









## Beyond Zero Documenting Human Rights Violations

A Introduction and demographics	Helpful Notes
<p>My name is [name of interviewer]. I'm employed by [name of SR] providing HIV prevention and related services to Men who have sex with men (MSM) and transgender people (TG) in this district. The aim of the questionnaire is to document Human Rights violations.</p> <p>Importantly, these data would help us in designing appropriate strategies for the future.</p> <p>I'm going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. However, your honest answers to these questions will help us better understand what people think, say and do about certain kind of behaviours. We would greatly appreciate your help in responding to this survey.</p> <p>This form is implemented by Beyond Zero to collect feedback from the men who have sex with men (MSM) and transgender (TG) programmes funded under the Global Fund grant to South Africa.</p>	<p><b>Purpose:</b> Short intro that avoids the common lengthy participant consent form used in research studies/data collection.</p> <p><b>Notes for data collectors:</b> Inform the client that their responses are confidential. It can also be anonymous if they do not submit a client complain with contact information. Explain who views their responses and how it used to inform quality improvement.</p>
<p><b>1*</b> <b>Who is completing this form?</b></p> <p><input type="radio"/>  A client</p> <p><input type="radio"/>  Service provider on behalf of client</p> <p><input type="radio"/>  Community worker on behalf of a client</p>	<p><b>Purpose:</b> To see if the survey administrator has an impact on client feedback.</p> <p><b>Notes for data collectors:</b> Simply select whoever is inputting responses on the survey. If clients are taking the survey themselves, instruct them to select "a client or patient".</p>
<p><b>2*</b> <b>What sex were you assigned at birth?</b></p> <p><input type="radio"/> ♂ Male</p> <p><input type="radio"/> ♀ Female</p> <p><input type="radio"/> ♀♂ Intersex</p> <p><input type="radio"/> ✕ Prefer not to say</p> <p><input type="radio"/> Other (specify) _____</p>	<p><b>Purpose:</b></p> <p><b>Notes for data collectors:</b></p>
<p><b>3*</b> <b>Do you identify as:</b></p> <p><input type="radio"/>  Transgender man</p> <p><input type="radio"/>  Transgender woman</p> <p><input type="radio"/> ✕ Gender non-conforming</p> <p><input type="radio"/> Other (specify) _____</p>	<p><b>Purpose:</b> To see if the sexual identity has an impact on client experiences.</p> <p><b>Notes for data collectors:</b> All users will be trained on the standard definitions related to sexual orientation. Refer to training manual.</p>

<p><b>4* How would you describe your sexual orientation?</b></p> <p> <input type="radio"/>  Gay Man  <input type="radio"/>  Heterosexual (MSM)  <input type="radio"/>  Bisexual Man  <input type="radio"/> <input checked="" type="checkbox"/> Prefer not to say  <input type="radio"/> Other (specify) _____                 </p>	<p><b>Purpose:</b> To see if the sexual orientation has an impact on client experiences.</p> <p><b>Notes for data collectors:</b> All users will be trained on the standard definitions related to sexual orientation. Refer to training manual.</p>
<p><b>5* How old were you on your last birthday?</b></p> <p> <input type="radio"/> _____ years  <input type="radio"/> Don't know  <input type="radio"/> <input checked="" type="checkbox"/> Prefer not to say                 </p>	<p><b>Purpose:</b> To see if the age has an impact on client experiences.</p>
<p><b>6* What is the highest level of education you have completed?</b></p> <p> <input type="radio"/> Primary (grade 1 – 7)  <input type="radio"/> Secondary (grade 8 – 12)  <input type="radio"/> Tertiary (TVET, University or other post-matric)  <input type="radio"/> <input checked="" type="checkbox"/> Prefer not to say  <input type="radio"/> Other (specify) _____                 </p>	<p><b>Purpose:</b> To see if the level of education has an impact on client experiences</p>
<p><b>7* In the last 12 months, have you received any services supported by Beyond Zero or it's sub-recipients, through the Global Fund Grant?</b></p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Don't know  <input type="radio"/> <input checked="" type="checkbox"/> Prefer not to say                 </p> <p><i>If "Yes" – go to question 8</i> <i>If "No" – go to question 9</i></p>	<p><b>Notes for data collectors:</b> Explain which services are offered under the grant.</p>
<p><b>8* If yes, list all services received.</b></p>	
<p><b>B Physical Violence</b></p>	<p><b>Helpful Notes</b></p>
<p><b>9* In the last month have you been subjected to any of the following because you were known or suspected to be gay, or bisexual, or having sex with other men, transgender? Repeatedly hit or kicked; pushed, hit, kicked, pulled; assaulted with a weapon; sexually harassed (e.g. touched against your will); sexual assault (e.g. rape or rape attempt); other</b></p> <p> <input type="radio"/> Yes  <input type="radio"/> No                 </p> <p><i>If "Yes" – go to question 10</i> <i>If "No" – go to question 18 (Section C)</i></p>	
<p><b>10* If "yes", how many times have you been attacked?</b></p> <p><input type="radio"/> 1</p>	

<input type="radio"/> 2 – 4 <input type="radio"/> > 5	
<p><b>11* If yes, what form did the attack(s) take?</b></p> <input type="radio"/> Repeatedly hit or kicked <input type="radio"/> Pushed, hit, kicked, pulled <input type="radio"/> Assaulted with a weapon <input type="radio"/> Sexual harassment (e.g. touching against your will) <input type="radio"/> Sexual assault (e.g. rape or rape attempt) <input type="radio"/> Other (please specify): _____	<p><b>Notes for data collectors:</b> Select all that apply</p>
<p><b>12* What was the identity of your attacker?</b></p> <input type="radio"/> Friend or acquaintance <input type="radio"/> Fellow student <input type="radio"/> Co-worker <input type="radio"/> Parent (mother / father) <input type="radio"/> Other family member <input type="radio"/> Police <input type="radio"/> Unknown to you <input type="radio"/> Other (please specify): _____	<p><b>Notes for data collectors:</b> Select all that apply</p>
<p><b>13* Where did the physical violence occur?</b></p> <input type="radio"/> Streets/roads <input type="radio"/> Parks <input type="radio"/> Shopping malls or similar <input type="radio"/> Bars/clubs <input type="radio"/> Public transport <input type="radio"/> Workplace <input type="radio"/> School <input type="radio"/> Home <input type="radio"/> Places of worship <input type="radio"/> Other (please specify): _____	<p><b>Notes for data collectors:</b> Select all that apply</p>
<p><b>14 Please describe the incident(s)</b> [Open response]</p>	<p><b>Purpose:</b> Provides additional insight into the events described in Q9 – 13 above</p> <p><b>Notes for data collectors:</b> Clients can describe in more detail the one thing that affected them most. Do not include unspecific feedback or suggestions such as “no feedback” or “it was fine”.</p>
<p><b>15* Did you report the incident (s) to the police?</b></p> <input type="radio"/> Yes <input type="radio"/> No  <p><i>If "Yes" – go to question 17</i>  <i>If "No" – go to question 17</i></p>	

<p><b>16*</b> If yes, what reaction did you get from the police?</p> <p><input type="radio"/> 1 – Extremely supportive</p> <p><input type="radio"/> 2 – Somewhat supportive</p> <p><input type="radio"/> 3 – Neutral (neither supportive nor hostile)</p> <p><input type="radio"/> 4 – Somewhat hostile</p> <p><input type="radio"/> 5 – Very hostile</p>	
<p><b>17*</b> If “No”, please give the reason:</p> <p><input type="radio"/> Police not effective</p> <p><input type="radio"/> Fear of homophobic or transphobic reaction by police</p> <p><input type="radio"/> Felt incident not serious enough</p> <p><input type="radio"/> Other (please specify): _____</p>	
<p><i>Skip logic</i></p> <ul style="list-style-type: none"> <li>■ Q9 responses: If "Yes" – go to question 10; If "No" – go to question 18 (Section C)</li> <li>■ Q15 responses: If "Yes" – go to question 16; If "No" – go to question 17</li> </ul>	
<p><b>C Psychological Harassment</b></p>	<p><b>Helpful Notes</b></p>
<p><b>18*</b> In the last month have you been subjected to any of the following because you were known or suspected to be gay, or bisexual or a man having sex with other men or transgender person? Insults, humiliation, ridicule; malicious gossip; threats; ostracised; hate mail; blackmail; damage to/theft of property; other</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><i>If "Yes" – go to question 19</i>  <i>If "No" – go to question 27 (Section D)</i></p>	
<p><b>19*</b> If “yes”, how many times have you been harassed?</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2 – 4</p> <p><input type="radio"/> &gt; 5</p>	
<p><b>20*</b> If yes, what form did the harassment take?</p> <p><input type="radio"/> Insults</p> <p><input type="radio"/> Humiliation</p> <p><input type="radio"/> Ridicule</p> <p><input type="radio"/> Malicious gossip</p> <p><input type="radio"/> Threats</p> <p><input type="radio"/> Ostracised</p> <p><input type="radio"/> Hate mail</p> <p><input type="radio"/> Blackmail</p> <p><input type="radio"/> Damage to/theft of property</p> <p><input type="radio"/> Other (please specify): _____</p>	<p><b>Notes for data collectors:</b>                  Select all that apply</p>

<p><b>21* What was the identity of the person who harassed you?</b></p> <p> <input type="radio"/> Friend or acquaintance  <input type="radio"/> Fellow student  <input type="radio"/> Co-worker  <input type="radio"/> Parent (mother / father)  <input type="radio"/> Other family member  <input type="radio"/> Police  <input type="radio"/> Unknown to you  <input type="radio"/> Other (please specify): _____                 </p>	<p><b>Notes for data collectors:</b> Select all that apply</p>
<p><b>22* Where did the psychological harassment occur?</b></p> <p> <input type="radio"/> Streets/roads  <input type="radio"/> Parks  <input type="radio"/> Shopping malls or similar  <input type="radio"/> Bars/clubs  <input type="radio"/> Public transport  <input type="radio"/> Workplace  <input type="radio"/> School  <input type="radio"/> Home  <input type="radio"/> Places of worship  <input type="radio"/> Other (please specify): _____                 </p>	<p><b>Notes for data collectors:</b> Select all that apply</p>
<p><b>23 Please describe the incident(s)</b> [Open response]</p>	<p><b>Purpose:</b> Provides additional insight into the events described in Q18-Q22 above</p> <p><b>Notes for data collectors:</b> Clients can describe in more detail the one thing that affected them most. Do not include unspecific feedback or suggestions such as “no feedback” or “it was fine”.</p>
<p><b>24* Did you report the harassment to the police?</b></p> <p> <input type="radio"/> Yes  <input type="radio"/> No                 </p> <p><i>If "Yes" – go to question 25</i> <i>If "No" – go to question 26</i></p>	
<p><b>25* If yes, what reaction did you get from the police?</b></p> <p> <input type="radio"/> 1 – Extremely supportive  <input type="radio"/> 2 – Somewhat supportive  <input type="radio"/> 3 – Neutral (neither supportive nor hostile)  <input type="radio"/> 4 – Somewhat hostile  <input type="radio"/> 5 – Very hostile                 </p>	

<p><b>26*</b> If “No”, please give the reason:</p> <p><input type="radio"/> Police not effective</p> <p><input type="radio"/> Fear of homophobic or transphobic reaction by police</p> <p><input type="radio"/> Felt incident not serious enough</p> <p><input type="radio"/> Other (please specify): _____</p>	
<p><i>Skip logic</i></p> <p>■ Q18 responses: If "Yes" – go to question 19; If "No" – go to question 27 (Section D)</p> <p>■ Q24 responses: If "Yes" – go to question 25; If "No" – go to question 26</p>	
<p><b>D Workplace stigma and discrimination</b></p>	<p><b>Helpful Notes</b></p>
<p><b>27*</b> In the past 12 months have you held a fulltime or part-time job, or searched for work at any time?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Prefer not to say</p> <p><i>If "Yes" – go to question 28</i>  <i>If "No" – go to question 32 (Section E)</i></p>	
<p><b>28*</b> In the current year have you experienced any of the following situations in the workplace or while searching for work on the grounds that you were known or suspected to be gay or bisexual or transgender or man having sex with other men?</p> <p><input type="radio"/> Refusal of employment</p> <p><input type="radio"/> Refusal of promotion</p> <p><input type="radio"/> Dismissal</p> <p><input type="radio"/> Higher expectations in comparison to other employees/candidates</p> <p><input type="radio"/> None of these</p>	
<p><b>29</b> If you experienced any of these, please describe what happened:</p> <p>[Open response]</p>	<p><b>Purpose:</b> Provides additional insight into the events described in Q27-Q28 above</p> <p><b>Notes for data collectors:</b> Clients can describe in more detail the one thing that affected them most. Do not include unspecific feedback or suggestions such as “no feedback” or “it was fine”.</p>
<p><b>30*</b> In the past 12 months, have you felt the need to conceal your sexual orientation or avoid discussing it at the workplace or while searching for work?</p> <p><input type="radio"/> Yes, all the time</p> <p><input type="radio"/> Yes, but not from all colleagues</p> <p><input type="radio"/> No, I could discuss my private life as openly as my heterosexual colleagues</p>	<p><b>Purpose:</b> Allows the programme to identify concealment of sexual orientation in the workplace</p> <p><b>Notes for data collectors:</b> Select all that apply</p>

<p><b>31* Concealment of sexual orientation in the workplace: If you hide your sexual orientation, from whom do you hide it?</b></p> <p><input type="radio"/> Clients and customers</p> <p><input type="radio"/> Employers or supervisors</p> <p><input type="radio"/> Other colleagues (workmates)</p> <p><input type="radio"/> Other (please specify): _____</p>	<p><b>Notes for data collectors:</b> Select all that apply</p>
<p><i>Skip logic</i> ■ Q27 responses: If "Yes" – go to question 28; If "No" – go to question 32 (Section E)</p>	
<p><b>E Stigma and discrimination at health or social services institutions (e.g. education, clinic and home affairs; places of worship)</b></p>	<p><b>Helpful Notes</b></p>
<p><b>32* In the past 12 months, have you experienced a situation where a representative e.g. at the education, healthcare, home affairs services or other social services, having learned about your sexual orientation or identity, treated you differently/less favourably than before or than heterosexual patients?</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not applicable (because I have not sought health or social services/home affairs services, or because I conceal my sexual orientation)</p> <p><i>If "Yes" – go to question 33</i> <i>If "No" – End survey and thank the client</i></p>	
<p><b>33* Where did the stigma and discrimination occur?</b></p> <p><input type="radio"/> Healthcare institution e.g. clinic, hospital</p> <p><input type="radio"/> Home affairs</p> <p><input type="radio"/> School</p> <p><input type="radio"/> Places of worship</p> <p><input type="radio"/> Other (please specify): _____</p>	
<p><b>34 If yes, please describe your experience:</b> [Open response]</p>	<p><b>Purpose:</b> Provides additional insight into the events described in Q32-Q33 above</p> <p><b>Notes for data collectors:</b> Clients can describe in more detail the one thing that affected them most. Do not include unspecific feedback or suggestions such as “no feedback” or “it was fine”.</p>