African American Experience of Sexual Assault in Maryland: Interview Protocol

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Key References: Publications related to this instrument


Primary Use/Purpose: This section describes what this instrument was designed to measure.

The purpose of this study was to look at the experiences of African American women who were victims of sexual assault in Maryland. Interviews were conducted with both African American and Caucasian women on their experiences after being victims of sexual assault. A primary focus was on the services that women both had available to and used in response to their victimization. To supplement this, focus groups with sexual assault service providers were conducted. This instrument was used with the African American Experience of Sexual Assault in Maryland, Focus Group Protocol.
Background and Development: How and why this instrument was developed.

223 female victims of sexual assault in Maryland were interviewed. Interviewers received training in a one-day training course and met weekly to review protocols. African American victims were matched with interviewers of the same race. Interviews were conducted at rape crisis centers, correctional facilities, and community centers.

Psychometrics (if applicable): Any testing of this instrument.

N/A.

Link to Instrument: Link to the instrument if available.

https://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/25201/summary or see attached.

Submitted by: Mark Weist certified permission to publicly share this instrument.
INTERVIEW

First, I want to honor the fact that you are here to tell me about your experience of sexual assault. By sharing your story, you will be helping other survivors of sexual assault. I also want to acknowledge that talking about your experience may be difficult for you or might bring up difficult feelings. I want to assure you that you are in a safe environment. You can take a break at any time during this interview. Counselors are available here at the center if you think if may be beneficial to speak with one. You also can decline to answer any question that you do not want to answer.

Are you ready to begin?

PERSONAL DEMOGRAPHICS – First, I am going to ask you some demographic questions.

1. What part of Maryland do you reside in?
   1 Western
   2 Central
   3 Eastern
   4 Southern

2. How would you describe where you live?
   1 Urban
   2 Suburban
   3 Rural

3. What is your age? _________

4. What is your marital status?
   1 Single
   2 Married
   3 Living in a committed relationship
   4 Separate/Divorced
   5 Widowed

5. What is the highest education level you completed?
   1 Some high school
   2 High school graduate or GED
   3 Technical or Trade School
   4 Associate’s degree
   5 Bachelor’s degree
   6 Master’s degree
6. What is your annual household income? __________________________

7. Do you receive any form of public assistance?  
   1  Yes  0  No

   IF NO, SKIP TO QUESTION 8.

   What form of public assistance do you receive?  (Circle all that apply.)

   1  WIC
   2  Medical Assistance (Medicare, Medicaid)
   3  Housing Assistance
   4  Income Assistance
   5  Other __________________________

DETAILS OF THE SEXUAL ASSAULT – Now I will ask some questions about the sexual assault.

8. How long ago did the sexual assault take place? __________________________
   (If individual indicates that more than one sexual assault took place, ask the person to focus on the most recent assault.)

9. What was the relationship of the person who assaulted you?

   1  Friend
   2  Acquaintance
   3  Spouse
   4  Relative
   5  Boyfriend
   6  Girlfriend
   7  Ex-spouse
   8  Ex-boyfriend or girlfriend
   9  Stranger
   10  Date
   11  Teacher
   12  Boss
   13  Friend of the family
   14  Co-worker
   15  Other, specify ______________________

10. What was the ethnicity of the person who assaulted you?

   1  White
   2  African-American
   3  Asian/Pacific Islander
   4  American Indian/Alaska Native
   5  Hispanic
   6  Other (specify): ______________________
   7  Unknown

11. Was the person who attacked you under the influence of drugs and/or alcohol at the time of the assault?  
   1  Yes  0  No  7  Unknown
12. Did the person who attacked you persuade you to use drugs and/or alcohol or put drugs into your drink prior to the assault?

1  Yes  0  No  7  Unknown

13. When you were assaulted, which of the following occurred?  *(Circle all that apply.)*

1  Vaginal penetration with a penis
2  Vaginal penetration with a finger or foreign object
3  Oral sex
4  Anal penetration with a penis
5  Anal penetration with a finger or foreign object
6  Sexual touching
7  Other ____________

14. Did you receive any other physical injuries in addition to the rape/sexual assault?  1  Yes  0  No

*IF NO, SKIP TO QUESTION 16.*

15. Please describe the physical injuries.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

16. Did the person who assaulted you use a weapon?  1  Yes  0  No

*IF NO, SKIP TO QUESTION 17.*

What type of weapon was used?

1  Firearm
2  Knife
3  Blunt instrument
4  Other

17. Where did the assault take place? ______________________

18. Had you been stalked by the person who assaulted you?  By stalking, I mean that the attacker followed you, made unwanted phone calls, or sent you letters or e-mails for an extended period of time.

1  Yes  0  No

19. Have you ever been sexually assaulted, molested, or raped by someone before this incident?

1  Yes  0  No

*IF NO, SKIP TO QUESTION 21*

20. Did you ever seek help when you were sexually assaulted, molested, or raped before?

1  Yes  0  No
21. How long after the sexual assault was it before you told someone about it? *(Fill in the appropriate blank below.)*

__________ hours or ____________ days or ____________ months or _______ years

*IF INDIVIDUAL NEVER TOLD ANYONE, SKIP TO QUESTION 31 UNDER MEDICAL CARE ON PAGE 5*

22. Who was the first person that you told about the sexual assault?

1  Mother  
2  Father  
3  Sister  
4  Brother  
5  Other Relative ________  
6  Friend  
7  911  
8  Police  
9  Medical Professional (doctor/nurse/hospital staff)  
10 Attorney  
11 Rape Crisis Center  
12 Spouse  
13 Hairdresser  
14 Clergy  
15 Therapist/counselor  
16 Teacher  
17 Co-worker  
18 Other ___________________

23. Why did you choose that person?_______________________________________________________

24. How did that person react when you told them? ___________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

25. Based on the person's reaction, did it appear that they believed you?   1   Yes  0   No
What made you think that they did or did not believe you?
__________________________________________________________________________________
__________________________________________________________________________________

26. Have you told anyone else?   1   Yes  0   No

*IF NO, SKIP TO QUESTION 31 UNDER MEDICAL CARE ON PAGE 5.*

27. Who else did you tell? *(Circle all that apply.)*

1  Mother  
2  Father  
3  Sister  
4  Brother  
5  Other Relative ________  
6  Friend
28. How did each person react when you told them? (If there is more than one person, write number (e.g. 1), then the response for that person) ______________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

29. Based on the person’s reaction, did it appear that they believed you? 1 Yes 0 No

30. What made you think that they did or did not believe you?
__________________________________________________________________________________
__________________________________________________________________________________

MEDICAL CARE - Now I am going to ask some questions about medical services.

31. Did you seek medical care in relation to the sexual assault? 1 Yes 0 No

*IF YES, SKIP TO QUESTION 33.*

32. Why did you not seek medical care?
__________________________________________________________________________________

*SKIP TO QUESTION 50 UNDER LAW ENFORCEMENT ON PAGE 7.*

33. How long after the assault did you have a medical examination? ____________________________

34. What prompted you to seek care at a medical facility? (Circle all that apply.)

1 Injuries
2 Possible sexually transmitted disease
3 Possible pregnancy
4 Family suggestion
5 Friend suggestion
6 Police officer
7 Wanting to get evidence
8 Other (specify) _______________________

35. Did you tell the medical professionals that your visit/injuries had to do with being sexually assaulted?

1 Yes 0 No

36. Where did you receive medical treatment for the sexual assault?

1 Hospital
2 Clinic (Planned Parenthood, Community Health Clinic)
37. In what county did you receive the medical treatment services?

County: __________________________

38. Who performed the medical examination? (Circle all that apply.)

1. Physician
2. Nurse/Nurse practitioner
3. SAFE/SANE examiner
4. Don’t know

39. Was a rape kit completed (collections of evidence)? 1 Yes 0 No

40. Did someone at the hospital tell you about forms of emergency contraception, such as the morning-after pill or Plan B, that were available? 1 Yes 0 No

IF NO, SKIP TO QUESTION 42.

41. Did you take emergency contraception? 1 Yes 0 No

42. Were you tested (and if necessary treated) for any sexually transmitted diseases? 1 Yes 0 No

43. How would you rate your satisfaction with the provision of the physical examination?

1 Very Dissatisfied 2 Somewhat Dissatisfied 3 Somewhat Satisfied 4 Very Satisfied

If dissatisfied, explain why. _________________________________________________________________
_____________________________________________________________________________________

44. How would you rate your satisfaction with the provision of the testing service for sexually transmitted diseases?

1 Very Dissatisfied 2 Somewhat Dissatisfied 3 Somewhat Satisfied 4 Very Satisfied

If dissatisfied, explain why. _________________________________________________________________
_____________________________________________________________________________________

45. How would you rate your satisfaction with the delivery of information about the availability of emergency contraceptives?

1 Very Dissatisfied 2 Somewhat Dissatisfied 3 Somewhat Satisfied 4 Very Satisfied

If dissatisfied, explain why. _________________________________________________________________
_____________________________________________________________________________________

46. Please rate the importance to you of the following medical services:

   a) Testing for and treating sexually transmitted diseases

       1 Very Important  2 Somewhat Important  3 Not At All Important
   
   b) Medical treatment for injuries

       1 Very Important  2 Somewhat Important  3 Not At All Important
c) Offering emergency contraception (morning-after pill, Plan B)

1  Very Important  2  Somewhat Important  3  Not At All Important

d) Collection of evidence

1  Very Important  2  Somewhat Important  3  Not At All Important

47. Who paid for the medical services (such as examination, treatment for sexually transmitted diseases, or emergency contraception) you received?

1  Insurance    2  Out-Of Pocket     3  No Charge      4  Other __________________

48. Are you aware that in the state of Maryland you are not to be charged a fee from the hospital for medical treatment related to sexual assault services if you report the assault to the police?  1   Yes   0   No

IF NO, SKIP TO QUESTION 49.

If you were aware of this policy, did this influence your decision to report the assault to the police?

1    Yes  0    No

49. Have you ever received a bill from the hospital for services related to a sexual assault even though you reported the assault to the police?  1   Yes  0   No

LAW ENFORCEMENT – I am going to ask some questions about interactions with the law enforcement system.

50. Did you tell the police about the sexual assault?  1   Yes  0   No

IF YES, SKIP TO QUESTION 52.

If not, why not? _________________________________________________________________________

51. Do you plan to tell the police (make a police report)?  1   Yes  0   No

IF YES, SKIP TO QUESTION 72 UNDER SEEKING SERVICES FROM A SEXUAL ASSAULT CRISIS CENTER ON PAGE 9.

If not, why not? _________________________________________________________________________

52. How long after the sexual assault did you tell the police? ________________________________

53. Do you think the police believed you?  1   Yes  0   No
54. What made you think that the police did or did not believe you?
__________________________________________________________________________________

55. Have criminal charges been filed against the person who assaulted you? 1 Yes 0 No

IF YES, SKIP TO QUESTION 57

If not, why not? ________________________________________________________________

56. Do you plan to initiate criminal charges against the person who assaulted you? 1 Yes 0 No

IF YES, SKIP TO QUESTION 57

If not, why not? ________________________________________________________________

57. Was the person who assaulted you arrested? 1 Yes 0 No

58. How would you rate your satisfaction with how the police interviewed you regarding the assault?

1 Very Dissatisfied 2 Somewhat Dissatisfied 3 Somewhat Satisfied 4 Very Satisfied

If dissatisfied, explain why. ___________________________________________________________________

59. How would you rate your satisfaction with how the police handled/pursued your case?

1 Very Dissatisfied 2 Somewhat Dissatisfied 3 Somewhat Satisfied 4 Very Satisfied

If dissatisfied, explain why. ___________________________________________________________________

60. How would you rate your satisfaction with your overall interactions with the police?

1 Very Dissatisfied 2 Somewhat Dissatisfied 3 Somewhat Satisfied 4 Very Satisfied

If dissatisfied, explain why. ___________________________________________________________________

PROSECUTION/COURT PROCESS

61. Did you interact with the prosecutor’s office? 1 Yes 0 No

IF YES, SKIP TO QUESTION 62.

If not, why not? ___________________________________________________________________

SKIP TO QUESTION 72 UNDER SEEKING SERVICES FROM A SEXUAL ASSAULT CENTER ON PAGE 9.
62. How often did you speak with the prosecutor? ______________________________________

63. Do you think the prosecutor believed you?  1  Yes  0  No

64. What made you think that the prosecutor did or did not believe you?
__________________________________________________________

65. Were you assigned a victim advocate in the prosecutor’s office?  1  Yes  0  No

66. Were you informed of the availability of victim assistance funds?  1  Yes  0  No

67. Was your case prosecuted?  1  Yes  0  No

IF YES, SKIP TO QUESTION 68

If not, why not? ________________________________________________

68. How would you rate your satisfaction with your interactions with the prosecutor’s office?

1  Very Dissatisfied  2  Somewhat Dissatisfied  3  Somewhat Satisfied  4  Very Satisfied

If dissatisfied, explain why. ______________________________________

69. How would you rate your overall satisfaction with the court process?

1  Very Dissatisfied  2  Somewhat Dissatisfied  3  Somewhat Satisfied  4  Very Satisfied

If dissatisfied, explain why. ______________________________________

70. Was the perpetrator convicted?  1  Yes  0  No

IF NO, SKIP TO QUESTION 71.

Did the perpetrator serve jail time?  1  Yes  0  No

71. Who paid for any legal assistance services you received?

1  Out-Of Pocket  2  No Charge  3  Other ________________  4  Didn’t Use

SEEKING SEXUAL ASSAULT SERVICES FROM A SEXUAL ASSAULT CRISIS CENTER – I am going to ask you some questions about receiving services to help you deal with the sexual assault.

72. Did you receive services from a sexual assault crisis center?  1  Yes  0  No

IF YES, SKIP TO QUESTION 73

If not, why not? _______________________________________________
73. Prior to victimization, did you know about the sexual assault crisis center?  
   1 Yes  0 No

74. Did you have any problems finding a sexual assault crisis center?  
   1 Yes  0 No

   **IF NO, SKIP TO QUESTION 75.**

   What problems did you have? _____________________________________________

75. How did you learn about the sexual assault crisis center where you went?  *(Circle all that apply.)*

   1  Newspaper advertising
   2  Telephone book
   3  Word of mouth
   4  Friend
   5  Relative
   6  Therapist
   7  Health care professional
   8  Clergy (Pastor, Minister)
   9  Police
   10  Hospital
   11  School
   12  Television
   13  Other__________________

76. In what county was the sexual assault crisis center where you received services?

   County: ________________________________________

77. How long after you were assaulted did you come to the sexual assault crisis center?

   1  Within 24 hours of incident
   2  Within 1 week
   3  Within 1 month
   4  Within 2 – 6 months
   5  Within 6 – 12 months
   6  More than 1 year

   **IF 1, SKIP TO QUESTION 78.**

   What prevented you from going for services sooner?
   ____________________________________________________________

78. What prompted you to seek care at the sexual assault crisis center?  *(Circle all that apply.)*

   1  Family suggestion
   2  Friend suggestion
   3  Referral from police officer
   4  Referral from hospital
   5  Felt anxious or depressed (bad feelings that wouldn’t go away)
   6  Wanted to talk with someone who understood what you had been through
7 Relationship problems
8 Nightmares/flashbacks
9 Trouble at work
10 General hard time functioning
11 Something similar happened to your child
12 Other, specify: ________________________________________

79. What was your first point of contact with the sexual assault crisis center?

1 Hotline
2 Victim advocate at hospital
3 Other ________________________________________________

80. How would you rate the overall sexual assault services that you received from the sexual assault crisis center?

1 Very poor 2 Poor 3 Adequate 4 Good 5 Excellent

81. Did you receive individual counseling services at the sexual assault crisis center? 1 Yes 0 No

IF NO, SKIP TO QUESTION 82.

How many individual counseling sessions did you attend per week? ____________

How long did you receive individual counseling? ________________

How would you rate your satisfaction with the provision of individual counseling service?

1 Very Dissatisfied 2 Somewhat Dissatisfied 3 Somewhat Satisfied 4 Very Satisfied

If dissatisfied, explain why. __________________________________________________________
__________________________________________________________________________________

82. Did you receive group counseling services at the sexual assault crisis center? 1 Yes 0 No

IF NO, SKIP TO QUESTION 83.

How many group counseling sessions did you attend per week? ____________

How long did you receive group counseling? ________________

How would you rate your satisfaction with the provision of group counseling service?

1 Very Dissatisfied 2 Somewhat Dissatisfied 3 Somewhat Satisfied 4 Very Satisfied

If dissatisfied, explain why. __________________________________________________________
__________________________________________________________________________________

83. Did you call the sexual assault hotline at the sexual assault crisis center? 1 Yes 0 No

IF NO, SKIP TO QUESTION 84.

How would you rate your satisfaction with the provision of the sexual assault hotline service?
1 Very Dissatisfied  2 Somewhat Dissatisfied  3 Somewhat Satisfied  4 Very Satisfied

If dissatisfied, explain why. ____________________________________________________________
______________________________________________________________________________________

84. Did you receive legal services at the sexual assault crisis center?  1 Yes  0 No

IF NO, SKIP TO QUESTION 85.

How would you rate your satisfaction the provision of legal services?

1 Very Dissatisfied  2 Somewhat Dissatisfied  3 Somewhat Satisfied  4 Very Satisfied

If dissatisfied, explain why. ____________________________________________________________
______________________________________________________________________________________

85. Did you receive advocacy services, such as accompaniment for police interviews, hospital visits, and/or court appearances, from the sexual assault crisis center?  1 Yes  0 No

IF NO, SKIP TO QUESTION 86.

How would you rate your satisfaction with the provision of advocacy services?

1 Very Dissatisfied  2 Somewhat Dissatisfied  3 Somewhat Satisfied  4 Very Satisfied

If dissatisfied, explain why. ____________________________________________________________
______________________________________________________________________________________

86. Were you referred to another agency for additional services?  1 Yes  0 No

IF NO, SKIP TO QUESTION 90.

87. What additional services were you referred for? (Circle all that apply.)

1 Legal assistance  2 Medical services  3 Mental health counseling  4 Social services
5 Substance abuse counseling  6 Domestic violence counseling  7 Other _____________________

88. How would you rate your satisfaction with the provision of the referral service?

1 Very Dissatisfied  2 Somewhat Dissatisfied  3 Somewhat Satisfied  4 Very Satisfied

If dissatisfied, explain why. ____________________________________________________________
______________________________________________________________________________________
89. Who paid for other referred services you received?
   1  Insurance    2  Out-of pocket    3  No charge    4  Other __________________

90. How important were the following to you?
   1  Helping you cope with difficult feelings
      1  Very Important    2  Somewhat Important    3  Not At All Important
   2  Helping with legal matters
      1  Very Important    2  Somewhat Important    3  Not At All Important
   3  Helping you decide how to tell people you think need to know
      1  Very Important    2  Somewhat Important    3  Not At All Important
   4  Helping you create a support system
      1  Very Important    2  Somewhat Important    3  Not At All Important
   5  Confidentiality
      1  Very Important    2  Somewhat Important    3  Not At All Important

91. Did you receive a statement of confidentiality from the sexual assault crisis center?  1 Yes    0 No

92. On a scale of 1 to 10, with 1 being not sure at all and 10 being very sure, how confident are you that your discussions were kept confidential at the sexual assault crisis center?
   Not sure at all          Very sure
   1   2   3   4   5   6   7   8   9   10

93. Who paid for counseling services you received?
   1  Insurance    2  Out-of pocket    3  No charge    4  Other __________________

SEEKING OTHER COUNSELING SERVICES

94. Did you get counseling services from a place other than a sexual assault crisis center?  1 Yes    0 No

IF NO, SKIP TO QUESTION 103 UNDER RECOMMENDATIONS FOR IMPROVEMENT SECTION ON PAGE 14

95. Where did you receive counseling services for sexual assault other than a sexual assault crisis center? (Circle all that apply.)
   1  Church/pastor
2 Therapist/counselor
3 Hospital
4 Other (specify) _______________________

96. How long after you were assaulted did you receive counseling services?

1 Within 24 hours of incident
2 Within 1 week
3 Within 1 month
4 Within 2 – 6 months
5 Within 6 – 12 months
6 More than 1 year

IF ANSWER WAS 1, SKIP TO QUESTION 97.

What prevented you from going for services sooner?
____________________________________________________________________________________

97. What prompted you to seek counseling services? (Circle all that apply.)

1 Family suggestion
2 Friend suggestion
3 Police officer
4 Hospital referral
5 Felt anxious or depressed (bad feelings that wouldn’t go away)
6 Wanted to talk with someone who understood what you had been through
7 Relationship problems
8 Nightmares/flashbacks
9 Employee assistance program
10 General hard time functioning
11 Something similar happened to your child
12 Other, specify:_______________________

98. Did you receive individual counseling services?  1 Yes   0 No

IF NO, SKIP TO QUESTION 99.

How many individual counseling sessions did you attend per week? ____________

How long did you receive individual counseling? _______________

How would you rate your satisfaction with the provision of individual counseling services?

1 Very Dissatisfied   2 Somewhat Dissatisfied   3 Somewhat Satisfied   4 Very Satisfied

If dissatisfied, explain why. _______________________________________________________________
____________________________________________________________________________________

99. Did you receive group counseling services?  1 Yes   0 No

IF NO, SKIP TO QUESTION 100.

How many group counseling sessions did you attend per week? ____________

How long did you receive group counseling? ________________
How would you rate your satisfaction with the provision of group counseling services?

1  Very Dissatisfied     2  Somewhat Dissatisfied     3  Somewhat Satisfied     4  Very Satisfied

If dissatisfied, explain why. ________________________________________________________________
______________________________________________________________________________________

100. Who paid for counseling services you received?

1  Insurance  2  Out-of pocket  3  No charge  4  Other ______________

101. Did you receive a statement of confidentiality from the person you received counseling services from? 1 Yes 0 No

102. On a scale of 1 to 10, with 1 being not sure at all and 10 being very sure, how confident are you that your discussions were kept confidential?

Not sure at all  1  2  3  4  5  6  7  8  9  10  Very sure

RECOMMENDATIONS FOR IMPROVEMENT – I am now going to ask you some questions about your overall experience in receiving services for sexual assault.

103. Looking back, what was the biggest problem or difficulty you had in your sexual assault treatment experience?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

104. What service or experience was the most helpful to you?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

105. What are the strategies you used in coping with the aftermath of the sexual assault?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

106. Do you think your race/ethnicity was a factor in how people responded to you? 1 Yes 0 No

If yes, why or how? ________________________________________________________________

107. Do you think race/ethnicity of the perpetrator was a factor in how people responded to you?

1 Yes 0 No

If yes, why or how? ________________________________________________________________

108. What would you recommend to your community as ways to improve how it responds to people who have been sexually assaulted?
______________________________________________________________________________________
109. If you could make one recommendation to the state for improvement of the sexual assault treatment service in Maryland, what would it be?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

110. Is there anything you would like to say?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

That is all the questions I have. Thank you for taking the time to be interviewed for this study.
Addendum to the Interview Instrument
Questions 28 through 30

Person told (number from question 27) ______

How did that person react when you told them? ____________________________
______________________________________________________________________
______________________________________________________________________

Based on the person’s reaction, did it appear that they believed you?  1 Yes  0 No

What made you think that they did or did not believe you? _________________
______________________________________________________________________
______________________________________________________________________

Person told (number from question 27) ______

How did that person react when you told them? ____________________________
______________________________________________________________________
______________________________________________________________________

Based on the person’s reaction, did it appear that they believed you?  1 Yes  0 No

What made you think that they did or did not believe you? _________________
______________________________________________________________________
______________________________________________________________________

Person told (number from question 27) ______

How did that person react when you told them? ____________________________
______________________________________________________________________
______________________________________________________________________

Based on the person’s reaction, did it appear that they believed you?  1 Yes  0 No

What made you think that they did or did not believe you? _________________
______________________________________________________________________
______________________________________________________________________