



**GBVIMS Tools & Procedures Training**  
**Facilitator's Guide**



The Gender Based  
Violence Information  
Management System

# Acknowledgements

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The Gender-Based Violence Information Management System (GBVIMS) is the culmination of six years of collaborative work by the GBVIMS Steering Committee, composed of representatives from the International Rescue Committee (IRC), United Nations High Commission for Refugees (UNHCR), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO) to improve GBV-related information management and sharing in humanitarian contexts.

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Please send your questions and comments about the GBVIMS Facilitator’s Guide to: [GBVIMS@gmail.com](mailto:GBVIMS@gmail.com) or via our website at [gbvims.org/contact/](http://gbvims.org/contact/).



# Introduction

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This Facilitator’s Guide was developed to respond to the need for a structured manual that GBV practitioners can use to effectively train staff on the tools and procedures of the Gender-Based Violence Information Management System (GBVIMS). This Guide complements the in-depth GBVIMS User Guide and Rollout Guidelines (found at [www.gbvims.org](http://www.gbvims.org)).

The Guide will lead facilitators through a process that enables participants to develop:

- Comprehensive understanding and skills to effectively use the GBVIMS.
- Appropriate attitudes, to the extent that they can be influenced, to recognize and respect the sensitive nature of GBV-related data.

The target user of this Guide includes both those actors who provide services directly to survivors and those who coordinate inter-agency action on GBV. Although not all sessions will be relevant for training all types of users, it is important to have an in-depth understanding of all of the elements covered in this Guide prior to launching a training course, including thoroughly reviewing the User Guide and Rollout Guidelines. Finally, this Guide can be used at multiple levels of an organization both as a one-time training course and also to support “step down” or “cascading” trainings.

# Facilitator Notes

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## How this Guide is Organized

The Facilitator's Guide contains seven training sessions, each devoted to a different topic or technical area. It is organized with a logical content flow of concepts and skills practice that progressively build on each other.

There are instructions for who should be trained on which sessions, as well as suggestions for how to adapt some of the sessions to different needs depending on the type of staff participating in the training. Some staff will not need to be trained in great detail on certain topics. All staff, however, should have at least basic knowledge of all parts of the GBVIMS to ensure full understanding for their work. For example, data management personnel should understand incident classification, even if they will not be responsible for classifying a case of GBV for inclusion in the Incident Recorder.

## EACH SESSION CONTAINS THE FOLLOWING COMPONENTS:

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- **Session Introduction Page** – includes the first 4 bulletpoints sub-points, then Scripted Presentation of topics and Facilitator's notes.
  - **Session Learning Objectives** – What participants will learn.
  - **Participants** – Explains what type of personnel should be trained during the session.
  - **Preparations** – Designed as a checklist for facilitators to ensure that all handouts, resources, and materials are ready before starting the training session.
  - **Time Allocation** – Outlines the time needed for each topic in the session.
- **Scripted Presentation of Topics** – The left hand side of each session plan is where the scripted presentation of topics can be found. This is a step by step guide through each topic's activities in the session.
- **Facilitator Notes** – The Facilitator Notes are found on the right hand side of session plan pages. These are notes and resources designed specifically to provide additional guidance to the facilitator. These are not meant to be shared with participant directly during the training, instead these notes present information that might be useful to the facilitator during the course of the training activities (e.g., intended outputs from a brainstorming session, guidelines for role-playing).

There are **handouts** that can be found at the back of the Guide that should be photocopied in advance and distributed to participants at the appropriate time according to the instructions in the session plans.

Sample **PowerPoint slides** to accompany the training presentation and discussions can also be found at the back of the Guide along with the session handouts. These can be reproduced in PowerPoint for use with a projector or copied onto flip charts where electronic resources are limited.

There is a **glossary** of terms, acronyms, and works cited at the end of the Guide.

## Training Methodology

The training will use a competency-based methodology, which defines the knowledge and skills to be learned for each session (noted as Learning Objectives) and then uses specific methods to validate whether or not participants learned them. The below list provides principles you should keep in mind to lead effective trainings.

### PRINCIPLES FOR EFFECTIVE TRAINING<sup>1</sup>

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- Create a positive learning environment.
- Encourage participation from participants.
- Give an understanding of the human learning and skills acquisition processes.
- Use a skills/competency training approach as distinct from a more didactic approach.
- Link the training to participants' real life experience, which will lead to better application of the information later on the job.
- Direct participants toward specific learning objectives.
- Treat each individual participant in an equitable manner.
- Practice good time management to achieve session timetable objectives.
- Self-evaluate one's own training performance.

## Learning Objectives

At the end of each session, participants will be able to do the following:

### SESSION ONE: GENDER-BASED VIOLENCE AND INFORMATION MANAGEMENT

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1. Explain the four stages of information management.
2. Discuss why GBV-related information is sensitive.
3. Explain the history of the GBVIMS.
4. List the four tools of the GBVIMS and the purpose of each.

### SESSION TWO: INCIDENT CLASSIFICATION

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1. Explain the main purpose of the classification tool and its criteria.
2. List and define the six core types of GBV used for classification in the GBVIMS.

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<sup>1</sup> Adapted from the ACE Project Electoral Knowledge Network: <http://aceproject.org/ace-en/topics/vo/voe/voe04/voe04a/voe04a04>

3. Explain the procedure for incident classification.
4. Demonstrate how to correctly classify an incident of GBV.
5. Describe the meaning of “case context” and how to use it to enhance understanding of the GBV data collected.

### **SESSION THREE: INTAKE FORMS**

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1. Demonstrate the purpose and use of a coding system.
2. Demonstrate ability to correctly fill out the intake form.

### **SESSION FOUR: CONSENT FOR RELEASE OF INFORMATION**

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1. Define informed consent.
2. Demonstrate asking for survivor consent, following good practice.
3. Explain the difference between the two consent forms for the release of information.
4. Describe where the consent forms should and should not be stored.

### **SESSION FIVE: INCIDENT RECORDER**

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1. Understand how the Incident Recorder is organized.
2. Perform routine modifications to the Incident Recorder.
3. Effectively enter data in the Incident Recorder.

### **SESSION SIX: REPORTING & ANALYSIS**

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1. Use the Monthly Statistics worksheet.
2. Use the Incident Recorder’s pivot tables to create tables and graphs.
3. Perform basic data analysis.

### **SESSION SEVEN: INCIDENT RECORDER MAINTENANCE**

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1. Ensure proper, ongoing use of the Incident Recorder.
2. Perform basic troubleshooting of the Incident Recorder.

## Who Should be Trained on Which Sessions

The table below indicates which personnel profile should be trained on which GBVIMS sessions. Not all organizations<sup>2</sup> and agencies<sup>3</sup> will have this type of structure or use the same personnel titles. It is important to consider which actors fulfill these profiles or roles within implementing organizations and agencies. For example, one staff member may be a psychosocial officer providing counseling services to GBV survivors, as well as be responsible for entering data from the cases they assist in the Incident Recorder. If one person has both of those responsibilities, s/he would be included in the Case Management Personnel and the Data Management Personnel profiles and thus need to be trained on all sessions listed for those two profiles. The following are explanations of each of the personnel profiles included in the table.

- The GBVIMS Focal Point is the person who is accountable for the management of the GBVIMS in an organization that provides services directly to survivors. In general, this person should not be the overall manager or have full responsibility for a program (or GBV services), but should be someone who will be flexible in their schedule and location to have time to dedicate to the GBVIMS and make site visits on an as-needed basis. They normally are not responsible for data entry, rather they oversee that data is being properly collected and entered, as well as ensure the quality of data through on-going training, technical support to staff, and quality assessments. The focal point should also plan on participating in all trainings involving their organization during the on-site GBVIMS implementation.
- Case management personnel refer to those staff with responsibility to provide case management, psychosocial, counseling, or other social work related services directly to GBV survivors. They are the staff who will collect GBVIMS data by using the intake form.
- Health personnel are those staff responsible for providing health services or clinical care to GBV survivors. They will also collect GBVIMS data by using the health intake form.
- Data management personnel refer to those staff with data management duties (beyond data collection) as part or all of their job description. As noted above in the introduction to this section, these duties may in large part be integrated in to other staff positions or they may be covered entirely by a data entry or database management staff, depending on how each organization structures its staff.

2 “Organizations” refer to those NGOs/CBOs or others who provide services directly to GBV survivors.

3 “Agencies” typically refer to those UN entities that act in an inter-agency coordination function for addressing GBV in humanitarian contexts.

Personnel Type	Session Number	Sessions
<b>GBVIMS AGENCIES</b> If an external facilitator leads the training, this category of actor could include the GBVIMS LIAISON, who is responsible for coordinating the inter-agency GBVIMS rollout process, and/or other relevant agency actors who will play a role in the rollout.	1 2 3 4 5 6 7	Information management & GBV data Incident Classification Intake Forms Consent for Release of Information Incident Recorder Reporting & Data Analysis Incident Recorder Maintenance & Troubleshooting
<b>GBVIMS FOCAL POINTS</b> Especially those who will train others on the GBVIMS content and manage implementation of the GBVIMS.	1 2 3 4 5 6 7	Information management & GBV data Incident Classification Intake Forms Consent for Release of Information Incident Recorder Reporting & Data Analysis Incident Recorder Maintenance & Troubleshooting
<b>CASE MANAGEMENT PERSONNEL</b> Caseworkers, psychosocial officers, social workers	1 2 3 4	Information management & GBV data Incident Classification Intake Forms Consent for Release of Information
<b>HEALTH PERSONNEL</b> Doctors, nurses	1 2 3 4	Information management & GBV data Incident Classification Intake Forms Consent for Release of Information
<b>DATA MANAGEMENT PERSONNEL</b> Data entry officers, database managers	1 2 3 5 6 7	Information management & GBV data Incident Classification (recommended) Intake Forms (recommended) Incident Recorder Reporting & Data Analysis Incident Recorder Maintenance & Troubleshooting

Note that case management and health personnel trained in using the GBVIMS must also have been trained in case management, health, or other relevant techniques for service provision before the GBVIMS training<sup>4</sup>. The GBVIMS training teaches staff how to use the information management system, but not how to work directly with survivors. Someone who does not have technical training and experience working with survivors should never collect GBV data.

<sup>4</sup> Training courses such as Caring for Survivors and Clinical Management of Rape should be supported as necessary in advance of any GBVIMS implementation. More information on these courses can be found at <http://onerresponse.info/GlobalClusters/Protection/GBV/Pages/default.aspx>.

**This training teaches staff how to collect and manage GBV data using the GBVIMS, but not how to work directly with survivors.**

**Anyone collecting GBVIMS data must already have relevant technical training & experience working with survivors.**

# Guidance for Creating a GBVIMS Training Agenda

As discussed above and in the GBVIMS Rollout Guidelines, there will likely be a need for multiple trainings when the GBVIMS is implemented in an inter-agency setting. It may also be beneficial for organizations to conduct separate trainings for staff with varying responsibilities, depending on the number of staff (it would not be feasible, for example, to train more than 25-30 individuals at a time) and their profiles. The following tables will provide guidance for inter-agency GBVIMS Liaisons<sup>5</sup> and GBVIMS Focal Points (who reside within organizations) in planning their trainings. All staff involved with the GBVIMS need to have a foundation in the ethics of managing GBV data and information, therefore Session 1 is recommended for everyone using the system.

## FOCAL POINT TRAINING (3 DAYS)

	Expected Length	Session
Day 1	2 hours	1: Gender-Based Violence & Information Management
	2.5 hours	2: Incident Classification
	3 hours (+ 1 hour for each additional type of intake form)	3: Intake Form
Day 2	1 hour 45 minutes	4: Consent for Release of Information
	4 hours	5: Incident Recorder
Day 3	2 hours 15 minutes	6: Reporting & Analysis
	1 hour	7: Maintenance
	1 hour	Conclusion / Post-test / Evaluation / Presentation of Certificates

In an inter-agency setting, this first training will be organized and often be led by the inter-agency GBVIMS Liaison and/or GBVIMS Sub-Working Group (as applicable). If an organization is already rolling out the system internally and the GBVIMS Focal Point in that organization has adequate knowledge, skills, time, and institutional commitment, then she or he could support the GBVIMS Liaison as a co-facilitator. In some cases, the GBVIMS Liaison could be supported by external expertise identified by the GBVIMS Steering Committee.

If the focus of the training is for internal rollout within one organization, the training will be led by someone affiliated with this organization (or by an external consultant brought in by the organization).

As highlighted in the session scripts, this first training should also include guidance on points of particular importance and challenges to anticipate for those focal points that will go on to train their case management, health, and data management colleagues on the GBVIMS.

<sup>5</sup> The inter-agency GBVIMS Liaison, who coordinates the inter-agency rollout of the system, may not be the best-placed person to lead the Tools & Procedures Training for organizations' Focal Points. If this is the case the Liaison may, resources permitting, request another individual working in the setting (or a consultant, including from the GBVIMS Surge Team) who has relevant expertise to lead the training.

## CASE MANAGEMENT & HEALTH PERSONNEL TRAINING (1.5 – 2 DAYS)

	Expected Length	Session
Day 1	2 hours	1: Gender-Based Violence & Information Management
	2 hours	2: Incident Classification
	2 hours	3: Consent for Release of Information
Day 2	3 hours (+1 hour for each additional type of intake form)	4: Intake Form
	1 hour	Conclusion / Post-test / Evaluation / Presentation of Certificates

Organizations' Focal Points are responsible for training their case management and health colleagues on the first four sessions of the training, as these staff profiles will handle data collection. If it is feasible in terms of staff numbers and locations from which they will come, the data management personnel training could be combined with that of the case management and health personnel; the Data Management personnel can then continue for an extra day and a half (as noted in the table below) to be trained on the Incident Recorder.

## DATA MANAGEMENT PERSONNEL TRAINING (3 DAYS)

	Expected Length	Session
Day 1	2 hours	1: Gender-Based Violence & Information Management
	2 hours	2: Incident Classification
	2 hours	3: Consent for Release of Information
Day 2	3 hours (+1 hour for each additional type of intake form)	4: Intake Form
	3 hours	5: Incident Recorder
Day 3	3 hours	6: Reporting & Analysis (may not be needed if the Focal Point is responsible for these tasks)
	1 hour	7: Maintenance (may not be needed if the Focal Point is responsible for these tasks)
	1 hour	Conclusion / Post-test / Evaluation / Presentation of Certificates

The Data Management personnel need to be trained on Sessions 1-4 so they understand the sensitivity of GBV data and information, as well as have comprehension about what the data fields they will be working with mean. Data Management personnel will then need to be trained on the overall structure of the Incident Recorder and how to enter data (Session 5). The last two sessions – #6 and #7 – will depend on each organization's data personnel profile.

Here are a few examples of how duties may be broken down into the different profiles. In organizations (like Organization C below) that do not have separate data management staff, the data management duties will need to be shared among other staff profiles.

### Organization A

- **Focal Point:** Overall management of GBVIMS, limited Incident Recorder technical support as needed (Sessions #1-7).
- **Case Management/Health Personnel:** Data collection (Sessions #1-4).
- **Data Management Personnel:** Data entry, data analysis & reporting, and Incident Recorder maintenance (Sessions #1-7).

### Organization B

- **Focal Point:** Overall management of GBVIMS, limited Incident Recorder technical support as needed (Sessions #1-7).
- **Case Management/Health Personnel:** Data collection (Sessions #1-4) and data entry for the cases they assist (Session #5).
- **Data Management Personnel:** Data analysis & reporting, and Incident Recorder maintenance (Sessions #1-7).

### Organization C

- **Focal Point:** Overall management of GBVIMS, data analysis & reporting, and Incident Recorder maintenance (Sessions #1-7).
- **Case Management/Health Personnel:** Data collection (Sessions #1-4) and data entry for the cases they assist (Session #5).

### When developing the GBVIMS training agenda(s), make sure to include:

- Sufficient lunch and coffee (or tea) breaks.
- An introduction/review session of approximately 15 to 30 minutes at the start of each day.
- Ample space in each session for participants to ask questions and share experiences.
- A conclusion with post-test of approximately 30 minutes at the end of each day (probably up to an hour the last day).

**The personnel profiles follow a clear-cut breakdown of GBVIMS duties.**

**The Case Management/ Health Personnel duties include data entry → Training on the Incident Recorder for them is needed.**

**There are no staff uniquely assigned to a Data Management profile. Those duties are spread among the Focal Point & Case Management / Health Personnel.**





# 1

## Gender-Based Violence and Information Management





# SESSION ONE: Gender-Based Violence and Information Management

## SESSION LEARNING OBJECTIVES

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Participants will be able to:

1. Explain the four stages of information management.
2. Discuss why GBV-related information is sensitive.
3. Explain the history of the GBVIMS.
4. List the four tools of the GBVIMS and the purpose of each.

## PARTICIPANTS

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Session One serves as the introduction to the GBVIMS, its purpose, and its tools. It is therefore recommended that all staff involved in the implementation and management of the GBVIMS participate in this session.

- Relevant agency staff/GBVIMS Liaisons
  - GBVIMS Focal Points
  - Case management personnel
  - Health care personnel
  - Data management personnel
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## PREPARATIONS

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- Review the PowerPoint slides and modify if necessary. If you do not have access to a computer and projector for the PowerPoint slides, prepare flip charts in advance to replace the PowerPoint slides.
- Make large signs with the four guiding principles clearly stated and defined.
- Make “Agree” and “Disagree” cards to post on the wall for the “Vote with Your Feet” activity.
- Print and make copies of the handouts.

## HANDOUTS

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- Overview of historical development of the GBVIMS
- Descriptions of the four GBVIMS tools

## TIME ALLOCATION FOR EACH SESSION TOPIC

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TOPIC TITLE	TIME
Topic One: GBV-related data and information	50 minutes
Topic Two: History of the GBVIMS	30 minutes
Topic Three: Overview of GBVIMS tools	40 minutes
Total Time	2 hours

# TOPIC ONE: GBV-Related Data and Information

**INTRODUCTION TO SESSION TOPICS:** This session will introduce you to key information management concepts, how and why the GBVIMS was developed, and an introduction to the GBVIMS tools.

 **Show Slide 1.1.1**

**PRESENT:** Let's start with an **overview of information management**. Information management is the manner in which an organization's information is handled or controlled. There are four general stages of information management: Collect, Store, Analyze, and Share. Each of these steps involves a range of staff and procedures, and this is precisely what the GBVIMS seeks to strengthen in your organization.



 **Show Slide 1.1.2**

## 4 Stages of Information Management

- Collect
- Store
- Analyze
- Share

**DISCUSS:** Can someone give us an example of what someone would do to collect data?

Review session objectives with participants.

Go through an example for each of the four stages.

**DISCUSS:** Can volunteers give us a definition for each of the stages – the context of your GBV work?

**DISCUSS:** How many of you – by a show of hands – would have a hard time quickly finding the answers to the following questions?



### Show Slide 1.1.3

- How many cases of rape were reported to your organization in the last four months? Out of these cases, how many did you refer to other services? And to which services?
- Out of cases reported in the last month, how many were children under 18?
- In the last six months, what percent of reported cases occurred at night?
- In the last six months, how many incidents reported to your organization were perpetrated by an intimate partner?

**DISCUSS:** “Why would it be difficult to find the answers to those questions?”

Make sure to bring out the following points for each stage. (15 minutes)

**DATA COLLECTION.** 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, so you should only collect data that meets the needs of survivors and helps you offer them appropriate services.

**DATA STORAGE.** This is the stage where data is kept safe. All data throughout the information management process should be stored properly, whether the data is stored in paper form or in an electronic database. While this part of information management rarely gets much attention, it is actually extremely important to spend time and resources on assuring secure data storage – meaning the data is kept confidential and safe.

**DATA ANALYSIS.** Data by itself is not incredibly useful. Once collected, data must be analyzed in order to be understood. Properly analyzing high-quality GBV data has several benefits at the organizational and agency levels. It can enable you to:

- Understand the trends and patterns of incidents reported to your organization.
- Make more informed decisions regarding your interventions.
- Remember that the analysis of caseload data tells you something about reported cases, but not about the prevalence or incidence of GBV in a given population.
  - **PREVALENCE DATA:** Represents the rate and frequency of GBV in a given population.
  - **INCIDENCE OF GBV:** means the rate or range of GBV occurring.

**INFORMATION SHARING.** Once an organization has compiled and analyzed data internally, it has the option to share information with other organizations and agencies for an inter agency analysis. The ability to produce high-quality GBV data that can be safely shared at the inter-agency level is a key step toward ensuring a proper, and coordinated, response to GBV.

Read the questions and take note of the show of hands after each one.

Very briefly discuss the difficulties (5 minutes).

**PRESENT:** Good quality data is vital to organizations and agencies so they can make informed decisions, take appropriate action, and improve the humanitarian response to GBV. For many actors, however, high-quality data that can be easily analyzed is not available; this has resulted in a lack of timely and reliable information on the nature and scope of GBV. But, quality data is not the only obstacle we need to overcome. Good practices around information management that protect survivors can also be challenging to put in place.

## **ACTIVITY 1.1: Vote with Your Feet**

**PRESENT:** Let's review the Guiding Principles for Working with GBV Survivors.

 **Show Slide 1.1.4 on the Guiding Principles.**

### **Key Guiding Principles for Working with GBV Survivors**<sup>1</sup>

- Ensure the physical **safety** of the survivor.
- Guarantee **confidentiality**.
- **Respect** the wishes, the rights, and the **dignity of the survivor**.
- Ensure **non-discrimination**.

<sup>1</sup> These are the key guiding principles – different sources go in to varying levels of detail and may have additional principles appropriate to specific types of work or support for survivors (i.e. principles for working with survivors in a refugee camp setting). This is the set of generally accepted key principles.

Ask participants to stand up.

Designate one part of the room for each response option. Post the cards indicating: a) Agree, and b) Disagree.

Read four or five of the following statements about information management and ask participants to “vote with their feet” and go stand in the part of the room that represents whether they agree with the statement or not.

After each statement, ask volunteers from differing responses to say why they are where they are. “Correct” responses, for discussion purposes, according to the guiding principles are below in parentheses.

**It's ok to put a survivor's name on their case file.** (Disagree – this would instantly break the guiding principle of confidentiality by revealing the survivor's identity, and could also endanger the safety of the survivor.)

**Asking for the survivor's consent is a necessary part of providing a service.** (Agree – meets the guiding principle of respecting the survivor's wishes, rights, and dignity.)

**Case files can be left lying on the desk in plain view.** (Disagree – this could breach the principle of confidentiality if someone who had no business doing so was able to see information about the case. It could also endanger survivors' safety.)

**Locked cabinets for storing case files are an unnecessary project expense.** (Disagree – but there could be exceptions depending on the context. You need to have a way to keep files safe in order to guard survivor confidentiality and safety. If locked cabinets are not available, you would need to find an alternative solution for protecting survivor information.)

**Case files should never be shared with other organizations or agencies.** (Agree – this meets the principles of confidentiality and respecting the wishes of survivors. There is an exception: “unless done with the explicit, informed consent of the survivor and for a known purpose.”)

**Only certain staff should have access to GBV data.** (Agree – This supports survivor confidentiality and safety. The fewer individuals with knowledge of specific cases, the more confidential the cases will be. Only staff working directly with the survivor need all the case details. As information gets compiled, less data is needed for staff looking at trends and other analysis.)



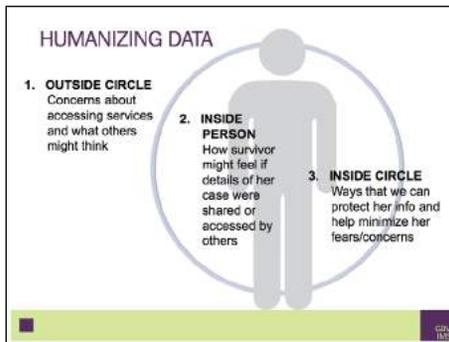
**DISCUSS:** How do these guiding principles relate to the management of GBV data and information? How do they relate to the activity we just did? **(10 MINUTES)**

**PRESENT:** The GBVIMS was designed to reduce risks and meet the standards required of the guiding principles, while at the same time allowing your organizations to engage in high-quality information management. The next topic will provide you with a brief history of the GBVIMS – who developed it and why.

## ADDITIONAL GUIDANCE



### OPTIONAL ACTIVITY 1: Humanizing Data



#### Key Ideas:

- **GBV-related data is SENSITIVE. Revealing someone’s identity can have serious repercussions for the survivor (including putting her safety at risk), the community, and even for the organization (result in loss of trust in the organization among other survivors, for example).**
- **The management of GBV data is complex and requires that systems and safeguards be in place to ensure data security and the safety of everyone involved. Collecting GBV data means you have the responsibility to protect it.**

This activity requires skilled facilitation to emphasize the link between the GBV data being collected and the individual survivors that data represents. **(30 MINUTES)**

Participants break into small groups of 3 to 5. Each group has a flip chart paper and markers of different colors.

Instruct the groups to draw a circle with a person inside, similar to the image.

Each group will list words according to the descriptions below outside the circle, inside the person, and inside the circle. (15 minutes)

Tape the completed flip chart posters on the wall and ask participants to circulate and look at what all the groups created (5 minutes).

Discuss the posters for 10 minutes and in particular the third point about ways that we can protect data and information about survivors. You can ask the following questions to generate discussion:

What kinds of situations have they seen or experienced where a person’s rights were not being protected when it came to data management? It does not have to be in the GBV sector.

What might some of the causes or reasons for that be?

#### Key Ideas:

- **Ethical breaches and bad practice are common.**
- **Staff and organizations normally have good intentions, but 1) people may not be well trained, 2) there could be unequal power dynamics.**
- **How do we protect survivors and their information? By following the Guiding Principles and WHO ethical and safety recommendations, and by using systems like the GBVIMS.**

# TOPIC TWO: History of the GBVIMS

## ACTIVITY 1.2



### Show Slide 1.2.1.

#### DISCUSS:

- What was the main reason for the development of the GBVIMS?
- When did the development of the GBVIMS begin?
- Which agencies and organizations were the founding members of the GBVIMS Global Team?

**PRESENT:** The GBVIMS tools and data flow look something like this.

### Show Slide 1.2.2.

**PRESENT:** The primary benefits of the GBVIMS are the following:

### Show Slide 1.2.3.

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.

We will discuss these benefits further as the training progresses. Any questions for now?

**ASK:** Can someone please read the brief history of the GBVIMS in the handout? Please circle some key information as you follow along, which we will then later discuss:

- What was the main reason for the development of the GBVIMS?
- When did the development of the GBVIMS begin?
- Which agencies and organizations were the founding members of the GBVIMS Steering Committee?

**Ask participants the following questions (answers and key ideas follow) to review. Discuss for 5 minutes.**

**(Strategies and activities were guided by anecdotal evidence and not by analysis of data. There was no system for compiling data that was useful and effective.)**

**(2006)**

**(UNHCR, the IRC, and UNFPA)**

## TOPIC THREE: Overview of the GBVIMS Tools

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**PRESENT:** At this point, we will begin learning about the tools that are specific to the GBVIMS. I am going to ask you to divide into small groups for an activity that will help us see which tools relate to which parts of the information management process.

### ACTIVITY 1.3

- Classification Tool: **Collection**
- Intake and Consent Forms: **Collection**
- Incident Recorder: **Storage** and **Analysis**
- Information Sharing Protocol: **Sharing**

### REVIEW

---

Have the participants divide into groups of four people each. Distribute to each group the handout with the descriptions of the four tools. Ask them to read the descriptions aloud in their groups, and then note next to each tool the stage (or stages) of information management that the tool affects. Give them 15 minutes.

Back in the full group, ask for volunteers to explain each tool in his/her own words. Also ask the volunteers to explain how each tool is related to specific stages of the information management process and reiterate the below key points.

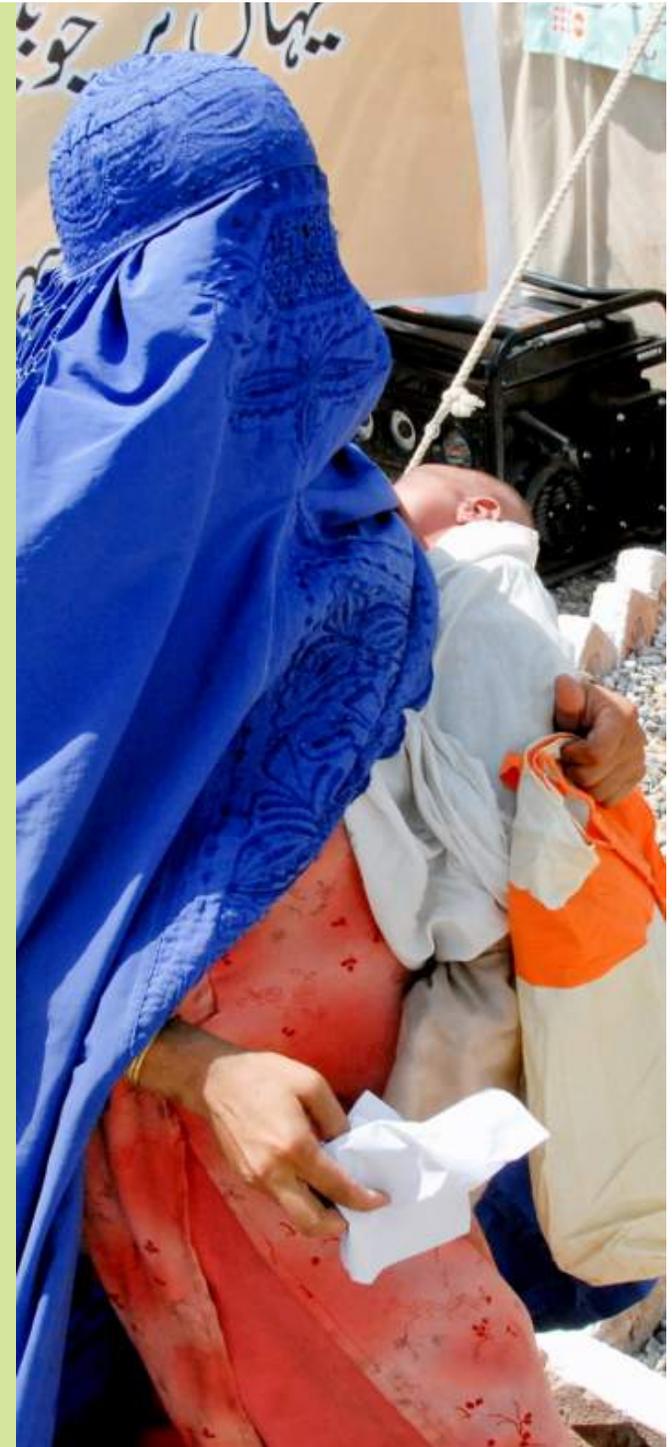
**Spend 10 minutes reviewing the four learning objectives. This will give those who may have missed some information the opportunity to take note; and for others, they will benefit from the brief repetition.**





# 2

## Incident Classification





# SESSION TWO: Incident Classification

## SESSION LEARNING OBJECTIVES

---

Participants will be able to:

1. Explain the main purpose of the classification tool and its criteria.
2. List and define the six core types of GBV used for classification in the GBVIMS.
3. Explain the procedure for incident classification.
4. Demonstrate how to correctly classify an incident.
5. Describe the meaning of “case context” and how to use it to enhance the understanding of the GBV data collected.

## PARTICIPANTS

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- Relevant agency staff/GBVIMS Liaisons
- GBVIMS Focal Points
- Case management personnel
- Health care personnel
- Data management personnel (recommended, but not mandatory)

## PREPARATIONS

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- Review PowerPoint slides and adjust if necessary.
- Prepare flip chart (4 sheets taped together) with table of incident types.
- Write out on a flip chart the 7 - 10 scenarios found on page 34-35.
- Print and make copies of the handouts

## HANDOUTS

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- Activity 2.1: Example Incident Description
- The 7 Questions for Incident Classification
- Common Issues to Look Out For

## TIME ALLOCATION FOR EACH SESSION TOPIC

---

TOPIC TITLE	TIME
Topic One: The six incident types	60 minutes
Topic Two: The method for classifying incident types	60 minutes
Topic Three: Case contexts	30 minutes
<b>Total Time</b>	<b>2.5 hours</b>

# TOPIC ONE: The Six Incident Types

**PRESENT:** We have discussed that it is important for all GBV organizations and service providers to effectively 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 when planning for future action, and improving inter-agency coordination.

The GBVIMS tools were developed to help you and your organizations overcome information management challenges and to help coordinating agencies improve the safety and effectiveness of information sharing.

Now, the first GBVIMS tool is the Incident Classification Tool. The tool can be broken down into three distinct parts, and as such this session will be divided into three parts:

1. The six core incident types
2. The method for classifying the core incident types
3. Case contexts

If you take a look with me at Slide 2.1.1, we can walk through the five objectives for this session. You will be able to do the following...



## Show Slide 2.1.1.

**PRESENT:** Central to the GBVIMS is the concept that GBV information management will be improved if more of us can agree upon and use a common set of GBV types for reporting GBV data.. I think we can all agree that GBV incidents are complicated and there is no such thing as a perfect set of definitions that will capture every detail of every incident. But in order for the information we collect to be meaningful, we need to standardize the language we use to describe GBV.

**DISCUSS:** Can I have a volunteer please, who can define for us the word, “standardize?” And can you give an example?

- One main purpose of the GBVIMS is to standardize data collection so that information can be accurately compiled and analyzed within and between GBV service providers.

**PRESENT:** The Incident Classification Tool, was developed to standardize how we classify reported incidents of GBV. For it to do this successfully, it can't be only a set of GBV terms, it also requires that we agree on a common practice to ensure the GBV types are used consistently.

Review the session objectives with participants on Slide 2.1.1.

Write out the definition of standardization on a flip chart.

**Standardization: The process of creating consistency or regularity.**

(10 minutes)

One example can be the use of a common (or standardized) weight measurement like the kilogram. Discuss with participants how difficult it would be to go to the market and have to use different weight systems for various items. The fact that the kilogram is used means there is a standardized way of measuring what things weigh. Thus it is easy to compare and calculate if tomatoes are more expensive than carrots on any certain day – and this can help us make informed decisions about what to buy.

Similarly, the GBVIMS' standardized classification tool for GBV incidents means that it is now much easier to compare the situation of reported cases from one organization to the next. When someone says that a certain number of rapes were reported, we will all know what that means because we are all using the same definition of rape, and the same method for classifying an incident as such.



## Show Slide 2.1.2



### ACTIVITY 2.1

**PRESENT:** We will come back to these examples later on.

The GBV community faces numerous challenges due to unreliable data. As you can see from the various terms used in that last activity, one major cause of unreliable data is the wide range of terminology and procedures used to classify incidents of GBV.

Let's look at a couple more examples in some more detail.



## Show Slide 2.1.3

### Example 1:

A woman reports being **raped and badly beaten** to Delphine, a case manager for an NGO that provides services to GBV survivors. On the intake form, Delphine classifies the incident as 'rape.'

A week later, a different woman reports being **raped and badly beaten** to Rebecca, a case manager who works for the same NGO as Delphine. Rebecca classifies the incident as 'physical assault.'

**DISCUSS:** What is going on here? If the same types of violence happened to both women who reported incidents to this NGO, shouldn't the data show that?



## Show Slide 2.1.4.

**PRESENT:** The GBVIMS Classification Tool was therefore developed to address the challenges our colleagues and we have faced in classifying incidents. The tool provides the GBV community with a

Distribute the handout with five examples of incident descriptions to participants. Ask them to take five minutes to individually (not in groups) write on a blank piece of paper (or a post-it note) how they would classify each example.

Ask them to pass their responses to you. On a flip chart, list numbers one through five down the left-hand side. For each example, write down each of the different types participants used to describe the scenarios. This will highlight for participants how differently people interpret descriptions and classify incidents using different logic, methods, and terminology. Do not yet give the right answers according to the GBVIMS.

Ask for a volunteer to read the example.

**KEY IDEA:** This NGO's data is not reliable because its staff is not classifying incidents in the same way.

**OTHER CONSIDERATIONS:** Participants may say that there is a difference between the classification in terms of which type of act was "more important" – like in the first case, the caseworker determined the rape to be the more important violence and in the second case the caseworker 'thought the beating was worse.' You will want to stress that this is precisely the problem and weakness with incident classification in many contexts. The GBVIMS is simple and straightforward enough, so that if the process were correctly followed, these two incidents would be classified in the same way every time by different caseworkers. (Don't tell participants just yet how the cases should properly be classified.)

common GBV typology that will improve communication, understanding, and compatibility around GBV incident data. The tool:

- Standardizes the types of GBV and their definitions.
- Standardizes the procedure for classifying an incident of GBV.

You may be wondering where the types for the GBVIMS came from. In-depth consultations were conducted with dozens of GBV specialists from 19 organizations operating in 16 countries to develop the original set of incident types. The initial tool was then piloted in several countries and the types were again modified to what we have today.



### Show Slide 2.1.5.

The six types also meet three very specific **criteria**:

1. Universally recognized forms of gender-based violence.
2. Based on the specific act of violence that occurred; this is separate from the motivation behind it or the context in which it was perpetrated.
3. Mutually exclusive (they do not overlap).

Another important concept that is considered by the GBVIMS typology is the concept of **consent**. This is when a person makes an informed choice to agree freely and voluntarily to do something. Keep in mind that:

- A minor is unable to give their consent. Many countries have laws that set an age of consent. These legal parameters do not apply to the GBVIMS incident types. For the purposes of the GBVIMS, a child is any survivor who was under 18 at the time the incident occurred.
- There is no consent when agreement is obtained through:
  - The use of threats, force, or other forms of coercion, fraud, manipulation, deception, or misrepresentation.
  - The use of a threat to withhold a benefit to which the person is already entitled.
  - A promise is made to the person to provide a benefit.

**PRESENT:** Are you ready to learn the types? Here they are, with their standard definitions:’



### Show Slides 2.1.6, 2.1.7, 2.1.8.

Reveal the types one by one. Ask for volunteers to read the definitions. If possible, PowerPoint slides work best, as you can use animation to show - with each click - a type and then its definition, without revealing everything all at once. If PowerPoint is not available, you can prepare (in advance) one flip chart page for each type and introduce the types that way.

Distribute the handout with the Six Incident Types to participants.



**PRESENT:** Now you have just seen the six core types of GBV. Can someone define for us what an “incident” is?



**Show Slide 2.1.9.**

How does an “incident” differ from “violence” or an “act of violence”?

**DEFINITION OF INCIDENT:** An incident is an event during which at least one act of gender-based violence or abuse is perpetrated against an individual.

An incident is an event during which one or more acts of violence occurs. The distinction here is that there can be more than one act of violence that happens in the course of an incident.

Show the FLIP CHART with the table of GBV Types (GBVIMS types in column headers and leave row headers blank). Ask participants to give examples of how they (or organizations they know of) classify GBV incidents or how incident types are used in coordination meetings in which they participate.

Here are a few points to keep in mind related to the examples listed here:



## ACTIVITY 2.2

Let’s look at how the six core types fit with the typology your organizations and other actors in your area are currently using.

GBV TYPE	GBVIMS Core Incident Types					
	Rape	Sexual Assault	Physical Assault	Forced Marriage	Denial of Resources, Opportunities, or Services	Psychological/Emotional Abuse
Domestic (or intimate partner) violence	X	X	X		X	X
Incest	X	X				
Sodomy	X					
Conjugal rape	X					
Attempted rape		X	X			

**DOMESTIC VIOLENCE:** This is problematic because it does not tell us what specific act occurred; rather this description focuses on the perpetrator’s relationship with the survivor (for example, a husband or boyfriend). Remember the criteria for the GBVIMS types – it must describe the specific act that was perpetrated. Also, the criteria call for types that are ‘mutually exclusive.’ Domestic violence can mean several different things, however, in terms of the act committed.

**INCEST:** Similar to domestic violence, this describes the relationship between perpetrator and survivor, not the act that occurred.

**CONJUGAL RAPE:** This describes the act of rape with additional detail that the perpetrator is the partner of the survivor. It would be classified in the GBVIMS simply as rape.

**ATTEMPTED RAPE:** While important to note for case management purposes, this reflects the INTENT of the perpetrator rather than the specific act committed. If there is no penetration, it cannot be classified as rape. It would be classified as sexual or physical assault, depending on what the survivor reports happened.

**DISCUSS:** How do the GBVIMS core types compare with the legal definitions in your countries?

The six GBVIMS core types are not meant to match legal definitions. In some countries, many forms of GBV may not be considered crimes, and legal definitions and terms vary greatly across countries and regions.

**DISCUSS:** So, a survivor comes to your health clinic to report that she was raped. During the examination you confirm there was penetration, and also find that her arm is broken and she is extremely emotionally distraught. If you classify this incident as rape/penetration on the data form, does that mean you do not put a cast on her broken arm or offer to refer her to psychosocial services?



**PRESENT:** You need to remember this very important point while learning about the core types and adapting your organization to them: the GBVIMS incident types were developed in order to standardize the classification of GBV incidents for **data collection purposes**. Any resulting classification should NOT impact how services are provided to a survivor. Case management and health care should always consider and respond to all of the survivor's service and referral needs, as feasible.



**Show Slide 2.1.10.**

Expect answers similar to, "The GBVIMS types are different from the legal definitions I know."

Participants may be concerned that their organizations or agencies use other important terms or additional information (such as domestic violence or child sexual abuse). Reassure them that later in the session they will learn how the GBVIMS integrates information about incident CONTEXTS, giving them more information to analyze. The TYPES ARE NOT NEGOTIABLE, however, and organizations participating in the GBVIMS will need to adopt the 6 core types of GBV for data collection purposes. This is the key to enabling a standard language about incidents to be spoken among actors in the GBV community for improved data management and information sharing.

Briefly discuss to make sure this point is clear: classification is for data collection purposes, only, and should not affect which services or referrals are offered.

## TOPIC TWO: The Method for Classifying Incident Types

**PRESENT:** Now that you know the definitions of the six core GBV types, as well as the criteria they meet, we need to learn how to apply them. As you know, it is possible for multiple acts of violence to occur during one incident – such as the example we looked at earlier – that of a woman who was raped and badly beaten. Even if service providers are using the six core GBV types, it is still possible that one might classify the incident as ‘Rape’ and one might use ‘Physical Assault.’ Thus, the core GBV types are not sufficient to ensure consistency across service providers. We therefore need to look now at how the six types of GBV can be used in a standardized way, to classify the incident.



### Show Slides 2.2.1



**PRESENT:** To determine the appropriate GBV classification for the incident described to you by the survivor, ask yourself the seven classification 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. The corresponding GBV type, listed next to this question, is what should be used to classify this incident.
- It is important to note that the order of this list of questions is determined according to the **specificity** of the act of violence, and does not convey a particular importance or severity of the different types of violence. In this way, when appropriately applied, this classification process will assign the **most specific type of GBV that occurred** during an incident.

**PRESENT:** Let’s do a few examples together

- A young girl reports that her neighbor inappropriately touched her breasts

How would you classify this incident? Let’s start at the top of the list.

Was there penetration?

Ok, so if the answer is “NO” then we continue on to the next question.

Was there unwanted sexual contact?

Post a flip chart with the six types and their definitions (this should be left up for the duration of the training as a reference for participants – except for during tests or quizzes).

Distribute the handout with the seven classification tool questions.

Ahead of time, write the following 5 scenarios on a flip chart, covering all but the first example if possible.

1. A young girl reports that her neighbor inappropriately touched her breasts. (SEXUAL ASSAULT)
2. An old woman reports being beaten in her home by her husband. (PHYSICAL ASSAULT)
3. A woman reports that she came home from work and her boyfriend took the money she had earned. (DENIAL OF RESOURCES, OPPORTUNITIES, OR SERVICES)
4. A girl is forced by her mother to have sex with peacekeepers to earn money for her family (RAPE)
5. A woman reports that her husband forced her to have sexual intercourse with him in exchange for money to feed the family’s children. (RAPE)

Wait to continue until the participants give you the correct answer “NO.”

Wait to continue until the participants give you the correct answer “YES.”

So following the instructions, if the answer is “YES”, there was unwanted sexual contact, then we stop there and we classify the incident as “Sexual Assault”.

Allright, let’s try another one. Who can read number two for me?

Ok, what is the first question?

**PRESENT:** It is important to remember that for the six core types of GBV are based on the **specific act or acts of violence that occurred during an incident**, not on perpetrator’s intentions or the context in which it was happened.

This means that threats to commit an act of violence or reports of violence that have not yet occurred would be classified differently from incidents where the violence has already taken place.

For example: If a young girl came to report that every day for the past week, the same man has been waiting for her on her way back from school, saying that at the end of the school week he is going to rape her.

We know his intentions, she is right to feel threatened and seek help, but would you classify this as rape? Attempted rape? Why not?

According to the GBVIMS, NO. Why? Because...

- “Did this incident involve penetration?” ... No

Write “Sexual Assault” on the flip chart next to the first example, and then uncover example number 2.

**Note:** People will start to shout out their responses immediately, but be sure not to give away the answer. Go through the complete classification process.

1. Ask them for the first question from the list .
2. Wait for the correct response,
3. Then repeating:
  - If it is “No” ... continue on to the next question...Which is?
  - Or
  - If it is “Yes” ... Stop there and use the corresponding GBV type to classify that incident...What will we classify this incident as?
4. Continue with the questions until the correct GBV type is identified (Correct answers are next to each example in parentheses)

Repeat this process for all 5 examples. Each time, go through the list of questions to ensure proper classification. It may feel repetitive, but this is necessary to illustrate the process to participants, and will help proper classification become a habit.

- “Did this incident involve unwanted sexual contact?” ... No, only verbal.

So how would we classify this incident?

It is important to emphasize that reports of threats to commit an act of gender based violence will always be classified as **psychological/emotional abuse**, if at the time of report the incident involved no other type of GBV.

Let's try two more:

1. A girl reports that the night before she was supposed to marry against her will, she ran away, and would like your help to prevent the marriage from taking place.
2. A woman reports to you that her husband passes away 3 days ago, she was forced to marry his brother the following day, and has since been locked in a room alone, until she was able to escape this morning.

**DISCUSS:** So is it clear to everyone why, despite both of these incidents involving forced marriage, the first example would be classified as psychological/emotional abuse while the second would be classified as Forced Marriage?

Continue on to question 3... until you end up at question 6: “Was there psychological / emotional abuse involved?” YES (PSYCHOLOGICAL / EMOTIONAL ABUSE)

Ahead of time, write the following 2 scenarios on a flip chart, covering all but the first example if possible.

1. A girl reports that the night before she was supposed to marry against her will, she ran away, and would like your help to prevent the marriage from taking place. (PSYCHOLOGICAL / EMOTIONAL ABUSE)
2. A woman reports to you that her husband passes away 3 days ago, she was forced to marry his brother the following day, and has since been locked in a room alone, until she was able to escape this morning. (FORCED MARRIAGE)

Go through the complete classification process for each scenario.

1. Ask them for the first question from the list .
2. Wait for the correct response,
3. Then repeating:
  - If it is “No” ... continue on to the next question...Which is?
  - Or
  - If it is “Yes” ... Stop there and use the corresponding GBV type to classify that incident...What will we classify this incident as?
4. Continue with the questions until the correct GBV type is identified (Correct answers are next to each example in parentheses)

Even if everyone says that it is clear, have a participant explain why to the group. Points to clarify in this discussion are:

- In the first example the forced marriage has not yet occurred, so it is still a threat to the girl.
- While in the second example the woman is reporting an incident in which forced marriage has already occurred.



## Optional Exercises

If participants still do not seem clear on the reason why these two incidents would be classified differently. Feel free to use the optional examples below for additional practice.

- A girl reports that her teacher has told her that unless she has sex with him, he will not let her sit for her final exams next week. (PSYCHOLOGICAL/EMOTIONAL ABUSE)
- A girl reports that her teacher told her that unless she had sex with him, he would not let her sit for her final exams, when she refused he barred her from entering the classroom on exam day. (DENIAL OF RESOURCES, OPPORTUNITIES, OR SERVICES)
- A girl reports that her teacher told her that unless she had sex with him, he would not let her sit for her final exams, afraid that she would not be able to continue her studies she had sex with him and was allowed to finish her exams. (RAPE)



## ACTIVITY 2.3



### Show Slide 2.2.2.

**PRESENT:** A very important best practice for GBV data collection in general is that GBV incident data should only be collected in contexts where services are available for the survivor to access when they report. Furthermore, it is important to know that GBVIMS data is only based upon information collected in the context of service provision. This means that the collection of GBVIMS incident data is only to be conducted by organizations providing services to GBV survivors, namely by case management, psycho-social, and health care providers, and that the survivor has to be present, receiving services, for the reported incident to be included.

Let's clarify what this means for two specific examples:

- If the survivor is a child or unable to report the incident herself due to a disability, the information can still be included in the GBVIMS if the survivor is present to access services when the guardian reports.
- The GBVIMS will not include information for incidents where the victim has died. This is because a person who has died cannot report an incident and cannot receive services.

Remember our five examples of incidents from the beginning of the session? Let's try that again, using the classification tool. Please do the same thing as before – write out how you would classify each example. Do not put your names on your papers, and please pass them forward to me when completed. I will tally the responses and present how you all did. We can then address anything that is not clear.

(continued from first activity of the session – classifying five example incidents)

Give participants 5-10 minutes for the activity.

While the GBVIMS incident classification tool is designed to be quite simple, GBV incidents are often complex and nuanced. There are some situations that may come up, which have been noted after previous rollouts of the GBVIMS.



**Show slides 2.2.3, 2.2.4, 2.2.5 and 2.2.6.**



**READ & DISCUSS:** Please turn to your handout on “Common Issues to Look Out For,” which explains some common issues that you may come across when classifying incidents.

Ask for volunteers to read each section and briefly discuss (maximum of 15 minutes total).

## TOPIC THREE: Case Contexts

**PRESENT:** At this point, we have discussed the six core types of GBV and how to classify incidents using those types. Do you remember that I promised there is a way to include additional terms and information about cases? The GBVIMS system calls this “case context.” Let’s look at that now.



### Show Slide 2.3.1.

The GBVIMS Incident Recorder (the database) has built-in methods that can automatically indicate incidents that occurred within a particular context or type of situation. The Incident Recorder does this by combining information – 1) the GBV incident type, and 2) other information recorded about the incident.

For example, one situation that is generally agreed to be very important to track, but does not meet the criteria for a core incident type is “intimate partner violence.”

**DISCUSS:** Can someone tell us why this does not meet the criteria?

**PRESENT:** For example, the Incident Recorder is able to track how many cases of intimate partner violence were reported in the month of June 2011 by counting the number of GBV cases of all core types that were perpetrated by an intimate partner. This means that the **core incident types** form the basis for counting such situations, but there is **additional information** included about the **context** – which pertains to the relationship between the survivor and the perpetrator.

**PRESENT:**

The case contexts that the system tracks are:

- Intimate partner violence
- Child sexual abuse
- Early marriage
- Possible sexual exploitation and transactional sex
- Possible sexual slavery
- Harmful traditional practices (customized to the local culture(s))

Let’s go through each of these six case contexts to see what they mean and how the Incident Recorder takes them into account.

Briefly review that a) it is not mutually exclusive (the term can include multiple kinds of violence), b) it does not describe the specific act (rather, it describes the relationship of the perpetrator to the survivor).



## 1. Intimate Partner Violence



Show Slide 2.3.2

Show the table and discuss with participants.

**2. Child Sexual Abuse** is defined by the age of the survivor. It can include different forms of sexual violence. By analysis of two incident types (sexual assault and rape) and the age of the survivor, one is able to analyze which reported incidents took place in the context of child sexual abuse.



Show Slide 2.3.3

Show the table and discuss with participants.

**3. Early marriage** is defined by the age of the survivor at the time of a forced marriage. Analysis of the incident type and the age of the survivor indicates those incidents that took place in the context of an early marriage.



Show Slide 2.3.4

Show the table and discuss with participants.

**4. Possible Sexual Exploitation and Transactional Sex** are defined by the power relationship between survivor and perpetrator, as well as the circumstances surrounding the incident – not the actual act of violence (i.e. rape or sexual assault). The intake form includes the question ‘were money, goods, benefits and/or services exchanged in relation to the reported incident?’ The incident recorder will flag any incident of sexual violence marked ‘yes’ to identify those potentially exploitative in nature.



Show Slide 2.3.5

Discuss with participants.

**5. Possible Sexual Slavery** is defined by the circumstances during which multiple acts and various forms of sexual violence are perpetrated over a period of time. The incident recorder is only able to capture one unique incident at a time. The intake form includes the question for indicating whether the incident was perpetrated while the survivor was: a) being forcibly transported (trafficked); b) being forced to join an armed group (forced conscription); c) held against her/his will, abducted, or kidnapped. The incident recorder will flag any incident of sexual violence marked as abduction to identify incidents potentially involving sexual slavery.



### Show Slide 2.3.6

**6. Harmful Traditional Practices** are defined by the local social, cultural and religious values where an incident takes place. To distinguish those acts of GBV that are harmful traditional practices specific to the context in which they took place, the intake form includes a question to indicate whether the GBV was a type of harmful traditional practice. The responses must be customized locally to define the incident as one of up to 5 relevant types of harmful traditional practice found in that context. The incident recorder will be able to quantify how many instances were marked 'yes'/'no' for harmful traditional practice and the frequency of the individual types.

Discuss with participants.



### Show Slide 2.3.7

**PRESENT:** While classification is important for data collection and analysis, even the best classification systems do not capture all of the details for each individual case. Many of those details are not necessary for data analysis purposes...but, these details can be essential to quality service provision and should be noted in the survivor's case file.

Discuss with participants.

## REVIEW

Spend 15 minutes reviewing the session's learning objectives. This will give those who may have missed some information the opportunity to take note; and for others, they will benefit from the brief repetition.

# 3

## Intake Forms





# SESSION THREE:

## Intake Forms

### SESSION LEARNING OBJECTIVES

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Participants will be able to:

1. Demonstrate the purpose and use of a coding system.
2. Demonstrate ability to correctly fill out the intake form.

### PARTICIPANTS

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- GBVIMS Focal Points
- Case management personnel
- Health care personnel
- Data management personnel (recommended, but not mandatory)

For case management and health care personnel (those who will work directly with survivors), there is a prerequisite to have already been trained in basic case management techniques.

### PREPARATIONS

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- Review PowerPoint slides and adjust them according to:
  - **The audience** – if the session is for Focal Points and other managers, leave in the slides targeted to them.
  - **The context** – add context-specific dropdown list options to reflect the intake forms the participants will be using.

### TIME ALLOCATION FOR EACH SESSION TOPIC

TOPIC TITLE	TIME
Topic One: Overview of GBVIMS intake forms	20 minutes
Topic Two: Administrative information	45 minutes
Topic Three: Survivor information	30 minutes
Topic Four: Details of the incident	60 minutes
Topic Five: Alleged perpetrator information	45 minutes
Topic Six: Planned action/action taken	25 minutes
Topic Seven: Medical intake form considerations	15 minutes
<b>Total Time</b>	<b>4 hours</b>

## **SPECIAL CONSIDERATIONS FOR THIS SESSION**

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### **Know your audience**

You should know your audience for this session. In advance, find out the types of experience they have had with working with survivors, and if possible, gain access to the methods they currently use to collect GBV data; gather blank intake forms, lists of questions, or, if there is no written method at all, try to understand why this is. This will greatly inform how exactly you lead this session. The key learning points are presented in detail in this Guide, with accompanying activities to facilitate learning; but keep in mind that as the facilitator, you need to monitor your audience and their learning progress, and adjust activities accordingly.

A prerequisite for participation in this session is that participants have already been trained on basic case management techniques and on their technical area of expertise. Whether these are highly trained professionals, or individuals volunteering in a village who have had minimal exposure to the issues, they should all have worked with survivors before the GBVIMS training. Therefore, each will come with their own experience collecting information while interviewing survivors, however complex or minimal.

### **Adapt the training to your audience**

This session, which focuses on the intake forms, provides detailed guidance to instruct staff on using the GBVIMS-specific data points that are common to any intake form used within the system (whether the emergency/simplified version, psychosocial/case management version, health care, or another specialized version).

Included in the training are some data points that are not mandatory, but are included to assist staff in collecting information helpful for case management purposes and will not be entered into the Incident Recorder. You, the facilitator, should use discretion when instructing participants on use of the intake form. Be sure to match this training session to the form(s) that will be used and adjust PowerPoint slides accordingly to avoid confusion. Starred data points (\*) should always be included in the training; other data points will depend on the specific intake form to be used by those you are training.

For the longer versions of the intake form, there will be service-specific data points. They address, for example, emotional symptoms observed by a caseworker during the initial interview, or physical symptoms documented during a medical examination. This type of information is not entered into the Incident Recorder and would never be shared outside the organization except in limited situations if the survivor gives informed consent. This type of service-specific information is documented on the intake form in order to assist organizations in providing the highest quality services possible.

# Topic One: Overview of GBVIMS Intake Forms

**PRESENT:** Here are our learning objectives for this session.



## Show Slide 3.1.1

**DISCUSS:** Let's recap a bit. Can you tell me what we have discussed so far?

Now we have arrived at the **intake form** section of the training. Quick! – Who can list for us the four GBVIMS tools and the stage of information management each helps with?

Great. Now, for those of you who work directly with survivors, whether in a case management, psycho-social or health care capacity, you gather information while you help the survivor, right? How do you do that? What information do you collect?

**PRESENT:** We have a lot to build on with all your experience! Let's get introduced now specifically to the GBVIMS Intake Form.



## Show Slide 3.1.2

The Intake Form is a standardized form used by service providers when conducting the **initial intake** interview with GBV survivors. It helps ensure:

- Survivor confidentiality by eliminating the use of identifiable information.
- That all service providers are consistently collecting a standardized set of key GBV data points.

**DISCUSS:** There are a few things we should highlight here. Can someone remind us what a few terms mean?

- How about “identifiable information?”
- And how about “standardized?” What does that mean?
- So, this is the form used during the initial intake interview. Only information collected during that initial

- Why GBV information is sensitive.
- The guiding principles for working with GBV survivors.
- The history of the GBVIMS.
- How to classify a GBV incident in the GBVIMS.

- Classification Tool: Collection
- Intake Form: Collection
- Incident Recorder: Storage and Analysis
- Information Sharing Protocol: Sharing

Allow a couple of minutes of input from participants. Highlight areas of overlap in their existing systems and the GBVIMS data points.

Key idea: Identifiable information is data or information that allows an individual to be identified. Ask for examples.

Key idea: To standardize something is the process of creating consistency or regularity.

interview will be recorded in the GBVIMS. You may – and often will – have subsequent meetings with the survivor. The notes you may take about her status and situation will be added to the case file or medical file, which will begin with the intake form.



**PRESENT:** There are three primary instructions for filling out the intake form:



### Show Slide 3.1.3

1. Use the intake form **ONLY** in the context of service provision.

Since the GBVIMS is concerned with data collected in the context of service provision, only those involved with direct services should fill out the intake form. This means that external agencies, organizations, or staff not involved with direct service provision should not be using the intake form for collecting information about GBV.

2. The survivors' safety, comfort and well-being should be priority during the entire process.

Before beginning the interview or medical examination, you should make sure survivors 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 survivors are comfortable with you taking notes.

3. Select only one box for each data point on the intake form, unless otherwise instructed.

Throughout the intake form there are several fields (or data points) that contain boxes intended to be checked or ticked. Unless otherwise stated, it is important that you select only one box when answering these fields. You will see how this works in practice later on as we go through the form's data fields.

And what should you NEVER write anywhere on the intake form?

Why shouldn't these be anywhere on the intake form?

**PRESENT:** The intake form is comprised of six sections



### Show Slide 3.1.4

1. Administrative Information
2. Survivor Information
3. Details of the Incident
4. Alleged Perpetrator Information
5. Planned Action/Action Taken
6. Assessment Points (forms used for psychosocial and health services will have assessment points particular to those services)

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. Now we will discuss each section of the form, and how to fill them out properly. I will also give you tips on common errors to look out for, as some of the data fields can be tricky.

#### Identifiable information such as:

- Survivor's name, address, and contact number
- Caseworker's name, address, and contact number
- Alleged perpetrator's name, address, and contact number

This information could identify the survivor, personnel, or perpetrator.

If any of these people are identified, survivors, personnel, alleged perpetrators, and even groups and communities could be at risk.

#### COMMON QUESTION

**Question:** Staff will often ask where to keep that confidential information if it cannot go on the intake form – they sometimes need it for case management purposes.

**Answer:** It needs to go on the back of the consent form (which will have the survivor's name and signature) – and kept separately from the intake form.

#### Note to Focal Points and other Managers

**PRESENT:** The GBVIMS intake form has three types of data fields – the differences are indicated by symbols next to each question.



### Show Slides 3.1.5 and 3.1.6.

1. With an **ASTERISK (\*)** alone: Remain untouched; they are standardized worldwide.
2. With a **CIRCLE (°)**: Customizable. In inter-agency contexts, these should be customized in the same way by all actors in the context.
3. **UNMARKED**: Modifiable at the organizational level; for case management purposes; not included in Incident Recorder.

Several data fields – those with no marking – are optional in terms of whether to include them in the intake form. Some, such as “ethnicity” or “religion” may be sensitive in certain contexts and inappropriate to ask a survivor, and thus should not be included in the form. This is something for Focal Points and their organizations' management to consider.

## Topic Two: Administrative Information

**PRESENT:** The first section of the intake form covers “Administrative Information.” This is the section that collects the most basic information about the case being reported. It registers the codes that hide survivor identity, as well as key dates – that of the incident and the date of report.

**PRESENT:** When information is collected about GBV incidents – data that is highly sensitive – the identity of both the survivor and the case-worker or health worker should be protected. Their identities can be protected by “de-identifying” the individuals in the documentation of the case – or another way of saying this is that we can use codes to replace identifiable information such as names.

When we look at the intake form, you will see that there is a section at the very beginning of the form for three different codes – the Incident ID, the Survivor Code, and the Personnel Code – let’s discuss those first. The first, and most important, is the Incident ID.



### Show Slide 3.2.1

**Code #1: Incident ID\*** This code is required for the GBVIMS. It provides the basis for organizing information in the system. A unique code will be assigned to every incident reported, even if the same survivor reports more than one incident. The code will allow the system to distinguish between incidents. Each new intake form completed will have a new Incident ID.

#### NOTES TO THE FACILITATOR ABOUT INSTRUCTING PARTICIPANTS TO USE CODES

The way codes are used within the GBVIMS can vary greatly from context to context. This is because:

- Each organization implementing the GBVIMS might have different formats for the codes they use. Inter-agency GBVIMS Liaisons training multiple GBVIMS Focal Points will need to consider how best to teach the use of code formats to them.
- Not all organizations will find it feasible to use all of the types of codes the GBVIMS recommends. This may then require tailoring in an inter-agency training for Focal Points.
- Codes within an inter-agency rollout may differ in format from an individual implementation of the GBVIMS.
- The GBVIMS does not mandate specific code formats. It does require that the code used is unique for each reported incident, but the form the code takes can vary depending on each context. The GBVIMS Steering Committee has suggestions based on past experience.

It is strongly recommended that the coding formats are determined prior to this training. Ideally, if this training on the GBVIMS tools and procedures is going forward, it means implementation of the system is in process and organizations have decided by this point which types of codes to use – and designated their coding formats. It may not, however, be the case. So in this session, you are provided with guidance on training participants on the purpose of coding, the types used by the GBVIMS, and suggestions on how to train on their formats. You may be in a position to train staff on the concepts, so that once coding formats are designed it will be more straightforward to train staff to use them with minimal error.

**PRESENT:** The second code of the system is the Survivor Code.



### Show Slide 3.2.2

**Code #2: Survivor Code** It is a code that can be assigned to each survivor, to keep survivors' identities protected, while allowing multiple incidents reported by the same survivor to be linked and tracked for case management purposes. The survivor code is not required for the GBVIMS, but others who have used the system have found it useful.

**PRESENT:** And the third code of the GBVIMS is the Personnel Code.



### Show Slide 3.2.3

**Code #3: Caseworker Code:** These codes are assigned to each caseworker to protect them from being directly linked to specific cases. Every person that is providing services to survivors 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 survivor.

At this point, you will need to instruct participants in using each of the codes. At a minimum, this will mean instructing them on using the Incident ID, as it is mandatory for the GBVIMS.

Participants will then practice using the codes on their example intake forms during the activity at the end of this topic.

**PRESENT:** The next two data points concern the dates of the incident and of the report.



### Show Slide 3.2.4

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

**Date of incident\***—Indicate the date when the incident actually took place. This must also include and be recorded as day/month/year.

**DISCUSS:** For that last one – the date of the incident – in your experience, do survivors always remember exactly what day something happened to them? The GBVIMS requires a day, month, and a year. What then what do you think should go in that data point if the survivor does not know or remember the date of the incident? ■

**DISCUSS:** Why might it be very important to accurately collect these dates? ■

The time between incidents and reporting can also lead us to see trends in potential difficulties in reporting or other areas where programming shifts could improve the services provided to survivors.

**PRESENT:** The last data point of the administrative information section.



### Show Slide 3.2.5

Reported by the survivor/someone other than the survivor\*—The GBVIMS only collects incident data in the context of service provision, which means that only those incidents where the survivor is receiving services—and therefore present at the time of the report—will be entered into the Incident Recorder.

**PRESENT:** This data point is intended to determine which intake forms will be entered into the incident recorder (incidents reported where the survivor is present) and which forms will not be entered into the incident recorder (incidents reported where the survivor is not present). Please note: While some reports will not be entered into the incident recorder, service providers should still feel free to use the intake form to provide services to and document ‘second-hand’ or ‘third-party’ reports.



## ACTIVITY 3.1

In such instances, the survivor should approximate the date as best as possible. The caseworker assisting the survivor can help her estimate when it happened, and then on the intake form estimate as best as possible. It could be something like June 2011 – or a specific date that is estimated.

These dates can help us calculate the period of time between when incidents occur and when they are reported. For incidents of rape, this is particularly important due to implications for medical treatment options and determining survivors' needs.

### Note to facilitator

There are two fictional scenarios provided in the handouts that can be copied for participants to use throughout the session on the Intake Form. If, however, anything in the scenarios is not appropriate or would not resonate with participants in your context, please create a new **FICTIONAL** scenario to use during the training.

Go through the responses together in the full group.

Let's now turn to a fictional scenario and the example intake form. Please take 15 minutes to read through the scenario, then complete the first section on Administrative Information.

## Topic Three: Survivor Information

The next section helps you collect information about the survivor. All of the information you collect for this section should describe the survivor at the time s/he is reporting the incident.

Now, I am going to present each data point and give you a brief definition of what the data point is asking. We will spend some time on those that are more complex than others. Please feel free to ask questions any time something is not clear, and we can either address it then or add it to the parking lot for later discussion.



### Show Slide 3.3.1

**Date of birth\***—Indicate the survivor’s date of birth as day/month/year. If the survivor does not know their date of birth, you can either estimate or write the survivor’s age at the time of the report. If the survivor does not know her or his exact age, you should estimate an age rather than date (e.g. “about 40 years old”).

**Sex\***—Indicate the sex of the survivor.

**Clan or ethnicity**—Indicate the clan, tribe or ethnic background of the survivor.

**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. ■

**Nationality**—Indicate the nationality of the survivor if different from the country of origin.

In some contexts, this may be very sensitive or even inappropriate to ask a survivor. The facilitator should remove this question from the training if it is not included on the organization’s intake form.



## Show Slide 3.3.2

**Religion**—Indicate the religion, if any, of the survivor.

**Current civil/marital status\***—Indicate the civil or marital status of the survivor at the time of the report. Make sure to select only one of the following options:

- **Single**—the survivor has never been married and is not currently living with an intimate partner.
- **Married/Cohabiting**—the survivor is married or living with an intimate partner at the time of report.
- **Divorced/Separated**—the survivor was at one point married, but at the time of report is no longer married to or living with a spouse or ex-spouse.
- **Widowed**—the survivor's spouse is no longer living.

**Number and age of children and other dependents**—Indicate the number and ages of children the survivor has as well as the number and ages of additional dependents the survivor is currently caring for. Remember – don't list any names!

**Occupation**—Indicate the occupation of the survivor at the time of the report.

In some contexts, this may be very sensitive or even inappropriate to ask a survivor. The facilitator should remove this question from the training if it is not included on the organization's intake form.

### COMMON QUESTION

**Question:** Staff often ask if the option “Married/Cohabiting” can be split into two.

**Answer:** No, they cannot. It is necessary to keep “Married/Cohabiting” as one option for standardization – the aim is to track whether survivors are being hurt by their partners, whether married to them or not. Keeping the two together also avoids the need to have a common definition of marriage (legal or traditional, etc.).



## Show Slide 3.3.3: COMMON CHALLENGE

**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).



### Show Slide 3.3.4

**Is the client a Person with Disabilities?\***—Indicate if the survivor is suffering from some from a long term disability that impairs the survivor’s ability to function. A short-term disability, such as a broken leg, should not be considered a disability here. This should be either as reported by the survivor or as assessed by the service providers. Options include:

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



### Show Slide 3.3.5

**Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?\***—Indicate if the client is an unaccompanied minor, separated child, or other vulnerable child.

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

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

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

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



### Show Slide 3.3.6

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

- If 'Yes'—Skip to the next section.
- If 'No'—Complete the rest of this section.

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

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



## Show Slide 3.3.7

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

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

What is the caretaker's primary occupation?—Write in the primary occupation of the caretaker.



## ACTIVITY 3.2

**Go through the responses together in the full group.**

Take 10 minutes and use the scenario to fill in the Survivor Information section of the practice intake form.

## Topic Four: Details of the Incident

This next section will focus on collecting details about the incident that is being reported. Unlike the ‘Survivor Information’ section, 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.



### Show Slide 3.4.1

**Account of the incident/Description of the incident**—This section allows you to record a summary of the incident in the survivor’s own words (but make sure to refrain from using identifiable information such as names!). If needed, you can expand the space provided or use the blank space on the back of the page. Although the narrative recorded in this section will not be entered into the incident recorder, it is recommended that you keep it on the intake form. This is the place where staff have the opportunity to take notes on exactly what happened – it is important for case management purposes to allow for capturing the range of abuses a survivor may have experienced, going beyond the one incident type captured by the GBVIMS classification system.



### Show Slide 3.4.2

**Stage of displacement at time of incident\***—This data point refers to the different parts of a person’s life in reference to the period of time that they were displaced (i.e. the incident took place before, during, or after they were displaced from their home) – or notes if they have never been displaced.

**DISCUSS:** The GBVIMS was developed for humanitarian contexts, in which forced displacement is common. But what exactly is meant here by the term, “displacement?” What does it mean if someone is displaced in the humanitarian sense?

**PRESENT:** People are particularly vulnerable to GBV at the various stages of displacement, so this information is important to collect. Seven options are provided to choose from (be sure to select only one option)

Direct participants to consult their handout with the options defined, and discuss.

Forced displacement occurs when individuals must leave their homes due to the effects of armed conflict, internal strife, systematic violations of human rights or natural or manmade disasters.

Simply travelling from one location to another is not forced displacement.



### Show Slide 3.4.3

**PRESENT:** You will see on the diagram that if someone has been displaced (or currently is), there are five stages.

Show the PowerPoint slide and show the five stages for someone who is or has been displaced.



### Show Slide 3.4.4

Alternatively, someone may never have been displaced, so in that case you would select the option for, “Not Displaced / Home Community.” Let’s look at an example together.



### Show Slide 3.4.5

Do you remember from the last section, which was focused on the survivor, that one of the data points asks for the “Displacement status of the survivor at the time of report?” As we discussed in the last section, that entire section is asking for the information pertaining to the survivor at the time of report. For this section about the incident, you will need to note information pertaining to what was happening at the time of the incident. It is a subtle but important distinction.

**COMMON CHALLENGE**  
This is a data point that needs to be consistently cross-checked with the data point about the survivor’s displacement status. Errors here may be common.



### ACTIVITY 3.3

Let's do some examples. You will find seven practice exercises in the handout. Please get in to groups of three and work on these exercises for 10 minutes. Then we will discuss together in the full group.

1. What if a woman from Geneva moves to London for a year to study psychology because she believes it will help her prospects of getting a promotion? Will she be displaced? She has left her home community...
2. The nearby volcano erupts. The town flees in to the forest and a 17-year old girl is sexually assaulted during the chaos by her neighbor. Has she been displaced? In what stage of displacement is she?
3. A boy's parents are killed in a bus accident. He goes to live with his grandmother 200 km from his hometown. In what stage of displacement would you consider him to be in if he was assaulted during the travel to his grandmother's house and then came to you for assistance?

#### ADDITIONAL DISPLACEMENT STATUS EXAMPLES, IF NEEDED

**KEY IDEAS:** No, she will not be considered displaced in humanitarian terms, as she left with free will and not due to conflict or a disaster. She was not forced to leave and she can freely return.

**KEY IDEAS:** She would be considered to be "During flight." There was a disaster and she was forced to flee her home community. Because the incident occurred during the time she was leaving to find refuge, her status was in flight.

**KEY IDEAS:** He would be considered "Not displaced." While his moving was not exactly his choice, it also was not a situation of conflict or disaster.

Ok great! Back to the intake form and information about the incident.



### Show Slide 3.4.6

Time of day that incident took place\*—Indicate the time of day when the incident took place.

The four options provided cannot be modified (select only one option):

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



### Show Slide 3.4.7

**Incident location/Where the incident took place\***—Indicate the location where the incident took place. Select only one option:

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

The options for this data field can be modified to better match the context. Make sure to update the PowerPoint slide accordingly.

**DISCUSS:** Does anyone see something here that could be tricky or confusing?



Why do you think you would always need to select “Client’s home?”

What if a woman is raped at home by her husband, and her husband owns the house? Where do you indicate the incident took place?

- There are two homes listed. What if the survivor and the perpetrator live in the same home? You can only select one option. What would you select?
- If the survivor and the perpetrator live at the same home, you should always select “Client’s home.”

In terms of case management, it can help the person working with the survivor note that they were vulnerable while at home – this can be important for follow up and specific support to the survivor. It can also help to highlight trends that may indicate if people are reportedly experiencing incidents in the home and help with adjusting programming activities and humanitarian coordination.

At the “Client’s home,” because it doesn’t matter who owns the house. This data point is about tracking where incidents occur – official ownership is irrelevant.



### Show Slide 3.4.8

**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.). Add the appropriate area names for your context to the PowerPoint slide.



### Show Slide 3.4.9

**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.), but should always be more specific than the previous data point of “Area.” Add the appropriate sub-area names for your context to the PowerPoint slide.



### Show Slide 3.4.10

**Camp/Town/Site**—Indicate the camp, town or site where the incident took place.

While this field is not required, responses can be entered into the incident recorder. You should add the appropriate camp, town or site names for your context and as needed. You have the option to enter this data into the incident recorder. If this is used in your context, add the appropriate names to the PowerPoint slide. If not, delete this slide from the training presentation.



### Show Slide 3.4.11

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

- **Rape** (includes gang rape, marital rape) [“Penetration” for health care providers]
- **Sexual Assault** (includes attempted rape and all sexual violence/abuse without penetration)
- **Physical Assault** (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)
- **Forced Marriage** (includes early marriage)
- **Denial of resources**, opportunities or services
- **Psychological / Emotional Abuse**
- **Non-GBV** (specify)



## ACTIVITY 3.4

Do you all remember how to classify the incident as one of the six core types? We have covered a lot of information since that session. How about some practice to keep it fresh? I will put up three incident examples for you to classify. Afterward, we will discuss together.



### Show Slide 3.4.12

**Example 1:** A girl reports that while she was walking one morning last week to pump water, two men pulled her in to the forest. They punched her and tried to pull off her clothes to rape her.

**Example 2:** A woman's husband comes home late from the bar he owns. He is angry that dinner is cold and screams at his wife and calls her stupid. She is frightened and sad.

**Example 3:** Final school exams are coming up soon. A teenage girl comes to you to report that her math teacher told her that he would automatically give her a good grade if she went to his house to give him sexual favors. She did not yet agree to the arrangement and is asking for advice.

**Answer: Sexual Assault**

**Answer: Psychological/Emotional Abuse**

**Answer: Psychological/Emotional Abuse**

### DISCUSS:

- Can someone briefly explain how you went about classifying these example incidents?
- Should you ever ask the survivor those seven questions or for the answer to this data point?
- If you determine that the incident was not one of GBV, what happens?

**Go through the examples together in the full group. Some questions to ask in discussion:**

**(Answers: 1) Used the seven questions in order; 2) Only select one incident type.**

**(Answer: No, the seven questions are only there to aid the caseworker or health worker in classifying the incident. Classification can be done after the interview.)**

**(Answer: The caseworker or health worker can still provide a service and help the person. If the incident is not one of GBV, however, it will not be entered in to the Incident Recorder.)**



### Show Slide 3.4.13

Was this incident a Harmful Traditional Practice\*?—Indicate if this incident is a Harmful Traditional Practice. The options for this data field have been modified for this context by representatives of your organizations.

Add to the PowerPoint slide the harmful traditional practices that were selected in your context. “No” should also always be an option.



### Show Slide 3.4.14

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’.

**PRESENT:** This data point will be used in the Incident Recorder along with incident type to determine if this is a possible case of sexual exploitation. It is important to remember that much more than money can be exchanged (e.g. a passing grade, extra rations, etc.).



### Show Slide 3.4.15

**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
- Forced Conscriptioin
- Trafficked<sup>1</sup>
- Other Abduction / Kidnapping

Direct participants to consult their glossaries with the options defined, and discuss.

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

**PRESENT:** This data point will be used in the Incident Recorder along with the incident type to determine if this is a possible case of sexual slavery.



## Show Slide 3.4.16

**Has the client reported this incident anywhere else?\***—Indicate if the client has reported this incident with another individual, group, service provider, agency, etc.

- No (select if the survivor has not reported this incident anywhere else)
- Health/Medical Services
- Psychosocial/Counseling Services
- Police/Other Security Actor
- Legal Assistance Services
- Livelihoods Program (any services to help the survivor generate income)
- Safe House/Shelter (this can be a formal or informal community based safe house)
- Other (specify)

**PRESENT:** This is one of the only data points on the intake form where you should select all of the responses that apply. For every service you select, indicate (if possible) the name of the specific service provider the survivor reported to. Also, this data point is only concerned with the incident currently being reported; it is not in relation to any previous incidents. The purpose of this question is twofold:

1. To inform the caseworker about what services the survivor has already received or accessed.
2. To try and identify survivors who have already reported this incident to another GBVIMS participating agency – this can help with calculating statistics.

**DISCUSS:** Now, some of these service provider terms can vary across contexts. Let's clarify what they mean in the GBVIMS.

- **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.

**Go through each one, asking participants to list how they would define each type of service. Examples<sup>1</sup> are below; make sure to correct misunderstandings – especially around the difference between legal assistance services and police/other security actor.**

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

- **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 or programs to access safe fuel.
- **Safe House/Shelter**—this can be a formal or informal community based safe house offering where survivors can seek temporary, safe shelter and protection.



### Show Slide 3.4.17

Has the client had any previous incidents of GBV perpetrated against them?—Indicate if the survivor has been the victim of any incidents of GBV prior to the incident being reported.

**PRESENT:** Yes/No responses will be entered into the Incident Recorder. If the survivor has experienced other GBV incidents, include 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 survivor, what actions were taken and/or what services did the survivor receive following the incident. This descriptive response is for case management and will not be entered into the Incident Recorder.



## ACTIVITY 3.5

Take 10 minutes and use the scenario to fill in the Details of the Incident section of the practice intake form.

Go through the responses together in the full group.

## Topic Five: Alleged Perpetrator Information

**PRESENT:** This section of the intake form focuses on information about the alleged perpetrator. This can be a sensitive set of information to discuss with the survivor. These data points were selected because they will be helpful both to you as the case manager or health care worker and for data analysis. You should remember, however, that the survivor's wishes come first. The survivor always has the right to decline to give information. Providing the highest quality service possible and assisting the survivor is more important than data collection.

**DISCUSS:** Does anyone have any experience or thoughts about this you want to share?

**PRESENT:** Due to the way the GBVIMS was designed, there is a particular way to record information about alleged perpetrators. Understanding the distinction between **primary** and **secondary** perpetrators will help you avoid confusion when completing this section of the intake form.

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



### Show Slide 3.5.1

**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 in the planning, preparation, or execution of the abuse.

**DISCUSS:** Can someone give an example where you can distinguish between primary and secondary perpetrators?

**PRESENT:** Ok, let's go through the seven data points about the alleged perpetrator.

Allow for approximately 10 minutes of discussion if the group would like to share experiences. This is meant to give space for engagement from participants. It is a heavy topic as well; so opening it up to some informal discussion can help the group ease in to the section.

- 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 or health worker 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.



## Show Slide 3.5.2

**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 survivor knows that there were more than three, ‘More than 3’ should be selected, not ‘unknown.’

**Sex of alleged perpetrator(s)\***—Indicates the sex of the alleged perpetrator(s). One option for this data point may look strange because there is an option for “Both male and female.” Clearly, this does not mean that one person is of both sexes, rather that it would refer to a situation where there were multiple primary perpetrators – of both sexes.

**Nationality of alleged perpetrator**—Indicate the nationality of the alleged perpetrator.

**Clan or ethnicity of alleged perpetrator**—Indicate the clan or ethnicity of the alleged perpetrator.

**Age group of alleged perpetrator\***—Indicate the age group of the alleged perpetrator.

**PRESENT:** Note that for the age group of the perpetrator, an estimate is better than marking ‘Unknown’ for this field; for example, if the survivor is unsure if the person is 30 or 45, you should mark an estimated age group. ‘Unknown’ should only be used if an estimate is not possible (e.g. the identity of the perpetrator was completely hidden), as it is useful for data analysis to have an idea if the perpetrator was, for example, a child (in one of the age groups under 18) an adult, or an older person. This can help when looking at trends of who is perpetrating what type of violence against survivors who are reporting cases to the service provider.



## Show Slide 3.5.3

**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

#### Alleged perpetrator relationship with survivor (continued)

- Schoolmate
- Teacher / School official
- Service Provider
- Co-tenant / Housemate
- Family Friend / Neighbor
- Other refugee / IDP / Returnee
- Other resident community member
- Other
- No relation—this category means that the survivor saw the perpetrator and does not know them or they have no prior relation.
- Unknown—this category means that the survivor did not see the perpetrator and therefore is not sure if it was someone they know.



**PRESENT:** For the data point about the perpetrator’s relationship to the survivor, you will want to be as specific as possible. It can happen that a perpetrator’s relationship with a survivor may fall into more than one category. In this case, 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 survivor, 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 and therefore indicates with more specificity the relationship between the survivor and the perpetrator.

There is also an important distinction to make among the response options, “Other,” “No relation,” and “Unknown.”

- “Other” should rarely be used. It is only when none of the other response options match the description given by the survivor.
- “No relation” should be marked if the survivor knows who the perpetrator is, or his/her occupation, for example, but s/he has no relationship whatsoever with the person; and s/he may not know the perpetrator personally.
- “Unknown,” as with other data field response options, should be selected when the survivor does not know anything about the person who perpetrated the violence against him/her.



### Show Slide 3.5.4

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

**DISCUSS:** As with the data point about the relationship between the perpetrator and the survivor (if there is one), you will want to be as specific as possible. Let’s say that a woman is assaulted by a man in the community. He works as a driver for an international NGO. Two of the options on the list of perpetrator occupations are, “Driver” and “International NGO employee.” You can only select one occupation. What would you do?

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

**DISCUSS:** If the reported incident is a case of forced marriage, who should you consider to be the perpetrator?

Add to the PowerPoint slide the options decided upon in your context.

Select “International NGO employee.” This is because the type of employer is more specific than “driver,” which is quite general – someone could be a driver of moto-taxis, of a company’s truck, or of an international NGO. So indicating that the perpetrator works for an international NGO would be important to note.

- In the case of forced marriage, the spouse or soon-to-be spouse is the primary perpetrator (not the mother or father of the survivor).
- 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.



### ACTIVITY 3.6

Take 10 minutes and use the scenario to fill in the Alleged Perpetrator Information section of the practice intake form.

Go through the responses together in the full group.

## Topic Six: Planned Action/Action Taken

**PRESENT:** We are nearly to the end of the intake form! The remaining general intake form section is concerned with referrals and follow up.



### Show Slide 3.6.1

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

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

**DISCUSS:** What was the difference again between “Police/Other Security Actor” and “Legal Assistance Service?”

#### EXAMPLES FOR WHO REFERRED SURVIVOR TO YOU, IF NEEDED

- 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, a case worker, what type of service should you should indicate referred the survivor?
- 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, what referral type do you select?
- A physical assault survivor who knew about your NGO on her own reports an incident to you. What is the referral type that you should select?

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.

Answer: 'Police/Other Security Actor' as the referral type.

Answer: You should select 'Health/Medical Services' as the referral type.

You should select 'Self-referral' as the referral type because the client was not referred by any other individual, group or agency.

**PRESENT:** The rest of the data points in this section of the intake form are intended to enable your organizations to have a better understanding of basic trends in the referral pathway, such as which services are referring survivors the most or least. They also seek to identify why referrals are not given, and to identify gaps or areas to focus on for improvement.



**Show Slide 3.6.2**

**Did you refer the client to a safe house/shelter?\***

**Did you refer the client to health/medical services?\***

**Did you refer the client to psychosocial services?\***

**Does the client want to pursue legal action?\***

**Did you refer the client to legal assistance services?\***

**Did you refer the client to police/other type of security actor?\***

**Did you refer the client to livelihoods program?\***

**PRESENT:** 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:



### Show Slide 3.6.3

**Service provided by your agency:** You provided the survivor all the necessary services they needed at the time of report.

**Services already received from another agency:** The survivor had already received those services from another service provider prior to arriving at your service.

**Service not applicable:** The service does not apply to their situation. If a survivor 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.

**Service unavailable:** The service applies and you would refer the survivor to that service except that it does not exist or is not accessible to the survivor. For example, if a woman reports being raped, but there is no medical facility nearby to refer her to for treatment, the service is unavailable.

**DISCUSS:** Confusion can arise when differentiating between ‘Service not applicable’ and ‘Service unavailable.’ They are not the same thing and should not be used interchangeably! When is a service not applicable?

When is a service unavailable?



### Show Slide 3.6.4

If the police referred the survivor to you, for example, you won’t refer the survivor to the police because they have already received that service.

For example, when you inform a survivor that if they want to take legal action they can first report the incident to the police, and then the survivor declines saying she does not want to go to the police or take legal action. Note: The term ‘declined’ does not necessarily imply the survivor’s desire. For example, a service provider might offer to refer a survivor to a surgeon for a very expensive surgery. The survivor may want the referral but must decline the referral due to financial reasons. This would still be categorized as ‘Referral declined by survivor.’

A service is not applicable when a survivor does not need that service.

For example, if a woman who has not been physically harmed reports an incident classified as ‘Denial of Resources, Opportunities or Services,’ you will probably not refer her to health or medical services because she does not need medical help. You should therefore indicate ‘Service not applicable.’

- A service is unavailable when that particular service does not exist or is not accessible to survivors in your area.
- For example, a survivor is in need of a safe house/safe shelter but there are none in the area. This would be marked as ‘Service unavailable!’ The survivor needed the service and you would have referred the survivor. Because the service is not available, however, you were unable to do so.

Summarize the key points of the discussion.

### Medical Intake Form – Special Note

The medical intake form has some additional, health care-specific data points on which to collect information to help with provision of health services, and which will assist in analysis of trends.

Show the PowerPoint slide with these data points and discuss with participants.

<b>Did you refer patient for higher level medical services?</b>	<input type="checkbox"/> Yes (Indicate for which of the following reasons): <input type="checkbox"/> Antenatal Care <input type="checkbox"/> Vaccination <input type="checkbox"/> Family Planning <input type="checkbox"/> Closer Facility <input type="checkbox"/> Surgery <input type="checkbox"/> VCT <input type="checkbox"/> Other Advanced Treatment		
	No (Indicate for which of the following reasons): <input type="checkbox"/> You provided services <input type="checkbox"/> Services already received <input type="checkbox"/> Patient declined <input type="checkbox"/> Service not applicable <input type="checkbox"/> Service unavailable		
<b>Does the patient want to pursue legal action?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided at Time of Report			
<b>Was Evidence Collected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:	<b>Was a medical certificate requested by the patient?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was a medical certificate prepared for the patient?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was a follow-up visit scheduled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was the medical examination process explained prior to beginning the procedure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Was consent for the examination obtained prior to beginning examination?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Take 10 minutes and use the scenario to fill in the Planned Action/Action Taken section of the practice intake form.

Go through the responses together in the full group.

## ACTIVITY 3.7

# Topic Seven: Medical Intake Form Considerations

The medical intake form has standardized data points that are included in the medical version of the Incident Recorder. There are two uniquely medical sections on the medical form that we will work through together now.

This section provides guidance for training personnel (either Focal Points who will implement the GBVIMS in health care services; or health care personnel) on the medical form.

## Medical History and Examination

		Yes	No			
<b>Known allergies?</b>						
<b>Chronic conditions?</b>						
<b>Previous operation for gynecological / obstetrical reasons?</b>						
<b>Previous operation for other reasons?</b>						
<b>Current contraception used?</b> <input type="checkbox"/> None <input type="checkbox"/> Pill <input type="checkbox"/> IUD <input type="checkbox"/> Condoms <input type="checkbox"/> Injectable contraceptive <input type="checkbox"/> Other		<b>Did this incident involve penile penetration?</b> <input type="checkbox"/> Yes - Vaginal <input type="checkbox"/> Yes - Other orifice <input type="checkbox"/> No				
<b>Loss consciousness during incident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Serious wound(s) present?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Suspicion of fistula?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Evidence of pregnancy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (# of Weeks: _____)	<b>HIV/AIDS status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<b>Pubertal stage:</b> <input type="checkbox"/> Pubertal <input type="checkbox"/> Pre-pubertal <input type="checkbox"/> Mature				
<b>Genital examination done?</b>	<input type="checkbox"/> No - Patient Declined <input type="checkbox"/> No - Not Available <input type="checkbox"/> No - Not Applicable <input type="checkbox"/> Yes - External Exam <input type="checkbox"/> Yes - Speculum Exam					
<b>Rectal examination done?</b>	<input type="checkbox"/> No - Not Applicable <input type="checkbox"/> No - Patient Declined <input type="checkbox"/> No - Not Available <input type="checkbox"/> Yes					
<b>If a genital or rectal examination was done, were...</b>	<b>Traumatic wounds present:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
	<b>Foreign objects present:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
	<b>Biological liquids present (sperm, etc.):</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Tests Done</b>	No - Patient Declined	No - Not Available	No - Not Applicable	Yes - Negative	Yes - Positive	Yes - No results
Pregnancy Test						
HIV Test						
Gonorrhea Test						
Chlamydia Test						
Syphilis Test						
Trichomoniasis Test						
Hepatitis B Test						

### Treatments Prescribed

STI Prevention:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not available
STI Treatment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not available
Emergency Contraception:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not available
Wound Treatment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not available
Tetanus Prophylaxis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not available
Hepatitis B Vaccination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not available
HIV Prophylaxis (PEP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Patient declined	<input type="checkbox"/> No - Not applicable	<input type="checkbox"/> No - Not available

# 4

## Consent for the Release of Information





# SESSION FOUR:

## Consent for the Release of Information

### SESSION LEARNING OBJECTIVES

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Participants will be able to:

1. Define informed consent.
2. Demonstrate asking for survivor consent, following good practice.
3. Explain the difference between the two consent forms for the release of information.
4. Describe how the consent forms should and should not be stored.

### PARTICIPANTS

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- GBVIMS Focal Points
- Case management personnel
- Health care personnel

### PREPARATIONS

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- Print the “Consent for Release of Information” form.
- Print the handout “Flow Chart: Consent for Sharing Information.”

### TIME ALLOCATION FOR EACH SESSION TOPIC

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TOPIC TITLE	TIME
Topic One: What is consent?	30 minutes
Topic Two: Asking for consent to release information.	60 minutes
Topic Three: You have the signed consent form. What do you do with it?	15 minutes
<b>Total Time</b>	<b>1 hour 45 minutes</b>

# Topic One: What is Consent?

## ACTIVITY 4.1

**DISCUSS:** Why do you think informed consent would be an important aspect of the GBVIMS process? ■



Show Slides 4.1.1, 4.1.2, and 4.1.3

**PRESENT:** In this session, we are going to discuss **consent** and situate it in the GBVIMS information management process. ■

**PRESENT:** When beginning implementation of something like the GBVIMS, it is easy to see the prospects of producing quality data that can be shared with other actors to inform and improve coordination and programming. It is very exciting and can be beneficial for your work and for the beneficiaries. It is important to keep in mind, though, that even if information is de-identified, it is still the survivor's decision whether to allow that 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.

Please break up into groups of four. I would like you to discuss for 10 minutes in your groups these two concepts and write out a definition for each. Then each group will give what they came up with as the main ideas for each concept.

On a flip chart, write the words, **CONSENT** and **INFORMED CONSENT**.

**CONSENT** is when a person makes a 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.
- A promise is made to the person to provide a benefit.

**INFORMED CONSENT** is a two-way process, going beyond providing a form or document for the survivor to read and sign, and the person going along with it. It involves explaining what will happen and answering any questions the survivor may have, so that they fully understand what it is they are agreeing to.

So that survivors from whom you are collecting data:

- Are aware of and understand the purpose of the data-collection.
- Understand the procedures that will be followed during the course of the intake interview.
- Know the risks and the benefits to themselves of participating.
- Know their rights, including the right to refuse to answer specific questions or to take part in sections of the interview.

- Introduce the session objectives with Slide 4.1.1. Emphasize that the first objective has already been addressed!
- Read through the next slides (Slide 4.1.2 and Slide 4.1.3) to reiterate - in writing - the definition of informed consent.



### Show Slide 4.1.4

There can be different reasons why you might need to ask a survivor for their consent. During this training on the GBVIMS tools and procedures, we will be focusing on asking informed consent for the release of information that is collected during the intake interview.

**DISCUSS:** Can anyone think of other types of consent that may be asked of survivors?

**DISCUSS:** So what is the difference between consenting for service provision and consenting for the release of information?

**PRESENT:** It is important that you can clearly explain the purpose behind the varying types of consent – whether it be requesting the survivor sign a consent form before a nurse can perform a medical exam or that the survivor sign the consent for release of information form.



### Show Slide 4.1.5

Consent Requested for What Purpose	How Consent is Acknowledged	When to Request Consent
Medical examination	Written & verbal	Before the examination begins and throughout before beginning each step of the exam
Psychosocial consultation	Verbal	Before the consultation
Release of Information – Part 1: De-identified information for reporting purposes.	Verbal; then written	Before the examination or consultation, explain that information will be noted about the case and kept confidential. // At the end of the session explain the release of information consent form for de-identified information and ask for 'yes' or 'no' and signature.
Release of Information – Part 2: Identifiable information for the purpose of service provision	Written	At the end of the examination or consultation, once the needs of the survivor have been identified and a plan of action has been agreed upon.

- **Case management/Psychosocial assistance: Verbal consent to discuss the incident and work with the survivor.**
- **Health care: Written consent before the medical examination.**

**They are simply two different things. For example, if someone declines to consent to your sharing their de-identified information for the purpose of reporting, this would not impede necessary referrals being made or the full provision of services that your organization is capable of providing.**

#### NOTE TO THE FACILITATOR

**This concept of using multiple, specific consent forms is new to many organizations and staff may initially push back. While it may seem more complicated than current practices, this is a best practice that gives survivors the most control possible over their situation and the information your organization collects about them.**

**Present the table that presents various examples of consent that may be required when working with GBV survivors. Show Slide 4.1.5 and read through it; ask for questions.**

**PRESENT:** Notice that consent is being asked for two different information sharing purposes. We will discuss what this means in more detail in a few minutes. But first, what does “de-identified” information mean? ■



**Show Slide 4.1.6 and 4.1.7.** ■

**PRESENT:** Back to the same table we saw a minute ago: This is not meant to be an exhaustive presentation of all types of consent that your organizations may need to use. It is meant to provide you with the adequate tools to ensure informed consent related to the GBVIMS – meaning what we will cover is consent related to information sharing. This is so that implementation of the GBVIMS in your organization meets the highest standards of safety and confidentiality.

Let’s now go into more detail – specifically about asking for consent to release information.

- Information that cannot be linked to a specific individual or group of individuals.
- All personal identifiers such as a person’s name and place of residence are removed.

Slide 4.1.7 has the table with various purposes for consent, and highlight the two rows at the bottom – both for consent to release information.

**NOTE TO FACILITATOR:**

There are special considerations that should be taken when working with child survivors. The following provides background information, but it is recommended to consult the Caring for Child Survivors Manual (Unicef, IRC - 2012) for further details, especially in settings where services are provided to children.

**MANDATORY REPORTING IN CHILD CASES**

This refers to state laws and policies that mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected child abuse (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse). One of the main differences in working with children as opposed to adults is the need for health and psychosocial providers to comply with laws and policies regulating response to the suspected or actual abuse of children. These laws and policies are often referred to as “mandatory reporting laws” and they vary in scope and practice across humanitarian settings. To appropriately comply with mandatory reporting laws, service providers must have a thorough understanding of the mandatory reporting laws in their setting. In settings where laws and systems exist, service providers should have established procedures in place for reporting suspected or actual abuse before providing services directly to children. The elements of mandatory reporting that actors should agree upon to create the safest and most effective reporting mechanisms includes first answering the question: Does a mandatory reporting law or policy exist in my setting? If yes, actors should establish procedures based on answering these key questions:

- Who is required to report cases of child abuse?
- Who are the officials designated to receive such reports?
- When is the obligation to report triggered (i.e., with suspicion of abuse?)
- What information needs to be shared?
- What are the reporting regulations regarding timing and other procedures?
- How is confidentiality protected?

■ **What are the legal implications of not reporting?**

**Remember:** The best interest of the child should always be the primary consideration when taking actions on behalf of children, even in the context of mandatory reporting laws.

**REPORTING CASES OF CHILD SEXUAL ABUSE**

If service providers are required to report cases of child sexual abuse to local authorities and reporting systems are established and functioning, then they must follow the local protocol and clearly explain this to the survivor. Reporting suspected or actual cases of sexual abuse is very sensitive and the report should be handled in the safest and most discrete manner possible. Mandatory reporting in cases of child abuse is not the same thing as referring a child for immediate protection if they are in imminent danger. If a child is in imminent danger, then caseworkers should take actions to secure his/her safety (through referral to local police, protection agencies, etc.) prior to making a mandatory report to the designated mandatory reporting agencies.

Once the child is safe, caseworkers should proceed with mandatory reporting procedures. Best practice for reporting cases of child sexual abuse (in settings where mandatory reporting systems function) includes:

- Inclusion of protocols for maintaining the upmost discretion and confidentiality of child survivors.
- Knowing the case criteria that warrant a mandatory report.
- Making the verbal and/or written reports (as indicated by law) within a specified timeframe (usually 24 to 48 hours).
- Reporting only the minimum information needed to complete the report.
- Explaining to the child and his/her caregiver what is happening and why.
- Documenting the report in the child's case file and following up with the family and relevant authorities.

**INFORMED CONSENT AND INFORMED ASSENT**

As a general principle, permission to proceed with case management (and other case actions) is sought from the child as well as the parent or caregiver, unless it is deemed inappropriate to involve the child's caregiver. Permission to proceed with case management and other care and treatment actions (e.g., referrals) is sought by obtaining "informed consent" from caregivers or older children and/or "informed assent" from younger children. Informed consent and informed assent are similar, but not exactly the same.

- "Informed consent" is the voluntary agreement of an individual who has the legal capacity to give consent. To provide "informed consent" the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Parents are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age
- "Informed assent" is the expressed willingness to participate in services. For younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Informed assent is the expressed willingness of the child to participate in services.

## Topic Two: Asking for Consent to Release Information

**PRESENT:** We have defined consent and compared identifiable to de-identified information. We have also discussed various types of things for which you would need to ask consent. Now let's look at the process involved to correctly ask for consent for the purpose of data collection and subsequent use of that data.

The *Consent for Release of Information Form* is a form requiring survivors to give their authorization for **any** of their information to be shared with other agencies or organizations. It is intended to ensure that the rights of the survivors to control their incident data are maintained and protected. The form differentiates between the sharing of identifiable and de-identified information and requires separate authorization from the survivor for each. ■

Now, you will see that the form is two pages. The first page has two parts – labeled #1 and #2. These parts are each based on the type or level of detail of the incident data that will be shared. We will discuss the second page a bit later. ■

**DISCUSS:** In your own words, what is each of those parts asking the person to consent to? ■



### Show Slide 4.2.1

**PRESENT:** So – let's talk about how requesting consent for the release of information actually works in practice.

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

Distribute the “Consent for Release of Information” form.

Ask a volunteer to please read Part 1 of the first page?

Ask a volunteer to please read Part 2?

- **PART 1: Sharing identifiable information about their case in order to facilitate access to services selected.**
- **PART 2: De-identified information for the purpose of aggregating data in to statistics to be used in reports. For example – to be able to count the case in statistics like the “number of rapes reported last month.” Or to include it in a calculation of “X percent of cases assisted last month were children.”**



## Show Slide 4.2.2

The generally accepted approach to obtaining informed consent is:

1. Read aloud to the interviewee the first part of the consent statement, allowing time for questions and clarifications of individual points.
2. Having explained the key points, the service provider should ask the participant to repeat back in their own words what they think they have agreed to, what the risks might be, and what would happen if they refuse. This will allow the service provider to assess the participant's understanding of each issue, and if necessary, reinforce anything that was not clearly understood and correct any misunderstanding.
3. The last step, obtaining consent, will be done in writing (for the release of information).
4. Repeat steps 1-3 for the second part of the consent statement.

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

For Part 1 regarding identifiable information sharing for referrals, a survivor who declines to share information with other service providers should **never be excluded** from access to those services. In some humanitarian contexts, the situation is insecure and sharing identifiable information can be hazardous. Therefore, there may be very few instances where it makes sense to share identifiable information for a referral between your organization and another service provider. In other contexts, there may be a referral network in place that facilitates safe sharing of information in a manner that puts survivors at minimal risk. It is up to your staff who work with survivors to explain the risks relevant to your context so that survivors can make the best informed decision.



## ACTIVITY 4.2

Show slide 4.2.2 on the approach to obtaining consent.

Let's practice this! Please get in to pairs; one person act as the survivor, the other as the caseworker or nurse. You are going to do the following:

Practice asking for consent following best practice as outlined just now. Those playing the survivor, please try to ask questions – make sure that if you were in that person's shoes, you would really get all the answers you want.

→ 15 MINUTES

Still in your pairs, you will briefly discuss what is most challenging about asking for consent for the release of information.

→ 5 MINUTES

We will then come back to the big group to discuss the challenges you noted and brainstorm solutions together.

→ 15 MINUTES

**DISCUSS:** What happens if the survivor declines to share any identifiable information in Part 1 of the form? ■

What happens if the survivor declines to share their de-identified information in Part 2? ■

**PRESENT:** This may seem strange that there could be such restrictions on data that is de-identified. But this brings us back to the key guiding principles of working with survivors of GBV.

**DISCUSS:** Who can remind us what those principles are? ■

And which principles could be affected by the sharing of data without the survivor's informed and explicit consent? ■

This should not affect the survivor's access to referral services. S/he can still be referred to services needed and requested, only the caseworker does not have the right to share any identifiable information about the survivor and the incident with the service provider to whom they are referring the survivor.

- Their incident CAN be entered in to the organization's own GBVIMS Incident Recorder.
- Their incident CAN be counted in the overall number of cases assisted for internal donor reporting purposes.
- Their incident CANNOT be included in the information that is shared with actors outside of your organization. It can be included for internal analysis to help you with program management, but NOT if information is to be shared, even if that information is in the form of statistical analysis.

Distribute the handout titled, "Flow Chart: Consent for Sharing Information," and briefly discuss.

- Safety
- Confidentiality
- Respect the wishes and dignity of the survivor
- Non-discrimination

Primarily the principle of "respect the wishes and dignity of the survivor" in this case, but also "safety" and "confidentiality."

## TOPIC THREE: You Have the Signed Consent Form. What do You Do With It?

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**PRESENT:** Do you remember that the consent form I distributed has two pages? Please turn to the second page. I want you to note two things:

1. This page provides space to record relevant, identifiable information that may be necessary to provide quality case management or follow up. It can be customized by your organization, depending on whether this information helps with service provision.
2. This page AND the first page with the two parts for consent for release of information, have NO mention of GBV – no terminology like ‘survivor’ or ‘sexual violence’ on them at all. This is not by any means a strong safeguard, but it is one small way to keep identifiable information separate from the explicit knowledge that this relates to GBV or sexual violence.

**DISCUSS:** Now, back to the title of this part of the session. You have the signed consent form following the intake interview or medical examination with the survivor. What do you do with the form? Who has an idea? ■

**Do NOT attach the consent form directly to the intake form. The consent form should be stored separately to ensure survivor confidentiality and further protect her information.**



# 5

## Incident Recorder





# SESSION FIVE: Incident Recorder

## SESSION LEARNING OBJECTIVES

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Participants will be able to:

1. Understand how the Incident Recorder is organized.
2. Perform routine modifications to the Incident Recorder.
3. Effectively enter data in to the Incident Recorder.

## PARTICIPANTS

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- Relevant agency staff/GBVIMS Liaisons
- GBVIMS Focal Points
- Data Management Personnel

## PREPARATIONS

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- Print copies of the Excel Vocabulary Handout
- Print PowerPoint slides
- Before leading this session, the facilitator should find out what version of Excel (2003, 2007, or 2010) will be on the computers that participants will use during the training. If there are participants using the 2003 version, refer to the GBVIMS User Guide for appropriate instructions and graphics. The User Guide can be accessed for download at [www.gbvims.org](http://www.gbvims.org).

## TIME ALLOCATION FOR EACH SESSION TOPIC

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TOPIC TITLE	TIME
Topic One: Overview of the GBVIMS Incident Recorder	45 minutes
Topic Two: Setting up the Incident Recorder (for GBVIMS Focal Points only)	75 minutes
Topic Three: Data entry	75 minutes
Topic Four: Calculated columns	30 minutes
Topic Five: Data transfer record worksheet	15 minutes
<b>Total Time</b>	<b>4 hours</b>

# TOPIC ONE: Overview of the GBVIMS Incident Recorder

**DISCUSS:** The Incident Recorder. Can someone who was in the first session of this training, which focused on information management and GBV, please share with the group the four stages of information management? And what part of the information management process does the Incident Recorder facilitate? ■

Great! So, what does that mean – storage and analysis with the Incident Recorder? Isn't the information the caseworkers collect stored on the intake forms? Then why do you think we even need the Incident Recorder (or IR)? ■

**PRESENT:** Our objectives for this session are:



## Show Slide 5.1.1

- Understand how the Incident Recorder works and is organized.
- Perform routine modifications to the Incident Recorder → Set it up for use.
- Effectively enter data in to the Incident Recorder.

**PRESENT:** So what does this mean? Basically, after this session, you will be able to use the **Incident Recorder** for data **storage**. In the next session, we will take it a step further, and you will learn how to use the data stored in the IR to do **analysis**, and to make reports and graphs – the fun stuff. But before we get to the analysis, we need to be proficient in setting up the IR for our individual contexts, in performing routine modifications and corrections, and finally in correctly entering data – data that can then be later analyzed.

Sound good? Ok, let's get started! In the first topic of the session, you need to know a little something about how the IR works – how it's organized, get an idea of what it can do, as well as what it cannot do. We will be discussing:

- The software used.
- How the intake form relates to the IR.
- Dropdown menus in the IR.
- Protected cells in the IR.

- **Collect, Store, Analyze, and Share**
- **The IR helps us with storage and analysis.**

**Discuss for a few minutes and bring out the below points.**

- **The IR offers a means to store a lot of GBV data electronically, which can be quickly accessed by relevant staff, and searched for key information or trends.**
- **The IR helps you automatically generate statistics, tables, and graphs that can be used to analyze and share your data.**
- **The IR filters out information that is not needed beyond the person assisting the survivor. The caseworker or health worker collects a lot of information that will be used to help him or her assist the survivor. A lot of these details are not necessary, however, when looking at trends (for example, it is not necessary for staff other than the caseworker to know how many children each survivor has).**

- Aggregated/anonymous reports.
- What the IR is not.
- Introduction to the structure of the IR: the 15 worksheets.

During this topic I will be presenting a lot of details. You can follow along with the handout that has the PowerPoint slides and take notes as you like. In the next topic, where we learn to set up the IR and get it ready to be used, you will be able to get your hands on the IR and try some things out yourselves.

**DISCUSS:**

First, does anyone remember what software program the IR uses? ■

**Microsoft Excel.**

And why do you think the GBVIMS Steering Committee selected Excel for the system’s IR? There are, after all, many newer and more complex database programs out there these days.

**Pass the Excel Vocabulary Handout to participants. Depending on the participants and their Excel capacity, you may need to spend some time explaining the basic Excel components to ensure there is clarity around the Excel basics.**



**Show Slide 5.1.2** ■

**Microsoft Excel:**

- It is a user-friendly program that can increase the accessibility and utility of the IR in field settings.
- It enables most field staff with minimal computer skills and/ or limited access to technology to quickly learn, use and maintain the Incident Recorder.
- Limits investment in resources, staff time, and technical support often required to implement, and maintain more complex systems.

Here on the Excel Vocabulary Handout, you have key Excel terms and their definitions. Sometimes even when you are familiar with Excel, you may not have experience using the terms – but this will help you follow the information presented. Please take 10 minutes to read through them. Let me know if you have any questions.

**PRESENT:**

**The IR and the intake form**—The intake form and the IR have been designed to correspond and complement each other. Data in the IR is organized by incident, meaning that each row of the IR represents one incident and will contain the incident data from one intake form. Each time a new intake form is entered into the IR, a new line of data will be added.



### Show Slide 5.1.3

Not all of the information collected on the intake form will be entered into the IR. Only those questions indicated on the intake form by an asterisk (\*) are collected as part of the GBVIMS required dataset. These fields will have a corresponding column in the IR, where they will be entered. The Excel columns in the IR follow the same order as their corresponding question on the intake form to simplify and speed up the data entry process.

Any questions?

SHOW SLIDE 5.1.3 with the graphic to help illustrate this point.



### Show Slide 5.1.4

**PRESENT: Dropdown menus**—Most of the IR fields use dropdown menus from which you can simply select the data you want to input. Because you don't need to type very much, the dropdown menus:

- Enable faster recording.
- Lessen the risk of human error.

Dropdown menus also help to:

- Standardize the terms being used for recorded data.
- Prevent identifiable information being added.

Some fields are completely standardized, while others have customizable dropdown menus. This means you will be able to add, remove, or edit the response options on the dropdown list to match those listed for the corresponding question on the intake form. This is one of the routine modifications that you will need to learn to do, and we will address it in the next topic of the session.

Any questions?

SHOW SLIDE 5.1.4 with the graphic to help illustrate this point.



### Show Slide 5.1.5

**PRESENT: Protected cells**—The IR has built-in formulas that automatically calculate certain statistics and even generate charts and graphs for facilitating data analysis. The moment you enter data into the IR, these fields are immediately calculated and included as a part of the generated reports. To pro-

Show Slide 5.1.5 with the graphic to help illustrate this point.

tect these formulas, certain parts of the IR have been locked and are password protected. This means that you do not have to worry about accidentally tampering or erasing these formulas.

You need to know this so that you are not surprised if you see an error message like the one on the slide. It is a reminder that the information in the cell cannot be changed. This helps your IR remain harmonized with the GBVIMS system. Any questions?



**Show Slide 5.1.6**

Show Slide 5.1.6 with the graphic to help illustrate this point.

### **PRESENT: Automatic Cell Formatting**

The worksheet has built in formatting functions that can help recognize errors in the data and make sure your data entry is accurate.

- **Yellow:** When a row is filled in, any cell left blank will turn yellow. This is meant to help you quickly notice missing data. If the information is not on the intake form, you will want to check with the person who filled it in; the caseworker or health worker may have forgotten to fill in that data point. Another possibility is that the survivor did not wish to give that information. In that case, the cell will remain yellow.
- **Red:** Some cells have been programmed to turn bright red if there is a data entry error. For example, since every new incident receives a unique incident ID, there should never be an incident ID repeated. If, for whatever reason, you input the same incident ID more than once, all of the cells containing the repeated incident ID will turn red. This will allow you to see this important error immediately and correct it as you enter data.

Cells containing information pertaining to dates will also turn red if the date entered cannot be correct. For example, if a birth date is recorded as coming after the report date the cell will turn red (it is impossible for the survivor to report the incident before they have been born!). Unlike yellow cells, which indicate missing data, red colored cells indicate data entry errors. Any cells that are red must be corrected as soon as possible, there should be no red cells in an updated IR.

- **Green:** A similar function will occur whenever the survivor code is repeated in the IR. All of the cells containing a survivor code that is occurs for more than one incident will turn will turn bright green. It is possible that the same survivor reports multiple incidents, so the green cells do not indicate a problem or error; rather, they are simply intended to help you be aware that the survivor has most likely reported a GBV incident before and easily locate the earlier incident(s).

Any questions?

**PRESENT:**



**Show Slide 5.1.7**

Show Slide 5.1.7 with the graphic to help illustrate this point.

**Aggregated/Anonymous reports**—The IR automatically creates multiple Excel tables and graphs that can be used for data analysis and reporting. When the IR generates these tables, the data is always in **aggregated** form. All data is therefore **anonymous** with no identifiable details; this ensures that the tables can be useful for informing programming, reporting needs and advocacy efforts.

Any questions?

**PRESENT:** There are two notable things the GBVIMS IR **cannot** do. It is important to keep these limitations in mind. No database is going to give us the answer to all questions, or help us organize all information we need. The two main things you should know that the GBVIMS IR cannot do are:



**Show Slide 5.1.8**

- The IR is not a case management system since it can only capture de-identified information collected up to the time of report. It does not follow survivors after their intake interview. (Every organization's service provision model is different, and it would currently not be possible to standardize how every organization tracks their case management and services provided in detail. Standardizing the data collected about incidents reported and the way this information is stored is a first and important step.) This therefore means that your organization needs to continue to separately track activities, results, and information about service provision that goes beyond the initial intake interview.
- The IR cannot generate or track GBV prevalence data because it only contains data collected in the context of service provision. Produced statistics and reports are not representative of the total amount of GBV occurring in a given community or context, only those cases that are reported.

**DISCUSS:** What does **prevalence data** mean?



**Show Slide 5.1.9**

Discuss for a few minutes and help the group come to something like the below definition. Then show the slide so they can read it themselves.

GBV Prevalence Data is data that represents the rate and frequency of GBV in a given population. Since the GB-VIMS 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.

Any questions?



### Show Slide 5.1.10

**PRESENT: Worksheets of the Incident Recorder** - When you open the IR in just a bit, you will see a page that looks something like the picture on this slide. ■

This is the first worksheet of the IR and is called the 'Incident Data' worksheet. The IR includes 15 worksheets, each of which can be accessed by clicking on the corresponding tab at the bottom of the workbook. Because not all worksheet tabs are visible simultaneously, you will need to use the tab scroll arrow keys at the bottom-left corner of the workbook to scroll to all the worksheets. To view a different worksheet, simply click on the corresponding worksheet tab at the bottom of the workbook.

The next tables in the PowerPoint slides list the worksheets in order and detail their general and specific functions. Worksheets 1–5, focusing mainly on data entry, will be discussed further in this session, while worksheets 6–15, which focus on analysis and reporting, will be discussed in the next session.



### Slides 5.1.11, 5.1.12, and 5.1.13 ■

Open the IR and show where the worksheet tabs are and how to use the scroll arrow keys.

See the facilitator notes beginning on the next page.

Indicate that participants should be looking at the printed slides 5.1.11, 5.1.12, and 5.1.13. Open each worksheet on Excel (projecting the image for participants to see). Ask a participant to read the 1) worksheet name, 2) the general function, and 3) the specific function of each.

Touch on the following points.

#### WORKSHEET 1

- This is the worksheet you will use the most for data entry.
- It contains the line data – or the information for each incident reported.

#### WORKSHEET 2

- There are several data points that need to be customized to your specific context. This worksheet is where you will do that. Some of the data points are: the list of occupations for alleged perpetrators, and the lists of areas and sub-areas to help localize the reported incidents.

#### WORKSHEET 3

- This worksheet is similar to Worksheet 2, except that it concerns only the country of origin.

#### WORKSHEET 4

- This helps you quickly calculate the year of birth of the survivor if you are given the survivor's age instead of a date of birth.
- For the GBVIMS to properly calculate certain analyses, it must have an approximate date of birth – at least the year. A survivor may only know that s/he is “about 70 years old,” and the caseworker or health care provider may mark “70 years old” on the intake form. This is fine for their service provision, but for data purposes, you will need to translate that age into a year of birth – Worksheet 4 can help you do this.

#### WORKSHEET 5

- The Data Transfer Record helps you and your colleagues track when data is compiled and which offices or sites it is coming from. This is strictly a tool to help you stay organized.

#### WORKSHEET 6

- Again, Worksheets 6 through 15 will be covered in more detail in the next session, when we get to data reporting and analysis.
- Worksheet 6 gives you an automatic overview of incident data on a monthly basis. You will learn how to adjust it for the desired month.

#### WORKSHEETS 7, 8, AND 9

- These worksheets provide you with more detailed aggregated information on the type of GBV reported by age and sex; an analysis of the referrals made; and a view of the types of GBV incidents reported that includes context.

#### WORKSHEETS 10 AND 11

- Numbers 10 and 11 focus on trend analysis. Worksheet 10 gives you a summary of the incident data by month, GBV type, and sex.
- Worksheet 11 is a chart that will help illustrate these trends.

#### WORKSHEETS 12, 13, 14, AND 15

- Finally, these worksheets are what we call “Open” pivot tables. They are included to facilitate customization for your organization to analyze the data in other ways. Perhaps you'd like to look specifically at the time of day GBV incidents are reported to have occurred during the past 6 months. That is not a standard analysis presented in the other worksheets. So, using these open worksheets, you are able to do that. The possibilities for analyzing different variables are many; this gives you some space to explore.

# TOPIC TWO: Setting Up the Incident Recorder (for Focal Points)

**DISCUSS:** Ok, do you all feel like you have the big picture of what the Incident Recorder looks like, how it is structured, and what it can do? Any questions?

**PRESENT:** The next step is to learn how to get the IR ready for you and your colleagues to begin entering data from the intake forms. This will include five actions you will need to take when the IR is first being implemented in your organization:

 **Show Slide 5.2.1**

1. Adjust computer security settings for macros.
2. Password protect the IR.
3. Modify dropdown menus.
4. Hide unneeded columns – instead of deleting them.
5. Properly name electronic files.

As we go through each, we'll talk about the why and the how, and you will have a chance to try them on your practice IRs.

- First, I will explain using the PowerPoint slide.
- Second, I will show you how to do the action in the sample IR.
- Third, you will try the actions yourselves, and I will help as needed.

## 1. Adjust Computer Security Settings for Macros

Many computers are set to automatically disable macros. The first time you are using the IR on a computer you will need to check the computer settings to see if macros are blocked. If they are, then the settings will need to be changed, so that each time the IR is opened, staff are prompted to enable macros.

 **Show Slide 5.2.2, 5.2.3, and 5.2.4**

Topic Two is aimed at the GBVIMS Focal Points. The Focal Points are the staff who oversee the implementation and management of the GBVIMS in their respective organizations. They will normally be the individuals responsible for getting the Incident Recorders (IRs) set up and ready for their colleagues to enter GBV incident data.

Take any questions and briefly discuss as needed.

For each of the next sections, you the facilitator will use a variety of techniques to help participants not just listen, but also learn and retain the information. They need to learn how to do these actions, not just learn what they are.

Use PowerPoint slides 5.2.2, 5.2.3, and 5.2.4 to teach Focal Points how to adjust security settings to enable macros (using the Present, Demonstrate, Activity process). Highlight that they and their staff will still need to enable macros each time the IR is used.

## 2. Password Protect the Incident Recorder

In order to keep your data secure and confidential, you will need to ensure that only a limited number of people have access to the IR. One way to do this is to set a password to protect the data stored in your IR. (Note: This is a good idea for any files with sensitive GBV data that you store on your computer).

Make sure you keep all your passwords well organized, written down, and stored in a locked location. Do not store passwords on your desktop or computer monitor! Only those who should have access to the IR for data entry, analysis, or GBV programming should have access to the password. Should you ever leave the organization, make sure whoever will be replacing you has access to the passwords; otherwise, all previous GBV data for your organization will be inaccessible.



**Show Slides 5.2.5 – 5.2.8**

Use slides 5.2.5 – 5.2.8 to teach Focal Points how to password protect their IRs (using the present, Demonstrate, Activity process).

## 3. Modify Dropdown Menus

Great, so now you are all set with enabling your security settings for macros and password protecting your IR. Let's move on to the third type of task you will need to know how to do to set up the IR and keep it running smoothly. This next task is customizing the dropdown menus so the IR works in your context and setting.

As mentioned earlier in the session, most of the fields in the IR contain dropdown menus that will help make data entry be more quick and accurate. Nine of these fields contain dropdown menus that are customizable. You may sometimes need to modify the list of options in dropdown menus – for example, do you see in the first table with the list of caseworker codes? When a new caseworker or health worker joins your team, they will be assigned a code and that code will need to be added to the IR.

With the exception of 'Country of origin,' all eight of the customizable dropdown menus can be modified on the 'Menu Data' worksheet or the 'Country of Origin' worksheet. Remember those? Those are the second and third worksheets of the IR – just after the 'Incident Data' worksheet.

When you click on the 'Menu Data' tab and open that worksheet, you will see eight tables.



## Show Slide 5.2.9

Slides 5.2.10, 5.2.11, and 5.2.12 walk you through modifying the dropdown list in the 'Menu Data' worksheet.



## Show Slides 5.2.10, 5.2.11, and 5.2.12

- First, you open the 'Incident Data' worksheet and check the dropdown menu for the 'Caseworker Code' column.
- Second, you go to the 'Menu Data' worksheet and add a new caseworker code to the list. Then click on the button at the top of the worksheet: 'Update Menus in Incident Data Worksheet.'
- Third, you go back to the 'Incident Data' worksheet to verify that the change was made.

**DEMONSTRATE:** Show participants how to modify dropdown menus on the projected sample IR.



## ACTIVITY 5.1



## Show Slide 5.2.13

### 4. Hide Columns on the Incident Data Worksheet

There are some fields that are not required on the intake form that have been included as columns on the 'Incident Data' worksheet. We have included these fields even though they are optional, because while not necessary for information sharing, they might be useful to some service providers for programming. Should your organization decide not to collect and record data on these fields, you cannot delete these columns, but you can hide them on the 'Incident Data' worksheet so they do not appear on your screen. Should you change your mind and decide that you want to collect data on these fields, simply unhide the columns.

The "Optional" fields listed are shown in **underlined Italics** on the IR.

Note that normally by the time staff are being trained to use the Incident Recorder, the vast majority of the drop down menus have already been modified to be consistent with the intake form for their context. Thus, most of these drop down menus will rarely if ever need to be modified. The exceptions to this are the Caseworker Code, Incident Area, and Incident Sub-Area.

Open your practice IRs and try adding a case-worker code to the dropdown menu.

#### ANSWER QUESTIONS AS NEEDED.

Once you have finished with that, try adding the country 'Burundi' to the 'Country of Origin' dropdown menu. This time, you will go to the 'Country of Origin Menu' worksheet. This time, you will find Burundi on the list of countries, click on the cell to the right of the country's name, select "Yes" from the dropdown menu, then click on the 'Update Menus' button at the top.

If participants are following the steps but the changes to the dropdown lists are not working, suggest they check both of the following:

- Make sure they enabled macros.
- Scroll within the dropdown menu list.



## Show Slide 5.2.14 and 5.2.15

### 5. Properly Name Electronic Files

**PRESENT:** Now let's move on to the last set up action, which is 'properly name electronic files.' This is also an ongoing action that will need to happen each time you and your colleagues use the IR.

Over time, changes will be made to the IR. This can happen in two ways:

- The IR will be updated and new versions of the IR will be implemented by your organization.
- You will enter data into the IR.

For these reasons, it is always a good idea to label your IR with a version number and a date.



## Show Slide 5.2.16

For example, when you first implement the GBVIMS within your organization, the first IR should be saved as something like "IncidentRecorder\_v1.xls". The 'v1' indicates that this is the first version of the IR used by your organization. If your organization decides to update to a second version of the IR, or has to be repaired then this next version should be saved as "IncidentRecorder\_v2.xls."

While it is not necessary to change the version number of the IR each time you enter new data, you should save it every time with a new file name. I suggest using the date on which you edited the file (e.g. "IncidentRecorder\_v1\_14July2010.xls"). Saving under new versions every time you receive a new version of the IR and new filenames every time you input data will allow you to keep track of all changes and easily go back to a previous copy/version in case something should go wrong.



## Show Slide 5.2.17

### **PRESENT:**

**Organizing your IR versions**—As the number of IR versions and filenames increases, it is easy to lose track of the most updated IR copy amongst all the others copies. Two things you can do to avoid this are:

Use PowerPoint slides 5.2.14 and 5.2.15 to teach Focal Points how to hide and unhide columns (using the Present, Demonstrate, Activity process).

Show slide 5.2.16 to illustrate this point.

Show Slide 5.2.17 to illustrate this point.

- Create a folder on your computer labeled 'Old IRs.' You should then always save the newest version of the IR to your desktop and move the older version from the desktop into the 'Old IRs' folder to avoid accidentally entering data into an old version.
- Make a record for each new version of the within the IR on the 'Data Transfer Worksheet' (explained later in this chapter). Every time the spreadsheet has major updates indicate what changes were made: the name of the person who made the updates, the date of the updates and the source of the new information or the reason for the changes, and the version number of the newest IR. If you do this consistently, you will be able to see how the spreadsheet has grown or changed over time. Also, if the data becomes corrupt due to a bad data source or for other reasons, you will be able to use the 'Data Transfer Worksheet' to analyze the file's history and revert back to a previous, uncorrupted version of the spreadsheet.



## Show Slide 5.2.18

### PRESENT:

**Versions of Excel: 2003, 2007, and 2010**—When saving the IR, you should be very careful which version of Excel you save it as. The IR is originally created and distributed in Excel 2003 (xls). Your organization can save this as Excel 2007 if you wish, but before doing so, there are a few key points you must realize:

1. You should only save as Excel 2007 if everyone working with the IR is using Excel 2007 (including all those who will be entering data within your organization and amongst the organizations within your inter-agency partnership).
2. If you save as Excel 2007, it should NOT be saved asxlsx; rather, you must save it asxlsm (which is the Macros enabled format).

If there is any question about what version of Excel individuals are using, then everyone should continue to save the document as a 2003 file (xls).

If a document is saved as a 2007 file and then later saved as a 2003 .xls file, you will still be able to open the IR, but the pivot tables will no longer be functional.



## ACTIVITY 5.2

Show Slide 5.2.18 to illustrate this point.

**KEY IDEA:** The file name should be "Practice Incident Recorder\_v1." → Also ask for the file extension.

You all have practice IRs that have already been saved with a file name, correct? Can someone tell me the file name? It should be at the top of your screen.

Great, now please save the IR with today's date, as given in the example. Make sure to save in the right version of Excel!

## Topic Three: Data Entry

**DISCUSS:** At this point we have now had an overview of the IR. Let's get started on data entry! Who can tell me which worksheet you will primarily use for data entry?

**PRESENT:** Now, it may seem quite straightforward to enter data from the intake forms into the IR. One of the goals of the GBVIMS, however, is to provide service providers and coordinating agencies with **high quality**, standardized data about GBV incidents reported to them. This means you will need to learn how to properly enter data and correct errors that arise. That way, you and your colleagues can make the best possible use of the data collected.

During this part of the session, you will be using sample intake forms and your sample IR to practice entering data. You will then see how this all really works!

So – back to the Incident Data Worksheet. This worksheet is the first in the workbook. It has six sections of data, which match the order of the sections of the intake form:

 **Show Slide 5.3.1**

1. Administrative Information
2. Survivor Information
3. Details of the Incident
4. Alleged Perpetrator Information
5. Referral Pathway Data
6. Calculated Columns

You will see that these sections are indicated by titles in the top two rows as well as each having its own color.



### ENABLING MACROS

**DISCUSS:** Every time you open the IR, you will be asked to do something called “enable macros.” Who has a lot of Excel experience? Can you tell us what an Excel macro is?

Incident Data Worksheet.

**KEY IDEAS:** An Excel macro is a set of instructions that can be triggered by a keyboard shortcut, toolbar button, or an icon in a spreadsheet. Macros are used to eliminate the need to repeat the steps of common tasks over and over.

**PRESENT:** Enabling the macros in your IR is an extremely important step that ensures that the IR can perform all of its functions properly, such as customizing drop down lists.



**Show Slides 5.3.2 and 5.3.3.**

**DEMONSTRATE:**



### ACTIVITY 5.3

Please open your practice Incident Recorders and try enabling the macros as we just discussed. You can use your PowerPoint slide handout to remind you of the steps.



**Show Slide 5.3.4**

**PRESENT:** Remember that each row of the Incident Data Worksheet corresponds to one intake form.



### ACTIVITY 5.4

Now that you have the IRs open in front of you, please also take about 10 minutes to click through the various parts of the workbook so you can see for yourself how it is organized.

Wonderful! Now let's get started on discussing the fields into which you will be entering the GBV data.

#### EMPHASIZE:

- That for Excel 2010, the box that says, "Options" in the 2007 version will instead say, "Enable Content" and it is a one-click process.
- That the macros will need to be enabled each time the workbook is opened.

Show participants how to enable macros on the projected sample IR.

Show Slide 5.3.4, which is from earlier in the session, to illustrate how one take form = one incident = one row in the IR.

The PowerPoint slides should be modified to reflect the reality for the group of participants. If, for example, the group will not be using Survivor Codes, remove those points from your presentation and from the slides.

## INCIDENT DATA WORKSHEET SECTION 1: ADMINISTRATIVE INFORMATION



### Show Slide 5.3.5

**Incident ID**—Each row, signifying a new incident, should begin with an incident ID. This field is typed entry and all incident IDs should be copied directly from the intake form.

**Survivor code**—This is the code assigned to survivors the first time they report an incident to your organization. It remains the same even if they come to report a new case. If the same survivor code is entered into the IR more than once, the repeated entries will become green to let you know that this is a survivor code that has previously been entered into the IR. This is a typed entry field.

**Caseworker code**—This is the code for the person who filled out the intake form for the reported incident. The field is the first of many fields on the Incident Data worksheet to have a dropdown menu. To input data, simply click on the appropriate cell, then on the dropdown menu arrow that appears. Click on the desired caseworker code from the list that appears. If the correct code is not one of the codes listed on the menu, you will have to add it. Real names should never be used in this column, only codes that are non-identifiable and cannot be linked to specific service providers.

**Date of interview**—The date of the interview (i.e. the data on which the service was provided). This field is typed entry and you should enter dates in the following format: dd-mmm-yyyy (Example: June 25, 2010 is entered 25-Jun-2010).

**Date of incident**—The date on which the incident took place. This field is typed entry, and you should enter dates as: dd-mmm-yyyy (Example: June 25, 2010 is entered 25-Jun-2010).

**Survivor Present for Report**—These two questions about whether the survivor was present at time of report are very important in determining whether the incident is included in the IR or not.

It is not a required field on the intake form, so the column should be hidden on the Incident Data worksheet and not presented to participants if it is not going to be used.

This field is not a required field on the intake form and should be hidden on the Incident Data worksheet and not presented to participants if it is not going to be used.



### Show Slide 5.3.6



## ACTIVITY 5.5

Please take out your sample intake form and open up the sample IR. Take 10 minutes to enter data for the Administrative Information section of the Incident Data worksheet.

## INCIDENT DATA WORKSHEET SECTION 2: SURVIVOR INFORMATION



### Show Slide 5.3.7

**Date of birth**—The date on which the survivor was born. This field is typed entry, and you should enter dates as: dd–mmm–yyyy (Example: June 25, 2010 is entered 25–Jun–2010). It is possible that the survivor did not know his or her exact date of birth and the individual filling out the intake form wrote an approximate age instead. To help you quickly and accurately calculate the year of birth, you can use the Birthday Calculator worksheet.

**Sex**—Indicates if the survivor is Male (M) or Female (F) by choosing the appropriate response from the dropdown menu.

**Ethnicity**—Indicates the ethnicity of the survivor by choosing the appropriate response from the dropdown box. The dropdown menu for this field is customizable on the Menu Data worksheet. If your organization is part of an inter–agency group, this field must be customized and updated the same by all agencies at the inter– agency level. ■

**Country of origin**—Indicates the country of origin of the survivor. This is the country from where the survivor comes or from where the survivor has fled. Select the appropriate country from the dropdown menu. If the country written on the intake form is not on the dropdown menu, you will need to add it to the list.

**Current civil/marital status**—Indicates the civil/marital status of the survivor. You should choose from one of the four options on the dropdown menu. These options are fixed and cannot be changed or modified.

**Displacement status at report**—The survivor’s legal status in the country where they are residing at the time of the report. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Person with disabilities?**—Indicates if the survivor has a long–term mental and/or physical disability. Select the appropriate option from the dropdown list.

**Unaccompanied or separated child?**—Indicates whether the survivor is an unaccompanied child, separated child or other vulnerable child. Select the appropriate option from the dropdown list.

This is not a required field on the intake form and this column should be hidden on the Incident Data worksheet and not presented to participants if this information is not needed.



## ACTIVITY 5.6

Please take 10 minutes to enter data for the Survivor Information section of the Incident Data worksheet.



### Show Slide 5.3.8

## INCIDENT DATA WORKSHEET SECTION 3: DETAILS OF THE INCIDENT

**Stage of displacement at incident**—Indicates at what point during the displacement process the incident took place. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Incident time of day**—The time of day when the incident took place. Select the appropriate option from the dropdown list.

**Incident location**—This indicates where the incident took place (e.g. market, forest, etc.). Select the appropriate option from the dropdown list.

**Incident area**—The area where the incident took place.

**Incident sub-area**—The sub-area in which the incident took place.

**Incident camp/town**—The camp or town in which the incident took place.

**FOR FOCAL POINTS:** The options in the customizable fields should match exactly with those on the intake form and changed consistently across the organization; if you are part of an inter-agency group, this must be customized the same by all agencies at the inter-agency level. Before modifying the fields you need to ensure all intake forms are updated to match.

Modify the presentation and PowerPoint slides to match the name of the 'area.' It may be region, county, province, etc.

**FOR FOCAL POINTS:** The dropdown menu for this field is customizable on the Incident Data worksheet. The text 'Area' is in yellow because this field's title should be customized on the Incident Data worksheet according to your context. While the actual geographic unit used to define an area (e.g. region, county, province) must be consistent across your organization and agreed upon by actors sharing GBVIMS data, the response options on the dropdown list can be customized as needed during data entry.

Modify the presentation and PowerPoint slides to match the name of the 'sub-area.' It may be district, sub-county, prefecture, etc.

**FOR FOCAL POINTS:** The dropdown menu for this field is customizable on the Incident Data worksheet. 'Sub-area' is in yellow because this field's title should be customized on the Incident Data worksheet according to your context. The sub-area should be a smaller geographic unit than that which is used for Incident area. While the actual geographic unit used to define a sub-area (e.g. district, sub-county, prefecture) must be consistent across your organization and agreed upon by actors sharing GBVIMS data, the response options on the dropdown list can be customized as needed during data entry.

This is not a required field on the intake form. If it is not collected, the corresponding column in the Incident Data worksheet should be hidden. Remove this slide from the training.



## Show Slide 5.3.9

**GBV type**—These options are fixed and cannot be changed or modified. Select the FIRST type that applies from the dropdown selection list (e.g. if both rape/penetration and physical assault are checked by the caseworker or health worker, select “Rape” because it is listed first on the dropdown). Although the option ‘Non–GBV’ is on the intake form, it has been removed from the IR because only GBV incidents should be recorded in the IR.

**Harmful traditional practice**—Indicates the type of a harmful traditional practice applicable to this incident, if any.

**Money, goods, benefits and/or services exchanged?**—Indicates if this incident involved the exchange of money, goods, benefits and/or services. Select ‘Yes’ or ‘No’ from the dropdown menu. The incident recorder uses this data point along with GBV type to identify potential cases of Sexual Exploitation.

**Type of abduction**—Indicates if the survivor was abducted at the time of the incident by selecting the appropriate type of abduction that took place from the dropdown menu. These options are fixed and cannot be changed or modified. The incident recorder uses this data point along with GBV type to identify potential cases of Sexual Slavery.

**Previously reported THIS incident**—Indicates if the survivor has previously reported this specific incident of GBV anywhere else (e.g. other agencies, etc.). Select the appropriate option from the dropdown list.

**Note:** These response options are *different* from the response options on the intake form. The caseworker or health worker will note the specific service providers to which the survivor already reported the incident. The staff with data entry responsibility will then need to enter into the IR one of three options:

- No—The survivor has not previously reported this incident to any other service provider.
- Yes—A GBVIMS Org/Agency—The survivor has previously reported this incident to *an organization or agency that you compile data with as part of the GBVIMS.*
- Yes—A Non–GBVIMS Org/Agency—The survivor has previously reported this incident but NOT to an organization using the GBVIMS.

**Previous GBV incidents?**—Indicates whether the survivor has ever had another incident of GBV perpetrated against them prior to the one being reported. This does not include the current incident they are reporting. Choose ‘Yes’ or ‘No’ from the dropdown menu.

Show Slide 5.3.9 for the next data fields.

**FOR FOCAL POINTS:** The dropdown menu for this field is customizable on the Menu Data worksheet. You will notice that there is only space for up to five types of harmful traditional practice. These should be specifically customized to your context; while they can be modified, any changes to the list must be changed consistently across your organization, agreed upon by all GBVIMS information sharing partners, and match exactly with the response fields on the intake form. All other incidents that do not fall within one of the five chosen harmful traditional practices will be marked as ‘No.’ Note: You should not use ‘Other’ as one of your harmful traditional practice, since it will lead to non-standardized and unreliable data being collected for this data point.

In order to enter this response accurately, the data entry staff will need to know with which agencies their organizations are currently sharing their GBVIMS data. You as training facilitator should help them be sure to know this information during the training.



## ACTIVITY 5.7

Please take 15 minutes to enter data for the Details of the Incident section of the Incident Data worksheet.

### INCIDENT DATA WORKSHEET SECTION 4: ALLEGED PERPETRATOR INFORMATION



#### Show Slide 5.3.10

**Number (No.) alleged primary perpetrator(s)**—Indicates how many primary perpetrators were involved in the incident. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Alleged perpetrator sex**—Indicates the sex of the alleged perpetrator(s). Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Alleged perpetrator nationality**—Indicates the nationality or country of origin of the alleged perpetrator. Select the appropriate country from the dropdown menu. If the country written on the intake form is not on the dropdown menu, you will need to add it to the list on the Country of Origin Menu worksheet. ■

**Alleged perpetrator age group**—Indicates the known or estimated age of alleged perpetrator. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Alleged perpetrator-survivor relationship**—Indicates the power relationship between the alleged perpetrator and survivor. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Alleged perpetrator occupation**—Indicates the occupation of the alleged perpetrator. Select the appropriate option from the dropdown list. ■

**This is not a required field on the intake form. If it is not collected, this field should be hidden on the Incident Data worksheet and not presented to the participants.**

**FOR FOCAL POINTS: The dropdown menu for this field is customizable on the Menu Data worksheet. The options in the customizable fields should match exactly with those on the intake form and changed consistently across the organization; if you are part of an inter-agency group, this must be customized the same by all agencies at the inter-agency level.**



## ACTIVITY 5.8

Please take 10 minutes to enter data for the Alleged Perpetrator Information section of the Incident Data worksheet.

## INCIDENT DATA WORKSHEET SECTION 5: REFERRAL PATHWAY



### Show Slide 5.3.11

**Referred to you from?**—Indicates who referred the survivor to you. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Safe House/Shelter**—Indicates if the caseworker referred this survivor to an agency that provides lodging for safety and protection. If the question is marked as ‘Yes’ then choose “Referred”. If the survivor already has a safe place to stay or is in no apparent danger, choose “Service Not Applicable.” Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Health/Medical Services**—Indicates if the caseworker referred the survivor to health / medical services. Select the appropriate option from the dropdown list. If the question is marked as ‘Yes’ then choose “Referred”. These options are fixed and cannot be changed or modified.

**Psychosocial Service**—Indicates if the caseworker referred the survivor to psychosocial / counseling services. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Wants legal action?**—Indicates if at the time of report the survivor wants to pursue legal action. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Legal Assistance Services**—Indicates if the caseworker referred the survivor to services that help survivors get their cases tried in a court of law. This is in reference to a legal court of law and not traditional forms of justice. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

These next fields (with the exception of ‘Wants Legal Action?’) could benefit from data entry staff who not only enter data but who also check for its quality and logic. In this case, you as the facilitator should ensure the data entry staff understand the meanings of the dropdown list options for these referral pathway data fields.

- For example, if a caseworker marks that a health service referral is “Service not applicable,” in the case of a rape that took place within 72 hours, the person entering the data could check with the caseworker to confirm if this should be corrected; perhaps the survivor declined the referral. In that case, the appropriate option, “Declined by survivor”, should be selected from the dropdown list.
- Another example would be where a caseworker or health worker mark that legal assistance services are “Service not available,” when in fact they are and the survivor indicated s/he wants legal action. Perhaps the case management staff was not aware of a new service. The data entry staff could raise this issue with their supervisor or directly with the case management staff.

**Police/Other Security Actor**—Indicates if the caseworker referred the survivor to the services of police or another security actor. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.

**Livelihoods Program**—Indicates if the caseworker referred the survivor to a livelihoods program. This includes village savings and loan associations (VSLAs), technical/vocational training programs and/or any other income generating programs. Select the appropriate option from the dropdown list. These options are fixed and cannot be changed or modified.



## ACTIVITY 5.9

Please take 10 minutes to enter data for the Referral Pathway section of the Incident Data worksheet. Now that you have entered a full row of data, please go ahead and save the IR. It is a good idea to always save the document after you finish entering a row of data.

## TOPIC FOUR: Calculated Columns

**DISCUSS:** Great job! You have now entered the data for one incident into the IR. Can someone remind us what one incident takes up in the IR? ■

So you can see that the Incident Data worksheet can hold quite a lot of information about the cases your organizations assists.

**PRESENT:** Now, if you follow along with me, when we come to the far right side of the section on the referral pathway, there is a big red vertical line. Do you all see that? That is the dividing line between the columns where you enter data from the intake forms and the **calculated columns**, which are automatically filled in by the IR. This brings us to the sixth and final section of the Incident Data worksheet.



Show Slide 5.3.12 ■



Show Slide 5.3.13 ■



**PRESENT:** One important thing you should know about the calculated columns: For all those data fields you just entered, do you remember how most of them required that you select options from dropdown lists? Well, using those dropdown lists is important, because if you type in information where a list was supposed to be used, it can sometimes create errors in these columns that are automatically calculated.

**Age at time of incident**—Automatically calculated based on date of birth. It is important to note that this age will not necessarily be the same as the age at the time of report. This is based on the incident date, date of birth, and date of interview. If there is an error with age at time of incident, this will show up as -1. Go back to incident date, date of birth, and date of interview to correct this error.

**Age group**— The survivor's age group; the three age groups are:

- 0–11
- 12–17
- 18 and over

This field is automatically calculated based on the Age at time of incident column (see previous field).

**KEY IDEA:** One row.

**Project the IR for the participants to follow along.**

**FOR FOCAL POINTS:**

**REPORTING AGENCY CODE**—Every agency using the IR should have a reporting agency code. This will be useful if data from multiple agencies is compiled. The code must be customized when you first use the IR and to do this you must click on the 5th worksheet tab in the Incident Recorder to open the 'Data Transfer Record' worksheet. When you enter your code into cell D4 on this worksheet, this code is automatically input into the Reporting Agency Code Column found on the incident data worksheet (column AN). Codenames should not be able to be directly related to the agency's true name.

**Show Slide 5.3.13 with the Calculated Columns data fields.**

If there is an error with Age at time of incident, this will show up as unknown. Go back to incident date, date of birth, and report date to correct this error.

**Adult/Child at time of incident**—If the age in column AO is less than 18 this cell should read ‘Child’; anytime the survivor is over 18 the cell reads ‘Adult’. This is based on Age at time of incident; if there is an error with Age at time of incident, this will show up as “unknown.” Go back to incident date, date of birth, and report date to correct this error.

**UAM/SC/OVC**—Shows if survivor is an Unaccompanied Minor, Separated Child, or Other Vulnerable Child (column M). This is based on the Unaccompanied or Separated Child field. If the cell is empty, then this survivor is not an UAM, SC or OVC.



**Show Slide 5.3.14** ■

Show Slide 5.3.14 and continue with the calculated columns.

**Disability**—Shows if the survivor has some sort of disability. This is based on the field Person with disability (column L). If any response besides ‘No’ is marked this should register as ‘Disability;’ if ‘No’ was marked, then this will be blank.

**Sexual Violence**—Shows if this incident involved sexual violence. This is based on the field GBV type (column T) and is automatically calculated if GBV type is Rape or Sexual Assault. If the incident is not a case of sexual violence, the cell will remain empty.

**Intimate Partner Violence**—Shows if intimate partner violence (IPV) has occurred. This is based on the Alleged perpetrator–survivor relationship field (column AD) and is automatically calculated if alleged perpetrator is Intimate Partner / Former Partner. If the incident is not a case of IPV, the cell will remain empty.

**Child Sexual Abuse**—Shows if child sexual abuse has occurred. This is based on two fields: Age at time of incident (column AO) and GBV type (column T); it is automatically calculated if the survivor was less than 18 at the time of the incident and if the GBV type is Rape or Sexual Assault. If the incident is not a case of child sexual abuse, the cell will remain empty.

**Early Marriage**—Shows if early marriage has occurred. This is also based on the Age at time of incident (column AO) and GBV type (column T), and is calculated if the GBV type is Forced Marriage. If the incident is not a case of early marriage, the cell will remain empty.



**Show Slide 5.3.15** ■

Show Slide 5.3.15 and continue with the calculated columns.

**Harmful Traditional Practice**—Shows if the incident was some form of harmful traditional practice. This is based on the Harmful traditional practice field (column U) from the ‘Details of the Incident’ section. If any response besides ‘No’ is marked this should register as ‘Harmful Traditional Practice;’ if ‘No’ was marked, then this will be blank.

**Possible Sexual Exploitation**—Shows if sexual exploitation has possibly occurred. This is based on two fields: Money, goods, benefits and/or services exchanged? (column V) and GBV type (Column T. ); it is automatically calculated if money, goods, benefits and/or services were exchanged and if the GBV type is Rape or Sexual Assault. If the incident is not a possible case of sexual exploitation, the cell will remain empty.

**Possible Sexual Slavery**—Shows if it is probable that the incident occurred under sexual slavery. This is based on two fields: Type of abduction (column W) and GBV type (Column T); it is automatically calculated if any response besides ‘No’ is marked and the GBV type is Rape or Sexual Assault, this should register as ‘Possible Sexual Slavery.’ If the incident is not a possible case of sexual slavery, the cell will remain empty.

**Number of days between incident & interview**—Automatically calculated based on Date of incident (column E) subtracted from Date of interview (column D). If there is an error with this field, the response will register as #N/A or REF!. Go back to Date of incident and Date of interview to correct this error.

**Range of days between incident & interview**—Automatically calculated based on the field Number of days between incident and interview (column BA):

- 0–3 Days
- 4–5 Days
- 6– 14 Days
- More than 2 weeks – 1 Month
- More than 1 month



**Show Slide 5.3.16**

Show Slide 5.3.16 to continue with the calculated columns.

**Date ranges**—The next six data fields help with analysis, and break down periods of time when incidents occurred and were reported. These fields are:

- Incident date (month/year)
- Incident date (quarter)
- Incident date (year)

- Incident report date (month/year)
- Incident report date (quarter)
- Incident report date (year)



**Show Slide 5.3.17** ■

**Show Slide 5.3.17 to continue with the calculated columns.**

**Exclude from statistics/consolidation?**—This column is meant to help reduce the likelihood of double counting reported incidents at the coordination level. What you will see in the column is that some rows will say, “Exclude.” This means that a survivor has previously reported the incident to another GBVIMS organization or agency with which you are sharing incident data, or that the survivor has not given their consent to share their non-identifiable data. That specific incident will then be excluded from the consolidation of data your organization will share with the coordinating/compiling organization or agency.

## TOPIC FIVE: Data Transfer Record Worksheet

**PRESENT:** The final aspect of this session is to look at one last worksheet of the IR: the Data Transfer Record Worksheet.

The purpose of this worksheet is for data collectors, compilers, and analyzers to track how and when their IR is changed and where the data comes from. It helps track these things when data is compiled within an organization, for example. The worksheet is comprised of two tables:



### Show Slides 5.3.18, 5.3.19

- Metadata for GBV Data
- Reporting and Data Consolidation

**PRESENT:** The first table – Metadata – will have been filled out by your GBVIMS Focal Point when the IR was first established for your organization. If it is not filled out, you should check with your Focal Point.

**PRESENT:** The second table – Reporting and Data Consolidation – is intended to be a record for keeping track of what information has been shared and with whom during the reporting and consolidating processes.

- **Date**—The date of the action being recorded.
- **What**—The action that was taken or specific description of the report being sent.
- **Who**—The person(s) involved with sending the report.
- **Sent to**—Which agency the report was sent to.
- **Report Details**—The month, quarter and/or year of the report.
- **Sent Data Details**—The specific lines of data that were sent for data compilation, the dates that this data covered and IR version sent or received.
- **Problems or Modifications to Report**—Any problems or modifications made to the report.

## REVIEW

### FOR FOCAL POINTS

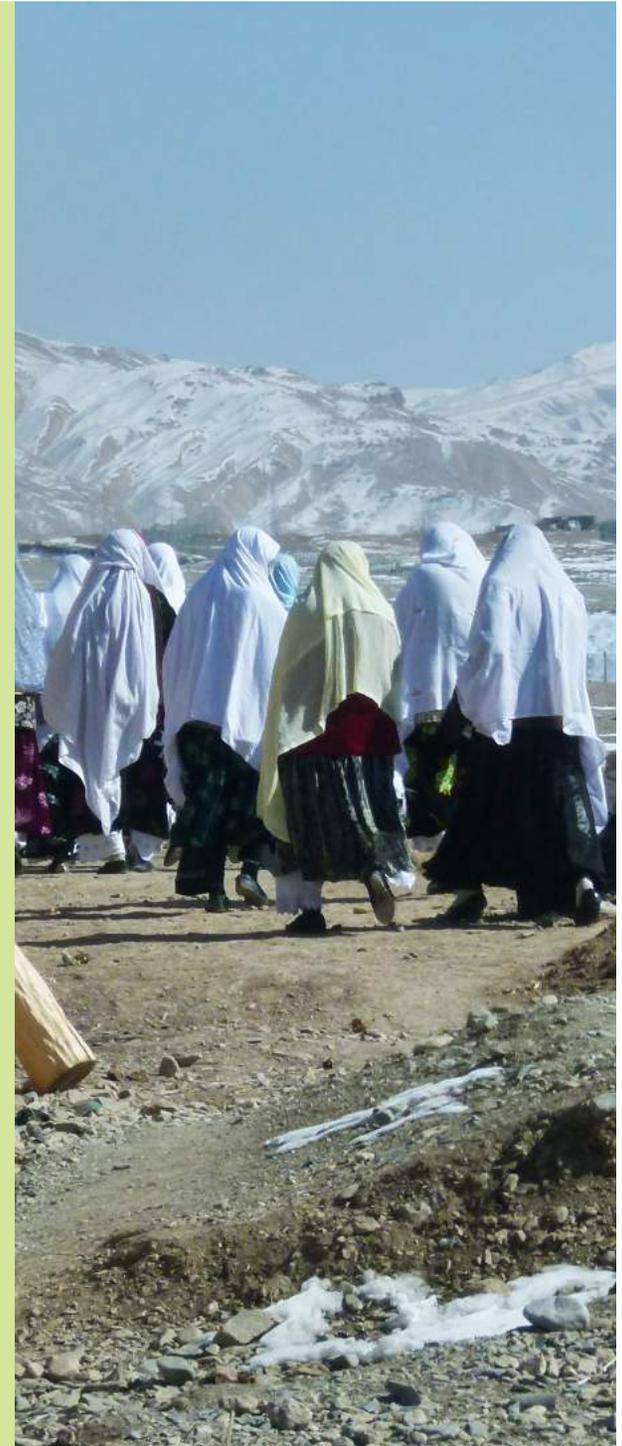
**PRESENT:** The first table – Metadata – should be filled out when the IR is first being set up by your organization. Once it is filled out the first time, it will not be necessary to do again (until you change IR versions and receive a completely new IR).

1. **REPORTING AGENCY CODE**—Every agency using the IR should have a reporting agency code. Codenames are used instead of real names to protect the reporting agency and its staff members. Having codenames allows agencies to communicate data with one another without jeopardizing the safety of those involved. The code, therefore, should not be related to the agency's true name.
2. **GEOGRAPHIC AREA(S) DATA COVERS**—Provide the geographic area in which you and your organization provide services. You should try to use your best judgment to be specific enough to make the information useful while avoiding being so specific that it becomes easy to identify your organization.
3. **TOTAL POPULATION OF AREA(S) COVERED**—The approximate total population within the areas where your organization operates. If this is not applicable for your organization you can leave this blank.
4. **NAME OF PERSON(S) DATA COMPILED BY**—The names of those who compiled the data.
5. **CODES OF DATA SOURCE(S)**—The agency codes for all the agencies from which you have received data.
6. **IR IMPLEMENTATION**—Provide the date the IR was implemented into your organization as well as any important notes and the names of who were involved.
7. **IR UPDATE**—Provide the date of the first IR update, any important notes and the names/organizations of those involved.
8. **DATE OF LAST IR UPDATE**—Provide the date of the most recent IR update organization as well as any important notes and the names of who were involved.



# 6

## Reporting & Data Analysis





# SESSION SIX: Reporting & Data Analysis

## SESSION LEARNING OBJECTIVES

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Participants will be able to:

1. Use the Monthly Statistics worksheet.
2. Use the Incident Recorder's pivot tables to create tables and graphs.
3. Perform basic data analysis.

## PARTICIPANTS

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- Relevant agency staff/GBVIMS Liaisons
  - GBVIMS Focal Points
  - Data Management Personnel
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## PREPARATIONS

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- Review the PowerPoint slides and adjust as necessary.
- Obtain Post-It notes or index cards. Alternatively, blank paper can be cut into quarter sections.
- Print copies of handout, "Activity 6.3."

## TIME ALLOCATION FOR EACH SESSION TOPIC

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TOPIC TITLE	TIME
Topic One: Introduction to GBVIMS reporting & analysis	45 minutes
Topic Two: Monthly statistics worksheet	45 minutes
Topic Three: Using pivot tables for analysis	45 minutes
<b>Total Time</b>	<b>2 hours 15 minutes</b>

# Topic One: Introduction to GBVIMS Reporting & Analysis

**PRESENT:** I bet each of you who have worked with GBV incident data has been asked for statistics.

Let's do a little activity to get thinking about reporting and analysis.

## **ACTIVITY 6.1**

**DISCUSS:** What kinds of challenges have you had in finding statistics or information about your organization's caseload?

**PRESENT:** Now, we have learned all about the first five worksheets of the IR, how to get it set up and make modifications to dropdown lists, and how to enter data. Now, in your example IR, we've got many incidents entered, plus the practice one you've completed – which means that many rows of the Incident Data worksheet are filled.

**DISCUSS:** What do we do with it now? Any ideas?

### **Show Slide 6.1.1**

**PRESENT:** In this session, we will build on the last session and now focus on aspects of the IR that can be used for data analysis, reporting, and sharing; you will be introduced to the remaining 10 worksheets (#6-15) and learn how the IR can be used to:

- Automatically compile inputted data.
- Create aggregate statistics.
- Automatically generate reports, tables, and graphs that can be analyzed by your organization and shared with others.

In most contexts, if you are participating in information sharing as part of the GBVIMS, it will be these aggregate reports created by the IR that will be shared.

Have the participants do the following:

1. Break into groups of 3.
2. Take 10 minutes to discuss together and brainstorm different statistics or calculations you have needed to find among your data. Write each statistic, calculation, indicator, or piece of information needed on a separate Post-It note/index card.
3. When you have got some examples down on paper, take 5 minutes to select the 2 that were the most important to your organizations (absolutely necessary to calculate) and the 2 that were the most frustrating or difficult to find. These may overlap in some cases, but don't worry too much – just select four that meet those criteria.
4. Bring the top 4 to me and we will discuss them later.

#### **DISCUSS FOR 5-10 MINUTES.**

**Look through the examples and group those that are the same. Ask a participant volunteer to write the unique examples on a flip chart. Talk through the examples with the participants and clarify with those who wrote them if there is confusion in the group.**

**Leave the examples taped up on the wall. Throughout the session, highlight when the methods for calculating or finding the example statistics/information are discussed.**

#### **KEY IDEAS:**

- We analyze the data.
- We look for trends in the data.
- We identify areas of interest for further exploration.
- We report to donors on the types of cases reporting to our services.
- We share reports with others to create aggregate statistics.



## Show Slide 6.1.2.

**PRESENT:** The learning objectives for this session are:

- Use the Monthly Statistics worksheet (that's worksheet #6).
- Use the Incident Recorder's pivot tables to create tables and graphs.
- Perform basic data analysis (including make the distinction between reported case data and prevalence data).

**PRESENT:** We went through worksheets 6 through 15 at the beginning of the last session, but let's do it again with a bit of analysis-specific information added.



## Show Slides 6.1.3, 6.1.4, and 6.1.5 ■

Any questions?

Great, so let's move on to the next topic of this session: The Monthly Statistics Worksheet

Show Slides 6.1.3, 6.1.4, and 6.1.5 and read through them; answering questions as you go.

## Topic Two: Monthly Statistics Worksheet

**PRESENT:** The Monthly Statistics worksheet may be one of the most useful aspects of the GBVIMS Incident Recorder. After all that data entry, with one click you have an easy-to-read, general statistics report that you can print on two pages.



### Show Slide 6.2.1

The worksheet contains formulas that automatically calculate monthly statistics based upon the data entered into the Incident Data worksheet for a specific month. The main purpose of this worksheet is to summarize and present data in a manner that enables you to easily access common statistics needed to meet your reporting responsibilities and analyze your monthly GBV data. This worksheet differs from the remaining worksheets #7-15, in two major ways:

1. It is not flexible in terms of your ability to add, modify, or filter information.
2. It can only provide the information for one month of data at a time.

**PRESENT:**



### Show Slide 6.2.2

**PRESENT:** We will go through the worksheet's statistics in a moment, but first, I'd like you to know how to adjust the dates so you can get data for any month.

At the top of the Monthly Statistics worksheet, you will see five highlighted cells in Row 4.

- The two on the left pertain to the month and year of statistics you would like the report to work with.
- The three cells on the right pertain to the date on which you create the statistics report. If you do not need this for your organizations records or files, you can also leave this blank.



## ACTIVITY 6.2

Project the IR on a screen, and open the Monthly Statistics worksheet. Show the participants the worksheet and scroll down so they can see the types of tables and graphs that are created.

Show Slide 6.2.2 and explain the following.

Participants should take 5 minutes to practice adjusting the Report Month and Year field.

There are five sections included on the monthly statistics report that correspond with sections of the Incident Data worksheet. These sections are:

1. General statistics
2. Survivor statistics
3. Incident statistics
4. Perpetrator statistics
5. Referral pathway statistics



## ACTIVITY 6.3

Instructions for this activity can be found in your handouts, under **ACTIVITY 6.3**. You have 15 minutes.

- Break into four groups.
- The facilitator will assign each group a section from the Monthly Statistics Worksheet:
  - a. General & Survivor Statistics
  - b. Incident Statistics
  - c. Perpetrator Statistics
  - d. Referral Pathway Statistics
- Use the Monthly Statistics Worksheet and what you have learned from the sessions on the Incident Recorder and on Reporting & Analysis to fill out the below table for your assigned section of statistics.
- Present your work to the group so that everyone becomes familiar with each section of statistics.
  - a. What data goes in to calculate the statistic?
  - b. Is there anything in particular to remember about the statistic – to either help correct errors, or to keep in mind for analysis?

The four tables that follow are the answer keys.

## GENERAL & SURVIVOR STATISTICS

Statistic Reference Number	Statistic	Linked to Which Data Fields	Graph?	
			(Yes/No)	Other Information to Consider?
1	New GBV incidents reported	Month/Year of Incident Incident ID	No	
2	Incidents of sexual violence reported	Month/Year of Incident Incident ID Type of GBV (rape/penetration & sexual assault)	Yes	Only graph that shows more than one month. Allows for comparison.
3	Sex of survivors	Month/Year of Incident Incident ID Survivor Sex	Yes	
4	Age of survivors	Month/Year of Incident Incident ID Survivor age group	Yes	Age groups: 0-11, 12-17, & +18. (Survivor age group is a calculated column.)
5	Marital status of survivors	Month/Year of Incident Incident ID Marital status	No	
6	Displacement status at time of report	Month/Year of Incident Incident ID Displacement status	Yes	
7	Vulnerable populations	Month/Year of Incident Incident ID Survivors with disabilities Vulnerable children	No	This groups together anyone who is disabled and/or a vulnerable child.
8	Percentage of survivors who experienced previous GBV incidents	Month/Year of Incident Incident ID Survivors who experienced previous GBV incidents	No	

## INCIDENT STATISTICS

Statistic Reference Number	Statistic	Linked to Which Data Fields	Graph?	
			(Yes/No)	Other Information to Consider?
9	Type of GBV	Month/Year of Incident Incident ID Type of GBV	Yes	
10	Incident time of day	Month/Year of Incident Incident ID Incident time of day	Yes	Morning, Afternoon, Evening/Night, or Unknown
11	Case context	Month/Year of Incident Incident ID Case contexts: Intimate partner violence, child sexual abuse, early marriage, possible sexual exploitation, possible sexual slavery, or harmful traditional practice	Yes	Case contexts are noted in the Calculated Columns section of the IR.
12	Time between incident & date of report	Month/Year of Incident Incident ID Date of Incident Date of report	Yes	

## ALLEGED PERPETRATOR STATISTICS

Statistic Reference Number	Statistic	Linked to Which Data Fields	Graph?	
			(Yes/No)	Other Information to Consider?
13	Number of alleged primary perpetrators	Month/Year of Incident Incident ID Number of perpetrators	No	Options are: 1, 2, 3, more than 3, or unknown.
14	Alleged perpetrator-survivor relationship	Month/Year of Incident Incident ID Perpetrator-survivor relationship	Yes	
15	Alleged perpetrator age group	Month/Year of Incident Incident ID Perpetrator age group	No	

**KEY IDEA:** As with Survivor Statistics, the Alleged Perpetrator Statics are based on the number of incidents and not perpetrators. In addition, the statistics for fields 14 and 15 are only considering one perpetrator for each incident whereas field 13 is counting the actual number of alleged perpetrators involved. Do not be alarmed, therefore, if the total number of perpetrators indicated is not the same. For example it could be indicated that there were 3 incidents that had 1 perpetrator & 2 incidents that had 2 perpetrators. So in total there were 5 incidents and a total of 7 perpetrators. For fields number 14 & 15, there will only be 5 relationships & 5 occupations indicated (not 7) since it is only possible to record 1 for each incident.

## REFERRAL PATHWAY STATISTICS

Statistic Reference Number	Statistic	Linked to Which Data Fields	Graph? (Yes/No)	Other Information to Consider?
16	Incidents for which you were first point of contact	Month/Year of Incident Incident ID Who referred client to you?	No	The incidents that were marked "self referral/first point of contact" are counted.
17	Incidents referred from other service providers	Month/Year of Incident Incident ID Who referred client to you?	Yes	The incidents that were marked as having been referred by any other agency/organization are counted.
18	Services provided for new incidents	Month/Year of Incident Incident ID 7 data fields about referrals	No	The different types of violences reported will impact the different types of referrals given.
19	New incidents referred to other service providers	Month/Year of Incident Incident ID 7 data fields about referrals	Yes	The incidents for which it is marked

### KEY IDEAS FOLLOWING ACTIVITY 6.3:

#### General

- It is important to note that these statistics are based on the number of incidents, not the number of survivors.
- Excluded cases will be included in the total number of incidents reported for that month, but they will not be included in any of the other statistics on the monthly statistics report. Thus when there are excluded cases, the sums of all of the other statistics will not add up to the total number of cases reported.

The statistics are calculated using built-in formulas that find all incident report dates that match the month and year you have indicated, and then count the number of unique incident IDs from the Incident Data worksheet.

Each incident with its unique ID is counted once and that row of information is then communicated to the corresponding formulas in the Monthly Statistics worksheet. This is why it is important that no 'Incident ID' and 'Date of interview' fields are left blank. If left blank or entered incorrectly, this page will present inaccurate data for that selected month.

**PRESENT:** So now you have thoroughly explored the Monthly Statistics Worksheet (#6 of the IR) and you are familiar with the types of statistics that can be found there. You also know how to adjust the month and year from which the statistics will come. Now what will you need to do? ■

#### Print

For the Monthly Statistics Worksheet, the print area has already been set to print out the statistics page on 2 pages. You should print just like you normally would.

#### Save a Copy

If you want to save a copy of the statistics page, separate from the incident recorder, which you could then send in an email, you will click on Print as you normally would to print a document. When choosing the printer, choose Adobe PDF (or PDF Creator if you do not have Adobe PDF) from the print window and click ok. In the newer versions of Microsoft Excel, there may also be a "Create PDF" button in the lower left hand corner of the Print box that you could use to create a PDF document and save to the computer.



## ACTIVITY 6.4

**PRESENT:** In the next topic, you will learn how to conduct basic analysis of the IR data by using pivot tables, which are much more flexible and a bit more complex to use than the Monthly Statistics Worksheet.

- Print it
- Save it
- Email it

Ask participants to go to the Print box and create a PDF of the Monthly Statistics Worksheet. Instruct them to save it to their computer – and remind that they should use a logical file name! Go around to make sure they are able to do this.

## Topic Three: Using Pivot Tables for Analysis

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**PRESENT:** The remaining worksheets of the IR (#7-15) contain special Excel tables called pivot tables. There are important differences between the Monthly Statistics Worksheet (worksheet #6) and the pivot table worksheets. Understanding these differences will help you see why using both are important:



### Show Slide 6.3.1

- Monthly Statistics worksheet: gives an entire overview of all data for a specified month, it is not very flexible/cannot be easily modified, can only view each data point individually.
- Pivot table worksheets: very flexible, can display information according to the time period you specify (not just monthly), can be specified to show multiple data points together (e.g. a pivot table can show the number of sexual assault incidents reported by females); but pivot tables cannot show entire overview of data like the Monthly Statistics worksheet.

Before introducing and explaining the worksheets containing pivot tables, it is best if you first become familiar with what pivot tables are and some basics on how to use them.

Like other tables, a pivot table presents data in a manner that allows users to view, compare and analyze that data. Unlike other tables, however, pivot tables have some unique and extremely useful capabilities.



## Show Slide 6.3.2

- **You do not have to enter data into the table itself.** Pivot table formulas are linked directly to the incident data that allow them to ‘communicate’ with the database and retrieve desired information every time you click a ‘Refresh’ button.
- **You do not have to update pivot tables.** When new data is entered into the database (i.e. the Incident Data worksheet), all you have to do is simply refresh the table and all changes are automatically made to the pivot table.
- **Pivot tables are very easy to customize.** The rows, columns and filters of pivot tables are extremely quick and easy to change and move around. They do not require any formulas. This means that with only a few clicks you can change or modify pivot tables to present the exact data that you want.

Pivot tables are something that you really need to practice using in order for it all to make sense – and we will do that a bit later. Let’s first discuss the different parts of the pivot table – so you have a framework to build on when you start using them.

When you go to an IR worksheet with a pivot table, click anywhere in the table area and you should see bright blue lines. Some boxes (surrounded by light blue) will also appear to the right of the table. Those boxes are in two parts: The Field List and the Areas Section.



## Show Slide 6.3.3

**Part 1: Pivot Table Field List**—The section of the box that appears on top is called the Pivot Table Field List. This is what makes the pivot table possible; it is a list of every field from the Incident Data worksheet and in the exact same order. You can scroll up and down to view the entire list. These are the fields from which you can choose to create your pivot table by clicking and dragging them to the appropriate boxes in the Areas Section.

To the left of each field is a ‘Select Multiple Items’ box. This box enables you to click and select multiple fields at any one time.



### Show Slide 6.3.4

**Part 2: Areas Section**—Once you know which fields you want to use to create your table, this is the section you will use to determine how the table will be structured. The Areas Section contains four areas: Report Filter, Column Labels, Row Labels, and Values. You create the pivot table simply by clicking on a field from the Field List and dragging to one of these four areas.

Now let's look at the four parts of the Areas Section in detail.



### Show Slide 6.3.5

**Area Section 1: Report Filter**—The Report Filter area is the area that determines how you want to filter the data Presented on the table. For example, if you wanted to be able to view your data according to the year that the incident was reported, you would drag the field 'INCIDENT REPORT DATE (YEAR)' to the Report Filter area. Once the field is put into the Report Filter area, a report filter will appear above the pivot table.

On the provided pivot tables in the IR, most pivot tables already include the following report filters: INCIDENT REPORT DATE (MONTH/YEAR), INCIDENT REPORT DATE (QUARTER), INCIDENT REPORT DATE (YEAR), and 'EXCLUDE FROM STATISTICS/ CONSOLIDATION.' When creating inter-agency reports, this makes creating reports based on month, quarter, and year very easy. If you want to display data for March of the year 2009, for example, you simply select that month and year from the dropdown list and leave the Quarter as "all". The layout of the table will remain the same, but the numbers will change to include the month and year selected in the filter. When '(All)' is selected rather than a specific month and year, all of the relevant data is displayed. If your organization is part of an inter-agency group and will be sharing information, using 'EXCLUDE FROM STATISTICS/ CONSOLIDATION' as a filter will help to avoid duplicate reporting as it filters those survivors who have previously reported this incident to a GBVIMS organization or agency.

Explain this to participants (change the explanation and language if you'd like) and indicate, using the image on the slide, where the standard filters are shown (top of the table) so participants can find them easily on other IR pivot tables.



### Show Slide 6.3.6

**Area Section 2: Column Labels**—This area determines which data you want presented in the columns (vertically) on your pivot table. If, for example, you want the columns in your table to display the survi-

vor's sex, simply find the 'SEX' field on the Pivot Table Field List and drag it to the Column Labels area in the Areas section. Two columns will then appear on your table: F and M.



### Show Slide 6.3.7

**Area Section 3: Row Labels**—This area determines which data you want presented in the rows (horizontally) on your pivot table; you can select a single field or multiple fields. If, for example, you want the rows in your table to display the GBV Type categories, simply find the 'GBV TYPE' field on the Pivot Table Field List and drag it to the Row Labels area in the Areas section. The six GBV Type categories will then appear as rows on your table.



### Show Slide 6.3.8

**Area Section 4: Values**—This area is important as it determines how you want the data in the table to be counted. You will almost always use the 'INCIDENT ID' field in this area. This means that the values or numbers in the table represent the number of different Incidents reported. In addition, after dragging the Incident ID field to the Values area, it should always read 'Count of INCIDENT ID.' The 'Count' should never be replaced by 'Sum,' 'Average,' or any other term because it is the count which represents the number of reported incidents. This is one reason why the GBVIMS organizes cases at the level of the incident and why each incident must have a unique code. If multiple incidents are given the same code, it will count these incidents only once. Since every incident is given a unique incident ID at the time of the interview, the Count of INCIDENT ID actually represents the number of reported incidents.

The only other field that would be possible to use in the Values area is 'SURVIVOR CODE' (if your organization is using survivor codes). If used, this should also read 'Count of SURVIVOR CODE' when placed into the Values area. Rather displaying the number of incidents reported, the pivot table would be presenting data based on the number of survivors you have provided services to.



## ACTIVITY 6.5

**PRESENT:** In addition to the four areas in the Areas Section, you can also use the Manual Filters to modify, with just a couple of clicks, the information presented in the table; and there is a special instruction box to use if the table will be shared outside your organization.

Ask participants to open their practice IRs to Worksheet #7. Instruct them to take 5 minutes to see for themselves where the various parts of the pivot table are. In this worksheet, there is not the same flexibility as in the empty pivot tables, so for now they should not really change anything.



### Show Slide 6.3.9

**Manual Filters**—Once a table is created, each column and row field will have a Manual Filter dropdown menu. You can use these to further filter your table in order to present the exact information that you want.



### Show Slide 6.3.10

For example, if you only want the table to present data pertaining to females, click on the Manual Filter button, remove the check mark next to M, and then click OK.

You may have noticed that sometimes when using filter dropdown menus that there is a category called '(blank)'. This category appears on filters and in tables when there is a cell on the Incident Data worksheet that has missing information (i.e. the cell is 'blank'). While blank cells should be kept to a minimum and avoided when at all possible, survivors can choose during an interview not to respond to a question. When this occurs, the cell must be left blank. If an Incident Data worksheet has many blank cells, then this will impact the quality of data presented in the pivot tables. In general you do not want to mark the '(blank)' option. Remember: it is best, when possible, to avoid blank cells when inputting data into the Incident Data worksheet.



### Show Slide 6.3.11

**Information sharing instruction box**—You should notice the instruction box in the upper-left corner of the worksheet. This box tells you that when creating an inter-agency report, only the report filters provided here should be used. When creating your own analysis or an internal report, feel free to use any filters you like.

The box also explains that quarters are in three month intervals based on the calendar year, starting in January (Quarter 1=January, February and March; Quarter 2=April, May and June; Quarter 3=July, August and September; Quarter 4=October, November and December). When filtering by quarter, will you also need to filter by INCIDENT REPORT DATE (YEAR).

So those are the parts and functions of the pivot table! Next we will see how a more complex table works – if there are multiple data fields represented in the table.



## Show Slides 6.3.12 and 6.3.13

### Using multiple fields in a pivot table

One of the benefits of pivot tables is the ability to use multiple fields to define the table you want to create and the data you want presented. In the example you saw in Manual Filters, the table was defined by SEX in the Column Labels and GBV TYPE in the Row Labels. Let's say that we want to see a table showing the GBV TYPE according to SEX and AGE GROUP. To do this, simply add the AGE GROUP field from the Field List to the Column Labels area. In fact, the resulting table is what you find on Incident Recorder worksheet #7 GBV Type by Sex & Age.

Do you notice how the table changes when you add AGE GROUP to the Column Labels? The table now has two major columns (M and F) subdivided into more columns (according to age group).

It is also important to note in which order the data fields are listed in the Column Labels area. The data field that is listed first will be the field that initially divides the columns. The fields listed after will subdivide them. In our example, if you want the age group to be the main division of the columns and sex to be the subdivision simply click on the fields and rearrange them in the Column Labels box. The same principles apply for using multiple fields in the Row Labels area.



## ACTIVITY 6.6



## Show Slide 6.3.14

### PRESENT: Refreshing data

The tables, charts, and graphs in the Monthly Statistics Worksheet and the remaining worksheets that have pivot tables are all 'connected to' or 'communicate with' the Incident Data worksheet (i.e. the database). The pivot tables require that once you have entered data into the Incident Data worksheet, you **MUST** refresh your data so that the new information is reflected in the pivot table. It is absolutely essential that anytime new data is entered or existing data is changed that you refresh all information in the workbook.

Failing to refresh data in the pivot tables after making changes to the Incident Data worksheet means

Ask participants to again look at Worksheet #7 in their practice IRs. They should now:

1. Identify the Manual Filters (Tell them to notice how when they filter something, the arrow changes to have a little picture of a filter. This will help them identify when some data is not being shown – and being filtered out).
2. Identify the yellow instruction box to use if they are instructed to create a table that will be shared at the inter-agency level.
3. Try switching the order of data fields in the Column Labels Area Section. They should notice how the table changes when the order of the fields are changed.

that all the pivot tables, charts, and graphs are displaying the old information and not the newly inputted/updated information. It is therefore good practice to get into the habit of refreshing the information immediately after making any changes. To do this: On the 'Data' tab, in the 'Connections' group, click 'Refresh All.' All tables, charts and graphs in the workbook should now be synced with the Incident Data worksheet.



## Show Slide 6.3.15

These instructions are for Excel 2007. If participants are using Excel 2003, have them right click inside a pivot table and select 'Refresh' from the dropdown menu that appears.

### Remaining worksheets and pivot tables

Like the Monthly Statistics worksheet, the remaining worksheets of the IR — #7-15 — are also intended to present your organization's GBV data in a way that can be easily analyzed. In addition, however, these worksheets are intended to be used to create reports (monthly, quarterly and/or yearly) to be shared between organizations at an inter-agency level. The pivot tables on these worksheets are, not surprisingly, based on the data contained in the Incident Data worksheet. New information and data updates that are inputted into the Incident Data worksheet will be automatically and immediately compiled into the corresponding pivot tables on the remaining worksheets once you refresh the pivot tables. The pivot tables already included in these worksheets are:

- GBV type by survivor's sex and age (#7) (1 Table)
- Referral tracking (#8) (7 Tables)
- GBV type by case context (#9) (6 Tables)
- Trend analysis (with the accompanying worksheet 'Trend Analysis Chart') (#10 and #11) (1 Table)
- 'Open' pivot tables that are ready to be modified for your needs (#12-15) (4 Tables)

These tables have been provided for easy access because they are common information found useful to GBV programs. While these tables can be modified based on your organization's needs, if you find these tables useful, you should not make any major modification to them (beyond filtering). This will ensure that you do not have to recreate these tables each time you need them again.

We have been using Worksheet #7 as our example. Let's now jump to the Trend Analysis and Trend Analysis Chart and look at those together.



## Show Slide 6.3.16

## Trend Analysis & Trend Analysis Chart

The Trend Analysis Chart worksheet contains a chart that is 'directly linked to' the pivot table in the Trend Analysis worksheet. Basically, you need to know that when changes are made to the Trend Analysis pivot table, the changes are automatically and immediately reflected on the Trend Analysis chart. The opposite is also true: changes made to the Trend Analysis chart are automatically and immediately reflected on the Trend Analysis pivot table.

### ACTIVITY 6.7

#### Creating additional worksheets and pivot tables

Should you need more than four additional pivot tables, do not create a new pivot table from scratch. This can become complicated, result in data errors, and most importantly double the file size of the incident recorder with each new table. The best and easiest way to 'create' a new table is to copy an existing pivot table and paste it into a new worksheet. To do this:

1. Select the table that you want to copy. This could be a table that closely resembles the table you want to create or it could be one of the Open table templates (such as #15: Open 4).
2. Highlight the entire table. You may do this by clicking in a cell above the table and dragging your mouse until the entire table is highlighted.
3. Copy the table.
4. Open a new worksheet by clicking on the 'Insert Worksheet' tab located after worksheet #15.
5. Paste the existing table into the new worksheet.
6. Once you have pasted the table into the new worksheet you now have a new table to modify however you choose. Simply click on any cell in the table to make the PivotTable Field List and Areas Section appear and then start modifying. Remember: You will probably have to change the width of the columns and height of the rows in order read all the text in the cells of the table. To do this, click on the boundary line of the column or row you want to adjust. Drag the mouse to resize the column or row to the size you want.
7. It is also a good idea to give the new worksheet a name. Do this by right clicking on the new worksheet tab (e.g. 'Sheet1') and clicking on 'Rename.' Type the desired name and press 'Enter.' Note: to delete a worksheet do the same thing, but select 'Delete' from the menu.

### ACTIVITY 6.8

Participants should open their practice IRs to Worksheet #11 – Trend Analysis, and try filtering something. They should then look to Worksheet #12 and notice the change that was automatically made. You can give them a specific change to make in the Trend Analysis worksheet if you would like.

**Show participants how to do this while projecting the IR on a screen.**

Participants should try creating a new pivot table on a new worksheet.

**PRESENT:** Wonderful. That is the rest of the Incident Recorder’s worksheets. By using the pivot tables, there really is a lot you can do to analyze the data that is entered in to the Incident Data Worksheet. It will take some time and patience to become proficient with using them, but after some effort you will see some very interesting results!

Before we finish up this section – let’s discuss the analysis of all this great data you will be compiling and filtering with the monthly statistics worksheet and the pivot tables.

**DISCUSS:** Remember our earlier discussion about “prevalence?” Who can tell us what **prevalence data** refers to? ■



**Show Slide 6.1.17** ■

This is an important distinction as you and your colleagues begin using the GBVIMS data for reporting and analysis. You will always want to qualify your information by disclosing that your numbers and statistics come from those incidents reported to your organization.

Also, a lot of us talk about the “number of survivors” who reported rape, for example. We might say: “45 women and 5 girls under 18 reported being raped last month.” We need to be very precise with this data, though. What if one woman was raped in two separate incidents? In reality, there are then 45 incidents of rape reported by women, but reported by 44 adult female survivors. How then should this information be presented? ■

This may seem a bit awkward at first, but again, it is important that how you communicate the statistics reflects as closely as possible the reality.

**REVIEW**

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Discuss for a few minutes and help the group come to something like the below definition. Then show the slide so they can read it themselves.

**KEY IDEAS:** GBV Prevalence Data is 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.

**KEY IDEA:** Last month, our organization received 45 (from women) and 5 (from girls) reports of rape.

# 7

## **Incident Recorder Maintenance & Troubleshooting**





# SESSION SEVEN: Incident Recorder Maintenance & Troubleshooting

## SESSION LEARNING OBJECTIVES

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Participants will be able to:

1. Ensure proper, ongoing use of the Incident Recorder.
2. Perform basic troubleshooting of the Incident Recorder.

## PARTICIPANTS

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- Relevant agency staff/GBVIMS Liaisons
- GBVIMS Focal Points
- Data Management Personnel

## PREPARATIONS

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- Review the PowerPoint slides and adjust as necessary.
- Print the PowerPoint slides for participants.

## TIME ALLOCATION FOR EACH SESSION TOPIC

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TOPIC TITLE	TIME
Topic One: Incident Recorder Maintenance	15 minutes
Topic Two: Troubleshooting	45 minutes
<b>Total Time</b>	<b>1 hour</b>

# Topic One: Incident Recorder Maintenance

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**PRESENT:** At this point, your organizations' Incident Recorders are set up and data is being entered. The Focal Point, or another data management staff to whom the responsibility has been delegated, will need to conduct a few small tasks to ensure proper maintenance of the IR.

## 1. Cell Formatting After Row #1039

In order to make the IR file size as small as possible, the Incident Data worksheet has only been formatted until row #1039. Before you reach row #1039 in your IR, you will need to follow the instructions provided in rows 1040—1045. In order to continue entering more data after row 1039, you will need to format rows 1040–2100.



**Show Slide 5.3.4**

Show Slide 5.3.4 to illustrate what the instructions look like in rows 1040-1045.

# Topic Two: Troubleshooting

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**PRESENT:** I am going to introduce you to a few of the most common problems that will arise with your IRs.



**Show Slide 7.2.1**

## 1. Empty Row in Data

- **Cause:** A row in the database has been skipped leaving an empty row.
- **Appearance:** A yellow row without data will appear.
- **Repair:** Do Not delete the row or cut the entire row of data to move the data. Either leave the row empty or copy the data from column A – AO. And then paste in the empty row.



## Show Slide 7.2.2

### 2. Errors on the Monthly Statistics Page

- **Cause:** One of the calculations on the incident data page is incorrect.
- **Appearance:** Common examples: NUM or REF error
- **Repair:** Find the error in column A-AO and fix the error



## Show Slide 7.2.3

### 3. A Pie Chart on the Monthly Statistics Page is All One Color

- **Cause:** There is a rotation error
- **Appearance:** Pie chart sections all the same color
- **Repair:** Alter the rotation



## Show Slide 7.2.4

### 4. Non-Functioning Pivot Tables

- **Cause:** Saving the incident recorder as a 2003 document and then saving it in 2007
- **Appearance:** No blue lines around pivot tables, no red pivot table box at top of screen.
- **Repair:** Remake all of the pivot tables



## Show Slide 7.2.5

## 5. Adjustment Needed on the Monthly Statistics Worksheet

**PRESENT:** While modifications of the Monthly Statistics worksheet are not encouraged, there are a few instances that might require you to unprotect the sheet. The most common are if you want to reformat the graphs to correct any changes that have happened to their text or coloring, or to fix a formula error that has occurred. To make any of these modifications to the page you must first unprotect the worksheet. Keep in mind, however, that when the document is unprotected you must be very careful to not accidentally erase or modify any of the formulas, or add or delete any cells, rows, or columns in the worksheet; always make sure to protect the document again once you have finished making your desired changes.

**PRESENT:** Regarding troubleshooting the IR, keep in mind that data management personnel should go to the Focal Point if there are problems with the IR. If the Focal Point is not able to repair the problem, the Focal Point can contact the inter-agency GBVIMS Liaison with whom s/he will have worked. Finally, and particularly for the instances discussed below, a problem will require support from the GBVIMS Steering Committee. Generally the GBVIMS Liaison will be the person to communicate with the Steering Committee.

**PRESENT:** Some problems with the IR will require that someone from the GBVIMS Steering Committee provide technical assistance. It is not possible here to provide instructions for repairing these problems, but you should know what the problems may be so that if they occur, you know immediately to send a request for assistance from the Steering Committee. A couple of the most common are:



### Show slide 7.2.6

- Formatting errors in the calculated columns.



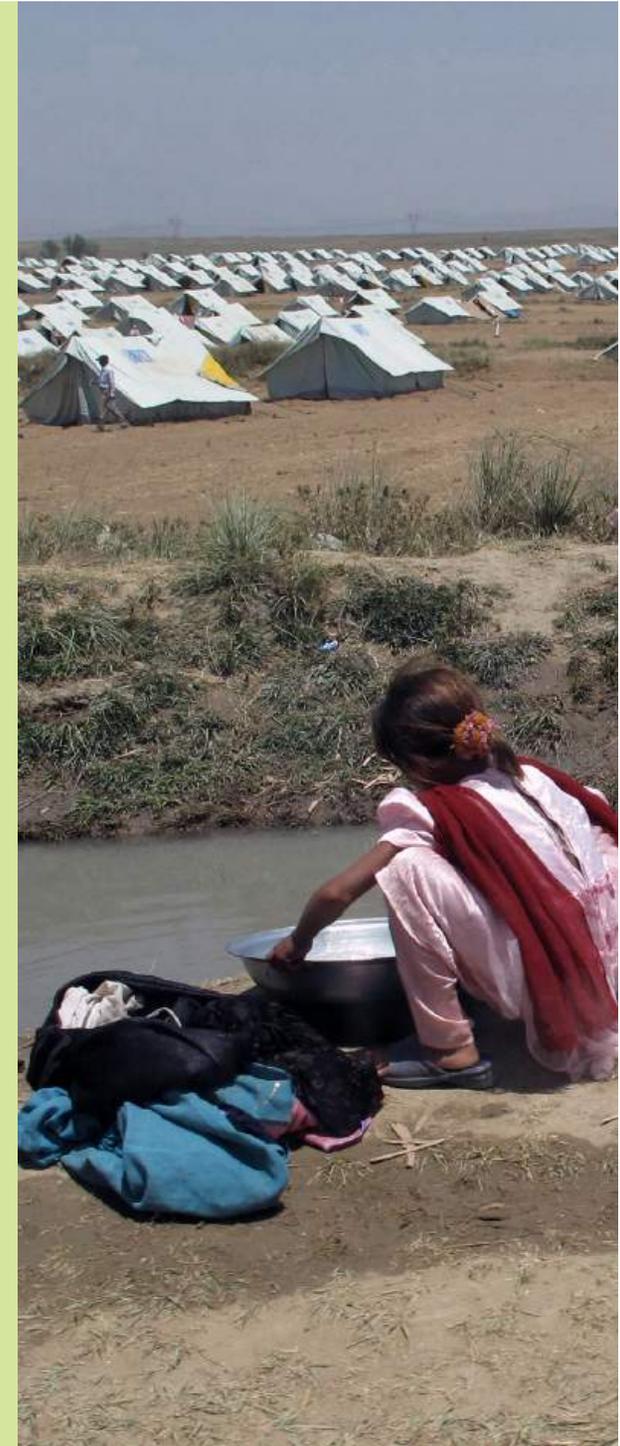
### Show slide 7.2.7

- Formatting errors or absence of error messages in random cells.

## REVIEW

# 8

## Handouts





## Handout – Session One: GBV & Information Management

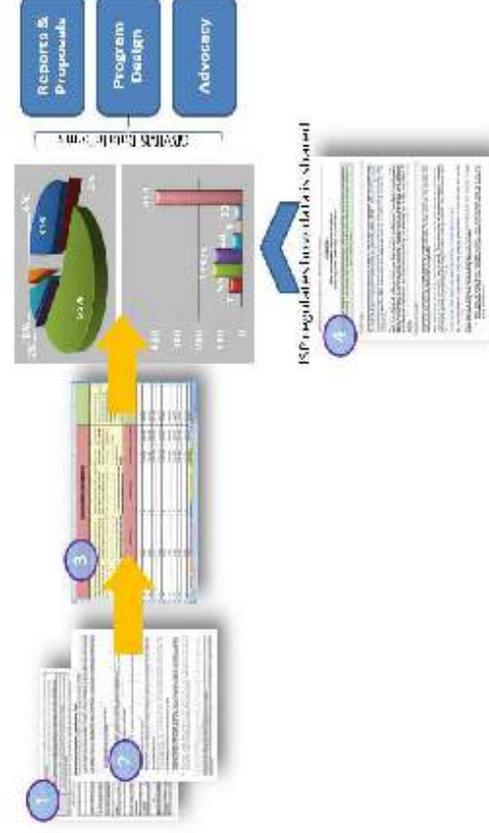
### A Brief History of the GBVIMS

When UNHCR evaluated some GBV programs in Tanzania in January of 2000, it discovered that the NGOs and UN agencies collecting GBV data in the area were all using different terminology as well as different procedures for classifying and counting data. They found that “programme strategies and activities were guided by subjective impressions and not by analysis of data... None of the NGOs had a system for compiling data that was useful and effective for analyzing incident rates, types, risk factors, contributing/causative factors, survivor details, perpetrator details, or case outcomes. [...] Monthly [Implementer Partner] reports to UNHCR contained inconsistent information and it was not possible to glean an understanding of problems and successes across a region [of Tanzania].”

It soon became apparent that this was not only a problem in Tanzania, but in many locations. Over the course of the next five years, several agencies made attempts to improve monitoring and evaluation and information management. While helpful, these efforts failed to produce sustained results. In 2005 and 2006, WHO and UNFPA hosted a consultation and a symposium that called for a standardized system for GBV information management. In 2006, as a result of this call to action, the IRC hired a consultant, funded by OCHA, to assess the situation and recommend how to move forward with GBV information management. At the same time, UNHCR began developing a standardized database.

In 2007, the GBVIMS Global Team was established; this inter-agency partnership consisted of members from UNFPA, IRC, and UNHCR. The GBVIMS Global Team developed and piloted the first GBVIMS that year in Thailand. Up to today, the GBVIMS and its tools have been piloted in more countries and has been modified and improved. After several years of development and the participation of numerous humanitarian agencies and organizations, the GBVIMS is ready to be launched.

The development of the GBVIMS was therefore a response to the fact that the humanitarian community did not have a system that allowed for the effective and safe collection, storage, analysis, and sharing of GBV-related data. This has affected humanitarian actors’ ability to obtain a reliable picture of the GBV being reported. It has also maximized the utility of collected data to inform program decisions for effective GBV prevention and care for survivors. Due to the sensitive nature of GBV data and concerns by many frontline GBV actors in how GBV data is used, there has also been very limited information-sharing between key stakeholders. This hampers GBV coordination and limits an effective multi-sectoral response.





## *Handout - Session One: GBV & Information Management*

# Overview of the Four GBVIMS Tools

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. For more information regarding the classification tool, please refer to Chapter 3.
- 2. Intake and Consent Forms**—Since most organizations determine individually and independently what data they will be collecting from survivors and how to define that data, the format, content and quality of the resulting GBV-related data varies greatly from one organization to another. This variation makes compiling and analyzing data from different service providers extremely difficult. The intake form is a template to be used by individuals providing services to GBV survivors reporting an incident. It contains fields collecting non-identifiable information on the survivor, referral type, incident, alleged perpetrator, planned action, and initial assessments. It is an easy-to-use form that is intended to be adjusted and modified to meet the needs and context of each service provider. In addition to the intake form is the 'Consent for Release of Information.' This form provides survivors the right to control whether information about their case is shared with other agencies or individuals, for what purpose, and in what format. The consent form should be explained to the survivor at the beginning of the meeting with the client and filled out after referrals have been discussed and given. The consent form should never be attached directly to the intake form. It should always be stored separately to ensure client confidentiality.

**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 incident data to ensure all data is safely stored and accessible only to those who should be able to access it.

**GBV Information Sharing Protocol (ISP) Template**—The information sharing protocol may be the most groundbreaking 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.

## **ACTIVITY 2.1: Example Incident Descriptions**

1. A woman reports being beaten by her husband for not cleaning the house properly.
2. A girl reports that she could only attend school after having sex with her teacher.
3. A boy reports that he was anally raped by his uncle.
4. A woman reports that her boss is threatening to fire her if she does not have sex with him.
5. A woman reports being raped by a group of men when she was walking home from her sister's house.



## Handout – Session Two: Incident Classification

# The Six Core Types of GBV

The six core GBV types<sup>1</sup> were created for data collection and statistical analysis of GBV.<sup>2</sup> They should only be used in reference to GBV even though some may be applicable to other forms of violence that are not gender-based.

- 1. Rape/Penetration<sup>3</sup>:** 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.

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<sup>1</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>2</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).

<sup>3</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.



## Handout – Session Two: Incident Classification

# The 7 Questions for Incident Classification

### 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:

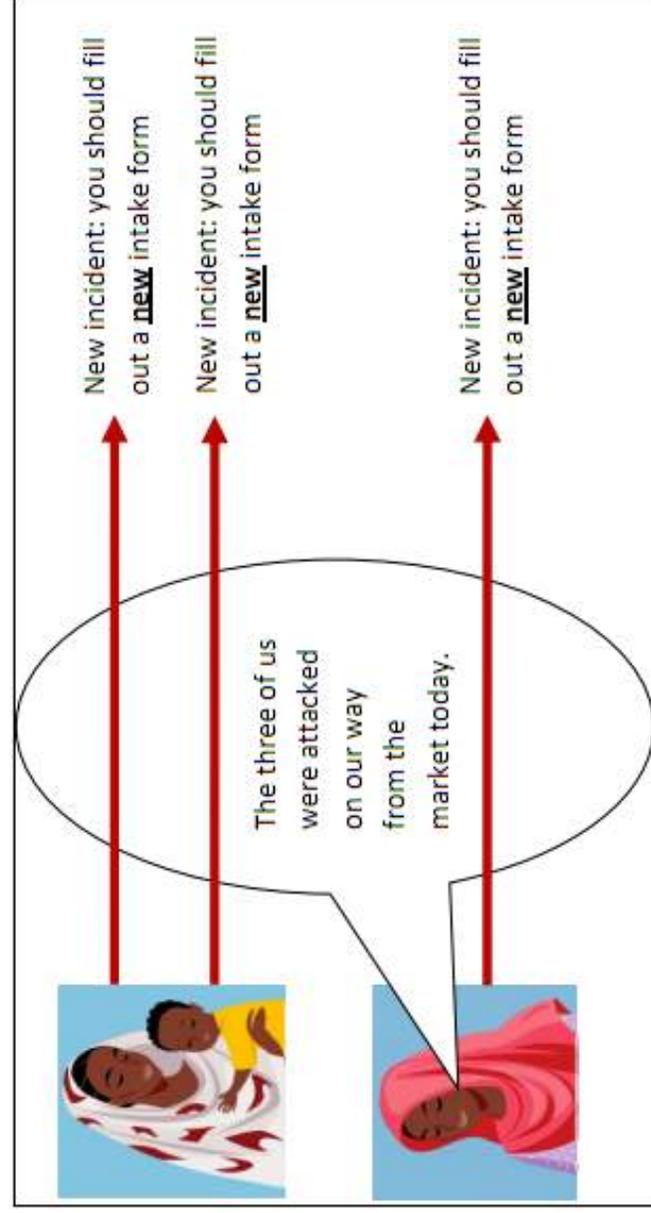
1. Did the reported incident involve penetration?  
if yes → classify the GBV as “**Rape**”.  
if no → proceed to the next GBV type on the list.
2. Did the reported incident involve unwanted sexual contact?  
if yes → classify the GBV as “**Sexual Assault**”.  
if no → proceed to the next GBV type on 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 trouble to classify the GBV multiple times, ask your supervisor or GBVIMS focal point for support)  
if no → classify the violence as “**Non-GBV**”.



## Handout – Session Two: Incident Classification “Common Issues to Look Out For”

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.

**1. 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:



**2. 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.

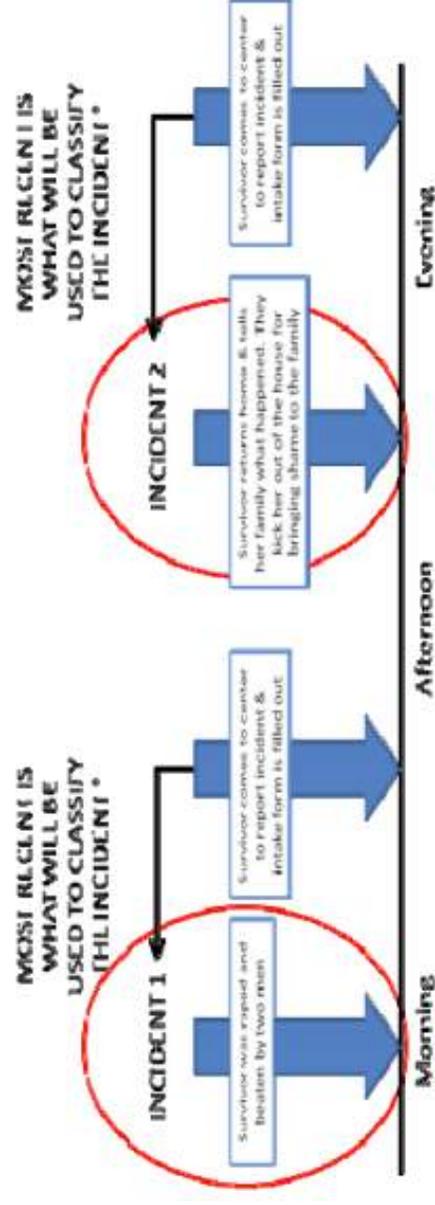
In situations where a survivor reports a few distinct past incidents, you can fill in multiple intake forms, one for each of the incidents reported.

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 that 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.

**3. 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 select 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 Abuse/Intimidation

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

\*Non-GBV incidents based on legal definitions of GBV

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 sexual assault?  
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/behavioral abuse?  
If yes → classify the incident as “Psychological Abuse”  
If no → proceed to the next incident type on the list

7. Is the reported incident a case of GBV?  
If yes → select the appropriate incident type and by again to reclassify the incident (If you are unsure, select “Non-GBV”)  
If no → classify this incident as “Non-GBV”

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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

**4. 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.’

**5. 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. If this practice is relatively common in your context, it may be included on the intake form under the case context section.

*Handout – Session Three: Intake Form*

**ACTIVITY 3.1: Incident Scenario #1**

*Read the scenario below that describes a GBV incident. Use the information provided to complete a sample GBVIMS intake form.*

Fatima is a 17-year-old Congolese girl living in a refugee camp in Burundi with her mother and younger siblings. Two months ago, her mother married a 40-year-old Congolese man in the camp. He doesn't work, so is at home often during the day. Not long after the marriage, Fatima's stepfather started getting close to her, especially when her mother was away getting food or water. On March 10, Fatima came into your NGO with her aunt to report that her stepfather forced her to have anal intercourse the night before in her home. You provided Fatima with psychosocial services at your center and referred her to the local health center as well. She had not reported this incident anywhere else, and has not experienced a previous incident of GBV. Throughout the whole interview she is sad but calm. She told you she is afraid and doesn't want to report it to the police or seek justice. She declined all other referrals. You explained the possible consequences of rape to her and her aunt. Her aunt is supportive, and wants to help her, and will accompany her to the health clinic, and has offered for her stay in her home. She and her aunt consented to have her de-identified information shared.

*(All information in this scenario is fictional.)*



*Handout – Session Three: Intake Form*

**ACTIVITY 3.1: Incident Scenario #2**

*Read the scenario below that describes a GBV incident. Use the information provided to complete a sample GBVIMS intake form.*

Kanji is a 19-year-old Somali female who lives with her parents and siblings. She is a smart woman who often receives compliments from her university professor who has become a friend of the family. She used to regularly run errands for this professor, since he lives near her family. Taking advantage of the trusting relationship that had developed between them, the professor cornered her one afternoon in his house last month and started touching her breasts. He said he would give her a good grade if she had sex with him. After the incident, she refused to do errands for the professor or go to his house despite her mother’s insistence. Kanji began to withdraw into herself after the incident. She is not sure how old the professor is, but looks to be about 50. Kanji came to your NGO today to seek psychosocial assistance because she was very depressed. She did not seek services anywhere else, and this has not happened to her before. You provided her psychosocial services. She declined all other referrals, and is undecided if she wants to take legal action. At the beginning of your interview she was upset, but at the end seems calm. She consented to sharing her de-identified information.

*(All information in this scenario is fictional.)*



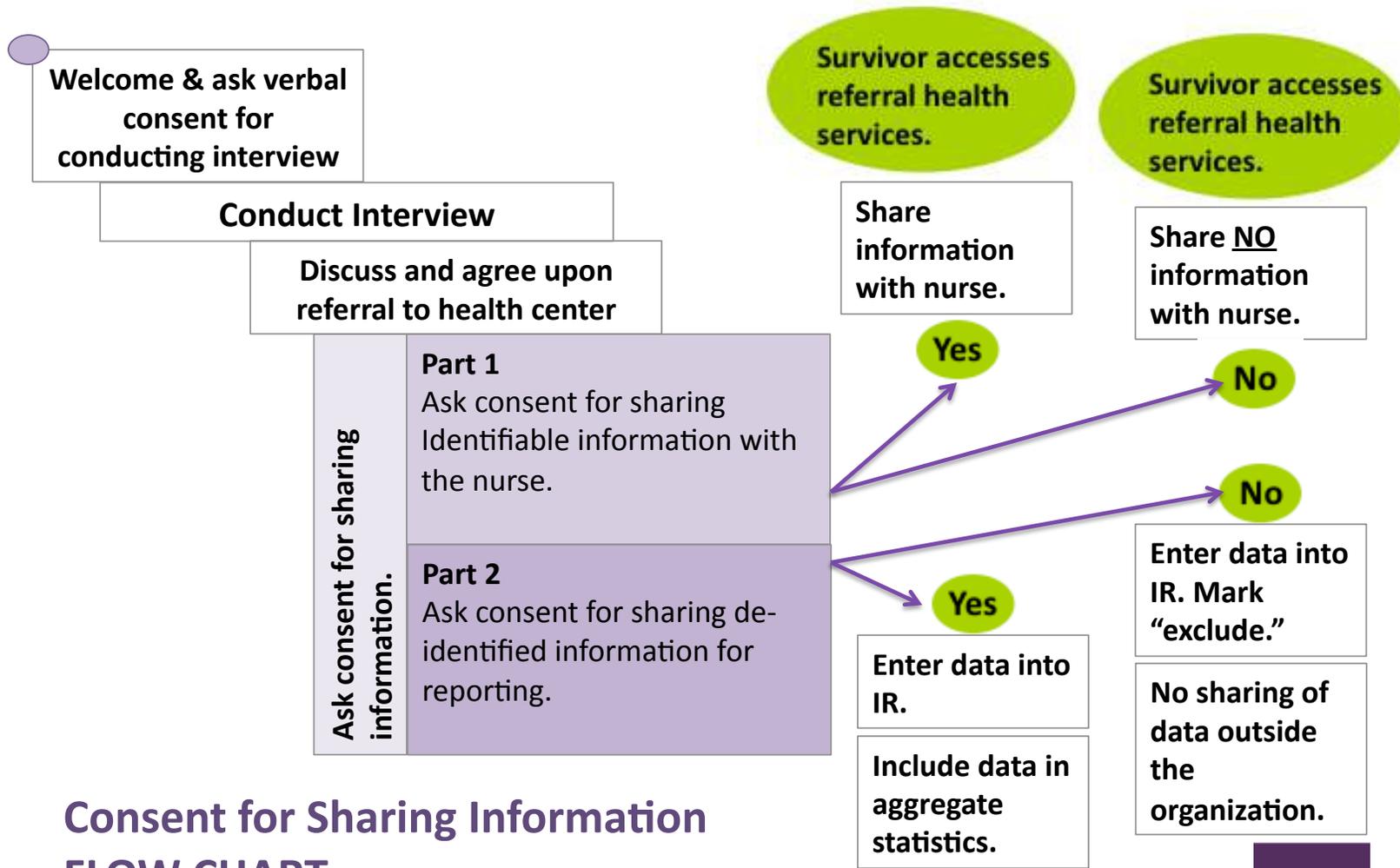
## **Practice Exercises for “Stage of Displacement at Time of Incident”**

In the space provided, indicate the displacement status for these cases. The status options are:

a) Not displaced/Home community, b) Pre-displacement, c) During flight, d) During refuge, e) During return/transit, f) Post-displacement, g) Other.

1. You are a service provider based in Sierra Leone. A woman from Liberia comes to you to report a GBV incident that occurred while she was fleeing her home in Liberia two years ago. She was forced to flee Liberia because of her ethnicity and has not been able to return. She is currently seeking international protection from the government of Sierra Leone but her claim has not yet been decided on.
2. The woman from #1 comes back one month later to report a new GBV incident that occurred the morning of her report. She informs you that since her last report the government of Sierra Leone has accepted her claim requesting protection.
3. A boy is forced to flee his home and moves to his sister’s house in the capital to escape rebel fighting in and around his village. While still living at his sister’s house, he comes to you to report an incident of GBV that was perpetrated against him by several rebel soldiers three weeks before he left his village for his sister’s.
4. The boy from #3 returns home. While home he goes to a nearby GBV service provider to report another incident of GBV.
5. While in a neighboring country, a woman has her nationality revoked by her country of origin. She then comes to you to report an incident of GBV.
6. A girl moves to a neighboring country but does not have the right to reside there permanently. To escape the on-going conflict in their country, her parents sent her to family friends in a neighboring country to work in their house in exchange for school fees, and lodging. While there she comes to you to report that she was raped by the head of this house two days earlier.
7. A woman, who has never been displaced, is living in her country of origin when she comes to report an incident of GBV that her supervisor perpetrated against her earlier this week.





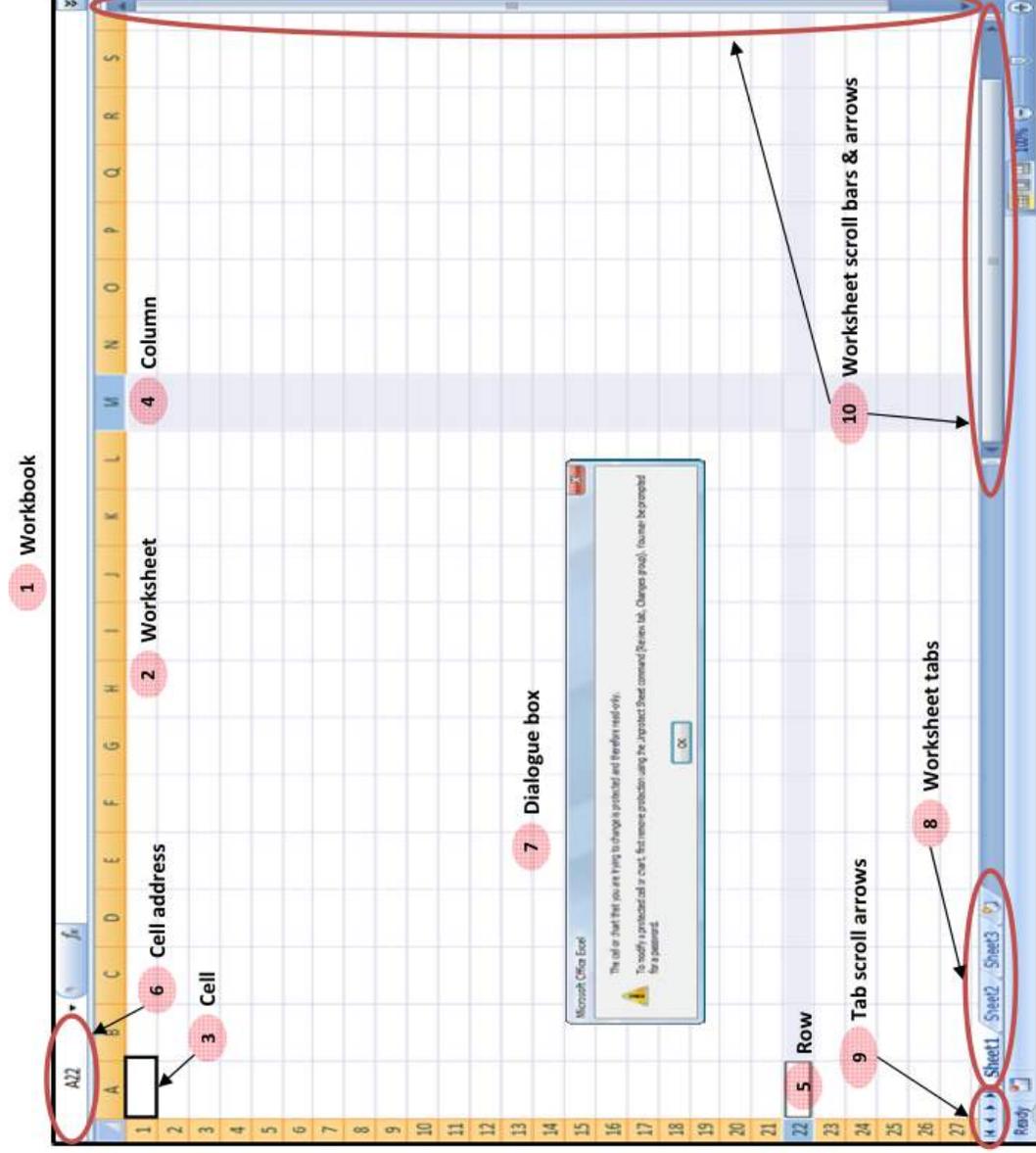
## Consent for Sharing Information FLOW CHART





## Handout – Session Five: Incident Recorder Excel Vocabulary

**Excel vocabulary**—Since the IR is based in Excel, there are a few vocabulary words you should become familiar with before getting started:



1. **Workbook**—This is the entire Excel document; when you open the IR you are opening a workbook.
2. **Worksheet**—Workbooks are comprised of various worksheets and worksheets are comprised of cells, columns and rows.
3. **Cell**—Each Excel worksheet is made up of individual cells; cells are where you input data.
4. **Columns**—Cells are arranged in columns which run vertically and are labeled with letters (A,B,C...).
5. **Rows**—Cells are also arranged in rows that run horizontally and are labeled with numbers (1,2,3...).
6. **Cell address**—This gives the specific coordinates or ‘address’ of the cell that is currently selected. This will help us throughout this chapter locate and discuss specific cells.
7. **Dialogue box**—These are boxes that appear on the screen with information or directions.
8. **Worksheet tab**—Each worksheet has an associated tab located at the bottom of the workbook that will always display the worksheet’s name no matter what worksheet is open. You can move between worksheets by clicking on the tab of the worksheet you want to open.
9. **Tab scroll arrows**—These four arrows allow you to move the worksheet tabs on the bottom of the page in order to access all worksheets in a workbook. The two external arrows both have bars next to them; they allow you to move to the first or last tab in the workbook. The two internal arrows allow you to move the tabs to the left or right, one tab at a time.
10. **Worksheet scroll bars and arrows**—moves the screen of the worksheet so you can see and move to all cells on a worksheet.

## ACTIVITY 6.3

### Monthly Statistics Worksheet – Monthly Statistics

1. Break up in to four groups.
2. The facilitator will assign each group a section from the Monthly Statistics Worksheet:
  - a. General & Survivor Statistics
  - b. Incident Statistics
  - c. Perpetrator Statistics
  - d. Referral Pathway Statistics
3. Use the Monthly Statistics Worksheet and what you have learned from the sessions on the Incident Recorder and on Reporting & Analysis to fill out the below table for your assigned section of statistics.
4. Present your work to the group so that everyone becomes familiar with your section of statistics.
  - a. What data goes in to calculate the statistic?
  - b. Is there anything in particular to remember about the statistic – to either help correct errors, or in terms of analysis?

Statistic	Linked to Which Data Fields	Graph? (Yes/No)	Other Information to Consider?



# 9

## **GBVIMS Glossary, List of Acronyms, and Works Referenced<sup>1</sup>**

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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 guide and other associated GBVIMS documents.



**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.

**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>1</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.”

<sup>1</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 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.

**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 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.

**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>2</sup>

**PHYSICAL ASSAULT:** Physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, showing, 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>3</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

2 Convention on the Rights of Persons with Disabilities, December 2006.

3 "Inter-agency Guiding Principles on Unaccompanied and Separated Children," International Committee of the Red Cross, January 2004.

profiting monetarily, socially or politically from the sexual exploitation of another<sup>4</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

<sup>4</sup> (Secretary-General's Bulletin *Special measures for protection from sexual exploitation and sexual abuse*; October 2003).

collection so that information can be meaningfully compiled and analyzed within and between GBV service providers.

**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>5</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.

<sup>5</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.

**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>6</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.

**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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6 "Inter-agency Guiding Principles on Unaccompanied and Separated Children," International Committee of the Red Cross, January 2004.

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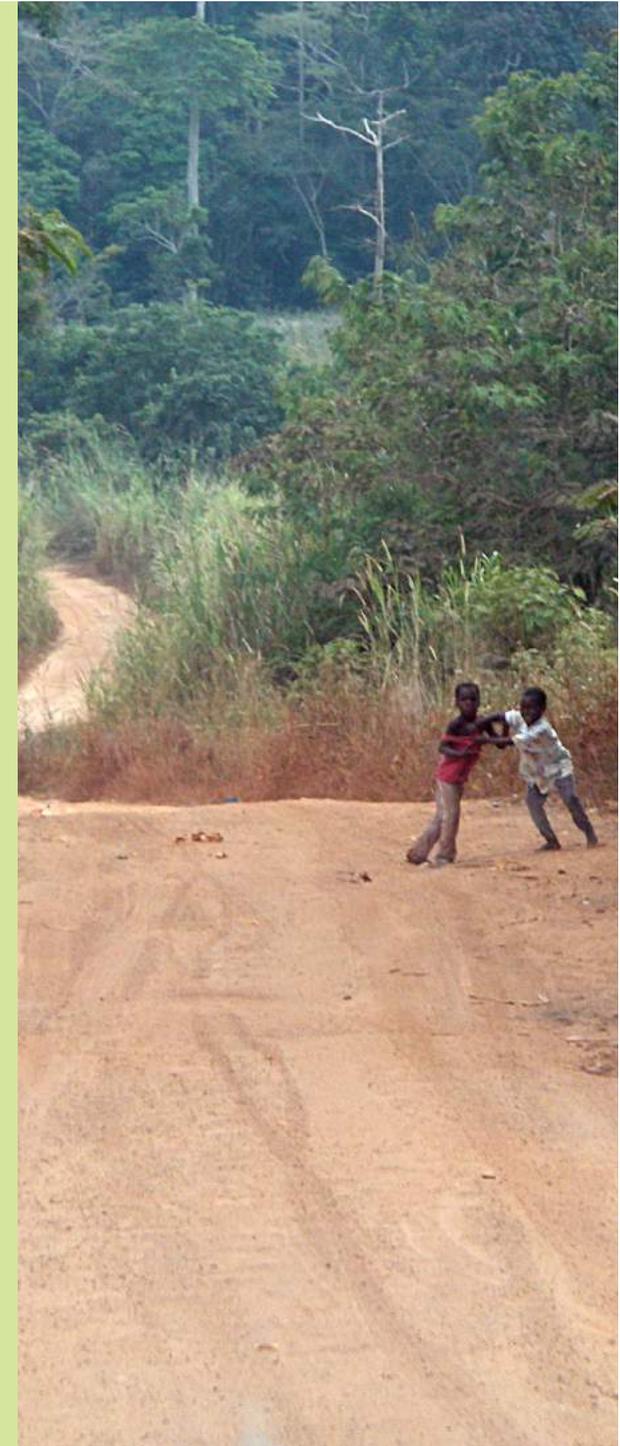
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# 10

**PowerPoint Slides**



**GBV  
IMS**

# SESSION ONE: GBV & INFORMATION MANAGEMENT



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## SESSION 1 OBJECTIVES

**At the end of the session you will be able to:**

1. Explain the four stages of information management.
2. Discuss why GBV-related information is sensitive.
3. Explain the history of the GBVIMS.
4. List the four tools of the GBVIMS and the purpose of each.

**1.1.1**

**GBV  
IMS**

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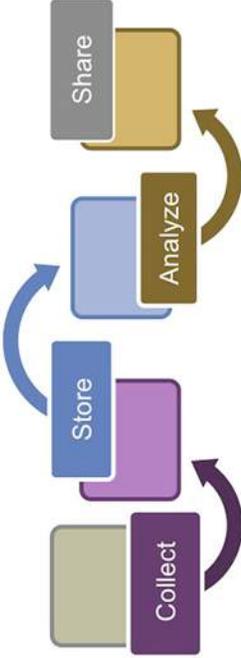
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## FOUR STAGES OF INFORMATION MANAGEMENT



Representation of the basic steps in the production of information to support planning, decision-making, and coordination processes. Each step involves a range of actors performing a variety of roles, both technical and non-technical.

*Sources: Adapted from OCHA /ISS*

**1.1.2**

**GBV  
IMS**

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## HOW DIFFICULT WOULD IT BE TO ANSWER THESE QUESTIONS?

- How many cases of rape were reported to your organization in the last four months? Out of these cases, how many did you refer to other services? And to which services?
- Out of cases reported in the last month, how many were children under 18?
- In the last six months, what percent of reported cases occurred at night?
- In the last six months, how many incidents reported to your organization were perpetrated by an intimate partner?

1.1.3

GBV  
IMS

## KEY GUIDING PRINCIPLES WORKING WITH GBV SURVIVORS

- Ensure the physical safety of the survivor.
- Guarantee confidentiality.
- Respect the wishes, the rights, and the dignity of the survivor.
- Ensure non-discrimination.

1.1.4

GBV  
IMS

## HISTORY OF THE GBVIMS

What was the main reason for the development of the GBVIMS?

Strategies and activities were guided by anecdotal evidence and not by analysis of data. No NGOs had a system for compiling data that was useful and effective.

When did the development of the GBVIMS begin?

2006

Which agencies and organizations were the founding members of the GBVIMS Global Team?

UNHCR, the IRC, and UNFPA

1.2.1

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### GBVIMS TOOLS & FLOW OF DATA

The diagram illustrates the flow of data through four numbered steps: 1. Intake forms, 2. Incident Classification System, 3. Incident Recorder, and 4. Information Sharing Protocol Template. The data then flows into a dashboard with a pie chart and bar graphs, labeled 'GBVIMS DATA INFORMS'. This data informs three areas: REPORTS & PROPOSALS, PROGRAM DESIGN, and ADVOCACY.

**The GBVIMS is made up of 4 tools:**

- Incident Classification System
- Intake and Consent Form
- Incident Recorder
- Information Sharing Protocol Template

1.2.2

GBVIMS

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### BENEFITS OF THE GBVIMS

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.

1.2.3

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## SESSION TWO: INCIDENT CLASSIFICATION



**Session Two: Incident Classification**

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2.1.1



### SESSION OBJECTIVES

**At the end of the session, you will be able to:**

- Understand the main purpose of the classification tool and its criteria.
- List and define the six core types of GBV.
- Use the procedure for incident classification.
- Correctly classify an incident.
- Understand the meaning of "case context" and be able to use it to enhance the GBV data collected.

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2.1.2



### EXAMPLE INCIDENT DESCRIPTIONS

**(For Activity 2.1)**

1. A woman reports being beaten by her husband for not cleaning the house properly.
2. A girl reports that she could only attend school after having sex with her teacher.
3. A boy reports that his uncle has been touching his genitals.
4. A woman reports that her boss is threatening to fire her if she does not have sex with him.
5. A woman reports being raped by a group of men when she was walking home from her sister's house.

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## INCIDENT EXAMPLE

**Example:**

A woman reports being **raped and badly beaten** to Delphine, a case manager for an NGO that provides services to GBV survivors. On the intake form, Delphine classifies the incident as 'rape.'

A week later, a different woman reports being **raped and badly beaten** to Rebecca, a case manager who works for the same NGO as Delphine. Rebecca classifies the incident as 'physical assault.'

■ 2.1.3

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## INCIDENT CLASSIFICATION TOOL (1)

**The Purpose of the GBVIMS Incident Classification Tool:**

- Standardizes the types of GBV and their definitions.
- Standardizes the procedure for classifying an incident of GBV.

■ 2.1.4

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## INCIDENT CLASSIFICATION TOOL (2)

**The Tool's GBV Types Meet 3 Criteria:**

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

■ 2.1.5

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## INCIDENT TYPES (1)

1. **Rape/Penetration:** 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.

■ 2.1.6

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## INCIDENT TYPES (2)

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.

■ 2.1.7

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## INCIDENT TYPES (3)

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.

■ 2.1.8

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## DEFINITION OF “INCIDENT”

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

*How does an “incident” differ from “violence” or an “act of violence”?*

■ 2.1.9

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## INCIDENT CLASSIFICATION FOR DATA COLLECTION

- The GBV/IMS incident types were developed in order to standardize the classification of GBV incidents for **data collection purposes**.
- Regardless of the incident type, the survivor should be able to access any service she/he needs.

■ 2.1.10

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## THE 7 QUESTIONS FOR INCIDENT CLASSIFICATION (1)

1. **Did the reported incident involve penetration?**  
If yes → classify as “**Rape**”. / If no → proceed...
2. **Did the reported incident involve unwanted sexual contact?**  
If yes → classify as “**Sexual Assault**”. / If no → proceed...
3. **Did the reported incident involve physical assault?**  
If yes → classify as “**Physical Assault**”. / If no → proceed...
4. **Was the incident an act of forced marriage?**  
If yes → classify as “**Forced Marriage**”. / If no → proceed...

■ 2.2.1

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## COMMON ISSUES TO LOOK OUT FOR

### 2. Multiple incidents over a period of time

- Multiple intake forms if distinctly separate incidents (even if they happen within the same day).
- One intake form if multiple incidents of GBV are a perpetrated over a period of time as part of the same event. Use the most recent violence for classification purposes (ex: kidnapped for 3 days).
- If during one visit a survivor report many incidents from their past (such as rape or physical assault by an intimate partner), use your judgment and document individual incidents if possible, or if incidents too numerous to document them all, then only use one intake form & document most recent incident.

2.2.4

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## COMMON ISSUES TO LOOK OUT FOR

### 3. Under-Age Sexual Activity

- For the purposes of the GBVIMS, consensual under-age sexual activity is not considered GBV unless otherwise noted (this is sometimes called defilement).
- Other examples of non-gendered violence are:
  - 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

2.2.5

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## COMMON ISSUES TO LOOK OUT FOR

### 4. Abandonment and/or Denial of Paternity

- Normally classified as "denial of resources, opportunities, or services" or "psychological/emotional abuse."
- If woman was financially dependent on the father before pregnancy, this could be "denial of resources."
- If woman was not financially dependent, it would be "psychological/emotional abuse."

### 5. Female Genital Mutilation/Cutting (FGM/C)

- Because this is an act of violence that impacts sexual organs, this should be classified as sexual assault and not physical assault.

2.2.6

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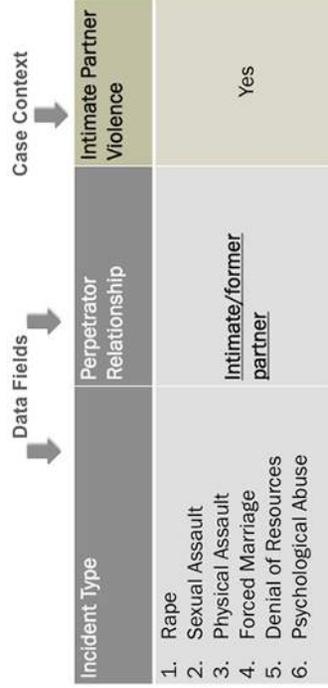
## CASE CONTEXTS

- The GBVIMS Incident Recorder (the database) can automatically indicate incidents that occurred within a particular context or type of situation, such as intimate partner violence or sexual exploitation.
- The Incident Recorder does this by combining information → 1) the GBV incident type, and 2) other information recorded about the incident.

2.3.1

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## CASE CONTEXTS – EXAMPLE INTIMATE PARTNER VIOLENCE



2.3.2

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## CASE CONTEXTS – CHILD SEXUAL ABUSE

TYPE OF GBV	ALLEGED PERPETRATOR	AGE OF SURVIVOR AT TIME OF INCIDENT	CASE CONTEXT
Rape Sexual Assault	Any	Child	Child Sexual Abuse

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## CASE CONTEXTS – HARMFUL TRADITIONAL PRACTICES

TYPE OF GBV	ALLEGED PERPETRATOR		HARMFUL TRADITIONAL PRACTICE?		CASE CONTEXT	
	+	Any	+	Yes - Bride Capture	=	Harmful Traditional Practice
Sexual Assault	+	Any	+	Yes - FGM/C	=	Harmful Traditional Practice

2.3.7

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## SESSION THREE: INTAKE FORM

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### SESSION LEARNING OBJECTIVES

**You will be able to:**

1. Use a coding system.
2. Correctly fill out the intake form.

**3.1.1**

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**3.1.2**

**The Intake Form is a standardized form used by service providers when conducting the initial intake interview with GBV clients. It helps ensure:**

- Client confidentiality by eliminating the use of identifiable information.
- That all service providers are consistently collecting a standardized set of key GBV data points.

**3.1.2**

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## INSTRUCTIONS TO FILL OUT INTAKE FORM

1. Use the intake form **ONLY** in the context of service provision.
2. The survivors' safety, comfort and well-being should be priority during the entire process.
3. Select **only one box** for each data point on the intake form.

*What should you NEVER write anywhere on the intake form?*

3.1.3

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## INTAKE FORM SECTIONS

1. Administrative Information
2. Survivor Information
3. Details of the Incident
4. Alleged Perpetrator Information
5. Planned Action/Action Taken
6. *Psychosocial Form* – Assessment Point OR *Medical Form* – Medical History & Examination + Treatments Prescribed

3.1.4

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## THREE TYPES OF DATA FIELDS (1)

*\*A Note for Focal Points*

1. **With an asterisk (\*) alone:** Remain untouched; they are standardized worldwide.
2. **With a circle (°):** Customizable. In inter-agency contexts, these should be customized in the same way by all actors in the context.
3. **Unmarked:** Modifiable at the organizational level; for case management purposes; not included in Incident Recorder.

3.1.5

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## THREE TYPES OF DATA FIELDS (2)

\*A Note for Focal Points

**Circle (\*)** →

**Asterisk (\*)** →

2-Survivor Information	
Date of birth (approximate if necessary) *:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Country of origin <sup>2</sup> :	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Country names here <input type="checkbox"/> Etc.	<input type="checkbox"/> Etc.
Nationality (if different than country of origin):	Religion:
<input type="checkbox"/> Etc.	<input type="checkbox"/> Etc.

← **Unmarked**

3.1.6

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## CODE #1: INCIDENT ID

- This code is *required* for the GBVIMS.
- It provides the basis for organizing information in the system.
- A unique code will be assigned to every incident reported, even if the same survivor reports more than one incident.
- Each new intake form completed will have a new Incident ID.

3.2.1

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## CODE #2: SURVIVOR CODE

- Assigned to each survivor, to keep clients' identities protected.
- Allows multiple incidents reported by the same survivor to be linked and tracked for case management purposes.

3.2.2

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### CODE #3: CASEWORKER CODE

- Assigned to each caseworker, health worker, or other staff to protect them from being directly linked to specific cases.
- The code can be written in this data field to keep track of who conducted the interview and provided the service to the client.

3.2.3

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### ADMINISTRATIVE INFO. SECTION

- **Date of interview\***—Indicate the date when the interview with the client occurred. This must include and be recorded as day/month/year.
- **Date of incident\***—Indicate the date when the incident actually took place. This must also include and be recorded as day/month/year.

Remember - \*\*Estimate if necessary!\*\*

3.2.4

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### ADMINISTRATIVE INFO. SECTION

#### Reported by the survivor/someone other than the survivor\*

- Only those incidents where the survivor is receiving services —and therefore present at the time of the report—will be entered into the Incident Recorder.

3.2.5

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## SURVIVOR INFORMATION SECTION

**Date of birth\***—Indicate the survivor's date of birth as day/month/year.

Remember - \*\*Estimate if necessary!\*\*\*

**Sex\***—Indicate the sex of the survivor.

Clan or ethnicity—Indicate the clan, tribe or ethnic background of the survivor.

**Country of origin\***—Indicate the country of origin of the survivor.

**Nationality**—Indicate the nationality of the survivor if different from the country of origin.

■ 3.3.1

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## SURVIVOR INFORMATION SECTION

**Religion**—Indicate the religion, if any, of the survivor.

**Current civil/marital status\***—Indicate the civil or marital status of the survivor at the time of the report. (Single, Married/ Cohabiting, Divorced/Separated, Widowed)

**Number and age of children and other dependents**—Indicate the number and ages of children the survivor has as well as the number and ages of additional dependents the survivor is currently caring for.

**Occupation**—Indicate the occupation of the survivor at the time of the report.

■ 3.3.2

GBV  
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## SURVIVOR INFORMATION SECTION

**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.

- Internally Displaced Person (IDP)
- Returnee
- Resident
- Refugee
- Asylum Seeker
- Stateless Person
- Foreign National
- N/A: Not Applicable

■ 3.3.3

GBV  
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## SURVIVOR INFORMATION SECTION

**Is the client a Person with Disabilities?\***—Indicate if the client is suffering from some form of a long term disability that impairs the client's ability to function. Options include:

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

3.3.4

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## SURVIVOR INFORMATION SECTION

**Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?\***

- No
- Unaccompanied Minor
- Separated Child
- Other Vulnerable Child—A vulnerable child can include is a child who:
  - Lives without adequate adult support
  - Lives outside of family care
  - Is marginalized, stigmatized, or discriminated against.
  - Is an orphan.

3.3.5

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## SURVIVOR INFORMATION SECTION

**If the survivor is a child (less than 18yrs) does s/he live alone?**

- If 'Yes'—Skip to the next section.
- If 'No'—Complete the rest of this section.

**If the survivor lives with someone, what is the relation between her/him and the caretaker?**

- Parent/Guardian
- Relative
- Spouse/Cohabiting
- Other (If 'Other' then specify the relationship)—this category would include institution care, such as when a child is being cared for by the state.

3.3.6

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## SURVIVOR INFORMATION SECTION

**What is the caretaker's current marital status?**

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

**What is the caretaker's primary occupation?—Write in the primary occupation of the caretaker.**

■ 3.3.7

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## DETAILS OF THE INCIDENT

**Account of the incident/Description of the incident**

- Write a summary of the incident in the client's own words.
- Make sure to avoid using identifiable information such as names!
- This section will not be entered into the incident recorder.

■ 3.4.1

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## DETAILS OF THE INCIDENT

**Stage of displacement at time of incident\***—This data point refers to when the incident took place: before, during, or after they were displaced from their home – or notes if they have never been displaced.

- **Displacement:** an effect of armed conflict, internal strife, systematic violations of human rights, or natural or manmade disasters.

■ 3.4.2

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### DETAILS OF THE INCIDENT \*STAGES OF DISPLACEMENT\*

**Not Displaced / Home Community**—A person who at time of report has never been previously displaced due to the effects of armed conflict, internal strife, systematic violations of human rights or natural or manmade disasters.

**Pre-displacement**—Indicates that the incident occurred prior to the time that the client was displaced from their home.

**During Flight**—Occurred while the person was traveling from their home to their place of refuge.

**During Refuge**—Occurred during the period of time when the person was displaced. This includes both internally displaced people as well as refugees.

**During Return / Transit**—Occurred while the person was returning back to their home from their place of refuge.

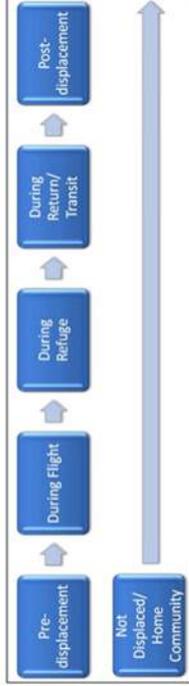
**Post-displacement**— Indicates that the incident occurred after the client returned home from their displacement.

Other

3.4.3

GBV  
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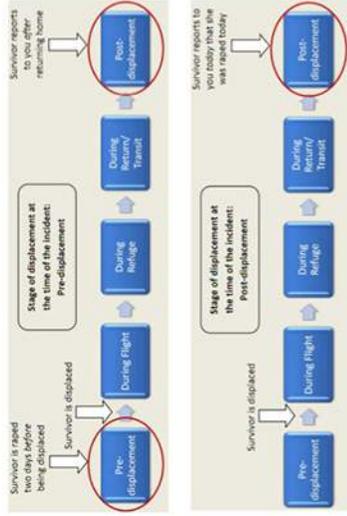
### DETAILS OF THE INCIDENT \*STAGES OF DISPLACEMENT\*



3.4.4

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### DETAILS OF THE INCIDENT \*STAGES OF DISPLACEMENT\*



3.4.5

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## DETAILS OF THE INCIDENT

### Time of day that incident took place\*

The four options provided cannot be modified (select only one option):

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

3.4.6

GBV  
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## DETAILS OF THE INCIDENT

### Incident location/Where the incident took place\*

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

3.4.7

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## DETAILS OF THE INCIDENT

### Area where incident occurred\*

Indicate the area where the incident took place

- *FACILITATOR: Modify to match your context.*

3.4.8

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## DETAILS OF THE INCIDENT

### Sub-Area where incident occurred\*

Indicate the sub-area where the incident took place.

- *FACILITATOR: Modify to match your context.*

3.4.9

GBV  
IMS

## DETAILS OF THE INCIDENT

### Camp/Town/Site

Indicate the camp, town or site where the incident took place.

- *FACILITATOR: Modify to match your context.*

3.4.10

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IMS

## DETAILS OF THE INCIDENT

### Type of incident/violence\*

- Rape ["Penetration" for health care providers]
- Sexual Assault
- Physical Assault
- Forced Marriage
- Denial of resources, opportunities or services
- Psychological / Emotional Abuse
- Non-GBV (specify)

3.4.11

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## DETAILS OF THE INCIDENT

**Example 1:** A girl reports that while she was walking one morning last week to pump water, two men pulled her in to the forest. They punched her and tried to pull of her clothes to rape her.

**Example 2:** A woman's husband comes home late from the bar he owns. He is angry that dinner is cold and screams at his wife and calls her stupid. She is frightened and sad.

**Example 3:** Final school exams are coming up soon. A teenage girl comes to you to report that her math teacher told her that he would automatically give her a good grade if she went to his house to give him sexual favors. She did not yet agree to the arrangement and is asking for advice.

3.4.12

GBV  
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## DETAILS OF THE INCIDENT

### Was this incident a Harmful Traditional Practice\*?

Indicate if this incident is a Harmful Traditional Practice.

- **FACILITATOR:** *Modify to match your context.*

3.4.13

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## DETAILS OF THE INCIDENT

Were money, goods, benefits, and / or services exchanged in relation to this incident\*?

- Yes
- No

3.4.13

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## DETAILS OF THE INCIDENT

### Type of abduction at time of the incident\*

- **None**
- **Forced Conscription**— Being forced to join an armed group against one's will.
- **Trafficked**—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. 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.

3.4.15

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## DETAILS OF THE INCIDENT

### Has the client reported this incident anywhere else?\*

- **No** (select if the client has not reported this incident anywhere else)
- **Health/Medical Services**
- **Psychosocial/Counseling Services**
- **Police/Other Security Actor**
- **Legal Assistance Services**
- **Livelihoods Program** (any services to help the survivor generate income)
- **Safe House/Shelter** (this can be a formal or informal community based safe house)
- **Other** (specify)

3.4.16

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## DETAILS OF THE INCIDENT

### Has the client had any previous incidents of GBV perpetrated against them?\*

- **Yes/No** responses will be entered into the Incident Recorder.
- If the survivor has experienced other GBV incidents, include a brief description for case management purposes.

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## ALLEGED PERPETRATOR INFORMATION

**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 in the planning, preparation, or execution of the abuse.

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## ALLEGED PERPETRATOR INFORMATION

**Number of alleged perpetrator(s)\***—if the exact number is unknown but the survivor knows that there were more than three, 'More than 3' should be selected, not 'unknown.'

**Sex of alleged perpetrator(s)\***

**Nationality of alleged perpetrator**

**Clan or ethnicity of alleged perpetrator**

**Age group of alleged perpetrator\***

\*\*Estimate if necessary!\*\*

■ 3.5.2

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## ALLEGED PERPETRATOR INFORMATION

**Alleged perpetrator relationship with survivor (if any)\***

- Be as specific as possible.
- Read the options from top to bottom and select the first option that applies.
- Pertains to one primary perpetrator.

■ 3.5.3

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## ALLEGED PERPETRATOR INFORMATION

### Main occupation of alleged perpetrator\*

- Be as specific as possible.
- Pertains to one primary perpetrator.

3.5.4

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## PLANNED ACTION/ACTION TAKEN

### Who referred the client to you?\*

- What is the difference between "Police/Other Security Actor" and "Legal Assistance Service?"

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## PLANNED ACTION/ACTION TAKEN

- Did you refer the client to a safe house/shelter?\*
- Did you refer the client to health/medical services?\*
- Did you refer the client to psychosocial services?\*
- Does the client want to pursue legal action?\*
- Did you refer the client to legal assistance services?\*
- Did you refer the client to police/other type of security actor?\*
- Did you refer the client to livelihoods program?\*

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## PLANNED ACTION/ACTION TAKEN

If you select “No” for the questions about referrals to various services, select an explanation:

- Service provided by your agency
- Services already received from another agency
- Service not applicable
- Referral declined by survivor
- Service unavailable

3.6.3

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## PLANNED ACTION/ACTION TAKEN

### →Referrals

- A service is not applicable when a survivor does not need that service.
- A service is unavailable when that particular service does not exist or is not accessible in your area.

3.6.4

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## MEDICAL HISTORY & EXAMINATION

Evidence of pregnancy?	Did this incident involve penile penetration?	HIV/AIDS status:	Pubertal stage:
<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Pre-pubertal
<input type="checkbox"/> Yes (# of Weeks: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Pubertal <input type="checkbox"/> Mature
Was a pregnancy test done?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Positive	<input type="checkbox"/> Yes - Positive	<input type="checkbox"/> Yes-Negative
Was a STI test done?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Positive	<input type="checkbox"/> Yes - Positive	<input type="checkbox"/> Yes-Negative
Was a HIV test done?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Positive	<input type="checkbox"/> Yes - Positive	<input type="checkbox"/> Yes-Negative

3.7.1

GBV  
IMS

## TREATMENTS PRESCRIBED

<b>STI prevention/treatment</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Patient Declined	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Available
<b>Emergency contraception:</b>	Available				
<b>Wound treatment:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Patient Declined	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Available
<b>Tetanus prophylaxis:</b>	Available				
<b>Hepatitis B vaccination:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Patient Declined	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Available
<b>Post-exposure prophylax (HIV):</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Patient Declined	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Available

3.7.2

GBV IMS

GBV  
IMS



## SESSION FOUR: INFORMED CONSENT

### Session Four: Informed Consent

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### SESSION 3 OBJECTIVES

1. Define informed consent. ✓
2. Demonstrate asking for survivor consent, following good practice.
3. Explain the difference between the two consent forms for the release of information.
4. Describe where the consent forms should and should not be stored.

4.1.1

GBV  
IMS

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### CONSENT

**Definition**  
A person makes a 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.
- A promise is made to the person to provide a benefit.

4.1.2

GBV  
IMS

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## INFORMED CONSENT

### Definition

- A two-way process
- Goes beyond providing a form or document for the survivor to read and sign, and the person going along with it.
- Involves explaining what will happen and answering questions.

■ 4.1.3

GBV  
IMS

## SURVIVOR-CENTERED APPROACH

**\*\*REMINDER!\*\***

**The rights of the survivor to control their incident data must remain a priority even when it seems there is little risk involved.**

■ 4.1.4

GBV  
IMS

## OBTAINING CONSENT FOR VARIOUS PURPOSES

Consent Requested for What Purpose	How Consent is Given	When to Request Consent
Medical examination	Written & verbal	Before the examination begins and throughout before beginning each step of the exam
Psychosocial consultation	Verbal	Before the consultation
Release of information – Part 1: Identifiable information for the purpose of service provision	Written	At the end of the examination or consultation, once the needs of the survivor have been identified and a plan of action has been agreed upon.
Release of information – Part 2: De-identified information for data or reporting purposes.	Verbal; then written	Before the examination or consultation, explain that information will be noted about the case and kept confidential. // At the end of the session explain the release of information consent form for de-identified information and ask for 'yes' or 'no' and signature.

■ 4.1.5

GBV  
IMS

## DE-IDENTIFIED DATA

Data that cannot be linked to a specific individual or group of individuals.

All personal identifiers such as a person's name and place of residence are removed.

4.1.6

GBV  
IMS

## OBTAINING CONSENT FOR VARIOUS PURPOSES

Consent Requested for What Purpose	How Consent is Given	When to Request Consent
Medical examination	Written & verbal	Before the examination begins and throughout before beginning each step of the exam
Psychosocial consultation	Verbal	Before the consultation
<b>Release of information – Part 2: Identifiable information for the purpose of service provision</b>	Written	At the end of the examination or consultation once the needs of the survivor have been identified and a plan of action has been agreed upon.
<b>Release of information – Part 1: De-identified information for reporting purposes</b>	Verbal; then written	Before the examination or consultation, explain that information will be noted about the case and kept confidential. // At the end of the session explain the release of information consent form for de-identified information and ask for 'yes' or 'no' and signature.

4.1.7

GBV  
IMS

## CONSENT TO RELEASE INFORMATION

**Part 1: Sharing identifiable information about their case in order to facilitate access to referral services selected.**

**Part 2: De-identified information for the purpose of aggregating data in to statistics to be used in reports.**

- For example – to be able to count the incident in statistics like the "number of rapes reported last month." Or to include it in a calculation of "X percent of incidents assisted last month were children."

4.2.1

GBV  
IMS

## HOW TO ASK FOR CONSENT

### The generally accepted approach to obtaining informed consent is:

1. Read aloud to the interviewee the first section of the consent statement, allowing time for questions and clarifications of individual points.
  2. Having explained the key points, the service provider should ask the participant to repeat back in their own words what they think they have agreed to, what the risks might be, and what would happen if they refuse. This will allow the service provider to assess the participant's understanding of each issue, and if necessary, reinforce anything that was not clearly understood and correct any misunderstanding.
  3. The last step, obtaining consent, will be done in writing (for the release of information).
- Repeat steps 1-3 for the second part of the consent statement.

4.2.2

GBV  
IIMS

**GBV  
IMS**

## SESSION FIVE: THE INCIDENT RECORDER



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### SESSION 5 LEARNING OBJECTIVES

**At the end of the session you will be able to:**

- Understand how the Incident Recorder works and is organized.
- Perform routine modifications to the Incident Recorder. → Set up the IR for use.
- Effectively enter data into the Incident Recorder.

5.1.1

**GBV  
IMS**

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### WHY MS EXCEL FOR THE IR?

**Microsoft Excel:**

- Is a user-friendly program that can increase the accessibility and utility of the IR.
- Enables most field staff to quickly learn, use, and maintain the IR.
- Limits investment in resources, staff time, and technical support.

5.1.2

**GBV  
IMS**

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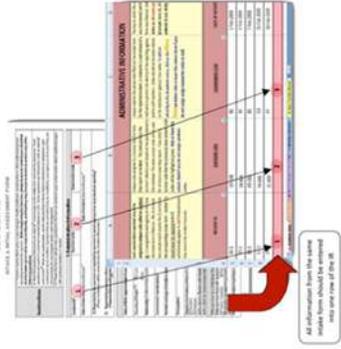
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## HOW THE INTAKE FORM RELATES TO THE IR

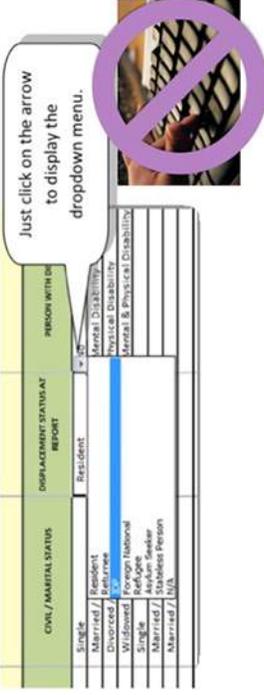


5.1.3

GBV  
IMS

## DROPDOWN MENUS

Typing is not needed for the majority of the information entered in to the IR.

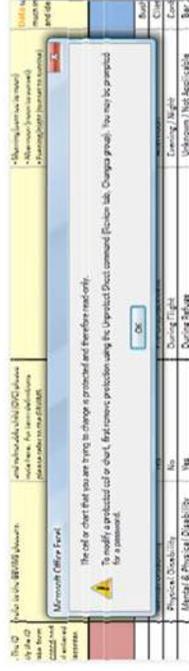


5.1.4

GBV  
IMS

## PROTECTED CELLS

Certain parts of the IR are locked and password protected. This is to protect formulas that help with common data analysis.



5.1.5

GBV  
IMS

### AUTOMATICALLY FORMATTED CELLS

LAST	PERSON WITH DISABILITY	UNACCOMMODATED OR SEPARATED CHIEF?	STATUS OF POPULATION AT INCIDENT
NO	NO	NO	RES. Dislocated / Homeless Community
Mental Disability	NO	NO	Pre-Displacement
Physical Disability	NO	NO	During Flight
Mental & Physical Disability	YES	NO	During Stay/Stay

INCIDENT ID	INCIDENT CODE	SUBTYPE CODE	CATEGORY
4	17702009	013-0001	1
5	17702010	013-0001	2
6	17702011	013-0001	3
7	17702012	013-0001	4
8	17702013	013-0001	5
9	17702014	013-0001	6
10	17702015	013-0001	7
11	17702016	013-0001	8
12	17702017	013-0001	9
13	17702018	013-0001	10
14	17702019	013-0001	11
15	17702020	013-0001	12
16	17702021	013-0001	13
17	17702022	013-0001	14
18	17702023	013-0001	15
19	17702024	013-0001	16
20	17702025	013-0001	17
21	17702026	013-0001	18
22	17702027	013-0001	19
23	17702028	013-0001	20
24	17702029	013-0001	21
25	17702030	013-0001	22
26	17702031	013-0001	23
27	17702032	013-0001	24
28	17702033	013-0001	25
29	17702034	013-0001	26
30	17702035	013-0001	27
31	17702036	013-0001	28
32	17702037	013-0001	29
33	17702038	013-0001	30
34	17702039	013-0001	31
35	17702040	013-0001	32
36	17702041	013-0001	33
37	17702042	013-0001	34
38	17702043	013-0001	35
39	17702044	013-0001	36
40	17702045	013-0001	37
41	17702046	013-0001	38
42	17702047	013-0001	39
43	17702048	013-0001	40
44	17702049	013-0001	41
45	17702050	013-0001	42
46	17702051	013-0001	43
47	17702052	013-0001	44
48	17702053	013-0001	45
49	17702054	013-0001	46
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51	17702056	013-0001	48
52	17702057	013-0001	49
53	17702058	013-0001	50
54	17702059	013-0001	51
55	17702060	013-0001	52
56	17702061	013-0001	53
57	17702062	013-0001	54
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62	17702067	013-0001	59
63	17702068	013-0001	60
64	17702069	013-0001	61
65	17702070	013-0001	62
66	17702071	013-0001	63
67	17702072	013-0001	64
68	17702073	013-0001	65
69	17702074	013-0001	66
70	17702075	013-0001	67
71	17702076	013-0001	68
72	17702077	013-0001	69
73	17702078	013-0001	70
74	17702079	013-0001	71
75	17702080	013-0001	72
76	17702081	013-0001	73
77	17702082	013-0001	74
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79	17702084	013-0001	76
80	17702085	013-0001	77
81	17702086	013-0001	78
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85	17702090	013-0001	82
86	17702091	013-0001	83
87	17702092	013-0001	84
88	17702093	013-0001	85
89	17702094	013-0001	86
90	17702095	013-0001	87
91	17702096	013-0001	88
92	17702097	013-0001	89
93	17702098	013-0001	90
94	17702099	013-0001	91
95	17702100	013-0001	92
96	17702101	013-0001	93
97	17702102	013-0001	94
98	17702103	013-0001	95
99	17702104	013-0001	96
100	17702105	013-0001	97
101	17702106	013-0001	98
102	17702107	013-0001	99
103	17702108	013-0001	100
104	17702109	013-0001	101
105	17702110	013-0001	102
106	17702111	013-0001	103
107	17702112	013-0001	104
108	17702113	013-0001	105
109	17702114	013-0001	106
110	17702115	013-0001	107
111	17702116	013-0001	108
112	17702117	013-0001	109
113	17702118	013-0001	110
114	17702119	013-0001	111
115	17702120	013-0001	112
116	17702121	013-0001	113
117	17702122	013-0001	114
118	17702123	013-0001	115
119	17702124	013-0001	116
120	17702125	013-0001	117
121	17702126	013-0001	118
122	17702127	013-0001	119
123	17702128	013-0001	120
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130	17702135	013-0001	127
131	17702136	013-0001	128
132	17702137	013-0001	129
133	17702138	013-0001	130
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137	17702142	013-0001	134
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144	17702149	013-0001	141
145	17702150	013-0001	142
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147	17702152	013-0001	144
148	17702153	013-0001	145
149	17702154	013-0001	146
150	17702155	013-0001	147
151	17702156	013-0001	148
152	17702157	013-0001	149
153	17702158	013-0001	150
154	17702159	013-0001	151
155	17702160	013-0001	152
156	17702161	013-0001	153
157	17702162	013-0001	154
158	17702163	013-0001	155
159	17702164	013-0001	156
160	17702165	013-0001	157
161	17702166	013-0001	158
162	17702167	013-0001	159
163	17702168	013-0001	160
164	17702169	013-0001	161
165	17702170	013-0001	162
166	17702171	013-0001	163
167	17702172	013-0001	164
168	17702173	013-0001	165
169	17702174	013-0001	166
170	17702175	013-0001	167
171	17702176	013-0001	168
172	17702177	013-0001	169
173	17702178	013-0001	170
174	17702179	013-0001	171
175	17702180	013-0001	172
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177	17702182	013-0001	174
178	17702183	013-0001	175
179	17702184	013-0001	176
180	17702185	013-0001	177
181	17702186	013-0001	178
182	17702187	013-0001	179
183	17702188	013-0001	180
184	17702189	013-0001	181
185	17702190	013-0001	182
186	17702191	013-0001	183
187	17702192	013-0001	184
188	17702193	013-0001	185
189	17702194	013-0001	186
190	17702195	013-0001	187
191	17702196	013-0001	188
192	17702197	013-0001	189
193	17702198	013-0001	190
194	17702199	013-0001	191
195	17702200	013-0001	192
196	17702201	013-0001	193
197	17702202	013-0001	194
198	17702203	013-0001	195
199	17702204	013-0001	196
200	17702205	013-0001	197
201	17702206	013-0001	198
202	17702207	013-0001	199
203	17702208	013-0001	200
204	17702209	013-0001	201
205	17702210	013-0001	202
206	17702211	013-0001	203
207	17702212	013-0001	204
208	17702213	013-0001	205
209	17702214	013-0001	206
210	17702215	013-0001	207
211	17702216	013-0001	208
212	17702217	013-0001	209
213	17702218	013-0001	210
214	17702219	013-0001	211
215	17702220	013-0001	212
216	17702221	013-0001	213
217	17702222	013-0001	214
218	17702223	013-0001	215
219	17702224	013-0001	216
220	17702225	013-0001	217
221	17702226	013-0001	218
222	17702227	013-0001	219
223	17702228	013-0001	220
224	17702229	013-0001	221
225	17702230	013-0001	222
226	17702231	013-0001	223
227	17702232	013-0001	224
228	17702233	013-0001	225
229	17702234	013-0001	226
230	17702235	013-0001	227
231	17702236	013-0001	228
232	17702237	013-0001	229
233	17702238	013-000	



## IR WORKSHEETS 6-9

Worksheet	General function	Specific function
6. Monthly Statistics	Analysis and internal reporting	Provides an at-a-glance view of your monthly incident data in a standard report format.
7. GBV Type by Sex & Age	Analysis and reporting	Provides a summary of your incident data by GBV type, survivor sex, and age. Can be easily copied and pasted for reporting purposes.
8. Referral Tracking	Analysis and reporting	Provides a summary of your incident data by referral pathways and service provider. Can be easily copied and pasted for reporting purposes.
9. GBV Type by Case Context	Analysis and reporting	Provides a summary of your incident data by case context, and GBV type. Can be easily copied and pasted for reporting purposes.

■ 5.1.12

GBV  
IMS

## IR WORKSHEETS 10-15

Worksheet	General function	Specific function
10. Trend Analysis	Analysis and reporting	Provides a summary of your incident data by month, GBV type, and sex.
11. Trend Analysis Chart	Analysis and reporting	Provides a visual representation (chart) of your incident data over time, organized by month, GBV type, and sex.
12. Open 1 13. Open 2 14. Open 3 15. Open 4	Analysis and reporting support	The last four worksheets contain empty, pivot table templates intended to be defined and customized to meet the needs of each organization.

■ 5.1.13

GBV  
IMS

## TOPIC TWO: SETTING UP THE IR

1. Adjust computer security settings for macros.
2. Password protect the IR.
3. Modify dropdown menus.
4. Hide unneeded columns (instead of deleting them).
5. Properly name electronic files.

■ 5.2.1

GBV  
IMS

## ADJUSTING SECURITY SETTINGS (1)

(For Focal Points ONLY, will only need to be done when setting up the IR for the first time)

For Excel 2007



Click the Microsoft Office Button and then click Excel Options at the bottom right.

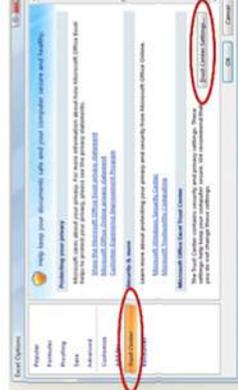
For Excel 2010, Click on the 'File' tab on the tool bar, then click on 'Options' on the left hand side.

5.2.2

GBV  
IMV

## ADJUSTING SECURITY SETTINGS (2)

(For Focal Points ONLY, will only need to be done when setting up the IR for the first time)



Click Trust Center on left side of the dialogue box, then click Trust Center Settings

For Excel 2007 & 2010

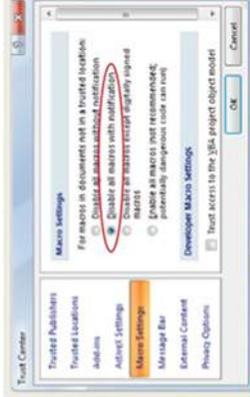
For Excel 2010, follow the same steps.

5.2.3

GBV  
IMV

## ADJUSTING SECURITY SETTINGS (3)

(For Focal Points ONLY, will only need to be done when setting up the IR for the first time)



Click Macro Settings on the left and then click Disable all macros with notification. Then click OK to finish. This will cause the Security Warning label from step #1 above to appear the next time you open the document. Now, enable Macros by closing and reopening the document. Follow step #1 and #2 from above.

For Excel 2007 & 2010

For Excel 2010, follow the same steps.

5.2.4

GBV  
IMV

## PASSWORD PROTECTING THE IR (1)

(For Focal Points ONLY)



For Excel 2007 & 2010

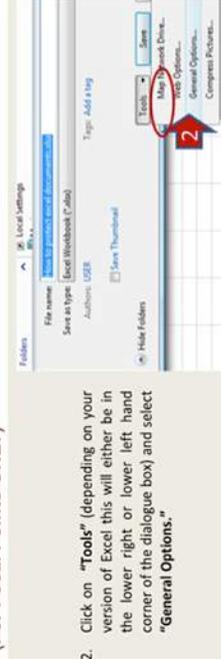
For Excel 2010, first click on the "File" tab in the tool bar, then on "Save As."

5.2.5

GBV  
IMS

## PASSWORD PROTECTING THE IR (2)

(For Focal Points ONLY)



For Excel 2007 & 2010

For Excel 2010, follow the same steps.

5.2.6

GBV  
IMS

## PASSWORD PROTECTING THE IR (3)

(For Focal Points ONLY)



For Excel 2007& 2010

For Excel 2010, follow the same steps.

5.2.7

GBV  
IMS

## PASSWORD PROTECTING THE IR (4)

(For Focal Points ONLY)

- The box asks you to "Reenter password to proceed." Type the password again, and click "Ok." Close the document and open it. Make sure that you are prompted for a password to open the document.

For Excel 2007 & 2010

5.2.8

GBV  
IMS

For Excel 2010, follow the same steps.

## MODIFYING DROPDOWN MENUS (1)

- A description above each table informing you at what level each of the customizable fields can be modified.
- An 'Update Menu in Incident Data Worksheet' button that you will use once you are ready to make changes to the dropdown menus.

5.2.9

GBV  
IMS

## MODIFYING DROPDOWN MENUS (2)

- Open the Excel document "Practice Incident Recorder\_v1." On the Incident Data worksheet click on the dropdown menu for 'Caseworker Code.' Notice the three options: BS, G3, P7.

5.2.10

GBV  
IMS



## HIDING COLUMNS OF THE IR

(For Focal Points ONLY)

1. On the "Practice Incident Recorder\_v1" locate the Ethnicity field (column H) by scrolling to the right. **Right click** on the letter H at the top of the column. Then **left click** on 'Hide.' The column should now be hidden.



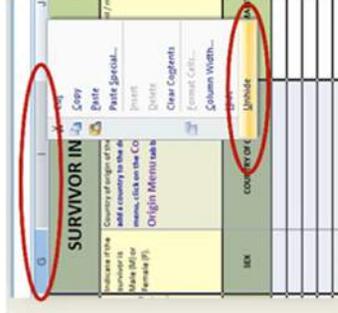
5.2.14

GBV  
IMS

## HIDING COLUMNS OF THE IR

(For Focal Points ONLY)

2. To unhide the Ethnicity field, simply highlight both columns G and I by clicking on the letter G in column G and, while still holding down, dragging your cursor to column I. Once the columns are highlighted, **right click** on either letter at the top of the column and select 'Unhide.'



5.2.15

GBV  
IMS

## NAMING ELECTRONIC FILES (1)

**Label your IR with a version number and date.**

**Example:**

- 1<sup>st</sup> version file name →
  - IncidentRecorder\_v1.xls
- 2nd version file name →
  - IncidentRecorder\_v2.xls
- 2nd version file name (with new data entered) →
  - IncidentRecorder\_v2\_10March2012.xls

5.2.16

GBV  
IMS

## NAMING ELECTRONIC FILES (2)

**Two things you can do to avoid losing track of the most up to date version of the IR:**

- Create a folder on your computer called “Old IRs.” Save the newest version to your desktop and move the older version to the “Old IRs” folder at each update.
- Make a record in the “Data Transfer Worksheet” of each major update or modification.

5.2.17

GBV  
IMS

## NAMING ELECTRONIC FILES (3)

**Be careful in which version of Excel you save your IR:**

- As a default, save as Excel 2003 (.xls)
- If everyone in your context is using Excel 2007 or 2010, you can save it as 2007 or 2010.
- Make sure to save under Excel 2007 (or 2010) with the file extension that allows for macros: (.xlsm)

→ **And not (.xlsx)**

5.2.18

GBV  
IMS

## DATA ENTRY

**The Incident Data Worksheet has 6 sections:**

1. Administrative Information
2. Survivor Information
3. Details of the Incident
4. Alleged Perpetrator Information
5. Referral Pathway Data
6. Calculated Columns

→ + **Data Transfer Record Worksheet**

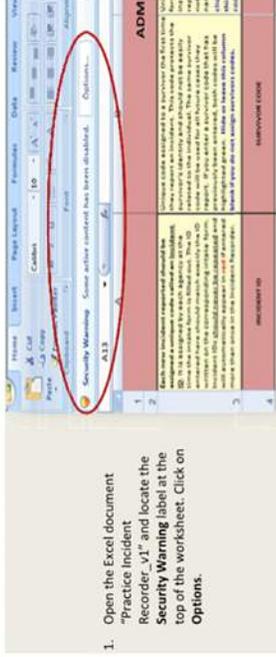
5.3.1

GBV  
IMS

## ENABLING MACROS (1)

(WILL BE DONE EVERY TIME YOU USE THE IR)

For Excel 2007 & 2010



1. Open the Excel document "Practice Incident Recorder\_v1" and locate the Security Warning label at the top of the worksheet. Click on Options.

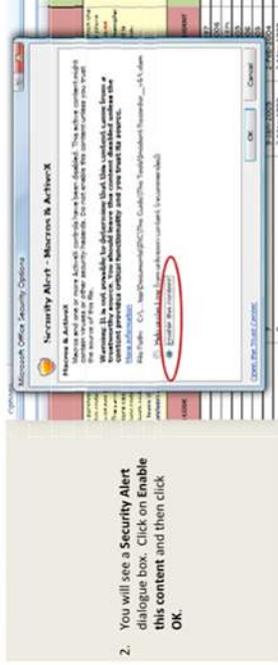
The Excel 2010 version will have a box that says "Enable Content," rather than "Options." The macros will be enabled with one click.

5.3.2

GBV  
IMS

## ENABLING MACROS (2)

For Excel 2007 & 2010



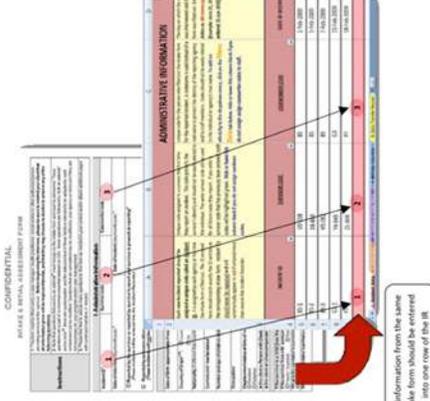
2. You will see a Security Alert dialogue box. Click on Enable this content and then click OK.

You will need to enable macros EVERY time you use the IR!

5.3.3

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## 5.3.4



CONFIDENTIAL  
IR Intake Form

IR #	IR DATE	IR TIME	IR STATUS	IR TYPE	IR PRIORITY	IR SEVERITY	IR SOURCE	IR COMMENTS
1	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information
2	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information
3	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information
4	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information
5	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information
6	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information
7	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information
8	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information
9	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information
10	1/1/2010	10:00 AM	Open	Administrative	Low	Minor	Administrative	Administrative information

All information from the same intake form should be entered into one row of the IR

1 incident → 1 intake form → 1 row of the IR

5.3.4

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## ADMINISTRATIVE INFORMATION (1)

Data Field	Method of Data Entry	Notes
Incident ID	Typed entry	Copy from intake form
Survivor Code	Typed entry	Copy from intake form
Caseworker Code	Dropdown menu	When new staff added, modify dropdown menu on Menu Data worksheet of IR
Date of interview	Typed entry	dd-mmm-yyyy
Date of incident	Typed entry	dd-mmm-yyyy

5.3.5

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## ADMINISTRATIVE INFORMATION (2)

These two questions are on the intake form, but not the IR. Pay close attention, because any intake form with the second question marked will not be included in the IR.

This intake form will be entered into the IR

Reported by the survivor or reported by survivor's escort and survivor is present at reporting\*  
(These incidents will be entered into the Incident Recorder)

Reported by someone other than the survivor and survivor is not present at reporting  
(These incidents will not be entered into the Incident Recorder)

This intake form will NOT be entered into the IR

Reported by the survivor or reported by survivor's escort and survivor is present at reporting\*  
(These incidents will be entered into the Incident Recorder)

Reported by someone other than the survivor and survivor is not present at reporting  
(These incidents will not be entered into the Incident Recorder)

5.3.6

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## SURVIVOR INFORMATION

Data Field	Method of Data Entry	Notes
Date of Birth	Typed entry	mm-ddd-yyyy
Sex	Dropdown menu	
Ethnicity	Dropdown menu	
Country of Origin	Dropdown menu	If country marked/written on intake form is not in the IR, add it to the list on the Country of Origin Menu worksheet.
Current Civil/Marital Status	Dropdown menu	
Displacement Status at Report	Dropdown menu	
Person with Disabilities?	Dropdown menu	
Unaccompanied or Separated Child?	Dropdown menu	

5.3.7

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## DETAILS OF THE INCIDENT (1)

Data Field	Method of Data Entry	Notes
Stage of Displacement at Incident	Dropdown menu	
Incident Time of Day	Dropdown menu	
Incident Location	Dropdown menu	Dropdown menu must be harmonized across service provider (if inter-agency GBVIMS info sharing, harmonized across organizations).
Incident Area	Dropdown menu	
Incident Sub-Area	Dropdown menu	
Incident Camp/Town	Dropdown menu	

5.3.8

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## DETAILS OF THE INCIDENT (2)

Data Field	Method of Data Entry	Notes
GBV Type	Dropdown menu	
Harmful Traditional Practice	Dropdown menu	
Money/goods/benefits and/or services exchanged?	Dropdown menu	
Type of Abduction	Dropdown menu	
Previously Reported this Incident	Dropdown menu	Dropdown menu options different from responses on intake form. Know which organizations also using GBVIMS in context; ask supervisor if not sure.
Previous GBV Incidents?	Dropdown menu	

5.3.9

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## ALLEGED PERPETRATOR INFORMATION

Data Field	Method of Data Entry	Notes
Number (No.) Alleged Primary Perpetrators	Dropdown menu	
Alleged Perpetrator Sex	Dropdown menu	
Alleged Perpetrator Nationality	Dropdown menu	If the country written on the intake form is not on the dropdown menu, you will need to add it to the list in the Country of Origin Menu worksheet.
Alleged Perpetrator Age Group	Dropdown menu	
Alleged Perpetrator-Survivor Relationship	Dropdown menu	
Alleged Perpetrator Occupation	Dropdown menu	

5.3.10

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## REFERRAL PATHWAY

Data Field	Method of Data Entry	Notes
Referred to You From?	Dropdown menu	
Safe House/Shelter	Dropdown menu	
Health/Medical Services	Dropdown menu	
Psychosocial Service	Dropdown menu	
Wants Legal Action?	Dropdown menu	
Legal Assistance Services	Dropdown menu	
Police/Other Security Actor	Dropdown menu	
Livelihoods Program	Dropdown menu	

5.3.11

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## REPORTING AGENCY CODE

(For Focal Points ONLY)

- Enter it when you first set up the IR.
- Click on the 5th worksheet tab in the IR to open the 'Data Transfer Record' worksheet.
- When you enter your code into cell D4 on this worksheet, this code is automatically input into the Reporting Agency Code Column found on the 'Incident Data' worksheet (column AN).
- Agency Code should NEVER be easily linked to your organization or agency's true name.

5.3.12

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## CALCULATED COLUMNS (1)

Data Field	How Calculated	Notes
Age at Time of Incident	Uses: •Incident Date •Date of Birth •Date of Report	If there is an error, it will say "-1". Go back to the dates to correct the error.
Age Group	Uses: •Incident Date •Date of Birth •Date of Report	If there is an error, it will say "unknown." Go back to the dates to correct the error.
Adult/Child at Time of Incident	Uses: •Incident Date •Date of Birth •Date of Report	If there is an error, it will say "unknown." Go back to the dates to correct the error.
UAM/SC/OVC	Shows if survivor is an unaccompanied minor, a separated child, or an other vulnerable child.	If there is an error, check the 'Unaccompanied or Separated Child' field for problems.

5.3.13

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## CALCULATED COLUMNS (2)

Data Field	How Calculated	Notes
Disability	Linked to data field about disability.	
Sexual Violence (SV)	Linked to GBV Type. SV is noted if the type is rape/penetration or sexual assault.	If there is an error (a cell is blank when it should not be, based on the data in the intake form), check the relevant data fields to make sure the information was selected from the dropdown list and not typed in.
Intimate Partner Violence	Linked to data field about perpetrator-survivor relationship.	
Child Sexual Abuse	Based on 2 data fields: Type of GBV (rape or sexual assault) & Age at Time of Incident (under 18).	
Early Marriage	Based on 2 data fields: Type of GBV (forced marriage) & Age at Time of Incident (under 18).	

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## CALCULATED COLUMNS (3)

Data Field	How Calculated	Notes
Harmful Traditional Practice	Based on the Harmful traditional practice field.	
Possible Sexual Exploitation	Based on two fields: Money, goods, benefits and/or services exchanged? (if 'yes') and GBV type (rape/penetration or sexual assault).	
Possible Sexual Slavery	Based on two fields: Type of abduction and GBV type (rape/penetration or sexual assault).	
Number of Days between Incident & Interview	Uses: •Incident Date •Date of Birth •Date of Report	If error, go back to the dates to correct the error.
Range of Days between incident & interview	Uses the field 'Number of Days between Incident & Interview.'	

5.3.15

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## CALCULATED COLUMNS (4)

Data Field
-Incident and Report Date Ranges-
Incident Date (Month/Year)
Incident Date (Quarter)
Incident Date (Year)
Incident Report Date (Month/Year)
Incident Report Date (Quarter)
Incident Report Date (Year)

These automatically calculated columns will be very helpful when you want to quickly analyze, for example, trends for all incidents that occurred in the year 2012.

The 'Incident Date (Year)' column will facilitate this analysis.

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## SESSION SIX: GBVIMS REPORTING & DATA ANALYSIS

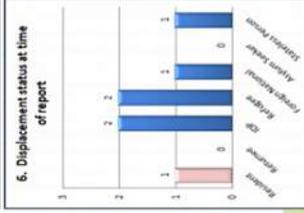
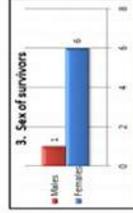


### IR WORKSHEETS 6-15

Automatically compile inputted data

Create aggregate statistics

Automatically generate reports, tables, and graphs that can be analyzed by your organization and shared with other service providers



6.1.1

### SESSION 6 OBJECTIVES

1. Use the Monthly Statistics worksheet.
2. Use the Incident Recorder's pivot tables to create tables and graphs.
3. Perform basic data analysis.

6.1.2

## IR WORKSHEETS 6-7

Worksheet	General function	Specific function
6. Monthly Statistics	Analysis and internal reporting	A comprehensive view of your monthly incident data automatically generated with one mouse click. This worksheet can be printed out on 2 pages.
7. GBV Type by Sex & Age	Analysis and reporting	Pivot Table organized by GBV type and the sex and age of the survivor that can be easily copied and pasted for reporting purposes.

6.1.3

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## IR WORKSHEETS 8-9

Worksheet	General function	Specific function
8. Referral Tracking	Analysis and reporting	Group of seven Pivot Tables describing referral pathways organized by service provided that can be easily copied and pasted for reporting purposes.
9. GBV Type by Case Context	Analysis and reporting	Group of six Pivot Tables organized by case context and GBV type that can be easily copied and pasted for reporting purposes.

6.1.4

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## IR WORKSHEETS 10-15

Worksheet	General function	Specific function
10. Trend Analysis	Analysis and reporting	Pivot Table showing GBV types over a period of time (monthly, quarterly or yearly).
11. Trend Analysis Chart	Analysis and reporting	Visual representation (chart) of the Trend Analysis table.
12. Open 1 13. Open 2 14. Open 3 15. Open 4	Analysis and reporting support	The last four worksheets contain empty, template pivot tables intended to be defined and customized to meet the needs of each organization.

6.1.5

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## MONTHLY STATISTICS WORKSHEET (1)

Linked to the Incident Data worksheet.

With one click, you have statistics and graphs for a specific month.

Key aspects of this worksheet:

- This worksheet is not flexible.
- Data for only one month at a time.

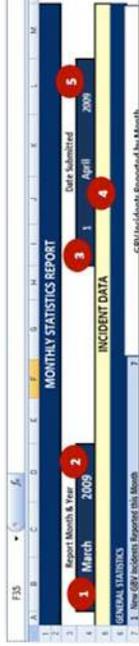
6.2.1

GBV  
IVMS

## MONTHLY STATISTICS WORKSHEET (2)

The only cells you will need to change are found in Row 4. They are in two sections:

1. Report Month & Year – You select the month and year for which you would like incident data statistics.
2. Date Submitted – This is the date you created the monthly statistics report. If you do not need this for filing or tracking purposes, you can leave it blank.



6.2.2

GBV  
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## MONTHLY STATISTICS WORKSHEET VS. PIVOT TABLES

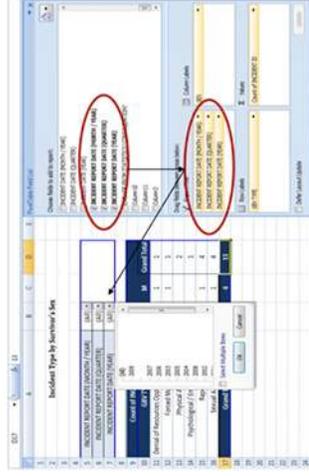
	Monthly Statistics Worksheet	Pivot Tables
Overview of data	Yes	No
Flexible/easily modified	No	Yes
Time Period	Monthly	Any period
Multiple data points together	No, only one at a time	Yes

6.3.1

GBV  
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## REPORT FILTER



Determines how you want to filter the information.

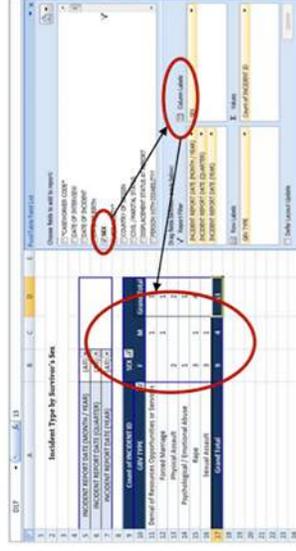
By date?  
By incident type?

Drag the field from the "Field List" section down in to the "Report Filter" box.

6.3.5

GBVIMS

## COLUMN LABELS



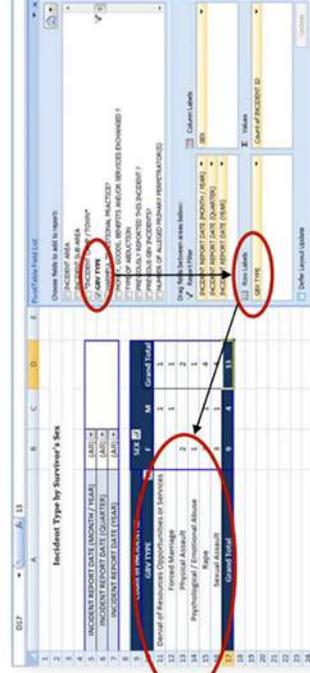
Determines what information you want in the columns.

Drag fields in to the "Column Labels" box.

6.3.6

GBVIMS

## ROW LABELS



Determines what information you want in the rows.

Drag fields in to the "Row Labels" box.

6.3.7

GBVIMS

## VALUES

Values field is always inserted into the upper left cell.

INCIDENT ID

Count of INCIDENT ID	M	F	Grand Total
Denial of Resources Opportunities or Services	1	1	2
Forced Marriage	1	1	2
Physical Assault	3	1	4
Psychological / Emotional Abuse	3	1	4
Rape	3	1	4
Sexual Assault	3	1	4
Grand Total	9	4	13

Determines what you want to count. Normally with GBVIMS data, you will count the number of incidents. To do this, drag "Incident ID" from the Field List in to the Values box.

6.3.8

GBVIMS

## MANUAL FILTERS (1)

Count of INCIDENT ID	SEX	F	M	Grand Total
Denial of Resources Opportunities or Services		1	1	2
Forced Marriage		1	1	2
Physical Assault	7	3	1	4
Psychological / Emotional Abuse		3	1	4
Rape		3	1	4
Sexual Assault		3	1	4
Grand Total		9	4	13

Helps further filter the information in the table.

6.3.9

GBVIMS

## MANUAL FILTERS (2)

Count of INCIDENT ID	SEX	F	M	Grand Total
Denial of Resources Opportunities or Services		1	1	2
Forced Marriage		1	1	2
Physical Assault	7	3	1	4
Psychological / Emotional Abuse		3	1	4
Rape		3	1	4
Sexual Assault		3	1	4
Grand Total		9	4	13

For example, if you only want the table to present data pertaining to females, click on the Manual Filter button, remove the check mark next to M, and then click OK.

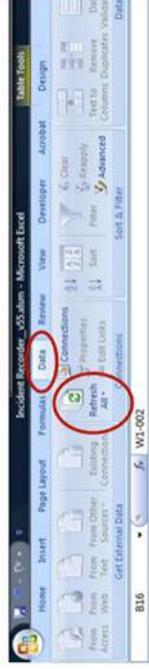
6.3.10

GBVIMS



## REFRESHING DATA

1. To refresh the information in your pivot tables, first go to "Data" at the top of your screen.



2. Then click the "Refresh All" button.

6.3.14

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## IR WORKSHEETS #7-15

**These worksheets with pivot tables are meant to:**

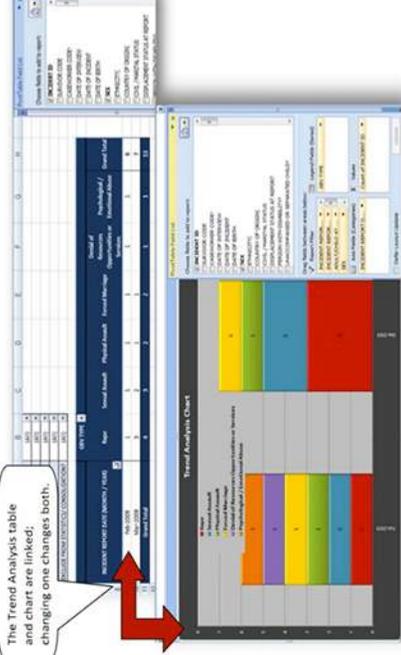
1. Help your organization present its GBV data in a way that can be easily analyzed.
2. Create reports that can be shared with other GBV actors (only if your organization has decided to do so).

6.3.15

GBV  
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## TREND ANALYSIS CHART

The Trend Analysis table and chart are linked; changing one changes both.



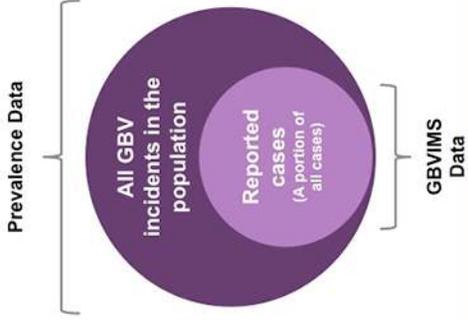
6.3.16

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## DATA ANALYSIS

**GBV Prevalence Data** is data that represents the rate and frequency of GBV in a given population.

The **reported cases** of GBV collected by the GBVIMS do not represent the entire picture of GBV incidents in an area.



6.1.17

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# SESSION SEVEN: INCIDENT RECORDER MAINTENANCE & TROUBLESHOOTING



## IR: ADD FORMATTING TO ROWS

**Reason:** Rows are only formatted to row 1039 to keep the file size of the Incident Recorder small.

**Appearance:** You will arrive at a green border that indicates formatting is about to end. If you try to enter data after this line, none of the formats, drop down menus, or formulas will work.

**Maintenance Task:** Before entering data into row 1039, copy the entire line & paste from rows 1040 – 2000.

**Notes:**

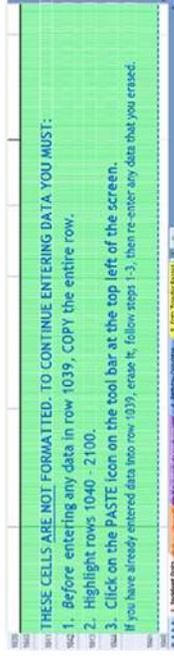
- There are instructions at the bottom of the incident data page below row 1039.
- If you try to copy & paste additional lines and you get a note saying it is protected, contact GBV/IMS Steering Committee to help with this repair.



slide

## END OF FORMATTED ROWS

The cells beyond row 1040 are not formatted. Before continuing after row 1038, follow these instructions, which are found in rows 1040 to 1045 of the Incident Data Worksheet.



7.1.2

## COMMON PROBLEM #1

### Empty Row in Data

**Cause:** A row in the database has been skipped leaving an empty row.

**Appearance:** A yellow row without data will appear.

**Repair:** Do Not delete the row or cut the entire row of data to move the data. Either leave the row empty or copy the data from column A – AO. And then paste in the empty row.

7.2.1

GBV  
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## COMMON PROBLEM #2

### Errors on the Monthly Statistics Page

**Cause:** One of the calculations on the incident data page is incorrect.

**Appearance:** Common examples: NUM or REF error

**Repair:** Find the error in column A-A0 and fix the error

7.2.2

GBV  
IMS

## COMMON PROBLEM #3

### A pie chart on the monthly statistics page is all in one color

**Cause:** rotation error

**Appearance:** pie chart sections all the same color

**Repair:** alter the rotation

7.2.3

GBV  
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## COMMON PROBLEM #4

### Non-Functioning Pivot Tables

**Cause:** Saving the incident recorder as a 2003 document and then saving it in 2007.

**Appearance:** No blue lines around pivot tables, no red pivot table box at top of screen.

**Repair:** Remake all of the pivot tables.

7.2.4

GBV  
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## TROUBLESHOOTING THE MONTHLY STATISTICS WORKSHEET

You may need to correct text or coloring of the graphs. To do this, you will need to **unprotect** the worksheet by following these instructions.



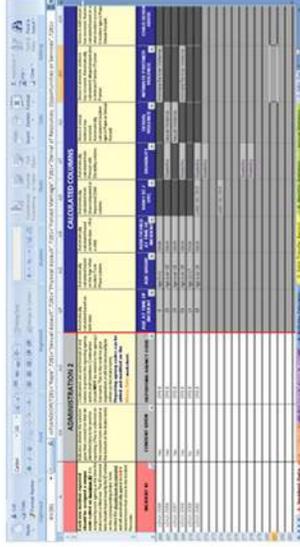
Never add or delete any rows or columns!

7.2.5

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## COMMON PROBLEM FOR GBVIMS STEERING COMMITTEE

Formatting errors in the IR calculated columns



7.2.6

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# COMMON PROBLEMS FOR GBVIMS STEERING COMMITTEE

Formatting errors or absence of error messages in random cells

DATE OF INTERVIEW	DATE OF INCIDENT
14-Dec-2009	4-Nov-2009
15-Dec-2009	5-Nov-2009
16-Dec-2009	6-Nov-2009
17-Dec-2009	7-Nov-2009
18-Dec-2009	8-Nov-2009
19-Dec-2009	9-Nov-2009
djkjg	
1-Jan-2009	

7.2.7

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**The Gender Based  
Violence Information  
Management System**