LINKING ORGANIZATIONAL CONTEXT TO SURVIVOR EMPOWERMENT: A MIXED METHODS STUDY

By

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ABSTRACT

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Given the oppressive nature of abusive relationships, it is imperative that formalized helping organizations promote survivors' empowerment. Since its inception, domestic violence shelter programs have trained employees to engage in survivor-centered, empowering practices. Yet, few research studies have explored how shelter contexts actually influence employee practices, and subsequently, survivor empowerment. This dissertation tests a conceptual model linking program theory, organizational culture, organizational structure, employee behavior, and survivor empowerment. A transformative, multi-level, exploratory-sequential mixed-methods design was employed to answer the research questions. This two phase methodological study was implemented in an urban domestic violence residential program. The first phase involved an inductive, exploratory thematic analysis of organizational documents and 12 semi-structured employee interviews. The second phase of the study was a deductive, quantitative analysis of 33 structured interviews with residents who received program services.

Qualitative findings revealed five behavioral expectations embedded within the organizational documents. Formal policies required that employees promote survivors' rights and support their decisions by (a) using inclusive service delivery approaches, (b) implementing the organizational philosophy, (c) creating and sustaining partnerships, (d) encouraging survivor safety, and (e) building capacities of direct service employees. These expectations were also reflected in the five organizational culture themes that arose from an analysis of the employee interviews. Specifically, employees stated the DASH was (a) highly autonomous yet (b)

relational. The cultural norms also required employees engage in service provision that (c) prioritized survivors and (d) utilized the DASH model. Employees had a shared assumption that DASH was (e) distinct from all other formal helping organizations. Two structural components influenced the practice of survivor-centered, empowering service provision. First, across the organizational hierarchy, employees described (a) flexibility in the procedures of the organization, and the (b) management structure, initially designed to support advocates in providing survivor-centered care, had mixed results. A majority of employees accurately defined the organization's principles and reported engaging in practices that were in alignment with the organizational philosophy.

Quantitative results showed a small, but significant, positive association between voluntary services approaches, survivor empowerment and empowerment-related safety. Multivariate analysis revealed that the practices associated with the organizational philosophy were significantly positively associated with survivor empowerment and empowerment-related safety. In sum, results suggested that, when a philosophy is reflected and deeply embedded within the organizational context, employees report practices that are in alignment with that philosophy. Consequently, the greater use of practices that align with the organizational philosophy, the more likely clients report the organization's intended outcomes. Study implications call for future research that integrates organizational theory to explore shelter conditions that necessitate survivor-centered, empowering practice with survivors.

For my little brothers, Chuma and Jisike

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INTRODUCTION

In 2011, findings from a national study of intimate partner violence revealed that an estimated 42.4 million (35.6%) women reported rape, physical violence or stalking by a partner within the context of an intimate relationship. Reported rates of violence were higher among Black, American Indian or Alaska Native, and Multiracial women with rates of 36.8%, 45.3%, and 38.8%, respectively. The definition of intimate partner violence (IPV) varies greatly across disciplines but is broadly defined as sexual, physical, psychological, and/or economic abuse by an intimate partner. It can also include threats of violence and stalking (Black et al, 2011). Additionally, researchers and activists who utilize a feminist theoretical framework have demonstrated that IPV is a gendered phenomenon, meaning it is a consequence of a larger system of gender inequity and sexist discrimination that privileges males and masculinity and oppresses females and femininity (for review on gender asymmetry in IPV, see Kimmel, 2002).

In the most recent National Intimate Partner and Sexual Violence Survey, 28.8% of women with abusive partners reported that the abuse had a significant negative impact on their lives (Black et al., 2011). Women most commonly reported feeling fearful (25.7%) and concerned about their safety (22.2%). In addition, the violence perpetrated by an intimate partner resulted in 22.3% of the women having at least one PTSD symptom. Women who report a history of IPV also have higher negative physical health symptoms when compared to women who do not report a history of IPV (Coker et al, 2002; Lacey et al, 2013; Schollenberger et al, 2003). Overall, women with abusive partners have reported chronic physical and mental illness, suicidality, psychological distress, depression and use of substances or alcohol (Coker et al, 2002; Fowler & Hill, 2004; Lacey et al, 2013; Thompson et al, 2000).

Researchers and activists in the movement to end gender-based violence seek to mitigate the negative impact of IPV on survivors and to promote their well-being. Empowerment is posited as a theoretical model that supports these aims (Cattaneo & Goodman, 2015). According to Gutiérrez and Lewis (1999), empowerment involves gaining a critical awareness of the social structures reinforcing marginalization, discrimination, and oppression. Within domestic violence programs there is also a focus on building upon the survivor's current strengths, enhancing social connections, increasing access to social resources, and encouraging survivors' self-efficacy.

How can staff at domestic violence organizations promote survivor empowerment? Broadly, providers are expected to work with clients in a collaborative manner that fosters their personal and interpersonal power. Specifically, providers help identify survivors' strengths and use tools to build upon those strengths. Providers are expected to raise survivors' awareness about community resources and increase access to these resources. Within an empowerment theoretical framework, providers would also assist survivors in identifying people within their personal networks who may serve as supports, as well as help survivors build new relationships supportive to their overall goals (Cattaneo & Goodman, 2015; Gutiérrez & Lewis, 1999).

It is expected that, as a result of receiving services, survivors will be knowledgeable about their own strengths and be able to utilize them to reach their goals. They would know about, and have access to, community resources that could be mobilized when they are in need of material and emotional support (Gutiérrez & Lewis, 1999). Ideally, they would be conscious of how experiences of racism, classism, and sexism intersect to make it difficult for them to get the support and resources they might need. Likewise, they would express hope in their ability to attain the necessary tools and experiences that they need to achieve their goals.

While the majority of domestic violence organizations across the country claim to be guided by the empowerment model in their organizational philosophy and values, some scholars and practitioners have found variability in the extent to which empowering practices are actually occurring in line with this philosophy (D'Enbeau & Kunkel, 2013; McDermott & Garogalo, 2004). Researchers who study organizational behavior suggest that employee behaviors are largely influenced by the organizational context (*e.g.,* culture and structure) in which they work (Ford, Wildersom, & Caparella, 2008; Williams & Glisson, 2014; Odom, Boxx, & Dunn, 1990; Woo, 2002). According to organizational culture theory, the disempowering practices that some survivors report (*e.g.*, being bombarded by rules or practices of discrimination) could potentially be an outcome of a work culture that impedes empowering practices (D'Enbeau & Kunkel, 2013). Little empirical research has been conducted about the impact of culture, structure, program theory, and organizational alignment on provider empowerment practice, and subsequently, survivor empowerment. How might organizational context influence the provider's ability to engage in empowering practice with survivors? Do these practices result in an increase of survivors' empowerment?

In this dissertation, I explored the relationships among (1) program theory, (2) organizational culture and structure, (3) staff behavior, and (4) client perceptions of their empowerment in one large domestic violence program in an urban setting. Specifically, I explored the alignment between the organization's mission, staff behavior toward clients, and positive client outcomes. In understand to explore these relationships in depth, I employed a transformative, multi-level, exploratory-sequential mixed methods design (Creswell, Plano Clark, Gutmann, & Hanson, 2003).

CHAPTER 1: LITERATURE REVIEW

Over forty million women in the United States have reported physical violence, sexual violence, and/or stalking by an intimate partner over the course of their lifetime. The negative impact of violence has a resounding short- and long-term impact on every aspect of survivors' lives including their physical health, financial stability, and psychological well-being (Black et al, 2011). Multiple theories have been developed to discuss the etiology of intimate partner violence (Johnson, 1995; Heise, 1998). Some theorists assert that intimate partner violence (IPV) can be violent extension of an argument or fight between a couple (i.e., common couple violence; Johnson, 1995), while others assert that the violence that survivors experience within relationships is a result of living in a sexist and patriarchal society that privileges men and subordinates women (Dobash & Dobash, 2003). As a result, more women than men are likely to report experiencing severe or controlling violence in the relationship and more men than women are likely to be perpetrators of IPV (Melton & Belknap, 2003).

In the 1970s, feminist movements seeking to end IPV created domestic violence (DV) shelter programs where survivors could go to find safety, support, and regain power (Roberts & Lewis, 2000; Sullivan, 2012; Sullivan & Gillum, 2001). There is limited evidence available about the short- and long-term effectiveness of shelters. Self-report data from survivors and providers suggest that shelters provide life-saving practical resources (*e.g.,* safe housing) and emotional support (Sullivan et al, 2008; Zosky, 2011). However, some studies also suggest that survivors who occupy marginalized and/or stigmatized identities report experiences of disempowerment and discrimination (Gillum, 2009).

Domestic violence shelters often purport empowerment as their organizational philosophy. Leadership of DV shelters use empowerment to inform their program theory and to guide organizational programming. In this review, I describe a conceptual model asserting how survivor empowerment can be achieved by creating an organizational context that supports employees' practice of survivor-centered, empowering service provision. The review begins with a short overview on the dynamics of IPV, and the disempowering, violent relationship context that necessitates an empowerment-based community intervention for survivors. A discussion of empowerment theory follows. I apply the empowerment process model (Cattaneo & Chapman, 2010) to explicate behavioral expectations for shelter employees who seek to promote empowerment among survivors. Employees' behavior, however, is often greatly informed by their work context. Therefore, I introduce two contextual variables that have been demonstrated to have significant effects on employee behavior: organizational culture and organizational structure. I end the review with a discussion on the limitations of the empirical research, and an overview of the current study.

Dynamics of Intimate Partner Violence

Perpetrators impede on the ability of survivors to freely make decisions for themselves and their children by using patterned threats of violence, and/or actual violence, to create and maintain dominance in a relationship (see Sugarman & Frankel, 1996 for review). Many scholars have demonstrated the types of physical (Black et al, 2011), psychological (Lacey et al, 2013), sexual and economic abuse (Adams, Sullivan, Bybee, & Greeson, 2008) that perpetrators inflict among survivors. Such violence often results in severe repercussions in survivors' lives. For example, compared to women who have never experienced IPV, Black and colleagues found that survivors of IPV have lower general physical health (Black et al, 2011). Numerous studies

have also shown that survivors are more likely to have depressive symptoms or PTSD compared to non-abused women (Coker et al., 2002; Helfrich, Fujura, & Rutowski-Kmitta, 2008; Lacey et al, 2013), which can impede their social and emotional functioning (Helfrich, Fujura, & Rutowski-Kmitta, 2008).

Help Seeking from Domestic Violence Shelters

Survivors use a multitude of strategies to keep themselves and their children safe from abuse. Women often report using strategies such as avoiding the abuser, talking to family and friends, or creating safety plans. Survivors are much less likely to reach out to formal helping organizations for support (Goodkind, Sullivan, & Bybee, 2004). Henning and Klesges (2002) surveyed 1,700 survivors who recently had a partner arrested for domestic violence and found that less than 15% had reached out for any formal services, and only one-third of these formal help seekers actually utilized local domestic violence services.

A national survey of domestic violence shelters found that an estimated 48,000 survivors reached out to domestic violence shelters for support in one 24-hour period (Iyengar, Sabik, Southworth, Tucker, & Fraser, 2008). Many domestic violence shelters are small, and under-resourced with limited budgets (Wathen, Harris, Ford-Gilboe, & Hansen, 2015). So even though a relatively small percentage of women are seeking help from domestic violence shelters, the need for services far outweighs the resources available. As a result, often survivors who are seeking out support in a time of dire need are likely to have to make several attempts to successfully get support, or might not be able to get their needs met (Iyengar & Sabik, 2009). This is problematic and potentially dangerous as the act of leaving an abusive relationship can potentially increase the risk of severe and/or lethal violence (Campbell et al, 2003).

However, for survivors who were able to get support, many have reported that the receipt of domestic violence services was life-saving (Zosky, 2011). Domestic violence shelters were developed to provide direct crisis housing services, support groups, counseling and legal advocacy to all survivors (Macy, Giattina, Nontijo, & Ermentrout, 2010; Roberts & Lewis, 2000; Sullivan & Gillum, 2001). The provision of free crisis housing, advocacy, and supportive counseling is expected to encourage survivors' personal decision making (Bennett, Riger, Schewe, Howard, & Wasco, 2005), help them feel supported by their community, and receive needed resources (Davis, Hagen, & Early, 1994; Srinivasan & Davis, 1991). The expected benefits of shelter services in the short-term include the receipt of safe housing, emotional support, and the attainment of practical resources (Zosky, 2011). Over time, researchers have demonstrated numerous benefits such as a decrease in depression (Campbell, Sullivan, & Davidson, 1995), victimization (Sullivan & Bybee, 1999) and an increase in maternal functioning and resiliency (McFarlane et al, 2014).

The ability to seek out and to receive effective services from a domestic violence shelter can also be connected to social identity status. For example, in one study, White women survivors were three times more likely to reach out to formal supportive services compared to Black women survivors (Henning & Klesges, 2002). Some survivors with marginalized and stigmatized social identities related to race, culture, class, sexual and gender orientations, ability status and/or survivors with severe mental illness and substance use issues or addictions, and the providers who work with them, have reported barriers related to accessibility to shelters. These have included the lack of transportation, lack of diverse staff, language barriers, and previous negative experiences with helping professionals that make it difficult to reach out and sustain

connections with domestic violence services (Simmons, Farrar, Frazer, & Thompson, 2011; Zweig, Schlichter, & Burt, 2002).

In sum, the act of reaching out to domestic violence shelters for support is exceptionally challenging. For all survivors, abusive partners are a formidable barrier to maintaining safety. Additional barriers related to accessibility and discrimination are present for survivors with certain marginalized and stigmatized identity statuses. When a survivor is able to successfully connect with services, it is imperative for her to receive services that meet her immediate concerns and long-term desires, and to enhance her well-being and sense of autonomy and control. Empowerment provides the theoretical framework to meet these expectations, and is described next.

Empowerment Theory

Empowerment is widely theorized as both a process and an outcome, and involves increasing the personal, interpersonal and social power of oppressed groups (Cattaneo & Chapman, 2010; Gutiérrez & Lewis, 1995; Kasturirangan, 2008; Rappaport, 1987). Cattaneo and Chapman (2010) define empowerment as "an interactive process in which a person who lacks power sets a personally meaningful goal orientated toward increasing social power, takes action toward that goal, and observes and reflects on the impact of this action, drawing on his or her evolving self-efficacy, knowledge and competence related to the goal" (p.647). Empowerment theory requires researchers to understand that certain groups of people are afforded less interpersonal and social power, and as a result, experience limited access to social resources that have the potential to improve their quality of life (Gutiérrez, DeLois & GlenMaye, 1995; Cattaneo & Chapman, 2010). Empowerment is distinct from coping (Guiterrez, 1995) or resilience (Brodsky & Cattaneo, 2013) because it is not simply a reactive process in response to

negative outcomes related to a system of oppression. Instead, empowerment focuses on how to challenge and change contexts (Gutiérrez, 1995; Schulz, Israel, Zimmerman, & Chechoway, 1995).

Many scholars have identified what is required for the process of an oppressed group to actualize power (e.g., Guiterrez, 1995, Rappaport, 1987). Self-efficacy and sense of control are the most widely agreed upon components of empowerment (Cattaneo & Chapman, 2010; Peterson & Zimmerman, 2004; Rappaport, 1987; Schulz, Israel, Zimmerman, & Chechoway, 1995). They are, at times, tested simultaneously as empowerment itself (see Roth & Crane-Ross, 2002). However, empowerment is more than simply feeling and believing that one has control over their situation, but also includes a critical consciousness—knowing that one's life experiences are connected to larger systems of power, privilege and oppression, which has impacted their access to social resources and opportunities (Cattaneo, Calton, & Brodsky, 2014; Guiterrez, 1999).

Empowerment is also a multilevel construct that can be applied to individuals as well as contexts such as organizations or neighborhoods (Rappaport, 1987). An empowering domestic violence shelter program, for example, would espouse beliefs and values that emphasize the strengths not only of survivors, but of their employees. It would encourage and promote employees' skills and offer opportunities for growth in the environment. The work environment would be a relational one where employees feel mutually supported, and where key staff members have strong leadership skills (Maton & Salem, 1995).

Human Service Settings and the Promotion of Empowerment

Practices that promote empowerment support overall client well-being (Cattaneo & Goodman, 2015; Sullivan, 2012). Perez and colleagues (2012) found that empowerment

mitigated the negative impact of PTSD for survivors of intimate partner violence. In one study, more empowered consumers were significantly more likely to perceive that they got services that met their needs (Roth & Crane-Ross, 2002). These met needs were positively associated with an increase in consumers' quality of life. The number of services they received did not actually make a difference in the feeling of having their needs met.

Applying Empowerment Theory to Domestic Violence Shelters

Service providers have identified the adoption of empowerment within DV program theory as an organizational strength (Roberts & Lewis, 2000), and a feature that distinguishes their services from other human service organizations (Collins & Dressler, 2008; Epstein, Russell & Silvern, 1988). An empowerment approach suggests that survivors who have sought out support from shelters will gain power by (1) being able to do more things on their own, (2) knowing more about the dynamics of domestic violence, (3) gaining more access to community resources, and (4) feeling like they have established meaningful relationships with other survivors and/or others in the community (Busch & Valentine, 2000; Sullivan, 2012).

Survivors across various studies have reported that DV organizations promote different aspects of the empowerment process. For example, when employees encourage survivors' personal decisions this can lead to improved self-confidence (Sullivan et al, 2008; Davis & Srinivasan, 1995). Providing survivors with useful information can support their larger goals (Sullivan et al, 2008). Furthermore, Goodkind, Sullivan, and Bybee (2004) found that staying at a DV shelter increased the likelihood that women had an escape plan. Women have also reported that residing at a DV shelter increased their access to community resources and facilitated beneficial connections with other IPV survivors (Tutty, Weaver, & Rothery, 1999).

The Empowerment Process Model in Domestic Violence Shelter Programs

Cattaneo and Chapman (2010) theorized that empowering practice with individuals would involve six steps. The first is *setting goals* which require that individuals set goals that are important to them, and also seek to shift and/or increase power. Helping clients believe that they can accomplish these meaningful goals or, *self-efficacy,* is the second component. The third component, *knowledge,* requires that an individual develop an understanding about the social context and its relationship to the larger systems of oppression and privilege. Knowledge about resources and how to attain them would also be included in this step. *Competence* is having the skills to accomplish goals, while *action* is practically applying these skills to reach the goal. The sixth component, *impact*, focuses on the measurement of the action resulting in the desired change. This model describes a process of empowerment that is testable and specific, while also incorporating the importance of social context and social power. It differs from other theoretical assertions about empowerment because of its emphasis on goal setting and evaluating impact. A description of how programs can achieve the first five of these components (leading to the sixth: impact) is detailed in the sections below.

Setting Meaningful Goals

Employees at domestic violence organizations engaging in empowering practice with survivors often begin their work simply asking survivors what they need. The commonly accepted belief among mental health practitioners, social workers, and advocates is that survivors come to formalized helping systems with different needs to maintain their safety and to promote their well-being (Nichols, 2013). Employees work in partnership with survivors in order to identify these needs, and support survivors in setting short- and long-term goals that align with their personal needs and desires (Sullivan, 2012).

Self-efficacy

Self-efficacy contributes to the attainment of personal power. It is a person's belief or conviction that they have the capability to accomplish their goals. Repeated successes strengthen self-efficacy, and repeated failures weaken it. Generally, a highly self-efficacious person will engage in multiple efforts to persevere despite negative setbacks (Bandura, 1977).

DV shelter employees use many strategies to support identifying and building upon a survivor's capabilities. These strategies reinforce to the survivor that s/he has the ability to make changes and accomplish their meaningful goals in their own life using skills that they already have in their possession. Employees support the survivor when s/he does encounter barriers navigating an oppressive system. Issues with disempowerment, discrimination, and lack of accessibility to resources can also be identified and strategized with survivors (Nichols, 2013; Zweig, Schlichter, & Burt, 2002).

Knowledge

Individual, deficit-focused ideologies permeate American society and, as a result, problems and subsequent solutions are typically believed to be located within individuals (Baran et al, 2013). Empowerment theory counters this ideology. An application of this theory would assert that people with marginalized social identities are embedded within a larger social context that prohibits and restricts choices. The process of empowerment involves understanding how unjust social power structures operate to constrain individual lives— often referred to as 'critical consciousness' (Watts, Diemer, & Voight, 2011). Critical consciousness aligns with empowerment theory because its foundation is based on the idea that particular groups have limited social power due to larger social injustices. The process of educating people about these injustices will in turn support them to act on these processes (Watts, Diemer, & Voight, 2011).

Human services workers have explicitly articulated that they develop critical awareness around social issues in order to "reduce self-blame as well as advocate for social change" (Guiterrez, DeLois, & GlenMaye, 1995, p. 538).

Within the context of intimate partner violence, survivors with a critical awareness would be conscious of how IPV is connected to larger systems of sexism, racism, classism and patriarchy (Lehrner & Allen, 2009). Kasturirangan (2008) recommends that programs utilize multiple practices in an effort to raise survivors' critical consciousness, including many consciousness-raising practices that focus on increasing knowledge about the dynamics and complexities of intimate partner violence. Advocates can discuss with survivors how IPV is rooted in sexism and patriarchy, as well as work to dispel popular myths about the causes of violence and the prevalence of IPV perpetration across various identity groups in society. In addition, advocates have an understanding of how multiple social structures make it difficult for people to obtain the resources they need to maintain safety, and accomplish their life goals (Zweig, Schlichter, & Burt, 2002). This knowledge-sharing can occur in individual conversations with survivors, in support groups, or in counseling sessions. Overall, the goal is to provide information in order to reduce/eliminate individual attributions for domestic violence and increase survivors' structural attributions for IPV.

Chronister and McWhirter (2006) used an experimental design to test the differences between survivors who received a career intervention that also integrated critical consciousness versus an intervention that did not. Survivors in the critical consciousness group reported more health-related and skill-building goals, and were more likely to progress with accomplishing those goals at the 5-week follow-up. These findings suggest that critical consciousness can be an important component in accomplishing goals.

Competence

Cattaneo and Chapman (2010) described the importance of people having the skills necessary to accomplish their goals. They asserted that knowing what is needed to accomplish a goal is different from actually having the tools and skills to accomplish that goal. For example, an advocate might work with a survivor seeking employment. While working with her individually, the advocate notices that the survivor is particularly good with numbers and organizing information. The advocate, then, is expected to tell the survivor that they have noticed this strength, and to suggest the possibility of seeking out employment opportunities that are particularly related to accounting or bookkeeping. An advocate would also identify the skills that the survivor would want to learn during their time at shelter, and engage in skill-building activities around these areas. These activities could range from helping integrate new coping techniques in response to triggers to contacting governmental or community-based services with survivors to ensure they receive needed resources. The hope is that when advocates help identify strengths, encourage the use of these strengths to support goals and aspirations, and build competencies, survivors will feel more equipped to cope with the repeated oppression that occurs in their lives both at an interpersonal level (e.g., abusive partner) and the community level (e.g., discriminatory legal systems).

Action

Forming meaningful relationships with others can increase survivors' access to resources and support the development of new emotional and practical strategies (Gutiérrez & Lewis, 1999). Advocates are expected to form partnerships with survivors in order to support their acquisition of power. This relationship between worker and survivor is to be based on trust and mutual respect, which requires that the worker have strong communication skills (Guiterrez &

Lewis, 1999). Advocates and survivors also collectively brainstorm ways to reconnect, strengthen or build upon the survivors' natural support networks. An increase in natural social support networks would ideally decrease feelings and experiences of isolation that occur as a result of IPV. In addition, workers are expected to establish and use their own social connections to mobilize resources for the survivors' benefit (Nichols, 2013)

Organizational Support of Employee Knowledge, Competencies, and Behavior

Employees at human service and community-based organizations are the primary mechanism by which the organizational mission and values are translated to clients (Agbenyiga, 2011; Glisson, 2002; Gruys et al, 2008). The amount and type of services provided to clients is largely dependent upon an employee's characteristics, including individual knowledge, beliefs about need, access to resources (Stiffman et al, 2001), and perceived skills (Boehm & Yoels, 2009). A study conducted with youth service workers reported that fifty-five percent of the variation found in the type of services provided to youth was attributed to providers' perceptions of youth data, compared to only 24% of the variation being attributed to the actual youth data (Stiffman et al, 2001). In other words, what providers thought about what youth needed, the amount of knowledge and resources providers had in the community, and individual feelings about the burden of their job were greater predictors of the services youth received than actual need indicators by youth. Another study demonstrated that the more knowledgeable and competent social workers felt, the more they believed that they promoted clients' empowerment (Boehm & Yoels, 2009).

The following sections describe how organizations can promote and influence staff knowledge and competencies through two components of organizational context: culture and structure.

The Social Context of Domestic Violence Organizations

All organizations have a unique set of values, theories, and norms, climates, policies, procedures, and leadership styles. This is broadly understood as the *organizational social context* (Glisson, 2002). Organizational researchers have studied the impact of these contextual variables on employee perceptions, attitudes, and behaviors. Numerous scholars have demonstrated a link between organizational structure (hierarchy and collaborative decision making) and culture (Ford, Wilderom, & Caparella, 2008), culture and staff attitudes and behaviors (Chen, 2004; Chow & Lui, 2009; Glisson et al, 2008), climate and work attitudes (Glisson & James, 2002) and culture and client outcomes (Williams & Glisson, 2014). A more recent multilevel study examining organizational, provider, and client-level data found that the combination of culture, climate, and other organizational level factors explained 70% of the agency variance in client outcomes (Williams & Glisson, 2014). Overall, evidence suggests that how employees behave with clients is related to the context of where they do the work, the opportunities available in that context, and their individual perceptions about that context. Yet there is limited empirical research that explores the social context of domestic violence shelters (Wies, 2008; D'Enbeau & Kunkel, 2013). In this section, I specifically focus on two components of the domestic violence organizational social context: culture and structure.

Organizational Culture

Organizational culture is the deeply embedded shared assumptions, values, beliefs, and artifacts held by members of an organization (Cooke & Rousseau, 1988; Denison & Spreitzer, 1991; Glisson, 2007; Schein, 2010; Schnieder, Ekrhart, & Macey, 2013; Wallach, 1983). Schein (2010) asserts that there are three levels of organizational culture: artifacts, espoused beliefs and values, and basic assumptions. *Artifacts* are the manifestations of culture which are visible when

one enters into the organization, including physical (e.g., technology, clothing) and behavioral artifacts (e.g., rituals). *Espoused beliefs and values* are the ideologies often stated by those in leadership positions and become what people within the organizational context operate within and refer to for guidance and moral functioning. *Basic assumptions* are the "taken-for-granted" beliefs and values that hold a group together.

Glisson (2002) posits that culture sets the behavioral expectations of employees within organizations. Agbenyiga (2011) found that service providers in a child-welfare agency had internalized the organizational mission, and used these values to guide their own practices. It is possible for employees to enact expectations of the organization even if they are not in alignment with their individual beliefs. In other words, employees who do not hold the same beliefs as the organization will still behave in alignment with the organization's mission if the culture aligns with the mission. Nichols (2013) also found this to be true in a qualitative study of domestic violence employees across eleven different organizations. Those who did not identify as feminist still reported practicing survivor-defined feminist-based advocacy with survivors. These findings suggest that the feminist organizational values and norms set expectations that non-feminist employees should behave with survivors in ways that align with a feminist philosophy.

Organizational culture is significantly positively related to organizational effectiveness (see Hartnell, Ou, & Kinicki, 2011, for review). Specifically, culture is positively associated with employee job satisfaction (O'Reilly, Chatman, & Calwell, 1991; Zeitlin, Augsberger, Auerbach, & McGowan, 2014). Across multiple studies, clan (or group) culture—a culture that emphasizes human relationships and cohesion, teamwork, flexibility, and trust— is most significantly associated with more satisfied and highly committed employees (Hartnell , Ou, & Kinicki, 2011, Lund, 2003, Odom, Box, & Dunn, 1990). Other studies have shown that

supportive organizational cultures contribute to less staff turnover (Chow & Lui, 2009), and increased work-group cohesion (Odom, Box, & Dunn, 1990). Bell Kulkarni, and Dalton (2003) also recommend this culture type to help employees who work with trauma survivors normalize the interactional nature of trauma when providing services. Empirical evidence and informed recommendations suggest that organizational cultures that emphasize teamwork, human relationship, and interconnection create a satisfying work context.

Organizational *climate* is the shared perceptions of the policies and procedures, and the reward structures of the organization. Climate is embedded within culture (Schein, 2010), but is also a distinct construct. Ostroff, Kinicki, and Muhammad (2012) argue that climate and culture overlap in the shared perceptions of artifacts, yet differ because climate is more mutable compared to culture and is examined almost exclusively quantitatively. Empirically, climate and culture each predict different outcomes. Glisson and colleagues (2008) found that organizational culture predicted whether new programs would be able to sustain in a particular space, while climate predicted therapist turnover. In a later study, Williams and Glisson (2014) found that culture moderates client outcomes through the climate of the organization. In this dissertation, culture was explored because (a) it provides a more expansive view of the organization, not simply the perceptions of the policies and procedures of artifacts and (b) it can and has been studied qualitatively in other domestic violence organizations.

Organizational Structure

The culture and structure of organizations are interconnected (Cooke & Rousseau, 1988; Denison & Spreitzer, 1991). Culture is the set of deeply embedded values of the organization; structure is the manifestation of these values in the policies, procedures, reward structures, communication channels and hierarchal divisions within the organization (Glisson, 2002). Cooke

and Rousseau (1988) describe structures as the "culture bearing mechanisms within the organization" (p. 246). An examination of an organizational structure can provide some information about the culture of the organization, but structure is also a distinct construct within the organizational context. Simply put, structure includes the procedural and management mechanisms that organizations create to support how employees carry out the mission of the organization.

In one organizational study specifically connecting community-based organizations to empowerment theory, Guiterrez, GlenMaye andDeLois (1995) explored how the organizational structure can either support or hinder the ability to provide empowering practice within six human service organizations. They found that extra-organizational factors such as prohibitive funding mechanisms create barriers to empowerment practice for workers. Structural support for empowerment practice includes training and ability to learn new skills, and the ability to engage in activities that align with their own interests and ideas. Researchers identified this as having an entrepreneurial spirit. Study participants suggested that organizations interested in empowerment practice should offer employees opportunities for advancement, and create an environment that supports employee self-care. It was also important to create an intra-organizational environment where employees felt like they were working together as a team, and that they had strong relationships with others in the organization.

Few studies have examined the organizational structure of domestic violence organizations (exceptions include D'Enbeau & Kunkel, 2013; Epstein, Russell, & Silvern, 1988; Ferraro, 1983; Nichols, 2011; Panzer, Philip, & Hayward, 2000; Rodriguez, 1988; Srinivasan & Davis, 1991; Vaughn & Stamp, 2003; Weis, 2008). When domestic violence organizations were initially constructed in the 1970s and 1980s, they typically utilized feminist, empowerment-

based ideologies to inform their organizational structures. This manifested in advocates constructing spaces that differed drastically from traditional social services, often typified in the use of empowerment-based feminist ideologies (Srinivasan & Davis, 1991) and consensus-based organizational decision making (Rodriguez,1988).

More recent studies have examined how aspects of DV agencies' organizational structures can serve as a mechanism to improve employees' experiences. For example, Slattery and Goodman (2009) found that decision-making within domestic violence organizations was significantly negatively associated with secondary traumatic stress. Practitioners at a domestic violence organization in New York worked to create an anti-oppressive shelter by shifting their structure to a flattened hierarchy in order to mitigate the negative impact of power dynamics on employees (Blitz & Illidge, 2006).

Organizational Practices That Are Disempowering

Some scholars have noted that the institutionalization of the domestic violence movement brought a clinical orientation that strongly influenced the structure of domestic violence organizations (Ferraro, 1983; Srinivasan & Davis, 1991). For example, Ferraro (1983) conducted a participant observation about one shelter's transition from a structure that emphasized shared power among all shelter stakeholders (including survivors) to a hierarchal, bureaucratic structure that valued and prioritized professional clinical expertise. That shift in the structure resulted in a shift in organizational roles, as many workers at the shelter without advanced therapeutic degrees were perceived as less capable of providing professional services to survivors. This shift also impacted survivors' lives because the organization initiated screening and service provision practices that required women to have to prove during intake, and throughout their time at shelter, that they were "deserving" of help.

Srinivasan and Davis (1991) found that while employees still made decisions by consensus within a flexible and informal environment, survivors were expected to conform to strict formalized guidelines. If survivors did not adhere to or questioned, the rules, they were identified by staff as undeserving clients and generally asked to leave the shelter. Hence, researchers found that shelter rules were used as a mechanism to assert control over survivors and their families.

A similar trend was apparent in a recent study of a domestic violence shelter that shifted toward bureaucratic structures. D'Enbeau and Kunkel (2013) conducted a qualitative case study within a domestic violence organization to understand the extent to which empowerment philosophy was practiced within the organization. The organization shifted from consensus decision-making to a hierarchal decision-making because the former organizational processes were deemed ineffective, and leadership did not seem to be accurately fulfilling the full scope of their responsibilities. However, advocates believed that this shift in organizational structure resulted in a culture of disempowerment among employees and survivors. There was also a lack of clarity about what constituted empowerment practice, which researchers identified as the "paradox of transparency." However, researchers observed that in response to the ambiguity surrounding empowerment practice within the organization, employees held individual perceptions of survivors that were victim blaming. Employees also reported behaving with survivors in ways that were disempowering.

Along with the adoption of a bureaucratic structure, other components of a clinical orientation are deeply embedded within some present-day shelter practices. For example, Macy and colleagues (2010) interviewed shelter directors who stated that not all survivors can equally access, or have similar experiences with, care in North Carolina. They shared how certain

screening assessments were used to exclude survivors with complex needs such as serious mental illness or substance abuse issues. Shelter directors felt that advocates did not have the competencies or resources to create more inclusive services (Macy, Giattina, Notijo, & Ermentrout, 2010). Another consequence of utilizing a clinical orientation was that domestic violence employees were expected to maintain strict boundaries with residents in order to be seen as professional. In addition, advocates who did not have a college degree were not seen as favorably, and residents were no longer considered experts of their own lives (Wies, 2008). This is the foundation of disempowering practice. McDermott and Garofalo (2004) stated:

> *"How might a battered woman experience disempowerment? Rather than finding that her influence is extended, she finds that it is limited; rather than being confident in her knowledge of herself and her social world, others tell her what is in her own best interest; rather than having faith in the validity of her story, she is counseled to retell the incident to make it more sustainable for the criminal justice process; and rather than respecting her decisions on how to run her life, her life is filled with intrusions from outsiders including fairly coercive practices that force her to act against her will"* (p. 1250 – 1251)

An examination of social identity, culture, and privilege within domestic violence shelters has revealed inconsistencies between empowerment philosophy and practice within some organizations (Donnelly, Cook, & Wilson, 1999; Donnelly, Cook, van Ausdale, & Foley, 2005; Kasturirangan, Krishnan, & Riger, 2004). Institutional initiatives that push back against the clinical orientation and bureaucratic structures within domestic violence organizations context primarily center their analysis on the necessity of focusing on the complex needs of survivors with marginalized and stigmatized identities (Smyth, Goodman, & Glen, 2006).

Overall, prior research suggests that organizational cultures and structures operate in tandem to create implicit and explicit behavioral expectations for employees. Highly relational cultures where employees have a deeply embedded set of shared espoused values and basic assumptions that center and seek to promote survivors' well-being will potentially contribute to also utilizing survivor-centered, empowering practices, despite employees' individual beliefs. A structure that has flexible policies and procedures, participatory decision making that solicits survivor input, and opportunities for employee skill building could also support empowering practice. However, culture and structure are components of a larger organizational social context. This context is largely informed by the organizational mission, philosophy, and espoused values, otherwise known as the program theory.

Relationship between Program Theory and Organizational Behavior

Program theory, also known as the organizational philosophy, operates as the foundation of the organization, and is intended to guide all organizational behavior. Organizations strive to have a consistent alignment between organizational philosophy, formal policies and procedures and staff behavior (Semler, 1997). For example, Chow and Lui (2009) examined the relationships among HR business strategic approaches, organizational culture, and organizational effectiveness. They found HR business strategies and organizational culture both significantly predicted performance outcomes. They also found that the interaction between a highly supportive culture and a particular business strategy emphasizing cooperation predicted lower staff turnover. In another qualitative study on organizational culture, researchers explored how one hotel company purposely shaped a culture to directly put into practice the organizational mission and philosophies. They explored how a manager created hiring protocols that aligned with reaching the goals of the organization, implemented communication systems that carried

messages that reinforced the mission, and integrated rituals and celebrations for staff that celebrated their ability to actualize the hotel's mission and philosophy. As a result, the alignment between the mission and philosophies, organizational formal policies, and organizational culture resulted in employees working at the hotel coherently and effectively (Ford, Wilderom, & Caparella, 2008). Other studies have shown that supportive organizational cultures contribute to less staff turnover (Chen & Lui, 2009), greater job satisfaction, organizational commitment, and work-group cohesion (Odom, Box, & Dunn, 1990).

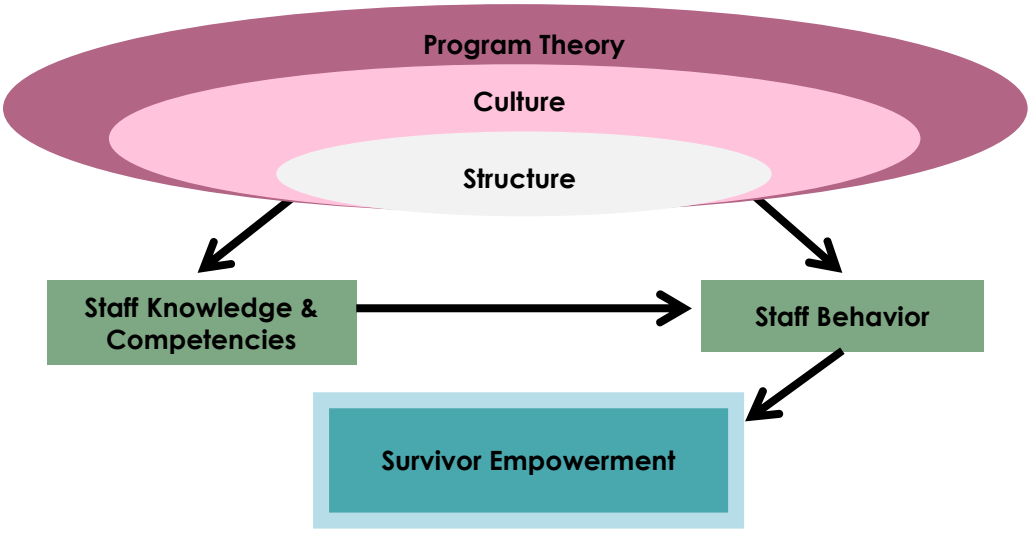
The integration of the empowerment philosophy into domestic violence programs' organizational culture has been identified by service providers as an organizational strength (Roberts & Lewis, 2000), and a component that distinguishes their services from other human services organizations. However, in cases where DV organizations do not have an organizational culture consistent with their empowerment philosophy, one would expect to see staff engaging in behaviors inconsistent with empowerment philosophy.

Summary

There is limited evidence to suggest a potential relationship in domestic violence organizations among (1) formal and informal organizational policies, (2) organizational culture, (3) staff behavior, and (4) client perceptions of their empowerment. Ideally, the empowerment philosophy should guide the construction of both formal structures and an organizational culture that influence the empowerment practices that staff engage in with IPV survivors in order to promote survivor empowerment. While there is some evidence across other literatures to support parts of this hypothesized relationship, no studies to date have examined all of these relationships specifically around empowering practices within a domestic violence organization. As illustrated in Figure 1, the current study used an organizational case study design to explore how

organizational formal structure and organizational culture influenced survivor empowerment through staff behavior. The organization that agreed to participate in this study was the District Alliance for Safe Housing (DASH), a large organization in Washington, DC that works primarily with women surviving IPV, sexual assault, torture, or sex trafficking.

Figure 1: Organizational Model Illustrating the Hypothesized Relationship Between Organizational Structures and Survivor Outcomes



Research Questions and Hypotheses

The overarching research question for this study was: How does organizational structure and organizational culture influence survivor empowerment through staff behaviors? The following research questions and hypotheses, which build on each other, were explored:

1. Research Question 1: How do the formal policies guiding DASH reflect the organization's mission to provide low barrier, voluntary, empowering services to clients?
2. Research Question 2: In what ways, if at all, are DASH policies and procedures reflected in the organizational culture and structure?

3. Research Question 3: How does DASH's organizational culture and structure contribute to the specific ways that DASH employees' are able to provide low barrier, voluntary, empowering services to clients?
4. Hypothesis 1: DASH clients will describe specific ways that advocates' behaviors reflected:
    a. The voluntary services model
    b. An empowering philosophy
5. Hypothesis 2: DASH clients will describe specific ways that advocates' behaviors contributed to their increased empowerment.
    a. Where clients describe advocate behavior that was unhelpful to them or disempowering, they will describe behaviors that are not in alignment with DASH's organizational philosophy

CHAPTER 2: METHODS

Organizational Context

The District Alliance for Safe Housing is a large community-based housing organization that works primarily with women surviving IPV, sexual assault, torture, or sex trafficking. The organization is one of three major non-profit organizations in the Washington, D.C. area that is specifically focused on providing safe housing to survivors of gender-based violence. DASH receives diverse governmental and nongovernmental grants to fund organization programming. Examples of funding mechanisms include the Office of Victim Services (OVS), DC Department of Mental Health, DC Department of Human Services, and Freddie Mac. The flexibility of funding mechanisms allows DASH the opportunity to provide innovative programming tailored to meet the needs of women and their families.

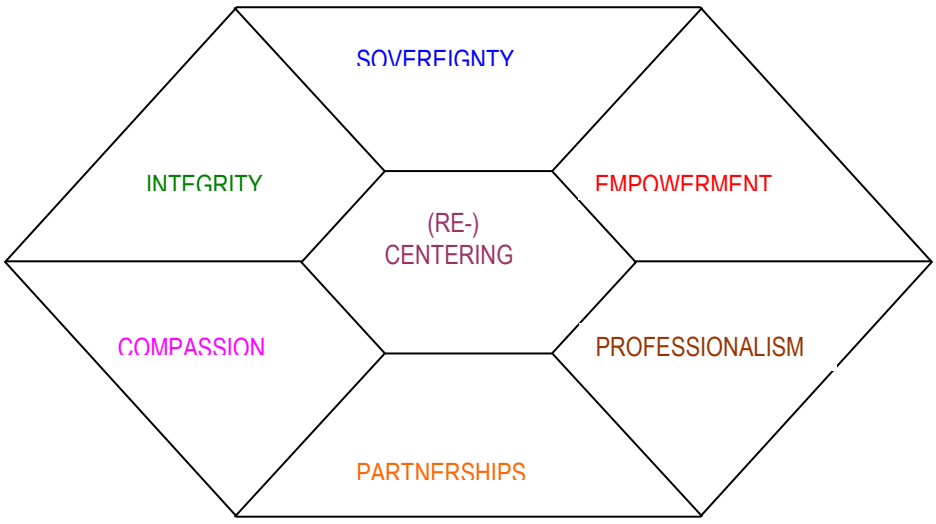
DASH has four main programs: the Empowerment Project, Community Housing Resource Program, Survivor Resilience Fund, and Cornerstone Housing Program. The *Empowerment Project* is a scattered-site transitional housing program. Survivors choose an apartment in DC, and receive financial assistance to support their housing costs for a period of two years. A majority of DASH's community outreach happens at the *Community Housing Resource Center*. Survivors can visit the center to get support with finding and securing housing in the District. The *Survivor Resilience Fund* (SRF) is a flexible funding mechanism designed to help survivors sustain permanent housing. The focus of this dissertation research study is the *Cornerstone Housing Program,* which provides emergency and transitional housing to survivors and their children. There are 42 studio and one-bedroom apartments available for survivors and their children, all located in the same building as DASH staff offices. All residents are provided

with access to direct advocacy services, support groups, access to mental health counseling, substance abuse counseling, children's services, and parenting classes. DASH also has relationships with multiple community partners that offer a variety of fitness, wellness, and nutrition programming for residents.

Organizational Philosophy: The DASH Model

The DASH model is designed to guide organizational decision making and employees' interactions with survivors. Employees at every level of the organizational hierarchy are expected to use the DASH model to implement the housing-first mission of the organization. The DASH model includes seven principles that work in tandem to ensure that survivors receive optimum services. They are: (1) Sovereignty, (2) Empowerment, (3) Accountability/ Professionalism, (4) Partnerships, (5) Compassion, (6) Integrity, and (7) Re-centering/ Adaptability (see Figure 2). Each of these principles is described next.

Figure 2: DASH Organizational Philosophy



Sovereignty. DASH defines sovereignty as "having the freedom and responsibility to determine what is right for you and be self-governing" (District Alliance for Safe Housing, 2013, p. 4). Advocates encourage survivors to make their own decisions about what they need for their lives and to maintain safety. Survivors are encouraged to set personal goals and are expected to receive ongoing, nonjudgmental support from advocates to reach those goals.

Empowerment. Empowerment is closely related to sovereignty, and emphasizes the role of voice and knowledge in order to access personal power. DASH states that it is the "process of giving voice to your own power, and providing the tools to help others recognize and access their power" (District Alliance for Safe Housing, 2013, p. 4). Employees who provide direct service to survivors are expected to validate strengths and encourage personal decision-making. Direct service providers are expected to be knowledgeable about internal and external resources, and be able to effectively pass knowledge and resources on to the survivor. They could also situate intimate partner violence and subsequent help-seeking within the context of larger societal oppression.

Accountability/Professionalism. The accountability component of the model requires all DASH staff to be "accountable to a set of standards, keeping clear boundaries between yourself and your work" (District Alliance for Safe Housing, 2013, p. 4). Professionalism as a component of the model conveys to advocates that they must behave ethically and within the bounds of human service practice. For example, they should be committed to constantly expanding their knowledge and building their capacities and skill sets. At an organizational level, DASH seeks to establish community accountability by developing relationships with community organizations that have specialized services that could directly benefit the lives of survivors.

Partnerships. DASH defines partnerships as "having a mutually cooperative and respectful relationship with all who are doing the work, including program residents, service providers, investors and the community" (District Alliance for Safe Housing, 2013, p. 4). The relationship between the advocate and the survivor is, at its core, a partnership that is survivor-driven. The advocate uses multiple techniques to build trust and be in solidarity with survivors and the decisions they make for themselves. At an organizational level, an example of partnership is bringing together the Care Team (clinical director, substance abuse counselor, and an advocate) to develop collaborative strategies that will help a survivor move toward their long-term goals while coping with a mental illness or substance abuse.

Compassion. Compassion is defined as empathy, and cultivating the desire to help those in need. Advocates work to "alleviate the suffering of women" and use survivor-driven practices in order to help women, no matter the circumstances (District Alliance for Safe Housing, 2013, p. 4).

Integrity. Integrity reflects the synergy between self-proclaimed values and behaviors. DASH employees are encouraged to "behave consistently with the values you promote; striving to know yourself and behaving authentically" (District Alliance for Safe Housing, 2013, p. 4). Advocates are encouraged to resist imposing their own value system onto women during service provision. Instead, advocates encourage survivors' self-awareness and support them in making life decisions that are congruent with survivors' personal value systems.

(Re)centering/Adaptability. This is a central component of the model and assumes that there can be tension in implementing specific principles. It encourages a self-reflection process to help employees understand their own behavior in relationship to the survivor. The main value within (re)centering is reflectivity. DASH defines (re)centering as "finding the clarity, focus and

wherewithal to balance competing demands and pressures" (District Alliance for Safe Housing, 2012, p. 2). Adaptability requires that advocates stay committed to the mission, yet remain flexible to changing circumstances.

DASH Structure

The structure of the organization is similar in many ways to other organizations that offer residential services and support programs to survivors of violence. There are program directors, advocates, a property manager, an administrative manager, and a development specialist. DASH also has MSW interns from local universities completing practicum projects. While DASH has some similarities to other DV organizations, they also have some unique elements within their structure. Broadly, they intend to function within an upside-down management model, which means that a majority of the organizational resources are focused on those who are providing direct service work within the organization.

DASH founders intentionally sought to build an organization whose resources were primarily focused on advocates providing direct service work to survivors. As a result, the *Technical Assistance (TA) Team* is the internal capacity building specialist team within the organization. The primary role of the TA team is to provide support and supervision to DASH advocates. They have specialized knowledge about substance abuse, children's services and mental illness and can work with advocates to combat compassion fatigue (District Alliance for Safe Housing, 2009). At the time of this dissertation, the TA team included a clinical director, an addiction specialist, and a children's program director. The clinical director oversees all of the TA activities, and the entire TA team works closely with the Cornerstone program director.

DASH's Service Delivery Approach

The service delivery approach of DASH is comprised of two main components: (1) low barrier access to service and (2) voluntary services. First, a *low-barrier* approach requires that all survivors seeking support will be considered for housing services regardless of circumstances that might make them ineligible to receive services from others. These circumstances include, but are not limited to, people with chemical addictions or mental illnesses, people with same-sex abusers, male-bodied and male-identified people, large families, and those with undocumented immigrant status.

Second, DASH uses a *voluntary services* approach to service provision. Broadly, this means that survivors' ability to receive and maintain housing services at DASH are not contingent upon having to participate in any programs or services offered at DASH. In 2010, the office that disburses governmental funds through the Family Violence Prevention and Safety Act mandated all domestic violence programs that received governmental funding implement a voluntary services approach within their organization. Within the voluntary services model, DASH will only terminate residents if they are violent, engage in illegal behaviors on DASH property, or abandon their units.

Overview of the Mixed Method Research Design

Case study methods are an ideal way to test and refine hypotheses about organizational behavior (Woodside, 2010). Some scholars have argued for the importance of case studies in the role of *building* as well as *testing* theory (Flyvberg, 2006). This mixed methods organizational case study is designed to test and refine a conceptual model describing the relationships among organizational context, employee behavior, and client outcomes.

The practice of mixing quantitative and qualitative research methods has been commonplace within the discipline of psychology, and in the larger field of social science. However, the recent conceptualization of mixed methods as a third research paradigm has generated innovative ways to explore and explain patterns across methods (Johnson & Onwuegbuzie, 2004; Teddlie & Tashkkorri, 2003). In this study I employed a transformative, multi-level, exploratory-sequential mixed methods design (see Figure 3). I define each component below.

Transformative

Using the transformative-emancipatory paradigm, I integrated a consciousness of social power into the ontological, epistemological, and methodological decisions that I made throughout this study in hopes of lessening the impact of oppression and discrimination in service of social justice for survivors of gender-based violence (Mertens, 2012). This meta-framework emphasizes researcher self-reflectivity and relationship building with community members. Generally, transformative research focuses on a research question that addresses an imbalance of power within a setting. Specifically, the emphasis on social power requires that transformative researchers engage with communities in culturally appropriate ways. They take the time to understand localized knowledge, and establish honest, mutually beneficial relationships built on trust with community members. Methodological decisions are typically made in partnership with the community, and joint analysis can be utilized in order to promote change within the setting. Transformative research studies are diverse in research scope, study aim, level of community involvement, data collection techniques, generally cyclical in nature, and can be long- or short-term.

Mertens (2012) identifies data collection strategies which center on community involvement throughout the research and evaluation process. This means that researchers are encouraged to create an intentional plan to engage with the community at the beginning of the study. Any instruments used to collect data should be pilot tested with members of the community, and the team of community members and researchers should agree upon subsequent data collection and group analysis and interpretation processes. All of these processes were followed in the implementation of the current study.

Multilevel

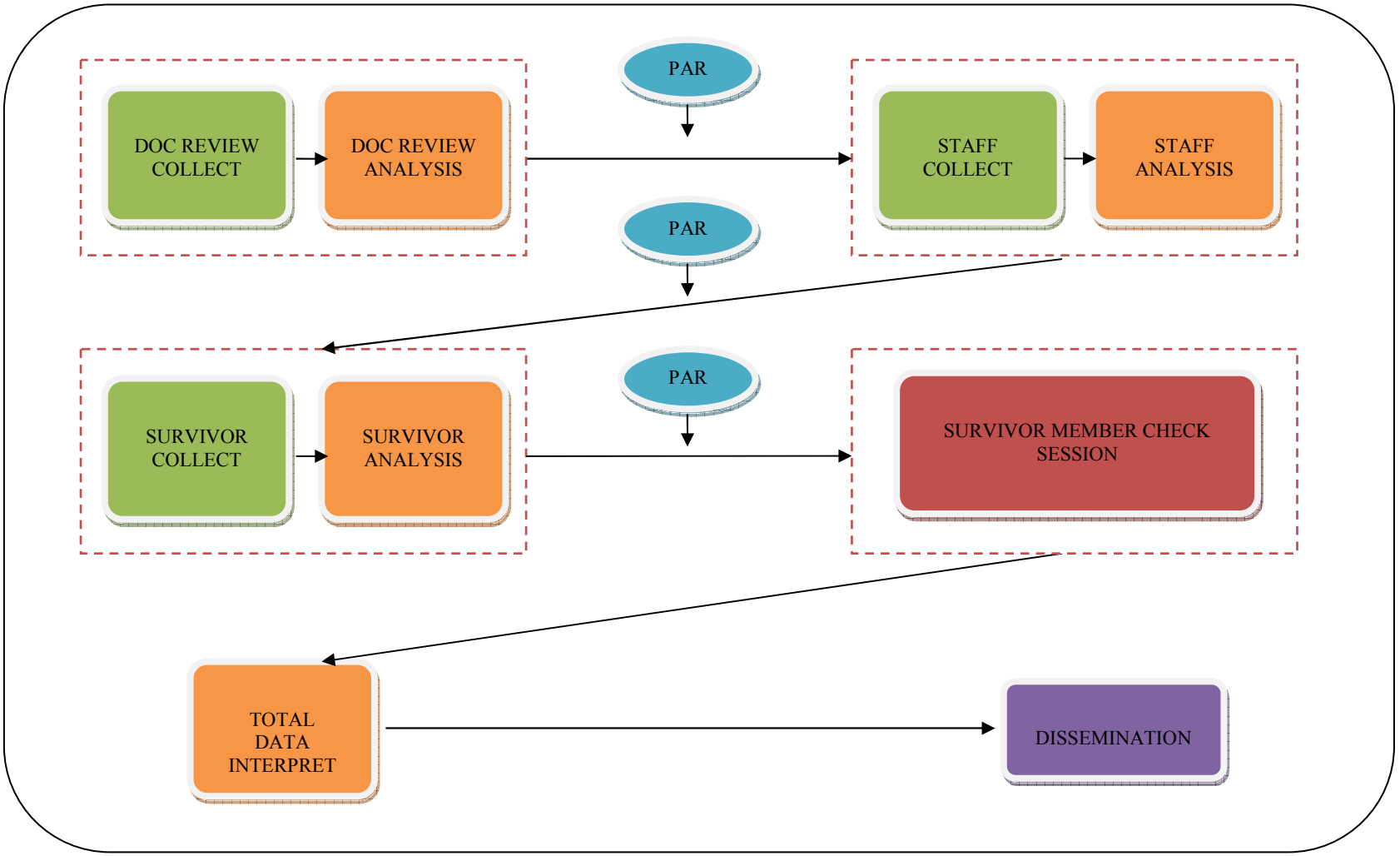
This study is multilevel in that I collected and analyzed study variables at an organizational level, and an individual level. Specifically, I examined organization documents and interviewed employees to assess the organizational culture and structure. Then, I also analyzed employee data at an individual level to understand their behaviors. Program residents were also interviewed to assess outcomes of the employee practices. Meta-inferences across both levels were reported in the Results chapter.

Exploratory-Sequential Mixed Method Design

An exploratory, sequential mixed method design describes a two-phase (or more) empirical study. In this study, the first phase was qualitative (exploratory) and described organizational context using inductive methods including document review and semi-structured interviews. The second phase of the design was quantitative (explanatory) and sought to test relationships developed from the exploratory phase. I utilized a structured interview guide to understand the impact of staff behavior on survivor empowerment. In essence, the second phase built upon the first to answer the research questions.

I present a mixed-method analytic plan in accordance with Collins, Onwuegbuzie and Sutton (2006) and elaborated upon by Onwuegbuzie & Leech, 2006. Collins and colleagues (2006) report a 13-step process to describe mixed methods research: "(1) determining the goal of the study, (2) formulating the research objective(s), (3) determining the research/mixing rationale(s), (4) determining the research/mixing purpose(s), (5) determining the research question(s), (6) selecting the sampling design, (7) selecting the mixed-methods research design, (8) collecting the data, (9) analyzing the data, (10) validating/legitimating the data and data interpretations, (11) interpreting the data, (12) writing the final report, and (13) reformulating the research question(s)" (p. 69-70). These steps are briefly described next.

Figure 3: Transformative, Multi-level, Exploratory-Sequential (QUAL → quan), Mixed Method Design



Step 1: Establish study goals

Newman and colleagues (2003) assert that all methodological decisions made in a research study must be situated within a larger goal or purpose. The primary aim of this dissertation study was to understand the connection between organizational context and survivor empowerment. This study was designed with the intent to generate knowledge for the gender-based violence movements about the impact of larger contextual variables on promoting survivor empowerment. In addition, I sought to understand how the purposeful construction of an organizational context impacts employees who provide and survivors who receive services.

Step 2: Determine research objectives

Exploration was the primary objective for this dissertation in order to generate testable hypotheses concerning the impact of services on survivors (Onwuegbuzie & Leech, 2006). DASH had never engaged in a systematic evaluation of services, and much of its success has been presumed based on anecdotal evidence. Explanation is the secondary research objective for this dissertation (Onwuegbuzie & Leech, 2006). I collected data that explained the relationship between staff practices that aligned with the seven DASH model principles and survivor empowerment. Exploration and explanation research objectives supported the larger study goals of connecting organizational context to survivor empowerment.

Step 3. Determine the mixing rationale

Mixing qualitative and quantitative methods aligns with the study's larger purpose to explore and nuance organizational context and determine correlates and predictors of survivor empowerment. A mono-method quantitative study surveying survivors and simply assessing employee practices and empowerment would limit our ability to understand the context in which the services were being provided. Conversely, a qualitative study of organizational context

would provide a limited scope of the impact of services. The primary reason for mixing is to provide sufficient information to validate and nuance significant findings. Collins, Onwuegbuzie, and Sutton (2006) describe this rationale as a significance enhancement, which simply asserts that mixing two methods enhances the findings from mono-methods research design.

Step 4. Establish the research/mixing purpose

This study has two distinct phases. The first was the inductive phase which involved a document review (stage 1) and interviews with the organization's employees (stage 2). The second quantitative phase of the study included interviews with clients receiving services from the organization. I chose to mix two research methods together to enhance the depth and breadth of the empirical data collected from the DASH employees and survivors. The purpose of mixing qualitative methods with quantitative method was expansion (Collins, Onwuegbuzie, & Sutton, 2006; Greene, Caracelli, & Graham, 1989) and development. The quantitative phase of this research study was designed to expand the findings from the qualitative phase and generate insight about the role of organizational context in promoting survivor empowerment. In addition, I also sought to test a conceptual model that linked DASH's organizational context to survivor empowerment.

Step 5. Introduce the research questions

The aim of this mixed method dissertation was to explore an organizational context and its impact on staff behavior (exploratory), and determine how clients' perceptions of staff behavior impacted survivor empowerment (explanatory). I answered five questions in this dissertation, three research qualitative questions and two quantitative hypotheses:

1. Research Question 1: How do the formal policies guiding DASH reflect the organization's mission to provide low barrier, voluntary, empowering services to clients?

2. Research Question 2: In what ways, if at all, are DASH policies and procedures reflected in the organizational culture and structure?
3. Research Question 3: How does DASH's organizational culture and structure contribute to the specific ways that DASH employees' are able to provide low barrier, voluntary, empowering services to clients?
4. Hypothesis 1: DASH clients will describe specific ways that advocates' behaviors reflected:
    a. The voluntary services model
    b. An empowering philosophy
5. Hypothesis 2: DASH clients will describe specific ways that advocates' behaviors contributed to their increased empowerment.
    a. Where clients describe advocate behavior that was unhelpful to them or disempowering, they will describe behaviors that are not in alignment with DASH's organizational philosophy

Step 6. Selecting the sampling design

In order to answer the multiple research questions, I applied a purposive, multi-level sampling design to this study. This approach is the most common form of sampling used among researchers implementing sequential designs (Collins, Onwuegbuzie, & Jiao, 2006). Multi-level sampling involves obtaining more than one set of samples from different parts of the study. Each stage of the dissertation employed different types of purposive sampling that are described in the data collection and analysis sections introduced later in this chapter.

Step 7. Decide on a mixed-methods research design

I chose a transformative, multi-level, exploratory sequential (QUAL → quan), mixed method design to conduct this study. As described and justified earlier, I chose a transformative, multilevel, exploratory-sequential design (see Figure 3).

Data Collection (Step 8) and Data Analysis (Step 9)

Detailed information about how data were collected and analyzed can be found in the Procedures section.

Step 10. Study Legitimation

There are numerous ways to legitimate a mixed methods research study in addition to establishing trustworthiness for qualitative research and testing validity for quantitative studies. As a researcher undertaking a mixed-methods study, it is important to analyze and present data both as an outsider (etic) and as an insider (emic). Given the dynamic context of social research, multiple perspectives have to be understood and considered in the analytic and reporting stages of the research study. This is called *inside-outside legitimation* (Onwuegbuzie & Johnson, 2006). I chose to integrate participatory meetings at every stage of data collection to ensure high insider-outsider legitimation. Employee involvement in the design, interpretation and analysis stages of the research study helped develop trust, glean insight into the organizational changes that were occurring alongside the research study, and provide support when needed. I kept field notes throughout the project, and asked explicit questions about organizational shifts and changes. I also processed data with my chair to get feedback on my observations. Research assistants who worked outside of DASH also worked on the study and were balanced in both perspectives.

I applied the fundamental rule of mixed methods to attend to the *weakness minimization legitimization* (Onwuegbuzie & Johnson, 2006). This form of legitimation requires that the research "carefully assess the extent to which the weaknesses from one approach can be compensated by the strengths from the other approach, and then plan and design the study to fulfill this potential; the research must also use this knowledge when combining, weighting, and interpreting the results" (Onwuegbuzie & Johnson, 2006, p. 58). Similarly, *sequential legitimation* is an important component to sequential design because it asserts that findings could be a result of the nature of the sequencing rather than the findings themselves. Therefore, Onwuegbuzie and Johnson (2006) suggest that using a "multiple wave design in which the quantitative and qualitative data collection and data analysis phases oscillate multiple times" is a good mechanism to address this threat (p. 58). I was not able to oscillate multiple qualitative and quantitative findings, but results from each stage went through a rigorous review process with multiple coders both within and outside of the organization. In turn, the findings were legitimated as being attributable to the data itself, rather than the sequential design of the study.

The *paradigmatic mixing legitimation* complements the incompatibility thesis which states that there will be difficulty attempting to integrate methods from two different paradigms in order to answer a particular research question. I chose to use the single-paradigm approach in response to this validation. The transformative paradigm asserts that mixed methods is an appropriate methodological technique in order to address power distribution and redistribution within a social justice context (Mertens, 2008). The *commensurability legitimation* describes "the extent to which the meta-inferences made reflect a mixed worldview based on the cognitive process of gestalt switching and integration" (Onwuegbuzie & Johnson, 2006, p. 57). It also contributes to the extent to which researchers can vacillate between methods, and are able to

draw valid meta-inferences. I have been well-trained in both qualitative research methods and quantitative research methods, and have successfully conducted research studies in both areas (*e.g.,* Kubiak, Nnawulezi, Karim, Sullivan & Beeble, 2012; Nnawulezi & Sullivan, 2013).

Multiple validities legitimation describes the extent to which validities within each study are independently addressed. One common method of validation in qualitative designs is a member check session. In order to establish trustworthiness, multiple coders checked the document review results and staff interviews. In addition, results were presented to organizational staff to determine accuracy of interpretation. Legitimation was established by conducting a member check session with clients, having participatory meetings with staff about the data, and having an expert in the field (dissertation chair) review the final list of codes.

Political legitimation "refers to the power and value tensions that come to the fore as a result of combining qualitative and quantitative approaches" (p. 59). In order to attend to this aspect of the study, I have utilized the transformative framework which privileges the voices of those who are socially marginalized in the research process, and participatory frameworks which ask researchers to facilitate environments and contexts where participants can bring their own voice, personal power, and decision making to the research process.

Steps 11-13. Data Interpretation, Data Reporting, & Research Question Reformulation

Inferences and meta-inferences are reported in the Results chapter. This dissertation study is a form of data reporting, and research question are reformulated in the participatory component of the organization. Results from the study are presented in the subsequent chapter.

Procedures

Participatory Meeting 1: Introduction

The goal for my first meeting with DASH employees was to create buy-in for the study and begin building trust. These two components have been identified as imperative in evaluation and community-based research literature (Patton, 2008). In addition to building rapport with the DASH staff, I also sought to understand organizational dynamics. Given the opportunity to present at a staff meeting, I read organizational materials to get a sense of their overall mission. I also met with the executive director, and used her insight about the organization to inform my presentation. I created my presentation in alignment with my perception of their organizational values. For example, the materials and conversations with the executive director suggested that DASH used a more informal style and seemed to deeply value creative endeavors. Therefore, I opted to use flipcharts and colorful designs for my presentation as opposed to Microsoft PowerPoint. As hoped for, the reception to this style of presentation was extremely positive.

My presentation lasted one hour and took place during a regularly scheduled staff meeting. I began by providing details about my background (*e.g.*, how I came into the gender-based violence movement, my research interests) and also described why I was interested in working with them. I showed them a picture of the study's conceptual model (see Figure 1) and described the research design that I planned to use to answer these questions. I asked employees how engaged they would like to be in the study. Employees wanted to be engaged throughout the process, but particularly with the analysis and action planning steps. They also mentioned that in order to not add to their load and busy schedules, they wanted to have decisions about the research process made during regularly scheduled organizational meetings.

Phase 1, Stage 1: DASH Document Review

Overall, phase one sought to explore the theory, culture and structure influencing staff behavior. There were two stages within the first phase of this study. The first stage was the document review, which sought to answer the first research question: How do the formal policies guiding DASH reflect the organization's mission to provide low barrier, voluntary, empowering services to clients?

I systematically analyzed existing documents and developed an initial understanding of the DASH context over time (Bowen, 2009; Johnson & Turner, 2003). This form of data collection placed a limited burden on DASH, yet still unearthed important information about the organizational social context.

The aim of the document review was to understand the formal policies and procedures that guided employee behavior in the organization. I was specifically interested in exploring how organizational policies and procedures and the seven DASH Model principles were expected to be implemented by employees. The results from this document review were translated into interview questions for the staff interviews that occurred in the second stage.

Document Sample

DASH's Impact Analyst provided 166 documents that informed the organizational hierarchy and employee and survivor expectation. Using a criterion-based sampling technique, documents were excluded from analysis if they did not explicitly detail expectations for all employee behavior. I excluded 52 funder reports, 47 board reports and corresponding minutes, 16 job descriptions, 14 screening documents, 11 miscellaneous draft documents, three financial documents, six program descriptions, three policy reports on homelessness in DC, and three

forms about training examples. Ten documents (152 pages) were included in the final analysis. The list of the documents and their corresponding purpose is listed in Table 1.

Table 1: Final List of Documents Analyzed for Exploratory Document Review

Document Title	**Document Purpose**
1. Assessment Team Review Process	To outline the specific steps and give a timeline about how to conduct a 'Holistic Assessment Review' with a resident.
2. DASH Model and Mental Health	To explain how each component of the DASH model it is applied in the resident who have a mental health issue, and how the advocate is expected to behave with them.
3. DASH Model and Substance Abuse	To explain how each component of the model is applied to resident who has substance use concerns, and how the employee is expected to behave with them.
4. DASH Participant Handbook	To detail the guidelines that residents agree to follow in order to participate in the housing programs.
5. Guidance for Mental Health Crisis	To provide guidance about how to do a psychosocial assessment, and how to approach a resident who is in crisis.
6. DASH Policy Manual	To outline the main policies and procedures of the organization such as confidentiality procedures, organizational operating procedures with CPS, law enforcement, and expected behaviors with residents
7. Creating a management structure PPT	To describe structure of the organizational hierarchy and the philosophy behind the structure
8. TA Role in Evaluation	To describe the role of the TA management team, and to identify how each member of the team supports advocates and evaluates their performance. This seems to be written specifically for the directors to better understand their role.
9. TA Team Grid	To guide the advocate in knowing the role of each of the director, and how each of them contribute to the development and evaluation of the advocate. This document, unlike the others, seems to be written specifically for the advocate.
10. DASH Employee Handbook	To explain employee benefits, employee status, leave policies, work performances, standards of conduct, health and safety, etc.

Document Review Data Analysis

I chose an inductive content analysis for the ten selected documents. Data analysis was conducted within Dedoose, an online qualitative and mixed-methods data analysis tool. There were three stages to conducting this inductive content analysis: preparation, organization, and

reporting (Elo & Kyngas, 2008). In the preparation phase, I read organizational documents multiple times to familiarize myself with the data. Next, I organized the data by selecting sentences and small paragraphs for my units of analysis. Broadly, I used open coding on manifest and latent content to organize the data into manageable chunks and to generate findings. I began with descriptive coding, a first cycle coding technique that is useful for summarizing segments of the data (Miles, Huberman, & Saldana, 2014). I also used a simultaneous coding technique to identify the overlap with document excerpts that contained multiple meanings (Miles, Huberman, & Saldana, 2014). I derived 24 codes using descriptive and simultaneous coding techniques, from which I created a categorization matrix by grouping the codes under larger categories. I went back to the data and re-coded the ten documents using the coding matrix. The categorization matrix was refined and finalized after the third round of coding.

Once coding was completed, I described each code individually and detailed its relationship with other codes in the dataset (derived from the simultaneous coding process). For example, numerous excerpts were assigned the codes 'flexibility' and 'survivor-centered.' The excerpts described both explicitly and implicitly how survivor-centered practice was actualized in the employee's ability to be flexible and adaptable to residents needs. Survivor-centered was considered the main code, and flexibility was a sub code. This relationship was depicted visually as an arrow from the main code (survivor-centered) to flexibility (sub code). I replicated this process with 24 codes, and created a mind map to help visualize the interconnecting relationships between codes. The codes that had the greatest amount of "influence," or the greatest number of arrows going to the code, were considered main codes. I moved related and conceptually sound sub-codes underneath their respective main codes. Sub codes were then ranked by amount of influence and number of connections relative to the main code and other sub codes. Sub codes

with greater connections to the main codes were ranked higher while codes with fewer connections to the main codes were ranked lower. I conceptualized these codes as smaller ideas that supported the larger constructs of the organization. Main codes eventually became themes based on the conceptual groups with written corresponding descriptions. See Appendix B for the codes and subcodes derived from the document review.

Establishing Trustworthiness

A trained research assistant coded 20% of the data using the inductively derived coding scheme. The excerpts that she coded were compared to excerpts that I had originally coded, and we discussed the code until the excerpts reached 75% agreement. Preliminary codes were presented to my dissertation chair, as well as the executive director, director of programs, and impact analyst at the organization as a form of member-checking. Their suggestions were incorporated into the interpretations and the final themes are presented in the Results chapter.

Phase 1, Stage 2: DASH Employee Interviews

In-depth staff interviews were conducted to answer the next two research questions:

Research Question 2. In what ways, if at all, are DASH policies and procedures reflected in the organizational culture and structure?

Research Question 3. How does DASH's organizational culture and structure contribute to the specific ways that DASH employees' are able to provide low barrier, voluntary, empowering services to clients?

Interviews are an ideal way to collect in-depth information about a particular phenomenon by those who are directly affected by the constructs of interest. This approach also allows researchers to collect in-depth information about context, and gain clarity about constructs (Johnson & Turner, 2003). I specifically designed the second stage to explore the

organizational constructs of culture and structure, as well as to understand employees' perceptions of how the seven DASH model principles are or are not put into practice with survivors.

Participatory Meeting 2: Item Generation for Staff Interviews

Employees had established in our first meeting together that they wanted to be fully involved in the formulation and interpretation stages of the study. I therefore planned two follow-up meetings with employees in order to garner input on the staff interview guide. The first meeting included advocates and interns; the second meeting was with upper administration. I decided to meet with the two groups separately in order to alleviate the influence of power differentials on the responses that were generated during discussion. At the beginning of each meeting I introduced the meeting objectives and had the group establish conversation guidelines. I conducted a sticky-wall activity to introduce four questions to each group: (a) What do you expect (either advocates/upper administration) to know? (b) What skills do you expect (advocates/upper administration) to have? (c) What do you expect (advocates/upper administration) to be able to do? (d) What is happening at DASH that you believe supports these expectations? I gave each person four note cards per question, and time to write down four responses to each of the four questions. After they had completed writing, I instructed them to rank the note cards. The responses that were the most important to ask about in the interview guide were ranked from the highest (1) to the lowest (4). I facilitated a group conversation using the sticky-wall activity to narrow down the main responses and identify the initial draft of concepts that employees wanted me to ask of advocates and upper administration. These concepts were incorporated into the staff interview guide. I drafted a copy of the interview guide

and sent it to the executive director and impact analyst for review. Their comments were incorporated into the final version of the interview guide, which can be found in Appendix D.

Staff Interview Guide

Questions within the semi-structured interview guide were created based on the document review, staff perceptions vocalized at two meetings, and literature on organizational culture (Agbenyiga, 2011). The guide was divided into six parts. I first asked employees to describe the philosophies of DASH, including the mission and seven principles of the DASH model. In the second section, staff described the organizational structure, specifically their role in organizational decision making, organizational communication, and how they perceived the effectiveness of the TA model, voluntary services, and low barrier approach. Third, staff described the organizational culture as they experienced it. I asked questions about the qualities of a successful employee at DASH as well as their perceptions of leadership's implementation of the DASH model. Given the transformative focus of this study, I also asked employees to explain how social power impacted the ways people engaged with one another, and how they behaved with survivors at DASH. The interview guide ended with questions about the level of commitment the employee had to the organization, and demographic questions.

Conducting Staff Interviews

I sampled staff using a purposive, theoretically-driven sampling technique. Onwuegbuzie & Collins (2007) describe theory-based sampling as "choosing settings, groups and/or individuals because their inclusion helps the researcher develop a theory" (p. 286). Since the purpose of this stage was to develop an understanding of staff behaviors with residents, I chose to interview people who would be best able to provide insight into these practices. The sampling frame was developed across the following inclusion and exclusion criteria. Employees were

invited to participate in an interview if they (a) had provided direct services to survivors, or provided direct supervision to employees who provided direction supervision to survivors, (b) had been employed at DASH for at least two weeks, and (c) were currently employed at DASH at the time of data collection. I excluded employees who were not officially on the organization's payroll (e.g., interns, volunteers). I presented the sampling frame to the impact analyst of the organization to confirm that everyone selected fit within the criteria. There were a total of 26 employees at the organization, thirteen of whom were eligible for the study. Twelve of the thirteen (92%) participated in the employee interviews. Six participants were direct service providers and six participants were direct supervisors who agreed to participate in the interviews. One person who had initially agreed to participate was ultimately unable to schedule a time to complete the interview. Two employees who participated in the interview were also unable to complete the entire interview. Interviews ranged from one hour and fifteen minutes to four hours, with an average of two hours and thirty minutes. Participants were given the option to be interviewed in a private location at DASH, or at an off-site location. Eight participants (67%) chose to be interviewed on site, and four (33%) chose to be interviewed outside of DASH in local coffee shops or restaurants. Each participant was informed that their interview would be confidential, and that they had the option to stop the interview at any time. Every participant gave permission for their interview to be recorded. Recordings were sent to an outside transcriptionist. Employees were not compensated for their time. This stage of the study was approved through the Michigan State University Human Research Protection Program.

Protecting Staff Confidentiality

As mentioned earlier, I told each employee that participation in the interview was voluntary, and that our meetings were confidential. I gave each participant a unique identifier to

replace their name and position at the organization. The document with identifying linking information between the unique identifier and name was kept separate from the interview data.

Data Analysis of Staff Interviews

I chose to conduct an inductive thematic analysis, a data-driven analytic approach that explores a phenomenon without using a pre-existing coding scheme to analyze the data (Braun & Clarke, 2006). Braun and Clarke (2006) outline a six-step process to complete an inductive thematic analysis: data familiarization, code generation, theme search, theme review, defining themes, and report writing. As suggested, I first read the transcripts from the staff interviews multiple times. I then separately coded at each level of analysis for staff behavior, organizational culture, and organizational structure. At each level, I completed two cycles of coding. Miles, Huberman, and Saldana (2014) described first-cycle coding as the initial process of data reduction that describes parts of the data. Second cycle coding uses the codes originally generated from the first cycle codes to make inferences. The steps for each analysis are described below.

Staff Behavior Analysis

The purpose of this analysis was to identify the specific behaviors that staff reported they practiced with survivors, and to subsequently create scale items from the codes. I started analysis with first cycle coding by using in vivo codes. These are "words or short phrases from the participant's own language in the data record" (Miles, Huberman, & Saldana, 2014, p. 74). This form of coding allows for a description of practice that is firmly rooted in the actual descriptions provided by participants. There were 76 initial codes.

Organizational Culture Analyses

The second set of analyses was implemented to explore the underlying assumptions, values and behavioral expectations of DASH, or organizational culture. In vivo codes, as mentioned earlier, and descriptive codes—nouns that summarize an excerpt—were the primary coding techniques used in first cycle coding. These coding techniques are best when attempting to understand microcultures, environments, and contexts (Miles, Huberman, & Saldana, 2014). I completed first cycle coding on six direct service interviews, and grouped similar codes together. I created an inductive coding scheme and then completed an iterative first cycle coding process. I coded the remaining interviews using this coding scheme, as well as generated new codes based on other codes that arose from the data. Then, I engaged in additional categorization of the codes. Given that organizational culture represents a shared phenomenon among all employees within a particular organizational context, the codes that had the greatest consensus across employees were identified as organizational culture codes (Glisson & James, 2002).

Organizational Structure Analysis

The third set of analyses that I conducted focused specifically on organizational structure. Organizational structure was conceptualized in this study as the procedural and management mechanisms in place that are designed to help employees enact the organization's philosophy. Similar to the analysis on organizational culture, I conducted first cycle coding using descriptive and in vivo codes. I began by coding the transcripts of six direct service providers and created an inductive coding scheme. The coding scheme was then used to complete in vivo and descriptive coding on the rest of the data. Second cycle coding was evaluation coding. Evaluation coding "assigns judgments about the merit, worth or significance of programs or policy" (Miles,

Huberman, & Saldana, 2014, p. 75). I specifically used evaluation coding when attempting to identify whether the TA model was operating effectively.

Data Analysis Integration & Establishing Trustworthiness

A research assistant separately coded 10% of the data using the coding scheme developed through organizational culture and structure analysis. Then, we came together to check the codes and determine our level of agreement. We discussed and refined themes until we came to at least 80% agreement across all of the themes.

I created separate sets of themes pertaining to employee behavior, culture, and structure. Braun and Clarke (2006) suggest that researchers review themes and create a thematic map. I used the thematic map to determine whether the themes fit the experiences of DASH employees. The themes were revised and refined by either adding new data or rewording specific concepts. The themes were finalized and descriptions were written for each theme. Themes generated from each analysis were written with a thick description to allow for transparency. A preliminary draft of the results was introduced to the executive director, director of operations, and impact analyst as a form of member checking. Each set of themes are discussed separately in the results section below. The organizational culture and organizational structure thematic maps are available in Appendix E and Appendix F, respectively.

Participatory Meeting 3: Member Check Session and Developing Survivor Interviews

I facilitated two participatory staff meetings at the beginning of this confirmatory phase. The aim of these meetings was to (a) validate DASH model practices and (b) determine the outcomes they would expect survivor to attain if the model was followed. This information was then used to create the interviews with Cornerstone residents. Direct service workers in the organization participated in both meetings.

In the first meeting, I presented the preliminary codes from the employee behavior codes in the form of items on a scale. I explained to the group that the codes were practices that staff believed they engaged in with survivors and that embodied the seven DASH model principles. Employees provided direct feedback about items that needed to be revised, and specific items that needed to be added to the discussion. I then asked staff to what extent they wanted to participate in further instrument development. Employees mentioned they would not be able to participate in an intensive instrument development process, but could give feedback once the survey was constructed. They stated that they trusted that I could make the final decisions about the items to include on the guide that would clearly represent their work. My chair and I constructed the first draft of the interview guide, and finalized it with input from direct service providers and upper administration.

Phase 2: Survivor Interviews

In this exploratory sequential design, the second phase of the research study built upon the qualitative phase, and sought to confirm the findings from the first phase of the study. In other words, are the behaviors that staff reported they do with residents actually reported by residents, and do these practices lead to empowerment? Specifically, I sought to test the relationship between DASH model practices (i.e., the model-aligned behaviors that staff reported practicing with survivors) and survivor empowerment. In-depth interviews with survivors were conducted to test two study hypotheses:

Hypothesis 1: DASH clients will describe specific ways that advocates' behaviors reflected:

a. The voluntary services model
b. An empowering philosophy

Hypothesis 2: clients will describe specific ways that advocates' behaviors contributed to their increased empowerment.

a. Where clients describe advocate behavior that was unhelpful to them or disempowering, they will describe behaviors that are not in alignment with DASH's organizational philosophy

Survivor Interview Guide

The instrument used for data collection was a structured interview guide with open-ended questions. The final structure and content of the interview was developed in collaboration with DASH staff, and built upon the individual behavior codes from the staff interviews as well as the empirical literature on survivor empowerment (Guiterrez & Lewis, 1999, Sullivan, 2012). I first piloted the instrument with a survivor who had recently left the Cornerstone housing program. I incorporated feedback from the pilot interview, staff and research assistants, and finalized the interview guide which is available in Appendix H. The interview guide included eleven sections, which are described next.

Demographics. Basic demographic information was collected from residents including race, age, gender, sexual orientation, current education level, country of origin, employment, primary language, length of time at shelter, and level of financial stability. Participants were also asked the extent to which they had a physical disability or mental health issue.

Level of Participation in DASH. In order to assess how often residents engaged in DASH programming, each was asked, "How frequently do you participate in the services that happen here at DASH?" The response scale ranged from 1 (rarely or never) to 5 (always).

DASH Model Practices. Seven subscales that aligned with the seven principles of the DASH model were developed in order to assess the extent that the organizational philosophy was

being practiced on the ground. As a reminder, the seven principles are sovereignty, empowerment, accountability, partnerships, compassion, integrity, and recentering. Respondents reported how true each statement was based whether employees engaged in specific behaviors associated with each principle during their stay at Cornerstone. *Sovereignty* assessed the extent to which survivors believed their own choices were valued and respected. There were four items on this subscale. One example of an item from this subscale was "Staff respect the choices that I make." Residents were also asked to report the extent to which employees supported survivors' voice and provided learning opportunities. This was assessed by six items on the *Empowering Practice* subscale. A sample item included "Staff provide me with the tools I need to accomplish my goals." *Accountability* included four items that assessed the extent to which employees behaved in a way that is responsive to survivors' needs within professional boundaries. "Respond to my needs promptly" was a sample item for this scale. *Partnerships* assessed the degree that employees were able to develop a mutually cooperative relationship with survivors. There were four items in this subscale (sample item: "Staff make me feel like we are working as a team"). The *Compassion* subscale was created to assess the extent that employees were engaging in empathetic care for the survivor. Six items were associated with this subscale (sample item: "Staff believe me when I share things about my life"). On the *Integrity* subscale, three items assessed the extent to which employees were consistent in their behavior with survivors. An example of an item on this scale was "Staff are consistent with me." The last subscale was *Recentering*. There were five items on this scale, and it assessed the extent that employees worked with survivors to find and integrate balance into their lives. For example, "Staff help me find ways to manage stress" was an item on this scale. Scale psychometrics are

reported in the following Results chapter. Respondents answered on a five-point response scale ranging from 0 (Not at all) to 4 (Very true).

Voluntary Services. Residents were asked to answer two questions about the extent to which they believed their engagement in services provided through DASH was voluntary. The first question was "I chose what DASH program and services I wanted to participate in" and the second question was "Staff made me feel like I had to meet with them whether I wanted to or not." Participants reported how true they felt each statement was based on a likert response scale from 0 (Not at all true) to 4 (Very true).

Survivor Empowerment. This measure was developed in a previous study to understand the extent to which survivors were able to increase their actual power by increasing their beliefs in self-efficacy, actual competencies and skills, and awareness of the dynamics of domestic violence (Sullivan et al, 2013). It contains three subscales which had 22 items in total. The *Confidence* sub-scale contained 9 items (M=3.26, SD= 0.96, α =0.95). A sample item in this sub-scale was "I have a greater understanding that I have the ability to make changes in my own life." *Connections* (4items; M=3.07, SD= 1.06, α = 0.85) describes the extent to which residents felt connected to the people and/or resources in the larger community. Items within this sub-scale included "I know more about the community resources that I need" and "I have a greater understanding that if one organization cannot help me, there will be another than can." The final sub-scale, *Consciousness*, assessed participants' knowledge of intimate partner violence (M=3.11, SD= 0.96, α = 0.90). This eight-item scale includes question such as "I have a greater understanding that I have the right to be angry about what I've experienced." The response scale ranged from 0 (not at all true) to 4 (very true).

Empowerment-Related Safety. The Measure of Victim Empowerment Related Safety (MOVERS) was used to measure survivors' empowerment as it relates to their ability to keep themselves and their families safe from abuse (Goodman et al, 2014a). The measure included three subscales. The first subscale, *Internal Tools (M*=4.30, *SD*= 0.70*,* α = 0.86), measured the extent to which survivors believed they had the internal resources to support their safety. The second subscale was *Expectations of Support (M*=3.95, *SD*=0.97, α =0.79). This subscale assessed the extent to which survivors believed they had accessible and effective support networks. *Trade Offs (M*=2.28, *SD*= 1.06, α = 0.57) was the third subscale. It assessed the extent to which survivors perceived that choices they made to keep safe would present new problems for them. The response scale for this item ranged from 1 (never true) to 5 (always true). Previous studies reported acceptable alpha's for these subscales ranging from 0.74 - 0.88 (Goodman et al, 2014a; Goodman et al, 2014b).

Open-Ended Qualitative Questions

Two open-ended questions were also included in the interview guide to understand survivors' experiences at DASH. Both questions were developed to explore residents' experiences with DASH services in their own words. The questions on the interview guide included: "Can you tell me about the specific ways that Cornerstone has impacted your life?" and "How does DASH differ, if it does, from other organizations that you have received services from?"

Survivor Sampling and Procedures

I used a criterion-based sampling technique to develop inclusion and exclusion criteria. DASH residents were invited to participate if they were over the age of 18, receiving Cornerstone Housing services and had been living at Cornerstone for at least two weeks. I

decided on a time period of two weeks because Cornerstone residents are strongly encouraged to meet with their advocate within the first week of entering the program, and asked to schedule (at least) weekly meetings. The two week time period also ensured that women would have enough experiences with DASH to be able to answer the interview questions.

Thirty-nine residents resided at Cornerstone when recruitment began, and the number increased to forty-one (the maximum capacity of the program) during the recruitment period. The research assistants and I engaged in multiple strategies to recruit residents to participate in the study with the intention of introducing the study to every resident who met the study criteria. Staff members suggested different times during the day to conduct recruitment. We posted flyers on every resident's apartment door at the beginning and towards the end of the recruitment period. We put additional flyers on bulletin boards, and loose flyers were left at the front desk. We also attended all program events. As a result of these strategies, we recruited 37 people into the study. Of the 37 women, 33 (80% of the eligible sample of 41) completed an interview.

We conducted all of the interviews in a location that the survivor identified as safe and confidential. Despite our willingness to be flexible in location, all participants chose to be interviewed at DASH either in their own apartments, or in a confidential room on-site. Every survivor was compensated $25 in cash for their participation. The length of interviews ranged from 34 minutes to 160 minutes with an average of 72 minutes. Thirty-two survivors gave permission to audio record the interview, and responses from open-ended questions were transcribed through an outside service.

Survivor Interview Data Analysis

I utilized multiple analyses to understand the extent whether voluntary services and the seven DASH model principles were associated with survivor empowerment and empowerment-

related safety. Descriptive and correlational analyses were conducted using IBM SPSS Version 20. Structural equation modeling was completed using AMOS Version 22.

Hypothesis 1. In order to test the first hypothesis, I examined the frequencies of survivors' responses about the extent to which staff used voluntary services approaches in their service provision. The reported effect size was based on the mean of the responses to each question.

Hypothesis 2. I began the preliminary analysis for the second hypothesis reviewing the frequencies and distributional properties of the two voluntary services questions: "I chose what DASH programs or services I wanted to participate in" had a significantly negative skew (-2.25) and with a kurtosis of 4.66. The K-S test confirmed that this distribution was significantly non-normal, D (33) = 0.42, $p < 0.001$. "Staff make me feel like I have to meet with them whether I want to or not" was slightly positively skewed (0.14) and was kurtotic (-1.72). The K-S test confirmed that this distribution was also significantly non-normal, D (33) = 0.25, $p < 0.001$.

I also reviewed the frequencies and distributional properties for survivor empowerment and the empowerment-related safety subscales. Results for survivor environment showed that Confidence (skewness = -1.82, kurtosis = 3.112; D (33) = 0.23), Connections (skewness= -1.28, kurtosis = 1.22; D (33) =0.22) and Critical Consciousness (skewness = -1.56, kurtosis = 2.46; D (33) = 0.18) were significantly non-normal at the $p < 0.001$. The three subscales for empowerment-related safety also had a similar distribution. The Internal tools had a skewness of -0.94, and was kurtotic (-0.12). K-S test revealed that the distribution was significantly non-normal, D (33) = 0.26, $p < 0.001$. Trade-offs was positively skewed (0.78) and kurtotic (-0.64). The K-S test also confirmed a significantly non-normal distribution, D (33) = 0.20, $p < 0.001$.

The final subscale, Expectations for Support, had a negative skew (-1.05) and a kurtosis of 1.13. It was significantly non-normal, D (33) = 0.15.

Despite the non-normality of the data, some research has found that the t-test for Pearson correlation coefficient is mostly robust to violations of normality at p = 0.05 level in heavily skewed samples, and have little influence with samples above 15 with independent variables (Edgell & Noon, 1984). Results suggested that the voluntary services questions were not significantly related to one another (r = -0.16, *ns*). Given this, I conducted a Pearson's correlation analysis to explore the relationship between voluntary services, survivor empowerment, and empowerment-related safety. I completed a simple bivariate regression analysis to follow up on significant correlations.

I conducted a preliminary analysis to identify (a) the extent to which survivors reported that staff engaged in practices that aligned with the DASH model, and (b) whether those practices actually resulted in survivor empowerment and empowerment-related safety. The items for the scales were developed using an iterative process. I used a deductive approach based on DASH's program theory. The first draft was developed based on the behavior codes from the staff interviews. This included 76 codes. Staff then identified the items that they felt most aligned with each of the seven DASH principles. Items based on the staff interview and program theory were compared to check for consistency between the behavior codes and the program theory. The dissertation chair reviewed the items to ensure that the items were properly constructed. Items were removed if they were repetitive or did not distinctly align with the seven model principle in order to create parsimonious subscales. After these changes, there were thirty-seven items that DASH staff, the Chair, and I theorized measured the seven DASH principles. The scale was pretested with a client who recently left the Cornerstone housing program.

Wording and grammatical changes were made to the scale based on the feedback. The 37 items were retained.

Once data were collected, frequencies and distributional properties for each of the model practices were reviewed. Overall, results showed that the seven DASH Model principles were significantly non-normal at $p < 0.001$, according to the K-S test. All practices were skewed negatively (Sovereignty, skewness = -2.05, kurtosis, 4.54; Empowerment, skewness = -0.70, kurtosis, -0.83; Accountability, skewness = -1.14, kurtosis, -0.17; Partnerships, skewness = -1.07, kurtosis, -0.04; Compassion, skewness = -1.31, kurtosis= -0.32; Integrity, skewness = -1.16, kurtosis, 0.04; Recentering, skewness = -0.82, kurtosis, -0.32). Review of the data indicated that, on average, survivors reported that employees behaved with them in ways that aligned with the DASH model at higher rates. The data were also screened for outliers. Missing data were handled by pair-wise deletion.

Next, I conducted a correlation analysis including the seven DASH model practices, three survivor empowerment subscales, and three empowerment-related safety subscales. The trade-off scale was reverse coded for analysis. Smaller numbers meant having to make more compromises for safety. Results showed that all of the DASH model practices subscales were related. Specifically, results suggest that multicollinearity could be an issue among the DASH model principles subscales. Specifically, Accountability and Empowerment were highly significantly related ($r = 0.91$). Partnerships was significantly highly related to Sovereignty ($r = 0.80$), Empowerment ($r = 0.80$), and Accountability ($r = 0.79$). Compassion was significantly highly associated with Sovereignty ($r = 0.80$), Empowerment ($r = 0.73$), Accountability ($r = 0.70$), and Partnerships ($r = 0.88$). Integrity was highly significantly associated with Partnerships ($r = 0.83$) and Compassion ($r = 0.83$). Recentering was significantly and highly associated with

Empowerment (r = 0.79), Accountability (r =0.78), Partnerships (r = 0.85), Compassion (r=0.87) and Integrity (r = 0.72). This suggests that, while each of these concepts may be distinct, the scale items did not sufficiently differentiate one from another.

I chose to use confirmatory factor analysis to justify taking the mean of each subscale in subsequent regression analysis. Some practices in instrument development recommend conducting an exploratory factor analysis prior to conducting a confirmatory factor analysis. However, given the limitations of the sample size, it was not possible to conduct a split-sample test with exploratory and confirmatory factor analytic model separately. Additionally, I co-developed the items based on the specific program theory (DASH Model). The confirmatory factor analysis allowed me to examine whether the theorized practices actually fit the latent construct.

Previous research that has specifically looked at organizational alignment and organizational effectiveness has argued for the use of measures that reflect the specific organizational context (Walter et al, 2013). Numerous community psychologists and domestic violence researchers have discussed the importance of conceptualizing domestic violence as a domain-specific construct (Peterson & Speer, 2000; Foster-Fishman & Keys, 1997; Cattaneo & Goodman, 2015). My interest in understanding how each of the seven DASH Model principles potentially contributes to survivor empowerment, as well as the small sample size, supported the decision to conduct a confirmatory factor analysis separately for each of the subscales.

I took a Bayesian approach to conducting the confirmatory factor analysis. Bayesian can be useful for small sample sizes and for non-normally distributed data (Feinberg & Gonzalez, 2012; Song & Lee, 2012). This approach was ideal given the significant negative skew of these data, which are typical of samples from domestic violence shelters. Bayesian analysis has also

been shown to produce similar, if not more accurate, population estimates (Song & Lee, 2012; Bryne, 2010). Bayesian approach to statistical inferences assumes that the true population is unknown and random (Feinberg & Gonzalez, 2012; van de Schoot et al, 2013). Bayesian analysis creates population parameter estimates based on prior information collected from previous research (prior distribution) and the observed data. Computation of parameter estimates are performed using the Markov Chain Monte Carlo (MCMC) sampling methods (Song & Lee, 2012). I chose a diffused or noninformative prior, meaning that priors were set between 0 and 1, instead of setting a specific value (informative or strong prior) due to the exploratory nature of this study and the limited amount of evidence quantitatively exploring empowerment within domestic violence organizations.

I tested ten single-factor models for each of the DASH model principle subscales and three survivor empowerment subscales. For each initial model, I set the scale for the latent variable by setting one of the items to 1. The error variances for the observed variables were set to 1 in order to scale the factors. Fit statistics were calculated using Bayesian estimation. Factor loadings and the standardized residuals were reviewed and I modified the following models: Sovereignty (removed 2 items), Empowerment (removed 1 item) and Compassion (removed 1 item). All of the models converged with a convergence statistic of less than 1.0002 (Bryne, 2010). For some of the variables, a classical suppression effect occurred, meaning that the regression weight surpassed the value of the original correlation coefficient (Kline, 2010).

The fit indices from the initial model were compared to the fit indices from a standardized model (latent variance set to 1). The standard errors for each model were small (0.001) across all the models. Results from the Bayesian confirmatory factor analytic models suggested that the DASH model practices subscales and survivor empowerment scales, had

significant factor loadings. For ease of interpretation, the posterior mean regression weights can be similarly interpreted as factor loadings, and the posterior standard deviation is "analogous to the standard error in ML estimation" (Bryne, 2010, p. 155).

For each model, I conducted sensitivity analysis checks to determine whether selecting a diffused prior biased the results (Song & Lee, 2012). The first and third sensitivity checks revealed that the distributions from the first and last thirds of the samples were identical for each of the models. The trace plot was the second sensitivity check. It results from the trace plots across all model revealed that the models quickly converged. The last sensitivity analysis that I checked was the autocorrelation plot. A review of the plots across all models suggested the autocorrelation coefficients lessened to 0, and remained at zero. In other words, each model attained convergence in the distribution, and the samples came from the true posterior distribution.

Model fit was assessed using two statistics. The first was the deviance information criterion (DIC). It is the deviance "between the posterior mean of the deviance and the deviance at the posterior estimates of the parameters of interest" (Spiegelhalter, Best, Carlin, & van der Linde, 2002, p. 584). This statistic is comparable to and can be interpreted like the Akaike information criterion (AIC). Smaller number indicates a better fit. The second measure of goodness of fit was the posterior predictive p value (PP p-value). The model fit statistic is "a measure of discrepancy between the observed data and the posited assumptions, among which the hypothesis being tested is only a part" (Gelman, Carlin, Stern & Rubin, 2004, p. 175). The measure indicates a good fit when it is close to or at 0.5 (Song & Lee, 2012). The confirmatory factor analysis suggested that the items for each subscale provided well-fitting models. Results

from the BCFA are presented in the Results chapter. Reliability analysis was conducted with the final set of items in order to determine the internal consistency of predictor and outcome scales.

Finally, multivariate multiple regression analysis was completed to determine the impact of each model practice on the group of survivor empowerment subscales, and the group of empowerment-related safety subscales, while controlling for level of participation and length of stay in DASH. Fourteen multivariate regressions were completed. Each DASH model principles were centered using the group mean in order to address multicollinearity concerns (Keith, 2006). In seven models, the three survivor empowerment scales were regressed on a mean-centered DASH model principle subscale, frequency of participation, and log length of stay. In the other seven models, the three empowerment-related safety subscales were regressed on a mean-centered DASH model principle subscale, frequency of participation, and log length of shelter stay. For example, the predictors for the first model were sovereignty, frequency of participation, and length of shelter stay. The outcomes for this model were the three subscales of survivor empowerment (confidence, critical consciousness, and connections). In the second model, the three empowerment-related safety scales (internal tools, trade -offs, and expectations for support) were regressed on sovereignty, frequency of participation and length of stay. The tolerance and VIF scores were acceptable for each of the models. Review of the residual plots for each model indicated that the standard errors were independent.

Survivor Qualitative Analysis

Similar to the employee interviews, I chose to analyze responses from the open-ended interview questions in the survivor interview using an inductive thematic analysis. I completed descriptive and invivo coding for data reduction. Codes were then grouped to generate themes

and make inferences. Themes were reviewed with a research assistant to support trustworthiness of the data.

Participatory Staff Meeting 4: Review of Findings

I conducted preliminary analyses and created data tables to present at an all-staff meeting, in order to review and interpret the findings from the survivor interviews. I first provided staff with a demographic table showing individual percentages of each of the item subscales. I gave them time to review the findings and ask any questions they might have of the data. Following a discussion of how the findings aligned with their original expectations, I facilitated a prioritization activity to help staff identify key findings, as well as findings that did not meet their expectations. The highly prioritized findings were written on flipcharts and employees were broken up in groups of people from both upper administration and direct services. I facilitated the rotating flip chart activity ensuring that each group moved in a circular motion to each flip chart where they wrote down their personal interpretations of the key finding. Once this activity was completed, we reconvened into a large group and discussed their interpretations of each finding. I prompted the group to also tell me what follow-up questions they wanted to ask survivors about the key findings. A majority of the questions for the survivor member check session were derived from this staff meeting.

Survivor Member Check Session

Torrance (2012) asserts that the role of research participants in the validation of the methods used within mixed methods research is an integral part of the research; he encourages the use of member check sessions as a form of validation of mixed methods research. In accordance with this, I conducted a member check session with residents from the Cornerstone program to validate the survivor findings. Questions were derived from the staff meeting as well

as inconsistencies I had noted between the qualitative and quantitative survivor data. Participants were chosen from those who had indicated at the time that they were interviewed that they would be interested in participating in a follow up conversation about the results with other residents at Cornerstone. Eight people elected to participate in the follow-up member check session that was held at DASH. Discussions were recorded and transcribed. The participants were not compensated for their time. In the focus group, I introduced the thirteen findings from the survivor interviews as statements. I then asked focus group participants their opinions about the findings, and if they believed the statements were representative of their experiences at Cornerstone. The group confirmed that the statements were valid, which established trustworthiness of the findings. The member session protocol is available in Appendix I.

CHAPTER 3: RESULTS

The results chapter is organized similar to the Methods chapter. I begin by describing the results from the first, inductive phase in the study. This includes a description of the themes that arose from the document review and staff interviews. Findings from the first phase of the study answer the first three research questions. Results from the deductive, second phase are then presented. Survivor interviews were analyzed to test the two study hypotheses. Brief qualitative findings from the survivor interviews conclude the section.

Phase 1, Stage 1: Document Review

Overall, DASH policies and procedures reflected the organizational expectation that services should be low-barrier, adaptable to survivors' needs and desires, voluntary, and delivered in a way to promote survivors' strengths and power. Five themes emerged from the review, with each theme describing specific employee behavioral expectations. Employees were expected to:

1) use service provision approaches that promote inclusive access to safe housing,
2) use the DASH model's seven principles when interacting with residents,
3) foster and sustain partnerships among community partners, employees, and residents
4) prioritize survivor safety, and
5) build their individual competencies using organizational capacity building opportunities.

Each expectation is described in detail below.

Expectation One: Use Approaches that Promote Inclusive Access to Safe Housing

DASH asserts in its policy and procedures that every survivor has the right to safe housing. Utilizing a *low barrier approach* to program selection, residents are able to have access

to and maintain stable, safe housing. *Voluntary services approach* allows residents to choose whether they want to participate in organizational programming and activities without fear of losing their housing. The written rationale states that this policy is designed to support residents' decisions and choices. Advocates are told that housing is not contingent on receiving services or assistance from anyone, and in turn, residents are able to make decisions without having to worry about their own housing. Supervisors are expected to support advocates in making these decisions.

Expectation Two: DASH Model's Seven Principles Should Inform Practice with Survivors

Eight of the ten documents required that employees use the seven principles of the DASH model when providing direct service. Advocates are encouraged to be responsive to residents' needs (*accountability/professionalism*), provide nurturing support to survivors (*compassion*), engage in their own independent decision making and also encourage personal decision making among survivors (*empowerment*), support residents' sense of self (*integrity*), act in a professional manner (*professionalism*), help residents come back to their initial goals (*re-centering*), and operate from their own will (*sovereignty*). A handbook is given to new residents which describe the DASH model principles, the model's purpose, and details how employees use the model to work with residents and outside community partners. The program directors and technical assistance team (upper management) are also required to adhere to the DASH model principles, and teach advocates how to do the same during service provision. The summaries below describe the major practices expected to be enacted for each of the seven principles.

Accountability/Professionalism. Employees are expected to provide services by being honest and transparent and creating respectful boundaries with residents. Employees are encouraged to not become combative with survivors and remain a resource to fulfill residents'

needs. Residents are instructed to hold employees or other residents in the building accountable by using the organizational grievance process. This formal process allows residents to address issues or concerns that they have had during their stay at Cornerstone. The documents described the grievance process as a right that survivors have to fair and safe treatment by DASH employees. The expectation of accountability and professionalism also broadly assumes that survivors have the right to experience a certain level of care that would not typically be offered by outside community-based and governmental systems. As a result, DASH employees are encouraged to act ethically and behave honestly with survivors, though this is not described frequently in the documents.

Compassion. Broadly, employees are instructed to express empathy for residents rather than judge or criticize them. When employees withhold judgment of residents, they are able to build a mutually cooperative relationship that supports survivor safety. Compassionate care is also expected to be enacted by listening to survivors, offering support and resources, and fully believing what the resident has to say about their own experiences. The described practices related to this component are rooted in the assumption that survivors come into DASH after having experienced multiple traumas, including treatment from helping systems that has been less than compassionate. As a result, DASH employees are expected to know that residents' lives are complex, and the outcomes of these complexities require care that is trauma-informed.

Empowerment. Across all of the documents there was an understanding that trauma and negative life experiences have impacted survivors' access to resources and perceived self-efficacy. Within the principle of empowerment, 'decision' was the most commonly repeated word in the documents. All related policies and procedures asserted that employees should support survivor decision making, and that survivors are encouraged to make their own

decisions. All resources and information provided by employees were ultimately used to ensure that residents are able to set their own goals for their lives.

Integrity. In order to integrate integrity within the employee-resident relationship employees were expected to be consistent and behave authentically with survivors. There was limited information in the document review describing how DASH employees were expected to enact the integrity principle.

(Re)centering/Adaptability. The fundamental assumption, and most commonly described term, for the (re)centering principle was 'balance.' Employees were expected to enact this principle when residents appeared out of balance. (Re)centering required a certain level of employee capacity such as helping survivors integrate calming activities into daily life, using harm reduction strategies, engaging in trust building strategies, and providing trauma-informed care. Recentering is the only principle of the DASH model that discussed a formalized process, and subsequent consequences of survivors not being able to meet the housing expectations. Specifically, employees were expected to meet with survivors who are engaging in behaviors that violated the lease agreement.

Adaptability is a principle that encourages employees to acknowledge and understand survivors' complex lives, and to adapt practice-based tools to help get the things that survivors need. Employees are expected to have an open mind about the causes of survivors' personal experiences and hardships. Akin to the concept of flexibility and adaptability was creativity. Advocates are expected to be creative about the strategies and approaches that are introduced to the survivor in order to deal with those hardships. Survivors are able (and are expected) to change their minds as frequently as needed. In addition, termination from the program is also considered flexible.

Sovereignty. Sovereignty was often referred to as 'choices.' Similar to empowering practices, employees are expected to respect the choices that survivors make for themselves, and offer information in order to enhance those choices. This was reflected in statements in the documents about residents being able to make their own decisions about their medications (whether they want to take them or not) and use of substances (whether they want to continue to use). These choices are not expected to interfere with their ability to sustain housing.

Some principles had clearer description of how they should be enacted (*i.e.,* recentering), while others lacked specific directions for implementation (*i.e.,* integrity). However, a strong, trusting relationship with residents was an implicitly and explicitly stated assumption critical to the implementation of each principle. Even though *partnerships* is a DASH model principle, it was stated so frequently throughout the documents and other principles, it formed into its own employee behavioral expectation theme. This theme is described next.

Expectation Three: Importance for Employees to Create and Sustain Partnerships

Organizational policies and procedures emphasized the importance of creating and sustaining partnerships between employees and residents, employees and community partners, and with one another. All ten documents described specific techniques, strategies and tools that are used to ensure that employees work in partnership with others to help meet residents' intended goals. Some documents described the importance of engaging in trust building strategies in order to strengthen relationships with residents over time. According to these documents, residents are strongly encouraged to meet with their advocates regularly in order to help them reach their own goals.

At an organizational level, employees are required to do their work as a cooperative team with the specific purpose of providing survivor-centered care. This desire for cooperative

learning is particularly salient between the TA team and advocates. Advocates are instructed to implement the knowledge and skills gained from monthly training and bi-weekly TA team supervision in order to create boundaries and work effectively with residents. There is a small discussion in the documents about how DASH works with community based organizations to create opportunities for survivors to have access to a diverse set of resources.

Expectation Four: Survivor Safety

Findings from this theme suggested that safety is viewed by DASH as a right for residents. The organizational policies and procedures described how employees should help maintain survivor safety (*e.g.,* safety plan), and discuss the negative repercussions of violating survivor safety (*i.e.,* client termination). Documents specifically intended for residents explicitly stated that the purpose of the rules is not to monitor daily living, but to keep them safe. These rules included having to sign in and out of the building and not conducting illegal activity on DASH property. Similar to employees, a violation of these rules may result in termination from the housing program.

Client Termination Policy. The termination policy is related to survivor safety. Specifically, the documents describe termination as a process, rather than automatic action. There are three actions that would make staff consider termination: violent or threatening behavior, illegal activity, and abandonment of unit. Residents who are terminated are still able to access other services at DASH but cannot go back to Cornerstone housing. (Re)centering meetings occur when residents have violated or could potentially violate one of these rules.

Expectation Five: Emphasis on Advocates Learning Requisite Knowledge and Skills

DASH's written documents stressed that employees are expected to gain all of the requisite knowledge and build the skills necessary to serve the complex needs of survivors who

come to DASH. They are also expected to effectively transfer that information to residents when it is needed. Specifically, documents describe employees having procedural skills such as knowing when to make a report to CPS, and clinical skills such as identifying when residents are in a mental health crisis.

Some documents also described how survivors are situated within the larger world. These documents introduced the idea that survivors typically face stigma and discrimination while seeking outside help, and it is important to identify strategies to help them cope with these experiences. Upper administration is expected to support advocates to support the resident. They are required to receive feedback on their performance, learn new information to improve performance and be able to integrate this information into their future work with residents.

Inferences from the Document Review

Findings from the document review suggest that the policies, procedures, and relevant implementation materials promote a survivor-driven approach to service delivery. Additional analysis of the policies and procedures did not reveal any content that was antithetical to the organizational mission. The results from this review suggest that employee behavior would be considered to be consistent with the written policies of the organization if employees reported:

1) they are using the DASH model principles when interacting with residents

2) high quality partnerships with survivors and community organizations

3) strong consideration of safety for survivors

4) the belief that survivors are in control of their own lives, and

5) receiving ample opportunities to build individual capacities.

Phase 1, Stage 2: Staff Interviews

In the second stage of the inductive phase of this study, I interviewed employees at DASH to answer my second and third research questions. As a reminder, the second research question sought to explore how DASH policies and procedures reflected DASH's culture and structure. I wanted to understand how the expectations identified in DASH documents manifested within the culture and structure of the organization. Overall, results from the twelve employees suggested that DASH's organizational culture supported the written employee expectations. Employees also described how the flexible policies and procedures support the autonomous yet relational, survivor-centered culture. However, analysis of the effectiveness of the hierarchal structure suggested that advocate capacity building was not being adequately promoted by the technical assistance team. A discussion of these themes is reported below.

Cultural Components Identified by Staff as Defining the Organization

As noted in Chapter 1, culture describes the behavioral artifacts, espoused values, and basic assumptions within an organization. I asked employees various questions about their work environment, what made employees successful, support that they experience in their jobs, and the extent that they believed alignment occurred the written policies and organizational practice. Five cultural components arose from these questions. Autonomy was the first cultural component. Employees described having the freedom to engage in practices and make decisions about their service provision practice with minimal oversight. Conversely, the second cultural component identified was that DASH's culture was highly relational. A high value was placed on relationships among employees, survivors, and community partners. The third culture component was an espoused value that required employees' explicit investment in the seven principles of the DASH model. Members of the DASH culture were expected to be cognizant of

and invested in the DASH model. Survivor-centered organizational practice was the fourth cultural component. Survivors were highly valued, and their respective needs were the cornerstone of all employee and organizational practice. The final cultural component was the basic assumption that DASH provided a distinct and innovative approach to the provision of services for survivors. Each of the themes is described in detail below.

DASH is Autonomous

Employees who participated described that DASH was a highly autonomous environment where employees are encouraged to make their own decisions. Many employees, at every part of the organizational hierarchy, suggested that they enjoy a level of freedom within their position particularly with service provision. They were able to make choices about how they chose to provide services that aligned with their own interpretation of the model. Employees stated that support was provided by their supervisors, but had to be elicited. Otherwise, there was an assumption by leadership that employees were competent in making decisions. The sense of autonomy was also reflected in how employees engaged with one another. For example, some staff described not interfering in other employee's decision making as a sign of respect. Many participants stated that new employees would have to be self-determining and comfortable with self-directed learning to be successful at DASH. Chanel[1] describes how the level of autonomy influenced the creativity that she was able to apply to her work.

> *"One thing I really enjoy about my work here is that we are given a lot of kind of freedom in terms of what I do on a day-to-day basis. Which I think in a certain way is a support because I don't come in to work every day with a list of what I'm supposed to do. [It] allows me to kind of interpret the model and be a little bit creative with the work that I do."* (Chanel, Direct Service)

[1] Pseudonyms were used in order to protect employees' confidentiality.

One supervisor described that the highly autonomous context allowed direct service providers to pursue personal passions, and she believed that this helped to offset the limited compensation that they received.

> *"Each advocate has their own specialty area. I thought this was really a great idea because we don't pay them a lot, but we give them an opportunity to do stuff that they like to do."* (Cortney, Supervisor)

Employees also stated that it was okay to make a mistake in this highly autonomous environment. Sixty-seven percent of employees (n= 8) reported that there were few formal negative repercussions when a mistake was made during service provision. Many stated that their supervisor generally saw it as a learning opportunity. They did not worry about being reprimanded or being terminated. Some people stated that employees can actually make many mistakes before being terminated.

DASH is Relational

All staff discussed the fact that DASH is a highly relational environment. Many participants discussed the high-quality relationships that advocates are expected to have with residents. They are expected to be able to develop an intimate understanding of residents' lives in order to provide the best kind of supports. Employees discussed how advocates are expected to be in partnerships with survivors in ways that most other members in the organizational hierarchy did not. In turn, partnerships were often connected to a discussion about boundary setting and self-care for advocates.

Nine staff discussed working in collaboration with one another in order to carry out specific tasks in order to best support survivors. Workers stated that the small staff relied on being in partnership with one another, and there was noticeable difference when people were

missing from their jobs. Many people likened their work with other employees as a team or community. While most of the comments about DASH's relational culture were positive, some participants stated that professionalism could at times be blurred due to the closeness of the relationships and the relaxed environment.

The value on relationships also extended to how staff reported engaging with other community-based programs. Most participants, no matter their organizational position, were able to name at least five community partnerships that supported DASH. Community relationships were seen as crucial to getting resources to help survivors meet personal goals. In addition to providing direct resources to residents, different community organizations had representatives come into DASH to provide direct training to employees on particular topics of interest. Temple describes how the relationship building manifests at each level of the organization.

> *"I feel like it can be a little nontraditional because we value the relationship with the participants as a partnership. So we're a partner with you. We are not like here and you're here. We are partners and in order for this to be successful for both organizational outcomes as well as what your potential outcomes are, we have to value this partnership. Then the other piece is that we also value and understand that our mission is to provide access to safe and affordable housing. And we can't do it all. So we need partnerships with other community service organizations to help survivors through other processes of their life that's happening simultaneously with housing support. Then also with staffing, I feel like it's a known factor that we're all partners in this process. And DASH's perspective is that one person just doesn't go around making all the decisions. That it really takes a partnership among staff to, you know, address a concern,*

give their perspective, and then come up with an outcome as a group." (Temple, Supervisor)

In addition, all employees who participated in the study reported receiving and offering emotional support from and to their coworkers and supervisors to help deal with difficult job experiences. Each participant described feeling emotionally supported within the DASH environment. Staff described how individual acts of self care were supported by the organization in the policies (*e.g.,* having a lot of vacation time). They also stated that supervisors encourage people to take time off when needed, and/or provide an open space to process what they are feeling about their interactions with survivors. Some participants stated that these exchanges are an opportunity to process emotionally and build skills, while others simply saw these exchanges as primarily emotional supports.

Explicit Investment in the DASH model

Every participant described that a vested belief in the DASH model was important to DASH's organizational culture. Investment in the model meant that employees had to be knowledgeable about the seven principles, and trust that these principles will result in survivors' success. Interestingly, some staff members described that the model was almost dogmatic in nature, and asserted that questioning its legitimacy to leadership would be unsafe. Despite this belief, staff strongly believed in the model's effectiveness.

"Like I said, you have to be kind of like a sociopath to not buy into those principles. But I know that when people express something less than complete faith in the value of the model that they kind of get their head bit off." (Elizabeth, Direct Service)

Although the model was identified as an organizational given, there was not a clear understanding about how employees were formally acclimated to the model. Many employees stated that they learned the model simply by being in the DASH environment. All participants described the model as "intuitive," a philosophy that matched their personal beliefs about how to conduct human services work. They felt that the model had a positive impact on residents' lives in the short and long term, which made using it rewarding.

> *"The model itself helped to bring it all together and give some definition in relation to working with survivors. It helped to spell it out; create a road map or an agenda, so to speak, on how to work with survivors. So that's what it did for me. It didn't introduce anything that I didn't already believe in prior to even coming here."* (Cortney, Supervisor)

Ten employees believed there was alignment between the organizational philosophies as these components were described in written policies and how they are practiced on the ground. Many employees described the seven DASH model principles to be their reference point for problem solving before, during, or after decision making about a resident. Some participants discussed considering all parts of the model when they make choices about how to proceed with a resident. Other participants used the DASH model principles as a tool for personal reflection to see if their actions aligned with the model. Some participants stated that the model becomes an afterthought when DASH gets really busy, and that there was a need to integrate it more actively into everyday organizational practice. A few participants were not able to describe how they explicitly used the model, with one simply stating, "*You just know when you are using it*."

DASH is Survivor Centered

All employees explained that the culture of DASH was survivor-centered. They shared an understanding that survivors were complex, mature, multi-faceted people with their own personal needs and desires.

> *"I feel like survivors are the #1 priority. They are the most important people, then we come next. It's not about, 'we have to do this,' and 'we have to do that,' and 'we're important.' No, they are the most important people. I think they're valued more than any other program I've ever worked in. That we listen to them, they're heard. That we believe them. That we're not that program where, 'oh, she was using [drugs] in the building, [so] then she has to go right away'. No. Let's sit down and talk. Let's try to figure out how we can make this still work for you, still keep you safe, and still keep the community safe. It's not that hard and fast, oh, she messed up and she's gone, 'cuz then I don't value you. I don't value your life."* (Rebecca, Supervisor)

With this in mind, staff described how they respected where the survivor was at in their life and tried to work with them to help them reach their personal goals. Since residents are different, all employees also discussed that the mechanisms to reach their respective goals would differ. As a result, staff had to learn what survivors needed. All participants also stated that survivors were competent, capable and can make their own choices. Staff had to trust survivors when they spoke about their experiences and trust that survivors were telling the truth. Overall, employees stated that survivors' autonomy and personal decision making were highly valued within the organization. Many believed that the flexible policies and limited rules helped to

accommodate the complexity of survivors' lives. Overall, participants stated that survivors' autonomy and personal decision making were highly valued within the organization.

> *"I just feel like when DASH was founded they were very thoughtful around doing things differently. The survivors come to us often from very controlling, oppressive environments and we're not gonna set ourselves up that way. These are grown folks who can make their own decisions about many different things. So beyond the landlord-tenant kind of issues and the basics we need for our program, we're gonna let them decide what it is. Whilst, you know, I see part of the advocate's role as talking to them about what different choices are available."*
>
> (Karen, Supervisor)

One participant from upper management described how she used this survivor-centered approach to actually push back against survivors who might state that they are dissatisfied with the services that they received from DASH.

> *"DASH is very different. So sometimes participants come to us and be like, y'all didn't help me do anything. Y'all didn't help me get my GED. Y'all didn't . . . and we're like, no, you were the leader of this process. We've offered this and we've offered that, but it was really up to you to make that decision. So sometimes I can see where partnerships can be strained when working with participants."*
>
> (Temple, Supervisor)

DASH is Distinct From Other Helping Organizations

There was a shared belief across all staff that DASH's approach was the superior way to deliver services compared to other domestic violence housing organizations. They discussed how other systems disrespected, policed, and oppressed survivors. All employees stated that DASH

was created in opposition to these places. As a result, there was an understanding across employees that DASH was a unique and innovative context that differed from other helping organizations.

> *"DASH does things in very different ways, and treats survivors with so much more dignity and respect. It's part of why I wanted to come here. I feel like when we're treating survivors with more dignity. I feel just much more respected when I'm able to treat people with respect."* (Karen, Supervisor)
>
> *"And I do think that in terms of its functionality, on its worst day it represents a marked improvement over the status quo anywhere else I've been."* (Raquel, Direct Provider)

How DASH Program Theory is Reflected in the Organizational Culture

Overall, the data from staff interviews revealed that the seven DASH model principles were deeply embedded within the organizational culture. Every staff member was able to accurately state at least part of the overall DASH mission. For example, some employees discussed that DASH sought to provide empowering services that promoted survivor self-determination and advocated for survivors' rights and choices. A few stated that the purpose of DASH was to provide safe housing to survivors who would otherwise not have the opportunity due to barriers they might experience at other organizations.

I also assessed embeddedness by asking participants to recall the DASH model's seven principles without a prompt. Eleven out of twelve participants were able to recall at least four of the seven principles. The one employee who only remembered one model principle also spent the least amount of time at the organization (7 months). In addition, the two employees who remembered all seven of the principles had been at DASH the longest period of time (56 months

and 80 months, respectively). The most commonly recalled principles were sovereignty, accountability, compassion, and integrity. Participants were least likely to recall the principle of empowerment, although their responses in general often reflected congruence with providing empowering practice.

Another way that I measured embeddedness of the organizational philosophy was to ask employees how they enacted the DASH model principles in their practice with survivors, and then to assess how the descriptions of this philosophy were congruent with the actual definition of the program theory. For example, I asked each employee how they define compassion. Then, I reviewed each of the responses, and counted how many responses were congruent with the organization definition of compassion. Following this, I analyzed the responses and made an aggregate of the numbers of items that were in alignment with the statement, and the number that were out of alignment. I developed a percentage of statements that were aligned out of the total number of statements. I found that Compassion had the greatest number of statements that were the most similar to the organizational definition, followed by Recentering, Accountability, Sovereignty, Empowerment, Partnerships, & Integrity. Staff reports of how they practiced each principle within the organizational context are located in Appendix G.

Staff Perceptions of How the DASH Structure Impacts Their Work

This section describes employees' description of DASH's structure, or the procedural and management mechanisms to support employees' ability to carry out the program theory. As noted in the methods, DASH adopted an upside-down management structure -- meaning that many resources at the organizations are primarily devoted to those who provide direct services. As a result, DASH leadership created a technical assistance (TA) team to support advocates in providing effective service provision to survivors. The structure was intentionally designed to

promote survivor strengths through its management style, training and supervision. In order to answer the third research question, employees were asked about the extent that organizational structures helped or hindered their efforts to provide low barrier, voluntary, empowering services to clients. Two themes emerged. First, the TA team was seen as providing emotional support and clinical expertise to employees, but they were also viewed as being overly involved in direct service with employees and not adequately building advocates' capacity. Second, advocates described organizational procedures in place that promoted their autonomy and flexibility.

Mixed Effectiveness of the Technical Assistance Team

The TA team serves as a unique component of the organizational hierarchy. As expected, a majority of staff (n= 8) reported that the TA team provided expertise that improved the services being provided to residents. Most participants generally believed that the TA team was very encouraging and responsive to situations primarily dealing with survivor concerns. Many believed that the TA team was knowledgeable about their respective fields of study. Members of the TA team described using supervision to provide emotional support and practical information to help advocates work most effectively with survivors who have complex needs. This was affirmed by seven employees who stated that the TA team provided support through practical resources and helpful advice. Sara describes her helpful experience with the TA team:

> *"And they support me and always ask me what I need [and] how I need this and that. So that's very helpful to know that I have help, you know. They do help and they have been extremely supportive in like, what do you need me to do and where do you need me to go."* (Sara, Direct Service)

Staff throughout the organizational hierarchy mentioned that the TA team was providing too much direct service to residents. While most employees stated that the misalignment was

occurring, many had differing reasons for why. Some attributed the misalignment to the growing workload of the advocates; other stated that it was the rapidly changing shifts in management. Others stated that the TA team did not trust the advocates' skill and expertise.

> *"I think it can be counterproductive sometimes. Because the way that the technical assistance grid was made, it's not working as it was created to be. It was created to be used to support the advocates who essentially will work with the survivors. How it's being used now is, the TA staff has been providing direct service."* (Joy, Supervisor)

Every participant mentioned that the TA team was operating outside of its original intention. Specifically, employees discussed how the team was providing direct services to survivors that seemed necessary given other organizational dynamics, yet this behavior was not aligned with the organization's initial purpose.

> *"The TA model I think, you know, on its worst days can end up with the TA team having sovereignty and sovereignty isn't the word, but being too hands-off and not really partnering with the advocates to get some of the work done."*(Karen, Supervisor)

Some staff stated that the TA team was not effectively transferring new knowledge to advocates. Raquel describes her experiences with the TA team when seeking resources.

> *"Let's just put it this way. A stack of resources printed by one of the TA team members isn't going to be any more useful to me than the results of a Google search. There have been times where I have viewed the TA team's input as being no more valuable than something I could find myself."*

Procedures Support Advocate Autonomy and Flexibility

Twelve DASH staff stated that the organization intentionally had flexible guidelines and procedures about how to provide direct services. Many described the flexible procedures as having to "work in gray area." The guidelines were viewed by staff as helping them provide services that were adaptable to survivors' needs with minimal interference from restrictive procedures. Some staff shared DASH's organizational sentiment that "the rule is not more important than the survivor." This indicates that the procedural flexibility was intentional, and was a mechanism to support survivor centered practices. Similar to the autonomous culture theme, employees also described how the flexible procedures reflected a high level of trust that DASH had in employees to make decisions about service provision. Joy, a supervisor, describes the trust that was associated with the procedural flexibility:

> *"A lot of the policies expect for you to use your best judgment. A lot of the policies may suggest things, but it's not cut and dry. You know, so it allows you to be able to draw from these policies and procedures, and use the model, and use the compassion, using your own best judgment, with integrity and sovereignty and your professionalism – to move forward."*

Some employees did state that it would be helpful to have more policies and procedures written down within the organization. As a supervisor, Rebecca described how the frequent changes in policies often leave her unaware of the most current policies.

> *"Our policies sometimes change and I don't know it. I overall think that the advocates have a blueprint on how they should be working with the residents and how they should be treating the residents. I know that verbally we talk about it a lot. But I can't 100% speak to the written policies because stuff does change."*

Phase 2: Survivor Interviews

As detailed in the Method section, survivor interviews were conducted in order to examine the consistency between how staff saw their own behavior and how survivors experienced staff behavior. Interviews also included questions about outcomes survivors believed they had achieved as a result of receiving Cornerstone services.

Survivor Demographic Information

Thirty-three women participated in resident interviews (out of 41 possible; 80% participation rate). Participant ages ranged from 19 to 63, with an average age of 33.3 (*SD*=10.8). Eighty-eight percent of the sample identified as Black, African American, or African, and 12% of residents who participated identified as Latina or some other race. Five participants (15%) of the sample were not born in the United States. One third of participants (n=10) stated that they can easily pay their bills or did not worry about paying for things they wanted or needed, while 33% (n=13) stated that they either had trouble paying their regular bills or simply couldn't pay their bills. About one fourth of the sample did not complete high school. Twenty percent had earned a high school diploma, and a majority of the sample (53%, n=17) was a college graduate or had completed some college at the time of the study. Forty-nine percent (n=16) of the sample reported having some type of mental health issue. Only 5 participants (15%) reported a physical disability, typically lower back pain. About one third of the sample (29%) was employed at least part time, almost one third was enrolled in school or in a training program (32%), and about one third of women were unemployed (29%). Demographic information is available in Table 2.

Table 2:Cornerstone Resident Demographics (*N* = 33)

	Mean (SD)	Range
Age	33.3 (10.78)	19 - 63
Cornerstone stay (in days)	354 (1.89)	20 - 678
	# of Residents	**%**
Race		
African American/African	29	88
Hispanic/Latino/ Other	4	12
Employment		
Employed Full-Time	4	13
Employed Part-Time	5	16
Unemployed	9	29
Student	10	32
Other	3	10
Financial Situation		
I do not worry about paying for things I want and need.	3	10
I can easily pay my bills but need to be careful.	7	23
I can pay my regular bills but a bill that was bigger than usual would cause a hardship.	7	23
I have trouble paying my regular bills.	9	30
I simply can't pay my bills.	4	13
These days I can generally afford to buy the things that I need		
Not at all true	4	13
Slightly true	4	13
Half the way true	8	25
Generally true	7	22
Very True	9	28
These days I can generally afford to buy the things that I want		
Not at all true	12	38
Slightly true	8	25
Half the way true	6	19
Generally true	3	9
Very true	3	9
Mental Health Concerns (Yes)	16	49
Physical Health Concerns (Yes)	5	15
Parenting Children under the Age of 18 (Yes)	25	76

Descriptive Survivor Analysis

Survivors were asked about the voluntary nature of the services provided by DASH. Overall, 94% (n=31) reported that they were able to choose the programs and services they wanted to participate in during their stay at DASH. The average response to this question was 3.45 (0=not at all to 4=very much, *SD* = 1.09). Survivors also reported the extent to which they believed that employees made them feel like they had to meet with them whether they wanted to or not. About 61% of participants (n= 20) reported that the statement was at least slightly true, and 39% (n=13) reported that this statement was not true at all. The mean response was 1.81 (*SD* =1.70).

I also asked survivors questions to assess the extent to which staff behaved in ways consistent with DASH's model seven principles. Response options ranged from 0 (not at all) to 3 (very much), and 37 questions were asked regarding the seven principles (scale construction described in Chapter 2). The model principle practices that were the most highly endorsed were *sovereignty* practice (*M* =2.49, *SD*=0.71) followed closely by *compassionate* practice (*M* =2.47, *SD* =0.77). In other words, DASH employees tended to interact with residents in ways that respected survivors' autonomy and were empathetic. The third highest practice was *accountability* (*M* =2.25, *SD* =0.88) followed by *partnerships* (*M* =2.17, *SD*=0.99) and *integrity* (*M* =2.16, *SD*=1.05). Relative to the other model principles, participants were less likely to endorse *empowering* (*M* = 2.04, *SD*=0.93) and *(re)centering* practices (*M* =1.96, *SD*=0.87). However, the means for any of the principles did not fall below "somewhat" in survivors' responses.

With regard to outcomes achieved by survivors, they reported high levels of empowerment (response options ranged from 0 = Not at all true to 4 = Very true) and

empowerment-related safety (response options ranged from 1 = Never true to 5 = Always true). Descriptive results from the survivor empowerment scale showed that women reported high levels of feeling able to complete their goals (confidence; *M* =3.26, *SD* =0.96), being connected to the community (connections; *M* =3.07, *SD*=1.06), and having increased domestic violence awareness (consciousness*; M* =3.12, *SD* =0.96).

In response to the items on the empowerment-related safety scale, Residents reported that they had internal resources necessary to stay safe (internal tools; *M* =4.30, *SD* =0.70) and knowledge about formal supports (expectations for support; *M* =3.94, *SD* =0.97). They also did not believe that keeping safe would bring more difficulties (trade-offs; *M* =3.71, *SD* =1.33). Tables 3 – 5 details these descriptive findings.

Table 3: Descriptives for Voluntary Services Questions (*N* = 33)

Item	Not at all true (0)	Slightly True (1)	Half the way True (2)	Generally True (3)	Very True (4)
I choose what DASH programs or services I want to participate in.	2 (6%)	0	3 (9%)	4 (12%)	24 (73%)
Staff make me feel like I have to meet with them whether I want to or not.	13 (39%)	2 (6%)	5 (15%)	4 (12%)	9 (27%)

Table 4: Descriptives for DASH Model Practices Subscales (*N* = 33)

Item	Not at all (0)	A little (1)	Somewhat (2)	Very much (3)
Sovereignty Practices				
1. Encourage me to be who I am	1 (3%)	3 (9%)	9 (27%)	20 (61%)
2. Respect the choices that I make	1 (3%)	3 (9%)	7 (21%)	22 (67%)
3. Treat me with dignity	3 (9%)	1 (3%)	4 (12%)	25 (76%)
4. Understand that I know what's best for me	1 (3%)	2 (6%)	11 (33%)	19 (58%)

Table 4 (cont'd)

Compassion Practices				
1. Believe me when I share things about my life	1 (3%)	4 (12%)	3 (9%)	25 (76%)
2. Listen to me	0 (0%)	5 (15%)	5 (15%)	23 (70%)
3. Care about me	4 (12%)	2 (6%)	5 (15%)	22 (67%)
4. Work to understand my situation	5 (15%)	4 (12%)	4 (12%)	20 (61%)
5. Care about my children	0 (0%)	2 (7%)	6 (22%)	19 (70%)
6. Accept me for who I am	3 (9%)	2 (6%)	4 (12%)	24 (73%)
Accountability Practices				
1. Respond to my needs promptly	4 (12%)	4 (12%)	11 (33%)	14 (42%)
2. Are flexible	4 (12%)	5 (15%)	6 (18%)	18 (55%)
3. Follow up with me when I make a request	1 (3%)	5 (15%)	5 (15%)	22 (67%)
4. Clearly explains how this program works	4 (12%)	4 (12%)	2 (6%)	23 (70%)
Partnership Practices				
1. Work with me to help me make my goals a reality	3 (9%)	4 (12%)	6 (18%)	20 (61%)
2. Make me feel like we are working as a team	5 (15%)	5 (15%)	8 (24%)	15 (46%)
3. Provide opportunity for us to learn from one another	4 (12%)	7 (21%)	3 (9%)	19 (58%)
4. Are on my side	5 (15%)	3 (9%)	3 (9%)	22 (67%)
Integrity Practices				
1. Are honest with me about what they can and cannot do	6 (18%)	3 (9%)	2 (6%)	22 (67%)
2. Are consistent with me	5 (15%)	0 (0%)	6 (18%)	22 (67%)
3. Are trustworthy	5 (15%)	7 (21%)	7 (21%)	14 (42%)

Table 4 (cont'd)

Empowerment Practices				
1. Help me reach out to organizations outside of DASH in order to get the resources I need	5 (15%)	8 (24%)	4 (12%)	16 (49%)
2. Provide me with the tools I need to accomplish my goals	5 (15%)	6 (18%)	8 (24%)	14 (42%)
3. Work with me step by step to accomplish my goals	4 (12%)	6 (18%)	7 (21%)	16 (49%)
4. Provide me with the information that I need to make my own choices	4 (12%)	6 (18%)	10 (30%)	13 (39%)
5. Help me to define successes on my own terms	2 (6%)	6 (19%)	7 (22%)	17 (53%)
6. Help me to find resources I need	3 (9%)	4 (12%)	11 (33%)	15 (46%)
Recentering Practices				
1. Help me move forward when I feel stuck	4 (12%)	6 (18%)	8 (24%)	15 (46%)
2. Notice when things are out of the ordinary for me	6 (18%)	7 (21%)	8 (24%)	12 (36%)
3. Provide me time to learn at my own pace	4 (12%)	3 (9%)	6 (18%)	20 (61%)
4. Help me find ways to manage stress	3 (9%)	7 (21%)	9 (27%)	14 (42%)
5. Help me learn different ways of dealing with feeling overwhelmed	5 (16%)	9 (28%)	9 (28%)	9 (28%)

Table 5: Descriptives for Survivor Empowerment Subscales (N = 33)

Item	Not at all true (0)	Slightly True (1)	Half the way True (2)	Generally True (3)	Very True (4)
Confidence					
1. I am better at deciding what I want for my life.	3 (9%)	2 (6%)	2 (6%)	7 (21%)	19 (58%)
2. I trust myself and my decisions more.	3 (9%)	0 (0%)	5 (15%)	5 (15%)	20 (61%)
3. I am more able to achieve goals I set for myself.	3 (9%)	2 (6%)	1 (3%)	10 (3%)	17 (52%)
4. I am better at knowing what steps to take to achieve my goals.	1 (3%)	1 (3%)	5 (15%)	8 (24%)	18 (55%)
5. I am more confident about the decisions I make.	3 (9%)	1 (3%)	3 (9%)	11 (33%)	15 (46%)
6. I have a greater understanding that I have the ability to make changes in my own life.	2 (6%)	0 (0%)	1 (3%)	8 (24%)	22 (67%)
7. I have a greater sense of freedom to make changes in my own life.	0 (0%)	3 (9%)	1 (3%)	5 (15%)	24 (73%)
8. I can do more things on my own.	1 (3%)	3 (9%)	0 (0%)	5 (15%)	24 (73%)
9. I am better at figuring out how to handle problems that arise in my life.	1 (3%)	1 (3%)	4 (13%)	9 (28%)	17 (53%)
Connections					
1. I have a greater understanding that if one organization cannot help me there will be another that can.	5 (15%)	2 (6%)	4 (12%)	6 (18%)	16 (49%)

Table 5 (cont'd)

2. I know more about the community resources that I might need.	2 (6%)	3 (9%)	8 (24%)	2 (6%)	18 (55%)
3. I have a greater understanding that I am not alone.	3 (9%)	1 (3%)	1 (3%)	8 (24%)	20 (61%)
4. I am better able to get information that will help me.	2 (6%)	1 (3%)	4 (12%)	8 (24%)	18 (55%)
5. I am more comfortable asking for help.	2 (6%)	1 (3%)	7 (21%)	6 (18%)	17 (52%)
Consciousness					
1. I have a greater understanding of how racist systems make it difficult for survivors to protect themselves and their children.	7 (21%)	1 (3%)	6 (18%)	6 (18%)	13 (39%)
2. I have a greater understanding that I have the right to be angry about what I've experienced.	3 (9%)	2 (6%)	4 (13%)	5 (16%)	18 (56%)
3. I have a greater understanding of how sexist systems make it difficult for survivors to protect themselves and their children.	5 (15%)	1 (3%)	2 (6%)	9 (27%)	16 (49%)
4. I have a greater understanding of how common DV is.	2 (6%)	0 (0%)	4 (12%)	5 (12%)	22 (67%)
5. I have a greater understanding of how domestic violence affects me.	0 (0%)	3 (9%)	3 (9%)	5 (15%)	22 (67%)

Table 5 (cont'd)

6. I have a greater understanding that survivors are not to blame for being abused in a relationship.	1 (3%)	1 (3%)	2 (6%)	3 (9%)	25 (76%)
7. I have a greater understanding of the causes of domestic violence.	3 (9%)	2 (6%)	4 (12%)	10 (30%)	14 (42%)
8. I have a greater understanding that together with other survivors, I can have a part in ending violence against women.	3 (9%)	1 (3%)	5 (15%)	3 (9%)	21 (64%)

Table 6: Descriptives for MOVERS Subscales (N = 33)

Question	Never true (1)	Sometimes true (2)	Half the time true (3)	Mostly true (4)	Always true (5)
Internal Tools					
1. I can cope with whatever challenges come at me as I work to keep safe.	0 (0%)	3 (9%)	3 (9%)	12 (36%)	15 (46%)
2. I know what to do in response to threats to my safety.	0 (0%)	2 (6%)	2 (6%)	13 (39%)	16 (49%)
3. I know what my next steps are on the path to keep safe.	1 (3%)	3 (9%)	1 (3%)	8 (24%)	20 (61%)
4. When something doesn't work to keep safe, I can try something else.	0 (0%)	1 (3%)	2 (6%)	9 (28%)	20 (63%)
5. When I think about keeping safe, I have a clear sense of my goals for the next few years.	1 (3%)	2 (6%)	4 (12%)	13 (39%)	13 (39%)

Table 6 (cont'd)

6. I feel confident in the decisions I make to keep safe.	0 (0%)	1 (3%)	3 (9%)	9 (27%)	20 (61%)
Expectations for Support					
1. I have a good idea about what kinds of support for safety I can get from people in my community (friends, family, neighbors, people in my faith community, etc).	2 (6%)	4 (12%)	6 (18%)	10 (30%)	11 (33%)
2. I feel comfortable asking for help to keep safe.	2 (6%)	2 (6%)	1 (3%)	6 (18%)	22 (67%)
3. I have a good idea about what kinds of support for safety I can get from community programs and services.	2 (6%)	2 (6%)	9 (27%)	6 (18%)	14 (42%)
4. Community programs and services provide support I need to keep safe.	3 (9%)	2 (6%)	5 (15%)	9 (27%)	14 (42%)
Trade Offs					
1. I have to give up too much to keep safe.	14 (42%)	7 (21%)	3 (9%)	4 (12%)	5 (15%)
2. Working to keep safe creates (or will create) new problems for me.	17 (52%)	2 (6%)	5 (15%)	6 (18%)	3 (9%)
3. Working to keep safe creates (or will create) new problems for people I care about.	16 (49%)	7 (21%)	2 (6%)	3 (9%)	5 (15%)

Relationship between Voluntary Services and Empowerment

Results from Pearson's correlation analysis found that the practices associated with voluntary services were significantly related to survivor empowerment and empowerment-related safety. For example, "I choose what DASH programs or services I want to participate in" was positively associated with the *confidence* subscale, $r = 0.38$, $p < 0.05$. "Staff made me feel like I had to meet with them whether I wanted to or not" was significantly negatively associated with the *expectations of support* subscale ($r = -0.37$, $p < 0.05$), *confidence* subscale ($r = -0.36$, $p < 0.05$), *connections* subscale ($r = -0.44$, $p < 0.05$), and *consciousness* subscale ($r = -0.46$, $p < 0.05$).

Six simple regression analyses were run to examine whether voluntary services predicted increased empowerment. Results showed small, significant effects when survivor empowerment and empowerment-related safety subscales were regressed on each of the voluntary services questions. Results showed that choosing to participate in programming at survivors' personal desire was a significant predictor of the *confidence* subscale, accounting for approximately 14% of the variance ($r^2 = 0.14$, $p < 0.05$). Feeling forced to meet with staff was significantly negatively related to the *confidence* subscale ($r^2 = 0.13$, $p < 0.05$), *connections* subscale ($r^2 = 0.19$, $p < 0.05$), and *consciousness* ($r^2 = 0.21$, $p < 0.05$), accounting for approximately 13%, 19%, and 21% of the variance, respectively. Results suggest that practices forcing residents to meet with advocates against their will significantly decreased survivor empowerment. Feeling forced to engage with staff was also significantly negatively related to the empowerment-related safety subscale, *expectations for support*, and explained about 14% of its variance ($r^2 = 0.14$, $p < 0.05$). Fourteen percent of the variance in this question was also accounted for by *trade-offs* ($r^2 = 0.14$,

p< 0.05). When residents felt forced to meet with advocates, it predicted survivors' belief that safety strategies would create new problems for them.

Bayesian Confirmatory Factor Analysis of DASH Model Practices and Survivor Empowerment Scales

Prior to assessing whether each of the seven model practices predicted survivor empowerment and empowerment-related safety, it was necessary to determine whether the items on each subscale shared the hypothesized common factor. Bayesian factor analyses were conducted with the seven principles of the DASH model (sovereignty, empowerment, accountability, partnerships, compassion, integrity, and recentering) and the three components of survivor empowerment (consciousness, community, connections) using ten separate single latent confirmatory factor models. The posterior predictive p-values across all samples ranged from 0.43 to 0.50, indicating an acceptable model fit. Table 5 shows the DIC and posterior predictive p-values for the DASH model practices and survivor empowerment subscales. Standardized Loadings and Posterior Standardized Deviation for Bayesian Confirmatory Factor Model of the DASH Model Practices scale and the survivor empowerment subscales are located in Appendix J and Appendix K, respectively.

Table 7: Model Fit Indices for DASH Model Practices Subscales and Survivor Empowerment Subscales

Model	Effective # of parameters	DIC	Posterior Predictive P-Value
DASH Model Practices			
Sovereignty	10.73	25.55	0.50
Empowerment	15.92	118.17	0.50
Accountability	10.64	27.16	0.42
Partnerships	10.89	25.68	0.51
Compassion	16.29	68.49	0.50
Integrity	8.43	19.23	0.42
Re-centering	13.37	163.79	0.50

Table 7 (cont'd)

Survivor Empowerment			
Confidence	24.57	171.55	0.50
Consciousness	21.77	307.39	0.50
Connections	10.34	25.38	0.49

A reliability analysis was conducted to determine the internal consistency among each set of principles. The alphas for all of the DASH model practices scales were acceptable, ranging from 0.88 to 0.94 (Sovereignty, α =0.89, 95 CI [0.80,0.94]; Empowerment, α = 0.94 [0.90,0.97]; Accountability, α = 0.89[0.80,0.94], Partnerships, α = 0.91[0.85,0.95], Compassion, α = 0.92[0.87,0.96], Integrity, α = 0.91[0.83,0.95], Recentering, α = 0.88[0.79,0.93]). The confidence intervals for each of the alphas were also within an acceptable range, as confidence intervals tend to be slightly wider for smaller samples, but also tighter if there are more items (Iacobucci & Duhacheck, 2003). Reliability information is available in Table 8.

Table 8: Reliability of the DASH Model Practices Subscales, Survivor Empowerment Subscales, and MOVERS Subscales

Measure	N	M (SD)	α	95% CI
DASH Model Practices				
Sovereignty	4	2.49 (0.71)	0.89	[0.80,0.94]
Empowerment	6	2.04 (0.93)	0.94	[0.90,0.97]
Accountability	4	2.25 (0.88)	0.89	[0.80,0.94]
Partnerships	4	2.17 (0.99)	0.91	[0.85,0.95]
Compassion	6	2.47 (0.77)	0.92	[0.87,0.96]
Integrity	3	2.16 (1.05)	0.91	[0.83,0.95]
Re-centering	5	1.96 (0.87)	0.88	[0.79,0.93]
Survivor Empowerment				
Confidence	9	3.26 (0.96)	0.95	[0.92,0.97]
Consciousness	8	3.11 (0.96)	0.90	[0.83,0.94]
Connections	4	3.07 (1.06)	0.85	[0.74,0.92]
Empowerment-Related Safety				
Internal Tools	6	4.30 (0.70)	0.86	[0.75,0.92]

Table 8 (cont'd)

Expectations for Support	4	3.95 (0.97)	0.79	[0.65,0.89]
Trade Offs	3	2.28 (1.06)	0.57	[0.24,0.78]

The Impact of DASH Practices on Survivor Empowerment

Pearson's correlation analysis of the DASH model practices, survivor empowerment, and empowerment related safety scales suggested that the variables were significantly associated with one another (Table 9). I was interested in the cumulative effect that each practice had on the collective variance in survivor empowerment and the collective variance in empowerment-related safety; therefore, multivariate multiple regressions were employed to test whether each model practice (after controlling for how frequently residents engaged in activities at DASH and the length of stay at shelter) predicted an increase in survivor empowerment (connections, consciousness, community). The three subscales on empowerment-related safety (internal tools, expectations for support, trade offs) were also regressed on each of the DASH model subscales, controlling for frequency of participation and length of shelter stay.

Table 9: Correlations Among DASH Model Practices Subscales, Survivor Empowerment Subscales, and MOVERS Subscales

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Sovereignty	1	.55*	.52**	.80**	.79**	.68**	.67**	.47**	.82**	.45**	.58**	.51**	.62**
2. Empowerment		1	.91**	.80**	.73**	.66**	.79**	*ns*	.61**	. *ns*	.56**	.46**	.40*
3. Accountability			1	.79**	.69**	.66**	.78**	*ns*	.61**	*ns*	.43*	.38*	.34*
4. Partnerships				1	.88**	.84**	.85**	*ns*	.79**	.37*	.58**	.50**	.48**
5. Compassion					1	.83*	.87**	.35*	.75**	.39*	.53**	.42*	.50**
6. Integrity						1	.72**	*ns*	.73**	*ns*	.51**	.38*	.46**
7. (Re)Centering							1	.41*	.74**	*ns*	.45*	.38*	.38*
8. Confidence								1	.65**	.80**	.43*	*ns*	*ns*
9. Connections									1	.54**	.65**	*ns*	.58**
10. Consciousness										1	.67**	*ns*	.48**
11. Internal Tools											1	*ns*	.79**
12. Trade Offs												1	*ns*
13. Expectations of Support													1

**p < 0.01; * p< 0.05; Trade offs subscale was reversed scored. Higher scores indicate less problems.

Sovereignty's Impact on Empowerment

The results showed an overall statistically significant multivariate effect for sovereignty practices predicting empowerment (λ=0.34, F(3,25) =16.08, $p < 0.001$, multivariate η^2=0.66). Approximately 66% of the multivariate variance of survivor empowerment was associated with sovereignty practices. The extent to which residents participated in programming at DASH (λ=0.80, F(3,25) =2,12, *ns*) and the length of time that survivors stayed at shelter (λ=0.94, F(3,25) =0.43, *ns*) were not statistically significant. Follow-up univariate results showed that sovereignty significantly predicted 35% of the variance in the confidence subscale ($r^2 = 0.35$, $p < 0.01$). Sixty-six percent of the variance in the connections subscale (r^2 =0 .66, $p< 0.001$), and 27% of the consciousness subscale (r^2 =0 .27, $p< 0.001$).

Table 10: Multivariate Results for Total Survivor Empowerment Subscales Regressed on Sovereignty Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Sovereignty	0.66**	0.34**	16.08 (3,25)
Frequency of Participation	0.22	0.79	2.37 (3,25)
LOG Length of Stay	0.08	0.92	0.72 (3,25)

**p < 0.01; * p< 0.05

Table 11: Univariate Results for Total Survivor Empowerment Subscales Regressed on Sovereignty Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Confidence			Consciousness			Connections		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Sovereignty Practices	0.62**	0.22	0.17, 1.07	0.60**	0.23	0.13, 1.07	1.20**	0.17	0.84, 1.55
Frequency of participation	-0.34**	0.14	-0.63, -0.04	-0.22	0.15	-0.53, 0.09	-0.01	0.11	-0.24, 0.21
Log length of Shelter stay	0.15	0.21	-0.27, 0.58	0.01	0.22	-0.44, 0.46	-0.08	0.16	-0.42, 0.25

**$p < 0.01$; * $p< 0.05$

Empowering Practice's Impact on Empowerment

Empowering practice had a statistically significant multivariate effect on the three survivor empowerment subscales (λ=0.57, F(3,25) =6.38, $p < 0.001$, multivariate η^2=0.43). Forty-three percent of the multivariate variance of survivor empowerment was associated with empowerment practices. The extent to which residents participated in programming at DASH (λ=0.80, F(3,25) =2.12, *ns*) and the length of time that survivors stayed at shelter (λ=0.95, F(3,25) =0.43, *ns*) were not statistically significant. Univariate results demonstrated that the empowerment practices only significantly predicted the connections subscale, explaining about 41% of the variance ($r^2 = 0.41$, $p < 0.001$).

Table 12: Multivariate Results for Total Survivor Empowerment Subscales Regressed on Empowerment Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Empowerment	0.43**	0.57**	6.38(3,25)
Frequency of Participation	0.20	0.80	2.12(3,25)
LOG Length of Stay	0.05	0.95	0.43(3,25)

**$p < 0.01$; * $p < 0.05$

Table 13: Univariate Results for Total Survivor Empowerment Subscales Regressed on Empowerment Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Confidence			Consciousness			Connections		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Empowerment	0.31	0.19	-0.91, 5.91	0.40*	0.19	0.02, 0.78	0.70**	0.18	0.34, 1.07
Frequency of participation	-0.40	0.16	-0.73, -0.08	-0.31	0.16	-0.64, 0.02	-0.17	0.15	-0.49, 0.14
Log length of Shelter stay	0.14	0.23	-0.33, 0.62	0.04	0.23	-0.44, 0.51	-0.06	0.22	-0.51, 0.40

**$p < 0.001$; * $p < 0.05$

Accountability's Impact on Empowerment

Forty-four percent of the multivariate variance of survivor empowerment was associated with accountability practices (λ=0.56, F(3,25) =6.43, $p < 0.001$, multivariate η^2=0.44). The effect

was significant even after controlling for the extent to which participants participated in programming at DASH (λ=0.20, F(3,25) = 2.03, *ns*) and the length of time that participants stayed at shelter (λ=0.93, F(3,25) =0.67, *ns*). Univariate results revealed that accountability practices significantly explained 43% of the variance in the connections subscale ($r^2 = 0.43$, $p < 0.01$). However, the total model did not significantly predict the confidence ($r^2 = 0.22$, *ns*) or consciousness ($r^2 = 0.17$, *ns*) subscales.

Table 14: Multivariate Results for Total Survivor Empowerment Subscales Regressed on Accountability Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Accountability	0.44**	0.56**	6.43(3,25)
Frequency of Participation	0.20	0.80	2.03(3,25)
LOG Length of Stay	0.08	0.93	0.67(3,25)

**$p < 0.01$; * $p < 0.05$

Table 15: Univariate Results for Total Survivor Empowerment Subscales Regressed on Accountability Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Confidence			Consciousness			Connections		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Accountability	0.30	0.19	-0.10, 0.69	0.32	0.20	-0.09, 0.73	0.76**	0.18	0.38, 1.13
Frequency of participation	-0.41*	0.16	-0.74, -0.08	-0.30	0.17	-0.64, 0.04	-0.20	0.15	-0.51, 0.11
Log length of Shelter stay	0.10	0.23	-0.36, 0.57	-0.03	0.23	-0.51, 0.45	-0.12	0.21	-0.56, 0.31

**$p < 0.01$; * $p < 0.05$

Partnerships' Impact on Empowerment

Seventy percent of the multivariate variance of survivor empowerment was related to partnership practices (λ=0.30, F(3,25) =19.60, $p < 0.001$, multivariate η^2=0.70). This result was significant while controlling for how often survivors participated in programming at DASH (λ=0.79, F(3,25) =2.20, *ns*) and the length of time that survivors stayed at shelter (λ=0.93, F(3,25) =0.65, *ns*). Partnership practices explained each all three survivor empowerment

subscales in the univariate results. It was a significant predictor of confidence ($r^2 = 0.28$, p =0.03), connections ($r^2 = 0.66$, $p < 0.001$), and consciousness ($r^2 = 0.24$, p =0.05).

Table 16: Multivariate Results for Total Survivor Empowerment Subscales Regressed on Partnership Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Partnerships	0.70**	0.30**	19.60(3,25)
Frequency of Participation	0.21	0.79	2.20(3,25)
LOG Length of Stay	0.07	0.93	0.65(3,25)

**p < 0.01; * p< 0.05

Table 17: Univariate Results for Total Survivor Empowerment Subscales Regressed on Partnership Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Confidence			Consciousness			Connections		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Partnerships	0.36*	0.16	0.03, 0.70	0.39*	0.17	0.05, 0.73	0.85**	0.12	0.60, 1.10
Frequency of participation	-0.38*	0.15	-0.68, -0.07	-0.27	0.15	-0.58, 0.05	-0.11	0.11	-0.34, 0.12
Log length of Shelter stay	0.14	0.22	-0.31, 0.59	0.01	0.22	-0.45, 0.47	-0.06	0.16	-0.40, 0.28

**p < 0.01; * p< 0.05

Compassion's Impact on Empowerment

The results showed an overall statistically significant multivariate effect for compassionate practices (λ=0.43, F(3,25) = 11.02, p < 0.001, multivariate η^2=0.57). Approximately 57% of the multivariate variance of survivor empowerment was associated with compassionate practices. The extent to which participants participated in programming at DASH (λ=0.79, F(3,25) =2.27, *ns*) and the length of time that survivors stayed at shelter (λ=0.83, F(3,25) =0.63, *ns*) were not statistically significant. Univariate results revealed that compassion practices significantly predicted 27% of the variance in the confidence subscale ($r^2 = 0.27$, p =

0.03), and 56% of the variance in the connections subscale ($r^2 = 0.56$, $p < 0.001$). Compassion practices was not a significant predictor of the consciousness subscale ($r^2 = 0.23$, *ns*).

Table 18: Multivariate Results for Total Survivor Empowerment Subscales Regressed on Compassion Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Compassion	0.57**	0.43**	11.02(3,25)
Frequency of Participation	0.21	0.79	2.27(3,25)
LOG Length of Stay	0.07	0.93	0.63(3,25)

**p < 0.01; * p< 0.05

Table 19: Univariate Results for Total Survivor Empowerment Subscales Regressed on Compassion Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Confidence			Consciousness			Connections		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Compassion	0.45*	0.21	0.02, 0.89	0.48**	0.22	1.20, 6.18	1.00**	0.18	0.63, 1.37
Frequency of participation	-0.36**	0.15	-0.67, -0.06	-0.25*	0.15	0.04, 0.93	-0.08	0.13	-0.34, 0.19
Log length of Shelter stay	0.14	0.22	-0.31, 0.59	0.01	0.23	-0.46	-0.08	0.19	-0.47, 0.30

**p < 0.01; * p< 0.05

Integrity's Impact on Empowerment

Sixty-five percent of the multivariate variance of survivor empowerment was significantly associated with integrity practices ($\lambda=0.35$, $F(3,25) =15.48$, $p < 0.001$, multivariate $\eta^2=0.65$). The extent to which participants participated in programming at DASH ($\lambda=0.80$, $F(3,25) =2.04$, *ns*) and the length of time that survivors stayed at shelter ($\lambda=0.95$, $F(3,25) =0.46$, *ns*) were not statistically significant. Univariate results showed that integrity practices only significantly impacted the connections subscale, explaining 58% of the variance ($r^2 = 0.58$, $p <0.001$).

Table 20: Multivariate Results for Total Survivor Empowerment Subscales Regressed on Integrity Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Integrity	0.65**	0.35**	15.48(3,25)
Frequency of Participation	0.20	0.80	2.04(3,25)
LOG Length of Stay	0.05	0.95	0.46(3,25)

**p < 0.01; * p< 0.05

Table 21: Univariate Results for Total Survivor Empowerment Subscales Regressed on Integrity Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Confidence			Consciousness			Connections		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Integrity	0.25	0.16	-0.09, 0.58	0.28	0.17	-0.06, 0.63	0.75	0.13	-0.48, 1.02
Frequency of participation	-0.38	0.16	-0.70, -0.06	-0.27	0.16	-0.60, 0.06	-0.14	0.13	-0.40, 0.12
Log length of Shelter stay	0.12	0.23	-0.35, 0.59	-0.00	0.24	-0.49, 0.48	-0.04	0.19	-0.42, 0.35

**p < 0.01; * p< 0.05

Recentering Practices' Impact on Empowerment

Recentering practices significantly accounted for 54% of the multivariate variance in survivor empowerment (λ=0.47, F(3,25) = 9.60, p < 0.001, multivariate η^2=0.54). The extent to which participants participated in programming at DASH (λ=0.78, F(3,25) =2.54, *ns*) and the length of time that survivors stayed at shelter (λ=0.93, F(3,25) =0.66, *ns*) were not statistically significant. Univariate results showed that recentering practices was a significant predictor of confidence (r^2 = 0.34, $p < 0.01$) and connections (r^2 = 0.56, $p < 0.001$), but did not significantly predict consciousness (r^2 = 0.19, *ns*).

Table 22: Multivariate Results for Total Survivor Empowerment Subscales Regressed on Recentering Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Recentering	0.54**	0.47**	9.60(3,25)
Frequency of Participation	0.23	0.78	2.53(3,25)
LOG Length of Stay	0.07	0.93	0.66(3,25)

**p < 0.01; * p< 0.05

Table 23: Univariate Results for Total Survivor Empowerment Subscales Regressed on Recentering Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Confidence			Consciousness			Connections		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Recentering	0.51	0.18	0.14, 0.89	0.37	0.20	-0.04, 0.79	0.91	0.16	0.57, 1.24
Frequency of participation	-0.40	0.22	-0.69, -0.10	-0.27	0.24	-0.59, 0.06	-0.12	0.19	-0.38, -0.14
Log length of Shelter stay	0.23	0.14	-0.21, 0.67	0.04	0.16	-0.46, 0.53	0.03	0.13	-0.36, 0.43

**p < 0.01; * p< 0.05

The Impact of DASH Practices on Empowerment-Related Safety

Sovereignty Practices Impact on Empowerment-Related Safety

Fifty-nine percent of the multivariate variance of empowerment-related safety is significantly associated with sovereignty practices (λ=0.41, F(3,25) =12.12, p < 0.001, multivariate η^2=0.59). The extent to which participants engaged in programming at DASH (λ=0.87, F(3,25) =1.23, *ns*) and the length of time that survivors stayed at shelter (λ=0.90, F(3,25) =0.88, *ns*) were not statistically significant. Univariate results showed that sovereignty predicted all three empowerment-related safety subscales separately: internal tools (r^2 = 0.33, p < 0.001), trade offs (r^2 =0 .39, p < 0.01), and expectations for support (r^2 = 0.43, p < 0.01).

Table 24: Multivariate Results for Total MOVERS Subscales Regressed on Sovereignty Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Sovereignty	0.59**	0.41**	12.12(3,25)
Frequency of Participation	0.13	0.87	1.23(3,25)
LOG Length of Stay	0.10	0.90	0.88(3,25)

**p < 0.01; * p< 0.05

Table 25: Univariate Results for Total MOVERS Subscales Regressed on Sovereignty Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Internal Tools		95% CI	Expectations for Support		95% CI	Trade Offs		95% CI
	B	*SE*		B	*SE*		B	*SE*	
Sovereignty	0.54**	0.16	0.21, 0.87	0.81**	0.20	0.39, 1.22	0.89	0.23	0.41, 1.37
Frequency of participation	0.02	0.10	-0.19, 0.23	0.15	0.13	-0.13, 0.42	0.21	0.15	-0.11, 0.52
Log length of Shelter stay	-0.10	0.15	-0.41, 0.21	-0.25	0.19	-0.65, 0.14	-0.18	0.22	-0.63, 0.28

**p < 0.01; * p< 0.05

Empowering Practices Impact on Empowerment-Related Safety

The results showed an overall statistically significant multivariate effect for empowerment practices (λ=0.50, F(3,25) =8.43, p < 0.01, multivariate η^2=0.50). Approximately 50% of the multivariate variance of empowerment-related safety is associated with empowerment practices. The extent to which participants participated in programming at DASH (λ=0.91, F(3,25) = 0.79, *ns*) and the length of time that survivors stayed at shelter (λ=0.92, F(3,25) =0.72, *ns*) were not statistically significant. Univariate results revealed that empowerment practices significantly predicted internal tools (r^2 = 0.33, p < 0.01) and trade offs (r^2 = 0.29, p < 0.01), but not expectations for support (r^2 = 0.21, *ns*).

Table 26: Multivariate Results for Total MOVERS Subscales Regressed on Empowerment Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Empowerment	0.50**	0.50**	8.43(3,25)
Frequency of Participation	0.09	0.92	0.79(3,25)
LOG Length of Stay	0.08	0.92	0.72(3,25)

**p < 0.01; * p< 0.05

Table 27: Univariate Results for Total MOVERS Subscales Regressed on Empowerment Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Internal Tools			Expectations for Support			Trade Offs		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Empowerment	0.42**	0.13	0.16, 0.68	0.35	0.19	-0.03, 0.74	-0.57**	0.20	0.16, 0.97
Frequency of participation	-0.07	0.11	0.15, 0.02	0.07	0.16	-0.26, 0.40	-0.08	0.17	-0.27, 0.43
Log length of Shelter stay	-0.05	0.16	-0.37, 0.27	-0.28	0.23	-0.76, 0.20	-0.14	0.25	-0.65, 0.36

**p < 0.01; * p< 0.05

Accountability Practices Impact on Empowerment-Related Safety

Accountability practices was significantly associated with empowerment-related safety (λ=0.72, F(3,25) =3.21, $p < 0.05$). The extent to which participants engaged in programming at DASH (λ=0.93, F(3,25) =0.59, *ns*) and the length of time that survivors stayed at shelter (λ=0.91, F(3,25) =0.85, *ns*) were also not statistically significant. Univariate results showed that accountability practices explained 20% of the variance in internal tools ($r^2 = 0.20$, $p < 0.01$) and 21% of the variance in trade-offs ($r^2 = 0.21$, $p < 0.01$). However, accountability did not significantly predict expectations for support.

Table 28: Multivariate Results for Total MOVERS Subscales Regressed on Accountability Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Accountability	0.29*	0.72*	3.21(3,25)
Frequency of Participation	0.07	0.93	0.59(3,25)
LOG Length of Stay	0.09	0.91	0.85(3,25)

**p < 0.01; * p< 0.05

Table 29: Univariate Results for Total MOVERS Subscales Regressed on Accountability Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Internal Tools			Expectations for Support			Trade Offs		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Accountability	0.33*	0.14	0.03, 0.62	0.31	0.20	-0.11, 0.71	0.46*	0.22	0.01, 0.91
Frequency of participation	-0.12	0.17	-0.47, 0.22	0.07	0.17	-0.27, 0.41	0.09	0.26	-0.28, 0.46
Log length of Shelter stay	-0.06	0.12	-0.30, 0.18	-0.34	0.23	-0.81, 0.14	-0.24	0.18	-0.76, 0.29

**p < 0.01; * p< 0.05

Partnerships Practices Impact on Empowerment-Related Safety

The results showed an overall statistically significant multivariate effect for partnerships practices (λ=0.48, F(3,25) =8.82, p < 0.001, multivariate η^2=0.51). Approximately 51% of the multivariate variance of empowerment-related safety is significantly associated with partnership practices. The extent to which participants participated in programming at DASH (λ=0.93, F(3,25) =0.57, *ns*) and the length of time that survivors stayed at shelter (λ=0.92, F(3,25) =0.73, *ns*) were not statistically significant. Partnerships significantly predicted all three of the empowerment-related safety scales based on results from the univariate analysis. Partnership practices explained 36% of the variance in internal tools (r^2 = 0.30, p = 0.02), 32% in trade-offs (r^2 = 0.32, p = 0.02), and 30% in expectations for support (r^2 = 0.30, p = 0.02).

Table 30: Multivariate Results for Total MOVERS Subscales Regressed on Partnerships Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Partnerships	0.51**	0.49**	8.82(3,25)
Frequency of Participation	0.06	0.94	0.57(3,25)
LOG Length of Stay	0.08	0.92	0.73(3,25)

**p < 0.01; * p< 0.05

Table 31: Univariate Results for Total MOVERS Subscales Regressed on Partnerships Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Internal Tools			Expectations for Support			Trade Offs		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Partnerships	0.40**	0.11	0.17, 0.63	0.44**	0.16	0.11, 0.77	0.55**	0.18	0.19, 0.92
Log length of Shelter stay	-0.09	0.15	-0.39, 0.22	-0.28	0.22	-0.72, 0.16	-0.19	0.24	-0.67, 0.30
Frequency of participation	-0.03	0.10	-0.24, 0.19	0.10	0.15	-0.21, 0.40	0.14	0.16	-0.19, 0.47

**p < 0.01; * p< 0.05

Compassion Practices Impact on Empowerment-Related Safety

Approximately 39% of the multivariate variance of empowerment-related safety was significantly associated with compassionate practices (λ=0.61, F(3,25) = 5.41, p < 0.001, multivariate η^2=0.39). The extent to which participants participated in programming at DASH (λ=0.93, F(3,25) = 0.62, *ns*) and the length of time that survivors stayed at shelter (λ=0.92, F(3,25) =0.73, *ns*) were not statistically significant. Univariate tests revealed compassionate practices significantly explained the variance in internal tools (r^2 = 0.28, p<0.05), trade offs (r^2 = 0.27, p< 0.05), and expectations for support (r^2 = 0.29, p< 0.05).

Table 32: Multivariate Results for Total MOVERS Subscales Regressed on Compassion Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Compassion	0.39**	0.61**	5.41(3,25)
Frequency of Participation	0.07	0.93	0.62(3,25)
LOG Length of Stay	0.08	0.92	0.73(3,25)

**p < 0.01; * p< 0.05

Table 33: Univariate Results for Total MOVERS Subscales Regressed on Compassion Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Internal Tools			Expectations for Support			Trade Offs		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Compassion	0.45**	0.15	0.14, 0.77	0.56**	0.21	0.13, 0.99	0.64**	0.24	0.15, 1.12
Log length of Shelter stay	-0.10	0.16	-0.43, 0.23	-0.28	0.22	-0.73, 0.16	-0.20	0.24	-0.71, 0.30
Frequency of participation	-0.01	0.11	-0.23, 0.21	0.11	0.15	-0.19, 0.41	0.16	0.17	-0.18, 0.51

**p < 0.01; * p< 0.05

Integrity Practices Impact on Empowerment-Related Safety

Results revealed a significant multivariate effect for integrity practices (λ=0.68, F(3,25) =3.97, $p<$ 0.05). The extent to which participants participated in programming at DASH (λ=0.94, F(3,25) = 0.57, *ns*) and the length of time that survivors stayed at shelter (λ=0.92, F(3,25) =0.69, *ns*) were not statistically significant. Univariate results showed that integrity practices explained 28% of the variance in internal tools (r^2 = 0.28, p = *0.05*6), and 24% of the variance in Expectations for Support (r^2 = 0.24, p = *0.05*6). Trade-offs almost reached statistical significance (r^2 = 0.20, p = 0.056).

Table 34: Multivariate Results for Total MOVERS Subscales Regressed on Integrity Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Integrity	0.32*	0.68*	3.97(3,25)
Frequency of Participation	0.06	0.94	0.57(3,25)
LOG Length of Stay	0.08	0.92	0.69(3,25)

**p < 0.01; * p< 0.05

Table 35: Univariate Results for Total MOVERS Subscales Regressed on Integrity Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Internal Tools			Expectations for Support			Trade Offs		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Integrity	0.33**	0.11	0.10, 0.57	0.35*	0.16	0.02, 0.68	-0.37	0.18	-0.01, 0.75
Frequency of participation	-0.08	0.16	-0.26, 0.19	0.09	0.16	-0.23, 0.40	0.14	0.18	-0.22, 0.51
Log length of Shelter stay	-0.04	0.11	-0.41, 0.25	-0.28	0.23	-0.75, 0.18	-0.22	0.26	-0.75, 0.32

**p < 0.01; * p< 0.05

Recentering Practices Impact on Empowerment-Related Safety

There was a statistically significant multivariate effect of recentering practices (λ=0.73, F(3,25) =3.04, p < 0.05) on all three empowerment-related safety subscales. However, participation in programming (λ=0.94, F(3,25) =0.57, *ns*), or in the length of time that survivors stayed at DASH(λ=0.93, F(3,25) =0.61, *ns*). Univariate results showed that recentering practices significantly predicted internal tools (r^2 = 0.20, $p < 0.05$) and trade offs (r^2 = 0.21, $p < 0.05$), but not expectations for support (r^2 = 0.19, *ns*).

Table 36: Multivariate Results for Total MOVERS Subscales Regressed on Recentering Model Practices, Frequency of Participation, and LOG Length of Stay

	Pillai's Trace	Wilks' Lambda	F
Recentering	0.27*	0.73*	3.04(3,25)
Frequency of Participation	0.06	0.94	0.57(3,25)
LOG Length of Stay	0.07	0.93	0.61(3,25)

**p < 0.01; * p< 0.05

Table 37: Univariate Results for Total MOVERS Subscales Regressed on Recentering Model Practices, Frequency of Participation, and LOG Length of Stay

Variables	Internal Tools			Expectations for Support			Trade Offs		
	B	*SE*	95% CI	B	*SE*	95% CI	B	*SE*	95% CI
Recentering	0.33*	0.15	0.03, 0.63	0.34	0.20	-0.08, 0.75	0.48*	0.22	0.03, 0.94
Log length of Shelter stay	-0.08	0.17	-0.44, 0.27	-0.28	0.24	-0.77, 0.21	-0.17	0.26	-0.70, 0.37
Frequency of participation	-0.02	0.12	-0.26, 0.22	0.11	0.16	-0.22, 0.43	0.15	0.18	-0.21, 0.51

**p < 0.01; * p< 0.05

Quantitative Results Summary

Overall, results revealed that DASH model practices predicted all three empowerment outcomes. The more survivors reported that staff engaged in practices associated with the organizational philosophy, the more they believed in their ability to accomplish their goals, the greater their connection to the community, and the greater awareness they had about domestic violence and its dynamics. A similar pattern was found for safety-related empowerment. The more that participants endorsed staff using practices related to the seven DASH model principles, the greater their sense of internal resources and understanding how to access formal supports, and the less they perceived negative trade-offs to using safety strategies. These relationships were statistically significant even when considering how frequently the survivor engaged in organizational programming, and the length of time they had been residing at Cornerstone.

Survivor Qualitative Findings

Results from the open-ended questions revealed two major themes that supported the quantitative findings. First, survivors discussed that they experienced a sense of freedom during their stay at DASH. They reported that living at DASH allowed them the opportunity to make

their own decisions and choices. In addition, a majority of residents also believed that DASH was able to provide them with helpful emotional and practical resources.

Freedom in the DASH Environment

Overall, twenty-five (76%) of the participating residents stated that DASH was better than other organizations. The other 24% provided mixed responses. Some stated that they had never been to a similar housing situation or believed that the services provided at DASH were too different to compare to other organizations. Many of the participants stated that the individual apartments provided more privacy and space for them to live their lives and make choices for themselves that were not possible at other organizations. For example, participants described being able to cook the foods they wanted, get personal mail, watch what they wanted on television, work the hours that best fit their lives without fear of not meeting curfew, have visitors and even spend the night with friends. They did not have to share bathrooms or kitchens, and the staff treated them with respect. In sum, a majority of survivors stated that they experienced freedom to make their own decisions. Another commonly mentioned benefit about living at DASH, aside from the freedom experienced, was the availability of programming for children.

> *"Based on my experience, [at] most of the programs before DASH I had a curfew. I had to be in at a certain time. Here we don't have a curfew. [At other programs] I could not stay out as long as I wanted. Some programs were not at all, I had to return that day. And [another domestic violence shelter] we could go out on the weekend with your case manager's approval, [but] if they feel like you haven't met any goals or anything then, no. But here [DASH] you can come and go as you please. That's really the only good thing about it to me, is you feel a*

little bit more free to pretty much get out and do what you need to do, you know? Or sometimes if you just need a break, you can go somewhere for the weekend or a week. You know, it's just a little more freedom than other programs allow you to have." (Renee, Cornerstone Housing Resident)

"[It is] just more freedom. [At DASH] you don't really feel like as if you're in a program. It feels like home versus the other program that I had gone through, it just felt like you're passing through. It's maybe not under the best circumstances that led you to the place, so it's kind of hard to get settled in. But when you have someone that cares about you and they treat you right, the adjustment period is different. It's a lot easier. So adjusting here, it wasn't really that hard because the foundation was great." (Brenda, Cornerstone Housing Resident)

Receipt of Helpful Practical and Emotional Resources

Residents also reported benefitting from the practical support that the program offered. The greatest form of practical support was being able to live in a space without having to pay rent for two years. Some people mentioned appreciating that they were able to pay bills, start a savings account, get support finding and getting specific resources like medication, toothpaste, detergent and vouchers for transportation and clothing. In addition to practical support, more than half of the participants explicitly described receiving emotional or psychological support from DASH employees. They expressed their appreciation for having staff that would listen and talk to them when needed. Some people described staff as confidants, cheerleaders, and willing to provide "endless help." As a result, a majority of participants (n=20, 60%) reported that DASH had a positive impact on their overall lives. Some people mentioned that DASH made

them feel more independent, safer, more relaxed, and clearer about how to set goals in order to meet their needs for the future.

> *"I have gone through something, but my end result is [that] I'm here now and I'm able to live somewhere where I don't have to worry about how I'm going to pay my rent, electric bill, and gas bill. You know, it's allowed me a chance to handle bills that I had before. Take care of my past debts. It's allowed me to save a little bit, not have enough to live off on, but it had allowed me get myself together so when I do leave here I have a plan."* (Sidney, Cornerstone Housing Resident)
>
> *"That's the difference. That's the thing that I really like about this place. They really care about you, you know? They make it a personal thing. When you're walking in and out the door, 'Hi, [name]. Hi, [name].' You know, they're calling my family members' names and what-not. And not just to me, but to others too. So that's the difference. The one thing that I really like about this place."* (Lark, Cornerstone Housing Resident)

Summary of Entire Study Findings

The purpose of this transformative, multilevel, exploratory-sequential mixed method study was to explore how the context of a domestic violence residential program influenced advocates' behaviors, and subsequently impacted residents' well-being. A document review, employee interviews, and resident interviews were conducted to understand the connection between organizational context, employee practices and resident outcomes. Collectively, findings suggested that an explicit organizational theory that is enacted through corresponding cultural norms and assumptions and supported by flexible policies and procedures was associated

with employees reporting practices with residents that reflected the organizational philosophy. As a result, these practices increased residents' empowerment and empowerment-related safety.

Research Question 1: How do the formal policies guiding DASH reflect the organization's mission to provide low barrier, voluntary, empowering services to clients?

Formal DASH policies set behavioral expectations for staff that aligned with the provision of empowering, survivor-centered care to survivors. Employees were expected to implement a voluntary, low barrier approach that promoted survivors' autonomy. Employees were also required to implement the seven principles of the DASH model during service provision. In order to augment the resources that were available to survivors, employees were also expected to collaborate with one another, and with other community organizations. Safety was identified as survivors' right. Last, direct service providers were expected to continuously learn and build upon their strengths in order to provide competent care with the support of an effective management structure.

Research Question 2: In what ways, if at all, are DASH policies and procedures reflected in the organizational culture and structure?

Research Question 3: How does DASH's organizational culture and structure contribute to the specific ways that DASH employees' are able to provide low barrier, voluntary, empowering services to clients?

Survivor-centered organizational expectations were reflected and supported by the culture and structure. Across the organizational hierarchy, employees described having a high level of autonomy, and minimal oversight, in their roles at the organization, yet there was a clear sense across all employees that they were expected to have an unyielding investment in the DASH model. There was a taken-for-granted assumption that the way DASH chose to provide

services to survivors (via the DASH model) was an improvement over other human service organizations. Employees also described DASH as a highly relational organization. They collectively valued partnering with survivors and with each other, and building collaborations with community based organizations. Additional analysis revealed that the organizational philosophy (DASH model) was deeply embedded within the organizational culture. Employees were able to state and accurately define most of the principles of the DASH model. When asked how they implemented the DASH model, their responses aligned with the written expectations.

The organizational structures also allowed for employees to practice empowering, survivor centered care. DASH procedures allowed employees flexibility to implement the DASH model in creative ways. However, the technical assistance (TA) structure that was developed to support employees' provision of empowering care had a mixed impact on employees. On one hand, the TA team provided support, guidance and expertise that employees believed enhanced service provision. However, contrary to organizational expectations, members of the TA team often served in consultant and/or direct service provider roles rather than working to build advocate capacity.

Hypothesis 1: DASH clients will describe specific ways that advocates' behaviors reflected the voluntary services model and an empowering philosophy.

The first hypothesis was supported. Survivors reported experiencing a high rate of practices associated with the DASH model. Many survivors believed that employees were most likely to support practices related to sovereignty, and this was also supported by the qualitative responses. Survivors reported experiencing a level of freedom at DASH that supported their satisfaction with services. Simultaneously, survivors also reported feeling like they were able to

make the choices about the programs they attended. A minority of residents reported that they felt forced to meet with staff, a finding described in more detail below.

Hypothesis 2: DASH clients will describe specific ways that advocates' behaviors contributed to their increased empowerment.

a. Where clients describe advocate behavior that was unhelpful to them or disempowering, they will describe behaviors that are not in alignment with DASH's organizational philosophy

The second hypothesis was also supported. Simple regression analysis showed that practices associated with voluntary services predicted survivor empowerment and empowerment-related safety. In other words, when survivors were able to make decisions about what they participated in at shelter, their confidence increased. Multivariate multiple regression analysis revealed that DASH model practices was significantly positively associated with the collective variance of survivor empowerment and empowerment-related safety. In other words, when staff behave with clients in ways that are responsive, consistent, empathetic, mutually cooperative and respectful while also providing tools to promote personal power and supporting survivor's right to be self governing, then survivors report feeling more critical conscious, connected, and self-efficacious. These behaviors was also associated with survivors having the tools they need to keep safe, can find support, and have to make less compromises for their safety.

Hypothesis 2a was also supported. When survivors felt forced to meet with staff, or did not report that services were voluntary, each of the subscales associated with survivor empowerment (confidence, consciousness, and connections) significantly decreased. In addition,

feeling forced was also resulted in survivors feeling like there were fewer resources available to them, and increased perceptions that the use safety strategies would be problematic.

CHAPTER 4: DISCUSSION

The purpose of this mixed methods study was to explore how a domestic violence organizational context influenced employees' behaviors and subsequently, survivor empowerment. While numerous organizational studies have demonstrated significant associations among components of the organizational context and organizational performance (Agbenyiga, 2011; Hartnell, Ou, & Kinicki, 2011), fewer studies have examined organizational culture and structure within the context of domestic violence shelter programs (D'Enbeau & Kunkel, 2013; Epstein, Russell, & Silvern, 1988) and none have linked organizational context to survivor outcomes. This study, then, is significant in its demonstration of the importance of tying client outcomes not just to employee behavior but to the organizational culture and structure driving that behavior.

In addition, scholars often describe empowerment as a key process to promoting survivors' well-being (Cattaneo & Goodman, 2015); yet limited empirical work is available to understand the organizational conditions necessary for employees to promote this particular process among survivors (Bloom, 2005). Domestic violence shelter studies that do focus on context often do not systematically test the impact of the services received from the survivors' perspective, and instead rely upon employees' perceptions of their impact on survivors (D'Enbeau & Kunkel, 2013). Findings from this study showed that culture and structure work in tandem to support employees' practices that promote residents feeling more empowered. This is the first study to qualitatively explore organizational culture, organizational structure, employee practices, and quantitatively examine prevalence and impact of employee practices on survivor empowerment within the context of a single domestic violence crisis housing program.

A small number of the women who have abusive partners in this country actually reach out to domestic violence organizations for support, and when they do go, it is often after an episode of severe violence (Henning & Kleges, 2002). This means that domestic violence organizations meet survivors at a critical juncture of their lives that has serious physical, psychological, and financial repercussions. It is imperative that organizations are prepared to provide helpful, effective services that center survivors' needs and promote survivor well-being. To this end, the application of empowerment theory has been understood as a critical component in the promotion of survivor well-being (Cattaneo & Goodman, 2015). The current study provided evidence for this -- results suggest that the use of survivor-centered, empowering practice increased survivors' ability to reach their goals, feel connected to community resources, and increase their awareness about the dynamics of intimate partner violence. These findings support other studies that have also demonstrated a relationship between survivor-centered practices and survivor empowerment (Goodman et al, 2014b).

Scholars have long identified the role that organizations play in influencing employee's behavior (Scheider, Ehrhart, & Macey, 2013). Culture sets the behavioral expectations, which can are implicitly and explicitly embedded within the organizational context (Schein, 2010). Structure provides the mechanisms to carry out these expectations (Cooke & Rousseau, 1988). Therefore, if the mission is to promote empowering for survivors, as was the DASH mission, it is expected that the culture would align with practice, and that the structure would have mechanisms in place to provide ways for staff to engage in empowering practice. Strategic alignment is the "level of fit between the organization's strategic priorities and its environment" (Walter et al, 2013). A great deal of evidence supported significant strategic alignment in DASH. The survivor-centered program theory was reflected in the organizational culture. The

management structure provided opportunities for direct service providers to apply the philosophy with survivors. Survivors overall reported that they experienced the practices as intended, and reported the intended outcomes. The examination of strategic alignment is a key consideration for future research and evaluation studies that seek to support organizations in implementing empowering, survivor-centered service provision.

In addition to the importance of strategic alignment being present in the organizational philosophy and practice, it is equally as important that employees be aware of how they contribute to enacting the organizational mission. Scholars call this awareness 'line of sight' and assert that it increases organizational performance (Boswell & Boudreau, 2001; Boswell, 2006; Buller & McEvoy, 2012). In this study, employees reported behaving in alignment with the program theory and could articulate how their behavior was expected to lead to client outcomes (increase in survivor empowerment). Line of sight theory supports the assumptions of empowerment scholars who argue that the lack of conceptual clarity around empowerment contributes to misapplication in practice (Kasturirangan, 2008).

Examining strategic alignment at the organizational level and line of sight at the employee level are two ways that an organization can increase the likelihood that their mission is actually working in practice. In addition, it is important to think about the types of contextual factors that might be associated with service provision. For example, previous research has argued that relational organizational cultures are useful when providing trauma-informed, survivor-centered, empowering service provision because of the emphasis on self-care, support from colleagues, and the friendly exchange of resources to support survivors (Bell, Kulkarni, & Dalton, 2003; Gutiérrez,GlenMaye, & DeLois, 1995). The relational context has also been found to decrease burnout and intention to leave the organization (Kim & Stoner, 2008). In human

service organizations, particularly, relational culture provides an emphasis on self-care that could increase job satisfaction despite the stressful work conditions. Findings from the current study support these assumptions, as many DASH employees described how helpful the relational environment was for providing practices associated with the program theory. Relational, or clan, cultures could be considered a key component in a survivor-centered organization.

Some previous research has demonstrated that the clinical orientation to service provision within a hierarchal structure may decrease the implementation of true survivor centered practices. Some have argued that such an orientation contributes to a structure that includes mandatory services and high barrier entry assessments, which can be disempowering (Nichols, 2011). Interestingly, while DASH does have a hierarchal decision making structure and many clinical staff in positions of influence, employees still engaged in survivor-centered practices and survivors reported empowering practices. It is possible that two things are occurring. The policies and procedures have set a cultural precedent that contradicts traditional clinical service provision by requiring voluntary, low barrier service provision. In addition, the upside down management model might also mitigate the negative impact that a clinical orientation could potentially have on organizational practice. In other words, a program theory that explicitly promotes survivors' freedom rather than enforces restriction, and values advocates' capacities could be an important step in building a survivor-centered, empowering organization. Future research that involves examining the impact of diverse management structures could provide further insight into the contextual factors that mitigate the negative impact of a clinical orientation on service provision.

In this study, the technical assistance team was also seen as a support mechanism to provide empowering, survivor-centered service provision, but it was not clear how the technical

assistance team built capacity of advocates. The training component of the technical assistance team was seen as an imperative component of service provision in theory, but it was not always translated into practice. In the field, the theory behind the provision of technical assistance is also quite broad, ranging from serving as a short-term consultant role to serving in a more integrated, long term support (Le et al, 2014). The literature on the provision of technical assistance and its effectiveness across domestic violence organization is limited, and there is no empirical literature that describes an in-house technical assistance team within a domestic violence organization. Therefore, this study provides some insight about the intricacies of operating an in-house technical assistance team within a human services organization, but a great deal more research is needed.

Another component that seems to support the provision of survivor-centered, empowering practice is the integration of flexible policies and procedures that allow employees to implement practices as they see fit. Previous research has found that job autonomy is beneficial to human services practice (Humphrey, Nahrgang, & Moregeson, 2007; Kim & Stoner, 2008). The results from this study support previous studies that argue that flexible procedures not only have numerous benefits for the employee (such as job satisfaction and the feeling of being trusted), it also helps employees provide flexibility to survivors in ways that honor their personal freedom. Flexible procedures and policies suggest that employees do not have to enforce strict rules or restrict survivors' choices while in the organization, and can be more focused on helping survivors meet their goals. Flexibility and autonomy appear to be critical components in the promotion of a survivor-centered, empowering organization.

Strengths and Limitations of the Study

This study builds upon other domestic violence program evaluation and research studies that have demonstrated the benefits of empowering, survivor-centered practices on survivors (Sullivan et al, 2008). This was one of the first attempts to systematically measure alignment within a domestic violence residential program. There were multiple benefits to employing a mixed methods design in order to understand alignment within one community-based organization. This cross-sectional methodological design allowed me to elucidate a complex organizational conceptual model in an unconventional organizational setting. Additionally, this approach provided an opportunity for me to work with staff to develop a contextually relevant interview guide and quantitative measures at each stage of the study, which increased the ecological validity of the study findings (Schmuckler, 2001). The qualitative data provided a theoretical basis for empirically testing the prevalence of employee practices on survivors using the quantitative interviews. The quantitative data was enhanced by the qualitative data by providing insight into the contexts that support employee's empowering practices.

The design also had notable limitations. First, there was selection bias at the onset of the project. DASH was selected for study because of its unconventional program theory, innovative organizational context, perceived organizational alignment, and anecdotal evidence of resident success. Given the high level of alignment within this organization, it was challenging to examine how misalignment might contribute to worker discord, and practices that are not empowering, or worse, disempowering. However, there was some evidence that misalignment contributed to disempowerment for survivors. For example, results showed that when survivors perceived DASH employees as behaving in ways inconsistent with voluntary services, such

behavior was negatively related to survivors' empowerment. Future studies are needed to further identify the impact of misalignment on employees and survivors.

Second, the study had a primarily inductive thrust with small qualitative and quantitative samples. Both of these components of the study can be identified as limitations for generalizability of findings. However, while large quantitative studies in normative domestic violence organizations might be more appropriate to generalize results, they might also be limited in the extent that they can provide "frame-breaking" insights—work that challenges the status quo (Bamberger & Pratt, 2010). Bamberger and Pratt (2010) argue that studies which examine unconventional research contexts can make laudable contributions to both theory and practice. DASH is one of very few organizations in the nation that has integrated a housing-first, low-barrier, and voluntary services approach within a domestic violence residential context. Results supported their contention that it is possible to have flexible survivor-centered context that asserts little control and have the desired impact on clients. Follow up research could utilize a comparative or multi-site case study design to replicate these findings. The specific methodological approach could be completed with normative, mainstream domestic violence organizations that may have less alignment between their policies and organizational practice.

Third, it is also difficult to determine the actual directional relationship between structure and culture using cross-sectional data. For example, it is unclear whether the written policies informed the organizational culture, or whether the constant changing of policies was informed by the organizational culture. Follow-up studies would be needed to distinguish between individual and cultural level impact on behavior. It is also reasonable to believe that culture and structure components create a symbiotic relationship that could be difficult to discern within the

organizational context. Future qualitative causal analysis should be conducted to further test these hypotheses.

Fourth, results from the quantitative phase of the study should be interpreted with caution. Despite some statistically significant relationships, the sample was small and statistical power was extremely low. Future data collection would need to be undertaken in order to obtain a larger sample size and further substantiate the findings. Additionally, the subscales of the DASH Model principles were highly interrelated ($r = 0.90$). While the organization considers the underlying theoretical concepts within the scale to be distinct, correlational analyses suggest that the subscales are actually highly interrelated. The Bayesian confirmatory factor analysis demonstrated the items associated with each model principle did load onto its respective latent construct, yet sample size limitations made it difficult to test how the model principles related to one another. Also, the CFA for the subscales did not converge as categorical variables into AMOS due to sample size limitations. It is possible that the measure of DASH model practices does not actually contain seven subscales as tested in this dissertation, but instead is a unidimensional scale. Given time limitations and budget constraints, I was not able to collect additional data. However, items from the DASH model practices scale could be modified to help further test and refine the theoretical constructs of the DASH model.

Implications for Theory and Research

Empowerment informs the program theory of many domestic violence shelter programs across the nation. Therefore, it is important to continue to explore the organizational conditions that promote survivor empowerment. Findings from this dissertation study, and recommendations from other qualitative studies and theoretical articles, suggest that clan cultures are best suited for providing empowering, survivor-centered, trauma-informed practices to

survivors (Agbenyiga, 2011; Bloom, 2005; Gutiérrez, GlenMaye, & DeLois, 1995). Rigorous studies are needed to examine organizational cultures across domestic violence shelters to determine the generalizability of this assertion. In particular, researchers should test if employee behaviors associated with empowering practices vary across organizational culture types. For example, while a clan culture might encourage building relationships with other employees and outside organizations, which subsequently promotes survivors in getting necessary resources, a developmental culture could potentially be associated with employees introducing new and innovative practices within the organization that enhances a diverse set of survivor strengths.

Community psychologists have described the concept of organizational empowerment and the characteristics that encompass an empowering organization (FosterFishman & Keys, 1997; Peterson & Zimmerman, 2004). However, it is unclear whether being an empowering organization is a prerequisite for empowering practice. Previous participant observation studies conducted in domestic violence shelter studies have identified some points of misalignment which resulted in worker discord and worker disempowerment (D'Enbeau & Kunkel, 2013). However, future research studies should identify whether psychological empowerment for employees is a necessary precondition for the promotion of survivor empowerment. For example, if employees feel disempowered, do they subsequently engage in practices that are disempowering for clients? Or, is feeling supported within an organization and having a clear line of sight enough to engage in empowering practices?

While flexible survivor-centered practices were the key to service provision at DASH, a few employees described feeling tension during implementation. Some people reported some tension associated with working in a flexible context and engaging in practices that supported survivors' autonomy, while also still having to meet funding and programming requirements.

Some employees stated that they often had to remind survivors "this is still a program." This could be a rhetorical tool that is used in order to set bounds around survivors' behavior. This assertion could also be why some survivors reported that they felt forced to meet with staff whether they wanted to or not. It is possible that the desire to meet funding requirement or other programmatic requirements still impede on survivors' autonomy.

In the recent calls for a more expansive, inclusive and flexible service provision within anti-violence organizations (Smyth, Goodman, & Glen, 2006), it will be crucial to study and illuminate the tensions inherent in implementing survivor-centered practices within residential spaces. Is it possible to have practices that keep shelter residents accountable for maintaining a safe, nonviolent living space while not impeding on their autonomy? If not, would it be necessary to re-envision the funding requirements placed on domestic violence shelter services all together? It is imperative to continue to find methods that keep women in safe housing and do not get her more deeply involved in oppressive formal systems. Future research should be implemented to further understand and create solutions that help ease this tension.

Organizational theorists often discuss the significant impact of leadership styles on organizational culture and organizational change initiatives (Ostroff, Kinicki, & Muhammad, 2012; Schein, 2010). At DASH, the leaders who founded the organization still work within the organization; hence, it is not a coincidence that the DASH context is still highly aligned with the mission. Future research should continue to explore how leadership, and the maintenance of founders as leaders, influence strategic alignment and line of sight.

Evaluation and research studies that seek to improve the organizational context of domestic violence organizations should attempt to integrate diverse methodological approaches in order to study the unique ways that context influences practice and client outcomes. Most

domestic violence residential settings are small and would not provide the statistical power necessary to generate trustworthy results needed for a large survey-based, multi-level research study. In addition, the time, expense, and resources necessary to implement these types of large-scale studies could impose on already stressed organizational contexts that often have little research and evaluation capacity. Therefore, researchers who are interested in answering complex multilevel questions can explore diverse mixed method designs and qualitative causal analytic techniques best suited to the domestic violence context. Quantitative results such as Bayesian statistics could also be an appropriate analytic technique when examining the impact of shelter services.

The participatory methods of this evaluation proved to also support organizational change. Evaluation practice that engages and involves participants in the evaluation process can potentially lead to transformative organizational change. Based on the results of this study, DASH leadership implemented a transformational coaching framework across the management structure of the organization. They want to improve upon the findings from the study by advancing their capacity building using this coaching framework.

Implications for Human Service Practice

This dissertation study has implications for all human service organizations that seek to support client well-being. Gaining a deep understanding of the context is the impetus for changing it or introducing new interventions. A strategic planning and visioning meeting could encompass an honest reflection on whether the mission of the organization aligns with the procedures of the organization, if the goal is to understand whether employees behave in alignment with the mission. This organizational reflection could also detail whether the culture and structure facilitate or hinder the ability of employees to meet organizational expectations.

This type of information gathering can provide an assessment of the effectiveness of the structure in reaching the organizational mission, and identify the cultural components that support those aims. Not only would these conversations provide clarity and consistency of the program, it would also promote line of sight among employees.

These findings also point to the importance of creating strong socialization mechanisms to help employees become more aligned with philosophy, particularly through effective training and capacity building techniques. Socialization practices to orient new employees to the mission and philosophy of the organization would ensure that they are providing services as originally intended. Leaders should create a work context where employees are given freedom and flexibility to provide services in a way that fits their personal desires, but also have a shared commitment and understanding of the organizational philosophy.

In conclusion, this dissertation study benefits human service organizations that are interested in understanding the conditions and processes needed to enact an organizational mission and to accomplish intended organizational goals. Specifically, this study contributed to the field of intimate partner violence, as well as other human service fields, by exploring the organizational conditions that are aligned with the provision of empowering practices and empowered client outcomes. Applying theories from Community Psychology and Organizational Psychology, researchers, evaluators, and practitioners can use findings to better assess and create an organizational context that facilitates effective service provision among employees and that centers clients' well-being.

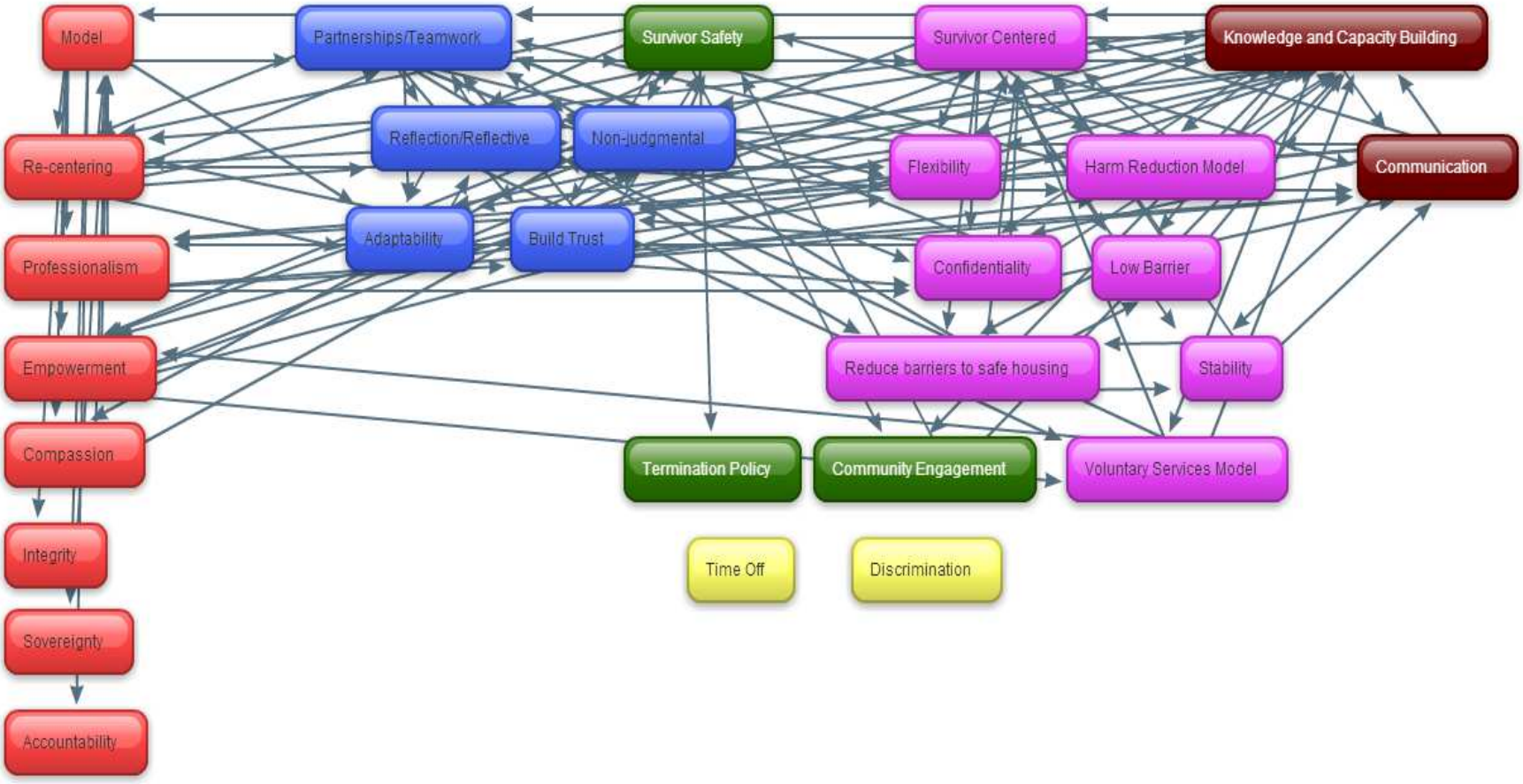
APPENDICES

APPENDIX A: DASH Organizational Chart FY 2014

Figure 4: 2014 DASH Organizational Context

APPENDIX B: Document Review Mind Map

Figure 5: Document Review Mind Map



Visual model created using online program: https://bubbl.us

APPENDIX C: Document Review Themes

Table 38: Document Review Themes

Themes	Codes
DASH Model should be followed in practice: Formal policies and procedures suggest that advocates should use the components of the DASH model with residents. Formal handouts and procedures stated that the role of advocates are to help survivors come back to their initial goals (re-centering), act in a professional manner (professionalism), encourage independent decision making (empowerment), provide nurturing support no matter the situation (compassion), ensure that women are operating from their own space (integrity), their own will (sovereignty), and make sure they feel comfortable holding advocates accountable (accountability).	Model Re-centering Professionalism Empowerment Compassion Integrity Sovereignty Accountability
Importance of creating and sustaining partnerships with staff and residents: Employees are expected to be highly self-aware, reflective, adaptable, and adopt a practice that is non-judgmental when working with survivors in the service of creating partnerships with other staff, and importantly, with survivors. Policies suggest that with survivors, other staff and community will help survivors reach their intended goals.	Partnerships/Teamwork Reflection Non-judgmental Adaptability Build Trust
Survivor safety is a priority: These are organizational procedures specifically detailing how employees should behave in order to maintain survivor safety, and discuss the negative repercussions of safety violations, specifically termination.	Survivor Safety Termination Policy
Survivors need to be at the center of personal decision making: These are organizational and employee practices that situate survivors as the master of their own lives. Survivors are expected to make decisions about every aspect of their lives during their time at DASH, and employees are encouraged to support these decisions in creative and flexible ways they help them accomplish their goals, create stability and maintain safe housing.	Survivor Centered Flexibility Harm Reduction Model Confidentiality Low Barrier Stability Reduce barriers to safe housing Voluntary Services Model
Emphasis on learning requisite knowledge and skills for advocates: Employees are expected to engage in honest and open communication with survivors and other employees as well as rely on community resources to gain all of the requisite knowledge and build the skills necessary to serve the complex needs of survivors who come to DASH.	Knowledge and Capacity Communication Community Engagement

APPENDIX D: DASH Staff Interview Guide

Study Introduction

First, I want to say thank you for being with me today. I know that you are incredibly busy, and I appreciate you taking the time for us to do this interview together. I want to also let you know that everything that you share with me is completely confidential. What you say to me, stays with me. All data will be aggregated with other DASH employees, and your individual information or position title will not appear in any of the analysis or interpretation phases. Since there is not a lot of staff at DASH, I will be extra careful about making sure people are not identified. If, during my initial analysis, I come across some information that I would like to include in our group analysis process but I believe could be potentially revealing, I will reach out to you. We can determine together whether you would like the information included in the group analysis and interpretation process. If I cannot get in touch with you, then I will not include the information. In addition, you have the right to pass on any question that you do not feel comfortable answering. I also want to let you know that I will be recording the interview. Only those on the MSU research team will have access to the digital files. They will be deleted once all of the interviews have been transcribed. Do you have any questions about the interview before we begin? [PAUSE] Ok, let's get started.

Introduction Question

1. So, tell me a little bit about your position here are DASH. What are your primary responsibilities?

Program Mission

Great, thanks! Now, I would like to ask you a few questions about the mission and values that guide DASH as an organization.

2. In your own words, what is the mission of DASH?

[INTERVIEWER NOTE: Stop staff from getting, showing, or referring to materials.]

3. What is your understanding of how survivors are valued within this organization?

Dash Philosophy

4. Can you recall, offhand, the components of the DASH Model?

[INTERVIEWER NOTE: It is important to give people time to recall as many components as they can. The interviewer should pay attention to how quickly they recall but don't give them ANY hints or help.]

5. Broadly, what does the DASH model mean in relationship to the work that you do with survivors and their children?

   The next section of the interview is specifically about the DASH interview. Start with the components of the model that the staff person remembered, and then the components they did not remember. The order below is not necessarily how to ask the questions.

6. As far as you know, how does DASH define sovereignty according to the model?

   [INTERVIEWER NOTE: If they left this out in the original listing, at this point, now it's okay to tell them that this is one component.]

   a. **[Admin only]** How, if at all, do you use this principle in your supervision with advocates?
   b. How, if at all, do you use this principle in your day to day interactions with survivors? Have there been in tensions in trying to apply this principle to your work with survivors?
      i. If not, can you tell me more about why?
   c. How does this organizational value align, or not align, with your own personal values?

7. In your opinion, how does DASH define empowerment according to the model?

   [INTERVIEWER NOTE: If they left this out in the original listing, at this point, now it's okay to tell them that this is one component.]

   a. **[Admin only]** How, if at all, do you use this principle in your supervision with advocates?
   b. How, if at all, do you use this principle in your day to day interactions with survivors? Have there been in tensions in trying to apply this principle to your work with survivors?
      i. If not, can you tell me more about why?
   c. How does this organizational value align, or not align, with your own personal values?

8. In your opinion, how does DASH define accountability (previously known as accountability) according to the model?

   [INTERVIEWER NOTE: If they left this out in the original listing, at this point, now it's okay to tell them that this is one component.]

   a. **[Admin only]** How, if at all, do you use this principle in your supervision with advocates?
   b. How, if at all, do you use this principle in your day to day interactions with survivors? Have there been in tensions in trying to apply this principle to your work with survivors?
      i. If not, can you tell me more about why?
   c. How does this organizational value align, or not align, with your own personal values?

9. Can you recall, offhand, how DASH, as an organization defines partnership in accordance to the model?

   [INTERVIEWER NOTE: If they left this out in the original listing, at this point, now it's okay to tell them that this is one component.]

   a. **[Admin only]** How, if at all, do you use this principle in your supervision with advocates?
   b. How, if at all, do you use this principle in your day to day interactions with survivors? Have there been in tensions in trying to apply this principle to your work with survivors?
      i. If not, can you tell me more about why?
   c. Which community organizations would you say are important to DASH being able to do its work? [*Get them to be specific; what orgs do they know? Can they name them?*] How do you think this/these collaborations impact the work that is currently being done at DASH?
   d. How does this organizational value align, or not align, with your own personal values?

10. As far as you know, how does DASH define compassion according to the model?

    [INTERVIEWER NOTE: If they left this out in the original listing, at this point, now it's okay to tell them that this is one component.]

a. **[Admin only]** How, if at all, do you use this principle in your supervision with advocates?
b. How, if at all, do you use this principle in your day to day interactions with survivors? Have there been in tensions in trying to apply this principle to your work with survivors?
    i. If not, can you tell me more about why?
c. How does this organizational value align, or not align, with your own personal values?

11. In your opinion, how does DASH, as an organization, define integrity according to the model?

    [INTERVIEWER NOTE: If they left this out in the original listing, at this point, now it's okay to tell them that this is one component.]

    a. **[Admin only]** How, if at all, do you use this principle in your supervision with advocates?
    b. How, if at all, do you use this principle in your day to day interactions with survivors? Have there been in tensions in trying to apply this principle to your work with survivors?
        i. If not, can you tell me more about why?
    c. How does this organizational value align, or not align, with your own personal values?

12. Can you recall, how DASH, as an organization defines (re)centering in accordance to the model?

    [INTERVIEWER NOTE: If they left this out in the original listing, at this point, now it's okay to tell them that this is one component.]

    a. **[Admin only]** How, if at all, do you use this principle in your supervision with advocates?
    b. How, if at all, do you use this principle in your day to day interactions with survivors? Have there been in tensions in trying to apply this principle to your work with survivors?
        i. If not, can you tell me more about why?

    c. How does this organizational value align, or not align, with your own personal values?

13. Thinking about what actually happens on the ground at DASH—how, if at all, does the DASH model impact how the organization operates as a whole?
14. What aspects of the DASH model were you immediately comfortable with when you first became aware of them?
15. What aspects of the model, if any, have you struggled with, currently struggle with, or find the most difficult to put into practice even if you believe in them?
16. Broadly speaking, what are the rewards, if any, for putting the DASH model into practice?
17. What are some drawbacks, if any, for putting the DASH model into practice?
18. What does it mean that DASH is a low-barrier organization?
    a. In what ways, if any, does this organizational service approach impact what you do when providing services to survivors?
    b. Could you tell me how this service delivery approach aligns or doesn't align with your personal values?
19. What does it mean that DASH utilizes a voluntary services model approach?
    a. In what ways, if any, does this organizational service approach impact what you do when providing services to survivors?
    b. Could you tell me how these service delivery approaches align or doesn't align with your personal values?
20. I know DASH has a philosophy of providing financial, practical and emotional help to apply this model to your work, but I also know how difficult this can be in practice. Could you tell me your perception of what DASH does to provide financial, practical and/or emotional assistance to apply the model to your work? In other words, what is your perception of what DASH is doing to support your work?
        i. How successful are these efforts?
        ii. What types of resources are provided?
        iii. Are they helpful? Are they enough?
        iv. What do you think needs to be improved?
        v. What is needed for these improvements to happen?

Organizational Structures (Policies, Procedures, Decision-Making Structures)

Thank you very much for answering those questions for me. Now, I would like to ask you a little bit about how DASH operates and functions as an organization.

21. In what ways, if any, are you a part of DASH's organizational decision-making process?
22. How does the TA team support your role in the organization? In what ways is the support helpful or unhelpful? *[Probe about supervision; care conferencing—working with a survivor; brown-bag trainings]*
23. As far as you know, what impact does the TA team have on the way that services are provided to survivors?
24. Broadly, how well do you think the policies and procedures detailing how employees should behave with survivors align with the model?

Not at all		Somewhat		To a great extent
1	2	3	4	5

    a. Why did you give this response? What could improve this alignment?

25. Broadly, how well do you think the guidelines given to survivors about their participation in the DASH programs align with the model?

Not at all		Somewhat		To a great extent
1	2	3	4	5

    a. Why did you give this response? What could improve this alignment?

Organizational Culture

Now I want to talk about what it means to be an employee at DASH. Generally, I am interested in what you think is needed in order to be successful at DASH.

26. What characteristics must an employee have in order to be successful at DASH? How did you learn these?
27. How comfortable do you feel making a mistake in your position? What happens when an employee makes a mistake?
28. In your opinion, how well do you feel the actions of leadership align with the DASH model? [*Probe about why they give this answer*]

Transformative Organization

Now, I want to ask you a few more questions about how you relate to DASH as an organization.

29. How, if at all, do you think aspects of your identity (e.g., race, gender, class) influence your work with survivors?
30. On a scale of 1-10, with 10 being highest, how much, if at all, do you think that maintaining a diverse workforce is a priority to DASH?
    a. *[If low]* Why do you think this is the case?
    b. *[If high]* How does DASH go about maintaining a diverse workforce?
31. As an organization, how, if at all, do you think DASH considers the way that power, privilege or oppression impacts workplace dynamics?
32. As an organization, how, if at all, do you think DASH considers how power, privilege or oppression influences service provision?

Survivor Outcomes

Thank you for answering those questions. Now I want to ask you a few questions about how staff interacts with survivors at DASH. You are doing great. Your responses are really helpful. For the second to last part of the interview, I am going to read you with two hypothetical scenarios about your work with survivors. You can read along with me on this card. After I am done reading, I will ask you a few questions about the scenario.

33. A single woman named Stephanie came to DASH last month when she was referred by a short-term inpatient drug treatment program after disclosing that she was in an abusive relationship. Stephanie has been at DASH for several months now and, you have seen that she has serious mental health and addiction issues. Stephanie rarely showers and she regularly comes into the building seemingly drunk or high. She regularly misses her appointments with you and she never attends groups. However, when she does come to an appointment, she describes having hallucinations and is often talking (sometimes yelling) at voices in her head. You are doubtful that Stephanie has a partner (let alone an abusive one) based on information that she disclosed during her intake. Almost daily other residents complain to you and other staff that Stephanie is too loud, her unit smells, and she scares their kids when she's talking to herself.

[Upper Management Questions]

a. How confident are you that you would know how to supervise someone about how to work with this survivor?

b. Can you talk me through how might you supervise an advocate who wanted help supporting this survivor? What might you recommend?
c. How would you use the DASH philosophy to inform and facilitate how you supervise advocates around providing advocacy for Stephanie?
d. How, if at all, do you use the TA structure to facilitate how you supervise advocates around providing advocacy for Stephanie?
e. How realistic is this scenario to the survivors that you encounter in your daily practice?

[Advocate]

f. How confident are you that you know what to do in this situation?
g. How might you go about supporting Stephanie during her time at DASH?
    i. Would any exceptions have to be made for Stephanie? If so, how might you go about obtaining those exceptions?
h. What resources or options might you recommend for Stephanie within, or outside, of the organization?
i. How realistic is this scenario to the survivors that you encounter in your daily practice?

Concluding Questions

We are almost done. I wanted to ask you a few more broad questions related to your general feelings working at DASH.

34. Have you worked in other non-profits prior to working at DASH?
    a. If yes, how, if at all, does DASH differ from other organizations that you have worked for? In what ways?
35. At this moment, on a scale of 1-10, with 10 being the highest, how committed do you feel to DASH as an organization?
36. How much longer do you see yourself working at DASH? What makes you say that?

Demographics

To end this interview, I am going to ask you three short demographic questions.

37. What month and year did you start working here?
38. Are you employed full or part-time at DASH?
39. What is your racial background?

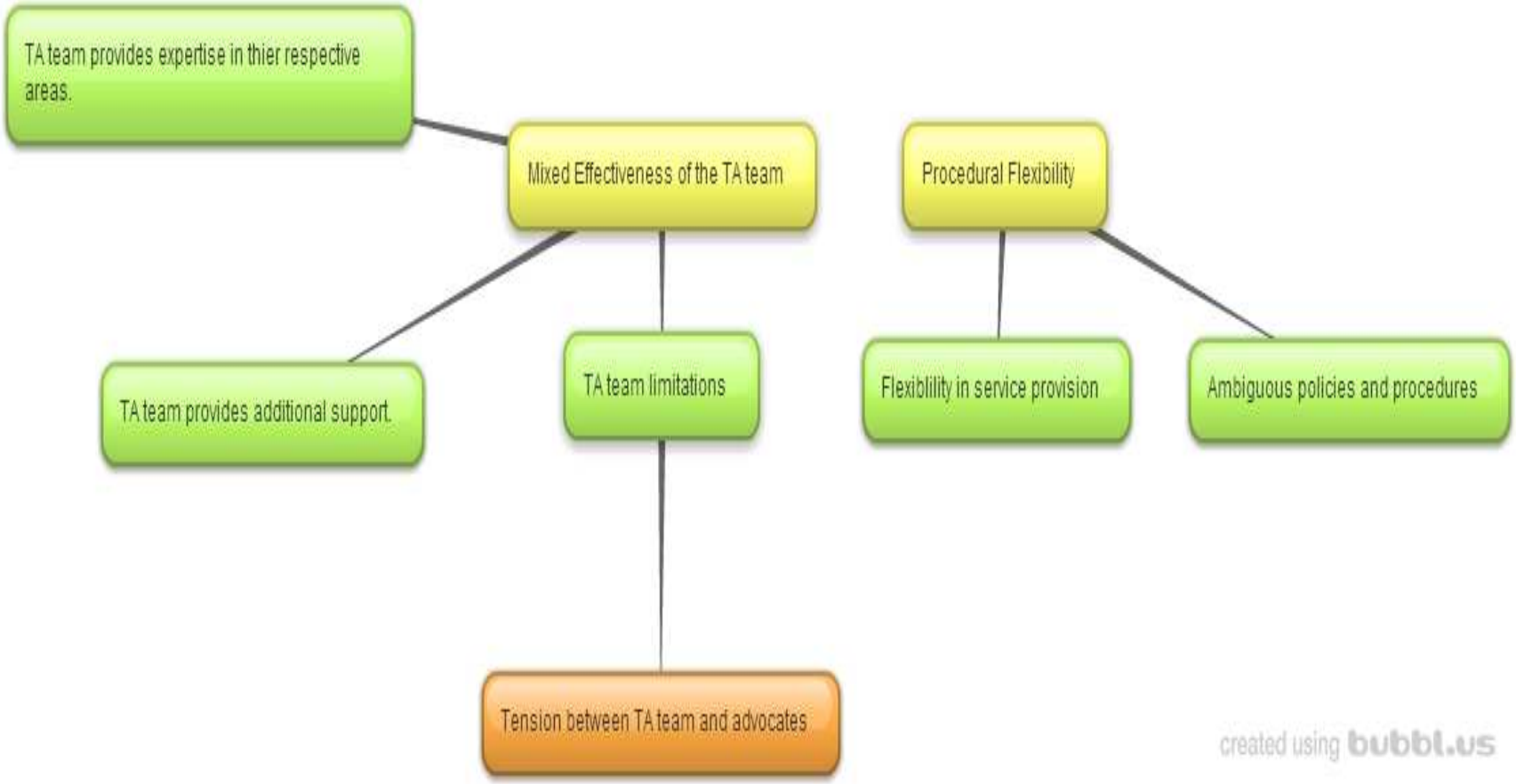
40. Is there anything else that you want to share with me about your experiences at DASH? Or anything in relationship to the things that we talked about today?

APPENDIX E: Organizational Culture Mind Map

Figure 6: Organizational Culture Mind Map

APPENDIX F: Organizational Structure Mind Map

Figure 7: Organizational Structure Mind Map



APPENDIX G: Staff Perceptions of DASH Model

Table 39: Staff Perceptions of DASH Model

DASH Model Practices	Participants	Percentage of Similarity
Accountability/Professionalism: Being accountable to a set of standards, keeping clear boundaries between yourself and your work	1. Having boundaries with survivors 2. Advocate for survivors (VAGUE) 3. Be transparent in the services that can be offered (INTEGRITY) 4. Being honest about not knowing a source 5. Being the presence that is needed in the moment (COMPASSION) 6. Building relationships with survivors (PARTNERSHIPS) 7. Complete informed consent 8. Do not argue with survivors 9. Do what you say you are going to do 10. Explain the commitment to the cornerstone program when there is tension between the survivors and the program 11. Follow through with survivors 12. Had awareness of DV 101 13. Have an open door for survivors to talk (COMPASSION) 14. Accountability to the larger community 15. Maintain professional composure despite discomfort 16. Reach out to other sources when the answer is unknown (PART)	16 (matched definition) / 26 (total statements) = 0.62 x 100= 62% alignment

Table 39 (cont'd)

	17. Respecting women where they are (SOVERIGNTY) 18. Responding in a prompt fashion 19. Responds in a compassionate way (COMPASSION 20. Say you are unsure (INTEGRITY) 21. Set boundaries with survivors 22. Speak to survivor if they might be angry with you 23. Try to answer questions as honestly as possible (INTEGRITY) 24. Upheld a professional standard despite crisis 25. Be culturally sensitive Do what you say that you are going to do	
Compassion: Having empathy for others who are affected by misfortune, and working to understand and help them	1. Convey a sense of understanding 2. Allowing women to feel what they feel 3. Being engaged in conversation without controlling the conversation 4. Be responsive as possible to survivors 5. Be very gentle 6. Being nonjudgmental 7. Believing women 8. Bend the rules for survivors when needed 9. Bending the rules in accordance to what the survivor needs 10. Care about the survivor 11. Caring for a person 12. Changing interactions to fit where are 13. Connect survivor with therapy services	28 (matched definition) / 28 (total) = 1 x 100 = 100%

Table 39 (cont'd)

	14. Accepting women for who they are 15. Did not want to look as a high authoritative figure 16. Disclose about herself in order to convey a sense of connection 17. Encourage residents to be gently with themselves 18. Encourage survivors to forgive themselves 19. Encourage taking care of yourself 20. Get things for survivors when necessary 21. Listen to survivors 22. Not just another resident 23. Not try to put someone down 24. Not trying to fix someone 25. Respecting a person where they are 26. State that abuse is not their fault 27. To not pass judgment on survivors 28. Understand when they just need to blow off steam	
Empowerment: Giving voice to your own power, and providing the tools to help others recognize and access their power	1. Helping survivors achieve whatever their goals are 2. Acknowledging to survivors it is absolutely about baby steps 3. Ask survivor what they need from us (VAGUE) 4. Ask them about what keeps them from making decisions 5. Assuming as little as possible about the survivor (VAGUE) 6. Backing survivor up (COMPASSION)	

Table 39 (cont'd)

	7. Be encouraging (COMPASSION) 8. Be sensitive to whatever clues you are getting from your interactions (COMPASSION) 9. Being honest with survivor (INTEGRITY) 10. Care for the survivor (COMPASSION) 11. Do not assume someone's needs (COMPASSION) 12. Do not define success from survivors (SOVERIGNTY) 13. Do not dictate how survivor should obtain practical resources (SOVERIGNTY) 14. Do not get into conversations about belief systems (ACCOUNTBILITY) 15. Do not tell survivors what to do with their children (SOVERIEGNTY) 16. Do what you can do (VAGUE) 17. Doing a safety plan with them 18. Emphasize all that they have done that is good 19. Encourage residents to push staff on the model 20. Encourage survivors (COMPASSION) 21. Encourage survivors' self sufficiency (SOVEREIGNTY) 22. Encourage them to channel inner strength in direction of their own choosing	

Table 39 (cont'd)

	23. Encourage ways to help survivor find control 24. Encourage people to do what they need to do in order to combat discrimination 25. Express to survivor what she saw and how to do things differently (DON'T KNOW) 26. Giving them the tools they need 27. Go step by step through a process to meet survivors' goals 28. Help someone learn a process 29. Help survivors achieve what they want 30. Help survivors find resources 31. Help survivors finds resources to move forward 32. Help survivor get to the next level 33. Help survivors to get the things they need 34. Help them feel good about decisions they made 35. Help them find places to get the things they need 36. Helping people choose what they want to do 37. Acknowledge that empowerment is a process Helping survivors navigate the system 38. Helping them come out of panic mode (RECENTERING) 39. Laying out of the resources 40. Letting survivors be the captain of their own ship (SOVERIEGNTY)	

Table 39 (cont'd)

	41. Letting the survivors tell you what they need (SOVEREIGNTY) 42. Listen to survivors (COMPASSION) 43. Make sure they are safe as possible (VAGUE) 44. Meeting survivors where they are at (SOVEREIGNTY) 45. Meeting women where they are (SOVERENTY) 46. Not being judgmental (COMPASSION) 47. Not case management (VAGUE) 48. Not reprimanding women (VAGUE) 49. Plan with survivors about how to get the things that she needs 50. Provide feedback to what their actions look like an outside 51. Providing validation for the decisions that survivors make 52. Push survivor when they ask for it 53. Push the bar to make sure staff meet you where you are 54. Respect survivors (SOVERIEGNTY) 55. Respect the decisions survivors make (SOVERIGNTY) 56. Sit down with survivors to discuss what they want 57. Supporting survivors in making their own decisions (SOVERIGNTY)	33 (matched definitions) / 71 (total) = 0.46 x 100 = 46%

Table 39 (cont'd)

	58. Survivors drive what they need (SOVEREIGNTY) 59. Talked about the positive things (COMPASSION) 60. Talking out a problem with them (COMPASSION) 61. Telling survivors how to use safety 62. Treating survivors like they was able to make their own choices (SOVERIEGNTY) 63. Trusting the decisions that survivors make (SOVEREIGNTY) 64. Value the inner strength 65. Right to pursue what they want (SOVEREIGNTY) 66. Talk about cycle of violence 67. Talk about domestic violence 68. Talk about power and control wheel 69. Tell survivors that they have the power Treated me like I was human being (COMPASSION)	
Integrity: Behaving consistently with the values you promote; striving to know yourself and behaving authentically	1. Helping survivors (VAGUE) 2. Asking survivor to contribute to the process (VAGUE) 3. Be consistent with survivors 4. Be transparent with survivors 5. Being a good representation of DASH 6. Being upfront with survivors about what advocates cannot do 7. Build trust with survivors (VAGUE)	12 (matched definitions) / 29 (total) = 0.41 x 100 = 41%

Table 39 (cont'd)

	8. Checking back in if something is not working (ACCOUNTABILITY) 9. Convey to resident that they are acting out of alignment with they what they value 10. Do not give the run around (VAGUE) 11. Do not make promises they you can't keep 12. Follow up with residents about their concerns (ACCOUNTABILITY) 13. Hear what survivors have to say 14. Help survivor get what they need while at DASH (EMPOWERMENT) 15. Accepting of survivors spiritual and religious beliefs 16. Helping survivors keep their word 17. Holding someone accountable to their own values 18. Respected what survivors have to say (VAGUE) 19. Recognizing what survivors were not following up with their word 20. Respect survivors where survivors are at and how they feel (SOVREIGNTY) 21. Taking time to understand survivor (COMPASSION) 22. Tell survivors the truth even when its difficult 23. Telling the resident that you see they are more capable than what they are delivering (VAGUE)	

Table 39 (cont'd)

	24. Understanding boundaries with survivors (ACCOUNTABILITY) 25. Understanding role with survivors (VAGUE) 26. Understanding that the resident has different needs (SOVERIGNTY) 27. Be honest about what you can and cannot do 28. Follow through with mental health referrals Follow through with what you say you are going to do	
Partnerships: Having mutually cooperative and respectful relationships with all who are doing the work, including program residents, service providers, investors, and the community	1. Remind survivors that they are sovereign but in a community 2. Ask survivors what they need 3. Ask them what they want to do 4. Ask women how they wanted to contributed to the joint process 5. Build a relationship with a survivor 6. Do not run women's lives 7. Establish a meeting time when you need it 8. Felt like a give and take relationship 9. Follow up with you when you need it 10. Give community resources to survivors 11. Iterative process of providing support and testing 12. Lean on each other 13. Partnered with other people in the organizations to address needs	

Table 39 (cont'd)

	14. Provide resources to survivors (EMPOWERMENT) 15. Ask survivors what they want 16. Remind survivors that they should have a connection with the advocate 17. Remind that they do not have to participate in the services being offered (SOVEREIGNTY) 18. Supporting survivor when they come back from the systems (COMPASSION) 19. Talk with survivors about their barriers and roadblocks (EMPOWERMENT) 20. Talk with survivors about what it bad about the program 21. Talk with survivors about what is good with the program 22. Tell survivor that the advocate and survivor are on a team 23. Valued partnership with survivors 24. Willingness to step in and be what is needed in the moment (COMPASSION) 25. Work to address the issue that they are having first before giving advice 26. Work with survivors to make goals a reality (EMPOWERMENT) 27. Give information when asked for it 28. Helping survivors navigate the systems (EMPOWERMENT)	13 (matched definition) / 28 (total) = 0.46 * 100 = 46%

Table 39 (cont'd)

Re-centering: finding and maintaining the clarity, focus, and the wherewithal to balance competing demands and pressures that are on us	1. Helping survivor stabilize 2. Adapt to how survivors are understanding the DASH mission 3. Adaptable to survivor needs 4. Ask survivor what they want to do 5. Asking how people can achieve the goal they came in for (EMPOWERMENT) 6. Being honest about the barriers for the situation (INTEGRITY) 7. Changed course with resident when something is not working 8. Creating a plan with the survivor 9. Create an action plan 10. Discussed what could have contribute to a relapse 11. Encouraging survivors to make a plan to move forward 12. Explain when a recentering is about to happen (VAGUE) 13. Find balance between what is working and what is not working 14. Give residents positive feedback 15. Have a conversation with a rule is broken instead of immediate termination 16. Have a meeting to set initial goals and then come back to set new goals when necessary 17. Have her do some writing about relapse 18. Adapt to how people are learning	25 (matched definitions) / 34 (total) = 0.74 X 100 = 74%

Table 39 (cont'd)

	19. Helping survivor compare where they are from where they came 20. Immediately address issues that could possibly get survivors terminated 21. Meet with survivors once a week to check with safety (VAGUE) 22. Meeting and reporting back (VAGUE) 23. Noticed when something was out of the ordinary 24. Recognizing where you are 25. Stepping back to determine how to go forward 26. Tell people that we appreciate you coming to the program 27. Tell residents the positive strengths that are seen in kids 28. Try to figure out what it happening and resolves it 29. Understanding that people learn at their own pace 30. Go through a formal process of re-centering 31. Help survivor get back to where she was when she was sober 32. Honestly talk about what is happening 33. Residents are aware of re-centering process When something negative happens talk to figure out what is going on	
Sovereignty Having the freedom and responsibility to determine what is right for you and be self-governing	1. Do not make decisions for survivors 2. Affirm that they have valid concerns 3. Allowed women to make their own choices	12 (matched definitions) / 24 (total) = 0.50 x 100 = 50%

Table 39 (cont'd)

	4. Allowing people to make decisions about what to do with the information 5. Allowing survivors to be self-governing 6. Ask if they want a hug (COMPASSION) 7. Ask survivor questions about their goals (EMPOWERMENT) 8. Be cheerleaders (COMPASSION) 9. Be validating (COMPASSION) 10. Being nonjudgmental (COMPASSION) 11. Belief that survivors are capable to think on their own 12. Bring everyone to the table to discuss the issue at hand (PARTNERSHIPS) 13. Create an open space for them to talk (COMPASSION) 14. Do not do everything for the survivors (VAGUE) Acknowledging that 15. women have a valid concern 16. Encourage survivors to not beat herself up about her decisions (COMPASSION) 17. Give them a space to get out grievances 18. Help guide survivors (VAGUE) 19. Meet survivors at their own terms 20. Pointing out dangers but letting women do what they want	

Table 39 (cont'd)

	21. Provide trauma informed care (RECENTERING) 22. Queen of their own castle 23. Survivors set the terms of the relationship 24. Survivors set the tone for goal setting 25. Try not to cross boundaries 26. Understanding that survivors are adults 27. Validating the survivors gut feeling Encourage survivors to make their decisions	

APPENDIX H: DASH Resident Interview Guide

Pre-Interview Checklist

- Pen
- Survivor Interview Guide
- Audio Recorder
- Extra batteries
- Notebook
- Survivor ID
- Response cards
- Money envelope (receipt + cash)

Thank you for your help today. We are doing this study to learn more about residents' experiences at the Cornerstone program. Your answers will be used to help improve the services that people receive while they are at DASH. **Everything that you share with me is completely confidential, and will not affect any of the services that you receive from the Cornerstone Housing program.** We will not tell staff who has decided to participate in the study. We will keep all of your information in a secure, password protected location. You will also not be video-taped for this interview. However, I would like to tape-record this interview, just to make sure we are accurate about what you say. Would this be ok with you?

Yes, ok to audio record this interview.
No, not ok to audio record this interview.

This interview is completely voluntary. You can stop any time you want and you can choose not to answer any questions that you do not want to answer. Throughout the interview, if I ask you a question that you do not feel comfortable answering, you can say the word 'pass'. This indicates to me that you do not feel comfortable answering the question. I will not ask you why you chose to pass, and I will just move to the next question. At the end of this interview, you will be given a cash payment of $25 for your participation.

Do you have any questions?

Notes:

Introduction

This interview will take approximately one hour, and I will be asking you questions about the types of services you wanted from Cornerstone and the experiences that you have had with staff since you have been here. There is no right or wrong answer to any of the questions. I am really just interested in hearing your honest opinions. **(TIME ON RECORDER: _____)**

Part 1: Accessing DASH Services

First, I want to ask you a few questions about coming to Cornerstone, and how things have been going for you since you moved into your apartment.

1. Can you tell me about how you found out about DASH? *(Probe about the specifics of how they discovered the Cornerstone program).*

2. Can you tell me about the process of applying for and getting into Cornerstone housing? What improvements would you make, if any?

3. In addition to housing, what type of support did you want from DASH? Are you able to get the help you need?

Thank you. Now using the **BLUE** card, please tell me the number that best describes your experiences with Cornerstone. *[Go through responses aloud and pay attention to any literacy needs. Repeat options as needed.]*

0	1	2	3	4	8	9
Not at all true				Very True	Don't know	Declined to answer

3. When applying to the program, staff trusted that I was telling the truth. ____
4. I was able to access housing here despite barriers that might come up at other organizations. ____

Tell me whether the following questions are simply true or false in relationship to accessing DASH services.

0 False
1 True
8 Don't know

5. I had to provide photo identification to receive services from Cornerstone. ____
6. Staff asked whether I used substance or alcohol usage during my intake interview. ____
7. Staff force people to get sober in order to receive housing. ____
8. I needed proof of my abuse in order to access housing. ____

Part 2: DASH Staff Practices

Now I would like to know about your experiences so far *receiving services from staff* while being at the Cornerstone program. I know that the experiences that you have can change depending on the staff person. However, I am interested in knowing your *overall* impression of staff. Please remember that anything you say is just between us and staff will not know who said what to me. Using this PINK card, can you tell me the answer that best describes how DASH staff behave with you OVERALL? *[Go through responses aloud and pay attention to any literacy concerns. Check in to make sure that responses make sense. Repeat options as needed. Repeat the stem every 3 to 4 items.]*

0 Not at all
1 A little
2 Somewhat
3 Very much
8 Does not apply to me
9 Declined to answer

Overall, staff…

1. Encourage me to be who I am (SV) ____
2. Respect my privacy (SV) ____
3. Respect the choices that I make (SV) ____
4. Treat me with dignity (SV) ____
5. Understand that I know what's best for me (SV) ____
6. Are judgmental of the decisions I make for myself (SV) ____
7. Celebrate my accomplishments (EM) ____
8. Help me reach out to organizations outside of DASH in order to get the resources I need (EM) ____
9. Provide me with the tools I need to accomplish my goals (EM) ____

10. Work with me step by step to accomplish my goals (EM) ____
11. Talk with me about the dynamics of domestic violence (EM) ____
12. Provide me with the information that I need to make my own choices (EM) ____
13. Help me to define successes on my own terms (EM) ____
14. Help me to find resources I need (EM) ____
15. Respond to my needs promptly (AC) ____
16. Are flexible (AC) ____
17. Follow up with me when I make a request (AC) ____
18. Clearly explains how this program works (AC) ____
19. Work with me to help me make my goals a reality (PA) ____
20. Make me feel like we are working as a team (PA) ____
21. Provide opportunity for us to learn from one another (PA) ____
22. Are on my side (PA) ____
23. Believe me when I share things about my life (CM) ____
24. Listen to me (CM) ____
25. Care about me (CM) ____
26. Work to understand my situation (CM) ____
27. Treat my children with respect (CM) ____
28. Care about my children (CM) ____
29. Accept me for who I am (CM) ____
30. Are honest with me about what they can and cannot do (IN) ____
31. Are consistent with me (IN) ____
32. Are trustworthy (IN) ____
33. Help me move forward when I feel stuck (CEN) ____
34. Notice when things are out of the ordinary for me (CEN) ____
35. Provide me time to learn at my own pace (CEN) ____
36. Help me find ways to manage stress (CEN) ____
37. Help me learn different ways of dealing with feeling overwhelmed (CEN) ____

Thanks so much, I know that was a lot of similar questions. Now, using the BLUE card again, please tell me how *true* the following statements are based on *your own experience* with services at Cornerstone.

0	1	2	3	4	9
Not at all true				Very True	Declined to answer

38. I choose what DASH programs or services I want to participate in. ____
39. Staff make me feel like I have to meet with them whether I want to or not. ____

40. Peoples' cultural backgrounds are respected in this program. ____
41. Peoples' religious or spiritual beliefs are respected in this program. ____
42. Staff respect peoples' sexual orientations and gender expressions. ____
43. Staff understand what it means to be in my financial situation. ____
44. Staff understand the challenges faced by people who are immigrants. ____

45. Staff understand how discrimination impacts peoples' everyday experience. ____
46. Staff recognize that some people or cultures have endured generations of violence, abuse and other hardships. ____
47. This program treats people who face physical or mental health challenges with compassion. ____
48. Staff provide support for people who must interact with potentially difficult systems (*for example,* courts, police, housing, child protective services, public assistance). ____

Thank you, now using this GREEN card *[go through responses together and check for literacy]*, please answer the following question.

1 Rarely or never
2 Sometimes
3 Fairly often
4 Very often
5 Always
9 Declined to answer

How frequently do you participate in the programs that happen here at Cornerstone? ____

Now I would like to ask you a few more questions about how you feel DASH staff engage with you. Tell me how you feel *at this moment*:

49. I believe that staff members here like me. ____
50. The staff and I collaborate on setting goals for our work. ____
51. The staff and I respect each other. ____
52. The staff and I are working towards mutually agreed upon goals. ____
53. I feel that staff members here appreciate me. ____
54. The staff and I agree on what is important for me to work on. ____
55. I feel staff members here care about me even when I do things they do not approve of. ____
56. We have established a good understanding of the kind of changes that would be good for me. ____

Now, let's switch gears. The next question is about parenting.

57. How many children under 18, if any, are you currently parenting? _____

If the participant is parenting, proceed to answer questions 58 – 62.
If the participant is NOT parenting, skip the next 5 questions and go to Part 3, question 1.

These next five questions are about how staff behave with you as a parent. Using the BLUE card, can you tell me the answer that best describes your experience with DASH staff.

0	1	2	3	4	8	9
Not at all true				Very True	Not Applicable	Declined to answer

58. I am learning more about how children react emotionally when they have witnessed or experience abuse and other hardships. _____
59. Staff help me explore how children's relationships can be affected by witnessing or experiencing abuse, and other life difficulties. _____
60. I am learning more about how my own experience of abuse can influence my relationships with my children. _____
61. The program provides opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by. _____
62. Staff support me to strengthen my relationships with my children. _____

Part 3: Impact of DASH Services

Now I'd like to ask you about whether your experiences at Cornerstone have changed your *knowledge or feelings* about any particular areas. I do not want to imply that you did not know this stuff before, but rather I am interested in how being at Cornerstone might have increased your knowledge about or ability to do specific things. Using the BLUE card, please tell me which answer best reflects your experience

0	1	2	3	4	9
Not at all true				Very True	Declined to answer

Because of my experiences at Cornerstone,…

4. I am better at deciding what I want for my life. (SE) ____
5. I trust myself and my decisions more. (SE) ____
6. I am more able to achieve goals I set for myself. (SE) ____
7. I am better at knowing what steps to take to achieve my goals. (SE) ____
8. I am more confident about the decisions I make. (SE) ____
9. I have a greater understanding that I have the ability to make changes in my own life. (SE) ____
10. I have a greater sense of freedom to make changes in my own life. (SE) ____
11. I can do more things on my own. (SE) ____
12. I am better at figuring out how to handle problems that arise in my life. (SE) ____
13. I have a greater understanding that if one organization cannot help me there will be another that can. (COM) ____
14. I have a greater understanding of how racist systems make it difficult for survivors to protect themselves and their children. (CRIT) ____
15. I know more about the community resources that I might need. (COM) ____
16. I have a greater understanding that I have the right to be angry about what I've experienced. (CRIT) ____
17. I have a greater understanding that I am not alone. (COM) ____

18. I am better able to get information that will help me. (COM) ____
19. I have a greater understanding of how sexist systems make it difficult for survivors to protect themselves and their children. (CRIT) ____
20. I am more comfortable asking for help. (COM) ____
21. I have a greater understanding of how common DV is. (CRIT) ____
22. I have a greater understanding of how domestic violence affects me. (CRIT) ____
23. I have a greater understanding that survivors are not to blame for being abused in a relationship. (CRIT) ____
24. I have a greater understanding of the causes of domestic violence. (CRIT) ____
25. I have a greater understanding that together with other survivors, I can have a part in ending violence against women. (CRIT) ____

Now, I want to ask you more broadly how you are feeling as a result of receiving services from Cornerstone. *As of today*, thinking about your experience in the program, can you tell me how true the following statements are? You can use the BLUE card to answer the following question. Please remember that everything you tell me today is confidential, and will not be shared with staff here or at any other program.

0	1	2	3	4	9
Not at all true				Very True	Declined to answer

26. I feel more hopeful about the future. ____
27. I am more able to achieve the goals I set for myself. ____
28. I know more about the community resources I might need. ____
29. I am better able to get information that will help me. ____
30. I have a greater understanding of how domestic violence affects me. ____
31. I feel less alone. ____

Thank you for hanging in there with me. We are almost done with the interview. Now I would like to ask you some questions about your safety. Different people face different challenges to their safety, and when I use the word safety in the next few questions, I mean safety from abuse or violence. Using the PINK card, please tell me the extent to which this statement applies to you.

0 Not at all
1 A little
2 Somewhat
3 Very much
8 Does not apply to me
9 Declined to answer

At this moment, figuring out ways to stay safe is one of my top priorities. ____

Now, using the WHITE card, please tell me what best describes how you think about your and your family's safety right now.

1 Never true
2 Sometimes true
3 Half the time true
4 Mostly true
5 Always true
9 Declined to answer

32. I can cope with whatever challenges come at me as I work to keep safe. ____
33. I have to give up too much to keep safe. ____
34. I know what to do in response to threats to my safety. ____
35. I have a good idea about what kinds of support for safety I can get from people in my community (friends, family, neighbors, people in my faith community, etc). ____
36. I know what my next steps are on the path to keep safe. ____
37. Working to keep safe creates (or will create) new problems for me. ____
38. When something doesn't work to keep safe, I can try something else. ____
39. I feel comfortable asking for help to keep safe. ____
40. When I think about keeping safe, I have a clear sense of my goals for the next few years. ____
41. Working to keep safe creates (or will create) new problems for people I care about. ____
42. I feel confident in the decisions I make to keep safe. ____
43. I have a good idea about what kinds of support for safety I can get from community programs and services. ____
44. Community programs and services provide support I need to keep safe. ____

Now I want to ask you just a few more questions, but will read you the answer options. Please tell me the answer that best fits your experience at Cornerstone.

45. How would you rate the quality of services you receive thus far? Would you say they are:

1	2	3	4
Poor	Fair	Good	Excellent

46. Did you get the kind of services you wanted? Would you say:

1	2	3	4
Definitely not	No, not really	Yes, generally	Yes, definitely

47. To what extent has this program met your needs? Would you say:

1	2	3	4
None of my needs have been met	Only a few of my needs have been met	Most of my needs have been met	All of my needs have been met

48. If a friend were in need of similar help, would you recommend this program to them? Would you say:

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

49. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	Indifferent, or mildly dissatisfied	Mostly satisfied	Very satisfied

50. Have the services you receive helped you deal more effectively with your problems? Would you say:

1	2	3	4
No, they seemed to make things worse	No, they really didn't help	Yes, they helped	Yes, they helped a great deal

51. In a general sense, how satisfied are you with the services you received? Would you say:

1	2	3	4
Quite dissatisfied	Indifferent, or mildly dissatisfied	Mostly satisfied	Very satisfied

52. If you were to seek help again, would you come back to this program?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

53. (TIME ON RECORDER: _____) How does DASH differ, if it does, from other organizations that you have received services from?

54. Can you tell me about the specific ways that Cornerstone has impacted your life? *(Probe about social, emotional, and environmental aspects of Cornerstone programming that could have been impactful).*

55. How, if at all, do you think aspects of your identity (e.g., race, gender, class) either positively and negatively influences your ability to get resources you need?
    a. Can you tell me about the different ways, if at all, that DASH staff has increased your knowledge about how racism, sexism, and classism or other types of discrimination influence the lives of people surviving violence?

56. Is there anything that we should talk about that you think is important but that I haven't asked about?

Part 4: Demographics

This is the last section of the interview. I want to ask you some general questions about yourself just so that we know who participated in this study overall and if people's answers differed by anything like age or whether they were parenting. We combine this information across participants and also feel free to pass on any question you don't feel like answering.

1. How long have you been living at Cornerstone? _____ (*Probe to get the most accurate answer. You can ask for the day they moved into the cornerstone program. Give answers in days.)*
2. What is your race or ethnic background?_____ [. *Do not read the following responses. Have the participant state it in their own words, and then code after the interview is over. If they are multi-racial, ask them to be specific.]*

African American	1
African	2
Asian	3
White/Caucasian	4
Hispanic/Latino/a	5
White/Caucasian	6
Asian Pacific Islander	7
Native American/Alaska Native	8
Multi-racial	9
Middle Eastern	10

Other (_____)	11

3. What is your gender? _____
4. How old are you? _____

5. What is your sexual orientation? _____ . *[Do not read the following responses. Have the participant state it in their own words, and then code after the interview is over.]*

Heterosexual/Straight	1
Lesbian	2
Gay	3
Bisexual	4
Other (_____)	5

6. What's your educational level now?

8th grade or less	1
9th to 12th grade	2
High school graduate or GED	3
Vocational School	4
Some college	5
College graduate (AA, BA)	6
Advanced degree	7

7. Were you born in the United States? _____
   If no, where is your country of origin? _____
8. What is your primary language? _____
9. How would you describe your current financial situation? Would you say:

I do not worry about paying for things I want and need.	1
I can easily pay my bills but need to be careful.	2
I can pay my regular bills but a bill that was bigger than usual would cause a hardship.	3
I have trouble paying my regular bills.	4
I simply can't pay my bills.	5

10. Please indicate the extent to which the following statement is true on a scale from 0 to 4, using the **BLUE** card:

These days I can generally afford to buy the things I want.

0	1	2	3	4	9
Not at all true				Very True	Declined to answer

These days I can generally afford to buy the things I need.

0	1	2	3	4	9
Not at all true				Very True	Declined to answer

11. Do you consider yourself to have a physical disability or disabling condition? _____
    a. If yes, what is your primary physical disability?

    b. If yes, does it interfere with your daily functioning?

12. Do you struggle with mental health issues? _____
    c. If yes, what is your primary mental health issue?

    d. If yes, does it interfere with your daily functioning?

13. Are you:

Employed full time	1
Employed part-time	2
Unemployed	3
In the military	4
Retired	5
Volunteering	6
Student/enrolled in a training program	7
Other (_____)	8

Thank you for your time for time on this interview. Your answers were very helpful. **(TIME ON RECORDER: _____)**

After we collect this information, we would like to invite Cornerstone residents together to talk about the information that came from these surveys. It would be a one-time conversation with

other residents at Cornerstone. Would you be interested in participating in something like this?

Yes, I would be interested.
Not sure; maybe
No, I would not be interested

General Reflections:

Post-Interview Checklist

Pay the participant $25. Have participant sign receipt!
Check interview for missing information. Make detailed notes about interview.
Call Nkiru (402.598.6383).
Enter in data into SPSS. Enter qualitative information in personal audit trail.
Return recorder, completed interview, signed receipt, envelope & response cards to office within 24 hrs.

APPENDIX I: Survivor Focus Group Protocol

Meeting Agenda

1. Welcome and Introductions
2. Purpose of Focus Group
3. Group Rules
4. Focus Group Questions
5. Conclusion

Welcome & Introduction

Thank you for joining us today. I am happy that you have been able to come and share your perspectives with us.

Purpose

I am so glad that you are here today. You may remember Stephanie and me from interviews. We have collected all of the data, and analyzed your responses. However, we are here to make sure that we are on the right track and are interpreting things in a way that really aligned with what residents are saying.

You all expressed interest in participating in this group.

For the next 90 minutes, I am going to read some statements to you that came from the data. However, Stephanie and I want to make sure that we understood and interpreted everything correctly. When I read the statement, I want you to think about whether you feel it represents your personal, and potentially others experience of DASH.

Overall, we just want to confirm that we are on the right track.

Do you have any questions for me?

Group Rules

1. There are not right or wrong answers
2. What is said in this room stays in this room

Also, please know that we will be tape recording the interview. However, this is still confidential. What you say specifically will not be shared with the staff.

Focus Group Questions

Entry Questions

What brought you here today? (Round robin question)

Engagement Questions

1. DASH housing is a better housing option compared to other places like domestic violence shelters or transitional housing programs. It seems like this is related to the fact that people feel like they have a lot of freedom here to pursue their own lives.

2. People have also stated that there is a wide range of ways that they benefit from DASH, primarily it seems like having your own place to live that you do not have to share with others is particularly helpful.

3. It seems that staying at Cornerstone generally had a positive impact of resident lives. People have described it most commonly as a blessing.

4. People also talk about receiving practical support like transportation and other housing support that is helpful, this seems to be greatly endorsed compared to emotional support that they receive.

5. One thing that I find interesting is that it seems like more people discuss staying to themselves rather than reaching out for support from staff or other residents.

6. There are really good advocates here at Cornerstone. It seems like it is the practical and emotional support that you get from them that makes them happy.

7. It seems to be that there were also times when people felt dissatisfied with the support that was being offered. This was related to feeling like they were being treated unfairly.

8. There were a lot of changes that have been happening at DASH over the last few years/months. This has included advocate turnover or change in the rules.

9. There is a sense at the hiring practices at DASH have to be improved.

10. Confidentiality of information was identified as an issue, specifically with the understanding that staff shares information between staff or with other residents.

11. There is a need for more programming designated for adult women at DASH. Can you provide an example of this?

12. Many people felt that DASH was good for nor, but there seems like DASH does not seem to provide a lot of support or options once your two years are up. Many people believed that there is a need for more programming.

Exit Questions

Is there anything else you want to share us about the findings?

APPENDIX J: Bayesian CFA Factor Loadings for DASH Model Practices Subscales

Posterior Means and Posterior Standardized Deviations for Bayesian Confirmatory Factor Analysis for DASH Model Practices

Table 40: Posterior Means and Posterior Standardized Deviations for DASH Model Practices

Item	Posterior Mean	95% CI	Posterior Standard Deviation	Error Variance	95% CI
Sovereignty					
Encourage me to be who I am	1.00 [a]	__	--	0.22	[0.18,0.94]
Respect the choices that I make	1.12	[0.74,1.75]	0.25	0.17	[0.03,0.36]
Treat me with dignity	0.99	[0.49,1.65]	0.29	0.59	[0.32,1.02]
Understand that I know what's best for me	1.01	[0.65,1.55]	0.23	0.12	[0.07,0.39]
Empowerment					
Help me reach out to organizations outside of DASH in order to get the resources I need	1.17	[0.79,1.761]	0.26	0.43	[0.21,0.78]
Provide me with the tools I need to accomplish my goals	1.00 [a]	--	--	0.43	[0.22,0.79]
Work with me step by step to accomplish my goals	1.03	[0.66,1.60]	0.25	0.45	[0.24,0.86]
Help me to find resources I need	1.00	[0.68,1.48]	0.22	0.25	[0.11,0.49]
Help me to define successes on my own terms	0.90	[0.60,1.39]	0.22	0.40	[0.21,0.74]
Provide me with the information that I need to make my own choices	1.08	[0.74,1.61]	0.24	0.29	[0.12,0.55]

Table 40 (cont'd)

Accountability					
Respond to my needs promptly	1.00	--	--	0.34	[0.10,0.71]
Are flexible	1.10	[0.67,1.71]	0.28	0.44	[0.14,0.87]
Follow up with me when I make a request	0.83	[0.51,1.26]	0.20	0.33	[0.15,0.62]
Clearly explains how this program works	.97	[0.53,1.57]	0.28	0.69	[0.35,1.24]
Compassion					
Believe me when I share things about my life	0.57	[0.31,0.85]	0.13	0.44	[0.59,1.98]
Listen to me	0.60	[0.40,0.82]	0.12	0.26	[0.14,0.45]
Care about me	1.00 [a]	--		0.11	[-0.02,0.31]
Work to understand my situation	0.98	[0.68,1.32]	0.16	0.48	[0.23,0.89]
Care about my children	0.45	[0.27,0.65]	0.10	0.21	[0.11,0.40]
Accept me for who I am	0.84	[0.60,1.11]	0.12	0.32	[0.16,0.57]
Integrity					
Are honest with me about what they can and cannot do	0.98	[0.63,1.36]	0.19	0.50	[0.16,1.00]
Are consistent with me	1.00 [a]	--	--	0.05	[-0.35,0.37]
Are trustworthy	0.82	[0.49,1.17]	0.18	0.62	[0.31,1.13]
Partnerships					
Work with me to help me make my goals a reality	0.82	[0.60, 1.06]	0.19	0.30	[0.14,0.56]
Make me feel like we are working as a team	1.00 [a]	--	--	0.08	[-0.10,0.29]
Provide opportunity for us to learn from one another	0.76	[0.46,1.08]	0.16	0.75	[0.43,1.29]
Are on my side	0.90	[0.64,1.19]	0.14	0.46	[0.22,0.83]

Table 40 (cont'd)

(Re)centering					
Help me move forward when I feel stuck	0.87	[0.44,1.47]	0.25	0.71	[0.37,1.26]
Notice when things are out of the ordinary for me	0.79	[0.31,1.44]	0.28	0.99	[0.54,1.72]
Provide me time to learn at my own pace	1.00 [a]	--	--	0.37	[0.08,0.76]
Help me find ways to manage stress	0.97	[0.62,1.47]	0.20	0.39	[0.53,0.79]
Help me learn different ways of dealing with feeling overwhelmed	0.94	[0.53,1.60]	0.26	0.53	[0.21,1.02]

Note: Dashes (--) indicate the standard error was not estimated.

APPENDIX K: Bayesian CFA Factor Loadings for Survivor Empowerment Subscale

Posterior Standardized Deviations for Bayesian Confirmatory Factor Analysis for Survivor Empowerment

Table 41: Posterior Standardized Deviations for Survivor Empowerment

Item	Posterior Mean	95% CI	Posterior Standard Deviation	Error Variance	95% CI
Community					
I have a greater understanding that if one organization cannot help me there will be another that can.	1.58	[0.90,2.91]	0.53	0.62	[-0.12,1.49]
I have a greater understanding that I am not alone.	1.03	[0.44,1.70]	0.38	0.98	[0.49,1.75]
I am better able to get information that will help me.	0.98	[0.44,1.70]	0.34	0.88	[0.42,1.56]
I am more comfortable asking for help.	1.00 [a]	--		0.66	[0.26,1.30]
Consciousness					
I have a greater understanding of how racist systems make it difficult for survivors to protect themselves and their children.	1.07	[0.44,1.97]	0.37	1.88	[1.06,3.22]
I have a greater understanding that I have the right to be angry about what I've experienced.	1.22	[0.70,2.09]	0.33	0.85	[0.42,1.53]

Table 41 (cont'd)

I have a greater understanding of how sexist systems make it difficult for survivors to protect themselves and their children.	1.42	[0.58,2.06]	0.36	1.30	[0.70,2.29]
I have a greater understanding of how common DV is.	1.00 [a]	--	--	0.34	[0.12,0.74]
I have a greater understanding of how domestic violence affects me.	0.88	[0.53,1.42]	0.21	0.50	[0.26,0.89]
I have a greater understanding that survivors are not to blame for being abused in a relationship.	0.94	[0.62,1.53]	0.22	0.32	[0.15,0.59]
I have a greater understanding of the causes of domestic violence.	1.07	[0.60,1.82]	0.29	0.93	[0.51,1.61]
I have a greater understanding that together with other survivors, I can have a part in ending violence against women.	0.86	[0.34,1.55]	0.29	1.41	[0.81,2.41]
Confidence					
I am better at deciding what I want for my life.	1.10	[0.64,1.64]	0.26	1.03	[0.59,1.76]

Table 41 (cont'd)

I trust myself and my decisions more.	1.20	[0.81,1.68]	0.23	0.65	[0.36,1.12]
I am more able to achieve goals I set for myself.	1.06	[0.60,1.60]	0.25	1.00	[0.57,1.71]
I am better at knowing what steps to take to achieve my goals.	1.05	[0.77,1.43]	0.18	0.31	[0.16,0.54]
I am more confident about the decisions I make.	1.23	[0.87,1.70]	0.22	0.52	[0.28,0.91]
I have a greater understanding that I have the ability to make changes in my own life.	1.16	[0.91,1.52]	0.16	0.12	[0.04,0.25]
I have a greater sense of freedom to make changes in my own life.	0.95	[0.67,1.31]	0.17	0.28	[0.42,0.49]
I can do more things on my own.	1.04	[0.70,1.48]	0.20	0.49	[0.27,0.84]
I am better at figuring out how to handle problems that arise in my life.	1.00 [a]	--	--	0.21	[0.10,0.40]

Note: Dashes (--) indicate the standard error was not estimated.

APPENDIX L: Staff Member Recruitment Email

Dear _____,

I hope this email finds you well! I am excited to tell you that I plan to start individual staff interviews this week. The purpose of these interviews is to explore your experiences working at DASH, and to gain your insight for organizational improvement. You have been selected to participate in these interviews because you have worked at DASH for at least two weeks, provided direct services to clients and/or provided direct supervision to employees who provide direct services. Your participation in this study is voluntary, and any information that you provide during the interview will be kept completely confidential. I anticipate that interviews will last approximately 1 to 1 ½ hours. All interviews will take place face-to-face. We can do the interview at DASH, or in a confidential location of your choice.

If you are interested in participating in an individual interview, please send me an email with your preferred day, 2 hour time slot, and ideal location. I am extremely flexible with my schedule, and if none of the tentative times below work for you, please let me know. We can schedule something that is a better fit for your schedule. If you are not interested in participating in an interview, please send me an email me back to let me know. I will remove your name from my list.

Thanks in advance for your consideration. If you have additional questions, please feel free to contact me by phone(402.xxx.xxx) or by email (nkirunnawulezi@gmail.com).

I look forward to hearing from you soon!

Tentative Interview Time Slots

Thursday, 4/10 (9:00 – 6:00)
Friday, 4/11 (1:00 – 6:00)
Saturday, 4/12 (10:00 – 3:00)
Monday, 4/14 (9:00 – 1:00)
Tuesday, 4/15 (9:00 – 8:00)
Wednesday, 4/16 (9:00 – 1:00)
Thursday, 4/17 (3:00 – 7:00)
Friday, 4/18 (1:00 – 6:00)
Saturday (10:00 – 3:00)
Monday, 4/21 (9:00 – 8:00)
Tuesday, 4/22 (9:00 – 8:00)
Wednesday, 4/23 (9:00 – 5:00)
Monday, 4/28 (9:00 – 8:00)
Wednesday, 4/30 (9:00 – 1:00)

APPENDIX M: Survivor Recruitment Form

Figure 8: Survivor Recruitment Flyer

Image taken from www.igniteyourtruth.com

Are you over the age of 18?

Have you lived in Cornerstone for at least 2 weeks?

If so, we would love to hear from you!

Interested and eligible residents will have the opportunity to participate in a *one-time, confidential* interview asking about your experiences in the DASH Cornerstone Program.

Each person will receive $25 for their participation!

DASH DISTRICT ALLIANCE FOR SAFE HOUSING

This study is the result of a collaborative partnership between the Research Consortium on Gender-Based Violence at Michigan State University & District Alliance for Safe housing

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