

APPENDIX 2

Incident Report Form

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Instructions	<p>Form to be completed by fully trained and designated staff.</p> <p>Original to be maintained in designated agency (outside camp.)</p> <p>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.)</p> <p>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.)</p> <p>Attach additional pages with continued narrative, if needed.</p>
NOTE	<p><i>This form is NOT an interview guide. Staff must be properly trained in interviewing survivors. Separate forms are available for counselling and health exam/treatment.</i></p>

INCIDENT TYPE		Secondary Incident Type
Case Number	Camp/Address (for urban and returnee caseload)	Date and Time of Interview
Previous Incident Numbers for this Client (if any)		

VICTIM/SURVIVOR INFORMATION			
Name:	Age:	Yr. of birth:	Sex:
Address:	Tribe/Ethnic background:	Marital Status:	Occup:
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 victim/survivor is a child: Name of Caregiver:			Relation:

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

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PERPETRATOR INFORMATION			
Name:	No. of Perpetrators:	Sex:	
Address:	Nationality:	Age:	Tribe/Ethnic Background
Relationship to Victim/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 child: Name of Caregiver:			Relation:

WITNESSES
Describe presence of any witnesses (including children):
Names and Addresses:

ACTION TAKEN – any action already taken 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.		
OTHER Name		

MORE ACTION NEEDED AND PLANNED ACTION – as of the date this form is completed		
Physical security needs assessment and immediate safety plan:		
Has the victim/survivor received any kind of counselling – if yes, which kind?		
Is victim/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 community development/SGBV workers?		
What further action is needed by UNHCR and/or others?		
Form completed by (Print Name):	Signature:	

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MEDICAL REPORT FORM

Page 1 and 2 (completed) + Page 3 (1st two lines filled) to be hand carried by staff, with victim/survivor, to health centre. Page 3 to be completed by health care staff. OR if victim/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) Reason victim/survivor did NOT have a medical examination at this time:		

TO BE COMPLETED BY HEALTH CENTRE STAFF		
Date of exam:	Time:	Name of IPD/OPD:
<p><i>Before interviewing/examining the victim/survivor, read pages 1-2 of this form.</i></p> <p><i>Avoid asking victim/survivor to repeat information s/he has already provided.</i></p> <p><i>Medical examination findings are to be recorded on the appropriate health facility forms, in accordance with relevant protocols and guidelines.</i></p> <p><i>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 victim/survivor.</i></p>		
<p>THIS PAGE DOES NOT REPLACE THE HEALTH FACILITY MEDICAL EXAM FORM. (IT IS IN ADDITION TO THAT FORM)</p>		

SUMMARY OF MEDICAL TREATMENT PROVIDED	
NOTE	<i>This information may be important for the counsellor to know for follow-up assistance. However: obtain victim's/survivor's consent to share this information.</i>
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 organisation & stamp:	

CONSENT FOR RELEASE OF INFORMATION

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 victim/survivor name)

following organisations 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 Centre (name of organisation) _____

UNHCR (Protection Officer, others)

Police

Camp / block leader. Specify name(s): _____

Others, specify: _____

Signature or thumb print _____

Witness (signature or thumb print) _____

Date _____

Instructions for Completing pages 1 and 2 of the Incident Report Form

Purpose and Intended Use

The **Sexual/Gender-Based Violence Incident Report Form** is recommended for use by actors engaged in prevention and response to sexual/Gender-based violence in refugee settings. The Incident Report Form is an inter-agency tool and was designed to:

- Provide a brief (4 pages copied front and back) comprehensive summary of the most relevant information about an individual incident.
- If victim/survivor consents: be used as an information-sharing tool, to be copied and shared among and between actors or organisations involved in assisting the victim/survivor and/or taking follow-up action.
- Avoid requiring the victim/survivor to repeat her story and answer the same questions during multiple interviews.
- Collect basic and relevant data for use in monitoring and evaluation of SGBV incidents and programmes.
- Collect data that is consistent in all refugee settings, to enable world-wide comparison of SGBV data across programmes, settings, countries and regions.

COMPLETED FORM

The Incident Report Form is not an interview guide. Staff who interview victims/survivors must be properly trained in skills for interviewing, active listening, and emotional support necessary for working with survivors. Separate forms may be needed for interview guides and note taking. It is important to remember that a victim/survivor may be emotionally traumatised. Therefore, great care must be taken to interview with compassion and respect. It may be appropriate to complete the form outside of the presence of the survivor.

Mechanisms and procedures for reporting, referral, and co-ordination should be established when designing programmes to prevent and respond to sexual and gender-based violence. Meet with organisations and individuals in your setting to determine each group's information needs and how best to use the completed Incident Report Forms.

In most settings, the following procedure is useful:

- One organisation is designated as the "lead agency" for maintaining all report data, receiving the reports and providing immediate assistance. Often, this is either the community-services staff specialising in sexual and gender-based violence or the health care facility's reproductive health centre.
- Original completed Incident Report Forms are maintained in the lead agency's offices, outside the camp(s), in locked files.
- **With victim/survivor consent to share information:**
Lead agency gives copies of the completed Incident Report Form, within 24 hours, to organisations most in need of this information: UNHCR protection personnel, the health facility, community services

agencies. Others, such as police, may also receive copies, depending on the victim's/survivor's choices.

- **Without victim/survivor consent to share information:**

Lead agency provides information to UNHCR protection personnel within 24 hours. Information includes incident data and non-identifying information (no information that can identify the survivor). UNHCR needs this information in order to perform its protection mandate.

Incident Type

Use consistent words/definitions to enable proper data collection, tracking of incident data, monitoring and evaluation. The following types of SGBV are recommended to characterise incident type. You will need to discuss with your SGBV stakeholder/inter-agency team and add any types/definitions of SGBV that are occurring in your setting and not included on this list.

Type of Sexual and Gender-Based Violence

Types of SGBV include the following (please refer to Chapter 1 of UNHCR's SGBV Guidelines for a more comprehensive list):

- **Rape/attempted rape and marital rape**

The invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, threat of force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent (International Criminal Court). Efforts to rape someone which does not result in penetration are considered attempted rape.

- **Sexual abuse**

Actual or threatened physical intrusion of a sexual nature (not including rape), including inappropriate touching, by force or under unequal or coercive conditions.

- **Child sexual abuse, defilement and incest**

Any act where a child is used for sexual gratification. Any sexual relations/interaction with a child.

- **Sexual exploitation**

Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another (IASC). Sexual exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery).

- **Trafficking, slavery**

Selling and/or trading in human beings for forced sexual activities, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs.

- **Early marriage**

Arranged marriage under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions).

- **Forced marriage**

Arranged marriage against the victim's/survivor's wishes; often a dowry is paid to the family; when refused, there are violent and/or abusive consequences.

- **Female Genital Mutilation (FGM)**

Cutting of genital organs for non-medical reasons, usually done at a young age; ranges from partial to total cutting, removal of genitals, stitching whether for cultural or other non-therapeutic reasons; often undergone several times during life-time, i.e., after delivery or if a girl/woman has been victim of sexual assault.

- **Domestic violence**

Domestic violence can be any violence between current or former partners in an intimate relationship wherever and whenever the violence occurs, as well as between family members (for example, mothers-in-law and daughters-in-law). Domestic violence may include sexual, physical, psychological or financial abuse. Domestic violence covers a range of situations, which may include:

- Physical and sexual abuse e.g. slapping, pushing, hitting, beating, kicking, stabbing, rape.
- Denial of financial support and emotional deprivation e.g. withholding money, not allowing friends to visit or phone calls, verbal abuse, humiliation, forced isolation.
- The use or threat of using legal sanctions against a partner e.g. Threats about custody of children, threats of deportation.
- Denial of rights e.g. denial of medical care, physical freedom.
- Physical and emotional abuse of children.
- A woman beaten by her mother-in-law because of the woman's subordinate status in the household.

Non-Gender-Based Violence Cases

Some cases come to SGBV workers which are not representative of SGBV. These should not be categorised as SGBV cases, but they might be counted separately when describing the programme'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 behaviour problems.
- General health problems.

Secondary Incident Types

Use this space only if there is more than one type of sexual and gender-based violence that occurred during one incident e.g. rape and forced marriage.

Incident Type would be the type for Rape

Secondary Incident Type would be the type for Forced Marriage

Case Number

Assign a client number, case number or incident number. This provides a way of maintaining the confidentiality of the victim/survivor: the incident is referenced by number rather than by the victim's/survivor's name. It is also useful in situations where one survivor suffers repeated incidents.

Camp (if applicable) or Location

Name of the refugee camp where the survivor lives/or address in case of urban and returnee caseload.

Date and Time of Interview

Date and time of day when you first interview the victim/survivor and record the information.

Previous Incident Numbers for this Client (if any)

If this client has been seen before, and if you use NGO Incident Numbers, note any prior incident numbers assigned in the past. If you don't know the numbers assigned, try to list month/year of previous incidents, or somehow indicate that this client has been seen before for other incident(s).

Victim/Survivor Information

NOTE: In settings where confidentiality of these forms cannot be assured, it is recommended that you do NOT include victim/survivor name, full address, and other identifying information on this form.

Name

Full name of victim/survivor

Age

Age at present

Year of Birth

The year victim/survivor was born

Sex

F for Female; M for Male

Address

Full address, including Village/Block, Street, Plot/House, etc.

Tribe

Tribal or ethnic affiliation, if any; if unknown, write "unknown"

Marital Status

Single or Married or Divorced or Separated or Widow or Lost Spouse

Occupation

If she/he is employed, write occupation; if not employed, write "None"

No. of Children

Number of children living with her/him

Ages [of children]

List ages of children living with victim/survivor (e.g. 6 months, 2yrs, 8yrs)

Head-of-Family

List name of head-of-family and relation to victim/survivor. If head-of-family is the victim/survivor, write "victim/survivor". Head-of-family usually means the person in the household who is listed as head-of-family with UNHCR, for food distribution, and/or with the host country registration system. You may need to discuss this definition and clarify for your setting.

UNHCR "vulnerable" designation (if any)

If victim/survivor is designated as a "vulnerable" individual according to UNHCR, list those vulnerabilities e.g. Unaccompanied or Separated Child (UASC), or Disabled, or Elderly.

Ration Card No. or ID Card No.

If she/he has a ration card and/or ID card in her/his name, write the number(s); if not, write "unknown". If she/he does not have these cards at all, write "No card".

If Victim/Survivor is a Child

If the survivor is under age 18, fill these lines:

Name of Caregiver – Name of person acting as parent.

Relation – Specify the family member: Mother, Father, Sister, Aunt, etc. If victim/survivor is not living with her/his own family but is living with a caretaker family, write "Foster Family".

THE INCIDENT**Location**

Be specific e.g.

- The full address e.g. section A4, hut 12
- On path to Mtendeli Camp
- Outside camp near main road entrance
- In camp, Village B
- In camp, near Spanla Bar
- Behind latrines, C2, 23

- Outside Bamba Bar in town
- Area/street/house for urban caseload

Date

Date the incident occurred

Day

Day of the week the incident occurred (i.e. Mon, Tues, Wed, Thurs, Fri, Sat, Sun)

Time

Time the incident occurred; use 24-hour time or specify AM or PM.

Description of Incident

Summarise the client's story of what occurred: what were the circumstances leading up to the attack, what happened during the attack, what did she/he do afterwards, what did the perpetrator do afterwards. Be complete in this description, but remember this is a summary. Use additional paper if you need more space.

PERPETRATOR INFORMATION

Fill in all spaces, as listed on the form, similar to the victim/survivor section above. Be as complete as possible.

WITNESSES

Describe Presence of Any Witnesses

Describe in detail: people walking nearby, someone heard but not seen, someone watching, anyone who heard or saw anything

Names and Addresses [of witnesses]

Be specific, giving full addresses if possible

ACTION TAKEN

Use this section to list any action taken by you or by victim/survivor or anyone as of the time you are completing this form. Be specific with names, dates, and action taken as listed on the form.

MORE ACTION NEEDED AND PLANNED ACTION

Physical Security Needs Assessment and Immediate Safety Plan

This section is essential if victim/survivor lives with or near the alleged perpetrator, and if the perpetrator is still at large. Be specific about potential continuing danger and victim's/survivor's plan for safety.

Be specific of what action you will take, what action the victim/survivor plans, and what other action you think is needed.

Print your Name

Sign the Form

Instructions on How to Complete Page 3 of the Medical Examination Report

NOTE: Page 3 is optional. In some settings, it is useful to have this medical summary attached to the Incident Report Form. In other settings, health staff find this form redundant and therefore unnecessary. If the victim/survivor chooses to report the case to the police, there may be a medical evidence form required by law in your setting; in these situations, completing Page 3 of this form is probably unnecessary. You will need to discuss this with your stakeholder/inter-agency team and determine when/how to use Page 3 of this Incident Report Form.

Complete the top section: Victim/Survivor Name, Yr. of Birth, Sex

- If victim/survivor does not want to/does not need to have a medical examination, explain the reasons why. In this case, the remainder of page 3 should be blank. NOTE: In some cases, such as sexual harassment, *where there was no physical contact and there are no injuries*, medical examination may not be necessary if the victim/survivor does not wish to go to the health centre and does not wish to press charges with the police.
- If the victim/survivor has already been seen at the health centre, ask victim/survivor for consent and take this form to the health worker and have him/her complete it and sign it.
- If the victim/survivor needs a medical examination and has not been to the health centre yet, escort her/him there and give the form to the health worker for completion.

For the health care worker completing the form

Date of Exam

The date victim/survivor is/was examined related to this incident.

Time

Time of examination related to this incident.

Name of IPD/OPD

Name of in - or out-patient facility where exam is conducted.

Summary of Medical Treatment Provided

Complete this section ONLY if survivor gives consent for sharing such information. Include a brief summary of treatment given. Details of this information will be on the health facility forms to be kept at the facility.

Medical Follow-up Recommended

Mark appropriate boxes with an X.

Additional Comments

Use this space if there are any specific recommendations or comments the health worker deems necessary.

Print name of person conducting the examination**Print title of person conducting the examination****Signature of person conducting the examination****Name of organisation and stamp (if appropriate)**

Instructions on How to Complete Page 4 of the Consent for Release of Information Form

In most refugee settings, incident data should be shared between health care, community services, and UNHCR protection staff. In non-refugee settings, the sharing of information should be determined by the agencies engaged in providing SGBV-related services. **Before sharing any information**, however, there must be victim/survivor consent.

Read the entire form to victim/survivor and mark with an X all organisations to be included. If she/he is able to sign, obtain signature. If not, obtain thumb print and witness signature.

Information must be protected in accordance with victim's/survivor's wishes, respecting any restrictions she/he chooses.

If victim/survivor does not consent to information sharing, then only non-identifying incident information can be released to others.