

Denver's Triage Project Demonstrates Value of Advocate-Initiated Response



Picture provided by [Visit Denver](#)

Begun in January 2006, Denver's Triage Project involves a collaborative, multidisciplinary team that seeks to identify and assess risk factors for ongoing severe domestic violence, provide active and immediate outreach to support victims, and achieve rapid containment of offenders. Outreach by community-based advocates who initiate contact ensures that DV victims receive valuable information regarding protection orders, safety planning, counseling and linkage with other services within 48 hours of the reported incident.

After police are called to a domestic violence incident, a system-based victim assistant contacts the victim to explain what will happen and offer further contacts from community-based organizations.

If the case is considered to involve higher risk to the victim, based on risk factors noted on the [form](#) developed by the Triage Collaborative, the victim assistant may actually make a home visit with the victim. These contacts occur early in the morning, following an arrest. Victim assistants report on these contacts at the Triage meeting that occurs at 10:45am the same day.

The Triage Team meets daily



Prosecution and Code Enforcement

The Triage Team includes representatives from the Denver Police Domestic Violence and Victim Assistance Units, Denver's District and City Attorneys' Offices, Pretrial Services, Probation and community agencies including: [Colorado Legal Services](#), [Denver Domestic Violence Coordinating Council](#), [Safe House Denver](#) and [Project Safeguard](#).

The Triage Team meets daily to review the DV incidents reported to the Denver Police Department the previous day, including cases filed with the City Attorney's Office, defendants in custody on misdemeanor and felony charges, and incident reports where the defendant is still at large. Victim assistants let the team know whether the victim is interested in further outreach from community-based organizations.

According to an advocate from Safe House Denver, Triage meetings have built trust between practitioners who routinely discuss cases. In addition, she noted that connections made through these meetings have been tremendously valuable, as knowing police and prosecutors better makes it easier to access specific help for the women with whom they work.



Home visits are a valuable tool



Home visits are a valuable tool used to connect and reach out to victims who may not access resources on their own because of crisis, fear, and isolation, or who may simply be unaware of the range of available services. Home visits are also conducted when Triage members have heightened concerns about victim safety and/or other attempts to contact the victim are unsuccessful.

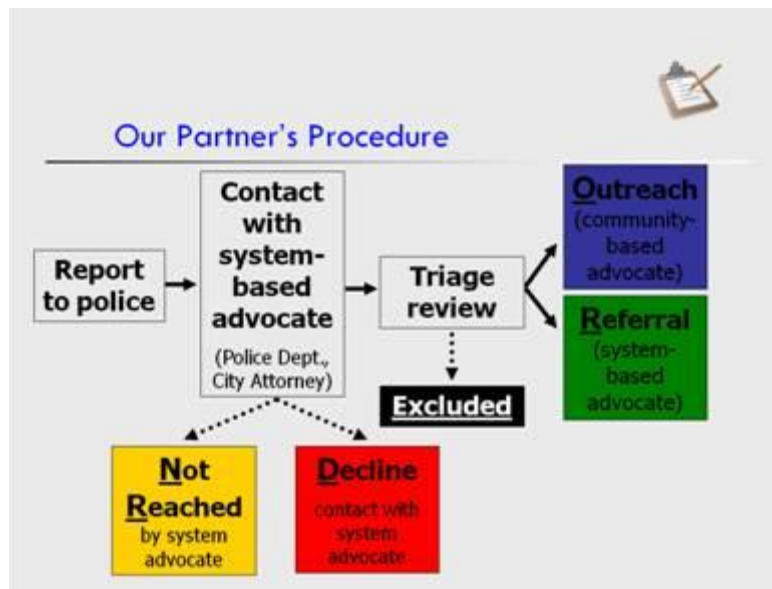
Home visits are an outreach effort of the Triage Team to help further determine potential risk factors, convey concern about the victim's immediate and on-going safety, and facilitate access to other resources. In addition, the home visit may reveal other evidence of on-going violence (i.e., visible injuries, broken furniture, holes in walls, etc.) that may be indicators of escalation and provide an opening for further conversation. A home visit demonstrates a commitment to the victim, leaving her with better information of what can be expected during the investigation and court proceedings.



An NIJ study confirms the value of this intervention

An [NIJ study](#), directed by Anne P. DePrince, Ph.D. at the University of Denver, Department of Psychology, addresses the impact TRIAGE has had on female victims of domestic violence in the Denver area.

The diagram below shows how research participants were assigned to the conditions studied. Some victims were *Not Reached* by the system advocate. Other victims were reached, but *Declined* contact with the system advocate. The two main interventions studied were the *Outreach* condition, where a community-based advocate initiated contact with the victim, and offers a range of services and assistance in accessing them. In the *Referral* condition, victims were contacted by system-based advocates who would refer victims to community based services, victims then had to contact community services on their own. Outreach and Referral conditions were randomly assigned. Following the assignment, Triage reviewed the cases. If a case was determined to be too high risk, it was excluded from the study and Outreach was provided.



Study Results

The TRIAGE team's coordinated victim-focused outreach had a positive impact on women's wellbeing. Women who received outreach (compared to women who received only referrals) reported greater decreases in distress one year later, including PTSD symptoms, depression, and fear. Additionally, women who had early, victim-focused contact with system-based advocates were more likely to have contact with community-based agencies providing domestic violence services than women who declined to

talk with or were never reached by system-based advocates. For women still living with their abusers, the victim-focused outreach provided about a month after the incident was shown to help improve case dispositions, compared to victims who only received referrals.

Policy Implications

Early victim-focused contact promotes engagement with the criminal justice system by increasing the likelihood that victims are invited to participate actively in their cases by system professionals. Coordinated, victim-focused outreach impacts women's participation in the criminal justice process, increasing the likelihood that women will go to court.

Women in this study perceived that they benefitted from the outreach. This shows that careful procedures designed to stress women's rights and dignity in the process is worth the effort. Public policy should encourage victim advocates within law enforcement agencies and community-based advocates to contact victims in a timely manner following incidents of IPV.

Current Practice in Denver

As a result of the study, Outreach is now extended to any and all cases where a victim is open to it, or where the Team feels there is a need due to the presence of high risk factors. As the research confirmed that victims did not see the contact as intrusive, the study offered reassurance to service providers who were concerned about making outreach calls unless given a "green light" from the victim, and are now willing to make calls based on the determination of high risk.

Since the research found more positive outcomes on victim well-being and better case outcomes for those women currently with the perpetrator at the time of the incident, practitioners have changed their views about the usefulness of these contacts. While these victims were typically considered less willing to accept outreach, and/or participate in the criminal justice system, the findings revealed that women in those circumstances may benefit the most.

BWJP hosted a webinar describing this intervention as well as the NIJ study. Presenters included Margaret Abrams, M.A., Program Director for the Domestic Violence Early Intervention Team with the Denver District Attorney's Office, Dora-Lee Larson, M.A., the Executive Director of the Denver D.V. Coordinating Council for 8 years and Community Education Director for SafeHouse Denver, and Anne P. DePrince, Ph.D., Associate Professor in the Psychology Department at the University of Denver. The webinar recording is available [here](#).

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