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ANNEXES

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Intersectionality in Gender-Based Violence Programming

A Toolkit for Humanitarian and Development Practitioners

Handicap International Humanity & Inclusion

Handicap International — Humanity & Inclusion network

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Staff Attitude Scale

Note: give the blank form to staff to complete so that the scoring is hidden.

CATEGORY	STRONGLY		STRONGLY		
	AGREE	AGREE	DISAGREE	DISAGREE	NEUTRAL
All survivors of GBV have the right to receive help, regardless of their gender, age, disability status, race, ethnicity, religion, sexual orientation, and other identity factors.					
If LGBTQIA+ individuals who behave inappropriately are raped, it is their fault.					
If a survivor with disabilities can't answer questions about the incident, they must not be telling the truth.					
If a caregiver forces a woman with a disability to be sterilised, it is for her own good and not a form of GBV.					
Poor women often lie about having been raped or abused so that they can get attention, money or resources.					
Women from certain religions cause their husband's violence because of their behaviour.					
If a young girl does not have citizenship, her father has the right to force her to marry.					
A husband can take away his disabled wife's assistive device as punishment for her not obeying him.					
Violence between spouses or dating partners that occurs within certain ethnic or religious groups should be handled within that community as they have their own culture or practices.					
A survivor with disabilities should have the right to make decisions about what actions are best for them.					
Men who assault LGBTQIA+ individuals are justified because that individual makes them uncomfortable.					
Refugee women are uneducated and can only do household jobs.					
All women have the same vulnerability to GBV, regardless of their other identity factors.					
It's not possible to provide GBV services that are able to meet the needs of all survivors, especially those with diverse identities.					
GBV programs should <i>only</i> focus on addressing the vulnerabilities of survivors instead of also addressing the unequal power structures that support and enable GBV.					

CATEGORY	STRONGLY		STRONGLY		
	AGREE	AGREE	DISAGREE	DISAGREE	NEUTRAL
In order to provide GBV services that meet the needs of all survivors, it is important to understand different forms of discrimination, such as sexism, racism, homophobia, ageism, and ableism.					
My identity — such as my gender, race, socioeconomic status, education, disability, ethnicity, religion and sexual orientation — could cause me to act in a biased way, either positively or negatively, toward someone else.					
Identity factors, such as gender, race, socioeconomic status, education, disability, ethnicity, religion and sexual orientation, can have a huge impact on the opportunities we have throughout our lives.					
Bias is a natural part of being human and is something everyone experiences.					
If a topic, such as gender identity, race, disability, ethnicity, religion and sexual orientation, makes me uncomfortable, I'll try to avoid it.					
TOTAL SCORE (add up the scores in each column and then add these together for the total score)					

Attitudes and Self-Reflection Questions

(After completing the Attitude Scale, please answer the following questions individually)

1. Is this really what I think, or is this what my society, my family, my friends, or the media are telling me?
2. Is it possible that my biases, and the biases of the people and organisations around me (such as my workplace, my church/mosque), influence me in how I work on a daily basis?
3. Is it possible that my assumptions may cause me to forget to ask certain questions? Is it possible that I do not always understand
4. Why is learning about unconscious bias important in the work we do with survivors who don't look like me, sound like me, or have the same identities as me?
5. What do I need to learn more about when it comes to bias when working with diverse GBV survivors? What do I need to learn more about when it comes to the concept of intersectionality?

Quality Checklist for Working with Groups Affected by Inequality and Discrimination

1. General safe programming minimum standards for working with vulnerable groups

	WORKING			
	YES	NO	TOWARDS IT	EXPLAIN WHY NOT
Service provider has protection policies in place that ensure that the rights of individuals are respected				
Service provider has guidelines/protocols/SOPs in place that operationalize the protection policies of the organization				
All staff and volunteers are trained, they understand and can discuss the organization's protection policies				
Staff and volunteers put into practice and mainstream, throughout their work, their organization's protection policies				
The service provider has a Code of Conduct that defines the grounds for misconduct				
Service provider has gender equality policies that look after the rights of women to equal opportunities				
Service provider has a child safeguarding policy and policies that look after the rights of children				
Service provider has a policy on protection against sexual exploitation and abuse and has reporting mechanisms in place				
Service provider has whistleblowing — or internal reporting — mechanisms in place that protects both the victim and the reporting person				
Service provider has data protection policies/protocols/SOPs that ensure sensitive data are protected when collected, stored, and shared				

1. General safe programming

minimum standards for working with vulnerable groups (Continued)

	YES	NO	WORKING TOWARDS IT	EXPLAIN WHY NOT
All staff and volunteers are trained, can understand and can discuss the organization's safeguarding policies				
All staff and volunteers are trained on informed consent and confidentiality				
Service provider can discuss with clients the bounds of confidentiality and which information collected is for internal use only and what can be shared, and with whom.				
Field staff/volunteers are trained on the basics of psychological first aid				
Field staff/volunteers are trained on the survivor-centered approach				
Staff/volunteers are trained on intersectionality, including working with groups affected by inequality and discrimination				
Trained field staff/volunteers know how to provide information and make referrals for protection, safety, health services and psychosocial support within the bounds of client confidentiality				
Trained staff/volunteers are able to provide basic crisis support to individuals and families (e.g. emergency food support or access to crisis accommodation where appropriate).				
Staff/volunteers dealing with child survivors are trained in and put into practice the Guiding Principles for Working with Child Survivors				

1. General safe programming

minimum standards for working with vulnerable groups (Continued)

	YES	NO	WORKING TOWARDS IT	EXPLAIN WHY NOT
Survivors, regardless of gender, age, sexual orientation, religious beliefs, or other identity factors are treated with respect and dignity and receive the same level of service quality				
Services can be accessed without payment or specific documentation that survivors may not have				

RECOMMENDATIONS:

If any of the above statements was answered as <No>, please provide practical recommendation on how the organization will meet ALL the standards.

Answering <YES> to all the questions in this section should be the basis of ensuring safe programming when working with people affected by inequality and discrimination.

COMMENTS & RECOMMENDATIONS (TO BE ADDRESSED IN PART C: ACTION PLAN):

2. GBV safe programming

Minimum Standards for working with groups affected by inequality and discrimination and persons at greater risk of GBV

2.1 WOMEN, MEN, ADOLESCENTS, BOYS AND GIRLS

PLANNING, BUT DOES NOT YET MEET THE STANDARD

DOES NOT APPLY

EXPLAIN WHY NOT / ADDITIONAL COMMENTS

	YES	NO	PLANNING, BUT DOES NOT YET MEET THE STANDARD	DOES NOT APPLY	EXPLAIN WHY NOT / ADDITIONAL COMMENTS
Trained female staff are available so that the survivor can choose to meet with a female care provider					
Women and girls with disabilities have full access to GBV services with or without the presence of a caregiver					
Staff attitudes and biases towards adolescent girls and young women are assessed prior to engaging with survivors, are discussed with staff, and are monitored regularly					
Service providers work under and promote the best interests of the child					
Adolescents can consent to receiving GBV services without the presence of their legal guardian					
Staff are trained on providing services to men and adolescent boy survivors of GBV including survivors of sexual violence					
Staff dealing with child survivors are trained in and put into practice the Guiding Principles for Working with Child Survivors					

RECOMMENDATIONS:

If any of the above statements was answered as <No>, please provide practical recommendation on how the organization will meet ALL the standards.

Answering <YES> to all the questions in sections 1 and 2.1, can help you ensure your program takes into consideration the needs of women and girl survivors of GBV

COMMENTS & RECOMMENDATIONS (TO BE ADDRESSED IN PART C: ACTION PLAN):

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2.2 LGBTQIA+ PERSONS			PLANNING, BUT DOES NOT YET MEET THE STANDARD	DOES NOT APPLY	EXPLAIN WHY NOT / ADDITIONAL COMMENTS
	YES	NO			
Survivors can choose to meet with trained male or female care providers					
Service provider has policies/ protocols that specifically protect the rights of LGBTQIA+ survivors					
Child protection policies in place should specifically protect the rights of LGBTQIA+ children					
LGBTQIA+ persons with disabilities, survivors of GBV, can access information and services that prioritize providing them with a timely GBV response over assumed barriers due to their disability					
LGBTQIA+ persons with disabilities have safe access to support services, both prevention and response, for GBV					
Service provider discusses with clients protection policies that may be in disagreement with national obligations of mandatory reporting, as well as risks associated with referrals, wherever the survivor may be subject to arrest or detention based on their gender identity and sexual orientation					
[Especially in contexts where there are national obligations of mandatory reporting, the organization must do its best to protect the best interest of the client and explain the policy before engaging with the survivor, and before they disclose the event, their sexual orientation and/or gender identity]					

**2.2 LGBTQIA+ PERSONS
(CONTINUED)**

YES NO PLANNING, BUT DOES NOT YET MEET THE STANDARD DOES NOT APPLY

EXPLAIN WHY NOT / ADITIONAL COMMENTS

Any services provided are available to people of diverse gender identities (including gender neutral, gender fluid, binary and non-binary)					
Any services provided are available to survivors of all sexual orientations					
Staff attitudes and unconscious biases towards LGBTQIA+ survivors are assessed prior to engaging with survivors, are discussed with the staff, and are monitored regularly					
Service provider links up with rights activists, diversity networks, LGBTQIA+ rights advocates and allies, to inform their program to ensure GBV response is well informed and comprehensive and to connect survivors					

RECOMMENDATIONS:

If any of the above statements was answered as <No>, please provide practical recommendation on how the organization will meet ALL the standards.

Answering <YES> to all the questions in section 1, 2.1, and 2.2 should be a priority for organizations wishing to work with or those who are already engaging with LGBTQIA+ persons

COMMENTS & RECOMMENDATIONS (TO BE ADDRESSED IN PART C: ACTION PLAN):

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2.3 PERSONS WITH FUNCTIONAL LIMITATIONS, PERSONS WITH DISABILITIES, AND OLDER PERSONS

PLANNING, BUT DOES NOT YET MEET THE STANDARD

DOES NOT APPLY

EXPLAIN WHY NOT / ADDITIONAL COMMENTS

	YES	NO	PLANNING, BUT DOES NOT YET MEET THE STANDARD	DOES NOT APPLY	EXPLAIN WHY NOT / ADDITIONAL COMMENTS
Physical location of GBV services for survivors is accessible and appropriate					
Barriers that limit access to GBV services for individuals with physical functional limitations and mobility impairments are identified and addressed through reasonable accommodations					
Barriers that limit access to GBV services for individuals with sensory impairments (vision impairments, hearing impairments, speech, and language impairments, etc.) are identified and addressed through reasonable accommodations					
Information on GBV services is available in alternative formats, as much as possible and as long as it is safe to survivors without exposing them to further harm, to account for diverse abilities (e.g. written and audio material, use of appropriate font size and font color, simple messaging, use of pictograms, use of sign language interpretation in main and local languages when needed, etc.).					
GBV Staff have been trained on disability-inclusion and working with persons with disabilities and functional limitations (you can refer to <Additional Resources> at the bottom of this tool for training resources)					
Children with disabilities have access to support services with trained personnel aware of working under the best interest of the child, regardless of their disability					

2.3 PERSONS WITH FUNCTIONAL LIMITATIONS, PERSONS WITH DISABILITIES, AND OLDER PERSONS (CONTINUED)

	YES	NO	PLANNING, BUT DOES NOT YET MEET THE STANDARD	DOES NOT APPLY	EXPLAIN WHY NOT / ADDITIONAL COMMENTS
Staff attitudes and biases towards persons with disabilities and older persons are assessed prior to engaging with survivors, are discussed with the staff, and are monitored regularly, avoiding making assumptions on the sexual and reproductive health of persons with disabilities or older people					
Women and girls with disabilities, survivors of GBV, are consulted (when possible, without their caregiver) and participate in the decisions affecting their sexual and reproductive health					
Services provide reasonable accommodation to survivors with sensory impairment					
Services provide reasonable accommodation to survivors with psychosocial impairment					
Services provide reasonable accommodation to survivors with intellectual impairment					

RECOMMENDATIONS:

If any of the above statements was answered as <No>, please provide practical recommendation on how the organization will meet ALL the standards.

Answering <YES> to all the questions in section 1, 2.1, and 2.2 should be a priority for organizations wishing to work with or those who are already engaging with LGBTQIA+ persons

COMMENTS & RECOMMENDATIONS (TO BE ADDRESSED IN PART C: ACTION PLAN):

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2.4 PERSONS WITH OTHER IDENTITY FACTORS	YES	NO	PLANNING, BUT DOES NOT YET MEET THE STANDARD	DOES NOT APPLY	EXPLAIN WHY NOT / ADDITIONAL COMMENTS
GBV services can reasonably accommodate the specific needs of survivors based on their ethnic, cultural or religious backgrounds					
The GBV service provider discusses with clients' protection policies that may be in disagreement with national obligations of mandatory reporting, as well as risks associated with referrals, wherever the survivor may be subject to arrest or detention based on their legal status [Especially in contexts where there are national obligations of mandatory reporting, the organization must do its best to protect the best interest of the client, and explain the policy before engaging with the survivor or collecting any information]					
Service provider discusses with clients' protection policies that may be in disagreement with national obligations of mandatory reporting, as well as risks associated with referrals, wherever the survivor may be subject to arrest or detention based on any other identity factor, prior to engaging with the survivor and collecting information.					
Interpreters and translators in local languages are trained on GBV, GBV guiding principles, and the area available to GBV survivors who do not speak the same language as staff/ volunteers					

2.4 PERSONS WITH OTHER IDENTITY FACTORS (CONTINUED)

YES NO PLANNING, BUT DOES NOT YET MEET THE STANDARD DOES NOT APPLY

EXPLAIN WHY NOT / ADITIONAL COMMENTS

Traditional and cultural healing practices that survivors perceive as helpful are promoted and not disregarded as negative, on condition that they promote the human rights of survivors and the best interest of the survivors					
Community outreach and education on stigma and discrimination is delivered as part of the programme					
Any provided services are available to survivors with other diverse identity factors (if applicable, please explain in the Comments box)					

RECOMMENDATIONS:

If any of the above statements was answered as <No>, please provide practical recommendation on how the organization will meet ALL the standards.

Answering <YES> to all the questions in this section will ensure services take into consideration other intersecting identity factors.

COMMENTS & RECOMMENDATIONS (TO BE ADDRESSED IN PART C: ACTION PLAN):

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GENERAL RECOMMENDATIONS FOR SERVICE PROVIDERS:

Answering <YES> to all the questions in sections 1 and 2 ensures GBV response programs take into consideration the needs of persons with intersecting identities survivors of GBV, to ensure that no one is left behind.

Action Plan & Monitoring for Addressing Critical Gaps in GBV Programs

 RESPONSIBLE (ORGANIZATION'S NAME, PERSON (TITLE AND CONTACT INFORMATION):			DATE:		
PRIORITY [HIGH, MEDIUM, LOW]	GAP IDENTIFIED	STRATEGY/ ACTION FOR ADDRESSING THE GAP	TIMEFRAME	PROGRESS REVIEW DATE*	
PROGRESS REVIEW MEETING			DATE*:		
ACHIEVED:					
Not achieved: (after review meeting, please enter here points of action that need to be carried over next quarter)					

 RESPONSIBLE (ORGANIZATION'S NAME, PERSON (TITLE AND CONTACT INFORMATION):			DATE:		
PRIORITY [HIGH, MEDIUM, LOW]	GAP IDENTIFIED	STRATEGY/ ACTION FOR ADDRESSING THE GAP	TIMEFRAME	PROGRESS REVIEW DATE*	
PROGRESS REVIEW MEETING			DATE*:		
ACHIEVED:					
Not achieved: (after review meeting, please enter here points of action that need to be carried over next quarter)					

Referral Pathway Template

TELLING SOMEONE AND SEEKING HELP (REPORTING)

Survivor tells family, friend, community member; that person accompanies survivor to the health or psychosocial entry point:

Survivor self-reports to any service provider (this can also be a humanitarian or development provider)



IMMEDIATE RESPONSE

The service provider must: provide a safe, caring environment and respect the confidentiality and wishes of the survivor; learn the immediate needs; give honest and clear information about services available. If agreed and requested by survivor, obtain informed consent and make referrals

Medical/health care entry point
[Enter name of the health center(s) in this role]

Psychosocial support entry point
[Enter name of the psychosocial provider(s) in this role]



IF THE SURVIVOR WANTS TO PURSUE POLICE/LEGAL ACTION - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS

Refer and accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police

Police/Security
[Enter specific information about the security actor(s) to contact - including where to go and/or how to contact them]

Legal Assistance Counsellors or Protection Officers
[Enter names of organizations]



AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES Over time and based on survivor's choices can include any of the following:

Health care	Psychosocial services	Protection, security and justice actors	Basic needs, such as shelter, ration card, children's services, safe shelter, other
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Consent for Release of Information [Written]

1.

I, _____,

give my permission for _____

(Name of Organization) to share information about the incident I have reported to them as explained below:

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 have requested.

I understand that consent means that a person from another agency or service provider (ticked below) may come and speak with 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 my information released to the following:

(Tick all that apply, and specify name, facility and agency/organization as applicable.)

2.

YES NO



Security Services (specify):



Psychosocial Services (specify):



Health/Medical Services (specify):



Safe House / Shelter (specify):



Legal Assistance Services (specify):



Livelihoods Services (specify):

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YES NO



Disability Specific Services or Organizations (specify):

Other (specify type of service and agency):

1. Authorisation to be marked by client:

YES

NO (OR PARENT/GUARDIAN
IF CLIENT IS UNDER 18)

I have explained to the client and ensured that the client has understood that some non-identifiable information may also be shared for reporting. Any information shared will not be specific to them or the incident. I have stressed that there will be no way for someone to identify them based on the information that is shared, and that all shared information will be treated with confidentiality and respect.

2. Authorisation 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: _____

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Consent for Release of Information [Verbal]

1.

I, _____, have explained the consent process in detail to _____.

I explained that _____ is providing authorization for _____ (Name of Organization) to share information about them as explained below:

I clearly explained to _____ that they are providing their authorization and permission for (Name of Organization) to share the specific case information from their incident report with the service provider(s) they have indicated, so that they can receive help with safety, health, psychosocial, and/or legal needs.

I have explained to and ensured that _____ has understood that the shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance they have requested.

I have explained to and ensured that _____ has understood that consent means that a person from another agency or service provider (ticked below) may come and speak with them. I also explained that at any point, they have the right to change their mind about sharing information with the designated agency/focal point listed below.

_____ would like their information released to the following:
(Tick all that apply, and specify name, facility and agency/organization as applicable.)

Date: _____

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2.

YES

NO



Security Services (specify):



Psychosocial Services (specify):



Health/Medical Services (specify):



Safe House / Shelter (specify):



Legal Assistance Services (specify):



Livelihoods Services (specify):



Disability Specific Services or Organizations (specify):

Other (specify type of service and agency):

1. Authorisation to be marked on behalf of client:

YES

NO (OR PARENT/GUARDIAN IF CLIENT IS UNDER 18)

I have explained to the client and ensured that the client has understood that some non-identifiable information may also be shared for reporting. Any information shared will not be specific to them or the incident. I have stressed that there will be no way for someone to identify them based on the information that is shared, and that all shared information will be treated with confidentiality and respect.

2. Authorisation to be marked on behalf of client:

YES

NO (OR PARENT/GUARDIAN IF CLIENT IS UNDER 18)

Caseworker signature: _____

By signing this verbal consent form, I confirm that I have solicited informed consent from the survivor.

Caseworker code: _____ Date: _____

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Intake and initial assessment form

Theme: Action

BEFORE BEGINNING THE INTERVIEW, PLEASE REMIND THE CLIENT THAT ALL INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL AND THAT THEY MAY CHOOSE TO DECLINE TO ANSWER ANY OF THE FOLLOWING QUESTIONS.

Questions marked with an (^) are questions that are either not included in, or have been changed from the GBVIMS form. These questions collect data on diverse identity factors, enabling an intersectional analysis.

Questions in bold are either questions from GBVIMS, or are supplemental, that are crucial for conducting intersectional analysis.

1. ADMINISTRATIVE INFORMATION

STAFF CODE:	DATE OF INTERVIEW (DAY/MONTH/YEAR)*:	DATE OF INCIDENT (DAY/MONTH/YEAR)*:

Reported by the survivor or reported by the survivor's escort and the survivor is present at the reporting* (this incident will be entered into the incident recorder)

Reported by someone other than the survivor and the survivor is not present at the reporting* (this incident will not be entered into the GBVIMS incident recorder)

*If reported by someone other than the survivor, what is their relationship to the survivor?**

2. GENERAL SURVIVOR INFORMATION

Be careful when collecting data relating to identity factors.

You do not have to follow the order of the questions. Keep the interview open and conversational.

Always put into practise the 'Know and Tell Why' before questioning about identity factors such as gender, religion and nationality.

For more information refer to the Intake and Initial Assessment Form Guidance.

DATE OF BIRTH (DAY/MONTH/YEAR)*: Approximate if necessary	GENDER*^:
	<input type="checkbox"/> Female
	<input type="checkbox"/> Male
	<input type="checkbox"/> Gender non-conforming

COUNTRY OF ORIGIN*:	CURRENT CIVIL/MARITAL STATUS*:			
NATIONALITY (if different from country of origin):	<input type="checkbox"/> Single			
RELIGION:	<input type="checkbox"/> Divorced/Separated			
NUMBER, AGE AND GENDER OF CHILDREN AND OTHER DEPENDENTS (if applicable):	<input type="checkbox"/> Married/Cohabiting			
	<input type="checkbox"/> Widowed			
OCCUPATION :				
DISPLACEMENT STATUS AT TIME OF REPORT*:				
<input type="checkbox"/> Resident	<input type="checkbox"/> IDP	<input type="checkbox"/> Refugee	<input type="checkbox"/> Stateless Person	
<input type="checkbox"/> Returnee	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Asylum Seeker	<input type="checkbox"/> N/A	
SPECIFIC NEEDS / VULNERABILITIES* ^ (check all that apply)				
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Unaccompanied Minor	<input type="checkbox"/> Pregnant/Lactating Woman ^		
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Separated Child	<input type="checkbox"/> Elderly Person ^		
<input type="checkbox"/> None	<input type="checkbox"/> Other Vulnerable Child	<input type="checkbox"/> Asylum Seeker	<input type="checkbox"/> N/A	

2. 1 QUESTIONS ON FUNCTIONING

	NO, NO DIFFICULTY	YES, SOME DIFFICULTY	YES, A LOT OF DIFFICULTY	DATE OF INCIDENT (DAY/MONTH/YEAR)*:
1. DO YOU HAVE DIFFICULTY SEEING, EVEN IF WEARING GLASSES?				
2. DO YOU HAVE DIFFICULTY HEARING, EVEN IF USING A HEARING AID?				
3. DO YOU HAVE DIFFICULTY WALKING OR CLIMBING STEPS?				
4. DO YOU HAVE DIFFICULTY REMEMBERING OR CONCENTRATING?				
5. DO YOU HAVE DIFFICULTY WITH SELF-CARE SUCH AS WASHING ALL OVER OR DRESSING?				
6. DO YOU, USING YOUR USUAL LANGUAGE, HAVE DIFFICULTY COMMUNICATING, FOR EXAMPLE UNDERSTANDING OR BEING UNDERSTOOD?				

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CLIENT CODE

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FUNCTIONAL LIMITATION ^ (using WGSQ)

Cognitive ^

Physical ^

Hearing ^

Vision ^

Speech and Language ^

Intake and Initial Assessment Form – Adapted from GBVIMS
GBV Response Tool – Intersectionality Toolkit

**IF CLIENT RESPONDED ‘YES’ TO ANY OF QUESTIONS 1-6 ABOVE:
WHERE DOES THE CLIENT LIVE?**

Private home

Institution

Other (please specify)

DOES THE CLIENT HAVE A CAREGIVER?

Yes

No

If ‘yes’, what is the caregiver’s relationship to the client? _____

2.2 SUBSECTION FOR CHILD SURVIVORS (UNDER 18 YEARS OLD)*

IS THE CLIENT AN UNACCOMPANIED MINOR, SEPARATED CHILD, OR OTHER VULNERABLE CHILD?*

IF THE SURVIVOR IS A CHILD (UNDER 18 YEARS OLD) DO THEY LIVE ALONE?*
(if ‘No’, answer the next four questions)

Yes

No

DOES THE SURVIVOR LIVE IN AN INSTITUTION?^

Yes

No

IF THE SURVIVOR LIVES WITH A CARETAKER, WHAT IS THE RELATION BETWEEN THEM AND THE CARETAKER?*

Parent/Guardian

Relative

Spouse / Cohabiting

Other:

CURRENT CIVIL/MARITAL STATUS*:

Single

Divorced/Separated

Married/Cohabiting

Widowed

Unknown

NA

WHAT IS THE CARETAKER’S PRIMARY OCCUPATION? *:

3. BRIEF DETAILS OF THE INCIDENT

<p>TIME OF DAY THAT THE INCIDENT TOOK PLACE*:</p> <p><input type="checkbox"/> Morning (sunrise to noon)</p> <p><input type="checkbox"/> Afternoon (noon to sunset)</p> <p><input type="checkbox"/> Evening/night (sunset to sunrise)</p> <p><input type="checkbox"/> Unknown/Not Applicable</p>	<p>INCIDENT LOCATION/WHERE THE INCIDENT TOOK PLACE*():</p>
<p>GEOGRAPHICAL AREA WHERE INCIDENT OCCURRED, BE AS SPECIFIC AS POSSIBLE (E.G. AREA, SUB-AREA, CAMP, TOWN, SITE)*():</p>	

INCIDENT ID

CLIENT CODE

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CONTINUATION

<p>TYPE OF INCIDENT VIOLENCE*: (PLEASE REFER TO THE GBV CLASSIFICATION IN THE NEXT COLUMN AND SELECT ONLY ONE. FOR MORE INFORMATION, PLEASE REFER TO THE GBV CLASSIFICATION TIP SHEET)</p> <p><input type="checkbox"/> Rape (includes gang rape, marital rape)</p> <p><input type="checkbox"/> Sexual Assault (includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation/cutting)</p> <p><input type="checkbox"/> Physical Assault (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)</p> <p><input type="checkbox"/> Forced Marriage (includes early marriage)</p> <p><input type="checkbox"/> Denial of Resources, Opportunities or Services, including removal of assistive devices Psychological / Emotional Abuse</p> <p><input type="checkbox"/> Non-GBV (specify):</p>	<p>Did the reported incident involve penetration? If yes, classify the incident as 'Rape'. If no, proceed to the next incident type on the list.</p> <p>Did the reported incident involve unwanted sexual contact and/or forced sterilization? If yes, classify the incident as 'Sexual Assault'. If no, proceed to the next incident type on the list.</p> <p>Did the reported incident involve physical assault? If yes, classify the incident as 'Physical Assault'. If no, proceed to the next incident type on the list.</p> <p>Was the incident an act of forced marriage? If yes, classify the incident as 'Forced Marriage'. If no, proceed to the next incident type on the list.</p> <p>Did the reported incident involve the denial of resources, opportunities or services? If yes, classify the incident as 'Denial of Resources, Opportunities or Services'. If no, proceed to the next incident type on the list.</p> <p>Did the reported incident involve psychological/emotional abuse? If yes, classify the incident as 'Psychological Emotional Abuse'. If no, proceed to the next incident type on the list.</p> <p>Is the reported incident a case of GBV? If yes, start again 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'</p>
<p>Note: these incidents will be entered into the incident recorder if using GBVIMS</p>	
<p>WAS THIS INCIDENT A HARMFUL TRADITIONAL PRACTICE? *</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES (please describe)</p>	<p>WERE MONEY, GOODS, BENEFITS, AND/OR SERVICES EXCHANGED IN RELATION TO THIS INCIDENT? *</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES (please describe)</p>

TYPE OF ABDUCTION AT TIME OF THE INCIDENT*:		
<input type="checkbox"/> None	<input type="checkbox"/> Trafficked	<input type="checkbox"/> Other Abduction / Kidnapping
<input type="checkbox"/> Detention/Torture	<input type="checkbox"/> Forced	
HAS THE CLIENT REPORTED THIS INCIDENT ANYWHERE ELSE? * ^ (if yes, select the type of service provider and write the name of the provider where the client reported); (select all that apply).		
<input type="checkbox"/> No		
<input type="checkbox"/> Health/Medical Services		
<input type="checkbox"/> Psychosocial/Counselling Services		
<input type="checkbox"/> Police/Other Security Actor		
<input type="checkbox"/> Legal Assistance Services		
<input type="checkbox"/> Livelihoods Programme		
<input type="checkbox"/> Safe House/Shelter		
<input type="checkbox"/> Other (specify)		
HAS THE CLIENT HAD ANY PREVIOUS INCIDENTS OF GBV PERPETRATED AGAINST THEM? *		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*If yes, include a brief description which also mentions when and where that happened.		

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4. ALLEGED PERPETRATOR INFORMATION

<p>NUMBER OF ALLEGED PERPETRATOR(S)*:</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> More than 3</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Non-GBV (specify):</p>	<p>SEX OF ALLEGED PERPETRATOR(S)*:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Both female and male perpetrators</p>
<p>AGE GROUP OF ALLEGED PERPETRATOR(S) (if known or can be estimated):</p> <p><input type="checkbox"/> 0 – 11</p> <p><input type="checkbox"/> 12 – 14</p> <p><input type="checkbox"/> 15 – 17</p> <p><input type="checkbox"/> 18 – 25</p> <p><input type="checkbox"/> 26 – 40</p> <p><input type="checkbox"/> 41-60</p> <p><input type="checkbox"/> 61+</p>	<p>ALLEGED PERPETRATOR RELATIONSHIP WITH SURVIVOR*: (select the first ONE that applies)</p> <p><input type="checkbox"/> Intimate partner / Former partner</p> <p><input type="checkbox"/> Primary caregiver</p> <p><input type="checkbox"/> Family other than spouse or caregiver</p> <p><input type="checkbox"/> Supervisor/Employer</p> <p><input type="checkbox"/> Teacher/School official</p> <p><input type="checkbox"/> Service Provider</p> <p><input type="checkbox"/> Co-tenant/Housemate</p> <p><input type="checkbox"/> Schoolmate</p> <p><input type="checkbox"/> Family Friend/Neighbour</p> <p><input type="checkbox"/> Other refugee/IDP/returnee</p> <p><input type="checkbox"/> Other resident community member</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No relation</p> <p><input type="checkbox"/> Unknown</p>

5. PLANNED ACTION / ACTION TAKEN: ANY ACTION / ACTIVITY REGARDING THIS REPORT.

<p>WHO REFERRED THE CLIENT TO YOU?*</p> <table border="0"> <tr> <td><input type="checkbox"/> Health/Medical Services</td> <td><input type="checkbox"/> Teacher/School Official</td> </tr> <tr> <td><input type="checkbox"/> Psychosocial/Counselling Services</td> <td><input type="checkbox"/> Community or Camp Leader</td> </tr> <tr> <td><input type="checkbox"/> Police/Other Security Actor</td> <td><input type="checkbox"/> Safe House/Shelter</td> </tr> <tr> <td><input type="checkbox"/> Legal Assistance Services</td> <td><input type="checkbox"/> Other Humanitarian or Development Actor</td> </tr> <tr> <td><input type="checkbox"/> Livelihoods Programme</td> <td><input type="checkbox"/> Other Government Service</td> </tr> <tr> <td><input type="checkbox"/> Self-Referral/First Point of Contact</td> <td><input type="checkbox"/> Other (specify)</td> </tr> </table>		<input type="checkbox"/> Health/Medical Services	<input type="checkbox"/> Teacher/School Official	<input type="checkbox"/> Psychosocial/Counselling Services	<input type="checkbox"/> Community or Camp Leader	<input type="checkbox"/> Police/Other Security Actor	<input type="checkbox"/> Safe House/Shelter	<input type="checkbox"/> Legal Assistance Services	<input type="checkbox"/> Other Humanitarian or Development Actor	<input type="checkbox"/> Livelihoods Programme	<input type="checkbox"/> Other Government Service	<input type="checkbox"/> Self-Referral/First Point of Contact	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Health/Medical Services	<input type="checkbox"/> Teacher/School Official												
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<input type="checkbox"/> Livelihoods Programme	<input type="checkbox"/> Other Government Service												
<input type="checkbox"/> Self-Referral/First Point of Contact	<input type="checkbox"/> Other (specify)												
<p>DID YOU REFER THE CLIENT TO A SAFE HOUSE/SAFE SHELTER? *</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>DATE REPORTED OR FUTURE APPOINTMENT DATE (DAY/MONTH/YEAR) AND</p> <p>Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>												
<p>DID YOU REFER THE CLIENT TO HEALTH/MEDICAL SERVICES? *</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>DATE REPORTED OR FUTURE APPOINTMENT DATE (DAY/MONTH/YEAR) AND</p> <p>Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>												
<p>DID YOU REFER THE CLIENT TO PSYCHOSOCIAL SERVICES?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>DATE REPORTED OR FUTURE APPOINTMENT DATE (DAY/MONTH/YEAR) AND</p> <p>Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>												

5. PLANNED ACTION / ACTION TAKEN: ANY ACTION / ACTIVITY REGARDING THIS REPORT. (CONTINUATION)

<p>DOES THE CLIENT WANT TO PURSUE LEGAL ACTION? *</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> Undecided at Time of Report</p>	
<p>DID YOU REFER THE CLIENT TO LEGAL ASSISTANCE SERVICES? *</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>DATE REPORTED OR FUTURE APPOINTMENT DATE (DAY/MONTH/YEAR) AND</p> <p>Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>DID YOU REFER THE CLIENT TO THE POLICE OR OTHER TYPE OF SECURITY ACTOR? *</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>DATE REPORTED OR FUTURE APPOINTMENT DATE (DAY/MONTH/YEAR) AND</p> <p>Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>DID YOU REFER THE CLIENT TO A LIVELIHOODS PROGRAMME?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>DATE REPORTED OR FUTURE APPOINTMENT DATE (DAY/MONTH/YEAR) AND</p> <p>Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>

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<p>DID YOU REFER THE CLIENT TO AN ACTOR SUPPORTING PERSONS WITH DISABILITIES? ^</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>DATE REPORTED OR FUTURE APPOINTMENT DATE (DAY/MONTH/YEAR) AND</p> <p>Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>DID YOU REFER THE CLIENT TO AN ACTOR PROVIDING SUPPORT TO MARGINALISED GROUPS SUCH AS LGBTQI, RELIGIOUS MINORITY ETC.) ^</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>DATE REPORTED OR FUTURE APPOINTMENT DATE (DAY/MONTH/YEAR) AND</p> <p>Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>DID YOU REFER THE CLIENT TO A LIVELIHOODS PROGRAMME?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>DATE REPORTED OR FUTURE APPOINTMENT DATE (DAY/MONTH/YEAR) AND</p> <p>Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>

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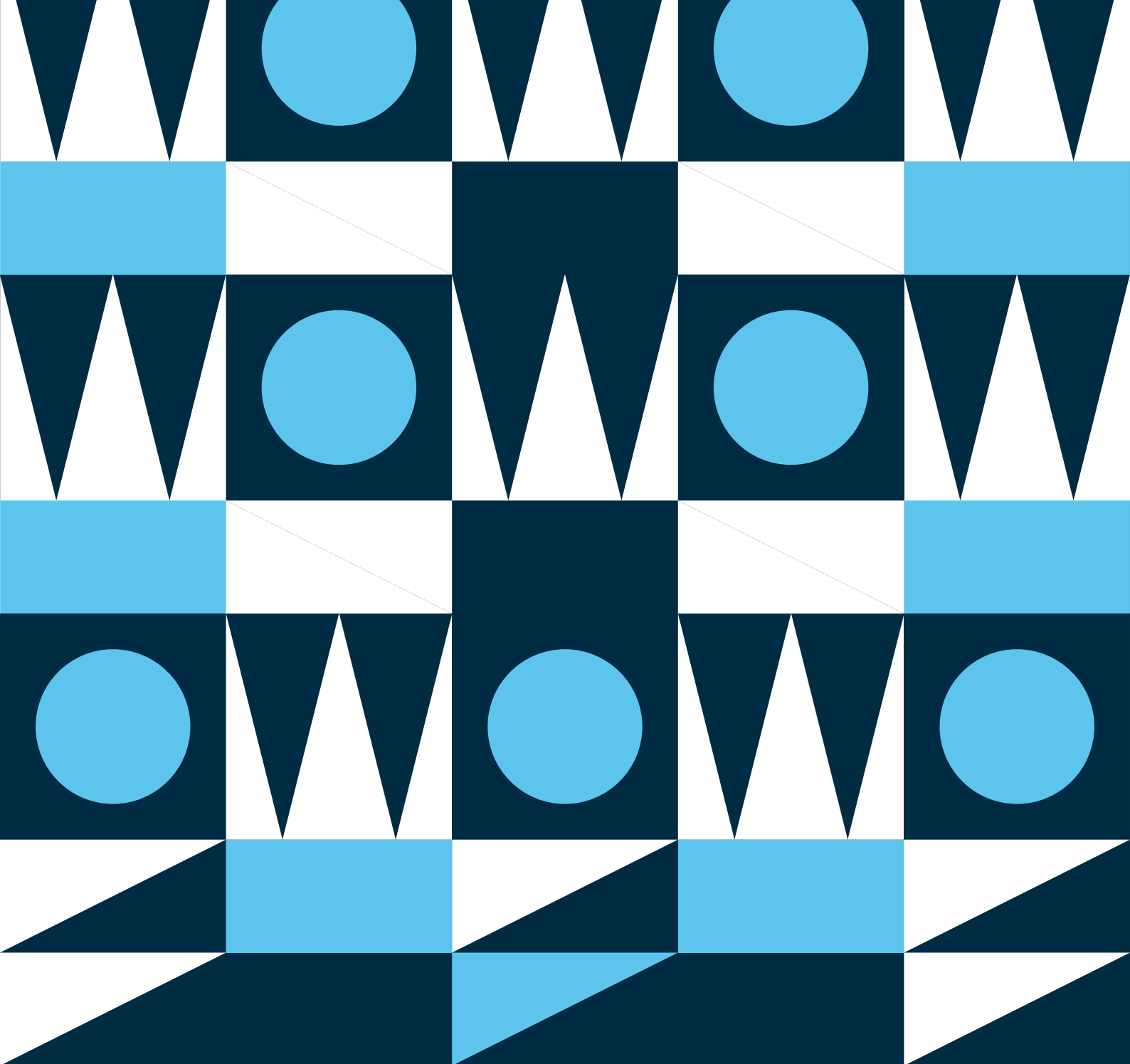
6 - ASSESSMENT POINT

<p>DESCRIBE THE CLIENT'S EMOTIONAL STATE AT THE END OF THE INTERVIEW:</p> <p><input type="checkbox"/> Scared / Fearful</p> <p><input type="checkbox"/> Sad / Depressed</p> <p><input type="checkbox"/> Anxious / Nervous</p> <p><input type="checkbox"/> Angry</p> <p><input type="checkbox"/> Calm</p> <p><input type="checkbox"/> Other</p>	<p>DESCRIBE THE CLIENT'S EMOTIONAL STATE AT THE END OF THE INTERVIEW:</p> <p><input type="checkbox"/> Scared / Fearful</p> <p><input type="checkbox"/> Sad / Depressed</p> <p><input type="checkbox"/> Anxious / Nervous</p> <p><input type="checkbox"/> Angry</p> <p><input type="checkbox"/> Calm</p> <p><input type="checkbox"/> Other</p>
<p>WILL THE CLIENT BE SAFE WHEN THEY LEAVE?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO If 'No', Why not?</p>	<p>OTHER RELEVANT INFORMATION? ^</p>
<p>WHAT ACTIONS CAN BE TAKEN TO FACILITATE ACCESS TO SERVICES (I.E. SIGN LANGUAGE INTERPRETER, TRANSPORTATION COSTS, ETC.)?</p>	
<p>IF RAPED, HAVE YOU EXPLAINED THE POSSIBLE CONSEQUENCES OF RAPE TO THE CLIENT (AND CAREGIVER IF CLIENT IS UNDER 14 YEARS OF AGE OR A PERSON WITH A DISABILITY)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>DID THE CLIENT GIVE THEIR CONSENT TO SHARE THEIR NON-IDENTIFIABLE INFORMATION IN YOUR REPORTS? *</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>

Refer to the Guidelines for Obtaining Informed Consent for information on obtaining informed consent or assent from a survivor and have them give verbal or written consent on the Final Consent for Release of Information form before referring them to services or sharing any of their information.

THIS IS THE END OF THE INTAKE AND INITIAL ASSESSMENT FORM

Intake and Initial Assessment Form – Adapted from GBVIMS
GBV Response Tool – Intersectionality Toolkit



**Handicap International —
Humanity & Inclusion network**

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