

Sample Record Keeping Exercises*

How do you document the following information in the record?

1) A 35-year-old client who you are counseling for domestic violence reveals graphic details about incest with her father when she was a child. Do you include this in the record and if so, how?

All records should include: Client's name; date of appointment; location of appointment; client response; next steps or outcome.

Indicate whether you disagree with the write up. If you disagree, think of ways to rewrite the entry. The original records as follows:

Example 1:

24/3/96 Client is a victim of an assault by her ex-husband. She would like a counseling referral and assistance with finding a shelter. She also states that both she and her 16-year-old daughter are very afraid of the ex-husband

5/4/96 Client came in today to work on finding a shelter. She told me that her 16-year-old daughter is pregnant and client reports that she is going to encourage her to get an abortion.

Example 2:

Mrs. Jones thinks that her husband is drinking again. She is very upset about it. Her husband is very dirty; he never showers and smells of alcohol. He also says inappropriate things to her when they are in public.

Example 3:

Client came in to discuss a date rape by her neighbor. She reported that she is afraid of her neighbor, yet she does not want to move and talks about him and his girlfriend in all of her sessions here. Although she reports having nightmares, in my opinion, I am beginning to doubt that the incident really occurred. I think the client might be mad at the neighbor for not leaving his girlfriend. I was also suspicious because she did not have injuries the first time she came in, even though it was right after the alleged incident.

*Adapted from Safe Horizons, Volunteer Training Materials, NY, 1999.

DAILY EVALUATION FORM

TODAY'S DATE _____

- 1) How valuable were today's sessions for you, based on a scale of 1 to 5?
(1 = extremely valuable; 5 = not valuable at all)

|-----|-----|-----|-----|

1 **2** **3** **4** **5**

- 2) List the 3 most important things you have learned today?

a. _____
b. _____
c. _____

- 3) How do you intend to apply these things to your job?

- 4) What forces will encourage or discourage you from applying the best ideas you have learned today when you return to you job?

GENDER-BASED VIOLENCE FIELD TOOLS*
SAMPLE INCIDENT REPORT FORM FOR REFUGEE SETTING

NOTE: In adjusting this form for non-refugee settings, efforts should be made to minimize changes, so as to ensure consistency in data collection in all humanitarian contexts.

INCIDENT REPORT FORM

CONFIDENTIAL

Instructions	<ul style="list-style-type: none"> Form to be completed by fully trained and designated staff Original to be maintained in designated agency (outside camp) Copy to be delivered to UNHCR Protection Officer, in sealed envelope, as soon as possible. (If survivor wishes to report incident to police, Protection Officer must have copy within 24 hours.) Attach additional pages with continued narrative, if needed.
NOTE	<i>This form is NOT an interview guide. Staff must be properly trained in interviewing survivors. Separate forms are available for counseling and health exam/treatment.</i>

INCIDENT TYPE		Secondary incident type
Case Number	Camp	Date and Time of Interview
Previous Incident Numbers for this Client (if any)		

SURVIVOR INFORMATION			
Name	Age	Yr of Birth	Sex
Address	Tribe	Marital Status	Occupation
No. of children	Ages	Head of family (self OR name, relationship to survivor)	
UNHCR "Vulnerable" designation (if any)		Ration Card No. or ID Card No.	
If Survivor is a minor child, Name of Caregiver			Relation

THE INCIDENT			
Location	Date	Day	Time
Description of Incident (summarize circumstances, what exactly occurred, what happened afterward)			

PERPETRATOR INFORMATION		
Name	No. of Perpetrators	Sex

Address	Nationality	Age	Tribe
Relationship to Survivor	Marital Status	Occup.	
If perpetrator unknown, describe him/her, including any identifying marks			
Current location of perpetrator, if known: Is perpetrator a continuing threat?			
If Perpetrator is a Minor, Name of Caregiver:		Relation:	
WITNESSES			
Describe presence of any witnesses (including children)			
Names and Addresses			
ACTION TAKEN – Any action already taken, by anyone, as of the date this form is completed.			
Reported to	Date Reported	Action Taken	
POLICE Name			
SECURITY Name			
UNHCR Name			
LOCAL LEADERS Name			
HEALTH CARE see page 3 of this form for name/info.			
OTHERS Name			
MORE ACTION NEEDED AND PLANNED ACTION – As of the date this form is completed.			
Danger Assessment & Immediate Safety Plan:			
Is Survivor going to report the incident to the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is she/he seeking action by elders tribunal/traditional court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What follow-up will be done by the Community Development/GV workers?			
What further action is need by UNHCR and/or others?			
Form completed by (Print Name):		Signature:	

Page 1 and 2 (filled) + Page 3 (1st two lines filled) to be hand carried by staff, with Survivor, to Health Center. Page 3 to be completed by health care staff. OR if Survivor did not have medical examination at the time of reporting the incident, explain reasons below.

SUMMARY OF MEDICAL EXAMINATION

Survivor Name	Yr of Birth	Sex
(If applicable) Reasons survivor did NOT have a medical examination at this time:		

TO BE COMPLETED BY HEALTH CENTER STAFF

Date of Exam	Time	Name of IPD/OPD
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Before interviewing/examining the survivor, read pages 1-2 of this form. Avoid asking survivor to repeat information s/he has already provided. Medical Examination Findings are to be recorded on the appropriate health facility forms, in accordance with relevant protocols and guidelines. Medical records, documentation, forms, etc. are confidential and are to be kept in the health facility in a secure location. Medical information is to be released only with specific survivor consent.
THIS PAGE DOES NOT REPLACE THE HEALTH FACILITY MEDICAL EXAM FORM (IT IS IN ADDITION).

Summary of Medical Treatment Given

NOTE
 This information may be important for the counselor to know for follow-up assistance; however: *obtain survivor's consent to share this information.* Include information to EC, forensic examination, post-exposure prophylaxis for STIs/HIV/AIDS, referrals provided.

Medical Follow-Up Recommended

- Follow-up visit to health facility in two weeks
- Follow-up visit to health facility in six months
- Other, specify:

Additional Comments

Examination conducted by:

Print Name	Title
Signature	Name of organization & stamp

GENDER-BASED VIOLENCE FIELD TOOLS CONSENT FOR RELEASE OF INFORMATION

Note: The purpose of this form is for you to obtain Survivor's permission to share her/his information about the incident with other applicable organizations/individuals.

To the staff member or volunteer completing this form:

Read the entire form to the client, explaining that s/he can choose any (or none) of the items listed. Obtain signature or thumb print with witness signature.

I, _____, give my permission for the
(print survivor name)

following organizations to share information about the incident I have reported in this form, and about my current needs. I understand this permission is needed so that I can receive the best possible care and assistance. I understand that the information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I need and request.

(Mark with an X all that apply)

Community Services agency (name) _____

Health Center (name of organization) _____

UNHCR (Protection Officer, others)

Police

Camp / block leader. Specify names:

Others, specify:

Signature or Thumb print _____

Witness (for thumb print) _____

Date _____

From: Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring, and Evaluation, RHRC Consortium, 2004.

Day V Handout – Incident Report Form/Consent to Release Information

Record Keeping Do's and Don'ts*

1. All records should include:
 - Survivor's name
 - Location of Interview
 - Survivor's response
 - Date of appointment
 - Reason for appointment
 - Next steps or outcome
2. Use ink for keeping records.
3. Record exact dates.
4. In dealing with survivors who are victims of abuse or other crimes, be careful about documenting details concerning the survivor's contact with someone who assaulted or battered the survivor. Think about how the information might impact the survivor if the information were released during a criminal/civil trial.
5. If the survivor is planning to relocate, do not include her intended destination in case file.
6. Do not include the details of an survivor's past criminal behavior, unless there is a strong reason to document the activity.
7. Always give the sources of information (e.g., was it provided by the survivor, a survivor's relative, other service providers) and attribute statements to the person who made them.
8. Avoid highly subjective words (e.g., house was "dirty") when describing persons or situations – try to use objective language.
9. Recording must be kept current and complete enough so that another staff member can pick it up without difficulty.
10. Do not make an informal diagnosis of a survivor's condition (e.g., "person seems schizophrenic," "person is psychotic").
11. Always follow up on next-step activities as indicated in the record – this is especially critical in documenting difficult cases, such as suicide, homicide, and child abuse.
12. Document any information that involves sharing, acquiring, or giving information to another person or colleague.
13. Document any areas where the survivor may not be complying with rules, regulations or an agreed upon program.
14. Document all critical incidents.
15. Never use negative information that the survivor says he/she is doing or not doing (e.g., if the person indicates they are not taking his/her medication).
16. Do not put your personal opinions in the records (e.g., "I don't like the person," "I think that..." "this person's injuries are not bad").
17. Never alter or falsify records, add or change a record at a later date, re-write an old record, or change another person's records or notes.

*From Safe Horizons, Volunteer Training Materials, NY, 1999 and referencing Gorton, R, The Weakest Link in Your Risk Management Program: Documentation.

**Communication Skills in Working with Survivors of Gender-based Violence
Training Workshop**

Pre-/Post-Test

1. Define gender-based violence.

2. Name 5 types of gender-based violence.

3. Name the sectors involved in a multisectoral GBV response framework:

- a) _____
- b) _____
- c) _____
- d) _____

4. What kinds of events can cause trauma?

5. Why is it not good for a service provider to advise a survivor what to do?

6. What does the acronym GATHER stand for?

- G:** _____
- A:** _____
- T:** _____
- H:** _____
- E:** _____
- R:** _____

7. How can a service provider demonstrate active listening skills?

8. What is vicarious trauma?

9. Identify two methods of supervision of staff who work with GBV survivors.

10. Why is staff supervision important when working with survivors of GBV?

11. Name three things that are important to include in a case record of a GBV survivor.

12. Name three things that you might NOT want to include in a case record of a GBV survivor.

EXCEPTIONS FOR BREAKING CONFIDENTIALITY

- ❑ **Suspicion of child abuse or neglect**

- ❑ **Emergency of life-threatening situations**
 - **Suicidal individuals: Duty to warn/contact referral source or relative**

 - **Individual presents a threat to third parties: Duty to warn/contact police**

- ❑ **Intent to commit future crime: You may not be legally mandated to report future crimes; however, if you report them, you will not be breaching confidentiality**

IN SOME SETTINGS, WORKERS ARE MANDATED BY THEIR ORGANIZATIONS' CODE OF CONDUCT TO REPORT ANY INFORMATION RELATING TO ABUSE OF BENEFICIARIES BY HUMANITARIAN WORKERS

Scenarios for Resistant Participants

Scenario One

The community believes that GENDER is a foreign concept, that it is a Western idea, and that the trainer is trying to impose an idea on them.

Scenario Two

The community believes that in creating equity among men and women, their women will become difficult to manage, unruly, and might leave them.

Scenario Three

The community believes that the trainer is trying to reverse gender roles so that men do the women's work and women do the men's work.

(Training Organization)

grants this

CERTIFICATE OF COMPLETION

to

for completion of training in

COMMUNICATION SKILLS IN WORKING WITH SURVIVORS OF GENDER-BASED VIOLENCE

held in City, Country, Month, Day, Year

Co-facilitator

Co-facilitator

Please answer the following based on the entire week of training you have just attended.

Communication Skills in Working with Survivors of Gender-based Violence: A Training of Trainers Workshop

FINAL EVALUATION

1. Rate your overall impression of the workshop:

- Excellent
- Good
- Fair
- Poor

2. What was the most useful session of the workshop:

3. What was the least effective session of the workshop:

4. Which activity or exercise did you find the most helpful, and why?

5. Which activity or exercise did you like the least, and why?

6. Which, if any, of the activities or exercises will you apply in your own work as a counselor, and why?

7. How could this Workshop be improved?

8. Rate your overall impression of the Presenters on the following criteria:

(circle one number in each row)

PRESENTERS	Poor				Excellent
a. Knowledge of material	1	2	3	4	5
b. Preparedness	1	2	3	4	5
c. Communication skills	1	2	3	4	5
d. Attentiveness	1	2	3	4	5
e. Comfort level with training material	1	2	3	4	5
f. Ability to engage participants	1	2	3	4	5

Comments:

9. Did the workshop meet your expectations?

- Yes
- No

Please explain:

10. Was the workshop too long or too short? (circle one)

Please explain:

11. Would you recommend this workshop to others?

- Yes
- No

Please explain:

12. What other suggestions or feedback do you have at this time?

Thank you! Your comments, suggestions, and feedback are important to us!