

# **The Gender Based Violence Information Management System**



## **Limited GBVIMS Roll-Out Guidance: Documentation and Data Collection**

## **Introduction to the Limited GBVIMS Roll-Out Guidance**

This guidance was created to assist service providers working with low resources or in emergency settings to help them effectively and safely collect data reported by GBV survivors.

In some settings or contexts, it may not be realistic or resources may be insufficient to roll-out all four tools of the Gender-Based Violence Information Management System (GBVIMS). In that case, service providers may choose to implement a limited version of the GBVIMS. This will typically include the Gender-Based Violence Classification Tool and the basic Intake and Consent Form. In these situations, the incident recorder can be implemented later on and intake forms back-entered. While an information sharing protocol may not always be easily established in these limited roll-outs, it is encouraged that service providers begin discussions about information sharing from the outset.

# **SECTION 1:**

## **Information Management and Gender-Based Violence**

## Information Management and Gender-Based Violence

### MAIN IDEAS

- Good quality data is vital to organizations and agencies in order to make informed decisions, take appropriate action and improve the humanitarian response to GBV.
- GBV-related data is always sensitive. The management of that data is complex and requires that systems and safeguards be in place to ensure data security and the safety of everyone involved.
- As data is compiled and shared during the information management process, the quantity and specificity of the data shared at each level should decrease.
- The GBV Information Management System is a set of 4 tools designed to improve Gender-Based Violence prevention, response and coordination in humanitarian context by:
  - standardizing management of GBV-related data
  - automatically generating high-quality GBV incident statistics and reports for analysis
  - developing the capacity and context for safe and ethical sharing of incident data between humanitarian actors

### KEY TERMS

**Information management:** The manner in which an organization's information is handled or controlled. Includes different stages of processing information including: collection, storage, analysis and reporting/sharing.

**Relevant data:** Data that can be used for accurate and appropriate data analysis. The tendency is for people to collect more information than they can use, and in a level of detail that limits its utility to produce general statistics and meaningful data analysis.

**Standardization:** The process of creating consistency or regularity. One main purpose of the GBVIMS is to standardize data collection so that information can be meaningfully compiled and analyzed within and between GBV service providers.

**Data Analysis:** is the process by which data or information is aggregated and summarized for presentation.

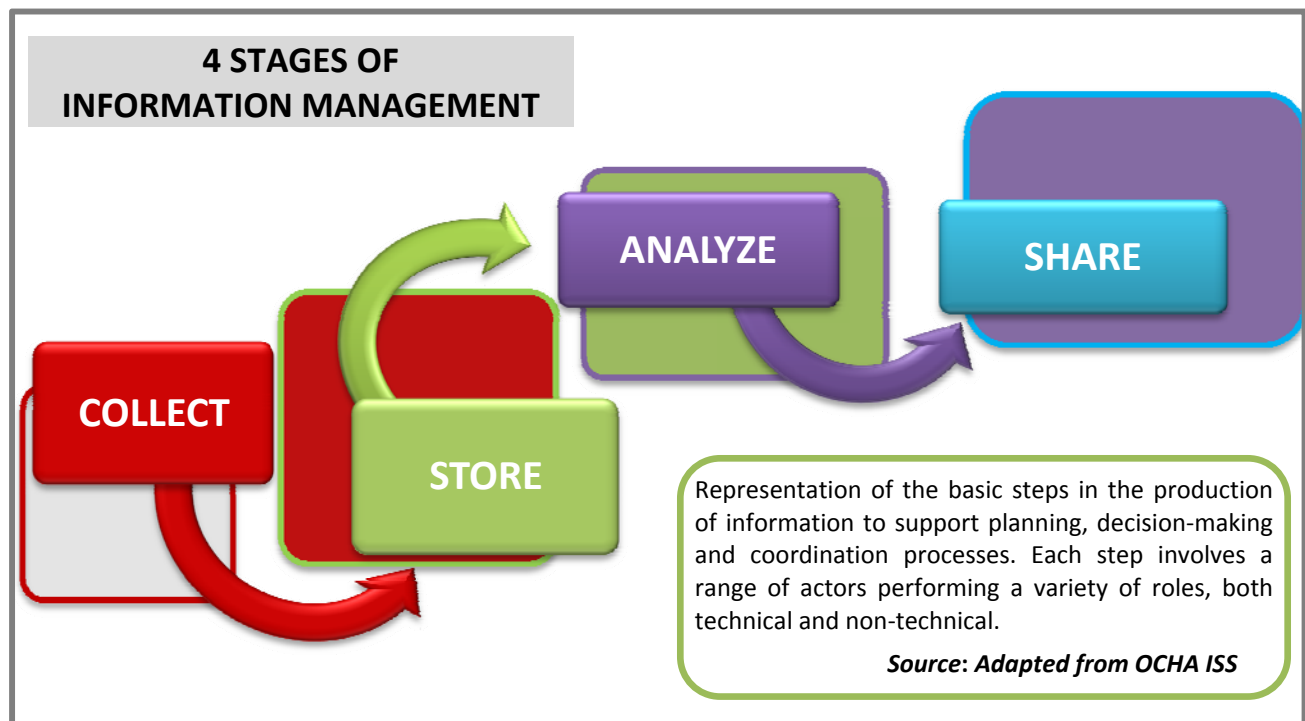
**Data Points:** The specific types or fields of data that will be collected.

The Gender-Based Violence Information Management System (GBVIMS) and this user guide focus on the following main aspects of information management: *collection, storage, analysis and sharing of data*. Anyone involved in any of these activities is participating in the information management process.

## GBV information management: data collection, analysis, storage and sharing

**Information management**, (sometimes called data management) covers all the various stages of information processing from collection to storage, analysis to reporting. Information can be from internal and external sources and in any format (paper forms, data, electronic files, verbal reports & graphical representations). Effective information management enables organizations and agencies to:

- capture, manage, store, safe-guard and share the right information with the right people at the right time to improve programming and overall humanitarian response
- improve the speed and accuracy of information delivered, creating a shared frame of reference that enables decision makers to co-ordinate and plan response programming based on best available knowledge of needs and a clear understanding of each organization's capacity.



Information management is extremely important in the field of gender-based violence (GBV). Currently, there is a lack of timely and reliable data on the nature and scope of GBV. This makes the data that service providers do collect extremely important and sought after it also puts pressure on service providers to make sure this data is of high quality and handled appropriately.

This section introduces the four main aspects of information management within the GBV context.

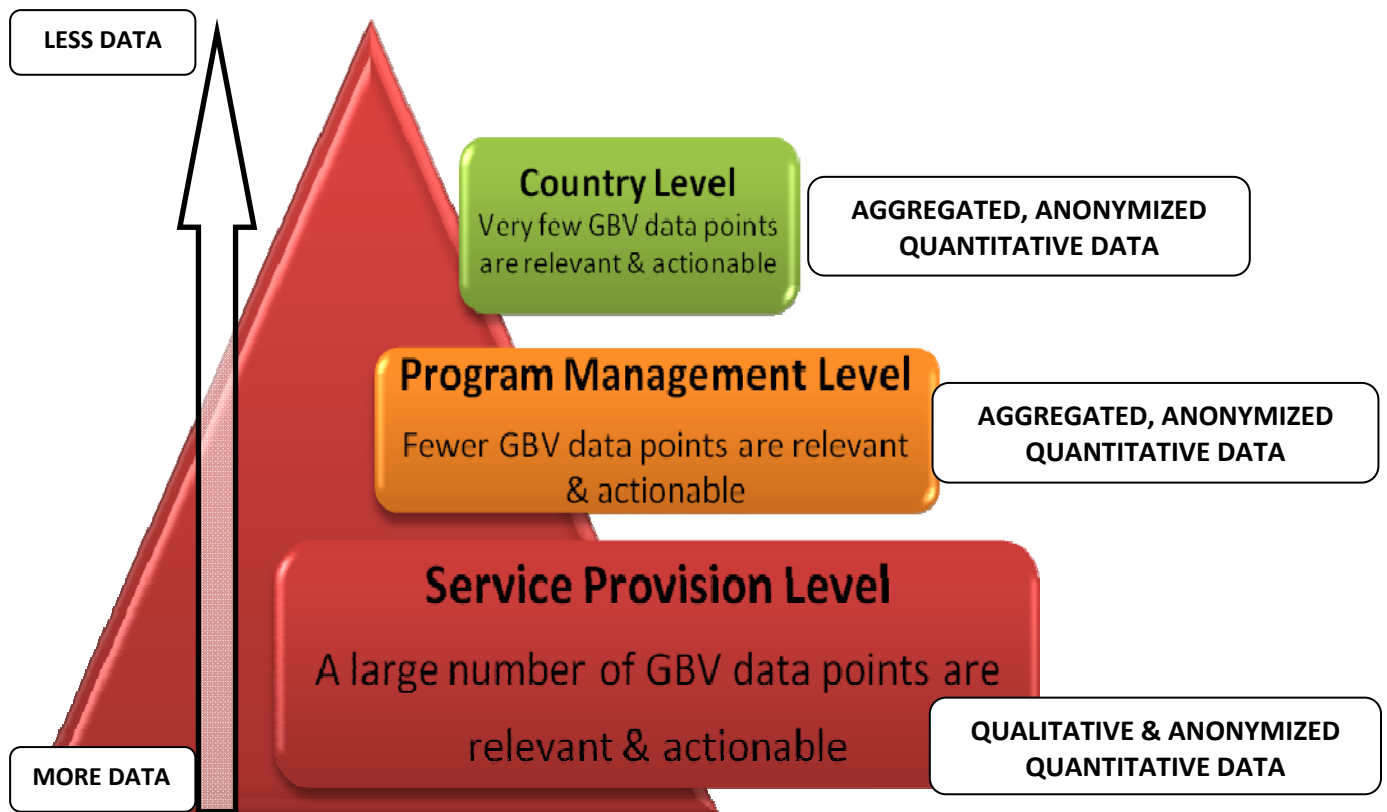
1. **Data collection**—Data collection is the processes by which data is gathered or obtained. When GBV survivors seek support from your organization, an important aspect of your work is to *collect relevant*, accurate information regarding the survivor and the incident. The primary concern of service providers should be the immediate well-being of survivors; *therefore, you should only collect data that meets the needs of your clients and to offer them appropriate services.*

2. **Data storage**—All data throughout the information management process should be stored properly, whether the data is stored in paper form or in an electronic database. The sensitive nature of GBV data and the potential harm that could happen if the data were misused makes it extremely important for service providers to store data in a manner that ensures the safety of the survivor, the community and those collecting the data.
3. **Data analysis**—Data by itself is not very useful. Once collected, data must be analyzed in order to understand what the information is actually saying. Data analysis allows us to make sense of the data, extract meaning from it and then draw informed conclusions. Properly analyzing high-quality GBV data has several benefits at the organizational level. It can enable your agency to:
  - a. Understand the trends and patterns of *reported* incidents<sup>1</sup> within your organization
  - b. Make more informed decisions regarding your interventions
  - c. Plan for future action
  - d. Improve the overall effectiveness of your GBV programs and service provision
4. **Data sharing**— Just as data can be compiled and analyzed at the *organizational level*, shared data can be compiled from various sources (different organizations & agencies) to generate data that can be analyzed at the *inter-agency level*. Since multiple providers often operate in the same area and provide services to the same client population, the ability to produce high quality GBV data that can be safely shared and analyzed at the inter-agency level is a key step towards ensure a proper, and coordinated, response.

The sensitivity of GBV information requires that clear guidelines and information sharing agreements are in place to make sure that safe and ethical data sharing can take place between viable agencies, organizations and institutions. Inter-agency data sharing agreements must take into account not only what information is being shared but also at what levels different types of information is shared. As information works its way through the information management process, the amount and specificity of data being collected, compiled and analyzed decreases. For example, the thorough and detailed information collected in case notes and intake forms by a service provider is important to ensure that the client receives the best care possible, but as this information moves further away from the individual and their case management and more towards compiled data for analysis, that level of detailed information is no longer necessary or appropriate for the purpose it is now serving. In general, not all GBV data that you collect will be equally pertinent on all levels of analysis. In fact, fewer and fewer data points will be relevant and necessary. See diagram below.

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<sup>1</sup> The constant italicized '*reported*' throughout the user guide is to emphasize the fact that GBVIMS only considers incidents that have been reported to service providers. This means, therefore, that GBVIMS data should *not* be considered or used as prevalent data, or data that represents the *total* number of GBV incidents in an area.



## Challenges with GBV information management

While it is easy to see the importance of having proper information management methods, implementing and maintaining them within an organization is challenging. The following table outlines some of the challenges confronting organizations at the various stages of information management:

| Stage of information management | Challenges with GBV information management   |
|---------------------------------|--|
| Collection                      | <p>Lack of clarity regarding what data is appropriate to collect from clients and for what purpose</p> <p>Lack of standardization in what data is collected and how, both within organizations and between organizations</p> <p>Human error while recording data on intake forms</p>   |
| Storage                         | <p>Client files and GBV data are not stored with adequate precautions to protect client anonymity and safety</p> <p>Appropriate precautions such as anti-virus and backing up database files are not taken, making loss of stored electronic data common</p> <p>Staff are unaware of appropriate procedures for destroying or relocating client files that have been closed or must be secured during an emergency evacuation</p>  |
| Analysis                        | <p>Staff at all levels struggle with how to: compile data, present data in a meaningful way, and analyze data</p> <p>Limited experience with computers prevents many staff from using information entered into a database</p> <p>Staff are not accustomed or trained to use data to inform service delivery, programming and the wider humanitarian response</p> <p>Calculating GBV data by hand is very time intensive, leaving little time for the resulting statistics to be analyzed.</p>  |
| Sharing                         | <p>Sensitive information is shared without taking into account the necessary ethical and safety considerations, putting the anonymity and safety of GBV survivors, their communities and services providers at risk</p> <p>Requests for information are made without a clear explanation of why the data is needed and how it will be used</p> <p>Quantity of data tends to be prioritized over the quality and usefulness of the data being shared</p> <p>Client files are often expected to be automatically shared as routine reporting versus strictly within the confines of a referral and with client consent</p> <p>Client consent regarding the use of his/her data is often overlooked</p> <p>Lack of standardization in GBV terminology, data collection tools and incident type classification across services providers undermines the quality of data aggregated between service providers</p> |
| All stages                      | Maintaining standards in information management in the face of high staff turnover   |



The challenges described above have the following impact on the humanitarian response to GBV:

- Humanitarian workers do not have access to complete and reliable picture of the GBV incidents *being reported* in their context, which hinders their ability to advocate, coordinate and plan
- The potential for collected data to inform program decisions for effective GBV prevention and care for survivors is compromised.
- Unsafe and unethical information sharing practices are too common; GBV service providers may not recognize these bad-practices which can result in ineffective coordination relationships between key stakeholders due to tensions raised around these issues.
- The overall multi-sectoral response to GBV in humanitarian contexts is diminished by the many obstacles created from the existing inconsistencies across common GBV data management and information sharing practices.

### EXAMPLE

The RHRC's report dealing with GBV programs over the course of five years and within 12 different countries describes some of the challenges organizations face with GBV information management:

"Obtaining data and reports was the first challenge. The GBV TA [Technical Advisor] found that none of the headquarters of organizations that serve refugees had one place where GBV incident report data was maintained and used to guide program planning and development...

Comparison of the data was difficult because definitions of the different types of GBV vary from country to country and even from field site to field site within a country. *Sexual harassment* in one site might be *sexual abuse* or *sexual exploitation* in another...

Another problem was the inconsistency in forms and formats that field sites use to document incidents. The report from the 2001 "SGBV Lessons Learned Conference" in Geneva recommended a universal Incident Report Form, but its use is not universal. Some sites do not document GBV incidents on the Incident Report Form; others complete Incident Report Forms only for rape and sexual assault. Some sites document certain types of GBV incidents in log books, which do not contain the same detailed information called for by the Incident Report Forms.

Data compilation itself is scarce, spotty, or nonexistent. Many sites lack monthly data reports on the number and type of incidents. Some sites compile data in great detail from time to time, but do not have systematic methods for data compilation; therefore, the compilation is extremely time-consuming and occurs only intermittently. Others collect data, but have not yet developed systems for compilation and analysis. One site had a collection of incident reports spanning almost three years, but they remained unused in a file drawer.

GBV staff are generally aware of the types and extent of GBV incidents being reported, but have very few, if any, hard numbers with which to monitor and evaluate their work. GBV programs seem to be guided by qualitative, subjective information and impressions. Although qualitative information is perfectly acceptable, most programs did not have consistent systems for collecting, compiling, and analyzing it."

Vann, B. (2002) "Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations." RHRC:53-54.

## The Gender-Based Violence Information Management System (GBVIMS)

The Gender-Based Violence Information Management System (GBVIMS) was originally launched in 2006 by UNOCHA, UNHCR, and the IRC. Since then, UNFPA, UNHCR and IRC has counted on technical guidance from the Inter-Agency Standing Committee's (IASC) Sub-Working Group on Gender and Humanitarian Action throughout the development of the GBVIMS. The GBVIMS was created to harmonize GBV data produced through service delivery in humanitarian settings. The GBVIMS enables humanitarian actors who are responding to GBV to safely collect, store and analyze reported GBV incident data, and facilitate the safe and ethical sharing of reported GBV incident data.

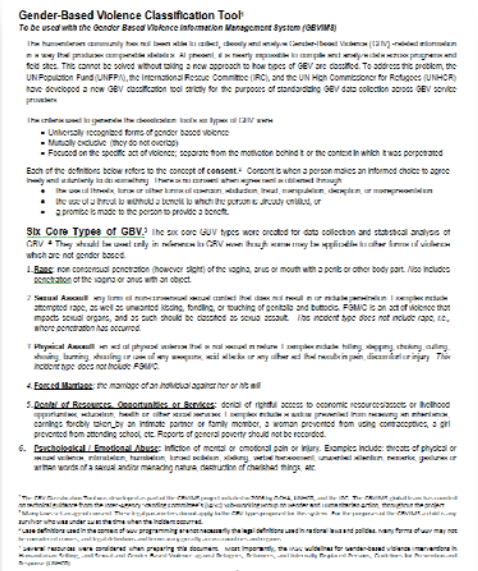
The GBVIMS offers:

1. A simple and efficient process for GBV service providers to collect, store, analyze and share their incident data
2. A standardized approach to data collection for GBV service providers
3. A confidential, safe and ethical approach to sharing anonymous incident data on *reported* cases of GBV

The intention of the system is to assist the GBV community to better understand the GBV cases being *reported* by enabling service providers to more easily generate high quality GBV incident data across their programs, properly analyze that data and safely share it with other agencies for broader trends analysis and improved GBV coordination.

The GBVIMS is made up of four major tools:

1. **GBV Classification Tool**—When a GBV incident is reported, the individual providing services collects and records many important pieces of information relating to the incident, survivor and services being provided. At some point the caseworker will use this information to determine what type of GBV the incident involved and classify the reported incident accordingly. Despite being a routine part of most service providers' work, the GBV community has long struggled with what types of GBV should be used, how these types of GBV should be defined and how can they be applied consistently across individuals, organizations and contexts. The variation in incident classification has made compiling GBV data difficult, hindered information sharing and undermined coordination efforts. The GBV Classification Tool **standardizes** GBV terminology by using a set of six core GBV types and definitions. It also standardizes how incidents are classified by using a process of elimination to determine the most precise GBV type that occurred during the reported incident.



- [illegible]

3. **Incident Recorder (IR)**—Once data has been collected using the intake form, service providers can input the data into the Incident Recorder. The IR is an Excel spreadsheet that acts as a database for compiling and storing collected GBV data. It contains customizable dropdown lists to decrease input errors and the amount of time to it takes to enter data. As data is entered, the IR will automatically generate calculated data for trend analyses as well as monthly statistics reports, data tables and charts to allow users to instantly search, utilize and analyze their GBV data. The fields of the IR correspond directly with the fields of the intake form to make data input quick and easy. The IR is password protected and contains only de-identified information to ensure all data is safely stored and accessible only to those who should be able to access it.

4. **GBV Information Sharing Protocol (ISP) Template**—The information sharing protocol may be the most ground-breaking tool in the GBVIMS toolkit. Sharing GBV-related data in humanitarian contexts is challenging and raises concerns due to its inherent sensitivity and potential negative consequences if mishandled. It is essential that only the appropriate level of data is shared and that the purpose for sharing the data is explicitly stated. Clients' control over their data must be respected. All participating organizations must undertake an initial internal assessment of their existing data protection practices. All participating organizations and agencies must also agree not only on how their shared data will be used but also exactly what information will be shared, with whom, and in what format. Trust and a spirit of collaboration are essential to facilitating information-sharing amongst organizations. The process of developing an ISP will need to engage all relevant actors and is equally as important as the final document produced. This sample gives an example of what a GBVIMS information sharing protocol might look like and key points that it should include. It provides some ground rules and guiding principles on procedures for sharing non-identifiable data on *reported* cases of GBV.

GBV INFORMATION SHARING PROTOCOL TEMPLATE

<SAMPLE>

GBV Information Sharing Protocol  
between data gathering organizations

**NOTE:** This sample protocol was developed for use with the GBV Information Management System (GBVIMS). This sample can be adapted for use in sites where the GBVIMS has not yet been implemented.

**PURPOSE**

This information sharing protocol is to set out the guiding principles and describe the procedures for sharing anonymous consolidated data on reported cases of GBV with [INSERT NAME OF SELECTED NATIONAL CONSOLIDATION AGENCY] in its capacity as [INSERT coordinating organization name can be the sub-cluster level, CBV working group level, lead NGO etc.] lead for GBV prevention and response work in [INSERT THE NAME OF THE COUNTRY].

The data gathering organizations recognize that sharing and receiving consolidated GBV data will contribute towards improved inter-agency coordination, identifying and targeting gaps, prioritization of actions, and improved programming of prevention and response efforts. It may also result in improved advocacy efforts, increased leverage for fund raising and resource mobilization, and improved monitoring. All agencies will protect information to ensure that no harm comes to any survivor or the community from information sharing efforts.

**GROUND RULES**

Information submitted by data gathering organizations to [NATIONAL CONSOLIDATION AGENCY] will only be submitted in the agreed-upon format and will not contain any identifying information of survivors or agencies.

The information shared by implementing agencies will be consolidated by [NATIONAL CONSOLIDATION AGENCY] into a report. This report can be shared externally, meaning with others outside those adhering to this information sharing protocol, only with consent and agreement from all implementing agencies.

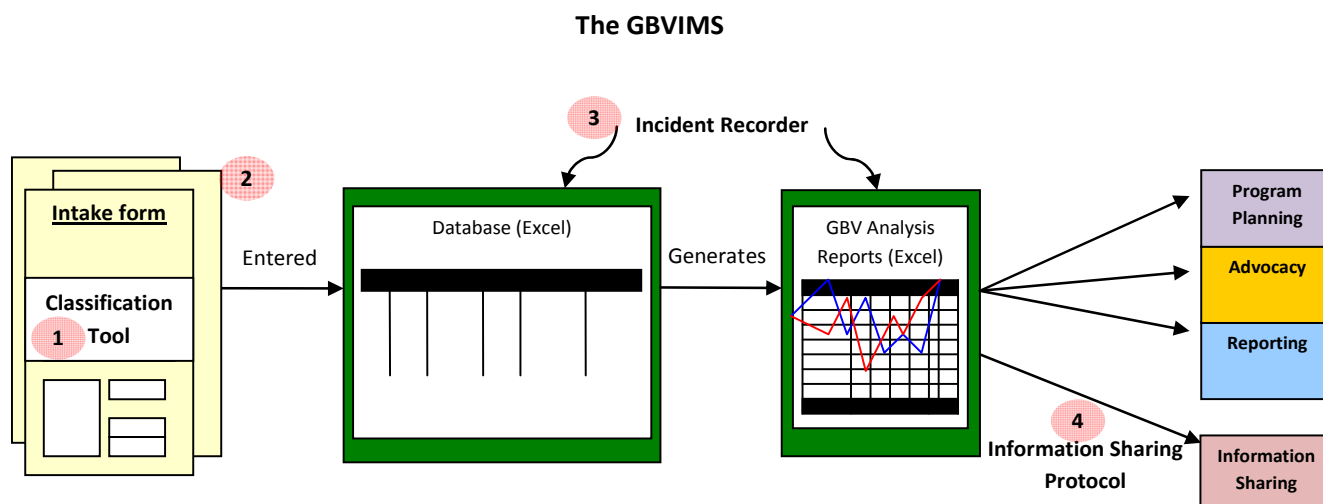
*Insert names of all approved agencies/entities for data sharing here:*

All survivor-specific information that can lead to identification of the survivor will not be shared, e.g., name, initials, sub-county, date of birth, etc.

When approval of data sharing is withdrawn, [NATIONAL CONSOLIDATION AGENCY] must share the data along with the following relevant caveats:

- > The data is only from reported cases. The consolidated data is in no way representative of the total incidence or prevalence of GBV in any one location or group of locations.

Each of the GBVIMS tools plays an important role in accomplishing the purposes of the GBVIMS.



## Additional GBVIMS resources

In addition to the four tools listed above, additional resources pertaining to the GBVIMS do exist.

**The GBVIMS User Guide**—This user guide is intended to be a resource to help you not only understand the GBVIMS and how to use its tools but also important issues surrounding information management within the context of GBV. The user guide also includes a corresponding workbook that contains exercises and activities to help individuals apply the information they have learned while reading the user guide.

**GBVIMS website**—The GBVIMS website offers an introduction to the GBVIMS, technical support from the GBVIMS Steering Committee, GBVIMS news and updates, and allows individuals from organizations wanting to implement the GBVIMS to download the tools. You can access the website at [www.gbvims.org](http://www.gbvims.org).

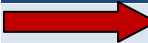
















**GBVIMS Steering Committee**—The GBVIMS Steering Committee is an inter-agency partnership consisting of members from UNHCR, UNFPA, UNICEF, WHO and IRC.

The steering committee's role is to:

- Develop and update the GBVIMS tools
- Facilitate rollouts of the GBVIMS in countries and locations wanting to implement it
- Provide technical support to agencies needing assistance.
- Further the discussion on best-practice information sharing

The steering committee can be contacted for questions or support at [gbvims@gmail.com](mailto:gbvims@gmail.com) or on skype under the username: gbvimshelp.

The GBVIMS tools and resources are intended to help the GBV humanitarian community overcome information management challenges. Below is a table showing which GBVIMS tool or resource addresses the specific challenge mentioned above.

| Stage of information management | Challenges with information management   | GBVIMS tool or resource that addresses the challenge  |
|---------------------------------|--|---|
| Collection                      | Lack of clarity regarding what data is appropriate to collect from clients and for what purpose  |  Intake form   |
|                                 | Lack of standardization in what data is collected and how, both within organizations and between organizations   |  Classification tool and intake form   |
|                                 | Human error while recording data on intake forms   |  Intake form and Incident Recorder (IR)  |
| Storage                         | Client files and GBV data are not stored with adequate precautions to protect client anonymity and safety  |  Intake form, Data Protection Protocol and IR  |
|                                 | Appropriate precautions such as anti-virus and backing up database files are not taken, making loss of stored electronic data common   |   |
|                                 | Staff are unaware of appropriate procedures for destroying or relocating client files that have been closed or must be secured during an emergency evacuation  |  Data Protection Protocol and IR<br> Data Protection Protocol |
| Analysis                        | Staff at all levels struggle with how to: compile data, present data in a meaningful way, and analyze data   |  IR and Information Sharing Protocol (ISP)   |
|                                 | Limited experience with computers prevents many staff from using information entered into a database   |  IR  |
|                                 | Staff are not accustomed or trained to use data to inform service delivery, programming and the wider humanitarian response  |  IR and User guide   |
|                                 | Calculating GBV data by hand is very time intensive, leaving little time for the resulting statistics to be analyzed.  |  IR  |
| Sharing                         | Sensitive information is shared without taking into account the necessary ethical and safety considerations, putting the anonymity and safety of GBV survivors, their communities and services providers at risk |  ISP   |
|                                 | Requests for information are made without a clear explanation of why the data is needed and how it will be used  |  ISP   |
|                                 | Quantity of data tends to be prioritized over the quality and usefulness of the data being shared  |  ISP   |
|                                 | Client files are often expected to be automatically shared as routine reporting versus strictly within the confines of a referral and with client consent  |  ISP   |
|                                 | Client consent regarding the use of his/her data is often overlooked   |  Consent form  |
|                                 | Lack of standardization in GBV terminology, data collection tools and incident type classification across services providers undermines the quality of data aggregated between service providers                 |  GBV classification tool and intake form   |
| All stages                      | Maintaining standards in information management in the face of high staff turnover   |  GBVIMS User Guide   |

The benefits and limitations of the GBVIMS are briefly outlined for you below. These will be discussed in further detail throughout the user guide.

## KEY POINT

### ***Benefits of the GBVIMS***

1. Eliminates bias and subjectivity used in classifying and defining types of GBV
2. Uses a specific GBV taxonomy based on the act of violence rather than the context of the incident; combining the context with the act of violence results in massive incident taxonomies that are not useful or comparable
3. De-identifies incident data, thus increasing client confidentiality and enabling safe and ethical data sharing
4. Ensures survivor consent for data usage
5. Low technology solution (Excel) for environments that do not have high technological capacity
6. Uses Excel formulas and tables to reduce the amount of staff time dedicated to data entry, and manual calculation of GBV statistics
7. Systemizes every data element and keeps all incident data together within one incident recorder (Excel database); data is then suitable for statistical reporting and can be filtered, sorted and aggregated by the various data fields (e.g. victim or perpetrator characteristics); in other words, the data is very "flexible" and many types of analyses are possible
8. Automatically produces statistical tables and charts
9. Assists with producing reports, including victim profiles, perpetrator profiles, incident trends (e.g. time and location) and referral pathway tracking
10. Produces standardized statistics across many actors that may be compiled, reported and compared
11. Is a mechanism to help minimize the double-counting of cases within inter-agency datasets
12. Can be easily customized for specific contexts and programming needs



## KEY POINT

### *Limitations of the GBVIMS*

1. It is NOT a case management tool—it only captures data at one point in time
2. It does not evaluate the quality of GBV interventions or programming
3. Recorded GBV incidents are a reflection of those *reported* and NOT of the prevalence of GBV in a particular context
4. Because it is in Excel, it is ill-suited to massive volumes of data; in an operation where incident records are consolidated into a massive database, construction of an Access database that can import data from the Excel Recorder is recommended
5. Because it is in Excel, data fields can only have a one-to-one relationship, thus not making it very suitable for tracking one-to-many relationships
6. Since the GBVIMS collects incident data that is collected during service provision, it cannot be used to collect second hand reports of GBV. This includes any incident in which the victim dies prior to seeking services.
7. Data source is limited to the initial intake form; the GBVIMS is not intended to be used for case follow-up, such as following a case through the court system over a long period of time

## KEY POINTS TO REMEMBER

- It is important for all GBV organizations and service providers to properly collect, store, analyze and share information. This information is essential for understanding what is happening in terms of GBV being reported in an area, making informed decisions, planning for future action, improving the effectiveness of GBV programming and inter-sectoral coordination.
- The GBVIMS has been created to help organizations overcome information management challenges, improve their information management processes and benefit more fully from it.



# **SECTION 2:**

## **The Gender-Based Violence Classification Tool**

## The Gender-Based Violence Classification Tool

### MAIN IDEAS

- The GBV Classification Tool was created to help standardize the types and definitions of GBV as well as classification procedures across the humanitarian community thus improving the quality of data within an organization and facilitating information sharing between service providers.
- The six core types of GBV—Rape, Sexual Assault, Physical Assault, Forced Marriage, Denial of Resources Opportunities or Services, and Psychological / Emotional Abuse—were chosen because they are defined only by the specific act of violence that occurred.
- All reported incidents of GBV will be classified using one of the GBV Classification Tool's six core types of GBV.
- The GBV Classification Tool is intended to standardize GBV classification for data collection purposes. This tool or any resulting classification should not impact how and what services are provided to a survivor. Case management should be based upon providing survivors all necessary services and referrals and should be determined by the service provider and the client, *not* by how an incident is classified.
- Each incident should only have *one* survivor; when multiple survivors report being victimized during the same event, these should be treated as separate incidents.

### KEY TERMS

**Incident:** an incident of GBV is an event during which at least one act of gender-based violence or abuse is perpetrated against an individual.

**Core type of GBV:** one of six types of GBV used by the GBVIMS to classify reported GBV incidents. All core types of GBV meet a set of criteria one of which being that it must be defined only by the act of violence that occurred. Every reported incident will be classified using one of the six core types of GBV.

**Case context:** term used to describe GBV incidents that give information about the power relationships, or context in which the act of GBV occurred. Examples of case context include: Domestic violence, Intimate Partner Violence, Sexual Exploitation, Incest, Child Sexual Abuse, etc...) None of these are included as a core types of GBV.

The GBV community currently faces many challenges due to non-standardized data. One major source of this non-standardized GBV data is the wide variety of terminology and procedures used to classify **incidents** of GBV across service providers, humanitarian actors, legal agencies and government organizations. Consider the following examples:

## EXAMPLE

1. A woman reports being raped and beaten to Delphine, a case manager for an NGO providing services to GBV survivors. While filling in an intake form, Delphine decides to classify the incident as 'rape.' One week later, a different woman reports also being raped and beaten to Rebecca, a case manager for the same NGO as Delphine. Rebecca, however, decides to classify the incident as 'physical assault.' Due to the subjective interpretations of the case managers, two incidents that should have been classified identically have been classified differently. This error causes the NGO's data to be unreliable.
2. When women report being raped *by their husbands* to NGO #1 all case managers have been trained to classify those reported incident as 'rape.' NGO #2, however, has trained their case managers to classify this as 'Intimate Partner Violence.' When the two NGOs try to share information to get a better idea of how many women have reported being raped in their area, they realize that they cannot get an accurate picture because they are defining and classifying incidents differently.

## Introduction to the GBV Classification Tool

The first step towards improving the overall quality of data produced by the GBV community is to standardize GBV terminology and classification procedures by creating a standard set of GBV types, definitions and process to systematically classify incidents. The GBVIMS includes the GBV Classification Tool<sup>2</sup> to do exactly this. The classification tool has been created to help GBV service providers improve the accuracy and reliability of their data and provide the GBV community with a common GBV typology that can be used to improve communication, understanding, and compatibility around GBV incident data. The classification tool seeks to do this by:

1. Standardizing the types of GBV and their definitions
2. Standardizing the procedures for classifying an incident of GBV

When all service providers collect data using the same types of GBV and standardized classification methods, data aggregation becomes possible and an accurate and reliable portrait of GBV trends in a given context may then be produced. The classification tool consists of six **core types of GBV**, their definitions and a standardized approach for classifying incidents using these six types of GBV.

The sections below outline the challenges to classifying GBV incidents, how the classification addresses these challenges and how to use the classification tool to overcome them.

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<sup>2</sup> The GBV Classification Tool can be found by referring to **Annex B**, clicking on the 'GBV Classification Tool' button on the Tools & Resources section of the GBVIMS User Guide CD-ROM or by downloading it from the GBVIMS website at: <http://gbvims.org/learn-more/gbvims-tools/>

## Standardizing GBV types and definitions

Due to the wide variety of terminology offered by legal, universal, national, and institutional definitions, several possibilities for choosing how to describe a particular incident of GBV are available to service providers. As a result, the terminology used to describe, define and classify incidents of gender-based violence can vary greatly from one service provider to another. This variation makes it extremely difficult to meaningfully discuss, share and analyze GBV data and data trends across organizations in any given humanitarian context.

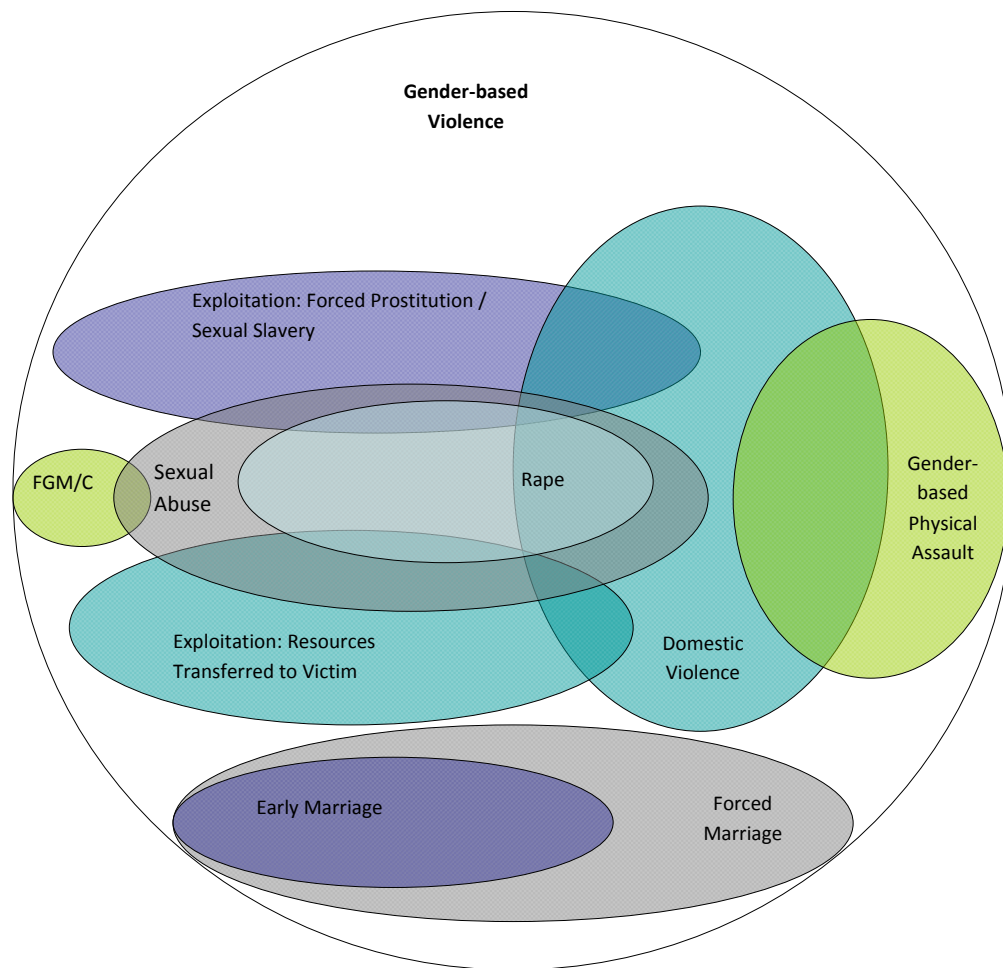
Part of the development of the GBV Classification Tool included an in depth consultation with GBV actors globally, including interviews with 43 GBV specialists from 19 different organizations working in 16 countries and two consultative meetings where 20 professionals created an initial framework for the GBVIMS and its tools. From this consultation, the initial classification tool was proposed. As mentioned above, the tool consists of six types of GBV, their definitions and a standardized approach for classifying incidents using them. *Adopting standard terminology will minimize classification subjectivity and enable effective communication about GBV regardless of where the incident took place and who documents the incident*<sup>3</sup>. The core types of GBV were chosen based upon a set of criteria determined necessary to correct previous issues faced with other proposed sets of GBV terms and definitions.

The criteria used to generate the classification tool's GBV types were:

- Universally-recognized forms of gender-based violence
- Focused on the specific act of violence; separate from the motivation behind it or the context in which it was perpetrated
- Mutually exclusive (they do not overlap)—see diagram below

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<sup>3</sup> In order to prevent variation between countries in which an incident takes place, these terms and definitions are not necessarily the legal definitions used in national laws and policies. In some countries many forms of GBV may not be considered crimes, and legal definitions and terms vary greatly across countries and regions.



## KEY POINT

Each of the definitions below refers to the concept of consent. Consent is when a person makes an informed choice to agree freely and voluntarily to do something. A few important points about consent to keep in mind:

- ☐ A minor is unable to give their consent.

Many countries have laws which set an age of consent. These legal parameters do not apply to the GBV types proposed for this system. For the purposes of the GBVIMS a child is any survivor who was under 18 at the time when the incident occurred.

- ☐ There is no consent when agreement is obtained through:

- the use of threats, force or other forms of coercion, abduction, fraud, manipulation, deception, or misrepresentation
- the use of a threat to withhold a benefit to which the person is already entitled, or
- a promise is made to the person to provide a benefit.

The six core types of GBV and their definitions are:

1. **Rape<sup>4</sup>**—non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes non-consensual penetration of the vagina or anus with an object. Examples can include but are not limited to: gang rape, marital rape, sodomy, forced oral sex. *This type of GBV does not include attempted rape since no penetration has occurred.*
2. **Sexual Assault**—any form of non-consensual sexual contact that does not result in or include penetration. Examples can include but are not limited to: attempted rape, unwanted kissing, unwanted stroking, unwanted touching of breasts, genitalia and buttocks, and female genital cutting / mutilation. *This type of GBV does not include rape since rape involves penetration.*
3. **Physical Assault**—physical violence that is not sexual in nature. Examples can include but are not limited to: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in physical pain, discomfort or injury. *This type of GBV does not include female genital cutting / mutilation, or honor killing.*
4. **Forced Marriage**—the marriage of an individual against her or his will.
5. **Denial of Resources, Opportunities or Services**—denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples can include but are not limited to: a widow prevented from receiving an inheritance, earnings taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. *This type of GBV does not include reports of general poverty.*
6. **Psychological/Emotional Abuse**—infliction of mental or emotional pain or injury. Examples can include but are not limited to: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

At first glance some common types of GBV may seem to be ‘missing’ from this list. Do not panic! Since most organizations already have their own terminology, which is often based in varying language offered by legal, national and institutional definitions, it is likely that your agency uses a different terminology than the one used here. Often, a service provider may use a different term to describe the *same* type of corresponding incident listed here. For example, an organization may use the term

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<sup>4</sup> Since health care providers are not responsible for determining whether or not a person has been raped, medical providers may substitute the term “Penetration” in place of “Rape” as the first core type of GBV. The definition will remain exactly the same.

“child sexual abuse” rather than “rape” to describe an incident of non-consensual penetration involving a minor.

*For GBVIMS data collection purposes you should change your current terminology to match that of the six core types of GBV.* This will enable a standard language to be used throughout the GBV community when referring to data on *reported* incidents of GBV.

*Remember:* conforming to the terminology of the classification tool is only for data related purposes; this does *not* mean you must change or limit your vocabulary related to GBV when working on *non-data* related GBV issues, and it should not impact the services or referrals you provide.




You may be initially surprised that some terms that have been traditionally considered types of GBV are not included here (e.g. intimate partner/domestic violence, child sexual abuse, etc.). While they are not included as core GBV types (as they typically do not meet the necessary criteria) these terms and concepts are very important for the purposes of service provision, programming and advocacy. The GBVIMS does ensure that many of these nuances describing the individuals or contexts involved in the incident are captured through ‘case contexts’, which will be discussed later in this section.

## **Standardizing incident classification procedures**

Having service providers agree to and adopt the same set of GBV types and definitions, however, is still not enough to ensure the standardization of GBV data collection. Once the *terminology* has been standardized, the challenge of standardizing the *procedures* used to classify incidents still exists. There can often be disagreement between service providers—and even individuals within the same organization—on how to classify an incident. This is especially true when multiple types of GBV occur during an incident. To limit the potential for variation, only *one* type of GBV will be used to classify each reported incident; therefore, when incidents involve multiple types of GBV it must be determined which of the applicable types that occurred will be used to classify the incident. If a rape victim experiencing severe psychological and emotional trauma reports her case, it is possible that one service provider would classify her incident as ‘Rape’ while another provider may choose ‘Psychological/Emotional Abuse.’ Even though the terminology has been standardized, how the incident is classified is still dependent on the subjective interpretation of the individual receiving the survivor’s report.

Such variation in incident classification must be avoided to ensure that valid and statistically comparable data is collected. The GBV classification tool provides a standardized method for classifying any given incident. Please refer to the second page of the classification tool where you will find a set of instructions followed by seven questions used for classifying GBV incidents.

### Instructions for using the GBV Classification Tool

-  To determine the appropriate GBV classification for the incident described to you by the survivor, ask yourself the following questions in their given order.
-  If the answer to the question is "No" based upon the description of the reported incident, continue down the list to the next question. Stop, at the first question that can be answered "Yes" based upon the description of the reported incident. When you reach a question that's answer is "Yes" is for the description of the reported incident. The corresponding GBV type, listed next to this question, is what should be used to classify the GBV involved in this incident.<sup>1</sup>
-  The GBVIMS only records incidents reported directly by the survivor (or by the survivor's guardian if the survivor is a child or unable to report due to a disability) in the context of receiving services. Thus any incidents in which the victim has died prior to the report, are excluded from data being recorded for the GBVIMS.<sup>2</sup>

1. Did the reported incident involve **penetration**?

If yes → classify the GBV as "**Rape**".

If no → proceed to the next GBV type on the list.

2. Did the reported incident involve **unwanted sexual contact**?

If yes → classify the GBV as "**Sexual Assault**".

If no → proceed to the next GBV type on the list.

3. Did the reported incident involve **physical assault**?

If yes → classify the GBV as "**Physical Assault**".

If no → proceed to the next GBV type on the list.

4. Was the incident an act of **forced marriage**?

If yes → classify the GBV as "**Forced Marriage**".

If no → proceed to the next GBV type on the list.

5. Did the reported incident involve the **denial of resources, opportunities or services**?

If yes → classify the GBV as "**Denial of Resources, Opportunities, or Services**".

If no → proceed to the next GBV type on the list.

6. Did the reported incident involve **psychological/emotional abuse**?

If yes → classify the GBV as "**Psychological / Emotional Abuse**".

If no → proceed to the next GBV type on the list.

7. Did the reported incident involve GBV?

If yes → Start over at number 1 and try again to reclassify the type of GBV (*If you have tried to classify the GBV multiple times, ask your supervisor or GBVIMS focal point for support*)

If no → classify the violence as "**Non-GBV**"

<sup>1</sup> For example, within this system, an incident where a woman reports having been beaten by her husband and also forced to have sex with him the GBV would be classified as "rape".

<sup>2</sup> This rule was established to avoid 3rd party reports outside of the context of service delivery.



## KEY POINT

### Instructions for using the GBV Classification Tool

1. To determine the appropriate GBV classification for the incident described to you by the survivor, ask yourself the following questions in their given order.
2. If the answer to the question is “No” based upon the description of the reported incident, continue down the list to the next question. Stop at the first question that can be answered “Yes” based upon the description of the reported incident. The GBV type corresponding to this question is what should be used to classify the incident. For example, within this system, an incident where a woman reports having been beaten by her husband and also forced to have sex with him the GBV would be classified as “rape”.
3. The GBVIMS only records incidents reported directly by the survivor (or by the survivor’s guardian if the survivor is unable to report due to age or a disability) in the context of service provision. Thus any incident in which the victim has died prior to the report, should not be recorded for the GBVIMS (this rule was established to avoid 3rd party reports outside of the context of service delivery).

### Questions for classifying GBV incidents:

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

## EXAMPLE

The following examples demonstrate how to use the classification tool.

**A young girl reports that her neighbor inappropriately touched her breasts:**

1. Ask yourself the first question on the classification tool: 'Did the reported incident involve penetration?' Since this incident involves only touching and *no* penetration, the answer is 'No' and you should move on to the next question.
2. Ask yourself the second question on the tool: 'Did the reported incident involve unwanted sexual contact?' Since the answer to this question is 'Yes' you should stop there and classify the incident as 'Sexual Assault.' Note: You should *not* proceed with the rest of the questions on the tool as you should only classify the incident as the *first* type of GBV that applies.

**A woman comes home from work and her boyfriend threatens to beat her unless she gives him the money she has earned:**

1. Ask yourself the first question on the classification tool: 'Did the reported incident involve penetration?' Since this incident involves threats, not penetration, the answer is 'No' and you should move on to the next question.
2. Ask yourself the second question on the tool: 'Did the reported incident involve unwanted sexual contact?' Since this incident did *not* involve unwanted sexual contact, the answer is 'No' and you should move on to the next question.
3. Ask yourself the third question on the tool: 'Did the reported incident involve physical assault?' Since this incident did *not* involve physical assault (although it did involve the *threat* of violence), the answer is 'No' and you should move on to the next question.
4. Ask yourself the fourth question on the tool: 'Was the incident an act of forced marriage?' Since this incident is not an act of forced marriage, the answer is 'No' and you should move on to the next question.
5. Ask yourself the fifth question on the tool: 'Did the reported incident involve the denial of resources, opportunities or services?' Since the answer to this question is 'Yes' you should stop there and classify the incident as 'Denial of Resources, Opportunities or Services.' Note: You should *not* proceed with the rest of the questions on the tool as you should only classify the incident as the *first* type of GBV that applies.

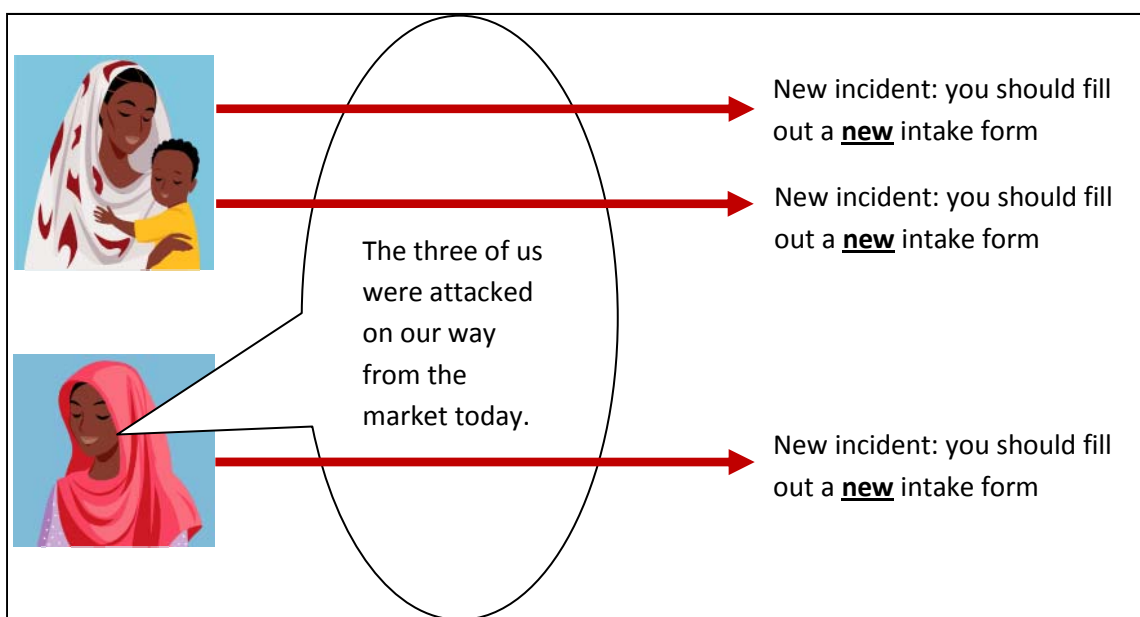
Note: The order of the types of GBV does *not* express an implied 'value' of the violence (i.e. rape is worse than forced marriage); rather, the types of GBV are ordered by *specificity*, meaning the categories with the narrowest definitions are at the top and the broadest categories at the bottom. The order allows service providers to classify an incident by the most specific type of violence that occurred during the reported incident. Additionally, it allows the service provider to determine the incident classification by a standardized process of elimination. Picking the first incident on the list that fits the description of the reported incident, means that everyone who encounters multiple forms of GBV in one incident, will classify the incident in the same way, if they follow the instructions. This eliminates the variation from person to person that comes with personal interpretation of incidents.

Remember, these classification procedures will not impact the services or referrals you provide to a survivor. It only impacts *how the incident will be classified in your data*.

## Common issues to watch out for when classifying incidents

Although the classification tool and the rest of the GBVIMS is intended to be simple and easy-to-use, GBV incidents can be quite complex and nuanced. This can make correctly classifying some GBV incidents challenging. In these more complex situations, you may have to use your best judgment to know exactly what to do, but remember first and foremost to always follow the instructions as they are given and questions in their given order. Here are some common situations to watch out for and how to handle them.

**Multiple survivors**—While it is possible that multiple survivors come to report the same incident of GBV, each survivor should be treated as a separate incident and reported separately. For example, if three women were sexually assaulted together, when they come to report the event, their reports should be treated as three separate incidents. A different intake form should be filled out for each of them:



**Multiple incidents over a period of time**—At times, a survivor may come to report multiple incidents of GBV which have occurred in the past *over a period of time*. 'Multiple incidents,' however could be anywhere from two and above and a 'period of time' could be anywhere from a couple of hours to several months or years.

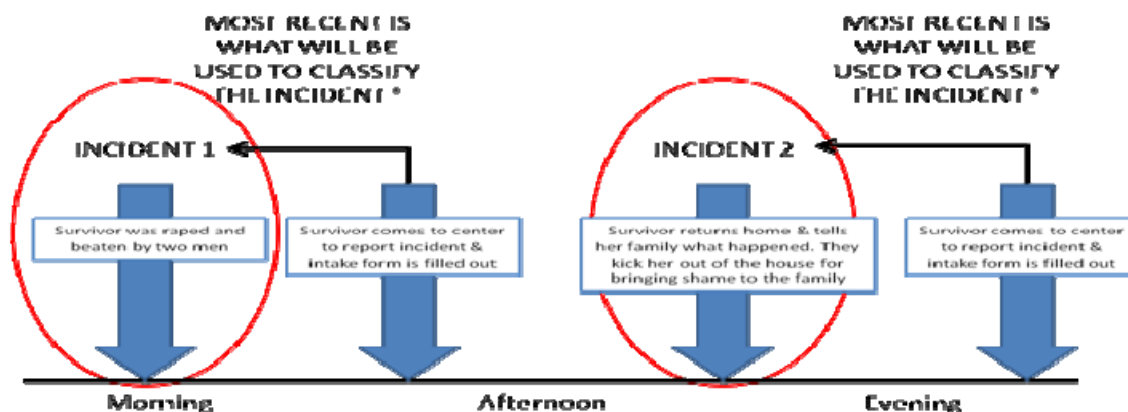
In situations where a survivor reports a few distinct past incidents, you can fill in multiple intake forms, one for each of the incidents reported.

**Example:** A woman is raped and beaten by two men one morning. That afternoon when she returns home to tell her family what happened, they kick her out of the house for bringing shame to the family. She then comes to a GBV service provider seeking help and reports what has happened. The case manager should treat this situation as *two* incidents and fill in two different intake forms. The first incident should be classified as 'Rape' and the second incident should be classified as 'Denial of Resources.'

In situations where a survivor reports a high number of past incidents that are difficult to distinguish as individual incidents (because of repeated abuse or length of time that the violence ensued), you should only fill in one intake form. In this case, you should only use *the most recent event* as the incident being reported.

**Example:** A woman reports that she was raped on a daily basis while being held by rebels for several months. Because the actual number of incidents is so high and the period of time so long in this instance, it would be extremely difficult to treat every incident separately and fill in multiple intake forms. The case manager in this situation should use *the most recent event* (in this case, the most recent rape) as the incident being reported.

If, however, a survivor reports one incident and then returns at a later time to report a new incident which took place after the initial one, both reports should *always* be documented as two, separate incidents. *The second report should not be treated as a follow-up from the first.*



Deciding when and when NOT to recorder multiple incidents is something that will depend on your context, caseload and a variety of other factors. You will have to use your best judgment when confronted with these situations, and come to a general set of rules to guide your staff on how to proceed. You are encouraged, however, to record each incident separately whenever possible. The following box provides examples of two situations and how they should be handled.

Note: Case management will not be changed based upon these classification procedures. You should still have the case note or a written explanation of the incident which enables you to capture all the details and nuances of each incident. For example, while there may only be one intake form and one incident classified for the woman who reported being raped on a daily basis for several months, *this type of information should be recorded in writing on the form.*

**Under-Age Sexual Activity** — In some countries, sexual activity under the age of 18 is automatically rendered illegal under 'defilement' laws. In these contexts, service providers will have the tendency to automatically classify any under-age or teen-age sexual activity as GBV. For the purposes of the GBVIMS, however, consensual under-age sexual activity is *not* considered GBV unless otherwise noted.

## EXAMPLE

A mother brings her 16 year old daughter to your organization to report that she and her 17 year old boyfriend are having sex. As you talk to the girl, she clearly indicates that she did not feel coerced or forced to have sex. Your national law defines this incident as 'defilement.' How do you classify this incident for the GBVIMS?

Remember: the GBV incident types are not based on any country-specific legal definitions. Since consensual under-age sexual activity is *not* considered GBV for the purposes of the GBVIMS, this would not be considered an incident of GBV. You should still fill out an intake form and you may provide services depending on the needs expressed. However, when classifying this incident you should indicate 'Non-GBV' instead of one of the core types of GBV.

**3-Details of the Incident Cont.**

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

☐ Rape  
(includes gang rape, marital rape)

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

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

☐ Forced Marriage  
(includes early marriage)

☐ Denial of Resources, Opportunities or Services

☐ Psychological / Emotional Abuse

☒ Non-GBV (specify) Note: these incidents will not be entered into the incident recorder) Consensual sex between minors

**3-Details of the Incident Cont. (Continued)**

1. Did the reported incident involve penetration?  
If yes → classify the incident as "Rape".  
If no → proceed to the next incident type on the list.

2. Did the reported incident involve unwanted sexual contact?  
If yes → classify the incident as "Sexual Assault".  
If no → proceed to the next incident type on the list.

3. Did the reported incident involve physical assault?  
If yes → classify the incident as "Physical Assault".  
If no → proceed to the next incident type on the list.

4. Was the incident an act of forced marriage?  
If yes → classify the incident as "Forced Marriage".  
If no → proceed to the next incident type on the list.

5. Did the reported incident involve the denial of resources, opportunities or services?  
If yes → classify the incident as "Denial of Resources, Opportunities or Services".  
If no → proceed to the next incident type on the list.

6. Did the reported incident involve psychological/emotional abuse?  
If yes → classify the incident as "Psychological / Emotional Abuse".  
If no → proceed to the next incident type on the list.

7. Is the reported incident a case of GBV?  
If yes → Start over at number 1 and try again to reclassify the incident. (If you have tried to classify the incident multiple times, ask your supervisor to help you classify this incident).  
If no → classify the incident as "Non-GBV".

Was this incident a harmful traditional practice? ☐ Yes ☐ No

Were money, or other benefits or resources exchanged in connection with this incident? ☐ Yes ☐ No

As seen from the example above, not all reported cases should be considered incidents of GBV. While these should not be considered GBV, you may still want to complete an intake form and provide or refer to needed services. Examples of non-gender based violence include:

- Child abuse (physical or psychological abuse that is not gender-based).
- Domestic arguments and problems that are not reflective of gender inequities; e.g., children with behavior problems.
- General health problems.

**Abandonment and/or Denial of Paternity**— A 23 year old woman reports that she was impregnated by her 25 year old boyfriend who now denies the unborn child is his. Is this GBV? How you should classify this depends on the preexisting circumstances of the situation.

If the woman was living with her boyfriend and economically dependent on him before she was pregnant, and once she becomes pregnant he kicks her out of the house and stops providing for her financially, this should be classified as 'Denial of Resources, Opportunities or Services.' If, however, the

woman was living on her own or with her parents and she had no economic dependence on her boyfriend, then the incident should be classified as 'Psychological/Emotional Abuse.'

If the woman reports to you *after* having delivered the baby to report that her boyfriend is now refusing that the child is his and has stopped financially supporting them, this should be classified as 'Denial of Resources, Opportunities or Services.'

**Female Genital Mutilation/Cutting (FGM/C)**--Some confusion may arise regarding how to classify instances of FGM/C. Because this is an act of violence that *impacts sexual organs*, this should be classified as sexual assault and *not* physical assault.

## Case contexts

As discussed above, the classification tool purposely does *not* include some common GBV terms and definitions as core GBV types, such intimate partner violence, sexual exploitation or child sexual abuse, that have traditionally been considered types of GBV.<sup>5</sup>

The GBVIMS refers to these categories as **case contexts**. The case context categories include terms such as:

- Intimate Partner Violence
- Child Sexual Abuse
- Sexual Exploitation/Transactional Sex
- Early Marriage
- Sexual Slavery
- Harmful Traditional Practice

While case contexts may not be included as core types of GBV, this information is not lost. If/when you choose to implement the incident recorder the information above will be captured automatically. *The Incident Recorder has built in formulas that will automatically determine the case context categories by combining the type of GBV with other information recorded about the incident.*

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<sup>5</sup> They do not serve as useful incident classification categories for two main reasons: 1) Rather than being defined by the specific act of violence, they are defined by the context in which the violence took place (e.g. who is perpetrating the violence, the age of the survivor, etc.); 2) The case context definitions overlap with one another and are not mutually exclusive

## Conclusion

The GBV Classification Tool has been created as part of the GBVIMS to harmonize and standardize the GBV data terminology and collection processes which will help to produce comparable and communicable data and enable improved analyses of that data.

### KEY POINTS TO REMEMBER

- The GBV Classification Tool standardizes the types and definitions of GBV as well as incident classification procedures so that organizations can more easily discuss, share and compile reliable data.
- The classification tool contains six core types of GBV which will be used to classify all reported incidents.
- The GBV Classification Tool is intended to standardize GBV classification for data collection purposes. This tool or resulting incident classification should not impact how and what services are provided to a survivor. Case management should be based upon providing survivors all necessary services and referrals and should not be determined by the service provider and the client, not how an incident is classified.
- When multiple survivors report being victims during the same event, these should be treated as *separate* incidents.
- Some common GBV categories are not included among the six core types of GBV because they are defined by the context of the incident and not the specific act of violence; these are called 'case contexts' and are automatically calculated by the Incident Recorder.

# **SECTION 3:**

## **The Basic Intake and Consent Form**



## The Basic 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.
- 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 data**<sup>1</sup>: 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.

**Field**<sup>2</sup>— 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.

<sup>1</sup> 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](http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf)

<sup>2</sup> Ibid.

This section presents and discusses two important GBVIMS forms: The Basic Intake and Assessment Form (i.e. basic intake form) and The Consent for Release of Information Form (i.e. consent form). Before beginning, you should print these documents. You can find the basic intake form at the end of this section or by downloading it from the GBVIMS website at: <http://gbvims.org/learn-more/gbvims-tools/intake-form/>.

## The Basic Intake and Initial Assessment Form

The GBV Classification Tool section 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.*
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. Client/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.

The diagram shows a form titled "STANDARD GBV INTAKE & ASSESSMENT FORM". At the top left is a box labeled "CLIENT CODE" with an arrow pointing to it from the text box above. At the top right is a box labeled "INCIDENT ID" with an arrow pointing to it from the text box below. Below the title is a section labeled "INSTRUCTIONS" with two points: "1- This form must be filled out by the person providing services to the client." and "2- Remind your client that all information will be kept confidential, and that they may choose not to answer any of the following questions." Below the instructions is a table with four columns: "Report Date\*", "Incident Date\*", "Staff Code" (with an arrow pointing to it from the text box below), and "Report by Survivor\*?" with checkboxes for "Yes" and "No".

II. Staff/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.

III. 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.

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.<sup>6</sup> 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.

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 customize. 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.

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 Point**

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 section explains each field on the intake form and provides instructions on how to fill them out properly.

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<sup>6</sup> Further guidance on creating coding systems for your organization can be found at the GBVIMS website ([www.gbvims.org](http://www.gbvims.org)).

## Instructions

### INSTRUCTIONS

- 1- This form must be filled out by the person providing services to the client.
- 2- Remind your client that all information will be kept confidential, and that they may choose not 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 customize and use according to their organizational needs. Most questions must remain unchanged to ensure that important, comparable data is collected, but some are locally customizable. 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 (should you implement it in the future). Changing the order may lead to confusion, error and delays when entering the data 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.

| Survivor Information   |  |  |  |
|--|--|--|--|
| Client's Age*  | Sex of Client*<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male | Client's Country of Origin*°?<br><input type="checkbox"/> Country 1 <input type="checkbox"/> Country 2<br><input type="checkbox"/> Country 3 <input type="checkbox"/> Country 3<br><input type="checkbox"/> Other: | Specific Needs / Vulnerabilities* (check <u>all</u> that apply)<br><input type="checkbox"/> No <input type="checkbox"/> Unaccompanied Minor<br><input type="checkbox"/> Physical Disability <input type="checkbox"/> Separated Child<br><input type="checkbox"/> Mental Disability <input type="checkbox"/> Other Vulnerable Child |
| Displacement status at time of report*<br><input type="checkbox"/> Refugee <input type="checkbox"/> Asylum |  | IDP   N/A  |  |

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

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:

| Client's Country of Origin*°?                                  |
|--|
| <input type="checkbox"/> Uganda <input type="checkbox"/> DRC   |
| <input type="checkbox"/> Sudan <input type="checkbox"/> Rwanda |
| <input type="checkbox"/> Other:                                |

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.

**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. Ideally, **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. 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 stored 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  | CLIENT CODE  | STANDARD GBV INTAKE & ASSESSMENT FORM |              | 2                      | INCIDENT ID  |
| <b>INSTRUCTIONS</b><br>1- This form must be filled out by the person providing services to the client.<br>2- Remind your client that all information will be kept confidential, and that they may choose not to answer any of the following questions. |              |                                       |              |                        |  |
| 3  | Report Date* | Incident Date* 4                      | Staff Code 5 | Report by Survivor*? 6 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

**1. Client/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.

**2. 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. Note: If you plan to implement the incident recorder in the future, you **must** use an incident ID.

**3. Report Date/Date of interview**—Indicate the date when the interview with the client occurred. This must include and be recorded as day/month/year.

**4. Incident Date**—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.

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.

**5. Staff/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.

**6. Reported by 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

## Section 2: Survivor Information

| Survivor Information                     |  |   |  |  |
|--|--|---|--|--|
| 1 Client's Age*                          | Sex of Client*<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male 2   | Client's Country of Origin* <sup>o</sup> ?<br><input type="checkbox"/> Country 1 <input type="checkbox"/> Country 2<br><input type="checkbox"/> Country 3 3 <input type="checkbox"/> Country 3<br><input type="checkbox"/> Other: | Specific Needs / Vulnerabilities* (check <u>all</u> that apply) 4<br><input type="checkbox"/> No <input type="checkbox"/> Unaccompanied Minor<br><input type="checkbox"/> Physical Disability <input type="checkbox"/> Separated Child<br><input type="checkbox"/> Mental Disability <input type="checkbox"/> Other Vulnerable Child |  |
| 5 Displacement status at time of report* | <input type="checkbox"/> Refugee <input type="checkbox"/> Foreign National <input type="checkbox"/> Returnee <input type="checkbox"/> IDP<br><input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Stateless Person <input type="checkbox"/> Resident <input type="checkbox"/> N/A |   |  |  |

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. Client's Age**—Indicate the survivor's age. 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").
- 2. Sex**—Indicate the sex of the survivor.
- 3. Client's Country of Origin**—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. Indicate the nationality of the survivor if different from the country of origin.
- 4. Specific Needs (Person with Disabilities)** — Indicates if the client is a vulnerable person due to a disability or age. This is one of the few questions on the form that multiple response options can be selected. This should be either as *reported* by the survivor or as assessed by the service providers.

Options include:

- No—the client does not suffer from any long-term disability and is not an unaccompanied minor, separated child, or other vulnerable child
- 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). A short term disability, such as a broken leg, should not be considered a disability here.
- 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 – Child separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.<sup>7</sup>
- 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 living with her mother, comes to report an incident alone, she is *not* considered an Unaccompanied or Separated Child.

**5. Displacement status at time of report**—Indicate the displacement status of the survivor at the time of the report. 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 persecution<sup>8</sup> 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.

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<sup>7</sup> “Inter-agency Guiding Principles on Unaccompanied and Separated Children,” International Committee of the Red Cross, January 2004.

<sup>8</sup> 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.

- 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.

### Section 3: Details of the Incident

| Details of the Incident |   |               |
|-------------------------|---|---------------|
| 1 Area*                 | 2 Sub-Area*   | 3 Camp / Town |
| 4                       | <p><b>Type of incident/violence*</b><br/>(Please select <u>only ONE</u> of the below. Refer to the GBVIMS GBV Classification Tool for further clarification.)</p> <p><input type="checkbox"/> <b>Rape</b><br/>(includes gang rape, marital rape)</p> <p><input type="checkbox"/> <b>Sexual Assault</b><br/>(includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation)</p> <p><input type="checkbox"/> <b>Physical Assault</b><br/>(includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)</p> <p><input type="checkbox"/> <b>Forced Marriage</b><br/>(includes early marriage)</p> <p><input type="checkbox"/> <b>Denial of resources, opportunities or services</b><br/>(includes denial of inheritance, earnings, access to school or contraceptives, etc. Reports of general poverty should not be recorded.)</p> <p><input type="checkbox"/> <b>Psychological / Emotional Abuse</b><br/>(includes: threats of physical or sexual violence, forced isolation, harassment / intimidation, gestures or written words of a sexual threatening nature, etc.)</p> <p><input type="checkbox"/> <b>Non-GBV</b> (specify) _____</p>   |               |
|                         | <p>1. Did the reported incident involve penetration?<br/>If yes → classify the incident as "<u>Rape</u>".<br/>If no → proceed to the next incident type on the list.</p> <p>2. Did the reported incident involve unwanted sexual contact?<br/>If yes → classify the incident as "<u>Sexual Assault</u>".<br/>If no → proceed to the next incident type on the list.</p> <p>3. Did the reported incident involve physical assault?<br/>If yes → classify the incident as "<u>Physical Assault</u>".<br/>If no → proceed to the next incident type on the list.</p> <p>4. Was the incident an act of forced marriage?<br/>If yes → classify the incident as "<u>Forced Marriage</u>".<br/>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?<br/>If yes → classify the incident as "<u>Denial of Resources, Opportunities or Services</u>".<br/>If no → proceed to the next incident type on the list.</p> <p>6. Did the reported incident involve psychological/emotional abuse?<br/>If yes → classify the incident as "<u>Psychological / Emotional Abuse</u>".<br/>If no → proceed to the next incident type on the list.</p> <p>7. Is the reported incident a case of GBV?<br/>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).<br/>If no → classify the incident as "<u>Non-GBV</u>".</p> |               |
| 5                       | <p><b>Was this incident a Harmful Traditional Practice*?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Type of practice 1 <input type="checkbox"/> Type of practice 2 <input type="checkbox"/> Type of practice 3 <input type="checkbox"/> Type of practice 4 <input type="checkbox"/> Type of practice 5</p>   |               |
| 6                       | <p><b>Were money, goods, benefits, and / or services exchanged in relation to this incident*?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>  |               |
| 7                       | <p><b>Type of abduction at time of the incident*</b></p> <p><input type="checkbox"/> None <input type="checkbox"/> Forced Conscription <input type="checkbox"/> Trafficked <input type="checkbox"/> Other Abduction / Kidnapping</p>  |               |
| 8                       | <p><b>Has the client reported this incident anywhere else*?</b> (If yes, select the type of service provider and write the name of the provider where the client reported).</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____</p>  |               |
| 9                       | <p><b>Has the client had any previous incidents of GBV perpetrated against them*?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, include a brief description: _____</p>  |               |

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. **Area where incident occurred**—Indicate the area where the incident took place. Depending on your context, ‘area’ may be called by a different name (e.g. district, region, province, state, county, etc).
2. **Sub-Area where incident occurred**—Indicate the sub-area where the incident took place. Depending on your context, ‘sub-area’ may be called by a different name (e.g. sub-region, sub-district, sub-county, etc.).
3. **Camp/Town**—Indicate the camp, town or site where the incident took place. You should add the appropriate camp, town or site names for your context and as needed.

Note: for the three preceding location fields, 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 location fields and the definitions.

4. **Type of incident/violence**—Classify the incident as *one* of the six core types of GBV discussed earlier; if it is not an incident of GBV, select ‘Non-GBV’:
  - 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

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.

5. **Was this incident a Harmful Traditional Practice?**—Indicate if this incident is a Harmful Traditional Practice. 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:

☐ No

For example: ☐ No

- ☐ HTP type 1
- ☐ HTP type 2
- ☐ HTP type 3
- ☐ HTP type 4
- ☐ HTP type 5

- ☐ Female genital cutting/mutilation
- ☐ Dowry demands
- ☐ Son preference

**6. 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’. If the incident recorder is implemented in the future, the information from this question will help 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.).

**7. 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 Conscription— Being forced to join an armed group against one’s will.
- Trafficked<sup>9</sup>— 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 will be used in the incident recorder along (if implemented) with the incident type to determine if this is a possible case of sexual slavery.

**8. 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 is one of the only questions on the intake form where you can provide more than one answer. You should note all previous services received for this incident and indicate (if possible) the name of the specific service provider the client reported to.

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

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<sup>9</sup> 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.

9. **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**.

**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.

#### Section 4: Alleged Perpetrator Information

| Alleged Perpetrator Information  |   |   |  |  |
|--|---|---|--|--|
| 1<br>Number of alleged perpetrator(s)*<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> More than 3<br><input type="checkbox"/> Unknown | 2<br>Alleged perpetrator sex*<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Both  | 4<br>Alleged perpetrator relationship with survivor*<br><input type="checkbox"/> Intimate partner / Former partner<br><input type="checkbox"/> Primary caregiver<br><input type="checkbox"/> Family other than spouse or caregiver<br><input type="checkbox"/> Supervisor / Employer<br><input type="checkbox"/> Teacher / School official<br><input type="checkbox"/> Service Provider<br><input type="checkbox"/> Cotenant / Housemate<br><input type="checkbox"/> Schoolmate<br><input type="checkbox"/> Family Friend / Neighbor<br><input type="checkbox"/> Other refugee / IDP / returnee<br><input type="checkbox"/> Other resident community member<br><input type="checkbox"/> Other<br><input type="checkbox"/> No relation<br><input type="checkbox"/> Unknown |  |  |
|  | 3<br>Age*<br><input type="checkbox"/> Adult <input type="checkbox"/> Minor<br><input type="checkbox"/> Adult & Minor  |   |  |  |
| 5<br>Main occupation of alleged perpetrator * <sup>a</sup>   | <input type="checkbox"/> Farmer <input type="checkbox"/> Police <input type="checkbox"/> Soldier <input type="checkbox"/> Security Official <input type="checkbox"/> Teacher <input type="checkbox"/> UN Staff<br><input type="checkbox"/> NGO Staff <input type="checkbox"/> Religious / Community Leader <input type="checkbox"/> Other / Unknown <input type="checkbox"/> Unemployed |   |  |  |

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 intake form.

- 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 three fields of this section—“Number of alleged perpetrator(s)” , “Sex of alleged perpetrator(s)” and “Age 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.
2. **Sex of alleged perpetrator(s)**—Indicates the sex of the alleged perpetrator(s).
3. **Age group of alleged perpetrator**—Indicate the age group of the alleged perpetrator.
4. **Alleged perpetrator relationship with survivor (if any)**—Indicate the relationship, if any, of the alleged perpetrator with the survivor. 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
  - Teacher / School official
  - Service Provider
  - Cotenant / Housemate
  - Schoolmate
  - 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.

5. **Main occupation of alleged perpetrator**—Indicate the main occupation of the alleged perpetrator. 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.

## Section 5: Planned Action/Action Taken

| Planned Action / Action Taken: Any action / activity regarding this report |  |                   |
|--|--|-------------------|
| 1  | <b>Who referred this client to you? *</b><br><input type="checkbox"/> Health/Medical Services <input type="checkbox"/> Police/Other Security Actor <input type="checkbox"/> Other Humanitarian / Development Actor<br><input type="checkbox"/> Community or Camp Leader <input type="checkbox"/> Psychosocial/Counseling Services <input type="checkbox"/> Other Government Service<br><input type="checkbox"/> Teacher/School Official <input type="checkbox"/> Legal Services <input type="checkbox"/> Self-Referred<br><input type="checkbox"/> Safe House/Shelter <input type="checkbox"/> Livelihood Program <input type="checkbox"/> Other (specify) |                   |
| 2  | <b>Was client referred to a safe house/ shelter? *</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No - Service provided by you<br><input type="checkbox"/> No - Service received prior to this visit<br><input type="checkbox"/> No - Service not applicable<br><input type="checkbox"/> No - Referral declined by survivor<br><input type="checkbox"/> No - Service unavailable   | Referral Details: |
| 3  | <b>Was client referred to medical services? *</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No - Service provided by you<br><input type="checkbox"/> No - Service received prior to this visit<br><input type="checkbox"/> No - Service not applicable<br><input type="checkbox"/> No - Referral declined by survivor<br><input type="checkbox"/> No - Service unavailable  | Referral Details: |
| 4  | <b>Was client referred to psychosocial services? *</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No - Service provided by you<br><input type="checkbox"/> No - Service received prior to this visit<br><input type="checkbox"/> No - Service not applicable<br><input type="checkbox"/> No - Referral declined by survivor<br><input type="checkbox"/> No - Service unavailable   | Referral Details: |
| 5  | <b>Was client referred to a security services? *</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No - Service provided by you<br><input type="checkbox"/> No - Service received prior to this visit<br><input type="checkbox"/> No - Service not applicable<br><input type="checkbox"/> No - Referral declined by survivor<br><input type="checkbox"/> No - Service unavailable   | Referral Details: |

1. **Who referred the client to you?**—Indicate who referred the client to you. Twelve categories are listed to choose from (select only *one* option).

- 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)

## 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 include<sup>1</sup>:

- 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).

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.

**Was the client referred to...?** The section containing questions #2-5 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.

2. **Was the client referred to a safe house/shelter?**
3. **Was the client referred to health/medical services?**
4. **Was the client referred to psychosocial services?**
5. **Was the client referred to police/other type of security actor?**

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 you:** you provided the client all the necessary services they needed at the time of report.
- **Services received prior to this visit:** 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.

The information boxes to the right of the questions labeled 'Referral Details' 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.

## Section 6: Assessment Point

| Assessment Points |   |
|-------------------|---|
| 1                 | Describe the client's emotional state at the beginning of the interview: <input type="checkbox"/> Scared / Fearful <input type="checkbox"/> Sad / Depressed<br><input type="checkbox"/> Anxious / Nervous <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Other:                    |
| 2                 | Describe the client's emotional state at the end of the interview: <input type="checkbox"/> Calmer than at the start of interview <input type="checkbox"/> Similar to that at the start of interview<br><input type="checkbox"/> More upset than at the start of interview <input type="checkbox"/> Other                 |
| 3                 | Will the client be safe when she or he leaves?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If no why not:   |
| 4                 | What actions were taken to ensure client's safety?<br><input type="checkbox"/> Safety Plan Created <input type="checkbox"/> Referral to Community-Based Support<br><input type="checkbox"/> Referral to Safe House <input type="checkbox"/> Service provider to follow-up<br><input type="checkbox"/> Other Action Taken: |
| 5                 | If raped, have you explained possible consequences of rape to the client (& guardian if client is under 14)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |

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.

1. **Describe the emotional state of the client at the beginning of the interview**—Indicate the emotional state of the client at the beginning of the interview
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
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. **What actions were taken to ensure client's safety?**—Indicate what actions were taken to help ensure the client's safety
5. **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.

Note: 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.

6. **Did the client give their consent to share their non-identifiable in your reports?\*** - If the client gave their consent to have their information shared in a non-identifiable format, indicate it here.

## 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 section. 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.

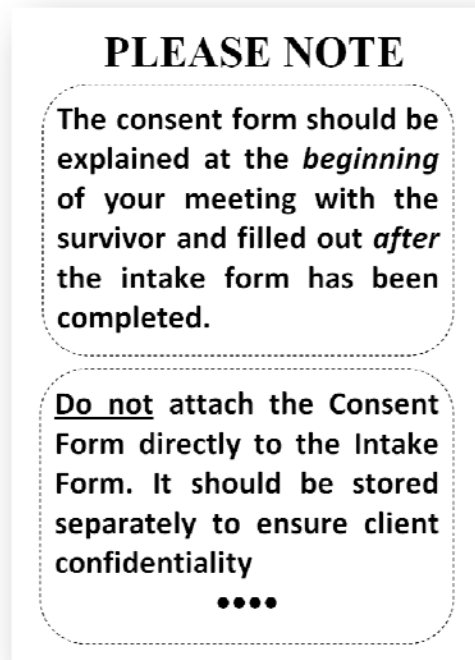
The first page of the form includes the statement of consent, describing how your organization will use the information collected from the report, in what form, for whom and why. To ensure that clients have the most control possible over how their information is shared and used, the consent statement 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   | Client Code              |  |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
|---|--------------------------|--|----|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <b>CONFIDENTIAL</b><br><b>Consent for Release of Information</b>  |                          |  |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <i>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>   |                          |  |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <p>I, _____, give my permission for (Name of Organization) to share information about the incident I have reported to them as explained below:</p> <p>1. I understand that in giving my authorization below, I am giving (Name of 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.</p> <p>I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request.</p> <p>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.</p> <p>I would like information released to the following:<br/> <i>(Tick all that apply, and specify name, facility and agency/organization as applicable)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%; text-align: center;">Yes</th> <th style="width: 5%; text-align: center;">No</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Security Services (specify): _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Psychosocial Services (specify): _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Health/Medical Services (specify): _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Safe House / Shelter (specify): _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Legal Assistance Services (specify): _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Unidentified Services (specify): _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other (specify type of service, name, and agency): _____</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>1. Authorization to be marked by client: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>(or parent/guardian if client is under 18)</i></p> <p>2. 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.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>2. Authorization to be marked by client: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>(or parent/guardian if client is under 18)</i></p> </div> </div> <p>Signature/Thumbprint of client: _____<br/> <i>(or parent/guardian if client is under 18)</i></p> <p>Caseworker Code: _____ Date: _____</p> |                          | Yes  | No |  | <input type="checkbox"/> | <input type="checkbox"/> | Security Services (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Psychosocial Services (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Health/Medical Services (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Safe House / Shelter (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Legal Assistance Services (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Unidentified Services (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify type of service, name, and agency): _____ |
| Yes   | No                       |  |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Security Services (specify): _____                       |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Psychosocial Services (specify): _____                   |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Health/Medical Services (specify): _____                 |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Safe House / Shelter (specify): _____                    |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Legal Assistance Services (specify): _____               |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Unidentified Services (specify): _____                   |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Other (specify type of service, name, and agency): _____ |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |
| <div style="display: flex; justify-content: space-between;"> <span>Consent for Release of Information Form</span> <span>Version 2 (Finalized October 2010)</span> </div>  |                          |  |    |  |                          |                          |                                    |                          |                          |  |                          |                          |  |                          |                          |                                       |                          |                          |  |                          |                          |  |                          |                          |  |

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 |
|---|--------------|
| <b>INFORMATION FOR CASE MANAGEMENT</b><br><i>(OPTIONAL-DELETE IF NOT NECESSARY)</i> |              |
|   |              |
| Client's Name: _____  |              |
| Name of Caregiver (if survivor is a minor): _____                                   |              |
| Contact Number: _____   |              |
| Camp: _____   |              |
| Section Number: _____   |              |
| House Number: _____   |              |
| UN Number: _____  |              |
| (ADD QUESTIONS FOR YOUR COUNTRY'S SURVIVOR CODE HERE)                               |              |
| FOR FURTHER EXPLANATION SEE THE "CREATING A SURVIVOR CODE" DOCUMENT                 |              |

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 is<sup>10</sup>:

- 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 from doing it, what they have agreed to, what the risks might be, and what would happen if

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<sup>10</sup> 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](http://whqlibdoc.who.int/publications/2007/9789241595681_eng.pdf).

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 section 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.



# Implementation Tools

# Gender-Based Violence Classification Tool<sup>1</sup>

## *To be used the Gender-Based Violence Data Management System (GBVIMS)*

The humanitarian community has not been able to collect, classify and analyze Gender-Based Violence (GBV) -related information in a way that produces comparable statistics. At present, it is nearly impossible to compile and analyze data across programs and field sites. This cannot be solved without taking a new approach to how types of GBV are classified. To address this problem, the UN Population Fund (UNFPA), the International Rescue Committee (IRC), and the UN High Commissioner for Refugees (UNHCR) have developed a new GBV classification tool strictly for the purposes of standardizing GBV data collection across GBV service providers.

The criteria used to generate the classification tool's seven types of GBV were:

- Universally-recognized forms of gender-based violence
- Mutually exclusive (they do not overlap)
- Focused on the specific act of violence; separate from the motivation behind it or the context in which it was perpetrated

Each of the definitions below refers to the concept of **consent**.<sup>2</sup> Consent is when a person makes an informed choice to agree freely and voluntarily to do something. There is no consent when agreement is obtained through:

- the use of threats, force or other forms of coercion, abduction, fraud, manipulation, deception, or misrepresentation
- the use of a threat to withhold a benefit to which the person is already entitled, or
- a promise is made to the person to provide a benefit.

**Six Core Types of GBV.**<sup>3</sup> The six core GBV types were created for data collection and statistical analysis of GBV.<sup>4</sup> They should be used only in reference to GBV even though some may be applicable to other forms of violence which are not gender-based.

1. **Rape:** non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.
2. **Sexual Assault:** any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. FGM/C is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. *This incident type does not include rape, i.e., where penetration has occurred.*
3. **Physical Assault:** an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, **acid attacks or any other act that results in pain, discomfort or injury.** *This incident type does not include FGM/C.*
4. **Forced Marriage:** the marriage of an individual against her or his will.
5. **Denial of Resources, Opportunities or Services:** denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.
6. **Psychological / Emotional Abuse:** infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

<sup>1</sup> The GBV Classification Tool was developed as part of the GBVIMS project initiated in 2006 by OCHA, UNHCR, and the IRC. The GBVIMS global team has counted on technical guidance from the Inter-Agency Standing Committee's (IASC) Sub-Working Group on Gender and Humanitarian Action, throughout the project.

<sup>2</sup> Many laws set an age of consent. These legal parameters do not apply to the GBV types proposed for this system. For the purposes of the GBVIMS a child is any survivor who was under 18 at the time when the incident occurred.




<sup>3</sup> Case definitions used in the context of GBV programming are not necessarily the legal definitions used in national laws and policies. Many forms of GBV may not be considered crimes, and legal definitions and terms vary greatly across countries and regions.

<sup>4</sup> Several resources were considered when preparing this document. Most importantly, the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Setting, and Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons, Guidelines for Prevention and Response (UNHCR)

## Explanation:

Any incident involving GBV can often involve more than one form of violence (i.e. a woman who is raped, beaten and psychologically abused during the course of an incident). **The incident recorder can only capture one type of GBV per incident.** To ensure valid and statistically comparable data, all those using the Incident Recorder must use the same approach to determine how to classify a given incident based upon the type of GBV it involved. **The types of GBV are listed in a specific order to ensure statistically comparable data.**<sup>5</sup> The instructions below allow us to use a process of elimination to determine the most specific incident type to use in classifying a reported incident.

### Instructions for using the GBV Classification Tool

-  To determine the appropriate GBV classification for the incident described to you by the survivor, ask yourself the following questions in their given order.
-  If the answer to the question is "No" based upon the description of the reported incident, continue down the list to the next question. Stop, at the first question that can be answered "Yes" based upon the description of the reported incident. When you reach a question that's answer is "Yes" is for the description of the reported incident. The corresponding GBV type, listed next to this question, is what should be used to classify the GBV involved in this incident.<sup>6</sup>
-  The GBVIMS only records incidents reported directly by the survivor (or by the survivor's guardian if the survivor is a child or unable to report due to a disability) in the context of receiving services. Thus any incidents in which the victim has died prior to the report, are excluded from data being recorded for the GBVIMS.<sup>7</sup>

1. Did the reported incident involve **penetration**?

If yes → classify the GBV as "**Rape**".

If no → proceed to the next GBV type on the list.

2. Did the reported incident involve **unwanted sexual contact**?

If yes → classify the GBV as "**Sexual Assault**".

If no → proceed to the next GBV type on the list.

3. Did the reported incident involve **physical assault**?

If yes → classify the GBV as "**Physical Assault**".

If no → proceed to the next GBV type on the list.

4. Was the incident an act of **forced marriage**?

If yes → classify the GBV as "**Forced Marriage**".

If no → proceed to the next GBV type on the list.

5. Did the reported incident involve the **denial of resources, opportunities or services**?

If yes → classify the GBV as "**Denial of Resources, Opportunities, or Services**".

If no → proceed to the next GBV type on the list.

6. Did the reported incident involve **psychological/emotional abuse**?

If yes → classify the GBV as "**Psychological / Emotional Abuse**".

If no → proceed to the next GBV type on the list.

7. Did the reported incident involve GBV?

If yes → Start over at number 1 and try again to reclassify the type of GBV (*If you have tried to classify the GBV multiple times, ask your supervisor or GBVIMS focal point for support*)

If no → classify the violence as "**Non-GBV**"

Service providers are encouraged to continue to capture all the information of reported incidents needed for service provision as described by their clients in their case notes. The type of information appropriate to collect and record may differ between services.

<sup>5</sup> The order is NOT intended to express an implied 'value' of the GBV types (i.e. rape is worse than forced marriage).

<sup>6</sup> For example, within this system, an incident where a woman reports having been beaten by her husband and also forced to have sex with him the GBV would be classified as "rape".

<sup>7</sup> This rule was established to avoid 3rd party reports outside of the context of service delivery.

CLIENT CODE

INCIDENT ID

## STANDARD GBV INTAKE &amp; ASSESSMENT FORM

## INSTRUCTIONS

1- This form must be filled out by the person providing services to the client.

2- Remind your client that all information will be kept confidential, and that they may choose not to answer any of the following questions.

|  |  |   |  |
|--|--|---|--|
| Report Date*   | Incident Date*   | Staff Code  | Report by Survivor*?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Survivor Information</b>  |  |   |  |
| Client's Age*  | Sex of Client*<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male | Client's Country of Origin* <sup>o</sup> ?<br><input type="checkbox"/> Country 1 <input type="checkbox"/> Country 2<br><input type="checkbox"/> Country 3 <input type="checkbox"/> Country 3<br><input type="checkbox"/> Other: | Specific Needs / Vulnerabilities* (check <u>all</u> that apply)<br><input type="checkbox"/> No <input type="checkbox"/> Unaccompanied Minor<br><input type="checkbox"/> Physical Disability <input type="checkbox"/> Separated Child<br><input type="checkbox"/> Mental Disability <input type="checkbox"/> Other Vulnerable Child |
| Displacement status at time of report*<br><input type="checkbox"/> Refugee <input type="checkbox"/> Foreign National <input type="checkbox"/> Returnee <input type="checkbox"/> IDP<br><input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Stateless Person <input type="checkbox"/> Resident <input type="checkbox"/> N/A |  |   |  |

## Details of the Incident

|   |                        |             |
|---|------------------------|-------------|
| Area* <sup>o</sup>  | Sub-Area* <sup>o</sup> | Camp / Town |
| <p><b>Type of incident/violence*</b><br/>(Please select <u>only</u> ONE of the below. Refer to the GBVIMS GBV Classification Tool for further clarification.)</p> <p><input type="checkbox"/> <b>Rape</b><br/>(includes gang rape, marital rape)</p> <p><input type="checkbox"/> <b>Sexual Assault</b><br/>(includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation)</p> <p><input type="checkbox"/> <b>Physical Assault</b><br/>(includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)</p> <p><input type="checkbox"/> <b>Forced Marriage</b><br/>(includes early marriage)</p> <p><input type="checkbox"/> <b>Denial of resources, opportunities or services</b><br/>(includes denial of inheritance, earnings, access to school or contraceptives, etc. Reports of general poverty should not be recorded.)</p> <p><input type="checkbox"/> <b>Psychological / Emotional Abuse</b><br/>(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"/> <b>Non-GBV (specify)</b> _____</p>   |                        |             |
| <ol style="list-style-type: none"> <li>1. Did the reported incident involve penetration?<br/>If yes → classify the incident as "<u>Rape</u>".<br/>If no → proceed to the next incident type on the list.</li> <li>2. Did the reported incident involve unwanted sexual contact?<br/>If yes → classify the incident as "<u>Sexual Assault</u>".<br/>If no → proceed to the next incident type on the list.</li> <li>3. Did the reported incident involve physical assault?<br/>If yes → classify the incident as "<u>Physical Assault</u>".<br/>If no → proceed to the next incident type on the list.</li> <li>4. Was the incident an act of forced marriage?<br/>If yes → classify the incident as "<u>Forced Marriage</u>".<br/>If no → proceed to the next incident type on the list.</li> <li>5. Did the reported incident involve the denial of resources, opportunities or services?<br/>If yes → classify the incident as "<u>Denial of Resources, Opportunities or Services</u>".<br/>If no → proceed to the next incident type on the list.</li> <li>6. Did the reported incident involve psychological/emotional abuse?<br/>If yes → classify the incident as "<u>Psychological / Emotional Abuse</u>".<br/>If no → proceed to the next incident type on the list.</li> <li>7. Is the reported incident a case of GBV?<br/>If yes → Start over at number 1 and try again to reclassify the incident (<i>If you have tried to classify the incident multiple times, ask your supervisor to help you classify this incident</i>).<br/>If no → classify the incident as "<u>Non-GBV</u>".</li> </ol> |                        |             |

Was this incident a Harmful Traditional Practice\*<sup>o</sup>?
☐ No   ☐ Type of practice 1   ☐ Type of practice 2   ☐ Type of practice 3   ☐ Type of practice 4   ☐ Type of practice 5
Were money, goods, benefits, and / or services exchanged in relation to this incident\*?   ☐ No   ☐ YesType of abduction at time of the incident\*<sup>o</sup>
☐ None   ☐ Forced Conscription   ☐ Trafficked   ☐ Other Abduction / Kidnapping

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

☐ No   ☐ Yes (specify) :Has the client had any previous incidents of GBV perpetrated against them?\*   ☐ No   ☐ Yes

If yes, include a brief description:

CLIENT CODE

## STANDARD GBV INTAKE &amp; ASSESSMENT FORM

INCIDENT ID

## Alleged Perpetrator Information

|  |  |   |  |   |
|--|--|---|--|---|
| <b>Number of alleged perpetrator(s)*</b><br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> More than 3<br><input type="checkbox"/> Unknown   | <b>Alleged perpetrator sex*</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Both | <b>Alleged perpetrator relationship with survivor *</b><br><input type="checkbox"/> Intimate partner / Former partner<br><input type="checkbox"/> Primary caregiver<br><input type="checkbox"/> Family other than spouse or caregiver<br><input type="checkbox"/> Supervisor / Employer<br><input type="checkbox"/> Teacher / School official<br><input type="checkbox"/> Service Provider<br><input type="checkbox"/> Cotenant / Housemate |  | <input type="checkbox"/> Schoolmate<br><input type="checkbox"/> Family Friend / Neighbor<br><input type="checkbox"/> Other refugee / IDP / returnee<br><input type="checkbox"/> Other resident community member<br><input type="checkbox"/> Other<br><input type="checkbox"/> No relation<br><input type="checkbox"/> Unknown |
|  | <b>Age*</b><br><input type="checkbox"/> Adult <input type="checkbox"/> Minor<br><input type="checkbox"/> Adult & Minor               |   |  |   |
| <b>Main occupation of alleged perpetrator *<sup>o</sup></b><br><input type="checkbox"/> Farmer <input type="checkbox"/> Police <input type="checkbox"/> Soldier <input type="checkbox"/> Security Official <input type="checkbox"/> Teacher <input type="checkbox"/> UN Staff<br><input type="checkbox"/> NGO Staff <input type="checkbox"/> Religious / Community Leader <input type="checkbox"/> Other / Unknown <input type="checkbox"/> Unemployed |  |   |  |   |

## Planned Action / Action Taken: Any action / activity regarding this report

|  |                   |
|--|-------------------|
| <b>Who referred this client to you? *</b><br><input type="checkbox"/> Health/Medical Services <input type="checkbox"/> Police/Other Security Actor <input type="checkbox"/> Other Humanitarian / Development Actor<br><input type="checkbox"/> Community or Camp Leader <input type="checkbox"/> Psychosocial/Counseling Services <input type="checkbox"/> Other Government Service<br><input type="checkbox"/> Teacher/School Official <input type="checkbox"/> Legal Services <input type="checkbox"/> Self-Referred<br><input type="checkbox"/> Safe House/Shelter <input type="checkbox"/> Livelihood Program <input type="checkbox"/> Other (specify) |                   |
| <b>Was client referred to a safe house/ shelter? *</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No - Service provided by you<br><input type="checkbox"/> No - Service received prior to this visit<br><input type="checkbox"/> No - Service not applicable<br><input type="checkbox"/> No - Referral declined by survivor<br><input type="checkbox"/> No - Service unavailable   | Referral Details: |
| <b>Was client referred to medical services? *</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No - Service provided by you<br><input type="checkbox"/> No - Service received prior to this visit<br><input type="checkbox"/> No - Service not applicable<br><input type="checkbox"/> No - Referral declined by survivor<br><input type="checkbox"/> No - Service unavailable  | Referral Details: |
| <b>Was client referred to psychosocial services? *</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No - Service provided by you<br><input type="checkbox"/> No - Service received prior to this visit<br><input type="checkbox"/> No - Service not applicable<br><input type="checkbox"/> No - Referral declined by survivor<br><input type="checkbox"/> No - Service unavailable   | Referral Details: |
| <b>Was client referred to a security services? *</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No - Service provided by you<br><input type="checkbox"/> No - Service received prior to this visit<br><input type="checkbox"/> No - Service not applicable<br><input type="checkbox"/> No - Referral declined by survivor<br><input type="checkbox"/> No - Service unavailable   | Referral Details: |

## Assessment Points

|  |  |
|--|--|
| <b>Describe the client's emotional state at the beginning of the interview:</b> <input type="checkbox"/> Scared / Fearful <input type="checkbox"/> Sad / Depressed<br><input type="checkbox"/> Anxious / Nervous <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Other:    |  |
| <b>Describe the client's emotional state at the end of the interview:</b> <input type="checkbox"/> Calmer than at the start of interview <input type="checkbox"/> Similar to that at the start of interview<br><input type="checkbox"/> More upset than at the start of interview <input type="checkbox"/> Other |  |
| <b>Will the client be safe when she or he leaves?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No    If no why not:  | <b>What actions were taken to ensure client's safety?</b><br><input type="checkbox"/> Safety Plan Created <input type="checkbox"/> Referral to Community-Based Support<br><input type="checkbox"/> Referral to Safe House <input type="checkbox"/> Service provider to follow-up<br><input type="checkbox"/> Other Action Taken: |
| <b>If raped, have you explained possible consequences of rape to the client (&amp; guardian if client is under 14)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Did the client give their consent to share their non-identifiable in your reports? *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |

Incident ID

Client 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 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 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)

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Security Services (specify): _____                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychosocial Services (specify): _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Health/Medical Services (specify): _____                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe House / Shelter (specify): _____                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal Assistance Services (specify): _____               |
| <input type="checkbox"/> | <input type="checkbox"/> | Livelihoods Services (specify): _____                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. 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: \_\_\_\_\_

Incident ID

**CONFIDENTIAL**

INFORMATION FOR CASE MANAGEMENT

(OPTIONAL-DELETE IF NOT NECESSARY)

---

*Client's Name:* \_\_\_\_\_

*Name of Caregiver (if client is a minor):* \_\_\_\_\_

*Contact Number:* \_\_\_\_\_

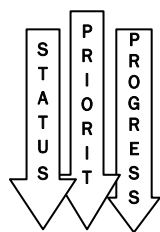
*Address:* \_\_\_\_\_

-----

*(Write questions for Survivor Code Here)*

# Data Protection Checklist

This checklist will help assess existing data security and develop a customized data protection protocol.



This checklist is designed to be an active document that complements your existing Data Protection Protocols. At the time of establishing the GBVIMS, programs should adapt the template Data Protection Protocols for their context. Similarly, Program and Site Managers are encouraged to adapt this checklist to match their Data Protection Protocols. Managers should then review the checklist on a regular basis to ensure that their Data Protection Protocols are being followed.

## General data protection

☐☐☐

An assessment has been done in-country of the applicable domestic data protection laws and any possible implications for staff and the organization.

☐☐☐

An assessment has been made of the security risks specific to the context in which GBV incident data is being collected, and these have been communicated to all GBV Staff, Security Managers and Senior Management in country, and to your Technical Advisor.

☐☐☐

Data protection protocols have been put in place and an obligation to uphold this document has been written into the contracts of staff that will come into contact with the data. For example: Social Workers, GBV Staff, Database Manager, Site Manager, Senior Management etc.

☐☐☐

Staff have been asked to identify security risks specific to their context and to explicitly think through the possible implications for clients, their families and communities, and for the organization, if data gets into the wrong hands. All staff in contact with the data have a strong understanding of the sensitive nature of the data, the importance of data confidentiality and security.

☐☐☐

Staff understand that all cases will be allocated a code based upon an agreed standard coding format, and that the code should be used to refer to the case either verbally or on paper, in place of any identifiable information such as name or date of birth.

☐☐☐

GBV Coordinators have provided staff with culturally and contextually appropriate guidelines for obtaining informed consent from clients, including guidance on when a child can be judged to have the appropriate level of maturity to be able to give informed consent. Managers are satisfied that GBV staff have sufficient knowledge and skills in this area.

☐☐☐

Clients and/or their caregivers are giving their informed consent for the agency/agencies to gather and store their data before any information is recorded. Signed paper consent forms are being kept in a locked filing cabinet.

☐☐☐

Staff are aware that when obtaining informed consent, clients may highlight particular information that they do not want shared with certain people, and that this must be recorded and respected.

☐☐☐

Information is not being passed to a third party without the informed consent of clients and/or their caregivers.

☐☐☐

Site and Program Managers make time on a regular basis for carrying out spot checks to make sure that all data protection protocols are being followed.

☐☐☐

Site/Program Managers update and disseminate data protection protocols as soon as a situation/context changes which could affect the security of the data e.g. a change in the governmental relations, deteriorating security situation etc.



### **Paper file security**

- ☐☐☐ Paper documentation for each incident is stored in its own individual file, clearly labelled with the incident number. Names of clients are NOT on the outside of the paper files.
- ☐☐☐ Paper files are being kept in a secure place, accessible only to responsible individuals specified by the Site Manager. No one else should be given independent access to the paper files without permission.
- ☐☐☐ Paper files are being transferred by hand between people responsible for the information. This should be GBV staff designated by the GBV Program Coordinator or Program Manager. In exceptional circumstances the GBV Manager may need to identify a non-GBV staff member to be designated for this task. In this circumstance the staff member must be briefed on the Data Protection Protocols and sign these. During transfer, the files should be stored in a sealed box or sealed envelope.
- ☐☐☐ Site Managers or GBV staff have reviewed paper files to ensure there are no original documents in the files. This is so that destruction of paper files can be done without any hesitation in the event of an emergency evacuation. If any original documents are on file (such as original birth certificates, medical certificates) these should be scanned and then returned to the client or appropriate agency.
- ☐☐☐ Rooms containing paper and electronic information are being locked securely when the staff leave the room. All staff are aware of the importance of being vigilant as to who is entering the room where they work and for what purpose.
- ☐☐☐ Paper files and/or filing cabinet draws have been marked with a color-coding system according to the sensitivity of data they contain, and therefore the order of priority in which they should be removed / destroyed in the event of an evacuation. For example, a piece of red tape across the front of filing cabinet containing particularly sensitive information.

### **Electronic data security**

- ☐☐☐ GBV Coordinators determine that all computers being used for data storage are able to access anti-virus software and site manager ensure that anti-virus remains updated, to avoid corruption and loss of information.
- ☐☐☐ Site managers change the computer password on a regular basis.
- ☐☐☐ GBV staff are aware that information should be transferred by encrypted and password-protected files whether this is by internet or memory sticks (if permitted by the GBV Coordinator). Memory sticks should be passed by hand between people responsible for the information. The people responsible are the designated GBV staff and the Site/Program Manager or Data Entry Clerk. In exceptional circumstances the Program Manager or GBV Coordinator may need to identify a non-GBV staff member to be designated for this task. In this circumstance the staff member must be briefed on the Data Protection Protocols and sign these. During transfer files should be encrypted, password protected, and erased immediately after transfer.
- ☐☐☐ At least two backups exist – one stored in the location of the database and backed up each day data is entered, and the second sent for secure storage in a designated off-site location (the database copy sent to GBV Program Coordinator once every 2 weeks). Staff responsible for the data at the second site must follow the same Data Protection Protocols. The reason for having

an off-site back-up is so that the main database can be destroyed in an emergency evacuation without this meaning the loss of all electronic data. Typically, the on-site back up is an external hard drive which is kept locked in a filing cabinet, and the off-site back up is done through emailing the database to the designated receiver (most likely GBV Coordinator) as an encrypted, password-protected zip file.

### **Emergency Evacuation Plan**

In the event of an evacuation, management must ensure that the computer(s) where the database is setup, its back-up systems and paper files are moved to a safe location. When moving database assets and paper files is not possible, management should ensure that electronic files are completely erased or the assets are destroyed, and that paper files are shredded or burnt. The off-site electronic back-up copy will then become the only source of information on the survivors.

- ☐☐☐ A clear evacuation plan has been put in place, which includes a 'Scheme of Delegation' dictating who has responsibility for making decisions regarding removing or destroying data and who has responsibility for removing and destroying data (who has primary responsibility; who has responsibility if primary person is out of the office; who has responsibility if secondary person is out of the office etc).
- ☐☐☐ A briefing on the evacuation plan has been added to the standard induction checklist for relevant staff. Typically, this is GBV staff, IT staff, Security Manager, Logistics Manager, Senior Management and Country Director.
- ☐☐☐ Managers have carried out an 'evacuation drill' to ensure that each individual knows their responsibilities and is able to act quickly in an emergency evacuation. This is particularly pertinent if working in an insecure area.

## **GBVIMS GLOSSARY, LIST OF ACRONYMS AND WORKS REFERENCED<sup>1</sup>**

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**ABDUCTION:** The taking away of a person against the person's will

**ACTOR(S):** Refers to individuals, groups, organizations, and institutions involved in preventing and responding to gender-based violence. Actors may be refugees/internally displaced persons, local populations, employees, or volunteers of UN agencies, NGOs, host government institutions, donors, and other members of the international community (UNHCR, 2003:6).

**ACCURATE:** Exact, precise, correct; in exact conformity to a standard or to truth.

**AGGREGATED DATA:** Data that has been combined or compiled together thereby becoming anonymous in the process.

**ANONYMOUS DATA:** Data void of information that can be used to identify individuals.

**ASYLUM:** The granting, by a State, of protection on its territory to persons from another State who are fleeing persecution or serious danger. A person who is granted asylum may be a refugee. A person who has left her country of origin and has applied for recognition as a refugee in another country and whose request or application for refugee-status has not been finally decided by a prospective country of refuge is formally known as an asylum-seeker. Asylum-seekers are normally entitled to remain on the territory of the country of asylum until their claims have been decided upon and should be treated in accordance with basic human rights standards.

**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.

**AVERAGE:** Estimated by average; i.e. by equally distributing the aggregate inequalities of a series among all the individuals of which the series is composed.

**CASE CONTEXT:** term used to describe GBV incidents that give information about the power relationships, or context in which the act of GBV occurred. These Examples include: Domestic violence, Intimate Partner Violence, Sexual Exploitation, Incest, Child Sexual Abuse, etc...). None of these are included as a core type of GBV.

**CHILD OR MINOR:** Person under the age of 18, according to the United Nations Convention on the Rights of the Child. Minors are considered unable to evaluate and understand the consequences of their choices and give informed consent, especially for sexual acts.

**CHILD SEXUAL ABUSE:** Any incident involving rape or sexual assault that is perpetrated against a minor by force or under unequal or coercive conditions.

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<sup>1</sup> While many sources were used and cited for these definitions, all definitions are specifically for the purpose of data collection for the GBVIMS and are to clarify language used in this user guide and other associated GBVIMS documents.

**COERCION:** Forcing, or attempting to force, another person to engage in behaviors against her will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power (UNHCR, 2003:12).

**COMMUNITY:** The term used in these guidelines to refer to the population affected by the emergency. In individual settings, the “community” may be referred to as refugees, internally displaced persons, disaster-affected, or another term (IASC, 2005:7).

**CONFIDENTIALITY:** The right of every survivor to have their identity kept private and unidentifiable. There is 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.

**COORDINATING AGENCIES:** The organizations (usually two working in a co-chairing arrangement) that take the lead in chairing GBV working groups and ensuring that the minimum prevention and response interventions are put in place. The coordinating agencies are selected by the GBV working group and endorsed by the leading United Nations entity in the country (i.e. Humanitarian Coordinator, SRSG) (IASC, 2005:7).

**COUNTRY OF ORIGIN:** 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.

**CORE TYPE OF GBV:** the GBVIMS uses six core types of GBV; the GBV classification tool standardizes the classification process per incident.

**DATA ANALYSIS:** is the process by which data or information is aggregated and summarized for presentation.

**DATA COMPILING AGENCY:** The agency that has been mutually agreed upon to compile shared reports, aggregate them and send them back to the implementing agencies.

**DATA POINTS:** The specific types or fields of data that will be collected.

**DATA TRENDS:** Data and statistics viewed *over a specific period of time*.

**DE-IDENTIFIED DATA:** 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.

**DENIAL OF RESOURCES, OPPORTUNITIES & SERVICES:** denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

**DISPLACEMENT:** Forcible or voluntary uprooting of persons from their homes by violent conflicts, gross violations of human rights and other traumatic events, or threats thereof. Examples of displacement status include:

**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.

**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.

**INTERNALLY DISPLACED PERSON (IDP):** IDPs are people 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.

**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 persecution<sup>2</sup> 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.

**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

**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.

**DOMESTIC VIOLENCE - Intimate Partner or Other Family Members:**

Domestic violence takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between family members (for example, mothers-in-law and daughters-in-law). Domestic violence may include sexual, physical, and psychological abuse. In any reference to domestic violence, it is important to be clear whether the violence is perpetrated by an intimate partner or another family member. Other terms used to refer to domestic violence perpetrated by an intimate partner include “spousal abuse” and “wife battering.”

**DURING FLIGHT:** Occurred while the person was traveling from their home to their place of refuge.

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<sup>2</sup> 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.

**DURING REFUGE:** Occurred during the period of time when the person was displaced.

**DURING RETURN / TRANSIT:** Occurred while the person was returning back to their home from their place of refuge.

**EARLY MARRIAGE:** This occurs when parents or others arrange for and force a minor to marry someone against her or his will. Force may occur by exerting pressure or by ordering a minor to get married, and may be for dowry-related or other reasons. Forced marriage is a form of GBV because the minor is not allowed to, or is not old enough to, make an informed choice. Early marriage is a specific type of forced marriage.

**EMERGENCY:** Generally used to refer to situations of armed conflict or natural disaster, often involving the displacement of populations, sometimes as refugees, other times as internally displaced people (IDPs). For the purposes of these recommendations, humanitarian “emergencies” include the period of instability which often leads up to an acute crisis and ends at some point after “return” or “resettlement”. Emergencies are often cyclical, with periods of stability followed by recurrent violence and/or instability. In some emergencies, populations flee, find refuge that later becomes unsafe, and are thus forced to flee again to another location. This cycle can repeat itself multiple times throughout an emergency (WHO, 2007).

**EMPLOYED:** For GBVIMS purposes, this includes anyone who has a job that provides a consistent source of income.

**FEMALE GENITAL CUTTING/MUTILATION:** All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

**FIELD:** 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.

**FORCED CONSCRIPTION:** Being forced to join an armed group against one’s will.

**FORCED MARRIAGE:** The marriage of an individual against her or his will.

**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.

**GBV PREVALENCE DATA:** Data that represents the rate and frequency of GBV in a given population. Since the GBVIMS only collects data concerning *reported* cases of GBV, it does not represent the entire picture of GBV incidents in an area. The GBVIMS does *not* generate prevalence data.

**GENDER:** Refers to the social differences between males and females that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures. “Gender” determines the roles, responsibilities, opportunities, privileges, expectations, and limitations for males and for females in any culture.

**GENDER-BASED VIOLENCE:** Violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, or other deprivations of liberty. While women, men, boys and girls can be victims of gender-based violence, because of their subordinate status, women and girls are the primary victims.

**HOST COMMUNITY:** Host community is an area or locality in which many refugees or internally displaced persons (IDPs) reside during displacement, whether in nearby camps, private accommodation or integrated into households.

**HUMANITARIAN WORKERS:** Includes all workers engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, to conduct the activities of that agency (IASC, 2002).

**IMPLEMENTING PARTNERS:** The various GBV agencies and organizations that a) provide services to GBV survivors; b) collect data.

**INTERNALLY DISPLACED PERSON (IDP):** IDPs are people 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.

**INCIDENT:** Incident ('violent episode') is defined as an act or series of acts of violence or abuse by one perpetrator or group of perpetrators. May involve multiple types of violence (physical, sexual, emotional, economic, socio-cultural); and may involve repetition of violence over a period of minutes, hours, or days.

**INCIDENT ID:** A coded number assigned to each new incident reported. A new incident number will be given each time a new intake & assessment for is filled out. The same person will be given a new incident number for each new incident they report. Any follow up of a case will continue to use the same incident number that was assigned during the initial interview.

**INCOME GENERATING SERVICES:** Any services provided to a client, aimed at increasing their ability to generate income.

**INFORMATION MANAGEMENT:** The manner in which an organization's information is handled or controlled. Includes different stages of processing information including: collection, storage, analysis and reporting/sharing.

**INFORMATION SHARING PROTOCOL:** A document that outlines a set of guidelines for organizations to follow during the information sharing process.

**INFORMED CONSENT:** The approval from a survivor, who is aware of the implications of sharing data on their GBV incident, to share his or her information under certain circumstances

**INTIMATE PARTNER:** Intimate Partner includes current spouses (legal and common law), non-marital partners (boyfriend, girlfriend, same-sex partner, dating partner). Intimate partners may or may not be cohabitating and the relationship need not involve sexual activities.

**INTIMATE PARTNER VIOLENCE:** Intimate partner violence takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between former intimate partners (for example, ex-husband or boyfriend). Intimate partner violence may include sexual, physical, and psychological abuse. It is sometimes referred to as IPV.

**LEGAL ASSISTANCE SERVICES:** Any services provided to a client to help them pursue their case in the court of law. This does not include the actual court itself.

**LINE DATA:** The rows or 'lines' of inputted data found on the Incident Data worksheet in the IR (each row represents one reported incident).

**LIVELIHOODS:** comprise the capabilities, assets (including both material and social resources) and activities required for a means of living. Programs supporting the livelihood opportunities of displaced people should seek to increase participants' self-sufficiency through improved access to resources and economic opportunities that help them sustain a dignified means of living. Examples include: life skills training, technical / vocational education or training programs and Village Savings and Loan Associations (Women's Refugee Commission, 2009).

**NATIONALITY:** Nationality is the status of being a citizen of a particular nation or country.

**NON-GENDER-BASED VIOLENCE CASES:** Some cases come to SGBV workers which are not representative of SGBV. These should not be categorized as SGBV cases, but they might be counted separately when describing the program's actions and activities in reports, particularly for the area of prevention. Examples:

- Child abuse (physical or psychological abuse that is not gender-based).
- Domestic arguments and problems that are not reflective of gender inequities; e.g., children with behavior problems.
- General health problems (UNHCR, 2003).

**NON-GOVERNMENTAL ORGANIZATION (NGO):** An organized entity that is functionally independent of, and does not represent, a government or State. It is normally applied to organizations devoted to humanitarian and human rights causes, a number of which have official consultative status at the United Nations.

**NOT DISPLACED:** 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.

**PERPETRATOR:** Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will. Perpetrators are in a position of real or perceived power, decision-making and/or authority and can thus exert control over their victims. (UNHCR, 2003: 13).

**PRIMARY PERPETRATOR:** Is the person or people that directly inflicted the violence or abuse against the survivor. For example: If it was rape the person(s) who penetrated the survivor. If forced marriage the person who married the survivor.

**SECONDARY PERPETRATOR:** Is the person or people who did not directly commit the violence against the survivor but the played an indirect role in the violence through planning, instigating, ordering, or aiding and abets in the planning, preparation or execution of the crime.

**PERSON WITH DISABILITIES:** Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.<sup>3</sup>

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<sup>3</sup> Convention on the Rights of Persons with Disabilities, December 2006.



**PHYSICAL ASSAULT:** Physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

**PIVOT TABLE:** a type of table that automatically summarizes data stored in a different location (e.g. a database contained on a different Excel worksheet).

**POST-DISPLACEMENT:** Indicates that the incident occurred after the client returned home from their displacement.

**PRE-DISPLACEMENT:** Indicates that the incident occurred prior to the time that the client was displaced from their home.

**PSYCHOLOGICAL / EMOTIONAL ABUSE:** Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

**RAPE:** Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

**QUALITATIVE:** Of or relating to quality or qualities; measuring, or measured by, the quality of something.

**QUANTITATIVE:** That is, or may be, measured or assessed with respect to or on the basis of quantity; that may be expressed in terms of quantity; quantifiable.

**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 persecution 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.

**RELEVANT DATA:** Data that can be used for accurate and appropriate data analysis. The tendency is for people to collect more information than they can use, and in a level of detail that limits its utility to produce general statistics and meaningful data analysis.

**RELIABLE:** Yielding consistent results when repeated.

**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

SEPARATED CHILDREN: Children separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.<sup>4</sup>

SEXUAL ASSAULT: Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred.

SEXUAL EXPLOITATION: Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another<sup>5</sup>.

SEXUAL VIOLENCE: For the purposes of the GBVIMS, sexual violence includes, GBV incidents involving an act of rape or sexual assault, Sexual violence takes many forms which can include rape, female genital mutilation / cutting, sexual slavery, sexual harassment involving physical contact, and sexual exploitation and/or abuse.

STAGE OF DISPLACEMENT: Indicates the different parts of an individual's life in terms of the time that they were displaced (i.e. whether something took place before, during, or after they were displaced from their home). Stages of Displacement can include:

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.

DURING RETURN / TRANSIT: Occurred while the person was returning back to their home from their place of refuge.

HOST COMMUNITY: Host community is an area or locality in which many refugees or internally displaced persons (IDPs) reside during displacement, whether in nearby camps, private accommodation or integrated into households.

NOT DISPLACED: 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

POST-DISPLACEMENT: Indicates that the incident occurred after the client returned home from their displacement.

PRE-DISPLACEMENT: Indicates that the incident occurred prior to the time that the client was displaced from their home.

STANDARDIZATION: The process of creating consistency or regularity. One main purpose of the GBVIMS is to standardize data collection so that information can be meaningfully compiled and analyzed within and between GBV service providers.

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<sup>4</sup> "Inter-agency Guiding Principles on Unaccompanied and Separated Children," International Committee of the Red Cross, January 2004.

<sup>5</sup> (Secretary-General's Bulletin *Special measures for protection from sexual exploitation and sexual abuse*; October 2003).

**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.

**SURVIVOR/ VICTIM:** Person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably. “Victim” is a term often used in the legal and medical sectors. “Survivor” is the term generally preferred in the psychological and social support sectors because it implies resiliency.

**SURVIVOR CODE:** A code given to an each individual survivor reporting a case. This code should remain the same for a survivor, even if they are coming back to report a new incident.

**TRADITIONAL MEDIATION:** The use of any community based or traditional methods of resolving disputes, that do not include the government’s justice system.

**TRAFFICKING IN PERSONS:** Trafficking in persons is defined as<sup>6</sup> 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 of the 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.

**UNACCOMPANIED CHILDREN:** (Also called unaccompanied minors) are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.<sup>7</sup>

**UNEMPLOYED:** A person that has no consistent source of income.

**VALID:** Well founded and fully applicable to the particular matter or circumstances; sound and to the point; against which no objection can fairly be brought

**VARIABILITY:** The fact of, or capacity for, varying in amount, magnitude, or value.

**VOCATIONAL SKILLS SERVICES:** Services that provide clients training to increase their specific skills that increase their ability to perform a specific profession. For example teaching sewing, or education classes.

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<sup>6</sup> 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.

<sup>7</sup> “Inter-agency Guiding Principles on Unaccompanied and Separated Children,” International Committee of the Red Cross, January 2004.

**VULNERABLE GROUP:** In any emergency, there are groups of individuals more vulnerable to sexual violence than other members of the population. These are generally females who are less able to protect themselves from harm, more dependent on others for survival, less powerful, and less visible. Groups of individuals that are often more vulnerable to sexual violence include, but are not limited to, single females, female-headed households, separated/unaccompanied children, orphans, disabled and/or elderly females (IASC, 2005:8).

## **LIST OF ACRONYMS**

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AoR: Area of Responsibility

CBO: Community-based organization

FGC/M: Female genital cutting/mutilation

GBV: Gender Based Violence

GBVIMS: Gender Based Violence Information Management System

HTP: Harmful Traditional Practice

IASC: Inter-Agency Standing Committee

IDP: Internally Displaced Person

IPV: Intimate Partner Violence

IR: Incident Recorder

IRC: International Rescue Committee

ISP: Information Sharing Protocol

ISS: Institute for Security Studies

NGO: Non-Governmental Organization

OVC: Other vulnerable children.

RHRC: Reproductive Health Response in Conflict Consortium

SC: Separated Child

SGBV: Sexual and Gender-Based Violence

SV: Sexual Violence

UAM: Unaccompanied Minor

UNFPA: United Nations Population Fund

UNHCR: United Nations High Commission for Refugees

UNOCHA: United Nations Office for the Coordination of Humanitarian Affairs

VSLA: Village Savings and Loan Association

WHO: World Health Organization

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