Tips for Conducting a Victim-Centered Intake

**Tip 1: Establish rapport.**
Establish rapport by first sharing information about your services and any applicable confidentiality protections available. Through your verbal and non-verbal cues, communicate that you’re there to listen and provide support, not to stand in judgment. Acknowledge that every survivor’s experience is unique, but also provide reassurance that they are not alone. Express that, for many survivors, trauma can make the time following an assault very difficult. Let survivors know that you believe them and that the assault was not their fault.

**Tip 2: Be aware of the survivor’s comfort level.**
Acknowledge that sharing a traumatic, personal story shortly after meeting you may be difficult, and let survivors know that they can choose to share as much or as little of their experience as they’re comfortable with. If you must ask specific questions or details about the sexual violence, use open-ended, nonjudgmental questions.

**Tip 3: Explain the purpose of follow-up questions.**
Explain that the purpose of any follow-up questions is to ensure the best representation or advocacy and NOT to imply that the survivor did anything wrong. If you cannot think of a reason for your question, that may be a clue that it is out of scope and not appropriate to ask.

**Tip 4: Be attentive to the survivor’s emotions.**
Survivors show a range of emotions. All feelings are normal. While it’s always important to validate and normalize emotions, you should also be on the lookout for suicidal, homicidal, or other dangerous thoughts. For example, if a survivor is experiencing depression and is considering suicide, you can validate those feelings of depression AND take steps to prevent the survivor from acting on them. If you are overwhelmed or don’t know how to handle a survivor’s intense emotions or potentially dangerous thoughts, locate experts at your local community mental health center or hospital who can help, or to whom you can refer the survivor.

**Tip 5: Recognize memory impairment.**
Trauma impacts memory. It is typical and normal for a survivor to have trouble remembering the order of events or not to remember all the details of what happened. Due to the brain’s response to trauma, a survivor’s memory may be spotty and details may emerge over time. (Memory may also be impaired due to a drug-facilitated sexual assault.) Explain that because assailants often try to use a survivor’s memory impairment to cast doubt upon her credibility, it’s critical to explore and discuss any inconsistencies in her account. Reassure her that you believe her and understand how difficult it can be to clearly recall an assault.

**Tip 6: Be patient.**
Sometimes, survivors need a break from people asking about the rape. That’s normal. If the survivor is in and out of communication with you, be patient. Although your contact with the survivor is well intentioned, it can also be a trigger.

**Tip 7: Practice victim-centered advocacy.**
Practice victim-centered advocacy by providing legal information and options, helping survivors to assess their options and supporting whichever steps they take. Remember: Your role is to help survivors understand their options, not to make decisions for them.

**Tip 8: Use appropriate terms.**
Sexual assault survivors may use slang or terms that are unfamiliar to you. It’s fine—indeed necessary—to ask what a term means if you don’t know. Use the same terms as the victim uses if appropriate. Be aware of your body language and avoid visibly reacting to terms you find offensive. In addition, ask survivors how they would like you to refer to the perpetrator (i.e., by name, a code name, the term “assailant” or “perpetrator,” or even a curse word).