forced to have sex when they don't want to? Where do these things happen? How do you know about them? What problems has this caused for these women? How does the community respond to this?

Without mentioning names or indicating anyone, do you know if women in your community are abducted or sold against their will in order to work for people who demand that they perform sexual acts in exchange for money?

Is there ever a situation where a woman might be partially responsible or to blame (or at fault) for her rape/sexual assault? Is it possible that some women ask for sexual assault through their behaviors or attitudes? If a survivor is not crying or is not emotional after a rape, what do you think must have happened?

Do women look for help when they experience sexual violence? Do they tell anyone (family members, other women, health worker, community leader, police/security people/authorities, someone else)?

In your home country, where would women get help if they had been raped? What would the community have done? What services were available for this kind of thing?

How do women cope with violence against their family members or friends?

How do men cope with violence against their daughters, sisters, mothers, wives, friends?

How do families and communities cope with violence against women and girls?

How have people not been able to cope?

What are community responses when violence occurs? What is done to prevent violence? What is done to help survivors? How could these efforts be improved?

Do women's support networks exist to help survivors? What social and legal services exist to help address problems associated with violence (e.g., health, police, legal counseling, social counseling)? Who provides these services? How could these efforts be improved?

THANK YOU FOR YOUR IMPORTANT FEEDBACK. I KNOW THESE ARE DIFFICULT QUESTIONS ABOUT TOPICS PEOPLE DON'T USUALLY TALK ABOUT. I'D LIKE TO PAUSE NOW AND ASK SOME QUESTIONS ABOUT MARRIAGE AND RELATIONSHIPS BETWEEN HUSBANDS AND WIVES:

In normal times in your country, how was a traditional marriage done? Was there or is there a bride price or dowry? If so, what exactly was the practice related to this? Have marriage practices changed since you left your country? If so, how?

At what age do women usually marry? At what age do men usually marry? Do women usually wait until after marriage to have sex? Do men usually wait until after marriage to have sex?

How many children do most couples want to have? If husbands and wives disagree about the number of children, who has authority?

When women are pregnant in this camp/village, do they usually see a health worker? Do they see a doctor? A nurse? A midwife or traditional birth attendant (TBA)? A traditional healer? What do women do when they are pregnant but they don't want to be?

What are views on education of women, women working, and their ability to care for the family? Who makes decisions in the family about these things?

Are there traditional practices that hurt the welfare of women and/or girls?

Do some men have more than one wife? Are all of the wives treated the same way?

What kinds of conflicts occur in marriages and families and what are the reasons (e.g., fidelity in marriage, education/working wife, differences in socioeconomic status of both spouses, interference of in-laws with marital/family conflicts)? How are they resolved?

There are men who treat their wives well and men who don't. What are some things that husbands do if they are treating their wives well? What are some things that might be examples of husbands treating their wives badly?

There are women who treat their husbands well and women who don't. What are some of the things that wives do if they are treating their husbands well? What are some things that might be examples of wives treating their husbands badly?

Do you believe that a wife should never question her husband? Does a husband have the right to physically punish his wife for any reason?

Why would a husband hit his wife? Why would a wife hit her husband?

Without mentioning names or indicating anyone specific, what types of physical and emotional abuse of women by their husbands are you aware of? Why do you think these happen? What do you think are the causes of the abuse?

When a husband insists on sex from his wife, does she have the right to refuse sex? If she does refuse and he forces her to have sex, is that rape?

Why do you think most women who are in violent marriages do not seek any assistance (e.g., reasons such as break-up of family, family honor being affected, etc.)?

Who do you think will be the right person(s) to help women who are in abusive relationships? Without mentioning names or indicating anyone specific, do you know women who have been helped? If so, what type of assistance?

What can be done to prevent abuse and violence within families?

How can and how should this community protect family members from abusing each other? What about NGOs and other community organizations? What about religious institutions and the government?

CLOSING QUESTIONS:

Before we finish, I would like to hear what you think should be done to end violence against women and girls in […]?

What did you think about the subjects we have discussed? Do you think that this group covered issues that are important to women and girls? Do you think that this group covered issues that are important to men and boys?

CLOSE THE INTERVIEW:

Thank you all for your time and ideas. This has been extremely helpful. As I said in the beginning, the purpose of this discussion was to help me learn about what women want and what women need here. As more services are developed here, we want to be sure they help you address the problems you are facing.

Please remember that you agreed to keep this discussion confidential. Please do not share with others the details of what was said here. People will be curious and you may have to say something–I suggest you tell them that I was asking questions about women and men and health issues, just gathering information–like I'm sure has happened before. Please do not give details of what was said here, so that we can try to preserve confidentiality and the safety of people who are exposed to violence.

How does that sound to you? Do you have questions for me? If anyone would like to speak with me in private, I will stay here after we end.

Thank you for your help.

NOTE:

FOR SPECIAL TYPES OF GROUPS LISTED BELOW, INSERT THE FOLLOWING QUESTIONS:

FOR RELIGIOUS LEADERS, ASK:
What do religious doctrines teach on violence towards women, both in terms of preventing violence and sanctioning those that are violent towards women? Is there anything that religious leaders can do to prevent GBV?

FOR DISABLED GROUPS, ASK:
Do the existing services to prevent or help those assaulted address disabled people, recognizing and respecting their special needs?

FOR GROUPS OF WOMEN LEADERS, ASK:
Is there anything women leaders can do to prevent GBV?

FOCUS GROUP TOPIC GUIDE FOR ADOLESCENTS/YOUTH [8]

Name of Group Interviewed: _____ **Date:** _____

Site: _____ Time discussion started:_____ Time ended: _____

Participant summary: No. of girls: _____ No. of boys: _____ Total No. of adolescents: _____

Name(s) of Facilitator(s): _____

INTRODUCE MODERATORS, TRANSLATORS, RECORD KEEPERS

INTRODUCE TOPIC OF RESEARCH*:*

I am interested in learning about some of the concerns and needs of people in this camp/village. I would like to ask you all some questions about young men and women in your community. I hope that the answers to these questions will help my organization to improve health and other services for youth. I expect our discussion to last about one-and-a-half to two hours**.**

AGREE ON GROUP NORMS AND CONFIDENTIALITY

FIRST I'D LIKE TO ASK YOU SOME GENERAL QUESTIONS:

What are your favorite ways to spend time?

What are your least favorite ways to spend time?

What kinds of problems do girls have here?

Do you know girls who do not attend school? What are some of the reasons why girls would not go to school, or would stop going?

What kinds of problems do girls who don't go to school have?

What kinds of problems do boys have here?

Do you know boys who do not attend school? What are some of the reasons boys would not go to school, or would stop going?

What kinds of problems do boys who don't go to school have?

NOW, I WOULD LIKE TO ASK SOME QUESTIONS ABOUT FAMILIES:

At what age do you think you will probably marry? How old will your husband/wife be? Will you have a traditional marriage?

What will happen to you after you get married? Where will you live?

8. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research and Training Institute, 2000-2003.

Who will make decisions in your family? Will your marriage be similar to the marriage your parents have, or will it be different? Why?

How did you learn about sex? Do girls usually wait until after marriage to have sex? Do boys usually wait until after marriage to have sex? If a girl is having sex and does not want to become pregnant, what does she do?

Sometimes girls become pregnant when they don't want to be. What do girls do when they are pregnant but don't want to be? Do you know girls who are pregnant and not married? What do their families think of this? What do you think of this?

What kinds of problems do young unmarried mothers have?

Without mentioning names or indicating anyone specific, do you know boys or girls who have gotten sexually transmitted diseases? What kinds of sexually transmitted diseases? Do they see a health worker for treatment? If not, whom do they see?

Do girls use condoms? Do boys use condoms? Do they know how to put them on and how to use them? If you wanted to get a condom, where would you go?

What do your friends think of condoms?

Without mentioning names or indicating anyone specific, do you know girls who have been forced to have sex against their will by their boyfriend or anyone else?

How about with soldiers or with other people? How do you know who they are? What problems do these girls have? How are these girls treated by the community?

What do you think rape is? If a girl was raped here, who would she tell? Who would she go to for help?

How do you think it would be best to help these girls? What do you think would be the best ways to prevent girls from experiencing violence?

What other programs or activities would you like to see in your community?

How would you like to be involved in organizing those activities?

CLOSE THE INTERVIEW:

Thank you all for your time and ideas. This has been extremely helpful.

Please remember that you agreed to keep this discussion confidential. Please do not share with others what was said here. People will be curious and you may have to say something. I suggest you tell them that I was asking questions about women and men and health issues, just gathering information – like I'm sure has happened before. Please do not give details of what was said here, so that we can try to preserve confidentiality and the safety of people who are exposed to violence.

How does that sound to you? Do you have questions for me? If anyone would like to speak with me in private, I will be here after we end.

Thank you for your help.

COMMUNITY MAPPING GUIDELINES [9]

Visit the community and ask community members to help you select a public place for a community discussion that is easy to get to and can accommodate as many as 20 people. Let community members know that the discussion will focus on issues related to the safety and security of women and girls in their community. Let them know that you are interested in identifying the geographic areas or physical spaces where women might be vulnerable to harm, including physical or sexual violence. Let them know that you are also interested in identifying resources available to women and girls. Make sure that both men and women are invited to participate in the community mapping assessment. After you have gathered at least 10-20 people at the selected site, follow the outline below to complete your assessment.

1. Introduce the purpose of your visit, assess people's interest and availability. Explain that you are interested in learning about the places and the reasons that the safety and security of women and girls may be compromised in this community.

2. Request that someone draw a map of the community or desired area.

3. Some people will naturally reach for a stick and begin tracing on the ground. Others will look around for paper and pencils. Have materials ready to offer, if it is appropriate.

4. As the map is beginning to take shape, other community members will become involved. Give people plenty of time and space. Do not hurry the process. As the map takes shape, ask people to pinpoint where women and girls are at risk of various types of violence, such as physical violence, sexual violence, sexual harassment, etc.

5. Wait until people are completely finished before you start asking questions. Then review the visual output and ask questions about why people identified various areas as risk areas, what types of violence women and girls are at risk for in these areas, and what the participants believe are the reasons for this risk. Phrase questions as open-ended and non-judgmental. Probe often, show interest, let people talk.

6. Ask people to return to the map(s) and record where women and girls can go for assistance in dealing with violence, both in terms of improving protection to prevent violence but also in terms of receiving services after a violent incident.

7. Combine and record any visual output, whether it was drawn on the ground or sketched on various sheets of paper. Be accurate and include identifying information about the author (place, date, participants' names, if possible.)

Close the exercise by thanking all of the participants for their help and letting them know what will be done with the information you have collected.

Sample Questions to assist with the Community Mapping Assessment

- Where are the main areas that women and children feel vulnerable or at risk?
- Are there individuals in the community that are known to be a threat to women or children?
- Are there services available to women that address domestic violence or sexual assault/rape? Where are they?
- Who do community members trust to help them deal with domestic violence or sexual assault/rape?
- Where are the health services located?
- Are mental health services available? Where?
- Are there any women's groups or resource centers in the area?
- Where do people go to address security concerns or issues?
- Are there places in the community that are regarded as safe places for women to go?

9. Adapted from CARE. Assessment Report of Issues and Responses to Sexual Violence – Dadaab Refugee Camps, Kenya. October 1998.

PAIR-WISE RANKING GUIDELINES [10]

Pair-wise ranking allows community members to collectively determine their most significant problems or issues related to GBV. This form of assessment also allows facilitators to get a clear sense of attitudes community members hold about GBV, such as which types of GBV are perceived as most problematic and which are viewed as acceptable or less problematic. Additionally, pair-wise ranking is a powerful tool for helping community members understand the differences in perceptions about GBV that exist among and between women and men in their community. Pair-wise ranking can also be used as a way to help community members engage in discussion about which activities or programs they think should be prioritized for preventing and responding to GBV in their community.

By beginning with listing problems/issues and then comparing them systematically in pairs, a matrix is developed that allows the community members to compare and contrast the issues they have identified. Each item is successively compared against the other items and, for each pair, the most significant problem is chosen. Once the matrix is complete it is possible to score and then rank issues/problems from the most important to the least.

The procedure should be as follows:

1. Once rapport has been established with a group of community members, introduce the pair-wise ranking exercise. First, ask people to list their responses to a specific well-phrased question such as: what are the types of violence or abuse women and girls experience in this community? If people identify multiple forms of violence that can be grouped under the same heading (e.g., a husband calling his wife names, telling her she is stupid, or criticizing her feelings) encourage them to identify a general category that captures these multiple forms of violence or abuse (e.g., emotional abuse by a husband of his wife).

2. Draw a matrix (see below) and as people identify different types of violence and abuse, write those types on the horizontal column (the column going across) at the top of the matrix. After the participants are satisfied that they have listed as many forms of violence as they can think of, stop and write the same list on the vertical column (the one going down the left side of the matrix), starting the vertical list with the *last* category listed in the horizontal column. Put an X in the boxes where the pairs are repeated. For example, looking at the matrix below, A, B, C, etc., each represent a type of GBV identified by community members. The X's represent boxes where no ranking is needed, since other boxes already make the same comparisons of A with C, A with B, and B with C. Remember that you do not need to prioritize in terms of worst types of violence at this point, you only need to list different types of violence affecting women and girls in the target community.

	A: emotional abuse by husbands of wives	B: physical abuse by husbands of wives	C: sexual harassment of women or girls on the street
C: sexual harassment of women or girls on the street			X
B: physical abuse by husbands of wives		X	X
A: emotional abuse by husbands of wives	X	X	X

3. Starting in the upper left-hand corner, ask participants: 'Compare the problem or issue identified in the horizontal row with the problem or issue identified in the vertical column. Which is the more important of the two?' Let the group discuss and record the type of violence that is the most important of the two in the cell.

10. Adapted from CARE. Assessment Report of Issues and Responses to Sexual Violence – Dadaab Refugee Camps, Kenya. October 1998.

4. Continue comparing problems listed in the rows with the problems listed in the first column. Be sure to give the group plenty of time to discuss. It is through this discussion that individuals' ranking criteria will emerge and people will begin to understand why another person holds an opinion different from his or her own. This understanding is the most critical part of conducting a pair-wise ranking.

5. Move on to "pair-wise" comparisons with the problem in the second column of the problems listed in the rows.

6. Continue the process of pair-wise ranking until all cells in the matrix have been filled.

7. Next, tally the results by counting the total number of each type of violence and recording the numerical score (count) in the appropriate column. Then prioritize the problems. First priority goes to the problem which received the highest score, second priority to the next, and so on.

8. Discuss the resulting prioritization with participants. Most importantly, given the discussion and process, ask if participants feel that the ranking reflects reality (e.g., if a community group is going to move ahead with a sexual violence prevention program, will the people support it? Will they participate? Does it speak to their needs?).

9. Remember to record the visual output, identifying place, dates, names of participants, if possible, and provide a narrative description of the process and explanation of the data.

Note:
Pair-wise ranking can also be used to rank other issues, such as what kinds of interventions the community feels are most important to reduce violence against women and girls. In this case, sample lead questions might be: What do you think are the most effective methods for reducing sexual violence against women in this community? What do you think are the most effective methods for reducing domestic violence against women in this community?

CAUSAL FLOW ANALYSIS GUIDELINES [11]

A causal flow analysis illustrates people's perceptions about the relationship between the causes and effects of a selected issue or problem. This tool can be extremely useful in understanding some of the underlying causes of or contributing factors to GBV, and thus can be used to stimulate discussions about strategies for reducing or eliminating GBV.

The procedure should be as follows:

1. Once rapport has been established with a group of community participants, ask participants questions about the causes and effects of violence against women and girls in their community. It may be helpful to link back to comments group members made in the mapping or pair-wise ranking exercises. For example, "You mentioned that lack of security was a cause of sexual violence, let's talk about that. Why does sexual violence occur?"

2. On a flip chart, draw a circle and indicate the topic for discussion, which in this example is sexual violence. Ensure that all of the participants understand the topic so that they can participate fully (see next page).

3. The facilitator then asks participants to list the causes of the problem or situation.

4. Causes are written on the left-hand side of the topic with the arrows drawn in to the center (i.e., from left to right, or →). Write clearly and re-check the direction of the arrows. Try to help the participants differentiate between "causes" and "contributing factors" (see next page).

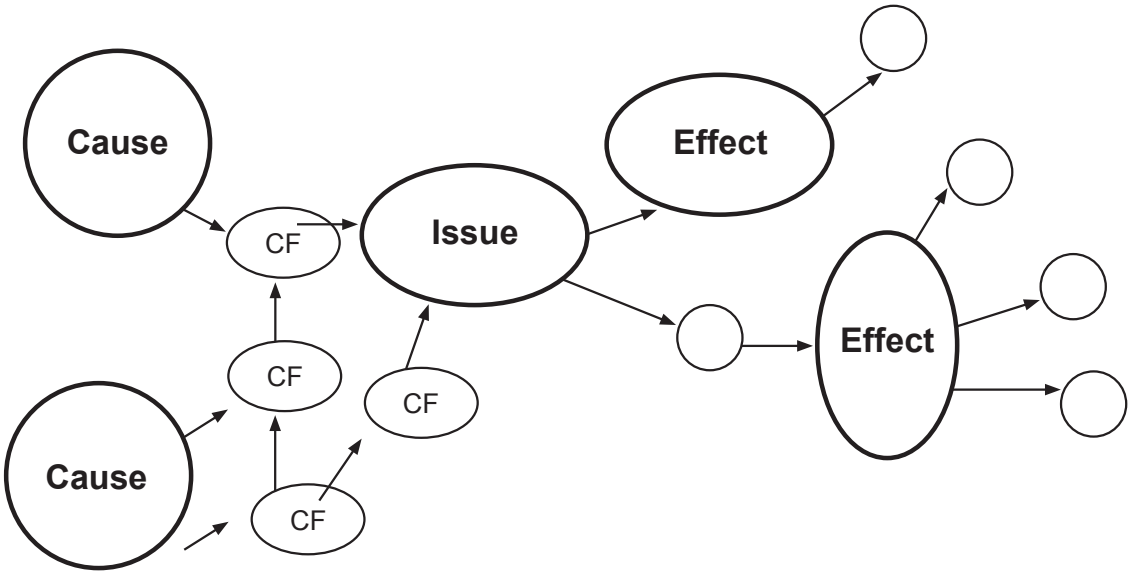
5. Once the list of causes has been exhausted ask participants to list the effects of the problem. Again, let the group discuss as much as necessary before beginning to record effects on the right-hand side of the topic. The topic is linked to effects by arrows drawn out from the center (again from left to right). Re-check the direction of the arrows. This is one of the most common errors in drawing causal flow diagrams.

6. Now "interview" the diagram, i.e., ask open-ended question about each cause and each effect. The diagrams can become quite elaborate and will allow you to delve more deeply into an issue. Think about this exercise in terms of unpeeling the outer layers of an onion to get to the inner core.

7. Try limiting the number of causes/effects to 20 or so. Simpler diagrams tend to be easier to follow.

8. Record the visual output, identifying it as necessary e.g., place, dates, names of participants, and including a narrative description of the process.

11. Adapted from CARE. Assessment Report of Issues and Responses to Sexual Violence – Dadaab Refugee Camps, Kenya. October 1998.



Causes and Contributing Factors[12]

Causes: Gender Issues

- Male and/or society attitudes of disrespect or disregard of females
- Lack of equality of human rights for all
- Cultural/social norms of gender inequality or discrimination

Contributing Factors (CF)

- Alcohol/drug use
- Unequal distribution of resources such as food, fuel, water, etc., to women and men, so that women may be generally more vulnerable and at greater risk of sexual exploitation or other forms of GBV
- Single mother households
- Poverty, low levels of employment
- Community/camp leadership primarily male
- Conflict/post-conflict collapse of traditional society and family supports
- Harmful traditional practices
- Lack of security, police protection
- Lack of laws addressing GBV
- War, i.e., rape, as a weapon of war

12. Adapted from “Moving from Emergency Response to Comprehensive Reproductive Health Services: A Modular Training Series," RHRC Consortium, 2003.

Introduction[13]

Prevalence research involves using a questionnaire to conduct structured interviews with a representative sample of a population, so that the results of the interviews can give information about the whole population. In fact, a very important advantage of prevalence research is its ability to represent the circumstances of an entire population. Another very important advantage of prevalence research is its comparability; that is, the data collected from the research can be compared to other data that has been collected elsewhere using similar techniques. Comparability in GBV research is an especially important objective in that it offers the opportunity to analyze women's and girls' vulnerability to violence in multiple contexts, as well as in the same contexts over time.

To date, the few existing prevalence surveys conducted in humanitarian settings have not prioritized comparability, and as a result it has been difficult to draw cross-cultural comparisons or conclusions about the nature and scope of GBV among conflict-affected women and girls. In order to promote comparability, the survey questionnaire should, whenever possible, incorporate questions that have been tested previously and have generated reliable responses, as does the survey questionnaire included in this manual.

Conducting population-based prevalence research on GBV requires extensive technical, financial, and logistical resources. And, unlike qualitative research techniques such as situational analysis and focus groups, prevalence research does not typically generate detailed information about specific incidents of GBV or about service delivery issues. Although prevalence research requires research participants to reveal their experiences of violence, the survey process employs structured questionnaires that do not promote in-depth exploration of participants' unique histories or allow for researchers to act as counselors or case managers.

Prevalence research is therefore not recommended as a method for collecting data on GBV at the early stages of program planning, especially in settings where few services (and thus, few referrals for research participants) exist. Rather, prevalence research on GBV can be a valuable method for established programs (which are able to provide support and referrals to participants) to more accurately and scientifically identify the nature and scope of GBV in their community and use that data for conducting local, national, and international advocacy and education.

The methodology for conducting the research should also be informed by techniques that have been developed previously, to minimize danger to participants and researchers and maximize positive outcomes such as accurate levels of reporting and participants' feelings of well-being. The World Health Organization has taken the global lead in establishing standards for conducting research on violence against women. The following is a summary of WHO's recommendations regarding ethics of GBV research.

Ethical Considerations for Research on Gender-based Violence [14]

Important ethical considerations must be taken into account when conducting research on GBV. The nature of the topic demands that special emphasis be placed on issues of safety and confidentiality. The physical and mental well-being of both the respondents and the researchers could be at risk if these issues are not adequately addressed before the study begins. In addition, such studies must be methodologically sound. It is unethical to conduct a poorly designed study that will fail to address the study objectives when the nature of the topic places respondents at risk and asks them to discuss painful and difficult experiences. Measures to ensure the protection of respondents must be integrated into the study design, so that the research is conducted ethically and sensitively.

The safety of the survey respondents is of primary importance. If a perpetrator becomes aware of the topic of the study, he may inflict further violence on a respondent. The survey should be introduced to the community at large as a study of women's health. However, the respondent must be fully informed of the topic and the questions involved so that she may give her informed consent. Likewise, she should understand that she may choose not to participate in the research or to end the interview at any time.

13. For more detailed information on researching GBV, see: Researching Violence Against Women: Practical Guidelines for Researchers and Activitists, Ellsberg, M, Heise L, Shrader E, PATH, CHANGE, WHO (in press).
14. *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*, WHO/EIP/GPE/99.2

Confidentiality is essential to protect the safety of the respondent. No names should be written on questionnaires. Any necessary identifying information, such as information about a selected household, should be kept separately from the survey questionnaires. All interviews should be conducted in private, preferably outside the home, and the interviewer must be prepared to switch to a less sensitive line of questioning if the interview is interrupted for any reason. The respondent should be informed in advance that the interviewer will switch to a less sensitive subject such as family planning, menstruation, child spacing, or other reproductive health topics if the interview is interrupted. Logistics planning must take into account the fact that some interviews may need to be rescheduled for a more convenient time and alternative locations may be needed to conduct the interviews privately.

Interviewers conducting GBV research should receive special training. They should be experienced at discussing sensitive issues, and trained to maintain strict confidentiality. Questions must be posed in a supportive and non-judgmental way to avoid stigmatizing the respondent. Training should help them to overcome their own biases, fears, and stereotypes. Interviewers should understand when to end an interview if the impact on the respondent is too negative, and allow a respondent time to collect herself if she is distressed during the interview. All interviews should be ended on a positive note with the interviewer reinforcing the respondent's own coping mechanisms and reminding her that the information she shared is important and will be used to help other women. Interviewers should be trained to refer women who request them to support services. If no support services exist in the community, the research team should make them available during the research study. It is unethical to conduct a study of GBV if support services cannot be made available to respondents who need them. Finally, interviewers should receive special support to deal with the stress of listening to stories of violence and abuse.

Prevalence Survey Questionnaire

The survey questionnaire included in this section has been piloted in both East Timor and Kosovo, and used to conduct national research in Rwanda, as well as research among internally displaced women in Colombia. The questionnaire was created for humanitarian settings by researchers at the University of Arizona College of Public Health, the Centers for Disease Control and Prevention, and the RHRC Consortium, so that it could be applied cross-culturally to collect prevalence data relevant to the country under investigation as well as allow for international comparisons/contrasts. The questionnaire consists of items taken from the WHO multi-country studies on domestic violence, Demographic and Health Surveys (DHS), CDC reproductive health surveys, a Physicians for Human Rights survey, and the Impact of Events Scale and Hopkins Symptom Checklist. [15-21]

While it is expected that limited content adjustments to this standardized questionnaire will be made in order to ensure cultural relevance (such as changes in response patterns and wording in order to preserve the general meaning of each question), the broad sweep of items in the questionnaire is meant to limit the extent to which questions will need to be revised/removed/rearranged. The questionnaire is designed so that individual sections, such as those on conflict, post-conflict, displacement, and abduction, can be removed in their entirety (if they are not deemed relevant to the particular setting) without significantly changing the structure of the questionnaire and affecting its validity, reliability, or comparability. It is requested that field staff considering undertaking GBV prevalence research in humanitarian settings contact the RHRC Consortium about their intent to use this questionnaire. It is also necessary for anyone planning GBV prevalence research to seek approval of the questionnaire and research methodology by a local or international institutional review board.

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SECTION 1: BACKGROUND

No.	Questions	Coding	Skip Instructions
1.	How old were you on your last birthday?	Age in completed years: ____ ____ 77. Don't know 88. Refuse	
2.	Where were you born?	1. Village/country _____/_____ 7. DK 8. Refuse	
3.	What ethnic group are you from?	1. List relevant ethnic groups 2. _____ 3. _____ 4. Other _____ 7. DK 8. Refuse	
4.	What is your religion?	1. List relevant religions 2. _____ 3. Other _____ 7. DK 8. Refuse	
5.	Before the conflict did you live in a city, town, or village?	1. City 2. Town 3. Village 4. Out of the country 7. DK 8. Refuse	
6.	What was your main form of occupation?	1. Farmer 2. Trader 3. Business 4. Student 5. Professional 6. Homemaker 7. Domestic servant 8. Unemployed 9. Other _____ 77. DK 88. Refuse	

7.	Can you read easily, with difficulty, or not at all?	1. Not at all 2. With difficulty 3. Easily read 7. DK 8. Refuse	
8.	Can you write easily, with difficulty, or not at all?	1. Not at all 2. With difficulty 3. Easily write 7. DK 8. Refuse	
9.	Have you ever attended school and if so, what is the highest level of school you attended?	1. Did not attend school 2. Primary 3. Secondary 4. High School 5. University 6. Other _____ 7. DK 8. Refuse	

SECTION 2: LIFE DURING DISPLACEMENT AND POST-CONFLICT

10.	During the conflict, did you leave your home, and if so, what was your main reason for leaving your home?	1. Did not leave home ⟶ 2. Threat to personal security/safety 3. Threat to security/safety of family 4. Excluded from employment 5. Excluded from education 6. Lack of health care 7. Other _____ 77. DK 88. Refuse	**Skip to Q 13**
11.	When did you first leave your home as a result of the conflict?	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	

12.	During displacement, which villages, camps, or towns have you lived in, beginning with the first camp, village, or town you lived in? For each village, camp, or town you lived in, could you please tell me what caused you to leave and where you went?			
	Camp/Village/Town	**Date Arrival**	**Date Left**	**Main reason left village/ camp/town (see codes below)**
	_____	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	___ ___
	_____	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	___ ___
	_____	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	___ ___
	_____	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	___ ___
	_____	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	___ ___

Response codes:

Place Lived:
[USE APPROPRIATE CHOICES OF PLACES]

1. Camp in_____
2. Camp in_____
3. Camp in_____
4. Family in_____
5. Family elsewhere in home country
6. Private house (describe)
7. Other (describe)
77. DK
88. Refuse

Reason Left:

1. No food
2. To seek schooling
3. UN relocation
4. Village/Camp attacked
5. Family member sexually assaulted
6. Family member attacked (not including sexual assault)
7. Returned home
8. Other (describe)
77. DK
88. Refuse

13.	Not including yourself, how many adults live with you (18 years of age or older)?	Adults ____ ____ 77. DK 88. Refuse	
14.	How many children live with you (17 years or younger)?	Children ____ ____ 77. DK 88. Refuse	
15.	Are you the head of your household (the person responsible for making all the primary decisions for the household)?	1. No 2. Yes 7. DK 8. Refuse	
16.	Are you currently working for money (wages), working for trade, or are you unemployed? (circle all mentioned)	1. Unemployed 2. Working for trade 3. Working for money (wages) 7. DK 8. Refuse	
17.	What kind of work do you do? (circle all mentioned)	1. No Work 2. Farming 3. Laborer 4. Business 5. Other _____ 7. DK 8. Refuse	
18.	What is your main source of income?	1. No income 2. Support from husband/partner 3. Support from other relatives 4. Money from own work 5. Social services/welfare 6. Other _____ 7 DK 8. Refuse	

19.	Please tell me if it is difficult or easy for you to utilize the following services in the village: A. General medical care B. Reproductive health services and supplies like birth control and sanitary supplies C. Police D. Food E. Supplies other than food F. Religious services G. Legal aid H. Psychosocial assistance	Difficult Easy DK Refuse 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8	
20.	Do you have relatives? If so, do your relatives live in the household or live nearby?	1. No, don't have relatives → 2. Yes, relatives live in the household 3. Yes, relatives live nearby 4. No, relatives don't live in the household or nearby 7. DK 8. Refuse	**Skip to Q 22**
21.	How regularly do you see them; never, sometimes, or often?	1. Never 2. Sometimes 3. Often 7. DK 8. Refuse	

Section 3: MARRIAGE HISTORY

22.	Have you <u>ever</u> been married or lived with a man with whom you were having a serious (intimate, sexual) relationship?	1. No → 2. Yes 88. Refuse	**Skip to Q 27**
23.	How many different times have you ever been married or lived with men with whom you were having a serious (intimate, sexual) relationship?	Total times married and/or lived with men ___ ___ 77. DK 88. Refuse	
24.	How old were you when you first married/lived with a man with whom you had a serious (intimate, sexual) relationship?	Years ___ ___ 77. DK 88. Refuse	

25.	Are you currently married or living with a man?	1. No 2. Yes, currently married ⟶ 3. Yes, currently living with a man ⟶ 7. DK 8. Refuse	 **Skip to Q 28** **Skip to Q 28**
26.	How did your most recent relationship end?	1. Divorced 2. Separated 3. Widowed 4. Partner/Husband abandoned respondent 5. Partner/Husband left for other reason (describe)_____ 6. Respondent abandoned her partner/ husband 7. Respondent left partner/husband for other reason (describe)_____ 8. Other _____ 77. DK 88. Refuse	
27.	Do you currently have a partner (boyfriend) you do not live with but with whom you are having a serious (intimate, sexual) relationship?	1. Yes 2. No 7. DK 8. Refuse	

If respondent currently has a husband/partner with whom she lives, **go to Q28**

If respondent does not currently have a husband/partner with whom she lives, but has ever had a husband/partner with whom she has lived, **go to Q 29**

If respondent has never had a husband/partner with whom she has lived, but currently has a partner (boyfriend) who she does not live with, **go to Q 34**

If respondent has never been in a serious (intimate, sexual) relationship with a man, **go to Q 42**

28.	How long have you been married or living with your current partner/husband?	Months ___ ___ Years ___ ___ 77. DK 88. Refuse	

29.	Did you yourself choose your husband/partner, did someone else choose him for you, or did he choose you?	1. Both chose → 2. Partner chose 3. Partner's family chose 4. Respondent chose 5. Respondent's family chose 6. Other 7. DK 8. Refuse	**Skip to Q 31**
30.	Before marrying/living with your husband/partner, were you asked whether you wanted to marry/live with him or not?	1. Yes 2. No 7. DK 8. Refuse	
31.	Did your marriage involve dowry/brideprice payment?	1. Yes, dowry 2. Yes, brideprice 3. No → 66. NA (never married) → 7. DK 8. Refuse	 **Skip to Q 34** **Skip to Q 34**
32.	Has all the dowry/brideprice been paid for, or does some part still remain to be paid?	1. All paid 2. Partially paid 3. None paid 7. DK 8. Refuse	
33.	Overall, do you think the amount of dowry/brideprice payment has had a positive impact on how you are treated by your husband and/or his family, a negative impact, or no particular impact?	1. Postive impact 2. Negative impact 3. No impact 7. DK 8. Refuse	

If respondent is not currently involved in a serious (intimate, sexual) relationship with a man, **Skip to Q 42**

34.	Now I would like to focus specifically on your current relationship. The following questions are about the husband/partner(boyfriend) you have right now. I am asking you these questions to get general background information, but will not ask any questions that might specifically identify your husband/partner(boyfriend). Just like these questions are anonymous for you, they are also anonymous for your husband/ partner(boyfriend). How old was your **current** husband/partner(boyfriend) on his last birthday?	Years ___ ___ 66. NA (respondent's husband dead, no current partner) ⟶ 77. DK 88. Refuse	**Skip to Q 42**
35.	Can he read easily, with difficulty, or not at all?	1. Not at all 2. With difficulty 3. Easily read 7. DK 8. Refuse	
36.	Can he write easily, with difficulty, or not at all?	1. Not at all 2. With difficulty 3. Easily write 7. DK 8. Refuse	
37.	Has he ever attended school and if so, what is the highest level of school he attended?	1. Did not attend school 2. Primary 3. Secondary 4. High School 5. University 6. Other _____ 7. DK 8. Refuse	
38.	Is he currently working for money, working for trade, or is he unemployed? (circle all that apply)	1. Unemployed 2. Working for trade 3. Working for money 7. DK 8. Refuse	
39.	What kind of work does he do? (circle all that apply)	1. No Work 2. Farming 3. Laborer 4. Business 5. Other 7. DK 8. Refuse	

40.	Does he have relatives? If so, do his relatives live in the household or nearby?	1. No, does not have relatives ⟶ 2. Yes, relatives live in the household 3. Yes, relatives live nearby 4. No, relatives do not live in the household or nearby 7. DK 8. Refuse	**Skip to Q 42**
41.	How regularly does he see them; never, sometimes, or often?	1. Never 2. Sometimes 3. Often 7. DK 8. Refuse	

Sisterhood Questions

42.	How many sisters do you have, born to the same mother, between the ages of 18-49?	____ ____ sisters between 18-49 ⟶ 77. DK 88. Refuse	**If no sisters between the ages 18-49, put "00" and go to Section 4: GBV During the Conflict**
43.	How many of these sisters have ever been married, lived with a partner, or had a serious (intimate, sexual) relationship with a man, even if they did not live together?	____ ____ sisters ever with a partner (00 if sisters between 18-49 never had a relationship with a man) 77. DK 88. Refuse	

Section 4: GBV DURING THE [OCCUPATION AND] CONFLICT

Now I would like to ask you some questions about difficult things you may have experienced as a result of the conflict in this country. I am going to read items from a list of things. Many people may have experienced one or more of these things during the conflict. I know it may be difficult to acknowledge if any of these things happened to you, but please remember that what you tell me is completely confidential and your answers will help us get a sense of the needs of women in our society. If anyone should interrupt us during the interview, I will immediately switch to a less sensitive line of questioning. First I will ask about what happened during the conflict, then I will ask what happened while you were displaced from your home, and finally I will ask questions about your life here after the war. Most of the questions will be the same for each time period that we discuss, so you will be hearing many of the same questions more than once. The reason why we repeat each set of questions for each time period is because it helps us get a better sense of exactly when women in this country were most vulnerable.

Right now I am going to ask you questions specifically about what happened during the conflict, by persons outside your family such as soldiers, militia, police officers, and guards. These acts could have happened in places such as your home, at work, or on the road. I'm talking about the time period beginning in [year], up until the end of conflict in [year]. However, I only want to know about what happened to you during this period while you were living in your home. If you ever left your home during the conflict, that is, if you ever became displaced as a result of the conflict, I will later ask you more specific questions about what happened to you when you left your home. For the questions below, please only think of experiences that happened while you were living in your home, before you were displaced by the conflict.

44.	During the conflict in [home country] were you subjected to any of the following violent acts by people such as soldiers, police, or community members? Please remember that I am asking about the TOTAL number of times you experienced each act during the period beginning _____ and ending _____ . How many times during this period were you:	Never	1-2 times	3-5 times	6 or more times	Weekly	Daily	DK	Refuse
	A. Slapped or hit	1	2	3	4	5	6	7	8
	B. Choked	1	2	3	4	5	6	7	8
	C. Beaten or kicked	1	2	3	4	5	6	7	8
	D. Tied up or blindfolded	1	2	3	4	5	6	7	8
	E. Threatened with a weapon of any kind	1	2	3	4	5	6	7	8
	F. Shot at or stabbed	1	2	3	4	5	6	7	8
	G. Deprived of food, water, or sleep	1	2	3	4	5	6	7	8
	H. Experienced physical disfigurement of your body	1	2	3	4	5	6	7	8
	I. Detained against your will	1	2	3	4	5	6	7	8
	J. Subjected to improper sexual comments	1	2	3	4	5	6	7	8
	K. Forced to remove or stripped of your clothing	1	2	3	4	5	6	7	8
	L. Given internal body cavity searches	1	2	3	4	5	6	7	8
	M. Subjected to unwanted kissing	1	2	3	4	5	6	7	8
	N. Touched on sexual parts of your body	1	2	3	4	5	6	7	8
	O. Beaten on sexual parts of your body	1	2	3	4	5	6	7	8
	P. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex	1	2	3	4	5	6	7	8
	Q. Penetrated with an object in your vagina or anus	1	2	3	4	5	6	7	8
	R. Compelled to engage in sex in order to receive something such as food, water, protection for your family, or other reasons (describe) _____ _____	1	2	3	4	5	6	7	8
	S. Forced to watch someone being physically assaulted	1	2	3	4	5	6	7	8
	T. Forced to watch someone being sexually assaulted	1	2	3	4	5	6	7	8
	U. Anything else? (describe) _____ _____	1	2	3	4	5	6	7	8

If experiences are reported in **Q 44** continue with **Q 45**

IF RESPONSE IS "NEVER," "DK," OR "REFUSE" FOR ALL ITEMS IN Q 44, and the participant has sisters between the ages of 18-49, go to Q 66

If the Participant does not have sisters between the ages of 18-49, go to Section 5: GBV During Displacement (If participant was not displaced, **go to Section 6: GBV Post-Conflict**)

45.	Who did these things? (circle all mentioned)	1. Soldiers 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/Medical person 8. Teacher 9. Religious worker 10. Humanitarian relief worker 11. Neighbor/Community member 12. Unknown to respondent 13. Other _____ 77. DK 88. Refuse	

46.	Now I'm going to ask you to please think about the <u>one</u> experience of mistreatment during the occupation and the war in [home country] that you consider the most serious for the following questions. I am asking you to only think of one experience when you respond to the questions below. This will help us get a sense of which experiences were most difficult for people. In the one experience that you feel was the most severe, which of the following were done to you? Were you:	No	Yes	DK	Refuse
	A. Slapped or hit	1	2	7	8
	B. Choked	1	2	7	8
	C. Beaten or kicked	1	2	7	8
	D. Tied up or blindfolded	1	2	7	8
	E. Threatened with a weapon of any kind	1	2	7	8
	F. Shot at or stabbed	1	2	7	8
	G. Deprived of food, water, or sleep	1	2	7	8
	H. Experienced physical disfigurement of your body	1	2	7	8
	I. Detained against your will	1	2	7	8
	J. Subjected to improper sexual comments	1	2	7	8
	K. Forced to remove or stripped of your clothing	1	2	7	8
	L. Given internal body cavity searches	1	2	7	8
	M. Subjected to unwanted kissing	1	2	7	8
	N. Touched on sexual parts of your body	1	2	7	8
	O. Beaten on sexual parts of your body	1	2	7	8
	P. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex	1	2	7	8
	Q. Penetrated by force with an object in your vagina or anus	1	2	7	8
	R. Compelled to engage in sex in order to receive something such as food, water, protection for your family, or other reasons (describe) _____ _____	1	2	7	8
	S. Forced to watch someone being physically assaulted	1	2	7	8
	T. Forced to watch someone being sexually assaulted	1	2	7	8
	U. Anything else? (describe) _____ _____	1	2	7	8

47.	Who did these things? (circle all mentioned)	1. Military 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/Medical person 8. Teacher 9. Religious worker 10. Humanitarian relief worker 11. Neighbor/Community member 12. Unknown to respondent 13. Other _____ 77. DK 88. Refuse	
48.	When did this episode happen?	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	
49.	Where were you when the episode took place?	1. In your house 2. At work 3. Elsewhere in your village 4. Elsewhere in your country 5. Other (describe) _____ _____ 7. DK 8. Refuse	
50.	Did one person or a group of people mistreat you?	1. One person 2. A group of people 7. DK 8. Refuse	
51.	Did the assailant(s) threaten to kill you at any time during the episode?	1. No 2. Yes 7. DK 8. Refuse	

52.	Who was with you at the time of the episode? (circle all mentioned)	1. Respondent was alone ⟶ 2. Husband/Partner 3. Children 4. Other woman 5. Other family 6. Someone else _____ 7. DK 8. Refuse	**Skip to Q 54**
53.	What happened to the other person or people who were with you? (circle all mentioned)	1. Threatened to be killed 2. Beaten 3. Sexually assaulted 4. Forced to watch 5. Killed 6. Escaped 7. Other (describe) _____ 77. Don't know 88. Refuse	
54.	Were you already pregnant at the time of the episode and if so what happened to the pregnancy?	1. Not pregnant 2. Miscarriage 3. Premature delivery 4. Stillbirth 5. Pregnant, and delivered healthy child 6. Abortion 7. Other _____ 77. DK 88. Refuse	
55.	Did you become pregnant as a result of the episode and if so what happened to the pregnancy?	1. Not pregnant 2. Miscarriage 3. Premature delivery 4. Stillbirth 5. Pregnant, and delivered healthy child 6. Abortion 7. Other _____ 66. NA (no sexual assault) 77. DK 88. Refuse	

56.	At the time of the incident, did you know the person/ people who mistreated you?	1. No 2. Yes 7. DK 8. Refuse	
57.	Did you experience any of the following injuries as a result of the mistreatment? (read choices and circle response) A. Bruises, scrapes, welts B. Loss of consciousness (black out) C. Dislocations D. Broken bone or bones E. Knocked out teeth F. Deep wounds or cuts G. Psychological difficulties, such as nightmares, intrusive memories, significant changes in sleep patterns H. Other injury _____	No Yes DK Refuse 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8	**If no injuries reported, go to Q 60**
58.	Did you seek medical care for your injuries? If you sought medical care for your injuries, whom did you consult for medical assistance? (circle all mentioned)	1. Did <u>not</u> seek treatment 2. Traditional healer 3. Neighbor/Friend 4. Hospital 5. Health center 6. Respondent's family 7. Husband's family 8. Self-treated 9. Other _____ 77. DK 88. Refuse	

59.	What was the main reason you did not seek medical care for your injuries? (circle all mentioned)	1. Did seek treatment 2. Did not need medical care 3. Did not know where to go 4. Medical care not available 5. No use/would not do any good 6. Embarrassed 7. Respondent afraid of further violence 8. Would not be believed or taken seriously 9. Respondent thought she would be blamed 10. Bring bad name to respondent's family 11. Bring bad name to husband's family 12. Had no money 13. Had no transport 14. Other _____ 77. DK 88. Refuse	
60.	Did you tell anyone about what happened during the episode? If you told anyone (other than the people who were with you during the episode), whom did you tell? (circle all mentioned)	1. Did not tell anyone → 2. Husband/Partner 3. Male family member 4. Female family member 5. Friend 6. Medical practitioner 7. NGO worker 8. UN staff member 9. Police or local authorities 10. Religious authority 11. Women's group 12. Someone else _____ 77. DK 88. Refuse	**Skip to Q 63**

61.	What was the reaction of the person or people you told? (circle all mentioned)	1. Stigmatized me 2. Ignored me, no response 3. Took the information, but nothing happened 4. Provided emotional support 5. Referred me to a health worker or clinic 6. Referred me to an NGO 7. Referred me to a human rights organization 8. Referred me to a religious authority 9. Referred me to a women's group 10. Other _____ 77. DK 88. Refuse	
62.	Of the people you told about the episode, who was most helpful? (circle all mentioned)	1. No one was helpful 2. Husband/partner 3. Male family member 4. Female family member 5. Friend 6. Medical practitioner 7. NGO worker 8. UN staff member 9. Police or local authorities 10. Lawyer/Judge or traditional justice 11. Religious authority 12. Women's group 13. Someone else _____ 77. DK 88. Refuse	**After completing this question, skip to Q 64**
63.	What was the major reason you did <u>not</u> tell anyone about what happened?	1. Feelings of shame 2. Fear of being stigmatized 3. Fear of rejection by family or friends 4. Did not trust anyone 5. Thought nothing could be done 6. Other _____ 77. DK 88. Refuse	

64.	What has been most helpful to you so far in coping with your experience? (circle all that apply)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Legal advice/Traditional justice 6. Religious counseling 7. Mental health counseling 8. Medical assistance 9. Trying to forget about experience 10. Other _____ 77. DK 88. Refuse	
65.	Are there other things that you think might be helpful to you in coping with your experience? (circle all that apply)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Legal advice/Traditional justice 6. Religious counseling 7. Mental health counseling 8. Medical assistance 9. Trying to forget about experience 10. Other _____ 77. DK 88. Refuse	

If participant does not have sisters between the ages of 18-49,
go to Section 5: GBV During Displacement

If participant was never displaced, and does not have sisters between the ages of 18-49,
go to Section 6: GBV Post-Conflict

Sisterhood Questions

66.	Were any of your sisters between the ages of 18-49 ever physically assaulted by anyone during the occupation or the conflict? (Remember, this question does not apply to family members; assailants should be people outside of the family.)	____ ____ sisters assaulted (00 if no sisters were physically assaulted) 77. DK 88. Refuse	
67.	Were any of your sisters between the ages of 18-49 ever sexually assaulted by anyone (excluding family members) during the occupation and the conflict?	____ ____ sisters sexually assaulted 77. DK 88. Refuse	**If none of participant's sisters were physically or sexually assaulted, put "00" and go to Section 5: GBV During Displacement (If participant was not displaced, go to Q 91)**
68.	Who did these things to your sister(s)?	1. Military 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/Medical person 8. Teacher 9. Religious worker 10. Humanitarian relief worker 11. Neighbor/Community member 12. Unknown to respondent 13. Other _____ 77. DK 88. Refuse	**If participant was not displaced during the war, go to Q 91**

SECTION 5: GBV DURING DISPLACEMENT

Now I would like to focus on difficulties that may have happened to you since you first fled the conflict. Right now I am only trying to understand what happened to you after you left your home in [home country]. Like before, I am asking about things that may have been done to you by persons outside your family such as soldiers, militia, police officers, and guards. The period I am asking about includes the moment you left your house (because of the conflict) until the time you returned to your house. These acts could have happened in places such as on the road, in a refugee camp, or in another village. Many of these are the same questions that I asked you earlier, but now I would like to know if any of them were done to you while you were displaced by persons outside your family. Please remember that if you need to, we can stop and take a break at any time. And also please remember that I will continue to make sure your answers are absolutely confidential.

69.	Now I am going to read the same list as I did before, but I am asking for the time period in which you were displaced. Please remember that we are referring to things that may have happened to you as a result of violence done by people outside of your family, such as military, police, border control guards, etc. Also remember that we are trying to understand the TOTAL number of times you may have experienced these things while you were displaced. How many times were you:	Never	1-2 times	3-5 times	6 or more times	Weekly	Daily	DK	Refuse
	A. Slapped or hit	1	2	3	4	5	6	7	8
	B. Choked	1	2	3	4	5	6	7	8
	C. Beaten or kicked	1	2	3	4	5	6	7	8
	D. Tied up or blindfolded	1	2	3	4	5	6	7	8
	E. Threatened with a weapon of any kind	1	2	3	4	5	6	7	8
	F. Shot at or stabbed	1	2	3	4	5	6	7	8
	G. Deprived of food, water, or sleep	1	2	3	4	5	6	7	8
	H. Experienced physical disfigurement of your body	1	2	3	4	5	6	7	8
	I. Detained against your will	1	2	3	4	5	6	7	8
	J. Subjected to improper sexual comments	1	2	3	4	5	6	7	8
	K. Forced to remove or stripped of your clothing	1	2	3	4	5	6	7	8
	L. Given internal body cavity searches	1	2	3	4	5	6	7	8
	M. Subjected to unwanted kissing	1	2	3	4	5	6	7	8
	N. Touched on sexual parts of your body	1	2	3	4	5	6	7	8
	O. Beaten on sexual parts of your body	1	2	3	4	5	6	7	8
	P. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex	1	2	3	4	5	6	7	8
	Q. Penetrated by force with an object in your vagina or anus	1	2	3	4	5	6	7	8
	R. Compelled to engage in sex in order to receive something such as food, water, or necessary items	1	2	3	4	5	6	7	8

	S. Forced to watch someone being physically assaulted	1	2	3	4	5	6	7	8
	T. Forced to watch someone being sexually assaulted	1	2	3	4	5	6	7	8
	U. Anything else? (describe) _____ _____	1	2	3	4	5	6	7	8

If no mistreatment was experienced in Q 69, and the participant has sisters between the ages of 18-49, **go to Q 91**

If no mistreatment was experienced in Q 69, and the participant DOES NOT have sisters between the ages of 18-49, **go to Section 6: GBV Post-Conflict**

70.	Who did these things to you? (circle all mentioned)	1. Military 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/Medical person 8. Teacher 9. Religious worker 10. Humanitarian relief worker 11. Neighbor/Community member 12. Unknown to respondent 13. Other _____ 14. Peacekeeping forces 77. DK 88. Refuse	

71.	Just like before, I would now like you to please think about the one experience of mistreatment while you were displaced that you consider the most serious for the following questions. By answering these questions you are helping us to understand what women experienced as most difficult during the period in which they were displaced by conflict. In the one experience that you feel was the most severe, which of the following were done to you? Were you:	No	Yes	DK	Refuse
	A. Slapped or hit	1	2	7	8
	B. Choked	1	2	7	8
	C. Beaten or kicked	1	2	7	8
	D. Tied up or blindfolded	1	2	7	8
	E. Threatened with a weapon of any kind	1	2	7	8
	F. Shot at or stabbed	1	2	7	8
	G. Deprived of food, water, or sleep	1	2	7	8
	H. Experienced physical disfigurement of your body	1	2	7	8
	I. Detained against your will	1	2	7	8
	J. Subjected to improper sexual comments	1	2	7	8
	K. Forced to remove or stripped of your clothing	1	2	7	8
	L. Given internal body cavity searches	1	2	7	8
	M. Subjected to unwanted kissing	1	2	7	8
	N. Touched on sexual parts of your body	1	2	7	8
	O. Beaten on sexual parts of your body	1	2	7	8
	P. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex	1	2	7	8
	Q. Penetrated by force with an object in your vagina or anus	1	2	7	8
	R. Compelled to engage in sex acts in order to receive something such as food, water, or necessary items	1	2	7	8
	S. Forced to watch someone being physically assaulted	1	2	7	8
	T. Forced to watch someone being sexually assaulted	1	2	7	8
	U. Anything else? (describe) _____ _____	1	2	7	8

72.	Who did these things to you? (circle all mentioned)	1. Soldiers 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/Medical person 8. Teacher 9. Religious worker 10. Humanitarian relief worker 11. Neighbor/Community member 12. Unknown to respondent 13. Peacekeeping forces 14. Other (describe) _____ _____ 77. DK 88. Refuse	
73.	When did this episode happen to you?	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	
74.	Could you tell me where you were when this episode took place?	1. Living as a refugee in a camp 2. Living as a refugee outside of a camp 3. On the road in [home country] 4. On the road in another country (describe) _____ 5. Other (describe) _____ _____ 77. DK 88. Refuse	
75.	Did one person or a group of people mistreat you?	1. One person 2. Group of people 7. DK 8. Refuse	
76.	Did the assailant(s) threaten to kill you at any time during the episode?	1. No 2. Yes 7. DK 8. Refuse	

77.	Who was with you at the time of the episode? (circle all mentioned)	1. Respondent was alone → 2. Husband/Partner 3. Children 4. Other woman 5. Other family 6. Someone else _____ 7. DK 8. Refuse	**Skip to Q 79**
78.	What happened to the other person or people who were with you? (circle all mentioned)	1. Beaten 2. Threatened to be killed 3. Sexually assaulted 4. Forced to watch 5. Escaped 6. Killed 7. Other _____ 77. DK 88. Refuse	
79.	Were you already pregnant at the time of the episode and if so what happened to the pregnancy?	1. Not pregnant 2. Miscarriage 3. Premature delivery 4. Stillbirth 5. Healthy child was delivered 6. Abortion 7. Other _____ 77. DK 88. Refuse	
80.	Did you become pregnant as a result of the episode and if so what happened to the pregnancy?	1. Not pregnant 2. Miscarriage 3. Premature delivery 4. Stillbirth 5. Pregnant, and delivered healthy child 6. Abortion 7. Other _____ 66. NA (no sexual assault) 77. DK 88. Refuse	

81.	At the time of the episode, did you know the person/ people who mistreated you?	1. No 2. Yes 7. DK 8. Refuse	
82.	Did you experience any of the following injuries as a result of the mistreatment? (read choices and circle response)	No / Yes / DK / Refuse	**If no injuries, go to Q 85**
	A. Bruises, scrapes, welts	1 / 2 / 7 / 8	
	B. Loss of consciousness	1 / 2 / 7 / 8	
	C. Dislocations	1 / 2 / 7 / 8	
	D. Broken bone or bones	1 / 2 / 7 / 8	
	E. Knocked out teeth	1 / 2 / 7 / 8	
	F. Deep wounds or cuts	1 / 2 / 7 / 8	
	G. Psychological difficulties, such as nightmares, intrusive memories, significant changes in sleep patterns	1 / 2 / 7 / 8	
	H. Other injury _____	1 / 2 / 7 / 8	
83.	Did you seek medical care for your injuries? If you sought medical care for your injuries, whom did you consult for medical assistance? (circle all mentioned)	1. Did <u>not</u> seek treatment 2. Traditional healer 3. Neighbor/Friend 4. Hospital 5. Health center 6. Respondent's family 7. Husband's family 8. Self-treated 9. Other _____ 77. DK 88. Refuse	

84.	What was the main reason you did not seek medical care for your injuries?	1. Did seek treatment 2. Did not need medical care 3. Did not know where to go 4. Medical care not available 5. No use/would not do any good 6. Embarrassed 7. Afraid of further violence 8. Would not be believed or taken seriously 9. Respondent thought she would be blamed 10. Bring bad name to respondent's family 11. Bring bad name to husband's family 12. Had no money 13. Had no transport 14. Other _____ 77. DK 88. Refuse	
85.	Did you tell anyone what happened during the episode? If you told someone (other than the people who were with you during the episode), whom did you tell? (circle all mentioned)	1. Did not tell anyone ⟶ 2. Husband/Partner 3. Male family member 4. Female family member 5. Friend 6. Medical practitioner 7. NGO worker 8. UN staff member 9. Police or local authorities 10. Religious authority 11. Women's group 12. Someone else _____ 77. DK 88. Refuse	**Skip to Q 88**

86.	What was the reaction of the person or people you told? (circle all mentioned)	1. Stigmatized me 2. Ignored me, no response 3. Took the information, but nothing happened 4. Provided emotional support 5. Referred me to a health worker or clinic 6. Referred me to an NGO 7. Referred me to a human rights organization 8. Referred me to a religious authority 9. Referred me to a women's group 10. Other _____ 77. DK 88. Refuse	
87.	Of the people you told about the episode, who was most helpful? (circle all mentioned)	1. No one was helpful 2. Husband/Partner 3. Male family member 4. Female family member 5. Friend 6. Medical practitioner 7. NGO worker 8. UN staff member 9. Police or local authorities 10. Religious authority 11. Women's group 12. Someone else _____ 77. DK 88. Refuse	**After completing this question, skip to Q 89**
88.	What was the major reason you did <u>not</u> tell anyone about what happened?	1. Feelings of shame 2. Fear of being stigmatized 3. Fear of rejection by family or friends 4. Do not trust anyone 5. Thought nothing could be done 6. Other _____ 77. DK 88. Refuse	

89.	What has been most helpful to you so far in coping with your experience? (circle all that apply)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Legal advice/traditional justice 6. Religious counseling 7. Mental health counseling 8. Medical assistance 9. Trying to forget about experience 10. Other _____ 77. DK 88. Refuse	
90.	Are there other things that you think might be helpful to you in coping with your experience? (circle all that apply)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Legal advice/traditional justice 6. Religious counseling 7. Mental health counseling 8. Medical assistance 9. Trying to forget about experience 10. Other _____ 77. DK 88. Refuse	**If no sisters between the ages of 18-49, go to Section 6: GBV Post-Conflict**
91.	Were any of your sisters between the ages of 18-49 ever physically assaulted by anyone while they were displaced from their homes? (Remember, this question does not apply to family members, assailants should be people outside the family.)	____ ____ sisters assaulted (00 if no sisters between 18-49 were assaulted) 66. NA (Sisters not displaced) ⟶ 77. DK 88. Refuse	**Go to Section 6: GBV Post-Conflict**
92.	Were any of your sisters between the ages of 18-49 ever sexually assaulted by anyone other than family members while they were displaced from their homes?	____ ____ sisters sexually assaulted ⟶ 77. DK 88. Refuse	**If none of participant's sisters were physically or sexually assaulted, put "00" and go to Section 6: GBV Post-Conflict**

93.	Who did these things to your sister(s)?	1. Military 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/Medical person 8. Teacher 9. Religious worker 10. Humanitarian relief worker 11. Neighbor/Community member 12. Unknown to respondent 13. Peacekeeping forces 14. Other _____ 77. DK 88. Refuse	

Section 6: GBV POST-CONFLICT

Now I would like to ask you some questions about what has happened to you since you returned home from the conflict, or, if you were not displaced, since the conflict ended in [month/year]. These questions are the same as the ones I asked before, and this is the last time I'll be asking this set of questions. These acts could have happened to you at home, in your community, or elsewhere in [home country], and could have been done to you by anyone in your community, including members of the police, military, humanitarian community, or your neighbors and other people who live in your community. Like the questions before, we are still asking about violence that was committed against you by people outside of your family.

94.	After the conflict, how often were you subjected to any of these forms of physical violence by people outside of your family? I am asking you to remember the TOTAL number of times from the end of the conflict [year] until now. These acts could have been done by anyone in your community who are not family members.	Never	1-2 times	3-5 times	6 or more times	Weekly	Daily	DK	Refuse
	A. Slapped or hit	1	2	3	4	5	6	7	8
	B. Choked	1	2	3	4	5	6	7	8
	C. Beaten or kicked	1	2	3	4	5	6	7	8
	D. Tied up or blindfolded	1	2	3	4	5	6	7	8
	E. Threatened with a weapon of any kind	1	2	3	4	5	6	7	8
	F. Shot at or stabbed	1	2	3	4	5	6	7	8
	G. Deprived of food, water, or sleep	1	2	3	4	5	6	7	8
	H. Experienced physical disfigurement of your body	1	2	3	4	5	6	7	8
	I. Detained against your will	1	2	3	4	5	6	7	8
	J. Subjected to improper sexual comments	1	2	3	4	5	6	7	8
	K. Forced to remove or stripped of your clothing	1	2	3	4	5	6	7	8
	L. Given internal body cavity searches	1	2	3	4	5	6	7	8
	M. Subjected to unwanted kissing	1	2	3	4	5	6	7	8
	N. Touched on sexual parts of your body	1	2	3	4	5	6	7	8
	O. Beaten on sexual parts of your body	1	2	3	4	5	6	7	8
	P. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex	1	2	3	4	5	6	7	8
	Q. Was penetrated by force with an object in your vagina or anus	1	2	3	4	5	6	7	8
	R. Compelled to engage in sex or sexual acts in order to receive something such as food, water, protection for your family, or other reasons (describe) _____ _____	1	2	3	4	5	6	7	8
	S. Forced to watch someone being physically assaulted	1	2	3	4	5	6	7	8

	T. Forced to watch someone being sexually assaulted	1	2	3	4	5	6	7	8
	U. Anything else? (describe) _____ _____	1	2	3	4	5	6	7	8

IF RESPONSE IS “NEVER,” “DK,” OR “REFUSE” FOR ALL ITEMS IN Q, 94, and the participant has sisters between 18-49, **go to Q 116**

IF RESPONSE IS “NEVER,” “DK,” OR "REFUSE" FOR ALL ITEMS IN Q 94, and the participant DOES NOT have sisters between 18-49, **go to Section 7: Abduction**

95.	Who did these things to you? (circle all mentioned)	1. Military 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/Medical person 8. Teacher 9. Religious worker 10. Humanitarian relief worker 11. Neighbor/Community member 12. Unknown to respondent 13. Peacekeeping forces 14. Other _____ 77. DK 88. Refuse	

96.	Please think about the <u>one</u> experience of mistreatment you experienced after the conflict until now, that you consider the most serious for the following questions. In the one experience that you feel was the most severe, which of the following were done to you? Were you:	No	Yes	DK	Refuse
	A. Slapped or hit	1	2	7	8
	B. Choked	1	2	7	8
	C. Beaten or kicked	1	2	7	8
	D. Tied up or blindfolded	1	2	7	8
	E. Threatened with a weapon of any kind	1	2	7	8
	F. Shot at or stabbed	1	2	7	8
	G. Deprived of food, water, or sleep	1	2	7	8
	H. Experienced physical disfigurement of your body	1	2	7	8
	I. Detained against your will	1	2	7	8
	J. Subjected to improper sexual comments	1	2	7	8
	K. Forced to remove or stripped of your clothing	1	2	7	8
	L. Given internal body cavity searches	1	2	7	8
	M. Subjected to unwanted kissing	1	2	7	8
	N. Touched on sexual parts of your body	1	2	7	8
	O. Beaten on sexual parts of your body	1	2	7	8
	P. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex	1	2	7	8
	Q. Was penetrated by force with an object in your vagina or anus	1	2	7	8
	R. Compelled to engage in sex or sexual activities in order to receive something such as food, water, protection for your family, or other reasons (describe) _____ _____	1	2	7	8
	S. Forced to watch someone being physically assaulted	1	2	7	8
	T. Forced to watch someone being sexually assaulted	1	2	7	8
	U. Anything else? (describe) _____ _____	1	2	7	8

97.	Who did these things to you? (circle all mentioned)	1. Soldiers 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/Medical person 8. Teacher 9. Religious worker 10. Humanitarian relief worker 11. Neighbor/Community member 12. Unknown to respondent 13. Peacekeeping forces 14. Other _____ 77. DK 88. Refuse	
98.	When did this episode happen to you?	Month ___ ___ Year ___ ___ ___ ___ 77. DK 88. Refuse	
99.	Could you tell me where you were when this episode took place?	1. In your house 2. At work 3. Elsewhere in your village 4. Elsewhere in your country 5. Other (describe) _____ _____ 77. DK 88. Refuse	
100.	Did one person or a group of people mistreat you?	1. One person 2. Group of people 7. DK 8. Refuse	
101.	Did the assailant(s) threaten to kill you at any time during the episode?	1. No 2. Yes 7. DK 8. Refuse	

102.	Who was with you at the time of the episode? (circle all mentioned)	1. Respondent was alone ⟶ 2. Husband/Partner 3. Children 4. Other woman 5. Other family 6. Other _____ 7. DK 8. Refuse	**Skip to Q 104**
103.	What happened to the other person or people who were with you? (circle all mentioned)	1. Threatened to be killed 2. Beaten 3. Sexually assaulted 4. Forced to watch 5. Escaped 6. Killed 7. Other _____ 77. DK 88. Refuse	
104.	Were you already pregnant at the time of the episode and if so what happened to the pregnancy?	1. Not pregnant 2. Miscarriage 3. Premature delivery 4. Stillbirth 5. Healthy child was delivered 6. Abortion 7. Other _____ 77. DK 88. Refuse	
105.	Did you become pregnant as a result of the episode and if so what happened to the pregnancy?	1. Not pregnant 2. Miscarriage 3. Premature delivery 4. Stillbirth 5. Pregnant, and delivered healthy child 6. Abortion 7. Other _____ 66. NA (no sexual assault) 77. DK 88. Refuse	

106.	At the time of the episode, did you know the person/ people who mistreated you?	1. No 2. Yes 7. DK 8. Refuse	
107.	Did you experience any of the following injuries as a result of the episode? (read choices and circle response) A. Bruises, scrapes, welts B. Loss of consciousness C. Dislocations D. Broken bone or bones E. Knocked out teeth F. Deep wounds or cuts G. Psychological difficulties, such as nightmares, intrusive memories, significant changes in sleep patterns H. Other injury _____	No Yes DK Refuse 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8 1 2 7 8	**If no injuries, go to Q 110**
108.	Did you seek medical care for your injuries? If you sought medical care for your injuries, whom did you consult for medical assistance? (circle all mentioned)	1. Did <u>not</u> seek treatment 2. Traditional healer 3. Neighbor/Friend 4. Hospital 5. Health center 6. Respondent's family 7. Husband's family 8. Self-treated 9. Other _____ 77. DK 88. Refuse	

109.	What was the main reason you did not seek medical care for your injuries? (circle all mentioned)	1. Did seek treatment 2. Did not need medical care 3. Did not know where to go 4. Medical care not available 5. No use/would not do any good 6. Embarrassed 7. Afraid of further violence 8. Would not be believed or taken seriously 9. Thought would be blamed 10. Bring bad name to respondent's family 11. Bring bad name to husband's family 12. Had no money 13. Had no transport 14. Other _____ 77. DK 88. Refuse	
110.	Did you tell anyone about what happened during the episode? If you told anyone (other than the people who were with you during the episode), whom did you tell? (circle all mentioned)	1. Did not tell anyone ⟶ 2. Husband/Partner 3. Male family member 4. Female family member 5. Friend 6. Medical practitioner 7. NGO worker 8. UN staff member 9. Police or local authorities 10. Religious authority 11. Women's group 12. Other _____ 77. DK 88. Refuse	**Skip to Q 113**

111.	What was the reaction of the person or people you told? (circle all mentioned)	1. Stigmatized me 2. Ignored me, no response 3. Took the information, but nothing happened 4. Provided emotional support 5. Referred me to a health worker or clinic 6. Referred me to a NGO 7. Referred me to a human rights organization 8. Referred me to a religious authority 9. Referred me to a women's group 10. Other _____ 77. DK 88. Refuse	
112.	Of the people you told about the episode, who was most helpful?	1. No one was helpful 2. Husband/Partner 3. Male family member 4. Female family member 5. Friend 6. Medical practitioner 7. NGO worker 8. UN staff member 9. Police or local authorities 10. Religious authority 11. Women's group 12. Someone else _____ 77. DK 88. Refuse	**After completing this question, skip to Q 114**
113.	What was the major reason you did <u>not</u> tell anyone what happened?	1. Feelings of shame 2. Fear of being stigmatized 3. Fear of rejection by family or friends 4. Do not trust anyone 5. Thought nothing could be done 6. Other _____ 77. DK 88. Refuse	

114.	What has been most helpful to you so far in coping with your experience? (circle all that apply)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Legal advice/traditional justice 6. Religious counseling 7. Mental health counseling 8. Medical assistance 9. Trying to forget about experience 10. Other _____ 77. DK 88. Refuse	
115.	Are there other things that you think might be helpful to you in coping with your experience? (circle all that apply)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Legal advice/traditional justice 6. Religious counseling 7. Mental health counseling 8. Medical assistance 9. Trying to forget about experience 10. Other _____ 77. DK 88. Refuse	**If no sisters between the ages of 18-49, go to Section 7: Abduction**

Sisterhood Questions

116.	Were any of your sisters between the ages of 18-49 ever physically assaulted by anyone outside of the family after the war until now?	___ ___ sisters assaulted 66. NA (no sisters returned after the war) ⟶ 77. DK 88. Refuse	**If no sisters between the ages of 18-49 returned after the war, go to Section 7: Abduction**
117.	Were any of your sisters between the ages of 18-49 ever sexually assaulted by anyone other than family members in [home country] after the war until now?	___ ___ sisters sexually assaulted ⟶ 77. DK 88. Refuse	**If none of participant's sisters were physically or sexually assaulted, put "00" and go to Section 7: Abduction**
118.	Who did these things to your sister(s)?	1. Military 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/medical person 8. Teacher 9. Religious worker 10. Humanitarian relief worker 11. Neighbor/Community member 12. Unknown to respondent 13. Peacekeeping forces 14. Other _____ 77. DK 88. Refuse	

SECTION 7: ABDUCTION/FORCED DETENTION

119.	Have you ever been forcibly detained (held by someone against your will) and if yes, how many times?	____ ____ times (enter "00" if not abducted/forcibly detained) 77. DK 88. Refuse	**If respondent has <u>not</u> been abducted/ forcibly detained, go to <u>SECTION 8: Violence in Childhood</u>** **If respondent has been abducted/ forcibly detained <u>more than once</u>, ask her to pick the most serious experience for the following questions.**
120.	Where did it happen?	1. Home (home country) 2. In your house 3. Elsewhere in your village 4. Elsewhere in your country 5. During transit from home country to another country 6. While displaced in another country 7. Other _____ 77. DK 88. Refuse	
121.	Who detained you?	1. Soldiers 2. Paramilitary 3. Civil defense forces 4. Police officer or interrogator 5. Prosecutor or judge 6. Jail or prison guard 7. Doctor/medical person 8. Religious worker 9. Humanitarian relief worker 10. Unknown to respondent 11. Other _____ 77. DK 88. Refuse	
122.	For how long were you held?	____ ____ weeks ____ ____ months ____ ____ years 77. DK 88. Refuse	

123.	During the period of detention, were you deprived of needed medical attention, such as access to sanitary supplies for menstruation or other kinds of reproductive health care?	1. No medical attention needed 2. Received medical attention (describe) _____ 3. Deprived of medical attention (describe) _____ 7. DK 8. Refuse	
124.	During the period of detention, were you physically assaulted? If so, how many incidents of physical assault did you experience?	____ ____ Times Assaulted (00 if never physically assaulted) 7. DK 8. Refuse	
125.	During the period of detention were you sexually assaulted? If so, how many times were you sexually assaulted?	____ ____ Times Assaulted (00 if never sexually assaulted) 7. DK 8. Refuse	
126.	Were you already pregnant during the period of detention, and if so, what happened to the pregnancy?	1. Not pregnant 2. Miscarriage 3. Premature delivery 4. Stillbirth 5. Delivery of healthy child 6. Abortion 7. Other _____ 77. DK 88. Refuse	
127.	Did you become pregnant during the time in which you were detained, and if so, what happened to the pregnancy?	1. Not pregnant 2. Miscarriage 3. Premature delivery 4. Stillbirth 5. Delivery of healthy child 6. Abortion 7. Other _____ 77. DK 88. Refuse	
128.	Did you try to use or do anything to avoid pregnancy during the time you were detained? If so, what did you try to use or do?	1. Did not try to use anything 2. Traditional herbs 3. Traditional belt 4. Modern contraception 5. Other _____ 7. DK 8. Refuse	

129.	Sometimes women who are detained, even for short periods of time, may develop relationships with the people who detained them, perhaps becoming a partner to one of them. Did a relationship develop between you and anyone who detained you, and if so, are you still in a relationship with that person?	1. Did not develop relationship 2. Did develop a relationship, but no longer with the person 3. Did develop a relationship, and still with that person 7. DK 8. Refuse	

SECTION 8: CHILDHOOD VIOLENCE

Now we are going to change topics and discuss your experiences in your own family. As I mentioned before, anything you tell me will remain absolutely confidential, and there will be no way for anyone to identify you or any of your family members. We are asking these questions because we are trying to better understand the lives of women, including their experiences in their families, so that we can better understand what kind of assistance women need.

One thing that is true for many people, both men and women, is that they see or experience mistreatment in their households. Now I'd like to ask you a few brief questions about when you were a child and adolescent; that is before you were 18.

130.	Looking back on your childhood and adolescence, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner?	1. No 2. Yes 7. DK 8. Refuse	
131.	As a child or adolescent, were any of your siblings ever punched, shoved, kicked, or otherwise physically hurt by your parents or guardians?	1. No 2. Yes 3. NA (no siblings) 7. DK 8. Refuse	
132.	As a child or adolescent, were you ever punched, shoved, kicked, or otherwise physically hurt by your parents or guardians?	1. No 2. Yes 7. DK 8. Refuse	
133.	When you were a child, did any person who was older than you—and by this I mean someone who was at least 5 or more years older than you —touch you in a sexual way, make you touch them in a sexual way, or attempt a sexual act with you?	1. No → 2. Yes 7. DK 8. Refuse	Skip to Section 9: Intimate Partner Violence
134.	Did you know the person who was sexual with you, and if so, who was that person?	1. Did not know them 2. Father or male guardian 3. Mother or female guardian 4. Older sibling 5. Other family member (describe) _ 6. Neighbor 7. Other _____ 77. DK 88. Refuse	

SECTION 9: INTIMATE PARTNER VIOLENCE

Attitudes

Now I would like to ask you questions about some aspects of the relationship between couples. These questions are very general—just to get a sense of what your thoughts are about relationships between couples. There are no wrong or right answers, so feel free to answer the first thing that comes into your mind.

135. In this community and elsewhere, people have different ideas about families and what is acceptable behavior for men and women in the home. I am going to read you a list of statements and I would like for you to tell me whether you agree or disagree with the statement. Please remember that there are no right or wrong answers. Also remember I am not asking you specifically about what happens with your husband/partner/boyfriend, but about more general thoughts you have about relationships. Later I will ask you some more specific questions about your husband/partner/boyfriend, if you have one.

a. A good wife obeys her husband even if she disagrees.	1. Agree 2. Disagree 7. DK 8. Refuse	
b. Family problems should only be discussed with people in the family.	1. Agree 2. Disagree 7. DK 8. Refuse	
c. It is important for a man to show his wife /partner who is the boss.	1. Agree 2. Disagree 7. DK 8. Refuse	
d. A woman should be able to choose her own friends even if her husband disapproves.	1. Agree 2. Disagree 7. DK 8. Refuse	
e. It's a wife's obligation to have sex with her husband even if she doesn't feel like it.	1. Agree 2. Disagree 7. DK 8. Refuse	
f. If a man mistreats his wife, others outside of the family should intervene.	1. Agree 2. Disagree 7. DK 8. Refuse	

g. In your opinion, does a man have a good reason to hit his wife if:	Yes	No	DK	Refuse	
1. she does not complete her household work to his satisfaction	1	2	7	8	
2. she disobeys him	1	2	7	8	
3. she refuses to have sexual relations with him	1	2	7	8	
4. she asks him whether he has other girlfriends	1	2	7	8	
5. he suspects that she is unfaithful	1	2	7	8	
6. he finds out that she has been unfaithful	1	2	7	8	

	h. In your opinion, can a married woman refuse to have sex with her husband if:	Yes	No	DK	Refuse	
	1. she doesn't want to	1	2	7	8	
	2. he is drunk	1	2	7	8	
	3. she is sick	1	2	7	8	
	4. he mistreats her	1	2	7	8	
136.	How do you think the war has affected the frequency of violence between husbands and wives in your community? Based on what you've seen and heard in your community, do you think conflict between husbands and wives has decreased, stayed the same, or increased since the war?	1. Decreased 2. Stayed the same 3. Increased 7. DK 8. Refuse				
137.	If a woman was being mistreated by her husband, what do you think are the best ways she might cope with her husband's mistreatment? (circle all mentioned)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Legal advice/traditional justice 6. Religious counseling 7. Mental health counseling 8. Medical assistance 9. Trying to forget about the mistreatment 10. Other _____ 77. DK 88. Refuse				

If respondent has a current husband/partner/serious boyfriend, **go to Q 138**

If respondent does not have a current husband/partner/serious boyfriend, but had a husband/partner/serious boyfriend in the past, **go to Q 161**

If respondent has never been married, has never lived with someone, and has never had a serious boyfriend, **go to Q 169**

Current Partner

Now I would like to ask you more specific questions about your relationship with your current husband/partner/boyfriend. When we use the term boyfriend, we are referring to a man with whom you have what you consider to be a serious (intimate, sexual) relationship—we are talking about the same person about whom we asked you some questions when we first started this interview.

I know that some of these questions are very personal, and these are things that people in our community don't normally talk about freely. However, your answers are very important for helping us to understand the condition of women in [home country].

138.	If your current husband/partner(boyfriend) had a problem at work or home, with whom do you think he would be most likely to discuss this problem?	1. Respondent 2. Friends 3. His male relatives 4. His female relatives 5. Fellow workers 6. Doesn't discuss with anyone 7. Other _____ 77. DK 88. Refuse	

		No	Yes	Maybe	DK	Refuse	
139.	Many people use drugs of different types. As far as you know has your current partner/husband (boyfriend) ever drunk alcohol, smoked cannabis, or used other drugs (including things like sedatives or pharmacological drugs without the prescription of a doctor)?						
	Alcohol	1	2	3	7	8	
	Cannabis	1	2	3	7	8	
	Sedatives or other non-prescribed drugs	1	2	3	7	8	
	Other _____	1	2	3	7	8	
140.	Have you ever drunk alcohol, smoked cannabis, or used other drugs (including things like sedatives or pharmacological drugs without a prescription from a doctor)?	No	Yes	Maybe	DK	Refuse	
	Alcohol	1	2	3	7	8	
	Cannabis	1	2	3	7	8	
	Sedatives or other non-prescribed drugs	1	2	3	7	8	
	Other _____	1	2	3	7	8	

141.	In the last month how many times have you seen your husband/partner (boyfriend) drunk?	____ ____ times 77. DK 88. Refuse	
142.	In the last month how many times has he been under the influence of drugs such as cannabis?	____ ____ times 77. DK 88. Refuse	

143.	When two people are married or living together, or in a serious relationship, they usually share both good and bad moments. And, it is normal for people who are in relationships to have arguments. How often in a month would you say that you argue, or have some sort of conflict between you and your partner?	1. Never → 2. Once or twice 3. Weekly 4. Daily 7. DK 8. Refuse	**Skip to Q 146**
144.	What are the main causes of conflict? (circle all mentioned)	1. Money 2. Children 3. Not obeying him 4. Jealousy 5. He goes out too much 6. Sex 7. Alcohol/drugs 8. Relatives 9. Respondent's employment 10. Respondent's education 11. Housework 12. Other _____ 77. DK 88. Refuse	
145.	Has conflict become more frequent, about the same, or less frequent, since the end of the war?	1. More frequent 2. About the same 3. Less frequent 66. NA (did not have current husband/partner/ boyfriend before the conflict) 77. DK 88. Refuse	
146.	Are you ever afraid of your current partner? (Does he ever do anything to make you feel that he might hurt you?)	1. No 2. Yes 77. DK 88. Refuse	
147.	Now I would like you to think back to the year before the conflict began [identify year]. Were you with your partner during that year, and if so, how many months out of that year did you see your partner face-to-face?	____ ____ (number of months with partner) 77. DK 88. Refuse	**If respondent was with partner the entire year, put 12; if the respondent was with partner for under one month, put 01; if respondent was not in a relationship with partner at that time, put 00 and skip to Q 149**

I would now like to ask you some more specific questions about how your partner treats you. These questions are about things that are true for many women. Please remember that if anyone interrupts us, I will change the topic of conversation. Also, everything you say is still completely confidential. The time period I'm asking about is in the year before the war (identify year).

148.	Now, thinking about your current husband/partner (boyfriend), as well as you can remember, how many TOTAL times for the entire year before the war would you say that he:	Never	1-2 times	3-5 times	6 or more times	Weekly	Daily	NA	DK	Refuse
	A. Forbid you to see friends or family	1	2	3	4	5	6	66	77	88
	B. Forbid you from participating in activities in the community such as educational opportunities, women's groups, or employment opportunities	1	2	3	4	5	6	66	77	88
	C. Kept you away from medical care or refused to let you take medicines or use protection against disease	1	2	3	4	5	6	66	77	88
	D. Refused to give you money for household expenses even when he has money for other things	1	2	3	4	5	6	66	77	88
	E. Insulted or swore at you	1	2	3	4	5	6	66	77	88
	F. Threatened to hurt you	1	2	3	4	5	6	66	77	88
	G. Threatened you with a knife or gun	1	2	3	4	5	6	66	77	88
	H. Pulled your hair	1	2	3	4	5	6	66	77	88
	I. Slapped you or twisted your arm	1	2	3	4	5	6	66	77	88
	J. Hit you with a fist or something else	1	2	3	4	5	6	66	77	88
	K. Pushed you down or kicked you	1	2	3	4	5	6	66	77	88
	L. Choked you	1	2	3	4	5	6	66	77	88
	M. Threatened to hurt you or used force to make you have sex with him when you did not want to	1	2	3	4	5	6	66	77	88
	N. Made you have sex with his friends or other people	1	2	3	4	5	6	66	77	88
	O. Anything else? _____	1	2	3	4	5	6	66	77	88

149.	Now I would like you to think about the last twelve months. Starting from today and going back over the last year, how many months in this past year have you seen your partner face-to-face?	____ ____ (number of months with partner) 77. DK, 88. Refuse	**If respondent was with partner the entire year, put 12; if the respondent was with partner for under one month, put 01**

150.	Now I would like to ask you the same set of questions, but I would like for you to think of the time period that starts from now and goes back the last year. In the last 12 months, how many TOTAL times has your husband/partner (boyfriend):	Never	1-2 times	3-5 times	6 or more times	Weekly	Daily	NA	DK	Refuse
	A. Forbid you to see friends or family	1	2	3	4	5	6	66	77	88
	B. Forbid you from participating in activities in the community such as educational opportunities, women's groups, or employment opportunities	1	2	3	4	5	6	66	77	88
	C. Kept you away from medical care or refused to let you take medicines or use protection against disease	1	2	3	4	5	6	66	77	88
	D. Refused to give you money for household expenses even when he has money for other things	1	2	3	4	5	6	66	77	88
	E. Insulted or sworn at you	1	2	3	4	5	6	66	77	88
	F. Threatened to hurt you	1	2	3	4	5	6	66	77	88
	G. Threatened you with a knife or gun	1	2	3	4	5	6	66	77	88
	H. Pulled your hair	1	2	3	4	5	6	66	77	88
	I. Slapped you or twisted your arm	1	2	3	4	5	6	66	77	88
	J. Hit you with a fist or something else	1	2	3	4	5	6	66	77	88
	K. Pushed you down or kicked you	1	2	3	4	5	6	66	77	88
	L. Choked you	1	2	3	4	5	6	66	77	88
	M. Threatened to hurt you or used force to make you have sex with him when you did not want to	1	2	3	4	5	6	66	77	88
	N. Made you have sex with his friends or other people	1	2	3	4	5	6	66	77	88
	O. Anything else? _____	1	2	3	4	5	6	66	77	88

If participant answers "DK," "Never," or "Refuse" to all elements in Q 148 and all elements in Q 150, go to Q 160.

151.	How many years after you first got married/started living with/started having a relationship with your current husband/partner(boyfriend) did he start this behavior?	Number of years ____ ____ 77. DK 88. Refuse	**If less than one year enter "00"**

152.	Are there any particular factors that tend to lead to your husband/partner(boyfriend's) hurtful behavior toward you? (circle all that apply and probe for anything else)	1. When drunk 2. Money trouble 3. Difficulties at work 4. Problems with respondent's family 5. Problems with husband's family 6. When unemployed 7. When children misbehave 8. Jealousy 9. Problems with housework 10. Other _____ 77. DK 88. Refuse	
153.	It is not uncommon for women to be hurt by their husbands and then have their husbands desire sex from them. Thinking back to **the year before the war,** did your husband ever want to have sex with you right after he had hurt you? **If so, how often**?	1. Never 2. Once or twice 3. Three to five times 4. Six times or more 5. Weekly 6. Daily 66. NA (no husband/partner in the year before the war) 77. DK 88. Refuse	
154.	How many times has your husband/partner(boyfriend) wanted to have sex right after he has physically hurt you **in last 12 months**?	1. Never 2. Once or twice 3. Three to five times 4. Six times or more 5. Weekly 6. Daily 77. DK 88. Refuse	

155.	Have you ever tried to get help in dealing with your husband/ partner (boyfriend's) behavior towards you? If yes, who have you sought help from? (circle all mentioned)	1. No one 2. Friend 3. Mother 4. Father 5. Sister or other female relative 6. Brother or other male relative 7. Husband/ partner (boyfriend's) family 8 Doctor/medical person 9. Traditional health worker 10. NGO worker 11. Police 12. Religious worker 13. Mental health counselor 14. Women's group 15. Other _____ 77. DK 88. Refuse	
156.	Of the people you sought help from, who was the most helpful to you?	1. No one 2. Friend 3. Mother 4. Father 5. Sister or other female relative 6. Brother or other male relative 7. Husband/ partner (boyfriend's) family 8 Doctor/medical person 9. Traditional health worker 10. NGO worker 11. Police 12. Religious worker 13. Mental health counselor 14. Women's group 15. Other _____ 77. DK 88. Refuse	

157.	Who or what has been helpful to you so far in coping with your husband/ partner (boyfriend's) behavior towards you? (circle all mentioned)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Legal advice/traditional justice 6. Religious counseling 7. Mental health counseling 8. Medical assistance 9. Trying to forget about the mistreatment 10. Other _____ 77. DK 88. Refuse	
158.	Are there other things that you think might be helpful to you in coping with your experience? (circle all that apply)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Legal advice/traditional justice 6. Religious counseling 7. Mental health counseling 8. Medical assistance 9. Trying to forget about the mistreatment 10. Other _____ 77. DK 88. Refuse	
159.	Do you have a plan for how to deal with the next time your husband mistreats you?	1. Yes, have a plan 2. No, have no plan 7. DK 8. Refuse	
160.	As far as you know, was your current husband/partner (boyfriend) himself physically hurt by someone in his family when he was growing up?	1. Yes 2. No 7. DK 8. Refuse	

161.	Now I would like you to think back to any of your serious (intimate, sexual) relationships with men over the course of your entire life. Did the following <u>ever</u> happen because of something your husband/partner/boyfriend did to you?	How many TOTAL times did this ever happen to you?	**162**. How many times did this happen in the past 12 months?
	A. You had bruises and aches? If yes, how many total times ever?	1. Never—Go to B 2. _____(total times ever)---Go to Q 162 7. DK—Go to B 8. Refuse—Go to B	___ ___ times (00 if never) 66. NA (no husband/partner/boyfriend in the past 12 months) 77. DK 88. Refuse
	B. You had an injury such as a bad cut, a missing tooth or a broken bone? If yes, how many total times ever?	1. Never—Go to C 2. ____(total times)---Go to Q 162 7. DK—Go to C 8. Refuse—Go to C	___ ___ times 66. NA (no husband/partner /boyfriend in the past 12 months) 77. DK 88. Refuse
	C. You went to the doctor or health center as a result of what your husband/ partner (boyfriend) did to you?	1. Never—Go to D 2. ____(total times)---Go to Q 162 7. DK—Go to D 8. Refuse—Go to D	___ ___ times 66. NA (no husband/partner/boyfriend in the past 12 months) 77. DK 88. Refuse
	D. You ever went to spend the night in a hospital as a result of what your husband/partner (boyfriend) did to you?	1. Never—Go to E 2. _____(total times)---Go to Q 162 7. DK—Go to E 8. Refuse—Go to E	___ ___ times 66. NA (no husband/partner/boyfriend in the past 12 months) 77. DK 88. Refuse
	E. Ever leave your home, even for a night, because of the violence?	1. Never—Go to Q 163 2. _____(total times)---Go to Q 162 7. DK—Go to Q 163 8. Refuse—Go to Q 163	___ ___ times 66. NA (no husband/partner/boyfriend in the past 12 months) 77. DK 88. Refuse
163.	If you ever received medical care for your injuries, did you ever tell the health worker the real cause of your injury?	1. Never received medical care 2. Never told health worker 3. Sometimes told health worker 4. Always told health worker 77. DK 88. Refuse	

164.	Thinking about all your serious (intimate, sexual) relationships with men, have you ever hit or kicked your husband/partner(boyfriend) or tried to hurt him physically when he was not beating you or doing anything to hurt you physically?	1. No → 2. Yes 77. DK 88. Refuse	**Go to Q 166**
165.	In the last 12 months how often have you beaten or physically mistreated your husband/partner (boyfriend) when he was not beating you?	1. Never 2. 1-2 times 3. 3-5 times 4. 6 times or more 66. NA (no current husband/partner) 77. DK 88. Refuse	
166.	Have you ever been pregnant? If so, were you ever beaten by a husband/partner (boyfriend) while you were pregnant?	1. Never pregnant → 2. Yes 3. No → 7. DK 8. Refuse	**Go to Q 169** **Go to Q 169**
167.	Do you think that there was a particular reason why you were beaten while you were pregnant?	1. No, no particular reason 2. When drunk 3. Money trouble 4. Difficulties at work 5. Problems with respondent's family 6. Problems with husband's family 7. When unemployed 8. When children misbehave 9. Jealousy 10. Problems with housework 11. Other _____ 77. DK 88. Refuse	
168.	What happened to the pregnancy?	1. Abortion 2. Miscarriage 3. Premature delivery 4. Stillbirth 5. Healthy child was delivered 6. Other _____ 7. DK 8. Refuse	

169.	Since you were 18 years or older, has anyone in your family or in your husband's/partner's (boyfriend's) family **other than your husband/partner (boyfriend**) ever beaten you or mistreated you physically? If so, who? (circle all mentioned)	1. No one 2. Mother 3. Father 4. Mother-in-law 5. Father-in-law 6. Other female relative in respondent's family 7. Other male relative in respondent's family 8. Other female relative in husband's family 9. Other male relative in husband's family 10. Other _____ 77 DK 88. Refuse	**If participant does not have any sisters between the ages 18-49 go to Section 10: Mental Health**

Sisterhood Question

170.	Have any of your sisters between the ages of 18-49 ever been beaten or physically mistreated by their husband/partner or a serious boyfriend? If yes, how many sisters?	____ ____ sisters physically mistreated 66. NA (no sisters with husband/partner/boyfriend) 77. DK 88. Refuse	

SECTION 10: MENTAL HEALTH

We are almost finished with the interview. I want to thank you for your patience and willingness to complete this survey. Before we end, I would like to ask you a few questions about how you are feeling about your life right now.

171.	Since the conflict started up until today, what has been the most traumatic or hurtful experience for you? Please select one experience that you consider to be the most difficult. (Describe)_____

Now I am going to list some difficulties people commonly have after stressful life events. Please listen to each item, and then indicate how distressing each difficulty has been for you DURING THE PAST FEW WEEKS with respect to the most traumatic or hurtful events you have experienced.

172.	How much were you distressed or bothered by these difficulties? (Read each statement and answer choices – circle answer)	Not at all	Rarely	Sometimes	Often	DK	Refuse
	A. Any reminder brought back feelings about the most traumatic or hurtful events	1	2	3	4	7	8
	B. I felt as if the most traumatic or hurtful events hadn't happened or weren't real	1	2	3	4	7	8
	C. I stayed away from reminders about the most traumatic or hurtful events	1	2	3	4	7	8
	D. Pictures about the most traumatic or hurtful events popped into my mind	1	2	3	4	7	8
	E. I tried not to think about the most traumatic or hurtful events	1	2	3	4	7	8
	F. My feelings about the most traumatic or hurtful events were kind of numb	1	2	3	4	7	8
	G. I had trouble concentrating	1	2	3	4	7	8
	H. I felt watchful or on guard	1	2	3	4	7	8

I would like to know if you have had any medical complaints and how your health has been in general, <u>over the last few weeks.</u> Please answer the questions by choosing the answer that you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past.

173.	Have you recently been able to concentrate on whatever you are doing?	1. Better than usual 2. Same as usual 3. Worse than usual 4. Much worse than usual	

174.	Have you recently lost much sleep over worry?	1. Not at all 2. No more than usual 3. Little more than usual 4. Much more than usual	
175.	Felt that you are playing a useful part in things?	1. More so than usual 2. Same as usual 3. Less so than usual 4. Much less than usual	
176.	Felt capable of making decisions about things?	1. More so than usual 2. Same as usual 3. Less so than usual 4. Much less capable	
177.	Felt constantly under strain?	1. Not at all 2. No more than usual 3. Little more than usual 4. Much more than usual	
178.	Felt you could not overcome your difficulties?	1. Not at all 2. No more than usual 3. Little more than usual 4. Much more than usual	
179.	Been able to enjoy your normal day-to-day life?	1. More so than usual 2. Same as usual 3. Less so than usual 4. Much less than usual	
180.	Been able to face up to your problems?	1. More so than usual 2. Same as usual 3. Less so than usual 4. Much less than usual	
181.	Been feeling unhappy and depressed?	1. Not at all 2. No more than usual 3. Little more than usual 4. Much more than usual	
182.	Been losing confidence in yourself?	1. Not at all 2. No more than usual 3. Little more than usual 4. Much more than usual	
183.	Been thinking of yourself as a worthless person?	1. Not at all 2. No more than usual 3. Little more than usual 4. Much more than usual	

184.	Been feeling reasonably happy all things considered?	1. More so than usual 2. Same as usual 3. Less so than usual 4. Much less than usual	
185.	Over the last few weeks, have you felt so unhappy that you have thought about committing suicide or wished you were dead?	1. Daily 2. Weekly 3. Never 7. DK 8. Refuse	
186.	In the last few weeks, have you tried to commit suicide or tried do something that would cause you to die?	____ ____ (number of times in last month—00 if never) 77. DK 88. Refuse	
187.	What would help your state of mind if you were upset? (Circle all mentioned)	1. Support group for women 2. Talking it over with friends 3. Talking it over with family 4. Assistance from NGO workers 5. Religious counseling 6. Mental health counseling 7. Medical assistance 8. Income generating projects 9. Skills training 10. Education 11. Humanitarian assistance/food/shelter 12. Work in fields 13. Paid employment 14. Other _____ 77. DK 88. Refuse	
188.	I have asked you about many difficult things. How has talking about these things made you feel?	1. Good/better 2. Bad/worse 3. Same/no different 7. DK 8. Refuse	

We are almost finished. Before we end, I would like to ask you to do one thing:

FACE CARD

I would like to now give you a card. On this card there are two pictures. No other information is written on the card. The first picture is of a sad face, and the second is of a happy face.

No matter what you have already told me, I would like you to put a mark next to the sad picture if someone outside your family has ever touched you sexually or made you do something sexual that you did not want to do.

Please put a mark next to the happy face if this has never happened to you. Once you mark the card, please fold it over and put it in this bag, along with many other women's responses. This will ensure that I do not know your answer.

GIVE RESPONDENT CARD AND PEN. DO NOT LOOK AT RESPONSE—ONCE CARD FOLDED, ASK RESPONDENT TO PUT IT INTO A BAG THAT ALSO CONTAINS OTHER COMPLETED CARDS IN FRONT OF THE RESPONDENT. DO NOT RECORD DETAILS OF QUESTIONNAIRE IDENTIFICATION ON CARD.

NARRATIVE RESPONSE

We have now finished the interview. Do you have any comments, or is there anything else you would like to add about the topics we have discussed today?

_____

_____

_____

FINISH ONE—if respondent has disclosed problems/violence.

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences of violence.

From what you have told us, I can tell you that you have had some very difficult times in your life. However, from what you have told me I can see that you are strong, and have survived through some difficult circumstances.

Here is a list of organizations that provide support, legal advice, and counseling services to women in the study location. Please do contact them if you would like to talk over your situation with anyone. Their services are free, and they will keep anything that you say private. You can go whenever you feel ready to, either soon or later on.

Because these questions we have asked you are very sensitive, we request that you do not discuss this research with anyone in your family or community. By not discussing with anyone, you are helping us to make sure that the research is confidential and that all those who participate in the research will not be negatively affected by the research.

FINISH TWO—if respondent has not disclosed problems/violence.

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences in life.

In case you ever hear of another women who needs help, here is a list of organizations that provide support, legal advice, and counseling services to women in the study location. Please do contact them if you or any of your friends or relatives need help. Their services are free, and they will keep anything that you say private.

Because these questions we have asked you are very sensitive, we request that you do not discuss this research with anyone in your family or community. By not discussing with anyone, you are helping us to make sure that the research is confidential and that all those who participate in the research will not be negatively affected by the research.

Interviewer's Comments

(as soon as you have completed the interview and the respondent has left, please record any comments the respondent made that relate to her understanding of or experience of violence and that are not included in this questionnaire)

SAMPLE INTERVIEWER TRAINING HANDBOOK

Introduction

This sample training handbook identifies some of the major points that should be part of any training of interviewers. The handbook is divided into two primary sections. The first section outlines basic research concepts and the responsibilities of the interviewer. The second section reviews the items in the questionnaire and provides clarification on specific questions.

A handbook is a valuable reference tool that interviewers can personalize with notes and commentary on some of the more specific information introduced during the training, and then use as a reference while in the field conducting interviews. Some important components highlighted in this handbook include ethics of conducting research, safety and security concerns while in the field, and engagement skills for interviewers. In its explication of the research questions, the handbook also presents a basic rationale for the design of the survey instrument. Interviewers should fully understand the rationale and language for each question prior to conducting the research. Considerable time should be given during the training for the interviewers to repeatedly practice administering the questionnaire.

This sample training handbook is not definitive and should be adjusted for each research effort. Most importantly, the handbook does not address a very important component of interviewer training: examining attitudes and beliefs of interviewers regarding GBV. Even so, it offers those considering prevalence research a sense of what is involved in preparing for and mounting a population-based survey.

SECTION I: RESEARCH OVERVIEW

A. Basic Research Terminology

Quantitative Research involves collecting and analyzing data. A questionnaire is used to collect data from a sample of the population so that the results can give information about the whole population.

Qualitative Research involves using interviews and observations to describe situations. It usually does not involve statistical analysis. One example of qualitative research is a **focus group,** that is, a group of people who are gathered together to discuss specific issues.

The group you want to learn about is called the **population**. Often the group of people you want to study is too large to be tested. The **sample** is the group of people you select to be in your study who will give you information about the whole population.

Random sampling is when every person in the population has an equal chance of being selected to be in the sample. This is an effective way to make sure that the sample reflects the population as a whole.

Example: You wish to know some information about a village of 100 people but you don't have time to talk to everyone who lives in the village. You have a list of everyone who lives in a village numbered from 1 to 100. You decide that you need a sample of 30 people to find out the information you need. You have a computer pick 30 numbers randomly between 1 and 100. You then pick the people on the list with these selected numbers for your sample. These selected people are the only ones who will be asked whether they want to participate in the research.

The question of how large a sample size should be can be a difficult one. If the sample is too small, you will not be able to make valid conclusions from your sample. If the sample is too large, you can waste time and money. Usually the kind of analysis you use with the information will determine how large the sample ought to be. In general, the more information you want, the larger your sample will have to be.

Reliability refers to how consistent a questionnaire is. A questionnaire is considered reliable if it gives us the same result over and over again.

Validity refers to how well the questionnaire measures what it is supposed to be measuring. Will other similar tests give similar results?

Action-based Research focuses on practical, not theoretical significance. The goal is to gain knowledge to apply to the local situation.

B. General Logistics

Purpose of study:

This survey has been designed to improve understanding of the extent and effects of violence women may experience in their lives. The survey will involve interviewing women between the ages of [___]. We are conducting this survey with the goal of trying to increase resources for women's programs, increase sensitivity to women's issues, and improve the lives of women affected by violence.

All information obtained and received in the process of conducting research will be held in the strictest confidence.

Interview Teams:

Following a minimum of ten days in training, teams of interviewers will be selected to work at field sites, Monday-Friday, for a minimum of [days/weeks]. Each team will receive on-site supervision by a research coordinator. Each interviewer within each team will submit their questionnaires for review by the supervisor at the close of each interview. Women from the community will be recruited to participate in the survey by locaters.

Locaters:

One locater for each village under investigation will be identified and asked to participate in a minimum of five days of training: two days in which the basic research concepts and the research plan will be reviewed, a third day in which the locaters will work separately with a supervisor in reviewing their specific responsibilities, and two additional days in which the locaters will join with the interviewers for a practice field test. During the survey, two locaters will each be working in a village each day to identify women willing to participate in the survey. The locaters will go to pre-selected houses in each village to invite women to participate in the survey. The locaters will explain the basic components of the survey to the potential participant. If the woman agrees to participate, she will be guided, and where necessary, transported, to the survey site, where interviewers will be waiting to conduct the survey.

Drivers:

Drivers are responsible for transporting the interview teams from [a central location] to the selected field sites each day. Departure time will be [hour/minute]. After dropping off the interviewers at the interview site, each driver will transport the locaters to pre-selected houses where the locaters will invite women to participate in the surveys. The drivers should be accessible by cell phone or walkie-talkie at all times. At the end of the day, the drivers will be responsible for returning the interviewers back to [a central location]. Departure from the villages to the [central location] will be no later than [hour/minute] each day.

Supervisors:

There will be one supervisor based at each interview site every day. Each supervisor will be responsible for overseeing their interview team. They will also be responsible for ensuring data is collected properly, that security and safety precautions are reinforced, and that all aspects of survey implementation proceed smoothly. Supervisors will be working with the locaters to assist selection of survey participants.

C. Security Issues

The safety and security of the interviewers, locaters, drivers, and survey participants are very important. Security issues generally override any other rules or obligations related to the research. Supervisors at each site will be equipped with cell phones or walkie-talkies, as will both drivers. Each person with the cell phone should be responsible for ensuring that the phones are in good working order and equipped with sufficient card minutes each day.

As you know, this study asks the participants about some very painful experiences they might have had. The questions may stir up strong feelings in both the participant and the interviewer. This manual will provide some basic information about dealing with these feelings as they come up. This manual will also provide some basic information on how to address emergency situations, including who you can call for help in dealing with the participant's or your own reactions to the interview.

You are not expected nor is it your responsibility to provide mental health treatment to participants. However, you should be prepared to provide a list of people with whom the participant and her family may consult.

We have asked helpers in the community to consent to have their names placed on a resource list. This list can be handed out to participants at the time of the interview, and will be provided to you during training. You must ensure, however, that you will not put the participant at risk by providing written referrals for assistance that may later be discovered by a partner or other family member. If the participant does not feel safe taking written materials but does request further assistance, the interviewer should assist the participant in developing a strategy for seeking out services subsequent to the interview.

D. Emergency Procedures

We have established procedures that will assist staff to know how to respond to an emergency and what to expect at that time. We do not anticipate that emergencies will happen often, if at all, but it is important for all research staff to read the following carefully. Also please use common sense in dangerous situations: get out of danger, leave immediately and get assistance.

EXAMPLES OF POSSIBLE EMERGENCY SITUATIONS:

1) **A medical emergency.** For example, a participant has a heart attack and needs medical treatment. Hospitalization may be needed or a situation may arise that requires police intervention.

2) **A participant is having flashbacks.** For example, the person who has experienced significant trauma, such as a rape survivor, starts to feel as though she is back in the traumatic setting. You try to talk to her but she just keeps staring at you. She could be hearing or seeing ("reliving") the traumatic event.

3) **A participant seems suicidal.** For example, she tells you that she has attempted suicide within the last six months or she says that she is planning on killing herself in the near future. The attempt seems particularly imminent; she reports a suicide plan or describes how she is planning to kill herself.

4) **A participant has threatened to hurt or kill someone.** A participant expresses intent to harm a specific person, such as a husband or neighbor. This participant may also be more likely to become dangerous or violent within the interview situation.

5) **Someone at the household (for example, a husband) becomes abusive to the locater and/or driver.** This situation may be a potential risk if a member of the household determines the nature of the survey, and becomes angry about a potential disclosure by the participant.

6) **The interviewer suspects current child abuse.** The information revealed suggests that a child has been abused or mistreated by the participant or someone known to the participant.

IF YOU FIND YOURSELF IN AN EMERGENCY SITUATION:

1) If you are in a *dangerous situation*, leave immediately. Go immediately to the site supervisor to report the situation.

2) If, as in the case of the locater or driver, you cannot immediately reach the site supervisor by cell phone, return immediately to the site to report the incident to the supervisor. If the emergency is a medical one in which there is absolutely no danger to the driver or the locater, transport the participant to the hospital and then immediately return to the site to report the incident to the supervisor. If the situation is one of risk to a potential participant by a family member and the participant wishes to leave the household, immediately assist the participant in leaving the household and return with the participant to the site.

E. Ethics of Conducting Research

RIGHTS OF RESEARCH PARTICIPANTS:

Even though we want as many of the selected individuals to participate as possible, there are ethical guidelines to protect the rights of the research participants. All research follows these strict ethical guidelines. The rules listed below must be adopted by all interviewers and locaters to ensure participants' rights and to minimize any potential for harm.

1) People have the right to refuse to participate in the study.
2) People have the right to withdraw from the study at any time.
3) Participants must be informed about the general purpose of the study. Each participant needs to be given information explaining the purpose of the study.
4) Participants must be informed about what they will be asked to do if they agree to participate in this study. This study asks participants about their experiences with violence and trauma, demographic information, health, and several other issues.
5) Participants must be informed of the potential risks associated with participation in the study. These risks may include psychological discomfort related to discussion of topics that may be painful. Participating in the study may involve some inconvenience by requiring up to one hour of their time.

6) Participants must be informed of potential benefits associated with participation in the study. Information that is collected from this study will be used to help generate awareness about the impact of violence on women's lives. However, women will not receive any compensation personally for their participation other than referral to services should they request them.
7) Participants must be informed about confidentiality. All information shared by the participants will be kept confidential. Participants will remain anonymous, which means that code numbers will be on the materials instead of names. The site supervisors will take precautions for safe-guarding all materials.
8) Participants must be informed about who they can contact if they have any questions about the study.
9) Participants must complete a PARTICIPANT CONSENT FORM to indicate that they have been informed of their rights as research participants. Participants may complete the form by giving verbal consent or by marking an 'x' on the consent form.

F. Responsibilities of the Interviewer

Interviewing is very different from the ways we talk to other people. You are conducting a research interview that is very structured. Before research studies can be completed successfully and before the investigators can be confident that the data collected are accurate, there are certain procedures and rules to be followed.

1. Attend and complete all training sessions and practice interviews.

2. Agree to the rules of confidentiality and sign confidentiality contract.

Confidentiality is a crucial part of data collection. If people feel that the information given will be told to others at a later date, their responses may not be totally accurate. Moreover, failing to preserve confidentiality may directly or indirectly cause harm to participants and researchers. However, there may be exceptions to breaking confidentiality, such as when a participant tells you that they may hurt themselves or others. In these cases, immediately seek assistance from your site supervisor.

3. Make every effort to protect the welfare of the participants at all times.

a) In all studies it is important to conduct the interview in private, only with the participant. If there is someone else present while you are conducting the interview, ask for assistance from the site supervisor in moving to a private area.
b) Build rapport with the participant. Rapport is the relationship that the interviewer and participant will create so there is the trust and willingness to share the personal information in the survey questions. Establishing rapport can usually be done by being friendly, and taking a somewhat leisurely attitude toward the interview. Do not proceed with the interview until you are sure the participant is relatively comfortable with the interviewer and the surroundings.
c) **DO NOT** write any confidential information concerning the respondent on the questionnaire (e.g., person's name or where she lives).
d) Do not force participant to answer questions she is not comfortable answering.
e) Be aware of your voice. Do not give the impression that you are being critical, you are surprised, or you approve or disapprove of the answers.
f) Notify the site supervisor immediately of any difficulties that are encountered during or as a result of the procedure.
g) Follow standard procedure for dealing with participants upset by the interview.

4. Follow established interviewing procedures, so that all interviews are conducted in the same way, with every participant.

a) Obtain interview material in advance and review material packets for completeness.
b) Never copy questionnaires and never change questionnaire numbers.
c) Follow procedures and mark off each activity when it is completed.
d) Clearly ask the participant questions and record answers with participant's consent.
e) In all cases where questions involve written responses, neatly print responses.

f) If a respondent answers “don’t know” to any question or refuses to answer any question, an effort at recall should be encouraged with a probe such as “Could you give me your best guess?”
g) If probing to obtain an answer fails, circle the “DK” or “REF” response for that question.
h) If you are unsure which answer choice to circle based on the participant’s response, excuse yourself and ask for help from the site supervisor.

5. Follow standard methods for correcting data during the interview and after the interview is completed.

a) If you circle the wrong answer or make an error in a write-in entry during the interview, neatly and completely erase the mistake and circle the correct answer or write in the correct entry.
b) Edit questionnaire at the close of each interview, while the participant is still sitting with you.
c) In the case of missing data, complete with participant.
d) Invite participant to have coffee or cookies while you submit the questionnaire to the site supervisor.
e) Review the questionnaire with the site supervisor.
f) If there is still missing data, return to the participant, bring her back to the confidential interviewing area, and complete the missing data.
g) Request answers for missing data questions and/or request clarification on ambiguous responses. **Never guess at the answer to a question**.
h) Be sure all questions that should have been answered by the participant have a response marked or written in.
i) Be sure that all write-in responses are legible.
j) Be sure that all stray marks have been removed from the areas designated for response categories.
k) Transcribe messy or hard to read pages onto blank questionnaire pages.

G. Interviewer Skills

The **Interviewer** takes on a role as a person who will ask important questions when she begins to interact with the participant. The interviewer conveys to the participant that this interview is valuable. The interviewer must present herself in a way that indicates that she is trustworthy, she can be counted on to keep confidentiality, and will not make judgments about the person.

1) When Meeting the Participant:

The interviewer introduces herself and identifies the organization she is working with or representing. She informs the participant what kind of information she will be asking about and obtains her consent to participate.

2) During the Interview:

There may be times when you become very uncomfortable. You may not understand what is going on with the participant. You may be uncertain about the wisdom of proceeding with the interview, especially if you feel that you are in danger. Take the time to consider options and decide what to do: stop, take a break, and seek assistance from your site supervisor. Trust your gut reactions and don’t just keep moving on automatically.

Be alert to the participant’s responses and offer breaks if necessary. If a participant is clearly upset, ask “Would you like to take a break?” or “Can I get you some water?” Whether or not a participant is upset, if the interview goes over one hour, take time for a brief break. Remember, only leave when the person is calm, not when he or she is very upset!

3) At the End the Interview:

Thank the respondent for taking part in this survey, reassuring them that all information they have submitted will be held in the **strictest confidence**. Inform them that this information will be put into a report and will be used to help alleviate existing problems of safety and violence against women, for planning future services, and in trying to establish an educational prevention program, thus making their community a safer place to live in.

4) General Tips on Interviewing Behavior:

In this type of survey, there are times when you want to say or do something that is comforting. Remember that you are not a mental health clinician and your main objective is to complete the survey. For the purposes of this study, your role does not involve probing about feelings or providing counseling. You are neither a therapist nor a close friend of the family and must behave accordingly. Your demeanor toward the study participants should be friendly, polite and empathetic, while at the same time maintaining a professional distance. The following are some suggested guidelines for appropriate interviewer behavior.

a) AVOID EXCESSIVE SOCIALIZING

You should not allow the interview to become an occasion for socializing. You should chat with the participants for a few moments on arriving and leaving and answer all their questions about the study. Avoid getting involved in lengthy conversation, either before, during, or after the interview.

b) MAINTAIN A NEUTRAL AND ACCEPTING ATTITUDE

You must not react with shock or disapproval to anything the participant tells you in the interview. Sometimes participants will report behavior that you may find disturbing. It is very important not to show your reaction if you feel this way; otherwise, you may not only upset the participant, but potentially discourage her from being honest in answering the questions. Your attitude should be matter-of-fact and accepting. If certain questions in the interview make you uncomfortable, give them extra practice, until you feel at ease reading them. If you are relaxed, it will help the participant to relax.

c) BE RESPONSIVE TO THE PARTICIPANT

If the participant tells you about a sad event or becomes upset during the interview, you should not ignore her feelings; be responsive and sympathetic and allow her to talk a little about the event before continuing. If the situation seems to be leading to a lengthy discussion, you may suggest that the discussion be continued after the interview is completed. If a participant becomes very upset during the interview, suggest a break; do not wait for the participant to ask. Without being rude, try to avoid getting into personal discussions about yourself. You may have to answer a few questions to be polite, but be as general and noncommittal as possible and change the focus to the participant as soon as you can.

d) TREAT THE PARTICIPANT WITH RESPECT

You should try to answer all questions as completely as you can. You may also encounter participants who are hostile or defensive. Please try to maintain as neutral a manner as possible in these situations and, if necessary, ask the site supervisor for assistance.

e) AVOID GIVING CLINICAL OPINIONS

Because the study has some questions about physical and mental health issues, participants may ask your opinion about problems. You should not give your opinion about any aspect of physical or emotional well-being. You should explain that you are not a trained health worker, and you are not in a position to give an opinion. If the participant is very concerned, you may suggest that she may want to talk to someone, and provide her with a list of resources.

f) RESPOND TO PARTICIPANT'S CONCERNS

The participants may become concerned when they say "yes" to a number of symptom questions. They may ask: "Does that mean there is something wrong with me?" In general, it's best to be noncommittal in your response, since there may indeed be something wrong and you don't want to give false reassurance. You can say: "Saying 'yes' doesn't always mean there's something wrong; a lot of people say 'yes' to these questions." If the participants seem really worried, suggest they talk their concerns over with a health care provider.

MORE HELPFUL HINTS

- Slow, clear speech.
- Repeat instructions and/or question when needed.
- Use the guidelines within the handbook for each question if clarification is needed for the participant beyond repetition.
- If pressured by the participant to give examples of responses where it is not indicated that you should list responses (many times participants want to know what we want to hear - they are trying to avoid the shame of a wrong answer), gently say “I need YOU to tell me” or “I can only read the question” or “Whatever you say is the right answer.”
- All of the participant’s answers are correct.
- Encourage breaks, breaths.
- Allow breaks at any time. Even if you are halfway through a page you can always finish the page after the break.
- Stress to the participant that it is okay to cry.
- Encouragement such as “we’re moving along fine” can be helpful.

THINGS YOU NEVER WANT TO DO:

- Yawn during the interview.
- Refuse a break when asked.
- Use judgmental language - “You had a BAD month?” “Now that’s a GOOD answer.”
- Ask questions that are not in the study.
- Tell the participant not to cry. Tell the participant not to feel the way they feel.
- Be funny or sarcastic.
- Sound irritated.
- Act bored, try to hurry the participant.

H. Stress Management for Interviewers

Continually talking about and working with the issue of personal experiences can be stressful. At the close of each day, a time for group discussion will be set aside so that interviewers can talk about any issues they have related to their own emotional strains. If there are concerns that are not addressed during the group discussions, please seek out the site supervisor. You are not expected to do this work alone!

Here are some basic ways to manage stress:

1) Take care of your **Emotional Self:**
   Get support for yourself by talking with someone. If you need to talk right away, you may want to speak to your site supervisor. If you do not wish to speak to your site supervisor, names on the resource list are available. Call someone or talk with someone after a particularly troublesome contact.

2) Take care of your **Physical Self:**
   Get enough rest, exercise, and eat properly.

3) Take care of your **Intellectual Self:**
   Make attempts to think about what your goals are in this work. Those goals should balance with your emotional needs.

4) Take care of your **Spiritual Self:**
   Seek spiritual help according to your beliefs.

INTERVIEWER CONTRACT

(to be signed by interviewer and given to supervisor on first day of interviewer training)

Confidentiality means that information is not shared outside the setting where it was obtained; it is kept private. There are several types of confidentiality involved with this study.

1) Employee confidentiality means that personal information that Interviewers, Site Coordinators and other Participants in the training share about themselves during the training and afterwards will not be shared outside the training group or Study staff.

2) Participant confidentiality means that we will not reveal the names of women who participated in the study. When we share the results of the study with others, no individual's responses will be identified. For Site Coordinators and Interviewers, this means that we will not discuss or reveal names of Participants to anyone except to other Study staff. It also means that we will not discuss any information that we learn during the course of any interview with anyone except for other Study staff.

3) Questionnaire confidentiality means that the interview materials that we will be using are not to be shared with anyone except during the course of an interview. It is important to let Participants in the study know what the study is about and the nature of the questions we will be asking (see Rights of Research Participants). However, we will not show interview materials to people outside of the study. These interview materials are tools for research that are only to be used by people who have been trained to administer them. Always keep the completed interviews in a private, secure place.

As an interviewer, I agree to abide by these rules of confidentiality. I understand that if I do not abide by these rules of confidentiality, I will be subject to dismissal.

Name _____

Date _____

SECTION II: QUESTIONNAIRE OVERVIEW

Consent Form

As part of the ethics of conducting research, any participant must be informed about the nature of the research he/she is participating in. All participants must be told that they have the right to refuse to participate in the research and/or withdraw from the interview at any time. No questionnaires can be completed without the verbal or signed consent of the participant.

It is very important that the participant understand that confidentiality will be maintained throughout the interview. If there is a risk that the interviewer or participant may be overheard by anyone in the vicinity, the interviewer should be prepared to stop the interview, or move to a less sensitive line of questioning. The interviewer must monitor the environment to ensure confidentiality. No children of speaking age or older should be allowed to sit with the participant. If children interrupt the interview, the interviewer should stop the questions until the children are taken elsewhere and privacy is again assured.

This survey is directed at women of reproductive age, ages 18-49. The reason for this is because interviewing children (those under the age of 18) requires special research methods, including obtaining parental consent, that are beyond the means of this research process. The second reason is that in order to get representative data on women's reproductive needs, as well as representative data about women who are in relationships, it is helpful to target a certain age range.

Section 1: Background
This section is an introduction in which basic information is collected about the participant, including age, ethnicity, religion, work history, etc. By starting with these general questions, the interviewer can begin the interview with relatively non-threatening questions. Just as importantly, the information gained about each participant's background can provide a basis for comparison when analyzing data for rates and types of GBV according to various ethnic, cultural, and socio-economic variables. Such data can provide information about how to more effectively target services.

Section 2: Life During Displacement and Post-Conflict
This section provides data on the participant's history of displacement. The reason the participants are asked where and how often they've been displaced is because the information provides the basis from which to understand when and where displaced women are most vulnerable, and whether increased movement increases vulnerability. The findings from these questions can not only provide useful information about the nature of violence experienced in the community under investigation, but they also provide useful information to international researchers and activists about the impact of displacement on women's welfare and safety.

The questions that follow the displacement questions provide information about the participant's current socio-economic circumstances. As with the background questions in Section 1, these questions provide a basis for comparison when analyzing the survey data for rates of GBV according to variable economic circumstances, household composition (e.g., single mothers), whether or not the proximity of relatives may affect women's vulnerability, etc. The questions about the availability of reproductive health services are asked to ascertain whether women's basic health needs are being met, since there is significant evidence of the reproductive health impact of GBV.

Section 3: Marriage History
This section marks the beginning of questions that may be felt by the participant to be more personal, because these questions ask about topics such as marriage history, marriage choice, dowry, etc., that may not be freely discussed in many communities. It is very important that the interviewer take special care to monitor the participant's reactions to these questions, use direct eye contact, and use body language that supports participants' sharing of information.

The questions in this section are generally meant to provide the interviewer with a background on the participant's relationship history, so that the interviewer will know which questions in Section 9: Intimate Partner Violence, should be asked of that participant. Because the skip patterns in this section can be very confusing, interviewers should spend extra time practicing different responses participants might give.

Here are some questions in Section 3 that may require further explanation:

Q 22: Have you ever been married or lived with a man?
This question is the start of identifying whether the participant has had relationships and which questions regarding intimate partner violence in Section 9 will be important to ask the participant. Because in many cultures women may never have a formal marriage but are "unofficially" married if they have lived with a man, there is no distinction made between being married to a man and living with a man.

If the participant has had any serious relationships, even if she is not currently in a relationship, the interviewer will know that the questions to be asked in Section 9 will include the "attitudes" questions (135-137) and the "lifetime exposure" to intimate partner violence (161-169).

Q 26: How did your most recent relationship end?
If the relationship ended in a divorce or separation that was NOT caused by the husband or participant abandoning the family, then the response should be #1 or #2. However, in all cases where the relationship ended (and a divorce or separation resulted) because the husband abandoned the family, the response should be #4. In the case of the participant abandoning the family, the response should be #6. If the relationship ended for other reasons than those listed, such as the partner moving overseas to seek work and never returning because they could not return, or a partner being in jail, etc., then mark #5 or #6 and be sure to indicate WHY the relationship ended.

Q 27: Do you currently have a partner (boyfriend) you do not live with but with whom you are having a serious (intimate, sexual) relationship?
This question exists in order to get a sense of whether the participant is currently involved in a relationship that is serious and long-term. For the purposes of this research, the "seriousness" of the relationship is determined by whether or not the participant is having an intimate, sexual relationship with her partner. (Methods for judging seriousness of a relationship may vary among cultures and should be discussed in the training of interviewers.)

By asking this question, the interviewer can identify what questions from Section 9: Intimate Partner Violence to ask the participant. Any participant who is in what the participant deems as a serious relationship with a man should be asked background information about the man (34-41) as well as questions in Section 9: Intimate Partner Violence. If the participant does not currently have a partner but has had a partner in the past, she should be asked questions about marriage choice and dowry as they relate to the previous relationship (29-33) as well as questions in Section 9 about "attitudes" (135-137), and "lifetime exposure" to intimate partner violence (161-169).

If the participant has never been in any kind of relationship, then the interviewer will only ask the participant the "attitudes" question of Section 9, and then ask Q 169 about exposure to violence by other family members.

Q 29-33: Marriage choice and dowry
These questions are to be asked of all participants who have ever lived with a husband or partner, whether or not the participant has a current relationship. These questions exist to determine the extent to which women have the freedom to choose their own partners, and what the attitude of the participant is about dowry. They also exist to provide data on whether marriage choice or dowry has any bearing on rates of intimate partner violence reported in Section 9.

Q 34-41: Demographic information about current partners
These questions provide a basis from which to analyze the demographic characteristics of partners that may influence intimate partner violence, e.g., whether levels of education, the existence of relatives living nearby, can be related to rates of violence. This information is restricted to current partners because this ensures that demographic data may be directly related to reports about levels of violence by a current partner obtained in Section 9.

Q 42-43: Sisterhood questions
These questions will provide the background for future "sisterhood" questions that exist in each section of the questionnaire (except Section 8: Childhood Violence, where the question is not limited to sisters, but also includes other siblings). If a participant has a sister that has been in a serious relationship, the interviewer will know to ask the participant about her sister's exposure to intimate partner violence (Section 9, Q 170).

The sisterhood questions exist throughout the questionnaire in order to provide another way to measure rates of violence against women aside from asking direct questions to the participants about the participants' own history of violence. It is thought that even if participants might be reluctant to reveal specific information about violence against themselves, they may feel comfortable responding to more general questions about other people. The reason the questions are asked about sisters is because it is very likely only one woman from each family will be participating in the survey, and it is therefore very unlikely that more than one sister will be selected to complete the survey. If only one sister is asked these questions, then it is possible to get a realistic rate of violence because each "sisterhood" response by the participants will only count for one person.

Section 4: GBV During the Occupation and Conflict

This section is the first of several sections that try to understand the nature (type) and scope (frequency) of physical and sexual violence that the participant may have experienced in her life. Because there is a separate section that asks questions about violence experienced by family members, these questions only refer to violence perpetrated by people outside of the participant's immediate family.

There are sections that follow this one that focus on the time periods of displacement and post-conflict. For this reason, the participant must be informed that for the questions in Section 4, they are only asked to remember the violence they experienced BEFORE they were displaced, or, if they were not displaced, BEFORE the end of the conflict. Participants may need to be reminded several times during this section that the questions only refer to incidents that happened before they left their homes (specifically, before they walked out their doors) and became displaced. Interviewers should double check the time period by returning to Q 12 on history of displacement to make sure that the participant was not displaced during the dates the participant indicates within this section that the violence took place.

Q 44: List of types of violence

This question lists types of violence that women may have been exposed to during occupation/conflict. The types of behavior should represent what women in the target community were likely to have experienced. The reason the types of violence are listed by specific acts is because it is thought that listing specific acts will help the participant to recall experiences that might otherwise be difficult for her to recall during the course of the structured interview. Asking about specific acts also helps to reduce the likelihood that women will not report certain types of violence because their culture doesn't define these forms of mistreatment as acts of violence. The interviewer should read out each type of violence, and wait for the participant to respond. During these questions, the interviewer must constantly monitor the participant's response and must look for clues that the participant is feeling uncomfortable or having painful memories. Should the participant appear distraught, the interviewer should be prepared to provide support and reassurance. In cases where the participant appears overwhelmed, the interviewer should be prepared to pause or stop the interview process.

The responses for these specific acts are according to the number of times that the acts were experienced by the participant during the entire period of occupation/conflict. Because it is often the case that a participant might minimize the extent of violence she experienced, or be reluctant to acknowledge how many times she experienced a certain type of violence, or be unable to think clearly about the number of times because of the distress that her memories may cause, the interviewer must gently probe for the number of times by asking clarifying questions such as, "When you say a couple of times, do you mean twice? If you mean twice, do you mean twice in one month? In one week?", etc.

Q 45: Who did these things?

This question exists to determine all those who may have perpetrated violence against the participant. It is important that the interviewer probe for multiple perpetrators, especially if more than one act of violence is recorded in Q 44.

Q 46: One experience of mistreatment

This question asks the participants to focus on ONLY ONE act of violence that they reported in Q 44. In responding to this question, the participants provide some indication of what they perceive as their most difficult experience of violence. Because the experience may include multiple forms of violence (e.g., slapped and hit while being tied up), the interviewer may circle more than one response. However, if the participant is providing multiple responses, the interviewer should double-check to be sure that the participant is describing ONLY ONE incident of violence.

The rationale for this question is that it helps to identify what women feel to be the most serious types of violence committed against them, thus providing researchers and service providers with information about women's subjective interpretation of the severity of their experiences.

Q 47-62: Details of worst experience of violence

These questions provide more specific information on the nature and impact of the worst violence that the participant experienced. All of these questions refer ONLY to Q 44. They do not refer to any other incidents of violence that were experienced by the participant. These questions help the researchers to understand what some of the specific features of the violence may have been, in order to get a better sense of the contexts in which the violence occurs. By gaining knowledge about the context, the data can provide information about risk assessment, health impact, etc.

Of special note:

Q 48: When did this episode happen?

The interviewer should make sure that the participant is describing an experience that occurred during the occupation/conflict, but BEFORE the participant was displaced. The interviewer may find it helpful to return to Q 12 to clarify dates when the participant became displaced. If the dates reported in Q 48 are the same as the dates when the participant was displaced, the interviewer should probe to confirm that the dates for displacement are accurate. If they are, the participant should be told that the interviewer is asking ONLY about experiences that happened BEFORE displacement, and that there will be a separate section on displacement in which violence that occurred during displacement can be recorded.

Q 57: Did you experience any of the following…?

This lists the potential physical or psychological harm that may have resulted from the violent incident. The interviewer should circle all that apply, being sure to clarify the meaning of each response category. Participants should be especially clear that a "loss of consciousness" means that they had a black out, not that they lost their concentration. For "psychological difficulties" the interviewer should identify common psychological reactions that indicate extreme stress in the target culture (which should be discussed and agreed upon during the training of interviewers).

Q 59: What was the main reason you did not seek medical care for your injuries?

This question should ONLY be asked if the participant reported in Q 58 that she did not seek treatment. If the participant did seek treatment, the interviewer should not ask the question, but should circle response #1. If the participant did NOT seek treatment, the interviewer should ask for the MAIN reason that the participant did not seek treatment and then circle more than one response if the participant provides more than one MAIN reason. The interviewer should be careful not to make the respondent feel that she is being blamed for not seeking treatment.

Q 60: Did you tell anyone about what happened during the episode? If you told anyone (other than the people who were with you during the episode), whom did you tell?

When asking this question, the interviewer should be sure to clarify whether the participant ever disclosed the incident of violence to anyone OTHER than the people who were with the participant during the incident.

Q 66: Were any of your sisters over the age of 18…?

The interviewer should be sure to indicate in this response HOW MANY sisters between the ages of 18-49 were assaulted, so that there is no chance of under-or over-reporting the number of sisters who experienced violence during the occupation/conflict. The reason why the age is limited to 18-49 is that these questions provide a baseline of comparison with the data generated by the participants' reports of their own violence; in order to make the comparison of rates more accurate, the information about the sisters is in the same age grouping as those participating in the survey.

Section 5: GBV During Displacement

The questions in this section are exactly like the questions in the previous section. They are asked again so that the participant has the opportunity to discriminate between violence experienced during occupation/conflict and violence experienced during displacement. Because many participants will consider conflict and displacement as the same time period, it is very important that the interviewer specify exactly what is meant by displacement.

If the participant was not displaced, then the interviewer should skip to the last part of this section that asks about sisters' experience of violence during THEIR displacement. Even if sisters were not displaced, Q 91 should not be skipped; instead, the interviewer should indicate in the response that the sister(s) were not displaced.

Section 6: GBV Post-Conflict
This section covers the time period either starting from when the war officially ended, or, if the participant was displaced, the time period starting from when the participant returned to her home community (even if not to the same house, since in many cases houses were destroyed). Because participants may be accustomed to thinking in terms of war-related incidents of violence, they should be encouraged to think of ANY experiences that have been perpetrated by ANYONE in their community, outside their immediate family. These might include threats, etc., by neighbors or other community members, threats, etc., by members of the humanitarian community, including peacekeepers, or others. These questions are asked because it is not uncommon that community violence increases following war, since often legal structures are not yet in place to ensure protections for community members.

It is likely that participants will be tired of answering the same questions repeatedly. It will be helpful to let participants know that this is the last time you will be asking this set of questions. The reason why the questionnaire is divided into identical sections according to chronological time periods is because it helps the participant to separate out the periods of conflict, displacement, and post-conflict, and in so doing reduces the possibility that the participant will become confused about which incidents occurred in what time periods. Thus, while the repetition may seem tedious, it is likely to facilitate recall and generate more accurate information.

Section 7: Abduction/Forced Detention
In addition to trying to assess women's vulnerability to short-term detention during conflict, this section tries to address a type of violence that is increasingly a part of conflict around the world: girls and women being kidnapped or otherwise taken away against their will in order to provide labor or sexual services. They may have been "trafficked"—taken across borders and prevented from returning home—or perhaps taken to serve as combatants during war. The period of abduction is referred to here as "detention." Abduction does not refer to women who have been forced into marriages within their own communities against their will. This kind of "abduction" should be captured in the section on marriage history in which women are asked whether they chose to be married.

Section 8: Childhood Violence
These questions exist in order to determine a relationship between levels of childhood violence and levels of intimate partner violence.

Q 131-132 As a child or adolescent…
These questions are trying to assess child abuse that resulted in physical harm to the participant or to any of the participant's siblings. The sibling question is included in part because violence against a sibling by a parent can be very traumatic for other children in the family. There may be instances in which children are intimidated in ways that cause extreme psychological distress, but because levels of psychological distress are more subjective and difficult to measure in such a short section, these questions focus on physical harm. Even so, it is important that the interviewer makes sure that the participant recognizes that a bruise of any kind or physical mark constitutes physical harm, and assist the participant in accurately identifying whether she experienced such physical harm.

Q 133 When you were a child, did any person who was older than you….
While the United Nations recognizes that the universal age of adulthood begins at age 18, in many cultures sexual activity begins earlier. Therefore, this question is attempting to assess levels of sexual violence that occurred before the participant was mature enough to give consent, before the participant had become sexually active or physically mature. What constitutes "when you were a child" should be determined during the training of interviewers, and should be clarified for the participant during the interview.

Section 9: Intimate Partner Violence
This section has three major components. The first component includes Q 135-137; these questions inquire about attitudes toward marriage and intimate partner violence, and should be asked of all participants. The second component includes Q 138-160, and tries to determine specific types and levels of violence experienced by women who are currently in relationships.

One primary objective of the second component is to assess whether there has been an increase or decrease in levels of intimate partner violence as a result of the conflict, so this component asks about violence experienced by the SAME partner before and after the conflict. These questions should only be asked of women who are currently involved in a relationship. The third component includes Q 161-168, which asks questions about lifetime exposure to intimate partner violence, and is for any participant who has ever had a relationship.

Section 9 is divided into these three components because the different components offer different information about violence against women, including perspectives on how participants view violence (component 1); what women are currently experiencing and a comparative analysis of levels of violence by their partners before and after the war (component 2); and women's exposure to violence throughout their relationship history (component 3).

Q 139-142
These questions exist because they provide information about the partner's and the participant's use of alcohol or drugs. When compared against rates of violence this information may provide data about whether using alcohol or drugs contributes to rates of violence. (During the training of interviewers, it should be clarified what drugs men and women may use in the target culture. For example, in many cultures women may not drink, but they may use drugs that have not been prescribed by a doctor, which could constitute drug abuse.)

Q 146 Are you ever afraid…
When asking this question, the interviewer is trying to understand whether the participant ever feels in danger in the presence of her partner. In this question "fear" does not mean respect, it means a sense that the partner might somehow physically or emotionally hurt the participant or someone the participant cares about.

Q 147 Now I would like you to think back to the year before the conflict…
This question exists so that comparisons can be made between the amount of time women spent with their partners and levels of violence reported.

Q 148 Now I would like to ask you some more specific questions about how your partner treats you….
This question is trying to assess the type and frequency of violence women may have experienced by their partners before the conflict began. The reason this question is asked is in order to analyze whether women who are currently in relationships have experienced a difference in the levels and types of mistreatment since before and after the conflict. For this reason, the interviewer will only ask this question of women who are currently in a relationship. If a participant was not with the SAME person before and after the conflict, the interviewer should not ask this question, but should mark NA (not applicable) in the response category.

The structure of this question is like those in the previous sections on conflict. The list of specific types of violence is intended to help the participant identify some of the ways in which her partner may have mistreated her. By naming the types of violence, the list provides a prompt for women who may not recall specific types of violence, or who may not think some forms of mistreatment constitute violence. The list should represent the types of mistreatment women are vulnerable to in the target culture. (During the interviewer training it should be confirmed that the list accurately identifies the major forms of mistreatment that women experience in the target culture.)

Q 150: Now I would like to ask you the same set of questions, but I would like for you to think of the time period that starts from now and goes back the last year…
This question attempts to assess the specific types of mistreatment that women may have experienced within the last year. The response patterns are the same as Q 148 because the same responses allow for comparison of types and frequency of violence before the conflict and after the conflict. The reason why the question focuses on the entire last year is because the question is trying to understand what women experience over a specified period of time. It is important that each woman be evaluated over the same period of time in order to make comparisons between women.

There may be some participants who did not have partners before the conflict but who have had partners for the last year (and longer). In this case, the interviewer should mark NA in Q 148 about violence experienced before the conflict, and then should ask the participant about the types of mistreatment they have experienced from their partner in the last year. Even though this will not allow for comparisons of violence from before and after the conflict, it will provide information about what women are experiencing now.

If the participant has not experienced violence by a current partner in BOTH Q 148 and 150, then the interviewer should skip Q 151-160, which ask specific questions about the violence they experienced. EVEN IF the partner experienced violence by their current partner in the year before the war but they are NOT experiencing violence now, Q 151-160 should still be asked, in order to identify the nature of violence participants experienced before the war. This will help to clarify the levels of violence that occurred before the war and the extent to which they have decreased.

Q 161-162 Now I would like you to think back to any of your relationships…
These questions begin the component of Section 9 that is for participants who have ever experienced a relationship. The questions are meant to try and assess whether or not experiences of violence in ANY relationship have EVER resulted in physical injury, and which have led to the participant seeking help or leaving home. These questions are important because they give information about what the participant has ever experienced, so they provide data not just on the current relationship, but on any relationship that the participant has ever had.

Q 164: Thinking about all your serious (intimate, sexual) relationships with men…
This question is for all participants who have ever been in a relationship, and is intended to assess whether they ever acted in a violent way towards their partner even if they were not trying to defend themselves.

Q 165: In the last 12 months, how often have you beaten...
This question identifies what has happened with a current partner. If the participant does not have a current partner, the interviewer should mark NA.

Q 169: Since you were 18 years or older, has anyone in your family or in your husband's/partner's family ever beaten you or mistreated you physically?
This question is about mistreatment by other family members. This question should be asked of ALL participants.

Q 170: Have any of your sisters…
This question is about sisters' experience of violence and should be asked of all participants who have sisters between the ages of 18-49 who have been in relationships with men.

Section 10: Mental Health
This section tries to understand the impact that violence may have had on participants' lives.

Q 171: Since the conflict started and up until today…
This question is the first in this questionnaire in which the interviewers are required to write down what the participants say. In order to make the participants' responses as clear and concise as possible, the interviewer should emphasize that they are asking about the MOST traumatic experience. In the space designated, the interviewer should write a detailed description of the experience, which includes type of experience, date of experience, who the perpetrators were, and, very briefly, WHY the participant feels this was her worst experience.

Q 172: Now I am going to list some difficulties…
This question asks the participant to think of the experience they identified in Q 171, and to consider how that experience has impacted them. The question ONLY refers to the participants' experiences in the last few weeks. The reason for this short time frame is that it allows for an assessment of whether the participant is experiencing symptoms of trauma currently.

Q 173-188
These questions also ONLY apply to the participants' experiences in the last few weeks. It will be important for the interviewer to emphasize that the questions relate to how the participant is feeling CURRENTLY. Because the response patterns vary from question to question, it is important that the interviewer read the responses slowly and make sure that the participant understands what the responses mean.

FACE CARD
This is the end of the survey. The interviewer shows the participant a card, on which is one happy face and one sad face. The participant is asked to mark a sad face if they have experienced sexual violence, and the happy face if they have never experienced sexual violence. Once the participants have finished marking their card, it is put into a bag with other cards.

The reason the face card is given to participants is because it is thought that women who may not have disclosed sexual violence to the interviewer might be more willing to disclose experiences of sexual violence if they are sure that the information is anonymous. There is nothing on the card to indicate who the respondent is, and the bag of cards helps the participant to see that other women have answered this question. When the cards are analyzed against the data from the questionnaire, it allows comparison of the number of women who reported violence on the cards and the number of women who reported violence within the questionnaire.

NARRATIVE RESPONSE

This is intended to give both the interviewer and the participant an opportunity to mark anything else that was not captured in the questions, but has a direct relevance to the issue of violence against women. For example, the questionnaire does not ask directly whether girls are prohibited from going to school, but the participant may want to emphasize that this is a major form of violence against women and girls in her community. This section is also intended to provide the participant an opportunity to evaluate the interview, comment on the general condition of women in her community, or talk about how she felt during the interview process. All these comments should be recorded by the interviewer.

FINISH ONE AND FINISH TWO

These are methods by which the interviewers may complete the interview process, depending on whether the participant has experienced violence (and thus should be given a referral for assistance) or has not experienced violence (and thus should be given the option of taking referrals in case she knows someone who has experienced violence, or if she experiences violence in the future).

INTERVIEWER'S COMMENT

This section is for interviewers to write any notes related to the interview that may include the interviewers' general impressions, or specific statements the participant made that elucidate the condition of women in their community.

ADDITIONAL ASSESSMENT RESOURCES

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Program Design Tools

INTRODUCTION

Purpose of the Tools

Program design, along with monitoring and evaluation (addressed in the next section), refers to the process of thinking that goes into a project before it begins, during redesign, or at any other point when you have an opportunity to assess whether the project is achieving its objectives and whether its effectiveness can be improved. Design determines what results we want, based on an assessment of the needs and resources available, and what interventions are most likely to achieve them.

The tool recommended and provided in this manual for approaching program design is the Causal Pathway Framework. Tools that will assist you to identify and hire qualified staff for your GBV program in an appropriate manner are also provided. Given the sensitivity surrounding GBV programs, it is imperative that staff be respected and trusted individuals from the community. The principles guiding the planning and delivery of services in GBV programs include a belief in the dynamism of the local community and in the human potential for change; a global and multi-sectoral approach which is community-based, preventative, and focused on service quality; and a commitment to the respect of fundamental human rights.

Tools Included in this Chapter

- *The Causal Pathway Framework*
- *Recruitment Do's and Don'ts*
- *Sample Job Descriptions*
- *Screening Tool*
- *Pre-hiring Interview Guide*
- *Rights and Responsibilities of GBV Program Beneficiaries and Employees*
- *Code of Conduct*

Description of the Tools

The *Causal Pathway Framework* refers to the process of program design. This framework is "causal" because it is based on the premise that the activities you carry out should logically cause desirable results to occur, and is a "pathway" because it is based on the idea that the causal links form a technically and programmatically sound logical progression.

The *Recruitment Do's and Don'ts* offer guidelines to consider when you are ready to launch the recruitment process for your GBV program.

The *Sample Job Descriptions* provide examples of the responsibilities and duties of GBV program staff as well as the qualifications to look for when hiring staff. Descriptions are available for the following positions: Program Coordinator, Advocacy Counselor, Animators/Community Trainers.

The *Screening Tool* provides a subjective evaluation of the level of knowledge of prospective staff concerning GBV issues and comfort in dealing with them. It can provide you with useful information on the skills of GBV program employees and help you to focus staff training on areas of particular need. In addition, you may use this tool to gather baseline data on the community's knowledge and awareness of GBV during your initial phase of advocacy and training.

The *Pre-hiring Interview Guide* is a useful tool for interviewing potential program employees. The tool includes scenarios which ask the interviewee to respond to difficult situations he/she may encounter on the job. His/her responses allow the program manager to see how the individual might perform when faced with uncomfortable situations.

All GBV programs should create and post in a visible area the *Rights and Responsibilities of GBV Program Beneficiaries and Employees* to highlight the rights of beneficiaries and the responsibilities of GBV staff. These guidelines outline the practices and daily conduct expected of program staff and volunteers vis-à-vis the beneficiaries, and the type of services that the beneficiaries may expect from the program. The guidelines reflect the fundamental values of GBV programs and a commitment to the specific communities where they are established.

The *Code of Conduct* should likewise be an obligatory part of any GBV program. This tool outlines the responsibility of staff not to engage in practices that may promote GBV, particularly sexual exploitation or abuse, among the beneficiary population. The code provides grounds for disciplinary action in response to infractions.

THE CAUSAL PATHWAY FRAMEWORK [22-23]

Introduction

The Causal Pathway is a planning framework that can be helpful in the project design, monitoring, and evaluation process.

INPUTS → ACTIVITIES → OUTPUTS → EFFECTS → DESIRED IMPACT

← DESIGN DIRECTION

A causal pathway can be designed in the five steps outlined below.

Step 1: Determining the Desired Impact

Impact refers to the change in the health status, social status, or economic status of the population of interest. In other words, improving health, social, or economic problems is our ultimate goal or desired impact. For example, the desired impact of a GBV program might be improved mental and physical health and well-being of the specific population with whom you work in the community. The stated impact is often a long-term goal and, in many cases, the results at this level are not measured within the time frame of the project.

Step 2: Determining the Effect Changes in the Population

This step starts with a question: "What has to happen that can contribute to the desired impact?" An answer is: "Changes in GBV-related knowledge, attitudes, skills, intentions, and behaviors of the population." We use effect indicators to measure levels of these changes. Desired effects for GBV programs might include:

Knowledge: The population should know…
- Women and men have equal human rights according to international law.
- Interpersonal violence is a violation of human rights.
- Survivors know where to go for help.

Attitudes: The population should believe that…
- Women and men are equal.
- Interpersonal violence is wrong and unacceptable in society.
- Survivors of violence deserve assistance, not blame.

Skills: The population should be able to…
- Avert potential violence by recognizing risks and taking safe action.

Behavior or Practices: The population should/could…
- Not commit acts of interpersonal violence.
- Support and assist survivors.
- Report incidents of GBV.
- Seek assistance (survivors).
- Condemn interpersonal violence.
- (Men) Assist other men to learn to live without using interpersonal violence.

Step 3: Determining the Outputs

Once we have figured out what the population needs to know, agree with, and do differently before the desired impact can occur, we need to decide what we need to put in place to enable people to make those changes. *Outputs* are products and services that must be in place before the effects can occur.

22. The IRC Causal Pathway Framework: A Guide to Program Design, Monitoring and Evaluation. International Rescue Committee, May 2001.
23. Reproductive Health for Refugees Consortium: Monitoring and Evaluation Tool Kit. Draft for Field Testing, January 2003.

Step 4: Determining the Major Activities

The next question we have to ask is, "What does the project have to do, and in what logical sequence, to produce these specific products and services in appropriate numbers and quality?" The technical and support tasks required to produce the outputs are referred to as activities, examples of which may include the following:

- Meet with community leaders and women's groups to begin awareness raising and promote community leadership in GBV prevention and response;
- Develop assessment, supervision, training curricula, and plan for GBV response among service providers (health, police, social services, judiciary, camp leaders/elders, etc.); and
- Ensure adequate logistics for supply of emergency contraception.

Step 5: Determining the Essential Inputs

In the Causal Pathway Framework, we begin the project design process by deciding where we want to end up, and we end by deciding what we need in terms of people, skills, money, equipment, and supplies to achieve that impact. *Inputs* are resources required to support your activities.

The Design Direction

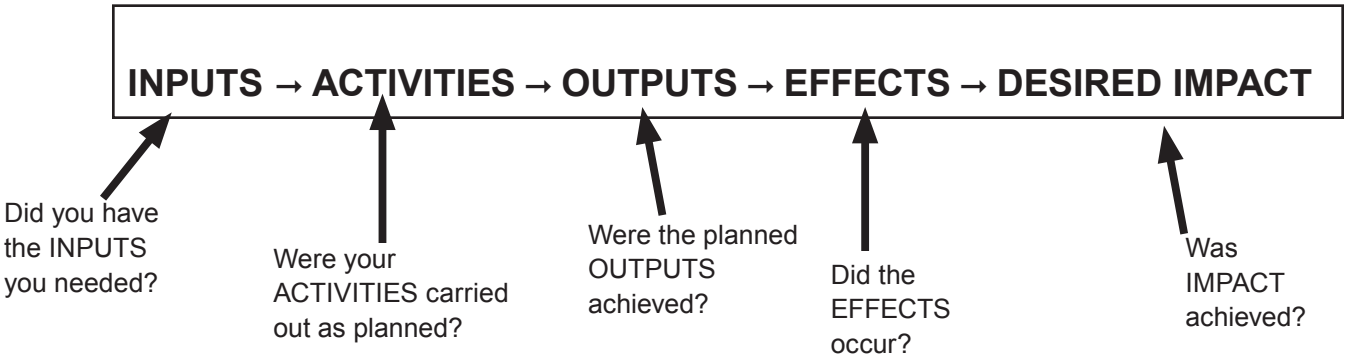
An essential feature of the Causal Pathway is the design direction; that is, the pathway starts by deciding on the impact and working backwards through effects, outputs, activities, and inputs. Once you have thought through the logical links in the Causal Pathway, it is useful to summarize your program design in a paragraph called the Causal Hypothesis. In general, the Causal Hypothesis takes the form:

"This set of inputs and activities will result in these products and services (outputs), which will facilitate these changes in the population (effects), which will contribute to the desired impact."

Monitoring and Evaluation Using Indicators

When you summarize your program in the form of a Causal Hypothesis, it pushes you to ask some questions about how you will know whether your expectations are met. How will you know if your outputs are achieved? How will you know if the population's knowledge and behavior changed?

In general, we want to know if the steps in the Causal Pathway actually occurred as you expected them to:



The purpose of a program's Monitoring and Evaluation system is to help you answer these questions. You must decide, at the design or redesign stage, what information you need so that the information collection can be built in from the very start of the project.

IMPLEMENTATION, MONITORING, AND EVALUATION DIRECTION

We measure the steps in the Causal Pathway using INDICATORS. Indicators should be formulated precisely so that the measure is consistent from one time to the next. Indicators are typically formulated as numbers (#) or proportions (%). For a sample list of GBV indicators, please see page 175.

Setting Project Objectives

In the Causal Pathway framework, the "Project Objective(s)" are what the project promises to accomplish *and measure.* You can think of it as the farthest point(s) along the Causal Pathway for which you will have evidence, or data. In most projects, the objectives will be one or more of the OUTPUTS or EFFECTS you have specified in your Pathway; in some cases, it will be the IMPACT. PROGRAM PLANNERS SHOULD AIM TO DEVELOP OBJECTIVES THAT ARE S M A R T:

S Specific
The project's intended accomplishments must be clearly identified.

M Measurable/quantified
The intended accomplishments must be quantified and good indicators and methods must be available to measure them.

A Attainable
This is a reality check: consider the context and resources you have, and whether the size of the planned change is feasible.

R Relevant
Your objective (and your program) must address a problem identified as important in the N&R Assessment.

T Time-bound
Specify a time limit for your objective and program.

Examples of project objectives from Association Najdeh's Domestic Violence Program for Palestinian Refugees in Lebanon:

- The percent of men and women among Association Najdeh's beneficiary population who believe that violence is not an acceptable way of dealing with conflict will increase to 80% as indicated from the baseline and end of project surveys.

- 30% of domestic violence clients documented by Association Najdeh and recommended for counseling will utilize counseling services as recommended by the counselor.

It's All in the Process!

Creating a causal pathway is a collaborative process. It is most useful to complete these steps with a group of experienced aid workers, including human resources, logistics, and finance staff, and the project participants or beneficiaries. One person should play the role of facilitator. Encourage a relaxed atmosphere that promotes brainstorming, creativity, and application of lessons learned. Then, using brightly colored markers and three sheets of flip chart paper on the wall, the group identifies the desired impact, effects, outputs, activities, and inputs. It may take several hours to refine a project pathway.

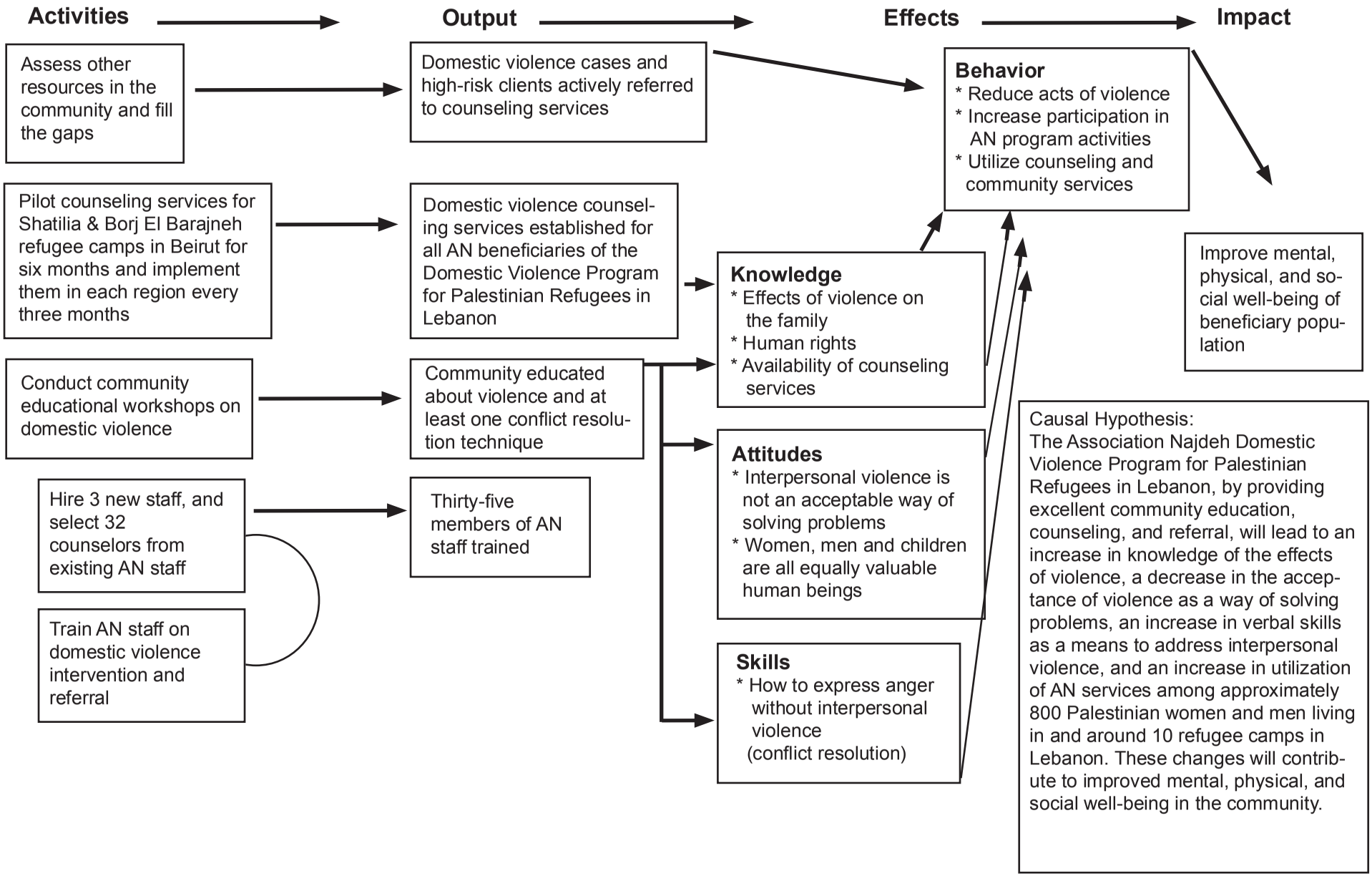
CAUSAL PATHWAY WORKSHEET

The Causal Pathway worksheet below is meant to serve as a guideline during your program design process.

NGO/DONOR INPUTS (human resources, finances, logistics, technical advisors, M&E, community participation, coordination committee)		ACTIVITIES * (activities that make up the services or products)		OUTPUTS * (the actual products and services produced/ delivered)		POPULATION EFFECTS (the expected and necessary changes needed in population knowledge, attitude, and behavior, their KAB)		POPULATION IMPACT (the expected health, social, or economic outcomes, including protection, security, and human dignity as a result of the combination of the products and services and changes in KAB)
				Services		Knowledge		
				Products		Attitude		
				Education		Behavior		

* Program planners often find it necessary to plan more than one set of activities and outputs.

Association Najdeh Domestic Violence Program for Palestinian Refugees in Lebanon
Project Causal Pathway 2000-2003



STAFF RECRUITMENT DO'S & DON'TS [24]

These recommendations assist in identifying issues and strategies related to hiring GBV staff.

- Recruitment and selection of GBV staff is a HIGHLY visible activity.
- This is the first time the community is learning about you, the GBV program, and observing how you work.
- One of the most important factors affecting the success of GBV programs is the trust of the community. Recruiting and selecting staff is your first opportunity to demonstrate your integrity, fairness, transparency, and general trustworthiness.

Do ensure that all community members have access to recruitment information and that all community members have the opportunity to apply for the position.

Do involve the leaders in gathering applications and helping get the word out.

Do provide clear written information in flyers summarizing the job and the qualifications needed, and method for application (e.g., written C.V., cover letter), location for delivering application, and deadline for submitting applications – translated into the community's language(s).

Do use a variety of methods for active outreach to find qualified candidates – especially targeting areas where women go. Some examples:

- Post many flyers around the community: schools, NGO offices, market areas, community centers, churches/ mosques, skills training centers, etc.
- Meet with leaders of the various groups and clubs in the camp, and give them copies of the flyer so they can inform their group.
- Give copies of the flyers to implementing partners and other national programs so they can inform their staff.

Do not rely solely on local leaders or community announcements to find qualified candidates.

Do be prepared to receive many applications.

Do use objective measures for first screening applications (check for qualifications).

Do use objective measures for second screening of applicants (written test).

Do select a few individuals to serve on an interview panel, such as highly respected local leaders or staff members from related projects, national supervisors of related NGOs.

Do consider representation for all ethnic groups/languages among staff.

Do use consistent methods for interviews (interview questions same for all interviewees).

Do ask a few community members you know and trust to give you confidential feedback about candidates – only community members will know who is respected and who is not.

Do not select anyone until you check with other community members you know and trust.

Do post a list of those you select – in several locations around the camp – and give a list to the leaders – so that everyone can know the results.

24. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research and Training Institute, 2000-2003.

SAMPLE JOB DESCRIPTIONS FOR REFUGEE SETTINGS [25]

TITLE: Gender-based Violence (GBV) Program Coordinator

The GBV Program Coordinator manages and implements the GBV Program at field office and camp levels. The GBV Program is a multi-sectoral prevention and response program involving multiple organizations and actors from the refugee community, NGO and government implementing partners, UNHCR, other national and international organizations providing related services. The job duties include staff/volunteer management, training and sensitization, liaison and coordination with organizations working in the refugee setting, community mobilization with refugees, and overall program development, monitoring and evaluation. In the early phases of the program, the GBV Coordinator must work with technical resource people to develop a program implementation plan, tools, forms, formats, and guidelines for program development, implementation, and monitoring/evaluation. The GBV Program coordinator must have experience, comfort, and confidence in working with children and adults.

DUTIES AND RESPONSIBILITIES

Staff and Volunteers

1. Draft job description for refugee staff and volunteers.
2. Recruit, hire, and supervise refugee staff and volunteers.
3. Develop training curriculum in collaboration with identified training organizations.
4. Arrange for staff and volunteer orientation, training, and refresher courses.
5. Develop and implement strategies for volunteer retention and recognition.

Community Mobilization

6. Using participatory methods, engage refugee leaders and other refugee groups and individuals in active participation with all phases of program planning, development, and implementation.
7. Organize and facilitate monthly camp-level discussion and coordination meetings to build refugee capacity and strengthen community-based prevention and response to GBV.

Multi-sectoral and Inter-agency Program Development and Coordination

8. Establish close working relationships with NGOs, host government agencies, and UNHCR in the setting; meet regularly with individuals and groups from these organizations.
9. Organize and facilitate regular (monthly) coordination meetings with these organizations.
10. Lead the effort to develop a multi-sectoral and inter-agency prevention and response program to include referral and reporting mechanisms, information sharing, coordination, and monitoring/evaluation. Establish written guidelines and procedures.
11. Working closely with partner organizations and training resources, facilitate and organize training workshops for skills building, sensitization, and capacity building of staff for appropriate response to GBV. Includes: health center, police, refugee officers, community services, UNHCR, and others.

Monitoring and Evaluation

12. Conduct Situation Analysis of GBV in the setting, using participatory methods: collect data and information from multiple sources, including from among refugees, NGOs, host government, and UN agencies.
13. Revise GBV Incident Report Form as needed for the setting. Train partner organizations and other sectors in use of this form.
14. Maintain awareness of all GBV cases reported in the setting through immediate review of Incident Report Forms, regular meetings with field staff/volunteers.
15. As needed for difficult or complex cases, provide direct advocacy and assistance.
16. Collect, compile, and analyze GBV report data monthly.
17. Collect and compile program activity information, evaluating progress toward achievement of program outcomes.
18. Develop monthly report formats that capture relevant information and that support the analysis and evaluation of program progress.

25. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research and Training Institute, 2000-2003.

Administrative and Miscellaneous Duties

19. Maintain awareness of budget and expenditures in order to manage program within budget.
20. Write monthly work plans, monthly reports, and other reports as needed or requested.
21. Assist in writing program proposals.
22. Arrange for comprehensive and progressive gender-awareness training workshops with all staff of this organization.
23. Other duties as required.

DESIRED QUALIFICATIONS:

1. University degree in social work or other social sciences, public health, community health, or related field.
2. Awareness and knowledge of gender and/or gender-based violence; prior training in gender.
3. Knowledge of reproductive health issues.
4. Knowledge, skill, and experience in participatory methods for community development and mobilization.
5. Group facilitation skills and experience.
6. Counseling skills and experience.
7. Training skills; at least one year training experience.
8. One year of experience in program management in NGO preferred.
9. Experience working with refugees preferred.
10. Belief in and commitment to gender equality.
11. Diplomacy and assertiveness; the ability to confront and discuss sensitive issues with respect and care.

TITLE: GBV Advocacy Counselor

SUPERVISOR: GBV Program Coordinator

DUTIES & RESPONSIBILITIES:

The GBV Advocacy Counselor is a camp-based position, working to establish community-based systems and raise community awareness to prevent gender-based violence and to respond to any incidents in a timely, compassionate, and caring manner. The GBV Advocacy Counselor works in close collaboration with camp-based women's organizations, camp leadership, and community groups.

1. Counseling and assistance to survivors of sexual and gender violence.
2. Cooperation and coordination with camp authorities, host country authorities, and health care workers.
3. Work closely with women's organizations to establish programs for women in the camp.
4. Establish an advisory group (men and women) and work closely with them on program activities.
5. Conduct community education and awareness-raising activities.
6. Coordinate with staff of other NGOs and organizations working in the camp.
7. Write reports and maintain confidential records as required by this agency.

DESIRED QUALIFICATIONS:

1. Refugee woman, resident in the refugee setting.
2. Must be respected by the community, proven trustworthy, and able to follow through with commitments.
3. Must be able to discuss sensitive subjects in an honest, open, effective, and respectful manner; in groups and with individuals.
4. Must possess interest and commitment to human rights and gender equality.
5. Must be fluent both in English and the language spoken by most refugees in the camp.
6. Prefer ability to read and write in English; if not, must be able to read and write in mother tongue.
7. Prefer high school diploma.
8. Prefer previous work or volunteer experience in community development, counseling, reproductive health, community services, or social services.

TITLE: GBV Animators/Community Trainers

DUTIES AND RESPONSIBILITIES:

1. Perform two roles:
   - Trainers, to raise awareness about human rights, gender issues, gender violence, etc.
   - Information-gatherers/problem-identifiers and facilitators for solving identified problems.
2. Work in refugee camps and towns hosting high numbers of refugees.
3. Offer and provide training and facilitation with refugees, NGOs, and UN organizations.
4. Generally assigned to regions, working in pairs: one man, one woman. Regional assignment is based on languages spoken.
5. Assess community needs in relation to gender violence using the techniques of Participatory Rapid Appraisal. Use PRA and adult education techniques to assist communities in developing community-driven prevention and response plans.
6. Conduct education and sensitization activities in the refugee sites and with NGOs and UNHCR – for multiple purposes:
   - raise awareness and promote changes in attitudes and behavior re: gender, gender equality, power/abuse of power, and GBV;
   - develop prevention strategies;
   - promote active community participation in prevention and response to GBV;
   - strengthen awareness of security/protection and gender issues for women and girls in NGO/UNHCR programs and services;
   - specifically target men and promote their involvement;
   - actively target youth/adolescents and promote their participation.
7. Target community education for different groups – men's groups, women's groups, refugee school teachers and PTAs, health educators and animators, adolescents, camp leaders, etc. Education will range from sensitization to specific gender violence topics to human rights, peace education, and conflict resolution.
8. Develop community education methods along with the community – may include workshops, drama, games, debates, poster contests, youth clubs, and other creative methods.
9. Monitor and evaluate community education, IEC (information, education, communication), awareness-raising, training, and other activities; revise strategies as needed based on results and outcomes.

DESIRED QUALIFICATIONS:

1. Prior training in at least one of the following: community development/ participation, PRA/RRA methods, Delta, community animation, social work, community health, public health.
2. Prefer at least one year of experience in community development or animation program using participatory methods.
3. Refugee.
4. Must possess interest and commitment to human rights and gender equality.
5. Must be fluent both in English and the primary refugee language, and at least one of the languages of ethnic groups (if they are different) in the refugee population.
6. Must be able to read and write in English.*
7. Prefer high school diploma.

* NOTE: This literacy requirement may make it difficult to recruit qualified women among refugee populations where the norm is to discourage girls from education. If this is the case, consider changing the program to accommodate illiterate staff. Using pictures and other visual aids, staff who do not read can indeed learn.

SAMPLE STAFF SCREENING TOOL [26]

This screening tool can be used as a pre- and post-test for recruitment training to assist you in narrowing down a field of candidates. In addition, you may use it when you conduct community education to get a baseline idea of what people in the community know.

Note: Remember that you are not using this with a representative sample so you may not generalize the findings to the whole community. Using this tool during community education could help you to identify individuals who score well on the tool and who you may want to invite to come for an employment interview.

Please use the following scale to respond to each of the statements. Please check the appropriate box.

a) I know nothing about this subject and I do not feel at all comfortable intervening in this situation.
b) I have very little knowledge on this subject and I am reluctant to intervene in this situation.
c) I have some knowledge on this subject and I feel somewhat able to intervene.
d) I have basic knowledge on this subject and I feel able to intervene.
e) I know a lot about this subject and I feel able and comfortable intervening.
f) I am an expert on the subject and I feel very capable and comfortable intervening.

Level of knowledge, competence and/or comfort	**a**	**b**	**c**	**d**	**e**	**f**
I can distinguish between sexual violence and domestic violence						
I can define domestic violence and explain it to others						
I can give examples of physical forms of domestic violence						
I can give examples of psychological forms of domestic violence						
I can give examples of socio-economic forms of domestic violence						
I understand the cycle of violence and can explain it to others						
I can identify particular risk factors for domestic violence and can explain them to others						
I can identify particular risk factors for domestic violence in a refugee setting specifically and can explain them to others						
I can recognize a woman who has experienced or is experiencing domestic violence even if she does not tell me so directly, and feel able to assist her						
I can recognize a man who may have violent behaviors, and feel able to assist him						
I understand the basic principles of working with victims of domestic violence and feel able to help them						
I understand the impact of domestic violence on children and can explain this to others						
I can recognize children who may be witnesses to or survivors of domestic violence by their behavior						
I can define sexual violence and explain it to others						
I can give examples of sexual violence						
I can identify particular risk factors for sexual violence and can explain them to others						
I can identify particular risk factors for sexual violence in a refugee setting specifically and can explain them to others						
I can recognize a woman who has experienced or is experiencing sexual violence even if she does not tell me so directly, and feel able to assist her						
I am familiar with the consequences of sexual violence on victims and can explain them to others						
I am familiar with the consequences of sexual violence on perpetrators and can explain them to others						
I understand the basic principles of intervening with a victim of sexual violence and feel able to help her						
I can name several awareness-raising strategies in my community and feel able to employ them						
I feel able to plan and lead an awareness-raising session in my community						

26. Adapted from Maria Caterina Ciampi, SGBV Technical Advisor, in collaboration with SGBV Program Manager Jean-Pepin Pouckoua and SGBV Assistant Manager Morel Kiboukiyoulou, International Rescue Committee, Republic of Congo, 2001.

I can recognize symptoms of post-traumatic stress in individuals and feel able to assist them						
I can name several communication techniques to use with victims of violence and can employ them in the context of an interview						
I understand the importance of respecting confidentiality						
I am familiar with several strategies to use with members of my community to avoid breaching confidentiality						
I can name several personal resources or strategies I can draw on to keep a sense of balance between my personal life and my work						
I understand the importance of using a guide to *Rights and Responsibilities of GBV Program Beneficiaries and GBV Staff* in a program addressing issues of Gender-based Violence Prevention						
I understand the importance of following a Code of Conduct and commit myself to it						
I recognize which Program documents I need for the interventions I make and know how to use them						
I know how to draw a map of my community						
I know how to collect information on sexual violence and domestic abuse in my community						

COMMENTS: _____

SAMPLE PRE-HIRING INTERVIEW GUIDE [27]

This Pre-hiring Interview Guide gives the employer a chance to evaluate GBV knowledge of potential employees and as such can serve as a useful tool in making hiring decisions.

This interview aims to test your knowledge on issues of sexual and domestic violence. Please answer sincerely, as your answers will help us evaluate you. We wish you the best of luck. ***(Read information below to applicant and fill in accordingly.)***

Family Name: _____ **First Name:** _____

Sex: ○ F ○ M

Date and place of birth: _____

Civil Status: ○ Married ○ Divorced ○ Single ○ Widowed

Profession/Occupation: _____

Nationality: _____

Present Residence: _____

Desired Position: ○ Community Educator ○ Community Counselor

Date: _____

Preliminary Questions *(Read aloud.)*

1. Can you introduce yourself?
2. Describe your activities in the last year.
3. For what reason(s) have you applied for this job?
4. What qualities do you possess that will allow you to successfully execute the tasks related to the position?
5. What are your weak points?
6. How would you organize information sessions in your community?
7. What is, in your opinion, gender-based violence?
8. How would you approach and deal with (intervene with) a woman who experienced gender-based violence?
9. How would you approach and deal with (intervene with) a male perpetrator of gender-based violence?

27. Adapted from Maria Caterina Ciampi, SGBV Technical Advisor, in collaboration with SGBV Program Manager Jean-Pepin Pouckoua and SGBV Assistant Manager Morel Kiboukiyoulou, International Rescue Committee, Republic of Congo, 2001.

Scenarios *(Read aloud. Do not comment on applicant's response during the interview.)*

For Prospective Community Counselors:

1. A woman consults you after being raped. The next day, the camp/village leader or chief calls you into his office and asks you for information about the woman. How will you answer him?

2. A man comes to see you and accuses you of having advised his wife to leave him. He wants to know where she is. What do you do?

3. A Community Educator sees you are busy with a case, but does not know the details of the situation. After you have finished dealing with the case, he asks you what happened. How will you answer him?

For Prospective Community Counselors and Educators:

4. A man confides in you, stating that he wants to kill his wife. What is your reaction?

For Prospective Community Educators:

5. A woman comes to see you and reveals that she was raped the night before. What do you do?

6. You have planned an information session on the sexual harassment of students in school and a Community Counselor asks you to modify your program. She wants to address, rather, the notion that victims of rape need compassion. What do you do?

7. During an information session, a community member interrupts the activity and says, "There are no problems of domestic abuse in our community. It is only since you have been here with your program that women are starting to complain. You want them to leave their families. You are disturbing us. Get out of here!" What is your reaction?

Close the interview by thanking the candidate for his/her time and let him/her know when he/she should hope to hear from you about the position.

RIGHTS AND RESPONSIBILITIES OF GBV PROGRAM BENEFICIARIES AND EMPLOYEES[28]

Introduction

GBV staff members must hold themselves to the highest standards of professionalism in order to gain the trust of the community, and community members should be able to expect a standard of care that is commensurate with that level of professionalism.

Although the Rights and Responsibilities of GBV Program Beneficiaries and GBV Staff are imperative for GBV programs, they are also relevant to all humanitarian aid programs. GBV programs should provide a model to all other programs in utilizing these rights and responsibilities. The aim of Rights and Responsibilities of GBV Program Beneficiaries and Employees is to:

- Protect the beneficiaries of the program and the public in general.
- Establish expectations so that staff can manage, assess, and improve their own work.
- Establish standards against which deliveries of services can be evaluated.
- Regulate the behavior of staff members to improve the quality of their work, and enhance their credibility and integrity.

Managers of GBV Programs should remit a copy of Rights and Responsibilities of GBV Program Beneficiaries and Employees to each program employee involved in carrying out activities against sexual and domestic violence, as well as collaborators and beneficiaries who request it.

Rights and Responsibilities of the Beneficiaries:

The term "beneficiary" refers to a person who has experienced sexual or domestic violence, and/or his or her family, or community members who make a request for services, information, orientation, referrals, or psychosocial follow-up in the GBV program. This term is interchangeable with "client," "service user," "victim," or "survivor of violence."

Rights of Beneficiaries:

- Beneficiaries have a right to receive quality services.
- Beneficiaries have a right to receive services in their mother tongue, and the Program commits to addressing beneficiaries in a language they understand.
- Beneficiaries have a right to participate in the planning of the services they request.
- Beneficiaries have a right to be accompanied by a person of their choice when they receive information, undertake an action under the program, or obtain other services.
- Beneficiaries have a right to expect confidentiality in their communications with Program staff, unless this jeopardizes their lives and the lives of others. Issues of confidentiality with children under the age of 18 will be based on their capacity to give informed consent.
- Beneficiaries have a right to lodge a complaint against an employee if a mistake was made in their case.
- Beneficiaries have the right, in every situation, to be treated with courtesy, equality, and understanding.
- Beneficiaries have the right, in their dealing with the GBV Program Staff, to relationships exempt from sexual harassment or any discrimination or pressure aimed at obtaining favors in exchange for services.

28. Adapted from Maria Caterina Ciampi, SGBV Technical Advisor, in collaboration with SGBV Program Manager Jean-Pepin Pouckoua and SGBV Assistant Manager Morel Kiboukiyoulou, International Rescue Committee, Republic of Congo, 2001.

Responsibilities of Employees:

"Program staff" refers to any person who is employed or a volunteer in the context of the GBV Program, be it a program manager, assistant manager, community educator, or community counselor, and carries out activities against sexual and domestic violence.

All persons working in the GBV Program must:

- Represent the GBV Program with honor and integrity in his/her contact with the beneficiaries.
- Provide beneficiaries with services that are humane and characterized by empathy, courtesy, respect, and understanding.
- Help beneficiaries express their needs and adjust intervention plans to meet their specific needs.
- Answer beneficiaries' questions and offer necessary information to help them understand and appreciate services rendered.
- Exercise absolute discretion and confidentiality in dealing with information obtained in the line of duty. Abstain from having conversations about the beneficiaries and do not reveal to anyone that an individual approached them with a request for services, unless the situation requires it.
- Take all the precautions necessary to respect the privacy of the beneficiaries if they have to provide any form of intimate care.
- Address the beneficiaries according to the usual norms, corresponding to the habits or traditions of the individual.
- Establish and maintain relationships with beneficiaries on a professional basis.
- Advise beneficiaries of conflict of interest that may come up.
- Do not solicit or accept tips, or additional money or gifts or favors from beneficiaries.
- Collaborate with all persons the client chooses to involve in the program aiming first and foremost for the betterment of the beneficiaries' condition.

Introduction

Humanitarian agencies have a duty of care to beneficiaries and a responsibility to ensure that beneficiaries are treated with dignity and respect and that certain minimum standards of behavior are observed. In order to prevent sexual exploitation and abuse, the following core principles must be incorporated into humanitarian agency codes of conduct:[29]

- Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
- Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defense.
- Exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading, or exploitative behavior is prohibited. This includes exchange of assistance that is due to beneficiaries.
- Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.
- Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, s/he must report such concerns via established agency reporting mechanisms.
- Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.

To ensure the maximum effectiveness of the Code of Conduct, each GBV program director is required to post the Code of Conduct in clear view in the public areas of their offices. Examples of such areas include waiting areas and lobbies of field offices, NGO-run schools, and health clinics. In addition, the Code of Conduct is to be given to all employees and each employee shall be asked to acknowledge his or her receipt in writing. Please retain the originals of all acknowledgements in the appropriate employee files. All posted and distributed copies of the Code of Conduct should be translated into the appropriate language of use for the field area.

The sample **Code of Conduct**[30] (see next page) may be modified to make it more effective or understandable in a particular culture or country. The Code must not, however, be modified in such a way as to weaken its effectiveness or diminish any of the core principles.

29. Excerpted from the Inter-Agency Standing Committee Task Force Recommendations on Protection from Sexual Exploitation and Abuse in Humanitarian Crises. 2002
30. Adapted from the International Rescue Committee Code of Conduct on Sexual Exploitation and Abuse in Humanitarian Crises, 2003.

To: All staff

From: President or Director of Humanitarian NGO

Re: Code of Conduct for all Staff

In accordance with the mission and practice of [YOUR ORGANIZATION] and principles of international law and codes of conduct, all [YOUR ORGANIZATION] humanitarian staff, including both international and national, regular full- and part-time staff, interns, contractors, and volunteers, are responsible for promoting respect for fundamental human rights, social justice, human dignity, and respect for the equal rights of men, women, and children. While respecting the dignity and worth of every individual, the [YOUR ORGANIZATION] humanitarian worker will treat all persons equally without distinction whatsoever of race, gender, religion, color, national or ethnic origin, language, marital status, sexual orientation, age, socio-economic status, disability, political conviction, or any other distinguishing feature.

[YOUR ORGANIZATION] humanitarian workers recognize that certain international standards of behavior must be upheld and that they take precedence over local and national cultural practices. While respecting and adhering to these broader frameworks of behavior, [YOUR ORGANIZATION] specifically requires that [YOUR ORGANIZATION] humanitarian workers adhere to the following Code of Conduct.

Commitment to [YOUR ORGANIZATION] Code of Conduct

(1) A [YOUR ORGANIZATION] humanitarian worker will always treat all persons with respect and courtesy in accordance with applicable international and national conventions and standards of behavior.

(2) A [YOUR ORGANIZATION] humanitarian worker will never commit any act that could result in physical, sexual, or psychological harm to the beneficiaries we serve.

(3) A [YOUR ORGANIZATION] humanitarian worker will not condone or participate in corrupt activities or illegal activities.

(4) [YOUR ORGANIZATION] and [YOUR ORGANIZATION] humanitarian workers recognize the inherent unequal power dynamic and the resulting potential for exploitation inherent in humanitarian aid work, and that such exploitation undermines the credibility of humanitarian work and severely damages victims of these exploitative acts and their families and communities. For this reason, [YOUR ORGANIZATION] humanitarian workers are prohibited from engaging in sexual relationships with beneficiaries.* Sexual activity with children (persons under the age of 18) is strictly prohibited.

(5) A [YOUR ORGANIZATION] humanitarian worker must never abuse his or her power or position in the delivery of humanitarian assistance, neither through withholding assistance nor by giving preferential treatment including requests/demands for sexual favors or acts.

(6) It is expected of all [YOUR ORGANIZATION] humanitarian workers to uphold the highest ethical standard of integrity, accountability and transparency in the delivery of goods and services while executing the responsibilities of their position.

(7) A [YOUR ORGANIZATION] humanitarian worker has the responsibility to report any known or suspected cases of alleged misconduct against beneficiaries to senior management (as outlined in the reporting pathway) immediately. Strict confidentiality must be maintained to protect all individuals involved.

* NOTE: Different considerations will arise regarding the enforcement of some of these principals for humanitarian workers hired from the beneficiary community. While sexual exploitation and abuse and the misuse of humanitarian assistance will always be prohibited, discretion may be used in the application of the principles regarding sexual relationship for this category of humanitarian worker.

I, the undersigned, hereby declare that I have read and understand this Code of Conduct. I commit myself to exercise my duties as an employee of the Gender-based Violence Program in accordance with the Code of Conduct. I understand that if I do not conform to the Code of Conduct, I may face disciplinary sanctions.

Name: _____

Function: _____

Signature: _____

Date: _____

Manager's Name: _____

Signature: _____

Date: _____

Health protocols and tools

The American College of Obstetricians and Gynecologists. *Female circumcision / female genital mutilation: clinical management of circumcised women*. Washington, DC: American College of Obstetricians and Gynecologists; 1999. To order this publication, contact: The American College of Obstetricians and Gynecologists, Women's Health Care Physicians, 409 12th St., SW, P.O. Box 96920, Washington, DC 20090-6920.

American Medical Association. *Strategies for the treatment and prevention of sexual assault*. Chicago, IL: American Medical Association; 1995. Order information available on AMA website: **www.amaassn.org/ama/pub/category/3548.html**

Burns AA, Lovich R, Maxwell J, Shapiro K. *Where women have no doctor: a health guide for women*. Berkeley, CA: Hesperian Foundation; 1997. Order form can be found at: www.hesperian.org/hespordr.htm. The book costs US$20 + shipping and tax.

Castle MA, Coeytaux F. *A clinician's guide to providing emergency contraceptive pills*. Los Angeles, CA: Pacific Institute; 2000. Available online: **www.piwh.org/publications.html**

International Planned Parenthood Federation Western Hemisphere Region. *Tools for service providers working with victims of gender-based violence*. New York, NY: International Planned Parenthood Federation Western Hemisphere Region; 2000. Available online: **www.ippfwhr.org/whatwedo/bastatools.html** Available in English and Spanish

Kelley N. *Working with refugee women: a practical guide*. Geneva, Switzerland: International NGO Working Group on Refugee Women; 1989.

Leye E, Githaniga A, Temmerman M. *Health care strategies for combating violence against women in developing countries*. Ghent, Belgium: International Center for Reproductive Health; 1999.

Nduna S, Rude D. *A safe space created by and for women*. New York, NY: IRC; 1998. Available online: **http://www.theirc.org/resources/index.cfm**

UNHCR. *How to guide: sexual and gender violence programme in Guinea*. Geneva, Switzerland: UNHCR; 2001. Available online at **www.rhrc.org/resources**. Look under GBV category.

UNHCR. *How to guide: sexual and gender violence programme in Liberia*. Geneva, Switzerland: UNHCR; 2001.

World Health Organization (WHO). *Clinical management of rape survivors.* Geneva, Switzerland: WHO; 2001. Available online: **www.rhrc.org/resources** Look under GBV Category

World Health Organization (WHO). *Emergency contraception: a guide to the provision of services*. Geneva, Switzerland: WHO; 1998. Available online: **www.who.int/reproductivehealth/publications/FPP_98_19/FPP_98_19_table_of_contents_en.html** In English, French, and Spanish.

Training

Moreno A, Grodin MA. *Caring for refugees and survivors of torture*. Boston, MA: Boston Center for Refugee Health and Human Rights, Boston Medical Center, Boston University Schools of Public Health and Medicine [serial online] 2000. Available from: URL: **dcc2.bumc.bu.edu/refugees**

Osattin A, Short LM. *Intimate partner violence and sexual assault: a guide to training materials and programs for health care providers*. Atlanta, GA: CDC; 1998. Available online: **www.cdc.gov/ncipc/pub-res/pdf/newguide.pdf**

United Nations Population Fund (UNFPA). *A practical approach to gender-based violence: A programme guide for health care providers and managers*. New York. 2001. **www.unfpa.org/publications/gender.pdf**

Program Monitoring & Evaluation Tools

INTRODUCTION

Purpose of the Tools

Monitoring and evaluation is the process of collecting and analyzing information about the project that tells you whether you are on track to reach your objectives, and whether or not the project achieved or contributed to the desired impact.[31] In order to know whether or not you are on track to achieving your program's objectives, you must monitor the project during implementation as well as evaluate its impact at the end of the project. Monitoring the progress of the project allows you to adapt the program as needed to ensure that you attain your objectives. It is necessary to plan for monitoring and evaluation when you design your program; this will help you both to design an effective program and ensure that you plan (and budget) for appropriate monitoring and evaluation activities.

Monitoring GBV incident data frequently and regularly will enable you to continuously assess changes in prevalence and types of GBV in your setting. By gathering and reviewing this information, you will be able to evaluate your program's effectiveness and develop a better program that responds to specific needs and circumstances in your target community as they change over time.

The process of monitoring and evaluation generally helps you answer the following questions:

Are we doing what we said we were going to do?
Are we achieving what we said we would achieve?
Is the project design sound? How can it be improved?
What were the unintended consequences?
Is our program causing the observed changes?

Or, in the Causal Pathway Framework language:

Inputs: Were program inputs available, adequate, timely?
Activities: Were activities performed on schedule?
Outputs: Were outputs produced? Were they of acceptable quality?
Effects: Were effects observed?
Impact: Was impact achieved?

For GBV programs, measuring outputs and effects, i.e., using Output and Effect Indicators, has proven most useful. Impact of GBV programs is observed only after some years of programming.

Tools Included in this Chapter

- *Sample Output and Effect Indicators*
- *Incident Report Form/Consent for Release of Information*
- *Monthly Statistical Report Forms*
- *Client Feedback Form*

31. The IRC Causal Pathway Framework: A Guide to Program Design, Monitoring and Evaluation. International Rescue Committee, May 2001.

Description of the Tools

The samples of *Output and Effect Indicators* (defined in the Program Design section) can be useful in GBV program monitoring and evaluation. Following a multi-sectoral framework, *it is recommended that programs establish at least one indicator for response in each sector (health, psycho-social, security, legal/justice), at least one indicator about coordination, and at least one indicator related to prevention.* You may also choose to establish activity indicators to measure your activities. Activity monitoring (in addition to output and effect monitoring) may be required by some donors.

The *Incident Report Form* will enable you to collect and organize data about individual incidents of GBV using a consistent method that will facilitate better information sharing and storage. *The Consent for Release of Information Form* must be used to secure consent from individuals whose information you will be disclosing to other organizations or individuals. It is the responsibility of the GBV staff to maintain beneficiaries' confidentiality (please refer back to the Rights and Responsibilities of GBV Program Beneficiaries and Employees, pg. 165 of this manual).

The *Monthly Report Forms* enable the monthly compilation of GBV data in your setting. The forms should be completed every month in order for the information provided to be reliable and helpful. Regularly filling out monthly statistical reports will enable you to compare data about GBV over a series of months, identify trends, monitor long-term and short-term changes, and spot consistent issues or problems in your setting.

The *Client Feedback Form* will help you compile data from beneficiaries of GBV programs. This will give you important information on what beneficiaries believe are the strengths and weaknesses of your program, especially in terms of service delivery.

Some of the tools include additional introductory information and instructions. Read and follow these carefully. It should be remembered that monitoring and evaluation is a process that begins with well-considered objectives and clear and specific intended outcomes. Ongoing monitoring and evaluation includes *consistent* data collection and review.

Health services

Name of indicator	Type of indicator	Definition of Sample Indicator
Health staff training tools	Output	GBV training curriculum for health care staff developed and in use
Health staff qualifications/ training	Output	*Calculate:* Number of health care staff successfully completed GBV training / Total number of health care staff (all levels)
Active screening for GBV	Effect	*Calculate:* Number of GBV reports identified by active screening at health center / Number of GBV reports
Timely and appropriate post-rape care	Effect	*Calculate:* Number of reported rape survivors receiving basic set of health services within 3 days of incident / Number of reported rape incidents

Psycho-Social: Individual and Community

Name of indicator	Type of indicator	Definition of Sample Indicator
Gender balance in community mobilization	Output	Number of men's groups engaged in GBV awareness raising and prevention (Note: If using this indicator, need to clearly define the characteristics of groups)
Gender equity in decision-making	Effect	Number of refugee governing bodies that include equal numbers of men and women
	Effect	*Calculate:* Number of women members of refugee governing bodies who state women's opinions are influential in group decisions / Number of women members of refugee governing bodies
Level of community awareness	Effect	Increase in GBV report-rate Increase in timely post-rape care (calculation above in Health Services)
GBV and human rights awareness raising	Output	GBV and Human Rights training curriculum developed and in use
	Output	*Calculate:* Number [Refugees, NGO Staff, UNHCR Staff, Police, etc.] successfully completed Human Rights Training/Total Number of [Refugees, NGO Staff, etc.]
Survivors/women at risk engaged in reintegration and/or empowerment activities	Output	*Calculate:* Number of Survivors successfully completed vocational training courses or income generation projects / Total number of survivors identified Calculate: Number of women at high risk for GBV successfully completed vocational training courses or income generation projects / Total number of women at high risk for GBV identified [note: if using this indicator, need to clearly specify "high risk"]

32. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research and Training Institute, 2000-2003.

Police and Security Systems

Name of indicator	Type of indicator	Definition of Sample Indicator
Security system	Output	Number of police present per 10,000 population
Police training and capacity building tools	Output	GBV training curriculum for police developed and in use
	Output	Police procedures or guidelines for GBV cases established in local language
	Output	Number of guidelines distributed to police officers and commanders
Police trained in GBV procedures	Output	*Calculate:* Number of police successfully completed GBV training / Total number of police (all levels)
Gender-balanced security forces	Output	*Calculate:* Number female camp-based security workers / Number camp-based security workers
	Output	*Calculate:* Number female police officers / Number police officers
Police interview procedures	Effect	*Calculate:* Number of police posts with private interview space in use for GBV cases / Total number of police posts
Community awareness raising and Police training	Effect	*Calculate:* Number of GBV related assault cases reported to police / Total number GBV assault reports

Criminal Justice System

Name of indicator	Type of indicator	Definition of Sample Indicator
Proportion of cases filed in court	Effect	Number of GBV cases filed in court / Number of GBV cases reported to police
Case outcomes	Effect	*Calculate:* Number of GBV cases with Acquittal or Conviction within X months of the date charges are filed / Total number GBV cases filed in court

Coordination

Name of indicator	Type of indicator	Definition of Sample Indicator
Multi-sectoral approach	Output	Multi-sectoral and Inter-agency procedures, practices, and reporting forms established in writing and agreed by all actors
	Output	Number of organizations involved in developing those guides
	Output	Number of written procedures distributed for multi-sectoral referral and coordination
	Output	Number of inter-sectoral coordination meetings held
Coordination	Output	Number of contributing factors identified in coordination meetings through trend analysis of GBV reports
	Output	Number of inter-sectoral strategies developed to address identified contributing factors

INCIDENT REPORT FORM / CONSENT FOR RELEASE OF INFORMATION [33]

Introduction

The ***Incident Report Form*** is recommended for use by actors engaged in prevention and response to gender-based violence in refugee settings. The Incident Report Form is an inter-agency tool and was designed for the following purposes:

- To provide a comprehensive summary of the most relevant information about an individual incident.
- As an information sharing tool, to be copied and shared (with survivor consent) among and between actors or organizations involved in assisting the survivor and/or taking follow-up action.
- As a method for preventing the survivor from repeating the story and answering the same questions during multiple interviews.
- As a tool for collecting the most basic and relevant data, for use in monitoring and evaluating GBV incidents and GBV programming.
- As a means of collecting consistent data in all settings, to enable worldwide comparison of GBV data across programs, settings, countries, and regions.

The Incident Report Form is not an interview guide. Staff who interview survivors must be properly trained in skills for interviewing, active listening, and emotional support necessary for working with survivors. Separate forms may be needed for interview guides and note taking. It is important to remember that a survivor may be emotionally traumatized. Therefore, great care must be taken to interview with compassion and respect. It may be appropriate to complete the form outside of the presence of the survivor.

Mechanisms and procedures for reporting, referral, and coordination should be established during the design stage of GBV programming. Meet with organizations and individuals in your setting to determine each group's information needs and how best to use the completed Incident Report Forms.

In most settings, the following procedures are useful:

- One organization or group is designated as the "lead agency" for maintaining all report data, receiving the majority of reports, and providing immediate assistance. Often, this is either the UNHCR Community Services staff specializing in GBV, or a health care facility's reproductive health center, or a refugee women's organization.

- Original completed Incident Report Forms are maintained in the lead agency's offices in locked files.

- **<u>With</u> Survivor consent to share information**:
  Lead agency gives copies of the completed Incident Report Form, within 24 hours, to organizations most in need of this information, such as UNHCR Protection, health facility, and the designated community services agency. Others, such as police, may also receive copies, depending on Survivor's choices.

- **<u>Without</u> Survivor consent to share information**:
  In a camp setting, the lead agency provides information to UNHCR Protection within 24 hours; however, the incident report MUST NOT include any information identifying the Survivor. UNHCR needs this information in order to perform their protection mandate. In a non-camp setting, participating agencies should determine the methods for sharing NON-IDENTIFYING information in cases where a Survivor does not provide consent, so to protect the anonymity of Survivors but also satisfy the goal of collecting data on GBV cases.

33. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research & Training Institute, 2000-2003, and *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, Guidelines for Prevention and Response,* UNHCR. May 2003

INSTRUCTIONS FOR COMPLETING INCIDENT REPORT FORM
PAGES 1-2

INCIDENT TYPE:

Use consistent words/definitions to enable proper data collection, tracking of incident data, monitoring, and evaluation.

The following types of GBV are recommended to characterize incident type. You will need to discuss with your GBV stakeholder/inter-agency team and add any types/definitions of GBV that are occurring in your setting and not included on this list.

Rape/Attempted Rape

An act of non-consensual sexual intercourse (the invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the genital or anal opening of the victim with any object or any other part of the body by force, threat of force or coercion). Any penetration is considered rape; efforts to rape someone which do not result in penetration are considered attempted rape. Consent by a minor must be evaluated against international standards in which those under the age of 18 are legally considered unable to provide informed consent. Rape/attempted rape may include:

- rape of an adult female;
- rape of a minor (male or female), including incest;
- gang rape, if there is more than one assailant;
- marital rape, between husband and wife; or
- male rape, sometimes known as sodomy.

Sexual Abuse

Other non-consensual sexual acts, not including rape or attempted rape. Sexual abuse includes acts performed on a minor. As above, even if the child has given consent, sexual activity with a minor may indicate sexual abuse because she/he is considered unable to give informed consent. Examples of sexual abuse are:

- forced removal of clothing;
- forcing someone to engage in sexual acts, such as forced kissing or forced touching; or
- forcing someone to watch sexual acts.

Sexual Exploitation

Sexual exploitation includes sexual coercion and manipulation by a person in a position of power who uses that power to engage in sexual acts with a person who does not have power. The exploitation may involve the provision of assistance in exchange for sexual acts. In these situations, the survivor may believe that she/he has no other option than to comply (perhaps to protect her family, to receive goods or services, etc.), so that even if consent is given, it is *manipulated* or *coerced*. Examples include:

- humanitarian worker requiring sex in exchange for material assistance, favors, or privileges;
- teacher requiring sex in exchange for passing grade or admission to class;
- refugee leader requiring sex in exchange for favors or privileges; or
- soldier or security worker requiring sex in exchange for safe passage.

Forced Early Marriage

This occurs when parents or others arrange for and force a minor to marry someone. Force may occur by exerting pressure or by ordering a minor to get married, and may be for dowry-related or other reasons. Forced marriage is a form of GBV because the minor is not allowed to, or is not old enough to, make an informed choice.

Domestic Violence: Intimate Partner or Other Family Members

Domestic violence takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between family members (for example, mothers-in-law and daughters-in-law). Domestic violence may include sexual, physical, and psychological abuse. In any reference to domestic violence, it is important to be clear whether the violence is perpetrated by an intimate partner or another family member. Other terms used to refer to domestic violence perpetrated by an intimate partner include "spousal abuse" and "wife battering." Examples include:

- slapping, hitting, beating, kicking, use of weapons;
- verbal and emotional abuse, including public humiliation, forced isolation;
- murder or threats to life;
- spouse's control and deprivation of his/her partner's access to food, water, shelter, clothing, health care, fertility (forced pregnancies and/or abortions);
- wife is beaten or abused for not performing her duties according to husband's expectations (refuses sex, food is late to be prepared, etc.); or
- a woman is beaten by her mother-in-law because of the woman's subordinate status in the household.

Trafficking for Sex or Labor

Trafficking, as defined by the International Organization of Migration (IOM), occurs when "a migrant is illicitly engaged (recruited, kidnapped, sold, etc.) and/or moved either within or across borders…Intermediaries (traffickers) during any part of this process obtain economic or other profit by means of deception, coercion, and/or other forms of exploitation under conditions that violate fundamental human rights of migrants." [34] Women and girls are at primary risk of trafficking, in the form of trafficking for domestic work, forced prostitution, forced marriage, etc.

Female Genital Cutting (FGC)

FGC entails cutting of healthy female genital tissue, usually as part of a traditional ceremony that symbolizes rite of passage for the victim. Adult women and girls may consent to FGC due to social and cultural pressure, or may be physically forced. Minors are often physically forced; even if not, they are considered unable to give informed consent due to their age. FGC is also referred to as Female "Circumcision" and Female Genital Mutilation.

Other Gender-based Violence

This includes physical, mental, or social abuse that is directed against a person because of his or her gender role in a society or culture. Examples include:

- a girl is not allowed to go to school because of gender role expectations in the family (housekeeping, cooking, care of children, etc.);
- a girl or woman is required to marry against her will according to local custom; or
- a woman or girl is prevented from freely walking around in her own community because of cultural practices that require women to be accompanied by a male when in public.

Non-Gender-based Violence Cases

Some cases come to GBV workers which are not representative of GBV. These should not be categorized as GBV cases, but they might be counted separately when describing the program's actions and activities in reports, particularly for the area of prevention. Examples include:

- child abuse (physical or psychological abuse that is not gender-based);
- domestic arguments and problems that are not reflective of gender inequities, e.g., children with behavior problems;
- general health problems.

34. See IOM website at **www.iom.int** for more information on their global trafficking initiatives.

SECONDARY INCIDENT TYPES

Use this space only if there is more than one type of gender-based violence that occurs during one incident.
Example: Rape and forced marriage
Incident Type - Rape
Secondary Incident Type - Forced Marriage

CASE NUMBER

If you choose, assign the Survivor a case number or incident number. This is often useful for confidentiality; the incident is referenced by number rather than by Survivor's name. It is also useful in situations where one Survivor suffers repeated incidents. In a separate notebook, incident numbers are cross-referenced with Survivor names; to ensure confidentiality, this is maintained separately from Incident Report Forms, but also in a locked file.

CAMP (If Appropriate)

Name of the refugee camp where the Survivor lives.

DATE AND TIME OF INTERVIEW

Date and time of day that you first interview the Survivor and take the report.

PREVIOUS INCIDENT NUMBERS FOR THIS CLIENT (if any)

If this client has been seen before, and if you use NGO Incident Numbers, note any prior incident numbers assigned in the past. If you don't know the numbers assigned, try to list month/year of previous incidents, or somehow indicate that this client has been seen before for other incident(s).

SURVIVOR INFORMATION

NOTE: In settings where confidentiality of these forms cannot be assured, it is recommended that you do NOT include survivor name, full address, and other identifying information on this form. Instead, use NGO Incident Number (see above).

Name Full name of survivor

Age Age at present time

Yr of Birth What year Survivor was born

Sex F for Female; M for Male

Address Full address in camp, including Village/Block, Street, Plot/House, etc.

Tribe Tribal or ethnic affiliation, if any. If unknown, write "unknown"

Marital Status Single, Married, Divorced, Separated, Widowed, or Spouse Location Unknown

Occupation If he/she is employed, write occupation. If not employed, write "None."

No. of Children How many children live with her/him?

Ages [of Children] List ages of children living with Survivor (Example: 6 months, 2 yrs, 8 yrs)

Head of Family List name of head of family and relation to Survivor. If Survivor, write "Survivor". In a refugee setting,

head of family usually means the person in the household who is listed as head of family with UNHCR, for food distribution, and/or with the host country registration system. You may need to discuss this definition and clarify for your setting.

UNHCR "Vulnerable" Designation (if any)

In a refugee setting, if Survivor is designated as a "vulnerable" individual according to UNHCR, list those vulnerabilities. (Example: Unaccompanied Minor, Disabled, or Elderly). In a non-refugee setting, discuss and clarify categories of vulnerability.

Ration Card No. or ID Card No.

In a refugee setting, if she/he has a ration card and/or ID card with her/him and in her/his name, write the number(s). If not, write "unknown". If she/he does not have these cards at all, write "No card."

If Survivor is a Minor Child

If the Survivor is under age 18, fill in these lines:

Name of Caregiver - Name of person acting as parent.

Relation - Specify the family member: Mother, Father, Sister, Aunt, etc. If not living with her own family but is living with a caretaker family, write "Foster Family."

THE INCIDENT

Location

Be specific, using addresses or other common identifiers.
Examples for a refugee setting where addresses may not be available:

- On path to Mtendeli Camp
- 20 minutes outside camp near main road entrance
- In camp, Village B
- In camp, near Spanla Bar
- Behind latrines, C2, 23
- Outside Bamba Bar in town

Date Date the incident occurred

Day Day the incident occurred (i.e., Mon, Tues, Wed, Thurs, Fri, Sat, Sun)

Time Time the incident occurred. Use 24-hour time or specify AM or PM.

Description of Incident

Summarize the Survivor's story of what occurred, what were the circumstances leading up to the attack, what happened during the attack, what did she/he do afterwards, what did the perpetrator do afterwards. Be complete in this description – but remember this is a summary. Use additional paper if you need more space.

Present Day After-effects

Mark an X for any that apply.
It is important that the interviewer have training and skill in interviewing Survivors. This section is only a brief summary to give a general description of the Survivor's present day emotional/psychological functioning. In most cases, you will NOT ask all of these questions directly. If you have received counselor training, you will be able to make this assessment and ask only relevant questions when it is appropriate to do so. If you have NOT received counselor training, leave this section blank.

PERPETRATOR INFORMATION

Fill in all spaces, as listed on the form, with information about the alleged perpetrator. Complete this section similar to Survivor section above. Be as complete as possible.

WITNESSES

Describe Presence of any Witnesses
Describe in detail: people walking nearby, someone watching, anyone who heard or saw anything.

Names and Addresses [of witnesses]
Be specific, giving full addresses if possible.

ACTION TAKEN

Use this section to list any action taken by you or by Survivor or anyone as of the time you are filling out this form. Be specific with names, dates, and action taken as listed on the form.

MORE ACTION NEEDED AND PLANNED ACTION

Danger Assessment & Immediate Safety Plan
This section is essential if Survivor lives with or near the alleged perpetrator, and if the perpetrator is still at large. Be specific about potential continuing danger and Survivor's plan for safety.

Be specific of what action you will take, what action the Survivor plans, and what other action you think is needed by anyone.

PRINT YOUR NAME

SIGN THE FORM

MEDICAL EXAMINATION, PAGE 3

NOTE: Page 3 is optional. In some settings, it is useful to have this medical summary attached to the Incident Report Form. In other settings, health staff find this form redundant and therefore unnecessary. If the Survivor chooses to report the case to the police, there may be a medical evidence form required by law in your setting; in these situations, completing Page 3 of this form is probably unnecessary. You will need to discuss this with your stakeholder/inter-agency team and determine when/how to use Page 3 of this Incident Report Form.

Complete the top section: Survivor Name, Yr of Birth, Sex.

- If Survivor does not want or need to have a medical examination, explain the reasons why. In this case, the remainder of page 3 should be blank. NOTE: In some cases, such as Sexual Harassment, *where there was no physical contact and there are no injuries*, medical examination may not be necessary if the Survivor does not wish to go to the Health Center and does not wish to press charges with the police.

- If the Survivor has already been seen at the Health Center, ask Survivor for consent (see instructions for Consent for Release of Information) and take this form to the health worker and have him/her complete it and sign it.

- If the Survivor needs a medical examination and has not been to the Health Center yet, escort her there and give the form to the health worker for completion.

For the health care worker completing the form:

Date of Exam The date Survivor is/was examined related to this incident.

Time Time of examination related to this incident.

Name of IPD/OPD Name of in-or out-patient facility where exam is conducted.

Summary of Medical Treatment Given

Complete this section ONLY if Survivor gives consent for sharing such information (see instructions for Page 4, Consent). Include a brief summary of treatment given. Details of this information will be on the health facility forms, to be kept at the health facility.

Medical Follow-up Recommended

Mark appropriate boxes with an X.

Additional Comments

Use this space if there are any specific recommendations or comments the health worker deems necessary.

Print name of person conducting examination
Print title of person conducting examination
Signature of person conducting examination
Name of organization and stamp (if appropriate)

CONSENT FOR RELEASE OF INFORMATION, PAGE 4

In most refugee settings, incident data should be shared among health care, community services, and UNHCR protection staff. In non-refugee settings, the sharing of information should be determined by the agencies engaged in providing GBV-related services. Before sharing any information, however, there must be survivor consent. The form on Page 4 is recommended.

Read the entire form to Survivor and mark with an X all organizations to be included. If she is able to sign, obtain signature. If not, obtain thumb print and witness signature.

Information must be protected in accordance with Survivor's wishes, respecting any restrictions she chooses.

If Survivor does not consent to information sharing, then only non-identifying incident information can be released to others.

SAMPLE INCIDENT REPORT FORM FOR REFUGEE SETTING

NOTE: In adjusting this form for non-refugee settings, efforts should be made to minimize changes, so as to ensure consistency in data collection in all humanitarian contexts.

INCIDENT REPORT FORM ***CONFIDENTIAL***

Instructions	- Form to be completed by fully trained and designated staff. - Original to be maintained in designated agency (outside camp). - Copy to be delivered to UNHCR Protection Officer, in sealed envelope, as soon as possible. (If survivor wishes to report incident to police, Protection Officer must have copy within 24 hours.) - Attach additional pages with continued narrative, if needed.
NOTE	***This form is NOT an interview guide. Staff must be properly trained in interviewing survivors. Separate forms are available for counseling and health exam/treatment.***

INCIDENT TYPE		Secondary incident type
Case Number	Camp	Date and Time of Interview
Previous Incident Numbers for this Client (if any)		

SURVIVOR INFORMATION			
Name	Age	Yr of Birth	Sex
Address	Tribe	Marital Status	Occupation
No. of children	Ages	Head of family (self OR name, relationship to survivor)	
UNHCR "Vulnerable" designation (if any)		Ration Card No. or ID Card No.	
If Survivor is a minor child, Name of Caregiver		Relation	

THE INCIDENT			
Location	Date	Day	Time
Description of Incident (summarize circumstances, what exactly occurred, what happened afterward)			

PERPETRATOR INFORMATION			
Name	No. of Perpetrators		Sex
Address	Nationality	Age	Tribe
Relationship to Survivor	Marital Status	Occup.	
If perpetrator unknown, describe him/her, including any identifying marks			
Current location of perpetrator, if known: Is perpetrator a continuing threat?			
If Perpetrator is a Minor, Name of Caregiver: Relation:			
WITNESSES			
Describe presence of any witnesses (including children)			
Names and Addresses			

ACTION TAKEN – Any action already taken, by anyone, as of the date this form is completed		
Reported to	**Date Reported**	**Action Taken**
POLICE Name		
SECURITY Name		
UNHCR Name		
LOCAL LEADERS Name		
HEALTH CARE see page 3 of this form for name/info.		
OTHERS Name		

MORE ACTION NEEDED AND PLANNED ACTION – As of the date this form is completed
Danger assessment & immediate safety plan:
Is Survivor going to report the incident to the police? ☐ Yes ☐ No
Is she/he seeking action by elders tribunal/traditional court? ☐ Yes ☐ No
What follow-up will be done by the Community Development/GBV workers?
What further action is needed by UNHCR and/or others?
Form completed by (Print Name): Signature:

Page 1 and 2 (filled) + Page 3 (1st two lines filled) to be hand carried by staff, with Survivor, to Health Center. Page 3 to be completed by health care staff. OR if Survivor did not have medical examination at the time of reporting the incident, explain reasons below.

SUMMARY OF MEDICAL EXAMINATION

Survivor Name	Yr of Birth	Sex

(If applicable) Reasons survivor did NOT have a medical examination at this time:

TO BE COMPLETED BY HEALTH CENTER STAFF

Date of Exam	Time	Name of IPD/OPD

Before interviewing/examining the survivor, read pages 1-2 of this form.
Avoid asking survivor to repeat information s/he has already provided.
Medical Examination Findings are to be recorded on the appropriate health facility forms, in accordance with relevant protocols and guidelines.
Medical records, documentation, forms, etc., are confidential and are to be kept in the health facility in a secure location. Medical information is to be released only with specific survivor consent.
THIS PAGE DOES NOT REPLACE THE HEALTH FACILITY MEDICAL EXAM FORM. (IT IS IN ADDITION.)

SUMMARY OF MEDICAL TREATMENT GIVEN

NOTE
This information may be important for the counselor to know for follow-up assistance; however: *obtain survivor's consent to share this information.*
Include information on emergency contraception, forensic examination, post-exposure prophylaxis for STIs/HIV/AIDS, referrals provided.

MEDICAL FOLLOW-UP RECOMMENDED

	Follow-up visit to health facility in two weeks
	Follow-up visit to health facility in six months
	Other, specify:

ADDITIONAL COMMENTS

EXAMINATION CONDUCTED BY:

Print Name	Title
Signature	Name of organization & stamp

CONSENT FOR RELEASE OF INFORMATION

Note: The purpose of this form is for you to obtain Survivor's permission to share her/his information about the incident with other relevant organizations/individuals.

To the staff member or volunteer completing this form:
Read the entire form to the client, explaining that s/he can choose any (or none) of the items listed. Obtain signature or thumb print with witness signature.

I, _____ , give my permission for the
(print survivor name)
following organizations to share information about the incident I have reported in this form, and about my current needs. I understand this permission is needed so that I can receive the best possible care and assistance. I understand that the information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I need and request.

(Mark with an X all that apply)

☐ Community Services agency (name) _____

☐ Health Center (name of organization) _____

☐ UNHCR (Protection Officer, others) _____

☐ Police

☐ Camp/block leader, specify name(s) _____

☐ Others, specify: _____

_____

Signature or thumb print _____

Witness (or thumb print) _____

Date _____

MONTHLY STATISTICAL REPORT FORMS [35]

Introduction

One essential element for monitoring and evaluation is ***compiling and analyzing information about the types of GBV*** occurring in the setting. Some of this information is easily available in completed Incident Reports. Much of this information, however, goes unreported, and must be obtained from other sources such as focus groups and other discussions with the refugee population and with other organizations working with refugees. These discussions should be part of your ongoing program activities.

Monthly Report

You and other key stakeholders in your setting will determine how information is to be gathered and reported each month, including who is responsible for this. Monthly reports are shared and discussed with key stakeholders, as agreed. These monthly reports provide the basis for guiding your ongoing planning and development of GBV prevention and response activities.

The sample GBV Monthly Statistical Report included in this section is for use in camp settings. Each refugee setting may generate more than one report, depending on how many refugee camps are being served. It is advisable to have individual camp reports and also one report for the country that compiles data from all camps into one report.

The sample GBV Monthly Statistical Report may be revised for non-camp settings so that the same basic statistical data is collected. It is important, in this case, to ensure that different agencies do not report on the same incident, so that the compiled reports can generate accurate numbers of incidents. Strategies to reduce over-reporting should be part of the design of data collection, with a lead agency designated to review reports for accuracy.

The statistical report format includes the minimum recommended information to be compiled and reported each month for the purpose of monitoring and evaluating program outcomes. It contains:

- Incident Report totals and report rate calculations
- Other information about GBV incidents (GBV occurring but not reported)
- Description and analysis of issues, contributing factors, and specific problems needing preventive action
- Status/measurement report of your established program indicators

Depending on your situation and country plan, you may wish to add more information to your monthly report.

Reporting Rate Based on Population Size

A key piece of data is the GBV Report Rate for that month. Calculating the reporting rate, and not just counting numbers of reports, will allow you to compare rates across time and across settings in your country. The reporting rate takes into consideration the population, and gives a more meaningful number for comparison than simply the number of reports.

Calculate the “GBV report rate” for the month

a. ____ = Number of GBV cases reported during the month

b. ____ = Total population in the setting during the month

c. a / b x 10,000 = GBV reports per 10,000 population during the month

This calculation will give you the report rate for all types of GBV. It is important to repeat this calculation for each type of GBV seen in your setting: In-Camp Rape report rate, Out-of-camp Rape report rate, Attempted Rape report rate, Domestic Violence report rate, etc.

35. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research and Training Institute, 2000-2003.

Incident Detail Information

As part of your monitoring and evaluation plan, you will need to allow time for systematic and continuous compiling of incident details. The following pages include worksheets that, if used consistently, can provide detailed information for data analysis without needing a lot of time or extensive computer programs.

Most GBV initiatives in humanitarian settings are addressing several different types of GBV. Each different type of GBV has its own unique characteristics, contributing and risk factors, as well as specific outcomes and after-effects. It is therefore necessary to compile and review different sets of information for each of the different types of GBV in your setting. These unique sets of information will provide the guidance you need for ongoing program planning and development.

The worksheets, as attachments to the monthly camp/setting report, contain recommended data elements for developing an understanding of each type of GBV. We recommend that you review the worksheets provided, revise as appropriate, and add additional worksheets for other types of GBV that occur in your setting.

SAMPLE MONTHLY STATISTICAL REPORT

Country _____ Camp/Location _____

Month _____ Year _____ Camp population this month _____

INCIDENTS REPORTED THIS MONTH

TYPE OF INCIDENT REPORTED	NUMBER OF REPORTS THIS MONTH – INCIDENT OCCURRED *THIS* MONTH	NUMBER OF REPORTS THIS MONTH – INCIDENT OCCURRED *PRIOR TO THIS MONTH*	REPORT RATE PER 10,000 POPULATION*
Rape (in/near/around camp)			
Rape (during flight in home or host country; before arrival in camp)			
Attempted Rape			
Sexual Abuse/Assault			
Sexual Exploitation			
Forced Marriage and/or Attempted			
Domestic Violence (intimate partner)			
Domestic Violence (other family member)			
FGC and/or Attempted			
Other GBV			
TOTAL ALL GBV INCIDENTS REPORTED			

*__CALCULATING THE REPORT RATE PER 10,000 POPULATION:__ for each month, for each type of GBV, calculate:

a) _____ = number of incidents reported during month

b) _____ = total population of camp during month

c) a / b X 10,000 = Incident reports per 10,000 population during the month

ADDITIONAL INFORMATION ABOUT GBV THIS MONTH

This section will provide a broader description of the types, extent, causes, outcomes, and analysis of GBV than the sample monthly statistical report will allow.

Briefly describe additional relevant information about GBV this month. This could include the following:

- Types/extent of GBV occurring that are not reported and counted as "incidents":
  - information gathered through camp visits, observations, focus groups, committee meetings, school visits, section/block leaders, and other interactions with the refugee population—with women, men, youth, children
  - anonymous reports from other organizations (reports they received but have no consent to share identifying information)
  - information gathered through coordination meetings and discussions with other NGOs, UN agencies, police, security workers, etc.
- Information about case outcomes that are important or unusual, or especially difficult or famous cases. Might include decisions by traditional courts or national courts, police action, UNHCR action, actions taken by refugee men's groups, etc.

SUMMARY OF ISSUES, PROBLEMS, ACHIEVEMENTS, AND FACTORS CONTRIBUTING TO GBV IN THIS SETTING, IDENTIFIED THIS MONTH

Issue – Problem – Risk Factor – Situation	Prevention Plan, as discussed and agreed by inter-agency coordination group *	Achievements

GBV INDICATORS

In this section, list the main indicators you are using in each of the sector/functional areas and indicate this month's measurement for each and the year-to-date total. For year-to-date, indicate the month/year for start of the year you are measuring.

Description of Indicator	This Month's Measure	Year-to-Date Measure Total *(specify month/year)*
Health Response:		
Psycho-Social Response:		
Security/Safety Response:		
Legal/Justice Response:		
Prevention:		

* NOTE: This group includes refugees, UNHCR, host government, and NGOs.

SAMPLE INCIDENT DATA WORKSHEETS

Good quality GBV prevention and response requires monitoring and analyzing details of incident reports. This includes details about each incident, demographic information about survivors and perpetrators, response action, and case outcomes.

For the different types of GBV, there are varying situational factors, survivor needs, response actions, and opportunities for prevention planning. Therefore, there are different information needs for the different types of GBV occurring in your setting. Collecting, compiling, and analyzing this information will increase your understanding of any trends and patterns, which should guide you in ongoing program planning and development.

The following pages contain suggestions for specific data elements to collect for reported incidents of:

- Rape
- Forced Marriage
- Domestic Violence (intimate partner abuse)

For other types of GBV in your setting, you will need to develop your own data sheets, based on those provided here.

Instructions

In each camp/setting, there must be one office where all incident reports are compiled. As always, these records must be locked to ensure confidentiality.

Each time there is an incident reported, someone will complete an Incident Report Form and it will be forwarded to the UNHCR protection officer responsible for compiling and keeping Incident Report Forms.

Each month, there is a new set of data sheets for each type of GBV in your setting. One data sheet is used for all incidents of that type reported in the month. When an Incident Report Form comes in, the person should review it and complete the relevant data sheet. This involves putting a “tick” mark in the “Numbers” column. This same process is repeated with each Incident Report Form during the month.

At the end of the month, count the tick marks in each row, and give a number for the total.

These compiled data sheets should be attached to the monthly GBV report for the setting and distributed to members of the coordination team at camp level and field office level. This provides essential information for understanding the nature and extent and any patterns or trends in GBV so that you can effectively plan both response and prevention actions.

NOTE: If there is only one reported case of any type in the month, you must be especially careful to protect confidentiality for that survivor. Consider whether it is appropriate to list all the data elements about that case; perhaps you should give general information about case details.

See pages 199-201 for an example of a completed 3-page rape data sheet for a month.

ANALYSIS OF RAPE CASES (page 1 of 3)	
DETAILS	**NUMBERS**
Location of Incident	
Nearby village	
Bush area outside camp (m or km outside camp)	
Other location outside camp (list on right)	
In Camp; housing area	
In Camp; market or other area	
Before arriving in camp (during flight, in home country or host country or other refuge country – before arriving in this camp)	
Time of Day: Number of cases that occurred during…	
Day (07:00 – 17:00)	
Evening (17:00 – 20:00)	
Night (20:00 – 07:00)	
Day of Week: Number of cases that occurred on…	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Circumstances: Number of cases involving	
Looking for firewood/food	
Outside camp travel non-firewood or food related	
Survivor alone in home	
Other (specify to the right of this column)	
ALLEGED PERPETRATOR INFORMATION	
Number of perpetrators	
One	
Two	
Three or more	
Sex of Perpetrator	
Male	
Female	
Age of Perpetrator	
Under 5 years	
5-12 years old	

ANALYSIS OF RAPE CASES (page 2 of 3)	NUMBER
13-17 years old	
18-49 years old	
50 years or older	
Unknown age	
Nationality of Perpetrator	
Specify Home country	
Specify Home country (if more than 1 in this setting)	
Specify Host country	
Unknown	
Perpetrator's Relationship to survivor	
Stranger	
Relative	
Friend or friend of the family	
Others, such as neighbors	
None or unknown	
SURVIVOR DETAILS	
Sex	
Male	
Female	
Age	
Under 5 years	
5-12 years old	
13-17 years old	
18-49 years	
50 or older	
Unknown age	
If Survivor is Minor (under 18 years)	
Lives with parents (both mother and father)	
Lives in single parent household (mother or father)	
UAM in foster care	
UAM living alone/no foster care	
If Survivor is Adult (18 or older)	
Survivor is head of family	
Single	
Married	
Widow	
Separated/Divorced	
Number of children living with survivor	
1 child	
2-5 children	
6 or more children	

ANALYSIS OF RAPE CASES (page 3 of 3)	NUMBER
ASSISTANCE RECEIVED FOR RAPE CASES REPORTED THIS MONTH	*THIS MONTH ONLY!*
Medical care	
Medical exam and treatment received	
Psychosocial support/counseling received	
Medical exam within 3 days/72 hours of incident	
Emergency contraception received	
Police and justice system	
Survivor does not want to report to police	
Reports to the police/securities	
Perpetrator arrested; court pending	
Other response information	

ANALYSIS OF FORCED MARRIAGE CASES	NUMBER
HUSBAND INFORMATION	
Age	
13-17 years old	
18-49 years old	
50 or older	
Unknown age	
WIFE / SURVIVOR INFORMATION	
Age of Survivor	
5-12 years old	
13-17 years old	
18-49 years old	
50 or older	
Unknown age	
FAMILY INFORMATION	
Parents / Family supported the marriage	
Someone/anyone in family did NOT support the marriage	
Survivor did NOT want to be married	
Husband did NOT want to be married	
SCHOOL/COMMUNITY INFORMATION	
Survivor dropped out of school due to marriage	
Teachers expressed concern / opposed the marriage	
Camp Committee acted on the case	
Survivor and family satisfied with case outcome	
Survivor NOT satisfied; family satisfied	
OUTCOMES ***(of cases reported this month)***	**THIS MONTH ONLY!**
Separation/annulment (ending of the marriage)	
Survivor returned to family home	
Survivor returned to school	
Other	
OTHER INFORMATION – Circumstances, factors involved	

DOMESTIC VIOLENCE CASES – intimate partner/spouse abuse	NUMBER
INCIDENT	
Physical	
Mental/Verbal/Humiliation/Isolation/Economic	
Sexual	
Combined physical and other (mental, sexual, economic, etc.)	
Perpetrator is male (husband, ex-husband, boyfriend)	
LOCATION	
Outside camp	
In camp, in survivor/perpetrator's house	
In camp, in public area	
In camp, other area	
TIME OF DAY	
Day (07:00 – 17:00)	
Evening (17:00 – 20:00)	
Night (20:00 – 07:00)	
DAY OF WEEK	
Monday – Thursday	
Friday	
Saturday	
Sunday	
Within 3 days of food distribution	
CIRCUMSTANCES/EVENTS RELATED TO THIS INCIDENT	
Alcohol or drug abuse	
Polygamy or girl/boyfriend problem	
Food ration argument	
Other (list to the right)	
OUTCOME (*of cases reported this month only)*	
Survivor stayed overnight in shelter/outside her own house (indicate number of nights)	
Camp Committee/Block Leaders acted on the case	
Survivor and Perpetrator satisfied with case outcome	
Survivor NOT satisfied; Perpetrator satisfied	
Survivor satisfied; Perpetrator NOT satisfied	
Separation; separate housing plot, ration card, etc.	
Married couple reconciled problems; living together	
Police report made; charges pending for court	
Counseling in progress; no outcome yet	
Other Relevant Information *(use back side of this page)*	

EXAMPLE ANALYSIS OF RAPE CASES (page 1 of 3)

DETAILS	NUMBERS
Location of Incident	
Nearby village	✓ 1
Bush area outside camp (distance)	
Other location outside camp (list on right)	
In Camp; housing area	✓ 1
In Camp; market or other area	
Before arriving in camp (during flight, in home country or host country or other refuge country – before arriving in this camp)	✓✓✓ 3
Time of Day: Number of cases that occurred during…	
Day (07:00 – 17:00)	✓✓✓✓ 4
Evening (17:00 – 20:00)	
Night (20:00 – 07:00)	✓ 1
Day of Week: Number of cases that occurred on…	
Monday	✓ 1
Tuesday	✓ 1
Wednesday	
Thursday	
Friday	
Saturday	✓✓✓ 3
Sunday	
Circumstances: Number of cases involving	
Looking for firewood/food	✓ 1
Outside camp travel non-firewood or food related	✓✓✓ 3
Survivor alone in home	✓ 1
Other (specify to the right of this column)	
ALLEGED PERPETRATOR INFORMATION	
Number of perpetrators	
One	✓✓ 2
Two	
Three or more	✓✓✓ 3
Sex of Perpetrator	
Male	✓✓✓✓✓ 5
Female	
Age of Perpetrator	
Under 5 years	
5-12 years old	

EXAMPLE ANALYSIS OF RAPE CASES (page 2 of 3)	NUMBER
13-17 years old	✓ 1
18-49 years old	✓✓ 2
50 years or older	
Unknown age	✓✓ 2
Nationality of Perpetrator	
Sudan	✓ 1
Somalia	✓ 1
Kenya	✓ 1
Unknown	✓✓ 2
Perpetrator's Relationship to survivor	
Stranger	✓✓✓ 3
Relative	
Friend or Friend of the family	✓ 1
Others, such as neighbors	✓ 1
None or unknown	
SURVIVOR DETAILS	
Sex	
Male	
Female	✓✓✓✓✓ 5
Age	
Under 5 years	
5-12 years old	✓✓ 2
13-17 years old	✓✓ 2
18-49 years	✓ 1
50 or older	
Unknown age	
If Survivor is Minor (under 18 years)	
Lives with parents (both mother and father)	
Lives in single parent household (mother or father)	✓ 1
UAM in foster care	✓ 1
UAM living alone/no foster care	
If Survivor is Adult (18 or older)	
Survivor is Head of Family	✓✓✓ 3
Single	
Married	
Widow	✓ 1
Separated/Divorced	✓✓ 2

Number of children living with survivor	
1 child	✓ 1
2-5 children	
6 or more children	✓✓ 2

EXAMPLE **ANALYSIS OF RAPE CASES (page 3 of 3)**	**NUMBER**
ASSISTANCE RECEIVED FOR RAPE CASES REPORTED THIS MONTH	***THIS MONTH ONLY!***
Medical care	
Medical exam and treatment received	✓✓ 2
Medical exam within 3 days/72 hours of incident	✓ 1
Psychosocial support/counseling	
Emergency contraception received	✓ 1
Police and justice system	
Survivor does not want to report to police	✓✓✓✓ 4
Reports to the police/securities	✓ 1
Perpetrator arrested; court pending	✓ 1
Other response information	
UNHCR moved survivor to “protection” area of camp	✓ 1

CLIENT FEEDBACK FORM

We would like to know what you think about the services we provide. Your responses to this short survey are completely anonymous and will not affect your treatment in any way. You do not have to fill out the survey but your responses will help us ensure that we provide the best possible treatment. Please circle your response to the following questions, or write your answer in the space provided.

1. How satisfied were you with the treatment you received here today?

Not at all			Somewhat		Extremely
1	2	3	4	5	6

2. Please describe what was most helpful to you.

3. Please describe what could have been done better.

4. Were you assisted in a respectful way? ○Yes ○No
   Did the person assisting you help you to feel comfortable? ○Yes ○No

5. Were you given information or help related to this issue? ○Yes ○No
   If Yes, was the information or service provided helpful? ○Yes ○No

Thank you for taking the time to complete this survey.

Your responses will help us improve the quality of care we are able to provide.

ADDITIONAL PROGRAM MONITORING AND EVALUATION RESOURCES

Embracing participation in development: Worldwide experience from CARE's reproductive health programs with a step-by-step field guide to participatory tools and techniques. CARE, October 1999.

Manual to evaluate quality of care from a gender perspective, IPPF, 1999. http://www.ippf.org/resource/meetings/991202gqc page3.htm.

Bender D E, Ewbank D. The focus group - a tool for health research: Issues in design and analysis. *Health Transition Review* 1994, 4 (1)63-80.

Goergen R. Cost effective and easy to handle methods for program design and evaluation in sexual and reproductive health programs for youths. GTZ Reproductive Health Project, Dar es Salaam. http://www.afronets.org/pubview.php/47/.

Centers for Disease Control (CDC). *Building data systems for monitoring and responding to violence against women: Recommendations from a workshop*. MMWR 2000 Oct 27; 49(RR11): 118. www.cdc.gov/mmwr/PDF/RR/RR4911.pdf

Jennings P, Swiss S. "Health and Human Rights: Women and sexual violence: Supporting local efforts to document human-rights violations in armed conflict." *Lancet* 2001, 357(9252): 302-3.

United Nations High Commissioner for Refugees (UNHCR). *How to Guide: Monitoring and evaluation of sexual gender violence programmes – Tanzania*. Geneva, UNHCR, 2000. www.rhrc.org/resources (under GBV)