

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

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.

IMPORTANT: Whenever possible, questions with an asterisk * should always be answered. These questions are part of a minimum essential dataset on gender-based violence.

This form is based on the Kiribati SafeNet Initial Intake and Case Management Form (August 2015) and should be modified for local context.



CLIENT CODE

INITIAL INTAKE AND CASE MANAGEMENT FORM

INCIDENT ID

1 ADMINISTRATIVE INFORMATION

*Client name:	*Staff name/code:	*Report by client? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Report/interview date (day/month/year):		*Incident date (day/month/year). If there are multiple times write the most recent:

2 CLIENT INFORMATION

*Client age in years:	*Sex of client: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	*Client's country/island of origin: <input type="checkbox"/> [Country A] <input type="checkbox"/> [Country B] <input type="checkbox"/> [Country C] <input type="checkbox"/> Other (specify):
*Specific needs/vulnerabilities (check <u>all</u> that apply): <input type="checkbox"/> None <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental disability <input type="checkbox"/> Unaccompanied minor <input type="checkbox"/> Separated child <input type="checkbox"/> Other vulnerable child <input type="checkbox"/> [Other]		

3 DETAILS OF THE INCIDENT

*Village/area of island the incident occurred:	*Area/island where the incident occurred:	*Time incident took place:
<p>*Type of incident/violence (Please select ONLY ONE of the options below.)</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)</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 (includes denial of inheritance, earnings, access to education or contraceptives, etc. Reports of general poverty do not apply)</p> <p><input type="checkbox"/> Psychological/Emotional abuse (includes threats of physical or sexual violence, forced isolation, harassment/intimidation, gestures or written words of a sexual/menacing nature, etc.)</p> <p><input type="checkbox"/> Non-GBV (specify):</p>	<p>Questions to determine type of incident/violence</p> <p>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.</p> <p>2. 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.</p> <p>3. Did the reported incident involve physical assault? If yes → classify the incident as 'Physical assault'. If no → proceed to the next incident type on the list.</p> <p>4. Was the incident an act of forced marriage? If yes → classify the incident as 'Forced marriage'. If no → proceed to the next incident type on the list.</p> <p>5. Did the reported incident involve the denial of resources, opportunities or services? If yes → classify the incident as 'Denial of resources, opportunities or services'. If no → proceed to the next incident type on the list.</p> <p>6. Did the reported incident involve psychological/emotional abuse? If yes → classify the incident as 'Psychological/Emotional abuse'. If no → proceed to the next incident type on the list.</p> <p>7. 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'.</p>	
<p>*Was this incident a Harmful Traditional Practice?</p> <p><input type="checkbox"/> No <input type="checkbox"/> [Practice 1] <input type="checkbox"/> [Practice 2] <input type="checkbox"/> [Practice 3]</p>	<p>*Were money, goods, benefits, and/or services exchanged in relation to this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
*Has the client reported the incident anywhere else? (If yes, specify type of service) <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):		
*Has the client had any previous incidents of GBV perpetrated against them? <input type="checkbox"/> No <input type="checkbox"/> Yes (please give a brief description):		

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:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Current husband / wife / boyfriend / girlfriend / de facto | <input type="checkbox"/> Aunt | <input type="checkbox"/> Religious leader |
| <input type="checkbox"/> Former husband / wife / boyfriend / girlfriend / de facto | <input type="checkbox"/> Uncle | <input type="checkbox"/> Police officer |
| <input type="checkbox"/> Mother / stepmother / adoptive mother | <input type="checkbox"/> Sibling | <input type="checkbox"/> Work colleague |
| <input type="checkbox"/> Father / stepfather / adoptive father | <input type="checkbox"/> Adopted sibling | <input type="checkbox"/> Teacher / School official |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Community leader | <input type="checkbox"/> Schoolmate |
| <input type="checkbox"/> Family friend / neighbour <input type="checkbox"/> Service provider | <input type="checkbox"/> No relation | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Other community member <input type="checkbox"/> Housemate | <input type="checkbox"/> Unknown | |

*Main occupation of alleged perpetrator: [Occupation 1] [Occupation 2] Other/Unknown Unemployed

5 PLANNED ACTION / ACTION TAKEN REGARDING THIS REPORT

***Who referred this client to you:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Health / Medical services | <input type="checkbox"/> Police / Other security actor | <input type="checkbox"/> Other government service |
| <input type="checkbox"/> Community leader | <input type="checkbox"/> Psychosocial / Counselling services | <input type="checkbox"/> Self-referred |
| <input type="checkbox"/> Teacher / School official | <input type="checkbox"/> Legal services | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Safe house / shelter / refuge | <input type="checkbox"/> Livelihood program | |

***Was the client referred to a safehouse / shelter?**

- 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 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

***Was the client referred to a psychosocial 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

***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

***Was the client referred to the police or other type of security actor?**

- 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 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

6 ASSESSMENT POINTS

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

- Scared / Fearful Anxious / Nervous Calm
 Sad / Depressed Angry Other (specify):

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

- Calmer than at the beginning of the interview More upset than at the start of the interview
 Similar to that 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 Service provider to follow up
 Referral to safe house Referral to community-based support
 Other action taken (specify):

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

Additional notes:

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.
2. Enter data from this form into [organisation name database] when finalised.
3. If the client has consented to their information being shared, follow [organisation name]'s Information Sharing Protocol.

Please complete the following questions for each alleged perpetrator additional to perpetrator 1 described in SECTION 4.

**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:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Current husband / wife / boyfriend / girlfriend / de facto | <input type="checkbox"/> Aunt | <input type="checkbox"/> Religious leader |
| <input type="checkbox"/> Former husband / wife / boyfriend / girlfriend / de facto | <input type="checkbox"/> Uncle | <input type="checkbox"/> Police officer |
| <input type="checkbox"/> Mother / stepmother / adoptive mother | <input type="checkbox"/> Sibling | <input type="checkbox"/> Work colleague |
| <input type="checkbox"/> Father / stepfather / adoptive father | <input type="checkbox"/> Adopted sibling | <input type="checkbox"/> Teacher / School official |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Community leader | <input type="checkbox"/> Schoolmate |
| <input type="checkbox"/> Family friend / neighbour <input type="checkbox"/> Service provider | <input type="checkbox"/> No relation | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Other community member <input type="checkbox"/> Housemate | <input type="checkbox"/> Unknown | |

*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:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Current husband / wife / boyfriend / girlfriend / de facto | <input type="checkbox"/> Aunt | <input type="checkbox"/> Religious leader |
| <input type="checkbox"/> Former husband / wife / boyfriend / girlfriend / de facto | <input type="checkbox"/> Uncle | <input type="checkbox"/> Police officer |
| <input type="checkbox"/> Mother / stepmother / adoptive mother | <input type="checkbox"/> Sibling | <input type="checkbox"/> Work colleague |
| <input type="checkbox"/> Father / stepfather / adoptive father | <input type="checkbox"/> Adopted sibling | <input type="checkbox"/> Teacher / School official |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Community leader | <input type="checkbox"/> Schoolmate |
| <input type="checkbox"/> Family friend / neighbour <input type="checkbox"/> Service provider | <input type="checkbox"/> No relation | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Other community member <input type="checkbox"/> Housemate | <input type="checkbox"/> Unknown | |

*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:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Current husband / wife / boyfriend / girlfriend / de facto | <input type="checkbox"/> Aunt | <input type="checkbox"/> Religious leader |
| <input type="checkbox"/> Former husband / wife / boyfriend / girlfriend / de facto | <input type="checkbox"/> Uncle | <input type="checkbox"/> Police officer |
| <input type="checkbox"/> Mother / stepmother / adoptive mother | <input type="checkbox"/> Sibling | <input type="checkbox"/> Work colleague |
| <input type="checkbox"/> Father / stepfather / adoptive father | <input type="checkbox"/> Adopted sibling | <input type="checkbox"/> Teacher / School official |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Community leader | <input type="checkbox"/> Schoolmate |
| <input type="checkbox"/> Family friend / neighbour <input type="checkbox"/> Service provider | <input type="checkbox"/> No relation | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Other community member <input type="checkbox"/> Housemate | <input type="checkbox"/> Unknown | |

*Main occupation of alleged perpetrator: [Occupation 1] [Occupation 2] Other/Unknown Unemployed