



Intakes in a Trauma-Informed Manner

To receive services, most programs require that survivors complete an intake. Domestic violence programs have various intake forms, but all have a common thread. Intakes inquire about extensive, detailed, personal, information on a subject that is very sensitive for most individuals. Some survivors find this process extremely painful, and there are many opportunities to trigger an individual or retraumatize someone seeking services. Therefore, advocates need to be vigilant and keenly aware about ways to make this process as trauma-informed as possible.

There are many shapes and forms an intake can take, including:

- a) An advocate doing an intake with a new resident at family shelter.
- b) A justice system court advocate doing a type of intake with the adult victim who is involved in a court proceeding or has experienced an assault.
- c) A group facilitator might conduct an intake with a survivor who is attending a support group.
- d) A youth advocate will talk with a child entering shelter and/or a community group.
- e) An advocate may conduct an intake with a parent on behalf of child victims of domestic violence.

Intake questions are often shaped around grant reporting requirements and require lots of information that may seem unnecessary and even insensitive to a survivor in crisis. Advocates must remember this and remain empathetic about the feelings survivors have about the process.

Intakes inquire about private and detailed personal information.

The victim is most likely in crisis and anxious about seeking help.

Remember to stay focused and calm, and aware of her needs.

Follow her lead in listening to what has helped her and what has not helped her in the past.

It is vital advocates perform intakes with trauma sensitivity to diminish the impact that repeated questioning may have on the individual answering the questions.



Key Trauma Knowledge to Remember When Conducting Intakes

❖ **The experience of domestic violence creates trauma responses in most adult and child victims.**

➤ Recalling how trauma impacts an individual is critical as an advocate begins the process of engaging a person to complete the intake. Review chapter one for more information.

❖ **Victims of domestic violence may not wish to disclose information if it is going to be written down.**

➤ This is a normal response and should not be interpreted as a lack of cooperation.

➤ Detailed questions can feel intrusive.

➤ Because her partner might have threatened her to remain silent, a survivor may feel scared or ashamed about revealing personal information.

➤ Acknowledge the difficulty and risk involved in sharing.

❖ **The adult and/or child may feel overwhelmed, anxious, and frightened as a result of the ways her**

IMPORTANT STEPS IN INTAKES

1. *Ensure that she and her children have settled in before moving forward with the process.*

2. *Always offer the individual the choice regarding the time of the intake. Empower her with options.*

3. *Validate the individual's ability to "walk through the door."*

4. *Are you leaning forward, nodding and conveying interest?*

5. *Perform an environmental scan and be mindful of your space and how it may feel to the individual.*

5. *Explain the process with sensitivity, and share that you will be asking questions about difficult topics.*

6. *Show empathy during the process to build trust.*

7. *Convey your understanding of trauma, triggers and responses to build a sense of safety.*

8. *At the closing of the intake process, ensure that the person is not leaving feeling emotionally vulnerable.*

partner has intimidated her in the past.

- Be aware of your environmental space.
 - Is this space where you are doing the interview quiet and private, or are you constantly interrupted by others or have people passing by in the background?
 - Do you have tissues and water available? Is the lighting in the room too bright or too dimly light?
 - Allow the individual to modify the lighting and perhaps even offer quiet music as an option.

❖ Individuals who have been emotionally and/or physically threatened may have a wide range of feelings about coming to seek services, or may even feel ambivalent.

- These emotions come from a combination of love, familial obligations, cultural values and/or religious beliefs. Many individuals talk about still loving their partner but want the abuse to stop.
- The effective advocate will be open to these feelings, hear and validate them, and work with the survivor without judging them. If you are open to hearing these feelings, you create the opportunity to build a stronger rapport.
- The advocate's openness will provide an emotionally safe space to explore the impact manipulation and harm has on her and her current functioning. With this support, she may then be able to explore how the twisting of love and abuse has affected her life, feelings and future.

Individuals doing intakes will have a wide range of feelings (including gratitude, confusion, fear, and even anger) about their situations and coming to seek services. Be ready to deal with these feelings and more.

❖ Extreme separation anxiety is a factor for children who experience domestic violence and trauma.

- Be aware that children will need to check on the whereabouts of their mother in this strange, new setting.
 - Have you talked to the mother and child about this? Can you help the child find their mother if she is with you?
- Show the child where their mother will be located and vice versa and expect "interruptions" from children who feel scared.



- ❖ **Tell the survivor about the intake process and what types of information you are going to be discussing. Inform the individual she has the right to “put on the brakes” by asking to stop the process. This communicates that she has the power to manage the situation if she becomes triggered, exhausted or needs to take a physical or emotional break.**
 - This approach shows care and concern for the survivor and facilitates empowerment.
 - If the advocate must continue to ask many descriptive questions during the intake process, do so with compassion and empathy and with awareness of potential trauma reactions.

- ❖ **Individuals who are fearful and suffering from trauma reactions may not remember everything in order and might even forget information that might seem impossible to forget, like a child’s birth date.**
 - Repeated traumas and/or experiences of domestic violence may affect individuals’ recall and memory. An individual may appear scattered and forgetful with regard to important information.
 - Verbally talking about a traumatic event does not necessarily mean that she will remember everything from beginning to end. This is a common response to trauma.
 - Be careful not to judge the survivor or assume she is making things up if information changes or she can’t remember something.
 - Validate this trauma reaction and help her see it as a normal response.

- ❖ **People who are traumatized very seldom sit with their back to the doorway. Always provide a way out by not blocking the door.**
 - Be mindful of glass windows, where some survivors may not feel safe either. This is a result of being always prepared to “take action” at a second’s notice to ensure safety.
 - An advocate can actually name this trauma reaction to the survivor and it will help her understand her response and normalize it.

- ❖ **The survivor is seeking help and forming new connections while facing an increased risk to her safety by leaving her relationship.**
 - At the time of the intake procedure the individual has many changes

going on in her life.

- An advocate needs to understand that the many shelter rules and procedures like chores, curfews, and food policies discussed at intake may not be remembered in the future.
- Many programs in Ohio have developed orientation booklets or packets that help to further explain the shelter, group or other services offered. These need to be available in whatever foreign languages are used most commonly in your area.



Tips for a Trauma-Informed Intake

- ❖ **Engage the individual (adult or youth) in a welcoming approach.**
 - For example, an advocate might say, *“I was wondering if you and I might have time to sit down and talk so that I may get to know you a little better and so that you have an opportunity to ask questions and tell me about how you are doing with all that you are going through”*.
 - Or, *“Would you be open to choosing a time when we can sit down and talk about how you are feeling and some of your thoughts about your plans? When would you like to do this now or a bit later?”*
- ❖ **Attentive listening skills include being mindful of your body language.**
 - Are you leaning forward, nodding, and maintaining eye contact while conveying interest?
 - Be aware of your physical boundaries. Boundaries around space and closeness can be related to both cultural norms and individual comfort levels.
 - Give the individual time to settle into the shelter. If you need to gather critical information, then explain this to her, while understanding she might feel like there are more pressing issues at the moment.
 - If she and her family arrived in the middle of the night, you may only need names, ages and medical information for her and for her children at this point. Take a few minutes to gather the necessary information and talk with her more in the morning.
- ❖ **The intake is required paperwork, but it can also be a time to engage the individual while she shares her experience.**
 - This connection will build a trusting relationship and hopefully lead her to more positive experiences in the future.
 - Fully explain the release of information and any other documents

you are asking her to sign.

- Inform the individual what you are writing down and why you are documenting what she is sharing with you.
- State the intent of the intake process by describing what will occur. For example, *“We are going to spend some time together so that you can have some space to share with me what has been going on. You (name) can stop and ask for breaks if you wish and you may decide what you share and when you would like to share it.”* This informs the individual that they have power in this process despite the fact that you must do an intake.

❖ **An advocate can alter how he/she asks a question on an intake to be less intrusive or abrupt.**

- Many intake procedures require that an advocate must ask about sexual abuse, harm and assault in both her adult life and childhood. You should think about why you need this information and if this question might do more harm than good. But if you do decide to ask it, you can ask sensitively. For example:

- *“Often, in intimate relationships, a person who takes power and control in the relationship also can be hurtful during intimacy. Some women have shared with me they have been forced to have unwanted sex or have felt humiliated by being mistreated and called names. I know this may feel difficult to talk about, but I am wondering if your partner has ever hurt or threatened you in any of these ways or other ways.”*

- This is an example of how to “trust-talk” with an individual who has been victimized by domestic violence and/or intimate partner sexual assault.
- Establishing trust by normalizing feelings is trauma-informed care at its best.

❖ **During the intake process, you need to discuss confidentiality and the limits to confidentiality.**

- While explaining that information will be kept confidential, it is important to clarify to survivors what information you can't keep confidential, due to ethical, professional, or legal obligations. This often includes information about imminent harm to a child or credible threats to hurt another individual or oneself.
- It is necessary for the advocate to explain the concept of informed consent. Survivors have the right to know what can be kept confidential and what can't, and can make decisions about what they want to share with the advocate. This empowers the survivor

to know what the reality of the situation is and make decisions she feels are best for her.

- When you are upfront about informed consent, this decreases the chance of damaging the trust relationship you are establishing with the survivor. For example, you would state to the survivor,
 - *“All of the information that you share during this intake will remain confidential except if you tell me that a child has been hurt or may get hurt. I am required by my (code of ethics, agency policy, or law) to inform children services or assist you in making the call.”*
 - *“Also, if you share that you are feeling suicidal or a danger to another than I am obligated to share this too. Do you feel I have explained the limits of confidentiality with you clearly and do you understand what I am required to share?”*

- ❖ **When concluding an intake process, ask the individual how she is feeling in the present moment. Make sure you are not letting the person leave feeling vulnerable.**
 - How are they feeling both physically and emotionally?
 - How are they feeling inside?
 - Do they have any questions they wanted to ask?
 - Offer future assistance if they should need to talk more.
 - Talk about strengths, likes, and hopes in closing.