

 <p>U. S. DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION</p>		<p>DISCRETIONARY GRANT PROGRESS REPORT</p>	
GRANTEE	LEAA GRANT NO.	DATE OF REPORT	REPORT NO.
✓ Colo. Divison of Criminal Justice	78-DF-AX-0058	9/1/79	Final
IMPLEMENTING SUBGRANTEE	TYPE OF REPORT		
City and County of Denver Department of Social Services	<input type="checkbox"/> REGULAR <input type="checkbox"/> SPECIAL REQUEST <input checked="" type="checkbox"/> FINAL REPORT		
SHORT TITLE OF PROJECT	GRANT AMOUNT		
✓ Victim Support System	\$270,203.00		
REPORT IS SUBMITTED FOR THE PERIOD		THROUGH	
March, 1978			
SIGNATURE OF PROJECT DIRECTOR		TYPED NAME & TITLE OF PROJECT DIRECTOR	
		Katherine Saltzman	
COMMENCE REPORT HERE (Add continuation pages as required.) <p>Narrative Attached.</p> <p>Appendix available on request.</p>			
<p>NCJRS</p> <p>DEC 27 1979</p> <p>ACQUISITIONS</p>			
GRANTEE STATE PLANNING AGENCY (Official)			DATE

66438

INTRODUCTION

The Final Report for "Victim Support System" (LEAA Grant # 78-DF-AX-0058) is divided into four major sections: 1) Summary; 2) Project Goals and Objectives; 3) Major Accomplishments, and 4) Problem Areas and Conclusions regarding Family Violence Services. This final topic is intended to give the reader an overview of major issues and concerns regarding family violence services in the Denver-Metro area. The evaluation and research component reports for the project will be submitted under separate cover by the evaluation consultant.

SUMMARY

"Victim Support System" was funded by LEAA grants from September, 1975 until March, 1979 when the City and County of Denver provided local monies to the project through the Denver Department of Social Services. The project's major objectives have been to 1) provide counseling and crisis intervention services to victims of crime and family violence; 2) to provide emergency survival services and legal services to these victims when appropriate; 3) to educate the community regarding the nature of and prevention of violence crime; and 4) to provide technical assistance and training to other projects and agencies.

During the period of LEAA funding, the project has had an on-going evaluation component. Data collection and analysis during the final funding period showed that the project met its objectives, serving a total of 1,358 clients. The project also provided educational services in the form of workshops to 1052 individuals in the community and provided technical assistance and/or training to 2,912 persons working in other projects or agencies. Legal services were provided to 274 clients. An analysis of client subpopulations with regard to their characteristics and service needs is provided in a separate evaluation report. The project met or exceeded all of its goals and objectives for this funding period.

Project Development and Objectives

Brief History and Evolution of the Project

The project known as York Street Center (Victim Support System) was initiated in September, 1975 as a result of a successful pilot program that had started in January, 1974. The pilot program was funded for a total of 30 months (1 year and 18 month grants) by LEAA High Impact Crime monies. The original program (see chart) was quite limited in scope and personnel and was connected to one of Denver's Youth Services Bureaus to work with victims of high impact crime and to do crime prevention programs on a specific high crime area.

After the first year of operation, the pilot project expanded personnel from one coordinator and two part-time community worker positions to include an additional five full-time paid staff (see chart II). As a result, the project expanded its geographical scope, its objectives, and the types of services offered to victims. During 1975 the Coordinator became the Director of the Youth Bureau and began reorganizing the programs to facilitate their future separation. A proposal was submitted to LEAA at this time to develop the victimization services into a separate project.

The victimization program was then implemented by the Director in September, 1975. The victimization component of the Youth Bureau was still operating and was incorporated into the Victim Support Program (see chart III). Both programs operated under one administration until August, 1976 when the Youth component reincorporated and obtained local funding through the State Division of Youth Services

CHART I

Evaluation Consultant.....DIRECTOR.....Bookkeeper-Secretary

Victimization
Coordinator

Systems Specialist
Coordinator

Counseling
Coordinator

- 3 full time community workers
- 2 part time community workers
- 30 volunteers

2 student interns

3 full time counselors

Functions

- 1. Education and prevention
- 2. Professional training and workshops
- 3. Community organization and resource development

Functions

- 1. Needs assessment
- 2. Assist data collection
- 3. Develop community resources

Functions

- 1. Counsel youth and families
- 2. Refer youth and families
- 3. Counsel victims of crime

CHART II

Evaluation Consultant.....DIRECTOR.....Bookeeper Secretary

1 Victim Counselor

Function:

- 1. Counsel victims
- 2. Advocate for victims

4 Victim Specialists

Function:

- 1. Counselors-in-Training
- 2. Advocate for victims
- 3. Professional workshops
- 4. Community education

Assistant Director (Youth Program)

3 Youth Counselors

Function:

- 1. Counsel youth and families
- 2. Refer youth and families
- 3. Community resource development
- 4. Youth program development

6

CHART III

EXECUTIVE DIRECTOR

Accountant
Evaluator.....2 Secretaries.....Janitor

Assistant Director
(Youth)

1 Secretary
3 Youth Counselors

1. Referral of youth and families
2. Direct services to youth and families
3. Program development
4. Community resource development

Southeast Denver Youth Service

Bureau
227 Clayton St.
Denver, CO 80206

A separate corporation was formed August 1, 1976. Funding was obtained from local government.

Victim Counselor

1. Counsels victims of crime
2. Advocates for victims of crime
3. Supervises victim counseling

4 Victim Specialists

1. Counselor trainees
2. Professional workshops
3. Police training
4. Community resource development

Assistant Director
(Victimization)

Crisis Team Co-ordinator

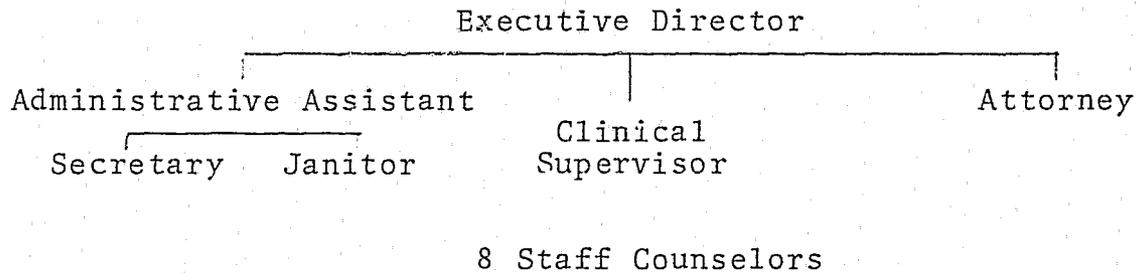
6 Crisis Counselors

1. Counsel victims of crime and family disturbance
2. Community education
3. Community resource development
4. Police training

York Street Center
1632 York Street
Denver, CO. 80206

(Department of Institutions).

The Victim Support System project underwent several other re-organizations when applying for continuation grants in 1977 and 1978. The current organization structure of the project is displayed below.



During 1978, the project sought local funding and obtained a contract for \$200,000 from the City and County of Denver through the Department of Social Services to provide services from March-December 31, 1979. The project's goals, functions, and organization remained as described above during this transition.

Throughout its history the project has had a variety of types of boards, including corporate policy-making bodies and advisory boards. The structure developed in early 1977 has been the most satisfactory for the agency and provided valuable assistance in obtaining local funding. This structure is an advisory board which assists the Director in dealing with all major policy issues and also functions to handle grievance procedures. There are currently seven members on the Advisory Board with diverse backgrounds and affiliations. All have demonstrated an on-going commitment to the continued success of the project.

Project Objectives

Throughout the project's history, its basic goals and objectives have remained the same, although emphasis in particular areas has varied according to client needs and referral sources. To summarize in a few words, the project's continuing objectives have been 1) to provide emergency survival services, long and short term counseling, and referrals and advocacy to victims of crime and family violence, 2) to provide legal services for these clients, 3) to provide preventive education in the community, and 4) to provide technical assistance and training to professionals who have regular victim contact.

In order to assess whether or not these objectives were being met, the project has had an on-going data collection system and evaluation plan. Evaluation data indicates that project intake of clients has stabilized at approximately 800 new cases annually. A large portion of these cases (approximately 25%) are direct referrals from the Denver Police Department, while the remainder come from over 100 other agencies. Educational contacts also appear to have stabilized at approximately 7,000 to 9,000 per year, with at least 2,000 of these contacts in the area of professional training.

The stabilizing of numbers of persons served is probably not related to the numbers of persons needing services. Data from other sources (especially crime data sources) would indicate that large numbers of victims are not seeking services even when assistance is indicated and available. Several explanations for victim reluctance to use services have been identified and all are believed to be contributing factors:

1) victim denial of the seriousness of the incident, 2) victim embarrassed to return for services because of previous victimization, 3) victim fear of offender reprisal, and 4) victim dissatisfied when seeking help from an agency on a previous occasion. An additional factor in the current number of intakes may also be attributed to the project's level of resources and personnel, especially in the area of family violence. Staff may tend to refer potential clients directly to other agencies when project resources are exhausted and when such a referral is very appropriate for a particular type of service offered. In other words, although the project receives referrals from numerous sources, the scope of the project itself may be a limiting factor in the number of cases served. If intakes were to increase significantly at this time, the project might falter in its ability to provide high quality services and follow-up to clients. If, however, victim services available in the city were better coordinated in terms of screening, evaluation, referral, and availability, the project might be able to increase its intake by approximately 25-30% with its current resources without negative impact on the quality of the services. The lack of such coordination of services has been a major concern complicated by funding and philosophical issues which will be discussed later in this report.

The evaluation and data collection were revised during the funding period. The major change in data collection was to collapse the data and reorganize it into more general categories for analysis. The first two years of data collection was intended to be more detailed

so that information on the type of victimization could be analyzed and used to revise services and goals as needed. As project staff became more and more familiar with the nature of the victimizations and client needs, this type of detailed data collection became less important. Thus, a major task of project personnel was to assist in the revision of the data collection system. Although less detailed in some respects, the new data collection system still requires the same amount of staff time to code and update case file information. It should be noted here that although the project did not have an evaluation consultant for a considerable period of time (at least six months), that project staff did an admirable job in keeping the coding system and data up to date and as well organized as possible. Staff participation in the development of the original data system and interest in the outcome has led to their continuing commitment to complete their rather tedious coding tasks and to keep good case notes in their files. The importance of such records for project development and continuation of funding has been emphasized and is well understood by staff.

Since its inception, the project has met or exceeded its goals and objectives with regard to client services and educational programs. A detailed analysis of client populations served with regard to objectives for the last funding is available in the evaluation consultant's final report. A narrative description of the project's programs and accomplishments is given in the next major section of this report.

Major Accomplishments

The major accomplishments of the project will be described in this section and some gross statistical information will be given. For a more comprehensive analysis of project data, the reader is referred to the statistical report "Development of New Monitoring System and Report on Data from the Latter Half of 1978."

The nature and scope of the problems delineated in the proposal for "Victim Support System" have led to a functional development of the project wherein methods and procedures fall into the following major categories: 1) education and prevention, 2) source of referrals, 3) counseling, 4) delivery of direct supportive services, 5) legal advocacy, 6) system advocacy, 7) community resource development, and 8) funding. Each of these areas will be discussed in regard to major accomplishments during the funding period.

1. Education and Prevention

All victim and witness services of the Victim Support System Project are delivered through an agency known to the public as "York Street Center". The education and prevention services offered by the Center represent a primary way in which potential as well as actual victims of crime can gain access to services. Speaking engagements, public service announcements, newspaper articles, films and workshops serve to inform the public about both general and specific aspects of victimization, as well as serve to inform as to the specific services available through the York Street Center.

Workshops, for example, are offered to professional groups, crisis line volunteers, hospital personnel, mental health professionals,

interested citizen groups, and to police departments throughout the State of Colorado. Through the Colorado Law Enforcement Training Academy, lecture and role play have been offered on topics of sexual assault and other crisis situations such as family disturbances. These sessions have proved invaluable as an educational interchange of a very practical nature for both officers and staff alike. The participation of York Street Center in professional training sessions is being expanded as victim-witness and crisis issues become a major emphasis in the training of professional groups.

Finally, the development of educational materials relative to issues of sexual assault, family disturbance, battered women, the elderly, and crime in general, continued to be a program priority. These materials are disseminated in Spanish as well as English and serve not only to "issue-orient" the public, but also to notify them of the existence and nature of programs offered by the York Street Center.

Three new pamphlets were developed by the project: "Women's Rights and Domestic Violence", "Crime Prevention for the Elderly", and a flier "Running Safely".

Revised pamphlets included "Rape Prevention Tactics", "Reporting Rape", "York Street Center Services" (both in English and Spanish), and "Services for Battered Women". In addition to the pamphlets, training manuals for police and volunteer instruction were also revised.

Three proposed pamphlets were not developed because after preliminary research, the topics proved to be too complex (as in the

case of the handicapped), or because other agencies were already working on a pamphlet (witness pamphlet from the District Attorney's Office and child protection pamphlet from Child Protection Services). Although these materials were not developed by the project, the project has supported their development and will offer to assist with dissemination once they are available. The problems of the handicapped with regard to victimization are too diverse to be covered in a simple pamphlet. As a result of talking with several organizations for the handicapped, it was decided that programs of public education and training were more practical. Thus, York Street Center has provided technical assistance to handicapped groups and has held reciprocal in-service training sessions to provide better services to handicapped victims.

2. Source of Referrals

The pool of sources from which the "Victim Support System" has thus far received its cases was studied as part of the Research and Evaluation component of the project. Over eighty percent of the projects interviewed indicated that their ability to find assistance for the crime victim would be decreased if York Street Center were unavailable. Approximately 152 agencies made referrals to York Street Center during the funding period and approximately 25% of all referrals were self-referrals. The Denver Police Department continues to be the most frequent source of referrals according to statistics supplied by the Denver Police Academy. An officer who encounters a victim of crime, or disputants involved in a family disturbance, has several options he can follow in referring that individual to York Street

Center. In general, he offers information relative to services available at the Center, and encourages the victim to initiate contact through a phone call or visit. Some officers elect to transport involved persons directly to the Center, while others use the disturbance line to arrange for free taxi service should the client be unable to provide his own transportation.

Other sources of referrals have been the Family Crisis Clinic at Denver General Hospital, the detective bureau of Denver Police Department, adult probation, the Denver District Attorney's office, the Welfare Department, Juvenile Court, hospitals, social service agencies in general, and mental health facilities.

In general, the existence of the York Street Center offers these referral sources an option which hitherto they have not had when coming into contact with the victim of a crime or a disputant in a family disturbance. Appropriate referral of these clients can be made on the basis of knowing there will be an immediate response to the needs of a person and situation without the delays of red tape or the inconvenience of prohibitive costs to clientele.

3. Counseling

Once the client reaches the York Street Center there are several ways in which services are delivered. The question of "what is available" once a person has been, or is in imminent danger of being victimized has been a major concern which the Victim Support System grant has approached in an operationally functional manner as follows.

To begin with, the availability of someone to talk with on a 24-

hour basis, seven days a week, has been addressed through the operation of two 24-hour crisis lines: one for victims of sexual assault and the other for family disturbances and the victims of all other crimes. The special medical, legal and emotional aspects of sexual assault have resulted in York Street Center's "rape and sexual assault line" being known and used throughout the entire metropolitan Denver area. Victims of every age and ethnic description use the service, including persons whose victimization may have taken place several years previous to the phone call and who are still being adversely affected by the experience. Attention is paid to physical condition and medical needs, shock, severe mental stress, fear, loneliness, confusion, material needs, lack of understanding of available resources, reporting procedures, and the need for short or long term counseling. Immediate support is available in terms of a counselor accompanying the victim to a hospital as well as through other system encounters necessitated by the assault.

The second 24-hour crisis line, known as the "disturbance line", is used by all other victims and especially by individuals involved in family disturbances. More often than not, police officers provide the impetus for persons calling the disturbance line, but it is also used extensively by persons who have read or heard a public service announcement or some other form of publicity about the services available at York Street Center. The purpose of both crisis lines is to give the public easy access to professional assistance of an immediate nature. Contacts made through the use of these lines tend to foster trust on the part of the victim (or potential victim) and often lead to ongoing counseling on a face-to-face basis.

Counseling can take several forms, and includes individual, group, family and marital as the needs of the particular situation dictate. Sessions may either be short or long term, with the added allowance of purchasing (through available grant funds), clinical or medical evaluation from an outside source should more intensive interaction be advisable.

Once a case has been closed, follow-up is done routinely after two months to ensure that the victim is progressing in a satisfactory manner and to allow for re-opening of the case should further needs have arisen in the interim.

Statistical data for the second half of 1978 show the following percentage of cases by type:

- Family Violence - 66%
- Sexual Assault - 15%
- Other Person-to-Person Crimes - 13%
- Crimes Against Property - 2%
- Miscellaneous Cases - 4%

Counseling or crisis intervention services were provided for nearly every intake. Outcome data with reference to the above categories of victims is described in detail in the statistical report. Measurement of client functioning on a variety of indices indicated over-all improvement from the time of intake to the time of termination for most clients.

The counseling staff has reported an increase in their counseling skills and abilities to work with clients as a result of clinical supervision and a regular program of in-service training. Clinical supervision of counselors at York Street Center involved providing

regular, on-going sessions, weekly and as needed, and of approximately an hour's duration, to the eight counselors who provide direct clinical services to clients. The clinical supervisor also shares in the ultimate responsibility with the Director for making treatment or dispositional decisions for all clients, as they occurred on a crisis basis, throughout the course of the Center's operation.

Specific supervisory issues included 1) orientation to technique (especially with new staff), 2) relationship considerations between individual staff members and their clients, and 3) areas of client advocacy and treatment of choice. In a more general way, clinical supervision provides a model and a structure for the communication of center expectations, both internally (as with client contacts), and externally (as with agency liaison work) with the expanding breadth of available services to persons experiencing problems in domestic violence. The issue of coordination of such services has become increasingly pressing. The clinical supervisor and Director have served regularly as a consultant or board member, both to Center staff and to staff of other related agencies as they grow and expand services to clientele in this area. Additionally, the staff has provided technical assistance and training regarding clinical issues to these and other agencies involved in the treatment of domestic violence.

Continued emphasis has been placed on encouraging more contact and cooperation with other agencies. This has been accomplished in part through conjoint meetings and in sharing inservice training opportunities. Such training is used as a means of both upgrading and of expanding the staff's awareness of specific and related treat-

ment concerns for their clients.

A partial list of inservice training opportunities provided at York Street Center for the last quarter of operation is included below:

1. "Alcohol and Violent Behavior" - Michael Farragher, Metro State College
2. "The Long-term Treatment of Rape Victims" - Dick Waite, Ph.D.
3. "Contemporary Relationship Issues in the Treatment of Marital Pairs" - Jim Thursby, Ph.D.
4. "Cognitive Restructuring Therapy" - Jeffrey Haber, Ph.D.
5. "The Cenikor Approach to Alcoholism Treatment" - Cenikor Staff
6. "Treatment of the Suicidal Client" - Ann Clauson, R.N.
7. "The Social Psychology of Child Abuse" - Linda Oldham, Denver University
8. "Social Psychology: Violence as a Social Phenomenon" - Tom Smith, Ph.D.
9. "Workshop (five sessions) in Conjoint Family Therapy" - Conway Hundley, MSW
10. "Current Issues in Consciousness Raising with Men" - Jim Thursby, Ph.D.
11. Film: Family in Crisis - Virginia Satir
12. "Assertiveness Training" - Jeff Haber, Ph.D.
13. "Conjoint Therapy in Domestic Violence" - Beau Egan and Lou Johnson
14. "Drug Abuse: An Update on Current Issues" - Harvey Milkman, Ph.D.
15. "Alternative Social/Sexual Lifestyles" - Karin Dittrick, York Street Center

Inservice training is scheduled on a weekly basis, for two hours, with topics being proposed usually by the counselors themselves. The spirit of inservice training at the Center is one of providing the staff with educational opportunities of their own choosing, whether they be through hearing other clinicians present in the areas of their own particular expertise, allowing for the exchange of information with another agency with which the Center has regular contact, or in providing a forum for the sharing of ideas through discussion with other staff within the Center. In addition, working liaisons have been established with related agencies for the sharing of inservice programs. The most inclusive of these have been negotiated with the Colorado Department of Institutions which conducts an on-going series of general training sessions for mental health professionals.

Since its inception, the project has delivered services, usually in the form of couples therapy, to the man who assaults his wife or girlfriend. Most referrals have come from the Denver Police Department, the Probation Department, or the courts. In most instances where couples therapy was initiated, the woman indicated strongly that she would prefer to eliminate the physical violence rather than the marital relationship. Both men and women in these situations appeared to be highly dependent upon one another emotionally, considered divorce to be symbolic of total failure, tended to view their roles as spouse and parent as ultimately important, and displayed high levels of anxiety with potential homicidal and/or suicidal potential at the thought of terminating the relationship. Although alcohol

abuse was evident in many cases, it frequently appeared to be the man's excuse for beating his wife, rather than the cause of it. The reluctance of the woman to terminate the relationship predictably laid the foundation for further abuse to occur. Because of the woman's ambivalence and reluctance to rapidly terminate the marriage and because of the unavailability of long term shelter, counselors initiated couple therapy as both a form of immediate protection for the woman and as an incentive to behavioral change in the man. Although a few cases could be labeled definite successes, lack of follow-up information due to apparent relocation of clients, has been frustratingly low. Whether or not couples who were in treatment for several months moved and resumed old behavior patterns is currently unknown.

As a result of working with many men who abhor their abusive behavior toward their wives but seem to be unable to control their impulses, the formulation of a "batterer's anonymous group" appeared to be an alternative which would address many problems. Specifically, it would

- a. Provide an alternative to the abusive male who wishes to change, but has no access routes short of criminal prosecution, which is unlikely.
- b. Serve to further educate both the community and individuals (male and female) that spouse abuse is unacceptable and unnecessary.
- c. Serve to protect the woman who is unable or unwilling to protect herself.

- d. Serve to lower the frustration threshold of the abuser whose wife and children are sequestered in the shelter.
- e. Potentially eliminate aggressive behavior of the individual male towards women, thus preventing repetition of the pattern with other women.

Group therapy would be modeled after the self-help programs used in the treatment of alcohol and drug abuse. Individual counseling and couple therapy would be available. Although it is impossible to predict the outcome of such an approach, past experience both with men who were forced to receive counseling as well as those who sought counseling voluntarily would seem to indicate some potential for success in certain cases. The possible benefits indicated above certainly seem to justify this new approach to intervention.

During 1978 the National Association of Human Rights Workers has been working to develop this type of program. York Street Center has assisted the AMEND program by accepting referrals through the 24-hour crisis line, providing group therapists, assisting with speaking engagements and publicity, serving on the board, and screening referrals. AMEND now has three therapy groups in operation serving the Denver-Metro area. Although some statistical information is being collected regarding clients, services, and outcomes, no data was available at this writing.

4. Delivery of Direct Supportive Services

Often during counseling (and often at first contact in some cases) it becomes evident that immediate "survival" support services are necessary in order for the victim to make a satisfactory adjustment

to the emotional as well as physical ramifications of the incident. These services are also valuable in enabling the victim to pursue legal options within the criminal justice system. Included are provisions for temporary shelter (extremely useful for victims of sexual assault, wife beating, etc.), food and clothing, emergency dwelling repair for security, transportation, child care, and referral for medical attention if appropriate. The cost of these services are paid for by the "Victim Support System" grant on a purchase of service basis. Contracts are established and all fees are paid for via City and County of Denver Claimant Certification. Victims do not receive or handle any cash.

Total expenditures for direct services to clients during the funding period are displayed below:

Housing -	\$5,190.18
Tranportation -	\$444.05
Security Repair -	\$868.53
Survival Related -] \$1,306.13
Food - - - - -	

Despite the development of two shelter facilities and the use of of housing contracts by York Street Center, there continued to be a serious lack of both short and long term housing for clients. One possible explanation for the pressure felt by York Street Center staff in this regard may be that because the shelters receive direct referrals from other sources, they seldom have rooms available for York Street Center clients. In addition, one shelter reported serving a total of 71 clients out of 470 referrals during 1978. It is quite likely that

many of the 399 clients not served by this shelter contacted York Street Center for an alternative source of housing as well as other services.

Transportation costs for clients were lower than expected in 1978. Clients seemed to request this service less often than in previous years and then only in extreme emergency situations. One possible explanation might be that more clients were using public transportation routinely because of the implementation of the "free ride" through the Regional Transportation District. When the "free ride" program was discontinued, transportation costs did increase slightly.

The need for security repair is the most inconsistent of all project services. The service is provided most frequently to elderly clients as a direct result of a burglary, robbery, and/or assault. Security repair (primarily installation of new locks) is also provided for victims of sexual assault and in domestic violence situations (rekeying of existant lock).

5. Legal Advocacy

Once counseling has begun and direct services have been provided where appropriate, an attempt is made to determine with the client whether legal advocacy is indicated or not. If legal advocacy is indicated the staff attorney meets with the victim in order to advise as to legal rights, remedies and alternatives as well as to ensure that the criminal justice system and other potential support systems are responding appropriately to the victim's needs. Included are the use of "letters of warning" as well as temporary and permanent

restraining orders in cases where, for example, a woman has been assaulted by her spouse or boyfriend and desires protection from a recurrence of the incident. All clients who receive legal representation from the attorney must meet the financial guidelines set by the Colorado Bar Association. In cases where the client is ineligible, a referral is made to legal aid, a legal clinic, or the private sector.

A summary of legal services provided to York Street Center clients by the staff attorney is displayed on the following page.

6. System Advocacy

In addition to the specific aspects of legal advocacy, victims often stand in need of support and guidance with respect to the various "systems" with which they come into contact as a result of their victimization. Counselors accompany clients to the hospital and police station, assist with reporting procedures (should the victim desire to sign a complaint), and follow clients through court proceedings if appropriate. Contacts with Welfare, social service, mental health, detective bureaus, district attorney offices, and providers of direct services are all facilitated by the counseling staff when appropriate. Such intervention makes it possible for the victim to regain his or her equilibrium following the victimization, and often leads to increased involvement in the therapeutic as well as criminal justice processes.

Statistical data indicated that staff contacted over 100 other agencies to provide additional services to clients. Excluding the elderly client sample in which 53% of the clients required advocacy, the following table displays advocacy services for all categories of

Legal Services on Behalf of Clients

Face to face consultations with clients requiring legal advice and services	274
Dissolution of Marriage cases filed on behalf of clients	62
Temporary Restraining Orders for above cases	25
Actions in Denver County Court to obtain additional Temporary Restraining Orders on behalf of clients	14
Letters of Warning sent to abusive spouses on behalf of clients	114

York Street Center clients. Some clients received advocacy assistance in more than one category.

Housing - 35%

Legal - 89%

Mental Health - 17%

Social Services - 30%

7. Community Resource Development

In addition to the delivery of counseling and direct services to Denver residents, the project has continued the development of community resources regarding issues of victimization. This has included the ongoing delineation and expansion of referral systems to the "Victim Support System", as well as the support and establishment of associations, groups, and facilities to assist special victim populations.

A sample of thirteen programs provided during the funding period are briefly described below. Many similar workshops were also provided locally.

Colorado Law Enforcement Training Classes. Basic training in Sexual Assault Investigation Techniques, Crisis Intervention, Victim Interviewing, and Domestic Violence was presented to 7 certification classes during 1978. The courses provided 18 hours of training to approximately 35 officers in each class. Course objectives, content outlines, and references are provided in the "Police Training Instructors Manual" included in the appendix to this report.

Colorado State Patrol Classes. The structure and content of the two eighteen hour instruction courses provided to these recruits was very similar to that provided for CLETA.

Colorado Crime Check Seminar on Women and Violence. The project provided 6 hours of advanced training in issues of victimization as part of this 14 hour seminar for law enforcement officers (primarily detectives). Immediate feedback, available through evaluation forms, was favorable.

Colorado State Parks Police. Four workshops on domestic violence and victimization were provided during the funding period. Each workshop was 8-10 hours in length.

American Medical Students Association Conference, New Mexico. A 4 hour workshop was provided to 80 medical students on treatment issues for victims of crime.

Pitkin County Colorado. A series of seminars and workshops was conducted for the Pitkin County Sheriff's Office, the Aspen Police Department, the Task Force on Sexual Assault, and the Pitkin County Mental Health Department. In addition an evening crime prevention workshop was held for residents.

Boise, Idaho and Couer D' Alene, Idaho. Project staff conducted two intensive three day seminars through the Department of Social Services. Topics included intervention and services in domestic violence situations, and treatment issues for the elderly crime victim.

Safehouses and Shelters. The project provided a variety of training programs for the counseling staff of Columbine Center (Denver), Safehouse (Denver), Women-In-Crisis (Jefferson County), Alban House (Arapahoe County), and the Pueblo Domestic Violence Task Force. Training programs were from 4 to 10 hours in length and emphasized treatment issues.

Jackson, Wyoming. National Conference of the Commission on Women. The National Commission on Women chose domestic violence as a priority concern for 1978. A two hour workshop was conducted at this national conference to further educate commissioners on domestic violence problems and treatment issues.

Cheyenne, Wyoming. A three hour workshop was provided to mental health and social services professionals on Domestic Violence. In addition, a one hour consultation was provided to the Sexual Assault Task Force on two specific problem areas: long term treatment and criminal justice procedures.

Boulder Justice System, Boulder, Colorado. A three hour in-service training session was conducted for police officers, probation officers, jailers, psychologists, and administrators regarding victim reactions to violent crime.

8. Funding A major concern and goal of the project since its inception has been to provide for continued funding on a local level. During 1978, the project director and the Advisory Board made numerous contacts with local funding sources. Most of these institutions were already familiar with the project as a result of past educational and outreach efforts. At the request of the project the Denver Department of Social Services became the City Sponsoring Agency and was invited to monitor project activities. Liaison persons were assigned by the Department and took an active and very appropriate interest in the way the project functioned in the community. Specific attention was paid to service delivery, quality of casework, and the need for services. The liaison persons reviewed case files, interviewed project staff,

attended board meetings and in-service training sessions to further assess project functioning.

On the recommendation of the Director of the Denver Department of Social Services, the State Department of Social Services was contacted regarding the possibility of Title XX funding. The State Department responded that Title XX monies were at ceiling. However, a discussion of a state plan to introduce to the legislature was positively received. The State Department of Institutions and the Governor's Office were also contacted in this regard.

In September, 1978, a preliminary budget was submitted to the City via the Denver Department of Social Services. The budget was approved and the project successfully negotiated an ten month contract (March-December, 1978) for \$200,000. The total sum of the contract (at \$20,000 per month) is approximately the same level of spending required during 1978 with the exclusion of evaluation and research services. The implementation of the funding transition occurred fairly smoothly in March, 1978 and the project's programs and services remain unaltered and at the same level.

Continued discussions with the Department of Social Services regarding future funding and the continuation of services are promising at this writing. However, one concern that has been expressed in the possible need for an increase in mill levy for the Department to be able to maintain its current contracts.

9. Changes Instituted in Accounting System

Prior to 1978, the accounting record of York Street Center consisted of a ledger listing Claimant's Certificates to be paid, amounts and when paid, the dates and voucher/warrant numbers. Although this record was adequate, it did not allow for any cross-checking of figures and balances, and many questions were difficult to answer because of lack of information within this system.

At the beginning of grant 836, the system was expanded to a brief form of double-entry bookkeeping, and when the new Social Services grant was received, a full double-entry system was instigated. During grant 836, no bank account records were available, thus the double-entry system was somewhat incomplete. A new bank account was opened for the Social Services grant, and in the future all books will balance to this bank account.

Basically the system has two major categories: A listing of all requests for money accompanied by date, amount, and check number. This ledger balances to the bank account each month. In the past it was balanced quarterly to computer print-outs furnished by the Auditor's office. The records then contain a ledger sheet for each expenditure item, such as personnel, fringe benefits, travel, all operating expenses, services to client, item-by-item. With this information, one can see how much is spent in each area, the balance to date, and the over-all amount expended by York Street Center under that particular grant. This system provides the information needed to ask almost any financial question, and answer it expediently and efficiently by perusing the books.

During 1979, Social Services has not required itemization of specific line items, per a specific budget. However, a budget was developed as a guideline, in order to determine expenditures for each item and to determine the rate at which monies are being used. This is a very efficient way to determine trends in various categories of expenses.

In 1979, York Street Center will be receiving quarterly draw-downs, and all bills and payroll will be paid directly from this office. In the past, voucher requests were submitted for each check paid to vendors, and for all payroll. Although vouchers no longer are processed through the Auditor's office, records are kept which have all back-up invoices, a copy of the check which paid that invoice, and a cover sheet explaining the expenditure. Files are set up for each expenditure category which coincide with a ledger sheet in the books. Thus, each ledger sheet has a file which can be used as a resource for detail and information and back-up.

Quarterly reports will be required of York Street Center by the Denver Department of Social Services during 1979. The nature of this report is not yet determined, but its intent will be to allow Social Services to see the over-all spread of expenditures during that quarter.

FAMILY VIOLENCE SERVICES

The purpose of this paper is to introduce and discuss several important major issues on the topic of family violence services. Because the need for such services has been pressing, programs have developed at a rapid rate without attention to some of these issues. As a result of such rapid development, a number of problems have developed within the programs themselves, with quality and number of services, and with coordination of services among programs. The discussion which follows is not intended to provide any ready-made solutions for the problems which have developed in the Denver-Metro area, but is intended instead to provide a basis for consideration of alternatives.

Philosophical Problems

The history of the development of family violence services nationally can be seen to have had a broad impact on program philosophy. The leading forces in bringing family violence to public attention have been through active feminist political groups who have brought the attention of the media, the public, and law-making bodies to the circumstances of the battered woman. Lack of protection from the police and criminal justice agencies, lack of financial alternatives, and reinforcement from the community for staying in the violent home have been cited as major reasons for the continuing re-victimization of the battered woman. Numerous stories citing the terrible physical and mental anguish of women trapped in such dilemmas without resources, without protection, without medical attention, without assistance for their

children have been told. As a result, there seems to be a higher level of public understanding and sympathy for the victim, less tendency to blame the victim according to cultural myths, and more recognition of the need for services to provide alternatives. Very gradually, funding sources for programs have recognized that such services are essential to protecting human life.

The major model for program development as funding became available was that of the "victim" model based on the assumption that the battered woman is in a virtually helpless state physically, financially, and emotionally due to reoccurring victimizations. In order to break "the cycle of abuse" a highly protective stance is taken by the program, allowing the woman to flee her assailant and cease all forms of communication with him. The woman (and usually her children), are placed in protective, communal living environments with other women and frequently female lay counselors who have suffered similar forms of abuse in relationships. Such an environment is intended to reinforce the woman for leaving and to encourage her to develop a higher sense of self-esteem from contact with other women. The programs frequently include assertiveness training groups, consciousness raising groups on women's issues, some individual counseling, and assistance in obtaining job training or placement. The woman may be encouraged to file for divorce and child support and she may be actively discouraged from any contact or communication with her husband while she stays in the program. After a time period that may vary greatly depending on her circumstances, she is encouraged to begin independent living. She may or may not continue

to receive program services or follow-up, depending on availability or on her personal preference or needs.

The major features of the victim model may be summarized as

1. Protection of the woman and her children from further violence by eliminating contact with the assailant and by providing shelter in a communal setting.
2. Removing blame from the victim for the assaultive incident and for the failure of the relationship.
3. Encouraging the victim to rely on women instead of men to meet their emotional needs.
4. Encouraging the development of a sense of self-esteem, capability and assertiveness.
5. Raising the victim's level of consciousness regarding women and victimization in society.
6. Peer group supportive counseling from other clients and staff.

The flaws inherent in this model may be readily apparent to those who have worked with battered women over a longer period of time. Although such programs have enabled some women to change their lifestyles or at least obtain temporary protection, such programs are not the total solution for many women who are abused in their homes.

A number of issues are raised by the victim model programs largely because they have arisen as a result of a political movement and because they tend to take a highly political stance with regard to the individual woman seeking services. As stated in program literature and at conferences, the political positions of such programs can be seen in such statements as:

1. There is no difference between rape and wife beating.
2. All men benefit directly from rape and wife abuse.
3. Women need only the support of other women, not counseling professionals or men.
4. Men are not to be trusted; they are out only to protect their own interests.
5. Most police officers beat their wives, so you cannot ask them for protection.
6. Under no circumstances should a woman ever return to a man who has abused her.

This type of political approach tends to be highly emotional and very judgmental, and has little appeal to women who do not already share that value system. Many women are frightened of the implications of such beliefs, and may therefore not seek other alternatives. Because these programs are largely funded with public monies, the question of whether a program should impose strong political biases on its clients becomes one of professional ethics. Should a woman who is highly vulnerable emotionally and dependent on the program for physical protection, be a captive audience for the presentation of a political philosophy?

Other human rights issues have also been neglected by the victim model including the husband's right to some provision for visitation of his children, the couples' right to some provision for communicating with each other directly should they desire to do so, and the man's right to know that his wife and children are in a safe environment. Programs with a punitive attitude toward the male are not likely to

see these areas as an abridgement of human rights for both parties. Instead, all attempts by the husband to find his wife and children are viewed negatively and as not only a direct threat to her safety, but to the program's safety as well.

The impact of the victim model can be seen as pervasive with regard to available services, treatment models, and program policies. The victim model focuses only on the victim and excludes both the husband and the dynamics of the relationship. Most programs have no services for the male and refuse to discuss alternatives with him. These policies tend to encourage escalation of the man's anxiety levels and anger, thus helping to precipitate a new crisis and violent acting-out. The man who is frustrated in all of his attempts to obtain information or get assistance frequently displays a pattern of behavior that runs from manipulation through intimidation and violence and is very difficult to work with in these circumstances. There are few agencies with the willingness or the resources to intervene as the danger of violence escalates.

Clinical approaches to family violence that include treatment of the couple or the family have largely been rejected as coercive to the identified victim, despite the fact that victims frequently return to the relationship even when the husband has received no treatment. Some of the resistance to couples' treatment is based on a rejection of treatment in traditional settings that promulgated the belief that women were provocative because of their innate passivity and masochism. Women were frequently counseled to avoid beatings by pleasing their husbands and avoiding expressions of annoyance or anger. Little responsibility was placed on the husband

for his abusive behavior.

While it is understandable that the above approach was rejected, it would seem that there is room for many treatment alternatives and clinical approaches between the two extremes of the traditional and victim models. The victim model tends to reinforce blame and male punishment largely because it relies on peer group support and peer counseling. Objectivity regarding viable treatment options is lost because of over-identification with the victim. In some cases the over-identification has become so strong that both staff and clients in the program become unrealistically fearful and chronically angry at men in an over-generalized fashion. These emotions are understandable for the clients at the point of crisis, but are detrimental if encouraged and shared by the staff who are supposed to be assisting them.

Although the above discussion is not exhaustive, it does point to the enormous impact that political issues have had on the philosophy and development of family violence programs. Despite the conflicts which have occurred as a result of these issues, it should be noted that such programs have been based on sincere efforts to be helpful to women who are seen as having very few options available to them.

Program Problems

The program problems discussed here will focus on those which have actually occurred in programs in the Denver-Metro area and will include funding problems, program development and coordination, and administrative problems.

During the last four years numerous attempts have been made to start up programs in the Denver-Metro area to deal with family violence. At least twelve direct-service delivery programs have provided some type of program during this time. One major feature that all of these programs have shared in common is that of trying to obtain a continuing source of funding once seed money has run out. The tendency of many programs has been to try to convince the original funding agent (whether private or public) to continue to pick up the funding on an on-going basis. Many projects have felt that they were in a revolving door being sent from the public to the private sector and back again. There seems to be some refusal to acknowledge that many funding sources provide seed money as a matter of policy, and that the intention of such limited grants is to enable a project to implement its services and build local support toward its continuation.

Many project directors have had little or no experience in developing programs or funding bases for programs. As a result, many hit and miss approaches have been tried resulting in little or no success. Some projects open and close regularly, resulting in confusion, low staff morale, and a further loss of resources. Five programs in the Denver-Metro area have had a total of 13 different directors in a two year period. Many of these directors cited discouragement over the continual funding struggle as a cause for leaving the program. Some felt that the whole process was too political and others felt that reporting and fiscal requirements were too demanding. Despite the reasons for leaving, this high turn-over rate of administrators may be one reason for the projects' inability to obtain the local support

needed for continued funding. In other words, although some directors say funding is the cause of their leaving, their leaving may also have a negative impact on funding. Most programs were relatively new when the first directors left and may have suffered some setbacks in their plans of action as a new administrator had to retrace steps in the process. In addition, many projects have failed to take any systematic approach in exploring funding options and have been resentful of any expectations to do so. The tendency is to go to one funding source at a time and then wait for a reply before exploring other alternatives. Some projects have refused to approach funding sources that they feel would "turn them down anyway" or that would attempt to control their programs.

Unfortunately, many projects have failed to build a strong, positive identity in the community as a service delivery agency as the first step in the funding process. Community image has been directly damaged in some cases where projects have publicly denounced the police and district attorney's offices, or have been openly critical of their potential funding sources. The political image rather than a service image would seem to create unnecessary controversy and limit funding sources. Politically motivated attacks on other agencies and institutions are not likely to draw their cooperation in making referrals, or their support for local funding. Along this same line some projects have attempted to compete for money by undermining other projects that they view as a direct threat.

The turn-over of project directors has had other negative impacts on programs. Confusing and continuous changes in program policy regard-

ing acceptance of referrals, intake requirements, length of housing, and even client "type" makes smooth coordination of services extremely difficult. Level of interest and cooperation varies widely on the part of program directors and some approach resolution of such issues through hostile demands that their clients be accepted regardless of a program's policies. Only one or two programs have had the continuous leadership necessary to develop sound policies based on experience. Even where it would be to the advantage of two or more programs to attempt to develop mutually reciprocal agreements on how cases are to be handled, there continues to be a good deal of mistrust.

Duplication of services and gaps in service delivery have both resulted from continuous policy changes on the one hand and inflexible policy implementation on the other. Attempts have been made to correct this situation both formally and informally through meetings, joint contracts, and discussion. However, each change in directorship has resulted in more new policies to be clarified and recurrence of tension among programs.

The largest administrative problem encountered by most of the projects is lack of monetary resources to develop the type of comprehensive program seen as desirable. Many project directors are trying to meet objectives with half the operating resources necessary. Project personnel tend to be underpaid and overworked; many have no school or field experience in clinical work; and, of course, there is little or no job security. As a result, staff turn-over tends to be high in most projects and might be higher if the job market were less limited.

In an attempt to gain more financial assistance, some projects have expanded their goals beyond service delivery to provide technical assistance to other projects and communities. Although some money has been obtained in this way, the expansion of goals before the project is stable may tend to further dilute its efforts and limited resources.

Service Issues

The major problem areas with regard to service-related issues continue to be 1) housing for clients, 2) services to men involved in family violence, 3) coordination of services among agencies; and 4) definition of service needs.

The problems listed above have arisen largely because programs have been funded without reference to any systematic plan or definition of service needs. Most programs attempt to provide intensive services to a very limited number of clients, mainly to the number of clients they can house. One Denver program received 471 referrals during a one year period and was able to serve only 70 persons.

Because each program does its own intakes, it is impossible to tell if those who are receiving a particular service are in fact those in most need of that service. This issue becomes almost critical in two areas: that of housing and that of legal services. Proper screening and evaluation of all clients through a system with consistent criteria would tend to maximize the use of the limited resources available. The most popular program model, that which houses clients on an "in-patient" basis is also the most expensive and is least able to meet the needs of clients who may not need housing.

Because each project has its own counseling staff, services to clients tend to be duplicated and in some cases confusion is caused by duplicated or conflicting treatment plans. This problem is again complicated by varying policies and philosophies. For example a woman who has been in therapy may be referred to a shelter for housing at a critical point. Most shelters require as a matter of policy that she receive primary therapeutic treatment through their program. Thus, the client may have to decide to terminate treatment with her first therapist, or work out some arrangement where she receives therapy from two sources. Such duplication may also create confusion over which therapist does have primary responsibility for the client. The nature and scope of services also varies greatly from project to project, creating a dilemma for the referring agency.

Some projects offer legal services and no housing; some provide emergency housing and referrals only; some provide long-term housing and no legal services; some provide emergency 24-hour services while others do not; etc. Thus the referring agency must sort through enormous amounts of information and attempt to assess which service may best fit the client's needs at the moment. Because each project ultimately determines who will or will not enter their program, some clients may receive little or no help from anyone because they do not quite fit anyone's criteria or because all programs are filled to capacity.

In addition to problems of duplication of services, some projects are now asking other projects to reimburse them for services to their

referred clients. If such a system of service contracts were developed among projects, the net result would be an administrative mess. The project referring for legal services would be charged by the project billed for the same client's housing, etc. No significant income to any project would result from such an arrangement and administrative costs would probably increase significantly.

Resolution of Issues

In order to resolve the issues discussed above, a concerted effort must be made to encourage all programs to develop a broader philosophy and spirit of cooperation. A client-centered approach that respects the values of the client, that allows for numerous treatment and service alternatives, and that enables client accessibility to services, must be fostered.

To this end several suggestions are offered:

1. Project directors should have some experience and background in administration and/or receive further training. It seems that an attitude of professionalism would serve to help all programs overcome their competitiveness and political hostility. Such attitudes are self-defeating and are not in the best interest of the clients to be served.
2. Professionalism should be fostered in project staff through provision of adequate salaries, in-service training programs, and job security.
3. Men should not be excluded from project staff based on the arguments that they are biased, or that the program is a shelter facility. Such discriminatory policies should be eliminated.

4. All programs should have some policy and procedure for dealing with a husband who is trying to contact his wife. Such a policy must continue to protect client confidentiality and privacy without withholding information from the client and without providing misinformation to the husband.

5. A tracking system might be helpful to determine the number of clients receiving multiple services from various agencies and to discover which clients cease to seek services because they were referred one or more times.

6. Policies and procedures within each agency should remain as consistent and stable as possible.

7. Funding sources should be encouraged to look at family violence problems comprehensively before deciding to fund a particular type of program. Service needs for men and children, as well as women, should be considered as well as over-all numbers of clients and cost effectiveness.

END