

**DOMESTIC VIOLENCE MODULE**

12-Jan-05

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
DV00	CHECK HOUSEHOLD QUESTIONNAIRE, [LOCATION TO BE CHECKED]. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> <span style="margin-left: 200px;">WOMAN NOT SELECTED <input type="checkbox"/></span>		GO TO NEXT SECT.																												
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED ..... 1 <span style="margin-left: 150px;">PRIVACY NOT POSSIBLE ..... 2</span>		DV34																												
READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in [COUNTRY]. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.																															
DV02	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> <span style="margin-left: 100px;">FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/></span> <span style="margin-left: 100px;">NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></span>		DV14																												
DV03	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>JEALOUS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>ACCUSES .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>NOT MEET FRIENDS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>NO FAMILY .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>WHERE YOU ARE ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>MONEY .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS .....	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE ...	1	2	8	MONEY .....	1	2	8	
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DV04	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. A (Does/did) your (last) husband/partner ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone close to you? c) insult you or make you feel bad about yourself?	B <b>CHECK 604: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b> How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="0" style="margin-left: 20px;"> <tr> <td></td> <td style="text-align: right;">OFTEN</td> <td style="text-align: right;">SOME-TIMES</td> <td style="text-align: right;">NOT AT ALL</td> </tr> <tr> <td>YES 1 →</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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DV05	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) force you to perform any sexual acts you did not want to?</p>	<p>B</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;"> <b>CHECK 604: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b> </div> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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DV06	<p>CHECK DV05A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ DV09																																																												
DV07	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95</p>																																																													
DV08	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<table border="0"> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </table>	YES .....	1	NO .....	2	YES .....	1	NO .....	2	YES .....	1	NO .....	2																																																	
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DV09	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?</p>	<table border="0"> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </table>	YES .....	1	NO .....	2	→ DV12																																																								
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DV10	<p>CHECK 604:</p> <p>RESPONDENT IS NOT A WIDOW <input type="checkbox"/></p> <p>RESPONDENT IS A WIDOW <input type="checkbox"/></p>		→ DV12																																																												
DV11	<p>In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?</p>	<table border="0"> <tr> <td>OFTEN .....</td> <td>1</td> </tr> <tr> <td>SOMETIMES .....</td> <td>2</td> </tr> <tr> <td>NOT AT ALL .....</td> <td>3</td> </tr> </table>	OFTEN .....	1	SOMETIMES .....	2	NOT AT ALL .....	3																																																							
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DV12	<p>Does (did) your husband/partner drink alcohol?</p>	<table border="0"> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </table>	YES .....	1	NO .....	2	→ DV14																																																								
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DV13	<p>How often does (did) he get drunk: often, only sometimes, or never?</p>	<table border="0"> <tr> <td>OFTEN .....</td> <td>1</td> </tr> <tr> <td>SOMETIMES .....</td> <td>2</td> </tr> <tr> <td>NEVER .....</td> <td>3</td> </tr> </table>	OFTEN .....	1	SOMETIMES .....	2	NEVER .....	3																																																							
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DV14	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/LIVED WITH A MAN      NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?      From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	<p>→ DV17</p>
DV15	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A</p> <p>FATHER/STEP-FATHER ..... B</p> <p>SISTER/BROTHER ..... C</p> <p>DAUGHTER/SON ..... D</p> <p>OTHER RELATIVE ..... E</p> <p>FORMER HUSBAND/PARTNER .. F</p> <p>CURRENT BOYFRIEND ..... G</p> <p>FORMER BOYFRIEND ..... H</p> <p>MOTHER-IN-LAW ..... I</p> <p>FATHER-IN-LAW ..... J</p> <p>OTHER IN-LAW ..... K</p> <p>TEACHER ..... L</p> <p>EMPLOYER/SOMEONE AT WORK . M</p> <p>POLICE/SOLDIER ..... N</p> <p>OTHER _____ X (SPECIFY)</p>	
DV16	<p>In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?</p>	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NOT AT ALL ..... 3</p>	
DV17	<p>CHECK 201, 226, AND 229:</p> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) <input type="checkbox"/>      NEVER BEEN PREGNANT <input type="checkbox"/></p>		<p>→ DV20</p>
DV18	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ DV20</p>
DV19	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER . A</p> <p>MOTHER/STEP-MOTHER ..... B</p> <p>FATHER/STEP-FATHER ..... C</p> <p>SISTER/BROTHER ..... D</p> <p>DAUGHTER/SON ..... E</p> <p>OTHER RELATIVE ..... F</p> <p>FORMER HUSBAND/PARTNER .. G</p> <p>CURRENT BOYFRIEND ..... H</p> <p>FORMER BOYFRIEND ..... I</p> <p>MOTHER-IN-LAW ..... J</p> <p>FATHER-IN-LAW ..... K</p> <p>OTHER IN-LAW ..... L</p> <p>TEACHER ..... M</p> <p>EMPLOYER/SOMEONE AT WORK . N</p> <p>POLICE/SOLDIER ..... O</p> <p>OTHER _____ X (SPECIFY)</p>	
DV20	<p>CHECK 610: EVER HAD SEX?</p> <p>HAS EVER HAD SEX <input type="checkbox"/>      NEVER HAD SEX <input type="checkbox"/></p>		<p>→ DV25</p>
DV21	<p>The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?</p>	<p>WANTED TO ..... 1</p> <p>FORCED TO ..... 2</p> <p>REFUSED TO ANSWER/ NO RESPONSE ..... 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV22	CHECK 601 AND 602:  EVER MARRIED/LIVED WITH A MAN  In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?	NEVER MARRIED/ NEVER LIVED WITH A MAN  In the last 12 months has anyone forced you to have sexual intercourse against your will?  YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	
DV23	CHECK DV21 AND DV22:  DV21 ='1' OR '3' <input type="checkbox"/> AND DV22 ='2' OR '3' <input type="checkbox"/>	OTHER <input type="checkbox"/>	DV26
DV24	CHECK DV05(h) and DV05(i):  DV05(h) IS NOT '1' <input type="checkbox"/> AND DV05(i) IS NOT '1' <input type="checkbox"/>	OTHER <input type="checkbox"/>	DV28
DV25	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	DV28
DV26	How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS ... <input type="text"/> DON=T KNOW ..... 98	
DV27	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER .. 02 CURRENT/FORMER BOYFRIEND . 03 FATHER ..... 04 STEP FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE .. 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK . 13 POLICE/SOLDIER ..... 11 PRIEST/RELIGIOUS LEADER ..... 12 STRANGER ..... 14 OTHER ..... 96  (SPECIFY)	
DV28	CHECK DV05A (a-i), DV14, DV18, DV22 AND DV25:  AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		DV32
DV29	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES ..... 1 NO ..... 2	DV31
DV30	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND/PARTNER'S FAMILY .... B CURRENT/LAST/LATE HUSBAND/PARTNER ..... C CURRENT/FORMER BOYFRIEND . D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL . H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION . K OTHER ..... X  (SPECIFY)	DV32
DV31	Have you ever told any one else about this?	YES ..... 1 NO ..... 2	
DV32	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

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THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

DV33	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT ....	1	2	3	FEMALE ADULT.....	1	2	3	
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DV34	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE  _____  _____  _____																		