

Occasional Publication No. 2

Domestic Violence

Women's Way Out

Elizabeth Shrader and Monserrat Sagot



Pan American Health Organization

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TABLE OF CONTENTS

| | |
|---|------|
| Preface | vii |
| Introduction | viii |
| THE PROTOCOL | |
| 1. Purpose of the Project “Action to Prevent Family Violence 1995–1997” | 2 |
| 2. Expected Outcomes of the Project 1995–1997 | 2 |
| 3. Research Topic | 2 |
| Research Question | 2 |
| Study Objectives | 3 |
| Purpose of the Study | 3 |
| 4. Background | 3 |
| 5. Conceptual Framework | 4 |
| Family Violence against Women | 4 |
| Selecting the Qualitative Methodology | 7 |
| Definition of Concepts | 10 |
| 6. Assumptions | 14 |
| 7. Selection of Information Sources and Data Collection | 15 |
| Site Selection | 16 |
| Approaching the Community and Identifying the Study Groups | 18 |
| Information Source: Service Providers | 19 |
| Information Source: Institutional Documents | 22 |
| Information Source: Women Affected by Violence Who Have Embarked upon the Critical Path | 22 |
| Information Source: Women and Men from the Community | 26 |
| 8. Research Instruments | 27 |
| Identification Form for Care and Prevention Service Providers | 27 |
| Interview Guides for Service Providers | 30 |
| Identification Form for Document Sources | 41 |
| Interview Guide for Women Affected by Family Violence | 43 |
| Focus Group Guide | 47 |
| 9. Field Work | 49 |
| Getting Acquainted with the Community | 49 |
| Collecting the Information | 51 |
| Guidelines for Recording Information from the Field | 51 |
| 10. Analysis of Qualitative Data | 53 |
| Guidelines for Analysis of the Information Obtained | 55 |
| Categorization and Coding | 55 |
| Relationships between Categories of Information | 73 |
| Presenting the Data | 74 |
| 11. Dissemination | 82 |
| National Reports | 82 |
| Local and Regional Meetings | 86 |
| Consultation Process with Respondents and other Concerned Parties | 86 |
| Future Publications and Presentations | 86 |

| | |
|--|-----|
| 12. Logistical Considerations | 86 |
| Resources Needed for the Field Work | 86 |
| Management of the Study | 89 |
| Work Plan | 90 |
| Timetable of Activities | 92 |
| 13. Ethical Considerations | 96 |
| 14. Observations on the Application of the Protocol | 97 |
| Methodological Observations | 98 |
| Logistical Observations | 99 |
| Ethical Observations | 100 |

ANNEXES

| | |
|--|-----|
| A. Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women “Convention of Belém do Pará” | 101 |
| B. Training Workshops | 108 |
| C. Participants in the Research Project | 119 |

GRAPHICS

| | |
|--|----|
| Itinerary within the Legal/Judicial System | 13 |
| The Critical Path: Schematic Representation | 14 |
| Components of the Qualitative Data Analysis: An Interactive Model | 54 |
| Sample Explanatory Network: Itinerary of an Affected Woman | 78 |
| Sample Taxonomy: Public Health Perspectives toward Violence | 79 |
| Sample Decision Tree: Making the Decision to Embark upon the Critical Path | 81 |

TABLES

| | |
|--|----|
| Study Design Summary | 17 |
| Table for Determining the Number of In-depth Interviews | 26 |
| Sample Form for Care and Prevention Service Providers | 29 |
| Sample Form for Document Sources | 42 |
| Factors that Motivate or Inhibit Women Affected by Family Violence to Follow the Critical Path | 76 |
| Timetable of Activities | 93 |

BOXES

| | |
|--|----|
| Snowball Sampling Technique | 24 |
| Terms of Reference: Leading Investigator | 87 |
| Terms of Reference: Assistant Investigator | 87 |
| Terms of Reference: Transcriber | 88 |

INTERVIEW GUIDES

| | |
|---------------------------------------|----|
| Health Sector | 30 |
| Legal/Judicial/Law Enforcement Sector | 34 |
| Education Sector | 36 |
| Community/NGO Sector | 39 |
| Women Affected by Family Violence | 45 |

| | |
|-------------|----|
| Focus Group | 48 |
|-------------|----|

LISTS

| | |
|--|-----|
| Suggested List of Service Providers | 20 |
| List of Essential and Optional Service Provider Interviews | 21 |
| List of Service Providers (Category, Code, Definition) | 57 |
| List of Women Affected by Family Violence (Category, Code, Definition) | 61 |
| List of Document Sources (Category, Code, Definition) | 66 |
| List of Community Members (Category, Code, Definition) | 70 |
| List of Participants | 119 |

| | |
|--|-----------|
| Proposed Outline for the National Reports | 85 |
|--|-----------|

PREFACE

We already know that violence against women and girls is a health and human rights problem of staggering proportions. We know, for example, that at least one of every five women worldwide will have been abused physically or sexually at some point in her life. We know that for women of childbearing age, violence has been estimated to be as serious a cause of death and disability as cancer. Sadly, we also know that domestic violence—violence perpetrated by a current or former partner—is the most common form of violence that women suffer. And, regrettably, research confirms that the situation in our Region of the Americas is no different.

The Pan American Health Organization has spearheaded several efforts designed to understand the problem and measure its magnitude, as well as to advocate the development of strategies, policies, and initiatives to combat domestic violence. This protocol was developed to identify the services, organizations, and persons to which battered women turn. It has been applied in all seven Central American countries and in Peru, Bolivia, and Ecuador, with enlightening results. It has yielded critical information on how women who are victims of domestic violence go about seeking help—a critical first step in improving existing services and creating new needed ones. We now offer the English version of the protocol, so it can be put to good use in our Region's English-speaking countries. We hope that it will become an effective weapon in the fight against domestic violence, and, as such, help eliminate one of the most egregious manifestations of gender inequality.

George A. O. Alleyne
Director

INTRODUCTION

The Regional Program on Women, Health, and Development (HDW) of the Pan American Health Organization (PAHO), with support from Norway and Sweden coordinated the development of the research protocol *Domestic Violence: Women's Way Out*, in the framework of the HDW Program's subregional project *Strengthening and Organization of Women and Coordinated Action between the State and Civil Society at the Local Level to Prevent and Address Family Violence*.

The specific issue of family violence is a priority area of action for the Program. *Domestic Violence: Women's Way Out* is intended to draw attention to violence against women and girls as a priority problem and to identify resources that can help to address it. The situation analysis of domestic violence reveals the complexity of the problem and shows that solving it will require coordinated intersectoral policies and action, with the participation of both the State and civil society.

This research protocol is the result of the cumulative work and commitment of numerous investigators, activists, and officials to address violence against women and improve the services available for women affected by it.

The development of the protocol began with the drafting and review of a preliminary version by the team of investigators in the course of three workshops. The final protocol was applied in 15 communities in 10 countries, 7 in Central America and 3 in the Andean area, and it was tailored to each country's conditions. Through field interviews, qualitative data were collected from a wide range of women, service providers, and community members, representing groups of varying age, ethnicity, socioeconomic level, and marital status.

As do other organizations, PAHO considers the problem of family violence within a social context. All governmental and nongovernmental institutions—in the social, professional, political, judicial, law enforcement, and civil society spheres—that seek to promote equity between men and women need to understand the path followed by women who are affected by family violence in order to provide the best possible response to their situation.

It is our hope that this protocol will be an effective instrument of support in the effort to prevent and control violence in society, and especially violence against women and children.

THE PROTOCOL

1. PURPOSE OF THE PROJECT “ACTION TO PREVENT FAMILY VIOLENCE 1995–1997”

To reduce the incidence and prevalence of family violence, with emphasis on women between 12 and 49 years of age, through plans, programs, and activities at the policy-setting levels of the health sector and in the selected communities, with the coordinated participation of the State and civil society.

2. EXPECTED OUTCOMES OF THE PROJECT 1995–1997

- Organized community-level women’s groups and networks working to prevent and address family violence, particularly violence against women.
- Mechanisms for the collection, processing, and analysis of data on family violence and proposals for their incorporation into the national health information system.
- Proposals for national health policies and services of proven effectiveness at the local level for preventing and addressing family violence against women, in coordination with various social actors.
- Support for initiatives to adapt existing legislation and efficiently address family violence.
- A project management system at the subregional and national levels and mechanisms for monitoring and evaluating within the framework of the Program on Women, Health and Development in Central America.

3. RESEARCH TOPIC

Given the nature of family violence, its incidence, and its scope, measures to prevent and address it must be taken in both the governmental sphere and in civil society. As a part of these efforts, and in keeping with the second, third, and fourth expected outcomes of the project Action to Prevent Family Violence, the following topic is proposed to be studied in the seven Central American countries: The critical path followed by women over 15 years of age who are victims of family violence. In the case of the three Andean countries, the topic will be adjusted in accordance with specific expected outcomes for that region’s project.

Research Question

What is the critical path followed by women older 15 years of age who are victims of family violence and what factors influence that process?

Study Objectives

- To ascertain the actions taken by women who are victims of family violence and the path they follow to seek attention and attempt to solve their violence-related problems.
- To ascertain which factors encourage or discourage women who are victims of family violence to embark upon the critical path.
- To ascertain how women who are victims of family violence view the responses found in their search for assistance and solution to their violence-related problems.
- To ascertain the social perceptions and responses of service providers in regard to family violence.

Purpose of the Study

To formulate recommendations for all local social actors, based on the findings of the study, with a view to contributing to the development of a model for preventing and addressing family violence.

4. BACKGROUND

During the 1980s, violence against women was increasingly viewed as an issue worthy of international concern and action. Women's organizations worldwide took up gender-based violence as a priority issue during the United Nations Decade for Women (1975–1985). The United Nations General Assembly adopted its first resolution on violence against women in November 1985.

Since then, the United Nations has sponsored several meetings of expert groups on violence against women and has followed up on the issue through its Commission on the Status of Women, the Economic and Social Council, the United Nations Statistics Division, and the Commission on Crime Prevention and Criminal Justice.

Two new international instruments have been formulated that recognize all types of gender-based violence as a violation of human rights: the *United Nations Declaration on the Elimination of Violence Against Women* and the more comprehensive *Inter-American Convention for the Prevention, Punishment, and Eradication of Violence Against Women* (“the Convention of Belém do Pará”),¹ which originated within the Organization of American States and has been ratified by almost every country in the Region of the Americas.

Similarly, the Pan American Health Organization (PAHO), in its *Strategic and Programmatic Orientations, 1991–1994*, emphasized the need to incorporate women into development efforts and identified abuse of women as a public health problem requiring priority attention. At its 13th Meeting, held in April 1993, PAHO's Subcommittee on Women, Health, and Development called on the

¹ The text of the Convention appears in Annex A.

Organization to establish a strategy and develop lines of action that would consider violence against women as a public health emergency that calls for immediate attention.

In 1994 the Subregional Project on Family Violence Against Women in Central America was approved, with funding from Sweden and Norway. In 1995, this project was extended to the Andean countries of Ecuador, Peru, and Bolivia, with Dutch funding. The research project described in this publication seeks to enhance all these international and local efforts to prevent and control violence against women.

5. CONCEPTUAL FRAMEWORK

As a brief introduction to the complex issue of violence against women, a conceptual framework of family violence as a health and development problem in Latin America will be presented. The selection of the qualitative methodology warrants a theoretical discussion, in order to place this study in a research context. Definitions of the concepts that will be utilized in the study also are included. These definitions are important for all the investigators who will participate in the study, so they can familiarize themselves with the theoretical and operational concepts to be used.

Family Violence against Women

Family violence is a large-scale social problem that affect sizable segments of the population on a regular basis. Women, children of both sexes, and elderly persons of both sexes bear the greatest brunt. The abuse of women by their partners is an endemic form of family violence. The manifestations of family violence include physical, psychological, and sexual abuse. According to studies conducted in Latin America, between one-fourth and more than one-half of women report having been abused by their partners.^{2,3}

The high prevalence of family violence is not only a serious health problem, it also constitutes a hidden obstacle to socioeconomic development and a flagrant violation of human rights. The impact of violence on health is evident. Rape and domestic violence account for significant numbers of deaths and disabilities among women of childbearing age. Women victimized by violence not only may sustain bruises, wounds, broken bones, loss of hearing, retinal detachment, sexually transmitted diseases, miscarriage, and even death, but they also may suffer from chronic stress and related conditions such as hypertension, diabetes, asthma, and obesity. Frequently, as a consequence of both physical and psychological abuse, women suffer chronic headaches, sexual disorders,

² Heise, Lori. *Violencia contra la mujer: la carga oculta sobre la salud*. Washington, D.C.: Organización Panamericana de la Salud, Programa Mujer, Salud y Desarrollo; 1994.

³ Ellsburg, Mary et al. *Confites en el infierno. Prevalencia y características de la violencia conyugal hacia las mujeres en Nicaragua*. León, Nicaragua: Departamento de Medicina Preventiva, UNAN; 1996.

depression, phobias, and persistent fear.⁴ In addition, they often have low self-esteem, which directly affects their behavior, productivity in the workplace, and ability to report the abuse and seek protection.⁵

Family violence against women takes a high economic and social toll on the State and society, and it may also hinder socioeconomic development. Some studies estimate that sexual and physical abuse of women lowers their income between 3% and 20%, owing to its impact on their health and educational achievement, which, in turn affects their work.⁶ In market economies, family violence accounts for almost one year of life lost for every five years of healthy life among women aged 15 to 44 years (2). With the growing feminization of poverty in the Region, abused women are increasingly vulnerable to “economic violence,” which impairs their ability to participate in the labor market or threatens their accumulated assets. By threatening the human potential of these abused women, family violence limits their full incorporation into social, political, and economic development processes. This situation perpetuates injustice and discrimination by denying abused women equal access to society’s resources, while also preventing them from contributing fully to social development.⁷

Family violence also implies that the victims’ liberty, dignity, and freedom of movement are restricted, and there also is a direct violation of their personal integrity.⁸ Many types of family violence are, in fact, forms of torture, imprisonment in the home, sexual terrorism, or slavery. Seen this way, family violence represents a violation of abused women’s human rights.⁹

A typical feature of various forms of family violence is their hidden quality. Substantial underreporting of cases within the institutions that care for victims exacerbates this lack of visibility. For example, according to recent estimates, only 2% of cases of sexual abuse of children within the family, only 6% of cases of sexual abuse outside the family, and between 5% and 8% of cases of sexual abuse of adults are reported(2). Studies in several Latin American countries reveal that only an estimated 15%–20% of cases of family violence against adult

⁴ Larraín, Soledad and Teresa Rodríguez. Orígenes y control de la violencia doméstica contra la mujer. In: *Género, mujer y salud en las Américas*. Washington, D.C.: Organización Panamericana de la Salud; 1993. (Publicación Científica 541).

⁵ Paltiel, Freda L. La salud mental de mujeres en las Américas. In: *Género, mujer y salud en las Américas*. Washington, D.C.: Organización Panamericana de la Salud; 1993. (Publicación Científica 541).

⁶ Nelson, Toni. Violence Against Women. *World Watch* July/August 1996.

⁷ Carrillo, Roxana. La violencia contra la mujer: obstáculo para el desarrollo. In: V. Guzmán et al., eds. *Una nueva lectura: género en el desarrollo*. Lima, Peru: Flora Tristan Ediciones; 1991: pp. 161-192.

⁸ Bunch, Charlotte. Los derechos de la mujer como derechos humanos. In: *Mujer y violencia doméstica*. Santiago, Chile: Instituto de la Mujer; 1991: pp. 15-31.

⁹ At the United Nations World Conference on Human Rights, held in Vienna in 1993, family violence against women was recognized for the first time in history as a human rights violation.

women are reported.^{10 11}

This underreporting is due to numerous factors. First among them is the fact that incidents of family violence are regarded as isolated acts occurring in the private realm, not as a social problem. Second, acts of violence are viewed as normal occurrences in family dynamics. In other words, family violence is seen as a legitimate act. Third, those affected, mainly women, tend to blame themselves for provoking violent acts, a mindset that is strongly reinforced by society's attitudes. Finally, many women believe that there are no social services or responses available to support them in solving their problem of violence, or that existing services are inadequate and even detrimental to them.

As a consequence of all these factors, affected women refuse or are unable to report violence. Institutions that provide services, particularly those in the legal/judicial, law enforcement, health, education, and NGO sectors, do not have adequate detection and recordkeeping systems, which serves to further mask this serious social problem. The lack of records, in turn, leads to diagnoses, prevention policies, and models of care that cannot truly respond to the needs of the affected women or address the complexity and magnitude of the family violence problems.

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

Family violence is not the result of inexplicable cases of deviant or pathological behavior. On the contrary, it is a learned, conscious, and deliberate behavior that is the product of a social structure that is based on inequality. Family violence is the result of unequal power relationships, and it is practiced by those who feel they have a right to intimidate and control others. Within the family, the inequalities associated with gender and age are the main determinants of the violent relationships that develop.

Hence, the use of violence against the least powerful family members is not only a means of control and oppression, but it also is one of the most brutal and explicit expressions of gender- and age-based domination and subordination. This model of power and domination, which leads to the daily practice of family

¹⁰ CEFEMINA. *Mujeres hacia el 2000: deteniendo la violencia*. San José, Costa Rica: Programa "Mujer no Estás Sola," CEFEMINA; 1994

¹¹ Shrader Cox, Elizabeth. Developing Strategies: Efforts to End Violence Against Women in Mexico. In: Schuler, M., ed. *Freedom from Violence: Women's Strategies around the World*. New York: OEF International; 1992: 175-198.

violence, cuts across all social classes, educational levels, and ethnic and age groups. In other words, family violence occurs in all sectors of society.

Although the legal right to perpetrate this type of violence is no longer explicitly recognized in most Western societies, the legacy of old laws and openly condoned social practices continues to create conditions that permit widespread family violence.¹² Although current laws no longer explicitly sanction the practice of violence, omissions, indifference, and inefficient and contradictory policies and procedures of social institutions continue to reflect the structure of domination and subordination that produces and legitimizes family violence against women.

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

Hence, it is crucial to study the responses that social institutions give women affected by family violence. This study will help elucidate the actions taken by victims of family violence in their search for assistance, the obstacles encountered, and in general, the social perceptions or connotations and the significance attached to family violence by personnel of the institutions that should be addressing this problem. Only through understanding these situations will it be possible to design effective intersectoral strategies to prevent, address, and control family violence.

Selecting the Qualitative Methodology

The central topics of this study are the experiences of affected women as they search for assistance, the process followed, and the social connotations and significance attached to violence by both service providers and the affected women themselves. Accordingly, qualitative methodologies were selected to research these topics. This research strategy is especially well suited to the present study, because one of its principal strengths is that it permits a better understanding of the subjective and symbolic dimensions of human behavior.

Given that the study's central focus is to determine the factors that influence the demand for services and the process followed in the search for solutions, as well as the supply and quality of services and social responses, a qualitative methodological strategy was needed. This strategy is considered particularly

¹² Sagot, Monserrat. Socialización de género, violencia y femicidio. *Revista Reflexiones* 1995. In press.

appropriate in this case, since it will yield a better understanding of the processes experienced; it also will allow new and previously unknown data to be collected.

Moreover, while quantitative research analyzes the social sphere in terms of variables and produces numerical data, qualitative research provides a means of obtaining rich descriptions and explanations of processes in local contexts, expressed in the words of the social actors themselves. Qualitative data, therefore, make it possible to preserve the chronological sequence of events, place them in the same context in which they occurred, and derive explanations that are strongly grounded in the sociocultural reality under study.¹³ In other words, qualitative research makes it possible to understand social phenomena from the perspective of the actors themselves.¹⁴

In terms of research ethics, the qualitative paradigm has a series of implications. Qualitative research rejects the positions of the traditional scientific paradigm, which establishes separations between the subjects and the objects of research or deems that personal experiences and popular knowledge have no scientific validity. Qualitative research implies establishing an egalitarian and horizontal relationship between the investigator and the research subjects. Hierarchical and vertical modalities for conducting research are replaced by more participatory modalities that promote collaboration between the investigator and the respondents.

The qualitative paradigm acknowledges that research takes place within the context of a given time and space and that it concerns a specific community or group of people. That is, research should be in keeping with the interests and needs of the subjects who participate in the study. Furthermore, throughout the process there should be strict ethical concern for the consequences of the study on the people involved. Hence, qualitative research requires greater methodological rigor, more time on the part of the research team, more personal and professional sensitivity, and more advanced theoretical knowledge.¹⁵

Qualitative research introduces the necessity of heeding the “voice”: in other words, to whom one is speaking, for whom, with whom and why. From this perspective, the extent to which alternative voices—the voices of the silenced—are taken into account becomes not only an ethical consideration, but also a criterion of quality in this type of research. From the ethical standpoint, quality in the qualitative approach implies a study that integrates research, critical reflection, respect, and action.

¹³ Miles, Michael and Michael Huberman. *Qualitative Data Analysis*. Los Angeles, California: Sage Publications; 1994.

¹⁴ Taylor SJ, Bogdan R. *Introducción a los métodos cualitativos de investigación*. Barcelona: Ediciones Paidós; 1992.

¹⁵ Briceño-León, Roberto. Los métodos cualitativos: rasgos comunes, errores frecuentes. *Revista Venezolana de Economía y Ciencias Sociales* 1996; 2(2-3 [abr.-sept.]):174-186.

According to the foregoing perspective, the data collection techniques of choice in qualitative research are those that make it possible to record the experiences of the actors in their own words and at their own pace and that best reflect their world view. Accordingly, the techniques used include in-depth interviews, semi-structured interviews, participatory observation, and group interviews. These techniques permit the particular dynamics of the human experience, the processes undergone, the creation of social perceptions or connotations to be better understood.

Because a central objective of qualitative analysis is the understanding of the specific characteristics and significance of cases within their contexts, rather than arriving at statistical generalizations random sampling is not appropriate. Often it is not even possible because a suitable sampling frame is not available. This is particularly true with family violence, where the lack of visibility and underreporting of the problem pose enormous obstacles to research based on statistically representative samples. This is not to say that prevalence surveys cannot be conducted, but for purposes of the present study this type of methodology is not appropriate. The data collection techniques used in qualitative research require sampling designs that are more appropriate to the logic of the search for special characteristics and meanings and their relationship to local contexts.

One of the most appropriate sampling techniques for this type of research is “snowball sampling,” which is a non-random sampling technique most frequently used in qualitative research. It is especially appropriate when—owing to the sensitivity of certain issues—finding research subjects is particularly difficult.¹⁶

With this type of sampling, the number of people to be interviewed is not established a priori. Instead, a “saturation” approach is applied.¹⁷ The interviews stop when there are no more references to new people or when, after a certain number of interviews, the investigator concludes that he/she is no longer learning anything new with regard to the research question.¹⁸ Proper application of the saturation approach makes it possible to obtain samples that are qualitatively significant and therefore appropriate for better understanding the collective significance and the social processes that characterize the groups under study.

Definition of Concepts

¹⁶ For a more detailed description of this technique, see Chapter 7, “Selection of Information Sources and Data Collection, Section 7.2, “Information Source: Women Affected by Family Violence,” in this publication.

¹⁷ This approach is used primarily in studies based on in-depth interviews or life stories.

¹⁸ Acuña, Víctor H. La historia oral, las historias de vida y las ciencias sociales. In: *Historia: teoría y métodos*, San José, Costa Rica: EDUCA; 1988: 225-264. Study conducted by María Angélica Fauné, cited in *Propuesta de un plan para la atención integral a la violencia intrafamiliar para el sector salud*. San José, Costa Rica; 1994.

In this project, it is necessary to define several concepts used in posing the research question. Given that the central focus of the study is the critical path followed by women who are victims of family violence, it is essential to define the meaning of such concepts of “family,” “family violence,” “affected woman,” “critical path,” and “service provider,” among others.

Family: Groups of two or more people linked by affinity or blood, or who live together.

Partner: Person with whom a woman has or has had an intimate or close relationship, though not necessarily of a sexual nature. Such persons may include her husband, former husband, live-in partner or former live-in partner, boyfriend or former-boyfriend.

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

The term “family violence” is preferred to “domestic violence;” the latter refers more to the physical environment in which the violent event occurs. Family violence, on the other hand, refers to the relational environment in which the violence occurs, irrespective of where it takes place. According to data from a recent study,¹⁹ family violence has certain characteristics:

- It is directed basically against two groups, women and children;
- It generally takes place in the home;
- It is most often perpetrated by men living in the household against those to whom they are related by blood or a marital relationship (spouses, live-in partners, parents, siblings, aunts and uncles, or others). To a lesser extent it is perpetrated by distant relatives, acquaintances, or strangers; and
- It is a problem that basically affects women, children, and elderly persons of both sexes, regardless of age, race, social class, educational level, or role within the family structure.²⁰

Family violence includes a wide range of abuses that may be placed on a continuum of severity, with “femicide”²¹ as the most extreme manifestation on this continuum. This study will not analyze femicide, owing to resource constraints and limitations in the study design itself, as well as the intrinsic difficulty posed by non-availability of the primary respondent and the sensitivity of the subject for the victim’s family members, as presumed secondary respondents.

Hence, the only forms of family violence that will be considered here are: *physical violence, sexual violence, psychological violence, and economic*

¹⁹ Study conducted by María Angélica Fauné, cited in Propuesta de un plan para la atención integral a la violencia intrafamiliar para el sector salud. San José, Costa Rica; 1994.

²⁰ Ministerio de Salud et al.

²¹ “Femicide” is defined as homicide committed against a woman by a family member or the suicide of a woman provoked by a situation of family violence.

violence. It should be emphasized that, in reality, these forms of violence do not usually occur separately or in isolation, but are part of the aforementioned continuum. However, for purely operational reasons, in this document a separate definition is presented for each form of violence.²²

Physical violence: Occurs when a person who is in a position of power vis-à-vis another person inflicts or attempts to inflict intentional harm through the use of physical force or some type of weapon, which may or may not induce external injuries, internal injuries, or both, or may be injurious to the person's self-esteem. Repeated punishment, even if not severe, is also considered physical violence.

Sexual violence: Every act in which a person in a position of power, by means of physical force, coercion, or psychological intimidation, compels another person to engage in a sexual act against her/his will or to participate in sexual interactions that lead to her/his victimization and from which the perpetrator attempts to obtain gratification is considered sexual violence. Sexual violence occurs in a variety of situations, including marital rape, sexual abuse of children, incest, sexual harassment, and date rape and encompasses, among other acts, undesired touching; sexualized emotional relationships; oral, anal, or vaginal penetration with the penis or a foreign object; forced exposure to pornographic material; and exhibitionism.

Psychological violence: Any act or omission that injures or attempts to damage another person's self-esteem, identity, or development. It includes constant insults, negligence, humiliation, refusal to recognize accomplishments, blackmail, degradation, isolation from friends and family, ridicule, rejection, manipulation, threats, exploitation, negative comparisons and others.

Economic violence: This category includes all measures taken by the aggressor or omissions that jeopardize the survival of women and their children, or the dispossession or destruction of her personal property or the joint property of the couple. This includes the loss of housing or shelter, household effects and domestic appliances, land, other property or real estate, as well as the personal belongings of the affected woman or her children. It also includes refusal to pay child support or cover basic expenses for family survival.

Affected woman: A woman over 15 years old who is a direct target of family violence. Although a person under 15 years old may be affected by family violence, in this study the definition is limited to women over the age of 15. Given the sensitivity and complexity of the issue, it is not considered desirable, from

²² These definitions were adapted from those contained in the following publication of the Ministry of Health of Costa Rica: *Propuesta de un plan para la atención integral a la violencia intrafamiliar para el sector salud* [Proposed Plan for a Comprehensive Approach to Family Violence by the Health Sector]. The definition of the term "economic" violence was developed during a training workshop for investigators health in San José in January 1996.

either a methodological or an ethical standpoint, to work with persons under the age of 15.

Service provider: These are the person or persons who provide or are responsible for ensuring the provision of support services for women affected by family violence in the communities included in this study. They may be affiliated with institutions in the legal/judicial/ law enforcement, health, education, or community sectors. Also included in this category are persons who fulfill a social function in the community and who, from the perspective of the affected women, form part of the critical path because they help them break the secrecy surrounding the violent relationship.

Itinerary: The chronology followed by an affected woman in search of solutions to her domestic violence problem. The itinerary includes the institutions and the service providers that the woman approaches and may include a schematic analysis of the real and opportunity costs associated with her actions. The itinerary is a linear process that attempts to detail the inhibiting or discouraging factors that influence the search for services or attention. The itinerary seeks to break down all the steps taken, starting from an acute episode of violence through the conclusion of activities directly associated with this episode. It is distinguished from the concept of “critical path” in that the itinerary is limited to one episode of search for support—i.e., it is limited in time—and it traces the linear history of the events. On the following page there is a diagram illustrating the operational concept of “itinerary” that will be utilized in this study. (Chapter 2 contains additional examples of itineraries developed in the study.)

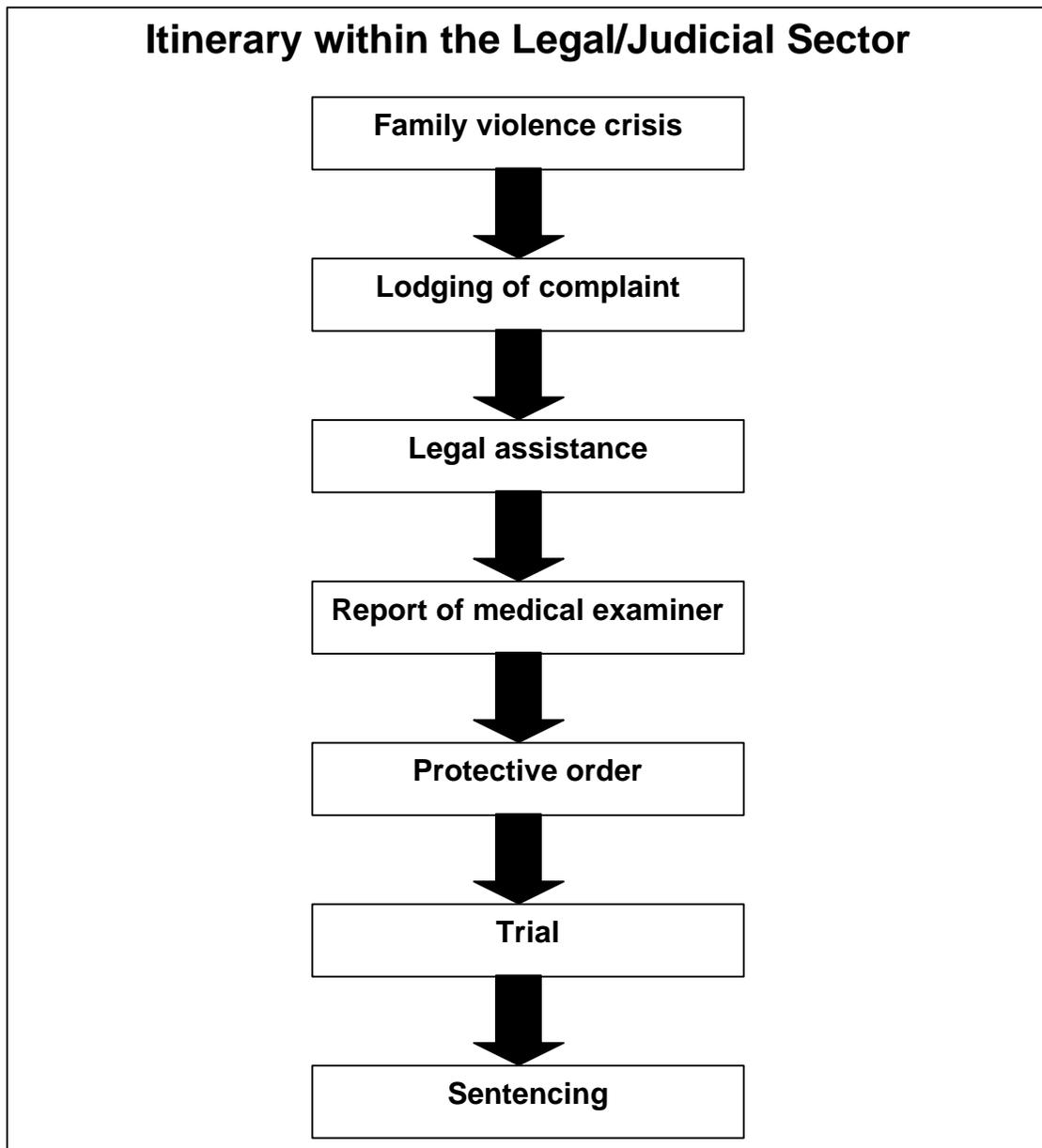
Critical path: The sequence of decisions and actions taken by an affected woman to address the violence she experienced and the responses found in her search for assistance. The critical path is an iterative process comprising both the factors that motivate the affected women and the actions undertaken by them, as well as the responses of service providers, which in turn have an impact on the factors that motivate the affected women.

The critical path retraces the logic of the decisions, actions, and reactions of affected women in their search for a solution to the problem of family violence. Embarking on the critical path is tantamount to “breaking the silence” surrounding the violent situation. In other words, women affected by family violence embark upon the critical path when they decide to divulge previously concealed information to a person outside the immediate family, as an initial step toward improving their situation.

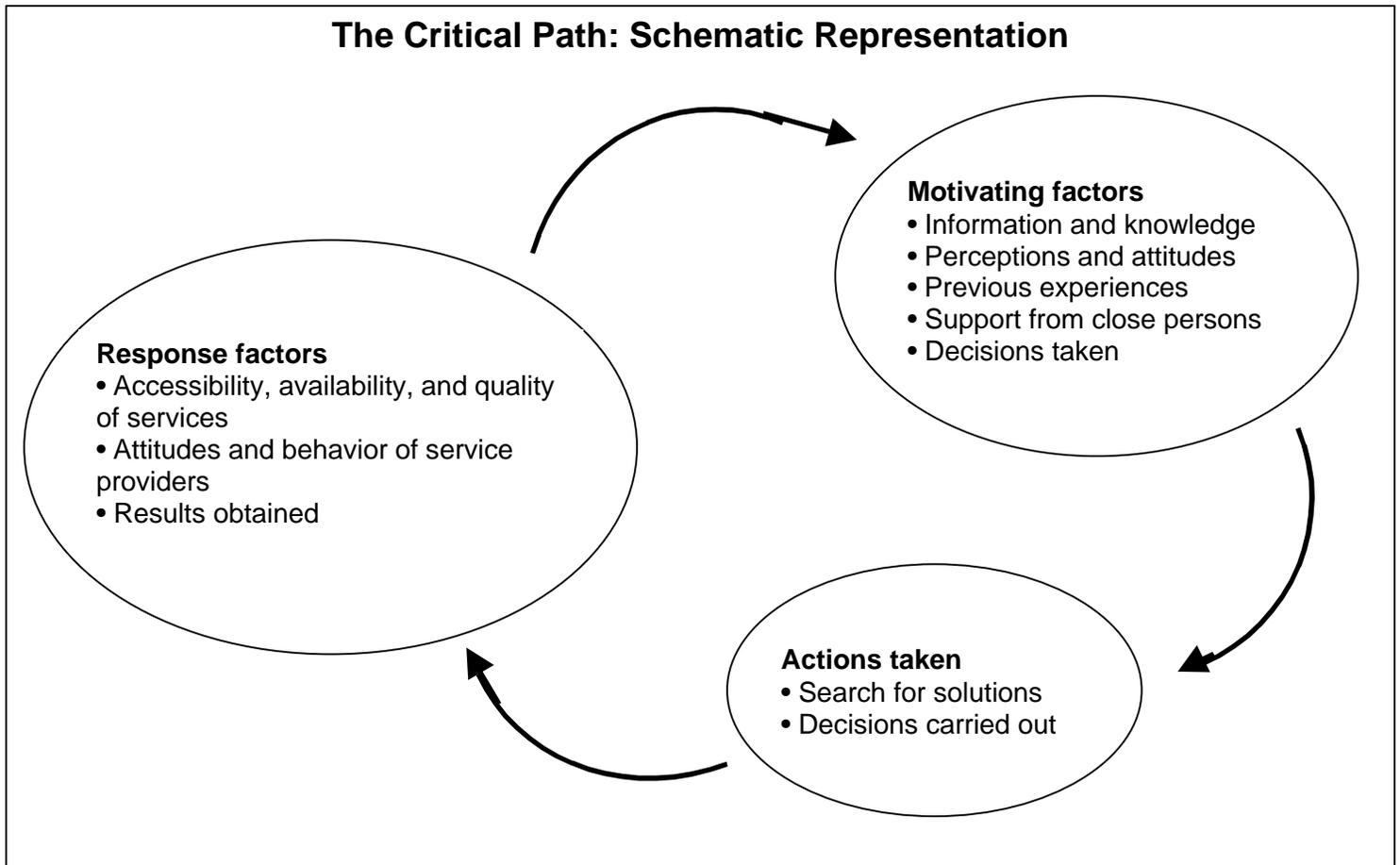
The critical path describes both external support sources and the victim’s internal characteristics that influence the search for a solution. It openly recognizes the factors that motivate the affected woman to seek assistance, such as: her information, knowledge, perceptions, and attitudes; her previous experience with similar sources; and existing support from persons close to her. It describes the actions that she undertakes and the responses she finds, including the

accessibility, availability, and quality of services; the attitudes and behaviors of service providers; and the positive and negative results she obtains.

The critical path is rarely linear; rather, it traces the logical sequence of the multiple itineraries followed throughout a violent relationship. The critical path attempts to reflect the steps taken before and after, as well as the catalytic, inhibiting, facilitating, and impeding factors that influence this process. The critical path comprises the entire process that the woman undergoes up to the resolution of the situation: the cessation of the violence and the achievement of a sense of personal integrity and security.



Presented below is an explanatory diagram of the operational concept of “critical path” that will be utilized in this study.



6. ASSUMPTIONS

1. Family violence, which includes physical, sexual, psychological, and economic violence, is present in every community.
2. Most of the women affected by family violence recognize the need to address the violence in their lives and avail themselves of intervention services provided by the legal/judicial/law enforcement, health, education, and community sectors.
3. Many affected women ignore their rights and are unaware of the availability of adequate services to help them in violent situations.
4. As the violent relationship develops, some women at some point embark upon a critical path to try to remedy or mitigate the effects of violence.
5. Usually, the critical path is initiated by the women themselves; service providers rarely detect and investigate situations of family violence.

6. The decisions made and the actions taken in the search for support vary according to the type of violence that the affected woman is experiencing and the circumstances in which it occurs.
7. The decisions made and the actions taken, which include the search for support, vary according to the characteristics of the existing services, including:
 - availability of services,
 - access to services,
 - quality of the services,
 - attitudes of the service providers,
 - prior experience with similar services and the search for services, and
 - degree to which services are integrated and coordinated.
8. The contact initiated by the affected woman does not necessarily result in her referral to other appropriate services by the service provider consulted.
9. The degree of success achieved in addressing the problem of violence depends on the characteristics of the services, including:
 - availability,
 - access,
 - quality,
 - attitudes of service providers,
 - prior experience with similar services and the search for services, and
 - degree to which services are integrated and coordinated.
10. Service providers in the legal/judicial/law enforcement, health, education, and community sectors have certain social perceptions concerning family violence.
11. The social perceptions of the service providers—which include beliefs, knowledge, stereotypes, prejudices, images, and the significance attached to the violence—influence the quality of the prevention and care services they provide women with whom they come into contact.
12. An appropriate legal framework is essential for preventing, addressing, and controlling family violence.
13. Service providers need an appropriate legal-judicial framework in order to respond effectively to the complex problem of family violence and the needs of the affected women.
14. There is lack of intersectoral coordination between services for the prevention of family violence and care of the women who seek support.
15. There is a lack of intrasectoral follow-up for the women who seek support.
16. There are mechanisms to improve current and potential services for women affected by family violence.
17. The existence of intersectorally coordinated prevention measures would help reduce the incidence of family violence.

7. SELECTION OF INFORMATION SOURCES AND DATA COLLECTION

The study will analyze the critical path that affected women take to address the family violence in their lives. The analysis aims to determine which are the

motivating and response factors that constitute the inputs and outputs of the critical path. An expected outcome of the study is the social contextualization of the reality of affected women with regard to the search for a solution to their violent situation.

Given that one of the study's objectives is to identify the actions, perceptions, attitudes, and thoughts processes of women affected by violence, as well as to ascertain the quality of services and the social perceptions of service providers, the "qualitative" or "ethnographic" methodologies are the most appropriate. These methodologies are expected to yield data that will make it possible to understand and contextualize affected women's search for solutions.

The study design will include several complementary techniques: semi-structured interviews with service providers, content analysis of document sources, in-depth interviews with women affected by violence, and focus groups with community members.

The following box summarizes the study design, briefly describing each information source, the sampling strategy and technique for collecting the information that will be used for each source, and the issues that the study will attempt to explore. All these sources will be found in a single community, which will make it possible to analyze the situation of family violence in the context of a specific geopolitical place.

The elements of the study design are detailed in this chapter, including the steps to be followed in carrying out the field work, the thematic focuses, the study population, the selection criteria, and the data collection techniques.

Site Selection

Site selection will determine many logistical aspects of the study and influence the quality of the data collected. Those conducting the study must familiarize themselves with the site's characteristics in order to facilitate both the logistical details and establish good rapport with the community. In order to facilitate the identification and participation of the respondents, the communities selected should have certain characteristics, including:

- **A total population of between 10,000 and 40,000 inhabitants.** A population of this size is expected to yield a sufficient number of key respondents, especially women affected by family violence who have embarked upon the critical path. It is also considered desirable to carry out the study in relatively small communities so that the interventions designed and executed can have greater impact in the selected community.

Study Design Summary

| Information Source | Sampling Method | Data Collection Technique | Topics to be Studied |
|---|--|--|--|
| Service providers | Purposive sampling | Semi-structured interviews | Social perceptions about the phenomenon of family violence and the need to address and prevent it; experiences in providing services to affected women; identification of other key respondents. |
| Institutional documents | Criteria sampling | Review and content analysis of documents | Existence of institutional policies on family violence; records of family violence; record forms used; training and sensitization materials on the issue; community promotion and education materials. |
| Affected women who have embarked upon the critical path | Snowball sampling; stratified purposive sampling | In-depth interviews | Family violence the women have experienced; decisions made and actions taken in seeking solutions; experiences with service providers, results obtained, and obstacles encountered; identification of desired interventions to address and prevent family violence; identification of other key respondents. |
| Male and female community members | Convenience sampling | Focus groups | Social perceptions of family violence; perceptions regarding services to prevent and address family violence. |

- **Access to data on the demographic, health, and socioeconomic development profiles of the community.** The availability of these data will be indicative of a certain level of development in information systems, infrastructure, and prior research experience, as well as the existence of comparative baseline indicators. Conducting the study in a completely unknown community is not recommended; however, it is not necessary to select a community in which in-depth surveys of health and socioeconomic development have already been conducted.²³

²³ The data outlined in the third chapter of the final report on national and local context will be used. For more information, see Chapter 11, "Dissemination," in this protocol.

- **Availability of basic health services, minimally a health post and a health center.** These health services will serve as the points of departure for the execution of interventions based on the research findings.
- **Existence of at least one nongovernmental organization involved in community development with special emphasis on issues relating to family violence or women.** For ethical reasons related to the study's subject matter, it is important to have identified at least one organization to which women can be referred in an emergency or when they wish to obtain more information. Such organizations also can serve as starting points for the execution of interventions based on the research findings.

Approaching the Community and Identifying the Study Groups

Once the site has been selected, the research team should begin to gather information in order to get to know the community. During this stage of getting acquainted with the community trust and cooperation should be developed with potential respondents, in order to maximize the usefulness and reliability of the data collected.

The initial steps for getting acquainted with the community are:

- Establishing an advisory committee from the outset of the study. The committee should be representative of the social actors involved in the study in order to achieve the highest possible level of commitment to the project. Periodic committee meetings should be scheduled, in order to keep the members informed on the progress of the study and hear their comments on the process. The committee will also play a role in disseminating results, as well as in support and facilitation throughout the study.
- Obtaining a map or sketch of the pilot site community. It may be necessary to update the information to show any geographic or demographic changes, especially in places that have experienced rapid population growth. Such a sketch has two advantages: (1) in the field work stage, it facilitates the location of information sources, and (2) in the analysis stage, it makes it possible to chart the access and availability of services.
- Locating bibliographic and secondary data sources that will serve to contextualize the family violence, including censuses; previous family violence research; sociodemographic data; and information on health, housing, schooling, etc.
- Identify social institutions, service providers, and other sources of community support. The "Identification Form for Community Resources and Service Providers" is used to facilitate this step. The data collection protocol from the indicated information sources is described below. For

each source, a description of the population, the selection criteria for inclusion in the study, and the data collection methods are given.

Information Source: Service Providers

The objective of the interviews with this group is to identify providers' social perceptions about family violence, as well as to describe their experiences and practices in providing services to affected women. Another objective is to identify key respondents for the in-depth interviews with affected women who have embarked upon the critical path.

Population

Service providers are any person or persons who provide or are responsible for ensuring the provision of support services for community members in the site under study. They are persons affiliated with institutions in the legal/judicial/law enforcement, health, and education sectors and with private development organizations, among others. They also may be community leaders whom the community views as important support resources.

The following table lists service providers who might serve as key respondents. This list is only a suggestion of the types of providers who may exist in the community; not all of them will be present in every community and there may be other service providers not included on the list. The final decision on the study population will be made in the preparatory stage of getting acquainted with the community.

Suggested List of Service Providers

Health Sector

Emergency physicians
Emergency nurses
Health center personnel (e.g., nurses, physicians, social workers)
Dentists
Local Red Cross personnel
Midwives; traditional birth attendants
Community health workers or agents
Personnel of day care centers for older adults
Social workers
Psychologists
Medical office personnel (e.g., receptionists, secretaries)
Traditional medicine practitioners or healers

Judicial/Legal Sector

Medical examiner
Local representative of the judiciary
Public prosecutor
Municipal court judges
Family court judges
Juvenile court judges

Law Enforcement Sector

Chief of police
Male and female police officers
Office personnel (e.g. receptionists, secretaries)

Education Sector

Primary school principals
Primary school guidance counselors
Primary school teachers
Secondary school principals
Secondary school guidance counselors
Secondary school teachers

Community/NGO Sector

NGOs concerned with women's issues or family violence
Private community development organizations that deal with issues relating to women, the family, and health
Leaders identified by community members

Selection Criteria

For this stage of the study it is necessary to select representatives from each sector in order to determine the specific characteristics and quality of the services provided by the institutions. The key respondents for the study—with whom in-depth interviews will be conducted —have been identified. The key providers are divided into two groups: “essential” providers, from whom it is imperative to collect information, and “optional” providers, who will be interviewed depending on resources availability.

A list of essential service providers who must be interviewed follows. In an ideal situation, a minimum of 17 interviews will be conducted, one with a representative from each category. However, in places with relatively few institutional resources it will be impossible to achieve this number of interviews, while in other places with greater resources, 17 interviews will not be sufficient.

Optional interviews with other service providers also may be conducted at the investigator's discretion, based on the availability of resources and time, the evolution of the study, and other factors.

List of Essential and Optional Service Provider Interviews

Essential

Optional

Health Sector

| | |
|---|---|
| <p>Emergency physician Emergency nurse Health center personnel (nurse, physician, or social worker) Community health worker Psychologist from health center Office staff (receptionist, secretary, security guard, or other staff)</p> | <p>Social worker, dentist, local Red Cross personnel, midwives or traditional birth attendants, other community health workers, traditional medicine practitioners or healers</p> |
|---|---|

Legal/Judicial Sector

| | |
|---|--|
| <p>Medical examiner Representative of the local judiciary Family court judges</p> | <p>Public prosecutor, local judge, juvenile court judges</p> |
|---|--|

Law Enforcement Sector

| | |
|--|--|
| <p>Chief of police Chief of the office of women's affairs (if such an office exists) A female police officer</p> | <p>Other police officers; office staff (e.g., receptionist, secretary)</p> |
|--|--|

Education Sector

| | |
|---|--|
| <p>Secondary school principal Secondary school teacher</p> | <p>Secondary school guidance counselor, Primary school principal, primary school guidance counselor, primary school teachers</p> |
|---|--|

NGO/Community Sector

| | |
|---|--|
| <p>A community leader A person who works with an NGO</p> | <p>Personnel from other NGOs involved in issues relating to women, family, and health; other community leaders</p> |
|---|--|

Data Collection

Respondents are identified in the preparatory stage of getting acquainted with the community. Utilizing the instrument "Interview Guide for Service Providers",

semi-structured interviews will be conducted with the essential providers ($N = 17$) and with the optional providers, time and resources permitting.

Information Source: Institutional Documents

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

Population

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

Selection Criteria

Documents will be identified during the interviews with service providers, who will be asked about the availability of institutional protocols and policies, record-keeping systems, and training activities, among other items. Where applicable, providers also will be asked to describe the protocol, system, or training, and they will be asked about the existence of record forms or other materials.

Data Collection

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

“The Identification Form for Document Sources” used to record and organize the information. The following documents are of particular interest: personnel job descriptions, the institution organizational chart, the size and professional profile of the staff, institutional policies concerning the provision of services to women affected by family violence, record-keeping systems, service statistics, case files or histories, and affiliation with care networks.

Information Source: Women Affected by Violence Who Have Embarked upon the Critical Path

The objectives of these interviews are to determine the factors that prompt women to embark upon a critical path, to collect information on women’s experiences and the actions they have taken in seeking solutions to family violence, and to describe the responses that they have received. The interview also provides an opportunity to ask about other key respondents who might be willing to participate in the study.

Population

The population for this stage of the study are affected women residing in the community under study during the data collection period and who have taken some action on the critical path to address family violence in that community.²⁴

Selection Criteria

In addition to the criteria contained in the definition, there is a time criterion relating to the search for a solution. Women should have attempted to contact some service in the community during the 24 months before the date on which the information is collected.

Data Collection

Several obstacles to data collection derive from the sensitive nature of the research topic, especially in relation to identifying and approaching key respondents.²⁵ Not only must they have experienced violence, but they also must have embarked on the critical path process of seeking solutions, which implies contact with some service, institution, or person. There will be very few women who will meet these requirements, which will make it extremely difficult to find them at random.²⁶

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

Given these factors, snowball sampling is the selection techniques of choice, whereby the investigator asks key respondents to identify other potential respondents with similar characteristics. Thus, enough respondents can be identified, utilizing a "saturation" criterion to determine when to end the selection process. Theoretically, the snowball sampling technique is applied up to the point at which the investigator begins to receive repeat references to persons who have already been contacted or no new information is being obtained—i.e., when the study population or the collected data reaches the saturation point.

²⁴ It should be recalled that the term "affected woman" refers to any woman over the age of 15 who resides in the community under study and who has been a direct target of family violence, whether physical, sexual, psychological, or economic.

²⁵ To summarize the findings of the 1995 annual meeting of the International Research Network on Violence Against Women, many intercultural studies have demonstrated that the issue of violence in itself is not an obstacle to the disclosure of information, nor does it influence the study drop-out rate or respondents' refusal to participate. The crucial determinants appear to be guaranteeing confidentiality of the information and ensuring privacy of the setting in which the interview takes place.

²⁶ For a community with a total population of 10,000, it is estimated that the population of affected women over the age of 15 who have embarked upon the critical path will be approximately 250. This figure is based on a violence prevalence rate of .50 and an estimate of affected women who have taken action of .20, according to service statistics from various organizations that work with battered women.

In conducting field work, however, researchers may encounter both time and material resource constraints. If so, several criteria should be borne in mind, so as to maximize the range of experiences of the affected women in that community. The type of violence experienced, and the sex and age of respondents will be key criteria for the strategic selection.

SNOWBALL SAMPLING TECHNIQUE

Step 1: Identifying possible respondents through service providers

After interviewing with providers, mention the need to interview affected women. Explain the objectives of the interviews and request the service providers' collaboration in identifying the study population. Emphasize the importance of confidentiality. If the provider knows of a potential respondent, ask him/her to make the initial contact in order to ensure confidentiality. If the provider agrees, help him/her organize a "get-acquainted" meeting, supplying the necessary information so that the potential respondent can make an informed decision with regard to her participation in the study.

Step 2: Approaching the potential respondent

The service provider will make an initial confidential contact explaining the purpose of the study, the importance of the respondent's collaboration, and the potential risks and benefits of participation in the study. Every questions should be answered honestly and the respondent's consent to participate should be sought. If the respondent declines to participate, she should be thanked and not pressured. If the respondent accepts, then a meeting with the interviewer will be arranged.

Step 3: Introducing the interviewer

The service provider will introduce the interviewer, which will help the respondent feel more comfortable with the interviewer and create a more favorable climate for the interview. The interviewer should review the study's objectives of the study, the nature of the respondent's participation, and the benefits and risks associated with that participation, and should confirm the respondent's willingness to answer questions and request consent to conduct the interview. The date, time, and place for the first session should be established by mutual agreement. It is essential to guarantee privacy and confidentiality.

Step 4: Conducting the interview(s)

Using "Interview Guide for Affected Women", conduct the interview with the respondent. First, it is necessary to determine whether the woman does in fact meet the criteria for the study population, i.e., is she a woman affected by family violence who has taken some action on the critical path? If she meets the criteria, continue with the interview. If she does not meet the criteria, invite her to participate in the corresponding focus group and work out the arrangements for

her participation in that group.

Step 5: Identifying possible respondents through the interviewees

Regardless of the outcome of the interview, take advantage of the contact to identify other potential respondents, using the same technique that was used with the service providers—informing, approaching, and recruiting the respondent, and always respecting the confidentiality and preferences of potential respondents.

Next steps: “Snowballing”

Repeat Steps 2 through 5, identifying and contacting at least one potential respondent for the study each time. If you have trouble identifying respondents through other affected women, try approaching other service providers in order to maximize the contacts with the study population. The most important providers in this stage will probably be those in the NGO/community sector or the health sector. The following section includes a table for determining the number of in-depth interviews to be carried out, based on certain age characteristics of the key respondents and the type of violence they have experienced.

Using the “Interview Guide for Women Affected by Family Violence,” ideally, 27 in-depth interviews will be conducted, distributed as shown in the table below. Women may have experienced more than one type of violence. However, in cases of psychological and economic violence, an attempt should be made to identify women who have experienced either psychological violence or economic violence separately, not in combination with any other type of violence.

It may not be possible to conduct the minimum of 27 interviews, because there may not be enough respondents who meet the selection criteria, particularly in rural sites. In that case, the investigators should continue identifying respondents until they reach the saturation point; they should note any obstacles encountered in finding respondents.

Table for Determining the Number of In-depth Interviews

| Type of violence experienced | Age range | | |
|------------------------------|-----------|--------|------------|
| | 15—19 | 20—49 | 50 or more |
| Physical | N = 6 | N = 6 | N = 6 |
| Sexual | | N = 3 | |
| Psychological | | N = 3 | |
| Economic | | N = 3 | |
| Total number of interviews | | N = 27 | |

Information Source: Women and Men from the Community

At this stage of the study, focus groups are conducted with female and male respondents, in order to determine social perceptions of family violence in this group and find out how these perceptions may or may not motivate a woman to embark upon a critical path.

Population

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

Selection Criteria

The affected women identified as potential respondents, but who are not part of the population to be interviewed individually, will be assigned to the focus groups. In order to complete the number of participants in the focus groups, respondents will be recruited from those seeking services in the community. Recruitment will take place in waiting rooms of institutions in the health, legal/judicial/law enforcement, education, and NGO/community sectors.

Data Collection

Approach the potential participants, explain to them the objectives of the focus group, and invite them to participate. If a candidate agrees to participate, he or she should be assigned to the groups by sex (and by age, if feasible); they should be informed as to the place and time of the focus group. Ideally, two focus groups for men and two for women should be conducted, with a minimum of six and a maximum of twelve participants in each group. Use the “Focus Group Guide,” for both the sessions with women and those with men.

8. RESEARCH INSTRUMENTS

This chapter presents the instruments to be used in the study, and for each one, there is a brief description of its application in the field work. This description is not intended to be an exhaustive instruction for the instrument's use. Rather, the text orients the investigator regarding the instrument's use, complementing the review and practice that is carried out in the "Training Workshop" research team members. This practice will help clarify specific doubts concerning application of the instruments, as well as refine their contents, structures, and use in a field context.

The instruments included are:

1. Identification Form for Care and Prevention Service Providers
2. Interview Guide for Service Providers
 - Health sector
 - Legal/judicial/law enforcement sector
 - Education sector
 - Community/NGO sector
3. Identification Form for Document Sources
4. Interview Guide for Women Affected by Family Violence
5. Guide for Conducting Focus Groups Community Members or Selected Sites

Identification Form for Care and Prevention Service Providers

This instrument is used to identify and organize information on the institutions and individuals that provide services in the selected study community. During the preparatory stage, institutions will be identified in the priority sectors of health, legal/judicial/law enforcement, education, and community/NGO, as will the key respondents in these institutions. The name of the institution, the sector to which it belongs, and the dates on which the field work is conducted are entered at the top of the form.

Once the service provider has been identified, the investigator can determine who are the key persons to be interviewed, as well as getting an idea of the community resources that exist in the institution. This form also is useful for drawing up the list of crisis intervention services.

The form consists of six columns, which are filled in as follows:

ID#: Utilizing an alphanumeric system, an identification number or code is assigned to each provider identified. This is done after listing all the sources, so this column is filled in last. The identification number or code also is noted in the upper right corner of all notes and transcription sheets pertaining to the corresponding provider.

Institution: The name of the institution where the provider works is entered in this column, showing the full name and the acronym, if any.

Position: The provider's position in the institution is entered.

Name: The respondent's full name is entered.

Key Respondent: An asterisk or the letter "x" is entered in this column if the interview with this respondent is regarded as essential, in accordance with the definition of essential and optional interviews presented in an earlier section of this protocol.

Interview Dates: The dates on which the interviews were scheduled are noted, underlining the dates on which they were actually conducted. Any obstacles encountered in conducting the interviews can also be noted. This form should be kept for the analysis stage, as it is a source of information on the coverage of services that exist in the community under study. It also will be useful for drawing up the list of crisis intervention services.

SAMPLE FORM

Sector _____

Field work dates _____

| ID# | Institution | Position | Name | Key respondent | Interview date(s) |
|-----|-------------|----------|------|----------------|-------------------|
| | | | | | |

Interview Guides for Service Providers

The following instruments serve as guides for conducting semistructured interviews with service providers. There are four interview topics shared by all the interviews.

- A description of the work carried out by the institution in general and by the key respondent specifically, with emphasis on the issue of family violence against women.
- The respondent's professional experience in the delivery of services to women affected by family violence, with special emphasis on detection, intervention, and appropriate referral procedures within the institution and to other institutions.
- Each respondent's social perceptions of the family violence.
- Training needs for authorities, officials, and personnel who come into direct contact with situations of family violence.

In addition to the shared topics, the guides include specific questions relating to each sector and its function in addressing and preventing family violence. Some examples of *sector-specific topics* are:

Health sector: Role of personnel in detecting family abuse among patients; systems of record-keeping, epidemiological surveillance, and referral of detected cases.

Legal/law enforcement sector: Role of the police in intervening in situations of abuse; role of the medical examiner in issuing an official report; experience of judges in cases of family violence; level of interinstitutional cooperation to address violent situations; alternatives available for community participation in the prevention of family violence.

Education sector: Role of counselors and teachers in detecting situations of family violence against women; role of education sector personnel in providing public education and guidance on non-violent behavior.

NGO/community sector: Role of civil society with regard to the creation of laws and policies that address the issue of family violence against women; suggestions regarding ways of ensuring true community participation in efforts to address and prevent family violence.

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

- Institutional document sources, especially records of family violence cases.
- Initial identification of women affected by family violence who have embarked upon a critical path, so as to begin applying the snowball sampling technique and identify key respondents for the next stages of the study.

The four interview instruments are presented below, one for each sector under study.

INTERVIEW GUIDE FOR SERVICE PROVIDERS:

Health Sector

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

Work performed by the respondent

What does your work as _____ consist of?
(position)

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

Are cases of family violence seen? What are the most common cases?

Do you (or your colleagues) routinely ask questions to determine whether the patient might be a victim of family aggression or violence?

What tests or examinations do you routinely perform when a woman indicates that she has been the victim of aggression or violence? How do you decide which tests to perform?

What is the procedure for obtaining an official report from the medical examiner?

How many people with this type of problem does your institution serve per month? Do you have a way of keeping records on cases? Is there a form and procedure for recording them? *Can you explain it to me?*

Request a copy of the record form, referral slips, and any other documents that may exist.

Do you (or your colleagues) provide follow-up care to women who have been victims of family violence? Are there mechanisms for referring them to other institutions? Do you think the record-keeping system is adequate to identify women affected by family violence, refer them to the appropriate services, and provide timely followup services?

Experience with women affected by violence

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

Can you tell me how these experiences originated, what you did, and what the affected person did?

Inquire about all possible cases, specifying what was done or not done, such as:

- contacts identified,
- reactions of persons involved,
- referrals to other institutions,
- follow-up,
- outcome, and
- response of the person

Do you know of other organizations or persons in this community who work on family violence issues? Who are they? What is your relationship with them? Is there intersectoral coordination (with other institutions) to address the needs of abused women?

What changes in legislation, policy, or staffing would facilitate your work?

What changes in the behaviors or attitudes of the personnel with whom you work would facilitate your work?

Social perception of family violence and of the women affected by it

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

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

What are the reasons and causes for family violence?

Do you believe that something should be done with respect to family violence? What would be the best way of preventing or reducing family violence in this community? What are the obstacles to achieving this? What could be done in order to improve the response of the health sector in cases of women who have been abused?

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

Ask about each of the following situations:

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

There are cases of women who stay with their abusive spouses. Why is that?

There are cases of people who have been sexually or physically abused who do not report the abuse. Why is that?

There are cases of people who have been psychologically abused who do not report it. Why is that?

INTERVIEW GUIDE FOR SERVICE PROVIDERS:

Legal/Judicial/Law Enforcement Sector

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

Work performed by the respondent

What does your work as _____ consist of?
(position)

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

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

How many different persons does someone have to see to report a case? Are they male or female? Where is the report taken? Who takes it? Does the person have to go to different places or buildings? How much time does the person have to wait at each step? Is priority given to people who have been physically or sexually abused?

Who decides whether an examination should be administered? What type of examinations are performed?

In court trials for this type of violence, do physicians testify as expert witnesses?

If yes:

Who is authorized to give evidence in court as a medical expert in cases of family violence?

Are health workers ever unwilling to testify in court?

Is the testimony of health workers sought?

How many people with this type of problem does your institution serve per month? Do you have a way of keeping records on cases? Is there a form and procedure for recording cases? Can you explain it to me?

Request a copy of the record form, referral slips, and any other documents that may exist.

Are specialized medical examiners available? How many? Are they male or female? What is their training? Do they work weekends? At night? What is the legal importance of a physician's report on a person who is beaten or injured by a family member? What importance does the system attach to these reports?

Experience with women affected by violence

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

Can you tell me how these experiences originated, what actions you took, and what the affected person did?

Inquire about all possible cases, specifying the following:

- Were contacts identified?
- What were the reactions of persons involved?
- Were there referrals to other institutions?
- Was there follow-up?
- What was the outcome?
- What was the person's response?

Do you know of other organizations or persons in this community who work on family violence issues? Who are they? What is your relationship with them? Is there intersectoral coordination (with other institutions) to address the needs of abused women?

What changes in legislation, policy, or staffing would facilitate your work?

What changes in the behaviors or attitudes of fellow workers would facilitate your work?

Social perception of family violence and of the women affected by it

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

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

What are the reasons and causes for family violence?

Do you believe that something should be done about family violence? What would be the best way of preventing or reducing family violence in this community? What are the obstacles to achieving this? What could be done in order to improve the response of the legal/judicial/law enforcement sector in cases of women who have been abused?

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

Ask about each of the following situations:

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

- a young woman sexually abused by her uncle

There are cases of women who stay with their abusive spouses. Why is that?

There are cases of people who have been sexually or physically abused who do not report the abuse. Why is that?

There are cases of people who have been psychologically abused who do not report it. Why is that?

INTERVIEW GUIDE FOR SERVICE PROVIDERS:

Education Sector

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

Work performed by the respondent

What does your work as _____ consist of?
(position)

Experience with people affected by violence

Have you ever had to become involved in cases of family violence?

Can you tell me how these experiences came about, what actions you took, and what the affected person did?

For each case that is mentioned, ask about contacts, reactions, referrals to other institutions, follow-up, and outcomes.

Ask about other cases.

How many people with this type of problem does your institution detect per month or per year? Do you have a way of keeping records on cases? Is there a form and procedure for recording them?

If yes: Can you explain it to me? *(Request copy of the form if there is one.)*

If no: Ask

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

Social perception of family violence and of the women affected by it

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

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

What are the reasons and causes for family violence?

Do you believe that something should be done about family violence?

What would be the best way of preventing or reducing family violence in this community? What are the obstacles to achieving this?

Do you believe that the education sector can play a role in the solution of this problem? If yes: How? If no: Why not?

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

Ask what respondent knows about.

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

There are cases of women who stay with their abusive spouses. Why is that?

There are cases of people who have been sexually or physically abused who do not report the abuse. Why is that?

There are cases of people who have been psychologically abused who do not report it. Why is that?

INTERVIEW GUIDE FOR SERVICE PROVIDERS:

Community/NGO Sector

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

Work performed by the respondent

What is your position in this community?

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

Experience with women affected by violence

Have you ever been involved in providing services for or supporting a woman affected by family violence?

Have you ever had to become involved in cases of family violence? Can you tell me how these experiences originated, what you did, and what the affected person did?

For each case that is mentioned, ask about contacts, reactions, referrals to other institutions, follow-up, and outcomes. Ask about other cases.

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

If yes: *Can you explain it to me? (Request a copy of the form if there is one.)*

If no: *Why not?*

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

Do you know of the existence of laws that protect women affected by family violence?

Do you believe that they do protect them?

Ask the respondent to explain his/her answer of "yes" or "no."

Social perception of family violence and of the women affected by it

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

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

What are the reasons and causes for family violence?

What would be the best way of preventing or reducing family violence in this community? What are the obstacles to achieving this?

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

Ask about each of the following situations:

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

There are cases of women who stay with their abusive spouses. Why is that?

There are cases of people who have been sexually or physically abused who do not report the abuse. Why is that?

There are cases of people who have been psychologically abused who do not report it. Why is that?

Identification Form for Document Sources

This instrument is used to identify and organize information about the documents used by institutions to record and refer cases of family violence, as well as training materials, institutional policy documents, and educational information.

The existence and availability of these sources will have been identified during the interviews with the service providers who work in the institutions of the priority sectors—health, legal/judicial/law enforcement, education, and community/NGO.

The name of the community, the sector to which the institutions providing documents belong, and the dates on which the field work is conducted are written at the top of the form. A brief description of the document is also noted on the form.

The form consists of six columns, which are filled as follows:

ID#: Using an alphanumeric system, an identification code is assigned to each institution. This is done after listing all the sources, so this column is filled in last. The identification number or code also is noted in the upper right corner of all related notes and transcription sheets.

Institution: In this column, the name of the institution from which the document was obtained is written, indicating the full name and the acronym, if any.

Respondent: In this column, the name of the person who provided the document is written.

Date: The date on which the respondent was interviewed is noted and, if it is different, the date on which the document was provided.

Code: The alphanumeric code assigned to the respondent on the instrument Identification Form for Care and Prevention Service Providers is noted. This code is used to reference to the various sources of information.

Document Description: In this column, some brief descriptors that can serve as identifying information are noted. For each document source, at least a description of the physical appearance should be entered, along with the number of pages and whether the document is an original, a copy, or notes made by the interviewer.

If the document includes notes, these should be attached. They should be as complete as possible. Where possible, the form, its content, its use, its appearance, and other details should be replicated. These notes will serve as the original source and an alphanumeric code should also be assigned to them.

SAMPLE FORM

| ID# | Document source | | | | Description of the document: number of pages, original, photocopy, or notes |
|-----|-----------------|------------|------|------|---|
| | Institution | Respondent | Date | Code | |
| | | | | | |

Interview Guide for Women Affected by Family Violence

This is an instrument for conducting in-depth interviews with women who have been victims of family violence. In the training workshop for interviewers, how to use the instrument should be explained, as well as the details of data collection, construction of the respondent's genogram, and ethical considerations relating to the interview process.

Given the complexity and sensitivity of the subject matter, it may be desirable to hold two interview sessions. The topics to be covered during the *first session* are:

- The sociodemographic characteristics of the interviewee and construction of the respondent's genogram and
- The respondent's experience(s) of family violence.

At the second session, the following topics are to be covered:

- The process the respondent has undergone in her search for a solution to her family violence problems,
- The respondent's perceptions, understanding, and information about family violence, and
- The responses she has received in her search for assistance and its results.

The interview also can be carried out in a single session if the investigator deems it appropriate. The interview may last between one hour and five hours, depending on the history of violence the woman has experienced and her experiences with service providers.

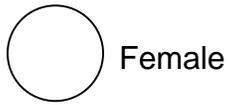
After the interview is concluded, a *genogram* showing the composition of the respondent's family should be drawn. The standard format should be used to indicate the key subject (the respondent), sex of each family member, marital status, and dates of birth and death.

To the extent possible, the genogram of each respondent should show:

- her family of origin (parents and siblings),
- sons and daughters,
- previous and current spouses,
- family of origin of the current spouse,
- other members of the family or of the household who are mentioned.

To indicate the composition of the household, draw a circle to include all family members (and others) with whom the respondent lives. Utilizing previously developed symbols, indicate all members of the household who have been victims of family violence and all those who have been victimizers.

Respondent



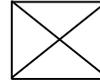
Female



Deceased female



Male



Deceased male



Union



Dissolution

The genogram can be used during the interview as tool to confirm the information provided. A visual representation of the family structure sometimes helps to guide the interviewer, and the genogram can be helpful with illiterate respondents. Another option is to prepare the genogram after the interview as part of the process of producing more complete notes.

INTERVIEW GUIDE

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

First Session - Sociodemographic characteristics of the respondent

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

Can you tell me about the violent situation that you are, or were, living with?

Ask when the violence occurred and what type of violence the respondent has experienced.

(Draw a genogram showing the respondent's family structure)

Second Session

Did you tell someone about the violent situation immediately? Whom did you tell? What did that person say? If not, why did you wait to tell someone?

What made you decide to seek assistance?

Ask about perceptions, information, decisions, support.

Where did you go first to seek assistance? Who told you to go there? Who did you see there? What did they say to you? How did they treat you? How did you feel? Did anyone go with you?

Did you go elsewhere afterwards?

Repeat the questions for any other place the respondent has gone.

Specific questions if the respondent went to health services

Whom did you see? What type of care were you given? Did they perform any kind of medical exam? Who performed the exam? What were you told? How did they treat you? Did they refer you elsewhere?

Specific questions if the respondent went to a legal or law enforcement service

Whom did you see? What was the procedure like? What did they say to you? How did they treat you? Did they refer you elsewhere?

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

With whom did you speak? What did they say to you? How did they treat you? Did they refer you elsewhere?

Specific questions if the respondent went to the community/ NGO sector

Whom did you see? What did they say to you? How did they treat you? Did they refer you elsewhere?

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

What was the outcome of your search for assistance? Did you succeed in stopping the violence? How?

What was the most important support you received?

Focus Group Guide

The objective of the focus groups is to determine the social perceptions that community members have about family violence and how these do or do not translate into factors that motivate women to embark upon a critical path.

The focus group is a very powerful technique for investigating the perceptions, attitudes, and beliefs of a group, distinguishing between accepted ideas and those that diverge from the social norm. In the training workshop for investigators the focus group technique will be explored in greater depth, as will the analysis of the information generated.

For purposes of this study, a total of four focus groups will be conducted, two with women and two with men. The total number of participants per group should be no more than 12 but no less than six. An ideal number is between seven and ten participants. Usually, it is necessary to recruit 15 people per group in order to ensure an adequate number of participants.

A focus group must have a facilitator and at least one observer. The facilitator moderates the discussion, utilizing the instrument as a guide. The facilitator's role is to ensure that all members of the group have equal opportunity to participate and to keep the discussion focused on topics germane to the study. The observer takes notes on the discussion and sets down the nature of the environment in which the focus group takes place. For example, the observer will note environmental characteristics, specific events, positions, and the dynamics between the participants, among other things. These observations complement the verbal data collected in the focus group.

Focus groups sessions should be recorded. Video tapes are preferable, but at the very least audio tapes should be made. Recordings will then be transcribed, and these transcriptions will serve as the primary source of information.

Permission must be requested from the participants to tape the sessions. If any participant does not wish to have the interview recorded, the investigator has two options: exclude the participant from the interview or rely on the observer's notes, not recordings, as a source of information.

GUIDE

(Begin with introduction of the group and explanation of the topics to be discussed by the focus group.)

Do you believe that violence between family members occurs frequently in your community?

What forms does this violence take?

Who is most affected by violence?

Which family members abuse/attack/mistreat other family members?

Why does this violence occur?

Do you consider family violence a problem? If so/not, why?

What are the options for a person affected by family violence?

Ask about each sector.

9. FIELD WORK

The main objective during field work is to collect data methodically, rigorously, and reliably. This stage's quality will determine the study's success. The prior stage of getting acquainted with the community, as well as the subsequent stages related to the collection of data and recording of information are indispensable for effective field work.

This section presents an overview of how to carry out field work. This information is included in order to give an overview of how it will be possible to conduct a multicenter study using a single protocol. A detailed explanation of how to use the recording instruments and carry out the analysis should be done in the training workshop for investigators, during which there will be an opportunity to clarify points and add information. It is also recommended that the reader consult the section entitled "Logistic and Managerial Considerations", in order to review issues related to those areas.

Getting Acquainted with the Community

The process of getting acquainted with the community lays the foundation for the other activities associated with the situation assessment. It is important to establish good rapport with the social actors who work in the community, as well as to learn about the resources and special characteristics of the site where the assessment will be carried out. Successfully gaining entrée into the community fulfills the logistical, methodological and ethical objectives of the assessment, thus increasing the legitimacy and validity of the work.

The main steps consist of collecting of secondary data, identifying community resources, and establishing an advisory committee. (A more detailed description of this process is found in Chapter 7.)

Collection of Descriptive Secondary Data on the Community

Before going into the community where the study will be conducted, it is advisable to learn something about its history and current situation. This information, derived from secondary sources, can serve as training material for the workshops, and it is the basis for drafting the introductory chapter of the final report.

The type and the quality of information depends on the quality of the existing sources. Generally speaking, information should be sought on the following topics:

- the community's sociodemographic characteristics;
- the situation of women and families emphasizing family violence and its relationship to health, productivity, and cultural norms;
- the situation of family violence against women, including previous studies on the issue; and

- the legal framework that determines the policies and social responses to family violence against women

Possible sources include previous studies in the field of reproductive health, economics, sociology, and other social sciences. Several public sector entities routinely survey the national population on various aspects of socioeconomic development. Many private and public organizations collect statistics on services, and contacts should be established with those that are concerned with issues relating to family welfare, to women's rights and health, and other related subjects. The press is an excellent source for "taking the pulse" of the cultural norms concerning violence against women; a review of newspapers will yield a general idea of how cases of domestic violence, rape, incest, and other manifestations of such violence are perceived.

Identification of Institutions and Resources

Another way to get acquainted with the community is to identify the institutional resources in the study site. This process should be exhaustive, identifying every entity in the health, legal/judicial, law enforcement, education, and NGO sectors to be interviewed as service providers. The section in Chapter 8 on "Identification Form for Care and Prevention Service Providers" presents a more detailed description of this process. In addition, institutional and informal resources in the community can be mapped, using a sketch of the locale and marking where each source is located.

Through this process, the reference list of community resources will be developed. This list will be given to all the women interviewed (and to any other person with an interest in the issue) at the end of the interview, in case she desires follow-up or additional support after the interview.

This first contact with community resources can be used to request these resources' permission to conduct the study and their collaboration in every aspect of it. Potential members of the advisory committee for the study can also be identified.

Establishment of the Advisory Committee

One expected outcome of the process of getting acquainted with the community is the establishment of an advisory committee for the study. The existence and good management of the advisory committee will significantly increase the quality and legitimacy of the research findings.

The suggested membership of the committee includes representatives of all the sectors of interest for the study. At a minimum it should include one representative each from the health, legal/judicial, law enforcement, and education sectors and representatives of one NGO and one or more community leaders with experience in the issue of violence against women. The goal is to

represent as much of the community's diversity as possible. The advisory committee may create the first forum for discussing the issue of violence against women among various institutions.

The committee should be consulted on the procedures and achievements of the study. Monthly or semi-monthly meetings can be scheduled in order to report to the committee on progress and consult the members on problems encountered. In most cases, the committee will function as an extremely useful resource for the principal investigator—members can facilitate access to their institutions, help in the pilot stage of testing the instruments, support the process of consultation with the community, and collaborate in disseminating results.

An active and involved advisory committee will become the basis for future activities stemming from the recommendations that result from the study. The advisory committee can provide the necessary programmatic continuity and sustainability for ongoing improvement in interinstitutional coordination, creation of information systems, public education campaigns, and other activities.

Collecting the Information

The field work aims to collect reliable and useful data, using rigorous methodologies. Other chapters of the protocol detail the procedures for identifying key respondents; conducting semi-structured interviews, in-depth interviews, and focus groups; and collecting information from document sources.

The collection of qualitative data requires refined interview techniques that are difficult to describe in a written protocol. They are, therefore, introduced and practiced during the training workshop. The workshops also afford an opportunity to practice applying the interview guides for individuals (i.e. service providers and affected women) and groups (i.e. focus groups with the members of the community).

Guidelines for Recording Information from the Field

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

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

Field diary: Keep a field diary or logbook, starting on the first day of research until its end. The field diary will be a primary source of information and an indispensable tool for the investigator. This diary is where the investigator records her observations, analytical notes, and theoretical notes, which will later serve as inputs in the data analysis phase.

Identification forms: These forms provide the structure for the basic record of key sources of information. All the information requested in the identification forms for service providers and document sources should be noted. This information will serve as a mechanism for determining the sample, a record of the interviews conducted, and a structure for the files from the interviews. In the case of a large study, it is advisable to develop a similar form for the women to be interviewed.

Recordings of interviews: All the interviews with key respondents and focus groups should be tape-recorded. For in-depth or semistructured interviews, if recording is not feasible, notes should be taken of the responses, including as much detail as possible and utilizing the same language used by the person interviewed. Even if the interview can be recorded, detailed notes of the respondent's comments should be taken.

It is essential that the information for focus groups be recorded, preferably on videotape. Notes also should be taken by the focus groups observers.

Transcription of the interviews: A transcript of the individual and group interviews should be produced as soon as possible after they are concluded. They should be transcribed on computer in order to support the process of data categorization and comparison of data, as well as the use of text citations. The transcripts, together with the notes from the interview and the summaries, are the most important products for analysis of the data. In order for a transcript to be as useful as possible, it is important to be able to distinguish between the people who speak and discern the tone of voice, as well as the silences that occur during an interview. Standard symbols should be used to indicate these elements in the transcript, for example:

| | |
|-----------|--------------------------------|
| I: = | Observation of the interviewer |
| R: = | Observation of the respondent |
| M: = | Observation of the moderator |
| ... = | Unfinished sentences |
| [] = | Pause/silence |
| !!! = | Crying |
| = | Emphasis in the sentence |

The analysis phase will be facilitated greatly if transcripts are produced as quickly as possible. To calculate the time it will take to transcribe a given interview, the duration of that interview should be doubled: in other words, if the interview took two hours, producing the final transcript will take approximately four hours.

Notes from the interview: As a basic step in recording information, the notes from the interview should be reviewed within the following 24 hours in order to complete the recorded information rapidly. Allow a period equivalent to the

duration of the interview for this activity. The notes can be transcribed by typewriter/computer or by copying the investigator's notes. These notes can be attached to the transcription of the interview or they can be interspersed throughout the transcript. In the latter case, it is recommended that a different typeface be used to distinguish the notes from the transcript.

Summary: There should be a summary written for each interview conducted. It should consist of a few paragraphs describing the interview situation, the reactions of the respondents, and any other event that might be useful to the study. This summary should make it possible to easily grasp the content or circumstances of an interview without having to read all the pages of the transcript. The summary is placed together with the transcript in a file and serves as the title page of the file.

Alphanumeric code: An alphanumeric code system should be developed for all the documents and materials produced in the course of the field work. The codes will permit easy identification of various aspects of the interview, as well as protect the identity and confidentiality of the respondent.

The code highlights several significant items of information, such as the country and community of the study; type of respondent (provider/sector, document, affected woman, community member); date of the interview; interviewer; and identification number at the end. As an example, if investigator Xochitl Sánchez León's fifth interview was conducted with the medical examiner in his office in Guazapa, El Salvador (the community under study) on 19 June 1997, then the code for this interview would be: GUA/SV/MEDFOR/ 970619/xsl/5.

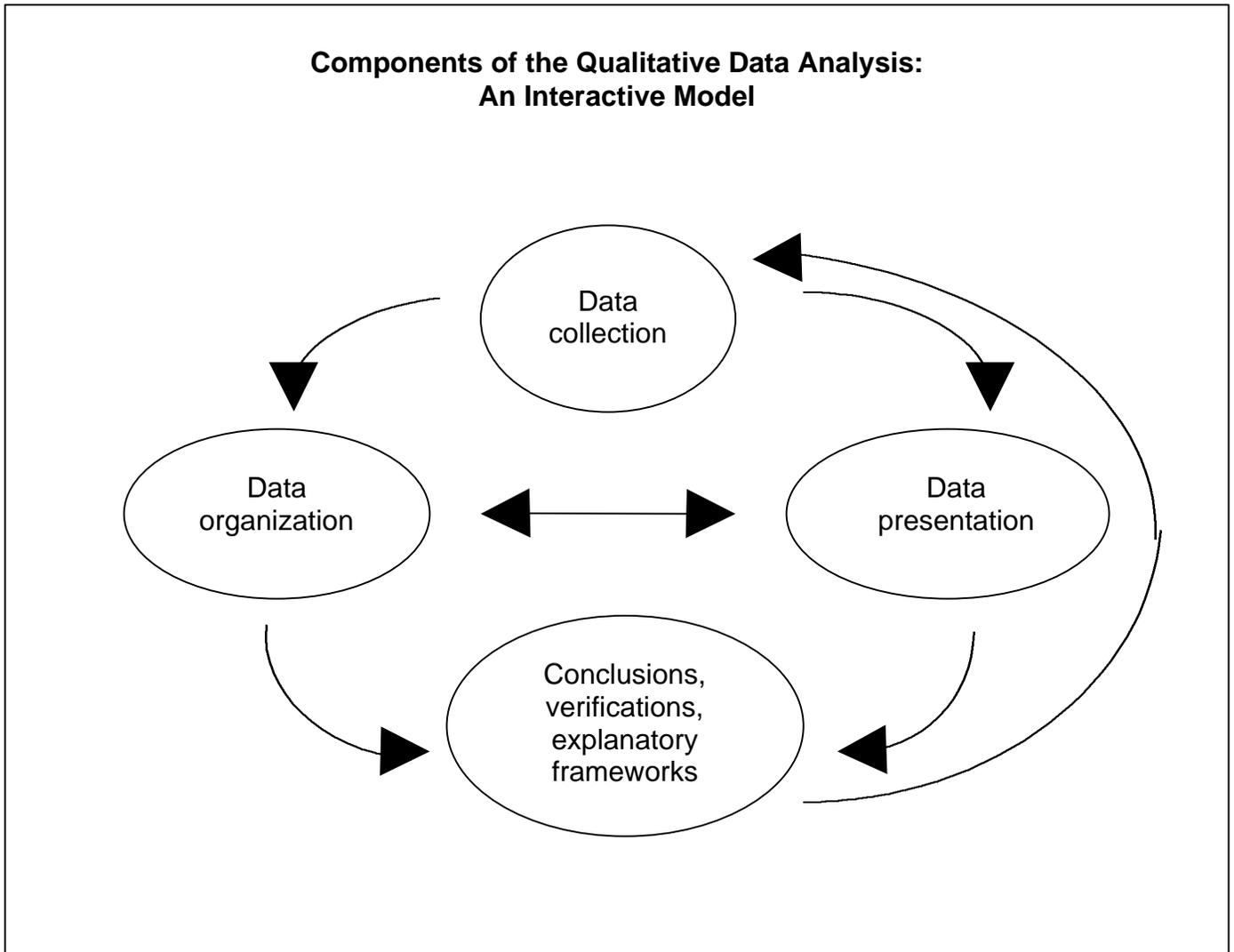
The identification code both helps to facilitate the location of information in the filing system and provides a reference for textual sources cited in the report.

Filing system: A filing system should be developed for the raw material generated in the study. An adequate system is indispensable when the study involves several investigators that require access to the information. All papers, cassettes, and diskettes should be labeled with their respective identification code. The transcripts can be filed in large folders by type of respondent. These should be kept in a place that is free from moisture, preferably in a fire resistant or fire proof metal filing cabinet. Backup diskettes and cassettes should be made and kept in a different location.

10. ANALYSIS OF QUALITATIVE DATA

In qualitative methodologies, the analysis protocol emerges as the study proceeds. In other words, the field work stage must be under way in order to have more precise ideas about how to carry out the analysis. This chapter presents guidelines for an analysis that develops in the course of research. The principal elements of the analysis plan include a system for categorizing and coding qualitative data, the relationships to be established among the categories and respondents, and the non-narrative presentation of the findings.

Analysis of qualitative data is an interactive process, in which the discovery of new relational patterns informs the evolution of the interviews and helps refine the conclusions of the research team. The model shown below illustrates the interactive relationship between the various analysis stages.²⁷



²⁷Adapted from Miles and Huberman. *Qualitative Data Analysis*. Los Angeles. California: Sage Publications; 1994.

Guidelines for Analysis of the Information Obtained

The following stages are general recommendations for the analysis of qualitative data.

- Transcription and organization of the information in the files;
- Repeated readings of the data to assimilate information and locate it in the various sources.
- Following the trail of issues, intuitions, and ideas that arise from reading the data. Look for the most significant subjects, i.e., those that are most frequently repeated. Also look for the most significant people and events and their characteristics.
- Discovering what is significant should lead to a search for similarities and differences. Look for the most common and recurrent norms and patterns in behavior, ideas, perceptions, attitudes, and expressions. Also look for the most salient differences.
- Develop coding categories. Start by listing all the issues, perceptions, attitudes, beliefs, and other important aspects identified during the preceding stage. Once the principal coding categories have been identified, review the list and see if any categories overlap or are repeated. Then assign a code and, if so desired, code by color.
- Code the data contained in the interviews. In the margin of the interview transcript, write the code assigned to each category found in the text. Both the similarities and the differences found in each category of analysis should be coded.
- Sort data by coding categories. Once sorted, they should be arranged according to each analysis category.
- Look for the most important relationships between the data. Also look for relationships between different analysis categories. In other words, look for the most important relationships between people, events, ideas, perceptions, behavior patterns, and other aspects of the data.

Categorization and Coding

In qualitative methodology, the categories and codes for the second-level analysis generally emerge as the process unfolds, depending on the data collected and reviewed. However, the experience already gained in the critical path study has generated a very comprehensive categorization system, which has been tested in ten Latin American countries.

The structure of categories presented here is identical to the one that was applied in the analysis of the data generated by the study. It constitutes the principal basis for the categorization process, but it is flexible enough to allow for new categories and subcategories to be added to fit the research context.

As with any other research instrument, this system must be tested by each research team. In the training workshop and the pilot stage, investigators should practice assigning codes to transcripts in order to confirm the validity of the

coding system and ensure that every member of the research team understands the categories, the codes, and their definitions and applications.

In addition to assigning codes, colors also can be used to highlight important quotes. This facilitates visual scanning of the transcripts and provides another way to analyze the qualitative data. The research team should agree on the colors to be assigned to each category and the use thereof.

It is advisable to use transcripts produced from the pilot interviews to practice coding. However, actual transcripts may be used if there is no other option.

In case of document sources, the content and context of use will define the analysis. Each document should be filed by sector and respondent. Even the absence of important documents should be coded. For example, if it is found that a provider institution does not offer training in family violence nor has record forms, this should be noted in the file.

The process of organizing quotes is critical for the analysis. The transcripts represent the study's raw material, and revision and "repackaging" of the information is essential for qualitative research. There are electronic means for carrying out the process of categorization and coding, such as the program "Ethnograph" and others. For purposes of this study, given its relatively small size, the data can be handled manually.

Once the qualitative data have been categorized and coded, transcripts should be edited and the quotes filed by categories and subcategories. It is imperative to document each methodological step and to maintain a filing system that permits easy location of quotes within their interview context and their assigned category(ies). This process makes it possible to add similar information, compare between contradictory data, and establish associations between categories of information.

Service Providers

| Category | Code | Definition |
|-------------------------------------|------------|---|
| Availability of services | AVAILSERV. | Existence or availability of a given service for women affected by violence, based on information from the respondent |
| -from the legal/judicial sector | .LEGAL | Availability of services from an institution or person belonging to a specific sector, including the legal/judicial, law enforcement, health, education, NGO, community, ecclesiastical, and other sectors |
| -from the law enforcement sector | .POLI | |
| -from the health sector | .HEALTH | |
| -from the education sector | .EDU | |
| -from the NGO sector | .NGO | |
| -from the community sector | .COM | |
| -from the church | .CH | |
| -from another sector or institution | .OTHER | |
| -types of services offered . | TYPE | Type of service provided by the sector to which the respondent belongs |
| -function of the provider | .FUN | Function or activity performed by the respondent within the institution or sector |
| -case records | .REC | Process for recording cases of family violence; policies, activities, forms, and other details associated with the routing/referral of cases |
| Quality of services | QUALSERV. | Quality and characteristics of the services available that hinder or facilitate access to services for women affected by violence, based on information from the respondent |
| -from the legal/judicial sector | .LEGAL | Quality of the services offered by an institution or person belonging to a specific sector, including the legal/judicial, law enforcement, health, education, NGO, community, ecclesiastical, and other sectors |
| -from the law enforcement sector | .POLI | |
| -from the health sector | .HEALTH | |
| -from the education sector | .EDU | |
| -from the NGO sector | .NGO | |
| -from the community sector | .COM | |
| -from the church | .CH | |
| -from another sector or institution | .OTHER | |
| -geographic access | .GEO | Quality of services, considering the barriers to access: geographic (distance, lack of transportation); economic (high cost of services, lack of |
| -economic access | .ECON | |
| -cultural access | .CULT | |
| -access to information | .INFO | |

| | | |
|--|---|---|
| -structure and functioning -effectiveness -efficiency -qualifications of human resources -models of care | .STF .EFFEC .EFFIC .HR .MODCARE | resources for women); cultural (biases, myths, language); information (existence of nonexistence of information on the service); structure and functioning (way in which the service is structured and functions); effectiveness (does the service provide effective response or solutions to the user's needs?); efficiency (timeliness, speed of service); qualifications of human resources (in providing care for women affected by family violence); models of care (for affected women) |
| Process of care | .PROCCARE | Process that exists for receiving intrainstitutional or intersectoral care, based on information from the respondent |
| -itinerary -requirements -procedures -responses | .ITIN .REQ .PROCEED .RESP | Itinerary followed by the woman in different provider institutions or in different departments within the same service; requirements of the service providers in order for the woman to receive services; procedures to be followed in each institution; responses obtained to her problem |
| Existence of family violence | .EXISTVIOL. | Respondent's affirmation of the existence of family violence in the community; description of the manifestations of family violence, including: |
| -physical -sexual -psychological | .PHYS .SEX .PSYCH .MOSTCOM | physical violence, sexual violence, and psychological violence Type of violence that the respondent indicates occurs most frequently or is most common in the community |
| Social perceptions | .SOCPER | Collective and individual world view |
| -experience. | .EXP | Social perceptions acquired from personal or direct experience with persons affected by family violence |
| -personal -family -job | .PERS .FAM .JOB | In respondent's own life; in respondent's family life; in respondent's place of work; as a witness of some violent act; in other situations |

| | | |
|--|---|---|
| -witness -other situation | .WIT .OTHER | |
| -information | .INFO | Social perceptions acquired through elements of communication and information on family violence; the information that the respondent possesses on the issue |
| | .TYPE .MEANS .QUANT .ACCU | Type of information (possessed by the respondent); means of transmission (written, verbal, electronic); amount of information; accuracy or truthfulness of the information |
| -value judgments | .VALUE | Social perceptions acquired through the formation of value judgments about family violence |
| | .VIF .SERV .OTHER | Value judgments about family violence; services for women affected by family violence; or other aspects related to opinions, values, beliefs, or other views held by the respondent |
| Causes of family violence | .CAUSES | Reasons that the respondent perceives as the causes of family violence |
| -alcohol -drugs -money -conditioning -personality -machismo | .ALCOH .DRUG .MONEY .COND .PERS .MACHO .CONTROL | Family violence due to: alcoholism or drinking; drug use; lack of money or financial problems; lack of education; social conditioning or learned behavior; personality of the abuser or the abused; intrinsic traits of men or "machismo"; controlling behavior of the abuser |

| | | |
|---|--|---|
| Factors | . FACTOR | Factors or elements that positively or negatively influence the critical path |
| -motivating -inhibiting -catalyzing -precipitating | .MOTIV .INHIB .CATAL .PRECIP | Factors that motivate a woman to initiate or continue her critical path; factors that inhibit or prevent a woman from initiating or continuing the critical path; factors that catalyze or facilitate the critical path process; the determining factor that prompts a woman's decision to initiate the critical path |
| Family violence context. | . CONTEXT | Characteristics or features that serve to contextualize the understanding of family violence |
| -policy or policies -national or sectoral plan -laws -organized services -NGOs -other contexts | .POL .PLAN .LAW .SERV .NGO .OTHER | Explicit national or sectoral policies against family violence; existence of a national or sectoral plan; existence of laws; existence of organized services to assist women affected by family violence (national, regional, community); existence of any NGOs or other community initiatives with networks, women's groups, or other groups; other contexts |
| (Re)solution of the violence. | .RESOLVE | Proposal for resolving the problem of family violence |
| | .INTRA .INTER | Within the same institution or sector; between institutions or sectors |

Women Affected by Family Violence

| Category | Code | Definition |
|--|----------|---|
| Experience with family violence. | .EXPVIOL | Family violence that the respondent has experienced or is experiencing; description of the manifestations of family violence, including: |
| -physical | .PHYS | physical violence, sexual violence, psychological violence, and economic violence; also, institutional or other types of violence that she may have experienced |
| -sexual | .SEX | |
| -psychological | .PSYCH | |
| -economic | .ECON | |
| -institutional | .INST | |
| -other | .OTHER | |
| Experience with institutions that provide services | .EXPINST | Experiences that the respondent has had with provider institutions, based on information from the respondent |
| -in the legal/judicial sector | .LEGAL | Services provided by an institution or person belonging to a specific sector, including the legal/judicial, law enforcement, health, education, NGO, community, ecclesiastical, and other sectors |
| -in the law enforcement sector | .POLI | |
| -from the health sector | .HEALTH | |
| -in the education sector | .EDU | |
| -in the NGO sector | .NGO | |
| -in the community sector | .COM | |
| -in the church | .CH | |
| -in another sector or institution | .OTHER | |
| -itinerary | .ITIN | Based on the respondent's account of her experience, the itinerary followed by the woman in different provider institutions or in different departments within the same service; requirements of the service providers in order for the woman to receive services; procedures to be followed in each institution; responses obtained to her problem |
| -requirements | .REQ | |
| -procedures | .PROCED | |
| -responses | .RESP | |
| -types of services offered | .TYPE | Type of service provided by the sector to which the respondent belongs |
| -function of the provider | .FUN | Function or activity performed by the provider within the institution or sector |

| | | |
|-------------------------------------|-----------|---|
| -case records | .REC | Process for recording cases of family violence; policies, activities, forms, and other details associated with the routing/referral of cases |
| Quality of services | .QUALSERV | Qualities and characteristics of available services that hinder or facilitate access to care for women affected by violence, based on information from the respondent |
| -from the legal/judicial sector | .LEGAL | Quality of the services offered by an institution or person belonging to a specific sector, including the legal/judicial, law enforcement, health, education, NGO, community, ecclesiastical, and other sectors |
| -from the law enforcement sector | .POLI | |
| -from the health sector | .HEALTH | |
| -from the education sector | .EDU | |
| -from the NGO sector | .NGO | |
| -from the community sector | .COM | |
| -from the church | .CH | |
| -from another sector or institution | .OTHER | |
| -geographic access | .GEO | Quality of services, taking account of the barriers to access: geographic (distance, lack of transportation); economic (high cost of services, lack of resources for women); cultural (biases, myths, language); information (existence of nonexistence of information on the service); structure and functioning (way in which the service is structured and functions); effectiveness (does the service provide effective response or solutions to the user's needs); efficiency (timeliness, speed of service); qualifications of human resources (in providing care for women affected by family violence); models of care (for affected women) |
| -economic access | .ECON | |
| -cultural access | .CULT | |
| -access to information | .INFO | |
| -structure and functioning | .STF | |
| -effectiveness | .EFFEC | |
| -efficiency | .EFFIC | |
| -qualifications of human resources | .HR | |
| -models of care | .MODCARE | |

| | | |
|----------------------------|----------|---|
| Social perceptions | .SOCPER | Collective and individual ways of looking at the world |
| -experience | .EXP | Social perceptions acquired from personal or direct experience with persons affected by family violence |
| -personal | .PERS | In respondent's own life; in respondent's family life; in respondent's place of work; as a witness of some violent act; in other situations |
| -family | .FAM | |
| -job | .JOB | |
| -witness | .WIT | |
| -other situation | .OTHER | |
| -information | .INFO | Social perceptions acquired through Elements of communication and information on family violence; the information that the respondent possesses on the issue |
| | .TYPE | Type of information (possessed by the respondent); means of transmission (written, verbal, electronic); amount of information; accuracy or truthfulness of the information |
| | .MEANS | |
| | .QUANT | |
| | .ACCU | |
| -value judgments | .VALUE | Social perceptions acquired through the formation of value judgments about family violence |
| | .VIF | Value judgments about family violence; services for women affected by family violence; or other aspects related to opinions, values, beliefs, or other views held by the respondent |
| | .SERV | |
| | .OTHER | |
| Causes of family violence. | .CAUSES | Reasons that the respondent perceives as the causes of family violence |
| -alcohol | .ALCOH | Family violence due to: alcoholism or drinking; drug use; lack of money or financial problems; lack of education; social conditioning or learned behavior; personality of the abuser or the abused; intrinsic traits of men or "machismo"; controlling behavior of the abuser |
| -drugs | .DRUG | |
| -money | .MONEY | |
| -conditioning | .COND | |
| -personality | .PERS | |
| -machismo | .MACHO | |
| | .CONTROL | |

| | | |
|--|---|--|
| Support from close persons | .SUPPORT | Support that the respondent has received in her search for a solution: may be support that was sought or support that was "imposed" by another person |
| -mother -sister -friend -mother-in-law -other family member -service provider -institution or organization | .MOTHER .SISTER .FRIEND .MIL .FAM .PROV .INST | Identification of the person providing the support, including the respondent's mother, sister, friend, mother-in-law or mother of her abusive partner; an individual service provider (e.g., a midwife); an institution or organization in general (e.g., an NGO that cares for abused women) |
| -first contact -most important or best response | .FIRST .BEST | The source of support with which the respondent first had contact; the source of support that the respondent considers most effective or important |
| Decision made | .DECISION | Decisions that the respondent has in searching for solutions; the decision may not necessarily have been carried out |
| Action taken | .ACTION | Actions or decisions taken in searching for solutions |
| Factors. -motivating -inhibiting -catalyzing -precipitating | .FACTOR .MOTIV .INHIB .CATAL .PRECIP | Factors or elements that motivate or hinder the influence the critical path Factors that motivate a woman to initiate or continue her critical path; factors that inhibit or prevent a woman from initiating or continuing the critical path; factors that catalyze or facilitate the critical path process; the determining factor that prompts a woman's decision to initiate the critical path |

| | | |
|-------------------------------|----------|---|
| Context of family violence. | .CONTEXT | Characteristics or features that serve to contextualize the understanding of the phenomenon of family violence |
| -policy or policies | .POL | Explicit national or sectoral policies against family violence; existence of a national or sectoral plan; existence of laws; existence of organized services to assist women affected by family violence (national, regional, community); existence of any NGOs or other community initiatives with networks, women's groups, or other groups; other contexts |
| -national or sectoral plan | .PLAN | |
| -laws | .LAW | |
| -organized services | .SERV | |
| -NGOs | .NGO | |
| -other contexts | .OTHER | |
| (Re)solution of the violence. | .RESOLVE | Proposal for solving the problem of family violence |
| | .INTRA | Within the same institution or sector; |
| | .INTER | Between institutions or sectors |

Document Sources

| Category | Code | Definition |
|-----------------------------------|-----------|---|
| Institutional policies. | .POLICY | Explicit expression of a set of strategies and regulations designed to govern the actions and behavior of the officials and staff of a Provider institution |
| -of the legal/judicial sector | .LEGAL | Explicit policies of an institution belonging to a specific sector, including the legal/judicial, law enforcement, health, education, NGO, community, ecclesiastical, and other sectors |
| -of the law enforcement sector | .POLI | |
| -from the health sector | .HEALTH | |
| -of the education sector | .EDU | |
| -of the NGO sector | .NGO | |
| -of the community sector | .COM | |
| -of the church | .CH | |
| -of another sector or institution | .OTHER | |
| -function of the provider | .FUN | Function or activity performed by the provider within the institution or sector |
| -organizational structure | .ORGSTRUC | Organization structure of the institution |
| Record-keeping system. | .RECORD | System for recording information on cases of family violence against women |
| -form | .FORM | Based on document sources relating to the record-keeping system: the form used for recording cases; the itinerary that women must follow; requirements of service providers in order for women to receive services; procedures that women must follow in each institution or department; service statistics generated by the record-keeping system; use of the system in identification, routing/referral, and follow-up of cases |
| -itinerary | .ITIN | |
| -requirements | .REQ | |
| -procedures | .PROCED | |
| -responses | .RESP | |
| -statistics | .STAT | |
| -use | .USE | |
| -none | .NONE | The nonexistence of these systems should also be coded. |

| | | |
|------------------------------|----------|--|
| Files | .FILE | (Specific examples of case records) |
| Training | .TRAIN | In-service training materials used by the provider institution, including training for officials, staff, and personnel with direct contact, among others |
| -training objectives | .OBJECT | Objectives of the training, including teaching, learning, and performance objectives |
| -training schedule | .SCHED | Frequency with which training is scheduled; timetable or calendar for conducting in-service training |
| -topics | .TOPICS | Topics covered in the training workshops (may be a list of specific topics not necessarily related to family violence against women) |
| -evaluation | .EVAL | Methods used to assess the achievement of the training objectives, including evaluations of teaching, learning, and performance; mechanisms used to ensure that trainees implement what they learn in the training workshops |
| Programs or services offered | .PROGRAM | |
| -types of services offered | .TYPE | Type of service provided by the institution or person providing the document |
| Promotion | .PROMO | Promotional, informational, or educational materials for the public produced or distributed by the individual or institutional service provider |

| | | |
|--|------------|--|
| Interinstitutional experience with service provision | .INTERINST | Descriptions of the experiences or policies that exist between individual or institutional service providers |
| -with the legal/judicial sector | .LEGAL | Interinstitutional experience with an institution or person belonging to a specific sector, including the legal/judicial, law enforcement, health, education, NGO, community, ecclesiastical, and other sectors |
| -with the law enforcement sector | .POLI | |
| -from the health sector | .HEALTH | |
| -with the education sector | .EDU | |
| -with the NGO sector | .NGO | |
| -with the community sector | .COM | |
| -with the church | .CH | |
| -with another sector or institution | .OTHER | |
| -itinerary | .ITIN | Itinerary followed by the woman in different provider institutions or in different departments within the same service; requirements of the service providers in order for the woman to receive services; procedures to be followed in each institution; responses obtained to her problem |
| -requirements | .REQ | |
| -procedures | .PROCED | |
| -responses | .RESP | |
| -case records | .RECORD | Record-keeping process for cases of family violence; policies, activities, forms, and other items associated with the routing/referral of cases |
| <hr/> | | |
| Social perceptions | .SOCPER | Collective and individual ways of looking at the world |
| -information | .INFO | Social perceptions acquired through elements of communication and information on family violence; the information that the respondent possesses on the issue |
| | .TYPE | Type of information (possessed by the respondent); means of transmission (written, verbal, electronic); amount of information; accuracy or truthfulness of the information |
| | .MEANS | |
| | .QUANT | |
| | .ACCU | |
| -value judgments | .VALUE | Social perceptions acquired through the formation of value judgments about family violence |
| | .VIF | Value judgments about family violence; services for women affected by family violence; or other aspects related to |
| | .SERV | |
| | .OTHER | |

opinions, values, beliefs, or other views
held by the respondent

Community Members

| Category | Code | Definition |
|----------------------------------|-------------|--|
| Existence of family violence | EXISTVIOL | The respondent's affirmation of the existence of family violence in the community; description of the manifestations of family violence, including |
| -physical | .PHYS | Physical violence, sexual violence, psychological violence, and economic violence |
| -sexual | .SEX | |
| -psychological | .PSYCH | |
| | .ECO | |
| -most common | .MOSTCOM | Type of violence that the respondent indicates occurs most frequently or is most common in the community |
| -violence as a problem | .PROB | Acknowledgment by the participants that family violence is a problem (beyond recognition of its existence) |
| Persons affected | .AFFECTED | Identification of the persons affected by family violence; also the effects of family violence |
| Aggressors | .AGGRESSORS | Identification of the aggressors in situations of family violence; also the ways in which family violence is perpetrated |
| Experience with family violence. | .EXPVIOL | Personal and direct experience of any of the participants with family violence; description of the manifestations of family violence, including: |
| -physical | .PHYS | Physical violence, sexual violence, psychological violence, and economic violence; also, institutional or other types of violence that the participants may have experienced |
| -sexual | .SEX | |
| -psychological | .PSYCH | |
| -economic | .ECON | |
| -institutional | .INST | |
| -other | .OTHER | |

| | | |
|---------------------------|----------|---|
| Social perceptions | .SOCPER | Collective and individual ways of looking at the world |
| -experience | .EXP | Social perceptions acquired from personal or direct experience with persons affected by family violence |
| -personal | .PERS | In respondent's own life; in respondent's family life; in respondent's place of work; as a witness of some violent act; in other situations |
| -family | .FAM | |
| -job | .JOB | |
| -witness | .WIT | |
| -other situation | .OTHER | |
| -information. | .INFO | Social perceptions on family violence acquired through communication and information means; the information that the respondent possesses on the issue |
| | .TYPE | Type of information (possessed by the respondent); means of transmission (written, verbal, electronic); amount of information; accuracy or truthfulness of the information |
| | .MEANS | |
| | .QUANT | |
| | .ACCU | |
| -value judgments. | .VALUE | Social perceptions acquired by forming value judgments about family violence |
| | .VIF | Value judgments about family violence; services for women affected by family violence; or other aspects related to opinions, values, beliefs, or other views held by the respondent |
| | .SERV | |
| | .OTHER | |
| Causes of family violence | .CAUSES | Reasons that the respondent perceives as the causes of family violence |
| -alcohol | .ALCOH | Family violence due to: alcoholism or drinking; drug use; lack of money or financial problems; lack of education; social conditioning or learned behavior; personality of the abuser or the abused; intrinsic traits of men or "machismo"; controlling behavior of the abuser |
| -drugs | .DRUG | |
| -money | .MONEY | |
| -conditioning | .COND | |
| -personality | .PERS | |
| -machismo | .MACHO | |
| -control | .CONTROL | |

| | | |
|---|---------------------------------------|---|
| Factors. | .FACTOR | Factors that encourage or inhibit the critical path |
| -motivating -inhibiting -catalyzing -precipitating | .MOTIV .INHIB .CATAL .PRECIP | Factors that motivate a woman to initiate or continue her critical path; factors that inhibit or prevent a woman from initiating or continuing the critical path; factors that catalyze or facilitate the critical path process; the determining factor that prompts a woman's decision to initiate the critical path |
| Options for escaping the violence. | .OPTION | Options that exist for a person affected by violence to escape her/his situation |
| -personal characteristics -family support -social resources -lack of options -don't know of any options | .PERS .FAM .SOC .NONE .DK | Includes options of a personal, family, and social nature; also recognition of the nonexistence of options or the participants' lack of awareness of the options |
| (Re)solution of the violence. | .RESOLVE | Proposal for resolving the problem of family violence |
| | .INTRA .INTER | Within the same institution or sector; Between institutions or sectors |

Relationships between Categories of Information

Categorization and coding facilitate the establishment of relationships between categories. In this stage, the analysis consists of comparing several categories in order to establish similarities and differences within each group of respondents and between groups of respondents and seek the explanations for each relationship found.

The methodological guidelines for the analysis of relationships between categories presented suggest the type of analysis to be carried out. It is recommended that other elements be added to the analysis depending on the context and as the study evolves.

Possible Relationships among Service Providers

- Type of provider—response offered
- Availability of services—process of care
- Availability of services—quality of care
- Social perceptions—availability of services
- Social perceptions—quality of care
- Social perceptions—process of care
- Causes—availability of services
- Causes—quality of care
- Causes—process of care
- Type of violence—availability of services
- Type of violence—quality of care
- Type of violence—process of care
- Social perceptions—context

Possible Relationships among Document Sources

- Institutional policies on family violence
- Record-keeping and referral systems by provider institution
- Objectives, contents, execution, and evaluation of personnel training
- Communication and promotion in the community
- Communication and promotion among institutions

Possible Relationships among Women Respondents Affected by Violence

- Personal context (sociodemographic characteristics)—critical path process
- Precipitating factor—decisions taken
- Type of violence—action undertaken
- Social context—action undertaken
- Social context—critical path process
- Social perceptions—precipitating factor
- Perceptions of quality of service—actions undertaken
- Responses found—decisions taken
- Responses found—actions undertaken

Possible Relationships among Community Members

- Presence of family violence—social perceptions
- Own experience—social perception
- Perception of existing causes, factors, and options
- Proposals to address the problem of family violence

Analysis of Categories among Information Sources: Service Providers and Documents

- Social perceptions—policies
- Social Perceptions—training
- Availability of services—programs

Analysis of Categories among all Groups of Respondents: Service Providers, Affected Women, and Community Members

- Critical path process—social perceptions
- Critical path process—context
- Critical path process—availability of services
- Critical path process—quality of services
- Critical path process—results obtained by the women
- Social perceptions concerning family violence (comparisons among different groups of respondents)
- Itineraries (comparison of itineraries by respondents)
- Establish other relationships relevant to the context of the community

Presenting the Data

Data display is a non-narrative way of analyzing and presenting qualitative data. The analysis may be intra-case (that is, analysis of the data related to a single respondent) or inter-case (comparative analysis of the data from two or more respondents). As with any other aspect of qualitative analysis, it is necessary to document the processes followed, the conclusions generated, and the way in which the analysis influenced the subsequent stages of the field work.

For purposes of the present study, matrixes, explanatory networks, taxonomies, and decision trees are considered the analytical tools best suited to the study's objectives. A more detailed discussion of each of these tools is presented below. Together with the definition are examples of each data display technique and the topics suggested for the analysis of the data collected in this study. However, it is not necessary to display the data every way suggested, only in those that can elucidate some aspect of the analysis.

Matrixes

A matrix is a table that displays the intersection of two or more concepts. It consists of cells, which may be filled with summary text, graphs, or other explanatory information. The matrix is very useful for summarizing a great deal of

information or presenting comparative information in a single sheet. Chapter 7 of this protocol contains examples of two matrixes.

The sample matrix on the next page illustrates the complexity and detail that can be included in a single table. For the analysis of the qualitative data collected in this study, it is suggested that a matrix be developed for one or more of the following elements:

- Sociodemographic characteristics of the respondents
- Social perceptions by respondent
- Classification of documents
- Classification of services by sector or institution

**Sample Matrix:
Factors that Motivate or Inhibit Women Affected by
Family Violence to Follow the Critical Path²⁸**

| Forms of violence | Motivating factors | | Inhibiting factors | |
|-------------------|--|--|--|--|
| | Internal | External | Internal | External |
| Physical | <p>Fear that her daughter will be taken away from her.</p> <p>Search for protection, she is beaten because of another woman</p> | <p>Beatings, biting, miscarriages.</p> <p>Loss of teeth.</p> <p>Referred by a service provider; taken by her family.</p> | <p>He is the father of her children.</p> <p>She does not believe in the system. She fears more abuse.</p> | <p>The abuser is released from jail. He threatens to kill her.</p> <p>Her mother tells her she should put up with it</p> |
| Psychological | <p>Depression; takes drugs to feel better.</p> <p>Seeks support because of stress: wants to vent her feelings, wants to be heard.</p> <p>Wants someone to talk with her husband.</p> | <p>He leaves the home.</p> <p>He refuses to marry her.</p> <p>The children have problems at school.</p> | <p>She doesn't think this is a matter to be handled by the authorities.</p> <p>She thinks it is her fault.</p> <p>She thinks he will change.</p> <p>She thinks that her jealousy causes his infidelity</p> | <p>The church tells her to forgive him.</p> <p>He asks for forgiveness.</p> <p>He leaves the other woman</p> |
| Sexual | <p>Fear of dying of an infection because he does not get treated.</p> <p>Loss of libido</p> | <p>Sexual rejection from him.</p> <p>She has been told that this is sexual aggression.</p> | <p>She is ashamed to have others find out about her problem.</p> <p>She thinks no one will believe her.</p> <p>Fear</p> | <p>She thinks it is her duty to accept her relationship with her husband.</p> |
| Economic | <p>She thinks he should support and help her.</p> <p>She doesn't think her status should be reduced unfairly.</p> | <p>He won't give her money.</p> <p>Her mother-in-law says she should turn him in to the authorities.</p> | <p>She thinks she does not need money or prefers not to insist on it in order to keep the peace.</p> | <p>The authorities do not force him to pay.</p> <p>They do not monitor his support payments.</p> |

²⁸ From data presented in the final report of the critical path study in Panama, 1996.

Explanatory Network

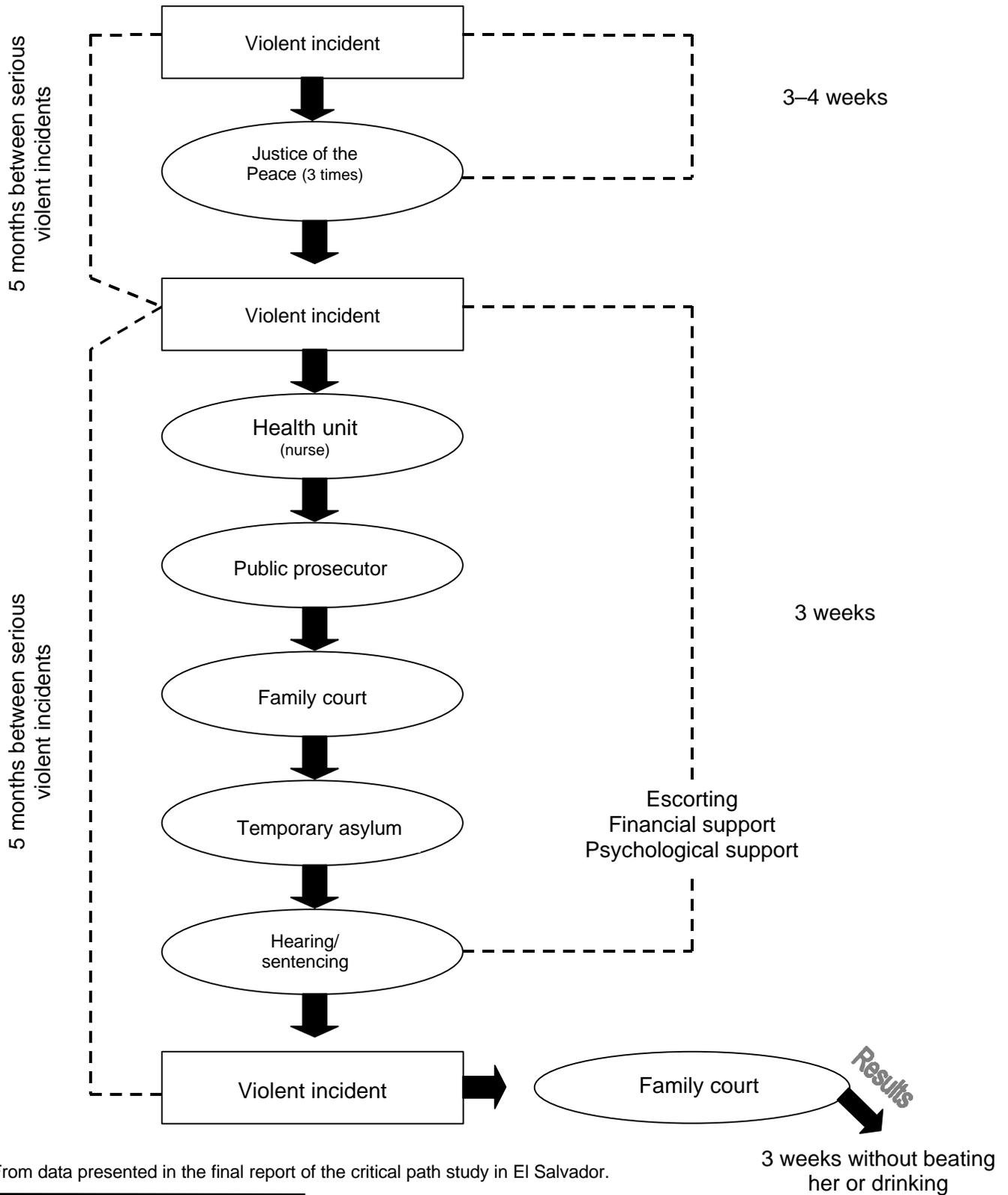
Also known as a flow chart, the explanatory network shows the relationship between two or more elements, emphasizing directionality, causality, or temporary association. Geometric figures and arrows usually are used to indicate temporary or causal relationships between the concepts. The protocol includes other examples of explanatory networks.

The next page contains a sample explanatory network, showing the path followed by a woman who seeks to solve her family violence situation. The network includes an analysis of the time elapsed between one violent incident and the next one, as well as the time it takes to carry out the trial. It reveals that this respondent was the victim of three serious incidents of violence before finally obtaining the desired result—for him to stop drinking and beating her.

For the analysis of the qualitative data collected in this study, it is suggested that an explanatory network be developed for one or more of the following elements:

- itinerary followed by one or more affected women;
- itineraries by institution or sector;
- comparative itineraries according to the experience of the affected woman and the social perceptions of the provider;
- critical path: modifications to reflect the analysis conducted, incorporating the motivating, inhibiting, catalytic, and impeding factors.

Sample Explanatory Network: Itinerary of an Affected Woman

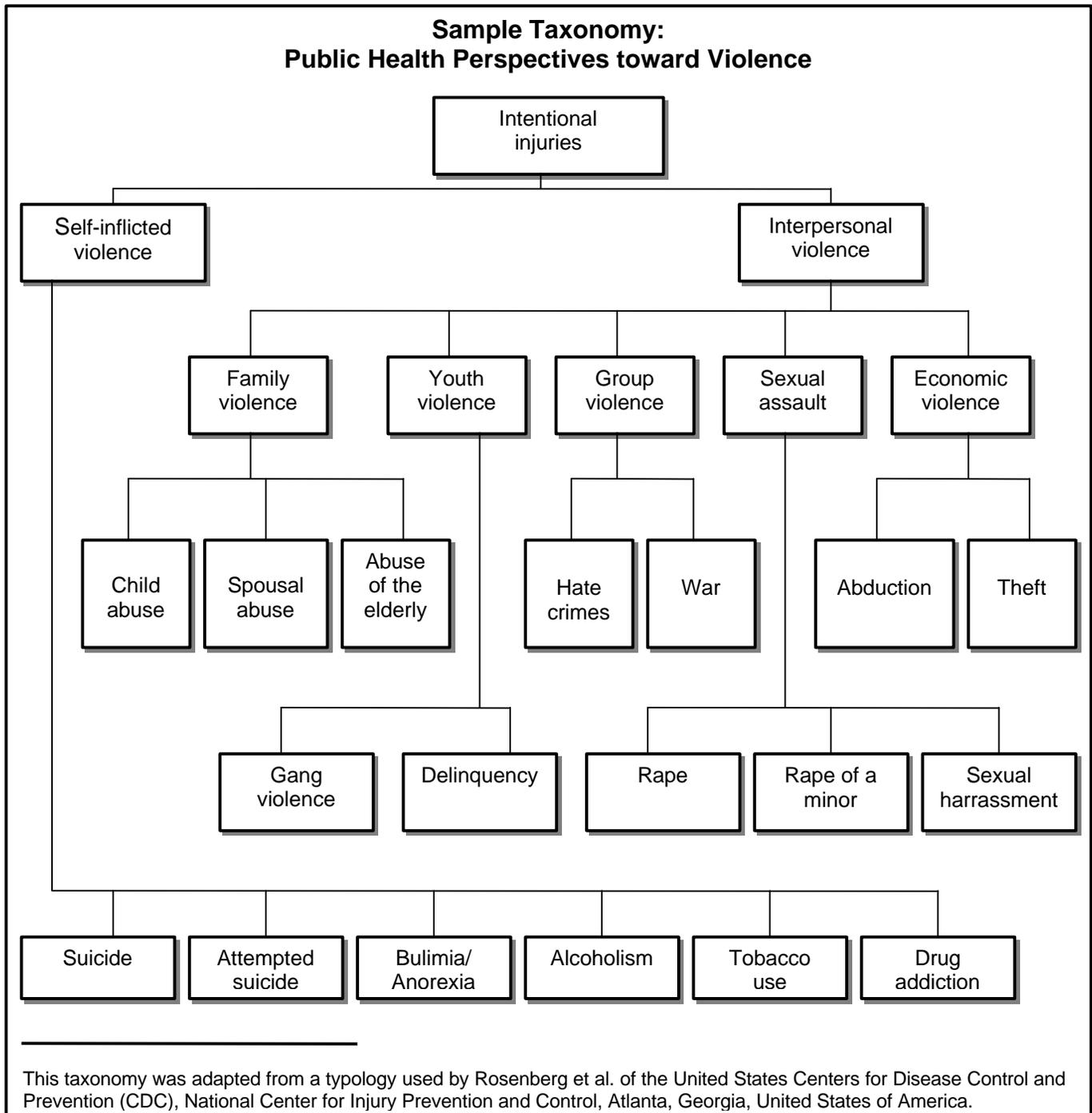


From data presented in the final report of the critical path study in El Salvador.

Taxonomies

A taxonomy attempts to summarize concepts in a hierarchy that goes from the greatest level of generalization to the greatest level of specificity. Taxonomies are useful for showing the relationship between many separate concepts, joining concepts that share one or more characteristics in cumulative stages.

Presented below is an example of a taxonomy of several forms of violence between human beings.



Another example could be developed from the information that is presented in the matrix “Motivating and Inhibiting Factors on the Critical Path Followed by Women Affected by Family Violence”, creating a taxonomy that breaks down the information from the most general level (family violence) to the most detailed level (the actual expressions of the types of violence experienced by the affected woman).

For the analysis of the qualitative data collected in this study, a taxonomy might be developed for one or more of the following concepts:

- social perceptions of family violence by respondent,
- collective and individual perceptions of the causes of family violence, and
- types of violence experienced by the affected women.

Decision Trees

A decision tree is a graphic representation that depicts the sequence of decisions that leads to an action. In general, the decisions are formulated as a dichotomous question, i.e. one that is answered with “yes” or “no.” Arrows indicate the consequent question, depending on the answer given.

A simple decision tree shows the sequence of decisions made by a person; a complex decision tree shows the combined decisions of one or more persons.

An example of a simple decision tree is shown on the next page, illustrating the thinking and decisions of an abused woman who wishes to embark upon the critical path and seek support beyond her own internal resources.

For the analysis of the qualitative data collected in this study, it is suggested that a decision tree be developed for one or more of the elements outlined below.

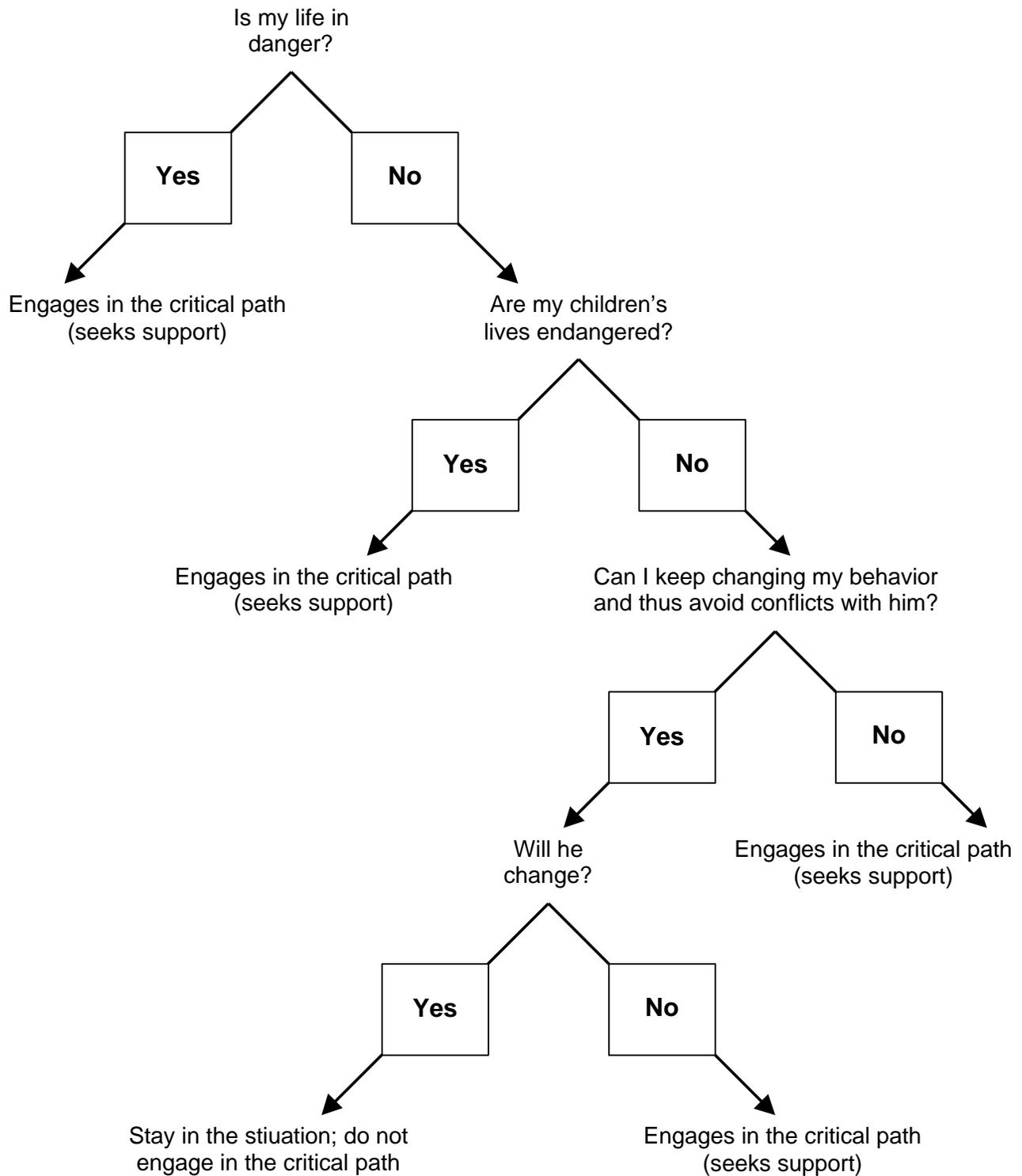
Deciding to engage in the critical path:

- Specific cases (analysis of a woman’s decision) and
- Complex decision tree (analysis of the decisions of several or all of the women in a community).

Decision-making of service providers:

- Intrainstitutional referral of an affected woman and
- Intersectoral referral of an affected woman.

Sample Decision Tree: Making the Decision to Embark upon the Critical Path



11. DISSEMINATION

In certain respects, it can be said that the dissemination stage is the most critical stage of the study. This is the point at which the data become a useful tool for the formulation of policies and the design of more effective programs for addressing and preventing family violence against women.

The project's work plan envisages several dissemination activities at the local, national, and regional levels. The contents are drawn from the final report, with input from the coordinators and advisory committee in each community.

National Reports

Each team of investigators will prepare a final report, describing the research methodology, the findings of the study, and the recommendations regarding the design of interventions to address the problem of family violence against women for each sector in each community studied.

The suggested chapters and content of the final report are summarized. The suggested report consists of eight main chapters, plus the executive summary and the annexes. Chapters 4, 5, 6, and 7 are expected to be most important for the development of future activities based on the project.

Chapter I: Introduction. This chapter serves to orient the reader to the conditions and situations that prompted the study. It should outline the prior steps and background of the project and the evolution of the study, acknowledging the participants and contributors to the study and those who carried out training activities, provided technical assistance, and other support activities. A length of five pages is suggested.

Chapter II: Methodological strategy. This chapter summarizes the research protocol and describes its application in the local context. It includes an epistemological discussion of the methodology followed, the data collection techniques, the field work, and the processes of analysis. The basis for the chapter is the research protocol itself. It is suggested that this chapter not exceed 20 pages.

Chapter III: National and local context. This chapter gives an overview of the national and local situation with regard to women's status, health, and level of socioeconomic development. To the extent possible, it should include quantitative indicators for the country and the community under study, disaggregated by sex and with emphasis on the situation of family violence. Ideally, national studies conducted to date on gender-based violence and its impact on the overall health of women should be summarized. A map or sketch of the study community may also be included. The basis for this chapter was prepared for the first "Training Workshop: Application of the Protocol", which was

conducted at the start of the project. This chapter need not be exhaustive; a maximum length of 10 pages is recommended.

Chapter IV: The “critical path” scenario. This chapter should present the community’s condition regarding the accessibility, availability, and quality of services for women affected by family violence. The discussion should focus on the findings of the interviews with service providers, with sectoral analysis. The chapter also should describe the itineraries for each sector or institution and the process of seeking services, in terms of real costs and opportunity costs. An analysis of the social perceptions of service providers and the community is included, as well. A maximum length of 15 to 20 pages is suggested.

Chapter V: Affected women. This chapter should summarize the findings concerning the experiences of women affected by family violence. One section should describe the respondent’s personal characteristics, including socio-demographic data, family members, occupation, and other significant characteristics. The text may be illustrated with an explanatory matrix similar to the one in Chapter 10 of the protocol. The women’s experiences with family violence also should be described, supported by quotes. Another section should describe their experiences with various service providers and other social actors in their search for a solution. Finally, the women’s social perceptions regarding family violence should be explored. A maximum length of 15 to 20 pages is suggested.

Chapter VI: The “critical path” process. This chapter should describe all the factors that influence the search for a solution by women affected by family violence, including motivating factors (internal and external), inhibiting factors (internal and external), precipitating factors, and catalyzing factors that lead women to embark upon the critical path. The decisions made, the actions undertaken, and the results obtained also are described, as are the relationships at every point along the way. A graphic depiction of the path or paths followed may be included. As far as possible, the text should attempt to identify the determining factors on the “critical path” for the affected women so that these conditions can be replicated for other women at risk. The analysis should be based on the theoretical explanatory network presented in Chapter 5, which recognizes that the critical path is not a linear process, but an iterative or spiraling one. This chapter should clarify the multiple components of a woman’s decision-making process and lead the reader to a greater understanding of the needs and successful elements with regard to the design of interventions. It is suggested that this chapter not exceed 20 pages.

Chapter VII: Conclusions. This chapter summarizes the methodological conclusions and observations on the implementation of the study. Any unusual situations or unexpected discoveries that influenced the study can be explained here. This chapter should not exceed 7 pages.

Chapter VIII: Recommendations. Arguably, this is the most important chapter. The recommendations should be closely linked to the findings of the study, and related to its objectives, and they should be specific, feasible, and constructive. The first section should contain general recommendations on policies and programs, while the second should present sector-specific recommendations. A maximum length of 10 pages is suggested.

PROPOSED OUTLINE FOR THE NATIONAL REPORTS

- I. Introduction
- II. Methodological strategy
- III. National and local context
- IV. The scenario of the “critical path”
 - 4.1 Accessibility, availability, itinerary, and quality of services
 - 4.1.1. Health sector
 - 4.1.2. Legal/judicial/law enforcement sector
 - 4.1.3. Education sector
 - 4.1.4. Community/NGO sector
 - 4.2 Social perceptions of service providers and the community
- V. The affected women
 - 5.1 Characteristics
 - 5.2 Their experiences of violence
 - 5.3 Experiences with the different sectors
 - 5.4 Social perceptions and connotations
- VI. The “critical path” process
 - 6.1 Motivating factors
 - 6.2 Inhibiting factors
 - 6.3 Precipitating and catalyzing factors
 - 6.4 Decisions made and actions taken
 - 6.5 Results obtained
 - 6.6 Determining factors along the “critical path”
- VII. Conclusions
- VIII. Recommendations
- IX. Executive Summary
- X. Annexes

Local and Regional Meetings

It is envisaged that a regional meeting of the principal investigators will be held to present the preliminary findings and recommendations for the sectors and to discuss the next steps to be taken in implementing the project and finalizing the reports. This gathering will provide a forum for sharing experiences and feedback that will support the project participants.

During this meeting, the plan for dissemination at the local and national levels will be finalized. It is hoped that the advisory committees will become involved in dissemination activities. During the meeting, the best ways of consulting with the social actors and members of the community concerning the findings and follow-up on the study will be discussed.

Consultation Process with Respondents and other Concerned Parties

The consultation process is important for the programmatic sustainability of this initiative. As a part of the consultation and dissemination activities, it is hoped that the advisory committees of the network can be used as a vehicle for commenting on the processes and products of the situation assessment, supporting activities in the community, and continuing with the activities under the care, referral, and communication components.

Future Publications and Presentations

A national report is to be prepared for each participating country. It is expected that these reports will be published as a comparative analysis of the countries in order to give an idea of the situation at the regional level.

It will be impossible to undertake an in-depth analysis of all the data generated in this study, but the data will be made available for future analysis and review.

The studies will also serve as the basis for a post-project evaluation, and the data will be very useful in documenting the progress made under the project.

12. LOGISTICAL CONSIDERATIONS

A successful study depends on the correct execution of all its methodological, logistic, and managerial aspects. This chapter outlines the most important points for effective and timely management of the study, among them the necessary human and material resources, some managerial issues, the work plan for carrying out the study, and a timetable of activities.

Resources Needed for the Field Work

The work plan and timetable of activities are subject to the availability of certain human and material resources and equipment. An abbreviated timetable is feasible if investigators are available in each community and if they have access to equipment that will expedite the tasks of recording and transcription.

The lack of any of these resources will prolong the field work and analysis stages, since they are required for timely preparation of the final report.

Human Resources

The human resources necessary for conducting the field work and analysis are:

- leading investigator,
- assistant investigator(s),
- transcribers, and
- secretarial assistants.

Job descriptions for each participant in the research team are presented below. Each job description includes the necessary professional qualifications, the duties of the position, and the time required to complete the job.

TERMS OF REFERENCE: LEADING INVESTIGATOR

Qualifications: Professional with a university degree in the social sciences, preferably a graduate degree in sociology, anthropology, medicine, or public health. A minimum experience of five years in qualitative research with a gender perspective, preferably in the area of community health. Previous experience in the management of research projects, including training and supervision of personnel. Previous experience in qualitative data analysis and writing of reports or academic articles based on the results. Excellent capacity for oral and written communication and superior organizational and analytical skills. Must be willing to travel.

Responsibilities: Organize and coordinate the tasks required to carry out the study, as set in the operational plan for the project and the study protocol. Participate in a training workshop in order to hear the experiences and learn the results of similar studies conducted in other countries, as well as receive precise instructions on the methodology, type of information expected, and the format for presenting it. Appoint and train a team of investigators to collect the required data and information, and provide the necessary guidance to achieve the studies objective. Participate in, support, and supervise the field work. Oversee the transcription of interview recordings and field diary notes. Process the data and information collected in order to present the results according to the instructions received. Coordinate activities with the local and/or national coordinator and submit periodic progress reports on the results obtained during the process.

Contract period: Full-time for the duration of the study, the dissemination stage, and the delivery of the final report, approximately 24 weeks.

TERMS OF REFERENCE: ASSISTANT INVESTIGATOR

Qualifications: Professional with university degree in social sciences preferably a degree in sociology, anthropology, medicine, or public health. Minimum one-

year experience in qualitative research with a gender perspective and preferably in the area of community health. Previous participation in qualitative research projects, especially in conducting in-depth interviews. Excellent capacity for oral and written communication and superior organizational and analytical skills.

Responsibilities: Participate in a training workshop in order to receive precise instructions on the methodology and in the type of information expected and format for presenting it. Work as part of a team in collecting the required data and information, and provide the guidance needed to achieve the study's objective. Participate in, support, and supervise the field work. Support the leading investigator in overseeing the transcription of the tape-recordings of the interviews and notes from the field diary. Process the data and information collected in order to present the results in accordance with the instructions received.

Contract period: Full-time for the duration of the study, approximately 16 weeks.

TERMS OF REFERENCE: TRANSCRIBER

Qualifications: Professional secretarial training; ample experience in transcribing interviews, word-processing, and dictaphone use. Mastery of all the languages used in the study, including those of the training materials, the research instruments, and the interviews. Prior experience in work with a gender perspective and community health preferred. Must have access to a computer equipped with a wordprocessing program. Excellent organizational skills.

Responsibilities: Participate in a training workshop to receive precise instructions on the methodology, types of information expected, and format for presenting them. Work as part of a team in transcribing the information and ensuring proper handling of all information sources, including interviews, notes from the field diary, and document sources.

Contracting period: Full-time during the field work and analysis stages, approximately 12 weeks.

Material Resources and Equipment

For rapid and effective data collection and analysis, the research team must have certain material resources. Listed below are the materials and basic equipment needed for the study.

Cassette tape recorder and cassette tapes for dictaphone; one for each interviewer

- Cassette tapes
- Dictaphone; one for each transcriber
- Computer (preferably a laptop)
- Modem
- Printer

- Colored markers
- Pens and pencils
- Notebooks
- Unbound copies of the work instruments
- Logbooks
- Filing cabinets
- Binders or portfolios to file transcriptions
- Folders
- A set place to conduct the interviews in the community and to update the logbooks and expanded notes; may be a room in a health post, school, or a community center.

Management of the Study

Many aspects of study management will have to be dealt with as they arise. However, to the extent possible, the leading investigator should attempt to plan for the potential challenges associated with the field work. Two important logistic elements are: (1) the data custody chain and (2) communication and transportation during the field work stage.

Data Custody Chain

The data custody chain refers to the system that tracks the physical location of all sources of information, including transcripts, recordings, expanded notes, institutional documents, and other research materials. It is important to know how to locate the information at all times, especially when the research team consists of many people or when the investigators are scattered across a wide geographic area.

It is necessary to develop a system for locating, sharing, and delivering the transcripts and other research materials. Backups of all the information also must be made, especially the transcripts and expanded notes, and they should be stored separately from the originals. The materials should be stored under lock and key, preferably in a metal filing cabinet that is fire and water resistant. Once the work has been concluded, a safe place also must be found to store all raw material generated in the course of the study.

Communication and Transportation

As is the data custody chain, communication and transportation are key, especially when the research team consists of many people or when the investigators are scattered across a wide area.

Frequent team meetings should be scheduled to update the investigators on methodological and logistic information; it is recommended that meetings be held daily or every other day.

In addition, a weekly meeting should be scheduled with a psychologist (or another qualified individual) to talk with the investigators about the effects of the field work on the members of the research team. All members of team should be included, even the transcribers and drivers, because they also are affected by the work.

In the case of a multicenter international study, contact must be maintained at the national and regional levels. The use of e-mail is recommended in order to obtain a rapid response to situations that arise in the field, consult with technical assistants, obtain up-to-date data, and other uses.

A key aspect of study management is arranging suitable transportation for the investigators during the field work phase. The possible need to work at night, on weekends, or at other moments of increased risk should be taken into account, as should the distances that the investigators will need to travel in order to carry out the interviews. In many cases, public transportation will not be appropriate. Financing should be sought for private vehicles, possibly with drivers.

Work Plan

It is expected that it will take approximately 24 weeks²⁹ to complete all the activities associated with the study, including the preparatory activities, the field work, data analysis, and drafting of the report. The details may vary somewhat depending on the context of the study site; however, the following stages will be carried out at all sites:

Preparation

1. Selecting the research team,
2. Designing of the first “Training Workshop: Application of the Research Protocol,”
3. Conducting the first “Training Workshop: Application of the Research Protocol,”
4. Getting acquainted with the community and appointing the advisory committee,
5. Testing the research instruments,
6. Transcribing the test interviews,
7. Practicing coding the test interviews, and
8. Updating the field diary.

Collection of Data on the Community

1. Summarizing secondary sociodemographic data,
2. Identifying service provider institutions,
3. Identifying key service provider respondents, and
4. Drawing up the list of crisis intervention resources.

Collection of Information from Service Providers

1. Getting acquainted with service providers,
2. Conducting semi-structured interviews,
3. Identifying document sources, and
4. Identifying key respondents among affected women.

²⁹ 31 In the case of the Andean countries, where there are multiple sites within a national context, it is expected that it will take 32 weeks to complete the study.

Collection of Information from Document Sources

1. Reviewing and taking notes on the document sources identified,
2. Copying or describing the sources, and
3. Summarizing the content and determining consistency with data from other respondents.

Collection of Information from Women Affected by Family Violence Who Have Embarked on the Critical Path

1. Determining that there are women who meet the selection criteria,
2. Getting acquainted,
3. Conducting in-depth interviews, and
4. Identifying other affected women.

Collection of Information from Female and Male Community Members on Social Perceptions of Family Violence

1. Identifying and recruiting respondents,
2. Arranging logistical aspects of the focus groups, and
3. Conducting the focus groups.

Analysis of the Information

1. Transcribing the semi-structured interviews,
2. Transcribing the in-depth interviews,
3. Transcribing the focus groups comments,
4. Annotating the raw material (transcripts, documents, field diary and others),
5. Organizing the information collected,
6. Analyzing the data, looking for themes that emerge, and establishing the coding categories,
7. Coding the information and organizing it by categories,
8. Identifying relationships between categories and carrying out second-level analysis,
9. Developing displays of non-narrative data,
10. Designing the second "Training Workshop: Qualitative Data Analysis Plan," and
11. Conducting the second "Training Workshop: Qualitative Data Analysis Plan."

Preparation of the Report and Dissemination of the Results

1. Drafting the introductory chapters of the report to be presented in the first "Training Workshop: Application of the Research Protocol,"
2. Drafting the preliminary results to be presented in the second "Training Workshop: Qualitative Data Analysis Plan,"
3. Delivering the final report,
4. Delivering the primary sources of information, recording instruments from the field work, and analysis plans,
5. Developing strategies for disseminating the report and results, and
6. Carrying out dissemination and follow-up activities.

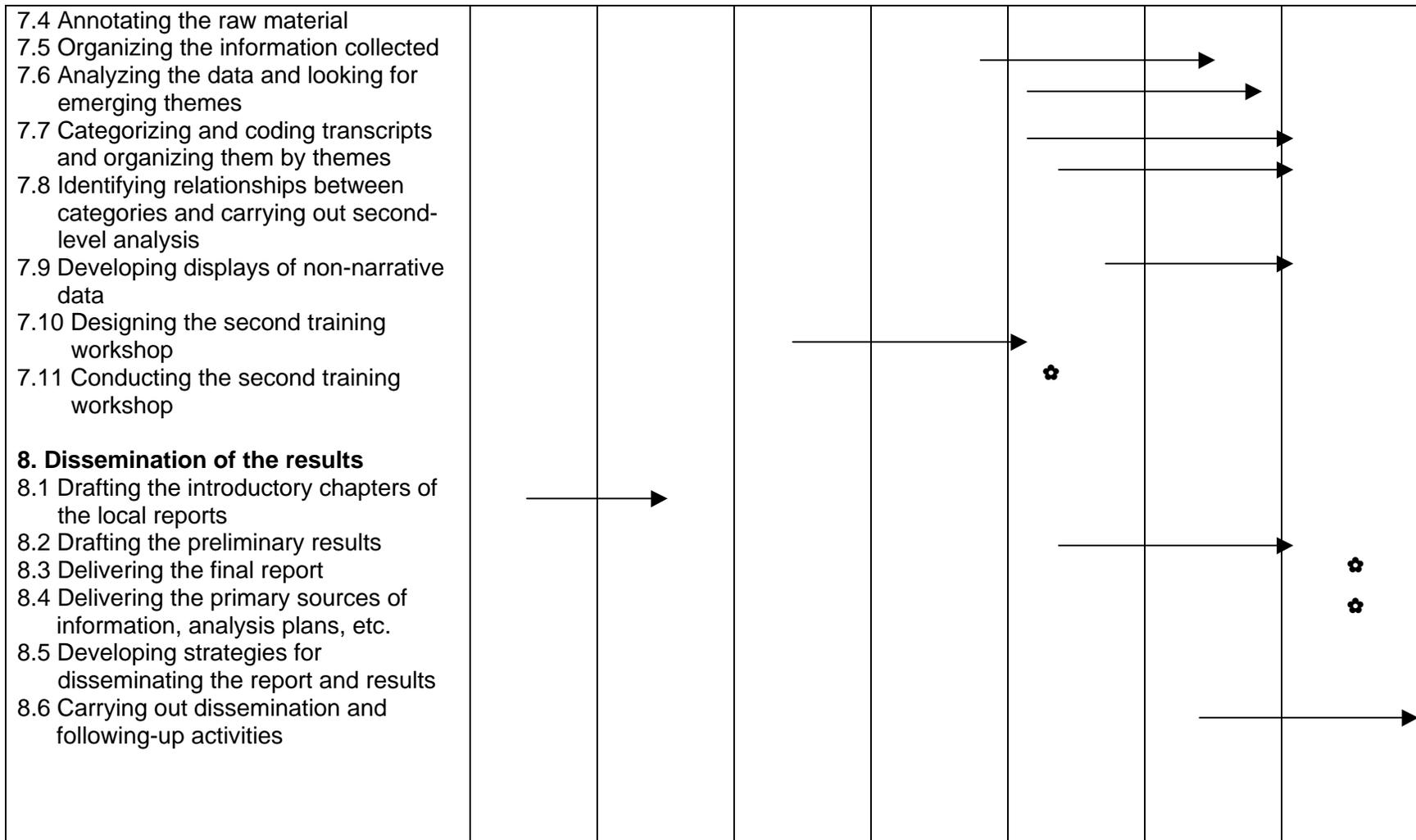
Timetable of Activities

The following pages contain a suggested schedule for the implementation of the study. The time estimates are based on full-time availability of a leading investigator, an assistant investigator, and a transcriber, in addition to all the aforementioned materials and equipment. Lack of any of the resources will increase the time required for implementation of the study.

Timetable of Activities

| Activity | Before | 1 | 2 | 3 | 4 | 5 | 6 |
|---|--------|---------|---------|---------|---------|---------|---------|
| | | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 1. Preparation | | | | | | | |
| 1.1 Selecting the research team | ←←←← | | | | | | |
| 1.2 Designing the first training workshop | ←←←← | | | | | | |
| 1.3 Conducting the first training workshop | | ✿ | | | | | |
| 1.4 Getting acquainted with the community and constituting the advisory committee | ←←←← | →→→→ | | | | | |
| 1.5 Testing the research instruments | | ↔↔↔↔ | | | | | |
| 1.6 Transcribing the pilot interviews | | ↔↔↔↔ | | | | | |
| 1.7 Practicing coding the pilot interviews | | ↔↔↔↔ | | | | | |
| 1.8 Updating the field diary | | →→→→ | | | | | |
| 2. Collection of data on the community | | | | | | | |
| 2.1 Summarizing the secondary sociodemographic data | ←←←← | →→→→ | | | | | |
| 2.2 Identifying service provider institutions | →→→→ | →→→→ | | | | | |
| 2.3 Identifying key service provider respondents | | →→→→ | | | | | |
| 2.4 Drawing up the list of crisis interventionresources | | →→→→ | | | | | |
| 3. Collection of information from service providers | | | | | | | |
| 3.1 Getting acquainted | | | →→→→ | | | | |
| 3.2 Conducting semi-structured interviews | | | →→→→ | →→→→ | | | |

| | | | | | | |
|--|--|--|--|---|--|--|
| <p>3.3 Identifying document sources 3.4 Identifying key respondents among affected women</p> | | |  | | | |
| <p>4. Collection of information from document sources 4.1 Reviewing and taking notes on the identified document sources 4.2 Photocopying or describing the sources 4.3 Summarizing the content and determining consistency with data from other respondents</p> | | |   | | | |
| <p>5. Collection of information from women affected by family violence 5.1 Determining that there are women who meet the selection criteria 5.2 Getting acquainted 5.3 Conducting in-depth interviews 5.4 Identifying other affected women</p> | | |     | | | |
| <p>6. Collection of information from community members 6.1 Identifying and recruiting respondents 6.2 Arranging logistical aspects of the focus groups 6.3 Conducting the focus groups</p> | | | |    | | |
| <p>7. Information analysis 7.1 Transcribing the semi-structured interviews 7.2 Transcribing the in-depth interviews 7.3 Transcribing the focus groups</p> | | |    | |   | |



13. ETHICAL CONSIDERATIONS

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

This protocol is founded on certain *ethical principles* drawn from the collective methodological experience,³⁰ which should guide the field work of the research team.³¹

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

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

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

³⁰ Heise, Lori, Kirsten Moore and Nahid Toubia. *Sexual Coercion and Reproductive Health: A Focus on Research*. New York: The Population Council; 1995.

³¹ Adapted from the chapter "Ethical Considerations in Researching Violence," In: Shrader E and L Heise. *Violence Against Women in Resource-poor Settings: Practical Guide to Conducting Research*. Washington, D.C.: Health and Development Policy Project. (In press).

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

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

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

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

14. OBSERVATIONS ON THE APPLICATION OF THE PROTOCOL

This research protocol is the result of the cumulative work of numerous investigators, activists, and officials to address the situation of violence against women and improve the services available for the women affected.

The development of the protocol began with the drafting and review of a preliminary version by the team of investigators in the course of three workshops. The finished protocol was applied in 15 communities in 10 countries, seven in Central America and three in the Andean area, where it was adapted to the specific realities of each country. Through field interviews, qualitative data were collected from a wide range of women, service providers, and members of the

community, representing groups of varying age, ethnicity, socioeconomic level, and marital status.

The following observations on the application of the protocol are presented for the benefit of future investigators who may wish to replicate the study.

Methodological Observations

Application of the Protocol in other Contexts

The original purpose of the critical path study was to generate recommendations for the execution of a comprehensive multisectoral initiative of training, information systems, and health care and prevention services. However, this protocol—which has been amply validated in the field, with emphasis on community participation—has many other potential applications.

First, it can serve as a rapid assessment tool for taking stock of the situation of family violence. A shorter study can be conducted in a period of four to six months, with a stronger focus on the institutional response and the availability and quality of services. Sources of information can be added or eliminated in keeping with the interests and needs of a study with more narrowly defined purposes. For example, interviews can be conducted with a greater number of providers and the interviews with affected women or focus groups can be reduced or eliminated. As another possibility, women who have not embarked on the critical path may be included in order to gain a broader perspective on the decision-making process.

Second, the protocol can be applied as an initial situation assessment at the beginning of a similar community project. The focus need not be family violence, since many elements of the protocol can be adapted to study other forms of violence against women or violence in general.

A third application is as a complementary study to a population survey. The quantitative findings yielded by the study will be much more useful if stronger statistical associations can be found with the findings from various qualitative sources.

A fourth application is as a baseline study for a qualitative assessment—an open systems assessment—with methodological flexibility and community participation. A rapid critical path study before, during, and at the conclusion of an intervention can help to “take the pulse” of the community and determine its perspective on the impact of services and innovations.

Snowball Sampling Technique

One limitation of the snowball sampling technique was the condition that the women had to have embarked on the critical path in the 24 months prior to the interview, which eliminated many women who had not taken any action. Through

the snowball technique, many abused women were identified, but the women who identified them did not know whether or not they had initiated the critical path. For ethical reasons, it was decided not to approach these women in order not to invade their space by asking about matters so personal that they had not ever mentioned to anyone outside their families.

As a result, it was therefore difficult to obtain a sufficient number of respondents referred by other women through the snowball technique. It proved easier to identify them through service providers, especially women community leaders.

Number of Interview Sessions with Affected Women

In the original protocol it was recommended that the in-depth interviews with affected women be conducted in two (or more) sessions. It seemed less intrusive to ask difficult questions on the history of violence at the first session, and then to return another day to conclude the interview on the woman's experience on the critical path and with care and prevention services.

However, in practice it was rarely possible or necessary to conduct two interview sessions. In fact, it was very difficult to separate the history of violence from the critical path experiences. In the vast majority of cases, the interview with the affected woman was concluded in a single session. The duration of these interviews ranged from 45 minutes to 6 hours, the average being one hour and a half.

Focus Groups

Conducting the focus groups posed numerous difficulties, especially in the groups of men. First, there were logistic difficulties in obtaining a separate space, and recording the focus groups was costly and time-consuming. In addition, for cultural reasons, the men were reluctant to participate, even when gifts were offered or the collaboration of community assistants was requested.

Possibly, these obstacles could be avoided by hiring a team of specialists in the focus group technique, with male and female moderators.

Logistical Observations

Importance of the Advisory Committees

In the application of the protocol and the subsequent implementation of the project, the participation of the advisory committees was always important. In order for this resource to function as effectively as possible, its membership must be representative of the community. Incorporation of the committee into all the phases of the study greatly facilitated the logistic, political, and operational aspects of the project.

Importance of the Processes

Although the product of study—the final report, with its analysis and recommendations—represents the achievement of a principal goal of the project, the importance of the processes involved as ends in themselves should not be overlooked. Those processes include all phases of the execution of the study, from consultation with concerned parties to training of the research team and the incorporation of new participants. Consulting with members of the community, the advisory committee, and other groups is not “lost time.” Rather, these activities help engender the programmatic sustainability and the legitimacy in the community needed for the project to succeed.

Identification of Possible Allies

A unexpected result of the critical path study was the discovery of new allies in the community—people not traditionally identified as strong proponents of the rights of women affected by family violence. In many communities, for example, the potential contribution of priests was not taken into consideration, yet a number of them expressed great interest in supporting the project. In addition, in many institutions, providers and individual staff members—the majority with personal histories of victimization—publicly supported the project.

Ethical Observations

Benefits for the Affected Women

At the start of the research project there was concern over the possible negative effect of participation on the affected women. The investigators did not want to cause a crisis by asking questions about the most painful moments of the respondents’ lives. However, almost universally, the women saw their participation in the interview as a positive and beneficial experience. Many expressed gratitude because they felt they had been truly listened to—some for the first time in their lives—and they were proud of having contributed to a project aimed at addressing and preventing similar cases of family violence against women.

Importance of Training for All Members of the Team

It is worth reiterating the importance of training/sensitization in violence-related issues for all members of the research team, including transcribers, drivers, secretaries, and other support personnel, who were not directly involved in collecting the data but were unquestionably affected by the study. In the planning of training and follow-up activities, it is necessary to provide opportunities for all the personnel involved to vent their feelings and reactions to the process, which will improve their participation and effectiveness in the performance of their work.

ANNEX A
INTER-AMERICAN CONVENTION ON THE PREVENTION, PUNISHMENT
AND ERADICATION OF VIOLENCE AGAINST WOMEN

“CONVENTION OF BELÉM DO PARÁ”

THE STATES PARTIES TO THIS CONVENTION,

RECOGNIZING that full respect for human rights has been embodied in the American Declaration of the Rights and Duties of Man and the Universal Declaration of Human Rights, and reaffirmed in other international and regional instruments;

AFFIRMING that violence against women constitutes a violation of their human rights and fundamental freedoms, and impairs or nullifies the observance, enjoyment and exercise of such rights and freedoms;

CONCERNED that violence against women is an offense against human dignity and a manifestation of the historically unequal power relations between women and men;

RECALLING the Declaration on the Elimination of Violence against Women, adopted by the Twenty-fifth Assembly of Delegates of the Inter-American Commission of Women, and affirming that violence against women pervades every sector of society regardless of class, race or ethnic group, income, culture, level of education, age or religion and strikes at its very foundations;

CONVINCED that the elimination of violence against women is essential for their individual and social development and their full and equal participation in all walks of life; and

CONVINCED that the adoption of a convention on the prevention, punishment and eradication of all forms of violence against women within the framework of the Organization of American States is a positive contribution to protecting the rights of women and eliminating violence against them,

HAVE AGREED to the following:

CHAPTER I
DEFINITION AND SCOPE OF APPLICATION
Article 1

For the purposes of this Convention, violence against women shall be understood as any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere.

Article 2

Violence against women shall be understood to include physical, sexual and psychological violence:

- a. that occurs within the family or domestic unit or within any other interpersonal relationship, whether or not the perpetrator shares or has shared the same residence with the woman, including, among others, rape, battery and sexual abuse;
- b. that occurs in the community and is perpetrated by any person, including, among others, rape, sexual abuse, torture, trafficking in persons, forced prostitution, kidnapping and sexual harassment in the workplace, as well as in educational institutions, health facilities or any other place; and
- c. that is perpetrated or condoned by the State or its agents regardless of where it occurs.

CHAPTER II PROTECTED RIGHTS Article 3

Every woman has the right to be free from violence in both the public and private spheres.

Article 4

Every woman has the right to the recognition, enjoyment, exercise and protection of all human rights and freedoms embodied in regional and international human rights instruments. These rights include, among others:

- a. the right to have her life respected;
- b. the right to have her physical, mental and moral integrity respected;
- c. the right to personal liberty and security;
- d. the right not to be subjected to torture;
- e. the right to have the inherent dignity of her person respected and her family protected;
- f. the right to equal protection before the law and of the law;
- g. the right to simple and prompt recourse to a competent court for protection against acts that violate her rights;
- h. the right to associate freely;
- i. the right of freedom to profess her religion and beliefs within the law; and
- j. the right to have equal access to the public service of her country and to take part in the conduct of public affairs, including decision-making.

Article 5

Every woman is entitled to the free and full exercise of her civil, political, economic, social and cultural rights, and may rely on the full protection of those rights as embodied in regional and international instruments on human rights.

The States Parties recognize that violence against women prevents and nullifies the exercise of these rights.

Article 6

The right of every woman to be free from violence includes, among others:

- a. the right of women to be free from all forms of discrimination; and
- b. the right of women to be valued and educated free of stereotypical patterns of behavior and social and cultural practices based on concepts of inferiority or subordination.

CHAPTER III DUTIES OF THE STATES

Article 7

The States Parties condemn all forms of violence against women and agree to pursue, by all appropriate means and without delay, policies to prevent, punish and eradicate such violence and undertake to:

- a. refrain from engaging in any act or practice of violence against women and to ensure that their authorities, officials, personnel, agents, and institutions act in conformity with this obligation;
- b. apply due diligence to prevent, investigate and impose penalties for violence against women;
- c. include in their domestic legislation penal, civil, administrative and any other type of provisions that may be needed to prevent, punish and eradicate violence against women and to adopt appropriate administrative measures where necessary;
- d. adopt legal measures to require the perpetrator to refrain from harassing, intimidating or threatening the woman or using any method that harms or endangers her life or integrity, or damages her property;
- e. take all appropriate measures, including legislative measures, to amend or repeal existing laws and regulations or to modify legal or customary practices which sustain the persistence and tolerance of violence against women;
- f. establish fair and effective legal procedures for women who have been subjected to violence which include, among others, protective measures, a timely hearing and effective access to such procedures;
- g. establish the necessary legal and administrative mechanisms to ensure that women subjected to violence have effective access to restitution, reparations or other just and effective remedies; and
- h. adopt such legislative or other measures as may be necessary to give effect to this Convention.

Article 8

The States Parties agree to undertake progressively specific measures, including programs:

- a. to promote awareness and observance of the right of women to be free from violence, and the right of women to have their human rights respected and protected;
- b. to modify social and cultural patterns of conduct of men and women, including the development of formal and informal educational programs appropriate to every level of the educational process, to counteract prejudices, customs and all other practices which are based on the idea of the inferiority or superiority of either of the sexes or on the stereotyped roles for men and women which legitimize or exacerbate violence against women;
- c. to promote the education and training of all those involved in the administration of justice, police and other law enforcement officers as well as other personnel responsible for implementing policies for the prevention, punishment and eradication of violence against women;
- d. to provide appropriate specialized services for women who have been subjected to violence, through public and private sector agencies, including shelters, counseling services for ailing family members where appropriate, and care and custody of the affected children;
- e. to promote and support governmental and private sector education designed to raise the awareness of the public with respect to the problems of and remedies for violence against women;
- f. to provide women who are subjected to violence access to effective readjustment and training programs to enable them to fully participate in public, private and social life;
- g. to encourage the communications media to develop appropriate media guidelines in order to contribute to the eradication of violence against women in all its forms, and to enhance respect for the dignity of women;
- h. to ensure research and the gathering of statistics and other relevant information relating to the causes, consequences and frequency of violence against women, in order to assess the effectiveness of measures to prevent, punish and eradicate violence against women and to formulate and implement the necessary changes; and
- i. to foster international cooperation for the exchange of ideas and experiences and the execution of programs aimed at protecting women who are subjected to violence.

Article 9

With respect to the adoption of the measures in this Chapter, the States Parties shall take special account of the vulnerability of women to violence by reason of, among others, their race or ethnic background or their status as migrants, refugees or displaced persons. Similar consideration shall be given to women subjected to violence while pregnant or who are disabled, minors, elderly, socioeconomically disadvantaged, affected by armed conflict or deprived of their freedom.

CHAPTER IV

INTER-AMERICAN MECHANISMS OF PROTECTION

Article 10

In order to protect the right of every woman to be free from violence, the States Parties shall include in their national reports to the Inter-American Commission of Women information on measures adopted to prevent and prohibit violence against women, and to assist women affected by violence, as well as on any difficulties they observe in applying those measures, and the factors that contribute to violence against women.

Article 11

The States Parties to this Convention and the Inter-American Commission of Women may request of the Inter-American Court of Human Rights advisory opinions on the interpretation of this Convention.

Article 12

Any person or group of persons, or any nongovernmental entity legally recognized in one or more member states of the Organization, may lodge petitions with the Inter-American Commission on Human Rights containing denunciations or complaints of violations of Article 7 of this Convention by a State Party, and the Commission shall consider such claims in accordance with the norms and procedures established by the American Convention on Human Rights and the Statutes and Regulations of the Inter-American Commission on Human Rights for lodging and considering petitions.

CHAPTER V GENERAL PROVISIONS

Article 13

No part of this Convention shall be understood to restrict or limit the domestic law of any State Party that affords equal or greater protection and guarantees of the rights of women and appropriate safeguards to prevent and eradicate violence against women.

Article 14

No part of this Convention shall be understood to restrict or limit the American Convention on Human Rights or any other international convention on the subject that provides for equal or greater protection in this area.

Article 15

This Convention is open to signature by all the member States of the Organization of American States.

Article 16

This Convention is subject to ratification. The instruments of ratification shall be deposited with the General Secretariat of the Organization of American States.

Article 17

This Convention is open to accession by any other State. Instruments of accession shall be deposited with the General Secretariat of the Organization of American States.

Article 18

Any State may, at the time of approval, signature, ratification, or accession, make reservations to this Convention provided that such reservations are:

- a. not incompatible with the object and purpose of the Convention, and
- b. not of a general nature and relate to one or more specific provisions.

Article 19

Any State Party may submit to the General Assembly, through the Inter-American Commission of Women, proposals for the amendment of this Convention. Amendments shall enter into force for the states ratifying them on the date when two-thirds of the States Parties to this Convention have deposited their respective instruments of ratification. With respect to the other States Parties, the amendments shall enter into force on the dates on which they deposit their respective instruments of ratification.

Article 20

If a State Party has two or more territorial units in which the matters dealt with in this Convention are governed by different systems of law, it may, at the time of signature, ratification or accession, declare that this Convention shall extend to all its territorial units or to only one or more of them.

Such a declaration may be amended at any time by subsequent declarations, which shall expressly specify the territorial unit or units to which this Convention applies. Such subsequent declarations shall be transmitted to the General Secretariat of the Organization of American States, and shall enter into force thirty days after the date of their receipt.

Article 21

This Convention shall enter into force on the thirtieth day after the date of deposit of the second instrument of ratification. For each State that ratifies or accedes to the Convention after the second instrument of ratification is deposited, it shall

enter into force thirty days after the date on which that State deposited its instrument of ratification or accession.

Article 22

The Secretary General shall inform all member states of the Organization of American States of the entry into force of this Convention.

Article 23

The Secretary General of the Organization of American States shall present an annual report to the member states of the Organization on the status of this Convention, including the signatures, deposits of instruments of ratification and accession, and declarations, and any reservations that may have been presented by the States Parties, accompanied by a report thereon if needed.

Article 24

This Convention shall remain in force indefinitely, but any of the States Parties may denounce it by depositing an instrument to that effect with the General Secretariat of the Organization of American States. One year after the date of deposit of the instrument of denunciation, this Convention shall cease to be in effect for the denouncing State but shall remain in force for the remaining States Parties.

Article 25

The original instrument of this Convention, the English, French, Portuguese and Spanish texts of which are equally authentic, shall be deposited with the General Secretariat of the Organization of American States, which shall send a certified copy to the Secretariat of the United Nations for registration and publication in accordance with the provisions of Article 102 of the United Nations Charter.

IN WITNESS WHEREOF the undersigned Plenipotentiaries, being duly authorized thereto by their respective governments, have signed this Convention, which shall be called the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, "Convention of Belém do Pará."

DONE IN THE CITY OF BELÉM DO PARÁ, BRAZIL, the ninth of June in the year one thousand nine hundred ninety-four.

**ANNEX B
TRAINING WORKSHOPS**

**Workshop I: Application of the Research Protocol
Agenda**

First day

| Topic | Participants | Duration |
|--|--------------------------------|-----------------|
| Registration for the workshop | | 30" |
| Introduction of the Program on Women, Health, and Development of the Pan-American Health Organization | Presenter | 15" |
| Introduction of the participants and the workshop | All participants | 45" |
| Explanation of the study "Critical Path Followed by Women Affected by family Violence": Objectives, background, and implementation process | Presenter | 30" |
| Description of sites chosen for the study | Investigators and counterparts | 30" |
| Break | | 30" |
| Presentation of protocol: Introduction, background, assumptions of the study | Presenter Working Groups | 90" |
| Lunch | | 90" |
| Selection of information sources and collection of data: Service providers | Presenter Working Groups | 90" |
| Break | | 30" |
| Selection of information sources and collection of data: Record-keeping documents | Presenter Working Groups | 60" |

Second day

| Topic | Participants | Duration |
|--|------------------------------|------------|
| Selection of information sources and collection of data: Women affected by family violence | Presenter Working Groups | 120" |
| Break | | 30" |
| Data collection instruments | Presenters Working Groups | 90" |
| Lunch | | 90" |
| Recording of field information | Presenter | 60" |
| Discussion of ethical aspects of the study | Presenter | 60" |
| Break | | 30" |
| Plenary discussion of the protocol | All participants | 60" |

Third day

| Topic | Participants | Duration |
|---|----------------|------------|
| Introduction of the techniques used for the collection of information | Presenters | 90" |
| Break | | 30" |
| Practice applying techniques: Semi-structured interviews | Working Groups | 90" |
| Lunch | | 90" |

| | | |
|---|----------------|------------|
| Practice applying techniques: Semi-structured interviews | Working Groups | 90" |
| Break | | 30" |
| Practice applying techniques: Review of documents | Working Groups | 90" |

Fourth day

| Topic | Participants | Duration |
|--|----------------|------------|
| Practice applying techniques: In-depth interviews | Working Groups | 90" |
| Break | | 30" |
| Practice applying techniques: In-depth interviews | Working Groups | 90" |
| Lunch | | 90" |
| Practice applying techniques: Focus groups | Working Groups | 90" |
| Break | | 30" |
| Practice applying techniques: Focus groups | Working Groups | 90" |

Fifth day

| Topic | Participants | Duration |
|---|----------------|------------|
| Practice applying techniques: Focus groups | Working Groups | 90" |
| Break | | 30" |
| Practice applying techniques: Focus groups | Working Groups | 90" |

| | | |
|--|------------------|------------|
| Lunch | | 90” |
| Practice applying techniques: Focus groups | Working Groups | 120” |
| Break | | 30” |
| Plenary discussion of the data collection techniques | All participants | 60” |

Sixth day

| Topic | Participants | Duration |
|---|---------------------------------------|-----------------|
| Conducting the study: Work plan and timetable | Montserrat Sagot Elizabeth Shrader | 90” |
| Break | | 30” |
| Comments on the methodology | All participants | 90” |
| Lunch | | 90” |
| Evaluation and Conclusions Working Groups | | 90” |
| Closing session | | 30” |

Workshop II: Analysis of Qualitative Data Agenda

First day

| Topic | Participants | Duration |
|---|--------------------------------|------------|
| Introduction of the participants and the workshop | All participants | 30" |
| Methodological considerations: Subjective process of qualitative research | Presenter | 30" |
| Progress reports on the work undertaken (30 minutes per country) | Investigators and counterparts | 90" |
| Break | | 15" |
| Progress reports on the work undertaken (30 minutes per country) | Investigators and counterparts | 105" |
| Lunch | | 90" |
| Progress reports on the work undertaken (30 minutes per country) | Investigators and counterparts | 60" |
| Break | | 15" |
| Selection of information sources and collection of data: Record-keeping documents | Presenter Working Groups | 135" |
| Conclusion of the day, assignment of homework | | |

Outcomes:

1. Information on progress in each country according to the timetables developed in the previous workshop
2. Systematization of the investigators' experience in relation to the process
3. List of commonalities and differences in the research experience

Second day

| Topic | Participants | Duration |
|--|------------------|------------|
| Presentation: The meaning of “social perception” | Presenter | 60” |
| Presentation: The process of categorizing qualitative data | Presenter | 60” |
| Exercise: Development of the coding and categorization system | Working groups | 30” |
| Break | | 15” |
| Continuation of the exercise | Working groups | 105” |
| Lunch | | 90” |
| Presentation of proposed categories and coding | Working groups | 90” |
| Break | | 15” |
| Plenary: Discussion of the data coding and categorization system | All participants | 60” |
| Conclusion of the day, assignment of homework | | |

Outcomes:

1. Initial categorization of the qualitative data
2. Coding system

Third day

| Topic | Participants | Duration |
|--|------------------------------|----------|
| Presentation: Techniques for organizing the analysis of qualitative data | Presenter | 60” |
| Exercise: Practice coding the interviews; draft analytical abstracts and memos | Each participant works alone | 30” |

| | | |
|--|--------------------------------|------------|
| Break | | 15” |
| Continuation of the exercise | Each participant works alone | 30” |
| Discussion of the exercise, comparison of experiences | All participants | 105” |
| Lunch | | 90” |
| Presentation: Techniques for the presentation of qualitative data | Presenter | 60” |
| Exercise: Design a matrix, an explanatory network, a decision tree or a taxonomy | Investigators and counterparts | 60” |
| Break | | 15” |
| Plenary: Presentation of the work | All participants | 60” |
| Conclusion of the day, assignment of homework | | |

Outcomes:

1. Structure for organizing the qualitative data
2. Development of skills for presenting qualitative data in non-narrative form

Fourth day

| Topic | Participants | Duration |
|---|---------------------|-----------------|
| Conclusion of the presentations; summary | All participants | 30” |
| Presentation: Analysis plan | Presenter | 60” |
| Break | | 15” |
| Discussion: Development of a proposed analysis plan | All participants | 135” |
| Lunch | | 90” |
| Continuation of the development of a proposed analysis plan | All participants | 75” |

| | | |
|---|------------------|------------|
| Break | | 15” |
| Conclusion of the development of a proposed analysis plan | All participants | 90” |

Conclusion of the day, assignment of homework

Outcomes:

1. Analysis plan

Fifth day

| Topic | Participants | Duration |
|---|---------------------|-----------------|
| Presentation: Organization and management of information | Presenter | 30” |
| Group exercise: Development of system for organizing the qualitative data | All participants | 60” |
| Break | | 15” |
| Group exercise: Development of outlines for the final national reports | All participants | 105” |
| Lunch | | 90” |
| Conclusion of the workshop; evaluation | All participants | 30” |

Outcomes:

1. Data organization system
2. Outline and structure of the national reports

Workshop III: Methodology, Results, and Preliminary Conclusions Agenda

First day

| Topic | Participants | Duration |
|---|------------------|-------------|
| Welcome and explanation of the workshop dynamics | Presenters | 30'' |
| Presentation of national reports (Progress, discussion of protocol objectives, analysis plan – 30 minutes per country) | Investigators | 90'' |
| Break | | 15'' |
| Presentation of national reports (30 minutes per country) | Investigators | 90'' |
| Lunch | | 90'' |
| Review of the experiences presented in the morning | Presenters | 30'' |
| Group discussions on progress under the protocol | Working groups | 60'' |
| Break | | 15'' |
| Plenary: Discussion of progress and protocol | All participants | 75'' |

Conclusion of the day

Outcomes:

1. Information on progress in each country
2. Systematization of the experience in applying the protocol and analysis plan, and changes made in these instruments during the process
3. Information on the resolution of logistical, methodological, and analytical problems encountered

Second day

| Topic | Participants | Duration |
|--|------------------|------------|
| Presentation of preliminary findings (30 minutes per country) | Investigators | 90" |
| Break | | 15" |
| Presentation of preliminary finding (30 minutes per country) | Investigators | 90" |
| Review of the experiences presented during the morning | Presenters | 45" |
| Lunch | | 90" |
| Group discussion of the preliminary findings by respondent | Working groups | 90" |
| Break | | 15" |
| Presentation of preliminary findings | Working groups | 45" |
| Plenary: Discussion of the preliminary findings | All participants | 60" |
| Conclusion of the day | | |

Outcomes:

1. Information on preliminary findings in each country
2. Systematization of preliminary findings by respondent

Third day

| Topic | Participants | Duration |
|--|----------------|------------|
| Systematization of preliminary conclusions | Working Groups | 90" |
| Break | | 15" |

| | | |
|---|------------------|------------|
| Presentation of working group conclusions | Working Groups | 45” |
| Plenary: Discussion of preliminary conclusions | All participants | 90” |
| Lunch | | 90” |
| Discussion of proposed outline for national and regional reports | All participants | 90” |
| Break | | 15” |
| Continuation of discussion of proposed outline and structure of reports | All participants | 45” |
| Discussion of final timetable | All participants | 60” |
| Conclusion of the day | | |

Outcomes:

1. Systematization of preliminary conclusions
2. Revised proposal for outline and structure of national reports and regional report
3. Final timetable

ANNEX C
**PARTICIPANTS IN THE RESEARCH PROJECT “THE CRITICAL PATH
 FOLLOWED BY WOMEN AFFECTED BY FAMILY VIOLENCE”**

| | | |
|--------------------|---|---|
| REGIONAL | Former Director, Program on Women, Health and Development Regional Coordinator PAHO/Regional focal point Technical consultants | Pamela Hartigan Lea Guido Janete da Silva Montserrat Sagot Elizabeth Shrader |
| BELIZE | PAHO focal point Leading investigator Assistant investigator Collaborators | Cathy Bottaro Abigail McKay Rosana Burgess Teresa Aragón Amalia Del Riego Emily Ferguson Emelda Flowers Bertha Fuentes Gloria Martínez Kathleen Pate |
| BOLIVIA | PAHO focal point Investigators | Dora Caballero María del Carmen Jemio Cecilia Prieto Bernal Marilyn Rivero Pinto Beatriz Escalera Olga Arnez |
| COSTA RICA | PAHO focal point Leading investigators | Lea Guido Ana Carcedo Alicia Zamora Murillo |
| ECUADOR | PAHO focal points Leading investigators | Tatiana Cordero Gloria Maira Zaida Betancourt Virginia Gómez de la Torre Zaida Crespo Regalado |
| EL SALVADOR | PAHO focal point Leading investigator Assistant investigator Collaborators | Ruth Vega de Manzano Sonia Baires Gilda Parducci Mujeres por la Dignidad y la Vida |
| GUATEMALA | PAHO focal point Leading investigator Assistant investigators | Vilma Lili Caravantes Ana Leticia Aguilar T. Geovana Lemes Lidia Ortiz |

| | | |
|------------------|---|---|
| HONDURAS | PAHO focal point Leading investigator Assistant investigators | Rosibel Gómez Z. Mirtha Kennedy Reyna Cálix Alta Gracia Valdes Equipo CEM-H |
| NICARAGUA | PAHO focal point Leading investigator Assistant investigator | Silvia Narváez Flores Carmen María Lang Silvia Carrasco |
| PANAMA | PAHO focal point Leading investigator Assistant investigator Collaborators | América Valdés Nilda Santamaría Susana Serracín Eneida Barría Martha Icaza Roxana Rangel Lida Rodríguez |
| PERU | PAHO focal points | María Edith Baca Alicia Castro |



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This book is a new weapon in the battle against violence in society, particularly violence perpetrated against women and children. It sets forth a protocol that can be used to investigate the route that women follow as they try to solve their domestic violence problems and search for care.

The book describes how the protocol was designed, the steps to be followed in the course of field work, and other relevant features. The protocol was applied in 15 communities in 10 countries (seven in Central America and three in the Andean Area). The information was obtained through field interviews with women, service providers, and various community members.

We hope that this book will contribute to place violence against women as a high-priority problem and will help to develop a model for the prevention of domestic violence and the care of its victims.