

# Women, Health and Development Program

## Gender and Public Health Series



**Pan-American Health Organization**  
Regional Office of the World Health Organization

PAN-AMERICAN HEALTH ORGANIZATION  
Women, Health and Development Program

**Gender and Public Health  
Series**

**4**

PROJECT: STRENGTHENING AND ORGANIZATION OF WOMEN  
AND COORDINATED ACTION BETWEEN THE STATE AND  
CIVIL SOCIETY AT THE LOCAL LEVEL TO PREVENT AND  
ADDRESS FAMILY VIOLENCE

RESEARCH PROTOCOL

“Social Response to Family Violence  
at the Local Level”

**Montserrat Sagot  
April, 2002  
San José, Costa Rica**

Although the material in this publication may be freely quoted or reproduced, it is necessary to indicate the source and make reference to the title and ISBN.

An example of the publication that includes the quotation or reproduced part should be sent to The Women, Health, and Development Program of OPS in Costa Rica.

ISBN: 92 75 32264 3

© Copyright 2002 by the Pan American Health Organization,  
Women, Health, and Development Program

Adapted from the Research Protocol: "Domestic Violence: Women's Way Out" Pan American Health Organization, 2000

Send your comments and questions to:

Women, Health, and Development Program  
PAHO/WHO

P.O. Box 3745-1000 San Jose, Costa Rica

Email: [www@cor.ops-oms.org](mailto:www@cor.ops-oms.org)

---

## CONTENIDOS

---

PRESENTATION.....	iv
1. GENERAL OBJECTIVE OF THE PROJECT.....	1
2. PROJECT AIM.....	1
3. EXPECTED RESULTS OF THE PROJECT 1998-2001.....	1
4. RESEARCH TOPIC.....	1
5. BACKGROUND.....	2
6. CONCEPTUAL FRAMEWORK.....	3
7. DEFINITION OF CONCEPTS.....	6
8. TYPE OF STUDY.....	8
9. ASSUMPTIONS.....	10
10. SELECTION OF INFORMATION SOURCES AND DATA GATHERING TECHNIQUES.....	11
11. RESEARCH INSTRUMENTS.....	16
11.1. Interview Guides for Service Providers.....	17
11.1 (A) Health Sector.....	19
11.1 (B ) Judicial / Legal / Police Sector.....	22
11.1 (C) Education Sector.....	25
11.1 (D) Community/NGO Sector.....	27
11.2. Interview Guide for Women Affected by Family Violence.....	29
11.2 (A) Women Affected by Family Violence.....	30
11.3. Interview Guide for Focus Group.....	32
11.3 (A) Focus Group.....	33
12. ETHICAL CONSIDERATIONS.....	34
13. WORK PLAN AND SCHEDULE OF ACTIVITIES.....	35
ANNEXE 1: Categories of Analysis.....	38
Service Providers.....	38
The Affected Women.....	40
Members of the Community.....	41

## **PRESENTATION**

*The “Gender and Public Health” Series is produced by the Women, Health and Development Program of the Pan American Health Organization/World Health Organization in the sub-region of Central America with the purpose of disseminating different topics of interest which are promoted by the Program. Its goal is to stimulate reflection, analysis and actions from an interdisciplinary gender perspective on public health matters.*

*Under the auspices of the governments of Sweden and Norway, documents will be published in this Notebook Series which will help consolidate the process that is currently underway in the countries of Central America to incorporate gender considerations into policies and actions of the Health Sector. The content of the Series may be conclusions from workshops, contributions by individual authors and results of research.*

*The content of the works published and the manner in which the data is presented do not necessarily imply the position of PAHO/WHO's WHD Program on a particular topic.*

## **1. GENERAL OBJECTIVE OF THE PROJECT "TOWARD AN INTEGRATED MODEL FOR THE ATTENTION OF FAMILY VIOLENCE, 1998-2001"**

The existence of inter-sectoral answers in the community to the social problem of family violence against women in Central America.

## **2. PROJECT AIM**

An Integrated Model for the Attention of Family Violence in the Health Sector is consolidated and in operation in 30 communities in Central America.

## **3. EXPECTED OUTCOMES OF THE PROJECT 1998-2001**

- Norms and protocols for the detection, prevention and treatment of family violence and the promotion of non-violent relationships defined through consent and institutionalized in the Health Sector.
- Policies and training contents for the attention of women defined and human resources qualified in 30 selected communities.
- Groups and mechanisms created and strengthened in order to prevent and face family violence against women and for the promotion of healthy relationships in 30 selected communities.
- Proposals for technical and financial mechanisms at the national level presented to the Health Sector authorities in order to guarantee the sustainability of the integrated model for the attention of family violence.

## **4. RESEARCH TOPIC**

Given the nature of family violence, its incidence and its scope, measures in order to prevent and address it must be taken in both the government sphere and in the civil society. As a part of these efforts, and in connection with the second, third, and fourth expected outcomes of the "Project Prevention of Family Violence Action," the following topic is proposed to be studied in the seven Central American countries:

"The social response to family violence of the governmental and non- governmental institutions at the local level."

### **4.1 Research Question**

What is the social response towards family violence offered by governmental and non-governmental institutions at the local level and what are the factors that influence that answer?

### **4.2 Objectives of the Study**

4.2.1 To ascertain the actions undertaken by women victims of family violence and the answers obtained at the local level.

4.2.2 To ascertain the perceptions of women victims of family violence about the answers found in their search for help and ending of their violence-related problems.

4.2.3 To ascertain the accessibility, availability and quality of existing services for the prevention and attention of family violence in the community.

4.2.4 To ascertain the social meanings of service providers and members of the community in regards to family violence and the answers offered at the local level.

### **4.3 Purpose of the Study**

To formulate recommendations and to endow the social local actors with tools in order to contribute to the elaboration of a model of prevention and attention of family violence.

## **5. BACKGROUND**

During the last decade, violence against women was increasingly viewed as an issue worthy of international concern and action. Women's organizations all over the world took up gender-based violence as a priority issue during the United Nations Decade for Women (1975-1985). The United Nations General Assembly adopted its first resolution on violence against women in November of 1985. Since then, the UN has sponsored several meetings of expert groups on violence against women. It has also followed up on the issue through its Commission on the Status of the Woman, the Economic and Social Council, the United Nations Statistics Division, and the Commission for Crime Prevention and Criminal Justice.

Two new international instruments have been formulated that recognize all types of gender-based violence as a violation of human rights: the United Nations Declaration on the Elimination of Violence Against Women and the more comprehensive Inter-American Convention for the Prevention, Punishment and Eradication of Violence Against Women (Convention of Belém Do Pará) sponsored by the Organization of American States and ratified by many countries in the region of the Americas.

Also, in the document that established its strategic and programmatic orientations for 1991-1994, the Pan-American Health Organization (PAHO) highlighted the need to incorporate women into development efforts and recognized abuse against women as a public health problem that requires priority attention. In its 13th Meeting, held in April 1993, the Sub-Committee on Women, Health and Development of PAHO called on the Organization to establish a strategy and develop lines of action that would consider the issue of the violence against women as a public health emergency that calls for immediate attention.

In 1994, the Sub-Regional Project on Family Violence against Women was approved in Central America, with funding from Sweden and Norway and in 1995 the same project was extended to the Andean countries: Ecuador, Peru, and Bolivia, with Dutch funding. The research project "Critical Route of Women Affected by Family Violence" was carried out between 1996 and

1997, as a part of this project, with the purpose of contributing to these international and local efforts to prevent and face violence against women.

This protocol is an adaptation of the protocol used in the study "the Critical Route" and it is framed within the new PAHO initiatives to strengthen and consolidate an integrated model for the attention of family violence at the community level in Central America.

## 6. CONCEPTUAL FRAMEWORK

Family violence is a large-scale social problem that affects important segments of the population on a regular basis. Women, girls, boys and the elderly of both sexes bear the greatest brunt. This violence has a clear direction: in most cases it is exercised by men against women and girls. The abuse of women by their intimate partner is an endemic form of family violence. According to studies carried out in Latin America and other countries, between one-fourth and more than one-half of women report having been abused by their partners. In fact, in 92% of the cases of violence between spouses, the man is the perpetrator.<sup>1</sup>

In relation to child abuse, 87% of the cases of physical abuse and 90% of the cases of sexual abuse are perpetrated against girls; in the great majority of these cases, the abuser is a man of the family.<sup>2</sup> However, these statistics do not reflect exactly the magnitude of the problem. In fact, one of the main characteristics of family violence is its hidden quality, given the wide underreporting that exists. For example, according to recent estimates, only 2% of the cases of child sexual abuse within the family, 6% of the cases of sexual abuse outside the family, and 5% to 8% of the cases of sexual abuse against adults are reported.<sup>3</sup> According to studies carried out in several countries in Latin America, in the case of the family violence against adult women, it is estimated that only between 15% and 20% of these incidents are reported.<sup>4</sup>

This underreporting is due to numerous factors, among which are:

- The fact that incidents of family violence are regarded as isolated acts within the private realm, and not a social problem;
- The perceptions that acts of violence are normal occurrences in family dynamics, that is, that the practice of family violence is a legitimate act;
- The patriarchal ideology that considers the exercise of violence as a feature of the masculine identity, and the endurance of those situations for the sake of keeping the family union as a characteristic of the feminine identity;

---

<sup>1</sup> Heise, Lori, et.al. 1994. Violencia contra la Mujer: la Carga Oculta sobre la Salud. Women, Health and Development Program. Washington, D.C.

<sup>2</sup> Organización Panamericana de la Salud. Ministerio de Salud et al. 1994. Propuesta de un Plan para la Atención Integral de la Violencia Intrafamiliar para el Sector Salud. San José. Costa Rica, Ministerio de Salud

<sup>3</sup> Heise et.al, Op. Cit. Pg. 5

<sup>4</sup> CEFEMINA. 1994. Mujeres hacia el 2000: Deteniendo la Violencia. San José, Costa Rica: CEFEMINA; Shrader Cox, Elizabeth, 1992. "Developing Strategies: Efforts to End Violence Against Women in Mexico" pg.175-198, in Freedom From Violence. Women's Strategies Around the World. Edited by M. Schuler. New York: OEF International.

- The fact that those affected by this type of violence, mainly women, tend to blame themselves for provoking the violent acts; a mindset that is strongly reinforced by society's attitudes.
- Finally, the fact the many women believe that there are no social services or positive responses available to support them in solving their problem, or that existing services are inadequate end even detrimental to them.

As a consequence of all these factors, affected women refuse or are unable to report violence. Furthermore, institutions that provide services do not have adequate detection and record-keeping systems, which contributes to further mask this serious social problem. The lack of records, in turn, leads to diagnoses, prevention policies, and models of attention that cannot truly respond to the needs of the affected women and to the complexity and magnitude of the problem.

In addition to the lack of visibility and under-reporting, there are other serious problems in understanding the dynamics of violent relationships and the experiences of the affected individuals. In general, there is little understanding of the specific dynamics of the different types of violence and their consequences. The lack of understanding of these phenomena and the particular experiences of the affected people also has an effect on the policy of public institutions and on the programs aimed at addressing and preventing family violence.

Independently of its under-reporting and lack of visibility, family violence has a significant prevalence and constitutes a serious health problem, a hidden obstacle to social-economic development, and a flagrant violation of human rights. In relation to the impact of violence on health, according to recent studies, rape and domestic violence account for significant numbers of deaths and disability among women in their reproductive years in both industrialized and developing countries. Family violence carries a series of severe consequences in the physical as well as in the mental health of affected women. In fact, in market economies, family violence represents almost one year of life lost by women between ages of 15 and 44, for every five years of healthy life.<sup>5</sup>

Family violence also constitutes a serious obstacle to economic and social development. It also takes a high economic and social toll on the State and society. Some studies estimate that sexual and physical abuse of women lowers their income between 3% and 20%, owing to its impact on their health and educational achievements, which, in turn affects their work.<sup>6</sup> By threatening the human potential of affected women, family violence limits their full incorporation into the social, political and economic development processes. This situation perpetuates injustice and discrimination by denying the affected women equal access to society's resources, while also preventing them from contributing fully to social development.<sup>7</sup>

---

<sup>5</sup> Heise. et. al, *ibid*, pg.23

<sup>6</sup> Nelson, Toni. 1996. "Violence Against Women". *World Watch*. July/August.

<sup>7</sup> Carrillo, Roxana. 1991. "La Violencia contra la Mujer: Obstáculo para el Desarrollo" in *Una Nueva Lectura: Género en el Desarrollo*. Pp.161-192. Edited by V. Guzmán et al. Lima, Perú: Flora Tristán Ediciones.

Family violence also implies a restriction to the freedom, dignity and free movement, and at the same time a direct violation of the integrity of the person.<sup>8</sup> Many types of family violence are in fact forms of torture, home imprisonment, sexual terrorism (as rape), or slavery. From this perspective, family violence represents a violation of abused women's human rights.<sup>9</sup>

This type of violence is not the result of inexplicable cases of deviant or pathological behavior. On the contrary, it is a learned, conscious and deliberate behavior, product of a social organization structured on the base of the inequality. In that sense, family violence is the result of unequal power relationships and it is exercised by those who feel that they have a right to intimidate and control others. Within the family, the inequalities generated by gender and age are the main determinants of the violent relationships that develop.

Therefore, the use of violence against the least powerful family members is not only a means of control and oppression, but also it is one of the most brutal and explicit expressions of gender and age-based domination and subordination. This model of power and domination, which produces the daily practices of family violence cuts across all social classes, educational levels, ethnic and age groups; in other words, family violence occurs in all sectors of society.

Although the legal right for the exercise of this kind of violence is no longer explicitly recognized in most Western societies, "the legacy of old laws and social practices openly condoned continues to create the conditions that permit the widespread existence of family violence."<sup>10</sup> Although current laws no longer explicitly sanction the practice of violence, omissions, indifference, and inefficient and contradictory policies and procedures of social institutions continue to reflect the structure of dominance and subordination that produces and legitimizes family violence against women.

Family violence against women is such a complex problem that its solution requires strategically and inter-sectoral coordinated policies and actions, with the participation as much of both the State and the civil society. In this context, the health, normative (judicial-legal-police), education, and non-governmental sectors are of fundamental importance. Each of these sectors will have a critical role to play in detecting, recording, addressing and preventing family violence. However, in real terms, the responses of these sectors as service providers are inadequate and insufficient in the majority of cases, given the perceptions and opinions that exist in regard to the problem of violence against women.

Hence, it is important to study the responses that social institutions give to women affected by family violence. This study will help to elucidate the following aspects: the responses obtained by the affected women in their search for help; the obstacles found; the availability, accessibility and quality of the services; and, in general, the social meanings attached to family violence by the staff of the institutions that should offer responses to this serious problem. Only through

---

<sup>8</sup> Bunch, Charlotte. 1991. "Los Derechos de la Mujer como Derechos Humanos" in Mujer y Violencia Doméstica. Pp.15-31. Santiago de Chile: Instituto de la Mujer

<sup>9</sup> In the United Nations Conference on Human Rights held in Vienna in 1993, for the first time in History family violence against women was recognized as a violation to human rights.

<sup>10</sup> Sagot, Montserrat. 1995. "Socialización de Género, Violencia y Femicidio." pp.17-26. Revista Reflexiones, N. 41. Universidad de Costa Rica.

understanding these situations, will it be possible to design effective inter-sectoral strategies to prevent, face and control family violence.

## 7. DEFINITION OF CONCEPTS

For the purpose of this project it is necessary to define a series of concepts used in posing the research problem. Given that the central focus of the study is the social response found at the local level by women affected by family violence, it is necessary to define the meaning of such concepts of: family, family violence, affected woman, social response, and service providers.

**Families:** Groups of two or more people linked by past or present bonds of affinity, affection, blood, or who live together.

**Family Violence:** Every act or omission committed by any member of the family in a position of power or trust, regardless of the physical space where it occurs, which harms the well-being, the physical or psychological integrity, or freedom and the right to full development of another family member.

The term “family violence” has been chosen instead of the term “domestic violence,” since the latter refers more to the physical environment in which the violent event takes place. On the other hand, family violence refers to the relational environment in which violence occurs, irrespective of the physical space where it happens. According to data of a study carried out by María Angelica Fauné, mentioned in the Proposal for a Plan for the Integral Attention to Family Violence for the Health Sector in Costa Rica, family violence shows certain characteristics:

- It is directed basically against two groups: women and children;
- It generally takes place in the home;
- It is most often perpetrated by men who live in the household against those to whom they are related by blood, kinship or marital relationships [husbands, partners, parents, siblings, uncles, etc.]. To a lesser extent it is perpetrated by distant relatives, acquaintances or strangers; and
- It is a problem that basically affects women and children and elder people, regardless of their age, race, class, educational level, or role within the family structure.<sup>11</sup>

Family violence includes a wide range of abuses that may be located in a continuum of severity, with “femicide” (woman homicide or suicide caused by a violent intolerable situation) as the most extreme manifestation on this continuum of violence. For this study, due to resource constraints and the research design itself, femicide will not be analyzed due to the intrinsic problems provoked by the absence of key informants and the sensitivity of the issue for the victim’s relatives, as presumed secondary informants.

Therefore, the only forms of family violence that will be considered in this study are the following: physical violence, sexual violence, psychological violence, and patrimonial or economic violence. It should be emphasized that, in reality, these forms of violence do not usually take place separately or in isolation; they are rather a part of the continuum previously

---

<sup>11</sup> Ministerio de Salud et al. Op. Cit. Pg. 18

mentioned. However, for purely operational reasons, in this document, a separate definition for each form of violence is presented.<sup>12</sup>

**Physical Violence:** It occurs when a person who is in a position of power or trust vis-à-vis another person, inflicts intentional harm, through the use of physical force or some type of object or weapon, which may or may not induce external or internal injury or both, or may be injurious to the person's self-esteem. The repeated punishment, even if not severe, is also considered physical violence.

**Sexual Violence:** Any act in which a person in a position of power or trust and by means of physical force, coercion, manipulation or psychological intimidation, compels another person to engage in a sexual act against her/his will, or to participate in sexual interactions that lead to her/his victimization, and from which the perpetrator obtains gratification, is considered sexual violence. Sexual violence occurs in a variety of situations, including, marital rape, sexual abuse of children, incest, sexual harassment, and date rape. It includes, among another forms the following: unwanted touching, sexualized emotional relationships, oral, anal, or vaginal penetration with the penis or any object, forced exposure to pornographic material, voyeurism and exhibitionism.

**Psychological Violence:** Any act or omission that damages the self-esteem, identity, or development of a person. It includes constant insults, negligence, humiliation, refusal to recognize accomplishments, blackmail, degradation, isolation from friends and family, destruction of valued objects, ridicule, rejection, manipulation, threats, exploitation, negative comparisons, and others.

**Patrimonial or Economic violence:** It includes any act by the aggressor or omissions, which jeopardize the survival of a woman and her children or the dispossession or destruction of her personal belongings or those of the joint property of the couple. It includes the loss of the housing or shelter, the household goods and domestic appliances, land or any other property, furniture or real estate, as well as the personal belongings of the affected woman or her children's. It also includes the refusal to pay child support or cover the basic expenses for family survival.

**Affected Woman (MUXVI):** A woman over 15 years old who is a direct target of family violence. Although a person under 15 could be affected by family violence, for this study the definition is limited to women over 15. Given the sensitivity and complexity of the issue, it is not considered convenient from either a methodological or an ethical standpoint, to work with persons under the age of 15.

**Service Providers:** The person or persons who provide or are in charge of ensuring the provision of support services for women affected by family violence in the governmental and non-governmental sectors in the communities included in this study. They may be affiliated with

---

<sup>12</sup> These definitions were adapted from those contained in the document [Propuesta de un Plan para la Atención Integral de la Violencia Intrafamiliar para el Sector Salud](#). The definition of "patrimonial or economic violence" was developed during a Training Workshop for the researchers of the study "Critical Route of Women Affected by Family Violence" in 1996.

institutions in the judicial-legal, police, health, education, and community sectors, including religious organizations. Also included in this category are the persons that fulfill a social function in the community and that, from the perspective of affected women, are part of the social responses that help them to break the secrecy surrounding the violent relationship.

**Social Response:** Acts or omissions by governmental and non- governmental institutions, and of the community in general, in relation to the prevention and attention of family violence, and the promotion of peaceful and healthy lifestyles. The concrete indicators in order to evaluate the social response are the following: availability, accessibility, coverage, equity and quality of services, and the attitudes of service providers as well as of those of community members toward family violence.

## **8. TYPE OF STUDY**

This proposal is an adaptation of the study on the critical route of women affected by family violence. From that perspective, although the ethnographic techniques are kept, they are adapted to the purposes of the rapid assessment methodologies. This type of methodology is used when it is necessary to generate basic information -usually non-existent- of a geographical area or a specific town in order to execute a plan of action, but there is not enough time, resources and/or staff to carry out a more comprehensive study. A rapid field study, does not imply to settle for a superficial vision of a certain location, but to know how to take advantage of the time, human and methodological resources in order to obtain balanced and sufficient information on the situation and dynamics of the area.

### **8.1 The Research Team**

In order to conduct a rapid field study, the team should be integrated by at least two people: a social scientist, familiar with the research problem, and a person with a close knowledge of the area or community where the study will take place. Also, it is very important that these people possess a proven domain of their discipline and field experience, and that they have an open, flexible attitude, and be willing to learn about the social reality, without imposing their categories on it.

### **8.2 Stage of Preparation**

Rapid field assessments require the location and analysis of secondary information on the town under study, prior to the immersion in the field. The team should gather and study any relevant information to the task to be carried out, mainly related to the socioeconomic, legal, and institutional areas. However, only relevant information to the objectives of the study should be collected, not any other documentation, no matter how interesting it might be. Upon concluding this stage, the team should have a good grasp of the secondary information available and have a clear view of the demographic, ethnic, socioeconomic, and institutional reality of the area.

### **8.3 Procedures**

This type of study does not imply the use of surveys or statistical designs, or of other techniques that require a great deal of time for their application. Besides the gathering of secondary information, the following field techniques stand out in the rapid field assessments:

1. Semi-structured interviews
2. Direct observation
3. Group discussions
4. Workshops
5. Chronology of events
6. Case studies<sup>13</sup>

### **8.4 Fieldwork**

The fieldwork begins when the team has compiled all the secondary information available. Since the time for staying in the field is short, three elements should be considered in order to guarantee the success of this stage. These elements follow some of the principles of qualitative methodological strategies. These elements are:

- Members of the team should make an effort to perceive and understand the activities and experiences of the different actors from their own perspectives. That is, they should gather the information keeping the informants own words, respecting their rhythms, and trying to understand their visions of the world. They should not impose, transmit, or suggest foreign conceptual maps to the informants.
- Interviewing techniques should be used in such a way that allow more for the building up of a conversation, than an interrogation.
- The selection of informants should be very careful in order to maximize the time available and the quality and amount of information that is gathered.

#### **8.4.1 The Interviews and the Informants**

Due to the fact that a study of this type does not allow the interview of all the relevant actors of the community, the careful selection of key informants is essential. Key informants are the accessible people, who have no objections to speak, and with a good knowledge or experience in relation to the research problem and other community matters. Information provided by a key informant should be corroborated with the version of another informant.

### **8.5 Required Time**

Although there are no rules or guidelines in regard as to how long a field stay should last, it is considered that if the previous stage of gathering secondary information was well executed, a period of between three and four weeks should be enough in order to carry out a rapid assessment. Obviously, the time lapse will depends on the geographical area to cover, the size of

---

<sup>13</sup> Adapted from: Ferrán I., Fernando. 1993. “Metodología de Intervención Rápida: Ideas Básicas para la Implementación de Reconocimientos Rápidos a Nivel de Campo”, CATIE, Turrialba, Costa Rica.

the community, and the complexity of the research problem. However, with a constant presence in the area of study, most rapid field studies are completed with good results in a period of less than four weeks.

## 9. ASSUMPTIONS

9.1 Family violence, which includes physical, sexual, psychological, and economic violence, is a serious problem present in all communities.

9.2 Most of the women affected by family violence (MUXVI) recognize the need to address the violence in their lives and to be able to have good intervention services provided by the legal/judicial/law enforcement, health, education and community sectors.

9.3 Many affected women ignore their rights and are unaware of the availability of adequate services to help them in situations of violence.

9.4 During the development of the violent relationship, at one point, some of the affected women begin a process in order to try to remedy or mitigate the effects of violence.

9.5 Usually, the process of seeking for help is begun by the MUXVI; service providers rarely detect and investigate the situation of family violence.

9.6 The decisions made and actions taken in the search for support vary according to the type of violence that the affected woman is experiencing and the circumstances in which the violence occurs.

9.7 The decisions made and actions taken by the affected women, which include the search for support, vary according to the characteristics of the existent services, including:

- Availability of services
- Access to services
- Coverage
- Quality of the services
- Attitudes of the service providers
- Prior experiences with similar services and the search for them
- Degree to which the services are integrated and coordinated

9.8 The contact initiated by the MUXVI does not necessarily result in the referral to other appropriate services by the service provider consulted.

9.9 The degree of success achieved in addressing the problem of violence depends on the characteristics of the services, including:

- Availability
- Accessibility
- Coverage

- Quality
- Attitudes of service providers
- Prior experiences with similar services and the search for them
- Degree to which services are integrated and coordinated

9.10 Service providers in the judicial-legal, police, health, educational and community sectors have certain social meanings about family violence.

9.11 The social meanings of the service providers, which include, beliefs, knowledge, stereotypes, prejudices, images, and the significance attached to violence, influence the quality of the prevention and care services that they provide to the MUXVI with whom they come into contact.

9.12 An appropriate judicial-legal framework is essential for preventing, addressing and controlling family violence.

9.13 Service providers require an appropriate judicial-legal framework in order to respond effectively to the complexity of the problem of family violence and the needs of the MUXVI.

9.14 There is a lack of inter-sectoral and intra-sectoral coordination between services for the prevention and care of the MUXVI who seek support.

9.15 There is a lack of inter and intra-sectoral follow-up for the MUXVI who seek support.

9.16 There are mechanisms to improve current and potential services for the women affected by family violence.

9.17 The existence of inter-sectoral coordinated prevention and care measures would help reduce the incidence of family violence.

## **10. SELECTION OF INFORMATION SOURCES AND DATA GATHERING TECHNIQUES**

This study will analyze the social response at the community level regarding family violence. An expected outcome is to put into social context the reality women that search for a solution to their situation of violence.

Since the objectives of the study include to ascertain the answers found by women, their assessment of the services, as well as the factors that influence the social response at the local level, the most appropriate methodologies will be those called "qualitative" or "ethnographic" within the framework of a rapid assessment study. With the use of this methodology we intend to gather appropriate information to understand and to put into context the social response regarding family violence at the local level.

In this case, the study design will include several complementary techniques:

INFORMATION SOURCES	TOPICS TO STUDY	DATA GATHERING TECHNIQUE
Service providers	Social meanings about the phenomenon of family violence; Their experiences in providing attention to the MUXVI; answers provided; Identification of other possible key informants	Semi-structured interviews
Institutional documents	Existence of institutional policies on family violence; records of family violence; record forms used	Review and analysis of documents
Affected women who have begun their search for help	Social response found at the community level to the violence experienced	Semi-structured interviews
Women and me of the community	Social meanings of family violence; perceptions regarding services to prevent address family violence	Focus groups

All these sources of information will be found in a single town, in order to be able then to analyze the situation of family violence in the context of a single particular geopolitical location. The first step in the process of carrying out the study is the selection of the town.

### 10.1 Selection of the Town and Identification of the Populations for the Study

The study will be carried out in two communities in every country: one which has some advance in providing positive social answers to the problem of family violence and another where no type of positive response exists. The selection of the towns will determine many logistic aspects of the study and the quality of the gathered information. It is necessary to get well acquainted with the characteristics of the town in order to facilitate the logistic details as well as a good entrance to the community. In order to facilitate the identification and participation of the informants, the town should have a certain demographic size, as well as some basic services. The ideal characteristics for the town are the following:

- A total population of between 10,000 and 40,000 inhabitants;
- Access to data on the demographic, health, and socioeconomic development profiles of the community;
- Availability of basic health services, minimally a healthpost and a health center;
- Once the sites have been selected, the research team should begin to gather information in order to get to know the community. This stage of getting acquainted with the community requires the creation of bonds of trust and cooperation with the potential informants in order to maximize the usefulness and reliability of the data collected. The initial steps for getting acquainted with the community are:

1. Establishing a consulting committee from the outset of the study. The committee should include members of the different institutions involved in the study in order to achieve the highest possible level of commitment to the project and to developing ulterior measures for the prevention and control of family violence.
2. Obtaining a map or sketch of the community.
3. Locating bibliographic and secondary data sources that will serve to contextualize family violence, including censuses, demographic data, information on health, housing and other services.
4. Identification of social institutions, service providers and other sources of community support.

The data collection protocol from the indicated information sources is described bellow. For each source, a description of the population, the selection criteria for inclusion in the study, and the data collection methods are included.

## **10.2 Information Source: Service Providers**

The objective of the interviews with this group is to know the providers' social meanings about family violence, as well as to describe their experiences and practices in providing services to the MUXVI and responses provided. Another objective is to identify key informants for the interviews with the affected women who have searched for help.

### **▪ Population**

Service providers are any person or persons who provide or are responsible for provision of support services for community members in the site under study. They are persons affiliated with institutions in the judicial-legal-police, health, education sectors, and private development organizations, among others. They could also be community leaders commonly regarded by the community as important support resources.

### **▪ Selection Criteria**

For this stage of the study it is necessary to select representative from each sector in order to determine the characteristics and quality of the services provided by the institutions. The key informants with whom semi-structured interviews will be carried out have been identified. The key providers are divided into two groups: "essential" providers for whom it is imperative to collect information, and "optional" who will be interviewed depending on the availability of time and resources.

<b>List of Essential and Optional Interviews with Service Providers</b>	
<b>Health Sector</b>	<p><b>Essential:</b></p> <ol style="list-style-type: none"> <li>1. The person responsible for the Health Sector in the region or area where the study is carried out</li> <li>2. A person who provides direct care (doctor or nurse)</li> </ol> <p><b>Optional:</b> field staff, Red Cross staff, midwives, etc</p>
<b>Judicial/Legal/Police Sector</b>	<p><b>Essential:</b></p> <ol style="list-style-type: none"> <li>3. Chief of Police</li> <li>4. Representative of the judicial instance at the local level where theoretically an affected person could file a report</li> </ol> <p><b>Optional:</b> Public Prosecutors, local judge, family court staff</p>
<b>Education Sector</b>	<p><b>Essential:</b></p> <ol style="list-style-type: none"> <li>5. High school principal or counselor.</li> </ol> <p><b>Optional:</b> High School Teachers</p>
<b>Community/NGO Sector</b>	<p><b>Essential</b></p> <ol style="list-style-type: none"> <li>6. A community leader</li> <li>7. An NGO staff member</li> </ol>

▪ **Data Collection**

Respondents are identified in the preparatory stage of getting acquainted with the community. Utilizing the instrument called “Interview Guides for Service Providers,” carry out the semi-structured essential interviews (N= 7) and the optional interviews if time and resources allow them.

**10.3 Information Source: Institutional Documents and Record Forms**

To determine the existence of policies, record-keeping and referral systems, the institutional documents on the issue and the forms and formats for recording detected cases of family violence will be reviewed and analyzed. This information will be used for triangulation of information sources and analysis of the recording forms and institutional policies on management of cases of family violence.

▪ **Population**

The study population in this case will consist of all the documents used by service providing institutions in the health, judicial-legal-law enforcement, education and community sectors.

▪ **Selection Criteria**

Documents will be identified during the interviews with service providers, who will be asked about the availability of institutional policies and the existence of record-keeping systems for cases of family violence. Where available, the service providers will be asked to describe the policies and system.

- **Data Collection**

Wherever document sources exist, permission should be requested to photocopy the document in order to add them to other gathered information. If photocopying is not allowed, the documents should be reviewed and notes taken on their content and use in the institutional context.

#### **10.4 Information Source: Women Affected by Family Violence**

The objectives of these interviews are to ascertain the experiences and actions undertaken by women in their search for a solution to their problem family violence, and to describe the responses that they have received at the community level. The interview also provides an opportunity to ask about other key respondents who might be willing to participate in the study.

- **Population**

The population for this stage of the study are affected women by family violence residing in the selected community during the data collection period and who have looked for help in any local institution (governmental or non-governmental).

- **Selection Criteria**

In addition to the criteria contained in the definition of concepts, there is a time criterion relating to the search for a solution. Women should have attempted to contact any service provider in the community during the 24 months before the date on which the information is gathered. Due to time and resources constraints, a minimum of 5 women and a maximum of 7 will be interviewed.

- **Data Collection**

Given the sensitive nature of the research topic, some elements hinder the gathering of information, mainly at the level of the identification and approach to key informants.<sup>14</sup> In this case, not only must they have experienced violence directly, but they also must have begun a process of seeking for a solution, which implies contact with any service providers or institutions. There will be very few women who will meet these requirements, which will make it extremely difficult to find them at random.<sup>15</sup>

---

<sup>14</sup> Summarizing the results of the annual meeting of the **International Research Network on Violence Against Women**, held in 1995, it has been reported that in many transcultural studies the issue of violence itself is not an obstacle to disclosure of information by the affected persons. The most important characteristics to guarantee a good information gathering process are confidentiality and privacy in the interview environment.

<sup>15</sup> The population of affected women older than 15 who have looked for help in some service is calculated, for a town around 10,000 inhabitants, in about 250. This number is based on a prevalence rate of .50 and an estimation of

Although qualitative methodologies rely on purposive selection, identifying respondents will remain a challenge. Reasons of confidentiality and ethical posture, prevent institutional files from being reviewed in order to make a surprise visit to the respondents' home, and time constraints prevent a researcher from being assigned to each institution to identify them prospectively.

Given these factors, the technique called "snowball", where the researcher asks key informants to identify other informants with similar characteristics is the more suitable for this situation. Through this technique, an adequate number of participants can be identified. The snowball technique is carried out in the following way:

***1<sup>st</sup> Step: Identification of possible informants through service providers***

After interviewing with service providers, the issue of the interviews with the affected women should be mentioned. The objectives of these interviews and the need for requesting their collaboration in the identification of the population in study should be explained. Emphasize the importance of confidentiality. If the service provider can identify a potential informant, ask him (her) to make the first contact, in order to guarantee the confidentiality. If the provider agrees, help him (her) to organize a "get acquainted" meeting, supplying the necessary information so that the potential informant can make an informed decision concerning her participation in the study.

***2<sup>nd</sup> Step: Approaching the potential informant***

The service provider will make the first contact in a confidential and sensitive way, explaining the purpose of the study and the importance of the respondent's collaboration. If the potential respondent declines to participate, she should not be pushed, but rather thanked for her time. If the informant accepts, then a meeting with the interviewer will be arranged.

***3<sup>rd</sup> Step: Introducing of the interviewer***

The service provider will introduce the interviewer, facilitating in this way the beginning and the climate of the interview. The interviewer should explain the objectives of the study, the nature of the informant's participation, the benefits and risks associated with that participation, and should confirm the respondent's willingness to answer questions. Then, authorization is requested to carry out the interview and the date, hour, and place of the interview are established by mutual agreement. It is essential to guarantee privacy and confidentiality.

***4<sup>th</sup> Step: Conducting the Interview (s)***

Carry out the interview with the respondent using the Interview Guide for the Affected Women. First, it is necessary to determine whether the woman does in fact meet the criteria for the study population, that is, she is a MUXVI who has taken some actions in order to solve her violence

---

MUXVI who have begun actions of .20, according to estimations made by several organizations that work with battered women.

problem. If she meets the criteria, continue with the interview. If she does not, invite her to participate in the corresponding focus group, and work out the details for her participation in the group.

### ***5th Step: Identifying possible informants through the interviews***

Regardless of the outcome of the interview, take advantage of the contact in order to identify other potential informants, using the same technique used with service providers; that is informing, approaching, and recruiting the informant, and always respecting the confidentiality and preferences of potential respondents.

## **10.5 Information Source: Women and Men from the Community**

At this stage of the study, focus groups are conducted with female and male respondents, in order to determine their social meanings on family violence and find out how these perceptions may or may not motivate women to look for help, which constitutes part of the social response to violence. Two focus groups will be carried out, one for men and another for women, ranging from 7 to 12 participants each one.

### **▪ Population**

Women and men over 15 years old, who live in the town under study during the period of data collection, and who are willing to participate in a focus group.

### **▪ Selection Criteria**

The MUXVI identified as potential respondents, but who are not part of the population to be individually interviewed, could be assigned to the focus groups. In order to complete the number of participants in the focus groups, respondents will be recruited from those seeking services in the community. Recruitment will take place in the “waiting rooms” of institutions in the health, judicial-legal-police, education sectors, and community-NGO, or community organizations will be asked for help.

### **▪ Data Collection**

Approach the potential participants, explain the objectives of the focus group to them, and invite them to participate. If a candidate agrees to participate, he or she should be assigned to the groups according to their sex. They should be informed about the place and time where the focus groups will be carried out. One group for women and one for men should be conducted, with a minimum of 6 and a maximum of 12 participants in each group. Use the same instrument: “Focus Groups Guide” for both the sessions with women and those with men.

## **11. RESEARCH INSTRUMENTS**

This section presents the instruments that will be used in the study. Each instrument is accompanied with a brief description of its application in the fieldwork. This description does

not intend to provide exhaustive instructions for the instruments' use. Rather, the text orients the researcher regarding the instruments' use, complementing the review and practice that is carried out in the "Training Workshop" for research team members. This practice will help clarify specific doubts concerning application of the instruments, as well as refine their contents, structure and use in the field.

The instruments included are:

1. Interview Guide for Service Providers

1(a) Health Sector

1(b) Judicial-legal-police Sector

1(c) Education Sector

1(d) Community-NGO Sector

2. Interview Guide for women affected by family violence

3. Guide for the focus groups with members of the selected community

### 11.1 Interview Guides for Service Providers

The following instruments are the guides to carry out the semi-structured interviews with service providers. There are three common study areas to all interviews. The **interview topics** to be considered are:

- A description of the work carried out by the institution in general and by the key informant specifically, with emphasis on the issue of family violence against women;
- The experience that the informant has had as a professional in providing services to women affected by family violence and his/her response, and
- The social meaning that each service provider has about the topic of family violence.

Another objective of the interviews is the **identification of other information sources**, specifically:

- The institutional document sources, specifically policy statements and records of family violence cases.
- Initial identification of women affected by family violence who have looked for help, in order to begin "the snowball", identifying key informants for the next stages of the study.

There are four instruments, one for each sector under study.

## INTERVIEW GUIDES FOR SERVICE PROVIDERS

### 11.1(A) - HEALTH SECTOR

**The interviewer should introduce herself, explain the objectives of the study and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview**

#### 1. Work performed by the respondent

1.1. What is your work and your position?

1.2. What percentage of the patients you see are women? What are the most frequent reasons women give for coming to the clinic/office/ emergency room?

1.3. Have you ever heard of family violence? What do you understand as family violence?

1.4. Are cases of family violence seen in your institution? What are the most common cases?

1.5. Do you (or your colleagues) routinely ask questions to determine whether the person might be a victim of aggression or family violence? Do any norms exist on this?

1.6. What tests or exams do you routinely perform when a woman indicates that she has been the victim of aggression or family violence? How do you decide which tests to perform? What specific services (if any) are provided to a woman affected by family violence?

1.7. Do you routinely refer the women affected by family violence to the forensic doctor? How long does it take to get a forensic report? Are those services readily available in your area?

1.8. How many people with this type of problem does your institution serve per month? Do you have a way of keeping records of the cases? Are there forms and procedures for recording them? Could you explain it to me?

 **(ASK FOR A COPY OF THE RECORD FORM, REFERRAL SHEETS, OR ANY OTHER DOCUMENT, IF THEY EXIST)**

1.9. Do you (or your colleagues) provide follow-up care to battered women? Are there any mechanisms for referring them to other institutions? Do you think that the record-keeping system is adequate to identify women affected by family violence, refer them to the appropriate services, or provide timely follow up services?

#### 2. Experience with people affected by violence

2.1. Have you ever come into direct contact with cases of family violence?

2.2. Could you please tell me how this experience originated, what did you do, and what the affected person did?

 **(INQUIRY ABOUT SOME OF THE POSSIBLE CASES, SPECIFYING WHAT WAS DONE OR NOT DONE, SUCH AS )**

- Contacts facilitated by the service provider
- Reactions of persons involved
- Referrals to other institutions
- Follow up
- Outcomes
- Response of the affected person
- Difficulties found in the process

2.3. Do you know of other organizations or people working on family violence in this community? Who are they? What is your relationship with them? Is there inter-sectoral coordination (with institutions) in order to address the needs of affected women?

2.4 Are you aware of the laws protecting women against family violence? (If any)

### **3. The Social Meanings about Family Violence and the Affected Women**

3.1. Do you believe that family violence is a common problem in this community?

3.2. How is it most frequently manifested in this community? In this country?

3.3 What are the reasons and causes for family violence?

3.4. What should ... do to deal with her situation?

 **(ASK ABOUT EACH OF THE FOLLOWING SITUATIONS:)**

- ...a woman abused by her partner
- ...an elderly woman abused by her son or daughter
- ...a young woman sexually abused by her boyfriend
- ...a young woman sexually abused by her uncle

3.6. There are cases of women who stay with their abusive spouses or partners; why is that?

3.7. There are cases of sexually or physically abused people who do not report it; why is that?

3.8. There are cases of psychologically abused people who do not report it; why is that?

3.9. Do you believe that something should be done with regard to family violence? What would be the best way of preventing or reducing family violence in this community? What are the

obstacles or problems to achieve this? What could be done in order to improve the response of the health sector in cases of women who have been abused?

3.10. What changes in legislation, policies, norms, or staffing would facilitate your work in providing services to family violence cases?

3.11. What changes in the behavior or attitudes of the staff with whom you work would facilitate your work in this area?

## INTERVIEW GUIDE FOR SERVICE PROVIDERS

### 11.1(B) - JUDICIAL-LEGAL-POLICE SECTOR

**The interviewer should introduce herself, explain the objectives of the study and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview**

#### 1. Work performed by the respondent

1.1 What are your work and your position?

1.2. Have you ever heard of family violence? What do you understand as family violence?

1.3. What type of service do you and your institution offer for people affected by family violence?

1.4. What procedure should a person who wants to report case of family violence follow?

1.5. What does the police should do in cases of family violence? What do they normally do?

1.6. In the process of filing a report or presenting charges in a case of family violence, how many different people do they have to see? Are they men or women? Where is the report taken? Who takes it? Does she have to go to different places or buildings? How much time does the person have to wait at each step? Is priority given to people who have been physically or sexually abused?

1.7. Who determines whether an exam should be performed? What types of examinations are performed? How does a person get a forensic exam and report?

1.8. Do you know of arrests of aggressors or trials on family violence in this community?

If the answer is "Yes": How are they carried out? Where are they carried out? Who are accepted as witnesses?

1.9. How many people with this type of problem does your institution serve per month? Do you have a way of keeping records of the cases? Are there forms and procedures for recording them? Could you explain it to me?

 **(ASK FOR A COPY OF THE RECORD FORM, REFERRAL SHEETS, OR ANY OTHER DOCUMENT, IF THEY EXIST)**

1.10. Are specialized forensic doctors available? Where? How many are there? Are they men or women? Do they work on weekends? At night?

## **2. Experience with people affected by violence**

2.1. Have you ever come into direct contact with cases of family violence?

2.2. Could you please tell me how this experience originated, what did you do, and what the affected person did?

### **(INQUIRY ABOUT SOME OF THE POSSIBLE CASES, SPECIFYING WHAT WAS DONE OR NOT DONE, SUCH AS )**

- Contacts facilitated by the service provider
- Reactions of persons involved
- Referrals to other institutions
- Follow up
- Outcomes
- Response of the affected person
- Difficulties found in the process

2.3. Do you know of other organizations or people working on family violence in this community? Who are they? What is your relationship with them? Is there inter-sectoral coordination (with institutions) in order to address the needs of affected women?

2.4 Are you aware of the legislation protecting women against family violence (If any?)

## **3. The Social Meanings about Family Violence and the Affected Women**

3.1. Do you believe that family violence is a common problem in this community?

3.2. How is it most frequently manifested in this community? In this country?

3.3 What are the reasons and causes for family violence?

3.4. What should ... do to deal with her situation?

### **(ASK ABOUT EACH OF THE FOLLOWING SITUATIONS:)**

- ...a woman abused by her partner
- ...an elderly woman abused by her son or daughter
- ...a young woman sexually abused by her boyfriend
- ...a young woman sexually abused by her uncle

3.6. There are cases of women who stay with their abusive spouses or partners; why is that?

3.7. There are cases of sexually or physically abused people who do not report it; why is that?

3.8. There are cases of psychologically abused people who do not report it; why is that?

3.9. Do you believe that something should be done with regard to family violence? What would be the best way of preventing or reducing family violence in this community? What are the obstacles or problems to achieve this? What could be done in order to improve the response of the legal-police sector in cases of women who have been abused?

3.10. What changes in legislation, policies, norms, or staffing would facilitate your work in providing services to family violence cases?

3.11. What changes in the behavior or attitudes of the staff with whom you work would facilitate your work in this area?

## INTERVIEW GUIDE FOR SERVICE PROVIDERS

### 11.1(C) - EDUCATION SECTOR

The interviewer should introduce herself, explain the objectives of the study and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview

#### 1. Work performed by the respondent

1.1 What is your work and your position?

#### 2. Experience with people affected by violence

2.1. Have you ever heard of family violence? What do you understand as family violence?

2.2. Have you ever come into direct contact with cases of family violence?

2.3. Could you please tell me how this experience originated, what did you do, and what the affected person did?

#### (INQUIRY ABOUT SOME OF THE POSSIBLE CASES, SPECIFYING WHAT WAS DONE OR NOT DONE, SUCH AS )

- Contacts facilitated by the service provider
- Reactions of persons involved
- Referrals to other institutions
- Follow up
- Outcomes
- Response of the affected person
- Difficulties found in the process

2.4. How many people with this type of problem does your institution detect per month or per year? Does your institution have specialized personnel in order to provide assistance for this type of cases? Do you have a way of recording the cases? Are there forms or procedures for recording them?

If the answer is "Yes": Could you explain it to me?

If the answer is "No": Why not?

#### (ASK FOR A COPY OF THE FORM, IF IT EXISTS)

2.5 Does your institution address the problem of family violence on the school's curriculum or activities?

If “yes”, how is it done? What materials do you use? Who does it?  
If “no”, why not?

2.6. Do you know of other organizations or people working on family violence in this community? Who are they? What is your relationship with them?

2.7. Are you aware of the legislation protecting women and children against family violence (If any)

### **3. The Social Meanings about Family Violence and the Affected Women**

3.1. Do you believe that family violence is a common problem in this community?

3.2. How is it most frequently manifested in this community? In this country?

3.3. What are the reasons and causes for family violence?

3.4. What should ... do to deal with her situation?

#### (ASK ABOUT EACH OF THE FOLLOWING SITUATIONS)

...a woman abused by her partner

...an elderly woman abused by her son or daughter

...a young woman sexually abused by her boyfriend

...a young woman sexually abused by her uncle

3.6. There are cases of women who stay with their abusive spouses or partners; why is that?

3.7. There are cases of sexually or physically abused people who do not report it; why is that?

3.8. There are cases of psychologically abused people who do not report it; why is that?

3.9. Do you believe that something should be done with regard to family violence? What would be the best way of preventing or reducing family violence in this community? What are the obstacles or problems to achieve this? What could be done in order to improve the response of the education sector in cases of young women who have been abused?

3.10. What changes in legislation, policies, norms, or staffing would facilitate your work in providing services to family violence cases?

3.11. What changes in the behavior or attitudes of the staff with whom you work would facilitate your work in this area?

3.12. Do you believe that the education sector should play a role in the solution to this problem? How?

## INTERVIEW GUIDE FOR SERVICE PROVIDERS

### 11.1(D) - COMMUNITY-NGO SECTOR

**The interviewer should introduce herself, explain the objectives of the study and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview**

#### 1. Work performed by the respondent

1.1 What is your position in this community?

1.2 Have you ever heard of family violence? What do you understand as family violence?

1.3 Do you (or your organization) offer services or support for women affected by violence? What kind of services or support?

#### 2. Experience with women affected by violence

2.1. Have you ever come into direct contact with cases of family violence?

2.2. Could you please tell me how this experience originated, what did you do, and what the affected person did?

 **(INQUIRY ABOUT SOME OF THE POSSIBLE CASES, SPECIFYING WHAT WAS DONE OR NOT DONE, SUCH AS )**

- Contacts facilitated by the service provider
- Reactions of persons involved
- Referrals to other institutions
- Follow up
- Outcomes
- Response of the affected person
- Difficulties found in the process

2.3. Do you have a way of keeping records on cases of family violence that are detected? Is there a form or procedure for recording them?

If the answer is "Yes": Could you explain it to me?

If the answer is "No": Why not?

 **(ASK FOR A COPY OF THE FORM, IF IT EXISTS)**

2.4. Do you know of other organizations or people working on family violence in this community? Who are they? What is your relationship with them?

2.5. Do you know of the existence of laws that protect women affected by family violence? Do you believe that they do protect them?

 (ASK THE RESPONDENT TO EXPLAIN (HER/HIS) ANSWER OF “YES” OR “NO”)

### **3. The Social Meanings about Family Violence and the Affected Women**

3.1. Do you believe that family violence is a common problem in this community?

3.2. How is it most frequently manifested in this community? In this country?

3.3. What are the reasons and causes for family violence?

3.4. What should ... do to deal with her situation?

 (ASK ABOUT EACH OF THE FOLLOWING SITUATIONS)

- ...a woman abused by her partner
- ...an elderly woman abused by her son or daughter
- ...a young woman sexually abused by her boyfriend
- ...a young woman sexually abused by her uncle

3.6. There are cases of women who stay with their abusive spouses or partners; why is that?

3.7. There are cases of sexually or physically abused people who do not report it; why is that?

3.8. There are cases of psychologically abused people who do not report it; why is that?

3.9. Do you believe that something should be done with regard to family violence? What would be the best way of preventing or reducing family violence in this community? What are the obstacles or problems to achieve this?

3.10. What changes in legislation, policies, norms, or staffing would facilitate your work in providing services to family violence cases?

3.11. What changes in the behavior or attitudes of the staff with whom you work would facilitate your work in this area?

## **11.2 Interview Guide for Women Affected by Family Violence**

The main objective of these interviews is to know the experiences of violence and the social response found by women in their search of help, and the evaluation that they make of the services provided in the community.

## 11.2. INTERVIEW GUIDE FOR WOMEN AFFECTED BY FAMILY VIOLENCE

**The interviewer should introduce herself, explain the objectives of the study and request the respondent's consent to be interviewed. Note the respondent's name, and enter the location and the date of the interview. Explain in detail that the interview is strictly confidential and give her all the assurance so that she can feel comfortable and safe.**

### 1. Sociodemographic characteristics of the person

- a) age
- b) marital status
- c) schooling
- d) children
- e) place of residence
- f) occupation
- g) socioeconomic status
- h) language (s)
- i) Ethnic background

### 2. Could you tell me about the violent situation that you are or were living with?

 **(ASK WHEN THE VIOLENCE OCURRED AND THE TYPES VIOLENCE THAT SHE HAS EXPERIENCED)**

**Note: This part should be brief and it only has the objective of understanding the reasons and types of violence that lead women to search for help.**

3. In connection with the violent situation, did you tell someone about it immediately? Whom? What did that person say? If not, why did you wait to tell someone?

4. What made you decide to look for help?

 **(ASK ABOUT PERCEPTIONS, INFORMACION, SUPPORT)**

5. Where did you go first to seek assistance? Who told you to go to that place? Who did you see there? What did they say to you? How did they treat you? How did you feel? Did anybody accompany you?

6. Did you go elsewhere afterwards?

If "YES" Continue with question 6(a)

If "NO" Why did you make that decision?

 **(REPEAT THE QUESTIONS FOR ANY OTHER PLACE THE RESPONDENT HAS GONE)**

*6(a) Specific questions if she went to health services*

Whom did you see? What type of care were you given? Were any medical exam or tests performed? Who performed it? What were you told? Did they ask you about your violent situation? How did they treat you? Did they refer you elsewhere? How did you feel?

*6(b) Specific questions if she went to the legal or law enforcement services*

Whom did you see ? What was the procedure like? What were you told? How did they treat you? Did they explain your rights or the procedures to you? Did they refer you elsewhere? How did you feel?

*6(c) Specific questions if she went to the education sector (for young women or adolescents registered in the school system or their mothers)*

With whom did you speak? What did they tell you? How did they treat you? Did they refer you elsewhere? Did they give you any kind of information? How did you feel?

*6(d) Specific questions if she went the community-NGO sector*

Whom did you see? What did they tell you? How did they treat you? Did they refer you elsewhere? Did they give you any kind of information? How did you feel?

7. What was the outcome of your search for help? Did the violence stop? Do you believe that you got the support that you needed?

8. What was the most important support you received? (if any)

9. In general, what do you think about the response received by abused women in this community?

10. What should be changed in the health, judicial, police, and education systems to better serve people affected by family violence?

11. Would you like to tell me anything else or ask me something?

### **11.3 Focus Group Guide**


The objective of the focus groups is to ascertain the social meanings that community members have about family violence and how these translate or not into factors that determine the social response offered by the community. The focus group technique is very powerful for investigating the perceptions, attitudes, and beliefs, distinguishing between accepted ideas and those that diverge from the social norm.

For the purposes of this study, two focus groups will be carried out, one with female participants and one with male participants. The total number of participants for each group should be no more than twelve, but no less than six. An ideal number is between seven and ten participants. Usually, it is necessary to recruit around fifteen people for each group in order to ensure an adequate number of participants.

The focus group must have a facilitator and at least one observer. The facilitator moderates the discussion, using the instrument as a guide. Her role is to ensure the equal participation of all the members of the group, as well as to ensure that all the topics of interest are discussed. The role of the observer is to take notes on the discussion as well as on the qualities of the environment in which the group takes place. For example, the observer will write down the characteristics of the atmosphere, particular events, positions, and dynamics among the participants, among other things. These observations complement the verbal data gathered in the focus group.

The focus groups sessions should be recorded, preferentially in video, but at least in audio. Recordings will then be transcribed, and these transcriptions would serve as the primary source of information.

### 11.3 GUIDE FOR THE FOCUS GROUP

 **(Begin Introduction of the group and explanation to the topics to be discussed by the focus group. Permission must be requested from the participants to tape the sessions)**

1. Do you believe that violence between family members occurs frequently in your community?
2. What forms does this violence take?
3. Who are the most affected by this type of violence?
4. Which family members most often abuse/mistreat other family members?
5. Why does this violence occur?
6. Do you consider that family violence is a problem? Why?
7. What are the options for a person affected by family violence?

## 12. ETHICAL CONSIDERATIONS

In field research on family violence, more than in any other type of social research, ethical considerations play a crucial role in the validity of the results. It is not an exaggeration to say that the issue is a matter of life or death for the affected persons, and it is imperative to be aware of the impact and consequences of conducting this type of study. The consensus on methodological issues from numerous studies on family violence in various countries is that ethical considerations are fundamental for the success of the project.

The protocol is founded on certain *ethical principles* from the collective methodological experience, which should guide the fieldwork of the research team.

**Confidentiality and Safety are Fundamental.** Much of the information given by the key respondents is of a very personal nature. Sometimes the interview will be the first time that a respondent has ever divulged information about her violent situation. The dynamics of a violent relationship are such that the act of divulging painful personal information to a person outside the immediate family can provoke another episode of violence, which could result in further injury or even death of the respondent. Guaranteeing confidentiality of the information is not a theoretical ideal; it is an absolute necessity for carrying out the study. In the management of the information, mechanisms must be put in place to protect confidentiality and guide the actions of the research team.

**The field work should never lead to greater harm of the people interviewed.** Interviewing people who are actual or potential victims of violence can be difficult. The person may recall terrifying, humiliating or very painful experiences, which can provoke a strong negative reaction in the respondent. The researcher must be attentive to the effect of her questions on the respondent's state of mind and, if necessary, terminate the interview if the respondent becomes too upset. The collection of data never justifies causing harm to another person.

**A key tool in the study is the list of crisis intervention resources.** Part of responsible research is understanding that there will be respondents who will need information on where to get help for cases of abuse. The researcher must be prepared to offer referral information on appropriate service providers.

One step in the preparatory stage of the study is to collect data on existing services to which a person affected by violence might be referred. This information should be summarized on a card and copies should be made for distribution to women who demonstrate interest or need. If there are no services available in the community under study, and project resources are not sufficient to hire someone to provide services in that regard, then the ethics of conducting the study in that community should be seriously reconsidered.

The investigator should provide the referral information to any women who are interested, but should not create false expectations in the women interviewed. In many research projects, an information card is given to all participating women; in other situations, in order not to leave "any evidence" that researchers came to the house of an aggressor, the information is provided verbally.

**Each woman's decisions and processes must be respected.** Each woman affected by family violence must live her situation and attempt to extricate herself from it at her own pace. It is not the role of the researcher to accelerate those processes or attempt to change the decisions made by the woman. It is important to trust the woman's ability to overcome her situation and move forward in the way that is most appropriate for her reality.

**The members of the team should be mindful of the effects of the study on themselves.** Family violence affects everyone, and the researchers are not exceptions. Many have experienced the effects of violence directly, and facing them again in a different situation may cause unexpected reactions. These situations may even lead team members to quit the study or cause them to be less effective in conducting difficult interviews or analyzing the results. Every research process of this nature should include some mechanisms for "sounding out" the team and giving members the opportunity to reflect and withdraw from the team if necessary.

### **13. WORKPLAN AND SCHEDULE OF ACTIVITIES**

Some schematic ideas on how carry out the research are discussed in this section. This information is provided in order to give a general idea as to how this multi-centric study has been planned to be carried out. The detailed explanation about the use of the instruments and registration of the field data will be provided in the training workshop for researchers.

#### **13.1 Guidelines for recording information from the field**

Managing the collected data is one of this study's crucial elements. The level of organization and professionalism applied in recording the information may make the difference between a successful study and one that yields few useful results. It should be borne in mind that an interview can rarely be repeated and it is therefore essential to take good care in recording the information provided.

Some guidelines for recording information from the field in a qualitative study are presented below.

- a) Keep a field diary or logbook, starting on the first day of research until its end. The field diary will be the primary source of information and an indispensable tool for the researcher. This diary is where the researcher records her observations, analytical notes and theoretical notes, which will later serve as inputs in the data analysis phase.
- b) All the information requested in the identification forms for service providers and documents sources should be noted.
- c) Develop an interview file. For each interview conducted, write some paragraphs describing the interview situation, the reactions of the informants, and any other event that could be useful for the purposes of the study.

- d) Try to record all the interviews carried out. All the interviews and focus groups should be tape-recorded. If recording is not feasible, notes should be taken of the responses, including as much detail as possible and utilizing the same language used by the person interviewed. Even if the interview can be recorded, detailed notes on the respondent's comments should be taken. The notes taken by the observers in the focus groups are also an important resource.
- e) A Transcript of the individual and group interviews should be produced as soon as possible after they are concluded. They should be transcribed on computer in order to support the process of data categorization. The interviews should be transcribed verbatim, including the moments of silence, laughter, crying, unfinished sentences, etc.
- f) As a basic step in recording the information, the notes from the interview should be reviewed within the following 24 hours in order to complete the recorded information rapidly. These notes are to be attached to the transcription of the interview as a complement of the information gathered in the interview. The notes taken by the observers in the focus groups should also be attached to the transcriptions.

## **13.2 Work Plan**

It is expected that it will take approximately 10 weeks to carry out all the activities associated with the study, including the preparatory activities, the fieldwork, the data analysis, and drafting the report. The details could vary somewhat depending on the context of the study site; however, in all sites the study will go through the following stages:

### **Preparation**

- Selection of the research team
- Selection of the community
- Training of the research team
- Preliminary entrance to the community

### **Collection of data on the Community**

- Collecting and summarizing secondary data
- Identification of service provider institutions
- Identification of key service providers informants
- Drawing up the list of crisis intervention resources

### **Collection of Information from service providers**

- Getting acquainted with service providers
- Conducting semi-structured interviews
- Identification of document sources
- Identification of key respondents among MUXVI

### **Collection of information from document sources**

- Reviewing document sources
- Photocopying or description of the sources
- Summarizing the content of the sources

**Collection of information from women affected by family violence who have looked for help in the community**

- Determining that are women who meet the selection criteria
- Getting acquainted
- Conducting the interviews
- Identification of other affected women

**Collection of information from women and men community members on social meanings of family violence**

- Identification and recruitment of respondents
- Negotiation of logistic aspects of the focus groups
- Conduction of focus groups

**Analysis of the Information**

- Transcription of the interviews and focus groups
- Annotation of the raw material (transcripts, documents, field dairy, etc.)
- Organization of the information collected
- Reading and analyzing the data, search for emergent topics and establishing the coding categories
- Coding the information and organizing it by categories
- Identifying relationships between categories
- Preparation of the report

**13.3 Timetable of activities**

Activity	Week							
	1	2	3	4	5	6	7	8
1. Getting acquainted with the community	X							
2. Gathering of secondary data	X							
3. Fieldwork (interviews with service providers, women, focus groups)		X	X	X				
4. Transcription of the interviews and organization of the data			X	X	X			
5. Coding and analysis					X	X		
6. Preparation of the report							X	X

## ANNEX 1: Categories of Analysis

### SERVICE PROVIDERS

CATEGORY	CODE	DEFINITION
Availability of services	SERVAVAIL	The existence or availability or no of a particular service for the affected women
Type of services	TYPE	The type of service (legal, medical psychological, etc) provided by the institution
Quality of services	QUALITY	Qualities and characteristics of the services available that hinder or facilitate an appropriate response to violence. Quality is related to the resolution capacity (if the institution or its personnel provide the affected with appropriate solutions), efficacy, and qualifications of the human resources.
Accessibility	ACCESS	The existence or no of cultural, social, economic or structural barriers that hinder or facilitate women's access to services and information.
Process of care -Itinerary -Requirements -Procedures	CARE .ITIN .REQ .PROC	The existing process a person needs to follow in order to get institutional or intra-sectoral attention.
Inter and intra institutional coordination	COORDINA	The existence or no of inter and intra institutional mechanisms of coordination for the provision of services to affected people
Information	INFO	The kind of information that the informant has or not in relation to family violence, legislation, procedures, service providers, etc.
Existence of family violence	EXISTVIOL	The recognition or no by the informant of the existence of family violence as a social problem in the community or the country and the manifestations of that violence (physical, sexual, psychological, etc).
Causes of family violence	CAUSE	The reasons or motives perceived by the informant as the causes of family violence

Social meanings on family violence	SOCMEAN	Individual and collective forms of knowledge to understand the world (perspectives, ideas, beliefs, etc. of the informants in relation to family violence, the affected women, the perpetrators, services and other aspects related to the research problem).
The context	CONTEXT	Aspects or characteristics (social, economic, cultural, legal, etc) that help to put in context the phenomenon of family violence
Solutions to family violence	RESOLVER	Proposals to solve the problem of family violence
Obstacles or problems to solve the problem of family violence	OBSTAC	Aspects or situations that prevent the solution of the problem

### **THE AFFECTED WOMEN**

<b>CATEGORY</b>	<b>CODE</b>	<b>DEFINITION</b>
Experience with family violence	EXPVIOL	Descriptions of the type of violence that the informant has directly experienced.
Motivating and inhibiting factors	FACTOR	Factors or elements that have a negative or positive effect on women's decision to look for help to solve her problem
Experience with the institutions that provide services	EXPINST	Experiences of the informant with the service providers
Quality of services	QUALSERV	The qualities or characteristics of available services that hinder or facilitate the solution to the problem. It includes access to the service, coverage, qualifications of the personnel, efficacy, structure and functioning of the service, type and quality of the information provided, etc.
Solutions to family violence	RESOLVER	Proposals to solve the problem of family violence
Results	RESULT	Results (positive or negative) obtained by the affected after she looked for a solution to her problem.
Evaluation of the social response	EVALRESP	Evaluation of the answers found by the affected to her problem at the local level.

### MEMBERS OF THE COMUNITY

CATEGORY	CODE	DEFINITION
The existence of family violence. -Most common	EXISTVIOL .MOSTCOM	The recognition or no by the informant of the existence of family violence as a social problem in the community or the country. Descriptions of the manifestations of that violence (physical, sexual, psychological, etc) and of its most common form.
Affected persons	AFFECTED	Identification of the main affected persons
Perpetrators	PERP	Identification of the persons that most frequently exercise violence against their family members
Social Meanings	SOCMEAN	Individual and collective forms of knowledge to understand the world (perspectives, ideas, beliefs, etc. of the informants in relation to family violence, the affected women, the perpetrators, services and other aspects related to the research problem).
Causes of family violence	CAUSE	The reasons or motives perceived by the informants as the causes of family violence
Violence as a social problem	VIOLPRO	The recognition or no of family violence as a social problem in the community
Solutions to violence	RESOLVER	Proposals to solve the problem of family violence. Options that the informants think a person has to solve the problems (they could be personal, social, institutional options, etc.)