

INDIVIDUAL CASE STATISTICS: GBV

Month/Year _____ Caseworker _____

Case Number : (Camp- month- number- year) _____

Referred by: _____ OR Walk-in Client _____

Type of Case (check all that apply)

Rape	Attempted Rape	Sexual Assault	Domestic Violence	Mental Health	Other (explain)

Personal Data

Sex		Age				Nationality			
F	M	Preteen	Teen	Adult	Elderly	SL	L	G	Other

Circumstances of Incident

Where?			How long ago?			
Camp	During Flight	Home country	3 days	1 month	6 months	6+ months

Response in Health Post

Explained procedures, confidentiality, gave approval		Emergency contraceptive		STI prevention or treatment	
Yes	No	Yes	No	Yes	No

Referred to:

If no referrals were made, why not?

Permission given to discuss case with partners:

	Yes	No
IRC/GBV		
HCR- Protection		
HCR- Community Services		

Comments: