FROM ORGANIZATIONAL CULTURE TO SURVIVOR OUTCOMES:
A Process And Outcome Evaluation Of The District Alliance For Safe Housing

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BACKGROUND

The District Alliance for Safe Housing (DASH) is a large, community-based organization located in Washington, D.C. It aims to provide services that promote self-determination, autonomy and safety for all survivors of intimate partner violence (IPV), sexual assault, sex trafficking, same-sex IPV, and homelessness. DASH engages in systems advocacy to increase survivors' safe housing options throughout the housing continuum and implements the following direct service programs:

- The *Community Housing Resource Center* is a nonresidential program where advocates help survivors locate and secure affordable, safe housing.

- The *Survivor Resilience Fund* is a flexible funding program that provides survivors grants to sustain permanent housing.

- The *Empowerment Project* provides a two-year housing subsidy and home-based support resulting in permanent housing.

- The *Cornerstone Program* offers safe and supportive crisis housing. Survivors and their families live in studio and/or one-bedroom apartments for up to two years. Every survivor can access direct advocacy, support groups, mental health and substance abuse counseling, supportive services for children, and parenting classes.

As a result of receiving services from any of these programs, survivors are expected to leave DASH feeling safer and more empowered.

DASH is similar to many other domestic violence (DV) shelter programs that purport empowerment as key to their organizational mission. Shelters share a philosophical belief that perpetrators use emotional, physical and financial tactics to create abusive relationship dynamics that disempower survivors. As a result, shelters were developed to help restore survivors' personal power (empowerment), and leverage community resources to enhance safety (Sullivan, 2012). There is some evidence to suggest that empowerment-based shelter models are effective in reducing depression, victimization, and increasing well-being (Campbell, Sullivan, & Davidson, 1995;

McFarlane et al, 2014; Sullivan & Bybee, 1999).

While DASH shares empowerment as a goal with other shelters, it is also distinct. DASH was created in response to the limitations of the current shelter model. Some practitioners and researchers have argued that the professionalization of services contributed to shelter mandates and practices that counter an empowerment philosophy (Nichols, 2011; Wies, 2008). These mandates include restrictive rules that constrain survivors' movement both within and outside of shelter. These include policies that create barriers to those who are most vulnerable from being able to qualify for services, implicit cultural norms that suggest there are 'good' versus 'bad' survivors, or the emphasis on individual case management as opposed to systems advocacy (Kolb, 2011; Van Natta, 2005). As such, there are shelters that purport an empowering philosophy but whose practices are not in alignment with empowering practice, nor promote survivor empowerment (D'Enbeau & Kunkel, 2013).

In order to counter the present-day limitations of DV shelters, DASH created an organizational setting based on three core beliefs: (a) all survivors have the right to access safe housing, (b) safe housing should not have mandates, and (c) that intimate partner violence is a traumatic event that negatively impacts psychological and emotional health.

DASH uses low-barrier, voluntary, trauma-informed approaches to service delivery in order to enact their core beliefs. Survivors with complex mental health needs, those struggling with addiction, or who have histories of incarceration often have intersecting issues that exacerbate negative physical and psychological outcomes, yet some shelters create policies that serve as barriers for survivors at these intersections (Simmons, Farrar, Frazer, & Thompson, 2011). Other aspects of social identities such as being male-identified or male-bodied, having a same-sex perpetrator, or even having multiple children can serve as barriers to accessing domestic violence shelter services.

DASH implements a low barrier approach to increase access for all survivors. DASH

uses a voluntary services model to align with their core belief that safe housing is a human right, and thus should be free of mandates. This means that survivors are not required to participate in any program or service in order to qualify for and sustain housing at DASH. This aligns closely with the last core belief that services be trauma-informed. This means that all services offered at DASH are provided with an understanding that violence has a traumatic effect on survivors and their children which influences survivors' coping, and how they engage with service providers. Survivors can stay at the organization for up to 2 years and make their own decisions about how they would like to move forward with their lives with supportive advocates. DASH advocates are expected to offer trauma-informed support by considering the unique situation of each survivor, and use critical thinking and an individualized approach to offer meaningful services.

DASH also distinguishes itself from other shelters with their unique organizational philosophy, the DASH Model. The DASH Model consists of seven principles, and guides all organizational behavior. It requires that employees behave with survivors in ways that are responsive (*accountability*), consistent (*integrity*), empathetic (*compassion*), mutually cooperative and respectful (*partnerships*), while also providing tools to promote personal power (*empowerment*) and supporting survivors' right to be self-governing (*sovereignty*). If employees veer too far into any one direction, they are called to reflect and determine how to find balance (*re-centering*). As a result of these practices, survivors are expected to be more self-efficacious, knowledgeable about IPV, develop safety strategies, draw upon individual and social resources to support their safety, and have more practical resources to help accomplish their goals (Cattaneo & Goodman, 2015; Sullivan, 2012). Rather than an overreliance on rigid policies, DASH employees are encouraged to use the DASH Model to make decisions that are grounded in DASH's core principles.

DASH created a unique organizational context to ensure that the core beliefs are well-integrated and the DASH Model is consistently applied. DASH implements an

upside-down management model that centers on the empowerment of advocates (known in other programs as case workers), those who work most directly with the survivors. The technical assistance team consists of a clinical director and substance abuse counselor. They provide ongoing, comprehensive skill building on areas such as communication, conflict- and behavior change-management skills. The team also provides emotional support and a safe space for advocates to reflect on practice as it relates to the implementation of the DASH Model and make improvements.

EVALUATION DESIGN
In 2013, evaluators from Michigan State University's Research Consortium on Gender Based Violence collaborated with DASH to implement a process and outcome evaluation of the Cornerstone Housing Program. The evaluation aims were two-fold: (a) to understand how the core beliefs and DASH model were being translated to and adopted by employees and (b) test whether residents felt more empowered as a result of receiving Cornerstone services.

The team chose a two-phase exploratory-sequential mixed-methods design. In the first qualitative phase, evaluators reviewed 152 pages of DASH policies and procedures (10 documents) to determine whether they aligned with the organization's core beliefs and the DASH model. Following this, evaluators interviewed twelve DASH employees (six direct service providers and six supervisors) about the organizational culture and structure. Organizational culture is made up of the norms, values and basic assumptions shared by all organizational members; structure is the policies, procedures, communication channels, and organizational hierarchy. Employees also described how they practiced each of the DASH model principles with survivors. These practices became a multidimensional scale called 'DASH model practices.' The evaluation team then conducted interviews with survivors who were residents from the Cornerstone Housing program to determine whether the practices associated with the model lead to their empowerment. At every stage of the project, DASH employees and/or survivors were involved in the instrument construction, analysis and interpretation. Their iterative feedback was incorporated at all phases of the evaluation. The results from all data collection processes are reported below.

EVALUATION RESULTS
1. Document Review
DASH policies and procedures aligned with the organizational mission to provide inclusive, empowering, trauma-informed, voluntary services that were accessible to all survivors. Employees were expected to consider, create, and implement services that centered on survivors' needs and respected their autonomy. The DASH model was heavily integrated into the policies, as the documents provided explicit details about how to enact

each principle during service provision. These policies also encouraged employees to think about the DASH model in all aspects of their organizational lives (Nnawulezi, Sullivan & Hacskaylo, 2015a).

While all of the DASH Model principles were important, DASH's principle of partnerships stood out clearly as integral to organizational practice within the policies. Employees were expected to be in alliances with outside organizations, other employees, and survivors. Each of these relationships were expected to enhance survivors' access to needed resources and improve quality of services. A concern about survivor safety also informed all organizational decision making (Nnawulezi, Sullivan & Hacskaylo, 2015a).

The emphasis on the upside-down management model was also reflected in the organizational policies and procedures. DASH leadership, specifically the TA team, was expected to support and equip advocates to provide the highest quality services to survivors through awareness raising and skill-building activities. Advocates were expected to pursue training opportunities to enhance their skills (Nnawulezi, Sullivan & Hacskaylo, 2015a).

2. Employee Interviews
Findings from the interviews revealed that DASH organizational culture supported empowering service provision in five distinct ways. First, employees reported that DASH has an autonomous work culture that provided them flexibility in how they interpreted and implemented the DASH Model. Second, employees were connected to each other in a way that allowed for them to easily form collaborations as well as share resources, strategies and knowledge about service provision. Many employees reported that this collaborative, highly relational culture created a comfortable and easy environment in which to work. Third, every employee acknowledged that a deep commitment to the principles of the DASH Model permeated the culture. This was reflected in the analysis which revealed that each employee could describe at least four principles of the model, and their corresponding definitions aligned with the policies and procedures. Fourth, employees described that survivors were the most valuable asset of the organization. Survivors are solicited for feedback on specific decisions, and policies are shifted based on survivors' perceptions on the quality of services provided. Fifth, employees described DASH as being distinct from other domestic violence and service provision organizations in the area because of its unique organizational philosophy and service delivery approaches. In sum, DASH culture supported employees' ability to provide services that were in alignment with the DASH philosophy (Nnawulezi, Sullivan & Hacskaylo, 2015a).
Employees also described two components of the DASH structure that supported empowering service provision. Employees

stated that DASH's policies and procedures were flexible and gave employees the opportunity to provide individualized, contextualized services that supported survivors' autonomy. Employees also believed that the TA team provided practical advice and emotional support, but did not necessarily support the capacity building efforts of advocates (Nnawulezi, Sullivan & Hacskaylo, 2015a).

3. Survivor Interviews
Thirty-three women out of a possible 41 participated in resident interviews (80% participation rate). The survivor participants were between the ages of 19 and 63, with an average age of 33. All of the participants were women of color; the majority of them were Black. On average, participants had been living at Cornerstone for approximately one year. At the time of the interview, the shortest stay was three weeks and the longest was almost two years. Many participants were mothers with children under the age of 18. About one-third of the sample was in school, a third worked part-time, and a third was unemployed. Forty-three percent stated that they have trouble paying their bills or couldn't pay their bills. About 50% of the sample reported mental health concerns and 15% of the sample reported physical health concerns.

3a. Survivor Satisfaction
We asked participants on a scale from 1 to 4 how satisfied they were with services. On average, participants reported being mostly satisfied ($M = 3.2$, $SD = 0.72$). A majority of residents (80% or above) reported receiving the services they wanted, were satisfied with the amount of help they received, and believed that staff provided them 'good' to 'excellent' services. Ninety-one percent of residents would recommend a friend to the program, and 87% would come back to the program again if they needed help.

3b. General Program Outcomes
Residents stated how DASH services and support were generally directed towards addressing the following: feelings of hopefulness, goal achievement, obtaining community resources, information gathering, impact of domestic violence, and feelings of loneliness. Participants reported that at least half of the time DASH services made them feel more hopeful (97%), helped them to believe that they are able to achieve their personal goals (94%), increased their knowledge about community resources (100%), obtain helpful information (94%), learn about the impact of IPV on their lives (94%), and helped them feel less alone (76%).

3c. Trauma-informed Children's Services
Interviewers asked residents with children under the age of 18 ($n = 25$) about the extent to which staff engaged in practices and provided opportunities for residents to learn how trauma and abuse impact their children. They could

respond on a scale from 0 'not at all true' to 4 'very true'. Residents, on average, stated that it was about 'halfway' true (M = 2.5, SD = 1.41).

3d. Voluntary Services
In alignment with the voluntary services model, almost 94% of residents believed that they could participate in the programs they wanted to during their stay. A majority of the residents reported that they participated in programming 'sometimes'. However, sixty-one percent of women reported that they felt that they had to meet with staff whether they wanted to or not.

3e. DASH Model Practices
Interviewers asked survivors to describe the extent to which staff engaged in practices associated with each principle of the DASH Model. They were able to answer 0 'not at all true' to 4 'very true.' A majority of residents stated that they were provided services that were in alignment with the DASH Model. The practices that were endorsed the highest among survivors were sovereignty (M = 2.5, SD = 0.71), followed by compassion (M = 2.5, SD = 0.77). In other words, on average, residents believed that advocates were providing compassionate practices that supported survivors' personal decision-making relative to other practices associated with the DASH Model. Accountability practices (M = 2.3, SD = 0.88), partnership practices (M = 2.2, SD = 0.98), and integrity practices (M = 2.2, SD = 1.04) followed. The least commonly endorsed practices relative to the other principles was empowerment (M = 2.0, SD = 0.93) and re-centering (M = 2.0, SD = 0.87).

3f. Empowerment
Residents reported that they were more empowered as a result of receiving DASH services. Women reported increased self-efficacy (M =3.26, SD =0.96), greater connections with the community (M =3.07, SD =1.06), and an increased awareness about the causes and dynamics of domestic violence (M =3.12, SD = 0.96). Analysis showed that the more the advocates used practices associated with the DASH Model, the more confident survivors felt about their ability to attain goals as a result of services; the more knowledgeable they were about community resources; and, the more they knew about the dynamics of intimate partner violence (Nnawulezi, Sullivan & Hacskaylo, 2015a).

3g. Empowerment-related Safety
The primary goal of DASH is to support survivors' safety. In this evaluation, survivors reported the extent to which they believed they had the internal resources necessary to be safe (internal tools; M = 4.33, SD = 0.73 or 'mostly true'), knowledge about formal supports (expectations for support; M = 3.94, SD = 0.97, or a little bit less than 'mostly true'), and the extent to which they felt

that safety strategies would bring out more difficulties (trade-offs; M = 2.24, SD = 1.33, or slightly above 'sometimes true'). Results showed that there was a positive association between DASH Model practices scale and empowerment-related safety. This means that the more advocates used the practices associated with the DASH Model, the more the survivors reported having the necessary internal and formal resources to support their safety. The use of DASH model practices was also related to survivors feeling as if they did not have to make trade-offs in order to stay safe (Nnawulezi, Sullivan & Hacskaylo, 2015a).

3h. Survivor Qualitative Findings
Interviewers asked survivors a few open-ended questions to understand their experiences at DASH. There were two major themes connected to the benefits of receiving services at DASH. First, many reported having freedom and autonomy. They were able to make decisions for their lives that aligned with their personal belief systems. They attributed much of this to the privacy that each survivor was afforded by having separate units. They could get their own personal mail, cook the food they wanted, watch what they wanted on television, and spend the night with friends when they wanted. All of these practices contributed to their sense of freedom. The second major theme was the high level of emotional support that residents believed staff provided them. Many survivors believed that DASH was very supportive and wanted to help them meet their needs.

4. Conclusion and Implications for the Field
The founders of DASH sought to build an organization that specifically focused on survivors' right to inclusive safe housing and to receive trauma-informed services. They developed a distinct organizational philosophy (the DASH Model), adopted specific service delivery approaches to support their core beliefs, and created an upside-down management model that emphasized advocate empowerment to implement the DASH Model. In response to increasing inquiries from DV shelter programs about the replication of the DASH Model, founders sought to collaborate with the Research Consortium on Gender-based Violence at Michigan State University to determine if the DASH Model was indeed having the intended impact on employees and the survivors they serve.

Overall, the process component of the evaluation revealed that DASH was operating as originally intended. DASH policies and procedures were in alignment with the core beliefs and the philosophy that inform the DASH Model. The DASH Model is deeply ingrained in the organizational context. The cultural norms and flexible policies supported employees' use of practices derived from the DASH Model. The outcome component of the evaluation revealed that when staff engaged in practices associated with the DASH Model

principles, survivors' empowerment increased. On average, residents were generally satisfied with services. Many reported feeling more hopeful and confident about their ability to accomplish their future goals because of DASH services. Survivors also described DASH as a place where they were able to freely make decisions about their lives.

This evaluation provides insight on how shelters can support survivor-centered, empowering, trauma-informed organizational practices. Shelter policies can explicitly and consistently mention an empowerment philosophy. They should also be clear about how employees are expected to translate the philosophy into practice, and provide the intensive staff supervision and support needed to do so. Shelters can also work to build job commitment and satisfaction amongst staff by offering an autonomous and flexible work culture where employees have control over their day-to-day practices. Autonomy, flexibility, and commitment to growth all promote empowered employees. Empowered, committed employees understand and can clearly articulate the organizational philosophy and engage in practices that support the attainment of the organizational outcome: survivor safety and empowerment. In conclusion, this evaluation gives some promising evidence that empowering organizational contexts support survivor empowerment.

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OUR PRINCIPLES

INTEGRITY Behaving consistently with the values you promote; striving to know yourself and behaving authentically.

SOVEREIGNTY Having the freedom and responsibility to determine what is right for yourself and be self-governing.

EMPOWERMENT Giving voice to your own power, and providing the tools to help others recognize and access their power.

ACCOUNTABILITY Being responsible for maintaining a set of professional standards, keeping clear boundaries between yourself and your work.

PARTNERSHIPS Having mutually cooperative and respectful relationships with all who are doing the work, including program participants, service providers, investors, and the community.

COMPASSION Having empathy for others who are affected by misfortune, and working to understand and help them.

(RE-)CENTERING Finding the clarity, focus, and wherewithal to balance competing demands and pressures on us; having the ability to respond the way you choose in the face of change, working to keep grounded in the midst of chaos.

The DASH Model creates a framework which: Supports DASH's core beliefs and approach to achieving its mission; Articulates DASH's beliefs and binds them together; Enables a process for employees to make decisions "in the gray"; Encourages continuous growth and development for employees; and Leads to survivor empowerment.