

**GBV Administrative Data Toolkit for the Pacific Region**

**Supporting Resource 2i: TEMPLATE Initial intake and case assessment form**

This is a TEMPLATE Intake Form for provision of services and collection of GBV administrative data for female or child clients. Please change text highlighted in yellow to reflect your specific organization or context. You may delete this text box and replace logo as needed.

**CONFIDENTIAL**

**Initial intake and case management form**

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| **INSTRUCTIONS** 1. This form should be filled out by a [organisation name] staff member (case manager, health practitioner, social worker or other authorised person providing services to the victim of GBV). Complete all pages for each incident of gender-based violence reported to your organisation. That is, if the same client is referred more than once on different dates, please record the information for each referral on separate intake forms. This way we can record information about separate incidents of violence.
2. **Remind the client that all information will be kept confidential, and they may choose not to answer any of the following questions.**
3. Ask the client for their consent to use **non-identifiable** information for planning service delivery for victims of violence. This form should be accompanied by a separate consent form for release of information, and the check box ticked at the end of this form.
4. Complete this intake form for all incidents of GBV.
5. Enter data from this form into [organisation name database] when available.
6. Write as much information as you feel is necessary (additional pages with continued narrative may be attached if needed).
7. If the client consents to their information being shared, follow [organisation name]’s Information Sharing Protocol.
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| **IMPORTANT:** Wheneverpossible, questions with an asterisk \* should always be answered. These questions are part of a minimum essential dataset on gender-based violence. |
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| This form is based on the Kiribati SafeNet Initial Intake and Case Management Form (August 2015) and should be modified for local context. |



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| **CLIENT CODE**Click to enter text. | **INITIAL INTAKE AND CASE MANAGEMENT FORM** | **INCIDENT ID**Click to enter text. |

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| **1 ADMINISTRATIVE INFORMATION** |
| **\*Client name:** Click to enter text. | **\*Staff name/code:** Click to enter text. | **\*Report by client?** **[ ]** Yes**[ ]** No |
| \***Report/interview date** (day/month/year): Click to enter text. | **\*Incident date** (day/month/year). If there are multiple times write the most recent: Click to enter text. |

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| **2 CLIENT INFORMATION** |
| **\*Client age in years:** Click to enter text. | **\*Sex of client:** **[ ]** Female  **[ ]** Male **[ ]** Other | **\*Client’s country/island of origin:** **[ ]  [**Country A]  **[ ]  [**Country B]**[ ]  [**Country C] **[ ]** Other (specify): Click to enter text. |
| **\*Specific needs/vulnerabilities** (check all that apply):**[ ]** None  **[ ]** Physical disability **[ ]** Mental disability **[ ]** Unaccompanied minor **[ ]** Separated child  **[ ]** Other vulnerable child **[ ]** [Other]  |

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| **3 DETAILS OF THE INCIDENT** |
| **\*Village/area of island the incident occurred:** Click to enter text. | **\*Area/island where the incident occurred:** Click to enter text. | **\*Time incident took place:** Click to enter text. |
| **\*Type of incident/violence** (Please select ONLY ONE of the options below. **[ ]  Rape** (includes gang rape, marital rape) **[ ]  Sexual assault** (includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation) **[ ]  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** (includes denial of inheritance, earnings, access to education or contraceptives, etc. Reports of general poverty do not apply) **[ ]  Psychological/Emotional abuse** (includes threats of physical or sexual violence, forced isolation, harassment/intimidation, gestures or written words of a sexual/menacing nature, etc.) **[ ]  Non-GBV** (specify): Click to enter text. | **Questions to determine type of incident/violence**1. **Did the reported incident involve penetration?**

If yes 🡪 classify the incident as ‘**Rape’.**If no 🡪 proceed to the next incident type on the list. 1. **Did the reported incident involved unwanted sexual contact?**

If yes 🡪 classify the incident as ‘**Sexual assault**’.If no 🡪 proceed to the next incident type on the list. 1. **Did the reported incident involve physical assault?**

If yes 🡪 classify the incident as ‘**Physical assault**’.If no 🡪 proceed to the next incident type on the list. 1. **Was the incident an act of forced marriage?**

If yes 🡪 classify the incident as ‘**Forced marriage**’. If no 🡪 proceed to the next incident type on the list. 1. **Did the reported incident involve the denial of resources, opportunities or services?**

If yes 🡪 classify the incident as ‘**Denial of resources, opportunities or services**’.If no 🡪 proceed to the next incident type on the list. 1. **Did the reported incident involve psychological/emotional abuse?**

If yes 🡪 classify the incident as ‘**Psychological/Emotional abuse**’. If no 🡪 proceed to the next incident type on the list. 1. **Is the reported incident a case of GBV?**

If yes 🡪 Restart at 1 and try to classify the incident. If you have tried to classify the incident multiple times, ask your supervisor for assistance. If no 🡪 classify the incident as ‘**Non-GBV’.** |
| **\*Was this incident a Harmful Traditional Practice?** **[ ]** No  **[ ]** [Practice 1] **[ ]** [Practice 2] **[ ]** [Practice 3]  | **\*Were money, goods, benefits, and/or services exchanged in relation to this incident?** [ ]  Yes [ ]  No  |
| **\*Has the client reported the incident anywhere else?** (If yes, specify type of service) [ ]  No [ ]  Yes (specify): Click to enter text. |
| **\*Has the client had any previous incidents of GBV perpetrated against them?** [ ]  No [ ]  Yes (please give a brief description): Click to enter text. |

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| **4 ALLEGED PERPETRATOR INFORMATION** |
| **\*Number of alleged perpetrator(s)**: **[ ]** 1  **[ ]** 2 **[ ]** 3 **[ ]** More than 3 **[ ]** Unknown |
| ***Please complete the following questions for the alleged perpetrator (perpetrator 1).*** ***If more than 1 alleged perpetrator, complete SECTION 4B at the end of this form for each additional alleged perpetrator.*** |
| **\*Sex of alleged perpetrator: [ ]** Female  **[ ]** Male **[ ]** Other | **\*Alleged perpetrator age: [ ]** Adult **[ ]** Minor **[ ]** Unknown |
| **\*Alleged perpetrator relationship with client:**  |
| [ ]  Current husband / wife / boyfriend /girlfriend / de facto [ ]  Former husband / wife / boyfriend /girlfriend / de facto [ ]  Mother / stepmother / adoptive mother [ ]  Father / stepfather /adoptive father [ ]  Grandparent  | [ ]  Aunt [ ]  Uncle [ ]  Sibling [ ]  Adopted sibling [ ]  Community leader | [ ]  Religious leader[ ]  Police officer [ ]  Work colleague [ ]  Teacher / School official[ ]  Schoolmate  |
| [ ]  Family friend / neighbour[ ]  Other community member  | [ ]  Service provider [ ]  Housemate  | [ ]  No relation [ ]  Unknown  | [ ]  Other (specify): Click to enter text. |
| **\*Main occupation of alleged perpetrator: [ ]** [Occupation 1]  **[ ]** [Occupation 2]  **[ ]** Other/Unknown **[ ]** Unemployed |

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| **5 PLANNED ACTION / ACTION TAKEN REGARDING THIS REPORT**  |
| **\*Who referred this client to you:**  |
| [ ]  Health / Medical services [ ]  Community leader [ ]  Teacher / School official [ ]  Safe house / shelter / refuge  | [ ]  Police / Other security actor [ ]  Psychosocial / Counselling services [ ]  Legal services [ ]  Livelihood program  | [ ]  Other government service [ ]  Self-referred [ ]  Other (specify): |
| **\*Was the client referred to a safehouse / shelter?**  | **\*Was the client referred to a health / medical?** |
| **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  | **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  |
| **\*Was the client referred to a psychosocial service?**  | **\*Was the client referred to a legal service?** |
| **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  | **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  |
| **\*Was the client referred to the police or other type of security actor?**  | **\*Was the client referred to an NGO / community program?** |
| **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  | **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  |

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| **6 ASSESSMENT POINTS**  |
| **Describe the client’s emotional state at the beginning of the interview:**  |
| [ ]  Scared / Fearful [ ]  Sad / Depressed  | [ ]  Anxious / Nervous [ ]  Angry  | [ ]  Calm [ ]  Other (specify): |
| **Describe the client’s emotional state at the end of the interview:**  |
| [ ]  Calmer than at the beginning of the interview [ ]  Similar to that at the start of the interview  | [ ]  More upset than at the start of the interview [ ]  Other (specify): |
| **Will the client be safe when they leaves?** [ ]  Yes [ ]  No 🡪 Why not?  | **What actions were taken to ensure the client’s safety?**  |
|  | [ ]  Safety plan created [ ]  Referral to safe house[ ]  Other action taken (specify):  | [ ]  Service provider to follow up [ ]  Referral to community-based support |
| **If raped, have you explained possible consequences of rape to the client (and guardian if the client is under 14)?** [ ]  Yes [ ]  No  |
| ***Ask the client if they will give consent for their non-identifiable information to be shared for planning resources and service delivery for victims of violence. No identifying information such as names will be shared.*** **\*Did the client give their consent to share their non-identifiable information for reporting purposes?** [ ]  Yes [ ]  No |

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| **Additional notes:** |

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| **REMINDER**1. If more than 1 alleged perpetrator, please complete SECTION 4B (below).

If there are no additional perpetrators, you may leave SECTION 4B blank. 1. Enter data from this form into [organisation name database] when finalised.
2. If the client has consented to their information being shared, follow [organisation name]’s Information Sharing Protocol.
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***Please complete the following questions for each alleged perpetrator additional to perpetrator 1 described in SECTION 4.***

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| **4B INFORMATION FOR ADDITIONAL ALLEGED PERPETRATORS** **(Perpetrator 2)** |
| **\*Sex of alleged perpetrator: [ ]** Female  **[ ]** Male **[ ]** Other | **\*Alleged perpetrator age: [ ]** Adult **[ ]** Minor **[ ]** Unknown |
| **\*Alleged perpetrator relationship with client:**  |
| [ ]  Current husband / wife / boyfriend /girlfriend / de facto [ ]  Former husband / wife / boyfriend /girlfriend / de facto [ ]  Mother / stepmother / adoptive mother [ ]  Father / stepfather /adoptive father [ ]  Grandparent  | [ ]  Aunt [ ]  Uncle [ ]  Sibling [ ]  Adopted sibling [ ]  Community leader | [ ]  Religious leader[ ]  Police officer [ ]  Work colleague [ ]  Teacher / School official[ ]  Schoolmate  |
| [ ]  Family friend / neighbour[ ]  Other community member  | [ ]  Service provider [ ]  Housemate  | [ ]  No relation [ ]  Unknown  | [ ]  Other (specify): Click to enter text. |
| **\*Main occupation of alleged perpetrator: [ ]** [Occupation 1]  **[ ]** [Occupation 2]  **[ ]** Other/Unknown **[ ]** Unemployed |
| **(Perpetrator 3)** |
| **\*Sex of alleged perpetrator: [ ]** Female  **[ ]** Male **[ ]** Other | **\*Alleged perpetrator age: [ ]** Adult **[ ]** Minor **[ ]** Unknown |
| **\*Alleged perpetrator relationship with client:**  |
| [ ]  Current husband / wife / boyfriend /girlfriend / de facto [ ]  Former husband / wife / boyfriend /girlfriend / de facto [ ]  Mother / stepmother / adoptive mother [ ]  Father / stepfather /adoptive father [ ]  Grandparent  | [ ]  Aunt [ ]  Uncle [ ]  Sibling [ ]  Adopted sibling [ ]  Community leader | [ ]  Religious leader[ ]  Police officer [ ]  Work colleague [ ]  Teacher / School official[ ]  Schoolmate  |
| [ ]  Family friend / neighbour[ ]  Other community member  | [ ]  Service provider [ ]  Housemate  | [ ]  No relation [ ]  Unknown  | [ ]  Other (specify): Click to enter text. |
| **\*Main occupation of alleged perpetrator: [ ]** [Occupation 1]  **[ ]** [Occupation 2]  **[ ]** Other/Unknown **[ ]** Unemployed |
| **(Perpetrator 4)** |
| **\*Sex of alleged perpetrator: [ ]** Female  **[ ]** Male **[ ]** Other | **\*Alleged perpetrator age: [ ]** Adult **[ ]** Minor **[ ]** Unknown |
| **\*Alleged perpetrator relationship with client:**  |
| [ ]  Current husband / wife / boyfriend /girlfriend / de facto [ ]  Former husband / wife / boyfriend /girlfriend / de facto [ ]  Mother / stepmother / adoptive mother [ ]  Father / stepfather /adoptive father [ ]  Grandparent  | [ ]  Aunt [ ]  Uncle [ ]  Sibling [ ]  Adopted sibling [ ]  Community leader | [ ]  Religious leader[ ]  Police officer [ ]  Work colleague [ ]  Teacher / School official[ ]  Schoolmate  |
| [ ]  Family friend / neighbour[ ]  Other community member  | [ ]  Service provider [ ]  Housemate  | [ ]  No relation [ ]  Unknown  | [ ]  Other (specify): Click to enter text. |
| **\*Main occupation of alleged perpetrator: [ ]** [Occupation 1]  **[ ]** [Occupation 2]  **[ ]** Other/Unknown **[ ]** Unemployed |