

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 confidentiality 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/WOMEN⁷

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.

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 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:

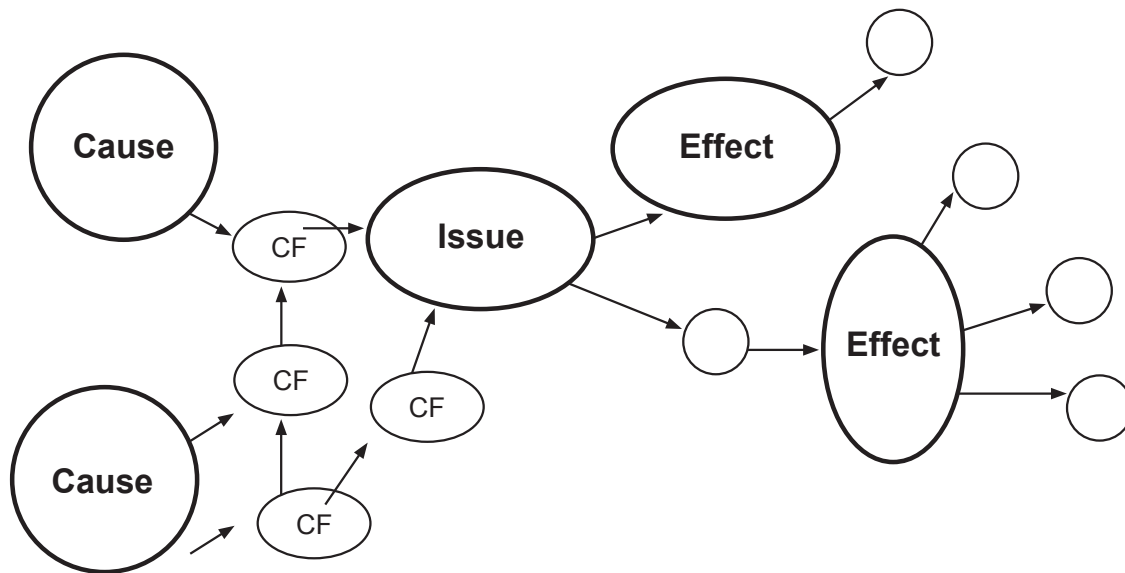
Pair-wise ranking can also be used to rank other issues, such as what kinds of interventions the community feels are most important to reduce violence against women and girls. In this case, sample lead questions might be: What do you think are the most effective methods for reducing sexual violence against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

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 \square). 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 Factors¹²

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.

Introduction¹³

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 Violence¹⁴

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 Activists*, 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	____ ____

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:	Difficult	Easy	DK	Refuse	
	A. General medical care	1	2	7	8	
	B. Reproductive health services and supplies like birth control and sanitary supplies	1	2	7	8	
	C. Police	1	2	7	8	
	D. Food	1	2	7	8	
	E. Supplies other than food	1	2	7	8	
	F. Religious services	1	2	7	8	
	G. Legal aid	1	2	7	8	
	H. Psychosocial assistance	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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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 <u>currently</u> married or living with a man?	1. No 2. Yes, currently married _____ <input type="checkbox"/> 3. Yes, currently living with a man _____ <input type="checkbox"/> 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	
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29.	Did you yourself choose your husband/partner, did someone else choose him for you, or did he choose you?	1. Both chose _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> 66. NA (never married) _____ <input type="checkbox"/> 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.	<p>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).</p> <p>How old was your current husband/partner(boyfriend) on his last birthday?</p>	<p>Years ____ ____</p> <p>66. NA (respondent's husband dead, no current partner) _____</p> <p>77. DK</p> <p>88. Refuse</p>	Skip to Q 42
35.	Can he read easily, with difficulty, or not at all?	<p>1. Not at all</p> <p>2. With difficulty</p> <p>3. Easily read</p> <p>7. DK</p> <p>8. Refuse</p>	
36.	Can he write easily, with difficulty, or not at all?	<p>1. Not at all</p> <p>2. With difficulty</p> <p>3. Easily write</p> <p>7. DK</p> <p>8. Refuse</p>	
37.	Has he ever attended school and if so, what is the highest level of school he attended?	<p>1. Did not attend school</p> <p>2. Primary</p> <p>3. Secondary</p> <p>4. High School</p> <p>5. University</p> <p>6. Other _____</p> <p>7. DK</p> <p>8. Refuse</p>	
38.	Is he currently working for money, working for trade, or is he unemployed? (circle all that apply)	<p>1. Unemployed</p> <p>2. Working for trade</p> <p>3. Working for money</p> <p>7. DK</p> <p>8. Refuse</p>	
39.	What kind of work does he do? (circle all that apply)	<p>1. No Work</p> <p>2. Farming</p> <p>3. Laborer</p> <p>4. Business</p> <p>5. Other</p> <p>7. DK</p> <p>8. Refuse</p>	

40.	Does he have relatives? If so, do his relatives live in the household or nearby?	1. No, does not have relatives _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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)	<ol style="list-style-type: none">1. Soldiers2. Paramilitary3. Civil defense forces4. Police officer or interrogator5. Prosecutor or judge6. Jail or prison guard7. Doctor/Medical person8. Teacher9. Religious worker10. Humanitarian relief worker11. Neighbor/Community member12. Unknown to respondent13. Other _____77. DK88. Refuse	
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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 _____	<table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> <th>DK</th> <th>Refuse</th> </tr> </thead> <tbody> <tr> <td>A. Bruises, scrapes, welts</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>B. Loss of consciousness (black out)</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>C. Dislocations</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>D. Broken bone or bones</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>E. Knocked out teeth</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>F. Deep wounds or cuts</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>G. Psychological difficulties, such as nightmares, intrusive memories, significant changes in sleep patterns</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>H. Other injury _____</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> </tbody> </table>		No	Yes	DK	Refuse	A. Bruises, scrapes, welts	1	2	7	8	B. Loss of consciousness (black out)	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	If no injuries reported, go to Q 60
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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																																														

<p>59.</p>	<p>What was the main reason you did <u>not</u> seek medical care for your injuries? (circle all mentioned)</p>	<ol style="list-style-type: none"> 1. <u>Did</u> 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 	
<p>60.</p>	<p>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)</p>	<ol style="list-style-type: none"> 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 	<p>Skip to Q 63</p>

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	

<p>64.</p>	<p>What has been most helpful to you so far in coping with your experience? (circle all that apply)</p>	<ol style="list-style-type: none"> 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 	
<p>65.</p>	<p>Are there other things that you think might be helpful to you in coping with your experience? (circle all that apply)</p>	<ol style="list-style-type: none"> 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.)	<p>___ ___ sisters assaulted (00 if no sisters were physically assaulted)</p> <p>77. DK</p> <p>88. Refuse</p>	
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?	<p>___ ___ sisters sexually assaulted</p> <p>77. DK</p> <p>88. Refuse</p>	<p>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)</p>
68.	Who did these things to your sister(s)?	<ol style="list-style-type: none"> 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 _____ <p>77. DK</p> <p>88. Refuse</p>	<p>If participant was not displaced during the war, go to Q 91</p>