



EUROMED GENDER EQUALITY PROGRAMME

Gender-based Violence Methodological Protocol: Harmonized Methodology and Concepts to conduct GBV surveys

*Enhancing Equality between Men and Women in the Euromed Region
(2008-2011)*

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List of Acronyms and Abbreviations

ACRONYM	Meaning
ECLA	The Economic Commission for Latin America
CEDAW	Convention for the Elimination of all forms of Discrimination against Women
COPEAM	Permanent Conference of the Mediterranean Audiovisual
CSO	Civil Society Organisations
CRC	The Convention on the Rights of the Child
CRASC	National Centre for Research in social and cultural anthropology, Algeria
CTB	Belgian Technical Development Cooperation
EC	European Commission
ECE	Economic Commission for Europe (United Nations Organisation)
ESCWA	United Nations Economic and Social Commission for Western Asia
EGEP	Enhancing Equality between men and women in the Euromed region programme
EGM	Expert Group Meeting
EPSM	Equal Proportionality Size Method
Enveff	National Survey on Violence against Women in France
Euromed	Euro-Mediterranean
EWL	European Women's Lobby
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GE	Gender Expert
GPE	Gender Policy Expert
IC	Inter-Ministerial Committee or Commission
ISTAT	Statistics Institute, Italy
MEDA	Mediterranean
MD	Millennium Declaration
MDG	Millennium Development Goals
NGO	Non-Governmental Organisation
NWM	National Women's Machinery
ONPF	National Office for the Population and Family, Tunisia
PA	Palestinian Authority
PA A	Programme Administrative Assistant
POA	Plan of Action
PPS	Probability Proportionate to Size
RWEL	Role of Women in Economic Life programme
SCR	Security Council Resolution
SIDA	Swedish International Development Agency
ST	Short-term expert
TL	Team Leader
TORs	Terms of Reference

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UN	United Nations Organisation
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
UNICEF	United Nations Children Fund
VAW	Violence against Women
WB	World Bank
WHO	World Health Organisation

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1 Background and context

1.1 Context

In Euromed partner countries, as in Europe, Gender-Based Violence (GBV) is increasingly recognised as a major problem. GBV is based on the persistent imbalance of power between men and women. By their very nature incidents of Gender-Based Violence are under-reported and difficult to detect, and even socially and legally tolerated in many cases, however, societies and States are more and more aware and recognise this violation of human rights of women at each stage of their life.

The regional programme “Enhancing Equality between Men and Women in the Euromed Region” has been developed within the framework of the Istanbul Ministerial Conclusions. The programme has 3 specific purposes:

- Purpose 1: Support and reinforce current dynamics that favour both de jure and de facto gender equality and that provide support to the promotion of women’s rights in the region;
- Purpose 2: Improve understanding and knowledge of the various forms of violence against women;
- Purpose 3: Ensure that the Istanbul ministerial conclusions on “Strengthening the role of women in society” are being followed up.

This action will be implemented to contribute to the achievement of the *Purpose 2*. The surveys will be conducted under the broader scope of the gender-based violence with the specific focus on the violence against women.

Potential countries where the EGEP GBV surveys will be conducted have been identified and selected on the basis of the assessment of the existing and ongoing research, surveys and available data related to GBV in the 9 partner countries. The country visits carried out by the EGEP Team between 2008 - 2009 as well as the Expert-Group meeting on “GBV research: Concepts, data, methodology and tools”, that took place the 20-24 April 2009, Tunis, Tunisia contributed to the decision to focus on Jordan and, to a lesser extent Lebanon. More specifically the pilot countries have been selected on the basis of the two following criteria:

- The fight against gender-based-violence including collecting related data is embedded in the framework of national priorities (national strategy, plan of action);
- No national survey has been conducted so far in the country.

In various discussions between the NWM and EGEP, the countries have reiterated their interest in being part of this process and conducting the GBV survey.

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1.2 Objectives and approach

1.2.1 General objective

To improve understanding and knowledge of the various forms of violence against women.

1.2.2 Specific objectives

- To contribute to building capacity of the countries of the Euromed Region in conceptualizing, planning and conducting GBV Surveys;
- To conceptualise and design an harmonized methodology and develop an approach to GBV Surveys that is in line with internationally recognized standards, along with the tools and guidelines for its implementation by member countries.

1.2.3 Approach

- Collecting a number of significant tools and methodologies used in various countries and by different international actors (ESCWA, UNFPA, WB, WHO...);
- Organizing the GBV regional experts group meeting that took place the 20-24 April 2009, Tunis and regrouping experts from both northern and southern countries including policy makers, producers and users of the data as well as medias, NGOs and donors (bi and multi-lateral cooperation) contributed to build consensus on the universally agreed definition and framework of GBV and to exchange the experiences to develop methodological and conceptual framework and outline for the measurement of Gender-Based Violence.

1.3 Experts group meeting recommendations and consensus

The consensus on the conceptual and methodological framework for GBV surveys that resulted from the GBV regional experts group meeting (EGM) that took place the 20-24 April 2009, Tunis contained the following elements:

- The definition of GBV on which the survey will draw shall be based on the UN Declaration definition.
- The surveys shall be national surveys encompassed within a harmonized methodology.
- The survey will target GBV in the public and the private sphere.
- The survey will be quantitative with other qualitative approaches, to be defined and if need be.
- The eligible women are those aged 15 and plus regardless of their status and only one woman per household.
- The primary sources of data will be the interviews of women with a structured questionnaire. Other secondary sources of data could be the population census, the national health surveys and other existing data from hospitals and police, civil society organisations and statistics offices.
- The sampling will be based on the household and done randomly. It shall be representative of the country and of the key geographical features.
- The questionnaire will comprise an informative part on the size and conditions of life of families. It will explore the victim and her status, the types of violence, the

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perpetrator, the extent of the violence, the frequency and the temporality, the reaction of the victim and the environment and the impacts of violence.

- In the public sphere, it will also include the place and time of the act of violence.
- The questionnaires shall be anonymous and confidentiality shall be respected in addition to other ethic rules.
- The outline for the questionnaire shall evolve around: (1) Socio-demographic data (on the women and household), (2) Types of Violence (physical, sexual and psychological), including the victim's perception of the causes/reasons, (3) Prevalence, (4) Perpetrators, (5) Place of Violence, (5) Women's attitude, (6) Family attitude, (7) Service and support (did or not -and if so, why and where- the women ask for help, and what was the outcome), and (8) Consequences (medical, psychological, etc.).

1.4 The scope of the GBV pilot surveys

Participants clearly recommended:

- Endorsing of international standards and definitions related to human rights and gender-based violence gender-based violence as well as life cycle approach,
- Limiting the scope of the GBV pilot surveys to the gender-based violence against women;
- Assessing gender-based violence occurring in private and public spheres,
- Approaching Institutional violence directly or indirectly (ex: access to education or access to work);
- recommended inclusion of ever married and never married females of the age 15 years and older.

2 Conceptual framework

2.1 Gender-based Violence or Violence against Women

Victims of gender-based violence could be women and men, girls or boys. But as it is based on the persistent imbalance of power between men and women, according to United Nation reports, “women and girls are overwhelmingly affected, are not only at high risk and primary targets for GBV but also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and fewer resources at their disposal to avoid or escape abusive situations and to seek justice. They also suffer SRH consequences, including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections and HIV”. The experts and the partner countries of the program decided that the surveys will be conducted under the broader scope of the gender-based violence with the specific focus on the violence against women.

2.2 International legal framework

Gender-based violence is one of the most humiliating, degrading and harmful human rights abuses that extend over borders and cultures. Yet, the international legal and human right institution started late to recognize gender-based violence as a crime that should be addressed separately and attentively. Although the universality and the generality of the first international conventions and declarations of different subjects of human rights addressed different forms and types of rights and violations, those rules and principles couldn't provide the needs of the victims of gender-based violence as it didn't address it directly. The growing interest on gender equality and women rights, helped in drawing finally, the attention to this problem.

However, it should be highlighted that the human right instruments may apply on this subject since the Gender-based violence is a violation of many fundamental rights, including the right to life, freedom of movement, security of the person, freedom of expression and freedom from torture and ill treatment.

In addition, there are specific instruments which highlight the specific responsibilities of states and other actors in protecting women and girls and preventing all forms of gender-based violence¹:

- Convention for the Suppression of the Traffic in Persons and Exploitation of the Prostitution of Others (1951)
- Convention on the Political Rights of Women (1954)
- Convention on the Elimination of Discrimination Against Women (ratified in 1979), and its protocol
- The Convention on the Rights of the Child (CRC) adopted by the UN General Assembly in 198, and its protocol

¹ *Gender-Based Violence, Care & Protection of Children in Emergencies, A Field Guide*, Judy A. Benjamin & Lynn Murchison, 2004, Save the Children Federation.

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- UN Declaration on the Elimination of Violence Against Women (adopted by the UN General Assembly in 1993),
- The Global Platform for Action (developed at the Beijing Fourth World Conference on Women in 1995)

2.3 Institutional context for GBV survey

2.3.1 International context

- Cairo, Beijing, MD/MDGs
- International Conventions and Treaties mainly CEDAW
- The UN Secretary-General's in-depth study on all forms of violence against women (2006),
- The UNIFEM trust Fund, The MDGs Trust Fund with support of the Spanish Cooperation...

2.3.2 Regional context

- 1st Ministerial Conference on “enhancing women role in the society”, Istanbul 2006
- EU guidelines on violence against women and girls and combating all forms of discrimination against them
- Euromed Gender equality Programme, 2008-2011

2.3.3 National context

- All concerned states are internationally committed as regard to human rights, gender equality and elimination of all forms of discrimination and violence.
- Many initiatives are taken in terms of national strategies, specialized programmes or services (government and civil society).
- Statistics are available and engendered in most countries
- Till recently, the only existing GBV/VAW data were related to infractions/offences reported in official/certified documents (police station, Court....).
- GBV data collection started with the CSOs/NGOs as part of their interventions (counselling centres and legal assistance, Shelters...) and to use them for evidence –based advocacy and policy dialogue.
- For a long period, when some governments initiated GBV surveys and published data, others argued/claimed that means VAW exists only in such countries or such cultures and not in theirs.
- Now GBV is recognised by almost all countries throughout the world as an act of infamy and a violation of human rights of women through life cycle;
- However, available data are very limited and the existing provide a partial vision of what is considered as a universal phenomenon given the culture of silence and the absence of evidences in addition to the socio-cultural and legal obstacles which continue limiting access to accurate data on GBV/VAW.

2.4 Building consensus about GBV

Gender-based-violence is a form of violence, which the victims undergo above all else because of their sex and their Gender identity in the society. It is a complex social phenomenon, deeply rooted in existing gender power relations, sexuality, self- identity and, the structure of social institutions.

Three elements to differentiate GBV from other forms of violence including against women:

- Violence is directed against women because they are female: **sex discrimination**;
- **Imbalanced gender relationships and distribution of power** between the perpetrator of (man) and the survivor to violence (woman), characterized by the duality: supremacy of-submission to; recognized gender roles, distribution and status;
- Those acts of violence are mainly neglected and ignored because they are considered as gender norms and values and as part of private life: the **social tolerance** (culture of silence/private life).

It is necessary to consider:

- Interpersonal lines/register and societal dynamic (refer to the three criteria defining gender-based-violence) and that means VAW is mainly linked to the daily life and confined in the private sphere,
- What ever is the form or who is engaged in, the VAW is always infringement of the integrity of the person and always based on domination relationship;
- Quantifying VAW is a not easy because it covers a complex and diversified reality which needs an accurate description from one hand and because it is also difficult to measure the immeasurable due its invisibility (culture of silence, absence of testimonies including from the GBV survivors themselves).

The second panel of the expert meeting was dedicated to work towards a common conceptual framework on defining and understanding GBV/VAW. It was agreed that GBV-VAW can be conceived as the type of violence that is exercised on women because they are women and which is characterized by an imbalance in power relations and by social tolerance. In reference to the presentation on conceptualizing GBV-VAW within a human rights framework and following the discussion, it was agreed that the methodology would work with the conceptual framework of the international agreements that the countries have ratified and in particular CEDAW.

There are forms and types of violence that are recognized or not, others are considered as universal or culturally specific.

The quantitative and qualitative studies conducted at international, regional and national levels allowed the classification of various forms and types of violence against women:

- Physical, verbal, sexual, psychological, economic, institutional
- In public or private spheres
- Workplace, street, school, university, training place, services
- Family, couple, close relative and friends)

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2.5 Definition and forms

Since a consensus has been built as regard to the endorsement of the international framework to define GBV/VAW, namely the Declaration on the Elimination of Violence against Women the section of the questionnaire related to GBV categories in both public and private/family sphere should be based on the Gender-based Abuse defining of the Declaration as the first international human rights instrument to exclusively and explicitly address the issue of violence against women. It affirms that the phenomenon violates, impairs or nullifies women's human rights and their exercise of fundamental freedoms.

The Declaration provides a definition of gender-based violence as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” (General Assembly resolution 48/104 of 20 December 1993, Article 1).

Specifically, the Declaration outlines a broad variety of acts and circumstances that are included in this definition amplified its article 2 which identifies three areas in which violence commonly takes place:

- Physical, sexual and psychological violence that occurs in the family, including battering; sexual abuse of female children in the household; dowry-related violence; marital rape; female genital mutilation and other traditional practices harmful to women; non-spousal violence; and violence related to exploitation;
- Physical, sexual and psychological violence that occurs within the general community, including rape; sexual abuse; sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women; and forced prostitution;
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

By listing this number and variety of forms of GBV, Article 2 of the UN Declaration on the elimination of violence against women is demonstrating their consistency with the variety and number of cultures and human practices.

The following table² is just an indication to define both universal and specific types of violence that women at each step of their life could face:

² Heise, L. 1994. Violence Against Women: The Hidden Health Burden. World Bank Discussion Paper. Washington. D.C. The World Bank

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Table: ***Types of violence affecting women during their lifecycle***

<i>Phase</i>	<i>Type of Violence</i>
Prenatal	Prenatal sex selection, battering during pregnancy, coerced pregnancy (rape during war)
Infancy	Female infanticide, emotional and physical abuse, differential access to food and medical care
Childhood	Genital cutting; incest and sexual abuse; differential access to food, medical care, and education; child prostitution
Adolescence	Dating and courtship violence, economically coerced sex, sexual abuse in the workplace, rape, sexual harassment, forced prostitution
Reproductive	Abuse of women by intimate partners, marital rape, dowry abuse and murders, partner homicide, psychological abuse, sexual abuse in the workplace, sexual harassment, rape, abuse of women with disabilities
Old Age	Abuse of widows, elder abuse (which affects mostly women)

The main issues and categories discussed and agreed during the EGM meeting could be summarized as follows:

- The most widespread problems are physical violence against spouses and girlfriends (from hitting right up to murder) and sexual violence (usually committed by a boyfriend, husband, trusted adult, or a family member, including incest)
- There is also emotional abuse -- sexual harassment at work or on the street, stalking, jokes that demeans women, and controlling behaviour.
- In some countries violence occurs in the form of genital mutilation of girls, force feeding of girl adolescents, skin whitening, and control of virginity and trafficking of girls and young women into prostitution.
- All studies and surveys demonstrated that beyond cultures and societies, the most prevalent place where women through their life cycle are facing all kinds of violence is the home (the family setting), that is supposed to be a haven of peace and protection when the public space is of the sexist harassment.

See diagrams and additional concepts and forms of GBV in annex 1.

3 Harmonized Methods

3.1 Operating GBV Survey

3.1.1 Implementation of the process

- Forming a multi-sectoral and multidisciplinary survey team. The Team should be comprised of multidisciplinary specialists. Preferably, experts in the areas of Sociology, psychosocial, Gender, Advocacy, Policy formulation, Programming specialist, Mathematical Statistician/Sampling, Survey specialist, Linguistic/dialect specialist, and Legal adviser. Implemented by the subcontracted institution and followed up by GE;
- Training the Survey team: concepts, techniques and Fieldwork. The training will be conducted based on participatory with the use of the harmonized methodology and concepts;
- Survey Preparation and Questionnaire Design;
- Design tabulation plan and questionnaire;
- Design sampling procedures and select the Households/HHs;
- Conduct pre-testing and finalize questionnaire; contracted institution;
- Implement field work, editing and processing. contracted institution;
- Calculate sample design errors, including sampling and non sampling;
- Calculate non response rates by question (non response is a response);
- Data Processing including editing, coding, and entering;
- Preparation of the final statistical Report, Data Preparation;
- Drafting the analytical report on GBV survey findings.

3.1.2 Dissemination of the results

- Organise national validation round table in each concerned country to review and validate the findings of the survey and researches;
- The final products, reports and information will be published and posted on EGEP website in Arabic and English or French;
- The data are collected and analyzed not only to ascertain assumptions of research or create a knowledge base but also to be utilized for evidence-based advocacy and policy dialogue, policy intervention and programme development, implementation, monitoring and evaluation.

3.2 Proposed Survey Methodology

A survey methodology needs to be simple to use, yet robust enough to represent the reality in each country. It shall be based on effective sampling design, with appropriate sample size, and selected from up-to-date and reliable sampling frame. The sampling frame need to be comprehensive and includes remote population, marginalized and disadvantaged groups.

3.2.1 General considerations

Whenever a GBV survey is planned this questions should be considered. It should be noted that these questions are indeed interrelated in nature. These include:

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- **What** “need to know”? Essentially, The scope and content of the issues/topics to collect information about. This implies engaging in dialogue the requesting authority or the Special Group of Interest that raised the request. The outcome would be a clear list of what to be included in the study, degree of specificity (i.e.; incidents or levels?), reliability and time reference. Other considerations would cover issues of coverage such as all country or specific socio-economic or ethnic groups, all age groups or specific age groups, and the like...Once this is achieved, the Team will articulate the definitions and classifications for each issue or topic to be covered by the study;
- **Why?** Next, why such data and information are needed in terms of the expected utility. It is the key to ensuring the “Relevance” of the study and the effective utilization of its outcome/results. For example one scenario would be, in absence of explicit or implicit policy against GBV/VAW, a group of special interest would like to obtain solid information on the prevalence of GBV/VAW to engage the Parliament in evidence-based policy dialogue leading to formulation of a responsive formal policy, as well as engaging the populous in advocacy for awareness creation. A different scenario would be to use the data and information for assessing the efficacy of the existing Policy and Programme of Action by means of “Monitoring and Evaluation” leading to Policy/Programme interventions. A third scenario would be that a group of Academicians would like to investigate the causes, consequences and cost of the incidents of GBV/VAW. As mentioned earlier, clear understanding of the “Why” the study is requested impacts the very design of the study in terms of methodology, approach, scope, content, and time reference; all of which impacting quality and cost of the study;
- **Where?** Defining the “Scope” of the survey in terms of “National Coverage”, Urban” or “Rural”, all age groups or specific age groups, all socio-economic groups or specific socio-economic group, all ethnic groups or specific ethnic group. Special consideration should be given in case a state of emergency due to conflict or natural disaster causing massive population internal displacement or even cross-boarder displacement;
- **When?** A clear time reference is a must. This relates to posing the questions within specific time frame such as during the last week or last month or last three months or year, etc... It also refers as to when to conduct the study considering weather and population mobility as well as other field conditions;
- **How and how often?** This is the most demanding and complex of all issues to be considered. It should be clear at all stages that these surveys are related to cultural values and practices, including power structure in the society. That the respondents’ answers, no matter how horrifying it could be, can not and will not be used as evidence in the court of law and should be protected by the Statistical Act clause of confidentiality. With this, and all the previous information in mind, the Sturdy Team should consider the best possible approach for this study. This entails issues related to acceptable level of results’ reliability or confidence level. It leads to consideration of sampling or no sampling approach. In case of sampling, would it be a probability

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proportionate to size (PPS) or a purposive sample? Means of “Verification” and “Validation”. How best to articulate each question and to avoid questions that are compounded. Should the question be closed or open ended? Would there be a need to pre-test the wording of the questions? How best to utilize Focus Group discussions. Would the respondents feel at ease providing answers respect “Violence” the same way they would feel at ease answering questions related to educational attainment, employment, marriage history, contraceptive use, pregnancy, breast feeding practices, etc... or would the respondent feel ashamed and embarrassed to provide the answers (i.e.; Response rate and respondents’ fatigue)? This matter represents a KEY consideration for its impacts the sampling procedure to consider. Should the pre-testing and or the Role-playing indicates reluctance of the populous to respond with ease, due to shame or fear or due to perceived sensitivity of the questions or even fear of retaliation or legal consequences etc...and therefore the response rate would be at question, then the Study Team is advised to consider a very specific sampling approach for “Rare or Elusive events”. In this case, one might question the validity of using the same sample design and size of the usual and more common Household-based sample surveys like WFS, DHS, PAPCHILD, or PAPFAM. In such surveys, households are chosen by an equal probability selection method (EPSEM). Should the conclusion of the Study Team be to revert to sampling for rare or elusive events, then other battery of sampling options come up and should be dealt with. Some of these options relate to use of “Stratification and disproportionate stratification”, “Double or Multiple Frames along with eliminating and compensating overlap”, “Multiplicity Sampling—sisterhood, siblinghood and network, “Two-phase Sampling”, Snowballing, or Sequential Sampling. Once again, this consideration is to ensure a higher level of confidence and reliability of the study results. It however impacts on the cost of the study. As to how often such a study should be carried out for establishing “Trends” and for measuring “Change” by time and effort, the Study Team should establish the periodicity such as once every 5 years and should also ensure the availability of funding.

3.2.2 Code of ethics

The safety of the interviewed women and the members of the data collection team should have priority upon any consideration:

- Before conducting research, the local availability of care and support services for survivors/victims must be ascertained to provide the respondents and victims with the appropriate help when needed;
- The confidentiality of individuals and the information they reveal must be protected at all times.
- Informed consent must be given by anyone participating in research on VAW/G.
- All members of the data collection team must be carefully selected and trained for this research, as well as receive ongoing support through the research process.
- If children (anyone under 18) will be research subjects, special safeguards must be put into place;

While all research protocols involving human subjects require that investigators put mechanisms in place to protect the confidentiality and safety of their research subjects,

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research in the area of VAW/G involves special consideration due to the level of potential risk involved for these women:

- The safety and security of research subjects and the research team is paramount and should guide all research decisions.
- When documenting VAW/G, the potential benefits to the respondents or targeted communities must be greater than the risks involved to them.
- Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experiences and good practice.

3.2.3 Eligibility for administering the individual questionnaire

Who are the potential/various eligible women?

The agreement during the meeting defined eligibility for coverage by the individual questionnaire as “ever or never married women of the current age 15 years and over years”.

Eligible woman is any woman between 15 years and over years of age regardless of her marital status (ever or never married), and is a usual member of the selected HH (WHO approach)

- HH's are different in composition. A HH could be of zero nuclei (Single males or single females without blood relationship living under the same roof and sharing at least one meal a day, or one nuclei (wife, husband with or without children), or more than one nuclei or extended family with a high number of women (e.g. patriarchal system: mother-in-law, number of daughters-in-law, daughters, grand daughters....). This will be determined by the HH composition and structure (relationship of HH members to the HH Head in the HH Questionnaire)
- The potential/eligible women in the HH should be identified by circling their line number in the HH Questionnaire. It is also advisable to list the names of eligible women in a list per HH.
- Every effort should be made to interview the selected eligible woman. This includes call backs/visits to the HH in the case that the woman is not at home or the time is not suitable, or if confidentiality can not be assured another visit shall be planned.

In households with more than one eligible woman, only one woman will be interviewed. Selection of this eligible woman from the other eligible women could be as follows: (WHO approach):

- The next birthday method
- Random selection or lottery method: write the line numbers on pieces of paper, to be put in a bag ask HH member to pick out one paper and the number contained therein identifies the selected eligible woman.
- Special cases to be considered member of HH:
 - Domestic worker if they sleep 5 nights or more in the HH
 - Visitors if they have slept in the HH for the past two weeks

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3.2.4 Survey team

It is proposed that a “survey Team” be formed. The Team should be comprised of multidisciplinary specialists. Preferably, members of the Team should be experts in the areas of Sociology, psychosocial, Gender, Advocacy, Policy formulation, Programming specialist, Mathematical Statistician/Sampling, Survey specialist, Linguistic/dialect specialist, and Legal adviser.

3.2.5 Questionnaire design

The survey will be a standard “Household- based” sample survey. It should follow the quantitative method approach. A questionnaire designed to have the following sections/parts will be administered in a Face-to-Face approach. The questions shall be simple and not compounded, closed and pre-coded. Each closed and pre-coded question shall include in its classification of possible responses the item “other, please specify-code 9” for the possibility of future recoding and expansion of classification and tabulation. The questionnaire shall include the following sections or parts:

- Section 1 shall be devoted for the “Geographic and sampling identification of the household”;
- Section 2 shall be devoted for the “Household structure, composition, and household members’ social, economic and demographic characteristics”;
- Section 3 shall be devoted for “at home or Domestic” GBV against women (ever married or never married) 15 years of age and above;
- Section 4 shall be devoted to “public sphere” or outside home GBV against women (ever married or never married) 15 years of age and above; and
- Section 5 shall be devoted for “Economic empowerment of women”.

3.2.5.1 Section 1- Geographic and Sampling Unit Identification

This section shall include key information regarding the identification of the geographic location of the interviewed household. It shall also identify the sequence of this household in the sample design. Specifically, this section shall include:

- Selected HH sample sequence number (4 digit codification);
- Sequential number of questionnaire in the Primary or Secondary Sampling Unit or Enumeration Area (PSU/SSU, or EA) (2 digit codification);
- Name and code of the Governorate (2 digit codification);
- Agglomeration name in terms of its location within the governorate and its classification as Urban or Rural (6 digit codification);
- Number of the enumeration area within the agglomeration (3 digit codification);
- Building/Housing Unit Number (3 digit codification); and
- Name of the interviewer.

3.2.5.2 Section 2- Household Module

All usual members of the “Household” shall be included in the “Household Module”. In addition to listing all usual members of the household; members’ relation to the household head must be established. Household members’ social, economic and

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demographic characteristics will be collected. Eligibility for inclusion in the Individual questionnaire covers all female members of the selected household whose age is currently 15 years or older, regardless of their marital status or relationship to the household head. Once eligibility is established, one of the eligible women shall be interviewed for the remaining parts of the questionnaire. This is important due to ethical considerations pertaining to confidentiality and protection of the respondent.

The household module or section/part shall include:

- Line number running from number 1 to number x (usually up to number 9 or 1 digit codification, unless larger households are expected then we allow to number 99 (2 digit codification));
- Listing the names of the household usual members starting on line 1 by the household head, followed by her or his spouse then children if any (i.e.; members of first nuclei), then moving on to the other members nuclei by nuclei;
- Relationship to the head of the household. This could be any of the following: spouse, daughter, son, mother, father, brother, sister, mother in-law, father in-law, sister in-law, brother in-law, etc... or no relation in case of live in domestic help;
- Date of birth by date, month and year for each HH member;
- Sex of the household member;
- Age by completed years;
- For members aged 6+ ask about education enrolment/attainment;
- For members 15+ ask about economic activity/employment;
- For members 15+ ask about marital status (never married, currently married, divorce/separated, widow);
- Circle the line number of females 15 years and over (for eligibility for the individual questionnaire);
- For each ever married woman 15+ ask about: age at first marriage, was she married before? And if yes how many times? Duration of each marriage by years and months? How previous marriage was terminated (spousal death or divorce?);
- For each ever married woman 15+ who is currently or had been previously divorced ask about reason for divorce;
- For each ever married woman 15 years and over ask about her pregnancy history and pregnancy outcome (terminated pregnancy, still birth, live birth);
- For each terminated pregnancy ask whether the termination was spontaneous or induced. If induced ask for the reason;
- For each ever married woman 15 years and over ask for the total number of her live births by sex classified by still alive or deceased. For children still alive, ask whether living with her in the household or outside the household;
- For each ever married woman who is currently married and falls within the age of 15 years and over ask about contraceptive use by duration, purpose and kind;
- For each ever married man 15+ who is currently divorced, ask for reason of divorce;
- For each ever married man 15+ who is currently widow ask if death of spouse was during pregnancy or within 42 days after birth.

The Individual questionnaire is made of sections 3-5. Per selected HH, One ever or never married woman of the current age 15 years and over will be eligible for completing these three sections. These sections would not apply in the event that the selected HH

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has zero ever or never married women currently of the age 15 years and over. It should be noted that the sample design gives allowance for this scenario as well as for the non-response—complete or partial.

3.2.5.3 Section 3- GBV aimed at women 15 years and over (and over) within the household dwelling “Domestic Violence (DV)”

This section of the individual questionnaire shall address the following aspects of violence against women 15 years and over (and + if decided) ever or never married:

On the basis of the above-mentioned definition, conceptual and operational framework, the GBV regional expert groups met in Tunis in April 2009 were in agreement the inclusion of the following types of violence in the Survey:

- Spousal and non-spousal physical, sexual and psychological violence against women occurring in the household/family;
- Physical, sexual and psychological violence against women occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation occurring at work, in educational institutions and elsewhere, and trafficking in women and forced prostitution, and
- Institutional forms of violence as those representing various forms of discrimination³ as well as violation of human rights (e.g. right to education).

GBV/VAW in the private sphere:

- **For married women (Within the Couple):**

Perpetrated by: current or previous spouse/husband or “partner- Shareek Elhayah” or a fiancé (current or previous):

Forms	Place	Perpetuator
Physical from hitting right up to murder	Private or public space	Spouse Boy friend Fiancé
Moral/emotional Discrimination attitudes & practices Verbal: insults and others Lack of respect Sexist harassment Family members or beloved threatened including own children		
Sexual abuse from sexual interfering to rape including from spouse (could be called forced intercourse)		

³ Refer to the recommendation 19 of the CEDAW Committee.

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- **Within the Family**

Perpetrated by: Family: extended family and/or nuclear family, father, brother, uncle, cousin, son :

Forms	Place	Perpetuator
Physical from hitting right up to murder in the name of honour of spouse/family or for any other reason (religion)	Within the HH dwelling	Father, Son, Brother, Uncle, cousin Father-in-law, Mother-in-law, Sister-in-law, Brother-in-law
Moral/emotional Discrimination attitudes & practices (school, nutrition, care...) Sexist harassment: Verbal: insults and others Lack of respect Making women/girls guilty (shameful)including for their own rights (e.g. inheritance)		
Sexual abuse: from sexual interfering to rape, important to identify the perpetrator to differentiate sexual abuse/rape from incest to child marriage		Usually committed by a boyfriend, husband, trusted adult, or family member

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3.2.5.4 Section 4- GBV aimed at women 15 years and over (and more) outside the household dwelling (public sphere)

GBV/VAW in the public sphere:

Forms	Place	Perpetuator
Physical from hitting right up to murder with or without provided justification (religion)	In the street In the market places Public transportation Student/professional transportation School University Work place Others	Family member, intimate partner, teachers, police officers (law enforcement), employer, Physician/nurse, Colleague, Friend, Neighbor, stranger, Known or unknown;
Moral/emotional Sexist harassment: Verbal: threats, insults and others Lack of respect Contempt	In the street In the market places Public transportation Student/professional transportation School University Work place Others	
Sexual harassment	School University Work place Others	By any individual holding authority/power
Sexual abuse: from sexual interfering to rape trafficking for forced labour or sex	In the street In the market places Public transportation Student/professional transportation School University Work place Others	(Committed by known or unknown, individual or group)
Institutional violence Legal violence: covering various aspects as non access to justice for women, law justifying the violence (extenuating circumstances in case of killing, divorce...), no choice for civil		Public, community and NGO institutions

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<p>marriage (two different religions) Organizational culture reinforcing or forgiving various forms of violence and discrimination in terms of rules and regulations or practices within the institution Non access to education and to work will be covered indirectly (in the socio-demographic data category) Various kinds of incitement to violence against women/gender-based violence (religious, political...) Press violence violence during war/conflict or post conflict</p>		
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3.2.5.5 Section 5- Economic violence against women (women 15 years and over)

Forms	Place	Perpetuator
<p>Non access to /control of self-income Negligence/privation (health care, nutrition, clothing, domestic burden without assistance, any other resource</p>	<p>Private or public space</p>	<p>Spouse Boy friend Fiancé</p>
<p>Non access to /control of self-income Negligence/privation (health care, nutrition, clothing, domestic burden without assistance, any other resource</p>	<p>Within the HH dwelling</p>	<p>Father, Son, Brother, Uncle, cousin... Father-in-law, mother-in-law, sister-in-law, brother-in-law</p>
<p>Non access to /control of self-income Negligence/privation (health care, nutrition, clothing, domestic burden without assistance, any other resource...</p>	<p>In the street In the market places Public transportation Student/professional transportation School University Work place Gov. Offices/Institutions Banks Others</p>	<p>Family member, intimate partner, teachers, police officers (law enforcement), employer, Physician/nurse, Colleague, Friend, Neighbor, stranger, Known or unknown</p>

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Note: the “Questionnaire” has to be formatted based on the above proposed and agreed categories.

3.2.6 Sampling approach

The sampling approach is based on household quantitative sample survey. A probability proportionate to size (PPS) sample of two stages is considered. All households and all females 15 years and over years of age should enjoy equal probability for inclusion in the sample selection process. As such, a nationally representative probability sample of households will be selected from the most recent household statistical frame and or geographic frame (or double frame where available) available to statistical organization of the country. The selection will give equal opportunity to all women 15 years and over using the Equal Probability Sampling Method (EPSEM).

Detailed Sampling approach is attached as Annex 2 and Annex 3.

3.2.7 Sites of the survey

As documented in the sampling approach, the survey sites will be selected by two-stage PPS sampling:

- The first stage will be the selection of enumeration areas (or Primary Sampling Units) from a list of enumeration areas (Sampling Frame);
- The second stage is the selection of Households (Secondary sampling units) from the selected enumeration areas. For each selected HH, one eligible woman will be randomly selected for the individual questionnaire.

It should be noted that a PPS is the most appropriate method for this kind of survey. All indicators such as percentages and means will not require re-weighting, which is a most complex operation requiring highly skilled samplers.

3.2.8 The way to collect data: the interview

Face-to-face interviews will be used in the countries because the telephone coverage is not sufficient for drawing a probability sample of households from one part and culturally it is not a very well known method of collecting information (census) particularly for this kind of very sensitive issues.

3.2.9 Temporality of violence(s)

From the GBV survivor point of view:

The way of collecting data with a closed questionnaire obliges women to instantly respond and therefore we have to be aware of the following:

- The main problem is related to the memory and reconstruction, including psychological, of events which are objectively serious but old and likely buried in a “repairing amnesia” or just trivialized in reference to the societal norms related to VAW and therefore could be overshadowed or self-denied.
- Most recent events and less serious could be mobilized by the memory to the detriment of events which are more serious/grave.

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3.2.10 Measurement indicators

Social scientists and Feminists gave due attention to the silent endurance of women. Literature review indicates that this attention is driven by a number of considerations. These include the Rights-based approach, Gender approach, health approach, and economic approach. A careful examination of these various approaches lead to the conclusion that they are closely related. Important attention was given to “Measuring Violence Against Women”. Women are victimized simply because they are women. VAW is promoted and tolerated by various cultures as means for controlling women. Examples include Female Genital Mutilations as means for controlling women’s sexuality. Early marriage and dowry is another form of VAW essentially driven by economic considerations. Though killing is the worst crime and is dishonorable, yet women are killed under the disguise of “Killing in the name of honor”. There are many elements and forms of VAW, including maternal mortality and morbidity.

Measuring violence did not receive proper attention till recently. The decade of Global Conferences in the 1990’s gave impetus to Social Research in the area of Gender and Powers. Scholars and Activists joined the effort in developing measurement tools for assessing the scope, content, impact and cost on VAW on the quality of life of women and the social and economic equitable development at large. This process is seen as medium to long range initiative. Development of indicators facilitated the development of research tools, both quantitative and qualitative. As a result, dedicated surveys are being promoted by UN Agencies (WHO), Donor Agencies (USAID, EU, CIDA Canada, etc...) and International NGO’s.

These surveys are based on the development of articulating indicators that are statistically sound. Indicators are now available to capture with validity issues of “Incidence”, “Frequency”, “severity”, and “Impact” of VAW. The main question behind the proposed indicators concerns the incidence of violence in its physical, sexual and psychological manifestations. Another set of questions is aimed at verifying whether the factors identified as risk or protection factors are valid; i.e. whether the incidence of the problem is significantly different in the subsets selected. These include geographical location, socio-economic situation and the individual characteristics of the target population of the study.

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A review by ECLAC⁴ showed that **Indicators on VAW Incidents by Intimate partner** cover the following:

Indicator	Calculation formula
Rate of violence	Number of women aged 15 to 54 who have been victims of any form of violence (physical, sexual or psychological) at the hands of an intimate partner in the past year, divided by the total number of women in that age group and then multiplied by 100.
Rate of physical violence	Number of women aged 15 to 54 who have been victims of physical violence at the hands of an intimate partner in the past year, divided by the total number of women in that age group and then multiplied by 100.
Rate of psychological violence	Number of women aged 15 to 54 who have been victims of psychological violence at the hands of an intimate partner in the past year, divided by the total number of women in that age group and then multiplied by 100.
Rate of sexual violence	Number of women aged 15 to 54 who have been victims of sexual violence at the hands of an intimate partner in the past year, divided by the total number of women in that age group and then multiplied by 100.
Rate of unreported violence	Number of women aged 15 to 54 who have been victims of physical, sexual or psychological violence in the past year but have not reported it, divided by the total number of women in that age group and then multiplied by 100.

An assessment of tools for measuring “Intimate violence against women” was carried out by the Centre for Disease Control. This assessment is one of the best carried out. It contains most of the theoretical methodologies developed for establishing scales of the various types of IPV’s. The compendium discusses different scales for different types of IPV’s. The table below is an example of one of these types, along with Measuring Intimate Partner Violence, Victimization and Perpetration: A Compendium of Assessment Tools, CDC.

In her paper entitled “Indicators to Measure Violence against Women”, Dr. Sylvia Walby provided one of the most complete reviews with policy guidance on this subject.

⁴ The Economic Commission for Latin America (ECLA) -the Spanish acronym is CEPAL- was established by Economic and Social Council resolution 106(VI) of 25 February 1948 and began to function that same year.

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Description of Measures

Victimization Assessments					
Construct	Scale/Assessment	Characteristics*	Target Groups	Psychometrics	Developer
A. Physical Victimization	A1. Abusive Behavior Inventory	30-item scale with 2 subscales that measure the frequency of physical and psychological abusive behaviors. The physical abuse subscale includes 13 items (2 of which assess sexual abuse).	Females with current or former intimate partners.	Internal consistency: Physical abuse = .70 to .88. Evidence of convergent, discriminant, criterion, and factorial validity.	Shepard & Campbell, 1992 Copyright 1992
	A2. Composite Abuse Scale	30-item scale with 4 subscales that measure severe combined abuse, emotional abuse, physical abuse, and harassment. The physical abuse subscale includes 7 items.	Females with current or former intimate partners for longer than one month.	Internal consistency: Physical abuse = .94. Evidence of content, construct, criterion, and factorial validity.	Hegarty, Sheehan, & Schonfeld, 1999; Hegarty, Bush, & Sheehan, 2005 Copyright 1999
	A3. Measure of Wife Abuse	60-item scale with 4 subscales that measure the frequency of physical, sexual, psychological, and verbal abusive behaviors. The physical abuse subscale includes 11 items.	Females with current or former intimate partners.	Internal consistency: Total scale = .93; Physical abuse = .81. Evidence of convergent and factorial validity.	Rodenburg & Fantuzzo, 1993 Copyright 1993
	A4. Partner Abuse Scale—Physical	25-item scale that measures the magnitude of physical abuse.	Partners in dating, cohabiting, and marital relationships.	Internal consistency: > .90. Evidence of content and factorial validity.	Hudson, 1997 Copyright 1992
	A5. Revised Conflict Tactics Scales (CTS-2)	78-item scale that assesses both victimization and perpetration. The physical assault subscale includes 12 items which can be grouped into 2 categories, minor and severe.	Partners in dating, cohabiting, and marital relationships.	Internal consistency: Physical = .90. Evidence of convergent, discriminant, and factorial validity.	Straus, Hamby, Boney-McCoy, & Sirmato, 2003 Copyright 2003
Female Date-Rape—Victimization	16-item measure of physical victimization in dating relationships.	Male and female students in grades 8-9.	Internal consistency: .92.	Foshee, Linden, Bauman et al., 1996; Foshee et al., 1998	A6. Self-Reported Physical Victimization
Severity of Violence Against Women Scale/Severity of Violence Against Men Scale (SVAWS/S)	16-item scale with 9 subscales that measure 2 major dimensions (threats and actual violence). The acts of violence subscale includes 21 items for female victims and 20 for male victims.	Males and females reporting on abuse with an intimate partner.	Internal consistency: .92 to .96 for female college students; .89 to .96 for community women. Threats = .94; Acts of violence = .95. Evidence of construct validity.	Marshall, 1992a; Marshall, 1992b	A7. Severity of Violence Against Women Scale/Severity of Violence Against Men Scale (SVAWS/S)

* in characteristics column are those that scale authors use and thus are not always consistent with CDC's terminology. * Scale and subscale name

3.2.11 Dummy Tables and Tabulation Plan

Magnitude and Characteristics of Different Forms of VAW/GBV

Skewed sex ratios:

- Sex ratio at birth
- Excess female infant and child mortality (sex ratios up to age 1 and under 5)

Intimate partner violence:

- Proportion of women aged 15 years and over who ever experienced physical violence from an intimate partner
- Proportion of women aged 15 years and over who experienced physical violence from an intimate partner in the past 12 months
- Proportion of women aged 15 years and over-54 who experienced physical violence from an intimate partner in the past 12 months who were injured as a result of the violence
- Proportion of women aged 15 years and over years and over who ever experienced sexual violence from an intimate partner
- Proportion of women aged 15 years and over who experienced sexual violence from an intimate partner in the past 12 months

Violence from someone other than an intimate partner:

Physical violence

- Proportion of women aged 15 years and over years and over who ever experienced physical violence from someone other than an intimate partner
- Proportion of women aged 15 years and over years and over who experienced physical violence from someone other than an intimate partner in the past 12 months

Sexual violence

- Proportion of women aged 15 years and over15 years and over who ever experienced sexual violence from someone other than an intimate partner
- Proportion of women aged 15 years and over15 years and over who experienced sexual violence from someone other than an intimate partner in the past 12 months
- Proportion of women aged 15 years and over15 years and over who report sexual violence below age 15

Additional details

In addition to the references/bibliography, annexes detailing techniques, providing additional information, orientation and tools are listed herewith:

- Annex 1: Diagrams and additional concepts and forms of GBV

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- Annex 2: Standard HH schedule (DHS/WHS Type), Standard DHS/WHS RH Type Schedule with pregnancy history, VAW
- Annex 3: GBV/VAW and Life Experience Survey Sampling Technique, approach and errors
- Annex 4: Dummy Tables and tabulation Plan
- Annex 5: Additional information, orientation and tools for the design and implementation of the questionnaire
- Annex 6: Recommended Software

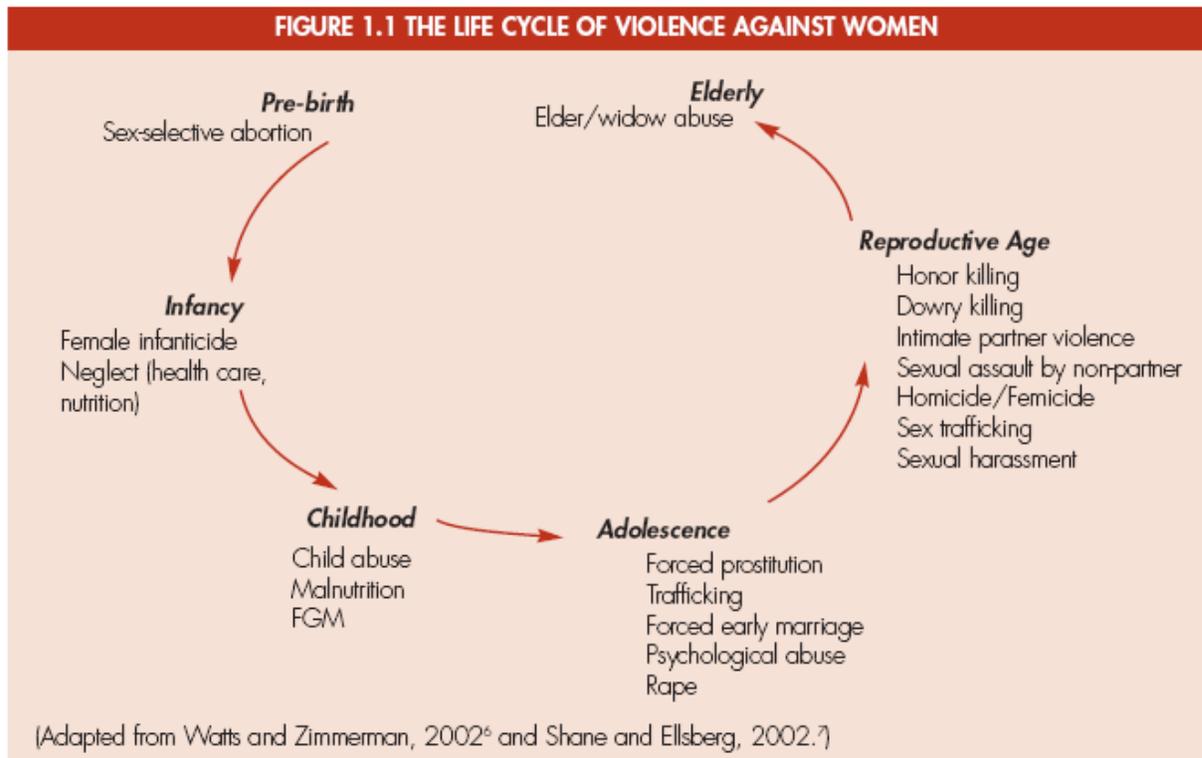
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- Integrated model of attention to intra-family violence, <http://www.paho.org/english/hdp/hdw/integratedmodel.pdf>
- Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings: <http://www.cdc.gov/NCIPC/pub-res/images/IPVandSVscreening.pdf>
- Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools is a publication of the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention. <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>
- *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women* <http://www.who.int/gender/violence/en/womenfirtseng.pdf>
- *Researching Violence Against Women*, practical guide for research and activists, http://www.path.org/files/GBV_rvaw_complete.pdf
- The safe schools program: Quantitative Research Instrument to Measure School-Related Gender- Based Violence , http://devtechsys.com/services/activities/documents/SRGBV_SafeSchoolsProgram_StudentTeacherBaselineSurveyMethodology_Dec2006_000.pdf
- Violence a l'égard des femmes en Algérie, MDCFCF, UNFPA-UNIFEM, CRASC (Badra Moutassem-Mimouni, Nouria Benghabrit-Remaoun, Fatima-Zohra Sebaa , Radia abdellilah, Youcef Bazizi)
- Violence against women and girls: Compendium of Monitoring and Evaluation Indicators, <http://www.cpc.unc.edu/measure/tools/gender/violence-against-women-and-girls-compendium-of-indicators>

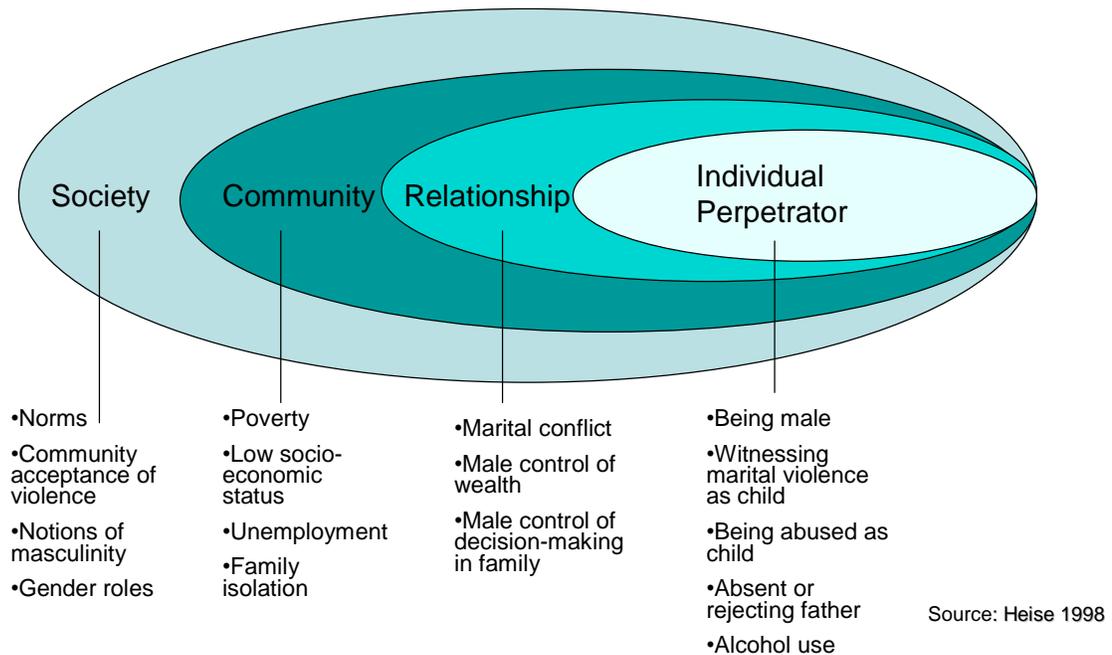
5 Annexes

5.1 Annex 1: Diagrams on concepts and forms of GBV



Researching Violence against Women: A Practical Guide for Researchers and Activists/ Mary Ellsberg, Lori Heise, WHO, PATH, 2005.

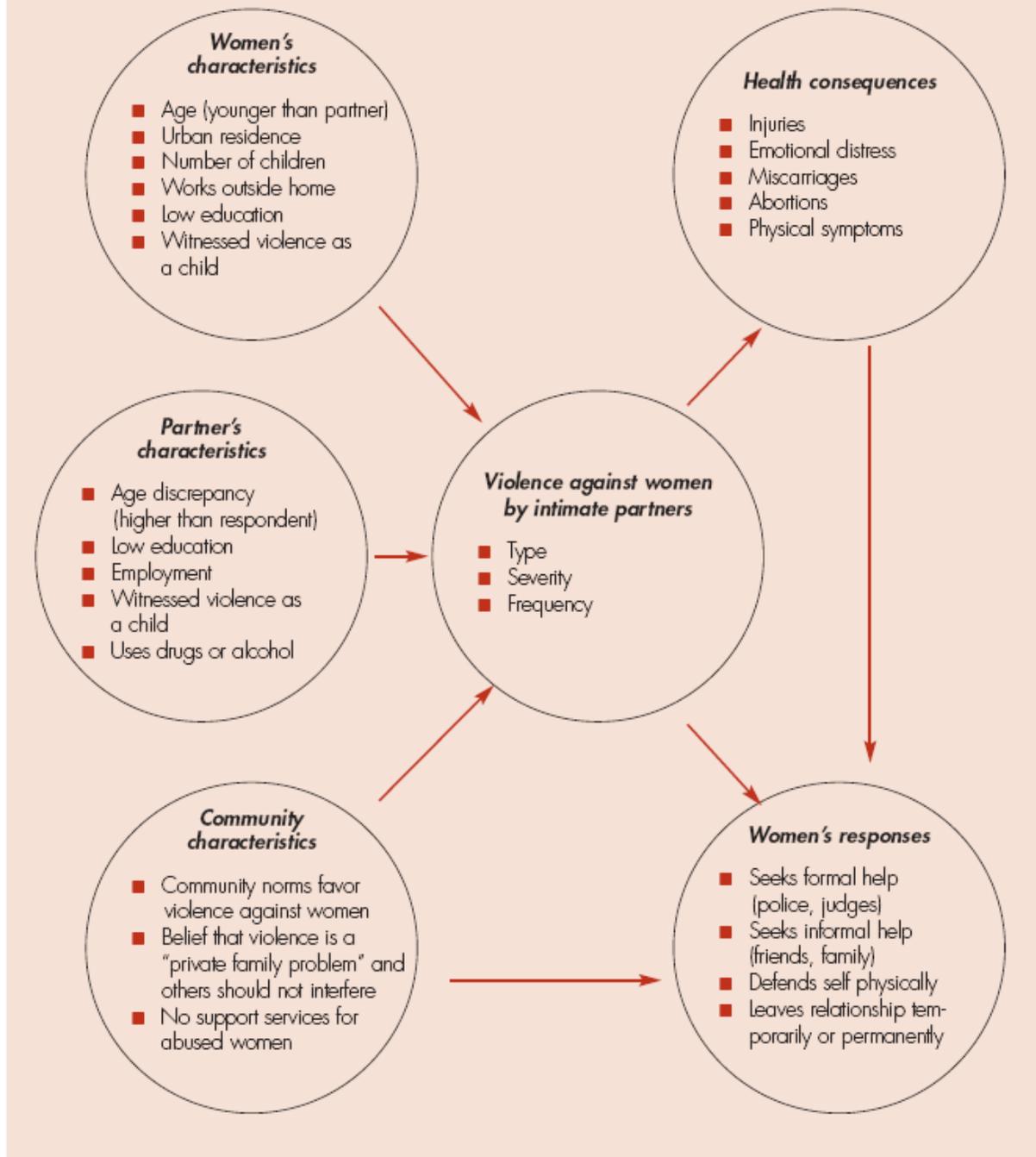
Handout 5 - Conceptual Model for GBV: Case of Partner Abuse



Heise L. Violence against women: An integrated, ecological framework. Violence against Women, 1998.

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FIGURE 8.1 EXAMPLE OF A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING RISKS AND IMPACT OF INTIMATE PARTNER VIOLENCE



Researching Violence against Women: A Practical Guide for Researchers and Activists/ Mary Ellsberg, Lori Heise, WHO, PATH, 2005.

5.2 Annex 2: Individual Questionnaire Questions

5.2.1 Important Considerations Pertaining to Indicators

While it is useful to measure the prevalence of any form of IPV (physical or sexual) and violence perpetrated by someone other than an intimate partner, there are several concerns to consider related to both the way this information is obtained as well as to how the results are interpreted. A woman who experiences IPV or other violence may be endangered by participating in a study if her partner or another perpetrator discovers that she disclosed this information.

The interview also needs to be conducted in a sensitive manner in order to protect the woman as much as possible from experiencing distress if she discloses her experiences. The difficulties inherent in measuring these two types of violence that women experience should be seriously considered before undertaking such an endeavor. All research in this area should adhere to the WHO ethical and safety guidelines⁸ which were established as standards to maintain women's safety and confidentiality. In addition, data based on women's self-reports can be biased by any number of factors.

Even after adhering to the ethical guidelines and providing a good setting in which to conduct interviews, there will always be some women who will not disclose this information. This means that estimates will likely be lower than the actual level of violence which has taken place in the surveyed population. Under reporting may occur for many reasons, including cultural contexts where some types of violence perpetrated by intimate partners is viewed as normal, when a woman fears reprisal upon disclosure, or where the level of stigma around such violence in the given society is high. Therefore, estimated levels of IPV and other violence and the patterns associated with factors such as education and socio-economic status should be interpreted with caution.

5.2.2 Indicator for Intimate Partner Violence (IPV)

(A) Proportion of women aged 15 years and over/15 years and over who ever experienced physical violence from an intimate partner

Have you ever experienced any type of the following acts of violence from an intimate partner, past or present?:

- Slapped you or threw something at you that could hurt you
- Pushed you or shoved you
- Twisted your arm or pulled your hair
- Hit you with a fist or something else that could hurt
- Kicked, dragged, or beat you up
- Choked or burnt you
- Threatened you with, or actually used a gun, knife or other weapon against you

If Yes move to (B).

(For all Q's disaggregate by: Age, region, ethnicity or other appropriate group).

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(B) Proportion of women aged 15 years and over 15 years and over who experienced physical violence from an intimate partner in the past 12 months

During the last 12 months, have you experienced any type of the following acts of violence from an intimate partner, past or current?

- Slapped you or threw something at you that could hurt you
- Pushed you or shoved you
- Twisted your arm or pulled your hair
- Hit you with a fist or something else that could hurt
- Kicked, dragged, or beat you up
- Choked or burnt you
- Threatened you with, or actually used a gun, knife or other weapon against you

If yes, move to (C).

(C) Proportion of women aged 15 years and over 15 years and over who experienced physical violence from an intimate partner in the past 12 months who were injured as a result of the violence

During the past 12 months, have you experienced any of the following types of injury as a result of the act of violence by your intimate partner?

- Cuts, bruises or aches
- Eye injuries, sprains, dislocations or burns
- Deep wounds, broken bones, broken teeth or other serious injuries

(D) Proportion of women aged 15 years and over 15 years and over who ever experienced sexual violence from an intimate partner

Have you ever experienced any of the following types of sexual violence from an intimate partner, past or present?

- Physically forced you to have sexual intercourse against your will
- Made you afraid of what your partner would do if you did not have sexual intercourse
- Forced you to do something sexual you found degrading or humiliating

If yes, move to Q (E)

(E) Proportion of women aged 15 years and over 15 years and over who experienced sexual violence from an intimate partner in the past 12 months

During the past 12 months, have you experienced any of the following types of sexual violence from an intimate partner, past or present?

- Physically forced you to have sexual intercourse against your will
- Made you afraid of what your partner would do if you did not have sexual intercourse
- Forced you to do something sexual you found degrading or humiliating

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5.2.3 Indicator for Violence from someone other than an Intimate partner

(A) Proportion of women aged 15 years and over 15 years and over who ever experienced physical violence from someone other than an intimate partner

Have you ever experienced any type of the following acts of violence from someone other than an intimate partner, past or present?:

- Slapped you or threw something at you that could hurt you
- Pushed you or shoved you
- Twisted your arm or pulled your hair
- Hit you with a fist or something else that could hurt
- Kicked, dragged, or beat you up
- Choked or burnt you
- Threatened you with, or actually used a gun, knife or other weapon against you

If Yes move to (B).

(For all Q's disaggregate by: Age, region, ethnicity or other appropriate group).

(B) Proportion of women aged 15 years and over 15 years and over who experienced physical violence from someone other than an intimate partner in the past 12 months

During the last 12 months, have you experienced any type of the following acts of violence from someone other than an intimate partner, past or current?

- Slapped you or threw something at you that could hurt you
- Pushed you or shoved you
- Twisted your arm or pulled your hair
- Hit you with a fist or something else that could hurt
- Kicked, dragged, or beat you up
- Choked or burnt you
- Threatened you with, or actually used a gun, knife or other weapon against you

If yes, move to (C).

(C) Proportion of women aged 15 years and over 15 years and over who experienced physical violence from someone other than an intimate partner in the past 12 months who were injured as a result of the violence

During the past 12 months, have you experienced any of the following types of injury as a result of the act of violence by someone other than your Intimate partner?

- Cuts, bruises or aches
- Eye injuries, sprains, dislocations or burns
- Deep wounds, broken bones, broken teeth or other serious injuries

(D) Proportion of women aged 15 years and over who ever experienced sexual violence from someone other than an intimate partner

Have you ever experienced any of the following types of sexual violence from someone other than an intimate partner, past or present?

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- Physically forced you to have sexual intercourse against your will
- Made you afraid of what your partner would do if you did not have sexual intercourse
- Forced you to do something sexual you found degrading or humiliating

If yes, move to (E)

(E) Proportion of women aged 15 years and over who experienced sexual violence from someone other than an intimate partner in the past 12 months

During the past 12 months, have you experienced any of the following types of sexual violence from someone other than an intimate partner, past or present?

- Physically forced you to have sexual intercourse against your will
- Made you afraid of what your partner would do if you did not have sexual intercourse
- Forced you to do something sexual you found degrading or humiliating

(F) Proportion of women aged 15 years and over who report sexual violence below age 15 from anyone other than an intimate partner (Family member, friend, acquaintance or stranger)

Use a picture card. If she marks the sad face, then ask her:

Had you experienced any type of the following sexual violence acts from anyone other than an intimate partner when you were aged 14 or younger?

- Physically forced you to have sexual intercourse against your will
- Made you afraid of what your partner would do if you did not have sexual intercourse
- Forced you to do something sexual you found degrading or humiliating

If yes to any, then ask her “Who did this to you?”

Possible answer(s) may include one or more of: male member of immediate family, male member of extended family, friend, male teacher, police officer, Doctor, male nurse, someone I knew, stranger.

(G) Proportion of women aged 15 years and over who were asked about physical and sexual violence during a visit to a health unit

During your visit to a health unit, have you ever been asked by the health staff about any experience of physical or sexual violence you had?

For women who experienced physical and/or sexual violence during the past 12 months

(H) Proportion of women aged 15 years and over who reported physical and/or sexual violence during the past 12 months

During the past 12 months, have you reported physical and/or sexual violence to any one?

If yes, then ask her “to whom did you report”?

Disaggregate by: Age of survivor and region, source of referral, type of violence reported (physical or sexual), to who was it reported (health unit, private doctor, police, legal adviser/lawyer, friend, NGO).

For those who reported:

(J) Proportion of VAW/G survivors aged 15 years and over who received care

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After you reported, had you received any of the following care?

- STI screening and treatment
- HIV counseling and testing
- Emergency contraception (rape survivors presenting within 72 hours)
- Access to safe abortion
- Psycho-social counseling
- Referrals to legal and other community (safe shelter) services

(K) Proportion of women aged 15 years and over who know of a local organization that provides legal aid to VAW/G survivors

(Step wise questions)

Do you know of and can specifically name a local organization that provides such services for women and children, and if you know where it is or how to access it?

(Question with probing)

(L) Proportion of women aged 15 years and over who demonstrate knowledge of available social welfare-based VAW/G services

Can you name at least one VAW/G social welfare service available in your community?

Disaggregate by: Age, education, place of residence, socio-economic status.

(M) Proportion of women 15 years and over who agree that girls should not marry before the age of 18

Do you agree or disagree that girls marry before the age of 18?

Disaggregate by: age, education, place of residence, socio-economic status.

5.3 Annex 3: GBV/VAW and Life Experience Survey Sampling Technique

5.3.1 Sampling Approach

The sample design should represent the population in the country conducting the survey. In other words, the sample should cover 100 per cent of the population of the country. This means that the sample covers all known population social and economic groups, including the marginalized and disadvantaged groups.

The sample design is based on the Theory of Probability. This means that a fraction of the Country's population would be interviewed, yet those interviewed would represent the totality of the population. This is achieved by applying a non-zero known probability in the selection of the sample units. Sample units are selected from a sampling frame covering the whole population. Sampling frame is generated from a Population and Housing Census. As such, the selected units would only represent the sampling frame from which it was drawn. Accordingly, special care should be exercised to ensure a complete coverage of the census with special attention to remote and dispersed areas as well as to marginalized and disadvantaged groups. Usually, the sampling frame is available along with areal units and maps that are zoned and delineated into well identified Enumeration Districts (ED's) and Enumeration Areas (EA's) with clear boundaries avoiding duplication and or missing areas/housing units. EA's however may vary in population size. It might be too large or too small in terms of population size. Usually, Areal Sampling Frame gives attention to this issue of size variation between EA's. EA's with more than 100 HH's or 500 people are divided into equal segments of approximately 100 HH's as much as possible. Small EA's that are adjacent to each other however, may be grouped to form segments each of a 100 HH's. If the Areal Sampling Frame is not already prepared in this manner, a quick field operation that is supported by sketches and/or maps need to be carried out before sampling.

Samplers usually aim at designing simple and straightforward samples to ensure ease applicability and implementation processes of calculations and selections of the ultimate sample units. Various sampling methods exist and are used by statistical offices. Some of these methods require at the results analysis stage introducing weights for representation corrections. Not all statistical offices have the luxury of seasoned samplers to do that. Accordingly, the design of this survey aims at having a self-weighting sample design to avoid the need for balancing the sample results at the analysis stage. Self-weighting technique implies that each unit of the population of the country enjoys the same or equal probability of selection in the sample.

Specifically, under a self-weighting design, all estimators (i.e.; total, mean, rate, proportion and ration) are derived directly from the sample without the need for any mathematical manipulations or use of multiplication by raising factor(s). This is a great advantage.

This survey will cover three inter-related domains. These are:

- Geographic;
- Housing units/Households within the geographic domain; and
- Women aged 15 years and over never and ever married within the households.

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The geographic domain is the country in its administrative divisions (Governorates or districts) divided by Urban and Rural agglomerations. This survey will be initially conducted in middle income countries of the Region like Israel, Jordan, Lebanon, Syria and Tunisia, then later will cover other countries of the Region. In these countries, Urban and Rural populations may be considered close one to the other size wise. In addition, GBV/VAW is not unique to a specific population group. The phenomenon cuts across all social and economic population groups. This facilitates further a self-weighting sample design, other wise referred to as a "Probability Proportionate to Size" sample (PPS). In cases where the sampling frame generated by the Housing and Population Census is not up-to-date or suffers from issues of completeness, we modify the PPS sample to "Probability Proportionate to Estimated Size" (PPES). Alternatively, we may consider undertaking a wind sheer operation for the selected "Primary Sampling Units" (PSU's) to list the households, hence updating the household list in the selected PSU's. This was a hard lesson learnt from the World Fertility Survey (WFS).

In considering the most appropriate sample size of the ultimate sampling units (Ever and Never Married women of Age 15 years and over), a number of issues and considerations were entertained. Sample size is not determined only by technical/scientific considerations. Other considerations apply such as cost, planned analysis and unit of analysis, levels of information disaggregation required, and how common the occurrence of the issues being studied to establish the required indicators. For example, if National Authorities decide to study the proportion of women ever raped, then special sampling for elusive population or rare events need to apply and the sample size would increase substantially.

In 57 such surveys around the world, including China and India, only 23 surveys had a sample size larger than 3,000 HH's. The most common average sample size in the remaining 34 countries was around 1,800 HH's. In Latin American and the Caribbean countries, sample sizes varied from as little as 289 HH's in Bolivia (1997/98) to as large as 12,933 HH's in Peru (2000 DHS). The majority of countries had a sample size of less than 2,000 HH's. Dr. Sylvia Walby, Lancaster University, UK asserts that "in order to be able to measure different forms of violence, not only physical domestic violence, but others, such as rape, it is necessary to have a sample size large as possible, ideally not less than 10,000 persons". Nonetheless, review and critique of the results of these surveys indicate that a sample size of 3,000 households meaning 3,000 women aged 15 years and over would be sufficient for the purpose of this stand alone study. Larger size may be entertained if this study is to be incorporated in other HH-based demographic survey. This is mainly an issue of reducing the cost burden.

Due to the nature of this survey, it is prudent to estimate non-response *a priori* and during the sample design. Notwithstanding all the efforts to insure full cooperation from the respondents by applying careful training of enumerators and assurance of confidentiality, a 10 per cent non-response and HH's with no eligible women may be considered and need to be compensated for. This will add to the sample size a 10 per cent. Accordingly, a sample size of 3,300-3,500 HH's is recommended for this survey using PPS/PPES.

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5.3.2 Sampling Technique

Self-weighting sample is the most appropriate and recommended method of sampling. It is simple to follow and straightforward. Results do not require re-weighting, a matter that is most complex and requires advanced skills in Mathematical Statistics that most likely not available to statistical Offices. Self-weighting sampling technique is also known as PPS/PPES. Essentially it means that HH's are selected based on Equal Probability Selection Method (EPSEM).

A two-stage sampling approach is followed. The first stage relates to selecting Primary Sampling Units (PSU's) from an up-to-date sampling frame of Enumeration Areas (EA's). The second stage is to select HH's within each selected EA. For the purpose of this survey, it is decided to select only one eligible woman from each selected HH. Selection of the eligible woman to be interviewed shall be random and shall not constitute a third stage since no sampling fraction will be applied. Rather, it is recommended to use Professor Kish's tables. Please remember that we already have considered a 10 per cent increase in the sample size to compensate for non-response and/or households without eligible women.

Under PPS/PPES design, when one EA is double the size of another EA, the primary sampling unit (PSU) for the bigger EA will be double that of the smaller EA. This is not a bias since when selecting households (secondary sampling unit or SSU) from each of these two primary sampling units, the sampling fraction for the bigger EA will be two times smaller than that for the second EA, hence cancelling the effect and resulting in all HH's having equal probability for selection (EPSEM).

5.3.3 PPS/PPES Sample Selection

Often than not, sampling frames are constructed by statistical offices with some sort of order or structure reflecting the administrative divisions of the country with its urban and rural agglomerations listed in order. These frames are maintained in tables listing all EA's along with its size of population. As mentioned earlier, usually each segment or PSU has around 500 people or approximately 100 HH's. The population size in a given EA is referred to as M . Each enumeration area is given a unique sequential number running from 001 to the end. This number is symbolized by i . If the country has 671 EA's for example, then i runs from 001 to 671. Therefore, the size of population of EA i is M_i . The total size of population of the country is the sum of the population of all the EA's and is referred to as $\sum_{i=1}^{n=671} M_{\text{sub } i}$. The most recommended approach to randomly select EA's for the sample is the "Systematic Random Selection". To achieve that, we need an interval referred to as I , and a random number referred to as R selected from random tables with a value **between 001 and I** .

So if the total population size of the country "Liela Land" is 3,193,477 people in a total of 671 EA's, estimated number of women aged 15 years and over is 670,630, and the sample size determined is 3,000 eligible women, then:

Planned sample size $S=3,000$ eligible women (including 10%)

Overall sampling fraction $f = S/$ number of women 15 years and over = $3,000/670,630 = 0.00447$

Manageable sample take per PSU $s = 20$ eligible women

Then number of sampled PSU's $a = S/s = 3,000/20 = 150$

Total population size is $\sum_{i=1}^{n=671} M_{\text{sub } i} = 3,193,477$

Therefore the Interval is $I = \frac{\sum_{i=1}^{n=671} M_{\text{sub } i}}{a} = 3,193,477 / 150 = 21,289.8$ or 21,289

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Random number between 01 and 21,289 selected from random table is $R = 13,217$
Based on the above, the selection of Primary Sampling Units would follow the sampling numbers generated by the formulae $R, R+I, R+2I, R+3I, \text{etc.}$ as reflected in the following table:

EA	Size M_i	Cumulative M_i	Sampling Number	Selected area?
001	19,943	19,943	$R = 13,217$	Yes
002	11,862	31, 805		No
003	16,107	47,912	$R+I$ $13,217+21,289$ $34,506$	= Yes
↓	↓	↓		
009	12, 511	107,947	$R+4(I)$ $13,217+4(21,289)=$ $98,373$	= Yes
↓	↓	↓		
↓	↓	↓	↓	
671	8,083	3,193,477		No
Σ	$\sum_{i=1}^{n=671} M_{\text{sub } i}$ $= 3,193,477$			

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Based on the above, a total of 150 EA's will be selected with PPS/PPES. For each selected enumeration area, we shall randomly select one segment or PSU (using random tables) based on the segmentation operation. This will yield a total of 150 PSU's.

For each selected PSU, we shall undertake a listing of dwellings and households. This generated list of HH's will be used for selecting the sample of HH's (Secondary sampling Units or SSU's).

The overall fixed sampling "Fraction" for selected eligible women is $f = 0.00447$. However, this overall sampling fraction was arrived at by combining two independent stages—the first being selecting PSU's while the second being selecting HH's from each selected PSU. Each stage had its own sampling fraction or probability of selection. Selecting the households within each selected PSU requires calculating a sampling "Fraction" unique to each PSU. This is important for ensuring self-weighting design where each eligible woman has the same probability of being selected with probability of 0.00447 as calculated above. This overall selection probability f is made of probability of selection of PSU's and probability of selecting HH's within each PSU. In other words,

$f = P_{1i} P_{2i}$
where
" P_{1i} " is the probability for the first stage of selecting PSU's in the " i ", and " P_{2i} " is the probability for the second stage of selecting households within the " i "th PSU. Therefore,

$$P_{1i} = \frac{M_i}{I_1} = \frac{a M_i}{\sum M_i}, \text{ and}$$

$$P_{2i} = \frac{f}{P_{1i}} = \frac{f \sum M_i}{a M_i}$$

Therefore, the sampling interval " I_{2i} " for HH selection in the " i "th PSU is

$$I_{2i} = \frac{1}{P_{2i}} = \frac{a M_i}{f \sum M_i}$$

Where $a = 150$, $f = 0.00447$, $\sum M_i = 3,193,477$, and M_i is the population size for each enumeration area. Therefore, $I_{2i} = 150 M_i / 0.00447 \times 3,193,477 = 150 M_i / 14,274.84$ or $= 0.010508 M_i$.

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By solving this formulae for each enumeration area (PSU) we get the following values of intervals to be applied in a systematic manner in each selected PSU to randomly select the HH's:

EA	Size M_i	Cumulative M_i	Sampling Number	Selected area?	$I_i = 0.10508 M_i$
001	19,943	19,943	$R = 13,217$	Yes	209
002	11,862	31, 805		No	
003	16,107	47,912	$R+I = 13,217+21,289 = 34,506$	Yes	169
↓	↓	↓			
009	12, 511	107,947	$R+4(I) = 13,217+4(21,289)= 98,373$	Yes	131
↓	↓	↓			
↓	↓	↓	↓		
671	8,083	3,193,477		No	
Σ	$\sum_{i=1}^{n=671} M_{sub i} = 3,193,477$				

Remember that a list of HH's in each selected PSU needs to be established. Using the calculated Interval for each PSU for the selection of HHs we establish the random number for each PSU from random tables and proceed to selecting the households same way we selected the PSU's in stage one. From the HH schedule/module, we circle the line number of each eligible woman. We select only one eligible woman from each selected HH using Kish random tables.

The above tables are just examples.

5.3.4 Survey Errors

Results of sample surveys contain a sampling and non-sampling errors, both represent the survey total errors.

Non-sampling errors relate mostly to human errors in terms of coverage due to inadequacies of the sampling frame or during the listing of the HH's. It could also be due to less than careful interviewing technique or lack of full cooperation of the respondent leading to elimination of household member or more that could have been eligible for the individual questionnaire. Though compensated for by increasing the sample size by 10 per cent, non-response is a major problem in quantitative surveys. Other sources of non-sampling errors relate to less than careful recording of answers, data capture errors and data cleaning at electronic processing. Quality control measures and close

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supervision, including intensive training usually result in keeping such errors to a minimum.

Sampling error is inherent in any sample design. It can be calculated by using the standard error formula (square root of the variance) related to means, ratios, rates or percentages. For a confidence level of 95 per cent, any statistic derived from a sample survey would its true value would be falling between plus and minus two standard errors for that statistics in 95 of 100 possible samples of same domain, size and design.

Calculating sampling error is computer assisted. Specific software for calculating sampling errors are commonly used by most statistical offices. This includes the Taylor Linearization Method (TLM) integrated in ISSA and EPI software. TLM treats means and percentages as ratio estimates, $r = y/x$, where y is the total sample value for variable Y , and x represents the total number of cases in a specific group or subgroup.

Complex sample designs generate design effect for each estimate (DEFT). DEFT is the ratio between the standard error of complex design compared to standard error of simple random sample. When this ratio is greater than 1, it implies that the complex sample design is less efficient and the sampling error is higher than a simple random sample.

5.4 Annex 4: Dummy Tables and Tabulation Plan

Magnitude and Characteristics of Different Forms of VAW/GBV

Skewed sex ratios:

- Sex ratio at birth
- Excess female infant and child mortality (sex ratios up to age 1 and under 5)

Intimate partner violence

- Proportion of women aged 15 years and over who ever experienced physical violence from an intimate partner
- Proportion of women aged 15 years and over who experienced physical violence from an intimate partner in the past 12 months
- Proportion of women aged 15 years and over who experienced physical violence from an intimate partner in the past 12 months who were injured as a result of the violence
- Proportion of women aged 15 years and over who ever experienced sexual violence from an intimate partner
- Proportion of women aged 15 years and over who experienced sexual violence from an intimate partner in the past 12 months

Violence from someone other than an intimate partner

Physical violence

- Proportion of women aged 15 years and over who ever experienced physical violence from someone other than an intimate partner
- Proportion of women aged 15 years and over who experienced physical violence from someone other than an intimate partner in the past 12 months

Sexual violence

- Proportion of women aged 15 years and over who ever experienced sexual violence from someone other than an intimate partner
- Proportion of women aged 15 years and over who experienced sexual violence from someone other than an intimate partner in the past 12 months
- Proportion of women aged 15 years and over who report sexual violence below age 15

5.5 Annex 5: Additional information, orientation and tools for the design and implementation of the questionnaire

BOX 2.4 SUGGESTIONS FOR MINIMIZING HARM TO WOMEN PARTICIPATING IN RESEARCH

- Interview only one woman per household.
- Don't inform the wider community that the survey includes questions on violence.
- Don't interview men about violence in the same households or clusters where women have been asked about violence.
- Interviews should be conducted in complete privacy.
- Dummy questionnaires may be used if others enter the room during the interview.
- Candy and games may be used to distract children during interviews.
- Use of self-response questionnaires for some portions of the interview may be useful for literate populations.
- Train interviewers to recognize and deal with a respondent's distress during the interview.
- End the interview on a positive note that emphasizes a woman's strengths.

Researching Violence Against Women: A Practical Guide for Researchers and Activists/ Mary Ellsberg, Lori Heise, WHO, PATH, 2005.

BOX 6.1 DEFINING PREVALENCE AND INCIDENCE

Prevalence is defined as the number of persons having a specific characteristic or problem, divided by the number of persons in the study population who are considered to be at risk of having the problem, usually expressed as a percentage. **Incidence** refers to the number of new cases of a problem divided by the study population over a specific period. For example, the incidence rate of diabetes refers to the number (usually expressed as x out of 1000, etc.) of people who are newly diagnosed with diabetes each year in a community, whereas the prevalence is the total proportion of people with diabetes in the community, regardless of how long ago they were diagnosed. The prevalence of violence against women refers to the number of women who have experienced violence divided by the number of at-risk women in the study population. (In the case of some kinds of violence, such as sexual assault, all girls and women may be considered at risk, but in other cases, such as intimate partner violence, only women who have ever had an intimate partner would be considered as at risk.) This can be measured as:

Period prevalence

$$\frac{\text{Women abused during a certain period (usually the last year)}}{\text{Women at risk in the study population}} \times 100$$

or

Lifetime prevalence

$$\frac{\text{Women abused at any time in their life}}{\text{Women at risk in the study population}} \times 100$$

The incidence rate of partner abuse refers to the number of violent events women experience during a specific period, such as one year. In crime studies, incidence of violence is generally measured as the number of assaults per inhabitant, rather than the number of women being assaulted, so that each beating that a woman receives is counted separately. Thus, the incidence rate can tell you what happened over the last year, but it may not tell you how many people were affected.

Although some kinds of violence might be measured as discrete incidents (e.g., a sexual assault by a stranger), many forms of gender-based violence, such as child sexual abuse and partner violence, may be ongoing processes and not easily captured as discrete events. Furthermore, the effects of a single assault may be long-lived. For this reason it is less practical or useful to measure violence in terms of incidence rates, and the magnitude of gender-based violence is most commonly presented in terms of prevalence.

Researching Violence Against Women: A Practical Guide for Researchers and Activists/ Mary Ellsberg, Lori Heise, WHO, PATH, 2005.

BOX 6.4 WORKING DEFINITIONS OF VIOLENCE USED BY WHO MULTI-COUNTRY STUDY ON WOMEN'S HEALTH AND DOMESTIC VIOLENCE AGAINST WOMEN

Violence against women and girls is defined in the Declaration on the Elimination of Violence Against Women as occurring in three domains: the family, the community, and perpetrated or condoned by the state. The focus of the WHO VAW study is on intimate partner violence and sexual violence against women.

For the purposes of the study, a series of separate definitions were adopted for the different forms of violence included in the survey:

Domestic violence against women

Any act or omission by a family member (most often a current or former husband or partner), regardless of the physical location where the act takes place, which negatively effects the well being, physical or psychological integrity, freedom, or right to full development of a woman.

Intimate partner violence

Any act or omission by a current or former intimate partner which negatively effects the wellbeing, physical or psychological integrity, freedom, or right to full development of a woman.

Physical violence

The intentional use of physical force with the potential for causing death, injury, or harm. Physical violence includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, the use of restraints or one's body size or strength against another person, and the use, or threat to use, a weapon (gun, knife, or object).

Severe physical violence

Physical violence that is likely to lead to external or internal injuries.

Abusive sexual contact

Any act in which one person in a power relationship uses force, coercion, or psychological intimidation to force another to carry out a sexual act against her or his will or participate in unwanted sexual relations from which the offender obtains gratification. Abusive sexual contact occurs in a variety of situations, including within marriage, on dates, at work and school, and in families (i.e., incest). Other manifestations include undesired touching; oral, anal or vaginal penetration with the penis or objects; and obligatory exposure to pornographic material.

Forced sex

Where one person has used force, coercion, or psychological intimidation to force another to engage in a sex act against her or his will, whether or not the act is completed.

Sex act

Contact between the penis and vulva, or the penis and the anus, involving penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person by a hand, finger, or other object.

Psychological abuse

Any act or omission that damages the self-esteem, identity, or development of the individual. It includes, but is not limited to, humiliation, threatening loss of custody of children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behavior, and the destruction of possessions.*

Child sexual abuse

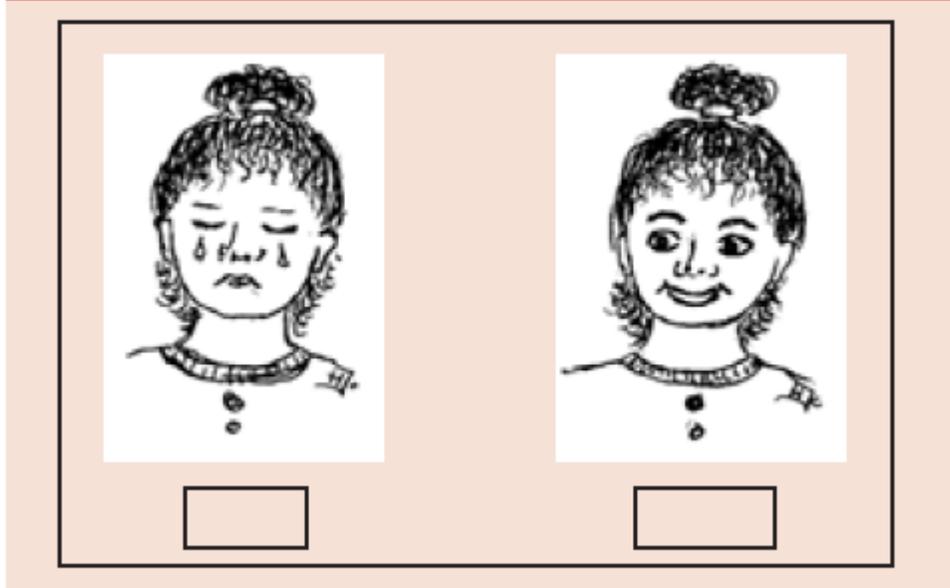
The use of a child (defined as any person under the legal age of consent) by an adult for sexual purposes, whether or not consent is alleged to have been given. It includes, acts of exposure; sexual touching; oral, anal, or vaginal penetration; and the exposing of a child to, or involving a child in, pornography or prostitution. Any form of direct or indirect sexual contact between a child and an adult is abusive since it is motivated purely by adult needs and involves a child who, by virtue of her/his age and position in life, is unable to give consent. Sexual activity between children constitutes sexual abuse when it is between siblings or when it is clear, by difference in developmental levels, coercion and/or lack of mutuality, that one child is taking advantage of another.

* Some of the acts that are perceived as being psychologically abusive may vary between countries. WHO recognizes that there is no accepted definition of psychological abuse, and that there are also many other forms of severe psychological abuse, e.g., having children taken away from you, being evicted from your home, and having your wages taken away from you, that were not included in the questions used in the study.

(From WHO, 2004.¹⁴)

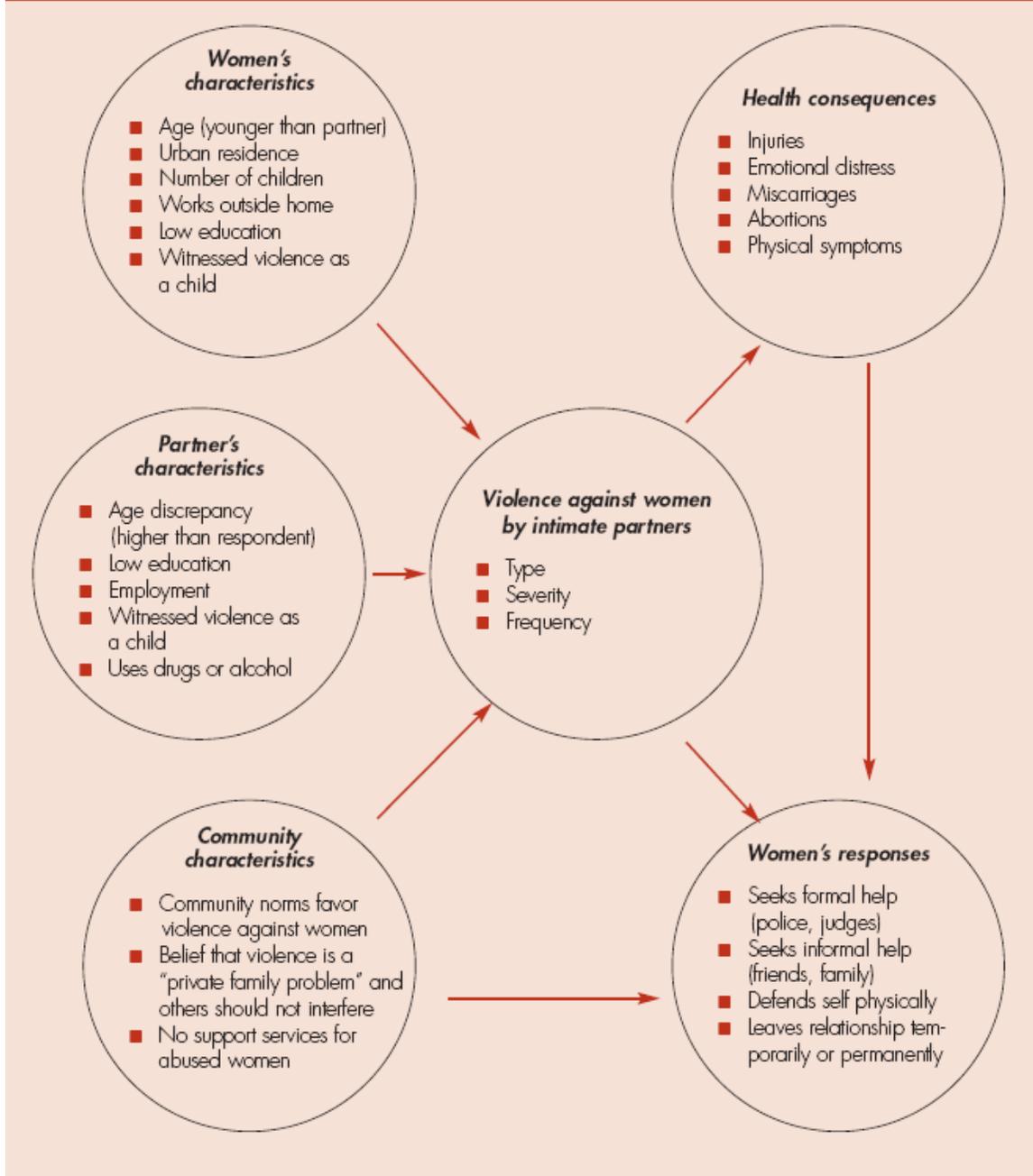
Researching Violence Against Women: A Practical Guide for Researchers and Activists/ Mary Ellsberg, Lori Heise, WHO, PATH, 2005.

FIGURE 6.1 DRAWING USED IN WHO VAW STUDY TO ASK WOMEN ANONYMOUSLY ABOUT SEXUAL ABUSE



Researching Violence Against Women: A Practical Guide for Researchers and Activists/ Mary Ellsberg, Lori Heise, WHO, PATH, 2005.

FIGURE 8.1 EXAMPLE OF A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING RISKS AND IMPACT OF INTIMATE PARTNER VIOLENCE



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TABLE 10.1 WHO ARE THE BEST INTERVIEWERS FOR SURVEY RESEARCH?

<i>Type of Experience</i>	<i>Advantages</i>	<i>Disadvantages</i>
Professional interviewers	<ul style="list-style-type: none"> ■ Prior experience in conducting interviews and use of questionnaires ■ Skill in gaining confidence of respondents 	<ul style="list-style-type: none"> ■ May not be available to work in remote areas ■ May require higher pay ■ May be resistant to special procedures for violence research or collaboration with community groups
Community women	<ul style="list-style-type: none"> ■ Familiarity with local community customs and language ■ May help in gaining access to the community 	<ul style="list-style-type: none"> ■ Respondents may be reluctant to talk to someone from the community for fear of gossip ■ May not have necessary literacy or interviewing skills
Health workers (nurses, psychologists, social workers)	<ul style="list-style-type: none"> ■ Skills in gaining confidence and asking questions; comfortable with sensitive issues ■ Knowledge of health issues (an asset if this is included in the study aims) ■ Used to confidentiality concerns ■ May be more respected by respondents ■ May have knowledge of the local community 	<ul style="list-style-type: none"> ■ May have a hard time managing the difference between counseling and research ■ May have a less skills in coding interviews
Women's advocates	<ul style="list-style-type: none"> ■ Experience and knowledge on violence issues ■ Good rapport with respondents ■ May have good ties with community 	<ul style="list-style-type: none"> ■ May have less skill in interviewing and coding ■ May have a hard time managing the difference between counseling and research

Researching Violence Against Women: A Practical Guide for Researchers and Activists/ Mary Ellsberg, Lori Heise, WHO, PATH, 2005.

BOX 10.4 THE ROLES OF FIELD STAFF IN THE WHO MULTI-COUNTRY STUDY ON WOMEN'S HEALTH AND DOMESTIC VIOLENCE AGAINST WOMEN

The following job descriptions were used by the WHO Multi-country Study on Women's Health and Domestic Violence Against Women in the training of interviewers, supervisors, and field editors:

THE INTERVIEWER

The interviewer plays a central role in the study since she is the one who collects information from respondents. Therefore, the success of the study depends on the quality of each interviewer's work.

In general, the responsibilities of the interviewer include:

1. Locating the households in the sample that are assigned to her and completing the Household Selection Form and Household Questionnaire.
2. Identifying all eligible women in those households.
3. Randomly selecting one eligible woman for interview.
4. Interviewing one eligible woman in the household in private, using the Individual Questionnaire.
5. Checking completed interviews to be sure that all questions were asked and the responses are neatly and legibly recorded.
6. Returning to households to interview women that could not be contacted during her initial visits.

THE FIELD SUPERVISOR

The supervisor is the senior member of the field team. She is responsible for the well-being and safety of team members, as well as the completion of the assigned workload and the maintenance of data quality. The supervisor receives her assignments from and reports to the field coordinator. The specific responsibilities of the field supervisor are to make the necessary preparations for the fieldwork, to organize and direct the fieldwork, and to spot-check the data collected using the questionnaire.

Preparation for fieldwork

Preparing for fieldwork requires that the field supervisor:

1. Obtain sample household lists and/or maps for each area in which her team will be working and discuss any special problems with the field coordinator.
2. Become familiar with the area where the team will be working and determine the best arrangements for travel and accommodations.
3. Contact local authorities to inform them about the survey and to gain their support and cooperation.
4. Obtain all monetary advances, supplies, and equipment necessary for the team to complete its assigned interviews.

Careful preparation by the supervisor is important for facilitating the work of the team in the field, for maintaining interviewer morale, and for ensuring contact with the central office throughout the fieldwork.

[From WHO, 2004.⁴]

Organization of fieldwork

Organizing fieldwork requires that the field supervisor:

1. Assign work to interviewers, taking into account the linguistic competence of individual interviewers and ensuring that there is an equitable distribution of the workload.
2. Maintain fieldwork control sheets and make sure that assignments are carried out.
3. Maintain a fieldwork diary, keeping a record of the main events and issues arising.
4. Regularly send completed questionnaires and progress reports to the field coordinator and keep headquarters informed of the team's location.
5. Communicate any problems to the field coordinator/project director.
6. Take charge of the team vehicle, ensuring that it is kept in good repair and that it is used only for project work.
7. Be responsible for coordinating the referral and/or support of respondents identified as requiring support during the survey.
8. Manage the finances provided to cover fieldwork expenses, including keeping receipts for all expenditures.
9. Support the interviewers as they carry out their work, including holding a daily team meeting with interviewers.
10. Make an effort to develop a positive team spirit. A congenial work atmosphere, along with careful planning of field activities, contributes to the overall quality of the survey.

THE FIELD EDITOR

The specific duties of the field editor are to monitor interviewer performance. Close supervision of interviewers and editing of completed interviews is essential to ensure that accurate and complete data are collected. As the collection of high quality data is crucial to the success of the survey, the study will seek to recruit mature responsible women to act as field editors. It is important that those who are selected execute their duties with care and precision. This is especially important during the initial phases of fieldwork when it is possible to address interviewer mistakes before they become habit.

Monitoring interviewer performance requires that the field editor:

1. Observe the first part of several interviews every day.
2. Edit all completed questionnaires in the field. Editing must be completed prior to leaving the sample area. As far as possible, the field supervisor should assist the editor in performing this task so that all interviews are field-edited while still in the sample area.
3. Conduct regular review sessions with interviewers and advise them of any problems found in their questionnaires.
4. Arrange the completed questionnaires and monitoring forms from a sample area (cluster) in order, and pack them to be sent to the central office.

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5.6 Annex 6: Recommended Software

EPI is recommended for data capture, editing, tabulation, analysis and presentation.

Latest Version: Epi Info™ Version 3.5.1
Release Date: August 18, 2008

With Epi Info™ and a personal computer, epidemiologists and other public health and medical professionals can rapidly develop a questionnaire or form, customize the data entry process, and enter and analyze data. Epidemiologic statistics, tables, graphs, and maps are produced with simple commands such as READ, FREQ, LIST, TABLES, GRAPH, and MAP. Epi Map displays geographic maps with data from Epi Info™. Epi Info™ for Windows retains many features of the familiar Epi Info™ for DOS, while offering Windows ease of use strengths such as point-and-click commands, graphics, fonts, and printing.

Key Features of Epi Info™

- Maximum compatibility with industry standards, including:
 - Microsoft Access and other SQL and ODBC databases
 - Visual Basic, Version 6
 - World Wide Web browsers and HTML
- Extensibility, so that organizations outside CDC can produce additional modules
- Epi Report, a tool that allows the user to combine Analysis output, Enter data and any data contained in Access or SQL Server and present it in a professional format. The generated reports can be saved as HTML files for easy distribution or web publishing.
- Epi Map, an ArcView®-compatible GIS
- NutStat, a nutrition anthropometry program that calculates percentiles and z-scores using either the 2000 CDC or the 1978 CDC/WHO growth reference
- Logistic regression and Kaplan-Meier survival analysis
- Data Compare does double data entry comparison
- Epi Lock password protects, encrypts, and compresses Epi Info™ data
- Teaching exercises
- Allows analysis and import of other file types

System Requirements

- Windows 98, NT 4.0, 2000, XP or Vista is required.
- 32 MB of Random Access Memory. More RAM: 64 MB for Windows 4.0 and 2000, 128 MB for Windows XP.
- 200 megahertz processor is recommended - 300 for Windows XP or Vista.
- At least 260 megabytes of free hard disk space (Drive C) to install; 130 megabytes after installation.
- **Windows XP Requirement** — Window XP Service Pack 3 must be installed. [Download Windows XP Service Pack 3](#).
- **Windows Vista Requirement** — The DHTML Editing Control for Applications must be installed. [Download the DHTML Editing Control for Applications](#).
- Under USA Public Law 480, EPI is free domain software with an open source (not a black box). It comes with all required Tutorial, Maps, Translation, etc...
- It may be downloaded from: <http://www.cdc.gov/epiinfo/epiinfo.htm>

5.7 Annex 7: Incidence and Prevalence Statistics

The first and priority exercise is to produce reliable statistics on VAW/ GBV related to measuring:

- the incidence (new cases in a time period) or
- the prevalence (old and new cases ever or in a time period)

	<i>Advantages</i>	<i>Disadvantages</i>
<i>Prevalence</i>	<ul style="list-style-type: none"> • Already have measures • Known to affect health • Provides larger #s of cases for analysis • Can measure change over longer periods of time • Great for national level monitoring • Easy to understand 	<ul style="list-style-type: none"> • Tends to be static over the short period • Largely descriptive • Not good for evaluation and impact assessment • Not useful for criminalizing violence
<i>Incidence</i>	<ul style="list-style-type: none"> • Good for criminalizing violence • Good for impact assessment • May distinguish better between VAW and common couple violence 	<ul style="list-style-type: none"> • Not used much in surveys • May not be useful for long term monitoring • May not yield enough cases for analysis • Not likely to be stable across surveys and hence difficult to compare