



Chapter Seven

BEST PRACTICES FOR CASE COORDINATION BETWEEN SERVICE PROVIDERS

This chapter applies to service providers responding to cases of sexual abuse.

CONTENTS OF THIS CHAPTER INCLUDE

- » Concise overview of best practices in case coordination

TOOLS

- » Indicators for direct case coordination best practice

CHAPTER OVERVIEW

This chapter outlines best practices in direct case coordination to prevent harm to the health and well-being of child survivors as their care is coordinated. Caring for child survivors requires skilled service providers to provide appropriate care and treatment, and good case coordination amongst service providers. This chapter outlines best practice in case coordination and includes a set of indicators that provide a benchmark for case coordination actions that promotes children's best interest, protection and confidentiality.

BEST PRACTICE IN COORDINATING CHILD CASE RESPONSE

1. Developing Community-Based Interagency Protocols for Responding to Child Sexual Abuse

Interagency protocols⁸⁰ outlining referral and response procedures, as well as the roles and responsibilities of agencies, should be developed and signed by all relevant actors at the local level. Guidelines for how to establish interagency protocols have been developed by the *IASC Sub-Working Group on Gender & Humanitarian Action*,⁸¹ and the development and utilization of agreed upon protocols for responding to GBV and child protection are standard in most humanitarian aid settings. It is recommended that interagency protocols for responding to GBV and/or child protection issues outline specific procedures for working with child survivors of sexual violence. This includes actors agreeing to:

- The roles and responsibilities of actors in child sexual abuse response (e.g., services) and prevention.
- A set of guiding principles for working with child survivors of sexual abuse.
- Specific reporting and referral mechanisms for child survivors (this includes mapping of referral systems among service providers with specialized skills in responding to child sexual abuse).
- Outline of relevant mandatory reporting laws and policies in the local context and how they will be specifically addressed at the local level.
- Guidelines for informed consent and confidentiality procedures in child cases.

In settings where interagency protocols exist for both GBV and child protection, efforts should be made to link the different protocols to ensure consistency in child sexual abuse case response and referral.

2. Information Sharing Protocols

Information sharing about a child client's case is necessary in case coordination and should be decided by the child client and his/her caregiver as appropriate. Information sharing protocols are typically included in Interagency Protocols (described above) and

⁸⁰ Also often referred to as Standard Operating Procedures (SOPs)

⁸¹ These guidelines can be found at: <http://oneresponse.info/GlobalClusters/Protection/GBV/Pages/Tools%20and%20Resources.aspx>

can be further detailed in direct service provider agreements between 2 or more agencies who commonly work together. At a minimum, information sharing protocols should generally cover the following:

- How referrals should be made (e.g., use of a form, verbal, etc).
- What sort of referrals can and cannot be accepted (e.g., A GBV service providing agency may not accept a child case that does not involve GBV).
- The type of information that can be shared between agencies (with the client's consent and/or caregiver's consent as appropriate).
- How that information may be used.
- The timeframe for response.

These details should be documented and agreed upon by agencies providing services to children. Sharing client information is very sensitive and clients need to know which information will be shared and how that information will be used. Common tools used in case referral and coordination include a referral form and a consent form (to keep with client records for the release of information to or from another service).

3. Direct Service Provider Agreements between Child Protection and GBV Service Providers

While broad interagency protocols guiding referral and response procedures are essential, in many settings it is helpful to have even more detailed agreements between child protection and GBV programs operating in one setting. Specific agreements between child protection and GBV agencies help to facilitate coordination and productive collaboration because such agreements clarify direct case management responsibilities among these service providers in a particular setting. Without coordination agreements between GBV and child protection agencies, staff may inadvertently duplicate services, breach confidentiality, practice informed consent differently, provide children and families with conflicting information (about mandatory reporting, services in the community, etc.) and potentially bring harm to the child survivor and frustrate caregivers. Therefore, it is recommended that service-level coordination agreements are established across GBV and child protection case management organizations, in order to maximize both agencies' positive contributions to restoring safety and well-being.

Direct service provider agreements between GBV and child protection agencies should outline:

- Minimum standards for staff competencies and training prior to working with child survivors.
- Guiding principles for working with child survivors.
- Their respective roles in child sexual abuse case management. This includes outlining circumstances that dictate: when mandatory reports should be made and how; when joint assessments/interviews should be initiated; and when and with whom written case reports/assessments should be shared (always with the consent of the child survivor and/or caregiver).
- If possible, one agency (sector) should be designated as the **lead case management agency** responding to child sexual abuse. An identified lead case management agency for sexual abuse clarifies specific responsibility for key actions made in case response. For example:
 - to whom the child/family is first referred for comprehensive case management services;
 - which agency will be responsible for conducting the initial intake interview and needs assessments, which will guide future case-related actions;
 - which agency will be responsible for reporting the abuse to the relevant authorities (if needed); and
 - which agency will be empowered to “manage and supervise” the case according to the needs of the child survivor and his/her support system.

These agreements are intended to streamline services and coordination for children and families, and to avoid the pitfalls of uncoordinated care. In humanitarian settings where both child protection and GBV service providers are operating, it is the responsibility of the lead coordinating agencies (GBV, child protection and/or health) to take the initiative in developing these more detailed agreements.

COORDINATION ISSUE AT-A-GLANCE: MULTIPLE INTERVIEWS OF CHILD SURVIVORS

The need for a coordinated response to child survivors of sexual abuse cannot be emphasized enough when it comes to the issue of multiple interviews of child survivors. One of the more traumatic experiences that a child faces when interacting with community systems of response is being asked to repeat his/her sexual abuse unnecessarily to different people, or to hear about it from people who should not know about it. This is an unacceptable burden to place on a child, and child protection, GBV, protection/legal, and health programs operating on the ground should develop agreements on how, when, and by whom an interview of a child survivor of sexual abuse should take place. Additionally, these actors should establish when and how this information can and should be ethically shared in a confidential and respectful way.

ESSENTIAL COMPONENTS OF GOOD CASE COORDINATION: A CHECKLIST FOR CASEWORKERS

Case management agencies responsible for coordinating care for child survivors should be aware of these essential components of case coordination to guide their own practice. These components serve as a **checklist** for caseworkers to measure how effectively they are implementing good case coordination:

- » Caseworkers understand and know of other services in the community to respond to the specific needs of children and child survivors.
- » Each child client receives coordinated services based on their individual action plan.
- » Referral agencies are involved in a child's case when this serves the child's and family's best interest.
- » Children and families are in control of which services are involved.
- » Information is shared between service providers, with the permission of the clients.

In addition, the following best practice coordination indicators service provider's can use are outlined on the next page.

BEST PRACTICE COORDINATION INDICATORS

INDICATOR	YES	NO
Standard Operating Procedures (SOPs) , which include referral systems are in place and functioning for child survivors.		
Service providers are able to make safe and effective referrals for children (e.g., understand services in community, who to contact, how to obtain consent, etc.).		
Health, psychosocial and other service providers have the same understanding of mandatory reporting procedures and how to interact with legal/justice systems.		
Service providers adhere to the guiding principles for working with child survivors.		
Information sharing protocols exist and are utilized properly among service providers. Specific safeguards are included to ensure children are not interviewed multiple times about their history of sexual abuse.		
Direct service provider agreements exist between child protection and GBV agencies.		
A lead case management agency is designated (for coordinating care related to the sexual abuse) in the setting to ensure duplicate services are not offered.		
Agencies/staff involved in a child's case attend case coordination meetings called by the lead case management agency as requested/needed.		
Service providers communicate care and belief to children. This means, each service provider tells the child they are brave to come forward; they did the right thing to tell; the abuse is not the child's fault; and the service provider believes the child.		

CONCLUSION

This chapter addresses key aspects to coordination in child sexual abuse cases. Service providers should prioritize establishing clear procedures and protocols for coordinating child cases to ensure that children are no further traumatized by the system of care delivery itself. At the center of quality coordination is ensuring the client's rights are respected and needs are met.



FINAL NOTE TO THE READER

There has been a shortage of technical guidance for health and psychosocial workers on how to care for children who have experienced sexual abuse. The purpose of this document is to begin to fill this gap in guidance. Our hope is that these guidelines will be promoted and used across agencies and service providers in humanitarian settings.

The technical guidance included in this document is not exhaustive by any means. However, we aimed to distill the most essential knowledge, attitudes and skill competencies required by service providers to ensure children and families are offered compassionate care. In addition, the supervision tools and case management forms and checklists can support staff in directing high quality client care. It is expected that agencies will use the case management practices and case forms to be inline with safe and ethical information sharing principles as outlined by the Gender-Based Violence and Child Protection information management systems.⁸²

In conclusion, we would like to share some recommendations made from children across the world for practitioners responding to child sexual abuse. These recommendations come from a 2005 Save the Children Norway report⁸³ and are being shared as a demonstration—and commitment—to create space for children's voices when formulating recommendations aimed at improving their care. Much of their compelling guidance has been weaved directly—and indirectly—throughout the CCS guidelines and has influenced the thinking behind the CCS initiative as a whole. Some key recommendations made by children are:

- | | |
|--|--|
| » Sexual abuse is bad and should not happen. | » I need to feel safe and protected and decide how my case is to be handled. |
| » Tell them to stop—it is hard to disclose. | » Love me, support me—we know what we need. |
| » Listen to me and believe what I tell you. | » Let my abuser face up to what he or she has done. |
| » Talk to me and be there if I need you. | » Don't put a label on me and let me go on with my life. |

It is the responsibility of health and psychosocial service providers to provide compassionate care to children who have survived sexual abuse. We wish you courage and commitment as you continue to help children recover and heal from the impacts of sexual abuse.

⁸² www.gbvims.org and www.childprotectionims.org.

⁸³ Save the Children Alliance (2005). Ten essential learning points: Listen and speak out against sexual abuse of girls and boys. Norway: Save the Children Norway.

Caring for Child Survivors

Minimum Standards for Case Management

CCS PROGRAM MODEL - MINIMUM STANDARDS FOR CASE MANAGEMENT SERVICE PROVIDERS

MUST BE IN PLACE	Yes (1pt)	No (0 pts)	Comments
1. Case Management staff trained on CCS are present in service provider agencies (this means staff delivering services have been trained and pass the core Knowledge/Skills/Attitudes competency checklists)			
2. Supervision systems exists for case workers providing care to child survivors			
3. Safe, locked filing space to keep child records confidential exist			
4. Referral system for children is documented and functioning			
5. A private room counseling room is available for meetings with children and caregivers			
6. Informed consent and confidentiality forms and procedures are adapted for child survivors			

PASSING SCORE MUST BE = 6 points

SHOULD BE IN PLACE	Yes	No	Comments
1. Case management forms are adapted and used for child survivors			
2. Child friendly materials (toys, art materials, dolls) are available in counseling rooms for case management staff to use with child survivors			
3. Sexual abuse educational materials are adapted and available for child survivors			
4. Child supplies (clothes, etc) are available at the case management service location			
5. Defined, psychosocial interventions offered as part of case management.			

Intake and Initial Assessment Form

Instructions	1- This form is to be filled out by a case manager, or social worker providing services to the survivor of GBV. Filling out this form is <u>not</u> the equivalent of providing a service.
	2- Note that questions followed by an asterisk* must remain on the intake form and must be answered. These questions are a part of a minimum essential dataset on GBV. Some questions are followed by both an asterisk* and a circle ^o ; these are customizable, and the italicized text of these fields is intended to be adapted to each context and can be modified. Questions that are unmarked may be modified by your agency or removed if they are not necessary for your program and/or case management.
	3- Unless otherwise specified, always mark <u>only</u> one response field for each question.
	4- Please feel free to add as many questions to this form as needed in your context and/or attach additional pages with continued narrative, if needed.

Before beginning the interview, please be sure to remind your client that all information given will be kept confidential, and that they may choose to decline to answer any of the following questions.

1-Administrative Information		
Incident ID*:	Survivor code:	Caseworker code:
Date of interview (day/month/year) *:	Date of incident (day/month/year) *:	
<input type="checkbox"/> Reported by the survivor or reported by survivor's escort and survivor is present at reporting* <i>(These incidents will be entered into the Incident Recorder)</i>		
<input type="checkbox"/> Reported by someone other than the survivor and survivor is not present at reporting <i>(These incidents will <u>not</u> be entered into the Incident Recorder)</i>		
2-Survivor Information		
Date of birth (approximate if necessary) *:	Sex*: <input type="checkbox"/> Female <input type="checkbox"/> Male	Clan or ethnicity:
Country of origin ^o : <input type="checkbox"/> Country names here <input type="checkbox"/> Etc.	<input type="checkbox"/> Etc. <input type="checkbox"/> Etc.	<input type="checkbox"/> Other (specify) :
Nationality (If different than country of origin):		Religion:
Current civil / marital status*:	<input type="checkbox"/> Single <input type="checkbox"/> Married / Cohabiting	<input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed
Number and age of children and other dependants:		
Occupation:		
Displacement status at time of report*:		
<input type="checkbox"/> Resident <input type="checkbox"/> Returnee	<input type="checkbox"/> IDP <input type="checkbox"/> Foreign National	<input type="checkbox"/> Refugee <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Stateless Person <input type="checkbox"/> Other_____
Is the client a Person with Disabilities? * <input type="checkbox"/> No <input type="checkbox"/> Mental disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Both		
Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?*		
<input type="checkbox"/> No <input type="checkbox"/> Unaccompanied Minor <input type="checkbox"/> Separated Child <input type="checkbox"/> Other Vulnerable Child		
Sub-Section for Child Survivors (less than 18 years old)		
If the survivor is a child (less than 18yrs) does he/she live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", answer the next three questions)		
If the survivor lives with someone, what is the relation between her/him and the caretaker?		
<input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Spouse / Cohabiting <input type="checkbox"/> Other:_____		
What is the caretaker's current marital status?		
<input type="checkbox"/> Single <input type="checkbox"/> Married / Cohabiting <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown / Not Applicable		
What is the caretaker's primary occupation:		

3-Details of the Incident

Account of the incident/Description of the incident (summarize the details of the incident in client's words)

Stage of displacement at time of incident*:

- ☐ Not Displaced / Home Community ☐ During Flight ☐ During Return / Transit ☐ Other: _____
☐ Pre-displacement ☐ During Refuge ☐ Post-displacement

Time of day that incident took place*:

- ☐ Morning (sunrise to noon)
☐ Afternoon (noon to sunset)
☐ Evening/night (sunset to sunrise)
☐ Unknown/Not Applicable

Incident location / Where the incident took place*^O:

(Customize location options by adding new, or removing tick boxes according to your location)

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

Area where incident occurred*^O:

- ☐ Area names here
☐ Etc.
☐ Etc.
☐ Etc.
☐ Other (specify) : _____

Sub-Area where incident occurred*^O:

- ☐ Sub-area names here
☐ Etc.
☐ Etc.
☐ Etc.
☐ Other (specify) : _____

Camp/Town/Site:

- ☐ Camp/Town/Site names here
☐ Etc.
☐ Etc.
☐ Etc.
☐ Other (specify) : _____

3-Details of the Incident *Cont.***Type of Incident Violence*:**

(Please refer to the GBVIMS GBV Classification Tool and select only ONE)

☐ Rape

(includes gang rape, marital rape)

☐ Sexual Assault

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

☐ Physical Assault

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

☐ Forced Marriage

(includes early marriage)

☐ Denial of Resources, Opportunities or Services

☐ Psychological / Emotional Abuse

☐ Non-GBV (specify) *Note: these incidents will not be entered into the incident recorder*

1. Did the reported incident involve penetration?

If yes → classify the incident as "Rape".

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

2. Did the reported incident involve unwanted sexual contact?

If yes → classify the incident as "Sexual Assault".

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

3. Did the reported incident involve physical assault?

If yes → classify the incident as "Physical Assault".

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

4. Was the incident an act of forced marriage?

If yes → classify the incident as "Forced Marriage".

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

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

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

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

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

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

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

7. Is the reported incident a case of GBV?

If yes → Start over at number 1 and try again to reclassify the incident (If you have tried to classify the incident multiple times, ask your supervisor to help you classify this incident).

If no → classify the incident as "Non-GBV"

Was this incident a Harmful Traditional Practice*^o?

☐ No

☐ Type of practice

☐ Type of practice

☐ Type of practice

☐ Type of practice

☐ Type of practice

Were money, goods, benefits, and / or services exchanged in relation to this incident*?

☐ No

☐ Yes

Type of abduction at time of the incident*:

☐ None

☐ Forced Conscription

☐ Trafficked

☐ Other Abduction / Kidnapping

Has the client reported this incident anywhere else*?

(If yes, select the type of service provider and write the name of the provider where the client reported); (**Select all that apply**).

☐ No

☐ Health/Medical Services _____

☐ Psychosocial/Counseling Services _____

☐ Police/Other Security Actor _____

☐ Legal Assistance Services _____

☐ Livelihoods Program _____

☐ Safe House/Shelter _____

☐ Other (specify) _____

Has the client had any previous incidents of GBV perpetrated against them*?

☐ No

☐ Yes

If yes, include a brief description:

4-Alleged Perpetrator Information

Number of alleged perpetrator(s)*: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3 <input type="checkbox"/> Unknown																										
Sex of alleged perpetrator(s)*: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both female and male perpetrators																										
Nationality of alleged perpetrator:	Clan or ethnicity of alleged perpetrator:																									
Age group of alleged perpetrator* (if known or can be estimated): <input type="checkbox"/> 0 – 11 <input type="checkbox"/> 12 – 17 <input type="checkbox"/> 18 – 25 <input type="checkbox"/> 26 – 40 <input type="checkbox"/> 41-60 <input type="checkbox"/> 61+ <input type="checkbox"/> Unknown																										
Alleged perpetrator relationship with survivor*: (Select the first ONE that applies) <input type="checkbox"/> Intimate partner / Former partner <input type="checkbox"/> Primary caregiver <input type="checkbox"/> Family other than spouse or caregiver <input type="checkbox"/> Supervisor / Employer <input type="checkbox"/> Schoolmate <input type="checkbox"/> Teacher / School official <input type="checkbox"/> Service Provider <input type="checkbox"/> Cotenant / Housemate <input type="checkbox"/> Family Friend / Neighbor <input type="checkbox"/> Other refugee / IDP / Returnee <input type="checkbox"/> Other resident community member <input type="checkbox"/> Other <input type="checkbox"/> No relation <input type="checkbox"/> Unknown																										
Main occupation of alleged perpetrator (if known) *^O: (Customize occupation options by adding new, or removing tick boxes according to your location) <table border="0"> <tr> <td><input type="checkbox"/> Farmer</td> <td><input type="checkbox"/> Trader / Business Owner</td> <td><input type="checkbox"/> Religious Leader</td> <td><input type="checkbox"/> CBO Staff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Non-State Armed Actor / Rebel / Militia</td> <td><input type="checkbox"/> Teacher</td> <td><input type="checkbox"/> Community Volunteer</td> <td><input type="checkbox"/> Unemployed</td> </tr> <tr> <td><input type="checkbox"/> Civil Servant</td> <td><input type="checkbox"/> Security Official</td> <td><input type="checkbox"/> UN Staff</td> <td><input type="checkbox"/> Health Worker</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Police</td> <td><input type="checkbox"/> Camp or Community Leader</td> <td><input type="checkbox"/> NGO Staff</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> State Military</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Farmer	<input type="checkbox"/> Trader / Business Owner	<input type="checkbox"/> Religious Leader	<input type="checkbox"/> CBO Staff	<input type="checkbox"/> Other	<input type="checkbox"/> Student	<input type="checkbox"/> Non-State Armed Actor / Rebel / Militia	<input type="checkbox"/> Teacher	<input type="checkbox"/> Community Volunteer	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Civil Servant	<input type="checkbox"/> Security Official	<input type="checkbox"/> UN Staff	<input type="checkbox"/> Health Worker	<input type="checkbox"/> Unknown	<input type="checkbox"/> Police	<input type="checkbox"/> Camp or Community Leader	<input type="checkbox"/> NGO Staff			<input type="checkbox"/> State Military				
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<input type="checkbox"/> Police	<input type="checkbox"/> Camp or Community Leader	<input type="checkbox"/> NGO Staff																								
<input type="checkbox"/> State Military																										

5-Planned Action / Action Taken: Any action / activity regarding this report.

Who referred the client to you?* <table border="0"> <tr> <td><input type="checkbox"/> Health/Medical Services</td> <td><input type="checkbox"/> Teacher/School Official</td> </tr> <tr> <td><input type="checkbox"/> Psychosocial/Counseling Services</td> <td><input type="checkbox"/> Community or Camp Leader</td> </tr> <tr> <td><input type="checkbox"/> Police/Other Security Actor</td> <td><input type="checkbox"/> Safe House/Shelter</td> </tr> <tr> <td><input type="checkbox"/> Legal Assistance Services</td> <td><input type="checkbox"/> Other Humanitarian or Development Actor</td> </tr> <tr> <td><input type="checkbox"/> Livelihoods Program</td> <td><input type="checkbox"/> Other Government Service</td> </tr> <tr> <td><input type="checkbox"/> Self Referral/First Point of Contact</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>		<input type="checkbox"/> Health/Medical Services	<input type="checkbox"/> Teacher/School Official	<input type="checkbox"/> Psychosocial/Counseling Services	<input type="checkbox"/> Community or Camp Leader	<input type="checkbox"/> Police/Other Security Actor	<input type="checkbox"/> Safe House/Shelter	<input type="checkbox"/> Legal Assistance Services	<input type="checkbox"/> Other Humanitarian or Development Actor	<input type="checkbox"/> Livelihoods Program	<input type="checkbox"/> Other Government Service	<input type="checkbox"/> Self Referral/First Point of Contact	<input type="checkbox"/> Other (specify) _____
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<input type="checkbox"/> Livelihoods Program	<input type="checkbox"/> Other Government Service												
<input type="checkbox"/> Self Referral/First Point of Contact	<input type="checkbox"/> Other (specify) _____												
Did you refer the client to a safe house/safe shelter?* <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', why not?* <input type="checkbox"/> Service provided by your agency <input type="checkbox"/> Services already received from another agency <input type="checkbox"/> Service not applicable <input type="checkbox"/> Referral declined by survivor <input type="checkbox"/> Service unavailable	Date reported or future appointment date (day/month/year) and Time: Name and Location: Notes (including action taken or recommended action to be taken):												
Did you refer the client to health / medical services?* <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', why not?* <input type="checkbox"/> Service provided by your agency <input type="checkbox"/> Services already received from another agency <input type="checkbox"/> Service not applicable <input type="checkbox"/> Referral declined by survivor <input type="checkbox"/> Service unavailable	Date reported or future appointment Date and Time: Name and Location: Follow-up Appointment Date and Time: Notes (including action taken or recommended action to be taken):												

Incident ID

<p>Did you refer the client to psychosocial services?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service provided by your agency</p> <p><input type="checkbox"/> Services already received from another agency</p> <p><input type="checkbox"/> Service not applicable</p> <p><input type="checkbox"/> Referral declined by survivor</p> <p><input type="checkbox"/> Service unavailable</p>	<p>Date reported or future appointment date (day/month/year) and Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Does the client want to pursue legal action?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided at Time of Report</p>	
<p>Did you refer the client to legal assistance services?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service provided by your agency</p> <p><input type="checkbox"/> Services already received from another agency</p> <p><input type="checkbox"/> Service not applicable</p> <p><input type="checkbox"/> Referral declined by survivor</p> <p><input type="checkbox"/> Service unavailable</p>	<p>Date reported or future appointment date (day/month/year) and Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Did you refer the client to the police or other type of security actor?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service provided by your agency</p> <p><input type="checkbox"/> Services already received from another agency</p> <p><input type="checkbox"/> Service not applicable</p> <p><input type="checkbox"/> Referral declined by survivor</p> <p><input type="checkbox"/> Service unavailable</p>	<p>Date reported or future appointment date (day/month/year) and Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Did you refer the client to a livelihoods program?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service provided by your agency</p> <p><input type="checkbox"/> Services already received from another agency</p> <p><input type="checkbox"/> Service not applicable</p> <p><input type="checkbox"/> Referral declined by survivor</p> <p><input type="checkbox"/> Service unavailable</p>	<p>Date reported or future appointment date (day/month/year) and Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>

6 - Assessment Point

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

Will the client be safe when she or he leaves? Yes ☐ No ☐
If no give reason:

What actions were taken to ensure client's safety?

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

Who will give the client emotional support?

Other relevant information

If raped, have you explained the possible consequences of rape to the client (if over 14 years of age)?

☐ Yes ☐ No

Have you explained the possible consequences of rape to the client's caregiver (if the client is under the age of 14)?

☐ Yes ☐ No