

Incident ID

Survivor Code



CONFIDENTIAL
Consent for Release of Information

This form should be read to the client or guardian in her first language. It should be clearly explained to the client that she / he can choose any or none of the options listed.

I, _____, give my permission for (Name of Your Organization) to share information about the incident I have reported to them as explained below:

1. I understand that in giving my authorization below, I am giving (Name of Your Organization) permission to share the specific case information from my incident report with the service provider(s) I have indicated, so that I can receive help with safety, health, psychosocial, and/or legal needs.

I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request.

I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me. At any point, I have the right to change my mind about sharing information with the designated agency/focal point listed below.

I would like information released to the following:
(Tick all that apply, and specify name, facility and agency/organization as applicable)

- Security Services (specify):
Psychosocial Services (specify):
Health/Medical Services (specify):
Safe House / Shelter (specify):
Legal Assistance Services (specify):
Protection Services (specify):
Livelihoods Services (specify):
Other (specify type of service, name, and agency):

1. Authorization to be marked by client: Yes No
(or parent/guardian if client is under 18)

2. I have been informed and understand that some non-identifiable information may also be shared for reporting. Any information shared will not be specific to me or the incident. There will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect.

2. Authorization to be marked by client: Yes No
(or parent/guardian if client is under 18)

Signature/Thumbprint of client:
(or parent/guardian if client is under 18)

Caseworker Code:

Date:

INFORMATION FOR CASE MANAGEMENT
(OPTIONAL-DELETE IF NOT NECESSARY)

Client's Name: _____

Name of Caregiver (if survivor is a minor): _____

Contact Number: _____

Camp: _____

Section Number: _____

House Number: _____

UN Number: _____

(ADD QUESTIONS FOR YOUR COUNTRY'S SURVIVOR CODE HERE)

FOR FURTHER EXPLANATION SEE THE "CREATING A SURVIVOR CODE" DOCUMENT

PLEASE NOTE

The consent form should be explained at the *beginning* of your meeting with the survivor and filled out *after* the intake form has been completed.

Do not attach the Consent Form directly to the Intake Form. It should be stored separately to ensure client confidentiality



Intake and Initial Assessment Form

Instructions	1- This form must be filled out by a case manager, health practitioner, social worker or other authorized person providing services to the survivor.
	2- Note that questions followed by an asterisk* must remain on the intake form and must be answered. These questions are a part of a minimum essential dataset on GBV. Some questions are followed by both an asterisk* and a circle ^o ; these are customizable, and the italicized text of these fields is intended to be adapted to each context and can be modified. Questions that are unmarked may be modified by your agency or removed if they are not necessary for your program and/or case management.
	3- Unless otherwise specified, always mark <u>only</u> one response field for each question.
	4- Please feel free to add as many questions to this form as needed in your context and/or attach additional pages with continued narrative, if needed.

Before beginning the interview, please be sure to remind your client that all information given will be kept confidential, and that they may choose to decline to answer any of the following questions.

1-Administrative Information		
Incident ID*:	Survivor code:	Caseworker code:
Date of interview (day/month/year) *:		Date of incident (day/month/year) *:
<input type="checkbox"/> Reported by the survivor or reported by survivor's escort and survivor is present at reporting* <i>(These incidents will be entered into the Incident Recorder)</i>		
<input type="checkbox"/> Reported by someone other than the survivor and survivor is not present at reporting <i>(These incidents will <u>not</u> be entered into the Incident Recorder)</i>		

2-Survivor Information		
Date of birth (approximate if necessary) *:	Sex*: <input type="checkbox"/> Female <input type="checkbox"/> Male	Clan or ethnicity:
Country of origin* ^o : <input type="checkbox"/> <i>Country names here</i> <input type="checkbox"/> <i>Etc.</i>	<input type="checkbox"/> <i>Etc.</i>	<input type="checkbox"/> Other (specify) :
Nationality (if different than country of origin):		Religion:
Current civil / marital status*:	<input type="checkbox"/> Single <input type="checkbox"/> Married / Cohabiting	<input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed
Number and age of children and other dependants:		
Occupation:		
Displacement status at time of report*:		
<input type="checkbox"/> Resident <input type="checkbox"/> Returnee	<input type="checkbox"/> IDP <input type="checkbox"/> Foreign National	<input type="checkbox"/> Refugee <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Stateless Person <input type="checkbox"/> N/A
Is the client a Person with Disabilities? * <input type="checkbox"/> No <input type="checkbox"/> Mental disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Both		
Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child* <input type="checkbox"/> No <input type="checkbox"/> Unaccompanied Minor <input type="checkbox"/> Separated Child <input type="checkbox"/> Other Vulnerable Child		
<i>Sub-Section for Child Survivors (less than 18 years old)</i>		
If the survivor is a child (less than 18yrs) does he/she live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if "No", answer the next three questions)</i>		
If the survivor lives with someone, what is the relation between her/him and the caretaker? <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Spouse / Cohabiting <input type="checkbox"/> Other: _____		
What is the caretaker's current marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married / Cohabiting <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown / Not Applicable		
What is the caretaker's primary occupation:		

3-Details of the Incident

Account of the incident/Description of the incident (summarize the details of the incident in client's words)

Stage of displacement at time of incident*:

- Not Displaced / Home Community
 During Flight
 During Return / Transit
 Other: _____
 Pre-displacement
 During Refuge
 Post-displacement

Time of day that incident took place*:

- Morning (sunrise to noon)
 Afternoon (noon to sunset)
 Evening/night (sunset to sunrise)
 Unknown/Not Applicable

Incident location / Where the incident took place*^o:

(Customize location options by adding new, or removing tick boxes according to your location)

- Bush / Forest
 Garden / Cultivated Field
 School
 Road
 Client's Home
 Perpetrator's Home
 Other (give details) _____

Area where incident occurred*^o:

- Area names here
 Etc.
 Etc.
 Etc.
 Other (specify) : _____

Sub-Area where incident occurred*^o:

- Sub-area names here
 Etc.
 Etc.
 Etc.
 Etc.
 Other (specify) : _____

Camp/Town/Site:

- Camp/Town/Site names here
 Etc.
 Etc.
 Etc.
 Etc.
 Other (specify) : _____

3-Details of the Incident *Cont.*

Type of Incident Violence*:
 (Please refer to the GBVIMS GBV Classification Tool and select only ONE)

Rape
 (includes gang rape, marital rape)

Sexual Assault
 (includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation/cutting)

Physical Assault
 (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)

Forced Marriage
 (includes early marriage)

Denial of Resources, Opportunities or Services

Psychological / Emotional Abuse

Non-GBV (specify)

Note: these incidents will not be entered into the incident recorder

1. Did the reported incident involve penetration?
 If yes → classify the GBV as "Rape".
 If no → proceed to the next GBV type on the list.
2. Did the reported incident involve unwanted sexual contact?
 If yes → classify the GBV as "Sexual Assault".
 If no → proceed to the next GBV type on the list.
3. Did the reported incident involve physical assault?
 If yes → classify the GBV as "Physical Assault".
 If no → proceed to the next GBV type on the list.
4. Was the incident an act of forced marriage?
 If yes → classify the GBV as "Forced Marriage".
 If no → proceed to the next GBV type on the list.
5. Did the reported incident involve the denial of resources, opportunities or services?
 If yes → classify the GBV as "Denial of Resources, Opportunities or Services".
 If no → proceed to the next GBV type on the list.
6. Did the reported incident involve psychological/emotional abuse?
 If yes → classify the GBV as "Psychological / Emotional Abuse".
 If no → proceed to the next GBV type on the list.
7. Is the reported incident a case of GBV?
 If yes → Start over at number 1 and try again to reclassify the GBV (If you have tried to classify the GBV multiple times, ask your supervisor to help you classify this incident).
 If no → classify the violence as "Non-GBV"

Was this incident a Harmful Traditional Practice*^O?

No *Type of practice*

Type of practice *Type of practice*

Type of practice *Type of practice*

Were money, goods, benefits, and / or services exchanged in relation to this incident*? No Yes

Type of abduction at time of the incident*:

None Forced Conscriptio Trafficked Other Abduction / Kidnapping

Has the client reported this incident anywhere else*?
 (If yes, select the type of service provider and write the name of the provider where the client reported); (Select all that apply).

No

Health/Medical Services _____

Psychosocial/Counseling Services _____

Police/Other Security Actor _____

Legal Assistance Services _____

Livelihoods Program _____

Safe House/Shelter _____

Other (specify) _____

Has the client had any previous incidents of GBV perpetrated against them*? No Yes

If yes, include a brief description:

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4-Alleged Perpetrator Information	
Number of alleged perpetrator(s)*: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3 <input type="checkbox"/> Unknown	
Sex of alleged perpetrator(s)*: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both female and male perpetrators	
Nationality of alleged perpetrator:	Clan or ethnicity of alleged perpetrator:
Age group of alleged perpetrator* (if known or can be estimated): <input type="checkbox"/> 0 – 11 <input type="checkbox"/> 12 – 17 <input type="checkbox"/> 18 – 25 <input type="checkbox"/> 26 – 40 <input type="checkbox"/> 41-60 <input type="checkbox"/> 61+ <input type="checkbox"/> Unknown	
Alleged perpetrator relationship with survivor*: (Select the first ONE that applies) <input type="checkbox"/> Intimate partner / Former partner <input type="checkbox"/> Primary caregiver <input type="checkbox"/> Family other than spouse or caregiver <input type="checkbox"/> Supervisor / Employer <input type="checkbox"/> Schoolmate <input type="checkbox"/> Teacher / School official <input type="checkbox"/> Service Provider <input type="checkbox"/> Cotenant / Housemate <input type="checkbox"/> Family Friend / Neighbor <input type="checkbox"/> Other refugee / IDP / Returnee <input type="checkbox"/> Other resident community member <input type="checkbox"/> Other <input type="checkbox"/> No relation <input type="checkbox"/> Unknown	
Main occupation of alleged perpetrator (if known) *^o: (Customize occupation options by adding new, or removing tick boxes according to your location) <input type="checkbox"/> Farmer <input type="checkbox"/> Trader / Business Owner <input type="checkbox"/> Religious Leader <input type="checkbox"/> CBO Staff <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Non-State Armed Actor / Rebel / Militia <input type="checkbox"/> Teacher <input type="checkbox"/> Community Volunteer <input type="checkbox"/> Unemployed <input type="checkbox"/> Civil Servant <input type="checkbox"/> Security Official <input type="checkbox"/> UN Staff <input type="checkbox"/> Health Worker <input type="checkbox"/> Unknown <input type="checkbox"/> Police <input type="checkbox"/> Camp or Community Leader <input type="checkbox"/> NGO Staff <input type="checkbox"/> State Military	

5-Planned Action / Action Taken: Any action / activity regarding this report.	
Who referred the client to you?* <input type="checkbox"/> Health/Medical Services <input type="checkbox"/> Teacher/School Official <input type="checkbox"/> Psychosocial/Counseling Services <input type="checkbox"/> Community or Camp Leader <input type="checkbox"/> Police/Other Security Actor <input type="checkbox"/> Safe House/Shelter <input type="checkbox"/> Legal Assistance Services <input type="checkbox"/> Other Humanitarian or Development Actor <input type="checkbox"/> Livelihoods Program <input type="checkbox"/> Other Government Service <input type="checkbox"/> Self Referral/First Point of Contact <input type="checkbox"/> Other (specify) _____	
Did you refer the client to a safe house/safe shelter?* <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', why not?* <input type="checkbox"/> Service provided by your agency <input type="checkbox"/> Services already received from another agency <input type="checkbox"/> Service not applicable <input type="checkbox"/> Referral declined by survivor <input type="checkbox"/> Service unavailable	Date reported or future appointment date (day/month/year) and Time: Name and Location: Notes (including action taken or recommended action to be taken):
Did you refer the client to health / medical services?* <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', why not?* <input type="checkbox"/> Service provided by your agency <input type="checkbox"/> Services already received from another agency <input type="checkbox"/> Service not applicable <input type="checkbox"/> Referral declined by survivor <input type="checkbox"/> Service unavailable	Date reported or future appointment Date and Time: Name and Location: Follow-up Appointment Date and Time: Notes (including action taken or recommended action to be taken):

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<p>Did you refer the client to psychosocial services?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service provided by your agency</p> <p><input type="checkbox"/> Services already received from another agency</p> <p><input type="checkbox"/> Service not applicable</p> <p><input type="checkbox"/> Referral declined by survivor</p> <p><input type="checkbox"/> Service unavailable</p>	<p>Date reported or future appointment date (day/month/year) and Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Does the client want to pursue legal action?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided at Time of Report</p>	
<p>Did you refer the client to legal assistance services?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service provided by your agency</p> <p><input type="checkbox"/> Services already received from another agency</p> <p><input type="checkbox"/> Service not applicable</p> <p><input type="checkbox"/> Referral declined by survivor</p> <p><input type="checkbox"/> Service unavailable</p>	<p>Date reported or future appointment date (day/month/year) and Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Did you refer the client to the police or other type of security actor?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service provided by your agency</p> <p><input type="checkbox"/> Services already received from another agency</p> <p><input type="checkbox"/> Service not applicable</p> <p><input type="checkbox"/> Referral declined by survivor</p> <p><input type="checkbox"/> Service unavailable</p>	<p>Date reported or future appointment date (day/month/year) and Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Did you refer the client to a livelihoods program?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service provided by your agency</p> <p><input type="checkbox"/> Services already received from another agency</p> <p><input type="checkbox"/> Service not applicable</p> <p><input type="checkbox"/> Referral declined by survivor</p> <p><input type="checkbox"/> Service unavailable</p>	<p>Date reported or future appointment date (day/month/year) and Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>

6 - Assessment Point

Describe the emotional state of the client at the beginning of the interview:

Will the client be safe when she or he leaves? Yes No
If no give reason:

What actions were taken to ensure client's safety?

Describe the emotional state of the client at the end of the interview:

Who will give the client emotional support?

Other relevant information

If raped, have you explained the possible consequences of rape to the client (if over 14 years of age)? Yes No

Have you explained the possible consequences of rape to the client's caregiver (if the client is under the age of 14)? Yes No