# How to do (or not to do) ... The genogram: a new research tool to document patterns of decision-making, conflict and vulnerability within households

CHARLOTTE WATTS<sup>1</sup> AND ELIZABETH SHRADER<sup>2</sup>

<sup>1</sup>Health Policy Unit, London School of Hygiene and Tropical Medicine, UK, and <sup>2</sup>Division for Economically and Socially Sustainable Development, Latin America and Caribbean Region, World Bank; at the time of the research, consultant to the Pan American Health Organization

#### Introduction

The household is an important unit of analysis in health economics and public health research. In developing countries in particular, household composition may be varied and complex – possibly incorporating a range of close family members (including multiple partners and children from different partnerships), extended family members (including uncles, aunts, grandparents and grand-children), and non-kin individuals (such as lodgers and servants).

Commonly, different household members have varying rights and expectations. The household head, close relatives of the household head (such as father, mother, brothers and sisters), and individuals seen as making an important contribution to the household may be most powerful and/or receive special privileges. In patriarchal societies, low status members may include other female household members, their relatives, and servants. The implications of these inequalities are increasingly being recognized – having an influence on factors such as how food and other resources are distributed among household members, the degree to which different individuals are vulnerable to various forms of morbidity, and the extent to which they may access health services when sick (Thomas 1991).

The genogram is a tool that can be used to visually document household structure, and a range of information about its members. It is primarily used in counselling to represent the dynamics of family relationships, to explore inter-generational patterns of behaviour, and to identify possible sources of support (Sproul and Gallagher 1982). It has also been used by health service providers to aid diagnostic. therapeutic and preventive care decisions (Juberg 1972; Bannerman 1986; Like et al. 1988; Lee et al. 1994; Beauchesne et al. 1997); and in research to explore family structure and behaviour (Hirshman 1985; Schor 1987; Martinson et al. 1994; Barthwell 1995). We recently used the genogram in quantitative and qualitative studies of family violence against women in Zimbabwe and Latin America (Watts et al. 1997; Shrader and Sagot 1998). We here draw upon our experiences to discuss the lessons learned about its use as a research tool, and to propose its wider application.

#### How to construct a genogram

The genogram is drawn in a manner similar to a family tree. Along with general information about different members of the family or household (such as names, dates of birth or death), a range of symbols is used to represent additional sociodemographic characteristics (such as sex, marital status, and mortality), to describe family or household structure over several generations, and to record more complex information (such as major life events, family relationships, repetitive illness and patterns of violence). Figure 1 shows some commonly used symbols (Jolly et al. 1980).

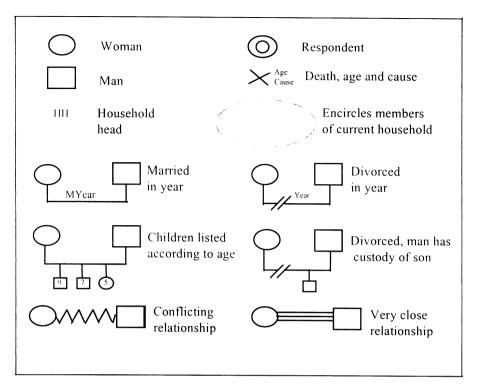


Figure 1. Commonly used genogram symbols

## Using the genogram to explore violence against women in Zimbabwe and Latin America

In both Zimbabwe and Latin America, as elsewhere, violence against women is a pervasive health and development problem (Heise et al. 1994; WHO/FRH/WHD 1996). Its impact on women's health and development has only recently been widely recognized, and the two studies were seeking to develop research tools to aid in the collection and analysis of detailed information about women's experiences of physical, sexual, psychological and economic forms of abuse.

In Zimbabwe, in 1996, in collaboration with the London School of Hygiene and Tropical Medicine, the Musasa Project conducted a household survey on violence against women. The quantitative survey sought to obtain estimates of the extent to which women experience different forms of abuse, document its health consequences, and identify particularly vulnerable groups. Formative work conducted

prior to the survey highlighted that women may experience violence from several family and household members, and that the extended family may either help prevent or support violence. Consequently, the importance of documenting multiple perpetrators, and the relative positions of power of perpetrators and victims within the household, was recognized. Counsellors at Musasa suggested using the genogram, and the method was adapted and incorporated into the survey questionnaire. This was used with 996 women.

In Latin America, in 1995, the Pan American Health Organization initiated a three-year pilot project to provide integrated health, education, social-welfare, judicial and police services to women experiencing domestic violence. In 1996, an initial multi-site qualitative study was conducted in ten Latin American countries. These studies sought to assess the availability and quality of community services, and to document women's histories of violence and decision processes to end violent relationships (Baires et al.

1996; McKay et al. 1996; Santamaria and Serracín 1996). In-depth interviews were held with approximately 250 women. The genogram was used either during or after the interview as an organizational tool to visually depict the information obtained.

### The development of the genogram as part of an interview

In Zimbabwe, at the start of each interview, the respondent was asked to describe who lives in her household, and their relationship to her. This was diagrammatically represented on a genogram included in the questionnaire. In a later section of the interview, the respondent was asked about her experiences of different forms of violence. The interviewer then returned to the genogram and marked the perpetrators, and who may have also experienced, witnessed or supported these different acts. If they were mentioned, additional people outside the household (such as neighbours) were marked on the genogram. For example, if a woman reported being kicked, bitten, slapped or punched by her husband (Q74), the interviewer would write V74 next to the husband on the genogram.<sup>2</sup> If he had also hit the respondent's son, and the incident was witnessed by a neighbour, exp V74 would be written next to the son, and saw V74 written next to the neighbour. If someone had actively supported the abuse, help V74 would be written next to the person concerned.

The genogram was developed in a similar manner in the Latin American study, except that because qualitative data were collected, the evolution of the genogram was less structured. During the interviews, detailed information regarding family and household composition was compiled. Throughout the course of each of the interviews, interviewers probed the details of domestic violence incidents, including the form of violence occurring, who committed the violent acts, who witnessed the incidents, what reactions the informant had and what services she sought. Details of violence between the respondent's parents and siblings, and between the respondent's in-laws, were also specifically probed. Most interviews were tape-recorded, and all were documented in field notes. In the majority of cases, interviewers reconstructed the genogram upon completion of the first interview - with different actions being colour coded. Details of the violent relationships were cross-referenced to the interview transcripts and field-notes.

Figure 2 shows an example from Zimbabwe. The respondent is married, and lives with her husband (who is the head of the household), their nine children, and her brother-in-law. She has had two other children who have died - a boy at 7 months, and a girl at age 14. Her husband also has a second wife, who does not live with them. He has been violent towards the respondent in many ways, including threatening her with physical violence, punching her, and kicking her. During one of her pregnancies he refused to buy clothes for the baby, and physically assaulted her, including hitting her in the stomach. He has also threatened to assault his other wife. The threats of violence were either encouraged or supported by her father-in-law. Neighbours saw the respondent being humiliated and threatened, but did not witness the physical assaults.

#### Lessons learned

The use of the genogram in the two studies was exploratory. In Zimbabwe and Latin America, genograms were used to document complicated extended family structures, to record complex patterns of violence with multiple perpetrators, and the ways in which other household and family members may either experience or support the abuse. The genogram was found to be a useful way to obtain a structured, visual representation of complex patterns of association and interaction between individuals.

Looking at a completed genogram, it can give the impression of being difficult to draw or read. However, once interviewers had been trained, we found that it was relatively quick to use, and could be completed in a way that allowed relatively free-flowing conversation. In fact, in the Zimbabwean survey it appeared to be easier for some interviewers to use than more complicated skip patterns within the questionnaire.

We found the genogram to be a concise way of summarizing much of the data collected, and in both studies it was often used as a reference tool when reviewing questionnaires, or during follow-up interviews with the same respondent. In the latter case, it allowed the interviewer to refresh her memory regarding details of family history and violence, and allowed the respondent to verify the accuracy of the recorded answers. The genogram was especially useful for respondents with limited literacy skills, or where interviews were not conducted in the first language of both the interviewer and the respondent.

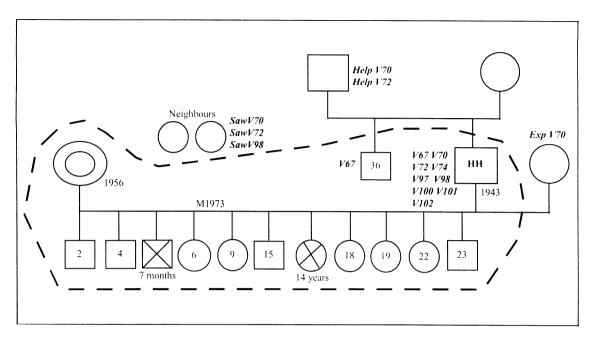


Figure 2. Domestic violence genogram from Zimbabwe

Although our experience was positive, care needs to be taken when modifying the basic genogram notation. In a small number of interviews in Zimbabwe it was difficult to interpret from the genogram whether different acts of violence occurred concurrently, or over different spans of time. For example, in one genogram a woman reported abuse by a father, husband and boyfriend. It may be that the abuse by the boyfriend and father occurred either prior to her marriage or during her marriage. However, as the survey only recorded whether different violent acts occurred in the previous year or earlier, it was not possible to make these distinctions. In contrast, the qualitative study in Latin America captured the timing of different events by cross-referencing the genogram with interview transcripts. We would therefore recommend that the genogram is used with a complementary method to document the timing of different events (Friedman et al. 1988; Martinson et al. 1994), or that it should be used to capture events primarily relating to the existing household structure.

In Zimbabwe, the greatest difficulty encountered when using the genogram was translating the visual representation obtained into a format that could be statistically analyzed. The framework developed was time-consuming to enter, and could not fully capture the richness of data contained within the genogram. Nevertheless, once entered, the genogram data were merged with the responses to the main body of the questionnaire, enabling a wide range of analyses to be performed. In the Latin American qualitative study, the genogram was a valuable analytical tool as well as data source, allowing for the summarization of and comparison among complex responses from multiple respondents. However, special efforts had to be made to cross-reference the genogram with information in the transcripts and field notes. In general, therefore, it is important that the framework of analysis is carefully developed and tested in conjunction with the research tools.

#### **Future applications**

There are many ways in which the genogram could be used to better understand the dynamics that occur within different households, and how these influence household decision-making and patterns of behaviour. For example, as well as identifying who are allied and who are in conflict (see Figure 1), additional symbols could be developed to describe who controls the use of different resources (such as cash or crops),

or who is authorized to make decisions about, for example, whether family planning is used, or whether a sick child should be taken to a health centre. The genograms generated by different household members could also be compared, potentially yielding interesting divergences that merit further study.

The genogram could also be used to explore how such household power relationships influence a range of outcomes. Specific symbols could be used to represent, for example, the occurrence of health outcomes such as malnutrition, diarrhoea, or injury; or whether different services (such as family planning, primary health care services or community development activities) are used by different household members. This could help provide insights into the patterns of vulnerability that exist within different types of household, and the degree to which the internal dynamics influence who is most vulnerable to specific illnesses, or the extent to which different individuals may access specific services.

Although we have focused on the use of the genogram to explore household dynamics, there is also the potential for it to be used to document different forms of relationship and interaction between and among individuals in other hierarchical structures, such as different government departments and ministries, service organizations, non-governmental agencies, and donor organizations. The genogram could potentially be modified for use in stakeholder analysis, and other areas of policy research.

#### Conclusions

Applications of the genogram to domestic violence research have highlighted the complexity of household structure, and the extent to which inequality and conflict exist within households. The genogram could be used to further explore household dynamics, and how these influence patterns of decision-making and vulnerability. More generally, it may also be a useful method to describe relationships between individuals in other hierarchical organizations.

The genogram provides a structured, visual means to concisely document complex information about a household. Although care needs to be taken when modifying the genogram, its more widespread use could help improve our understanding of household power relations, and its impact on the behaviour and welfare of different household members.

#### **Endnotes**

- <sup>1</sup> The Musasa Project is a Zimbabwean non-governmental organization that uses a range of activities to challenge and respond to violence against women in Zimbabwe. Musasa uses the formal and informal media to raise public awareness about the issue; provides counselling, legal support and refuge to women experiencing violence; holds training for service providers coming into contact with women experiencing abuse; and works with concerned members of parliament, local leaders, women's organizations, and church leaders, to advocate for change. It uses action-oriented research to inform and evaluate its work.
- <sup>2</sup> V74 denotes violence of the type referred to in question 74; expV74 denotes also experienced violence of the type referred to in question 74.

#### References

Baires S et al. 1996. La ruta critica de las mujeres afectadas por las violencia intrafamiliar en el municipio de Guazapa, El Salvador. San Salvador: Ministry of Public Health and Social Assistance and PAHO. Unpublished document.

Barthwell AG. 1995. Alcoholism in the family: a multicultural exploration. *Recent Dev Alcohol.* **12**: 387–407.

Bannerman C. 1986. The genogram and elderly patients. *J Fam Pract.* **23**(5): 426.

Beauchesne M et al. 1997. The genogram: a health assessment tool. *Nurse Educ.* 22(3): 9.

Friedman H et al. 1988. The time-line genogram: highlighting temporal aspects of family relationships. *Fam Process* **27**(3): 293–303

Heise L et al. 1994. Violence against women: the hidden health burden. World Bank Discussion Papers 255. Washington DC: World Bank.

Hirshman C. 1985. Premarital socioeconomic roles and the timing of family formation: a comparative study of five Asian societies. *Demography* **22**(1): 225–6.

Jolly W et al. 1980. The genogram. *J Fam Pract.* **10**(2): 251–5. Juberg RC. 1972. Making the family history relevant. *JAMA* **220**(1): 122–3.

Lee EC et al. 1994. General practice screening clinic for Bangladeshi families. *Br J Gen Pract.* **44**(383): 268–70.

Like RC et al. 1988. Reading and interpreting genograms: a systematic approach. *J Fam Pract.* **26**(4): 407–12.

Martinson IM et al. 1994. Changes over time: a study of family bereavement following childhood cancer. *J Palliat Care* **10**(1): 19–25.

McKay et al. 1996. Women affected by family violence: the critical process. Belize City: PAHO. Unpublished document.

Santamaria N and Serracín S. 1996. Ruta critica de las mujeres afectadas por la violencia intrafamiliar. Análisis y resultados de investigación en el corregimiento Juan Díaz de Panamá. Panama: PAHO. Unpublished document.

Schor EL. 1987. Unintentional injuries: patterns within families. *Am J. Dis Child.* **141**(12): 1280–4.

Shrader E and Sagot M. 1998. La ruta critica de las mujeres afectadas por las violencia intrafamiliar: protocolo de investigacion. Washington DC: Women, Health and Development Unit, Pan American Health Organization. Unpublished document.

Sproul MS and Gallagher RM. 1982. The genogram as an aid to crisis intervention. *J Fam Pract.* **14**(5): 959–60.

Thomas D. 1991. *Gender differences in household resource allocation*. Living standards measurement study working paper no. 79. Washington DC: World Bank.

Watts C et al. 1997. The magnitude and health consequences of violence against women in Zimbabwe. Musasa Project Report. WHO/FRH/WHD. 1997. *Violence against women*. Geneva: World Health Organization.

#### Acknowledgements

The paper is based upon a background paper developed for the Third Meeting of the International Research Network on Violence Against Women (IRNVAW) hosted by the Centre for Health and Gender Equity in January 1998. The Zimbabwean research was funded by Charity Projects UK through Womankind Worldwide. CW is currently funded by WHD/WHO. We are grateful for useful comments on the manuscript from Anthony Zwi.

#### **Biographies**

Charlotte Watts is a Lecturer in Epidemiology and Health Policy at the Health Policy Unit at the London School of Hygiene and Tropical Medicine. She is currently Senior Technical Advisor to a WHO multi-country study on women's health and domestic violence against women. Between 1993 and 1996 she was seconded to the University of Zimbabwe, and worked with the Musasa Project (an NGO working to challenge violence against women) to conduct action-oriented research on violence against women in Zimbabwe.

Elizabeth Shrader works in the Environmentally and Socially Sustainable Development Division, Latin America and Caribbean Region at the World Bank on the Urban Peace Program. During the decade prior to her joining the World Bank last year, Ms Shrader lived in Mexico and Central America, working as a consultant to numerous international and Latin American organizations on issues of violence, health and economic development. From 1995 to 1997, she was research technical assistant to the "Ruta Critica" project for the Pan American Health Organization.

Correspondence: Dr Charlotte Watts, Health Policy Unit, London School of Hygiene and Tropical Medicine, Keppel Street, London, WC1E 7HT, UK.