

Chapter 4: The Intake and Consent Forms

The Gender Based Violence Information Management System



USER GUIDE

Chapter 4: The Intake and Consent Forms

MAIN IDEAS

- The Intake and Initial Assessment Form is a standardized form to be used by service providers when conducting the initial intake with GBV clients. It helps ensure: 1) client confidentiality by eliminating the use of identifiable information and 2) that all service providers are consistently collecting a standardized set of key GBV data points.
- A new intake and consent form should be completed for each additional incident reported. A new incident code is also assigned to each individual incident.
- The Intake and Initial Assessment Form has 3 types of questions:
 - A standardized set of key GBV data points, which should be collected by all service providers and will be entered into the incident recorder for analysis and aggregate reports. These are marked with an asterisk (*).
 - Customizable questions which will be collected by all service providers, but must be specifically tailored for the context in which they will be used. These questions are indicated on the intake form by a circle (°), and the text which can be modified is shown in italics. This data will also be entered into the incident recorder for analysis and aggregate reports.
 - All other questions on the intake form can be modified or removed based upon your organizational and programmatic needs. These questions will not be entered into the incident recorder.
- The Intake and Initial Assessment Form has six sections. The first four—Administrative Information, Survivor Information, Details of the Incident and Alleged Perpetrator Information—pertain to information surrounding the reported incident and those involved. The last two sections—Planned Action / Action Taken, and Assessment Points—focus mainly on the assessment and well-being of the survivor at the time of report and future action to be taken.
- The form is intended to replace your existing intake form not supplement it. Actors are encouraged to make the form their own, by modifying it to meet their specific case management needs.
- The GBVIMS User Guide only provides guidance on how to correctly fill out the intake form for data collection purposes; it does *not* include guidance on how to conduct an initial intake and assessment with a client. Only service providers who are already trained to work with GBV survivors should be trained to use the intake and consent forms.
- The GBVIMS Consent Form goes hand-in-hand with the intake form. It was developed to ensure that service providers clearly explain to clients the different ways in which incident information is shared, for what purpose and to whom, and that clients have the ability to control who has access to their information and why. The form clearly differentiates between the sharing of identifiable data and non-identifiable information and requires separate authorization for each. To ensure client confidentiality, the consent form should never be attached to the intake form.

KEY TERMS

Incident ID: a unique code assigned to every incident reported. This code will allow you to distinguish between incidents.

Survivor code: a code that can be assigned to each survivor, to allow clients identities' to remain protected while allowing multiple incidents reported by the same survivor to be linked and tracked for case management purposes.

Confidentiality: an implicit understanding and obligation on those providing services that any information disclosed by a survivor will not be shared with others, unless the person concerned give explicit and informed consent to do so. Confidentiality involves not only how information is collected, but also how it is stored, and shared.

De-identified data¹: are data that cannot be linked to a specific individual or group of individuals by removing all personal identifiers, such as person's name, place of residence and location. It may be necessary to consider removing other details to avoid possible identification of a specific individual or group of individuals.

Field²— A data field is a place where you can store data. Commonly used to refer to a column in a database or a field in a data entry form or web form.

¹ Adapted from WHO (2007). *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.*

http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

This chapter presents and discusses two important GBVIMS forms: The Intake and Initial Assessment Form (i.e. intake form) and The Consent for Release of Information Form (i.e. consent form). Before beginning, you should print the 'Intake and Consent Forms' document containing these two forms. You can find this document in **Annex C** of this user guide; by clicking on the 'Intake and Consent Forms' button under the Tools & Resources section of the User Guide CD-ROM; or by downloading it from the GBVIMS website at: <http://gbvims.org/learn-more/gbvims-tools/>. When you first open (or print) the 'Intake and Consent Forms' you should notice that the document is actually two separate forms: the consent form and the intake form. Although these are in the same document they are *not* the same form and in order to protect the confidentiality of the client should *never* be attached together.

A second document you should print before beginning is the 'Practice Intake Form.' You can find this document in **Annex D** of this user guide; by clicking on the 'User Guide Practice Tools' button under the Tools & Resources section of the User Guide CD-ROM; or by downloading it from the GBVIMS website at: <http://gbvims.org/learn-more/gbvims-tools/user-guide/>. Throughout this chapter there will be seven You Try! boxes referring you to activities 4.1—4.7 in the workbook. For activities 4.2—4.7, you will be presented with a scenario which will then be used to walk you through each section of the intake form. The Practice Intake Form has been pre-customized and designed for you to complete these activities. It is best that you print it so that you can practice filling it in manually. You will be able to check your work in the answer key section of the workbook. Note: Three scenarios, in addition to the one mentioned above, are provided for activities 4.11—4.13 to help you practice filling in the intake form. You may, therefore, want to print *four* total copies of the Practice Intake Form.

The Intake and Initial Assessment Form

Chapter 3 introduced the GBV Classification Tool and explained how it standardizes the types of GBV and the procedures used for classifying incidents. While this is a *very* important first step towards standardizing how data is collected by GBV service providers, the classification tool only ensures the standardization of *one* data point (i.e. the type of incident violence). However, many other important data points exist that also need to be standardized amongst service providers. Several reasons exist for this variation; some of these reasons include:

- Service providers choose to collect different information pertaining to different data points; intake forms amongst service providers, therefore, have no set, shared data points.
- Many intake forms contain ‘fill in the blank’ responses which allows for a wide variation both within and between organizations
- Even when a service provider does use set response categories on their intake form, these response categories often vary greatly from other service providers.

These issues lead to a high level of variation across collected data and makes meaningfully comparing, sharing, and analyzing data across providers, programs and field sites extremely difficult. The Intake and Initial Assessment Form has been developed to help overcome these challenges and ensure that service providers effectively collect similar data that can be compared, compiled, analyzed and ethically shared after data collection.

The intake form has two main functions:

1. It standardizes the data being collected by service providers while remaining flexible enough to meet specific case management needs. It accomplishes this by using three different types of data points:

I. A standardized set of questions that collect data for key GBV data points. These required data points should be collected by all service providers; these questions ensure that a certain set of data points are being collected by all service providers using the GBVIMS. These will be entered into the incident recorder for analysis and aggregate reports and are marked with an asterisk (*) on the intake form.

III. All other questions on the intake form (e.g. those *without* an * or ^o) can be modified or removed based upon your organizational and programmatic needs. These questions will not be entered into the incident recorder.

II. Customizable questions which will still be collected by all service providers, *but must be specifically tailored for the context in which they will be used*. These questions are indicated on the intake form by a circle (^o), and the text which can be modified is shown in italics. This data will also be entered into the incident recorder for analysis and aggregate reports.

2. It includes only de-identified data, meaning that there is no identifiable information on the form which can be directly linked to the survivor, perpetrator, or service provider, further protecting client confidentiality and security for everyone involved. It does so by replacing identifiable information with codes. The three codes, located at the beginning of the intake form are:

I. Incident ID: The GBVIMS collects according to *reported incident*. Every time a new incident is reported, a new intake form should be completed. Every new incident (and its corresponding intake form) should be assigned a new incident ID. When an ID is assigned the code should be unique and never repeated, even if the survivor has previously reported another incident.

III. Caseworker codes: These codes are assigned to each caseworker to protect them from being directly linked to specific cases. Every person that is providing services to clients should be assigned a unique code that is not easily identifiable. The code can be written in this field to keep track of who conducted the interview and provided the service to the client. While this question is not required, it can be entered into the incident recorder.

II. Survivor codes: While not required, survivor codes are very useful for case management in order to identify clients who have multiple incidents. They may also help to avoid double counting during data aggregation. A survivor code should be assigned to an individual reporting to a service provider for the first time. If that same survivor returns to report another incident, a new intake form will be filled out with a new incident ID. The survivor code, however, will be the same as it was for the previous report. It is the survivor code which enables service providers to easily track survivors across multiple incidents despite the removal of identifiable client information from the intake form. If used, the survivor code can be entered into the incident recorder.

There are no set rules on how to go about creating or assigning these codes, but every organization should establish some sort of standardized coding system and everyone responsible for filling out intake forms should be familiar with and trained on how to use that system. When developing a coding system, there are some general, important points to remember:

1. The GBVIMS organizes and tracks cases by *incident*, not by survivor. This means that every new incident *must* have a unique incident ID (survivor codes and caseworker codes are optional).
2. Each incident ID, survivor code or caseworker code must be *non-identifiable* (an individual from outside the organization should never be able to deduce and identify important information about the incident or the reporting organization based on the code).

Your organization will need to establish a coding system if it does not have one already.¹ It is also important to recognize that if you are currently collecting your GBV data by any unit other than incident, this will be something that will have to change when you begin using the GBVIMS.

1. YOU TRY!

Stop and take a moment to do activity 4.1 in the workbook. This activity will help you think about your current intake form and data collection processes.

Remember: The intake form is *not* intended to be an extra form or document for your organization to fill out. Rather, it is intended to simplify your data collection processes by *replacing* your current intake forms. This is why despite being a standardized form, the GBVIMS intake form is also a flexible tool that you can modify and edit to meet your varying case management needs. Throughout this chapter, you will learn how to modify the intake form in such a way that ensures you are collecting standardized data that can be shared with other service providers. However, it is important to note that the intake form is intended collect information up to the time of report. The intake form might not replace your existing forms used for case follow-up.

¹ Further guidance on creating coding systems for your organization can be found at the GBVIMS website (www.gbvims.org) in the “Implementation Guide” on the Tools & Resources page.

The intake form is comprised of six sections:

1. Administrative Information
2. Survivor Information
3. Details of the Incident
4. Alleged Perpetrator Information
5. Planned Action/Action Taken
6. Assessment Points

Each section is comprised of several questions or fields; a field is a specified area on the intake form where you should record the information gathered from the survivor pertaining to that particular data point. The rest of this chapter explains each section and field on the intake form and provides instructions on how to fill them out properly.

Instructions

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 one</u> 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.

Please note: Before beginning the intake process you should explain to the client what you will be discussing during the meeting and that she or he has the right to respond or decline responding to any of the questions that are asked. You should also inform the client that any information the client shares will remain confidential and only be shared with those agencies she or he chooses. You should also make them aware of any mandatory reporting laws in your context, prior to their disclosing any information pertaining to the incident. You should briefly explain that a Consent for Release of Information form will be filled out at the end of the session and that this will allow them to choose what information disclosed during the initial assessment will be shared, and with whom. You should not, however, fill in the consent form at this time.

Instruction #1—Since the GBVIMS is concerned primarily with data collected in the context of service provision, the intake form should only be filled out by those involved with this process. This means that external agencies or organizations not involved with direct service provision (i.e. GBV case management, clinical care for GBV survivors, and psychosocial care for GBV survivors) should not be filling out the intake form. The survivors’ safety, comfort and well-being should be priority during the entire process; before beginning, you should make sure clients understand that all information given will be kept confidential and that they may choose, at any time, to decline to answer any of the questions asked. If you will be filling out the intake form or taking notes during the meeting, you should briefly explain what you are recording, for what purpose and ensure that clients are comfortable with you taking notes.

Instruction #2—The intake form is intended to be a template for GBV service providers to modify and use according to their organizational needs. As such, some fields can be removed or modified. Other questions, however, must remain unchanged to ensure that important, comparable data is collected. While modifying certain questions is acceptable, it is *not* advisable that you rearrange the order of the questions as they have been specifically ordered to correspond with the Incident Recorder (discussed further in Chapter 5). Changing the order may lead to confusion, error and delays when entering the data into the Incident Recorder.

As mentioned above, fields followed by an asterisk (*) should remain on the intake form. All fields with an asterisk will be later entered into the Incident Recorder. Those questions followed by a circle (°) are customizable fields. Italicized text indicates which part of the customizable fields you should adapt. If your organization is implementing the GBVIMS on its own, then you should customize these to meet your organization’s case management needs. If, however, you are implementing the GBVIMS as part of an inter-agency rollout where you will be sharing information with other agencies, these fields should be customized at the inter-agency level so that all customizable fields are the same for all participating organizations.

As you can see in the image below, the ‘Country of Origin’ field is followed by a circle (°) and is intended to be modified to match your specific context and beneficiary profile. For example, a service provider based in northern Uganda might provide services mostly to survivors coming from Uganda and neighboring countries such as: Democratic Republic of Congo, Sudan, Rwanda and Kenya. Therefore, they might adapt the form like this:

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"/> Country names here <input type="checkbox"/> Etc.	<input type="checkbox"/> Etc. <input type="checkbox"/> Etc.	<input type="checkbox"/> Other (specify) :
Nationality (If different than country of origin):		Religion:

The circle indicates that the italicized text should be modified to fit your specific context

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"/> Uganda <input type="checkbox"/> Democratic Republic of Congo	<input type="checkbox"/> Sudan <input type="checkbox"/> Rwanda	<input type="checkbox"/> Kenya <input type="checkbox"/> Other (specify) :
Nationality (If different than country of origin):		Religion:

Please note: the category ‘Other’ in the first image is not italicized; it is therefore *not* customizable and should be left on the form as it has been in the second image.

Fields that are unmarked are completely modifiable to your needs and context. They may be modified by your agency or removed if they are not necessary for your program and/or case management. The responses to these fields will not be entered into the Incident Recorder.

Remember: Before customizing or modifying any fields on your intake form, you must first determine: Is my organization implementing the GBVIMS on its own or as part of an inter-agency implementation?

If your organization is implementing the GBVIMS independent of other organizations in your area, then you can customize and modify the appropriate fields as you see fit. *However*, all changes to the intake form should be made electronically at the organizational level rather than by individual case managers or at specific field sites. This ensures that all case managers and field sites within your organization will be using the same intake form, and that this intake form remains consistent with the Incident Recorder.

If your organization is implementing the GBVIMS as part of an inter-agency group, then, as mentioned above, all decisions regarding changes to the required fields of the intake form should be made at the inter-agency level. This ensures that all organizations participating as a part of the inter-agency group will be using the same intake form and collecting data that can be compiled or compared.

Instruction #3—Throughout the intake form there are several fields that contain boxes intended to be checked or ticked. Unless otherwise stated, it is important that you *only select one box* when answering these fields.

Instruction #4—You should also feel free to add questions or fields to this form and/or attach additional pages for additional written documentation, if needed. **This intake form is intended to replace your existing intake form and not to be used in addition to it.** Therefore, this form should be modified to collect the information you need to meet your clients' case management needs.

As you modify and customize your intake form, however, there are some fields that should *NEVER* be added in order to stay in accordance with the overall objectives of the GBVIMS. Refer to the box below for a list of these questions to avoid.

EXAMPLE

Although the intake form is intended to be customized and added to, there are some fields that should *NEVER* be added. Make sure to avoid adding the following fields to your intake form:

- Survivor's name, address and contact number
- Caseworker's name, address and contact number
- Alleged perpetrator's name, address and contact number
- Consent form (while it is encouraged to have the survivor sign a consent form, this should *always* be kept separate from the intake form)

Any information that could be used to identify any individual involved in the incident or service provision should be kept off the intake form.

Section 1: Administrative Information

1-Administrative Information		
Incident ID*: 1	Survivor code: 2	Caseworker code: 3
Date of interview (day/month/year)*: 4	Date of incident (day/month/year)*: 5	
<input type="checkbox"/> Reported by the survivor or reported by survivor's escort and survivor is present at reporting* (These incidents will be entered into the Incident Recorder)		
<input type="checkbox"/> Reported by someone other than the survivor and survivor is not present at reporting (These incidents will <i>not</i> be entered into the Incident Recorder) 6		

As introduced above, the intake form begins with three fields requiring codes: incident ID, survivor code and caseworker code.

1. Incident ID*—In order to keep track of incidents *reported*, you need to assign a code—called the incident ID—to every incident. A good rule of thumb for this field is, every new intake form should have a new incident ID. This code will allow you to organize, track and distinguish between incidents. A box labeled 'incident ID' can be found on the top-left corner of the rest of the intake form pages; make sure to write the incident ID in each of these boxes. This field is marked with an * and will be entered into the incident recorder.

2. Survivor code—To ensure the safety and well-being of the survivor, the intake form does not ask for certain identifiable information (e.g. survivor's name, exact address, etc.). Instead, each survivor should be given a survivor code. This code also helps to avoid double counting during data analysis. While this field is not required, it can be entered into the incident recorder.

3. Caseworker code—Every person providing services to clients should have a code that is not easily identifiable. The code can be written in this field to keep track of who provided service to the client. While this field is not required, it can be entered into the incident recorder.

4. Date of interview*—Indicate the date when the interview with the client occurred. This must include and be recorded as day/month/year. This field is marked with an * and will be entered into the incident recorder.

5. Date of incident*—Indicate the date when the incident actually took place. This must also include and be recorded as day/month/year. Sometimes, however, clients will not remember the exact day and/or month of the incident. In such instances, the survivor should approximate the date as best as possible. Remember: *an estimate is better than nothing*. If the survivor cannot give an approximation, then simply replace the missing day and/or month with a '1'. For example, if a woman reports that she was raped sometime in the middle of 2009, but she cannot remember that exact day, you can estimate the month and replace the missing date with '1'. If, however, she says she was raped sometime in 2007 and cannot remember the day *or* the month, you should record 1/1/2007.

Date of incident (day/month/year)*: 1/6/2009

Date of incident (day/month/year)*: 1/1/2007

Remember: *All dates must always include and be recorded as day/month/year.* For this field a year is necessary, so if the exact year is unknown, you will need to estimate the year to the best of your ability from the information provided. This field is marked with an * and will be entered into the incident recorder.

6. Reported by the survivor/someone other than the survivor*—The GBVIMS *only* collects incident data in the context of service provision, which means that only those incidents where the survivor is receiving services—and therefore present at the time of the report—will be entered into the Incident Recorder. The two questions of this field are intended to determine which intake forms will be entered into the incident recorder (incidents *reported* where the survivor is present) and which forms will not be entered into the incident recorder (incidents *reported* where the survivor is *not* present). This question is marked with an * and will be entered into the incident recorder. Please note: While some reports will not be entered into the incident recorder, service providers should still feel free to use the intake form to provide services to and document ‘second-hand’ or ‘third-party’ reports.

KEY POINT

Print ‘Practice Intake Form’ NOW!

We are about to practice filling in an intake form. If you have not done so already, print the ‘Practice Intake Form.’ You can find this document in **Annex D** of this user guide, by clicking on the ‘User Guide Practice Tools’ button under the Tools & Resources section of the User Guide CD-ROM, or by downloading it from the GBVIMS website at: <http://gbvims.org/learn-more/gbvims-tools/user-guide/>.

Note: You will need to print a total of **four copies** of the Practice Intake Form in order to do all of the activities pertaining to Chapter 4 in the workbook.

2. YOU TRY!

In the user guide workbook, read the scenario on page 16 and then complete activity 4.2. This activity will help you practice filling in the ‘Administrative Information’ section of the Practice Intake Form. You can check your answers in the workbook answer key.

Section 2: Survivor Information

2-Survivor Information			
1	Date of birth (approximate if necessary) *:	Sex*: <input type="checkbox"/> Female <input type="checkbox"/> Male 2	Clan or ethnicity: 3
4	Country of origin* ^o : <input type="checkbox"/> Country names here <input type="checkbox"/> Etc.	<input type="checkbox"/> Etc. <input type="checkbox"/> Etc.	<input type="checkbox"/> Other (specify) :
5	Nationality (If different than country of origin):		Religion: 6
7	Current civil / marital status*: <input type="checkbox"/> Single <input type="checkbox"/> Married / Cohabiting		<input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed
8	Number and age of children and other dependants:		
9	Occupation:		
10	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		
11	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		
12	Is the client an Unaccompanied Minor, Separated Child, or Orphan or 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)			
13	If the survivor is a child (less than 18yrs) does he/she live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", answer the next three questions)		
14	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: _____		
15	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		
16	What is the caretaker's primary occupation:		

Before beginning, it is important to note that all information provided in this section, 'Survivor Information,' should be at the time of the *report* and not the time of the incident.

- 1. Date of birth***—Indicate the survivors date of birth as day/month/year. If the survivor does not know their date of birth, you can either estimate or write the survivor's age *at the time of the report*. If the survivor does not know her or his exact age, you should write an estimation as an *age* rather than date (e.g. "about 40 years old"). This field is marked with an *, and responses will be entered into the incident recorder.
- 2. Sex***—Indicate the sex of the survivor. This field is marked with an *, and responses will be entered into the incident recorder.
- 3. Clan or ethnicity**—Indicate the clan, tribe or ethnic background of the survivor. While this field is not required, responses can be entered into the incident recorder.

4. **Country of origin*^o**—Indicate the country of origin of the survivor. Country of origin is the State from which an asylum seeker flees and is a citizen of, or, in the case of stateless persons, is their country of habitual residence. This field is marked with both an * and a ^o to indicate that it is customizable and responses will be entered into the incident recorder. For directions on how to customize fields see Instruction #2 from above.
5. **Nationality**—Indicate the nationality of the survivor if different from the country of origin. The response will not be entered into the incident recorder and the field can be removed from the intake form if not needed.

KEY POINT

TIP: If you are unsure about the definition or the use of a term, you can refer to the glossary in **Annex A** which defines many of the key terms used throughout the GBVIMS.

6. **Religion**—Indicate the religion, if any, of the survivor. The response will not be entered into the incident recorder and the field can be removed from the intake form if not needed.
7. **Current civil/marital status***—Indicate the civil or marital status of the survivor at the time of the report. Make sure to select only *one* of the following options:
 - Single—the survivor has never been married and is not currently living with an intimate partner.
 - Married/Cohabiting—the survivor is married or living with an intimate partner at the time of report.
 - Divorced/Separated—the survivor was at one point married, but at the time of report is no longer married to or living with a spouse or ex-spouse.
 - Widowed—the survivor’s spouse is no longer living.

Note that this field is marked with only an * therefore the question should remain on the intake form and the four response options should *not* be modified. These responses will be entered into the incident recorder.

8. **Number and age of children and other dependents**—Indicate the number and ages of children the survivor has as well as the number and ages of additional dependents the survivor is currently caring for. The response will not be entered into the incident recorder and the field can be removed from the intake form if not needed.
9. **Occupation**—Indicate the occupation of the survivor at the time of the report. The response will not be entered into the incident recorder and the field can be removed from the intake form if not needed.

10. Displacement status at time of report*—Indicate the displacement status of the survivor at the time of the report. This field is marked with an *, and responses will be entered into the incident recorder. Eight displacement categories are provided on the intake form to choose from (only select *one* option):

- Internally Displaced Person (IDP): IDPs are those who have been forced to flee their homes as a result of or in order to avoid the effects of armed conflict, internal strife, systematic violations of human rights or natural or manmade disasters and who seek protection elsewhere within their country of origin or residence and have not crossed internationally recognized state borders.
- Returnee: A returnee is a former refugee or internally displaced person (IDP) who returns to her/his country or area of origin, whether spontaneously or in an organized manner.
- Resident: A person who has never been displaced from their home as a result of or in order to avoid the effects of armed conflict, internal strife, systematic violations of human rights or natural or manmade disasters. Note: A person who has been displaced in the past, but is no longer displaced, is *not* considered a resident; they are a returnee.
- Refugee: A refugee is a person who is outside his or her country of origin or habitual residence and has a well-founded fear of persecution² because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.
- Asylum seeker: An asylum seeker is an individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum seeker.
- Stateless person: A stateless person is a person who, under national laws, does not have the legal bond of nationality with any State. Article 1 of the 1954 Convention relating to the Status of Stateless Persons indicates that a person not considered a national (or citizen) automatically under the laws of any State, is stateless.
- Foreign National: A foreign national is a person present in a country who does not currently have the right to permanent residency of that country.
- N/A: Not applicable. Select this option when none of the seven categories above apply.

STOP!

Refer to the cases in activity 4.8 of the workbook to practice indicating the appropriate *displacement status*.

² On the grounds identified in the 1951 Refugee Convention or to flee conflict in the case of States Parties to the 1969 OAU Convention or 1984 Cartagena Declaration on Refugees are known as refugees.

11. Is the client a Person with Disabilities?*—Indicate if the client is suffering from some from a long term disability that impairs the client’s ability to function. A short term disability, such as a broken leg, should not be considered a disability here. This should be either as *reported* by the survivor or as assessed by the service providers. This question is marked with an *, and responses will be entered into the incident recorder.

Options include:

- No—the client does not suffer from any long-term disability.
- Mental disability—the client suffers from a long-term mental disability.
- Physical disability—the client suffers from a long-term physical disability (e.g. client has no use of his or her legs).
- Both mental & physical disability—the client suffers from both a long term mental and physical disability.

12. Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?*—Indicate if the client is an unaccompanied minor, separated child, or other vulnerable child. This question is marked with an *, and responses will be entered into the incident recorder.

- No
- Unaccompanied Minor—(Also called unaccompanied child) a child who has been separated from both parents and other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so.
- Separated Child—a child separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. This may, therefore, include children accompanied by other adult family members.
- Other Vulnerable Child—A vulnerable child can include is a child who:
 - Lives without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child);
 - Lives outside of family care (e.g., in residential care or on the streets); or
 - Is marginalized, stigmatized, or discriminated against.
 - Is an orphan

Note: If a client, who is under the age of 18 and is living with her mother, comes to report an incident alone, she is *not* considered an Unaccompanied or Separated Child.

The following four questions comprise a sub-section of the intake form which should *only* be filled out if the client is a child (under 18 years old):

	<input type="checkbox"/> Yes <input type="checkbox"/> No Sub-Section for Child Survivors (less than 18 years old)
13	If the survivor is a child (less than 18yrs) does he/she live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", answer the next three questions)
14	If the survivor lives with someone, what is the relation between her/him and the caretaker? (Select ONE) <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Spouse / Cohabiting <input type="checkbox"/> Other: _____
15	What is the caretaker's current marital status? (Select ONE) <input type="checkbox"/> Single <input type="checkbox"/> Married / Cohabiting <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed
16	What is the caretaker's primary occupation:

None of the responses from the questions in this section will be entered into the incident recorder and can be removed if not needed. If the client is an adult, you may skip this sub-section and move directly to section 2.

13. If the survivor is a child (less than 18yrs) does he/she live alone?—If the client is less than 18 years old, indicate if he or she lives alone.

If 'Yes'—Skip to Section 2

If 'No'—Complete the rest of this section.

14. If the survivor lives with someone, what is the relation between her/him and the caretaker?—If the client is currently living with a caretaker, indicate the relationship of the caretaker to the client (select only *one* option):

- Parent/Guardian—the survivor lives with her/his mother, father or legal guardian of the client.
- Relative—a relative other than a parent or spouse
- Spouse/Cohabiting—the survivor lives with her/his legal spouse or with an intimate partner.
- Other (If 'Other' then specify the relationship)—this category would include institution care, such as when a child is being cared for by the state.

15. What is the caretaker's current marital status?—Indicate the current marital status of the survivor's caretaker (select only *one* option):

- Single
- Married / Cohabiting
- Divorced / Separated
- Widowed
- Unknown / Not Applicable (e.g. the survivor's caretaker is an institution)

16. What is the caretaker's primary occupation?—Indicate the primary occupation of the caretaker.

3. YOU TRY!

Using the same scenario in the workbook complete activity 4.3 on page 16. This activity will help you practice filling in the 'Survivor Information' section of the Practice Intake Form. You can check your answers in the workbook answer key.

Section 3: Details of the Incident

3-Details of the Incident		
1	Account of the incident/Description of the incident (summarize the details of the incident in client's words)	
2	Stage of displacement at time of incident*: <input type="checkbox"/> Not Displaced / Home Community <input type="checkbox"/> During Flight <input type="checkbox"/> During Return / Transit <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pre-displacement <input type="checkbox"/> During Refuge <input type="checkbox"/> Post-displacement	
3	Time of day that incident took place *: <input type="checkbox"/> Morning (sunrise to noon) <input type="checkbox"/> Afternoon (noon to sunset) <input type="checkbox"/> Evening/night (sunset to sunrise) <input type="checkbox"/> Unknown/Not Applicable	Incident location / Where the incident took place*^o: 4 (Customize location options by adding new, or removing tick boxes according to your location) <input type="checkbox"/> Bush / Forest <input type="checkbox"/> Garden / Cultivated Field <input type="checkbox"/> School <input type="checkbox"/> Road <input type="checkbox"/> Client's Home <input type="checkbox"/> Perpetrator's Home <input type="checkbox"/> Other (give details) _____
5	Area where incident occurred*^o: <input type="checkbox"/> Area names here <input type="checkbox"/> Etc. <input type="checkbox"/> Etc. <input type="checkbox"/> Etc.	Sub-Area where incident occurred*^o: 6 <input type="checkbox"/> Sub-area names here <input type="checkbox"/> Etc. <input type="checkbox"/> Etc. <input type="checkbox"/> Etc.
		Camp/Town/Site: 7 <input type="checkbox"/> Camp/Town/Site names here <input type="checkbox"/> Etc. <input type="checkbox"/> Etc. <input type="checkbox"/> Etc.

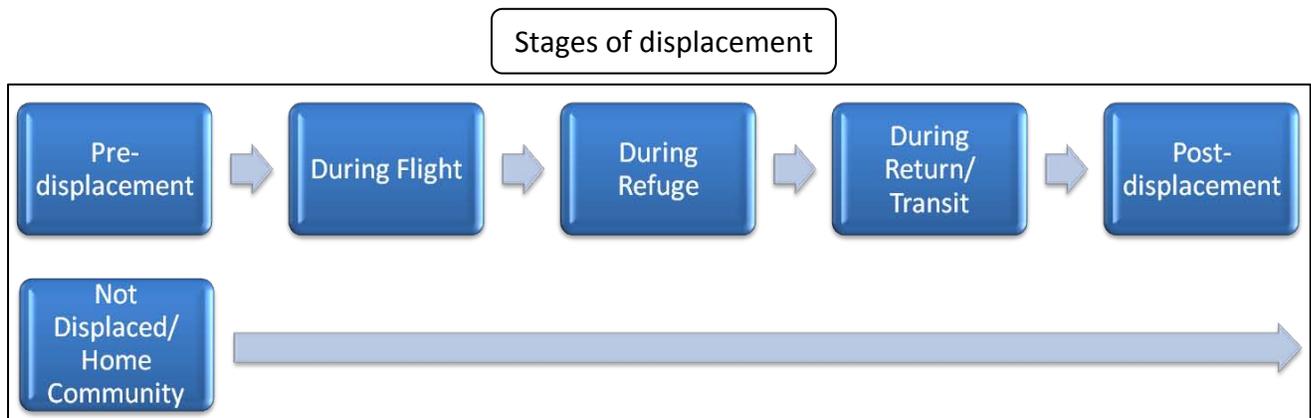
Note: Unlike 'Survivor Information,' all information provided in the 'Details of Incident' section is *at the time that the incident occurred* and *NOT* at the time of the report.

- 1. Account of the incident/Description of the incident**—This section allows you to record a summary of the incident in the client's own words (but make sure to avoid using identifiable information such as names!). If needed, you can expand the space provided or use the blank space on the back of the page. Although the narrative recorded in this section will not be entered into the incident recorder, we recommend that you keep it on the intake form.
- 2. Stage of displacement at time of incident***— The GBVIMS was developed for humanitarian contexts, in which displacement is common. People are particularly vulnerable to GBV at the various stages of displacement. Displacement occurs when individuals must leave their homes due to the effects of armed conflict, internal strife, systematic violations of human rights or natural or manmade disasters. Simply travelling from one location to another is *not* displacement. Stage of

displacement at time of incident refers to the different parts of a person’s life in reference to the period of time that they were displaced (i.e. the incident take place before, during, or after they were displaced from their home).

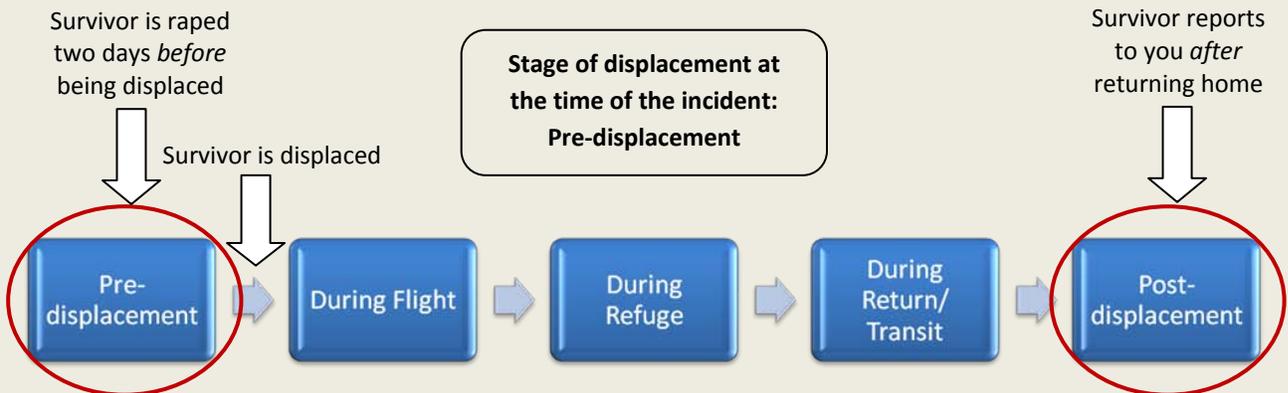
For this field, indicate the survivor’s stage of displacement when the incident occurred. This field is marked with an *, and responses will be entered into the incident recorder. Seven options are provided to choose from (be sure to select only *one* option):

- Not Displaced / Home Community—A person who at time of report has *never* been previously displaced due to the effects of armed conflict, internal strife, systematic violations of human rights or natural or manmade disasters.
- Pre-displacement—Indicates that the incident occurred prior to the time that the client was displaced from their home.
- During Flight—Occurred while the person was traveling from their home to their place of refuge.
- During Refuge— Occurred during the period of time when the person was displaced. This includes both internally displaced people as well as refugees.
- During Return / Transit—Occurred while the person was returning back to their home from their place of refuge.
- Post-displacement— Indicates that the incident occurred after the client returned home from their displacement.
- Other

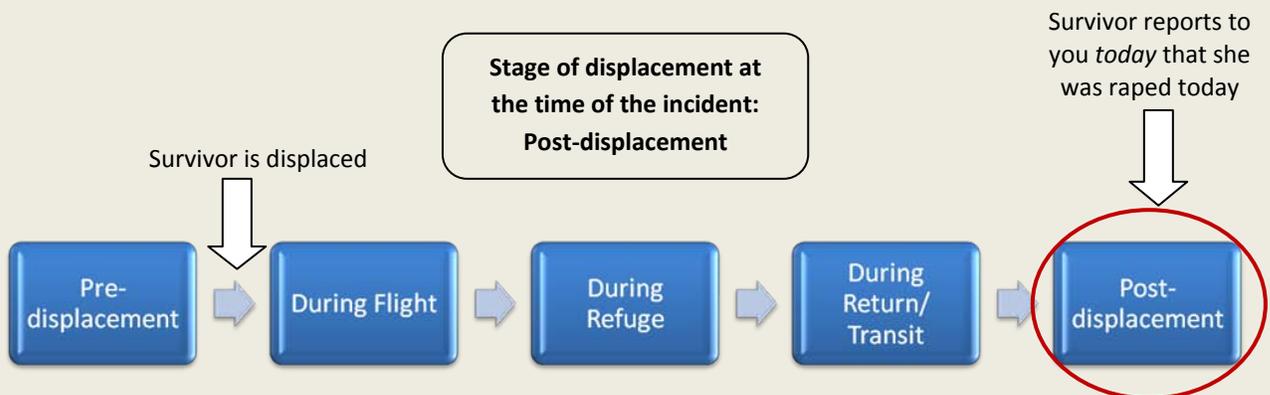


EXAMPLE

Remember: the stage of displacement is *at the time of the incident*. You will need to be careful when filling out the intake form to get the timing correct. For example, if a survivor is a returnee and she reports to you *today* that she was raped two days *before* being originally displaced, the stage of displacement at the time of the incident would be indicated as 'Pre-displacement' on the intake form.



If, however, the survivor is a returnee and she reports to you *today* that she was raped *today* (i.e. after her return), that would be indicated as 'Post-displacement' on the intake form.



STOP!

Refer to the cases in activity 4.9 in the workbook to practice indicating the appropriate *stage of displacement* at the time of the incident.

KEY POINT

It is important to distinguish the difference between ‘Displacement status at time of report’ (from the ‘Survivor Information’ section) and ‘Stage of displacement at time of incident’ (from the ‘Details of Incident’ section). Here are some common ‘If/Then’ rules when comparing the two.

If the Displacement Status is:

- Returnee—
 - Then the Stage of Displacement at Time of Incident will NEVER be:
 - **Not Displaced/Home Community**
 - Then the Stage of Displacement at Time of Incident is less likely to be:
 - **Pre-displacement**
- IDP, Refugee, or Asylum Seeker—
 - Then the Stage of Displacement at Time of Incident will NEVER be:
 - **Not Displaced/Home Community**
 - **Post-Displacement**
 - Then the Stage of Displacement at Time of Incident will almost NEVER be:
 - **During Return / Transit**
- Resident—
 - Then the Stage of Displacement at Time of Incident will NEVER be:
 - **Pre-Displacement**
 - **During Flight**
 - **During Refuge**
 - **During Return / Transit**
 - **Post-Displacement**

3. Time of day that incident took place*—Indicate the time of day when the incident took place. This field is marked with an *, and responses will be entered into the incident recorder. The four options provided *cannot* be modified (select only *one* option):

- Morning (sunrise to noon)
- Afternoon (noon to sunset)
- Evening/night (sunset to sunrise)
- Unknown/Not Applicable (e.g. when the client is unsure of when the incident took place or if the incident takes place over a longer period of time)

4. Incident location/Where the incident took place*^o—Indicate the location where the incident took place. This field is marked with both a * and a ^o to indicate that it is customizable and responses will be entered into the incident recorder. Seven options are already provided on the intake form (select only *one* option):

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

These categories are italicized and intended for service providers to add to, modify or remove depending on the context. However, these changes should be consistent with all service providers using the GBVIMS in a specific area. If your organization is part of an inter-agency GBVIMS rollout, however, these categories should be chosen by all participating agencies and should not be changed without them making the changes as well. If your organization is the only agency using the GBVIMS in your area, or you are not currently sharing data, then you simply need to ensure that all field sites are using the same categories.

It is possible to add the category 'Perpetrator's Home' to this list. If you do so, you should be aware that sometimes the client and the perpetrator live at the same home. In this case, the *client's* home should always be selected. It is also important that added categories not be too specific or vague (e.g. 'Bedroom', 'camp', 'on the ground'), because it does not provide valuable information as to whose bedroom it is.

5. **Area where incident occurred*^o**—Indicate the area where the incident took place. This field is marked with both an * and a ^o to indicate that it is customizable and responses will be entered into the incident recorder. Depending on your context, 'area' may be called by a different name (e.g. district, region, province, state, county, etc). You can add the appropriate area names for your context and as needed; *but remember*: if your organization is part of an inter-agency GBVIMS rollout, all participating agencies should determine together what geographic breakdown will be used for the term 'area' term and definition.
6. **Sub-Area where incident occurred*^o**—Indicate the sub-area where the incident took place. This field is marked with both an * and a ^o to indicate that it is customizable and responses will be entered into the incident recorder. Depending on your context, 'sub-area' may be called by a different name (e.g. sub-region, sub-district, sub-county, etc.). You can add the appropriate sub-area names for your context and as needed; *but remember*: if your organization is part of an inter-agency GBVIMS rollout, all participating agencies should determine together and use the same 'sub-area' term and definition. Note: Whatever terminology you decide to use, it is important that a sub-area be *a more specific* geographic area than 'area.'
7. **Camp/Town/Site**—Indicate the camp, town or site where the incident took place. While this field is not required, responses can be entered into the incident recorder. You should add the appropriate camp, town or site names for your context and as needed. You have the option to enter this data into the incident recorder.

3-Details of the Incident Cont.

<p>8 Type of Incident Violence*: (Please refer to the GBVIMS Incident Classification System and select only ONE)</p> <p><input type="checkbox"/> Rape (includes gang rape, marital rape)</p> <p><input type="checkbox"/> Sexual Assault (includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation/cutting)</p> <p><input type="checkbox"/> Physical Assault (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)</p> <p><input type="checkbox"/> Forced Marriage (includes early marriage)</p> <p><input type="checkbox"/> Denial of Resources, Opportunities or Services</p> <p><input type="checkbox"/> Psychological / Emotional Abuse</p> <p><input type="checkbox"/> Non-GBV (specify) Note: these incidents will not be entered into the incident recorder) _____ _____</p>	<ol style="list-style-type: none"> 1. Did the reported incident involve penetration? If yes → classify the incident as "<u>Rape</u>". 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 "<u>Sexual Assault</u>". 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 "<u>Physical Assault</u>". 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 "<u>Forced Marriage</u>". 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 "<u>Denial of Resources, Opportunities or Services</u>". 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 "<u>Psychological / Emotional Abuse</u>". 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 "<u>Non-GBV</u>".
<p>9 Was this incident a harmful traditional practice*^o?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Type of practice</p> <p><input type="checkbox"/> Type of practice <input type="checkbox"/> Type of practice</p> <p><input type="checkbox"/> Type of practice <input type="checkbox"/> Type of practice</p>	<p>Were money, goods, benefits, and / or services exchanged in relation to this incident*? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: center;">10</p>
<p>11 Type of abduction at time of the incident*:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Forced Constriction <input type="checkbox"/> Trafficked <input type="checkbox"/> Other Abduction / Kidnapping</p>	
<p>12 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).</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Health/Medical Services _____</p> <p><input type="checkbox"/> Psychosocial/Counseling Services _____</p> <p><input type="checkbox"/> Police/Other Security Actor _____</p> <p><input type="checkbox"/> Legal Assistance Services _____</p> <p><input type="checkbox"/> Livelihoods Program _____</p> <p><input type="checkbox"/> Safe House/Shelter _____</p> <p><input type="checkbox"/> Other (specify) _____</p>	
<p>13 Has the client had any previous incidents of GBV perpetrated against them*? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, include a brief description:</p>	

8. Type of incident/violence*—Classify the incident as *one* of the six core types of GBV discussed in Chapter 3; if it is not an incident of GBV, select ‘Non-GBV’ and specify (this field is marked with an *, and responses will be entered into the incident recorder):

- Rape (includes gang rape, marital rape)
- Sexual Assault (includes attempted rape and all sexual violence/abuse without penetration)
- 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)

It is important to remember that only *one* type of GBV should be indicated, even if multiple types apply. To classify an incident, simply ask yourself the questions provided to the right of the types of GBV *in their given order*; the first incident type on the list that matches the description of the case (the moment the answer is ‘Yes’) should be the type used to classify the incident. The questions are listed on the intake form as a resource for the caseworker to use while classifying the incident. **These questions should not be asked to the survivor during the interview.** This field can, therefore, be filled in *after* the interview if the caseworker chooses.

If the incident is not an act of gender-based violence, select ‘Non-GBV’ and explain why. Any incident marked as Non-GBV should not be entered into the incident recorder.

9. Was this incident a Harmful Traditional Practice*^o?—Indicate if this incident is a Harmful Traditional Practice. This question is marked with both an * and a ^o to indicate that it is customizable and responses will be entered into the incident recorder. As with ‘Location of Incident’ this field should be defined by your organization or inter-agencies using the GBVIMS in your context. This will ensure that this field is both contextualized and standardized. You and/your inter-agency group may determine *up to five* types of Harmful Traditional Practice (HTP) that are culturally and contextually appropriate for your area of operation. Any incident not involving one of the specified HTP types will be classified as ‘No’ (‘No’ should always remain an option for this field). So the options could be:

- | | | |
|-------------------------------------|--------------|--|
| <input type="checkbox"/> No | For example: | <input type="checkbox"/> No |
| <input type="checkbox"/> HTP type 1 | | <input type="checkbox"/> Female genital cutting/mutilation |
| <input type="checkbox"/> HTP type 2 | | <input type="checkbox"/> Dowry demands |
| <input type="checkbox"/> HTP type 3 | | <input type="checkbox"/> Son preference |
| <input type="checkbox"/> HTP type 4 | | |
| <input type="checkbox"/> HTP type 5 | | |

10. Were money, goods, benefits, and / or services exchanged in relation to this incident*?—Indicate if money, goods, benefits or any kind of services were exchanged in relation to this incident with a ‘Yes’ or a ‘No’. This question is marked with an *, and responses will be entered into the incident recorder. It will be used in the incident recorder along with incident type to determine if this is a possible case of sexual exploitation. It is important to remember that much more than money can be exchanged (e.g. a passing grade, extra rations, etc.).

11. Type of abduction at time of the incident*—Indicate if the client was abducted or held against his/her will at the time of the incident by selecting the appropriate type of abduction that took place:

- None—If the client was not abducted, mark ‘None’.
- Forced Conscriptation— Being forced to join an armed group against one’s will.
- Trafficked³— Trafficking in persons is defined as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, the exploitation or prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. Victims of trafficking have either never consented or their initial consent has been rendered meaningless by the coercive, deceptive or abusive actions of the traffickers. Trafficking can occur regardless of whether victims are taken to another country or only moved from one place to another within the same country.
- Other Abduction / Kidnapping—Any other form of abduction or kidnapping *reported* by survivor.

This field is marked with an *, and responses will be entered into the incident recorder. It will be used in the incident recorder along with the incident type to determine if this is a possible case of sexual slavery.

12. Has the client reported this incident anywhere else?*—Indicate if the client has reported this incident with another individual, group, service provider, agency, etc. The purpose of this question is to try and identify survivors who have already reported this incident to another GBVIMS participating agency. This question is marked with an *, and responses will be entered into the incident recorder. This is one of the only questions on the intake form where you should select all of the responses that apply. For every service you select, indicate (if possible) the name of the specific service provider the client reported to.

- No (select if the client has not reported this incident anywhere else)
- Health/Medical Services
- Psychosocial/Counseling Services

³ As defined by the 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organised Crime.

- Police/Other Security Actor
- Legal Assistance Services
- Livelihoods Program (any services to help the survivor generate income)
- Safe House/Shelter (this can be a formal or informal community based safe house)
- Other (specify)

Note: This field is only concerned with *the incident* currently being **reported**; it is not in relation to any previous incidents.

KEY POINT

The intake form often refers to six main types of service provision. These six are listed here with examples of what actors they might each include¹:

- Health/Medical Services—health facility staff, doctors, nurses, midwives, traditional birth attendants, community health workers, traditional health practitioners, health managers, administrators and coordinators, host country health ministry officials and staff.
- Psychosocial/Counseling Services— staff and volunteers in the community, members of the community, NGOs implementing GBV program activities, and host country social services/welfare ministry officials and staff.
- Police/Other Security Actor—police, security forces, security and field officers from UN agencies and NGOs, refugee security workers, and refugee leaders/community members.
- Legal Assistance Services—protection staff of UN agencies and human rights organizations, host country judges and other officers of the court, legislators and lawmakers, community leaders, including sub-committees of refugee committees overseeing community-initiated policing and sanctions, law enforcement bodies, NGOs and advocacy groups working to improve national laws and policies concerning sexual and gender-based violence. Note: Legal Assistance Services does *NOT* mean the police, or traditional justice systems; these are services provided to a client to help them pursue their case in the court of law.
- Livelihoods Program— UN agencies, NGOs, community-based organizations (CBOs), etc. providing services to help the survivor generate income.
- Safe House/Shelter—this can be a formal or informal community based safe house offering where survivors can seek temporary, safe shelter and protection.

1. Most of these examples are taken from UNHCR's *Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons*. (May 2003).

13. Has the client had any previous incidents of GBV perpetrated against them?*—Indicate if the client has been the victim of any incidents of GBV prior to the incident being **reported**. This question is marked with an *, and responses (Yes/No) will be entered into the incident recorder.

If yes, include a brief description—If the client has been the victim of previous incidents of GBV, record a brief description. You might include information such as: type of GBV incident, approximate date, where the incident took place, the alleged perpetrator and relationship to client, what actions were taken and/or what services did the client receive following the incident. This descriptive response is for case management and will not be entered into the incident recorder.

4. YOU TRY!

Using the same scenario in the workbook on page 16, complete activity 4.4. This activity will help you practice filling in the 'Details of the Incident' section of the Practice Intake Form. You can check your answers in the workbook answer key.

Section 4: Alleged Perpetrator Information

4-Alleged Perpetrator Information	
1	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
2	Nationality of alleged perpetrator*: <input type="checkbox"/> 3
	Clan or Ethnicity of alleged perpetrator: <input type="checkbox"/> 4
	Age group of alleged perpetrator(s)* (if known or can be estimated):
5	<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
6	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
7	Main occupation of alleged perpetrator (if known)* ^O : (Customize location 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 <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

During incidents of GBV, there are sometimes multiple perpetrators, often with varying degrees of involvement. While you should feel free to collect data pertaining to secondary perpetrators, only data pertaining to *primary* perpetrators will be entered into the incident recorder and used for data analysis.

- Primary perpetrator—is the person or people that directly inflicted the violence or abuse against the survivor.
- Secondary perpetrator—is the person or people who did not directly commit the violence against the survivor but they played an indirect role in the violence through planning, instigating, ordering, or aiding and abets in the planning, preparation or execution of the crime.

For example, if one man rapes a woman while a second man holds her down, the one doing the raping is the primary perpetrator and the one holding her down is the secondary perpetrator. Since the GBVIMS only records information pertaining to primary perpetrators, the case manager in this instance would indicate the number of alleged perpetrators as one and proceed to fill in the rest of the section about that perpetrator. If, however, the survivor had reported being raped by *both* men, then they would both be considered primary perpetrators.

In the instance of multiple primary perpetrators, the first and second fields of this section—“Number of alleged perpetrator(s)” and “Sex of alleged perpetrator(s)” —should be filled out accordingly. You should fill out the remaining fields of this section, however, pertaining to only one of the primary perpetrators—the one on which you have the most information.

If the reported incident is a case of forced marriage, questions may arise as to who is the perpetrator. In the case of forced marriage, the spouse or soon-to-be spouse is the primary perpetrator (not the mother or father of the client). If, however, there has been any non-consensual penetration or sexual assault, the case would be classified as rape or sexual assault rather than forced marriage.

- 1. Number of alleged perpetrator(s)***—Indicate the number of the alleged perpetrator(s) involved in the incident. If the exact number is unknown but the client knows that there were more than three, ‘More than 3’ should be selected *not* unknown. This field is marked with an *, and responses will be entered into the incident recorder.
- 2. Sex of alleged perpetrator(s)***—Indicates the sex of the alleged perpetrator(s). This field is marked with an *, responses and will be entered into the incident recorder.
- 3. Nationality of alleged perpetrator**—Indicate the nationality of the alleged perpetrator. While this field is not required, it can be entered into the incident recorder.
- 4. Clan or ethnicity of alleged perpetrator**—Indicate the clan or ethnicity of the alleged perpetrator. Responses to this field will not be entered into the incident recorder; it can removed if not needed.
- 5. Age group of alleged perpetrator***—Indicate the age group of the alleged perpetrator. This field is marked with an *, and responses will be entered into the incident recorder.

Note: an estimation is better than unknown for this field; for example, if the survivor is unsure if the person is 51 or 53, you should enter an estimated age. ‘Unknown’ should only be used if an estimation is not possible (e.g. the perpetrator was hidden during the incident).

- 6. Alleged perpetrator relationship with survivor (if any)***—Indicate the relationship, if any, of the alleged perpetrator with the survivor. This field is marked with an *, and responses will be entered into the incident recorder. The options provided on the intake form are (select only *one* option):
 - Intimate partner / Former partner
 - Primary caregiver
 - Family other than spouse or caregiver
 - Supervisor / Employer
 - Schoolmate
 - Teacher / School official
 - Service Provider
 - Cotenant / Housemate
 - Family Friend / Neighbor

- Other refugee / IDP / Returnee
- Other resident community member
- Other
- No relation—this category means that the client *saw* the perpetrator and does not know them or they have no prior relation.
- Unknown—this category means that the client did *not see* the perpetrator and therefore are not sure if it was someone they know.

It is possible that a perpetrator’s relationship with a client may fall into more than one category. When this happens read the options from top to bottom and select the *first* option that applies. This will result in the most specific description of the perpetrator – survivor relationship being selected. For example, a client, who is a refugee, reports being physically assaulted by her teacher, who is also a refugee at the same camp. You should select ‘Teacher/School official’ from the list rather than ‘Other refugee / IDP / Returnee’ because ‘Teacher/School official’ comes first on the list.

Alleged perpetrator relationship with survivor *:
 (Select the first ONE that applies)

- Intimate partner / Former partner
- Primary caregiver
- Family other than spouse or caregiver
- Supervisor / Employer
- Schoolmate
- Teacher / School official**
- Service Provider
- Cotenant / Housemate
- Family Friend / Neighbor
- Other refugee / IDP / Returnee**
- Other resident community member
- Other
- No relation
- Unknown

Main occupation of alleged perpetrator (if known)*^o

7. Main occupation of alleged perpetrator*^o—Indicate the main occupation of the alleged perpetrator. This field is marked with both an * and a ^o to indicate that it is customizable and responses will be entered into the incident recorder. The three options that are *not* italicized, however, should remain on the form at all times (Unemployed, Unknown and Other); all other options may be modified. Make sure to select only *one* option.

Note: In order to avoid confusion about what is considered employed and unemployed, this should be recorded as the survivor reports.

5. YOU TRY!

Using the same scenario in the workbook on page 16, complete activity 4.5. This activity will help you practice filling in the ‘Alleged Perpetrator Information’ section of the Practice Intake Form. You can check your answers in the workbook answer key.

Section 5: Planned Action/Action Taken

5-Planned Action / Action Taken: Any action / activity regarding this report.	
<p>1 Who referred the client to you?*</p> <p> <input type="checkbox"/> Health/Medical Services <input type="checkbox"/> Psychosocial/Counseling Services <input type="checkbox"/> Police/Other Security Actor <input type="checkbox"/> Legal Assistance Services <input type="checkbox"/> Livelihood Program <input type="checkbox"/> Self Referral / First Point of Contact </p>	<p> <input type="checkbox"/> Teacher/School Official <input type="checkbox"/> Community or Camp Leader <input type="checkbox"/> Safe House/Shelter <input type="checkbox"/> Other Humanitarian or Development Actor <input type="checkbox"/> Other Government Service <input type="checkbox"/> Other (specify) _____ </p>
<p>2 Did you refer the client to a safe house/safe shelter?*</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 <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 </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>3 Did you refer the client to health / medical 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 <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 </p>	<p>Date reported or future appointment Date and Time:</p> <p>Name and Location: Follow-up Appointment Date and Time:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>4 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 <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 </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>5 Does the client want to pursue legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided at Time of Report</p>	
<p>6 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 <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 </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>7 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>8 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>

1. Who referred the client to you?*—Indicate who referred the client to you. This question is marked with an *, and responses will be entered into the incident recorder. 12 categories are listed to choose from (select only *one* option); for examples and further description of the first six options, see the Key Point box on page 4.25 above.

- Health/Medical Services
- Psychosocial/Counseling Services
- Police/Other Security Actor
- Legal Assistance Services
- Livelihoods Program
- Safe House/Shelter
- Self-referral/First point of contact—If you are the first service provider the client has come to pertaining to this incident then you should select this option.
- Teacher/School Official
- Community or Camp Leader
- Other Humanitarian or Development Actor
- Other Government Service
- Other (specify)

In the event that more than one service provider referred them to you, then *select the most recent referral*.

Note: Be sure not to confuse 'Legal Assistance Services' with 'Police/Other Security Actor.' Legal Assistance Services are services aimed at helping survivors get their cases into and tried in a court of law. It does *not* include the police. Additionally a Livelihood Program is any service that helps the survivor to generate income; it is *not* included as a Safe House/Shelter.

EXAMPLE

1. A sexual assault survivor reports to the police who suggest that she visit your NGO providing psychosocial support to GBV survivors. When the survivor reports the incident to you, you should indicate "Police/Other Security Actor" as the referral type.
2. A rape survivor reports to the police who immediately refer her to the closest health clinic. The health providers tell the patient about the psychosocial services your NGO provides. When the survivor reports the incident to you, you should select 'Health/Medical Services' as the referral type.
3. A physical assault survivor who knew about your NGO on her own reports an incident to you. You should select 'Self-referral' as the referral type because the client was not referred by any other individual, group or agency.

Did you refer the client to...? The section containing questions #2-8 is intended to enable actors to have a better understanding of basic trends in their referral pathway, such as which services are referring clients to you the most or the least. It also seeks to identify why referrals are not given, to identify gaps or areas to focus on for improvement. *All* questions are marked with an *, and responses will be entered into the incident recorder. Except for question #5, the questions in this section ask if you referred the client to six different services; for examples and further description of these six service provisions, refer to the Key Point box on page 4.25:

2. **Did you refer the client to a safe house/shelter?***
3. **Did you refer the client to health/medical services?***
4. **Did you refer the client to psychosocial services?***
5. **Does the client want to pursue legal action?***
6. **Did you refer the client to legal assistance services?***
7. **Did you refer the client to police/other type of security actor?***
8. **Did you refer the client to livelihoods program?***

If you provided the specified services to the survivor and then referred the survivor to another agency for more specialized services that is still considered a referral and the response to this question is 'Yes.' If you reply yes to a question, fill in all possible case management information that you can and move directly to the next question. If you reply 'No,' select the explanation as to why you did not refer the survivor to those services. These options include:

- **Service provided by your agency:** you provided the client all the necessary services they needed at the time of report.
- **Services already received from another agency:** the client had already received those services from another service provider *prior* to arriving at your service. If the police referred the client

to you, for example, you won't refer the client to the police because they have already received that service.

- **Service not applicable:** the service does not apply to their situation; if a client does not need medical attention, then you would not refer them to health services because the service is not applicable.
- **Referral declined by survivor:** The service option was presented to the survivor but they declined to act on it. For example, when you inform a client that if they want to take legal action they can first report the incident to the police, and then the client declines saying she does not want to go to the police or take legal action. Note: The term 'declined' does not necessarily imply the client's *desire*. For example, a service provider might offer to refer a client to a surgeon for a very expensive surgery. The client may *want* the referral but is must decline the referral due to financial reasons. This would still be categorized as 'Referral declined by survivor'.
- **Service unavailable:** the service applies and you would refer the client to that service except that it does not exist. For example, if a woman reports being raped, but there is no medical facility to refer her to for treatment, the service is unavailable.

KEY POINT

The section described above not only helps your organization track its referral pathways, but it can also help you to identify important *gaps* in your service provision. Understanding and accurately recording why you did *not* refer a client to a particular service provision can be extremely useful information for you and your organization.

Confusion can arise when differentiating between 'Service not applicable' and 'Service unavailable.' They are *not* the same thing and should not be used interchangeably! A service is not applicable when a client does not need that service. For example, if a woman who has not been physically harmed reports an incident classified as 'Denial of Resources, Opportunities or Services' you will probably not refer her to health or medical services because she does not need medical help. You should therefore indicate 'Service not applicable.'

A service is unavailable when that particular service does not exist or is not accessible in your area. For example, a survivor is in need of a safe house/safe shelter *but there are none in your area*. This would be marked as 'Service unavailable.' The survivor needed the service and you *would* have referred the survivor, however, because the service is not available you were unable to refer her.

Note: if an incident involves rape, sexual assault or physical assault 'Not applicable' should not be an option for:

- safe house/safe,
- health/medical services
- psychosocial services
- legal assistance services
- police or other type of security actor

The information boxes to the right of the questions are intended for your case management use. Here, you can record the date, time and location of the future appointment of the client with the service provider (if applicable) as well as any notes about the case that might be useful pertaining to each service. The information in these boxes will not be entered into the incident recorder, and can be modified or removed as necessary if this information is not applicable or collected somewhere else.

STOP!

Take a moment to complete activity 4.10 in the workbook to practice indicating the appropriate type of service provision to which you could refer a survivor.

6. YOU TRY!

Using the same scenario in the workbook on page 16, complete activity 4.6. This activity will help you practice filling in the 'Planned Action/Action Taken' section of the Practice Intake Form. You can check your answers in the workbook answer key.

This section is intended to provide some basic, best practice guidelines for case management. It is centered on the immediate well-being and safety of the client. *No information* from this section will be entered into the incident recorder. You may therefore modify this entire section based upon your case management needs, add or remove any fields as needed.

1. **Describe the emotional state of the client at the beginning of the interview**—Indicate, as best as you can, the emotional state of the client at the beginning of the interview (e.g. angry, disheveled, sad, etc.)
2. **Describe the emotional state of the client at the end of the interview**—Indicate the emotional state of the client at the end of the interview (e.g. still upset, improved, calm, etc.)
3. **Will the client be safe when she or he leaves?**—According to the client, indicate if the client will be safe when she or he leaves, and if not, provide the reason.
4. **Who will give the client emotional support?**—Indicate who will give the client emotional support following the interview.
5. **What actions were taken to ensure client’s safety?**—Provide any actions taken that helped to ensure the client’s safety (i.e. safety planning).
6. **If raped, have you explained the possible consequences of rape to the client?**—If the client is *over* the age of 14, indicate if you have explained the possible consequences of rape.
7. **Have you explained the possible consequences of rape to the client’s caregiver?**—If the client is *under* the age of 14, indicate if you have explained the possible consequences of rape to the client’s caregiver.

7. YOU TRY!

Using the same scenario in the workbook on page 16, complete activity 4.7. This activity will help you practice filling in the ‘Assessment Point’ section of the Practice Intake Form. You can check your answers in the workbook answer key. In order to practice filling out more practice intake forms, refer to activities 4.11–4.13 in the workbook. Three additional exercises and new scenarios are provided for you to practice filling out the intake form.

KEY POINT

Remember!

When you have finished your discussion with the client, you should return to the Consent for Release of Information Form briefly introduced at the beginning of this chapter. The client should indicate:

1. The services and service providers with which she or he wants information shared.
2. Whether she or he authorizes their non-identifiable information to be shared for reporting purposes

The signature or thumbprint of the client should be given as well as the caseworker code and date. For more information see ‘The Consent for Release of Information Form’ section below.

The Consent for Release of Information Form

The consent form is a two page document (one page front and back) intended for organizations providing direct services to survivors. It was developed to ensure that service providers are providing clients a clear description of how their information will be shared, with whom and in what form. It is easy when undertaking a project like the GBVIMS, to see the prospects of producing quality data that can be shared with other actors to help inform and improve programming and coordination as exciting and beneficial for both actors and beneficiaries. It is important to keep in mind, however, that just because information has been de-identified; it is still the survivor's decision whether or not to allow their information to be shared. *The rights of the survivor to control their incident data must remain a priority even when it seems that there is little risk involved.*

A common example of bad-practice is including vague language or incorrect descriptions about the type of information that is going to be shared in the consent form. Clients consenting to these unclear terms have no idea what they are consenting to; their information could be shared with anyone and at any level of detail. If clients do not consent due to vague or incorrect explanations, then their information cannot be shared with others for important, beneficial purposes including service provision and referrals. This example reinforces the fact that as it becomes more feasible and accepted to share data within a context, more care must be taken to ensure that there is an understanding amongst actors of best practice and bad practices. The GBVIMS consent form seeks to increase understanding around informed consent and client confidentiality. It does so by clearly presenting the various forms of information sharing in order to ensure that both clients and service providers understand what can and cannot be shared.

The first page of the form includes the statement of consent, describing how your organization will use the information collected from the report, in what form, for whom and why. To ensure that clients have the most control possible over how their information is shared and used, the consent statement has been divided into two sections each based on the level of detail of the incident data that will be shared. The form differentiates between the sharing of identifiable data and non-identifiable data and requires separate authorization for each.

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)

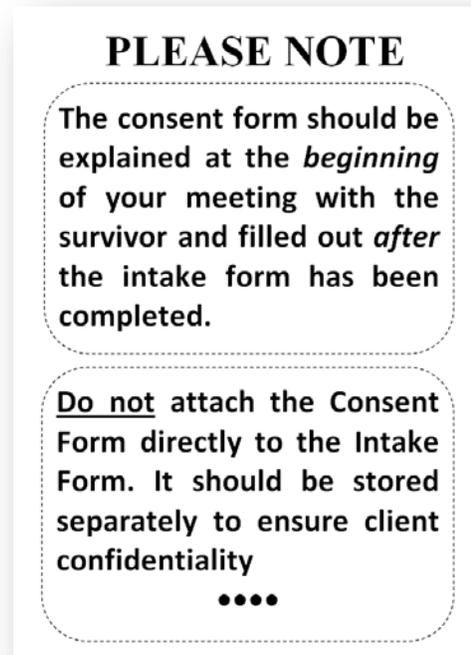
Signature/Thumbprint of client: _____
(or parent/guardian if client is under 18)

Caseworker Code: _____ **Date:** _____

The second page provides a space for the service provider to record relevant, identifiable information that is necessary for provide quality case management services. This way the consent form has identifiable information but does not include any details specific to GBV. This is why it is very important that the consent form and the intake form are not attached to each other. Consent forms should have the incident ID written at the top and should all be stored together in a locked drawer or cabinet separate from the intake forms.

Incident ID	CONFIDENTIAL
INFORMATION FOR CASE MANAGEMENT <i>(OPTIONAL-DELETE IF NOT NECESSARY)</i>	
<hr/>	
<i>Client's Name:</i> _____	
<i>Name of Caregiver (if survivor is a minor):</i> _____	
<i>Contact Number:</i> _____	
<i>Camp:</i> _____	
<i>Section Number:</i> _____	
<i>House Number:</i> _____	
<i>UN Number:</i> _____	
<hr style="border-top: 1px dashed black;"/>	
<p>(ADD QUESTIONS FOR YOUR COUNTRY'S SURVIVOR CODE HERE)</p> <p><i>FOR FURTHER EXPLANATION SEE THE "CREATING A SURVIVOR CODE" DOCUMENT</i></p>	

The third page of the consent form serves to remind those working directly with the clients that every time a new incident is reported, the consent form should be explained at the beginning of the session before starting the intake form. It also reminds them *not* to attach the consent form to the intake form. Remember: after the intake form is completed, you should always return to the consent form to fill it in with the survivor.



Completing the Consent Form

At the end of the session, after the intake form has been completed and the needs of the client and the referral page have been discussed, you should then return to the consent form. It is important when working with a client to not rush through the consent process. The purpose of getting consent is to ensure that the person understands how information will be used and makes a decision to process or not based upon this knowledge. It is the responsibility of the service provider to guide the client through this process with the goal being client comprehension, not just their signature.

The generally accepted approach to obtaining informed consent is⁴:

- Read aloud to the interviewee the consent statement, allowing time for questions and clarifications of individual points.
- Having explained the key points, the service provider should ask the participant to repeat back in their own words why they think the interview is being done, what they think they will gain

⁴ WHO Ethical and Safety Recommendations for Researching and Monitoring Sexual Violence in Emergencies. (2007). World Health Organization. http://whqlibdoc.who.int/publications/2007/9789241595681_eng.pdf.

from doing it, what they have agreed to, what the risks might be, and what would happen if they refuse. This will allow the service provider to assess the participant's understanding of each issue, and if necessary, reinforce anything that was not clearly understood and correct any misunderstanding.

- The last step, obtaining consent, can be done either verbally or in writing.

Because the consent form discusses two very different types of information sharing, each section should be explained separately, and the client should give or decline authorization for section 1 before continuing on to the second section. The client should indicate who they want to allow their information to be shared with *for referrals* (this is part 1 of the consent form), and then the client should choose whether to authorize that their information be shared in non-identifiable format for reporting purposes (part 2 of the consent form).

Conclusion

KEY POINTS TO REMEMBER

- The GBVIMS Consent Form was developed to ensure that service providers clearly explain to clients the different ways in which incident information is shared, for what purpose and to whom, and that clients have the ability to control who has access to their information and why. The form clearly differentiates between the sharing of identifiable data and non-identifiable information and requires separate authorization for each. To ensure client confidentiality, the consent form should never be attached to the intake form.
- The intake form is essential for standardizing data collected amongst GBV service providers. It is designed to help service providers collect confidential, standardized data that can be compiled, compared, analyzed and shared.
- The form is intended to *simplify* the data collection process. Although some fields should not be changed, many fields can be easily customized and modified by each organization using it to meet the needs of their organization and/or inter-agency partnership.
- While the intake form should be somewhat intuitive to service providers with basic training and experience, some fields have specific instructions and require explanation. This chapter provides detailed guidance on how to use the intake form and should be reviewed regularly to ensure proper use.
- All GBV service providers need to know how to collect good quality data as part of their work. However, data collection is not a service in and of itself. The GBVIMS User Guide does not provide guidance on the actual services for GBV survivors. Only those receiving the necessary training and supervision to provide GBV services should be trained on using the GBVIMS intake form.
- Scenarios and exercises are provided in the workbook at the end of this user guide to allow more practice in filling out the intake form.

Chapter 5: The Incident Recorder and Data Entry

The Gender Based Violence Information Management System



USER GUIDE