

# Practice Intake Form

<b>Instructions</b>	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 <sup>o</sup> ; 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* <sup>o</sup> :	<input type="checkbox"/> Burundi <input type="checkbox"/> Rwanda	<input type="checkbox"/> Uganda <input type="checkbox"/> DRC <input type="checkbox"/> Somalia <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"/> IDP <input type="checkbox"/> Refugee <input type="checkbox"/> Stateless Person <input type="checkbox"/> Returnee <input type="checkbox"/> Foreign National <input type="checkbox"/> Asylum Seeker <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		
Sub-Section for Child Survivors (less than 18 years old)		
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\*<sup>o</sup>:**

(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\*<sup>o</sup>:**

- Punda  
 Banau  
 Kaseeto  
 Mbumi  
 Other (specify): \_\_\_\_\_

**Sub-Area where incident occurred\*<sup>o</sup>:**

- Urati  
 Kakuto  
 Utiro  
 Mukata  
 Other (specify): \_\_\_\_\_

**Camp/Town/Site:**

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

**Was this incident a Harmful Traditional Practice\*<sup>O</sup>?**

No                       Dowry demands  
 FGM/C                  Son preference

**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 Conscription                       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:

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
<b>Alleged perpetrator relationship with survivor*:</b> (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"/> Other refugee / IDP / Returnee <input type="checkbox"/> Other resident community member <input type="checkbox"/> Other <input type="checkbox"/> No relation <input type="checkbox"/> Unknown	
<b>Main occupation of alleged perpetrator (if known)*<sup>o</sup>:</b> (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"/> Teacher <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Non-State Armed Actor / Rebel / Militia <input type="checkbox"/> UN Staff <input type="checkbox"/> Unemployed <input type="checkbox"/> Civil Servant <input type="checkbox"/> Security Official <input type="checkbox"/> NGO Staff <input type="checkbox"/> Unknown <input type="checkbox"/> State Police <input type="checkbox"/> Camp or Community Leader <input type="checkbox"/> CBO Staff <input type="checkbox"/> State Military <input type="checkbox"/> Religious Leader <input type="checkbox"/> Community Volunteer	

5-Planned Action / Action Taken: Any action / activity regarding this report.	
<b>Who referred the client to you?*</b> <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"/> Livelihood Program <input type="checkbox"/> Other Government Service <input type="checkbox"/> Self Referral / First Point of Contact <input type="checkbox"/> Other (specify) _____	
<b>Did you refer the client to a safe house/safe shelter?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If 'No', why not?*</b> <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):
<b>Did you refer the client to health / medical services?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If 'No', why not?*</b> <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):

<p><b>Did you refer the client to psychosocial services?*</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If 'No', why not?*</b></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><b>Does the client want to pursue legal action?*</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Undecided at Time of Report</p>	
<p><b>Did you refer the client to legal assistance services?*</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If 'No', why not?*</b></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><b>Did you refer the client to the police or other type of security actor?*</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If 'No', why not?*</b></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><b>Did you refer the client to a livelihoods program?*</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If 'No', why not?*</b></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>

Incident ID

**6 - Assessment Point**

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

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

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What actions were taken to ensure client's safety?

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

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Who will give the client emotional support?

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Other relevant information

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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