

The DOVE Project
(Domestic Violence Ends)
– Learning History

Organizations like ours try to learn from our experiences, both the successful and the not so successful ones. This is a way of assessing our effectiveness and sharing information. It is an important process for the growth of any organization. In doing so, we have recorded some of our learning process around the concept of a “learning history.”

We went back to the source of the DOVE Project initiative - the people who created it, those who developed the concepts and formed the process for driving it, and those who helped to implement and manage it. We tried to capture and convey the experience and insights of these people. The result of this new form of assessment, a Learning History, is put forth on the pages that follow. We believe that what we have learned will help you to develop and implement a successful DOVE Project for your community or organization.

We hope that this learning history will encourage you to spread your own wings. Domestic violence is an issue that all of us must take a stand against if we are to truly build healthy communities. No sector of any community is untouched by it.

Memorial Health System staff members are more than happy to answer any questions you may have regarding this process. Please feel free to call us at (219) 284-7115.

Phil Newbold
CEO, Memorial Hospital/Health System

Grounded: Looking at the Issue

Domestic violence is the leading cause of injury to women between the ages of 15-44 in the United States – more than car accidents, muggings, and rapes combined (Federal Bureau of Investigation, 1991). Twenty-two to 35 percent of women who visit emergency rooms are there for injuries or illnesses related to on-going abuse (Journal of American Medical Association). Although looking at statistics like these might provide some idea of the magnitude of the

problem, the complexities of domestic violence – its hidden nature in our culture, the impact it has on a family – are far from quantitative analysis. And an even more difficult question for communities to answer is, *What can we do to stop it?*

The DOVE Project is an important step in response to domestic violence. A joint program of the YWCA of St. Joseph County, Memorial Hospital of South Bend, and Madison Center and the Hospital's S-O-S program, it's also a step taken in partnership, though perhaps from different points of origin. Not yet a year old, the DOVE Project is a domestic violence intervention and education program that focuses on using its partnership to create a strong network for identifying survivors of domestic violence and assisting them in accessing resources to help break the cycle of violence.

All DOVE partners came to the planning table from their own experiences and concerns surrounding domestic violence and what they could do to prevent it. Dora Reynolds, Director of the YWCA of St. Joseph County, speaks eloquently about the on-going efforts against domestic violence that has been central to the Y's mission for years and years. Providing emergency shelter for women and children escaping abusive environments, the YWCA has built a broad array of services for families struggling to survive the dark and complex cycles of violence. These range from a Survivor's Support network, which provides advocacy for survivors of domestic violence who pursue legal action, to a Life Skills Education program that presents lectures and experiential workshops relevant to the lives of women today. At length Dora can passionately articulate both the cultural and political challenges inherent in stopping domestic violence, as well as the demanding practicalities of programming that considers diverse individual survivor needs.

At the same time, staff at Memorial Hospital know that good healthcare is not about simply attending to immediate injuries. It is about preventing injuries through education and support as well -- even if it means taking on social issues that cause emotional as well as physical injury. And Madison Center's S-O-S program, which stand for Sex Offense Services, realizes the linkages between sex offenses and domestic violence, and the importance of including services in programming that address every kind of relationship abuse.

These community institutions, and the people who comprise them, have carried the DOVE Project on their wings. The program's evolution is all about their own commitment, learning, and coming together to fly against the wind of a complex, pervasive and largely closeted, societal and public health issue.

Hatching the Idea: A DOVE is Born

Each of the three partner organizations of the DOVE Project came from its own nest. Prior to DOVE's beginnings, Memorial leaders had been deep in the process of identifying community issues where they could make a difference. The YWCA was putting hard thought into how communities could effectively respond to domestic violence on many different levels. For some time, Sex Offense Services of Madison Center had been responding to cases of sexual assault with a trained cadre of volunteer advocates who would meet with sexual assault victims to provide assistance with other resources, support, and legal advocacy if needed. Domestic violence was the issue that brought these groups together, utilizing each of their talents and community positions to create a network of domestic violence identification, support and referral.

Eventually, the hospital's Emergency Department, or Emergency Trauma Center, and Child Birth Units would become points for identifying domestic violence. S-O-S advocates would respond immediately upon identification, and the YWCA was available to provide resources appropriate to each case, even taking in victims directly from the hospital if a patient was unable to return home. Stories of how this network came together follow:

Sprouting Wings Perspectives on Beginnings

Jan Howard
Clinical Nurse Specialist, Trauma Memorial Hospital

"Memorial Health Foundation – the Board – spent the better part of a year exploring community issues... They were looking for ways to invest their energy as well as dollars to improve the community... We started off by talking about violence in general and knew that that was too broad a focus, and so the Board brought in various speakers and had them do a presentation, and from that the Board elected to take on domestic violence as a project of interest..From there we formed a planning group to take this directive and figure out how it would work. Basically, all the key players were pulled together to try and sort out -- *how will this happen?*

"[In this way] we went from a broad goal of doing something about domestic violence to looking specifically at how we could link victims of domestic violence to proper community resources. From the very onset it was very much a partnership between Memorial, Madison Center, and the Y. We knew that each of us had a part in it, but that none of us could do all of it by ourselves."

Dora Reynolds
Executive Director
YWCA of St. Joseph County

"Domestic violence is still pretty much a hidden phenomena...hospital emergency rooms have been saying all along, 'We suspect there's a lot of domestic violence coming to our door masked as other things.' Some hospitals like Memorial estimate that as many as fifteen percent of all visits by women to hospitals are the direct result of domestic violence. The American Medical Association estimates that it's as high as 35 percent. We're not talking about an insubstantial number.

“The YWCA has always been interested in reaching out to women in different ways... but we’re also interested in unearthing the reality of domestic violence, and that really is the genesis of the concept that has ultimately been termed DOVE. Six or seven years ago...some funding opportunities came along that gave us a chance to try to put together some sort of innovative response to all of those dilemma – the hidden nature of it, the emergency room experiences– and it seemed to me that the best way to do that was to build on existing resources in the community. The first thing I did was to call Laurel Eslinger at S-O-S...

We were simply not successful in attracting dollars to South Bend... Throughout it we remained really interested in seeing the concept implemented. We also included [Memorial representatives]... This has been an idea a long time in fruition.

We presented on domestic violence [to the Board of Directors of Memorial] -- and we had a program all ready to talk to them about. So I think we had a leg up because of our prior efforts. It took about a year, but the Foundation chose to focus in on domestic violence and in October we officially announced the program’s creation to the community.”

Laurel Eslinger
Executive Director, Sex Offense Services, Madison Center

“Dora had approached me and said ‘This is what I’d like to do’...I said ‘fine’...and it wasn’t funded. Then she approached me again...for *this* project, so we started to look at it one more time...and it just took off from there.

I think it meant a couple things for S-O-S. One was that we already had a 24-hr crisis service. We were already responding to victims of sexual violence, and so it made sense that we could just expand that. We didn’t have to reinvent the wheel. No other agency in town had to reinvent the wheel. We would just expand our service to include hospital intervention for domestic violence.

On the other hand, what it meant was that S-O-S, or Sex Offense Services, would no longer be Sex Offense Services because of that. And so, that was a big step – taking something that was pure rape crisis and changing that drastically, actually. And on a personal level, it was kind of a push-pull. Intellectually, I knew that it was right, that we should be doing it. It was good for us and very, very good for the community. And then on a personal level, I really hated to see us give up that sexual assault identity and be changed forever.

I think the model that this has developed into is that we are able to maintain our identity and to do our separate work, but yet do it in a very cooperative way. I think that all three major players have allowed that to happen and been very generous.”

In August of 1998, Memorial explored issues of domestic violence further through a community plunge. The Plunges, half-day sessions organized to take participants out into the community to focus on an issue, involve hospital staff, Board members, community leaders and others. The Plunge on Domestic Violence took participants to Madison Center, the YWCA, and the Prosecutor’s Office. At each stop of their trip, participants learned about a different aspect of domestic violence in our community, listening to survivors as well as abusers. Dora Reynolds of the YWCA and Memorial Health Foundation staff helped organize the event.

In the end, Memorial Health Foundation committed \$453,000 to fund the DOVE Project for three years. Foundation Board Members had long ago targeted violence in the community as a concern the Foundation wanted to address through some type of programming efforts. “But there are so many facets to violence,” said Rose Meissner, Memorial Health Foundation Board Member, “The real task was just trying to decide how to get a handle on one aspect...”. She points to a number of reasons investing in steps to reduce domestic violence made sense, such as the strong community resources already available to partner with the hospital. The Board also felt that addressing domestic violence would impact the lives of children directly involved in those situations sooner than programs that might address the problems of those children as a teenager or adult as a result, in part, of the exposure to violence they experienced when they were younger. “The opportunity to try and intervene at that family level was something that might make the biggest difference at the end of the day,” said Rose.

As the implementation process began, an advisory group comprised of representatives from each of the partner organizations met regularly to talk about each of their roles, and how, together, DOVE would work. The general goal of the DOVE Project is to uncover and provide intervention for the hidden incidence of domestic violence in our community. The three-organization partnership is designed to accomplish the following objectives:

- ☞ Increase the detection of domestic violence.
- ☞ Link increased numbers of abused persons to supportive services.
- ☞ Increase the numbers of abused persons who receive education and information regarding domestic violence and its impact on children, the family, and the community.

To intervene in cases of domestic violence, each organization would utilize it’s already well-established role. Memorial Hospital would serve as the central place of identification and connection, as a community hospital with everyday public contact. The other two organizations

...What does the DOVE protocol involve?

The protocol consists of three components: routine screening, focused assessment of suspected abuse, and involvement of advocates to link victims to long-term resources in our community.

What is meant by routine screening?

It is the goal that all females 18 years or older who present to the ETC(Emergency Trauma Center) or CBU(Child Birth Unit) be screened for domestic violence. In the treatment area, during the assessment process, the RN should ask a standard screening question for domestic violence such as:

violence is so common in women’s lives, I routinely ask man I see about domestic violence. In the past two years i been slapped, hit, kicked, shoved, or otherwise physically someone you love?

Screening goals involve making observations about injuries and patient/partner interaction. Any suspicions about abuse are verbally communicated to the MD.

October 1998.

would then step in when appropriate to provide support and follow-up services for victims of domestic violence.

Taking Flight

A protocol was developed for the nursing staff in these two departments. Staff would ask women as a part of normal procedures whether, within a certain time period, they had experienced domestic abuse. When an abuse case was apparent or suspected, staff would call in a team of two S-O-S volunteers to serve as advocates for the patient and to provide emotional support and information. At a minimum, the victim would leave the hospital with information about existing services that she or he might access at a later date. An optimal intervention would result in the patient's accessing supportive services immediately through the YWCA. With the YWCA's emergency assistance, the patient could even check in to emergency housing as soon as discharged from the hospital,

becoming directly involved with a network of support to help break the violence cycle.

The S-O-S program would maintain a group of at least 50 volunteers and assure 24-hour coverage for immediate response to Memorial staff's requests for assistance. This aspect of the project would require on-going recruitment, training, placement, and supervision of volunteers. Already though, S-O-S was supervising volunteers who worked in concert with the Emergency Trauma Center staff to provide support to victims in cases of rape.

"We targeted the Emergency Department and the Child Birth Unit because we recognized that those were two points of entry for victims," said Jan Howard, "The Emergency Department victims come in seeking healthcare, not necessarily for domestic violence, but for many reasons...and also the Child Birth Unit because domestic violence often escalates during

The YWCA provides a range of services as a part of the DOVE Project. These range, based on the client's level of need and willingness and ability to pursue alternatives to violence, but may include any or all of the following:

- ☐ Emergency housing, food, and clothing for women and children;
- ☐ Comprehensive assessment and development of an appropriate service plan that contains goals and objectives leading toward self-sufficiency or family reunification;
- ☐ Self-help support groups;
- ☐ Personal counseling;
- ☐ Job search assistance;
- ☐ Transitional housing or assistance in securing permanent housing;
- ☐ Assistance with legal issues;
- ☐ Childcare, and;
- ☐ Referral to other area services appropriate to the client's needs, including long-term mental health services for adults and children through Madison Center or the Behavioral Health Department of Memorial Hospital.

pregnancy. We recognized two vulnerable populations.” Indeed, using the American Medical Association’s estimate that 15 to 35 percent of all emergency room visits by women are the result of domestic violence, at Memorial Hospital alone, this may mean at least 1,500 women each year present injuries inflicted by their partner.

The DOVE Project also includes the training of professionals in issues of domestic violence. Already, 300 physicians have received information about DOVE as well as resources and information they can use in their practice,

including a list of signs for physicians to look for in diagnosing domestic violence. Dora, YWCA Executive Director, confirms that the YWCA has begun to receive physician referrals based on this distribution. Jan Howard said, “I know physicians were very eager for the information.”

By next year project staff will have developed a number of training options for “helping” professionals. “We wanted to build an education program for several target populations,” said Dora. These will include formal seminars and workshops aimed at particular populations, such as doctors and their staff, therapists, social workers, clergy, and personnel directors. But also, education will be offered in public locations for the general public and additional key populations such as hair stylists, maids, home health care professionals, and others who are likely to interact with people who have experienced domestic violence, but are often left out in programming. These trainings will be accomplished primarily by YWCA staff.

Public education is the last component of the DOVE Project. Focusing largely on school-based programming, S-O-S and the YWCA will work together to combine their areas of expertise in creating curriculum that educates about family violence and dating relationships. In the first year, grades 7-12 will be the focus, and the second year will look at age-appropriate presentations for fifth and sixth grade school children, emphasizing healthy relational boundaries. Already, both organizations have brought programming to schools over the years, building a foundation the DOVE Project can benefit from. Additional public education will take the form of speaking engagements at civic, church, and professional organizations.

These pieces -- intervention, the training of “helping professionals,” and public education – make

Goals in the training of helping professionals about issues of domestic violence include:

- ☐ To increase understanding of the cycle of violence and its impact on all members of the family;
- ☐ To increase the ability to detect symptoms of domestic abuse;
- ☐ To train individuals in appropriate, non-judgmental response techniques, and;
- ☐ To increase their knowledge regarding services that can help families that experience domestic violence.

up DOVE's wingspan. In these early days of the program, intervention has been the primary focus, but the latter two components will follow close behind.

Flocking Together

Staff from all three of these partner organizations acknowledge that programs elsewhere in the country similar to the DOVE Project exist. What may be distinct, however, is DOVE's unique collaboration model. From its beginnings, the success of the DOVE Project's intervention goals depended on each partner organization completing its part of the process. Staff at Memorial must identify victims, S-O-S must respond, and the YWCA must have a repertoire of supportive services ready based on the needs of the client. Clearly, the success of the whole depends on each of its parts.

"These are three independent autonomous organizations trying to find a way to collaborate -- and it's gone pretty well, I think," said Dora, "There are issues and problems. We all want to tell each other what to do and how we would do it in their shoes, and that kind of thing, but that's to be expected."

Different institutional cultures and styles have had to work together to some extent, too. "The hospital is slow, but so are we," said Dora. Memorial's size is also a drastic difference from that of its two partners. In the process of DOVE's development, it was passed from the Foundation Board to administrators to staff and the advisory planning group ultimately, while both the YWCA and

S-O-S had barely a circle of organizers to consult with. But these differences have been a large part of the program's success and promise as well. The Hospital's size, reach, and health care purpose make it an ideal candidate for screening incidents of domestic violence. Yet the hospital has to rely on other community resources and agencies to truly delve into many of the social issues connected to domestic violence. Each partner is assuming the important role it is uniquely prepared to handle.

"To me, it's such a positive step," said Jan Howard, Clinical Nurse Specialist, who works with the staff of the hospital's Emergency Trauma Center, "It's a problem we've recognized in the past -- and there was never anything stopping us from doing anything about it -- we just didn't have an organized approach. Madison Center's resources and the Y's commitment to making emergency housing available are such a big steps...It's really been a good working relationship...they are wonderful community resources and their commitment is genuine. It's been there, and it's going to continue to be there."

"Collaboration is finding common ground and common language...and on that, building common

expectations,” said Dora. This collaboration is certainly on its way to doing that. All partners recognize the work still to be done, while at the same time acknowledging their triumphs, both in their action and process. An invisible partner is also cited by DOVE’s developers: time. Those involved in the project from each organization have all given credit to what the likelihood of another year will bring, particularly in terms of increasing the number of women asked about domestic violence in the first place.

ChallengesCurrently, an important issue in the DOVE Project is the frequency with which women are asked about domestic violence in the hospital. Dena Mikkonen, Director of the Emergency Department at Memorial reports that from January to May of 1999, the screening question for domestic violence had been asked 31-53% of the time. “I think that whenever you start something that’s new, it takes a while to get the buy in,” she says, noting that rates have improved dramatically since the program’s beginnings. The department has added several improvements to the system that work to increase compliance among nurses. A peer review system motivates staff to ask the question, and new patient charts will automatically prompt the assessment nurse to ask patients about domestic violence.

“There are some [staff] that have openly embraced this and some that have not,” said Jan Howard, “We have monitored our compliance and it fluctuates quite a bit. Some...have made it a routine part of their practice and don’t have any, at least no apparent, qualms about asking victims. We know that every nurse has asked the screening question at least once. We really felt strongly that we didn’t want to force it because they may be our own issues. I mean, there may be lots of reasons why staff are uncomfortable asking.”

Jan and others can name many, the largest of which seems to be the culture of the hospital, in particular the emergency room. “Emergency departments are like fire departments,” said Mark Chambers, Memorial Health Foundation Vice President, “They are attractive to staff who have this active crisis orientation -- and, thank God, because nine times out of ten that’s the nature of the case they’re facing. It’s high stress, needing quick and intelligent decision making, quick prioritization – none of which lends itself to softer relationship building...”. Mark points to the juggling act required of staff who have to treat physical injuries *and* respond to the trauma of someone dealing with the challenges of domestic violence. “When you set somebody’s bone or suture somebody’s stitches -- not that there isn’t follow-up required -- but you fix it, you’ve done it...Making the connections and seeing that they are attended to in regard to some of the more psycho-social issues is a difficult thing to do...I think we’re doing a pretty good job with that, but it again is something that’s just not characteristic of the quick-fix Emergency Department approach system.”

Dora Reynolds concurs, confessing that from an outsider's perspective, the Emergency Department is a very different working culture than the rest of the world. She sees the struggles inherent in changing such a place. "How do you change people's hearts and minds, as well as their behaviors in a workplace that is as trauma oriented as an emergency room is?" she asks, "Time is crucial there. A lot of things get hidden behind the time problem."

All partners recognize that a large part of the switch is simply allowing enough time for the routine to become a habit. Behavioral change in the midst of crisis is always challenging, at best. And the screening question is not, like questions regarding allergies, something that every patient is asked without fail. Because it is asked only to women eighteen years or older, out of all the screening questions nurses must review, it is not as consistently a part of the routine. An additional challenge was that at the time staff began the DOVE protocol, staff were already learning other new procedures.

Jan Howard makes note that certain times simply aren't appropriate to ask whether a patient has been a victim of domestic violence. "The Emergency Department is a pretty public place," she said, and often family members or partners are present with the patient. In the Child Birth Unit having partners present with a patient is even more common. Timing has certainly become a critical thing to look at, Jan reiterates. "If somebody comes in in labor, that is *not* the right time," she said, though during the postpartum period it might be perfectly appropriate.

Still, a greater hurdle to overcome may just be helping staff recognize the need to ask patients about domestic violence and feel comfortable with the process. "I think the ongoing challenge is to keep staff aware of how domestic violence manifests itself," said Jan Howard. At the onset of the DOVE Project, speakers and some trainings were available to interested staff, with between 70-80 employees participating. Since then additional sessions have been offered as well. Every Emergency Trauma Center staff person either participated in the trainings, or completed a self-learning package on the DOVE Project. Recently, the YWCA has sent representatives to regular in-services of the hospital to remind medical staff about the project and its goals. "One of the nurses came up with the idea of getting a button we can all wear," Dena says. The button will have the DOVE symbol on it, and encourage people who see it to ask about the program. "I think the knowledge that we're providing a screening service that no one else can provide is very powerful," she adds, "Staff are making an effort and a difference in the community."

All program partners are optimistic that staff compliance will continue to increase over time as does program definition and heightened awareness. “We’re seeing some progress. By this time next year I’m quite sure we’ll have an 85% application rate,” said Dora. Mark Chambers anticipates sharp increases as well. “We’re not doing it a hundred percent of the time – yet -- although it’s our intent to do that.”

Laurel Eslinger, from her perspective at S-O-S, makes note of barriers specific to their part of the partnership. “Through the hospital in the beginning, I think there were some staff there who felt that advocates couldn’t do this work because they weren’t considered professionals.” She adds that many people were willing to push on in spite of their hesitation, and that the majority of staff were supportive. Advocates receive 36 hours of training for the work they do in issues of sexual assault and domestic violence. Eleven sessions cover topics like Child Molestation, Rape, Listening Skills, Prosecution, and more. They are required to attend monthly in-services and cover at least one six-hour shift per week. With S-O-S’s involvement in the DOVE Project, all advocates are now trained in issues of domestic violence as well, an element that had its challenges, Laurel admits. As the partnership formed, long-time advocates began to be retrained to include skills and information relevant to domestic violence, a new time commitment and responsibility. “And we certainly saw a few -- very, very few people -- within S-O-S,” said Laurel, “who were concerned about us doing that kind of work, but the vast majority were actually excited about it, very supportive, and thought that’s where we should be going.” Laurel also mentions an additional concern relevant to her organization. “I’m looking at it from a rape crisis perspective, which is obviously very different from Memorial or the Y. There are a lot of funding issues that come into play in a rape crisis center with sexual assault money. And today there appears to be more domestic violence money available. I think a lot of programs have survived today because they’ve added domestic violence to their services so that they can get that funding base as well. We were not in a financial position where we needed to do that. So, it really feels good that we did this just because we chose to, not because we had to.”

An organizational change the YWCA has experienced within their walls has been to re-examine certain procedures and how they can best help women. In the past, the YWCA had not allowed victims under the influence of alcohol to access their services, meaning a woman with a real need might not be accommodated -- from the emergency room or anywhere else -- if she’d had anything to drink. The YWCA will always make decisions based on the safety of all residents and clients, but Dora Reynolds agrees that this concern can be protected while truly being available to victims coming from a variety of circumstances. “We were automatically eliminating any woman who’d consumed any alcohol,” said Dora, “As a result of our

involvement in DOVE we've altered that." Current policy only excludes women who are unruly or severely incapacitated as a consequence of alcohol. "We're less rigid," said Dora.

The Wingspan of a DOVE

"From the very beginning it was agreed that this whole process would be extended to other hospitals in the area," said Dora, who expects to begin contacting other health care facilities at the end of the summer. The DOVE Project has a funding guarantee of three years from Memorial Health Foundation, and additional support will be critical for the future. Most important is that all health care facilities have the potential to screen for domestic violence and connect victims with needed services.

"...Our advocates were very adamant about saying, 'You can't just go to one hospital – there are other women who are being seen for domestic violence at other area emergency rooms,'" said Laurel Eslinger, adding that advocates frequently ask when referrals might start from other hospital locales.

It's likely that expansion, and increasing Memorial's staff involvement, will be paramount at upcoming meetings. From January of this year through April, Memorial referred almost forty victims of domestic violence to S-O-S, despite low rates of screening. Projections of what referral numbers might look like after an increase in

Memorial's screening frequency and the addition of other health care partners point to a significant rise in the numbers of women reached. "We believe in the long run that this is preventative," said Dora Reynolds, "but what it's going to result in immediately is a higher reporting incidence." An important clarification is that the DOVE Project's "reporting" has nothing to do with the legal system. The program does not require police involvement. "We will encourage it when we can," said Dora, "and when it looks like it should happen, but it isn't mandatory. The woman's safety is the central value here." An important element of the

What About Men?

Currently, the DOVE Project screening protocol is applied only to women at the hospital, although planners are quick to point out that either gender can be victimized. As the program developed, the partner organizations agreed to focus on women for the time being, although men can be referred also.

"We knew there were more resources available to women," said Jan Howard, even though many staff felt strongly that all emergency room patients should be screened. Nonetheless, the availability of services makes the system stronger for women. Dora Reynolds adds however, that for the YWCA, "part of our agreement under this [project] is to provide more extensive outreach services to domestic violence survivors and to serve men."

program concept is the delicate balance of having law enforcement close at hand without being so visible as to be a barrier to “reporting.”

As with many change-oriented activities, the DOVE Project’s effectiveness may need to be measured indirectly. Program partners expect:

- ▣ An increase in domestic abuse cases detected in the Emergency Room and Child Birth Unit of Memorial Hospital;
- ▣ An increase in the number of women who seek assistance for domestic violence through the YWCA, Madison Center and Memorial’s Behavioral Health Unit;
- ▣ A probable increase in the number of domestic violence prosecutions in the county, although prosecution of abusers will not be a primary or secondary goal of the project, and;
- ▣ An increase in domestic violence referrals from trained “helping” professionals to the YWCA and Madison Center.

For most of the outcomes outlined in the project proposal, more time is necessary to really draw definitive conclusions about the impact of the program. What’s certain is that the cases Memorial has identified in this year alone are cases that before were undetected – women who now have had an opportunity to begin taking steps to change and improve the safety and quality of their lives. A longer program run will determine how much the community resources brought to bear through the DOVE Project have helped them to do this. Education seminars and school programs will be developing throughout the coming year to work on raising community awareness of domestic violence in a broader cross-section of the community.

And so, DOVE continues to fly steadily into the face of an issue too frequently hidden. The simple fact that three strong community institutions have come together to address domestic violence in their communities is no small thing. Although some hospitals nation-wide have implemented similar projects, very few in Indiana have taken up the issue, despite projections that indicate thousands of victims may pass through their doors and leave again, no closer to breaking the cycle of violence than they were before.

“Having someplace where this issue is being addressed, and it’s safe and non-threatening – I think is real important,” said Mark Chambers, Memorial Health Foundation Vice President. He admits his own belief that domestic violence is more prevalent than most of us would imagine, and that the more opportunities a community takes advantage of to try and intervene, the closer all of us will be to eliminating the problem. This is truly the inspiration beneath our wings.

DOVE - Learning History Update (November 2001)

The DOVE project, now in its third year, has harvested significant learning. According to Reg Wagle, Memorial Health Foundation Vice President, "Some of the most important learning has come through the realities of coordinating the important work of three different organizations."

The YWCA, one of the DOVE partners, has undergone several leadership and staff changes throughout the last two years. The struggle they had with the transition to a new Executive Director and DOVE staff member was damaging to the continuity of the DOVE project. However, the YWCA's Board President, Nancy King, helped keep the organization focused on the DOVE mission and bolstered the confidence of other DOVE partners. Now that a new Executive Director and DOVE staff person are in place the program has been re-energized and seems to be moving forward.

The YWCA reported that they conducted eighty-three community in-services since June 2001 when the new DOVE Coordinator was hired. The community awareness program was presented to various organizations throughout South Bend and Mishawaka. Some of these organizations include the following: El Campito, YMCA, Planned Parenthood, Hannah's House staff, Hope Rescue Mission, Indiana Health Centers, Legal Services, JJC Probation, Social Security Administration, Minority Health Coalition, El Buen Vecino, Ducomb Center, United Methodist Soup Kitchen, Goodwill, Jewish Federation, Junior League, Mishawaka Fire Department, Pokagon Band of the Potawatomi Indians, and many more.

The YWCA's revised service provision goals include the following:

- *Will assure immediate access to all clients referred to shelter through the activities of this project. Males who are referred cannot be provided housing, but the YWCA will assist in identifying safe housing if appropriate and necessary.*
- *Will provide its standard self-sufficiency services, on a residential or non-residential basis, to individuals referred through this project.*
- *Will develop, market, and conduct seminars on domestic violence to professionals and others who have direct interaction with victims of domestic violence.*
- *Will participate in in-school education programs, in conjunction with S.O.S.*
- *Will provide administrative leadership in the coordination and monitoring of all project activities, including service provision, marketing, media relations, etc.*

The other DOVE partner, Madison Center and Hospital, has been busy educating over 3,000 students. They expanded their program in St. Joseph County to include middle schools. They have maintained and revised their service provisions to include the following:

- *Will recruit, train, schedule and supervise volunteers in sufficient numbers to assure round-the-clock on-call response to Memorial Hospital units for potential victims of domestic abuse.*
- *Will train volunteers in the cycle of violence and specifically instruct them in referral information and methods to assure proper direction of victims to supportive services, especially including those at the YWCA.*
- *Will include age-appropriate instruction in domestic violence in its in-school educational programs.*

During the same time the YWCA struggled to find leadership and staff, Memorial was undergoing a major expansion of their Emergency Room to double its size in order to accommodate a Level II Trauma Center. This period of upheaval did not make it easy for staff to focus on implementing the new DOVE protocols. Perhaps the most positive step forward for Memorial was the addition of Deb Gartee, Memorial Director of Women's Health. She took over the management of the DOVE project; a role that had not been consistently performed up to that point. Deb started early in 2001 and has already made a decided impact on the chemistry, communication and reporting between the three partners. The renewed DOVE goals include the following:

- *Increase the detection of domestic violence.*
- *Link increase numbers of abused person to supportive services.*
- *Increase the number of abused persons who receive education and information regarding domestic violence and its impact on children, the family, and the community.*

Memorial's service provision goals were also updated when Deb came on board. The new service provision goals for Memorial include the following:

- *Will operate under a protocol that assures the highest possibility of determining those individuals who are victims of domestic violence.*
- *Will contact the S.O.S. program and the Social Service department in a timely*

manner upon determining that a patient is very probably a victim of domestic violence.

- Will provide adequate accommodations to permit S.O.S. volunteer and the social worker to complete their interviews with patients in a confidential manner.

According to national statistics, 50% of all women will be abused in their lifetime. Memorial's services cover a six-county area. In that area there are 317,641 women (ages 17 and older), which means that potentially 158,820 women will find themselves as the victims of abuse.

Memorial reported that in the last two and one-half years, approximately 30,000 patients were received and of those, approximately 11,000 were screened for domestic abuse. Of the 11,000 that were screened, 836 (7%) were considered positive screenings; 241 (29%) S.O.S advocates referrals were made; 29 (5%) were admitted to a shelter; and 195 (20%) were referred to the YWCA for additional services.

Memorial is currently making plans to implement the DOVE protocols throughout the entire hospital and not just the Emergency Room. The hospital staff will be presenting this concept to the Memorial Health Foundation (MHF) Board of Directors as part of a request for a fourth year of funding. The original MHF funding commitment was for 3 years. At the same time, discussions with the YWCA and Madison Center on how to transition to a jointly funded model at the end of 2002 are being pursued as well as preparing in the replication of DOVE by other institutions.

DOVE - Learning History Update (November 2001)

The DOVE project, now in its third year, has harvested significant learning. According to Reg Wagle, Memorial Health Foundation Vice President, "Some of the most important learning has come through the realities of coordinating the important work of three different organizations."

The YWCA, one of the DOVE partners, has undergone several leadership and staff changes throughout the last two years. The struggle they had with the transition to a new Executive Director and DOVE staff member was damaging to the continuity of the DOVE project. However, the YWCA's Board President, Nancy King, helped keep the organization focused on the DOVE mission and bolstered the confidence of other DOVE partners. Now that a new Executive Director and DOVE staff person are in place the program has been re-energized and seems to be moving forward.

The YWCA reported that they conducted eighty-three community in-services since June 2001 when the new DOVE Coordinator was hired. The community awareness program was presented to various organizations throughout South Bend and Mishawaka. Some of these organizations include the following: El Campito, YMCA, Planned Parenthood, Hannah's House staff, Hope Rescue Mission, Indiana Health Centers, Legal Services, JJC Probation, Social Security Administration, Minority Health Coalition, El Buen Vecino, Ducomb Center, United Methodist Soup Kitchen, Goodwill, Jewish Federation, Junior League, Mishawaka Fire Department, Pokagon Band of the Potawatomi Indians, and many more.

The YWCA's revised service provision goals include the following:

- *Will assure immediate access to all clients referred to shelter through the activities of this project. Males who are referred cannot be provided housing, but the YWCA will assist in identifying safe housing if appropriate and necessary.*
- *Will provide its standard self-sufficiency services, on a residential or non-residential basis, to individuals referred through this project.*
- *Will develop, market, and conduct seminars on domestic violence to professionals and others who have direct interaction with victims of domestic violence.*
- *Will participate in in-school education programs, in conjunction with S.O.S.*
- *Will provide administrative leadership in the coordination and monitoring of all project activities, including service provision, marketing, media relations, etc.*

The other DOVE partner, Madison Center and Hospital, has been busy educating over 3,000 students. They expanded their program in St. Joseph County to include middle schools. They have maintained and revised their service provisions to include the following:

- *Will recruit, train, schedule and supervise volunteers in sufficient numbers to assure round-the-clock on-call response to Memorial Hospital units for potential victims of domestic abuse.*
- *Will train volunteers in the cycle of violence and specifically instruct them in referral information and methods to assure proper direction of victims to supportive services, especially including those at the YWCA.*
- *Will include age-appropriate instruction in domestic violence in its in-school educational programs.*

During the same time the YWCA struggled to find leadership and staff, Memorial was undergoing a major expansion of their Emergency Room to double its size in order to accommodate a Level II Trauma Center. This period of upheaval did not make it easy for staff to focus on implementing the new DOVE protocols. Perhaps the most positive step forward for Memorial was the addition of Deb Gartee, Memorial Director of Women's Health. She took over the management of the DOVE project; a role that had not been consistently performed up to that point. Deb started early in 2001 and has already made a decided impact on the chemistry, communication and reporting between the three partners. The renewed DOVE goals include the following:

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