

### Purpose of the Tools

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

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

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

### Tools Included in this Chapter

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

## Description of the Tools

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

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

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

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

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

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

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

## Introduction

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

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

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

## Section 1. General Demographic Information

### Dates Information Collected:

From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_

### Location of Situational Analysis

Camp/Community Name	Nearby Village/Town	District/Zone

### Current Population Data:

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

### General information about population:

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

## Section 2. Overview of Population Movement

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

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

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

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

Year	Size of Population	Influx / Egress	Origin / Ethnicity

**Describe any anticipated population increase or decrease:**

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

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

## Analyzing the data from Section 2.

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

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

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

## Section 3. Description of Community/Camp

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

### Community/Camp Leadership Structure

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

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

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

Name of Group	Types of Activities	Contact Person

**Schools, Education, Skills Training**

Number of primary schools in camp/community: \_\_\_\_\_

Estimated coverage of girls in primary school: \_\_\_\_\_

Total number of girls in school: \_\_\_\_\_

Total number of girls eligible for primary school: \_\_\_\_\_

Comment on activities targeting girls: \_\_\_\_\_

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Number of secondary schools in camp/community: \_\_\_\_\_

Estimated coverage of girls in secondary school: \_\_\_\_\_

Total number of girls in secondary school: \_\_\_\_\_

Total number of girls eligible for secondary school: \_\_\_\_\_

Comment on activities targeting girls: \_\_\_\_\_

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

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

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

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

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

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

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

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

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



## National Organizations Providing GBV-specific Services

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

Organization	Role	Contact Name/Title	Contact Number	Comments

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

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

Organization	Role/Services	Contact Name/Title	Contact Number	Comments

## Analyzing the data from Section 3

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

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

## Section 4. Overview of GBV

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

### Special Populations at Risk of GBV:

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

### Reports / Assessments of GBV in this Location:

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

### Reported Incidents of GBV in Past 12 Months:

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

**SOURCE: Police/Security**

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

**SOURCE: Health Facility**

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

SOURCE: Community Services

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

**SOURCE: Protection**

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

**Calculations from Incident Report Data from All Sources**

**Calculate 12-month Police/Security Report Rate:**

$$\frac{\text{Total Number Reports over 12 months}}{\text{Average population over 12-month period}} \times 10,000 = \frac{\quad}{\quad} \begin{matrix} \text{reports per 10,000} \\ \text{population in that 12-month period} \end{matrix}$$

**Calculate 12-month Health Facility Report Rate:**

$$\frac{\text{Total Number Reports over 12 months}}{\text{Average population over 12-month period}} \times 10,000 = \frac{\quad}{\quad} \begin{matrix} \text{reports per 10,000} \\ \text{population in that 12-month period} \end{matrix}$$

**Calculate 12-month Community Services Report Rate:**

$$\frac{\text{Total Number Reports over 12 months}}{\text{Average population over 12-month period}} \times 10,000 = \frac{\quad}{\quad} \begin{matrix} \text{reports per 10,000} \\ \text{population in that 12-month period} \end{matrix}$$

**Calculate 12-month Protection Report Rate:**

$$\frac{\text{Total Number Reports over 12 months}}{\text{Average population over 12-month period}} \times 10,000 = \frac{\quad}{\quad} \begin{matrix} \text{reports per 10,000} \\ \text{population in that 12-month period} \end{matrix}$$

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

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

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

**Analyzing the data from Section 4**

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

**Section 5. National Security and Legal Authority**

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

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

## Data Collection Methods

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

AND

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

## I. Laws

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

### A. Legal Definitions

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

## **B. Other Legal Protections and Stipulations**

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

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

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What are legal stipulations regarding the following:

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

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Women's property ownership rights?

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Inheritance rights of women, girls, and widows?

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

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## **C. Emergency Contraception and Abortion**

Is emergency contraception legal? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, under what circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for emergency contraception.

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Is abortion legal? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, under what circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for a legal abortion.

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

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

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## D. Mandatory Reporting Laws

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

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What types of GBV fall under the mandatory reporting laws?

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What are the penalties for non-reporting?

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Are there special circumstances for which reporting is not mandatory?

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## II. Police Procedures

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

### A. Police Procedures and Practice

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

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

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

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

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

## **B. Investigation and Arrest**

What is the process for detaining suspects?

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

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

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

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## **III. Judicial Procedures**

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

### **A. Criminal Legal Proceedings**

Who is responsible for pressing charges in criminal proceedings?

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

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

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

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

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What are reasons for delays in the prosecution of cases?

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

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## **B. Transport, Care, and Protection of Witnesses**

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

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

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Are there any relevant legal provisions?

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

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

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Are there other organizations involved in witness assistance?

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

1. Victims?

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2. Witnesses?

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3. Accused?

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## **C. Sentencing**

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

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

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Are there any provisions for repeat GBV offenders?

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

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

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

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#### **D. Capacity of the Court**

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

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

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

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

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#### **E. Civil Proceedings**

What are the options for civil proceedings?

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What are normal procedures in civil proceedings?

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#### **Analyzing the data from Section 5**

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