

DOS Rule on Affidavits of Support: Public Charge Issues

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Subject: I-864 Affidavit of Support Update No. One - Public Charge Issues

Ref: (a) State 211673 (b) State 7103

1. This is the second in a series of cables related to the new section 213a Affidavit of Support Form, I-864, and related regulations. REFTEL A, "Nuts and Bolts", was the first. This cable addresses public charge issues under the new regulations.

2. The Aug. 22, 1996 Welfare Reform Act (the Personal Responsibility and Work Opportunity Reconciliation Act -- "PRWORA"), P.L. 104-193, added a new section 213a to the Immigration and Nationality Act which provides for legally binding Affidavits of Support for purposes of meeting INA 212(a)(4)'s public charge requirement. On Sept. 30, 1996, the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRAIRA), P.L. 104-208, amended INA 212(a)(4) to require that a section 213a binding Affidavit of Support be submitted for all family-based immigrant visa applicants (other than self-petitioners) and certain employment based IV applicants. The Welfare Reform Act, amended by P.L. 105-33, restricted the public benefits available to most aliens in the United States. Both laws will affect how Consular Officers adjudicate public charges under the INA. The fundamental responsibility of a Consular Officer to verify that visa applicants have adequate financial resources so that they are not likely to become a public charge remains unchanged, however. This message addresses the effect the new laws will have on consular implementation of the public charge provisions of INA Section 212(a)(4) .

212(a)(4) - Changes Made by IIRAIRA and the Welfare Reform Act

3. 212(a)(4)(A) - This section 15 the old section 212(a)(4), with "inadmissible" substituted for "excludable". The following paragraphs summarize the new Provisions.

4. 212(a)(4)(b) - Factors To Be Taken Into Account. IIRAIRA first lists the factors Consular Officers have traditionally considered in making

public charge determinations: age, health, family status, assets, resources and financial status, education and skills. In addition, however, it explicitly states that Consular Officers and the Attorney General (INS inspectors) may also consider any Affidavit of Support under INA section 213a the new contractual Affidavit of Support].

5. 212(a)(4)(c) - Family Sponsored Immigrants. Subsection (ii) of this section requires that the petitioner in all family-based immigrant visa cases file a contractual Affidavit of Support as described in section 213a. (Self-petitioning widow/ers and battered spouses and children are exempt from this requirement by subsection (i) of this section.)

6. 212(a)(4)(d) - Certain Employment-Based Immigrants. In employment-based cases where a relative is either the petitioner or has significant ownership interest (5 percent or more) in the petitioning entity, that relative must file an Affidavit of Support as described in section 213a.

Section 213a - Contractual Affidavit of Support

7. Applicants listed in Paras 5 and 6 above must submit a Section 213a Affidavit of Support. This is a legally enforceable agreement in which the sponsor agrees to provide support to maintain the sponsored alien(s) at an annual income that is not less than 125 percent of the federal poverty guideline for the indicated household size during the affidavit's period of enforceability. A sponsor on active duty in the U.S. Armed Forces, other than active duty for training, who is petitioning for his or her spouse or child must only demonstrate the means to maintain an income equal to at least 100 percent of the federal poverty guidelines. The contractual Affidavit of Support was explained in detail in REFTTEL (A).

Means-Tested Public Benefits

8. P.L. 104-193 severely limits most aliens' eligibility for federal means-tested public benefits for at least the first 5 years after arrival in the U.S. individual states will determine whether aliens are qualified for most state benefits. Although an alien could access public benefits more freely thereafter, the section 213a Affidavit of Support may at that point permit public benefits programs to seek reimbursement from an alien's sponsor for certain means-tested benefits received by the sponsored alien(s) for the duration of the period that the affidavit is enforceable. The affidavit is enforceable until such time as the alien can be credited with 40 qualifying quarters; naturalizes; departs the U.S. and relinquishes LPR status; or dies.

9. Since it generally takes 10 years to accumulate 40 qualifying quarters, this means that in the case of many aliens, (1) no federal means-tested public benefits will be paid in their first five years in the U.S. and (2) any means-tested benefits paid in the next five years, or for the duration of the enforceability of the Affidavit of Support, may be recovered from the sponsor who submits the section 213a Affidavit of Support.

10. Eligibility for federal means-tested public benefits is generally determined on the basis of income, resources or financial need of the individual, household or family. Federal means-tested public benefits are to be identified by the administering agencies. To date, those agencies have identified and published the following benefits: Medicaid, Supplemental Security Income (SSI), and Temporary Assistance for Needy Families (TANF). (note: TANF has replaced aid for families with dependent children (AFDC).) There may be other federal means-tested public benefits (including, most likely, food stamps) designated in the future. States will individually identify means-tested state benefits for the purposes of this act.

Benefits Not Within the Provisions of INA 212(a)(4)

11. As noted in 9 FAM 40.41 n.9, certain programs which are funded with public funds for the general good should not be considered public charge.

Such programs would include, but are not limited to: public education, child vaccination programs, social security payments, and other similar programs.

Benefits Exempted from the Means-Tested Restrictions:

12. The following benefits are specifically exempted from the prohibition of receipt by aliens in Para 423(d) of the Welfare Act: emergency medical assistance; short term, non-cash, in kind emergency disaster relief; assistance or benefits under the National School Lunch Act and similar state and local programs; assistance or benefits under the Child Nutrition Act of 1966 and similar state and local programs, including the Supplemental Nutrition Program for Women, Infants and Children (WIC) program; public assistance for immunizations and for testing and treatment of symptoms of communicable diseases whether or not such symptoms are caused by a communicable disease; payment for foster care and adoption assistance; programs, services or assistance (such as soup kitchens, crisis counseling and intervention, and short-term shelter) specified by the Attorney General; programs for student assistance under Titles IV, V, IX and X of the Higher Education Assistance Act of 1965 and Titles II, VII, and VIII of the Public Health Service Act; benefits under the Head Start Act; means-tested programs under the Elementary and Secondary Education Act of 1965; and benefits under the Job Training Partnership Act.

13. In determining whether an alien is likely to become a public charge, the department's long-standing guidance will generally continue to be applicable in the same way as before Congress restricted the eligibility of certain aliens for most welfare programs. It thus is appropriate to consider whether the alien would likely need to rely on public assistance programs, even if the Welfare Act permits such assistance to be paid. The potential utilization by a visa applicant of means-tested programs such as SSI and TANF or non-basic assistance means-tested programs such as Medicaid for non-emergency medical care will continue to be indicators that the alien is likely to become a public charge.

Adjudication of Public Charge Provisions Under Section 213a

14. Although the new regulations require a petitioner or joint sponsor to demonstrate a sustainable income of 125 percent of the poverty guideline, the mere fact that the petitioner/sponsor has met the minimum requirement does not preclude a finding of ineligibility under public charge provisions of the Act. The act provides for and the INS regulations restate the discretion of consular and immigration officers to make public charge determinations based on a consideration of the individual circumstances of each case. The regulations clearly state that, even if the Affidavit meets the minimum requirement, an officer may require additional evidence of income or assets or may require a joint sponsor if the demonstrated resources do not appear adequate to prevent the applicant(s) from becoming a public charge.

Insufficient Affidavit of Support

15. In the IV-categories listed in Paras 5 and 6 above, the petitioner must submit an Affidavit of Support and demonstrate an income at a minimum of 125 percent of the poverty guideline for the indicated household size (100 percent for members of the armed services). As noted in Paras 20-23 of Ref(A), the petitioner may use the income and assets of qualified household members, who have signed Form I-864a, to meet the required income level. If the petitioner and qualified household members, cannot meet that income level, the affidavit is considered "insufficient."

16. If the petitioner's affidavit is insufficient, a joint sponsor who individually meets the 125 percent minimum income requirement may file an Affidavit of Support. The petitioner and joint sponsor(s) may not pool

their resources to meet the minimum income. If the petitioner's Affidavit is insufficient and there is no/no joint sponsor, the applicant must be found ineligible for an immigrant visa under 212(a)(4).

Sufficient AOS and Public Charge Issues

17. In most cases, the public charge requirements will be satisfied by the submission of a verifiable Affidavit of Support that meets the 125 percent minimum income requirement. However, the fact that the minimum income level has been met does not preclude the Consular Officer from examining other public charge considerations. A finding of ineligibility in cases where the 125 percent minimum has been met must be well-documented and demonstrate a clear basis for the determination that the applicant is likely to become a public charge.

18. If the applicant and/or his/her spouse or dependents are in good health and appear to be employable, an Affidavit of Support that meets the minimum income level should generally be considered adequate.

19. If the applicant(s) suffer from poor health or serious physical impairment, are likely to need medical treatment, or are otherwise not likely to be able to support themselves, closer scrutiny of the sponsor's ability to provide the requisite level of support may be necessary. For example, a sponsor who is able to demonstrate an income that barely meets the minimum requirement, should have to demonstrate clearly that he/she has the resources to cover an applicant requiring extensive or long-term medical expenses. In such cases, a joint sponsor with substantial resources would have to provide an Affidavit of Support. (Note: Medical considerations should only be for conditions that exist at the time of the interview. A healthy elderly applicant, for example, should not be denied a visa simply because s/he might require medical care at some point in the future.)

20. Conversely, a sponsor who meets the income requirement may have financial obligations that severely reduce the amount of support s/he could realistically provide to the applicant. Interviewing officers may request additional information regarding the petitioner's financial situation as needed. Such requests should not be routinely made of all applicants/petitioners, but should be limited to those cases where the additional information is essential to adjudication.

Joint Sponsors

21. If the petitioner cannot meet the minimum income requirement, one or more joint sponsors may file separate Affidavits of Support. Each joint sponsor will be jointly and severally liable for reimbursement payments and, therefore, must independently meet the income requirement. They may not combine their resources to meet that requirement. There is no limitation on who may submit a joint Affidavit of Support as long as each sponsor meets the requirements for a sponsor listed in the Act (see REFTEL A, Paras 11 & 12). Officers should accept and consider any joint affidavit submitted regardless of the relationship of the Affiant to the applicant. Given the contractual nature of the Affidavit, a certain weight must be given to all verifiable Affidavits of Support, but the affiant must still demonstrate the wherewithal to provide the level of support required by the Act. While it is not a requirement for an affiant to be a relative by blood or marriage to an applicant, it would seem logical that a relative or friend of the family would be more strongly motivated to fulfill the obligations of the I-864 than an individual who is unknown to the petitioner or the beneficiary. Any questions regarding this issue should be addressed to VO/L/A.

22. If the petitioner/sponsor meets the minimum income requirement, a joint sponsor is generally not authorized. A Consular Officer may request an Affidavit of Support from a joint sponsor if the petitioner's/sponsor's resources do not appear adequate to meet the applicants' needs. Previous

receipt of public benefits by the sponsor.

23. Part 4(b) of the I-864 asks for information regarding receipt of means-tested public benefits by the petitioner/sponsor and household members during the prior three years. Despite the prohibition of the extension of such benefits to aliens under the welfare reform laws, there is no ground of ineligibility based solely on the prior receipt of such benefits. However, the regulation provides that an Affidavit of Support may be found insufficient notwithstanding the apparent sufficiency of current income, assets, or a joint sponsor's income, if the officer determines, based on the sponsor's employment situation, income for the prior three years, assets, or receipt of welfare benefits, "that the sponsor or joint sponsor cannot maintain his or her income at the required level."

24. The past or current receipt of public benefits by the petitioner thus raises public charge questions, but does not in itself constitute a ground of ineligibility. Often in such cases, the petitioner will not be able to demonstrate the minimum income requirement and a joint sponsor will be necessary. If there is a sufficient Affidavit of Support and the applicant appears to be able to support him/herself and dependents, a public charge finding may not be appropriate notwithstanding the petitioner's reliance on public assistance.

25. If, on the other hand, the applicant is unlikely to be able to support him/herself, there will be a greater burden on the sponsor(s) to overcome public charge considerations. If, for example, the petitioner lives with or is dependent upon the joint sponsor (who is often a son or daughter), the issue of why the joint sponsor has not provided adequate support to the petitioner should be a consideration.

Receipt of Public Benefits by Applicants

26. Different questions arise when the applicant has traveled previously to the United States and accessed public benefit programs. It is important to note that public charge provisions are generally forward looking and findings of ineligibility should be based on the likelihood of the applicant becoming a public charge. There is no ground of ineligibility based solely on the prior receipt of public benefits. However, under limited circumstances, a federal, state, or local agency which administers public benefits may determine that a benefit was unlawfully obtained or that an overpayment has occurred and will demand repayment of the benefit from the beneficiary. If a state has made such demand for payment and the applicant has not made reimbursement, a public charge finding would be appropriate. Generally, however, unless fraud can be clearly demonstrated, administering agencies will lack legal authority to make a demand for repayment of received benefits. Thus in most cases, prior receipt of benefits, by itself, should not lead to an automatic finding of ineligibility. Prior receipt of public benefits is a factor which may be considered in making public charge determinations, along with evidence of the applicant's current financial situation and of the sponsor's ability to provide support.

27. Under no circumstances should an officer instruct or request an applicant to repay previously received benefits. This is a matter the applicant should address directly to the state. If asked, the officer should advise the applicant that while repayment can be considered in any reevaluation, it will not guarantee the issuance of a visa.

28. Additional guidance regarding receipt of public benefits and public charge considerations will be addressed SEPTTEL.

Public Charge and All Other Applicants

29. Only those applicants noted in Paras 5 and 6 above are required to submit a contractual Affidavit of Support. Any other immigrant or non-immigrant applicants who may need an Affidavit of Support to overcome the public charge provisions of the Act should use the I-134 currently in use.

There will be little change in the adjudication of Public charge provisions in cases not covered by the contractual Affidavit of Support. Consular officers should continue to apply existing guidelines for making public charge determinations in those cases.

30. Minimize considered

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9 FAM 302.8

(U) PUBLIC CHARGE - INA 212(A)(4)

(CT:VISA-626; 07-10-2018)
(Office of Origin: CA/VO/L/R)

9 FAM 302.8-1 (U) STATUTORY AND REGULATORY AUTHORITY

9 FAM 302.8-1(A) (U) Immigration and Nationality Act

(CT:VISA-198; 09-30-2016)

(U) INA 101(a)(15) (8 U.S.C. 1101(a)(15)); INA 101(b)(1)(E) (8 U.S.C. 1101(b)(1)(E)); INA 102 (8 U.S.C. 1102); INA 203(g) (8 U.S.C. 1153(g)); INA 212(a)(4) (8 U.S.C. 1182(a)(4)); INA 212(a)(5)(A) (8 U.S.C. 1182(a)(5)(A)); INA 213 (8 U.S.C. 1183); INA 213A (8 U.S.C. 1183a); INA 221(g) (8 U.S.C. 1201(g)); INA 245 (8 U.S.C. 1255); INA 248 (8 U.S.C. 1258); INA 316 (8 U.S.C. 1427); INA 317 (8 U.S.C. 1428); INA 319(b)(1) (8 U.S.C. 1430(b)(1)); INA 320 (8 U.S.C. 1431).

9 FAM 302.8-1(B) (U) Code of Federal Regulations

(CT:VISA-198; 09-30-2016)

(U) 8 CFR 205.1(a)(3)(i)(C); 8 CFR 316.20; 8 CFR 213a; 22 CFR 40.41.

9 FAM 302.8-1(C) (U) United States Code

(CT:VISA-198; 09-30-2016)

(U) 8 U.S.C. 1641(c); 28 U.S.C. 1746; 42 U.S.C. 9902(2).

9 FAM 302.8-1(D) (U) Public Laws

(CT:VISA-198; 09-30-2016)

(U) Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193.

9 FAM 302.8-2 (U) PUBLIC CHARGE

9 FAM 302.8-2(A) (U) Grounds

(CT:VISA-483; 01-03-2018)

(U) INA 212(a)(4) provides that an applicant who is likely to become a public charge is inadmissible. All immigrant visa (IV) and nonimmigrant visa (NIV) applicants, except those mentioned in [9 FAM 302.8-2\(B\)\(6\)](#), are subject to a public charge ineligibility.

9 FAM 302.8-2(B) (U) Application

9 FAM 302.8-2(B)(1) (U) What is "Public Charge"

(CT:VISA-483; 01-03-2018)

a. (U) In General:

- (1) **(U)** An applicant is likely to become a public charge if he or she is likely, at any time after admission, to become primarily dependent on the U.S. Government (Federal, state, or local) for subsistence. This means:
 - (a) **(U)** Receipt of public cash assistance for income maintenance (see paragraph b below);
 - (b) **(U)** Institutionalization for long-term care at U.S. Government expense (see paragraph c below).
- (2) **(U)** When considering the likelihood of an applicant becoming a public charge, you must take into account the totality of the alien's circumstances at the time of visa application, including at a minimum, age, health, family status, assets, resources, financial status, education, and skills. (See [9 FAM 302.8-2\(B\)\(2\).](#))
- (3) **(U)** An applicant required to submit an affidavit of support who fails to submit a sufficient affidavit of support is inadmissible as a public charge. (See [9 FAM 302.8-2\(B\)\(3\).](#))

b. (U) Defining Public Cash Assistance: In the "public charge" context, "public cash assistance" for income maintenance includes:

- (1) **(U)** Supplemental security income (SSI);
- (2) **(U)** Cash temporary assistance for needy families (TANF), but not including supplemental cash benefits or any non-cash benefits provided under TANF; and
- (3) **(U)** State and local cash assistance programs that provide for income maintenance (often called state general assistance).

c. (U) Institutionalization for Long Term Care:

- (1) **(U)** For INA 212(a)(4) purposes, "institutionalization for long-term care" refers to care for an indefinite period of time for mental or other health reasons, rather than temporary rehabilitative or recuperative care even if such rehabilitation or recuperation may last weeks or months.
- (2) **(U)** In addition, USCIS notes that "public assistance, including Medicaid, that is used to support aliens who reside in an institution for long-term care – such as a nursing home or mental health institution – may be considered as an adverse factor in the totality of the circumstances for purposes of public charge determinations. Short-term institutionalization for rehabilitation is not subject to public charge consideration." See USCIS, Public Charge Fact Sheet, April 29, 2011.

d. (U) Benefits Not Considered for Public Charge as Cash Assistance For Income Maintenance:

- (1) **(U)** There are many forms of public assistance that an applicant may have accepted in the past, or that you may reasonably believe an applicant might receive after admission to the United States, that are of a non-cash and/or supplemental nature and should not be considered to be benefits when examining

the applicant under INA 212(a)(4), and may only be considered as part of the totality of the applicant's circumstances in determining whether an applicant is likely to become a public charge.

- (2) **(U)** Although the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 prohibit aliens from receiving many kinds of public benefits, it specifically exempts from this prohibition several of the public benefits indicated below.
- (3) **(U)** Benefits that are not to be considered as public cash assistance or income include, but are not limited to:
 - (a) **(U)** Supplemental Nutrition Assistance Program (SNAP) (formerly called "Food Stamps");
 - (b) **(U)** The Medicaid Program (other than payment under Medicaid for long-term institutional care);
 - (c) **(U)** The Child Health Insurance Program (CHIP);
 - (d) **(U)** Emergency medical services;
 - (e) **(U)** The Women, Infants and Children (WIC) Program;
 - (f) **(U)** Other nutrition and food assistance programs;
 - (g) **(U)** Other health and medical benefits;
 - (h) **(U)** Child care benefits;
 - (i) **(U)** Foster care;
 - (j) **(U)** Transportation vouchers
 - (k) **(U)** Job training programs;
 - (l) **(U)** Energy assistance, such as the low-income home energy assistance program (LIHEAP);
 - (m) **(U)** Educational assistance, such as Head Start or aid for elementary, secondary, or higher education;
 - (n) **(U)** Job training;
 - (o) **(U)** In-kind emergency community services, such as soup kitchens and crisis counseling;
 - (p) **(U)** State and local programs that serve the same purposes as the Federal in-kind programs listed above; and
 - (q) **(U)** Any other Federal, State, or local program in which benefits are paid in-kind, by voucher or by any means other than payment of cash benefits to the eligible person for income maintenance.
- (4) **(U)** Cash benefits that have been earned (e.g., social security payments, old age survivors disability insurance (OASDI), unemployment benefits, U.S. Government pension benefits, and veterans benefits) are not considered public cash assistance for the purposes of a public charge determination under INA 212(a)(4).

9 FAM 302.8-2(B)(2) (U) Determining "Totality of Circumstances"

(CT:VISA-483; 01-03-2018)

a. (U) In General:

- (1) **(U)** In making a determination whether an applicant is inadmissible under INA 212(a)(4)(B), **in every case**, you must consider at a minimum the applicant's:
 - (a) **(U)** Age;
 - (b) **(U)** Health;
 - (c) **(U)** Family status;
 - (d) **(U)** Assets, resources, and financial status; and
 - (e) **(U)** Education and skills.
- (2) **(U)** These factors, and any other reasonable factors considered relevant by an officer in a specific case, will make up the "totality of the circumstances" that you must consider when making a public charge determination.
- (3) **(U) Value of the Affidavit of Support:** A properly filed, non-fraudulent Form I-864 in those cases where it is required, is a positive factor in the totality of the circumstances. The applicant must still meet the INA 212(a)(4) requirements and satisfy the "totality of the circumstances" analysis, which requires the consideration of the factors listed in paragraph (1) above .

b. (U) Health:

- (1) **(U)** You must take into consideration the panel physician's report regarding the applicant's health, especially if there is a prognosis that might prevent or ultimately hinder the applicant from maintaining employment successfully or indicate the likelihood that the alien would require institutionalization at government expense. As noted above in [9 FAM 302.8-2\(B\)\(1\)](#) paragraph (c), the likelihood that an applicant will receive Medicaid that is used to support applicants who reside in an institution for long-term care – such as a nursing home or mental health institution – may be considered as an adverse factor in the totality of the circumstances for purposes of public charge determinations.
- (2) **(U)** Additionally, certain health issues which might affect employment, increase likelihood of future medical expenses, or otherwise affect the applicant's ability to adequately provide for himself or herself or dependents should increase the burden on the applicant to provide evidence that they will not become a public charge.
- (3) **(U)** This could include the need to provide proof of medical insurance or other ability to pay medical expenses in the United States.

c. (U) Family Status: You should consider the number of dependents for whom the applicant would have financial responsibility. Having a significant number of dependents may be a negative factor, because greater resources are required to avoid relying on public assistance and benefits from the government. An applicant generally should at least be able to support the number of dependents at 125 percent of the Federal Poverty Guidelines.

d. (U) Applicant's Age: You should consider the age of the applicant. For a person who is under the age of 18 and either is not accompanied by a parent or guardian or not following to join a parent or guardian, age is a negative factor in the totality of the circumstances. If the applicant is 18 years of age or older, you should consider what skills the applicant has to make him or her employable in the United States. An applicant's advanced age may be a negative factor, if you believe it adversely affects the person's employability and may increase the potential for healthcare related costs.

e. (U) Education and Work Experience:

- (1) **(U)** For applicants with an approved Form I-140, Immigrant Petition for Alien Worker, you should review the applicant's education and work experience to determine if these are compatible with the duties of the applicant's job offer (if any).
- (2) **(U)** You should consider the applicant's skills, length of employment, and frequency of job changes. You may conclude that work experience is evidence of skills.
- (3) **(U)** Even if a job offer is not required for the visa classification, you should assess the likelihood of the alien's ability to become or remain self-sufficient in the United States. (See paragraph f below.) You may consider employment plans or tentative job offers as evidence towards the totality of the circumstances for non-Employment based applicants.
- (4) **(U) Employment Considerations and the I-864:** You may not consider an offer of employment to an applicant in place of a Form I-864 in cases where the I-864 is required. For more information on the impact of employment on the affidavit of support requirement see [9 FAM 302.8-2\(C\)\(1\)](#) paragraph c.
- (5) **(U) Information Contained on Approved Labor Certification:** The majority of employment-based immigrants are subject to the labor certification requirement under INA 212(a)(5) (see 22 CFR 40.51 and [9 FAM 302.1-5\(B\)](#)). You may presume, that in cases such as this, when a Labor Department Form ETA-9089, Application for Permanent Employment Certification, or Form ETA-750-Part A & B, Application for Alien Employment Certification is certified, that the position is permanent and the prevailing wage has been met. If you identify new facts that indicate that the position is not permanent or that the prevailing wage has not been met, you must follow the procedures at [9 FAM 504.2-8](#), Revocation and Revalidation of Immigration Visa Petitions. Some employment-based immigrants require an affidavit of support, see [9 FAM 302.8-2\(C\)\(1\)](#) paragraph a(3) for more information on that requirement.

f. (U) The Applicant's Financial Resources:

- (1) **(U) Consideration of Current or Prior Receipt of Public Assistance:**
 - (a) **(U)** The public charge provision in INA 212(a)(4) is prospective in nature. You must, therefore, base the determination of the likelihood that the applicant will become a public charge in the future on the assessment of the alien's totality of the circumstances, including whether those circumstances reasonably lead to a determination that the alien is likely to obtain public benefits if he or she enters the United States.
 - (b) **(U) Receipt of Public Assistance by the Applicant:**
 - (i) **(U)** Past or current receipt of public assistance of any type by the visa applicant or a family member in the visa applicant's household is relevant to determining whether the applicant is likely to become a public charge in the future but the determination must be made on the present circumstances.
 - (ii) **(U)** If the applicant's financial circumstances are significantly different than when the applicant received public assistance, that would be a factor against a public charge finding under INA 212(a)(4). However, if

the applicant's financial circumstances are similar, that would be a strong factor in favor of a public charge finding.

(c) (U) Receipt of Means-Tested Benefits by the Sponsor:

- (i) **(U)** The sponsor's past or current receipt of means-tested benefits is a factor in support of a finding of inadmissibility for the applicant under INA 212(a)(4), insofar as it affects the applicant's resources and financial status, including the sponsor's ability to support the applicant.
- (ii) **(U)** If the sponsor or any member of his or her household has received public means-tested benefits within the past three years, you must review fully the sponsor's current ability to provide the requisite level of support, taking into consideration the kind of assistance provided and the dates received.
- (iii) **(U)** You must review carefully Form I-864 or Form I-134 and all attachments submitted with Form I-134, as well as evidence of the sponsor's current financial circumstances, in such cases.
- (iv) **(U)** See [9 FAM 302.8-2\(C\)](#) for more information on the affidavit of support.

(2) (U) Evidence of Financial Resources:

- (a) **(U) In general:** If an applicant has sufficient resources, it is a positive factor in the totality of the circumstances as the applicant is less likely to become a public charge. You should refer to [9 FAM 302.8-2\(C\)\(12\)](#). Poverty Income Guidelines, published by the Department of Health and Human Services (HHS). Income above 125% of the Federal Poverty Guideline and assets in the amount of 5 times 125% of the Federal Poverty Guideline generally constitutes sufficient resources. See USCIS, Public Charge Fact Sheet, April 29, 2011.
- (b) **(U) Family members:**
 - (i) **(U)** All accompanying dependent family members and other dependent family members already in the United States are considered to be within the family unit for purposes of applying the poverty income guidelines.
 - (ii) **(U)** A dependent family member's receipt of public benefits is a heavily negative factor in the totality of circumstances unless the applicant can demonstrate that his or her prospective income and assets with the income and assets of the others in the family will be sufficient for the family to overcome the poverty income guideline for the family.
- (c) **(U) Informing Applicants of Required Documentation:** You should make every effort to inform applicants in advance of the visa interview of the required support documents. You should be in a position to issue or deny the visa under INA 212(a)(4) at the end of the initial visa interview, assuming that the applicant has made reasonable efforts to submit the evidence originally requested. Applicants who are not likely to overcome the public charge provision even after the presentation of additional evidence should be refused under INA 212(a)(4) instead of INA 221(g). Adequate time and effort spent prior to and during the

initial interview can save work for the post and the applicant in this respect.

- (d) **(U) Evidence of Resources:** An applicant may establish the adequacy of financial resources by submitting evidence of bank deposits, ownership of property or real estate, ownership of stocks and bonds, insurance policies, or income from business investments sufficient to provide for his or her needs, as well as those of any dependent family member, until suitable employment is located. (The amount sufficient will depend on the applicant's age, physical condition, and the circumstances and size of the applicant's family.)

- (i) **(U) Bank Deposits**—Applicants relying on bank deposits to meet the public charge requirements should present as evidence a letter signed by a senior officer of the bank over the officer's title, showing:

(U) The date the account was opened;

(U) The number and amount of deposits and withdrawals during the last 12 months;

(U) The present balance. This information may prevent attempted abuse such as an initial deposit of a substantial sum of money being made within a relatively short time prior to the immigrant visa application; and

(U) How the money, if in a foreign bank in foreign currency, is to be transferred to the United States.

- (ii) **(U) Real estate investments**—Evidence of property ownership may be in the form of a title deed or equivalent or certified copies. The applicant must satisfy you as to the plans for disposal or rental of such property and the manner in which the income from the property (if abroad) is to be transferred to the United States for the applicant's support.

- (iii) **(U) Stocks and Bonds**—Evidence of income from these sources should indicate present cash value or expected earnings and, if the income is derived from a source outside the United States, a statement as to how the income is to be transferred to the United States.

- (iv) **(U) Income from business investments;**

- (v) **(U) Insurance policies; or**

- (vi) **(U) Sufficient support from a combination of the above sources.**

(3) (U) Use of Form I-134, Affidavit of Support:

- (a) **(U)** Because INA 212(a)(4)(C) and INA 213A require the use of Form I-864 for so many classes of immigrants, the use of Form I-134, has been reduced considerably. Nevertheless, there still are circumstances when Form I-134 may be beneficial. This affidavit, submitted by the applicant at your request, is not legally binding on the sponsor and should not be accorded the same weight as Form I-864. Form I-134 should be given consideration as one form of evidence, however, in conjunction with the other forms of evidence mentioned below.

- (b) **(U)** If any of the following applicants need an Affidavit of Support to meet the public charge requirement, they must use Form I-134, as they are not

authorized to use Form I-864:

- (i) **(U)** Returning resident applicants (SBs);
 - (ii) **(U)** Diversity visa applicants (DVs); and
 - (iii) **(U)** Fiancé(e)s (K-1s or K-3s).
- (c) **(U)** The submission of Form I-134 alone is not sufficient to establish that the beneficiary is not likely to become a public charge. You must make a thorough evaluation of other factors, such as:
- (i) **(U)** The sponsor's motives in submitting the affidavit;
 - (ii) **(U)** The sponsor's relationship to the applicant (e.g., relative by blood or marriage, former employer or employee, schoolmates, or business associates);
- (U)** NOTE: When there are compelling or forceful ties between the applicant and the sponsor, such as a close family relationship or friendship of long standing, you may favorably consider the affidavit. On the other hand, an affidavit submitted by a casual friend or distant relative who has little or no personal knowledge of the applicant has more limited value. If the sponsor is not a U.S. citizen or lawful permanent resident (LPR), the likelihood of the sponsor's support of an immigrant visa (IV) applicant until the applicant can become self-supporting is a particularly important consideration.
- (iii) **(U)** The length of time the sponsor and applicant have known each other;
 - (iv) **(U)** The sponsor's financial resources; and
 - (v) **(U)** Other obligations and expenses of the sponsor, as indicated on the I-134.
- (d) **(U)** The degree of corroborative detail necessary to support the affidavit will vary depending upon the circumstances. In immigrant cases, however, the sponsor's statement should include:
- (i) **(U)** Information regarding income and resources;
 - (ii) **(U)** Financial obligations for the support of immediate family members and other dependents;
 - (iii) **(U)** Other obligations and expenses; and
 - (iv) **(U)** Plans and arrangements made for the applicant's support in the absence of a legal obligation toward the applicant.
- (e) **(U)** To substantiate the information regarding income and resources, the sponsor should attach to the affidavit a copy of the latest federal income tax return filed prior to the signing of the Form I-134, including all supporting schedules. If you determine that the tax return and/or additional evidence in the file do not establish the sponsor's financial ability to carry out the commitment toward the immigrant for what might be an indefinite period of time, or there is a specific reason (other than the passage of time) to question the veracity of the income stated on the Form I-134 or the accompanying document(s), you should request additional evidence (i.e.,

statement from an employer showing the sponsor's salary and the length and permanency of employment, recent pay statements, or other financial data).

- (f) **(U)** If the sponsor has a well-established business and submits a rating from a recognized business rating organization, you may accept evidence other than a copy of the sponsor's latest income tax return to establish the sponsor's ability to provide financial support to the applicant.

g. (U) Public Charge Bonds:

- (1) **(U)** Submission to the Department: In rare cases where you have to consider the use of a bond in either a NIV or IV case, you must consult with CA/VO/L/A for assistance. In cases where the applicant appears to be ineligible as a public charge, the sponsor or another person may wish to post a public charge bond pursuant to INA 213. The public charge bond should be used sparingly. When an applicant appears likely on the facts to become a public charge (for example because of an acute physical condition and lack of adequate resources), the filing of a bond would not serve any purpose if the needs of the applicant would easily overcome the value of the bond.
- (2) **(U)** The visa issued in such cases must carry a notation that the bond was posted and the notification (or a certified copy thereof) that the bond had been posted must also be attached to the visa.

9 FAM 302.8-2(B)(3) (U) Applying INA 212(a)(4) to Immigrants

(CT:VISA-483; 01-03-2018)

- a. **(U) Determining Likelihood of Inadmissibility:** INA 212(a)(4) applies to all visa applicants, with a few exceptions (see [9 FAM 302.8-2\(B\)\(6\)](#), below).

- (1) **(U)** You must base the determination of the likelihood that the applicant will become a public charge based on an assessment of the totality of the circumstances regarding the applicant.
- (2) **(U)** You must be able to point to circumstances which make it not merely possible, but likely, that the applicant will become a public charge at any time in the future, as defined in [9 FAM 302.8-2\(B\)\(1\)](#), above.

- b. **(U) Effect of Affidavit of Support Requirement on Public Charge Determinations:**

- (1) **(U)** Under INA 213A, an affidavit of support is a requirement for certain applicants as a part of the public charge inadmissibility determination under INA 212(a)(4). The requirements under both INA 212(a)(4) and INA 213A must be satisfied when the applicant is subject to INA 213A.
 - (a) **(U)** A properly filed and sufficient, non-fraudulent Form I-864, may not necessarily satisfy the INA 212(a)(4) requirements, but may provide additional evidence in the review of public charge determination.
 - (b) **(U)** You may consider the likelihood that the sponsor(s) will support the applicant in determining public charge.
 - (c) **(U)** If you have concerns about whether a particular Form I-864 may be "fraudulent," you should contact CA/FPP for guidance.

- c. **(U) Who is Subject to INA 213A:** For information on applicants subject to the requirements of INA 213A see [9 FAM 302.8-2\(C\)\(1\)](#).

- d. **(U) Diversity Immigrants (DV) Applicants:** DV applicants differ from most IV applicants in that the Diversity Immigrant program was designed to permit immigration without petitioners or sponsors. As in other IV cases, you should review the totality of the DV applicant's circumstances to assess her or his likelihood of becoming a public charge. Although the DV program requires a certain level of education or work experience (see [9 FAM 502.6-3](#)), these are minimums and must be considered in the totality of the DV applicant's circumstances to determine his ability to become or remain self-sufficient in the United States.

9 FAM 302.8-2(B)(4) (U) Applying INA 212(a)(4) in NIV Cases

(CT:VISA-483; 01-03-2018)

a. **(U) NIV Applicants and INA 212(a)(4):**

- (1) **(U)** All NIV applicants, except those mentioned in [9 FAM 302.8-2\(B\)\(6\)](#) below, are subject to a INA 212(a)(4).
- (2) **(U)** Additionally, if an applicant cannot overcome INA 214(b), you should not expend resources on pursuing a possible INA 212(a)(4) ineligibility, as the applicant's circumstances might be very different should he or she apply again in the future.
- (3) **(U)** In determining inadmissibility under INA 212(a)(4), you must be aware of the differences in the requirements imposed on immigrant, as opposed to NIV applicants. The amount and type of evidence generally required in an immigrant visa case is much greater than that which is required in a nonimmigrant visa case. Evidence that establishes the applicant is entitled to an NIV is generally sufficient to meet the requirements of INA 212(a)(4), absent evidence that gives you reason to believe that a public charge concern exists.

- b. **(U) Additional Evidence of Support in NIV Cases:** If the evidence of nonimmigrant status submitted does not indicate adequate provision for the applicant's support while in the United States and for the return abroad, you may request specific financial evidence. Such evidence may take the form of a Form I-134 from a sponsor that clearly indicates the sponsor's willingness to act in such capacity and the extent of financial responsibility undertaken for the applicant, or a surety bond (See [9 FAM 302.8-2\(B\)\(2\)](#), paragraph g)

- c. **(U) Alien's Government Requiring Evidence of Support:** Some foreign governments require their nationals to present evidence of support from a U.S. sponsor prior to the issuance of a passport or exit permit. Such documentation is usually required in the form of an Affidavit of Support guaranteeing that, while in the United States, the applicant will not become a burden on the applicant's country. Consular officers who are serving in a country with this requirement should not automatically require all applicants applying for visas to submit a copy of the support evidence submitted to the applicant's government. However, you may request a copy, as warranted.

- d. **(U) Aliens Seeking Admission For Medical Treatment:** If the personal resources of an applicant seeking admission to the United States for medical treatment are not sufficient or are unavailable for use outside the country of residence, detailed documentation regarding the arrangements made for the applicant's medical care and support may confirm the financial ability of the guarantor to pay for medical treatment. Normally, this would include letters from the treating physician or hospital

explaining the course and cost of treatment, including financial arrangements therefor, and letters from family, friends, or charitable organizations undertaking to cover the costs of medical care and support.

- e. **(U) Alien Seeking Admission as K Nonimmigrants:** See [9 FAM 302.8-2\(B\)\(2\)](#) paragraph f(3).
- f. **(U) Public Charge Bonds:** In cases where the applicant is otherwise eligible for a visa, including under INA 214(b), the procedures for posting bond for NIVs are the same as those for immigrant visas (IV). (See [9 FAM 302.8-2\(B\)\(2\)](#) paragraph g.)

9 FAM 302.8-2(B)(5) (U) INA 221(g) versus INA 212(a)(4) Refusals

(CT:VISA-483; 01-03-2018)

(U) The determination of whether INA 221(g) or INA 212(a)(4) is the appropriate ground of refusal is determined by whether or not you have decided that you have enough information to make a finding of whether the applicant is likely to become a public charge under INA 212(a)(4).

- (1) **(U)** For example, if Form I-864 is submitted without a copy of the latest Federal income tax return filed prior to the signing of the Form I-864, then this is a documentary problem; the refusal should be INA 221(g).
- (2) **(U)** On the other hand, if the Affidavit of Support is technically complete but does not reflect sufficient financial resources even after any possible joint sponsors have submitted an Affidavit of Support, or the applicant has no Form I-864, then a substantive problem exists insofar as the petitioner or sponsor does not meet the qualifying criteria set forth in INA 213A, and you must refuse the visa under INA 212(a)(4).
- (3) **(U)** You should note that applications refused under INA 212(a)(4), unlike those refused under INA 221(g), are not subject to termination under INA 203(g). See [9 FAM 504.13](#), Termination of Immigrant Visa Registration for more information on termination.

9 FAM 302.8-2(B)(6) (U) Aliens Exempt from INA 212(a)(4)

(CT:VISA-508; 03-12-2018)

(U) The following visa classes are exempt from INA 212(a)(4):

- (1) **(U)** Nonimmigrants who qualify under INA 101(a)(15)(A) or INA 101(a)(15)(G), who are exempt from the public charge provisions of the law under INA 102 or under INA 212(d)(8);
- (2) **(U)** Nonimmigrants who qualify for a C-2 visa under INA 101(a)(15)(C) or for a NATO-1, NATO-2, NATO-3, NATO-4, or NATO-6 visa, who are exemption from public charge provisions as codified in 22 CFR 41.21(d)(2)(iii) and (v);
- (3) **(U)** Nonimmigrants who qualify under INA 101(a)(15)(T);
- (4) **(U)** Nonimmigrants who qualify under INA 101(a)(15)(U);
- (5) **(U)** VAWA self-petitioners; and
- (6) **(U)** Qualified aliens described in section 431(c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1641(c)).

9 FAM 302.8-2(C) (U) Affidavit of Support

9 FAM 302.8-2(C)(1) (U) Affidavit of Support Requirement and Purpose

(CT:VISA-626; 07-10-2018)

a. **(U) Who Requires Form I-864, Affidavit of Support Under Section 213A of the Act?** Pursuant to INA 213A the following applicants are required to submit a properly executed Affidavit of Support (Form I-864):

(1) **(U) Immediate relatives, including:**

- (a) **(U)** Spouse of a U.S. citizen;
- (b) **(U)** Parent of a U.S. citizen;
- (c) **(U)** Child of a U.S. citizen (including adopted orphans or Hague Convention adoptees unless the child will automatically become a citizen upon fulfillment of conditions of section 320 of the Act); (See paragraph b(1) below); and
- (d) **(U)** K nonimmigrants adjusting to lawful permanent resident (LPR) status (See paragraph b(3)(d) below).

(2) **(U) Family-based preference applicants, including:**

- (a) **(U)** Unmarried sons and daughters of U.S. citizens and their minor children, if any (F1);
- (b) **(U)** Spouses, children, and unmarried sons and daughters of permanent resident applicants (F2A/F2B);
- (c) **(U)** Married sons and daughters of U.S. citizens (F3) including spouses and minor children; and
- (d) **(U)** Brothers and sisters of U.S. citizens including spouses and minor children (F4).

(3) **(U) Certain employment-based preference applicants including:**

- (a) **(U)** Beneficiary of a petition filed by a U.S. citizen or LPR who is the beneficiary's relative or the beneficiary of a petition filed by an entity in which the beneficiary's U.S. citizen or LPR relative has a significant ownership interest. (Note, however, that no I-864 is required if the beneficiary's relative is a brother or sister unless that brother or sister is a U.S. citizen, in which case an I-864 is still required);
- (b) **(U)** Beneficiary of a petition filed by an entity in which a U.S. citizen or LPR relative of the applicant has a 5 percent or greater ownership interest. The citizen or LPR relative of the applicant to be employed by the petitioning entity must file Form I-864 on behalf of the applicant;
- (c) **(U)** An accompanying or following-to-join family member of such immigrants, but only if the principal applicant, at the time of his or her entry, was required to submit Form I-864.

b. **(U) Applicants Not Required to Submit a Form I-864:**

- (1) **(U) Certain IR-2, IR-3, and IH-3 Applicants who will qualify under INA 320, part of the Child Citizenship Act of 2000:**

- (a) **(U)** Certain categories of children born abroad acquire U.S. citizenship automatically upon fulfillment of the conditions of INA 320. INA 320 may apply to:
- (i) **(U)** An orphan classified as an IR-3 who meets the requirements of INA 101(b)(1)(F) or Hague Convention adoptee classified as an IH-3 who meets the requirements of INA 101(b)(1)(G), provided the child is residing in the United States in the legal and physical custody of the adoptive U.S. citizen parent pursuant to a lawful admission for permanent residence while under the age of 18;
 - (ii) **(U)** An adopted child classified as an IR-2 who meets the requirements of INA 101(b)(1)(E), provided the child is residing in the United States in the legal and physical custody of the adoptive U.S. citizen parent pursuant to a lawful admission for permanent residence while under the age of 18; and
 - (iii) **(U)** A child classified as an IR-2 (born in or out of wedlock) to a parent who is now a U.S. citizen, provided the child is residing in the United States in the legal and physical custody of the adoptive U.S. citizen parent pursuant to a lawful admission for permanent residence while under the age of 18 and will be residing permanently in the United States in the legal and physical custody of the U.S. citizen parent as of the time of admission.
 - (iv) **(U)** Automatic acquisition of U.S. citizenship occurs when the last of the conditions of INA 320 has been fulfilled (while the child is under the age of 18). Because it can be difficult to ascertain the exact day the "is residing in" requirement is met, in general, provided there is sufficient evidence that the child and parents in fact will be residing in the United States once the child is admitted as a lawful permanent resident (and if all other conditions have already been met), the date of lawful admission for permanent residence may be used as the date of automatic acquisition.
- (b) **(U)** Because the obligations that INA 213A imposes on a sponsor who executes a Form I-864 terminate when the sponsored alien acquires citizenship, Form I-864 should not be required for those categories of immigrants who will acquire citizenship upon admission to the United States.
- (c) **(U)** Instead, the applicant (or U.S. citizen parent if the immigrant is under 14 years of age) must file Form I-864W, Intending Immigrant's Affidavit of Support Exemption.
- (d) **(U)** Although the visa applicant is still subject to INA 212(a)(4), the public charge concern will no longer apply to the applicant once the immigrant acquires citizenship. You should consider the applicant's acquisition of citizenship immediately upon admission when you determine whether the applicant is likely to become a public charge at any time while in the United States as an alien.
- (e) **(U)** In any case in which post questions whether or not the visa applicant will immediately qualify for U.S. citizenship upon admission to the United States as an LPR, posts should consult Consular Affairs/Overseas Citizens Services (CA/OCS) on the citizenship issue. If CA/OCS advises that the applicant will acquire U.S. citizenship at the moment of admission at the port of entry

(POE), and not at any later point; then the applicant is exempt from the Form I-864 requirement, but the applicant or petitioner instead must file the Form I-864W.

- (f) **(U)** In these cases it is unlikely in the absence of unusual circumstances that the individual will become a public charge while still an alien prior to obtaining U.S. citizenship. For IR-3 and IH-3 adoption cases, you should also keep in mind that the Department of Homeland Security (DHS) does not approve Form I-600, Petition to Classify Orphan as an Immediate Relative, Form I-600A, Application for Advance Processing of Orphan Petition, Form I-800, Petition to Classify Convention Adoptee as an Immediate Relative, or Form I-800A, Application for Determination of Suitability to Adopt a Child from a Convention Country, unless satisfied that the adoptive parents are capable of supporting the child.

(2) (U) Aliens with 40 Quarters of Work under the Social Security Act (SSA):

(a) (U) The requirement for visa petitioners to submit Form I-864:

- (i) **(U)** terminates once the sponsored alien has worked in the United States in a job covered under Title II of the Social Security Act (SSA); and
 - (ii) **(U)** can be credited with 40 qualifying quarters of coverage under Title II of the SSA.
- (b) **(U)** If the applicant alien can demonstrate 40 quarters of work under the SSA, the applicant is not required to file Form I-864. ([9 FAM 302.8-2\(C\)\(11\)](#) for procedures to follow in such cases.)
- (c) **(U)** Post should advise an applicant seeking to demonstrate 40 quarters of the SSA coverage to submit Form I-864W and to attach an earnings and benefits statement from the SSA.
- (d) **(U)** To obtain an earnings and benefits statement from SSA, immigrant visa (IV) applicants should complete Form SSA-7004-SM, Request for Social Security Statement.
- (e) **(U)** If you have questions about Social Security please call the Social Security Administration at 1-800-772-1213 (toll free). For General Information TDD/TTY, call 1 (800) 325-0778 (toll free).
- (f) (U) The term "quarter" means:**
- (i) **(U)** The three-calendar-month period ending on March 31, June 30, September 30, or December 31 of any year;
 - (ii) **(U)** Quarters of coverage are obtained by working at a job or as a self-employed individual, earning a specified minimum income, and making Social Security payments on the earnings; and
 - (iii) **(U)** Quarters are calculated based on the amount of income earned during the course of the year, rather than the actual number of days worked within a given quarter.
- (g) **(U)** Every year the SSA establishes the requisite per quarter minimum income. Any individual earning three times this established amount during the calendar year, for example, would be credited with three quarters of coverage, even if the individual worked for only one month. The sponsored

immigrant is not to be credited with any quarter beginning after December 31, 1996 during which the sponsored immigrant received any Federal means-tested public benefit.

- (h) **(U)** INA 213A(a)(3)(B) states that, in determining the number of qualifying quarters of coverage under title II of the Social Security Act, an alien is to be credited with:
 - (i) **(U)** All of the qualifying quarters of coverage as defined under title II of the Social Security Act worked by a parent of such alien while the alien was under age 18; and
 - (ii) **(U)** All of the qualifying quarters worked by a spouse of such alien during their marriage and the alien remains married to such spouse or such spouse is deceased.
- (i) **(U)** A parent-child relationship need not have existed when the parent worked the 40 quarters. For example, an alien can claim those quarters that the parent worked prior to the alien's birth or adoption.
- (j) **(U)** If the intending immigrant has or can be credited with 40 quarters of coverage under the Social Security Act, and thus is not required filing an I-864, the applicant must file the I-864W instead.

(3) (U) Other Aliens Exempt from the Form I-864 Requirement:

- (a) **(U)** The Form I-864 requirement does not apply to employment-based visa cases, including Special Immigrant Visas (SIVs), other than those involving a relative who is a U.S. citizen or lawful permanent resident who have a significant ownership interest in the petitioning entity. Thus, if the Form I-864 is not required of the principal applicant in these employment-based cases, the accompanying or follow to join aliens are similarly not required to file the I-864.
- (b) **(U)** The Form I-864 is not required for Diversity Immigrants (DV applicants), returning resident (SB) applicants, special immigrant juveniles, applicants for registry, individuals granted U nonimmigrant status, refugees, or asylees.
- (c) **(U)** The Form I-864 is not required for self-petitioning widows or widowers; or the abused spouse, parent, or child of a U.S. citizen, the abused spouse or child of a lawful permanent residence, or any derivative child of an abuse spouse or child of a U.S. citizen or lawful permanent residence who have an approved I-360, Petition for Amerasian, Widow(er), or Special Immigrant. However, these applicants must file the Form I-864W, Intending Immigrant's Affidavit of Support Exemption.
- (d) **(U)** The Form I-864 is not required for K visa applicants. However, such applicants will have to submit Form I-864 to DHS/USCIS at the time of application for adjustment of status to that of a lawful permanent resident (LPR).

- c. **(U) Effect of Applicant's Own Employment in the United States:** You may consider the applicant's employment in determining whether the 125 percent minimum income requirement has been met in a visa case only if the beneficiary of Form I-864 has worked in the same job he or she will have after entry as an immigrant. Under these circumstances, the applicant's income may be considered part of the sponsor's income. If the above criteria are met, and any of the applicant's family members will be accompanying him or her to the United States, the principal

applicant in such cases may provide Form I-864A, Contract between Sponsor and Household Member, on their behalf to help reach the additional income level that will be required.

d. **(U) Purposes:** The purpose of Form I-864:

- (1) **(U)** Creates a legally binding and enforceable contract between the sponsor(s) and the U.S. Government;
- (2) **(U)** Requires the sponsor(s) to provide the applicant support necessary to maintain the applicant at an income that is at least 125 percent of the Federal Poverty Guidelines (or 100 percent if the petitioning sponsor is an active member of the U.S. Armed Forces, other than for training, and is sponsoring his or her spouse or child(ren)) to ensure that newly-arrived aliens will be able to subsist for an extended period at a level above the poverty level; and
- (3) **(U)** The intention is to encourage immigrants to become and remain self-reliant, one of the oldest tenets of national immigration policy, and to provide the government with indemnification if they do not.

9 FAM 302.8-2(C)(2) (U) What is in the Affidavit of Support Packet

(CT:VISA-483; 01-03-2018)

- a. **(U)** The documents listed below, make up the affidavit of support packet and are designed to assist the sponsor's understanding and proper completion of the Affidavit of Support required by INA 213A:
 - (1) **(U)** Form I-864 or Form I-864EZ;
 - (2) **(U)** Current Federal Poverty Guidelines Schedule, Form I-864P;
 - (3) **(U)** Form I-864A, Contract Between Sponsor and Household Member;
 - (4) **(U)** Form I-865, Sponsor's Notice of Change of Address; and
 - (5) **(U)** Checklist for preparing Form I-864.
- b. **(U)** The National Visa Center (NVC) will include the checklist and other documents in the Instruction Package for Immigrant Visa Applicants, indicating the supporting documents required with Form I-864 or Form I-864EZ. Posts may reproduce the checklist for local use and include it with Form I-864 or Form I-864-EZ that are distributed locally. Posts should also, when possible, make it available through websites and information units. Posts must maintain updated poverty guidelines and ensure that they are included with all Affidavit of Support forms. NVC and posts should also make sponsors aware of the facts that their income must meet the poverty guidelines at the time of Affidavit of Support filing with NVC or with post.
- c. **(U)** This documentation, supported by items listed in paragraph a above, constitutes necessary (but not sole) evidence for establishing that the applicant is not inadmissible under INA 212(a)(4)(C) for those applicants required to submit an Affidavit of Support, and establishes the sponsor's income and, if need be, assets.
- d. **(U)** A sponsor may use the Form I-864EZ in place of Form I-864 if he or she meets all of the following requirements:
 - (1) **(U)** The sponsor is the visa petitioner (who filed the Form I-130, Petition for Alien Relative);

- (2) **(U)** The Affidavit of Support is filed on behalf of only one intending immigrant, who is the only person listed on the Form I-130;
- (3) **(U)** The sponsor is seeking to qualify based solely on his or her income from salary or pension (not on the basis of any other income or assets) as shown on the most recent Federal income tax return that the sponsor filed prior to the time of signing the Form I-864EZ; and
- (4) **(U)** All of the sponsor's income is shown on one or more IRS Form W-2, Wage and Tax Statement to demonstrate employment income, and/or Form IRS-1099-MISC, Miscellaneous Income, to document pension income (except, in cases where the copy of the tax return is an IRS-generated transcript, a copy of the W-2 or 1099-MISC is not necessary). The Form I-864EZ may not be filed if the sponsor will be submitting a Form I-864A, if a joint sponsor will be required, or if the sponsor is an "alternative sponsor" who is substituting for the original sponsor, who has died (see [9 FAM 302.8-2\(C\)\(3\)](#), paragraph e below).

9 FAM 302.8-2(C)(3) (U) Sponsors

(CT:VISA-626; 07-10-2018)

a. **(U) In General:**

- (1) **(U)** To qualify as a sponsor, an individual must be a human being (not a corporation or other business entity) who:
 - (a) **(U)** Is a citizen, national, or lawful permanent resident (LPR) of the United States (including conditional residents);
 - (b) **(U)** Is at least 18 years of age;
 - (c) **(U)** Filed the petition which forms the basis for the visa application (or has a significant ownership interest in the entity which filed the petition); and
 - (d) **(U)** Is domiciled in any of the 50 States of the United States, the District of Columbia, or any territory or possession of the United States. ([9 FAM 302.8-2\(C\)\(5\)](#) below.)
- (2) **(U)** The "sponsor" for purposes of the Affidavit of Support is the petitioner; anyone else is either a joint or co-sponsor. All references to requirements for the "sponsor" or "sponsors" would apply not only to the petitioning sponsor, but also to any co-sponsor household members executing Form I-864A and joint sponsors submitting a supplementary Form I-864.

b. **(U) Petitioner Must Submit Form I-864 or Form I-864EZ:** The petitioner must file the I-864 for all applicants contained in the petition.

- (1) **(U)** An original or a copy of the I-864 should be included for each applicant included on the petition. In most cases, the petitioner must submit Form I-864 or Form I-864EZ, Affidavit of Support under Section 213A of the Act.
- (2) **(U)** A joint sponsor may be used to overcome the Federal poverty level income requirements if the petitioner is unable to overcome the Federal poverty level.
- (3) **(U)** If a joint sponsor is used, the petitioner may not use Form I-864EZ and must use Form I-864. ([9 FAM 302.8-2\(C\)\(5\)](#) below.)
- (4) **(U)** There are, however, two exceptions to the requirement of the petitioner completing Form I-864. (See paragraph d below)

- c. **(U) Petitioner May Limit Number of Applicants Sponsored:** A petitioner may limit sponsorship to just the principal applicant and any dependents that will be traveling to the United States at the same time. By limiting the number of sponsored individuals, the petitioner will reduce the household size and thereby lower the income requirement. The petitioner could file another Affidavit of Support on behalf of the other (following-to-join) dependents at a later date when the petitioner and the principal applicant have improved their financial situation. Alternatively, in cases that involve more than one visa applicant, a petitioner may sponsor one or more immigrants and choose to use a joint sponsor for the remainder of the applicants, so as to comply with the poverty guidelines. Regardless, a Form I-864 would have to be executed by the petitioner for all applicants. Only then could a joint sponsor be used if needed.
- d. **(U) Sponsor When The Petitioner Is A Business Entity:** When the petitioner is a business entity, a U.S. citizen or lawful permanent resident (LPR) relative (defined at 8 CFR 213a.1 as a husband, wife, father, mother, child, adult son or daughter, or sibling) who has a significant ownership interest in the petitioning entity, the petitioner must submit Form I-864. The alternative sponsor must be the U.S. citizen or lawful permanent resident (LPR) relative who filed the petition or has a significant ownership interest in the petitioning entity and he or she must meet the other criteria outlined in [9 FAM 302.8-2\(C\)\(4\)](#).
- e. **(U) Substitute Sponsor When The Petitioner Has Died:**
- (1) **(U)** INA 213A(f)(5)(B) allows certain family members to become “substitute sponsors” if a visa petitioner dies following approval of the visa petition, but before the beneficiary obtains his or her permanent residence. If the visa petition was approved prior to the death of the petitioner, the Secretary of Homeland Security (DHS), may, in its discretion, reinstate the petition for humanitarian reasons, (8 CFR 205.1(a)(3)(i)(C)), and determine that the original sponsor’s petition should not be revoked. (See [9 FAM 504.2-8\(C\)\(4\)](#).) The substitute or alternative sponsor must be the spouse, parent, mother-in-law, father-in-law, sibling, child (at least 18 years of age), son, daughter, son-in-law, daughter-in-law, sister-in-law, brother-in-law, grandparent, or grandchild of the sponsored alien, or the legal guardian of the sponsored alien. The substitute or alternative sponsor must meet the other criteria outlined in paragraph a above..
 - (2) **(U)** Eligibility of derivative applicants seeking to follow-to-join a principal applicant who has already acquired lawful permanent resident (LPR) status is dependent on the continuing LPR status of the principal, not on the status of the petitioner. Therefore, if the petitioner dies after the principal applicant has already become an LPR and one or more derivative applicants seek to follow to join the principal applicant, the derivatives retain eligibility to follow-to-join despite the death of the petitioner, and there is no need for reinstatement of the petition. In such circumstances, the derivative applicant seeking to follow-to-join is inadmissible unless a substitute or alternative sponsor, as described in the paragraph above, executes a Form I-864 with respect to the derivative applicant. The substitute or alternative sponsor may not file a Form I-864EZ.

9 FAM 302.8-2(C)(4) (U) Required Supporting Evidence

(CT:VISA-626; 07-10-2018)

a. (U) In General:

(1) (U) Use of the Term Sponsor: The sponsor is the petitioner; anyone else is a joint or co-sponsor. All references to requirements for the sponsor or sponsors would apply not only to the petitioner sponsor, but also to any co-sponsor household members executing Form I-864A and joint sponsors submitting a supplementary Form I-864.

(2) (U) What is Income? Income, for the purpose of Form I-864, means the total unadjusted income as shown on the tax return, before deductions. Total unadjusted income includes not only salary (if any) but also monetary gains from any other source, such as rent, interest, dividends, etc.

b. (U) Required Documentation: The sponsor(s) must provide the following documentation to satisfactorily complete Form I-864:

(1) (U) Federal Income Tax Return:

- (a) (U)** Each sponsor must submit with Form I-864 a photocopy or Internal Revenue Service (IRS)-generated transcript of the most recent income tax return that the sponsor had filed prior to the time of the Affidavit of Support signing. A person may obtain a free IRS-generated transcript by filing IRS Form 4506-T (Form IRS-4506-T), Request for Transcript of Tax Return. Ordinarily, the sponsor's signature on Form I-864 is sufficient to qualify the photocopy or transcript as a "certified" copy. In those cases where you question the authenticity of the submitted tax return or transcript, you may require the sponsor to submit an IRS-certified copy of the tax return.
- (b) (U)** A person obtains an IRS-certified copy by submitting form IRS-4506, Request for Copy of Tax Return, and paying the requisite filing fee. In such cases, you should generally require that the sponsor have the IRS-certified copy sent directly to post by the IRS. The sponsor should ask the IRS to include the applicant's name and case number on the form so that it can be readily attached to the correct file upon receipt at post. You may not require IRS-certified copies of tax returns of all sponsors prior to review of the submitted tax return. IRS-certified copies may only be required on a case-by-case basis when you question the validity of the submitted tax return.
- (c) (U)** Failure to file a required income tax return does not excuse the sponsor from the requirement of providing tax returns as supporting documents. If a tax return should have been filed, the Affidavit of Support will not be considered sufficient until the sponsor has done so and supplied the appropriate copies for consideration with Form I-864. If the sponsor did not file a tax return, the sponsor must prove that he or she was not required to file because the sponsor's income was below the IRS earning threshold, however, the sponsor must still submit a W-2. If the income requirement cannot be met, based on the income reported in the tax return, but the sponsor claims to have reported his or her income on the tax return, you may advise applicants or sponsors that an original or amended tax return will be required in order to process the immigrant visa (IV) application to conclusion.
- (d) (U)** You do not have the authority to require an individual to pay taxes or correctly report income.
- (e) (U)** If the sponsor is claiming to meet the poverty guidelines based on money earned at work (salary) and submitted an original tax transcript, the sponsor will only need to submit a Form W-2 if his or her status is "married

filing jointly." If the sponsor submitted a copy of a tax return (Form-1040) – not a transcript – then the sponsor, regardless of filing status, will need to include a W-2.

- (2) **(U) Household Member Tax Returns:** If the sponsor is relying on income from any household member or dependents (as defined at [9 FAM 302.8-2\(C\)\(6\)](#) below) to reach the minimum income requirement, an IRS transcript or a copy of each such individual's most recent tax return is also required, and each such person must complete a Form I-864-A.
- (3) **(U) Employment evidence:**
- (a) **(U)** Except as provided in paragraph(5), below, if the information on the Affidavit of Support and tax return establish that the sponsor's current income meets or exceeds the poverty guidelines for the year the sponsor submitted Form I-864 in support of the Immigrant Visa (IV) application, either by submitting to NVC directly or to post at the time of application, you may determine that Form I-864 is sufficient without requesting any further evidence of the sponsor's income. ([9 FAM 302.8-2\(C\)\(12\)](#), Poverty Income Guidelines.)
 - (b) **(U)** You should request additional evidence (i.e., employment letter, recent pay statements, or other financial data) if there is a specific reason to question the veracity of the income stated on Form I-864 or the accompanying document(s).
 - (c) **(U)** If the Affidavit of Support or tax return reflects income below the Federal Poverty Guidelines for the year Form I-864 was submitted, you should request additional evidence of:
 - (i) **(U)** Current employment or self-employment; and
 - (ii) **(U)** Recent pay statements, a letter from the employer on business letterhead - showing dates of employment, wages paid, and type of work performed - or other financial data.
 - (iii) **(U)** If the sponsor with income below the Federal Poverty Guidelines is unemployed or retired, you should request evidence of ongoing income from other means, such as retirement benefits, other household members' income, or other significant assets.
 - (d) **(U)** Tax-free income (such as a housing allowance for clergy or military personnel) and other tangible benefits in lieu of salary are considered income. The sponsor bears the burden of proving the nature and amount of income.
- (4) **(U) Evidence of Eligibility to Sponsor:** Evidence to establish eligibility as a sponsor, including citizenship or lawful permanent resident (LPR) status, age, and domicile (as defined in [9 FAM 302.8-2\(C\)\(5\)](#)).
- (5) **(U) Additional Assets Evidence:**
- (a) **(U)** The Form I-864 does not require sponsors to submit evidence of assets, if income alone is sufficient to meet the minimum Federal Poverty Guidelines income requirement described in paragraph a(2) above. The mere fact that the petitioner and/or sponsor have met the minimum requirement, however, does not preclude a finding of inadmissibility under INA 212(a)(4). You may request evidence of assets and liabilities, if such information is necessary to

determine the applicant's eligibility. If a sponsor or joint sponsor uses assets to prove the ability to support the sponsored immigrant, he or she may not use the Form I-864EZ.

- (b) **(U)** The sponsor or joint sponsor may include his or her assets (and offsetting liabilities), and/or the assets of any household members signing Form I-864A, as income to make up any shortfall toward meeting the Federal Poverty Guidelines. The assets (bank accounts, stock, other personal property, and real estate) must be available in the United States for the applicant's support and must be readily convertible to cash within one year. In most cases, the sponsor must present evidence as described in [9 FAM 302.8-2\(C\)\(12\)](#) paragraph c(3), establishing location, ownership and value of each asset listed, including liens and liabilities for each asset listed. The combined cash value of all the assets (i.e., the total value of the assets less any offsetting liabilities) must total at least five times the difference between the total household income and the minimum Federal poverty income requirement.
 - (c) **(U)** Sponsors of immediate relative spouses and children of U.S. citizens, however, must only show combined cash value of assets in the amount of three times the difference between the poverty guideline and actual household income. In addition, sponsors of alien orphans or Hague Convention adoptees who require re-adoption in the United States (e.g., aliens with IR-4 and IH-4 visa classifications) and who will not acquire citizenship immediately upon admission to the United States need only prove a combined cash value of assets in the amount of the difference between the poverty guideline and actual household income.
 - (d) **(U)** If assets of the sponsored applicant are being used in such a fashion, the sponsored applicant is not required to submit Form I-864-A, but must show the same kinds of evidence as described in and show that the assets can be converted into cash within one year.
- c. **(U) Proper Assembly of Documents:** Assembling the documents is the sponsor's responsibility. If the I-864 and supporting documents are incomplete or poorly assembled, the post must refuse the applicant under INA 221(g) and return the entire package to the applicant with a copy of the checklist. However, the applicant is no longer required to submit the three most recent federal tax returns, therefore, this is not a valid basis to refuse applicants under 221(g).
- d. **(U)** For more information on what is required on the I-864, you may refer to the instructions which accompany the Form I-864 itself.

9 FAM 302.8-2(C)(5) (U) Domicile

(CT:VISA-626; 07-10-2018)

a. **(U) In General:**

- (1) **(U)** For the purposes of INA 213A, the sponsor must be domiciled in any of the several States of the United States, the District of Columbia, or any territory or possession of the United States (for these purposes, "in the United States"). "Domicile" means: the place where a sponsor has his or her principal "residence" with the intention to maintain that residence for the foreseeable future.

- (2) **(U)** A lawful permanent resident alien (LPR) living abroad temporarily is considered to have a domicile in the United States if he or she has applied for and obtained the preservation of residence benefit under INA 316(b) or INA 317.
- (3) **(U)** A U.S. citizen living abroad whose employment meets the requirements of INA 319(b)(1) is considered to have a domicile in the United States.

b. (U) Establishing Domicile in the United States:

- (1) **(U)** A petitioner who is unable to demonstrate that he or she is domiciled in the United States who wishes to qualify as a sponsor must demonstrate that:
 - (a) **(U)** he or she has either already taken up physical residence in the United States; or
 - (b) **(U) he or she has taken concrete steps to establish a domicile in the United States and** will do so concurrently with the applicant no later than the date of the intending immigrant's admission or adjustment of status.
 - (c) **(U)** The sponsor does not have to precede the applicant to the United States but, if he or she does not do so, he or she must at least arrive in the United States concurrently with the applicant. The sponsor must have established a domicile in the United States when the principal intending immigrant seeks admission on the immigrant visa.
- (2) **(U)** Evidence that the sponsor has established a domicile in the United States and is either physically residing there or intends to do so before or concurrently with the applicant may include the following:
 - (a) **(U)** Opening a bank account;
 - (b) **(U)** Transferring funds to the United States;
 - (c) **(U)** Making investments in the United States;
 - (d) **(U)** Seeking employment in the United States;
 - (e) **(U)** Registering children in U.S. schools;
 - (f) **(U)** Applying for a Social Security number; and
 - (g) **(U)** Voting in local, State, or Federal elections.
- (3) **(U) U.S. Domicile for Employment-Based Preference Applicants:** Employment-based beneficiaries whose petitioners are U.S. citizen or permanent resident alien relatives or entities in which such a relative has a significant ownership interest are required to submit a Form I-864. However, DHS/USCIS has determined that Congress did not intend to impose this requirement on a petitioning relative, or a relative with a significant ownership interest in a business enterprise who is not a U.S. citizen or a lawful permanent resident (LPR) and is not domiciled in the United States. In these cases only, the lack of Form I-864 will not be an impediment to admissibility.
- (4) **(U) Employment Abroad Requirements of INA 319(b)(1):** A U.S. citizen who is living abroad temporarily is considered to be domiciled in the United States if the citizen's employment meets the requirements of INA 319(b)(1). That section requires, for qualifying "employment abroad," that the citizen be in the employ of:
 - (a) **(U)** The U.S. Government;

- (b) **(U)** A U.S. institution of research recognized as such by the Secretary of Homeland Security (DHS) (see 8 CFR 316.20 for the list of institutions);
- (c) **(U)** A U.S. firm or corporation engaged in whole or in part in the development of foreign trade and commerce with the United States or a subsidiary thereof;
- (d) **(U)** A public international organization in which the United States participates by treaty or statute;
- (e) **(U)** A religious denomination having a bona fide organization in the United States, if the individual concerned is authorized to perform the ministerial or priestly functions thereof; and
- (f) **(U)** A religious denomination or an interdenominational mission organization having a bona fide organization in the United States, if the person concerned is engaged solely as a missionary.

c. (U) Maintaining U.S. Domicile:

- (1) **(U)** Unless the petitioner meets the conditions outlined in paragraph c(2) below, a petitioner who is maintaining a principal residence outside the United States could not normally claim a U.S. domicile and would be ineligible to submit Form I-864. In order to provide an Affidavit of Support for his or her relative, such a petitioner would have to reestablish a domicile in the United States. (See paragraph b above..)
- (2) **(U)** However, in a situation in which the petitioner has maintained both a U.S. residence and a residence abroad, you must determine which the principal abode is. Some petitioners have remained abroad for extended periods but still maintain a principal residence in the United States (i.e., students, contract workers, and non-governmental organization (NGO) volunteers). To establish that one is also maintaining a domicile in the United States, the petitioner must satisfy you that he or she:
 - (a) **(U)** Departed the United States for a limited, and not indefinite, period of time;
 - (b) **(U)** Intended to maintain a U.S. domicile at the time of departure; and,
 - (c) **(U)** Can present convincing evidence of continued ties to the United States.

- d. (U) Failure to Establish Domicile:** If a petitioner cannot satisfy the domicile requirement under paragraph b above, the petitioner fails to qualify as a "sponsor" for the purposes of submitting Form I-864, and a joint sponsor cannot be accepted and the applicant must be refused pursuant to INA 212(a)(4).

9 FAM 302.8-2(C)(6) (U) Household Member

(CT:VISA-483; 01-03-2018)

- a. (U) Definition:** Household members for determining the applicable Federal poverty line levels and all other associated purposes include:
- (1) **(U)** The sponsor;
 - (2) **(U)** The sponsor's spouse and the sponsor's children by birth, marriage, or adoption living in the sponsor's residence;

- (3) **(U)** Any other dependents of the sponsor (if identified as such on the sponsor's Federal income tax return for the most recent year, regardless of whether they are related to the sponsor or have the same principal address as the sponsor);
- (4) **(U)** Any immigrants previously sponsored using Form I-864, if the obligation has not terminated;
- (5) **(U)** Family members of the sponsor immigrating at the same time or within six months of the principal immigrant listed in the chart in Part 3 of Form I-864; and
- (6) **(U)** The sponsor's nondependent siblings, parents, or adult children who reside in the sponsor's household who are not dependents, if they complete a Form I-864-A.

b. (U) Use of Form I-864A, Contract Between Sponsor and Household Member:

- (1) **(U)** If a sponsor's individual income meets or exceeds the required level of the Poverty Guidelines, no other evidence is necessary. In cases in which the sponsor's individual income is insufficient, however, a Form I-864A, Contract between Sponsor and Household Member can be submitted by any household member in order for his or her income to be used by the sponsor to meet the guidelines. A separate Form I-864A must be used for each household member whose income and and/or assets are being used by a sponsor to qualify. Each Form I-864A is completed and signed by two individuals: a sponsor who is completing Form I-864 and a household member who is promising to make his or her income and/or assets available to the sponsor to help support the sponsored immigrant(s). The primary sponsor must include the names of these individuals and their contributions on his or her Form I-864.
- (2) **(U)** Under Form I-864A, the household member agrees to provide as much financial assistance as may be necessary to enable the sponsor to maintain the sponsored immigrant(s) at the required annual income level. The household member will be legally liable for any reimbursement obligations that the sponsor may incur.

c. (U) Applicant's Use of Form I-864A:

- (1) **(U)** If the sponsored immigrant has accompanying family members and the sponsor seeks to rely on the sponsored immigrant's continuing income in the United States to establish the sponsor's ability to support the accompanying family members, the sponsored immigrant must sign Form I-864-A. Income shown in a sponsored immigrant's Form I-864A cannot be based on an offer of employment that has not yet been effected. ([9 FAM 302.8-2\(B\)\(2\)](#) paragraph f(2).)
- (2) **(U)** If the sponsored immigrant does not have accompanying family members, he or she cannot submit Form I-864A. His or her income may be counted in the household income, however, if he or she will continue to work in the same job after he or she immigrates to the United States. You may request evidence of the applicant's income such as pay statements and tax returns, if he or she was required to file them, and should request a letter from the employer certifying that the employment will continue after the applicant's immigration to the United States.

9 FAM 302.8-2(C)(7) (U) Joint Sponsor

(CT:VISA-626; 07-10-2018)

- a. **(U) In General:** A "joint sponsor" is one who is not the petitioner for the sponsored immigrant but who otherwise meets the citizenship, residence, age, and household income requirements, as set forth in [9 FAM 302.8-2\(C\)\(3\)](#), and has executed a separate Form I-864, on behalf of the intending immigrant.
- b. **(U) Unique from Household Member:** The joint sponsor is not required to be a household member. The joint sponsor can be a friend or third party who is not necessarily financially connected with the sponsor's household.
- c. **(U) When is a Joint Sponsor Needed:**
 - (1) **(U)** If the petitioner or substitute sponsor cannot demonstrate ability to maintain a household income of at least 125% (or 100% when applicable) of the Federal Poverty Guidelines, the intending immigrant may meet the Affidavit of Support requirement by obtaining a joint sponsor who is willing to accept joint and several liability with the petitioning sponsor as to provide support to the sponsored alien during the period that the affidavit is enforceable;
 - (2) **(U)** If a joint sponsor submits an Affidavit of Support, remember that the petitioner (the principal sponsor) still must submit an Affidavit of Support, regardless of whether the sponsor had no income, or did not make enough income to be required to file income tax returns;
 - (3) **(U)** The joint sponsor must demonstrate income or assets that independently meet the requirements to support the sponsored immigrant(s). It is not sufficient for the combination of incomes of the primary sponsor, sponsored immigrant, and joint sponsor to meet the threshold; and
- b. **(U) Multiple Joint Sponsors:** 8 CFR 213a.2(c) allows but does not require two joint sponsors per family unit intending to immigrate based upon the same family petition. No individual may have more than one joint sponsor, but it is not necessary for all family members to have the same joint sponsor. If two joint sponsors are used, each joint sponsor is responsible only for the intending immigrant(s) listed on the joint sponsor's Form I-864.
- c. **(U) Joint Sponsor Liability:** A joint sponsor is jointly and severally liable with petitioning sponsor and any household members who have signed a Form I-864-A. He or she must individually meet the minimum income requirements as set forth above. Anyone outside the petitioner's household may be considered a joint sponsor. Joint sponsors may include the income and assets of members of their own household and dependents to meet the income requirement.
- d. **(U) Death of Sponsor:** In the event a sponsor has died before all family members have followed to join the principal, a new joint sponsor is permitted to execute a Form I-864. The new sponsor may submit a Form I-864, regardless of the status of the deceased petitioner's estate.

9 FAM 302.8-2(C)(8) (U) Legal Obligations of Sponsors

(CT:VISA-483; 01-03-2018)

- a. **(U) In General:**
 - (1) **(U)** The execution of Form I-864 creates a legally-binding contract between the sponsor(s) (including any household members who have executed Form I-864A, and any joint sponsor), and any Federal, State, local, or private entities that

provide means-tested public benefits (SSI, TANF, etc.) throughout the duration of the contract. By executing Form I-864, the sponsor agrees to:

- (a) **(U)** Provide financial support necessary to maintain the sponsored immigrant at an income that is at least 125 percent of the Federal poverty guidelines for the indicated household size ([9 FAM 302.8-2\(C\)\(12\)](#)); and
 - (b) **(U)** Reimburse any agencies that provide means-tested benefits to a sponsored alien.
- (2) **(U)** In most cases, an alien is not eligible to receive any Federal benefits during his or her first five years in the United States. Although the alien may obtain public benefits thereafter, disbursing entities may seek reimbursement from the alien's sponsor for certain means-tested benefits received by the alien, for the duration of the validity of the affidavit of support. In the event that petitioner's Form I-864 does not meet the minimum Federal poverty guideline amount and a joint sponsor is necessary, the petitioner is still responsible for any amount of income or assets included in his or her Form I-864.
- b. **(U) Duration of Obligation under Form I-864, Affidavit of Support Under Section 213A of the Act:**
- (1) **(U) In General:** Sponsors, joint sponsors, and household members (who have executed Form I-864 or Form I-864A, (Contract Between Sponsor and Household Member)) are bound by the contract terms until the applicant:
 - (a) **(U)** Is naturalized;
 - (b) **(U)** Has worked, or can be credited with, 40 qualifying quarters of work;
 - (c) **(U)** Loses or abandons lawful permanent resident status and departs the United States permanently; or
 - (d) **(U)** Dies.
 - (2) **(U) Death of the Sponsor:** In the event that a sponsor dies, the sponsor's estate remains liable for the duration of the contract. If the sponsor dies after the principal applicant has immigrated, but before the qualified family members who are following to join have immigrated, the applicants must get another sponsor, although no new petition need be filed. If the principal applicant can meet the requirements to be a sponsor, he or she may submit Form I-864 for his or her family members.
- c. **(U) Liability for Means-Tested Benefits:**
- (1) **(U)** During the life of the contract, a sponsor is liable for "means-tested benefits" received by the sponsored applicant. Federal, State, and local agencies will define which benefits are "means-tested" and whether they wish to seek reimbursement.
 - (2) **(U)** The agency supplying the means-tested benefit must have designated the program as such prior to the sponsor's submission of Form I-864 for expenses relating to that benefit to be reclaimable from the sponsor. Moreover, the agency must request reimbursement. In the absence of such a request, the sponsor is not liable.
 - (3) **(U)** As the Department has no role with respect to designating means-tested benefits or with reimbursement, any question regarding whether a benefit should

be considered a means-tested benefit is outside the scope of your inquiry into an applicant's eligibility for a visa.

9 FAM 302.8-2(C)(9) (U) Submitting Form I-864, Affidavit of Support Under Section 213A of the Act

(CT:VISA-626; 07-10-2018)

a. (U) Notarizing and Photocopying Documentation:

- (1) **(U)** Required signatures do not need to be notarized. This includes the signature of the sponsor(s), or the sponsor's household members or dependents on Form I-864 and Form I-864EZ, Affidavit of Support under Section 213A of the Act; Form I-864A; and Form I-864W. Consular officers should not require ink signature on the I-864. A photocopy of the I-864 with the sponsor's signature is sufficient. A typed or printed name is not acceptable. The sponsor, by signing the Form I-864 under penalty of perjury, certifies that the transcript or photocopy is true and correct. This certification meets the statutory requirement of presenting a "certified" copy and, per 28 U.S.C. 1746, the requirement that the affidavit of support be sworn or affirmed before a notary, consular officer, or immigration officer.
- (2) **(U)** Principal applicants and accompanying spouses and/or children may travel together on one complete set of the documents prepared in support of Form I-864.
- (3) **(U)** The supporting documents should be made a part of the principal applicant's Instruction Package for Immigrant Visa (IV). The principal applicant's alien registration number (the Department of Homeland Security (DHS) assigned "A number") should be recorded on each accompanying individual's Form I-864 "for agency use only" box (on page 1 of the form).
- (4) **(U)** Similarly, following-to-join applicants, traveling either alone or in a group, will require only one complete set of the documents prepared in support of the principal applicant's Form I-864.
- (5) **(U)** For following-to-join applicants traveling together, the documents should be included in only one applicant's issued visa packet.
- (6) **(U)** The alien registration number of the applicant carrying the support documentation must be recorded on Form I-864 (page 1 of the form).
- (7) **(U)** A correct and complete signed Form I-864 submitted to the NVC is sufficient. An individual does not need to submit an original I-864 at the time of the interview. The I-864 submitted to NVC (either in hard copy or electronically) must be included in the immigrant visa packet.
- (8) **(U)** The supporting documents carried by the designated following-to-join applicant may be photocopies of the originals and do not need notarization or an original signature.

b. (U) Where to Submit:

- (1) **(U)** As of October 1, 2002, all posts are participants in a review program at the National Visa Center (NVC).
- (2) **(U)** The sponsor (or joint sponsor) is instructed to send the Form I-864, and all supporting documents (a complete set for the principal and a signed Form I-

864 under penalty of perjury, (and form I-864-A, if necessary) for each accompanying dependent) directly to NVC.

- (3) **(U)** NVC will review the submitted Form I-864 and documents for clerical completeness and provide the sponsor two opportunities to supply any missing information or documents. After the second review, NVC forwards the Affidavit of Support with the case file directly to the post.
- (4) **(U)** The NVC review does not apply to immigrant visa (IV) cases where the petitioner has filed the Form I-130, Petition for Alien Relative, at post.

9 FAM 302.8-2(C)(10) (U) Reviewing Form I-864 or Form I-864EZ

(CT:VISA-626; 07-10-2018)

- a. **(U) In General:** You must ensure that each section of Form I-864 or Form I-864EZ has been completed properly. It is your responsibility to review the information provided with the petition packet and other documents provided at the time of interview.
- b. **(U) Part 1 of Form I-864 or Form I-864EZ, Basis For Filing Affidavit of Support:** Verify that sponsor has checked the appropriate box(es):
 - (1) **(U)** If Form I-864EZ is being used, sponsors must check "Yes" on boxes a, b, and c;
 - (2) **(U)** If Form I-864 is being used and box "d" has been checked, indicating a single joint sponsor, you should ensure that there are two Forms I-864: one from the petitioner and one from the joint sponsor; and
 - (3) **(U)** If Form I-864 is being used and box "e" has been checked, indicating two joint sponsors, you should ensure that there are three Forms I-864: one from the petitioner, one from the first joint sponsor, and one from the second joint sponsor.
- c. **(U) Parts 2-4 of Form I-864 or Form I-864EZ, Basis For Filing Affidavit of Support:** Information on the Principal Immigrant, Accompanying Family Members, and Information on the Sponsor.
 - (1) **(U)** Compare the information provided from other documents included in the application and/or verifying data with the sponsored immigrant at the time of the visa interview;
 - (2) **(U)** If the sponsor is using Form I-864 only "accompanying" family members should be listed in the chart in Part 3. Be sure that the first and last name of each accompanying family member is listed; and
 - (3) **(U)** Family members "following to join" (i.e., intending to immigrate more than 6 months after the principal intending immigrant) should not be listed in Part 3.
- d. **(U) Part 5 of Form I-864 or Part 4 of Form I-864EZ: Sponsor's Household Size:** The sponsor's total household size is used to determine the correct Federal Poverty Guideline threshold. For Form I-864, a household size includes the following groups of individuals:
 - (1) **(U)** Sponsor;
 - (2) **(U)** Person(s) the sponsor is sponsoring on the Affidavit of Support (will always be one if the sponsor is using Form I-864EZ);

- (3) **(U)** Sponsor's spouse, if the sponsor is married;
- (4) **(U)** The sponsor's children, as defined in INA 101(b)(1), except those that have:
 - (a) **(U)** Reached the age of majority (i.e., are at least 18 years old) or liberated under the law of sponsor's domicile; and
 - (b) **(U)** Are not claimed as dependents on the sponsor's most recent Federal income tax return;
- (5) **(U)** Other persons lawfully claimed as dependents on the sponsor's tax return for the most recent tax years; and
- (6) **(U)** The number of siblings, parents, and/or adult children who:
 - (a) **(U)** Have the same principal residence as the sponsor; and
 - (b) **(U)** Have combined their income with the sponsor's income by submitting Form I-864A.

e. (U) Part 6 of Form I-864 or Part 5 of Form I-864EZ Sponsor's Information About Employment and Income:

(1) (U) General Rule and Active Duty Military Exception:

- (a) **(U)** Either the petitioning sponsor, substitute sponsor, or a joint sponsor must show the ability to maintain his or her annual household income at 125 percent of the governing Federal Poverty Guideline threshold (see also [9 FAM 302.8-2\(C\)\(12\)](#)).
- (b) **(U)** A petitioner on active duty in the U.S. Armed Forces, other than for training, needs to demonstrate an annual income equal to at least 100 percent of the Federal Poverty Guidelines if he or she is petitioning for a spouse or child;
- (c) **(U)** A substitute sponsor or joint sponsor is not eligible to claim 100% income level based on petitioner's relationship to the intending immigrant, or petitioner's military status;
- (d) **(U)** A substitute or joint sponsor may claim the 100% income level only if he or she is on active duty in the U.S. Armed Forces (other than training) and the intending immigrant is the spouse or child of the substitute sponsor or joint sponsor;
- (e) **(U)** To qualify for the Military Exception:
 - (i) **(U)** The petitioner must provide evidence that he or she is on active duty, such as military dependent's identification card for the intending immigrant (spouse or child); and
 - (ii) **(U)** A photocopy of the military identification card of the sponsor (spouse or parent).
- (f) **(U)** Regardless of whether a sponsor qualifies for the military exception, all of his or her income counts toward the 125% (or 100%) income requirement, including (in the case of Armed Forces personnel) any allotments received for the dependents.

(2) (U) Poverty Guidelines: See [9 FAM 302.8-2\(C\)\(12\)](#), Poverty Income Guidelines.

(3) (U) Determining the Sponsor's Ability to Provide Sufficient Support:

- (a) **(U)** If a sponsor is using Form I-864EZ, he or she must only use his or her salary or pension as shown on his or her most recent Federal income tax return. If the sponsor provides a photocopy of the return, he or she must include a copy of W-2 provided by the sponsor's employer(s) and/or Form(s) IRS-1099 to show pension income. As with other sponsors, these copies are not needed if the sponsor provides an IRS transcript of the return. (See Part 1(a) of Form I-864EZ.);
- (b) **(U)** The sponsor must use Form I-864, rather than Form I-864EZ, if the sponsor will be submitting any Forms I-864A. (See also [9 FAM 302.8-2\(C\)\(9\)](#));
- (c) **(U)** Sponsors who use Form I-864 may qualify based only upon their own income and/or assets if either or both are sufficient to reach the income requirement. If the sponsor's combined income and assets are not sufficient to meet the governing threshold, the sponsor may include the income and or/assets of another household member if the household member:
 - (i) **(U)** Is at least 18 years of age;
 - (ii) **(U)** Is included in the calculation of the household size;
 - (iii) **(U)** Has the same principal residence as the sponsor (or is the sponsor's spouse); and
 - (iv) **(U)** Has completed and signed the Form I-864-A;
- (d) **(U) Federal Tax Return(s):**
 - (i) **(U)** Whether a sponsor submits Form I-864 or Form I-864EZ, the sponsor must provide a copy or an IRS-generated transcript of the sponsor's Federal income tax return for the most recent tax year;
 - (ii) **(U)** By signing the Form I-864 or Form I-864EZ under the penalty of perjury, a sponsor certifies that the transcript or photocopy is true and correct. This certification meets the statutory requirement of presenting a "certified" copy of the transcript or photocopy. Certification of the returns by the IRS is not necessary, the sponsor's certification under the penalty of perjury is sufficient; and
 - (iii) **(U)** A sponsor who filed a joint tax return with a spouse, but is qualifying using only his or her own individual income must submit evidence of that individual income. For example, the sponsor's own W-2, Wage and Tax Statement, to reach the income requirement and/or evidence of other income reported to the IRS which can be attributed to him or her on Form 1099.
- (e) **(U) Other Evidence of Income:**
 - (i) **(U)** Total income means before deductions in the sponsor's tax return for the most recent taxable year should be generally determinative. There is no requirement to determine whether the sponsor would have met 125% (or 100%) of the governing Poverty Guideline before the most recent tax year;
 - (ii) **(U)** You may consider other evidence of income (e.g., pay stub(s), or employer letter(s), or both), if:

- **(U)** The sponsor establishes that he or she was not legally obligated to file a Federal income tax return for the most recent tax year
- **(U)** You have determined that the income listed on the Federal tax return for the sponsor's most recent tax year does not meet the governing threshold
 - (iii) **(U)** If a sponsor recently started a new job (that the officer is satisfied will likely continue), the income from the job now meets or exceeds the legal requirement, you may find the Affidavit of Support to be sufficient; and
 - (iv) **(U)** As noted in [9 FAM 302.8-2\(B\)\(2\)](#) paragraph a(3), a sufficient and properly filed, non-fraudulent Form I-864 in those cases where it is required, is a positive factor in the "totality of the circumstances" analysis under INA 212(a)(4).

(f) (U) Means-Tested Public Benefits Received by the Sponsor:

(U) The sponsor may not include any means-tested public benefits currently being received in calculating the household income. (See also [9 FAM 302.8-2\(C\)\(8\)](#).)

(g) (U) Compare Total Household Income with Governing Poverty Guideline:

- (i) **(U)** If the sponsor's total household income (line 24c of Form I-864 or line 18 of Form I-864EZ) is greater than or equal to the governing Poverty Guideline threshold, the sponsor does not need to show evidence of assets and does not require a joint sponsor. In this case, you may move to part 8 of Form I-864 or Part 6 of Form I-864EZ;
- (ii) **(U)** If Form I-864EZ does not demonstrate means to maintain the required income, you may choose to request that the applicant submit a new Form I-864 from the sponsor (if the applicant seeks to qualify based on showing "significant assets") or submit a sufficient Form I-864 from a joint sponsor;

(U) NOTE: This request of evidence should go to the applicant, not to the sponsor.

- (iii) **(U)** If a Form I-864 does not demonstrate means to maintain the required income, you should consider the assets listed in Part 7 of the form.

f. (U) Part 7 of Form I-864: Use of Assets to Supplement Sponsor's Income:

- (1) **(U)** If a sponsor cannot meet the Poverty Guideline requirement based upon total household income listed on line 24c, he or she may show evidence of assets owned by the sponsor and/or members of the sponsor's household that are available to support the sponsored immigrant(s) and can be readily converted into cash within 1 year.
- (2) **(U)** For assets of the intending immigrant and/or household member to be considered, the household member must complete and sign Form I-864A.
- (3) **(U)** You should check to make sure that the Form I-864A is completed and signed by the sponsor and the household member.
- (4) **(U)** Evidence of the sponsor's assets should be attached to the Form I-864. Evidence of the principal sponsored immigrant's and/or household member

assets should be attached to Form I-864A. ([9 FAM 302.8-2\(C\)\(4\).](#))

g. (U) Part 8 of Form I-864 or Part 6 of Form I-864EZ Sponsor's Contract:

- (1) **(U)** Part 8 of Form I-864 or part 6 of Form I-864EZ constitutes the bulk of contractual provisions and outlines the purpose of Form I-864, Affidavit of Support under INA 213A, which is to overcome the public charge grounds of inadmissibility. It includes:
 - (a) **(U)** Notice of Address requirements (the sponsor must notify Department of Homeland Security (DHS) of the sponsor's new address within 30 days);
 - (b) **(U)** Means-tested Public Benefit Prohibitions and Exceptions;
 - (c) **(U)** Consideration of sponsor's income in determining eligibility for benefits;
 - (d) **(U)** Civil action to enforce the affidavit; and
 - (e) **(U)** It requires certification under the penalty of perjury that the sponsor is aware of the legal ramifications of being a sponsor under INA 213A.
- (2) **(U)** Once signed, the concluding provisions satisfy the statutory requirement that the sponsor must make written statement under the penalty of perjury indicating that the copies of the Federal income tax returns submitted with the Affidavit of Support are true copies of the returns filed with the Internal Revenue Service.
- (3) **(U)** A photocopy of the signed Form I-864 may be submitted for each spouse and/or child of the principal beneficiary of the adjustment of status application. Copies of supporting documentation are not required.

h. (U) Part 9 of Form I-864 Preparer Information: If someone other than the sponsor prepares the form on the sponsor's behalf, the preparer must complete and sign Part 9 of the Form I-864. The preparer's signature is in addition to the sponsor's signature and does not replace the sponsor's obligation to sign the affidavit of support.

i. (U) Consular Posts/U.S. Citizenship and Immigration Services (USCIS) Completion of "Agency Use Only" Box: In adjustment cases adjudicated by posts/USCIS, you must complete the "agency Use Only" box on the first page of the Form I-864 or Form I-864EZ. If the petitioning sponsor does not qualify, you should check the box "Does not meet." In order for the applicant to be approved, there must be in the file another Form I-864 that meets the requirements from a joint sponsor. In such a case you must check the "Meets" box, and then sign, date, and note the post code for location.

j. (U) Verification of Information:

- (1) **(U)** The U.S. Government may pursue verification of any information provided on or with Form I-864, Form I-864EZ, Form I-864A (e.g., employment, income, and/or assets) with the employer, financial or other institutions, the Internal Revenue Service, or the Social Security Administration. If the Department finds that a sponsor, joint sponsor, or household member has concealed or misrepresented material facts concerning income, household size, or other material facts, we will conclude that the Affidavit of Support is not sufficient to establish that the sponsored immigrant is not likely to become a public charge.
- (2) **(U)** In this situation, the sponsor or joint sponsor may be liable for criminal prosecution under the general statutes relating to the submission of fraudulent immigration documents. Failure of the sponsor or joint sponsor to provide

adequate evidence of income and/or assets will result in the denial of the application for adjustment to lawful permanent residence status.

9 FAM 302.8-2(C)(11) (U) Accepting Form I-864W, Intending Immigrant's Affidavit of Support Exemption When Alien Can Demonstrate 40 Quarters of Work Under SSA

(CT:VISA-483; 01-03-2018)

- a. **(U)** 9 FAM 302.8-2(C)(1) paragraph b(2) states that you must waive the Form I-864 requirement if the alien can demonstrate 40 quarters of earnings under the Social Security Act. Any individual seeking to demonstrate the number of quarters he or she has earned may request a Social Security earnings statement from the Social Security Administration, which shows income reported, years worked, and whether or not the applicant has earned 40 quarters (also known as "credits") and therefore qualifies for benefits.
- b. **(U)** Even if the applicant qualifies for a waiver of the Form I-864 affidavit requirement, he or she must still complete a Form I-864W. Form I-864W is the applicant's signed statement that he or she has earned (or can be credited with) 40 quarters (credits) of coverage under the Social Security Act (SSA). The applicant must include SSA earnings statements with their completed Form I-864W. Applicants may not count any quarters during which he or she received a means-tested public benefit. An applicant may be credited with all the qualifying quarters of coverage earned by their spouse during their marriage, provided that the applicant remains married to that spouse, or the spouse is deceased. The National Visa Center (NVC) performs a review of documents, including the Affidavit of Support, for most consular posts. In those instances where the petitioner or the sponsor notifies NVC that they wish to use the Social Security quarters provision in lieu of a Form I-864, NVC requires submission of the Form I-864W and the SSA earnings statement as described above before qualifying the case for forwarding to the post.
- c. **(U)** If the petitioner and sponsor do not submit the Form I-864W to NVC, indicating that they intend to use the Social Security quarters provision, NVC will require the Form I-864 and supporting documents, including the most recent Federal income tax return filed prior to the time of Form I-864 signing.

9 FAM 302.8-2(C)(12) (U) Poverty Income Guidelines 2018

(CT:VISA-626; 07-10-2018)

a. (U) In General:

- (1) **(U)** Pursuant to 42 U.S.C. 9902(2) the Secretary of the Department of Health and Human Services (HHS) updates the poverty guidelines annually.
- (2) **(U)** On January 13, 2018, HHS published its annual updates of the Poverty Guidelines, adjusting them on the basis of the Consumer Price Index for all Urban Consumers. The guidelines in this 2018 reflect the 2.1 percent price increase between calendar years 2016 and 2017.
- (3) **(U)** The guidelines are rounded and adjusted to standardize the differences between family sizes. HHS used the same calculation procedure this year as in previous year. These guidelines apply to all persons of all ages in the family/household.

- (5) **(U)** Applicants who are required to have an Affidavit of Support filed on their behalf and the sponsor cannot meet the applicable minimum poverty guideline threshold are inadmissible for immigrant visa issuance under INA 212(a)(4)(C).
- (6) **(U) Applicability:** The 2018 guidelines must be used when evaluating the I-864/I-864-EZ submitted on or after March 1, 2018. Forms files prior to March 1, 2017 must be evaluated using the guidelines that were in place at the time of submission.

b. **(U) Annual Guidelines:** Use the table below for the time the Affidavit of Support was submitted

(1) **(U) 2018 HHS Poverty Income Guidelines:**

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Persons in Family/ Household Unit	48 Contiguous States and D.C. 100 percent	125 percent of HHS Poverty Guidelines	Alaska 100 percent of HHS Poverty Guidelines	125 percent of HHS Poverty Guidelines	Hawaii 100 percent of HHS Poverty Guidelines	125 percent of HHS Poverty Guidelines
	For all sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouses or child.	For all other sponsors.	For all sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouses or child.	For all other sponsors.	For all sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouses.	For all other sponsors.
2	\$16,460	\$20,575	\$20,580	\$25,725	\$18,930	\$23,663
3	20,780	25,975	25,980	32,475	23,900	29,875
4	25,100	31,375	31,380	39,225	28,870	36,088
5	29,420	36,775	36,780	45,975	33,840	42,300
6	33,740	42,175	42,180	52,725	38,810	48,513
7						

	38,060	47,575	47,580	59,475	43,780	54,725
8	42,380	52,975	52,980	66,225	48,750	60,938
For each additional person, add	\$4,320	\$5,400.5	\$5,400	\$6,750	\$4,970	\$6,213

- (a) **(U) Effective Date:** These figures represent annual income. These poverty guidelines remain in effect for use with Form I-864, Affidavit of Support, from March 1, 2018, until new guidelines go into effect in 2019.
- (b) **(U) Families More than 8 Persons:** For families/households with more than 8 persons, add \$4,320.00, 100 percent) or \$5,400 (125 percent) for each additional person for the 48 contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of Northern Mariana Islands. See chart above for Alaska and Hawaii guidelines.
- (c) **(U)** Refer to the figures in orange columns (see 3, 5, and 7) when processing immigrant visa (IV) involving Form I-864 or Form I-864-EZ. Refer to the gray (see columns 2, 4, and 6) for active members of the U.S. Armed sponsoring spouses and children.
- (d) **(U)** Source: 83 FR 2642-2644

(2) (U) 2017 HHS Poverty Income Guidelines:

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Persons in Family/ Household Unit	48 Contiguous States and D.C. 100 percent	125 percent of HHS Poverty Guidelines	Alaska 100 percent of HHS Poverty Guidelines	125 percent of HHS Poverty Guidelines	Hawaii 100 percent of HHS Poverty Guidelines	125 percent of HHS Poverty Guidelines
	For all sponsors on active duty in the U.S. Armed Forces who are petitioning	For all other sponsors.	For all sponsors on active duty in the U.S. Armed Forces who are petitioning	For all other sponsors.	For all sponsors on active duty in the U.S. Armed Forces who are petitioning	For all other sponsors.

	for their spouses or child.		for their spouses or child.		for their spouses.	
2	\$16,240	\$20,300	\$20,290	\$25,362	\$18,670	\$23,337
3	20,420	25,525	25,520	31,900	23,480	29,350
4	24,600	30,750	30,750	38,437	28,290	35,362
5	28,780	35,975	35,980	44,975	33,100	41,375
6	32,960	41,200	41,210	51,512	37,910	47,387
7	37,140	46,425	46,440	58,050	42,720	53,400
8	41,320	51,650	51,670	64,587	47,530	59,412
For each additional person, add	\$4,180	\$5,225	\$5,230	\$6,537	\$4,810	\$6,012

(a) **(U) Effective Date:** These figures represent annual income. These poverty guidelines remain in effect for use with Form I-864, Affidavit of Support, from March 1, 2017, until new guidelines go into effect in 2018.

(b) **(U) Families More than 8 Persons:** For families/households with more than 8 persons, add \$4,180.00, 100 percent) or \$5,225 (125 percent) for each additional person for the 48 contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of Northern Mariana Islands. See chart above for Alaska and Hawaii guidelines.

(c) **(U)** Refer to the figures in orange columns (see 3, 5, and 7) when processing immigrant visa (IV) involving Form I-864 or Form I-864-EZ. Refer to the gray (see columns 2, 4, and 6) for active members of the U.S. Armed sponsoring spouses and children.

(d) **(U)** Source: 82 FR 8831-8832

(3) (U) 2016 HHS Poverty Income Guidelines:

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Size of Family/ Household Unit	48 Contiguous States and D.C.		Alaska		Hawaii	

	100 percent	125 percent	100 percent	125 percent	100 percent	125 percent
	For all sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouses or child.	For all other sponsors.	For all sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouses.	For all other sponsors.	For all sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouses.	For all other sponsors.
2	\$16,020	\$20,025	\$20,020	\$25,025	\$18,430	\$23,037
3	20,160	25,200	25,200	31,500	23,190	28,987
4	24,300	30,375	30,380	37,975	27,950	34,937
5	28,440	35,550	35,560	44,450	32,710	40,887
6	32,580	40,725	40,740	50,925	37,470	46,837
7	36,730	45,912	45,920	57,400	42,230	52,787
8	40,890	51,112	51,120	63,900	47,010	58,762
For each additional person, add	\$4,160	\$5,200	5,200	6,500	\$4,780	\$5,975

- (a) **(U) Effective Date:** These figures represent annual income. These poverty guidelines remain in effect for use with Form I-864 from March 1, 2016, until new guidelines go into effect in 2017.
- (b) **(U) Families of 8 or More:** For families/households with more than 8 persons, add \$4,160, (100 percent) or \$5,200 (125 percent) for each additional person for the 48 contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of Northern Mariana Islands. See chart above for Alaska and Hawaii guidelines.
- (c) **(U)** Refer to the figures in orange columns (see 3, 5, and 7) when processing immigrant visa (IV) involving Form I-864 or Form I-864-EZ. Refer to the

gray (see columns 2, 4, and 6) for active members of the U.S. Armed sponsoring spouses and children.

(d) **(U)** Source: 81 FR 4036-4037

- c. **(U) Additional Assets:** If the sponsor needs to use additional assets to meet the minimum income requirement, the total net value of all assets must generally equal at least five times the difference between the sponsor's total household income and the minimum income requirement of the current year.

(1) (U) Example for a Household of 4:

125% Poverty Guideline (48 Contiguous States, District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam)	\$31,375.00 (2018)
Sponsor's Income	\$22,000
Difference	\$9,375
Multiply by 5	X 5
Minimum Required Net Value of Assets	\$46,875

(2) (U) Exceptions: There are two exceptions to this general rule.

- (a) **Exception 1:** If the applicant intends to immigrate as a spouse of a U.S. citizen or the child of a U.S. citizen who will not become a citizen under section 320 of the Act because the child has already reached his or her 18th birthday, the "significant assets" requirement will be satisfied if the assets equal three times, rather than five times, the difference between the applicable income threshold and the actual household income. The chart below is an example for a household size of 4:

125% Poverty Guideline	\$31,375.00 (2018)
Sponsor's Income	\$22,000
Difference	\$9,375
Multiply by 3	X 3
Minimum Required Net Value of Assets	\$28,125

- (b) **(U) Exception 2:** If the applicant intends to immigrate as an IR-4 or IH-4 immigrant (orphans or Hague Convention adoptees coming to the United States for adoption), the parents' assets only need to equal or exceed the difference between the applicable income threshold and the actual household income. The chart below is an example of for a household size of 4:

125% Poverty Guideline	\$31,375.00 (2018)
------------------------	--------------------

Sponsor's Income \$22,000

Difference (Minimum Required
Net Value of Assets) \$9,375

- (3) **(U) Providing Additional Assets:** If the sponsor is using additional assets to meet the income level requirements, the sponsor must present the following:
- (a) **(U)** Evidence of ownership, location, and the value of each asset;
 - (b) **(U)** Evidence of liens, mortgages, and liabilities for each asset (if any); and
 - (c) **(U)** When required under [9 FAM 302.8-2\(C\)\(4\)](#) paragraph b(5), evidence of current employment or self-employment, such as a recent pay statement or a statement from your employer on business stationery, showing the beginning date of employment, type of work performed, and salary or wages paid.

9 FAM 302.8-2(C)(13) (U) Checklist for Preparing the Affidavit of Support

(CT:VISA-626; 07-10-2018)

a. (U) Documents must be submitted in the following order:

(1) (U) Proper Affidavit of Support:

- (a) Form I-864: All pages, completely filled out, in correct order (pages 1, 2, 3, 4, 5, 6, 7, 8, 9 10, 11 and 12) stapled together and part 8 signed as appropriate.
- (b) Form I-864-EZ: All pages, completely filled out in correct order (pages 1, 2 3 4, 5, 6, and 7) stapled together and part 6 signed as appropriate.

(2) (U) Most Recent Federal Tax Return:

- (a) **(U)** Photocopy or Internal Revenue Service (IRS) transcript of the most recent Federal tax return with all supporting schedules that the sponsor had filed prior to the time of Affidavit of Support signing. The return must have all pages in the correct order and must be stapled together.
- (b) **(U)** If the sponsor did not have to file a tax return, the sponsor should attach a written explanation and a copy of the instructions from the IRS publication that shows the sponsor was not obligated to file. (For information on most income tax obligations visit the IRS Web site.)
- (c) **(U) Additional Assets:** If required, proof of additional assets, as described in [9 FAM 302.8-2\(C\)\(4\) paragraph b\(5\)](#).

b. **(U) Joint Sponsor:** The joint sponsor must meet the same qualifications as the petitioner and submit the same documentation as noted in paragraph a(1), above.

c. **(U) Form I-864A:** If the income and assets of a household member are to be considered when reviewing the income level, a separate Form I-864A, Contract Between Sponsor and Household Member, must be completed for each household member whose income and assets are to be considered.

- (1) **(U)** Each page must be filled out completely and stapled together.
- (2) **(U)** All tax, employment, and asset documents must be assembled in the same manner as the sponsor's (see above) and attached to the correct Form I-864A,

Contract Between Sponsor and Household Member.

- (3) **(U)** Part 1 Information on the Household Member.
- (4) **(U)** Part 2 Your (the household Member's) Relationship to the Sponsor must be completed by sponsor.
- (5) **(U)** Part 3 Your (the Household Member's) Employment and Income must be completed by the household member.

d. **(U) Documents for the Principal Immigrant and Accompanying Dependents:**

(1) **(U) Principal Applicant:**

- (a) **(U)** Original or copy of Form I-864 and Form I-864A, Contract Between Sponsor and Household Member (if needed); must be signed (not required to be notarized).
- (b) **(U)** The sponsor's most recent Federal income tax return filed prior to the time of Form I-864 signing is needed for each principal immigrant.

(2) **(U) Accompanying Dependents:**

- (a) **(U)** Accompanying dependents, if listed on the original Form I-864 affidavit of support submitted for the principal applicant and accompanying the principal applicant (traveling and entering the United States at the same time) may submit and travel together on one complete set of signed documents (not required to be notarized): Form I-864 and Form I-864A, Contract Between Sponsor and Household Member, if needed.
 - (b) **(U)** Accompanying dependents, if travelling together with the principal applicant, may submit copies of the principal's Form I-864 and Form I-864-A (photocopied signatures are acceptable.)
 - (c) **(U)** Copies of supporting documents are not required for dependents applying for visas or adjustment of status together with the principal immigrant.
- (3) **(U)** Follow to join dependents (travelling separately from the principal applicant and entering after the principal, or following to join a principal applicant who has adjusted status in the United States) must submit a signed affidavit of support from the sponsor, along with a complete set of supporting documents. A photocopy of the affidavit of support previously submitted by the principal applicant is acceptable.

9 FAM 302.8-2(D) (U) Advisory Opinions

(CT:VISA-483; 01-03-2018)

(U) An AO is not required for a potential INA 212(a)(4) ineligibility; however, if you have a question about the interpretation or application of law or regulation, you may request an AO from CA/VO/L/A.

9 FAM 302.8-2(E) (U) Waiver

9 FAM 302.8-2(E)(1) (U) Waivers for Immigrants

(CT:VISA-483; 01-03-2018)

(U) No waiver is available for immigrants ineligible under INA 212(a)(4). Applicants may overcome the finding by presenting evidence to convince you that the inadmissibility no longer applies. While there are provisions for overcoming the inadmissibility by posting a bond or undertaking with DHS, the applicant is still subject to Affidavit of Support and income requirements. Consequently, there are few circumstances in which a bond would be offered as an alternative to the Affidavit of Support.

9 FAM 302.8-2(E)(2) (U) Waivers for Nonimmigrants

(CT:VISA-483; 01-03-2018)

(U) While a waiver is legally permissible for nonimmigrants ineligible under INA 212(a)(4), consular officers should generally not recommend for an NIV waiver an applicant who is ineligible on this ground as a matter of policy. In almost all cases, an NIV applicant who is ineligible under INA 212(a)(4) will likely also be ineligible under INA 214(b), which is not waivable. Both grounds of refusal may be overcome. Typically, refusals are overcome if an applicant presents evidence that convinces the consular officer that the inadmissibility no longer applies.

9 FAM 302.8-2(F) Unavailable

9 FAM 302.8-2(F)(1) Unavailable

(CT:VISA-483; 01-03-2018)

Unavailable

9 FAM 302.8-2(F)(2) Unavailable

(CT:VISA-483; 01-03-2018)

Unavailable

**Annual Report of Immigrant Visa Applicants in the Family-sponsored and
Employment-based preferences Registered at the National Visa Center
as of November 1, 2017**

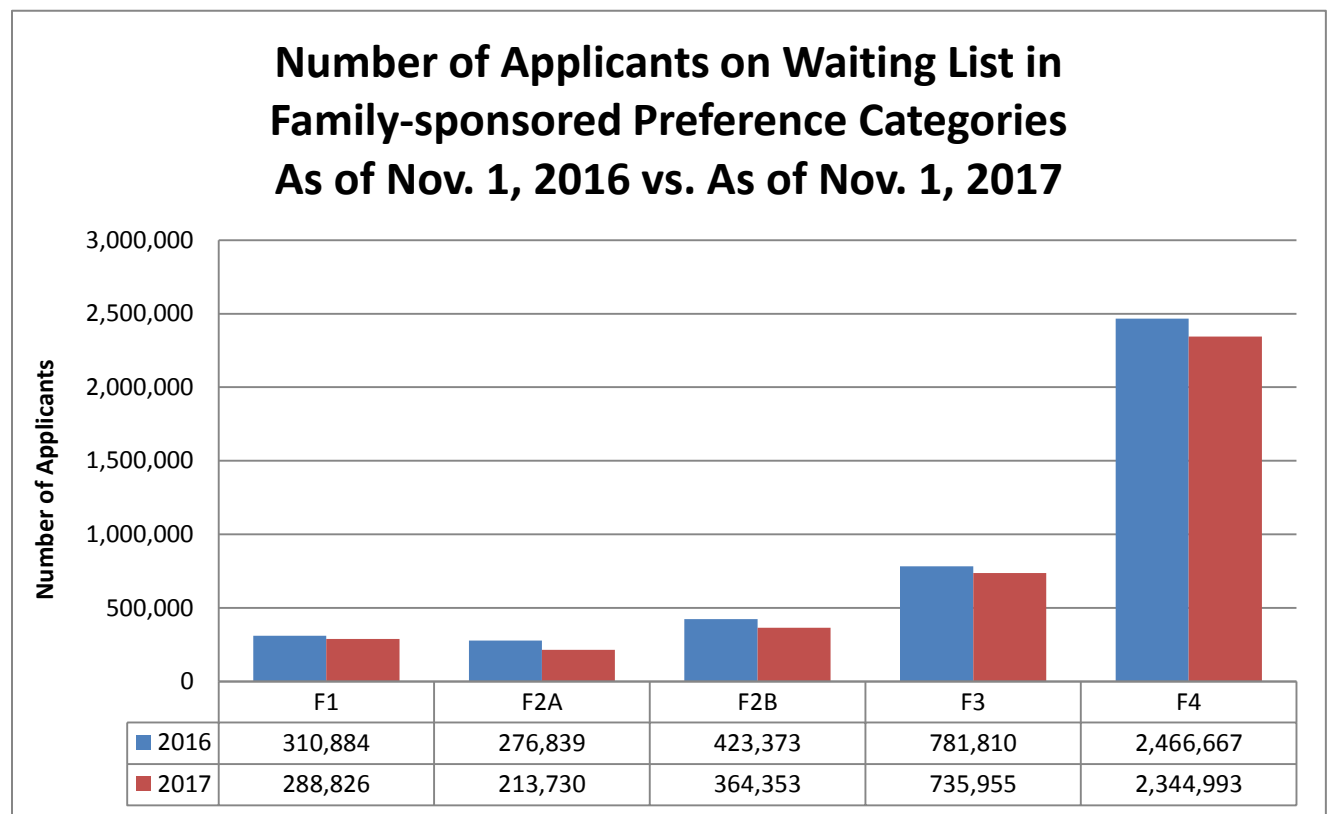
Most prospective immigrant visa applicants qualify for status under the law on the basis of family relationships or employer sponsorship. Entitlement to visa processing in these classes is established ordinarily through approval by U.S. Citizenship and Immigration Services (USCIS) of a petition filed on the applicant's behalf. The petitions of applicants who will be processed at an overseas post are forwarded by USCIS to the Department of State; applicants in categories subject to numerical limit are registered on the visa waiting list. Each case is assigned a priority (i.e., registration) date based on the filing date accorded to the petition. Visa issuance within each numerically limited category is possible only if the applicant's priority date is within the applicable final action dates which are published each month by the Department of State in the Visa Bulletin. Family and Employment preference applicants compete for visa numbers within their respective categories on a worldwide basis according to priority date; a per-country limit on such preference immigrants set by INA 202 places a maximum on the amount of visas which may be issued in a single year to applicants from any one country, however.

In October, the Department of State asked the National Visa Center (NVC) at Portsmouth, New Hampshire to report the totals of applicants on the waiting list in the various numerically-limited immigrant categories. Applications for adjustment of status under INA 245 which are pending at USCIS Offices are not included in the tabulation of the immigrant waiting list data which is being provided at this time. As such, the following figures ONLY reflect petitions which the Department of State has received, and do not include the significant number of applications held with the USCIS Offices.

The following figures have been compiled from the NVC report submitted to the Department on November 1, 2017, and show the number of immigrant visa applicants on the waiting list in the various preferences and subcategories subject to numerical limit. All figures reflect persons registered under each respective numerical limitation, i.e., the totals represent not only principal applicants or petition beneficiaries, but their spouses and children entitled to derivative status under INA 203(d) as well.

Family-sponsored Preferences

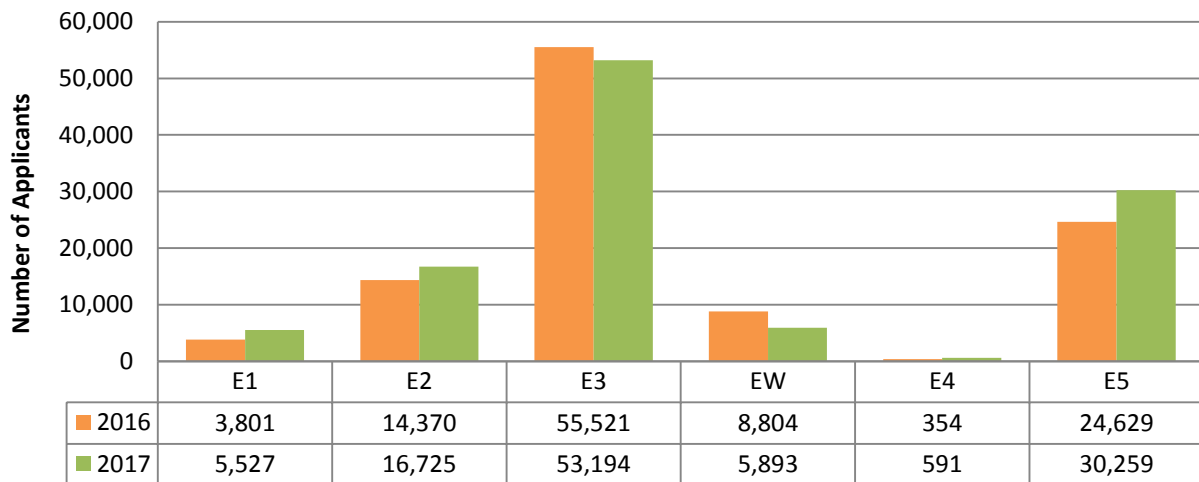
Category	as of Nov. 1, 2016	as of Nov. 1, 2017	% of Change From 2016 Totals
FAMILY FIRST	310,884	288,826	(-7.1%)
FAMILY SECOND TOTAL	700,212	578,083	(-17.4%)
2A-Spouses/Children:	276,839	213,730	(-22.8%)
2B- Adult Sons/Daughters:	423,373	364,353	(-13.9%)
FAMILY THIRD	781,810	735,955	(-5.9%)
FAMILY FOURTH	2,466,667	2,344,993	(-4.9%)
TOTAL	4,259,573	3,947,857	(-7.3%)



Employment-based Preferences

Category	as of Nov. 1, 2016	as of Nov. 1, 2017	% of Change From 2016 Totals
EMPLOYMENT FIRST	3,801	5,527	(+45.4%)
EMPLOYMENT SECOND	14,370	16,725	(+16.4%)
EMPLOYMENT THIRD TOTAL	64,325	59,087	(-8.1%)
Skilled Workers:	55,521	53,194	(-4.2%)
Other Workers:	8,804	5,893	(-33.1%)
EMPLOYMENT FOURTH TOTAL	354	591	(+66.9%)
EMPLOYMENT FIFTH TOTAL	24,629	30,259	(+22.9%)
TOTAL	107,479	112,189	(+4.4%)
GRAND TOTAL	4,367,052	4,060,046	(-7.0%)

**Number of Applicants on Waiting List in
Employment-based Preference Categories
As of Nov. 1, 2016 vs. As of Nov. 1, 2017**



Immigrant Waiting List By Country

Immigrant visa issuances during fiscal year 2018 will be limited by the terms of INA 201 to no more than 226,000 in the family-sponsored preferences and 140,000 in the employment-based preferences. (Visas for "Immediate Relatives" - i.e., spouses, unmarried children under the age of 21 years, and parents of U.S. citizens - are not subject to numerical limitation, however.)

It should by no means be assumed that once an applicant is registered, the case is then continually included in the waiting list totals unless and until a visa is issued. The consular procedures mandate a regular culling of visa cases to remove from the count those unlikely to see further action, so that totals are not unreasonably inflated.

The eleven countries with the highest number of waiting list registrants in FY 2018 are listed below; together these represent 77.0% of the total. This list includes all countries with at least 50,000 persons on the waiting list. There is a seven percent per-country limit, which visa issuances to any single country may not exceed. This limit serves to avoid the potential monopolization of virtually all the annual limitation by applicants from only a few countries. That limitation is not a quota to which any particular country is entitled, however. For FY 2018 the per-country limit will be 25,620.

<u>Country</u>	<u>Applicants</u>
Mexico	1,259,080
Philippines	356,054
India	316,429
Vietnam	250,944
China-mainland born	236,933
Dominican Republic	175,162
Bangladesh	175,149
Pakistan	122,260
Haiti	104,096
El Salvador	71,828
Cuba	59,314
<u>All Others</u>	<u>932,797</u>
Worldwide Total	4,060,046

**Immigrant Waiting List
By Preference Category**

FAMILY-SPONSORED PREFERENCES

Family FIRST Preference:

The worldwide Family FIRST preference numerical limitation is 23,400. The top ten countries with the highest F1 waiting list totals are:

<u>Country</u>	<u>Family First Preference Total</u>	<u>Percent of Category Waiting List</u>
Mexico	106,532	36.9%
Dominican Republic	23,868	8.3%
Philippines	19,339	6.7%
Haiti	15,674	5.4%
Jamaica	14,268	4.9%
El Salvador	10,211	3.5%
Colombia	5,617	1.9%
Vietnam	5,412	1.9%
Guyana	5,206	1.8%
Honduras	5,117	1.8%
All Others	77,582	26.9%
Total	288,826	100%

Cases are being added to the waiting list in this category not only by the approval of new FIRST preference petitions, but also through automatic conversion of pending 2B cases into FIRST preference upon the naturalization of the petitioner.

The prospect for increasing future demand in the FIRST preference could result in slower advances in the worldwide final action date as a consequence. Only two countries, Mexico and Philippines, have FIRST preference final action dates which are earlier than the worldwide date. (NOTE: A Family 2B petition automatically converts to a Family FIRST petition if the petitioner naturalizes. However, Section 6 of the Child Status Protection Act of 2002, Pub. L. 107-208, provides relief for Family 2B applicants who would be disadvantaged by a conversion to Family FIRST status due to a less favorable Family FIRST final action date).

Family SECOND Preference:

The total Family SECOND preference waiting list figure is 578,083. Of these, 213,730 (37%) are spouses and children of permanent residents of the United States (the 2A class), and 364,353 (63%) are adult unmarried sons/daughters of permanent residents (the 2B class). The Family SECOND preference represents 14.6% of the total Family preference waiting list. It will receive 114,200 visa numbers for FY 2018, just over half of the 226,000 family preference total; 77% of SECOND preference numbers are provided to 2A applicants, while the remaining 23% go to the 2B class.

2A: About 87,900 visa numbers are available for use during FY 2018. The top ten countries with the highest 2A waiting list totals are:

<u>Country</u>	<u>Family 2A Preference Total</u>	<u>Percent of Category Waiting List</u>
Mexico	69,418	32.5%
Dominican Republic	28,256	13.2%
Cuba	11,757	5.5%
El Salvador	9,227	4.3%
Philippines	8,849	4.1%
Haiti	7,275	3.4%
China-mainland born	6,937	3.2%
Vietnam	6,336	3.0%
Guatemala	5,238	2.5%
Honduras	3,866	1.8%
All Others	56,571	26.5%
Total	213,730	100%

Upon naturalization of the petitioner, a pending 2A case is converted automatically into the “Immediate Relative” visa category, which is not subject to numerical limit and therefore has no visa waiting period. As a result, the amount of cases being processed in the “Immediate Relative” category may increase and partially offset new F2A filings.

2B: Visa numbers for this class of adult sons and daughters will be approximately 26,260 during FY 2018. The waiting list far exceeds the annual limit. The top ten countries with the highest 2B waiting list totals are:

<u>Country</u>	<u>Family 2B Preference Total</u>	<u>Percent of Category Waiting List</u>
Mexico	143,707	39.4%
Philippines	51,980	14.3%
Dominican Republic	45,827	12.6%
Haiti	16,194	4.5%
El Salvador	10,739	2.9%
Vietnam	10,125	2.8%
Cuba	9,012	2.5%
China-mainland born	8,142	2.2%
Jamaica	4,886	1.3%
Guatemala	4,706	1.3%
All Others	59,035	16.2%
Total	364,353	100%

Some of the 2B applicants were formerly counted in the 2A waiting list and have since turned 21.

Family THIRD Preference:

The annual visa limit is 23,400. Two oversubscribed countries (Mexico and Philippines) have sufficiently heavy demand in this preference to require a final action date substantially earlier than the worldwide date. The top ten countries with the highest F3 waiting list totals are:

<u>Country</u>	<u>Family Third Preference Total</u>	<u>Percent of Category Waiting List</u>
Mexico	205,005	27.8%
Philippines	128,108	17.4%
India	51,259	7.0%
Vietnam	45,493	6.2%
China-mainland born	23,416	3.2%
Dominican Republic	16,863	2.3%
Haiti	15,863	2.1%
Pakistan	15,037	2.0%
Cuba	14,502	2.0%
El Salvador	11,615	1.6%
All Others	208,794	28.4%
Total	735,955	100%

Family FOURTH Preference:

Applicants registered in the Family FOURTH preference total 2,344,993. Annual visa issuances are limited to 65,000. The waiting period for the Family FOURTH preference is longer than any other category because the demand significantly exceeds the number of available visas. The countries listed below have the largest number of FOURTH preference applicants:

<u>Country</u>	<u>Family Fourth Preference Total</u>	<u>Percent of Category Waiting List</u>
Mexico	733,139	31.3%
India	223,476	9.5%
Vietnam	182,455	7.8%
Bangladesh	164,793	7.0%
China-mainland born	161,093	6.9%
Philippines	125,288	5.3%
Pakistan	101,387	4.3%
Dominican Republic	60,295	2.6%
Haiti	49,079	2.1%
El Salvador	29,915	1.3%
All Others	514,073	21.9%
Total	2,344,993	100%

The steadily growing waiting period in this preference is now over thirteen years for countries of most favorable visa availability and even longer for some oversubscribed countries.

EMPLOYMENT-BASED PREFERENCES

It is important to note that eighty-three percent of all Employment preference immigrants were processed as adjustment of status cases at USCIS offices during FY 2017. Cases pending with USCIS are not counted in the consular waiting list tally which is presented below. Therefore, in several Employment categories the waiting list totals being provided below significantly understate real immigrant demand. The Employment waiting list counts not only prospective workers, but also their spouses and children entitled under the law to derivative preference status.

Employment FIRST Preference:

Top countries are:

<u>Country</u>	<u>Employment First Preference</u>	<u>Percent of Category Waiting List</u>
China-mainland born	2,212	40.0%
India	402	7.3%
Great Britain and Northern Ireland	277	5.0%
Venezuela	249	4.5%
Korea, South	217	3.9%
Canada	210	3.8%
Iran	174	3.1%
Brazil	170	3.1%
France	94	1.7%
Mexico	92	1.7%
<u>All Others</u>	<u>1,430</u>	<u>25.9%</u>
Worldwide Total	5,527	100%

Visa availability is "current" for all countries.

Employment SECOND Preference:

Top countries are:

<u>Country</u>	<u>Employment Second Preference</u>	<u>Percent of Category Waiting List</u>
India	10,961	65.6%
China-mainland born	1,689	10.1%
Korea, South	1,439	8.6%
Philippines	405	2.4%
Iran	256	1.5%
<u>All Others</u>	<u>1,975</u>	<u>11.8%</u>
Worldwide Total	16,725	100%

This category is "current" at present for all but two countries.

Employment THIRD Preference:

Top countries are:

<u>Country</u>	<u>Employment Third Preference: Skilled Worker/ Professional Components</u>	<u>Percent of Category Waiting List</u>
India	21,962	41.3%
Philippines	20,937	39.3%
China-mainland born	1,840	3.5%
Korea, South	933	1.7%
Great Britain and Northern Ireland	733	1.4%
All Others	6,789	12.8%
Worldwide Total	53,194	100%

Employment Third “Other Workers”:

Top Countries are:

<u>Country</u>	<u>Employment Third Preference: Other Worker Components</u>	<u>Percent of Waiting List in These Classes</u>
China-mainland born	1,955	33.2%
Philippines	1,102	18.7%
Mexico	490	8.3%
Korea, South	476	8.1%
India	454	7.7%
All Others	1,416	24.0%
Worldwide Total	5,893	100%

Three oversubscribed countries (China-mainland born, India, and the Philippines) have sufficiently heavy demand in the Employment Third and Third “Other Worker” Preferences to require final action dates earlier than the worldwide dates.

Employment FOURTH Preference:

Top countries are:

<u>Country</u>	<u>Employment Fourth Preference</u>	<u>Percent of Waiting List in These Classes</u>
India	136	23.0%
Korea, South	38	6.4%
Mexico	32	5.4%
Brazil	31	5.3%
Cambodia	25	4.2%
<u>All Others</u>	<u>329</u>	<u>55.7%</u>
Worldwide Total	591	100%

Visa availability is “current” at present for all countries except for El Salvador, Guatemala, Honduras, and Mexico.

Employment FIFTH Preference:

Top countries are:

<u>Country</u>	<u>Employment Fifth Preference</u>	<u>Percent of Waiting List in These Classes</u>
China-mainland born	26,725	88.3%
Vietnam	649	2.2%
Hong Kong S.A.R.	423	1.4%
India	307	1.0%
Korea, South	278	0.9%
<u>All Others</u>	<u>1,877</u>	<u>6.2%</u>
Worldwide Total	30,259	100%

Visa availability is “current” at present for all countries except China-mainland born.

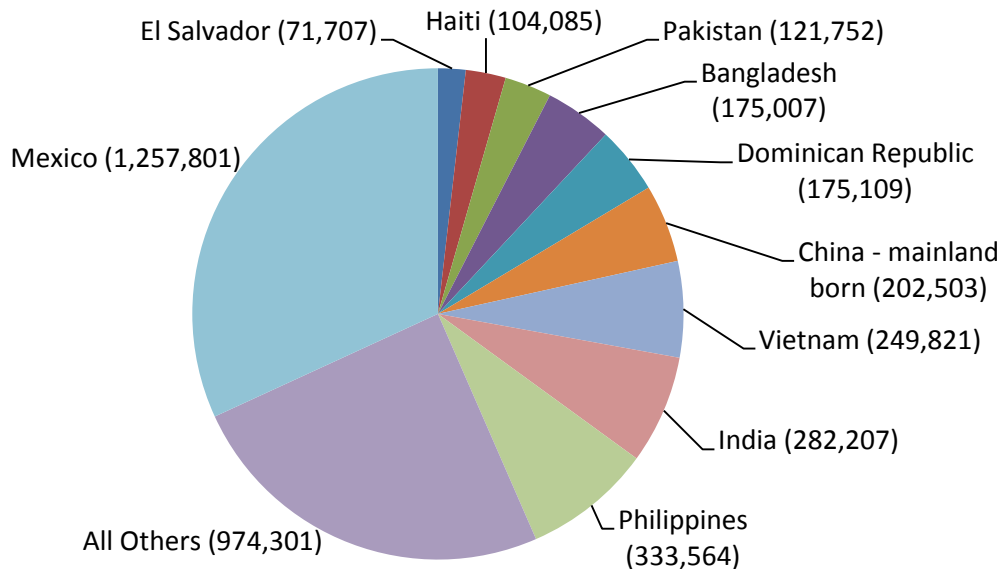
Family-sponsored Immigrant Waiting List By Country

The ten countries with the highest number of Family-sponsored waiting list registrants are listed below; together these represent 75.3% of the total. This list includes all countries with at least 70,000 persons on the waiting list. (The per-country limit in INA 202 sets an annual maximum on the amount of Family preference visas which may be issued to applicants from any one country; the FY 2018 per-country limit will be 15,820.)

Family-sponsored Preferences

Country	Total
Mexico	1,257,801
Philippines	333,564
India	282,207
Vietnam	249,821
China-mainland born	202,503
Dominican Republic	175,109
Bangladesh	175,007
Pakistan	121,752
Haiti	104,085
El Salvador	71,707
All Others	974,301
Worldwide Total	3,947,857

Family-sponsored Immigrant Waiting List by Country

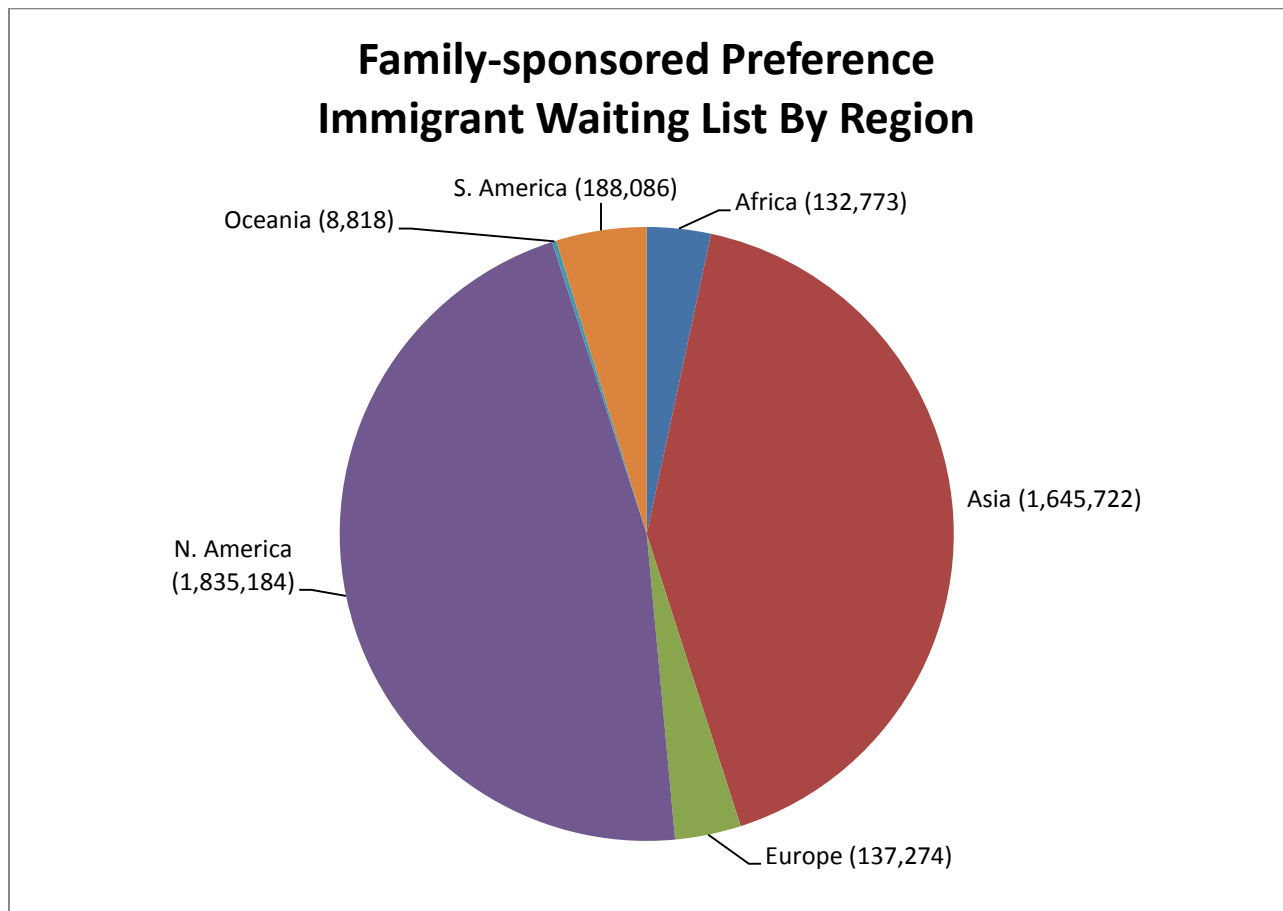


Family-sponsored Immigrant Waiting List By Region

A breakdown of the NVC waiting list by region is:

Region	Total
Africa	132,773
Asia	1,645,722
Europe	137,274
N. America*	1,835,184
Oceania	8,818
S. America	188,086
Family Total	3,947,857

*North America includes Canada, Mexico, Central America and the Caribbean.

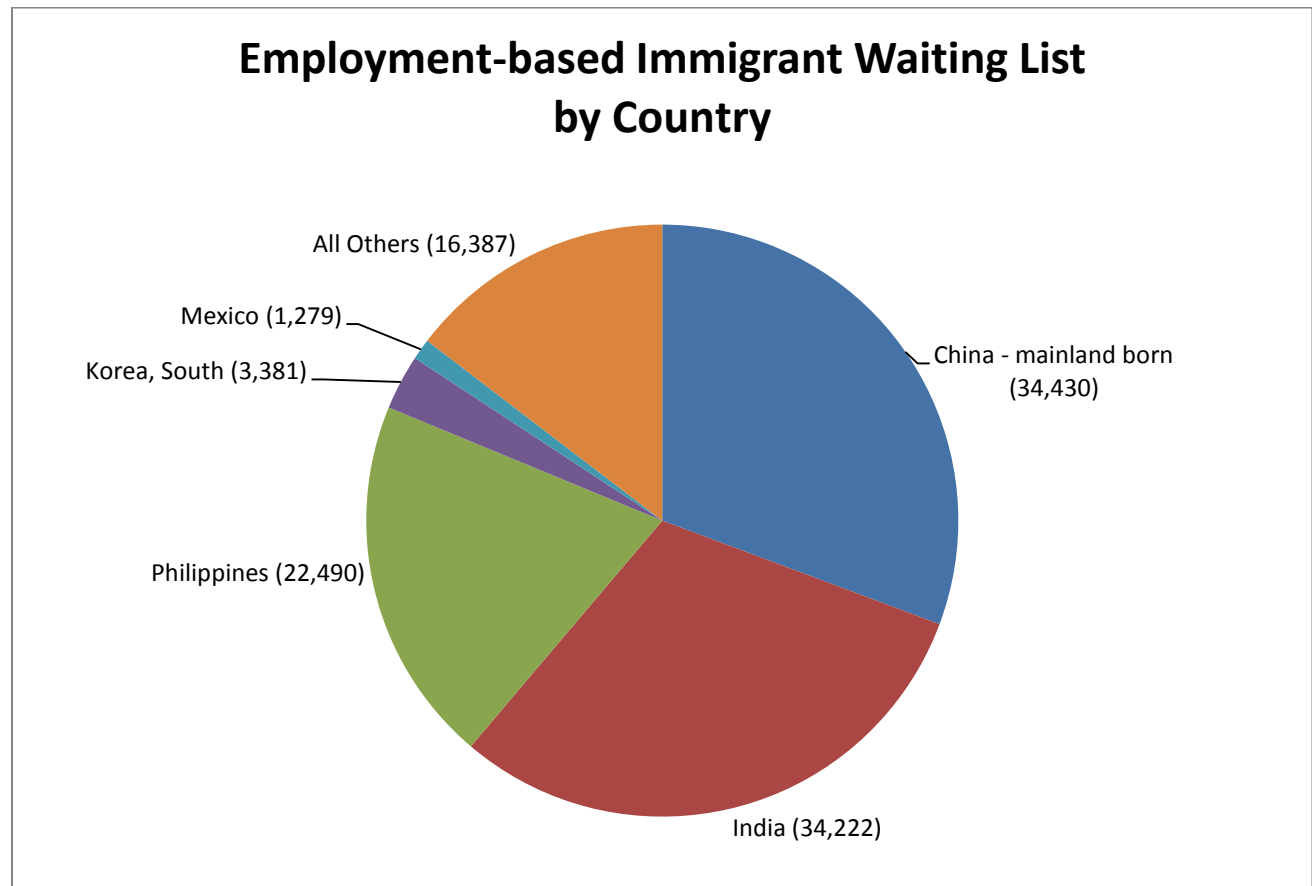


Employment-based Immigrant Waiting List By Country

The five countries with the highest number of Employment-based waiting list registrants are listed below; together these represent 85.4% of the total. This list includes all countries with at least 1,200 persons on the waiting list. (The per-country limit in INA 202 sets an annual maximum on the amount of Employment preference visas which may be issued to applicants from any one country; the FY 2018 per-country limit will be 9,800.)

Employment-based Preferences

<u>Country</u>	<u>Total</u>
China-mainland born	34,430
India	34,222
Philippines	22,490
Korea, South	3,381
Mexico	1,279
<u>All Others</u>	<u>16,387</u>
Worldwide Total	112,189

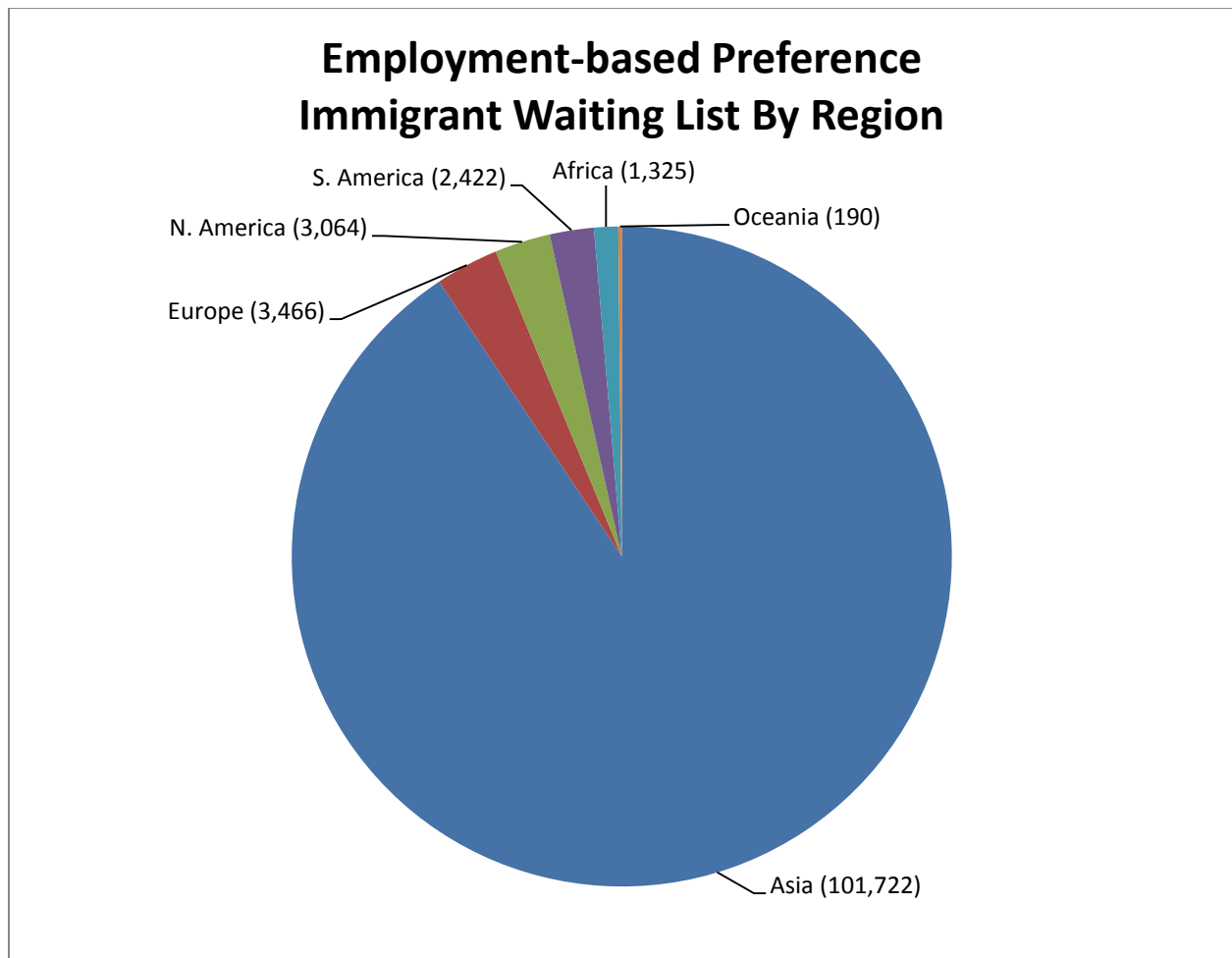


Employment-based Immigrant Waiting List By Region

A breakdown of the NVC waiting list by region is:

Region	Total
Africa	1,325
Asia	101,722
Europe	3,466
N. America*	3,064
Oceania	190
S. America	2,422
Employment Total	112,189

*North America includes Canada, Mexico, Central America and the Caribbean.



Visitor Visa

Overview

Generally, a citizen of a foreign country who wishes to enter the United States must first obtain a visa, either a nonimmigrant visa for a temporary stay, or an immigrant visa for permanent residence. Visitor visas are nonimmigrant visas for persons who want to enter the United States temporarily for business (visa category B-1), for tourism (visa category B-2), or for a combination of both purposes (B-1/B-2).

Here are some examples of activities permitted with a visitor visa:

Business (B-1)



Tourism (B-2)



Travel Purposes Not Permitted On Visitor Visas



How to Apply

There are several steps to apply for a visa. The order of these steps and how you complete them may vary by U.S. Embassy or Consulate. Please consult the instructions on the [U.S. Embassy or Consulate website](#).

Complete the Online Visa Application

- **Online Nonimmigrant Visa Application, [Form DS-160](#)** – [Learn more](#) about completing the [DS-160](#). You must: 1) complete the online visa application and 2) print the

application form confirmation page to bring to your interview.

- **Photo** – You will upload your photo while completing the online Form DS-160. Your photo must be in the format explained in the [Photograph Requirements](#).

Schedule an Interview

Interviews are generally required for visa applicants with certain limited exceptions below. Consular officers may require an interview of any visa applicant.

If you are age: Then an interview is:

13 and younger Generally not required

14-79 Required (some exceptions for renewals)

80 and older Generally not required

You should schedule an appointment for your visa interview at the [U.S. Embassy or Consulate](#) in the country where you live. You may schedule your interview at another U.S. Embassy or Consulate, but be aware that it may be more difficult to qualify for a visa outside of the country where you live.

Wait times for interview appointments vary by location, season, and visa category, so you should apply for your visa early. Review the interview wait time for the location where you will apply:

Appointment Wait Time

Check the estimated wait time for a nonimmigrant visa interview appointment at a U.S. Embassy or Consulate.

Select a U.S. Embassy or Consulate:

GO

**Nonimmigrant Visa
Type**

**Appointment
Wait Time**

Visitor Visa

-- days

Nonimmigrant Visa Type	Appointment Wait Time
Student/Exchange Visitor Visas	-- days
All Other Nonimmigrant Visas	-- days

[See details on appointment availability and processing times](#)

Prepare for Your Interview

- **Fees - Pay the non-refundable visa application fee**, if you are required to pay it before your interview. If your visa is approved, you may also need to pay a visa issuance fee, if applicable to your nationality. Fee information is provided below:

Select your nationality to see \$160 Issuance Fee

Enter a country/authority or area



[All Fees](#)

- Review the instructions available on the website of the [U.S. Embassy or Consulate](#) where you will apply to learn more about fee payment.

Gather Required Documentation

Gather and prepare the following required documents before your visa interview:

- **Passport** valid for travel to the United States – Your passport must be valid for at least six months beyond your period of stay in the United States (unless exempt by [country-specific agreements](#)). Each individual who needs a visa must submit a separate application, including any family members listed in your passport.
- **Nonimmigrant Visa Application, Form DS-160** confirmation page.
- **Application fee payment receipt**, if you are required to pay before your interview.
- **Photo** – You will upload your photo while completing the online Form DS-160. If the [photo upload fails](#), you

must bring one printed photo in the format explained in the [Photograph Requirements](#).

Additional Documentation May Be Required

Review the instructions for how to apply for a visa on the website of the [U.S. Embassy or Consulate](#) where you will apply. Additional documents may be requested to establish if you are qualified. For example, additional requested documents may include evidence of:

- The purpose of your trip,
- Your intent to depart the United States after your trip, and/or
- Your ability to pay all costs of the trip.

Evidence of your employment and/or your family ties may be sufficient to show the purpose of your trip and your intent to return to your home country. If you cannot cover all the costs for your trip, you may show evidence that another person will cover some or all costs for your trip.

Note: Visa applicants must qualify on the basis of the applicant's residence and ties abroad, rather than assurances from U.S. family and friends. A letter of invitation or Affidavit of Support is not needed to apply for a visitor visa. If you choose to bring a letter of invitation or Affidavit of Support to your interview, please remember it is not one of the factors used in determining whether to issue or deny the visa.

Attend Your Visa Interview

A consular officer will interview you to determine whether you are qualified to receive a visitor visa. You must establish that you meet the requirements under U.S. law to receive a visa.

Ink-free, digital fingerprint scans are taken as part of the application process. They are usually taken during your interview, but this varies based on location.

After your visa interview, the consular officer may determine that your application requires further [administrative processing](#). The consular officer will inform you if this required.

After the visa is approved, you may need to pay a visa issuance fee (if applicable to your nationality), and make

arrangements for the return of the passport and visa to you.
Review the [visa processing times](#) to learn more.

Entering the United States

A visa allows a foreign citizen to travel to a U.S. port-of-entry (generally an airport) and request permission to enter the United States. A visa does not guarantee entry into the United States. The Department of Homeland Security (DHS), U.S. Customs and Border Protection (CBP) officials at the port-of-entry have authority to permit or deny admission to the United States. If you are allowed to enter the United States, the CBP official will provide an admission stamp or a paper Form I-94, Arrival/Departure Record. Learn more about admissions and entry requirements, restrictions about bringing food, agricultural products, and other restricted/prohibited goods, and more by reviewing the [CBP website](#).

Extending Your Stay

See [Extend Your Stay](#) on the U.S. Citizenship and Immigration Services (USCIS) website to learn about requesting to extend your stay beyond the date indicated on your admission stamp or paper Form I-94.

Failure to depart the United States on time will result in being [out of status](#). Under U.S. law, visas of individuals who are out of status are automatically voided ([Section 222\(g\) of the Immigration and Nationality Act](#)). Any multiple entry visa that was voided due to being out of status will not be valid for future entries into the United States.

Failure to depart the United States on time may also result in you being ineligible for visas in the future. Review [Visa Denials](#) and [Ineligibilities and Waivers: Laws](#) to learn more.

Change of Status

If your plans change while in the United States (for example, you marry a U.S. citizen or receive an offer of employment), you may be able to request a change in your nonimmigrant status to another category through U.S. Citizenship and Immigration Services (USCIS). See [Change My Nonimmigrant Status](#) on the USCIS website to learn more.

While you are in the United States, receiving a change of status from USCIS does not require you to apply for a new visa. However, once you depart the United States you must

apply for a new visa at a U.S. Embassy or Consulate in the appropriate category for your travel.

Additional Information

- An individual on a visitor visa (B1/B2) is not permitted to accept employment or work in the United States.
- There is no guarantee you will be issued a visa. Do not make final travel plans or buy tickets until you have a visa.
- A valid U.S. visa in an expired passport is still valid. Unless canceled or revoked, a visa is valid until its expiration date. If you have a valid visa in your expired passport, do not remove it from your expired passport. You may use your valid visa in your expired passport along with a new valid passport for travel and admission to the United States.

Travel for Medical Treatment



Visitor Visas for Personal or Domestic Employees (B-1)



Visa Renewal



Do I need a visa if I have an ABTC?



How can I use my ABTC when I apply for my visa?



Visa Annotations for Certain Maritime Industry Workers



Visa Denial and Ineligibility



I was refused a visa, under Section 214(b). May I reapply?



Misrepresentation or Fraud



Citizens of Canada and Bermuda



Citizens of China



Citizens of Mexico



Further Questions



THE ECONOMICS OF HIGHER EDUCATION

**A REPORT PREPARED BY THE DEPARTMENT OF THE TREASURY WITH THE
DEPARTMENT OF EDUCATION**

DECEMBER 2012

“We can't allow higher education to be a luxury in this country. It's an economic imperative that every family in America has to be able to afford.”

– President Barack Obama, February 27, 2012

Executive Summary

Higher education is a critical mechanism for socioeconomic advancement among aspiring individuals and an important driver of economic mobility in our society. Moreover, a well-educated workforce is vital to our nation's future economic growth. American companies and businesses require a highly skilled workforce to meet the demands of today's increasingly competitive global economy. Higher education is provided through a complex public-private market, with many different individuals and institutions participating. While postsecondary education has become increasingly important, there have also been growing concerns about the cost and affordability of higher education. This report discusses the current state of higher education, with a brief high-level overview of the market and a more detailed discussion and analysis of the financial aid system. We also discuss the important changes the President has made to make higher education more accessible and affordable. Our key findings are:

- The economic returns to higher education remain high and provide a pathway for individual economic mobility;
- Public colleges educate the vast majority of the nation's students enrolled in institutions of higher education but private, for-profit schools are growing the most rapidly;
- Historically, society provided a significant subsidy to young people through the widespread availability of inexpensive public higher education. However, over the past several decades, there has been a substantial shift in the overall funding of higher education from state assistance, in the forms of grants and subsidies, to increased tuition borne by students;
- The Obama Administration has offset some of those increased costs with recent increases in educational support through increased Pell grants and the American Opportunity Tax Credit; and
- The combination of decreased state subsidies for higher education and increased federal spending on financial aid represents a shift in the responsibility for paying for college toward a greater onus on students, families, and the federal government.

Total College Enrollment Has Grown Since The Mid-1980s

- The total number of students enrolled at institutions of higher education increased from under 13 million in 1987 to over 21 million in 2010.¹
 - Almost 73 percent attend a public college, a broad category that ranges from local two-year community colleges to graduate research institutions.
 - Approximately 18 percent attend a private non-profit college, a sector that ranges from research universities to small liberal arts colleges and specialized religious institutions.
 - Approximately 9 percent attend a private for-profit (i.e., "proprietary") institution. Enrollment growth is fastest at for-profit schools, which have increased in size from 200,000 students in the late 1980s to nearly 2 million students today.

¹ Snyder & Dillow (2012).

College Educated Workers Have Higher Expected Earnings

- There is substantial evidence that education raises earnings. The median weekly earnings of a full-time, bachelor's degree holder in 2011 were 64 percent higher than those of a high school graduate (\$1,053 compared to \$638).²
 - The earnings differential grew steadily throughout the 1980s and 1990s. Recent evidence suggests that the earnings differential observed today is higher than it has ever been since 1915, which is also the earliest year for which there are estimates of the college wage gap.
 - Moreover, the earnings differential underestimates the economic benefits of higher education since college-educated workers are less likely to be unemployed and more likely to have jobs that provide additional non-wage compensation (e.g., paid vacation, employer-provided health insurance).
- Higher education is important for intergenerational mobility. Without a college degree, children born in the bottom income quintile have a 45 percent chance of remaining there as adults. With a degree, they have less than a 20 percent chance of staying in the bottom quintile of the income distribution and a roughly equal chance of ending up in any of the higher income quintiles.³

Posted Tuition Has Increased Significantly But Increases In Net Tuition Have Been Milder

- Posted tuition (which does not include living costs and does not account for financial aid) has risen sharply in the past two decades at both public and private non-profit colleges. However, in the past 15 years, increased financial aid has mitigated the degree to which increases in posted tuition have been passed through to students.⁴ Measured in 2012 dollars:
 - Average posted in-state tuition for four-year, public institutions more than doubled between 1991 and 2013, from \$3,350 to \$8,660. Average posted out-of-state tuition grew 45 percent, from \$11,000 in 2000 to \$16,000 in 2011.
 - Average posted tuition at four-year, private non-profit universities rose 57 percent between 1991 and 2013, from \$16,410 to \$29,060.
 - Average net tuition, which is posted tuition minus expected grants and tax benefits, has also increased but at a slower rate. Average net in-state tuition at public institutions increased by 58 percent between 1991 and 2013, from \$1,840 to \$2,910. Average net tuition at private non-profit institutions increased by 25 percent between 1991 and 2013, from \$11,060 to \$13,870.
 - Even though posted tuition increased noticeably, net tuition for in-state students at four-year, public schools is only slightly higher than it was in 2008, due to increases in grants and tax benefits.

² Bureau of Labor Statistics (2012).

³ Brookings analysis of the Panel Study of Income Dynamics (Isaacs, Sawhill, & Haskins, 2011).

⁴ *Trends in College Pricing 2011* (Baum & Ma, 2011). Data on average net tuition for for-profit colleges and out-of-state public universities are not available.

- State funding for public institutions of higher education has declined, both in per-student terms and as a share of total revenue. State funding declined from almost 60 percent of college and university revenue in the late 1980s to slightly below 40 percent today.
- Public colleges and universities have become increasingly reliant on student tuition as a source of funding.

Federal Financial Aid Helps Students Pay For The Increasing Costs Of School

- Federal financial aid represents the majority of all financial aid. In 2009-2010, an estimated \$173 billion was distributed to undergraduates, of which \$124 billion (72 percent) was from federal sources.⁵
- The two largest components of the federal financial aid system are Pell grants and Stafford loans.
 - Pell grants provide low-income undergraduate students with funds for higher education that do not have to be repaid. In 2010-2011, almost half of all undergraduates received a Pell grant, with an average grant of \$3,800 and a maximum award of \$5,550. In the aggregate, the Pell program awarded over \$35 billion in 2010-2011.⁶
 - Stafford loans are federal student loans. For a subsidized Stafford loan, the federal government pays interest for undergraduate students while the student is in school; for unsubsidized Stafford loans, the interest accrues while the student is enrolled. The Stafford loan program distributed approximately \$90 billion in Fiscal Year (FY) 2011, of which 46 percent was in the form of subsidized loans.⁷

President Obama's Education Policies

In response to recent trends, such as the rise in posted tuition, the Obama Administration has implemented several new policies to provide relief for students and their families. As part of the American Recovery and Reinvestment Act (ARRA), the maximum Pell grant increased from \$4,731 in 2008 to \$5,550 in 2010. ARRA also replaced the Hope Credit with the more generous American Opportunity Tax Credit (AOTC). Compared to the Hope Credit, the AOTC has a higher credit amount (up to \$2,500 compared to \$1,800), is available for four years instead of two years, and is available to a broader range of families due to its partial refundability and higher income limits. More recently, the reduced 3.4 percent interest rate on subsidized Stafford loans was extended for another year, rather than rising to 6.8 percent as scheduled under existing law. Finally, starting in 2009, student borrowers participating in the Direct Loan program could opt for the “income-based repayment” (IBR) plan, which caps monthly student loan payments at 15 percent of discretionary income and forgives any remaining balance after 25 years in the program. In 2010 legislation, IBR was made more generous starting in 2014, with a lower maximum on payments (10 percent instead of 15 percent) and forgiveness after 20 years (instead of 25 years). And in Fall 2011, the Administration announced its new “Pay as You Earn” program that would provide similar benefits to new borrowers starting in 2012.

⁵ Baum & Payea (2011).

⁶ Department of Education, *2010-2011 Federal Pell Grant Program End-of-Year Report*.

⁷ Other dates in this section are academic year.

I. Introduction

Higher education is a critical mechanism for individual socioeconomic advancement and an important driver of economic mobility. Moreover, a well-educated workforce is vital to our nation's future economic growth. American companies and businesses require a highly skilled workforce to meet the demands of today's increasingly competitive, global economy. Higher education is provided through a complex public-private market, with many different types of individuals and institutions participating. President Obama has supported higher education by increasing the Pell grant, establishing the American Opportunity Tax Credit, expanding income-based repayment for student loans, and freezing the interest rate on subsidized student loans.

College enrollment has grown rapidly since the mid-1980s, with almost 20 million undergraduates enrolled today.⁸ The vast majority of students (73 percent) attend public institutions, ranging from local community colleges to large research institutions. Eighteen percent of students attend private non-profit schools, a category which includes private universities, liberal arts colleges, and small religious institutions. Though for-profit schools have existed for decades, they have recently become a larger share of postsecondary education and have experienced rapid growth in enrollment. Today, nine percent of students are enrolled at for-profit schools.

Postsecondary education has become an increasingly important determinant of a worker's earnings. In 1980, a college graduate earned 50 percent more than a high school graduate; by 2008, college graduates earned nearly twice as much as those with only a high school diploma.⁹ However, there is an increasing concern about the cost and affordability of higher education. At four-year, public institutions, posted tuition is almost three times higher than it was in the early 1980s. At four-year, private non-profit schools, tuition today is almost 2.5 times higher compared to the early 1980s.¹⁰

The high growth rate in college tuition has coincided with two other shifts in higher education. First, increases in posted tuition have coincided with a significant decline in state government funding for public higher education. For example, in 1987, four-year, public institutions derived 60 percent of their total revenue from state government support and 20 percent from student tuition payments. By 2009, the composition had shifted substantially—state government funding constituted only 40 percent of revenue while tuition payments constituted another 40 percent. Put another way, tuition, as a share of college revenue, doubled while state government support fell by approximately 33 percent.

Second, beginning in the 1990s, increased availability of financial aid has helped offset increases in posted tuition, resulting in fewer students paying the full posted price. While average posted tuition (excluding room and board) at in-state, four-year, public schools increased from \$3,350 to \$8,660 between 1991 and 2013, "net tuition," which is posted tuition minus average grants and tax benefits for those who received aid, increased from just \$1,840 to \$2,910.

⁸ Snyder & Dillow (2012).

⁹ Acemoglu & Autor (2010).

¹⁰ Unless otherwise noted, dollar values in this report are all adjusted for inflation.

More recently, the Obama Administration increased the availability of grants and tax-based educational benefits. The means-tested Pell grant provided an average of \$3,800 and up to \$5,550 per student to 9.3 million undergraduates in the 2010-2011 school year. In addition to Pell grants, the federal government also provides tax-based financial aid for higher education, such as the American Opportunity Tax Credit (AOTC), which lowers the annual out-of-pocket cost of school by refunding a portion of educational expenses in the form of a lower tax liability. State and local governments and the schools themselves also provide a variety of grants and scholarships to students. These increases in Pell grants and the newly-introduced American Opportunity Tax Credit have helped to hold average net tuition essentially constant over the past four years. The decline in state government support and increasing generosity of financial aid are both aspects of a broader paradigm shift from broad, publicly-subsidized higher education to greater reliance on tuition payments from students and their families.

Grants and tax-based aid are only two pieces of the federal financial aid system. Federal student loans, such as Stafford loans, provide broad access to credit to pay for higher education. Unlike grants and tax credits, loans allow individuals to spend future income to pay for today's expenses. Increased reliance on loans shifts the burden of paying for college from those immediately paying for tuition and other expenses (primarily the parents and grandparents of current students) to the ongoing payers of student loans—typically the students themselves.

Under President Obama, the federal government has taken on a dual role in addressing this change. It has increased its direct assistance in the form of higher Pell grants and increased tax benefits to help offset declines from state governments. The federal government has also increased the accessibility and affordability of loans to allow students to finance their own education. These different forms of financial aid reflect the dual roles of the federal financial aid system to provide a subsidy for lower-income students and to help students of all income levels finance college education.

The first section of this report provides a broad overview of the basic characteristics of the market for higher education. The report then discusses the impact of higher education on individual earnings and economic mobility. The next section focuses on cost and access to higher education, including the difference between posted and net tuition. The final section considers the financial aid system and other federal policies related to higher education.

II. The Higher Education Landscape

U.S. postsecondary education represents a significant aggregate investment. In 2009, postsecondary institutions received approximately \$497 billion in total revenues (3.6 percent of GDP), including \$144 billion in federal grants and loans.¹¹ They employed 3.7 million workers, 2.4 percent of the 154 million individuals in the labor force.¹² A majority of Americans over the age of 25—115 million adults, or 57 percent of the over-25 population—have completed at least some college. This includes 80 million adults who have earned an associate’s degree or higher.¹³

Historical Context

The role of state governments in establishing and maintaining public colleges and universities dates back to our nation’s founding and accelerated significantly around the time of the Civil War. The Morrill Land-Grant Acts of 1862 and 1890 distributed federal land to states to help them establish new or fund existing colleges. What is currently Iowa State University is the first institution that resulted from these pieces of legislation. The original 1944 G.I. Bill included a generous tuition subsidy and monthly living allowance for World War II veterans pursuing higher education or vocational training, allowing an estimated 2.2 million men to attend college.¹⁴ In response to the launching of Sputnik, the National Defense Education Act of 1958 specifically aimed to make the United States more competitive in science and technology by creating the first federal student loan program and comprehensive education reform at the primary and secondary levels.

Today, colleges and universities can be divided into three broad categories: public, private non-profit, and private for-profit (or “proprietary”) schools. Public institutions, which range from two-year community colleges to large graduate research institutions, are non-profit institutions that typically receive a portion of their funding directly from state and local governments. Private non-profit institutions include some of the nation’s more selective institutions, such as the Ivy League schools, as well as many more small liberal arts colleges and religious institutions. Unlike non-profit schools, private for-profit schools do not have tax-preferred “non-profit” status, allowing them to distribute profits to investors. For example, the largest for-profit school is the University of Phoenix, owned and operated by the publicly traded Apollo Group.

Enrollment Trends

Enrollments at public, private non-profit, and private for-profit institutions have grown since the mid-1980s, as shown in Figure 1. The total number of students enrolled at institutions of higher learning increased from under 13 million in 1987 to over 21 million in 2010. Public institutions, ranging from graduate research institutions to small two-year community colleges, continue to enroll the majority of all college students.

¹¹ Snyder & Dillow (2012) and Baum & Payea (2011).

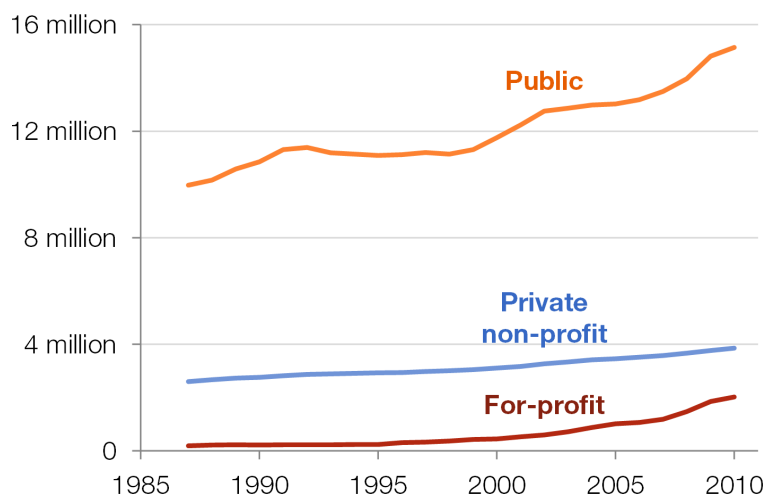
¹² Table 257, Snyder & Dillow (2012).

¹³ U.S. Census Bureau, *Educational Attainment in the United States: 2011*.

¹⁴ Bound & Turner (2002).

Growth in college enrollment is driven by increases in both the total number of college-aged individuals and the propensity of high school graduates to attend college. In 1990, the population of 18 to 24 year olds was approximately 27 million; by 2010 the size of this demographic group was almost 31 million.¹⁵ The Department of Education (ED) estimates that of the 2.9 million people who finished high school in 2010, 68.1 percent (approximately 2.2 million) enrolled in college that same year.¹⁶ One decade earlier, in 2001, only 61.8 percent of recent graduates enrolled in college right out of high school (1.6 million of 2.5 million).

Figure 1: Total Enrollment Over Time



Notes: From Table 198 in the *Digest of Education Statistics (DES) 2011* (Snyder & Dillow, 2012). Figure includes both undergraduate and graduate students; graduate students constitute between 10 and 15 percent of total enrollment.

Panel A of Table 1 breaks out total enrollment for 2009 by type of postsecondary institution. Today, the vast majority of students (73 percent, or 14.8 million out of 20.4 million) attend a public school. Private non-profit institutions account for 18 percent of students (3.8 million), and 9 percent attend a private, for-profit institution (1.9 million).

The growth rates within each sector have been quite different:

- Public school enrollment has grown 50 percent, from approximately 10 million in the late 1980s to almost 15 million in 2010.
- Private non-profit school enrollment has grown 33 percent, from 3 million to 4 million over that same time period.
- For-profit school enrollment has increased at a more rapid rate, from only 200,000 students in the late 1980s to nearly 2 million in 2010.

¹⁵ Census Bureau (1990, 2010a). While the number of 18 to 24 year olds increased in the past two decades, young adults make up a slightly smaller fraction of the total population today (9.9 percent) than in 1990 (10.8 percent).

¹⁶ Table 208, *DES 2010* (Snyder & Dillow, 2011). High school completion, as measured by the ratio of high school graduates to the population that is 17 years old, increased between 1990 and 2010 (from 73 percent to 77 percent) (Table 110, *DES 2010*).

Table 1: Enrollment Breakdown by Institution Type, 2009*A: All Students*

Institution Type	Program Length	Enrollment		As a % of Total Enrollment	
		Full-Time	Part-Time	Full-Time	Part-Time
Public	2-year	2,880,631	4,220,814	14.1%	20.7%
	4-year	5,649,713	2,059,484	27.7%	10.1%
Private non-profit	2-year	23,483	11,284	0.1%	0.1%
	4-year	2,783,162	947,154	13.6%	4.6%
Private for-profit	2-year	344,609	40,585	1.7%	0.2%
	4-year	1,041,184	425,608	5.1%	2.1%

Total number of undergraduates = 20,427,711

B: "New" Undergraduates (i.e., Freshmen Students), High School Class of 2009

Institution Type	Program Length	Enrollment		As a % of New Undergraduates	
		Full-Time	Part-Time	Full-Time	Part-Time
Public	2-year	1,147,281	950,814	22.7%	18.8%
	4-year	1,739,950	220,395	34.4%	4.4%
Private non-profit	2-year	7,533	1,550	0.1%	0.0%
	4-year	811,000	51,346	16.0%	1.0%
Private for-profit	2-year	49,346	2,844	1.0%	0.1%
	4-year	62,956	12,472	1.2%	0.2%

Total number of "New" undergraduates = 5,057,487

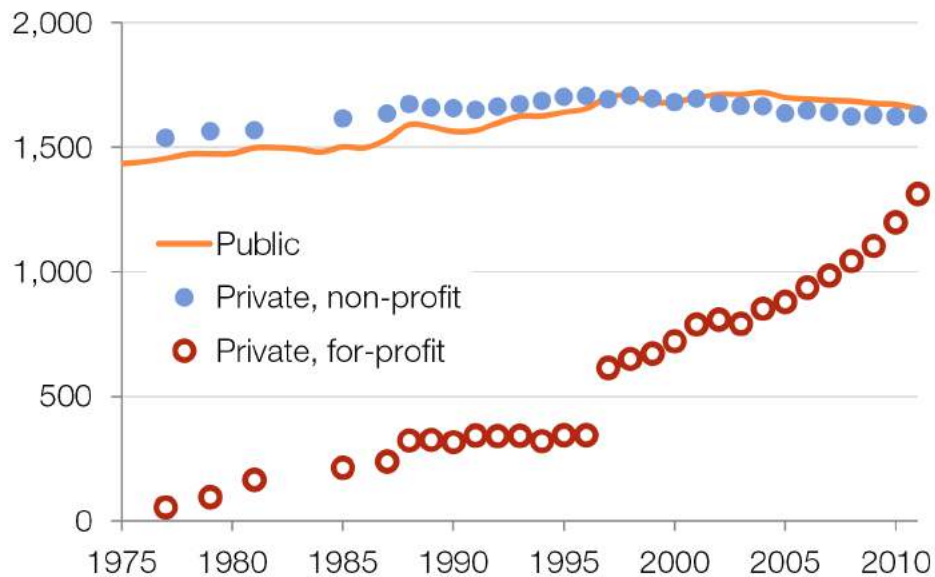
Notes: From Table 201 of the *DES 2010*. Panel B is derived by summing individual enrollment figures for "Under 18" and "18 and 19" year olds.

Among college students age 19 and under (who are likely to be first-time college students), 50.4 percent (34.4 percent public and 16.0 percent private non-profit) are full-time students at a four-year, non-profit school (see Panel B of Table 1). A sizeable fraction of these traditional-age college students (25 percent) attend college part-time, mostly at two-year public schools (e.g., community colleges). For-profit institutions enroll a very small fraction of these young students, which suggests that much of the recent growth in for-profit enrollment has come from attracting older students, such as adult learners or transfer students.

Composition of Schools

While the number of people going to college has increased, the number of traditional colleges has been relatively constant (see Figure 2). In the past two decades, the total number of non-profit degree-granting institutions has remained steady at about 3,300, almost equally divided into public and private schools. Therefore, increased enrollment at non-profit institutions came almost exclusively from increased enrollment per school. By contrast, the number of for-profit institutions has almost doubled since the mid-1990s. In 1997, there were about 600 proprietary schools in the United States, but by 2010 there were nearly 1,200.

Figure 2: Number of Degree-Granting Institutions

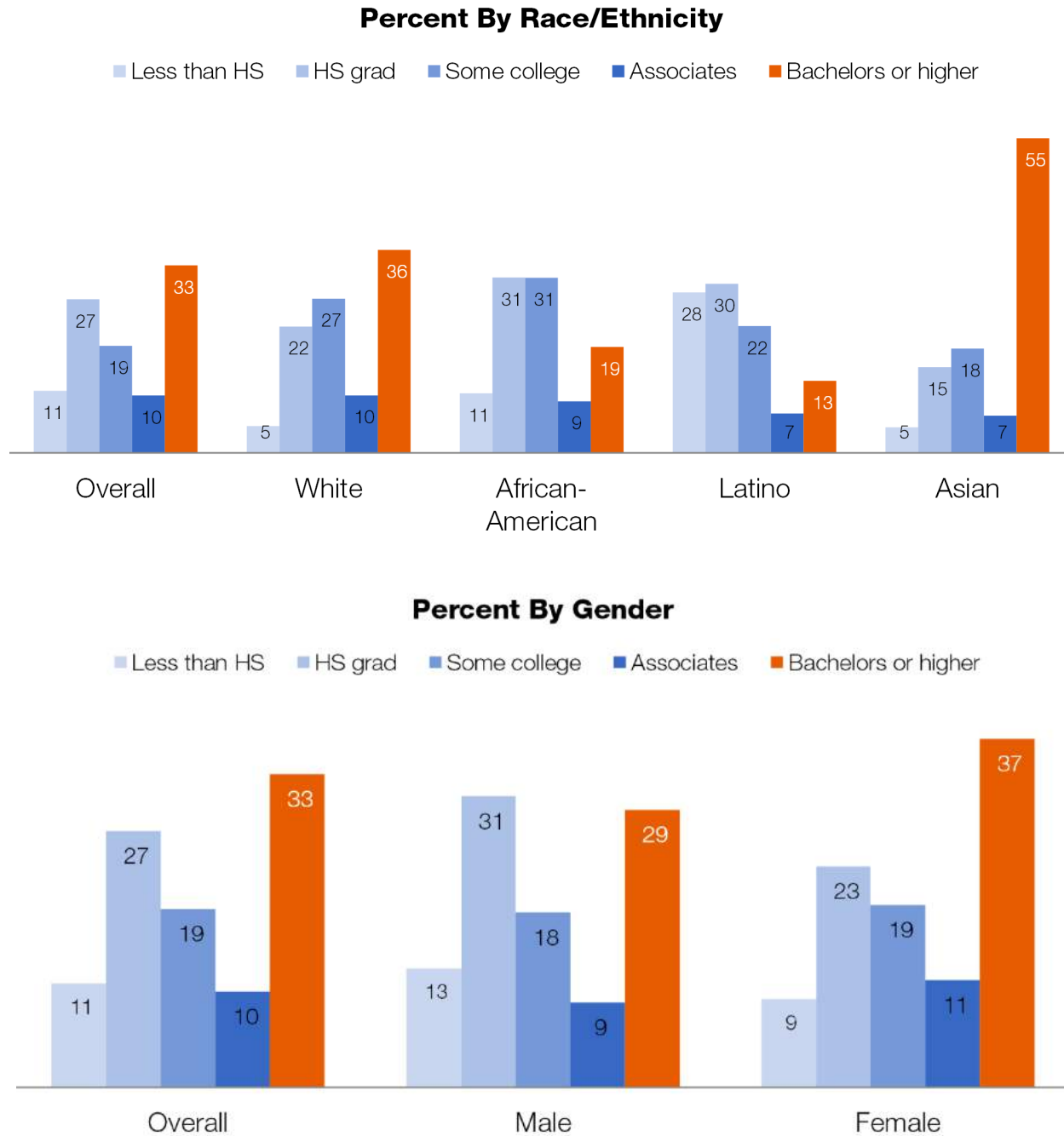


Notes: From Table 279 of *DES 2011*. The discontinuity in the number of for-profits between 1996 and 1997 is due to a definitional change in the data.

Education in the Population

In 2011, an estimated 40 percent of the population 25 years and older had a two-year or four-year college degree. Among young adults age 25 to 34, the fraction of college graduates is slightly higher (43 percent). The fraction of college graduates differs across racial groups and between men and women (see Figure 3). African-Americans and Latinos complete college (associate's degree or higher) at much lower rates (28 percent and 20 percent, respectively) than whites (46 percent) and Asians (62 percent). Today, young women are more likely to be college-educated than young men. Among 25 to 34 year olds, 27 percent of men attended college but have less than a four-year degree, as compared to 31 percent of women. The gender differential is even larger among college graduates; 29 percent of men aged 25-34 have at least a bachelor's degree, compared to 37 percent of women in this age range.

Figure 3: Educational Attainment, 25-34 Year Olds



Notes: Based on *Educational Attainment in the United States: 2011* (U.S. Census Bureau). “Some college” consists of individuals who attended some college but did not receive a degree.

The High School Movement

Today, nearly 80 percent of adults 18 to 24 years old in the United States are high school graduates. However, the nearly universal high school system we have today did not exist a century ago. It was in the early 20th century that the “high school movement” (1910-1940) made secondary education widely available.¹⁷

High schools in the 19th century were considered “elitist,” only serving those whose families were wealthy enough to send their children to college, so taxpayers did not support public funding. However, during the early 20th century, local communities began to support widespread secondary education, changing high schools from a system that prepared “for college” into one that taught “for life.” The proponents of secondary education argued that, not only is education vital to civil society, but high school graduates also earned almost twice as much as those without diplomas. One rationale for public funding of high schools was that private markets inefficiently transfer resources between generations. Under a public funding system, older, taxpaying citizens in the prime years of their working lives would fund education for cash-constrained young adults and, in turn, receive additional support when they entered retirement or became unable to work. As education was publicly funded for them, these young adults would then, in turn, pay for the education of the next generation. As a result of the high school movement, high school completion rates increased tremendously, from 9 percent of American youth in 1910 to almost 40 percent by 1935.¹⁸

Evidence of this intergenerational compact was apparent in the early 1900s; states with a higher fraction of older voters, as well as those that were more homogeneous in terms of ethnicity, religion, and income, spent a larger fraction of income on public education.¹⁹ However, intergenerational support for public education seems to have weakened in recent decades. Polling and case studies suggest that older voters are less likely to support tax increases or bond measures for public education (though no less likely to support tax increases for other objectives), and states with older populations now have lower per-pupil school expenditures.²⁰ Deterioration of intergenerational support for education may lead to declining levels of education for young people, a less productive workforce, and diminished living standards for future generations.

¹⁷ Goldin & Katz (1999).

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Poterba (1997).

III. Why Education?

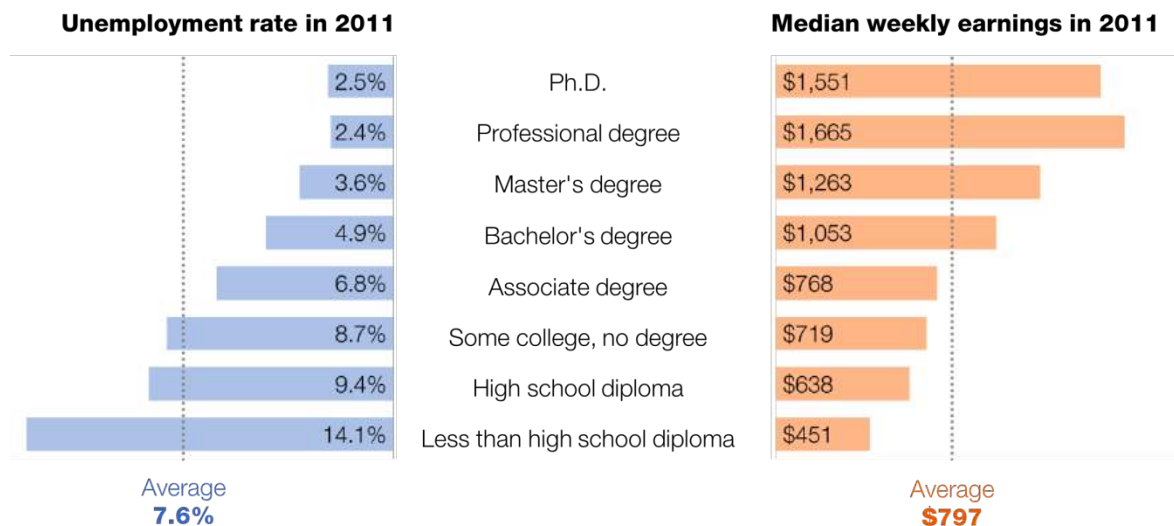
“The moral case for doing a better job of giving Americans the opportunity to succeed is very compelling. The economic case is just as strong. If more Americans are educated, more will be employed, their collective earnings will be greater, and the overall productivity of the American workforce will be higher.”

–Treasury Secretary Timothy Geithner, March 15, 2012

Skill premium

There is substantial evidence that education raises earnings. Individuals with a bachelor’s degree earn more and are less likely to be unemployed than those with only a high school diploma (see Figure 4). In 2011, the median weekly earnings for bachelor’s degree holders were 65 percent higher than earnings of high school graduates (\$1,053 compared to \$638). Those with a high school diploma were nearly twice as likely to be unemployed as those with a college or advanced degree. In aggregate, the additional earnings from two or four years of college (relative to only high school) were \$2.4 trillion, or 16 percent of the \$15 trillion in total GDP.²¹

Figure 4: Education Pays



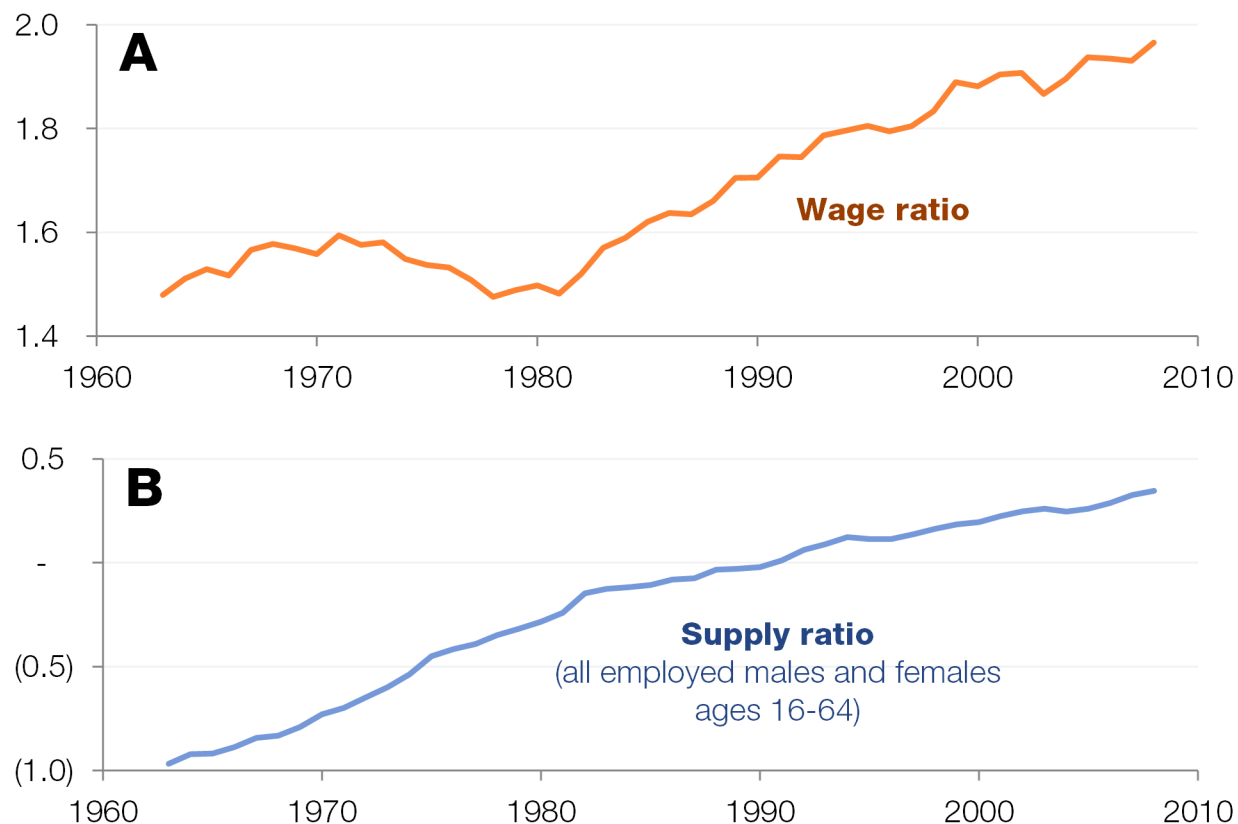
Source: Bureau of Labor Statistics (2012). Data are for individuals age 25 and over. Earnings are for full-time wage and salary workers.

The skill premium—usually quantified as the difference in wages between college and high school graduates—increased rapidly during the 1980s. In 1980, college graduates earned 50 percent more than those with a high school diploma, controlling for other factors that affect

²¹ This assumes an 8 percent return for each year of education, consistent with most literature (see Card (1999) for a summary), and that individuals work 52 weeks in a year. In Q1 2012, BLS estimated that approximately 26 million individuals age 25 and older have some college or an associate’s degree; another 35 million have at least a four-year degree. Median weekly earnings in Q1 2012 for those with some college attainment was \$754; median weekly earnings for those with at least a four-year degree was \$1,158.

wages, such as experience. By 2004, this gap had risen to 90 percent and does not appear to have narrowed since.²² The increasing relative earnings of college graduates is a combination of increasing earnings for college graduates and decreasing earnings for those with only a high school diploma. Earnings differentials also understate the true difference in compensation since high school graduates tend to have jobs that provide less generous benefits (e.g., health insurance, paid sick leave, pension benefits, or paid vacation). A bachelor's degree also opens the door to further study and potentially higher earnings later in life.

Figure 5: Relative Wages and Quantity of Skilled Workers



Source: Autor (2010), using March Current Population Survey, 1963-2008. Both panels are in logarithms and adjust for changes in the composition of the labor force over time. The relative supply index is a composite measure of hours worked that adjusts for changes in productivity over time.

As depicted in Figure 5A above, the skill premium increased and then decreased before the 1980s, but has increased steadily since then. Recent evidence suggests that the earnings differential observed today is higher than it has ever been since 1915, which is also the earliest year for which there are estimates of the college wage gap.²³ Empirical evidence suggests that one important driver of the rising skill premium is the continually increasing demand for skilled

²² Acemoglu & Autor (2010).

²³ Goldin & Katz (2008).

workers and a deceleration in the supply of college graduates.²⁴ Since at least the early 20th Century, technology has allowed advanced economies to substitute physical capital for manual labor in the production of goods and services. Machinery, computers, and other technical infrastructure have required skilled workers to design and operate; this so-called “skill-biased technological change” increased the relative demand for skilled workers.²⁵ While demand for skilled labor has continually increased, the supply of college-educated workers has not kept pace. The 1960s and 1970s were associated with an increase in college attendance, leading to a rapid influx of skilled workers into the labor force in the 1970s, and thus decreasing the skill premium in that period. However, the relative supply of college-educated workers has slowed since the 1980s, which further magnified the increases in the skill premium (see panel B in Figure 5).²⁶

While the financial benefits of earning a college degree are well-established, higher education may also bring non-financial benefits to graduates as well as benefits to the economy at large. College graduates report being in better health, have lower mortality rates and higher civic engagement, and are less likely to draw on the social safety net.²⁷ Research universities also devote significant resources to knowledge creation and innovation, which benefits not just the university and its students, but also the general public.

While the benefit of higher education to students is substantial and well-documented, it is more difficult to measure spillovers of higher education to the economy at large. Cross-country comparisons have found that countries with higher educational attainment have higher GDP growth rates. The limitation of such studies is that it is difficult to know how much of the education-growth link reflects where countries are on the development path.

Economic Mobility

Education enhances intergenerational mobility, the ability of children to move up and down the economic ladder independent of their parents’ economic status. The opportunities for economic mobility are starkly different between college and high school graduates. Without a college degree, children born in the lowest income quintile have a 45 percent chance of remaining in the bottom quintile as adults and a nearly 70 percent chance of ending up in the bottom two quintiles (see Figure 6). With a college degree, children born in the bottom quintile have less than a 20 percent chance of staying in the bottom quintile of the income distribution and about an equal chance of ending up in any of the higher income quintiles.

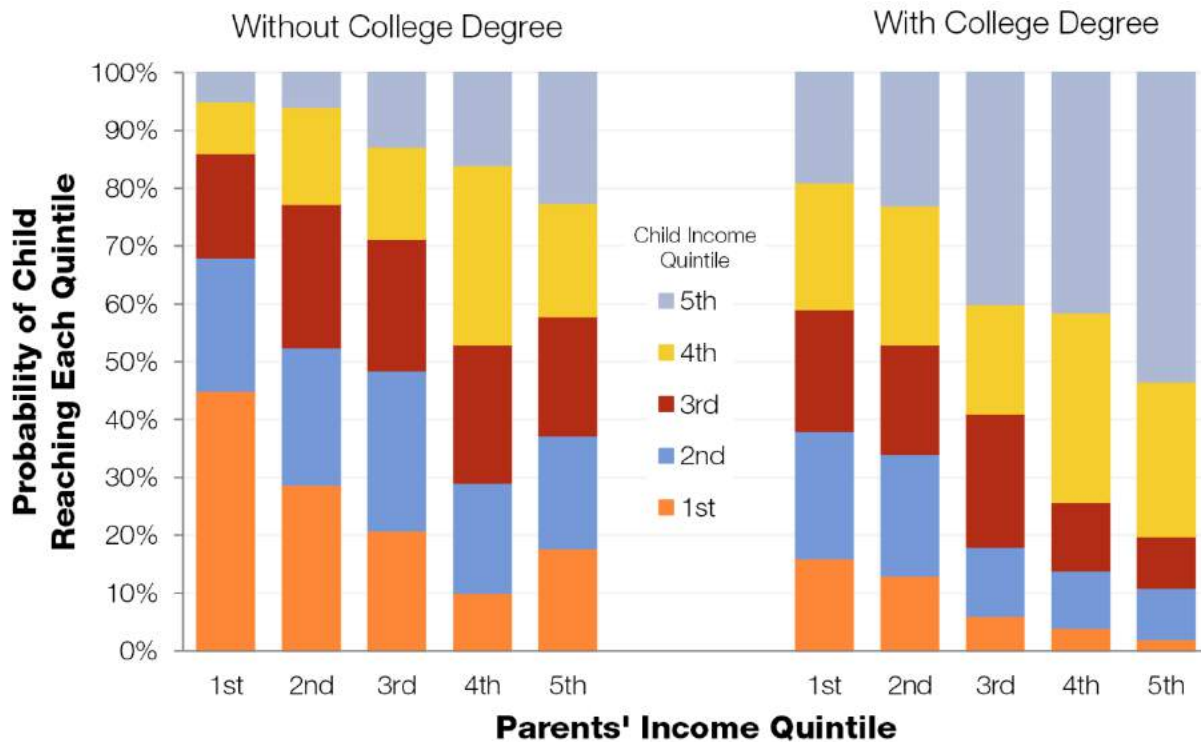
²⁴ Other potential drivers of increasing income inequality include decreasing rates of unionization (Card, 2001) and declines in the real minimum wage (Lee, 1999). In addition to these sources, a large portion of the growth in the college wage premium in the past two decades reflects strong earnings growth among those with advanced (i.e., post-college) degrees (Autor, Katz, & Kearney, 2008; James, 2012).

²⁵ Katz & Murphy (1992), Berman, Bound, & Griliches (1994).

²⁶ Goldin & Katz (2008); Acemoglu & Autor (2010); Card & Lemieux (2001).

²⁷ Summarized in Baum, Ma, and Payea (2010).

Figure 6: Intergenerational Mobility

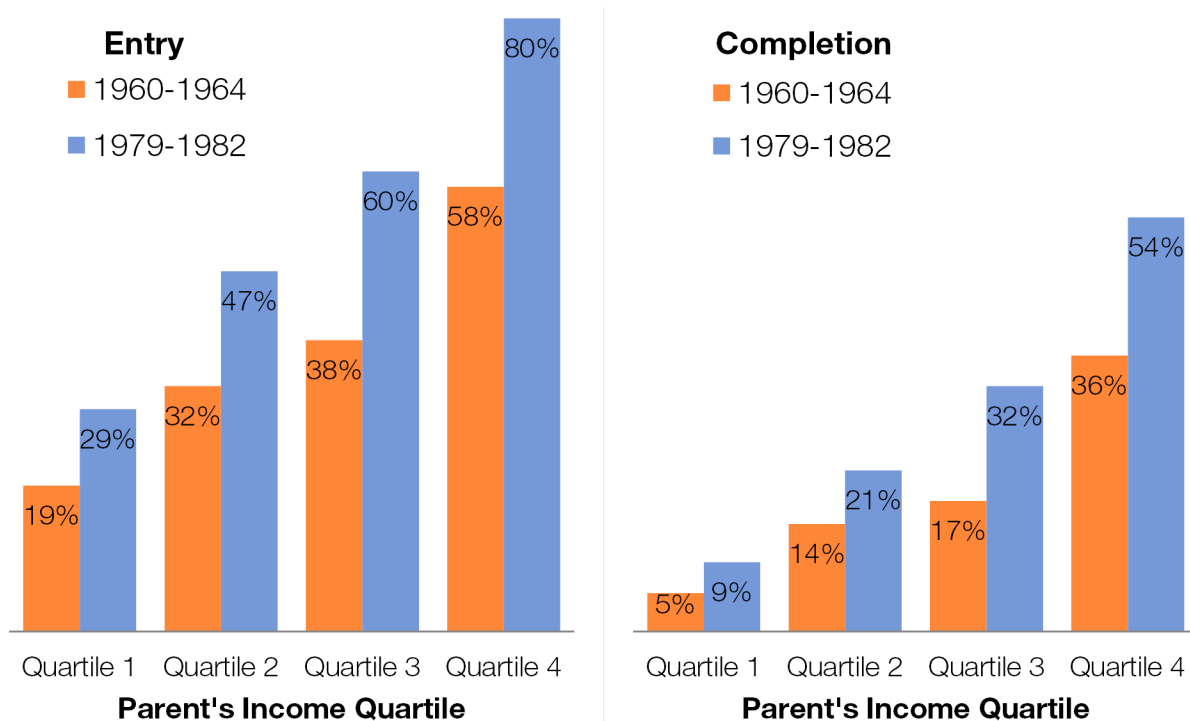


Source: Brookings analysis of the Panel Study of Income Dynamics (Isaacs, Sawhill, & Haskins, 2011).

For those at the lower end of the income distribution, increased levels of education do not make them as likely to end up in the top part of the distribution as someone who was born into the upper end of the distribution. Among children born into the bottom quintile (leftmost column in each panel), those without a college degree have about a 14 percent chance of being in the top two quintiles as adults (signified by the top two sections of each bar) while those with a college degree have about a 41 percent chance. Those born in the top quintile (rightmost column in each panel) who do not have a degree have approximately a 43 percent chance of earning in the top two quintiles as adults, but those who obtain a degree have a greater than 80 percent chance of remaining at the top of the distribution. This indicates that education among those born in the top quintile plays a strong role in maintaining higher levels of income across generations. Children born in the top quintile who do not obtain a college degree are almost equally likely to end up in any of the five income quintiles. Put differently, equalizing educational attainment would not fully equalize incomes later in life but would help to make them more equal.

Further, an individual's level of educational attainment is highly correlated with parental income. While students across the entire income distribution are now more likely to go to college now than a generation ago, these gains are significantly larger for children from high-income families.

Figure 7: Trends in College Entry and Completion, By Birth Cohort



Source: Figure 2 and 3 from Bailey and Dynarski (2011) using the National Longitudinal Survey of Youth, 1979 and 1997. Figure depicts entry and completion probabilities for two birth cohorts, who are first surveyed as young adults in 1979 and 1997, respectively.

For children born in the early 1960s, about 20 percent of those born in the lowest income quartile attended college, compared to nearly 60 percent of those born at the top (see Figure 7). A generation later, the probability of attending college increased by 22 percentage points for the top income quartile, but only half that (10 percentage points) for those at the bottom. Gains in completion are even more uneven. Among top quartile children, 54 percent graduated college compared to only 36 percent in the previous generation. Over the same period, low-income children were only 4 percentage points more likely to graduate. Continuation of these trends may augur reduced earnings mobility.

IV. Access to Higher Education

“The need to dramatically elevate college attainment is an urgent one – for our students, our families, our communities, and ultimately our nation’s future. Every capable, hard-working and responsible student should be able to access and afford higher education – and we all have a role to play to keep college part of the American Dream.”

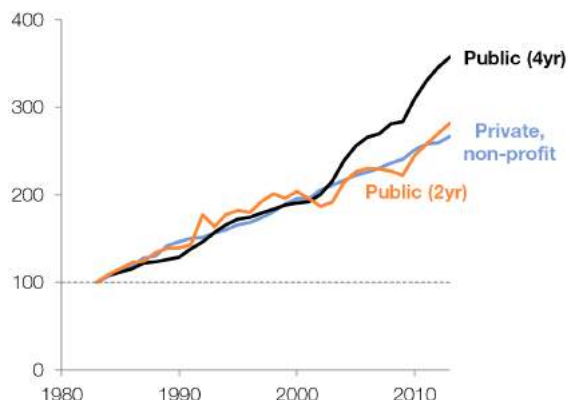
– Education Secretary Arne Duncan

This section focuses on the financial cost of higher education. Costs are just one dimension of college access, and college is only one part of the educational sequence. For example, some economists have argued that investments in early childhood education may have extremely high payoffs.²⁸ Given the immediate focus of this report, we consider the economic determinants of access. However, the many dimensions of college preparedness and educational quality are part of the larger conversation on educational attainment.²⁹

Tuition and Net Costs

Posted tuition doubled between 1980 and 2000 (see Figure 8). While tuition at all schools increased at similar rates before 2000, since then tuition at four-year public colleges, two-year public colleges, and four-year private non-profit schools has diverged. Tuition growth at four-year, public institutions has been almost twice as high as the pre-2000 period, while tuition at private non-profit colleges has continued to grow at about the same rate. Tuition at community colleges (i.e., two-year, public institutions) grew at a rate similar to that at private non-profit schools, though the relatively higher costs of this latter type of schools means they had a greater increase in dollar terms.

Figure 8: Posted Tuition and Fees (1983 = 100)



Notes: From Figure 5 of *Trends in College Pricing 2012* (Baum & Ma, 2012). Tuition figures have been adjusted for inflation.

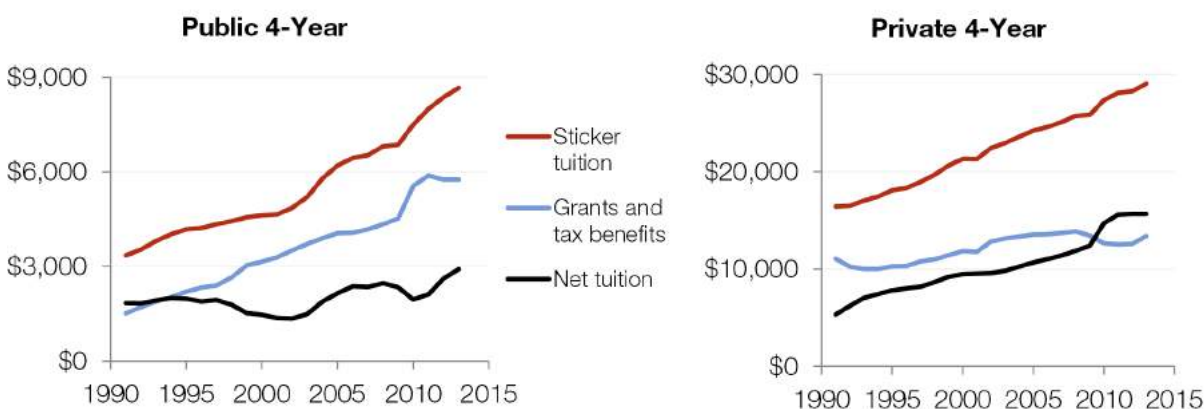
²⁸ Carneiro and Heckman (2003) argue that gaps in college attendance can be explained by differences in early childhood. This suggests that policy interventions early in life might have higher returns than those later in a child’s lifetime. Sawhill, Winship, and Grannis (2012) discuss policies at different stages of life that can have high payoffs.

²⁹ For example, enrollment does not always translate into graduation. For students who started college in the 2003-2004 academic year, only about 40 percent obtained an associate’s degree or higher within six years (National Center for Education Statistics, Beginning Postsecondary Students Longitudinal Study 2004/09 (U.S. Department of Education)).

While posted tuition has risen across the higher education sector, so has the amount of financial aid distributed by educational institutions and the federal government. Net tuition—posted tuition minus grants and tax benefits, like the American Opportunity Tax Credit—is a measure of college costs that accounts for both the increased generosity of aid at all levels (federal, state, and institutional) and higher posted fees.^{30,31}

The College Board reports that while posted tuition has increased steadily since 1997, increases in net tuition have been more moderate (see Figure 9). Posted tuition (excluding room and board) at a four-year, public school steadily increased from approximately \$3,350 in 1991 to \$8,660 in the 2012-2013 school year. Net tuition grew from \$1,840 to \$2,910 over that entire period. Net tuition in 2012-2013 is slightly higher than it was in 2008 (\$2,470), though the net tuition in a given state or institution may have changed by more or less. Average posted tuition at four-year, private non-profit schools increased 57 percent since the early 1990s, from \$16,410 to \$29,060, but the net tuition increased from \$11,060 in 1991 to its peak of \$13,870 in the 2007-2008 school year and has dropped slightly since then. Net tuition at community colleges has declined by \$1,440 from 1991 to 2013.³²

Figure 9: Changes in Posted Tuition Compared to Net Tuition



Notes: Drawn from Table 7 and 8 of *Trends in College Pricing 2012*. “Net Tuition” is posted tuition minus grants and tax benefits. Prices are in constant 2012 dollars. Figures do not include room and board.

³⁰ Net tuition also nets out private and employer scholarships. These data are not directly collected by the Department of Education; the College Board estimates these values based on survey data from scholarship providers.

³¹ One key question in education finance is the extent to which financial aid is captured by the schools themselves, either through higher tuition or lower institutional aid. Recent empirical evidence suggests that schools capture approximately 16 percent of Pell grant aid, though there is significant heterogeneity across school types (Turner, 2011).

³² By convention, loans do not factor into net price since, from the perspective of students and their families, they do not necessarily lower the total cost paid by the student. Also, these calculations do not include room and board since living costs are incurred regardless of whether an individual is a student. However, room and board is a real expense faced by students and can often be higher in college than if the student lived with his or her family. Between 1997 and 2012, room and board increased at similar rates between four-year public and private non-profit colleges, but as a percentage of the total cost of attendance, this increase has been much greater at public schools. At both four-year, public and private schools, room and board increased by approximately \$3,640 (\$165 per year).

The combination of increasing tuition and increasing aid exacerbates the difference in actual amount paid between those who receive grants and those who do not. For students who do not receive any grants, the tuition increase from \$16,000 to \$29,000 at a four-year, private non-profit school is a true \$13,000 increase in the cost of attendance that must be met with higher personal or family spending (including using savings), more loans, or other forms of aid, such as work-study or private scholarships.

Trends in “tuition discounting” are similar between public and private non-profit schools. Among public schools, the fraction of students receiving aid increased slightly between 2004 and 2008, while the size of recipients’ annual grant packages increased by \$500 on average (see Table 2). Grant aid also increased at private non-profit schools, by \$1,500, but the fraction of students receiving aid remained nearly constant.

Table 2: Changes in Grant Aid To First-Time, Full-Time Undergraduates

	% of Students Receiving Grants		Average Grant Among Receivers (2011 USD)	
	2003-04	2007-08	2003-04	2007-08
Public	56.3	58.0	5,037	5,579
Private non-profit	81.2	80.6	11,110	12,610
Private for-profit	72.6	72.3	5,097	4,169

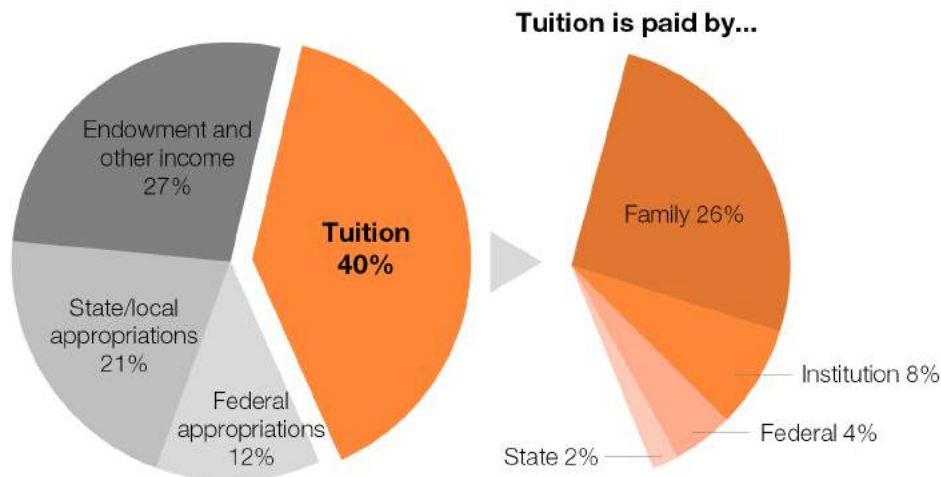
Notes: Based on the *DES 2010*. Percentage of undergraduates receiving grants is from Table 354; average amount of grants received is from Table 355. Includes grants from federal, state, institutional, and private sources.

State Budgets and Higher Education

Public institutions have seen the largest increases in posted tuition, as the funding model has shifted from state-subsidized higher education to more self-financed higher education supplemented by financial aid. This shift fundamentally changes the distribution of benefits and the mechanism by which students access higher education.

Tuition is the largest source of revenue for colleges, comprising 40 percent of total revenue (see Figure 10). Colleges receive an additional 12 percent of revenue in other non-tuition funds from the federal government, generally in the form of research grants, along with 21 percent from state and local governments. Students and their families provide approximately 26 percent of total revenues (in the form of tuition payments), up from 24 percent in 1999. Note that because students and families are increasingly relying on loans that must be paid off with interest over time to finance tuition today, these statistics can underestimate the increased cost borne by students and their families.

Figure 10: Sources of Institutional Revenue, 2006-2007 Academic Year



Notes: Derived using data from the Integrated Postsecondary Education Data System (IPEDS) and the Delta Cost Project. Figure includes public, private non-profit, and private for-profit schools at all levels.

Figure 10 averages public and private institutions together, but public and private schools depend on different types of funding.³³ Historically, private schools have depended heavily on tuition and endowments while public institutions are primarily funded by state and local funds as well as tuition. However, state funding for public higher education has declined steadily as a share of the revenue of these institutions since the 1980s.

The level of state funding per student at four-year, public colleges has also declined. In 1986, four-year, public institutions received approximately \$10,726 in state support per full-time equivalent student. By 2009, state funding had declined to \$8,655 per student.³⁴ Figure 11 shows that state and local funds to four-year, public schools have declined from almost 60 percent of revenue in the late 1980s to slightly below 40 percent in recent years.³⁵ Public institutions have become more reliant on tuition as a revenue source; recently, over 40 percent of public institutions' revenue has come from tuition, including federal financial aid, up from just 20 percent in 1987. This represents a sharp increase in tuition funding, which has doubled as a share of revenue for four-year, public institutions over the past 25 years. In the aggregate, the increase in tuition funding is almost identical in size to the decrease in the share of revenue which came from state and local governments through direct payments, which has fallen by roughly 33 percent. Recently, tuition revenue surpassed state and local government support as

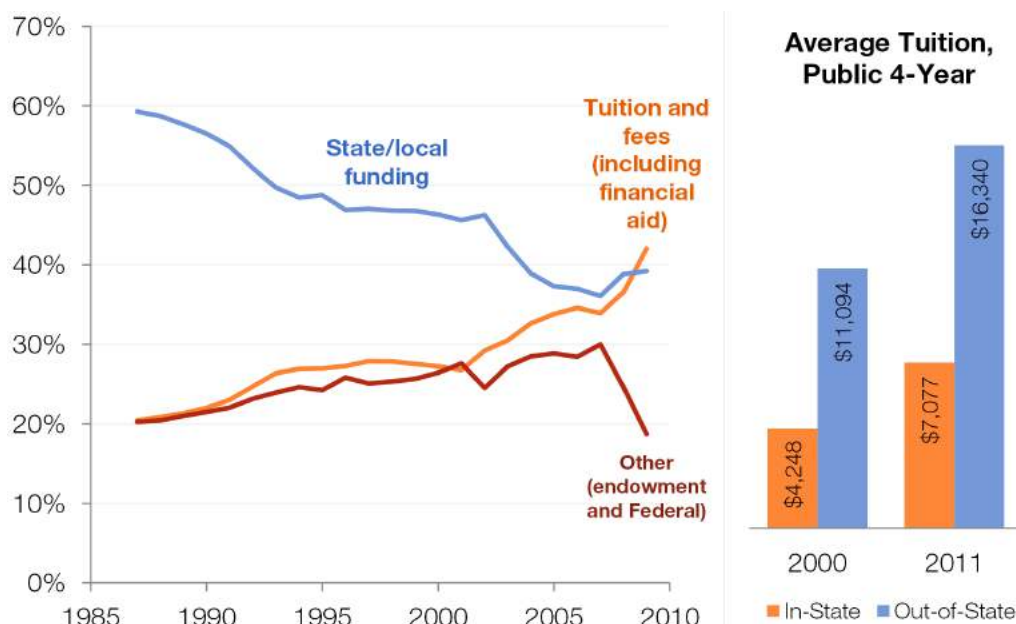
³³ Public schools receive approximately \$0.21 per dollar of total revenue from the federal government, most of which is from appropriations. Private non-profit schools receive about half as much from the federal government (\$0.11 per dollar), again from appropriations. For-profit schools receive \$0.20 per dollar from the U.S. government, \$0.16 of which is from grants.

³⁴ Treasury calculations based on data from the Delta Cost Project.

³⁵ States face tradeoffs between higher education and other budget priorities, since (with the exception of Vermont) they must balance their budget each fiscal year (or every two years, in the case of biennial budgets). As funding declines for other state projects, these tradeoffs become even more stark.

the largest source of funding for four-year, public institutions for the first time.³⁶ The combination of decreased state subsidies for higher education and increased federal spending on financial aid discussed in the next section represents a shift in the responsibility for paying for college toward a greater onus on students, families, and the federal government.

Figure 11: Share of Revenue at Public Four-Year Institutions



Notes: Based on data from IPEDS and the Delta Cost Project. Total revenue decreased in recent years in part due to falling endowments. As a result, even though government support became less generous during this period, it increased slightly as a proportion of total revenues. The right panel is measured in 2011 dollars.

The average posted tuition across four-year, public schools was approximately \$7,000 in 2011, up 67 percent since 2000. Tuition for out-of-state students is up 47 percent over the same period; average tuition for non-residents is approximately \$16,000. Out-of-state students face higher costs and are more likely to pay full tuition since they are not eligible for state-based aid.³⁷

Capacity Issues and the Rise of For-Profits

Today, the nation's community colleges enroll nearly 7 million undergraduates, or nearly 4 million full-time equivalent (FTE) students (about 35 percent of all students in higher education). This is up from 3 million FTE students in 2000.³⁸ For comparison, FTE enrollment at four-year, public schools today is 6 million. Enrollment at community colleges appears to grow more slowly when the labor market is strong, growing slightly faster in the early 2000s and post-2007, but remaining relatively flat in between.

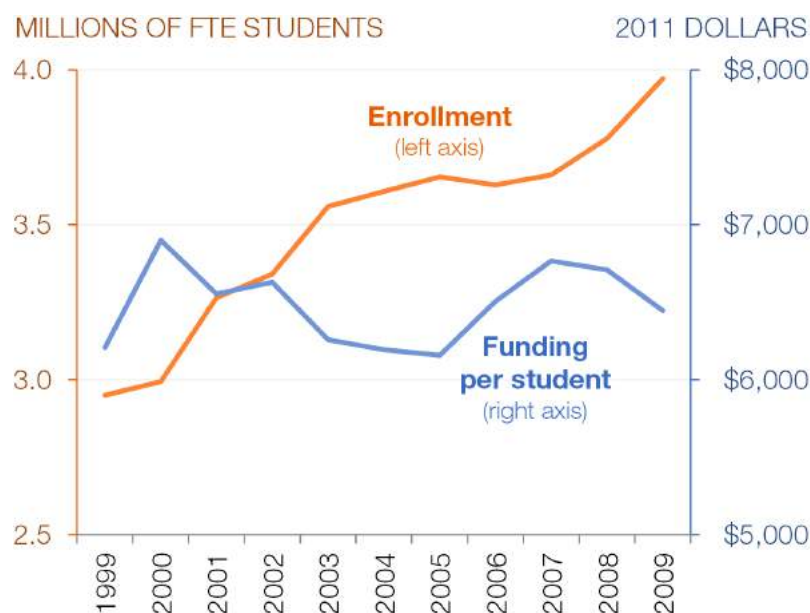
³⁶ Data from the Delta Cost Project.

³⁷ Out-of-state students are still eligible for federal financial aid while international students are usually ineligible for both state and federal financial aid.

³⁸ Tables 198 and 208, DES 2010 (Snyder & Dillow, 2011).

Community colleges are highly dependent on state funding since, unlike four-year, public schools, they do not have diversified revenue sources such as hospitals, endowments, or research grants. While enrollments have been increasing, state support per student has remained relatively flat (see Figure 12). In 2009, community colleges received approximately \$6,450 per FTE student, only slightly higher than the \$6,210 in 1999.³⁹ Funding per student was highest in 2000, before the brief 2001 recession, and bottomed out in 2005. It had just begun to recover when the 2007 recession began.

Figure 12: Community College Enrollment and State Funding



Notes: Based on data from IPEDS and the Delta Cost Project.

For-profit schools provide another avenue to access higher education. Community colleges are more likely to serve low-income and first-generation student populations than four-year schools, and these students now constitute the bulk of the student population at for-profit schools. Eighty percent of students at for-profit schools are the first in their family to attend college while 51 percent come from low-income families (i.e., below 150 percent of the poverty level).⁴⁰

Tuition charges can differ significantly between public and for-profit schools. In 2009, average tuition at four-year, public schools was \$6,070, compared to \$15,021 at four-year for-profits and \$20,845 at private non-profit schools.⁴¹ The combination of high tuition charges and an economically disadvantaged student body largely explain why for-profit schools receive a

³⁹ Like state funding per FTE, educational expenditure per FTE student at community colleges has also slightly increased, from \$10,204 in 1999 to \$10,242 in 2009 (Desrochers & Wellman, 2011). Benefits have become an increasing share of total employee compensation costs, and community colleges have increased the number of part-time faculty, possibly in an attempt to control rising staffing costs.

⁴⁰ Department of Education (2010). The majority (over 70 percent) of low-income students still attend a public two-year or four-year school.

⁴¹ Figure calculated using data from the Integrated Postsecondary Education Data System.

disproportionately large share of need-based federal financial aid compared to their enrollment. The disproportionate usage of need-based aid to attend for-profit institutions raises policy concerns about educational quality in this sector (e.g., completion, transferability of credits, accreditation for licensure). Labor market outcomes of graduates from for-profit schools are mixed.⁴² Educational quality and earnings potential are of particular concern for students at for-profit schools, who are more likely to take on student loans and carry, on average, larger loan balances than their counterparts at public institutions. For these students, low education quality and limited earning potential, combined with high student loan indebtedness, can translate into financial hardship in the years immediately following completion of a degree. Low degree completion rates at for-profit schools constitute an additional concern.⁴³

⁴² Deming, Goldin, & Katz (2012). Compared to observationally similar students at non-profit schools, for-profit students earned about \$2,000 less. Much of this earnings gap is because they are more likely to be unemployed and more likely to experience substantial unemployment (defined as unemployment greater than three months). Once employment status is included, there is no longer a statistically significant earnings differential.

⁴³ For more on the rate and level of borrowing at for-profit institutions compared to other types of institutions, see *Borrowing at the Maximum: Undergraduate Stafford Loan Borrowers in 2007-08*, U.S. Department of Education, NCES 2012-161, October 2011, available at <http://nces.ed.gov/pubs2012/2012161.pdf>. Baum and Steele (2010) also look at cumulative student loan debt by institution.

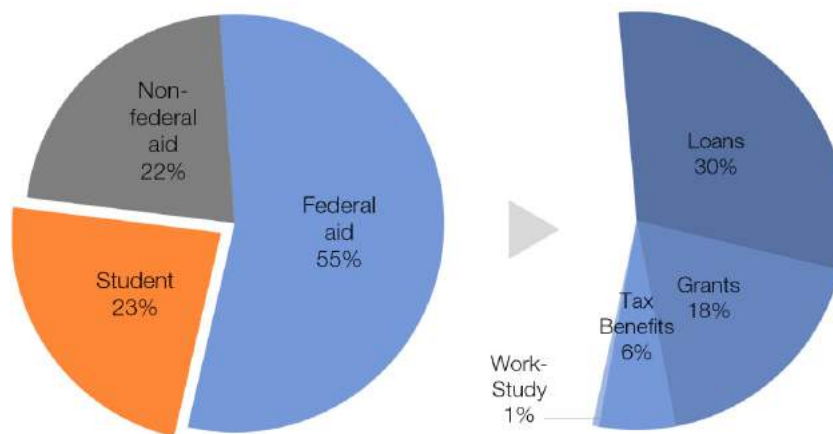
V. Financial Aid and Higher Education Policy

The federal financial aid system is intended to provide broad access to credit for higher education expenses and a subsidy for students from lower-income families. President Obama has worked to expand federal financial aid and affordability of higher education. The Administration has increased the size of Pell grants and created the American Opportunity Tax Credit, both of which lower the expected annual out-of-pocket costs of college. The Administration has also aided student borrowers by freezing the interest rates on subsidized loans and expanding income-based repayment.

Sources of Financial Aid: Grants, Work-Study, Loans, and Tax Benefits

The federal government provides the majority of financial aid received by undergraduates in the United States (see Figure 13). In 2009-2010, an estimated \$173 billion in financial aid was distributed to undergraduates, representing 77 percent of aggregate spending on undergraduate education. The federal government provided \$124 billion in student aid through grants, loans, and work-study, representing 55 percent of aggregate spending on undergraduate education and 72 percent of all spending on student financial aid.⁴⁴ The remaining \$49 billion in financial aid was provided by state and local governments, the schools themselves, and private lenders or donors. The total cost of college (i.e., tuition plus room and board) in that year was an estimated \$227 billion.⁴⁵

Figure 13: Aggregate Spending On Undergraduate Education (2009-2010)



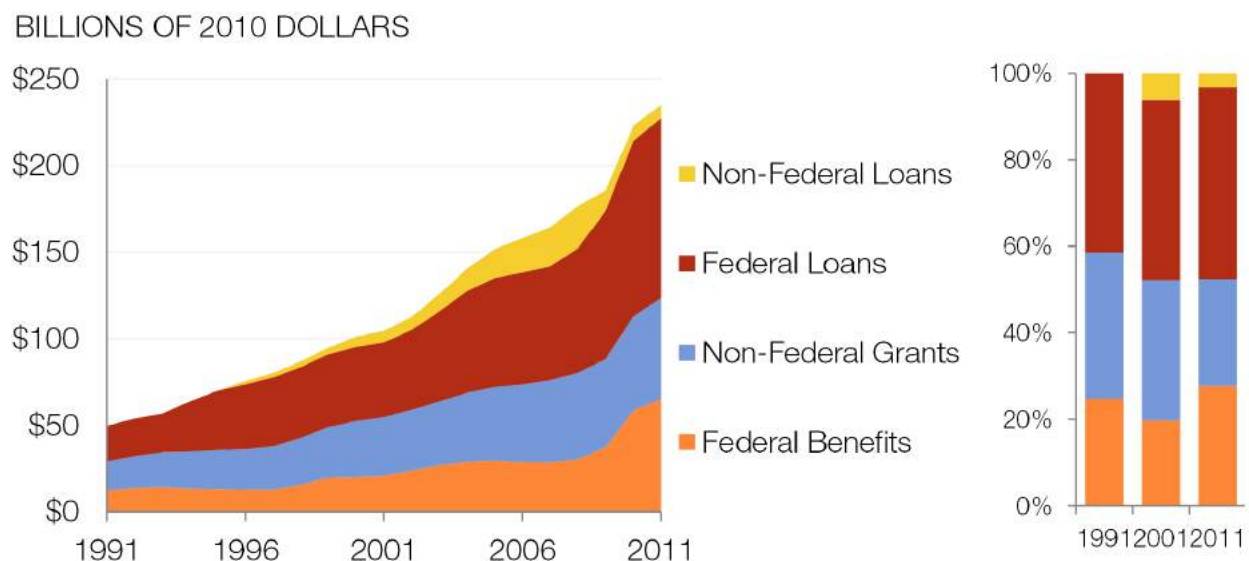
Notes: From Table 1A of *Trends in Student Aid 2012* (Baum & Payea, 2012). Average tuition plus room and board for full-time students in 2009-2010 was \$17,464. There were 13 million (full-time equivalent) undergraduates in 2009-2010, so estimated aggregate spending for undergraduate education was \$227 billion.

⁴⁴ In the previous section, we excluded loans and work-study from the “net tuition” calculation, but we include them in the financial aid definition here. Loans and work-study expand the ways students can pay for college, and hence are important components of the overall financial aid system, but do not actually change the price they pay.

⁴⁵ Average tuition plus room and board for full-time students in 2009-2010 was \$17,464. There were 13 million (full-time equivalent) undergraduates in 2009-2010.

Loans are the largest share of federal aid, followed by grants; work-study aid is a very small percentage (plotted in Figure 14). Total financial aid has increased over time, but this increase has occurred at a time when state support for higher education has declined significantly. The growing importance of student loans, in combination with declines in-state funding, are aspects of a broader shift away from broad public support to an increasing reliance on private resources to fund higher education. The different types of aid have varied restrictions and eligibility criteria but are jointly constrained by the fact that a student's total aid package cannot exceed his or her cost of attendance.⁴⁶

Figure 14: Sources of Financial Aid



Notes: From Figure 1 of *Trends in Student Aid 2012* (Baum & Payea, 2012). Rightmost graph shows financial aid shares as a percentage of that year's total aid. "Federal benefits" includes federal grants, work-study, and tax benefits. State and institutional grants are combined under "non-federal grants." Includes financial aid to both undergraduates and graduate students.

Most federal student aid is now originated and distributed directly by the federal government to students. Two of the largest federal financial aid programs (Pell grants and subsidized Stafford loans) are need-based: a student's awards are determined by his expected family contribution (EFC) and cost of attendance (COA). The EFC is calculated based on the Free Application for Federal Student Aid (FAFSA) (see box on page 27). Administration policies have supported several of the recent increases in financial aid, which we discuss in more detail later in this report.

⁴⁶ Cost of attendance includes tuition and room and board, in addition to allowances for books, supplies, transportation, and miscellaneous personal expenses. Tuition and room and board are, by far, the largest components of the total cost of attendance.

FAFSA

Students apply for federal financial aid by filling out the Free Application for Federal Student Aid (FAFSA), a series of questions on student and family dependency, income, and assets. Students submit the FAFSA in the winter or spring *before* the academic year begins. For example, a student starting college in the fall of 2012 would submit a FAFSA between January and March 2012 based on 2011 income, though the 2011 tax forms that would be needed to populate a FAFSA application are not due until April 2012. State and institutional financial aid also use the FAFSA for determining eligibility but frequently allocate aid on a first-come, first-serve basis. From the family financial information on the FAFSA, the Department of Education (ED) calculates the student's expected family contribution (EFC), which is then used by the school's financial aid office to construct the student's personal financial aid package. Details about the EFC calculation itself are included in Appendix 1.

Simplifying the FAFSA was one of President Obama's first higher education goals. Filling out the FAFSA is typically much simpler than it used to be. The Administration streamlined the online FAFSA through "skip logic," which automatically skips questions that are not relevant to the current respondent. Starting in 2010, students could directly import their IRS tax data into the online FAFSA through the FAFSA-IRS link. Pre-populating data fields should minimize the number of errors and the amount of time it takes to complete the form. Over 90 percent of students now fill out their FAFSA via the "FAFSA on the Web." FAFSA filing time has also decreased. In 2008, it took an hour to finish a FAFSA; in 2012-2013, it is down to 24 minutes.⁴⁸ As a result of statutory and regulatory requirements, institutions are required to verify certain applicant-reported information on the FAFSA, including income information. This has traditionally been done by having students and families submit copies of tax returns to institutional financial aid officers who cross check data for randomly selected applicants. The FAFSA-IRS link alleviates this burden since data imported directly from IRS are already verified. In addition, the Department of Education's FAFSA Completion Pilot experiments with providing districts and schools with student level FAFSA completion data, so they can target services toward students who have yet to finish the form.

Federal funds are given directly to colleges through three "campus-based" programs, which allocate aid to individual students, and provide their own funds in addition to federal dollars.⁴⁷

Grants

Grants are funds for college that do not have to be repaid after graduation. The largest federal grant program is the means-tested Pell grant. Pell awards are determined by a student's EFC and cost of attendance.

⁴⁷ The three campus-based programs are Federal Supplemental Educational Opportunity Grants (FSEOGs), work-study, and Perkins loans. The other financial aid programs (i.e., Pell grants, Stafford loans, etc.) allocate funds directly to students, not to schools.

⁴⁸ Department of Education, Office of Federal Student Aid.

As a result of the American Recovery and Reinvestment Act of 2009 (ARRA), the maximum Pell grant increased from \$4,731 in 2008 to \$5,550 in 2010.⁴⁹ In the 2010-2011 school year, the Pell program awarded an estimated \$35.6 billion to 9.3 million students. Almost half of the 20 million undergraduate students received a Pell grant. This represents a significant increase in program participation and support from 2008-2009, when the Pell program awarded \$18.3 billion in Pell grants to approximately 6.1 million students. The average Pell grant in 2010-2011 was approximately \$3,800, with a maximum award of \$5,550.

Work-Study

Federal work-study (FWS) pays students for part-time work while they are enrolled in school. Work-study is one of the campus-based programs, so the federal government provides funds to participating institutions, whose financial aid offices determine each student's job, hours, and wages. These institutions also provide their own funds to match federal dollars. In FY 2011, the federal work-study program provided \$978.5 million in aid, which was leveraged by schools to award over \$1.1 billion.

Loans

Unlike grants, loans are liabilities accumulated by students to fund their own education. While grants can be thought of as an intergenerational transfer in the sense that current taxpayers or private foundations and charities are subsidizing the current student's education, loans can be thought of as a generation financing its own education through pledged future earnings. Loans have to be paid back after graduation, with federal loan repayments starting six to nine months after graduation. Federal student loans can be discharged, cancelled, or forgiven in certain cases (e.g., teaching in a low-income school, total or permanent disability, or working specific public service jobs) but generally not through bankruptcy. Federal student loans are usually repaid over a ten-year period, but alternative repayment plans and default protections (i.e., forbearance and deferment) are also available. The Administration has also significantly expanded income-based repayment (IBR), which links student loan payments to income, as we later discuss in more detail.

1. Stafford

Stafford loans make up the majority of federal student loans. Currently, they are made by the U.S. government directly to students. Annual loan limits vary depending on how long a student has been enrolled. A first-year dependent student can borrow up to \$5,500 with no more than \$3,500 subsidized, while a dependent student in the third year of college can borrow up to \$7,500, of which up to \$5,500 can be subsidized (subsequently discussed). Stafford loans have an automatic one percent loan fee and a six-month grace period after graduation. Dependent undergraduates can borrow up to a total of \$31,000 in Stafford loans, of which \$23,000 may be subsidized.⁵⁰

⁴⁹ For the next five years (through 2017-2018), the maximum Pell grant will increase automatically with inflation as a result of legislation passed in 2010.

⁵⁰ Independent undergraduate students can borrow an additional \$4,000 in unsubsidized Stafford loans in each of the first and second years and an additional \$5,000 each year after that. The aggregate Stafford maximum for independent students is \$57,500.

Stafford loans may either be subsidized and unsubsidized. Subsidized loans are means-tested, and the federal government pays the interest while the student is in school. The interest rate on subsidized Stafford loans is currently fixed at 3.4 percent, but is scheduled to increase to 6.8 percent in academic year 2013-2014. For unsubsidized Stafford loans, the interest rate is fixed at 6.8 percent, and the student is responsible for any interest that accrues during enrollment (though the student does not have to pay interest while enrolled). Both subsidized and unsubsidized Stafford loans are available to students regardless of credit history. The Stafford loan program distributed approximately \$90 billion in FY 2011; subsidized Stafford loans accounted for an estimated \$41.8 billion (46 percent) while the remaining \$48.1 billion (54 percent) were unsubsidized loans.

2. *PLUS*

Parent PLUS loans are taken out by the parents of dependent students, who must submit an application separate from the FAFSA and a credit check. Graduate students are eligible for Grad PLUS loans. These loans are usually used when a student has reached the maximum for Stafford loans, especially for graduate education. PLUS loans begin accruing interest at a fixed rate of 7.9 percent as soon as the first loan disbursement occurs.

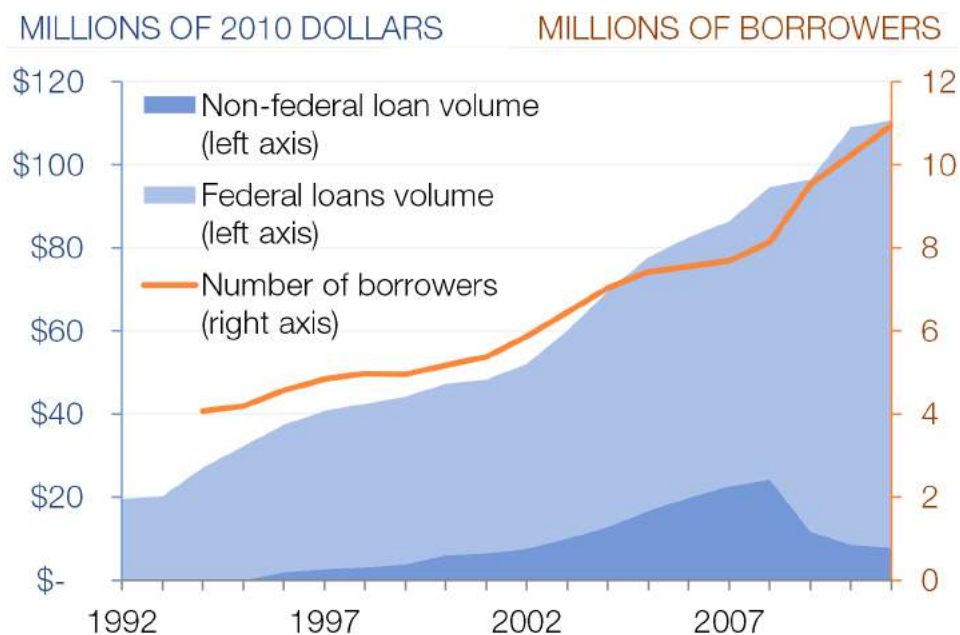
3. *Perkins*

Perkins loans are campus-based loans with a fixed interest rate of 5 percent (compared to 6.8 percent for unsubsidized Stafford loans) and no loan fee. Undergraduates can borrow up to \$5,500 a year, up to a lifetime total of \$27,500. Graduate students can receive up to \$8,000 per year, with a cumulative cap of \$60,000. While Perkins loans have more generous terms than Stafford loans, schools have access to a limited revolving pool of funds to make Perkins loans, and the federal government no longer provides additional funds for these pools. As a result, the Perkins program is significantly smaller than the Stafford program; approximately \$971 million in loans were given through the Perkins program in 2011.

Student Loans In Aggregate

In the second quarter of 2012, U.S. households owed an estimated \$914 billion in federal student loans, making it the second largest component of household debt.⁵¹ While larger than credit card debt (\$672 billion) and auto loans (\$750 billion), federal education debt is relatively small, only about one-ninth, compared to the size of mortgage debt (\$8.1 trillion). The growth in aggregate student debt is driven by increases in the total number of individuals enrolled in college as well as increases in the percentage of students who borrow and the amount they take out. As we have discussed elsewhere in this report, financing college education is an investment: college graduates earn more and have a lower unemployment rate than those with only a high school diploma. In the United States, the average increase in lifetime earnings for an additional year of education is 7 to 10 percent.⁵² The college wage premium is currently at its highest point since at least the mid-1960s. As with all borrowing and investment decisions, however, students and their families should carefully consider and understand the financial commitment they are making. Federal loan programs have per-year and lifetime borrowing limits, deferral options, and income-based repayment contingencies that distinguish these loans from other types of lending.

Figure 15: Loan Volumes, By Source



Notes: From Figure 1 of *Trends in Student Aid 2012*. Over 80 percent of “non-federal” loans are private loans; the remaining are state or institutional loans. Direct loans started in the 1994-1995 school year. Estimates of non-federal loans begin in 1996.

⁵¹ Federal Reserve Bank of New York, *Quarterly Report on Household Debt and Credit*, August 2012.

⁵² Card (1999) discusses estimates of the returns to education.

Student Loans In Aggregate, Continued

Figure 15 shows that total loan originations increased between 1992 and 2011, growing at approximately 8 percent per year. The average growth rate of enrollment was about 1.5 percent per year between 1992 and 2006 but increased to 4.7 percent per year during the recession. The volume of federal loans grew during the financial crisis, even as the private securitization market collapsed, in part due to the increase in enrollment.

The financial crisis also affected how families pay for college. Declines in financial and housing wealth limited the ability of parents to draw on their savings or other forms of borrowing, such as home equity, and unemployment lowered family incomes. Some families, who could have paid for higher education out of income or savings prior to the recession, now rely on student loans instead. Together, these cyclical and policy changes caused federal student loans to grow as a substitute for other lending, even as overall student loan originations continued to grow.

Tax-Based Incentives

Tax-based incentives for higher education have become an increasingly important component of the overall financial aid landscape. An estimated \$14.8 billion in tax-based financial aid was given in the 2010-2011 academic year, almost double the amount from just five years ago.⁵³ Unlike grants and loans, education credits and deductions are received after taxes are filed, not when schooling expenses are due. For brevity, we focus on the largest educational tax benefits, the Hope tax credit and the American Opportunity Tax Credit (AOTC). Other forms of tax-based education incentives include tax-favored educational savings accounts (ESAs), Section 529 plans, and the tuition and fees deduction, but are less progressive than the AOTC.⁵⁴

Introduced in 1997, the Hope tax credit is a nonrefundable credit that provides up to \$1,800 per year for families that spend at least \$2,400 on college-related expenses. The Hope credit is limited to only the first two years of college and students must be enrolled at least half-time. The adjusted gross income (AGI) limit for Hope is \$60,000 (\$100,000 for couples filing jointly).

As part of the Recovery Act, the Hope credit was replaced with the more generous AOTC. The AOTC returns more money (up to \$2,500 for the first \$4,000 of educational expenses), has higher income limits (\$80,000 for individuals, \$180,000 for couples), is available for four years of college, and is partially refundable (up to \$1,000). The higher income eligibility thresholds make the AOTC available to low- and middle-income families who would not otherwise benefit from a tax credit. The AOTC's refundability is particularly valuable because it often allows lower-income students to receive a benefit they might not get under the Hope credit, which is not refundable.

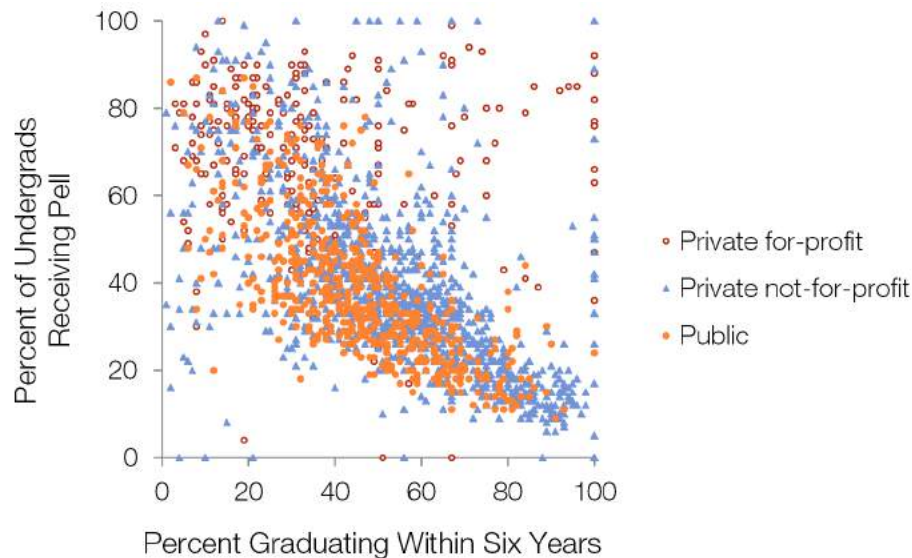
⁵³ Baum & Payea (2012).

⁵⁴ Section 529 plans are covered in detail in Treasury's 2009 report, "An Analysis of Section 529 College Savings and Prepaid Tuition Plans."

Graduation Rates and Pell Reciprocity

Figure 16 shows that among public and private non-profit schools, those that tend to have high graduation rates have fewer Pell grant recipients. Indeed, the most selective schools have few low-income students: at the most selective universities in the United States, 74 percent of students come from the top income quartile; only 3 percent come from the bottom quartile.⁵⁵

Figure 16: Pell Reciprocity Versus Graduation Rates At Four-Year Schools, 2009-2010



Notes: From IPEDS. Percentage of students receiving Pell grants only includes first-time, full-time undergraduates.

A number of explanations for this correlation are possible. Lower-income students might not be admitted to the most expensive and selective schools, or they may not accept (or apply for) admission for financial or other reasons. Regardless of the driving cause, these data are primarily useful because they indicate that lower-income students tend to attend schools with lower graduation rates. While graduation rates are not the only measure of school quality, they measure how many students complete their course of study, which is in turn associated with higher earnings post-graduation. This reinforces the notion that lower-income students have less access than higher-income students to receiving and completing a high-quality education.

⁵⁵ Carnevale & Rose (2004).

The AOTC was recently extended through 2012 and the President's 2013 Budget proposed that the AOTC permanently replace the Hope Credit, which is scheduled to return after the expiration of the AOTC.

In the 2011 tax year, approximately 9 million tax returns claimed the AOTC, with an average claim of \$1,900. The total amount claimed was \$18.2 billion.⁵⁶ This benefit was claimed by low- and middle-income households alike, with low-income households benefiting in particular from the partial refundability of the credit. In 2009, about one-quarter of the benefit went to households with annual incomes under \$30,000, and about half the benefit went to households with income between \$30,000 and \$100,000. The refundable portion of the AOTC almost exclusively benefited households at the lower end of the income distribution, with approximately 89 percent of the benefit going to households with under \$50,000 in income.⁵⁷

Focus on: President Obama's Higher Education Policies

Pell Grant Expansion

As part of the American Recovery and Reinvestment Act (ARRA), the maximum Pell grant increased from \$4,731 in 2008 to \$5,550 in 2010. In the 2010-2011 school year, the Pell program awarded an estimated \$35.6 billion to 9.3 million students, nearly half of all undergraduates. This is a significant increase in program participation and support from 2007-2008, when the Pell program awarded \$14.7 billion in Pell grants to approximately 5.5 million students.

AOTC Extension

ARRA also replaced the Hope Credit with the more generous AOTC. The AOTC returns more money each year, is available for four years instead of just two years, and is available to a broader range of families due to its partial refundability and higher income limits. The AOTC was recently extended through 2012, and the President's 2013 Budget proposes that the AOTC permanently replace the Hope Credit, which is scheduled to return after the expiration of the AOTC.

Subsidized Stafford Loan Rate Freeze

The 3.4 percent interest rate on subsidized Stafford loans was extended for another year as part of the Moving Ahead for Progress in the 21st Century Act of 2012 that President Obama advocated and signed. Under previous law, the rate would have risen to 6.8 percent.

⁵⁶ U.S. Department of Treasury, Office of Tax Analysis.

⁵⁷ U.S. Department of Treasury, Office of Tax Analysis.

Income-Based Repayment

Starting in 2009, student borrowers could opt for the “income-based repayment” (IBR) plan. IBR allows student loan payments to adjust to the borrower’s economic circumstances. Under current law, IBR caps monthly student loan payments at 15 percent of discretionary income, with any remaining balance forgiven after 25 years in the program. As part of the 2010 Health Care and Education Reconciliation Act (HCERA), IBR will become more generous for new borrowers starting in 2014, with a lower maximum on payments (10 percent instead of 15 percent) and forgiveness after 20 years (instead of 25 years). In Fall 2011, the Administration announced its new “Pay as You Earn” program that offers similar more generous benefits starting in late 2012.

FAFSA Modifications

Under President Obama, ED and the IRS have made significant progress in simplifying the FAFSA. Over 90 percent of students now fill out their FAFSA via the “FAFSA on the Web”; the online FAFSA features improved “skip logic,” which automatically skips questions that are not relevant to the current respondent.


The Department, working with the IRS, has also eased the application form by allowing applicants to import their tax data directly into the FAFSA. Pre-populating data fields minimizes the number of errors and the amount of time it takes to complete the form.

In addition, the Department of Education’s FAFSA Completion Pilot experiments with providing districts and schools with student level FAFSA completion data, so they can target services toward students that have yet to finish the form. Such changes have helped in decreasing the average time spent filing the online FAFSA from about an hour in 2008 to approximately 24 minutes today.

Increased Transparency and Information

The Department of Education has also undertaken several efforts to provide better information and increase transparency around higher education costs and financial aid. In July 2012, the Department launched StudentAid.gov, a site that consolidated several Department websites and provides an entry point for students and their families to access federal student aid information, apply for federal aid, repay student loans, and navigate the college decision-making process. This release was coupled with a new interactive loan counseling tool and a student debt collection assistant, developed in partnership with the Consumer Financial Protection Bureau (CFPB), designed to help borrowers who have fallen behind on their federal or private student loan payments. In July 2012, ED and CFPB unveiled a model financial aid award letter—also known as the Shopping Sheet—to give students and families a standardized form to help students better understand the amount of grants and scholarships they would receive from a given institution, and the amount of loans an institution recommends a student take out to cover out-of-pocket costs (see Figure 17). While the Shopping Sheet is not mandatory, this standard format should be considered a best practice in helping students to compare costs across different colleges.

Figure 17: Sample Shopping Sheet




University of the United States (UUS)
Student Name, Identifier

MM / DD / YYYY

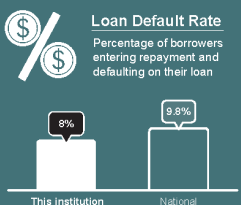
Costs in the 2013-14 year

Estimated Cost of Attendance	\$ X,XXX / yr
Tuition and fees	\$ X,XXX
Housing and meals	X,XXX
Books and supplies	X,XXX
Transportation	X,XXX
Other educational costs	X,XXX

Graduation Rate
Percentage of full-time students who graduate within 6 years

71%
LOW MEDIUM HIGH

Grants and scholarships to pay for college

Total Grants and Scholarships (*Gift* Aid; no repayment needed)	\$ X,XXX / yr
Grants from your school	\$ X,XXX
Federal Pell Grant	X,XXX
Grants from your state	X,XXX
Other scholarships you can use	X,XXX

Loan Default Rate
Percentage of borrowers entering repayment and defaulting on their loan

This institution: 8% National: 9.8%

What will you pay for college

Net Costs (Cost of attendance minus total grants and scholarships)	\$ X,XXX / yr
--	----------------------


Options to pay net costs

Work options	
Work-Study (Federal, state, or institutional)	\$ X,XXX

Loan options*

Federal Perkins Loans	\$ X,XXX
Federal Direct Subsidized Loan	X,XXX
Federal Direct Unsubsidized Loan	X,XXX

*Recommended amounts shown here. You may be eligible for a different amount. Contact your financial aid office.

Median Borrowing
Students at UUS typically borrow \$X,XXX in Federal loans for their undergraduate study. The Federal loan payment over 10 years for this amount is approximately \$X,XXX per month. Your borrowing may be different.


Other options

Family Contribution (As calculated by the institution using information reported on the FAFSA or to your institution.)	\$ X,XXX / yr
<ul style="list-style-type: none"> Payment plan offered by the institution Parent PLUS Loan 	<ul style="list-style-type: none"> Military and/or National Service benefits Non-Federal private education loan

Repaying your loans
To learn about loan repayment choices and work out your Federal Loan monthly payment, go to: <http://studentaid.ed.gov/repay-loans/understand/plans>

For more information and next steps:
University of the United States (UUS)
Financial Aid Office
123 Main Street
Anytown, ST 12345
Telephone: (123) 456-7890
E-mail: financialaid@uus.edu

Customized information from UUS

College Scorecard

In June of 2012, the Administration announced the College Scorecard to facilitate comparisons of degree-granting institutions along key measures of affordability and value. The Scorecard will display information about an institution's net price, graduation rates, student loan default rates, student loan debt, and potential earnings compared with a predefined group of institutions. The final version of the Scorecard will be added to the Department's College Affordability and Transparency Center website.

Expansion of Perkins and Other Campus-Based Aid

The formula that allocates federal appropriations for campus-based programs to individual schools explicitly provides more funds to institutions that had larger allocations in the past (see Appendix 2 for details). The Administration has proposed modifying this formula to direct funds toward institutions that succeed in serving low-income students well, keeping costs down, and providing good value. As part of these changes, Perkins loans would be expanded from the current \$1 billion to \$8.5 billion.

Perkins loans, from origination and disbursement to repayment and collection, are currently handled by the institution. The Administration proposes creating a Perkins Direct loan, where the loans would be handled by the Department of Education, but loan allocation left to the schools. This would expand the number of schools that can participate in the Perkins program since they would no longer bear the overhead cost of administering Perkins loans and there would be more available loan volume.

In addition, the Administration proposed a \$150 million increase for the Federal Work-Study program. This increase would help to double the number of work-study jobs available over the next five years.

The Administration's FY 2013 Budget also includes \$1 billion for Race to the Top: College Affordability and Completion. This program would provide competitive grants to states in order to improve their colleges' affordability, quality, and efficiency.

VI. Conclusion

Historically, society has provided significant support to younger people through the widespread availability of affordable public education. Over the past several decades, the extent of this support has changed in a fundamental way. States and local governments have significantly reduced aid to public institutions, which serve the vast majority of students. The federal government has recently increased direct assistance through Pell grants and tax credits. However, this assistance phases out quickly as incomes rise. As a result, many more students and families pay for more of their own education. Many are doing so by increasing their use of student loans.

The federal government is the largest provider of financial aid for college students and distributes aid through four different mechanisms: grants, loans, federal work-study, and tax-based aid. The two largest are the Stafford loan program, which provides low-interest loans to students, and the means-tested Pell grant program. The past two decades also saw the emergence of tax-based educational incentives, including the recently-introduced AOTC. Total financial aid has increased since the 1990s while state funding for public institutions of higher education has fallen greatly as a share of college and university revenue in the late 1980s to below 40 percent today, and state funding per student has declined sharply.

The movement from broadly available public higher education toward a more privately financed system is a facet of a changing intergenerational compact. Previous generations of students attended colleges supported by state funds, which were funded by broad-based taxes on older generations. Now, students and their families increasingly pay their own way, given the increasingly common view that education is a private investment, rather than a public good. While this shift is occurring, the United States' postsecondary attainment rate has largely stagnated, falling behind other countries that continue to improve. The United States has among the highest percentage of 55-64 year olds with a college degree across the 34 OECD countries (40 percent). However, among younger adults (25-34 year olds), the United States is ranked 16th in postsecondary education with an attainment rate of 43 percent.⁵⁸

Individuals may not be able to finance this high-return investment in higher education on their own, and the economy-wide benefits of higher education suggest that a purely private financing market will lead to under-investment in education.⁵⁹ Thus, there is important scope for the role of government in higher education. As budgets at all levels of government are likely to remain under pressure, policy makers will continue to face tradeoffs between education and other public priorities, and it is crucial that we all remain well-informed about the impact of higher education for individuals and society at large.

⁵⁸ OECD (2011).

⁵⁹ Rosen (2002).

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VII. Appendices

Appendix 1 Expected Family Contribution

The Expected Family Contribution (EFC) is the Department of Education's (ED) estimate of what the student's family is expected to pay for a year of college. The EFC formula feeds into financial aid allocation because "unmet financial need" is the school's cost of attendance minus EFC, and it is the unmet need that determines which and how much financial aid a student receives. The federal EFC, as calculated using the Federal Methodology, does not vary by school, but schools can have their own formulas for allocating institution-level financial aid.

There are three main components to the EFC formula:

1. Student dependency status, which differs from IRS dependency. By default, ED assumes that undergraduates are dependent unless they are 24 or older, served in the military, are married or have children, or are a ward of the court. This means that most students must get their parent's financial information for the FAFSA (and that the parents are assumed to contribute to college) regardless of student's actual financial independence. For dependent students, there is a separate EFC for the parents and the student, which are combined for the final EFC.
2. Income, net of particular allowances allowed under the EFC formula. The EFC "available income" nets out taxes (federal income tax paid, a fixed percent based on state of residence, and a fixed percent for Social Security) and includes an income protection allowance that varies with family size and the number of college students.
3. Assets, unless the family qualifies for the "simplified" EFC. The primary residence does not count as an asset in the EFC calculation, and parents receive asset protection based on their age.

The simplified EFC does not use asset information, though asset information must be submitted on the FAFSA regardless. To qualify for the simplified formula, family AGI must be below \$50,000 and they have to either:

- Receive a means-tested federal benefit program (SSI, SNAP, school lunch, TANF);
- Be eligible to file a 1040A, 1040EZ or not file at all; or
- Have a dislocated worker.

In addition, families with AGI below \$31,000 automatically have a zero EFC.

Parent EFC is a stepwise function of "available adjusted income" (AAI), which is income plus 12 percent of assets. EFC increases with AAI at a marginal rate between 22 percent and 47 percent. The maximum rate is for those with AAI over \$29,000, though the multiple income allowances means AAI does not cleanly map onto AGI.

A (dependent) student's AAI is 50 percent of income plus 20 percent of his or her assets, but because there is no stepwise function, AAI increases student EFC one-for-one. This means that a student's income and assets increase EFC more than parent's income or assets do.

Appendix 2 Distribution of Campus-Based Aid to Schools

Unlike Pell grants and Stafford loans that allocate funds to individual students, the three campus-based programs (work-study, Perkins loans, and FSEOGs) distribute federal funds to individual institutions, who in turn allocate awards to students. Campus-based funds must be matched by the school, usually 3-to-1. To provide additional flexibility, schools can move their allocated funds across the three programs; up to 25 percent of work-study funds can be moved to FSEOG or Perkins, and up to 25 percent of FSEOG can be moved to federal work-study.

Each of the three programs has slightly different allocation procedures, but they all share the same basic two-step framework.⁶⁰ The first stage of allocation is the “base guarantee,” which is an institution-specific amount based on its historical allocation. For schools that participated in the program in the past, the base guarantee is its FY1999 allocation, plus its proportional increase for FY1999. For schools that are recent participants and do not have a historical base guarantee, they get \$5,000 or 90 percent of per-student allocation at similar schools, whichever is bigger.⁶¹

The second stage is the “fair share” calculation, which is the school’s share of total financial need times the total appropriation.

$$fair_i = \frac{need_i \sum need}{\sum need} \times approp$$

“Institutional need” is, in effect, a composite of individual student need. Since student need is cost of attendance (COA) minus EFC, the school’s posted price affects how much “need” they have in the national aggregate, and hence their “fair share” of campus-based funds. The definition of institutional need is what varies across the three campus-based programs.

Schools whose “fair share” is bigger than the “base guarantee” have a “shortfall” and receive additional funds in proportion to their share of total calculated shortfall. The overall formula is:

$$alloc_i = base_i + \frac{fair_i - base_i}{\sum (fair - base)} \times [approp - \sum base]$$

While the formula allows schools to be adjusted in either direction, appropriations are almost always wholly consumed by base guarantees, leaving very little room for institutions to actually gain (or lose) allocation relative to other schools. Schools that do not use all of their campus-based appropriation are required to return them to the Department of Education, and are penalized in the following year’s formula.

The allocation formulas for campus-based programs have been criticized for disproportionately favoring schools who have been long-time participants in the program. It allows these schools to offer larger aid packages, or aid to more students, due to large base guarantees. The Administration has proposed changing the formula to favor schools that keep tuition low, provide good value, and serve low-income students, though details are still being developed.

⁶⁰ Smole (2005).

⁶¹ In the original 1970s formulation, the “conditional guarantee,” was included to prevent schools from suffering sharp drops in funding, with the intention that it would be phased out so that eventually all funds were allocated via the fair share formula. Congress, in its 1980 reauthorization of the Higher Education Act, renamed it to the “base guarantee” and removed the phase-out.

Allocation of Perkins Loans

Perkins loans have an additional detail compared to the other two campus-based programs. The federal funds for Perkins loans are divided up according to its allocation formula, but each school maintains a revolving fund of such “federal capital contributions.” A school originates Perkins loans from its revolving fund, and any interest collected is put back into the school’s revolving account to be used in future loans.

As of FY2005, there have been no federal capital contributions for the Perkins program; all Perkins loans made by schools since the 2005-2006 school year were from pre-existing revolving funds. By statute, the federal government will recover its share of Perkins funds at program termination, currently slated to be 2015.



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INTRODUCTION

Statistical data on immigration have been published annually by the U.S. government since the 1860s. Over the years, the federal agencies responsible for reporting on immigration have changed, as have the content, format, and title of the annual publication. Currently, immigration data are published in the *Yearbook of Immigration Statistics* by the Office of Immigration Statistics in the Policy Directorate of the Department of Homeland Security.

The *2016 Yearbook of Immigration Statistics* consists of a compendium of tables organized by subject matter, including:

Lawful Permanent Residents (Tables 1 to 12)

Lawful permanent residents (LPRs) are persons who have been granted lawful permanent residence in the United States. They are also known as “green card” recipients.

Refugees and Asylees (Tables 13 to 19)

Refugees and asylees are persons who sought residence in the United States in order to avoid persecution in their country of origin. Persons granted refugee status applied for admission while outside the United States. Persons granted asylum applied either at a port of entry or at some point after their entry into the United States.

Naturalizations (Tables 20 to 24)

Naturalizations refer to persons aged 18 and over who become citizens of the United States. Most lawful permanent residents are eligible to apply for naturalization within five years after obtaining LPR status.

Nonimmigrant Admissions (Tables 25 to 32)

Nonimmigrant admissions refer to arrivals of persons who are authorized to stay in the United States for a limited period of time. Most nonimmigrants enter the United States as tourists or business travelers, but some come to work, study, or engage in cultural exchange programs.

Enforcement Actions (Tables 33 to 41)

Enforcement actions include foreign nationals who are determined inadmissible, apprehended, removed or returned for violating the Immigration and Nationality Act. These actions occur at the borders of the United States, in the interior of the country, and at designated sites outside the United States.

Technical Data Notes

The data presented in the *2016 Yearbook* were obtained primarily from workload and case tracking systems of the U.S. Department of Homeland Security. Definitions by subject matter and information on data sources are available in the publications section of the website of the Office of Immigration Statistics at: <http://www.dhs.gov/immigration-statistics>. Note that numbers appearing for a given year may change in subsequent *Yearbooks* due to updating of data series.

Confidentiality

The Office of Immigration Statistics is committed to protecting the identity of individuals reported in the *Yearbook of Immigration Statistics*. All data tables, therefore, have been edited to avoid divulging information about any individual by either direct or indirect means. The practice of cell suppression has been employed by placing a “D” (disclosure standards not met) in any cell that would show a count of 1 or 2, and in any associated cell that could be used to reveal such a count through calculation. The process of suppression does not change the marginal totals, so the integrity of the data is not affected.

INTRODUCTION – Continued

Countries and Regions

The Office of Immigration Statistics categorizes countries and their territories and dependencies into specific regional groups. The following lists the countries included in each region.

Africa includes Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Cote d'Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Morocco, Mozambique, Namibia, Niger, Nigeria, Republic of the Congo, Reunion, Rwanda, Saint Helena, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia, and Zimbabwe.

Asia includes Afghanistan, Armenia, Azerbaijan, Bahrain, Bangladesh, Bhutan, Brunei, Burma, Cambodia, China, Cyprus, East Timor, Georgia, Hong Kong, India, Indonesia, Iran, Iraq, Israel, Japan, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Laos, Lebanon, Macau, Malaysia, Maldives, Mongolia, Nepal, North Korea, Oman, Pakistan, Philippines, Qatar, Saudi Arabia, Singapore, South Korea, Sri Lanka, Syria, Taiwan, Tajikistan, Thailand, Turkey, Turkmenistan, United Arab Emirates, Uzbekistan, Vietnam, and Yemen.

Europe includes Albania, Andorra, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece, Guernsey, Holy See, Hungary, Iceland, Ireland, Isle of Man, Italy, Jersey, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Ukraine, and the United Kingdom.

North America includes Canada, Greenland, Mexico, Saint Pierre and Miquelon, United States, and the countries within the regions of the Caribbean and Central America. *Caribbean* includes Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, Bonaire, British Virgin Islands, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saba, Saint Barthelemy, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, and U.S. Virgin Islands. *Central America* includes Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.

Oceania includes American Samoa, Australia, Christmas Island, Cocos (Keeling) Islands, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Nauru, New Caledonia, New Zealand, Niue, Norfolk Island, Northern Mariana Islands, Palau, Papua New Guinea, Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna Islands.

South America includes Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, Suriname, Uruguay, and Venezuela.

Explanatory Notes

The tables presented in this compendium make use of the following symbols:

NA Not available.

X Not applicable.

D Data withheld to limit disclosure.

– Represents zero.

For More Information

The 2016 *Yearbook* data tables are also available in Excel format on the Department of Homeland Security website at <http://www.dhs.gov/immigration-statistics>.

Lawful Permanent Residents

Table 1.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS: FISCAL YEARS 1820 TO 2016

Year	Number	Year	Number	Year	Number	Year	Number
1820.....	8,385	1870.....	387,203	1920.....	430,001	1970.....	373,326
1821.....	9,127	1871.....	321,350	1921.....	805,228	1971.....	370,478
1822.....	6,911	1872.....	404,806	1922.....	309,556	1972.....	384,685
1823.....	6,354	1873.....	459,803	1923.....	522,919	1973.....	398,515
1824.....	7,912	1874.....	313,339	1924.....	706,896	1974.....	393,919
1825.....	10,199	1875.....	227,498	1925.....	294,314	1975.....	385,378
1826.....	10,837	1876.....	169,986	1926.....	304,488	1976 ¹	499,093
1827.....	18,875	1877.....	141,857	1927.....	335,175	1977.....	458,755
1828.....	27,382	1878.....	138,469	1928.....	307,255	1978.....	589,810
1829.....	22,520	1879.....	177,826	1929.....	279,678	1979.....	394,244
1830.....	23,322	1880.....	457,257	1930.....	241,700	1980.....	524,295
1831.....	22,633	1881.....	669,431	1931.....	97,139	1981.....	595,014
1832.....	60,482	1882.....	788,992	1932.....	35,576	1982.....	533,624
1833.....	58,640	1883.....	603,322	1933.....	23,068	1983.....	550,052
1834.....	65,365	1884.....	518,592	1934.....	29,470	1984.....	541,811
1835.....	45,374	1885.....	395,346	1935.....	34,956	1985.....	568,149
1836.....	76,242	1886.....	334,203	1936.....	36,329	1986.....	600,027
1837.....	79,340	1887.....	490,109	1937.....	50,244	1987.....	599,889
1838.....	38,914	1888.....	546,889	1938.....	67,895	1988.....	641,346
1839.....	68,069	1889.....	444,427	1939.....	82,998	1989.....	1,090,172
1840.....	84,066	1890.....	455,302	1940.....	70,756	1990.....	1,535,872
1841.....	80,289	1891.....	560,319	1941.....	51,776	1991.....	1,826,595
1842.....	104,565	1892.....	579,663	1942.....	28,781	1992.....	973,445
1843.....	52,496	1893.....	439,730	1943.....	23,725	1993.....	903,916
1844.....	78,615	1894.....	285,631	1944.....	28,551	1994.....	803,993
1845.....	114,371	1895.....	258,536	1945.....	38,119	1995.....	720,177
1846.....	154,416	1896.....	343,267	1946.....	108,721	1996.....	915,560
1847.....	234,968	1897.....	230,832	1947.....	147,292	1997.....	797,847
1848.....	226,527	1898.....	229,299	1948.....	170,570	1998.....	653,206
1849.....	297,024	1899.....	311,715	1949.....	188,317	1999.....	644,787
1850.....	369,980	1900.....	448,572	1950.....	249,187	2000.....	841,002
1851.....	379,466	1901.....	487,918	1951.....	205,717	2001.....	1,058,902
1852.....	371,603	1902.....	648,743	1952.....	265,520	2002.....	1,059,356
1853.....	368,645	1903.....	857,046	1953.....	170,434	2003.....	703,542
1854.....	427,833	1904.....	812,870	1954.....	208,177	2004.....	957,883
1855.....	200,877	1905.....	1,026,499	1955.....	237,790	2005.....	1,122,257
1856.....	200,436	1906.....	1,100,735	1956.....	321,625	2006.....	1,266,129
1857.....	251,306	1907.....	1,285,349	1957.....	326,867	2007.....	1,052,415
1858.....	123,126	1908.....	782,870	1958.....	253,265	2008.....	1,107,126
1859.....	121,282	1909.....	751,786	1959.....	260,686	2009.....	1,130,818
1860.....	153,640	1910.....	1,041,570	1960.....	265,398	2010.....	1,042,625
1861.....	91,918	1911.....	878,587	1961.....	271,344	2011.....	1,062,040
1862.....	91,985	1912.....	838,172	1962.....	283,763	2012.....	1,031,631
1863.....	176,282	1913.....	1,197,892	1963.....	306,260	2013.....	990,553
1864.....	193,418	1914.....	1,218,480	1964.....	292,248	2014.....	1,016,518
1865.....	248,120	1915.....	326,700	1965.....	296,697	2015.....	1,051,031
1866.....	318,568	1916.....	298,826	1966.....	323,040	2016.....	1,183,505
1867.....	315,722	1917.....	295,403	1967.....	361,972		
1868.....	138,840	1918.....	110,618	1968.....	454,448		
1869.....	352,768	1919.....	141,132	1969.....	358,579		

¹ Includes the 15 months from July 1, 1975 to September 30, 1976 because the end date of fiscal years was changed from June 30 to September 30.

Source: U.S. Department of Homeland Security.

Table 2.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND SELECTED COUNTRY OF LAST RESIDENCE:
FISCAL YEARS 1820 TO 2016

Region and country of last residence¹	1820 to 1829	1830 to 1839	1840 to 1849	1850 to 1859	1860 to 1869	1870 to 1879	1880 to 1889	1890 to 1899	1900 to 1909
Total	128,502	538,381	1,427,337	2,814,554	2,081,261	2,742,137	5,248,568	3,694,294	8,202,388
Europe	99,618	422,853	1,369,423	2,622,617	1,880,389	2,252,050	4,638,684	3,576,411	7,572,569
Austria-Hungary ^{2,3}	-	-	-	-	3,375	60,127	314,787	534,059	2,001,376
Austria ^{2,3}	-	-	-	-	2,700	54,529	204,805	268,218	532,416
Hungary ^{2,3}	-	-	-	-	483	5,598	109,982	203,350	685,567
Belgium	28	20	3,996	5,765	5,785	6,991	18,738	19,642	37,429
Bulgaria ⁴	-	-	-	-	-	-	-	52	34,651
Czechoslovakia ⁵	-	-	-	-	-	-	-	-	-
Denmark	173	927	671	3,227	13,553	29,278	85,342	56,671	61,227
Finland ⁶	-	-	-	-	3	286	9,617	36,719	-
France	7,694	39,330	75,300	81,778	35,938	71,901	48,193	35,616	67,735
Germany ³	5,753	124,726	385,434	976,072	723,734	751,769	1,445,181	579,072	328,722
Greece	17	49	17	32	51	209	1,807	12,732	145,402
Ireland ⁷	51,617	170,672	656,145	1,029,486	427,419	422,264	674,061	405,710	344,940
Italy	430	2,225	1,476	8,643	9,853	46,296	267,660	603,761	1,930,475
Netherlands	1,105	1,377	7,624	11,122	8,387	14,267	52,715	29,349	42,463
Norway-Sweden ⁸	91	1,149	12,389	22,202	82,937	178,823	586,441	334,058	426,981
Norway ⁸	-	-	-	-	-	88,644	185,111	96,810	182,542
Sweden ⁸	-	-	-	-	-	90,179	401,330	237,248	244,439
Poland ³	19	366	105	1,087	1,886	11,016	42,910	107,793	-
Portugal ⁹	252	896	359	4,218	4,741	13,990	15,189	25,874	65,154
Romania	-	-	-	-	-	-	5,842	6,808	57,322
Russia ^{3,6,10}	86	280	520	423	1,667	34,977	173,081	413,382	1,501,301
Spain	2,866	2,016	1,917	8,803	6,970	5,571	3,999	9,189	24,818
Switzerland	3,148	4,430	4,819	24,423	21,124	25,212	81,151	37,020	32,541
United Kingdom ¹¹	26,336	74,350	218,572	445,322	532,956	578,447	810,900	328,759	469,518
Yugoslavia ¹²	-	-	-	-	-	-	-	-	-
Other Europe	3	40	79	14	10	626	1,070	145	514
Asia	34	55	121	36,080	54,408	134,071	71,152	61,304	300,441
China	3	8	32	35,933	54,028	133,139	65,797	15,268	19,884
Hong Kong	-	-	-	-	-	-	-	-	-
India	9	38	33	42	50	166	247	102	3,026
Iran	-	-	7	-	4	17	18	26	-
Israel	-	-	-	-	-	-	-	-	-
Japan	-	-	-	-	138	193	1,583	13,998	139,712
Jordan	-	-	-	-	-	-	-	-	-
Korea ¹³	-	-	-	-	-	-	-	-	-
Philippines	-	-	-	-	-	4	1	19	605
Syria ¹⁴	-	-	-	-	2	7	140	-	-
Taiwan	-	-	-	-	-	-	-	-	-
Turkey ¹⁴	19	8	45	94	129	382	2,478	27,510	127,999
Vietnam	-	-	-	-	-	-	-	-	-
Other Asia	3	1	4	11	57	163	888	4,381	9,215
America	9,656	31,911	50,527	84,201	130,427	345,889	529,845	38,756	277,882
Canada and Newfoundland ^{15,16,17}	2,297	11,875	34,285	64,171	117,975	323,974	492,508	2,668	123,067
Mexico ^{16,17}	3,835	7,187	3,069	3,446	1,957	5,133	2,405	734	31,188
Caribbean	3,061	11,792	11,803	12,447	8,809	14,592	27,600	31,885	100,960
Cuba	-	-	-	-	3,420	8,705	20,134	23,669	-
Dominican Republic	-	-	-	-	-	-	-	-	-
Haiti	-	-	-	-	78	149	124	101	-
Jamaica ¹⁸	-	-	-	-	61	257	355	223	-
Other Caribbean ¹⁸	3,061	11,792	11,803	12,447	5,250	5,481	6,987	7,892	100,960
Central America	57	94	297	512	70	202	359	674	7,341
Belize	-	-	-	-	9	26	80	25	583
Costa Rica	-	-	-	-	2	4	1	4	-
El Salvador	-	-	-	-	-	3	-	7	-
Guatemala	-	-	-	-	1	10	3	9	-
Honduras	-	-	-	-	-	11	4	4	-
Nicaragua	-	-	-	-	-	1	1	3	-
Panama ¹⁹	-	-	-	-	-	-	-	-	-
Other Central America	57	94	297	512	58	147	270	622	6,758

See footnotes at end of table.

Table 2.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND SELECTED COUNTRY OF LAST RESIDENCE:
FISCAL YEARS 1820 TO 2016 – Continued

Region and country of last residence¹	1820 to 1829	1830 to 1839	1840 to 1849	1850 to 1859	1860 to 1869	1870 to 1879	1880 to 1889	1890 to 1899	1900 to 1909
South America	405	957	1,062	3,569	1,536	1,109	1,954	1,389	15,253
Argentina	-	-	-	-	7	58	64	36	-
Bolivia	-	-	-	-	-	5	-	-	-
Brazil	-	-	-	-	32	219	199	92	-
Chile	-	-	-	-	25	92	44	66	-
Colombia	-	-	-	-	2	196	1,210	607	-
Ecuador	-	-	-	-	-	7	14	33	-
Guyana	-	-	-	-	41	95	68	27	-
Paraguay	-	-	-	-	-	2	-	-	-
Peru	-	-	-	-	35	127	25	79	-
Suriname	-	-	-	-	-	-	-	-	-
Uruguay	-	-	-	-	-	22	4	144	-
Venezuela	-	-	-	-	36	190	248	-	-
Other South America	405	957	1,062	3,569	1,358	96	78	305	15,253
Other America	1	6	11	56	80	879	5,019	1,406	73
Africa	19	66	67	104	458	441	768	432	6,326
Egypt	-	-	-	5	8	29	145	51	-
Ethiopia	-	-	-	-	-	-	-	-	-
Liberia	1	8	5	7	43	52	21	9	-
Morocco	-	4	1	-	-	15	12	9	-
South Africa	-	-	-	-	79	48	23	9	-
Other Africa	18	54	61	92	328	297	567	354	6,326
Oceania	2	1	3	110	107	9,094	7,341	3,279	11,677
Australia ²⁰	2	1	2	104	96	8,933	7,250	3,098	11,191
New Zealand ²⁰	-	-	-	2	6	39	21	12	-
Other Oceania	-	-	1	4	5	122	70	169	486
Not Specified ²¹	19,173	83,495	7,196	71,442	15,472	592	778	14,112	33,493

See footnotes at end of table.

Table 2.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND SELECTED COUNTRY OF LAST RESIDENCE:
FISCAL YEARS 1820 TO 2016 – Continued

Region and country of last residence¹	1910 to 1919	1920 to 1929	1930 to 1939	1940 to 1949	1950 to 1959	1960 to 1969	1970 to 1979	1980 to 1989	1990 to 1999
Total	6,347,380	4,295,510	699,375	856,608	2,499,268	3,213,749	4,248,203	6,244,379	9,775,398
Europe	4,985,411	2,560,340	444,404	472,524	1,404,973	1,133,443	826,327	669,694	1,349,219
Austria-Hungary ^{2,3}	1,154,727	60,891	13,902	13,677	113,015	27,590	20,387	20,437	27,529
Austria ^{2,3}	589,174	31,392	6,678	8,496	81,354	17,571	14,239	15,374	18,234
Hungary ^{2,3}	565,553	29,499	7,224	5,181	31,661	10,019	6,148	5,063	9,295
Belgium	32,574	21,511	4,013	12,473	18,885	9,647	5,413	7,028	7,077
Bulgaria ⁴	27,180	2,824	1,062	449	97	598	1,011	1,124	16,948
Czechoslovakia ⁵	-	101,182	17,757	8,475	1,624	2,758	5,654	5,678	8,970
Denmark	45,830	34,406	3,470	4,549	10,918	9,797	4,405	4,847	6,189
Finland ⁶	-	16,922	2,438	2,230	4,923	4,310	2,829	2,569	3,970
France	60,335	54,842	13,761	36,954	50,113	46,975	27,018	32,894	36,552
Germany ³	174,227	386,634	117,736	119,403	576,905	209,616	77,142	85,752	92,207
Greece	198,108	60,774	10,599	8,605	45,153	74,173	102,370	37,729	25,403
Ireland ⁷	166,445	201,644	28,195	15,701	47,189	37,788	11,461	22,210	65,384
Italy	1,229,916	528,133	85,053	50,509	189,061	200,111	150,031	55,562	75,992
Netherlands	46,065	29,397	7,791	13,877	46,703	37,918	10,373	11,234	13,345
Norway-Sweden ⁸	192,445	170,329	13,452	17,326	44,231	36,150	10,298	13,941	17,825
Norway ⁸	79,488	70,327	6,901	8,326	22,813	17,371	3,927	3,835	5,211
Sweden ⁸	112,957	100,002	6,551	9,000	21,418	18,779	6,371	10,106	12,614
Poland ³	-	224,420	26,460	7,774	6,498	55,773	33,699	63,483	172,249
Portugal ⁹	82,489	44,829	3,518	6,765	13,928	70,568	104,754	42,685	25,497
Romania	13,566	67,810	5,264	1,254	914	2,339	10,774	24,753	48,136
Russia ^{3,6,10}	1,106,998	61,604	2,473	605	453	2,329	28,132	33,311	433,427
Spain	53,262	47,109	3,669	2,774	6,880	40,793	41,718	22,783	18,443
Switzerland	22,839	31,772	5,990	9,904	17,577	19,193	8,536	8,316	11,768
United Kingdom ¹¹	371,878	342,762	61,813	131,794	195,709	220,213	133,218	153,644	156,182
Yugoslavia ¹²	-	49,215	6,920	2,039	6,966	17,990	31,862	16,267	57,039
Other Europe	6,527	21,330	9,068	5,387	7,231	6,814	5,242	3,447	29,087
Asia	269,736	126,740	19,292	34,532	135,844	358,563	1,406,526	2,391,356	2,859,899
China	20,916	30,648	5,874	16,072	8,836	14,060	17,627	170,897	342,058
Hong Kong	-	-	-	-	13,781	67,047	117,350	112,132	116,894
India	3,478	2,076	554	1,692	1,922	18,638	148,018	231,649	352,528
Iran	-	208	198	1,144	3,195	9,059	33,763	98,141	76,899
Israel	-	-	-	98	21,376	30,911	36,306	43,669	41,340
Japan	77,125	42,057	2,683	1,557	41,968	40,956	52,812	44,150	66,582
Jordan	-	-	-	3	4,919	9,230	25,541	28,928	42,755
Korea ¹³	-	-	-	83	4,845	27,048	241,192	322,708	179,770
Philippines	-	-	457	4,099	17,245	70,660	337,726	502,056	534,338
Syria ¹⁴	-	5,307	2,188	1,179	1,091	2,432	8,086	14,534	22,906
Taiwan	-	-	-	-	721	15,657	83,155	119,051	132,647
Turkey ¹⁴	160,717	40,374	1,314	754	2,980	9,464	12,209	19,208	38,687
Vietnam	-	-	-	-	290	2,949	121,716	200,632	275,379
Other Asia	7,500	6,070	6,024	7,851	12,675	40,452	171,025	483,601	637,116
America	1,070,539	1,591,278	230,319	328,435	921,644	1,674,185	1,903,636	2,694,504	5,137,142
Canada and Newfoundland ^{15,16,17}	708,715	949,286	162,703	160,911	353,169	433,128	179,267	156,313	194,788
Mexico ^{16,17}	185,334	498,945	32,709	56,158	273,847	441,824	621,218	1,009,586	2,757,418
Caribbean	120,860	83,482	18,052	46,285	115,869	427,843	708,643	789,343	1,004,114
Cuba	-	12,769	10,641	25,976	73,221	202,030	256,497	132,552	159,037
Dominican Republic	-	-	1,165	4,802	10,219	83,552	139,249	221,552	359,818
Haiti	-	-	207	823	3,787	28,992	55,166	121,406	177,446
Jamaica ¹⁸	-	-	-	-	7,397	62,218	130,226	193,874	177,143
Other Caribbean ¹⁸	120,860	70,713	6,039	14,684	21,245	51,051	127,505	119,959	130,670
Central America	15,692	16,511	6,840	20,135	40,201	98,569	120,376	339,376	610,189
Belize	40	285	193	433	1,133	4,185	6,747	14,964	12,600
Costa Rica	-	-	580	1,965	4,044	17,975	12,405	25,017	17,054
El Salvador	-	-	712	4,885	5,094	14,405	29,428	137,418	273,017
Guatemala	-	-	632	1,303	4,197	14,357	23,837	58,847	126,043
Honduras	-	-	809	1,874	5,320	15,087	15,653	39,071	72,880
Nicaragua	-	-	564	4,393	7,812	10,383	10,911	31,102	80,446
Panama ¹⁹	-	-	1,774	5,282	12,601	22,177	21,395	32,957	28,149
Other Central America	15,652	16,226	1,576	-	-	-	-	-	-

See footnotes at end of table.

Table 2.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND SELECTED COUNTRY OF LAST RESIDENCE:
FISCAL YEARS 1820 TO 2016 – Continued

Region and country of last residence¹	1910 to 1919	1920 to 1929	1930 to 1939	1940 to 1949	1950 to 1959	1960 to 1969	1970 to 1979	1980 to 1989	1990 to 1999
South America	39,938	43,025	9,990	19,662	78,418	250,754	273,529	399,803	570,596
Argentina	-	-	1,397	3,108	16,346	49,384	30,303	23,442	30,065
Bolivia	-	-	77	893	2,759	6,205	5,635	9,798	18,111
Brazil	-	4,627	1,468	3,653	11,547	29,238	18,600	22,944	50,744
Chile	-	-	568	1,320	4,669	12,384	15,032	19,749	18,200
Colombia	-	-	1,278	3,454	15,567	68,371	71,265	105,494	137,985
Ecuador	-	-	320	2,207	8,574	34,107	47,464	48,015	81,358
Guyana	-	-	193	596	1,131	4,546	38,278	85,886	74,407
Paraguay	-	-	36	85	576	1,249	1,486	3,518	6,082
Peru	-	-	460	1,273	5,980	19,783	25,311	49,958	110,117
Suriname	-	-	33	130	299	612	714	1,357	2,285
Uruguay	-	-	153	754	1,026	4,089	8,416	7,235	6,062
Venezuela	-	-	1,360	2,182	9,927	20,758	11,007	22,405	35,180
Other South America	39,938	38,398	2,647	7	17	28	18	2	-
Other America	-	29	25	25,284	60,140	22,067	603	83	37
Africa	8,867	6,362	2,120	6,720	13,016	23,780	71,405	141,987	346,410
Egypt	-	1,063	781	1,613	1,996	5,581	23,543	26,744	44,604
Ethiopia	-	-	10	28	302	804	2,588	12,927	40,097
Liberia	-	-	35	37	289	841	2,391	6,420	13,587
Morocco	-	-	110	1,463	3,293	2,880	1,967	3,471	15,768
South Africa	-	-	312	1,022	2,278	4,360	10,002	15,505	21,964
Other Africa	8,867	5,299	872	2,557	4,858	9,314	30,914	76,920	210,390
Oceania	12,339	9,860	3,240	14,262	11,319	23,659	39,983	41,432	56,800
Australia ²⁰	11,280	8,404	2,260	11,201	8,275	14,986	18,708	16,901	24,288
New Zealand ²⁰	-	935	790	2,351	1,799	3,775	5,018	6,129	8,600
Other Oceania	1,059	521	190	710	1,245	4,898	16,257	18,402	23,912
Not Specified ²¹	488	930	-	135	12,472	119	326	305,406	25,928

See footnotes at end of table.

Table 2.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND SELECTED COUNTRY OF LAST RESIDENCE:
FISCAL YEARS 1820 TO 2016 – Continued

Region and country of last residence¹	2000 to 2009	2010	2011	2012	2013	2014	2015	2016
Total	10,299,430	1,042,625	1,062,040	1,031,631	990,553	1,016,518	1,051,031	1,183,505
Europe	1,349,609	95,429	90,712	86,956	91,095	87,790	90,789	98,043
Austria-Hungary ^{2,3}	33,929	4,325	4,703	3,208	2,061	2,058	2,965	2,620
Austria ^{2,3}	21,151	3,319	3,654	2,199	1,053	1,088	1,928	1,621
Hungary ^{2,3}	12,778	1,006	1,049	1,009	1,008	970	1,037	999
Belgium	8,157	732	700	698	803	775	809	821
Bulgaria ⁴	40,003	2,465	2,549	2,322	2,720	2,886	2,585	2,560
Czechoslovakia ⁵	18,691	1,510	1,374	1,316	1,258	1,168	1,236	1,299
Denmark	6,049	545	473	492	546	533	634	562
Finland ⁶	3,970	414	398	373	360	368	397	512
France	45,637	4,339	3,967	4,201	4,668	4,544	5,034	5,473
Germany ³	122,373	7,929	7,072	6,732	6,880	6,387	5,965	5,895
Greece	16,841	966	1,196	1,264	1,526	1,388	1,330	1,664
Ireland ⁷	15,642	1,610	1,533	1,694	1,765	1,721	1,798	1,895
Italy	28,329	2,956	2,670	2,946	3,233	3,647	3,829	4,385
Netherlands	17,351	1,520	1,258	1,294	1,376	1,373	1,505	1,550
Norway-Sweden ⁸	19,382	1,662	1,530	1,441	1,665	1,479	1,551	1,729
Norway ⁸	4,599	363	405	314	389	332	357	404
Sweden ⁸	14,783	1,299	1,125	1,127	1,276	1,147	1,194	1,325
Poland ³	117,921	7,391	6,634	6,024	6,073	5,437	4,921	5,287
Portugal ⁹	11,479	759	878	837	917	920	869	1,017
Romania	52,154	3,735	3,679	3,477	3,475	3,022	3,160	3,322
Russia ^{3,6,10}	167,152	7,502	8,548	10,114	10,154	9,455	9,030	9,280
Spain	17,695	2,040	2,319	2,316	2,970	3,341	3,707	4,018
Switzerland	12,173	868	861	916	1,040	888	1,007	1,090
United Kingdom ¹¹	171,979	14,781	13,443	13,938	15,321	14,395	14,653	14,887
Yugoslavia ¹²	131,831	4,772	4,611	4,488	4,445	4,321	4,721	5,392
Other Europe	290,871	22,608	20,316	16,865	17,839	17,684	19,083	22,785
Asia	3,470,835	410,209	438,580	416,488	389,301	419,382	405,854	442,854
China	591,711	67,634	83,603	78,184	68,410	72,492	70,977	77,658
Hong Kong	57,583	3,263	3,149	2,642	2,614	2,515	2,426	2,982
India	590,464	66,185	66,331	63,320	65,506	74,451	61,380	61,691
Iran	76,755	9,078	9,015	8,955	9,658	8,894	9,074	9,596
Israel	54,081	5,172	4,389	4,640	4,555	4,251	4,324	4,652
Japan	84,552	7,100	6,751	6,581	6,383	5,980	5,808	5,709
Jordan	53,550	9,327	8,211	7,014	5,949	9,028	7,835	7,345
Korea ¹³	209,758	22,022	22,748	20,802	22,937	20,313	16,976	21,329
Philippines	545,463	56,399	55,251	55,441	52,955	48,633	54,307	50,609
Syria ¹⁴	30,807	7,424	7,983	6,674	3,999	4,677	5,459	3,800
Taiwan	92,657	6,785	6,206	5,295	5,336	4,712	4,814	5,062
Turkey ¹⁴	48,394	7,435	9,040	7,362	7,189	7,248	8,762	8,635
Vietnam	289,616	30,065	33,486	27,578	26,578	29,825	30,332	40,412
Other Asia	745,444	112,320	122,417	122,000	107,232	126,363	123,380	143,374
America	4,441,529	426,981	423,277	409,664	399,380	400,102	439,228	502,639
Canada and Newfoundland ^{15,16,17}	236,349	19,491	19,506	20,138	20,489	17,670	19,309	19,349
Mexico ^{16,17}	1,704,166	138,717	142,823	145,326	134,198	133,107	157,227	172,726
Caribbean	1,053,357	139,389	133,012	126,615	121,349	133,550	146,086	180,479
Cuba	271,742	33,372	36,261	32,551	31,343	46,505	54,178	66,120
Dominican Republic	291,492	53,890	46,036	41,535	41,487	44,550	50,382	60,613
Haiti	203,827	22,336	21,802	22,446	20,083	15,107	16,787	23,185
Jamaica ¹⁸	172,523	19,439	19,298	20,300	19,052	18,804	17,362	22,833
Other Caribbean ¹⁸	113,773	10,352	9,615	9,783	9,384	8,584	7,377	7,728
Central America	591,130	43,597	43,249	39,837	44,056	43,638	46,556	54,512
Belize	9,682	997	933	875	969	823	804	878
Costa Rica	21,571	2,306	2,230	2,152	2,232	2,018	2,121	2,295
El Salvador	251,237	18,547	18,477	15,874	18,015	18,964	18,699	21,268
Guatemala	156,992	10,263	10,795	9,857	9,829	9,871	11,466	12,548
Honduras	63,513	6,381	6,053	6,773	8,795	8,025	9,071	12,996
Nicaragua	70,015	3,476	3,314	2,943	2,940	2,773	3,262	3,397
Panama ¹⁹	18,120	1,627	1,447	1,363	1,276	1,164	1,133	1,130
Other Central America	-	-	-	-	-	-	-	-

See footnotes at end of table.

Table 2.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND SELECTED COUNTRY OF LAST RESIDENCE:
FISCAL YEARS 1820 TO 2016 – Continued

Region and country of last residence¹	2000 to 2009	2010	2011	2012	2013	2014	2015	2016
South America	856,508	85,783	84,687	77,748	79,287	72,135	70,049	75,571
Argentina	47,955	4,312	4,335	4,218	4,227	3,757	3,542	3,783
Bolivia	21,921	2,211	2,113	1,920	2,005	1,663	1,549	1,481
Brazil	115,404	12,057	11,643	11,248	10,772	10,246	11,247	13,528
Chile	19,792	1,940	1,854	1,628	1,751	1,591	1,620	1,711
Colombia	236,570	21,861	22,130	20,272	20,611	17,614	16,509	16,830
Ecuador	107,977	11,463	11,068	9,284	10,553	10,871	9,816	10,779
Guyana	70,373	6,441	6,288	5,282	5,564	6,031	5,313	4,909
Paraguay	4,623	449	501	454	437	363	353	400
Peru	137,614	14,063	13,836	12,414	12,370	10,450	9,973	10,519
Suriname	2,363	202	167	216	170	160	116	130
Uruguay	9,827	1,286	1,521	1,348	1,314	1,098	1,023	911
Venezuela	82,087	9,497	9,229	9,464	9,512	8,289	8,985	10,590
Other South America	2	1	2	-	1	2	3	-
Other America	19	4	-	-	1	2	1	2
Africa	759,734	98,246	97,429	103,685	94,589	94,834	98,677	110,754
Egypt	81,564	9,822	9,096	10,172	10,719	12,043	13,907	13,367
Ethiopia	87,207	13,853	13,985	15,400	13,484	12,926	12,566	13,699
Liberia	23,316	2,924	3,117	3,451	3,036	3,681	3,580	3,545
Morocco	40,844	4,847	4,249	3,534	3,202	3,495	3,569	4,447
South Africa	32,221	2,705	2,754	2,960	2,693	2,871	3,298	3,441
Other Africa	494,582	64,095	64,228	68,168	61,455	59,818	61,757	72,255
Oceania	65,793	5,946	5,825	5,573	6,061	5,980	6,227	6,489
Australia ²⁰	32,728	3,077	3,062	3,146	3,529	3,582	3,795	4,173
New Zealand ²⁰	12,495	1,046	1,006	980	1,027	941	978	939
Other Oceania	20,570	1,823	1,757	1,447	1,505	1,457	1,454	1,377
Not Specified ²¹	211,930	5,814	6,217	9,265	10,127	8,430	10,256	22,726

- Represents zero or not available.

¹ Prior to 1906 refers to country of origin; from 1906 onward refers to country of last residence. Because of changes in country boundaries, data for a particular country may not necessarily refer to the same geographic area over time.

² Austria and Hungary not reported separately for all years during 1860 to 1869, 1890 to 1899, and 1900 to 1909.

³ Poland included in Austria, Germany, Hungary, and Russia from 1899 to 1919.

⁴ Bulgaria included Serbia and Montenegro from 1899 to 1919.

⁵ Includes Czechia, Czechoslovakia (former), and Slovakia.

⁶ Finland included in Russia from 1899 to 1919.

⁷ Northern Ireland included in Ireland prior to 1925.

⁸ Norway and Sweden not reported separately until 1861.

⁹ Cape Verde included in Portugal from 1892 to 1952.

¹⁰ Refers to the Russian Empire from 1820 to 1920. Between 1920 and 1990 refers to the Soviet Union. From 1991 to 1999, refers to Russia, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. Beginning in 2000, refers to Russia only.

¹¹ United Kingdom refers to England, Scotland, Wales and Northern Ireland since 1925.

¹² Includes Bosnia and Herzegovina, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Serbia and Montenegro (former), and Slovenia.

¹³ Includes North Korea and South Korea.

¹⁴ Syria included in Turkey from 1886 to 1923.

¹⁵ Includes British North America and Canadian provinces.

¹⁶ Land arrivals not completely enumerated until 1908.

¹⁷ No data available for Canada or Mexico from 1886 to 1893.

¹⁸ Jamaica included in British West Indies from 1892 to 1952.

¹⁹ Panama Canal Zone included in Panama from 1932 to 1972.

²⁰ New Zealand included in Australia from 1892 to 1924.

²¹ Includes 32,897 persons returning in 1906 to their homes in the United States.

Note: Official recording of immigration to the United States began in 1820 after the passage of the Act of March 2, 1819. From 1820 to 1867, figures represent alien passenger arrivals at seaports; from 1868 to 1891 and 1895 to 1897, immigrant alien arrivals; from 1892 to 1894 and 1898 to 2014, immigrant aliens admitted for permanent residence; from 1892 to 1903, aliens entering by cabin class were not counted as immigrants. Land arrivals were not completely enumerated until 1908. For this table, Fiscal Year 1843 covers 9 months ending September 30, 1843; Fiscal Years 1832 and 1850 cover 15 months ending December 31 of the respective years; Fiscal Year 1868 covers 6 months ending June 30, 1868; and Fiscal Year 1976 covers 15 months ending September 30, 1976.

Source: U.S. Department of Homeland Security.

Table 3.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND COUNTRY OF BIRTH:
FISCAL YEARS 2007 TO 2016

Region and country of birth	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
REGION										
Total	1,052,415	1,107,126	1,130,818	1,042,625	1,062,040	1,031,631	990,553	1,016,518	1,051,031	1,183,505
Africa	94,710	105,915	127,046	101,355	100,374	107,241	98,304	98,413	101,415	113,426
Asia	397,834	399,027	413,312	422,063	451,593	429,599	400,548	430,508	419,297	462,299
Europe	106,566	103,782	105,476	88,801	83,850	81,671	86,556	83,266	85,803	93,567
North America	339,294	393,196	375,180	336,553	333,902	327,771	315,660	324,354	366,126	427,293
Oceania	6,101	5,263	5,578	5,345	4,980	4,742	5,277	5,112	5,404	5,588
South America	106,516	98,549	102,860	87,178	86,096	79,401	80,945	73,715	72,309	79,608
Unknown	1,394	1,394	1,366	1,330	1,245	1,206	3,263	1,150	677	1,724
COUNTRY										
Total	1,052,415	1,107,126	1,130,818	1,042,625	1,062,040	1,031,631	990,553	1,016,518	1,051,031	1,183,505
Afghanistan	1,753	2,813	3,165	2,017	1,648	1,617	2,196	10,527	8,328	12,513
Albania	5,737	5,754	5,137	4,711	3,612	3,364	3,186	3,828	4,653	5,773
Algeria	1,036	1,037	1,485	1,305	1,364	1,369	1,241	1,669	1,775	2,180
American Samoa	11	14	19	14	D	-	D	-	-	-
Angola	199	221	173	148	148	187	143	148	154	198
Anguilla	25	22	21	19	25	23	22	20	22	20
Antigua and Barbuda	415	444	437	359	368	337	344	369	290	324
Argentina	5,645	5,353	5,780	4,399	4,473	4,359	4,372	3,874	3,730	4,091
Armenia	4,351	3,586	3,442	2,979	2,983	2,681	2,722	2,913	2,962	3,543
Aruba	55	36	38	49	39	54	45	40	38	23
Australia	2,518	2,464	2,622	2,512	2,343	2,414	2,759	2,809	3,034	3,239
Austria	485	443	512	442	424	407	415	438	474	432
Azerbaijan	1,166	1,071	834	781	728	663	637	672	676	784
Bahamas	738	682	751	652	668	619	630	654	725	656
Bahrain	133	96	120	104	119	104	115	122	145	138
Bangladesh	12,074	11,753	16,651	14,819	16,707	14,705	12,099	14,645	13,570	18,723
Barbados	689	585	603	465	455	460	428	384	376	371
Belarus	2,328	2,390	2,407	2,038	1,964	1,659	1,970	2,015	1,994	2,127
Belgium	638	642	686	592	567	574	675	632	662	691
Belize	1,073	1,077	1,041	965	905	847	946	789	772	851
Benin	258	317	401	486	462	415	342	517	466	577
Bermuda	108	92	108	72	71	85	88	106	112	99
Bhutan	52	42	594	6,109	10,137	10,198	8,954	7,298	6,325	4,217
Bolivia	2,590	2,436	2,837	2,253	2,173	1,948	2,071	1,719	1,626	1,595
Bosnia and Herzegovina	1,569	1,491	1,501	946	878	815	697	693	859	971
Botswana	49	41	55	66	76	80	53	58	61	78
Brazil	14,295	12,195	14,701	12,258	11,763	11,441	11,033	10,429	11,424	13,812
Brunei	32	18	26	20	25	19	21	25	21	31
Bulgaria	3,981	2,960	3,133	2,570	2,661	2,440	2,844	2,981	2,688	2,670
Burkina Faso	238	238	416	377	433	558	585	583	575	642
Burma	3,130	3,403	13,621	12,925	16,518	17,383	12,565	11,144	12,808	13,065
Burundi	257	255	1,505	841	593	535	260	273	351	415
Cabo Verde	2,048	1,916	2,238	1,668	1,808	1,684	1,673	1,154	1,253	2,242
Cambodia	4,246	3,713	3,771	2,986	2,745	2,473	2,624	2,536	1,868	3,173
Cameroon	3,392	3,771	3,463	4,161	4,754	3,815	3,908	3,943	4,374	4,899
Canada	15,495	15,109	16,140	13,328	12,800	12,932	13,181	11,586	12,673	12,793
Cayman Islands	40	37	45	52	41	44	44	48	53	55
Central African Republic	52	88	107	101	134	116	213	155	234	202
Chad	74	96	102	120	171	155	111	119	175	136
Chile	2,274	2,017	2,250	1,950	1,853	1,673	1,736	1,581	1,596	1,698
China, People's Republic	76,655	80,271	64,238	70,863	87,016	81,784	71,798	76,089	74,558	81,772
Colombia	33,187	30,213	27,849	22,406	22,635	20,931	21,131	18,175	17,316	18,610
Comoros	7	D	D	4	8	10	D	9	5	4
Congo, Democratic Republic	1,129	1,261	2,122	1,764	2,424	3,731	2,792	4,347	5,345	6,791
Congo, Republic	972	950	1,563	968	1,371	1,461	1,059	552	496	625
Costa Rica	2,540	2,090	2,384	2,164	2,135	2,020	2,114	1,966	2,029	2,224
Cote d'Ivoire	1,193	1,645	2,159	1,621	1,302	1,760	1,486	1,477	1,497	1,617
Croatia	482	455	496	357	349	336	353	297	348	388
Cuba	29,104	49,500	38,954	33,573	36,452	32,820	32,219	46,679	54,396	66,516
Curacao	X	X	X	X	-	-	-	27	22	35
Cyprus	137	141	142	122	101	107	126	129	113	131

See footnotes at end of table.

Table 3.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND COUNTRY OF BIRTH:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of birth	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Czechia	287	227	146	190	303	677	676	606	637	650
Czechoslovakia (former)	927	862	865	750	466	159	74	74	58	62
Denmark	517	498	603	518	459	459	506	514	609	521
Djibouti	23	39	54	37	56	106	90	190	370	281
Dominica	428	454	484	366	287	125	244	345	229	298
Dominican Republic	28,024	31,879	49,414	53,870	46,109	41,566	41,311	44,577	50,610	61,161
Ecuador	12,248	11,663	12,128	11,492	11,103	9,342	10,591	10,960	10,187	10,757
Egypt	9,267	8,712	8,844	8,978	7,778	8,988	10,294	11,477	12,085	12,045
El Salvador	21,127	19,659	19,909	18,806	18,667	16,256	18,260	19,273	19,487	23,449
Equatorial Guinea	4	16	32	12	13	20	18	15	25	18
Eritrea	1,081	1,270	1,928	1,656	2,102	2,643	2,138	2,002	2,220	2,267
Estonia	368	287	282	260	191	227	211	220	189	211
Ethiopia	12,786	12,917	15,462	14,266	13,793	14,544	13,097	12,300	11,394	13,232
Fiji	1,637	1,176	1,194	1,201	1,041	853	895	802	875	866
Finland	426	302	423	397	363	348	331	350	407	489
France	3,494	4,935	4,569	3,919	3,653	3,862	4,425	4,284	4,693	5,159
French Polynesia	27	26	30	16	21	30	-	24	14	27
Gabon	95	82	171	138	204	197	127	167	146	165
Gambia	826	739	978	859	972	1,159	1,018	1,111	1,142	1,247
Georgia	1,554	1,620	1,578	1,518	1,490	1,341	1,368	1,240	1,410	1,635
Germany	7,582	7,091	7,583	6,888	6,125	5,812	6,032	5,584	5,436	5,306
Ghana	7,610	8,195	8,401	7,429	8,798	10,592	10,265	7,115	6,186	6,949
Greece	882	769	798	745	949	1,054	1,361	1,235	1,211	1,451
Grenada	751	784	748	664	579	671	687	633	525	585
Guatemala	17,908	16,182	12,187	10,467	11,092	10,341	10,224	10,238	11,773	13,002
Guinea	1,088	1,735	1,725	1,379	1,555	1,656	1,518	1,375	1,389	1,501
Guinea-Bissau	25	17	20	30	29	47	43	30	39	37
Guyana	5,726	6,823	6,670	6,749	6,599	5,683	5,897	6,267	5,543	5,771
Haiti	30,405	26,007	24,280	22,582	22,111	22,818	20,351	15,274	16,967	23,584
Honduras	7,646	6,540	6,404	6,448	6,133	6,884	8,898	8,156	9,274	13,302
Hong Kong	3,527	3,373	2,651	2,432	2,306	2,104	2,226	2,278	2,085	2,510
Hungary	1,266	1,127	1,314	1,022	1,044	1,054	1,052	996	1,095	1,048
Iceland	95	122	131	105	90	103	139	86	104	97
India	65,353	63,352	57,304	69,162	69,013	66,434	68,458	77,908	64,116	64,687
Indonesia	3,716	3,606	3,679	3,032	2,856	2,603	2,731	2,139	2,084	2,129
Iran	10,460	13,852	18,553	14,182	14,822	12,916	12,863	11,615	13,114	13,298
Iraq	3,765	4,795	12,110	19,855	21,133	20,369	9,552	19,153	21,107	18,904
Ireland	1,503	1,465	1,637	1,507	1,371	1,514	1,626	1,605	1,607	1,759
Israel	4,496	5,851	5,612	4,515	3,826	4,153	3,996	3,805	3,965	4,142
Italy	2,569	2,514	2,892	2,579	2,443	2,673	2,960	3,298	3,544	4,078
Jamaica	19,375	18,477	21,783	19,825	19,662	20,705	19,400	19,026	17,642	23,350
Japan	6,748	6,821	7,690	6,264	6,161	6,061	5,925	5,545	5,395	5,207
Jordan	3,917	3,936	4,282	3,868	3,876	4,099	4,188	5,187	4,664	5,269
Kazakhstan	1,604	1,630	1,562	1,282	1,235	1,202	1,241	1,221	1,201	1,310
Kenya	7,030	6,998	9,880	7,421	7,762	7,043	6,123	5,884	5,602	6,274
Kiribati	10	4	10	6	D	6	3	6	D	9
Korea, North	NA	NA	67	35	36	49	48	142	55	47
Korea, South ¹	22,405	26,666	25,859	22,227	22,824	20,846	23,166	20,423	17,138	21,801
Kosovo	X	-	-	355	670	782	839	758	814	1,020
Kuwait	1,017	1,104	1,124	1,037	973	1,044	937	1,057	1,055	1,186
Kyrgyzstan	597	632	574	507	542	648	652	707	790	847
Laos	2,575	2,198	1,688	1,200	956	949	923	806	917	856
Latvia	568	455	444	435	426	436	424	384	480	391
Lebanon	4,267	4,254	3,831	3,487	3,295	2,879	2,783	3,245	2,813	2,971
Lesotho	14	16	14	23	25	17	20	13	23	19
Liberia	4,102	7,193	7,641	4,837	4,151	4,109	3,334	3,874	3,795	3,619
Libya	186	285	296	355	357	315	376	524	734	642
Lithuania	1,361	967	1,069	985	936	924	854	747	750	735
Luxembourg	39	28	30	22	24	19	40	26	27	34
Macau	178	205	158	143	130	120	106	105	99	109
Macedonia	1,227	1,107	1,128	963	1,078	906	895	960	1,060	1,262
Madagascar	53	77	71	80	83	79	95	86	72	88

See footnotes at end of table.

Table 3.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND COUNTRY OF BIRTH:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of birth	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Malawi	123	133	164	164	123	192	159	172	160	205
Malaysia	2,149	1,945	2,014	1,714	2,273	2,605	2,477	2,622	2,749	3,382
Maldives	9	D	6	5	3	D	5	13	8	11
Mali	412	523	576	528	629	734	667	604	587	598
Malta	53	66	58	74	51	62	43	39	58	65
Marshall Islands	48	39	48	37	38	50	46	56	32	32
Mauritania	651	844	597	495	393	410	354	320	298	317
Mauritius	88	83	110	84	101	77	83	81	96	110
Mexico	148,640	189,989	164,920	139,120	143,446	146,406	135,028	134,052	158,619	174,534
Micronesia, Federated States	7	13	16	10	9	13	4	5	6	11
Moldova	1,356	1,692	2,295	1,981	2,258	2,021	2,485	2,341	2,496	2,929
Monaco	6	7	4	12	6	5	8	8	10	11
Mongolia	530	659	831	594	774	691	729	651	644	750
Montenegro	-	-	-	120	204	265	265	289	251	387
Montserrat	66	61	43	27	30	27	-	38	14	14
Morocco	4,513	4,425	5,447	5,013	4,399	3,656	3,336	3,605	3,710	4,586
Mozambique	81	69	66	53	60	94	73	71	107	101
Namibia	57	46	53	60	43	59	57	44	86	87
Nepal	3,472	4,093	4,514	7,115	10,166	11,312	13,046	12,357	12,926	12,851
Netherlands	1,368	1,240	1,499	1,321	1,085	1,091	1,142	1,195	1,309	1,319
Netherlands Antilles (former)	93	78	97	77	86	106	128	45	22	18
New Caledonia	5	5	13	6	5	3	6	6	9	5
New Zealand	1,047	893	947	919	803	814	921	796	855	846
Nicaragua	3,716	3,614	4,137	3,565	3,401	3,046	3,048	2,886	3,324	3,486
Niger	97	107	183	96	96	48	37	71	55	119
Nigeria	12,448	12,475	15,253	13,376	11,824	13,575	13,840	12,828	11,542	14,380
Norway	343	350	407	334	339	276	335	271	310	362
Oman	103	70	74	63	60	74	73	90	85	116
Pakistan	13,492	19,719	21,555	18,258	15,546	14,740	13,251	18,612	18,057	19,313
Palau	11	6	16	18	7	10	16	12	15	14
Panama	1,916	1,678	1,806	1,536	1,374	1,281	1,234	1,095	1,052	1,029
Papua New Guinea	31	15	19	30	20	21	27	18	11	23
Paraguay	545	481	530	467	500	467	448	391	382	434
Peru	17,699	15,184	16,957	14,247	14,064	12,609	12,564	10,606	10,148	10,940
Philippines	72,596	54,030	60,029	58,173	57,011	57,327	54,446	49,996	56,478	53,287
Poland	10,355	8,354	8,754	7,643	6,863	6,300	6,430	5,689	5,275	5,603
Portugal	1,019	772	946	755	821	811	918	892	857	1,006
Qatar	138	151	134	148	193	141	191	202	229	272
Romania	5,802	4,930	4,910	4,003	3,882	3,748	3,773	3,246	3,376	3,554
Russia	9,426	11,695	8,238	6,718	7,944	9,969	9,753	9,079	8,799	9,297
Rwanda	357	378	952	489	520	592	540	555	732	1,357
Saint Kitts and Nevis	347	363	310	339	350	311	259	263	222	250
Saint Lucia	928	946	1,027	872	785	919	853	844	739	777
Saint Vincent and the Grenadines	567	568	591	576	468	503	529	448	415	422
Samoa	290	227	250	219	267	238	237	239	207	219
Sao Tome and Principe	7	7	11	10	9	12	6	5	6	12
Saudi Arabia	1,171	1,194	1,418	1,263	1,396	1,343	1,463	1,696	1,744	2,117
Senegal	1,024	1,149	1,524	1,285	1,424	1,615	1,340	1,273	1,244	1,533
Serbia	-	-	-	20	244	704	866	1,143	1,278	1,351
Serbia and Montenegro (former)	3,586	3,255	3,166	2,196	1,398	801	653	267	232	202
Seychelles	7	16	10	8	15	7	6	7	11	16
Sierra Leone	1,999	2,795	2,687	2,011	1,985	1,688	1,651	1,740	1,599	1,535
Singapore	985	922	832	774	690	712	835	779	781	812
Sint Maarten	X	X	X	X	-	-	-	45	45	42
Slovakia	763	653	706	538	594	528	507	460	424	483
Slovenia	87	79	108	74	69	86	62	78	107	119
Solomon Islands	10	7	D	6	D	D	3	5	D	3
Somalia	6,251	10,745	13,390	4,558	4,451	5,204	3,764	5,190	6,796	6,958
South Africa	2,988	2,723	3,171	2,758	2,649	2,781	2,629	2,676	2,907	3,023
South Sudan	X	X	X	X	-	17	59	74	127	124
Soviet Union (former)	5,090	5,270	5,911	4,978	3,687	1,296	1,264	1,136	1,022	1,042
Spain	1,578	1,621	1,769	1,684	1,890	1,842	2,480	2,928	3,303	3,519

See footnotes at end of table.

Table 3.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY REGION AND COUNTRY OF BIRTH:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of birth	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Sri Lanka	1,831	1,935	2,009	2,036	2,053	1,994	1,847	1,767	1,763	1,913
Sudan	2,930	3,598	3,577	2,397	2,628	2,471	1,945	2,442	3,580	3,159
Suriname	197	218	227	216	196	187	178	158	134	156
Swaziland	13	18	42	22	19	24	15	23	19	20
Sweden	1,145	1,019	1,138	1,097	979	968	1,106	954	1,066	1,144
Switzerland	705	720	798	675	615	635	697	656	640	743
Syria	2,385	2,641	2,442	2,555	2,785	3,014	3,366	3,540	3,840	4,800
Taiwan	8,990	9,073	8,038	6,732	6,154	5,331	5,385	4,697	4,888	5,120
Tajikistan	172	231	265	299	382	411	550	516	595	593
Tanzania	832	838	2,773	1,850	1,427	1,516	837	774	799	788
Thailand	8,751	6,637	10,444	9,384	9,962	9,459	7,583	6,197	7,502	7,039
Togo	1,565	1,661	1,680	1,563	1,506	1,756	1,257	1,612	1,547	1,938
Tonga	438	365	379	343	408	276	348	320	327	283
Trinidad and Tobago	6,829	5,937	6,256	5,435	5,023	5,214	4,724	3,988	3,212	3,469
Tunisia	417	410	416	418	440	422	445	429	518	518
Turkey	4,425	4,210	4,958	4,483	4,403	4,162	4,144	3,834	4,201	4,469
Turkmenistan	217	274	290	224	260	223	210	254	226	235
Turks and Caicos Islands	31	35	31	29	33	30	50	40	38	39
Uganda	1,122	1,174	1,364	1,085	1,239	1,340	1,350	1,409	1,664	1,649
Ukraine	11,001	10,813	11,223	8,477	8,292	7,642	8,193	7,752	7,987	10,422
United Arab Emirates	758	693	697	779	707	854	910	1,039	1,193	1,370
United Kingdom	14,545	14,348	15,748	12,792	11,572	12,014	12,984	12,225	12,592	12,673
United States	171	216	181	201	269	279	319	358	370	468
Uruguay	1,418	1,451	1,775	1,331	1,553	1,374	1,352	1,128	1,078	972
Uzbekistan	4,665	6,375	5,467	4,770	5,056	4,726	4,382	5,194	3,977	4,359
Venezuela	10,692	10,514	11,154	9,409	9,183	9,387	9,572	8,427	9,144	10,772
Vietnam	28,691	31,497	29,234	30,632	34,157	28,304	27,101	30,283	30,832	41,451
Virgin Islands, British	40	53	46	46	37	39	45	56	38	40
Yemen	2,396	1,872	3,134	3,591	3,361	2,620	3,532	3,492	3,194	13,040
Zambia	576	613	704	628	652	643	505	441	460	487
Zimbabwe	1,057	953	983	1,274	1,016	914	924	797	779	815
All other countries ²	23	23	36	26	26	24	27	31	34	31
Unknown	1,394	1,394	1,366	1,330	1,245	1,206	3,263	1,150	677	1,724

NA Not available.

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Data for South Korea prior to Fiscal Year 2009 include a small number of cases from North Korea.

² Includes countries with less than 10 lawful permanent residents per year.

Source: U.S. Department of Homeland Security.

Table 4.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY STATE OR TERRITORY OF RESIDENCE:
FISCAL YEARS 2007 TO 2016

State or territory of residence	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total	1,052,415	1,107,126	1,130,818	1,042,625	1,062,040	1,031,631	990,553	1,016,518	1,051,031	1,183,505
Alabama	3,393	3,877	3,891	3,740	4,063	3,873	3,848	3,685	3,928	4,736
Alaska	1,617	1,534	1,608	1,703	1,799	1,612	1,460	1,505	1,572	1,726
Arizona	17,528	20,638	20,997	18,243	20,333	18,434	16,097	16,908	17,997	20,694
Arkansas	2,722	2,997	2,942	2,684	2,874	2,795	2,900	2,793	2,814	3,158
California	228,941	238,444	227,876	208,446	210,591	196,622	191,806	198,379	209,568	223,141
Colorado	11,039	12,741	12,841	12,489	13,547	13,327	11,108	10,872	12,661	14,225
Connecticut	12,932	12,190	13,632	12,222	12,577	12,237	10,985	11,252	11,102	12,669
Delaware	2,085	2,295	2,184	2,198	2,355	2,208	2,325	2,085	2,168	2,204
District of Columbia	2,541	2,652	2,934	2,897	2,724	2,811	2,981	3,169	2,976	3,114
Florida	126,277	133,445	127,006	107,276	109,229	103,047	102,939	109,310	118,873	136,337
Georgia	27,353	27,769	28,396	24,833	27,015	26,134	24,387	23,792	25,919	29,572
Guam	1,438	1,305	1,427	1,383	1,313	1,430	1,210	1,089	1,249	1,147
Hawaii	7,236	6,572	6,929	7,037	7,296	6,764	6,226	5,741	6,513	6,285
Idaho	2,044	2,766	3,120	2,556	2,602	2,428	2,120	2,202	2,531	2,562
Illinois	41,971	42,723	41,889	37,909	38,325	38,373	35,988	36,535	40,482	43,207
Indiana	6,639	8,028	9,087	8,539	8,262	8,359	7,668	8,008	8,554	9,946
Iowa	3,103	3,696	3,963	4,245	4,624	4,679	4,105	4,225	5,047	5,299
Kansas	4,141	5,344	5,319	5,501	5,086	4,980	5,000	4,861	5,419	5,709
Kentucky	4,340	5,315	5,260	4,930	5,403	5,243	5,159	5,634	5,647	7,098
Louisiana	3,475	4,011	4,299	4,397	4,226	4,454	4,355	4,382	4,696	5,784
Maine	1,488	1,617	1,675	1,349	1,467	1,497	1,208	1,382	1,464	1,748
Maryland	24,255	27,062	26,722	26,450	25,778	24,971	25,361	24,787	22,627	26,077
Massachusetts	30,555	30,369	32,607	31,069	32,236	31,392	29,482	29,776	28,535	35,706
Michigan	18,727	17,947	18,919	18,579	18,347	17,494	16,952	18,185	18,049	22,569
Minnesota	13,814	15,832	18,020	12,408	12,389	12,999	12,781	13,764	14,737	15,603
Mississippi	1,593	1,679	1,652	1,709	1,666	1,583	1,716	1,587	1,587	2,149
Missouri	6,459	7,078	7,142	7,151	7,048	6,635	6,345	6,419	6,731	6,868
Montana	575	543	553	457	511	503	445	451	519	566
Nebraska	3,066	3,668	3,989	4,400	4,535	4,384	4,141	4,442	5,234	5,654
Nevada	12,308	11,768	12,334	10,803	10,449	10,343	9,886	10,089	11,053	11,555
New Hampshire	2,272	2,466	2,483	2,556	2,478	2,466	2,227	2,103	2,159	2,332
New Jersey	55,834	53,997	58,879	56,920	55,547	50,790	53,082	51,609	49,801	56,187
New Mexico	3,112	3,509	3,887	3,528	3,767	3,714	3,664	3,359	3,626	4,104
New York	136,739	143,679	150,722	147,999	148,426	149,505	133,601	141,406	130,010	159,878
North Carolina	15,469	15,174	18,562	16,112	17,571	17,487	16,798	17,152	18,495	20,811
North Dakota	496	662	843	1,058	948	1,144	1,234	1,351	1,600	1,595
Ohio	14,078	14,595	15,375	13,585	13,857	13,948	13,819	14,641	16,050	17,251
Oklahoma	4,269	4,306	5,007	4,627	4,503	4,646	4,648	4,441	4,880	5,960
Oregon	7,905	9,028	9,026	7,997	7,694	7,791	7,171	7,379	8,655	10,033
Pennsylvania	22,811	23,646	24,105	24,130	25,397	25,032	24,720	23,944	24,969	27,217
Puerto Rico	2,917	3,287	4,084	4,283	3,288	3,106	2,942	2,709	3,322	3,581
Rhode Island	3,354	3,735	4,156	4,027	3,681	3,798	3,337	3,297	3,610	4,194
South Carolina	4,788	4,241	4,747	4,401	4,216	3,924	4,266	4,233	4,417	5,104
South Dakota	668	773	1,271	987	1,337	1,521	1,231	1,108	1,265	1,229
Tennessee	8,942	8,348	9,042	8,156	8,279	8,573	8,380	8,507	8,833	10,032
Texas	77,278	89,811	95,384	87,750	94,481	95,557	92,674	95,295	99,727	110,651
Utah	5,168	6,087	6,466	6,085	6,426	5,932	5,503	6,166	6,883	7,271
Vermont	791	771	792	867	943	877	838	791	792	886
Virginia	29,682	30,257	29,825	28,607	27,767	28,227	27,861	28,477	27,622	29,242
Washington	22,657	23,170	27,562	22,283	23,789	23,060	22,994	22,710	24,765	27,304
West Virginia	721	798	734	729	830	779	760	783	786	928
Wisconsin	7,381	7,306	6,727	6,189	6,245	6,049	5,918	5,997	6,655	7,111
Wyoming	380	458	429	452	420	427	522	414	539	462
Other ¹	1,047	1,117	1,495	1,694	1,480	1,667	1,379	1,336	1,116	1,225
Unknown	1	-	2	-	-	-	-	1	202	1,809

- Represents zero.

¹ Includes American Samoa, Northern Mariana Islands, U.S. Virgin Islands, and U.S. Armed Forces posts.

Source: U.S. Department of Homeland Security.

Table 5.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY CORE BASED STATISTICAL AREA (CBSA) OF RESIDENCE:
FISCAL YEARS 2007 TO 2016 (Ranked by 2016 LPR Flow)

Geographic area	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total	1,052,415	1,107,126	1,130,818	1,042,625	1,062,040	1,031,631	990,553	1,016,518	1,051,031	1,183,505
New York-Newark-Jersey City, NY-NJ-PA	177,468	181,765	191,536	187,680	185,274	180,591	168,731	174,723	162,168	195,593
Los Angeles-Long Beach-Anaheim, CA	95,409	96,489	97,537	87,442	86,160	81,508	79,892	80,527	82,979	88,743
Miami-Fort Lauderdale-West Palm Beach, FL	78,171	87,787	83,932	69,419	71,773	66,152	66,634	72,038	77,647	88,651
Washington-Arlington-Alexandria, DC-VA-MD-WV	40,795	42,936	42,629	41,399	39,411	38,576	39,232	39,532	37,340	40,642
Chicago-Naperville-Elgin, IL-IN-WI	39,503	39,821	38,837	35,109	35,039	34,898	32,819	33,038	36,658	39,749
Houston-The Woodlands-Sugar Land, TX	26,817	30,500	32,006	30,833	31,129	31,728	31,949	33,856	34,591	37,777
San Francisco-Oakland-Hayward, CA	35,640	36,113	32,302	31,760	32,433	29,583	30,600	32,904	34,152	36,476
Dallas-Fort Worth-Arlington, TX	23,332	26,536	29,111	26,071	28,170	28,081	26,810	28,780	29,660	33,605
Boston-Cambridge-Newton, MA-NH	24,674	24,684	26,342	24,970	25,911	25,044	23,866	24,026	22,836	28,677
Atlanta-Sandy Springs-Roswell, GA	22,073	22,339	23,360	20,460	22,038	21,299	20,065	19,626	20,875	23,620
Seattle-Tacoma-Bellevue, WA	16,802	17,060	20,687	16,846	17,814	17,642	17,864	17,527	19,007	20,582
San Jose-Sunnyvale-Santa Clara, CA	19,255	21,022	18,677	18,619	18,554	16,937	17,292	18,590	19,866	19,790
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	18,455	18,914	18,936	18,253	18,924	17,905	18,121	17,665	18,210	19,318
San Diego-Carlsbad, CA	18,286	20,487	20,776	19,764	21,550	18,893	16,567	17,670	18,524	18,690
Riverside-San Bernardino-Ontario, CA	16,769	17,790	17,007	14,925	14,884	14,547	14,027	13,362	15,912	16,559
Detroit-Warren-Dearborn, MI	12,876	11,801	12,856	12,682	12,198	11,597	11,131	12,814	12,302	15,864
Phoenix-Mesa-Scottsdale, AZ	11,354	13,525	13,700	12,239	14,012	12,804	11,024	11,956	12,364	14,485
Orlando-Kissimmee-Sanford, FL	14,618	13,956	11,408	10,676	10,204	10,229	10,200	10,217	10,730	13,273
Minneapolis-Saint Paul-Bloomington, MN-WI	11,934	13,439	15,001	10,472	10,195	10,698	10,504	11,202	11,655	12,233
Tampa-Saint Petersburg-Clearwater, FL	10,730	10,089	10,296	8,818	8,996	8,700	8,360	9,647	11,040	11,792
Sacramento-Roseville-Arden-Arcade, CA	9,764	9,440	9,366	8,050	8,486	7,978	7,516	8,724	8,940	11,306
Las Vegas-Henderson-Paradise, NV	10,373	9,507	10,307	9,004	8,719	8,785	8,381	8,652	9,394	9,832
Denver-Aurora-Lakewood, CO	7,384	8,408	8,468	8,215	9,189	8,967	7,498	7,375	8,549	9,738
Baltimore-Columbia-Towson, MD	6,898	8,217	8,266	8,212	8,229	8,611	8,598	8,437	7,550	8,599
Portland-Vancouver-Hillsboro, OR-WA	6,882	7,604	7,841	6,727	6,466	6,349	5,933	6,228	7,225	8,443
Austin-Round Rock, TX	4,550	5,796	5,693	5,431	6,067	5,894	6,015	6,134	6,812	8,336
Charlotte-Concord-Gastonia, NC-SC	4,538	4,600	5,326	4,634	5,462	5,867	5,462	5,421	5,790	6,693
San Antonio-New Braunfels, TX	4,142	4,865	4,916	4,738	5,420	5,709	5,081	5,404	5,721	6,462
Columbus, OH	4,777	5,409	6,021	4,467	4,964	5,139	4,875	5,287	5,860	6,443
Providence-Warwick, RI-MA	4,426	4,689	5,187	4,912	4,675	4,787	4,263	4,193	4,538	5,363
Indianapolis-Carmel-Anderson, IN	2,764	3,441	4,197	3,650	3,967	4,380	3,989	4,251	4,360	5,241
Nashville-Davidson-Murfreesboro-Franklin, TN	4,291	3,940	4,578	3,984	4,215	4,359	4,358	4,584	4,735	5,218
El Paso, TX	4,020	4,767	4,610	4,670	5,667	5,461	5,284	4,403	4,814	5,082
Bridgeport-Stamford-Norwalk, CT	5,148	4,660	5,333	4,587	4,651	4,640	4,468	4,413	4,260	4,810
Urban Honolulu, HI	5,507	5,022	4,999	5,169	5,550	5,020	4,656	4,358	4,731	4,735
Raleigh, NC	3,435	3,432	4,072	3,909	3,793	3,746	3,798	4,028	4,199	4,625
Salt Lake City, UT	2,918	3,571	4,157	3,803	4,298	3,702	3,328	3,967	4,503	4,493
Kansas City, MO-KS	3,137	3,757	4,074	4,283	4,097	3,829	3,688	3,654	4,116	4,473
Jacksonville, FL	3,656	3,475	3,659	3,503	3,453	3,365	3,170	3,266	3,296	4,306
Louisville/Jefferson County, KY-IN	2,280	2,967	2,968	2,718	2,653	2,634	2,601	3,209	3,057	4,126
Cincinnati, OH-KY-IN	3,087	2,866	2,971	2,798	2,841	2,687	2,757	2,999	3,169	4,001
Hartford-West Hartford-East Hartford, CT	3,901	3,754	4,216	3,869	4,090	4,059	3,373	3,439	3,446	3,925
Stockton-Lodi, CA	3,551	3,510	3,250	3,019	2,901	2,935	2,599	2,983	3,151	3,600
Fresno, CA	4,124	4,472	3,567	3,010	3,073	2,894	2,853	2,878	3,212	3,591
Worcester, MA-CT	3,077	3,050	3,301	3,396	3,453	3,300	2,945	2,982	3,010	3,575
Cleveland-Elyria, OH	3,135	3,084	3,081	3,111	2,883	3,111	3,076	3,074	3,124	3,315
Bakersfield, CA	2,896	3,524	3,146	2,693	2,554	2,604	2,527	2,545	2,775	3,312
McAllen-Edinburg-Mission, TX	2,576	3,229	3,143	2,654	3,409	3,617	3,267	3,045	3,054	3,308
Cape Coral-Fort Myers, FL	2,884	2,650	2,565	2,250	2,170	2,075	2,004	2,164	2,758	3,223
San Juan-Carolina-Caguas, PR	2,568	2,947	3,740	3,893	2,930	2,833	2,687	2,436	3,012	3,222
Other CBSAs	191,574	205,592	212,595	195,972	204,217	201,887	191,470	189,008	204,931	227,331
Other metropolitan areas	167,958	179,227	184,977	171,672	179,220	176,880	167,753	166,158	179,093	199,039
Other micropolitan areas	23,616	26,365	27,618	24,300	24,997	25,007	23,717	22,850	25,838	28,292
Non-CBSA	13,165	13,806	14,255	12,846	12,820	12,992	12,300	13,232	14,170	14,823
Unknown	26	22	14	11	9	3	45	45	253	1,836

Note: Metropolitan areas defined based on the 2015 update of Core Based Statistical Areas (CBSAs) definitions. As a result, numbers for previous years may differ from previously published figures. The most current CBSA definitions are available from the U.S. Census Bureau at <https://www.census.gov/programs-surveys/metro-micro.html>.

Source: U.S. Department of Homeland Security.

Table 6.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY TYPE AND MAJOR CLASS OF ADMISSION:
FISCAL YEARS 2007 TO 2016

Type and class of admission	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
TOTAL										
Total	1,052,415	1,107,126	1,130,818	1,042,625	1,062,040	1,031,631	990,553	1,016,518	1,051,031	1,183,505
Family-sponsored preferences	194,900	227,761	211,859	214,589	234,931	202,019	210,303	229,104	213,910	238,087
First: Unmarried sons/daughters of U.S. citizens and their children	22,858	26,173	23,965	26,998	27,299	20,660	24,358	25,686	24,533	22,072
Second: Spouses, children, and unmarried sons/daughters of alien residents	86,151	103,456	98,567	92,088	108,618	99,709	99,115	105,641	104,892	121,267
Third: Married sons/daughters of U.S. citizens and their spouses and children. . .	20,611	29,273	25,930	32,817	27,704	21,752	21,294	25,830	24,271	27,392
Fourth: Brothers/sisters of U.S. citizens (at least 21 years of age) and their spouses and children	65,280	68,859	63,397	62,686	71,310	59,898	65,536	71,947	60,214	67,356
Immediate relatives of U.S. citizens.	494,920	488,483	535,554	476,414	453,158	478,780	439,460	416,456	465,068	566,706
Spouses.	274,358	265,671	317,129	271,909	258,320	273,429	248,332	238,852	265,367	304,358
Children ¹	103,828	101,342	98,270	88,297	80,311	81,121	71,382	61,217	66,740	88,494
Parents.	116,734	121,470	120,155	116,208	114,527	124,230	119,746	116,387	132,961	173,854
Employment-based preferences.	161,733	164,741	140,903	148,343	139,339	143,998	161,110	151,596	144,047	137,893
First: Priority workers.	26,697	36,678	40,924	41,055	25,251	39,316	38,978	40,554	41,688	42,862
Second: Professionals with advanced degrees or aliens of exceptional ability . .	44,162	70,046	45,552	53,946	66,831	50,959	63,026	48,801	44,344	38,858
Third: Skilled workers, professionals, and unskilled workers	85,030	48,903	40,398	39,762	37,216	39,229	43,632	43,156	37,243	35,933
Fourth: Certain special immigrants	5,038	7,754	10,341	11,100	6,701	7,866	6,931	8,362	10,584	10,377
Fifth: Employment creation (investors). . . .	806	1,360	3,688	2,480	3,340	6,628	8,543	10,723	10,188	9,863
Diversity	42,127	41,761	47,879	49,763	50,103	40,320	45,618	53,490	47,934	49,865
Refugees.	54,942	90,030	118,836	92,741	113,045	105,528	77,395	96,066	118,431	120,216
Asylees	81,183	76,362	58,532	43,550	55,415	45,086	42,235	38,176	33,564	37,209
Parolees	1,999	1,172	2,385	1,592	1,147	758	556	95	23	15
Children born abroad to alien residents	597	637	587	716	633	643	643	594	403	92
Nicaraguan Adjustment and Central American Relief Act (NACARA)	340	296	296	248	158	183	138	70	49	34
Cancellation of removal	14,927	11,128	8,156	8,180	7,430	6,818	5,763	5,248	4,713	3,453
Haitian Refugee Immigration Fairness Act (HRIFA)	2,448	1,580	552	386	154	93	62	22	9	15
Other.	2,299	3,175	5,279	6,103	6,527	7,405	7,270	25,601	22,880	29,920
ADJUSTMENTS OF STATUS										
Total	621,047	640,568	667,776	566,576	580,092	547,559	530,802	535,126	542,315	565,427
Family-sponsored preferences	52,059	56,899	39,787	26,279	28,346	18,560	26,415	23,202	16,783	15,116
First: Unmarried sons/daughters of U.S. citizens and their children	7,358	5,650	5,112	3,922	3,343	2,750	2,538	2,296	2,503	1,952
Second: Spouses, children, and unmarried sons/daughters of alien residents	37,046	41,881	24,597	11,716	11,985	8,692	6,520	11,784	6,950	6,751
Third: Married sons/daughters of U.S. citizens and their spouses and children. . .	3,126	3,811	3,306	4,465	3,085	2,453	1,829	1,851	2,510	2,073
Fourth: Brothers/sisters of U.S. citizens (at least 21 years of age) and their spouses and children	4,529	5,557	6,772	6,176	9,933	4,665	15,528	7,271	4,820	4,340
Immediate relatives of U.S. citizens.	277,188	251,090	309,073	252,842	243,174	239,986	232,105	228,128	230,194	257,302
Spouses.	211,843	191,197	242,123	189,460	178,868	182,276	167,211	162,049	158,768	171,353
Children ¹	31,351	25,465	28,586	22,750	20,288	18,285	16,519	15,603	16,074	17,438
Parents.	33,994	34,428	38,364	40,632	44,018	39,425	48,375	50,476	55,352	68,511
Employment-based preferences.	133,082	149,527	127,121	136,010	124,384	126,016	140,009	129,645	121,978	113,640
First: Priority workers.	23,802	35,082	39,420	39,070	23,605	37,799	37,283	38,813	39,924	40,445
Second: Professionals with advanced degrees or aliens of exceptional ability . .	42,991	68,832	44,336	52,388	65,140	49,414	60,956	46,872	42,531	36,448
Third: Skilled workers, professionals, and unskilled workers	62,642	38,981	33,525	34,433	29,757	31,208	34,937	35,588	29,648	26,878
Fourth: Certain special immigrants	3,332	6,301	8,855	9,384	5,306	6,644	5,602	6,933	8,890	8,478
Fifth: Employment creation (investors). . . .	315	331	985	735	576	951	1,231	1,439	985	1,391

See footnotes at end of table.

Table 6.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY TYPE AND MAJOR CLASS OF ADMISSION:
FISCAL YEARS 2007 TO 2016 – Continued

Type and class of admission	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Diversity	1,360	1,440	1,277	1,571	1,617	1,356	1,505	1,331	1,268	1,048
Refugees	54,942	90,030	118,836	92,741	113,045	105,528	77,395	96,066	118,431	120,216
Asylees	81,183	76,362	58,532	43,550	55,415	45,086	42,235	38,176	33,564	37,209
Parolees	1,999	1,172	2,385	1,592	1,147	758	556	95	23	15
Children born abroad to alien residents Nicaraguan Adjustment and Central American Relief Act (NACARA)	-	-	-	-	-	-	-	-	-	-
Cancellation of removal	14,927	11,128	8,156	8,180	7,430	6,818	5,763	5,248	4,713	3,453
Haitian Refugee Immigration Fairness Act (HRIFA)	2,448	1,580	552	386	154	93	62	22	9	15
Other	1,519	1,044	1,761	3,177	5,222	3,175	4,619	13,143	15,303	17,379
NEW ARRIVALS										
Total	431,368	466,558	463,042	476,049	481,948	484,072	459,751	481,392	508,716	618,078
Family-sponsored preferences	142,841	170,862	172,072	188,310	206,585	183,459	183,888	205,902	197,127	222,971
First: Unmarried sons/daughters of U.S. citizens and their children	15,500	20,523	18,853	23,076	23,956	17,910	21,820	23,390	22,030	20,120
Second: Spouses, children, and unmarried sons/daughters of alien residents	49,105	61,575	73,970	80,372	96,633	91,017	92,595	93,857	97,942	114,516
Third: Married sons/daughters of U.S. citizens and their spouses and children. . .	17,485	25,462	22,624	28,352	24,619	19,299	19,465	23,979	21,761	25,319
Fourth: Brothers/sisters of U.S. citizens (at least 21 years of age) and their spouses and children	60,751	63,302	56,625	56,510	61,377	55,233	50,008	64,676	55,394	63,016
Immediate relatives of U.S. citizens.	217,732	237,393	226,481	223,572	209,984	238,794	207,355	188,328	234,874	309,404
Spouses	62,515	74,474	75,006	82,449	79,452	91,153	81,121	76,803	106,599	133,005
Children ¹	72,477	75,877	69,684	65,547	60,023	62,836	54,863	45,614	50,666	71,056
Parents	82,740	87,042	81,791	75,576	70,509	84,805	71,371	65,911	77,609	105,343
Employment-based preferences	28,651	15,214	13,782	12,333	14,955	17,982	21,101	21,951	22,069	24,253
First: Priority workers	2,895	1,596	1,504	1,985	1,646	1,517	1,695	1,741	1,764	2,417
Second: Professionals with advanced degrees or aliens of exceptional ability . . .	1,171	1,214	1,216	1,558	1,691	1,545	2,070	1,929	1,813	2,410
Third: Skilled workers, professionals, and unskilled workers	22,388	9,922	6,873	5,329	7,459	8,021	8,695	7,568	7,595	9,055
Fourth: Certain special immigrants	1,706	1,453	1,486	1,716	1,395	1,222	1,329	1,429	1,694	1,899
Fifth: Employment creation (investors). . . .	491	1,029	2,703	1,745	2,764	5,677	7,312	9,284	9,203	8,472
Diversity	40,767	40,321	46,602	48,192	48,486	38,964	44,113	52,159	46,666	48,817
Refugees	-	-	-	-	-	-	-	-	-	-
Asylees	-	-	-	-	-	-	-	-	-	-
Parolees	-	-	-	-	-	-	-	-	-	-
Children born abroad to alien residents	597	637	587	716	633	643	643	594	403	92
Nicaraguan Adjustment and Central American Relief Act (NACARA)	-	-	-	-	-	-	-	-	-	-
Cancellation of removal	-	-	-	-	-	-	-	-	-	-
Haitian Refugee Immigration Fairness Act (HRIFA)	-	-	-	-	-	-	-	-	-	-
Other	780	2,131	3,518	2,926	1,305	4,230	2,651	12,458	7,577	12,541

- Represents zero.

¹ Includes orphans.

Source: U.S. Department of Homeland Security.

Table 7.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY TYPE AND DETAILED CLASS OF ADMISSION:
FISCAL YEAR 2016

Type and class of admission	Adjustments		New arrivals
	Total	of status	
Total, all immigrants.	1,183,505	565,427	618,078
Family-sponsored preferences	238,087	15,116	222,971
First: Unmarried sons/daughters of U.S. citizens and their children	22,072	1,952	20,120
Unmarried sons/daughters of U.S. citizens, new arrivals (F11).	12,069	-	12,069
Unmarried sons/daughters of U.S. citizens, adjustments (F16)	1,822	1,822	-
Unmarried sons/daughters of U.S. citizens, new arrivals, self petitioning (B11).	10	-	10
Unmarried sons/daughters of U.S. citizens, adjustments, self petitioning (B16)	D	D	-
Children of F11 or F16, new arrivals (F12)	8,041	-	8,041
Children of F11 or F16, adjustments (F17)	D	D	-
Second: Spouses, children, and unmarried sons/daughters of alien residents	121,267	6,751	114,516
Spouses of alien residents, subject to country limits, new arrivals (F21).	11,458	-	11,458
Spouses of alien residents, subject to country limits, adjustments (F26)	1,687	1,687	-
Spouses of alien residents, subject to country limits, new arrivals, self petitioning (B21)	19	-	19
Spouses of alien residents, subject to country limits, adjustments, self petitioning (B26)	410	410	-
Spouses of alien residents, subject to country limits, new arrivals, conditional (C21).	143	-	143
Spouses of alien residents, subject to country limits, adjustments, conditional (C26)	77	77	-
Spouses of alien residents, exempt from country limits, new arrivals (FX1)	27,460	-	27,460
Spouses of alien residents, exempt from country limits, adjustments (FX6).	607	607	-
Spouses of alien residents, exempt from country limits, new arrivals, self petitioning (BX1)	5	-	5
Spouses of alien residents, exempt from country limits, adjustments, self petitioning (BX6)	141	141	-
Spouses of alien residents, exempt from country limits, new arrivals, conditional (CX1)	51	-	51
Spouses of alien residents, exempt from country limits, adjustments, conditional (CX6)	31	31	-
Children of alien residents, subject to country limits, new arrivals (F22)	7,176	-	7,176
Children of alien residents, subject to country limits, adjustments (F27)	715	715	-
Children of alien residents, subject to country limits, new arrivals, self petitioning (B22)	33	-	33
Children of alien residents, subject to country limits, adjustments, self petitioning (B27)	63	63	-
Children of C21, C22, C26, or C27, subject to country limits, new arrivals, conditional (C23)	36	-	36
Children of B21, B22, B26, or B27, subject to country limits, new arrivals (B23)	13	-	13
Children of B21, B22, B26, or B27, subject to country limits, adjustments (B28).	49	49	-
Children of F21, F22, F26, or F27, subject to country limits, new arrivals (F23)	4,340	-	4,340
Children of F21, F22, F26, or F27, subject to country limits, adjustments (F28)	32	32	-
Children of C24 or C29, subject to country limits, adjustments, conditional (C20)	13	13	-
Children of B24 or B29, subject to country limits, adjustments (B20)	13	13	-
Children of F24 or F29, subject to country limits, new arrivals (F25)	10,304	-	10,304
Children of F24 or F29, subject to country limits, adjustments (F20)	147	147	-
Children of alien residents, subject to country limits, new arrivals, conditional (C22)	D	-	D
Children of alien residents, subject to country limits, adjustments, conditional (C27)	D	D	-
Children of alien residents, exempt from country limits, new arrivals (FX2)	28,672	-	28,672
Children of alien residents, exempt from country limits, adjustments (FX7)	264	264	-
Children of alien residents, exempt from country limits, adjustments, self petitioning (BX7)	21	21	-
Children of CX2 or CX7, exempt from country limits, new arrivals, conditional (CX3)	9	-	9
Children of BX1, BX2, BX6, or BX7, exempt from country limits, new arrivals (BX3)	D	-	D
Children of BX1, BX2, BX6, or BX7, exempt from country limits, adjustments (BX8)	27	27	-
Children of FX1, FX2, FX7, or FX8, exempt from country limits, new arrivals (FX3)	10,687	-	10,687
Children of FX1, FX2, FX7, or FX8, exempt from country limits, adjustments (FX8)	18	18	-
Children of alien residents, exempt from country limits, new arrivals, conditional (CX2)	12	-	12
Unmarried sons/daughters of alien residents, subject to country limits, new arrivals (F24)	14,094	-	14,094
Unmarried sons/daughters of alien residents, subject to country limits, adjustments (F29)	2,429	2,429	-
Unmarried sons/daughters of alien residents, subject to country limits, new arrivals, self petitioning (B24).	D	-	D
Unmarried sons/daughters of alien residents, subject to country limits, adjustments, self petitioning (B29)	D	D	-
Unmarried children of alien residents, subject to country limits, adjustments, conditional (C29)	3	3	-
Third: Married sons/daughters of U.S. citizens and their spouses and children	27,392	2,073	25,319
Married sons/daughters of U.S. citizens, new arrivals (F31).	7,132	-	7,132
Married sons/daughters of U.S. citizens, new arrivals, conditional (C31)	D	-	D
Married Amerasian sons/daughters of U.S. citizens, adjustments (A36)	D	D	-
Married sons/daughters of U.S. citizens, adjustments (F36)	956	956	-
Married sons/daughters of U.S. citizens, adjustments, self petitioning (B36)	D	D	-
Spouses of A31 or A36, new arrivals (A32).	D	-	D
Spouses of A31 or A36, adjustments (A37)	D	D	-
Spouses of married sons/daughters of U.S. citizens, new arrivals (F32).	6,527	-	6,527
Spouses of married sons/daughters of U.S. citizens, adjustments (F37)	786	786	-
Spouses of B31 or B36, adjustments (B37)	3	3	-

See footnotes at end of table.

Table 7.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY TYPE AND DETAILED CLASS OF ADMISSION:
FISCAL YEAR 2016 – *Continued*

Type and class of admission	Total	Adjustments of status	New arrivals
Children of married sons/daughters of U.S. citizens, new arrivals (F33)	11,656	-	11,656
Children of married sons/daughters of U.S. citizens, adjustments (F38)	320	320	-
Children of C31 or C36, subject to country limits, adjustments, conditional (C38)	D	D	-
Children of B31 or B36, subject to country limits, adjustments (B38)	D	D	-
Fourth: Brothers/sisters of U.S. citizens (at least 21 years of age) and their spouses and children	67,356	4,340	63,016
Brothers/sisters of U.S. citizens, new arrivals (F41)	21,208	-	21,208
Brothers/sisters of U.S. citizens, adjustments (F46)	2,607	2,607	-
Spouses of brothers/sisters of U.S. citizens, new arrivals (F42)	15,237	-	15,237
Spouses of brothers/sisters of U.S. citizens, adjustments (F47)	1,231	1,231	-
Children of brothers/sisters of U.S. citizens, new arrivals (F43)	26,571	-	26,571
Children of brothers/sisters of U.S. citizens, adjustments (F48)	502	502	-
Immediate relatives of U.S. citizens	566,706	257,302	309,404
Spouses, new arrivals (IR1)	85,638	-	85,638
Spouses, adjustments (IR6)	37,569	37,569	-
Spouses, new arrivals, conditional (CR1)	46,750	-	46,750
Spouses, adjustments, conditional (CR6)	97,457	97,457	-
Spouses, new arrivals, self petitioning (IB1)	214	-	214
Spouses, adjustments, self petitioning (IB6)	3,709	3,709	-
Spouses, widows or widowers, new arrivals (IW1)	403	-	403
Spouses, widows or widowers, adjustments (IW6)	346	346	-
Spouses, entered as fiancé(e), adjustments, conditional (CF1)	31,405	31,405	-
Spouses, entered as fiancé(e), adjustments (IF1)	867	867	-
Children, new arrivals (IR2)	58,353	-	58,353
Children, adjustments (IR7)	7,608	7,608	-
Children, new arrivals, conditional (CR2)	6,867	-	6,867
Children, adjustments, conditional (CR7)	5,187	5,187	-
Children, Amerasian, adjustments (AR6)	D	D	-
Children, new arrivals, self petitioning (IB2)	112	-	112
Children, adjustments, self petitioning (IB7)	269	269	-
Children of IB1 or IB6, new arrivals (IB3)	226	-	226
Children of IB1 or IB6, adjustments (IB8)	289	289	-
Children of IW1 or IW6, new arrivals (IW2)	133	-	133
Children of IW1 or IW6, adjustments (IW7)	41	41	-
Children of CF1, adjustments, conditional (CF2)	3,721	3,721	-
Children of IF1, adjustments (IF2)	309	309	-
Children adopted abroad under the Hague Convention, new arrivals (IH3)	3,113	-	3,113
Children to be adopted under the Hague Convention, new arrivals (IH4)	218	-	218
Children to be adopted under the Hague Convention, adjustments (IH9)	D	D	-
Orphans adopted abroad, new arrivals (IR3)	1,312	-	1,312
Orphans adopted abroad, adjustments (IR8)	7	7	-
Orphans to be adopted, new arrivals (IR4)	722	-	722
Orphans to be adopted, adjustments (IR9)	4	4	-
Parents of adult U.S. citizens, new arrivals (IR5)	105,339	-	105,339
Parents of adult U.S. citizens, adjustments (IRO)	68,414	68,414	-
Parents battered or abused, of U.S. citizens, new arrivals, self petitioning (IB5)	4	-	4
Parents battered or abused, of U.S. citizens, adjustments, self petitioning (IB0)	97	97	-
Employment-based preferences	137,893	113,640	24,253
First: Priority workers	42,862	40,445	2,417
Aliens with extraordinary ability, new arrivals (E11)	761	-	761
Aliens with extraordinary ability, adjustments (E16)	4,769	4,769	-
Outstanding professors or researchers, new arrivals (E12)	15	-	15
Outstanding professors or researchers, adjustments (E17)	2,882	2,882	-
Multinational executives or managers, new arrivals (E13)	96	-	96
Multinational executives or managers, adjustments (E18)	9,169	9,169	-
Spouses of E11, E12, E13, E16, E17, or E18, new arrivals (E14)	672	-	672
Spouses of E11, E12, E13, E16, E17, or E18, adjustments (E19)	12,709	12,709	-
Children of E11, E12, E13, E16, E17, or E18, new arrivals (E15)	873	-	873
Children of E11, E12, E13, E16, E17, or E18, adjustments (E10)	10,916	10,916	-
Second: Professionals with advanced degrees or aliens of exceptional ability	38,858	36,448	2,410
Professionals holding advanced degrees, new arrivals (E21)	877	-	877
Professionals holding advanced degrees, adjustments (E26)	18,702	18,702	-

See footnotes at end of table.

Table 7.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY TYPE AND DETAILED CLASS OF ADMISSION:
FISCAL YEAR 2016 – *Continued*

Type and class of admission	Adjustments		New arrivals
	Total	of status	
Spouses of E21 or E26, new arrivals (E22)	656	-	656
Spouses of E21 or E26, adjustments (E27)	11,837	11,837	-
Children of E21 or E26, new arrivals (E23)	877	-	877
Children of E21 or E26, adjustments (E28)	5,909	5,909	-
Third: Skilled workers, professionals, and needed unskilled workers	35,933	26,878	9,055
Skilled workers, new arrivals (E31)	1,531	-	1,531
Skilled workers, adjustments (E36)	4,840	4,840	-
Professionals with baccalaureate degrees, new arrivals (E32)	985	-	985
Professionals with baccalaureate degrees, adjustments (E37)	8,255	8,255	-
Needed unskilled workers, new arrivals (EW3)	758	-	758
Needed unskilled workers, adjustments (EW8)	757	757	-
Chinese Student Protection Act (CSPA) principals, adjustments (EC6)	D	D	-
Spouses of EX1 or EX6, adjustments (EX7)	D	D	-
Spouses of E31, E32, E36, or E37, new arrivals (E34)	1,649	-	1,649
Spouses of E31, E32, E36, or E37, adjustments (E39)	7,880	7,880	-
Spouses of EW3 or EW8, new arrivals (EW4)	550	-	550
Spouses of EW3 or EW8, adjustments (EW9)	409	409	-
Spouses of EC6, adjustments (EC7)	D	D	-
Children of E31, E32, E36, or E37, new arrivals (E35)	2,647	-	2,647
Children of E31, E32, E36, or E37, adjustments (E30)	4,389	4,389	-
Children of EW3 or EW8, new arrivals (EW5)	935	-	935
Children of EW3 or EW8, adjustments (EW0)	342	342	-
Fourth: Certain special immigrants	10,377	8,478	1,899
Broadcast (IBCB of BBG) employees, new arrivals (BC1)	11	-	11
Broadcast (IBCB of BBG) employees, adjustments (BC6)	36	36	-
Ministers, new arrivals (SD1)	31	-	31
Ministers, adjustments (SD6)	782	782	-
Employees of U.S. government abroad, new arrivals (SE1)	462	-	462
Employees of U.S. government abroad, adjustments (SE6)	20	20	-
Former employees of the Panama Canal Company or Canal Zone Government, new arrivals (SF1)	D	-	D
Foreign medical school graduate who was licensed to practice in the United States on Jan. 9, 1978, adjustments (SJ6)	D	D	-
Retired employees of international organizations, new arrivals (SK1)	D	-	D
Retired employees of international organizations, adjustments (SK6)	186	186	-
Certain surviving spouses of deceased international organization employees, adjustments (SK9)	D	D	-
Juvenile court dependents, new arrivals (SL1)	148	-	148
Juvenile court dependents, adjustments (SL6)	5,465	5,465	-
Retired NATO-6 civilian employees, adjustments (SN6)	D	D	-
Religious workers, new arrivals (SR1)	14	-	14
Religious workers, adjustments (SR6)	553	553	-
Spouses of BC1 or BC6, new arrivals (BC2)	4	-	4
Spouses of BC1 or BC6, adjustments (BC7)	16	16	-
Spouses of SD1 or SD6, new arrivals (SD2)	29	-	29
Spouses of SD1 or SD6, adjustments (SD7)	353	353	-
Spouses of SE1 or SE6, new arrivals (SE2)	369	-	369
Spouses of SE1 or SE6, adjustments (SE7)	7	7	-
Spouses or children of SF1 or SF6, adjustments (SF7)	D	D	-
Spouses of SK1 or SK6, new arrivals (SK2)	D	-	D
Spouses of SK1 or SK6, adjustments (SK7)	41	41	-
Spouses of SN1 or SN6, adjustments (SN7)	D	D	-
Spouses of SR1 or SR6, new arrivals (SR2)	12	-	12
Spouses of SR1 or SR6, adjustments (SR7)	152	152	-
Children of BC1 or BC6, new arrivals (BC3)	5	-	5
Children of BC1 or BC6, adjustments (BC8)	27	27	-
Children of SD1 or SD6, new arrivals (SD3)	64	-	64
Children of SD1 or SD6, adjustments (SD8)	433	433	-
Children of SE1 or SE6, new arrivals (SE3)	718	-	718
Children of SE1 or SE6, adjustments (SE8)	15	15	-
Certain unmarried children of SK1 or SK6, new arrivals (SK3)	5	-	5
Certain unmarried children of SK1 or SK6, adjustments (SK8)	228	228	-
Children of SR1 or SR6, new arrivals (SR3)	23	-	23
Children of SR1 or SR6, adjustments (SR8)	152	152	-
Certain unmarried sons/daughters of SN1 or SN6, adjustments (SN8)	5	5	-
Fifth: Employment creation (investors)	9,863	1,391	8,472
Employment creation, not in targeted area, new arrivals, conditional (C51)	22	-	22

See footnotes at end of table.

Table 7.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY TYPE AND DETAILED CLASS OF ADMISSION:
FISCAL YEAR 2016 – *Continued*

Type and class of admission	Total	Adjustments of status	New arrivals
Employment creation, not in targeted area, adjustments, conditional (C56)	68	68	-
Employment creation, targeted area, pilot program, new arrivals, conditional (I51)	2,682	-	2,682
Employment creation, targeted area, pilot program, adjustments, conditional (I56)	463	463	-
Employment creation, targeted area, new arrivals, conditional (T51)	100	-	100
Employment creation, targeted area, adjustments, conditional (T56)	87	87	-
Investor pilot program, not targeted, new arrivals, conditional (R51)	D	-	D
Investor pilot program, not targeted, adjustments, conditional (R56)	D	D	-
Spouses of C51 or C56, new arrivals, conditional (C52)	19	-	19
Spouses of C51 or C56, adjustments, conditional (C57)	39	39	-
Spouses of I51 or I56, new arrivals, conditional (I52)	1,878	-	1,878
Spouses of I51 or I56, adjustments, conditional (I57)	179	179	-
Spouses of T51 or T56, new arrivals, conditional (T52)	68	-	68
Spouses of T51 or T56, adjustments, conditional (T57)	46	46	-
Spouses of R51 or R56, new arrivals, conditional (R52)	D	-	D
Spouses of R51 or R56, adjustments, conditional (R57)	D	D	-
Children of C51 or C56, new arrivals, conditional (C53)	41	-	41
Children of C51 or C56, adjustments, conditional (C58)	57	57	-
Children of I51 or I56, new arrivals, conditional (I53)	3,528	-	3,528
Children of I51 or I56, adjustments, conditional (I58)	374	374	-
Children of T51 or T56, new arrivals, conditional (T53)	125	-	125
Children of T51 or T56, adjustments, conditional (T58)	74	74	-
Children of R51 or R56, new arrivals, conditional (R53)	5	-	5
Diversity	49,865	1,048	48,817
Principals, new arrivals (DV1)	24,987	-	24,987
Principals, adjustments (DV6)	610	610	-
Spouses of DV1 or DV6, new arrivals (DV2)	11,355	-	11,355
Spouses of DV1 or DV6, adjustments (DV7)	265	265	-
Children of DV1 or DV6, new arrivals (DV3)	12,475	-	12,475
Children of DV1 or DV6, adjustments (DV8)	173	173	-
Refugees and asylees	157,425	157,425	-
Refugees	120,216	120,216	-
Cuban refugees (PL. 89-732 of 1966) (CU6)	54,502	54,502	-
Non-Cuban spouses or children of Cuban refugees (CU7)	3,168	3,168	-
Refugee parolees (PL. 95-412 of 1978) (R86)	D	D	-
Other refugees (PL. 96-212 Refugee Act of 1980) (RE6)	26,323	26,323	-
Spouses of RE6 (RE7)	10,386	10,386	-
Children of RE6 (RE8)	25,831	25,831	-
Other relatives (RE9)	D	D	-
Asylees	37,209	37,209	-
Asylees (AS6)	21,064	21,064	-
Syrian asylees (SY6)	D	D	-
Spouses of AS6 (AS7)	D	D	-
Children of AS6 (AS8)	9,679	9,679	-
Parolees	15	15	-
Parolees, Soviet/Indochinese (LA6)	7	7	-
Parolees, Indochinese (ID6)	8	8	-
Children born abroad to alien residents (NA3)	92	-	92
Nicaraguan and Central American Relief Act (NACARA Section 202, PL. 105-100)	34	34	-
Principals (NC6)	24	24	-
Spouses of NC6 (NC7)	D	D	-
Children of NC6 (NC8)	D	D	-
Cancellation of removal	3,453	3,453	-
Sec. 244, PL. 89-236, subject to 4,000 annual limit (Z13)	2,523	2,523	-
Battered spouses or children (Violence Against Women Act), PL. 103-322 of 1994, subject to 4,000 annual limit (Z14)	44	44	-
Salvadoran, Guatemalan and former Soviet bloc country nationals (NACARA Section 203, PL. 105-100 of 1997) (Z15)	886	886	-
Haitian Refugee Immigration Fairness Act (HRIFA, PL. 105-277)	15	15	-
Haitian asylum applicants (HA6)	11	11	-
Spouses of HA6 (HA7)	D	D	-
Spouses of HB6 (HB7)	D	D	-
Children of HB6 (HB8)	D	D	-
IRCA legalization	16	16	-
Entered without inspection before 1/1/82 (W16)	5	5	-
Entered as nonimmigrant and overstayed visa before 1/1/82 (W26)	D	D	-

See footnotes at end of table.

Table 7.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY TYPE AND DETAILED CLASS OF ADMISSION:
FISCAL YEAR 2016 – *Continued*

Type and class of admission	Total	Adjustments of status	New arrivals
Seasonal Agricultural Workers (SAW), worked at least 90 days during each year ending May 1, 1984, 1985, and 1986 (S16) .	D	D	-
Seasonal Agricultural Workers (SAW), worked at least 90 days during the year ending on May 1, 1986 (S26)	6	6	-
IRCA legalization dependents	16	11	5
Spouses of legalized aliens, new arrivals, conditional (CB1)	D	-	D
Spouses of legalized aliens, adjustments (LB6)	D	D	-
Spouses of legalized aliens, adjustments, conditional (CB6)	5	5	-
Children of LB1 or LB6, new arrivals (LB2)	D	-	D
Children of CB1 or CB6, new arrivals, conditional (CB2)	D	-	D
Children of LB1 or LB6, adjustments (LB7)	D	D	-
Children of CB1 or CB6, adjustments, conditional (CB7)	D	D	-
Other.	29,888	17,352	12,536
Amerasians, born in Vietnam between 1/1/62-1/1/76, new arrivals (AM1)	D	-	D
Spouses or children of AM1 or AM6, new arrivals (AM2)	3	-	3
Spouses or children of AM1 or AM6, adjustments (AM7)	D	D	-
Mothers, guardians, or next of kin of AM1 or AM6, new arrivals (AM3)	D	-	D
Mothers, guardians, or next of kin of AM1 or AM6, adjustments (AM8)	D	D	-
Individuals born under diplomatic status, adjustments (DS1)	27	27	-
Spouses of HK1 or HK6, new arrivals (HK2)	D	-	D
Cuban Haitian entrants, adjustments (PL. 99-603) (CH6)	6	6	-
American Indians born in Canada, new arrivals (S13)	166	-	166
Natives of Tibet who continuously resided in Nepal or India (Displaced Tibetan), new arrivals (DT1)	D	-	D
Spouses of DT1 or DT6, adjustments (DT7)	D	D	-
Special immigrant interpreters who are nationals of Iraq or Afghanistan, new arrivals (SI1)	40	-	40
Special immigrant interpreters who are nationals of Iraq or Afghanistan, adjustments (SI6)	3	3	-
Spouses of SI1 or SI6, new arrivals (SI2)	34	-	34
Spouses of SI1 or SI6, adjustments (SI7)	D	D	-
Children of SI1 or SI6, new arrivals (SI3)	99	-	99
Children of SI1 or SI6, adjustments (SI8)	D	D	-
Spouses of SM1 or SM6, new arrivals (SM2)	D	-	D
Certain Iraqis and Afghans employed by U.S. Government, new arrivals (SQ1)	3,772	-	3,772
Certain Iraqis and Afghans employed by U.S. Government, adjustments (SQ6)	9	9	-
Spouses of SQ1 or SQ6, new arrivals (SQ2)	2,743	-	2,743
Spouses of SQ1 or SQ6, adjustments (SQ7)	3	3	-
Children of SQ1 or SQ6, new arrivals (SQ3)	5,621	-	5,621
Children of SQ1 or SQ6, adjustments (SQ8)	3	3	-
Adjustment of T1 nonimmigrant (ST6)	491	491	-
Adjustment of T2 nonimmigrant (ST7)	178	178	-
Adjustment of T3 nonimmigrant (ST8)	362	362	-
Adjustment of T4 nonimmigrant (ST0)	15	15	-
Adjustment of T5 nonimmigrant (ST9)	22	22	-
Adjustment of T6 nonimmigrant (ST1)	D	D	-
Spouses of SU6, new arrivals (SU2)	D	-	D
Children of SU6, new arrivals (SU3)	34	-	34
Adjustment of U1 nonimmigrant (SU6)	9,525	9,525	-
Adjustment of U2 nonimmigrant (SU7)	1,450	1,450	-
Adjustment of U3 nonimmigrant (SU8)	3,543	3,543	-
Adjustment of U4 nonimmigrant (SU0)	1,158	1,158	-
Adjustment of U5 nonimmigrant (SU9)	472	472	-
Late amnesty applicants (Immigration Reform and Control Act) (W46)	3	3	-
Presumed lawfully admitted for permanent residence (XB3)	D	D	-
Children born subsequent to issuance of parent's employment-based preference visa, new arrivals (XE3)	D	-	D
Children born subsequent to issuance of parent's family-sponsored preference visa, new arrivals (XF3)	6	-	6
Children born subsequent to issuance of parent's visa other, new arrivals (XN3)	8	-	8
Entered before 7/1/24, Section 249, PL. 89-236, adjustments (Z33)	D	D	-
Entered 6/29/40-1/1/72, Section 249, PL. 89-236, adjustments (Z66)	69	69	-
Foreign government official who is immediate relative of U.S. citizen or special immigrant (Z83)	3	3	-

D Data withheld to limit disclosure.

- Represents zero.

Source: U.S. Department of Homeland Security.

Table 8.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY SEX, AGE, MARITAL STATUS, AND OCCUPATION:
FISCAL YEAR 2016

Characteristic	Total	Sex		
		Female	Male	Unknown
AGE				
Total	1,183,505	644,002	539,472	31
Under 1 year	3,313	1,669	1,643	1
1 to 4 years	38,550	18,742	19,808	-
5 to 9 years	61,158	29,831	31,322	5
10 to 14 years	67,618	32,747	34,869	2
15 to 19 years	90,610	44,139	46,468	3
20 to 24 years	103,620	58,973	44,646	1
25 to 29 years	139,172	78,276	60,894	2
30 to 34 years	147,282	76,624	70,656	2
35 to 39 years	116,466	60,795	55,667	4
40 to 44 years	97,486	53,723	43,761	2
45 to 49 years	81,346	46,454	34,891	1
50 to 54 years	66,839	39,721	27,114	4
55 to 59 years	54,151	32,970	21,181	-
60 to 64 years	44,366	26,963	17,400	3
65 to 74 years	51,936	30,701	21,234	1
75 years and over	19,592	11,674	7,918	-
BROAD AGE GROUPS				
Total	1,183,505	644,002	539,472	31
Under 16 years	187,010	90,874	96,128	8
16 to 20 years	95,699	47,697	47,998	4
21 years and over	900,796	505,431	395,346	19
MARITAL STATUS				
Total	1,183,505	644,002	539,472	31
Married	688,392	386,142	302,250	-
Single	401,561	192,854	208,707	-
Widowed	32,341	28,439	3,902	-
Divorced/separated	50,918	31,197	19,721	-
Unknown	10,293	5,370	4,892	31
OCCUPATION				
Total	1,183,505	644,002	539,472	31
Management, professional, and related occupations	115,961	45,218	70,742	1
Service occupations	29,464	14,090	15,373	1
Sales and office occupations	44,295	21,556	22,736	3
Farming, fishing, and forestry occupations	13,168	2,426	10,742	-
Construction, extraction, maintenance, and repair occupations	12,213	697	11,516	-
Production, transportation, and material moving occupations	43,268	8,105	35,163	-
Military	74	19	55	-
No occupation/not working outside home	565,255	361,965	203,268	22
Homemakers	160,758	152,864	7,889	5
Students or children	281,933	138,305	143,616	12
Retirees	11,769	6,705	5,064	-
Unemployed	110,795	64,091	46,699	5
Unknown	359,807	189,926	169,877	4

- Represents zero.

Source: U.S. Department of Homeland Security.

Table 9.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY BROAD CLASS OF ADMISSION AND SELECTED
DEMOGRAPHIC CHARACTERISTICS: FISCAL YEAR 2016

Characteristic	Total	Family-sponsored preferences	Employment-based preferences	Immediate relatives of U.S. citizens	Diversity	Refugees and asylees	Other
SEX							
Total	1,183,505	238,087	137,893	566,706	49,865	157,425	33,529
Female	644,002	124,895	66,743	336,868	22,381	74,440	18,675
Male	539,472	113,179	71,150	229,824	27,483	82,985	14,851
Unknown	31	13	-	14	1	-	3
AGE							
Total	1,183,505	238,087	137,893	566,706	49,865	157,425	33,529
Under 1 year	3,313	1,516	D	291	875	D	464
1 to 4 years	38,550	13,252	3,693	9,729	3,872	5,691	2,313
5 to 9 years	61,158	19,053	9,103	16,192	3,557	11,445	1,808
10 to 14 years	67,618	21,772	9,514	21,353	2,265	11,076	1,638
15 to 19 years	90,610	30,560	11,686	31,038	2,235	12,474	2,617
20 to 24 years	103,620	25,291	4,700	48,468	6,967	14,464	3,730
25 to 29 years	139,172	17,086	8,174	79,716	9,634	20,838	3,724
30 to 34 years	147,282	19,781	25,767	69,453	7,923	20,042	4,316
35 to 39 years	116,466	20,043	26,056	46,118	4,957	14,897	4,395
40 to 44 years	97,486	20,029	18,769	37,905	3,048	13,963	3,772
45 to 49 years	81,346	18,107	11,317	36,558	1,951	10,956	2,457
50 to 54 years	66,839	14,226	5,407	36,377	1,251	8,257	1,321
55 to 59 years	54,151	9,466	2,160	36,604	710	4,633	578
60 to 64 years	44,366	4,978	954	34,751	359	3,095	229
65 to 74 years	51,936	2,664	391	44,573	238	3,923	147
75 years and over	19,592	263	D	17,580	23	D	20
BROAD AGE GROUPS							
Total	1,183,505	238,087	137,893	566,706	49,865	157,425	33,529
Under 16 years	187,010	61,222	24,595	53,064	10,963	30,537	6,629
16 to 20 years	95,699	32,428	11,231	33,390	2,895	12,859	2,896
21 years and over	900,796	144,437	102,067	480,252	36,007	114,029	24,004
MARITAL STATUS							
Total	1,183,505	238,087	137,893	566,706	49,865	157,425	33,529
Married	688,392	91,298	82,083	412,640	23,625	64,218	14,528
Single	401,561	128,816	52,901	101,245	22,931	80,163	15,505
Widowed	32,341	1,338	172	27,208	144	3,238	241
Divorced/separated	50,918	14,006	2,196	21,246	2,754	8,918	1,798
Unknown	10,293	2,629	541	4,367	411	888	1,457
OCCUPATION							
Total	1,183,505	238,087	137,893	566,706	49,865	157,425	33,529
Management, professional, and related occupations	115,961	11,532	56,147	28,829	11,354	7,262	837
Service occupations	29,464	2,258	1,600	14,090	371	11,026	119
Sales and office occupations	44,295	14,529	4,628	19,677	1,845	3,339	277
Farming, fishing, and forestry occupations	13,168	5,018	196	7,396	D	D	29
Construction, extraction, maintenance, and repair occupations	12,213	1,675	406	7,861	193	2,008	70
Production, transportation, and material moving occupations	43,268	6,941	1,110	24,434	326	10,338	119
Military	74	6	11	49	D	D	-
No occupation/not working outside home	565,255	147,911	54,110	271,046	22,647	59,641	9,900
Homemakers	160,758	35,023	12,279	102,975	2,237	6,127	2,117
Students or children	281,933	96,981	35,388	85,545	18,653	37,965	7,401
Retirees	11,769	47	191	10,371	D	1,139	D
Unemployed	110,795	15,860	6,252	72,155	D	14,410	D
Unknown	359,807	48,217	19,685	193,324	12,904	63,499	22,178

D Data withheld to limit disclosure.

- Represents zero.

Source: U.S. Department of Homeland Security.

Table 10.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY BROAD CLASS OF ADMISSION AND REGION
AND COUNTRY OF BIRTH: FISCAL YEAR 2016

Region and country of birth	Total	Family-sponsored preferences	Employment-based preferences	Immediate relatives of U.S. citizens	Diversity	Refugees and asylees	Other
REGION							
Total	1,183,505	238,087	137,893	566,706	49,865	157,425	33,529
Africa	113,426	11,420	5,054	51,206	20,137	25,265	344
Asia	462,299	108,734	81,288	180,168	15,503	62,895	13,711
Europe	93,567	6,380	21,323	49,513	11,949	4,197	205
North America	427,293	96,604	18,330	231,712	714	62,053	17,880
Oceania	5,588	458	1,276	3,132	675	38	9
South America	79,608	14,120	10,568	49,814	827	2,934	1,345
Unknown	1,724	371	54	1,161	60	43	35
COUNTRY							
Total	1,183,505	238,087	137,893	566,706	49,865	157,425	33,529
Afghanistan	12,513	400	42	1,081	127	686	10,177
Albania	5,773	889	75	2,918	1,730	155	6
Algeria	2,180	169	62	674	1,253	21	1
Angola	198	20	30	85	30	32	1
Anguilla	20	4	-	15	-	-	1
Antigua and Barbuda	324	91	15	217	-	-	1
Argentina	4,091	195	1,343	2,341	31	101	80
Armenia	3,543	304	102	1,589	1,286	256	6
Aruba	23	D	D	D	-	-	-
Australia	3,239	67	1,006	1,773	388	D	D
Austria	432	15	149	233	27	5	3
Azerbaijan	784	54	56	354	232	87	1
Bahamas	656	52	60	532	5	5	2
Bahrain	138	28	62	36	5	7	-
Bangladesh	18,723	9,899	653	7,841	D	289	D
Barbados	371	80	42	245	-	-	4
Belarus	2,127	109	285	751	792	188	2
Belgium	691	19	308	323	32	9	-
Belize	851	183	46	586	D	D	24
Benin	577	21	18	267	249	22	-
Bermuda	99	D	19	70	D	-	-
Bhutan	4,217	3	11	47	3	4,153	-
Bolivia	1,595	287	109	1,098	24	38	39
Bosnia and Herzegovina	971	126	72	642	61	65	5
Botswana	78	8	14	39	3	13	1
Brazil	13,812	551	3,489	9,438	14	152	168
Brunei	31	4	14	13	-	-	-
Bulgaria	2,670	163	281	1,445	726	50	5
Burkina Faso	642	38	11	267	144	179	3
Burma	13,065	569	61	777	125	11,532	1
Burundi	415	9	11	58	58	278	1
Cabo Verde	2,242	1,086	3	1,145	3	4	1
Cambodia	3,173	508	70	2,239	287	63	6
Cameroon	4,899	485	104	1,936	1,664	701	9
Canada	12,793	576	5,221	6,665	62	73	196
Cayman Islands	55	8	3	38	-	6	-
Central African Republic	202	5	D	26	D	167	-
Chad	136	6	4	27	15	84	-
Chile	1,698	81	381	1,166	3	49	18
China, People's Republic	81,772	17,294	19,942	31,658	28	12,657	193
Colombia	18,610	3,097	1,339	13,014	14	1,008	138
Congo, Democratic Republic	6,791	208	39	865	2,839	2,840	-
Congo, Republic	625	6	11	97	46	460	5
Costa Rica	2,224	148	237	1,753	3	52	31
Cote d'Ivoire	1,617	126	36	730	391	309	25
Croatia	388	20	72	254	29	13	-
Cuba	66,516	4,363	17	4,555	538	57,036	7

See footnotes at end of table.

Table 10.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY BROAD CLASS OF ADMISSION AND REGION
AND COUNTRY OF BIRTH: FISCAL YEAR 2016 – *Continued*

Region and country of birth	Total	Family-sponsored preferences	Employment-based preferences	Immediate relatives of U.S. citizens	Diversity	Refugees and asylees	Other
Curacao	35	4	4	22	-	5	-
Cyprus	131	7	23	80	12	9	-
Czechia	650	9	151	445	38	5	2
Czechoslovakia (former)	62	D	11	42	-	D	4
Denmark	521	14	243	243	17	3	1
Djibouti	281	7	4	54	24	191	1
Dominica	298	155	4	136	3	-	-
Dominican Republic	61,161	28,375	330	32,191	3	111	151
Ecuador	10,757	3,043	671	6,246	-	235	562
Egypt	12,045	941	881	3,899	3,476	2,826	22
El Salvador	23,449	6,573	1,860	12,516	-	897	1,603
Equatorial Guinea	18	D	-	14	-	D	-
Eritrea	2,267	178	29	678	134	1,247	1
Estonia	211	D	38	140	18	D	-
Ethiopia	13,232	1,993	190	5,372	2,096	3,569	12
Fiji	866	296	14	341	181	33	1
Finland	489	12	225	215	35	-	2
France	5,159	186	2,418	2,233	276	37	9
French Polynesia	27	-	D	21	D	-	-
Gabon	165	D	9	108	13	32	D
Gambia	1,247	104	18	850	19	242	14
Georgia	1,635	142	82	900	445	64	2
Germany	5,306	171	1,653	3,019	409	42	12
Ghana	6,949	1,151	252	4,962	478	90	16
Greece	1,451	59	340	916	117	18	1
Grenada	585	78	29	464	D	D	9
Guatemala	13,002	2,438	1,530	6,295	13	1,162	1,564
Guinea	1,501	122	16	743	245	352	23
Guinea-Bissau	37	4	D	28	-	D	-
Guyana	5,771	3,256	57	2,399	4	21	34
Haiti	23,584	8,807	169	13,576	-	948	84
Honduras	13,302	2,284	1,316	8,379	28	469	826
Hong Kong	2,510	943	692	801	47	25	2
Hungary	1,048	23	264	653	94	13	1
Iceland	97	D	D	57	-	-	-
India	64,687	18,230	20,747	24,246	28	1,068	368
Indonesia	2,129	187	382	1,324	37	173	26
Iran	13,298	2,523	1,600	3,172	2,883	3,111	9
Iraq	18,904	279	72	1,310	103	15,026	2,114
Ireland	1,759	40	666	993	51	4	5
Israel	4,142	174	1,704	2,119	102	33	10
Italy	4,078	146	1,320	2,106	273	228	5
Jamaica	23,350	5,831	823	16,587	D	D	55
Japan	5,207	167	1,650	3,203	170	8	9
Jordan	5,269	1,360	311	3,199	102	284	13
Kazakhstan	1,310	64	155	588	359	144	-
Kenya	6,274	399	423	2,810	1,039	1,574	29
Korea, North	47	D	D	27	-	12	-
Korea, South	21,801	1,250	13,463	7,053	7	9	19
Kosovo	1,020	121	22	605	180	91	1
Kuwait	1,186	192	197	473	57	262	5
Kyrgyzstan	847	42	47	328	228	201	1
Laos	856	105	12	720	-	18	1
Latvia	391	34	59	264	31	D	D
Lebanon	2,971	793	349	1,668	47	109	5
Lesotho	19	D	-	15	-	D	1
Liberia	3,619	326	30	1,504	1,403	352	4
Libya	642	34	66	328	75	135	4

See footnotes at end of table.

Table 10.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY BROAD CLASS OF ADMISSION AND REGION
AND COUNTRY OF BIRTH: FISCAL YEAR 2016 – *Continued*

Region and country of birth	Total	Family-sponsored preferences	Employment-based preferences	Immediate relatives of U.S. citizens	Diversity	Refugees and asylees	Other
Lithuania	735	53	60	476	140	D	D
Luxembourg	34	3	16	12	D	D	-
Macau	109	30	45	28	6	-	-
Macedonia	1,262	204	42	730	266	17	3
Madagascar	88	D	18	42	20	D	-
Malawi	205	11	23	104	7	59	1
Malaysia	3,382	181	552	781	37	1,822	9
Maldives	11	D	D	7	-	D	-
Mali	598	30	26	326	26	168	22
Malta	65	-	9	26	-	30	-
Marshall Islands	32	D	-	D	-	-	D
Mauritania	317	16	16	127	6	151	1
Mauritius	110	11	38	51	10	-	-
Mexico	174,534	34,718	6,078	119,541	11	1,042	13,144
Micronesia, Federated States	11	-	-	D	D	-	-
Moldova	2,929	149	102	814	1,435	428	1
Monaco	11	D	4	4	D	-	-
Mongolia	750	29	112	354	135	106	14
Montenegro	387	94	11	261	8	9	4
Montserrat	14	D	-	8	D	-	-
Morocco	4,586	421	152	2,958	1,025	21	9
Mozambique	101	3	8	37	-	53	-
Namibia	87	D	12	31	D	41	-
Nepal	12,851	994	1,386	2,989	3,242	4,209	31
Netherlands	1,319	39	542	683	43	9	3
Netherlands Antilles (former)	18	D	D	13	D	-	-
New Zealand	846	35	234	484	90	D	D
Nicaragua	3,486	778	75	2,401	10	121	101
Niger	119	8	12	86	13	-	-
Nigeria	14,380	2,313	958	10,914	20	133	42
Norway	362	21	104	231	D	D	-
Oman	116	24	35	27	12	17	1
Pakistan	19,313	7,121	1,992	9,272	10	887	31
Palau	14	D	-	D	-	-	-
Panama	1,029	146	96	760	4	17	6
Papua New Guinea	23	D	5	13	D	-	-
Paraguay	434	30	46	337	-	17	4
Peru	10,940	2,687	462	7,425	8	140	218
Philippines	53,287	14,857	7,657	30,345	9	17	402
Poland	5,603	887	798	3,512	363	11	32
Portugal	1,006	62	197	704	18	15	10
Qatar	272	51	54	106	43	18	-
Romania	3,554	270	562	2,224	403	91	4
Russia	9,297	555	1,627	4,781	1,815	499	20
Rwanda	1,357	20	20	100	258	956	3
Saint Kitts and Nevis	250	74	4	172	-	-	-
Saint Lucia	777	104	32	628	D	D	D
Saint Vincent and the Grenadines	422	75	28	314	D	D	1
Samoa	219	D	D	211	-	-	-
Sao Tome and Principe	12	D	D	9	-	-	-
Saudi Arabia	2,117	316	318	901	271	307	4
Senegal	1,533	137	63	1,085	117	86	45
Serbia	1,351	108	122	859	239	22	1
Serbia and Montenegro (former)	202	7	36	98	-	56	5
Seychelles	16	D	D	10	-	-	-
Sierra Leone	1,535	128	10	949	324	121	3
Singapore	812	42	431	316	15	5	3
Sint Maarten	42	-	6	33	-	3	-

See footnotes at end of table.

Table 10.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY BROAD CLASS OF ADMISSION AND REGION
AND COUNTRY OF BIRTH: FISCAL YEAR 2016 – *Continued*

Region and country of birth	Immediate						
	Total	Family-sponsored preferences	Employment-based preferences	relatives of U.S. citizens	Diversity	Refugees and asylees	Other
Slovakia	483	19	89	339	28	7	1
Slovenia	119	D	35	69	9	3	D
Somalia	6,958	177	13	1,489	80	5,199	-
South Africa	3,023	112	932	1,433	231	307	8
South Sudan	124	3	-	100	7	14	-
Soviet Union (former)	1,042	16	153	568	4	296	5
Spain	3,519	118	1,321	1,383	151	540	6
Sri Lanka	1,913	254	477	634	296	241	11
Sudan	3,159	111	28	726	1,256	1,037	1
Suriname	156	44	9	97	D	D	-
Swaziland	20	-	D	D	D	-	-
Sweden	1,144	27	444	617	46	7	3
Switzerland	743	21	291	369	45	16	1
Syria	4,800	1,170	241	1,850	114	1,416	9
Taiwan	5,120	841	2,083	2,052	137	D	D
Tajikistan	593	29	52	179	289	42	2
Tanzania	788	51	59	420	28	226	4
Thailand	7,039	300	362	3,612	32	2,651	82
Togo	1,938	201	11	899	710	114	3
Tonga	283	48	8	221	4	-	2
Trinidad and Tobago	3,469	614	242	2,556	21	5	31
Tunisia	518	17	55	366	64	14	2
Turkey	4,469	227	1,154	1,900	1,000	179	9
Turkmenistan	235	15	29	98	75	18	-
Turks and Caicos Islands	39	5	D	28	D	D	-
Uganda	1,649	86	109	663	152	623	16
Ukraine	10,422	986	930	5,404	1,915	1,175	12
United Arab Emirates	1,370	247	382	388	137	197	19
United Kingdom	12,673	565	5,132	6,848	76	28	24
United States	468	D	30	364	D	30	28
Uruguay	972	31	112	763	4	33	29
Uzbekistan	4,359	588	133	903	2,500	225	10
Venezuela	10,772	818	2,550	5,490	724	1,135	55
Vietnam	41,451	21,845	1,261	18,172	-	115	58
Virgin Islands, British	40	8	5	27	-	-	-
Yemen	13,040	4,049	26	8,407	421	134	3
Zambia	487	22	78	280	15	91	1
Zimbabwe	815	76	143	399	66	123	8
All other countries ¹	52	D	10	28	6	D	-
Unknown	1,724	371	54	1,161	60	43	35

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes countries with less than 10 lawful permanent residents.

Source: U.S. Department of Homeland Security.

Table 11.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY BROAD CLASS OF ADMISSION AND REGION
AND COUNTRY OF LAST RESIDENCE: FISCAL YEAR 2016

Region and country of last residence	Total	Family-sponsored preferences	Employment-based preferences	Immediate relatives of U.S. citizens	Diversity	Refugees and asylees	Other
REGION							
Total	1,183,505	238,087	137,893	566,706	49,865	157,425	33,529
Africa	110,754	11,914	4,170	51,232	19,118	24,006	314
Asia	442,854	103,819	75,666	173,212	15,403	61,284	13,470
Europe	98,043	7,098	22,547	50,121	11,911	6,108	258
North America	427,068	96,707	22,046	229,256	927	61,915	16,217
Oceania	6,489	638	1,731	3,307	743	50	20
South America	75,571	13,198	9,675	47,703	776	2,936	1,283
Unknown	22,726	4,713	2,058	11,875	987	1,126	1,967
COUNTRY							
Total	1,183,505	238,087	137,893	566,706	49,865	157,425	33,529
Afghanistan	11,622	285	21	912	127	307	9,970
Albania	5,355	772	54	2,794	1,573	156	6
Algeria	2,632	418	29	905	1,258	21	1
Angola	185	11	37	78	30	28	1
Anguilla	20	4	-	15	-	-	1
Antigua and Barbuda	365	113	14	237	-	-	1
Argentina	3,783	176	1,168	2,228	29	105	77
Armenia	3,602	297	90	1,711	1,258	240	6
Aruba	34	-	3	31	-	-	-
Australia	4,173	235	1,422	2,028	464	9	15
Austria	1,621	31	166	247	44	1,126	7
Azerbaijan	559	20	56	239	188	54	2
Bahamas	683	39	83	549	3	7	2
Bahrain	197	23	51	81	12	29	1
Bangladesh	18,204	9,690	527	7,676	-	273	38
Barbados	384	79	42	259	-	-	4
Belarus	2,078	97	255	718	792	214	2
Belgium	821	32	365	364	47	13	-
Belize	878	192	57	589	5	12	23
Benin	571	21	14	271	239	26	-
Bermuda	144	D	47	82	D	-	-
Bhutan	193	-	D	38	D	144	-
Bolivia	1,481	275	85	1,023	22	39	37
Bosnia and Herzegovina	864	108	51	611	59	30	5
Botswana	122	10	26	47	8	30	1
Brazil	13,528	571	3,341	9,289	17	151	159
Brunei	28	D	15	9	-	D	-
Bulgaria	2,560	156	242	1,397	710	50	5
Burkina Faso	702	37	11	266	189	196	3
Burma	2,263	460	36	691	112	964	-
Burundi	410	8	11	46	41	303	1
Cabo Verde	2,218	1,068	3	1,140	3	3	1
Cambodia	2,982	454	65	2,143	280	34	6
Cameroon	4,728	457	76	1,868	1,566	753	8
Canada	19,349	1,672	8,901	8,215	276	107	178
Cayman Islands	115	20	7	82	-	6	-
Central African Republic	66	-	D	22	D	39	-
Chad	197	5	4	23	7	158	-
Chile	1,711	99	386	1,152	5	50	19
China, People's Republic	77,658	16,496	18,077	30,456	35	12,399	195
Colombia	16,830	2,791	1,132	12,162	10	607	128
Congo, Democratic Republic	4,115	187	19	802	2,691	416	-
Congo, Republic	292	4	20	89	30	147	2
Costa Rica	2,295	165	264	1,774	5	56	31
Cote d'Ivoire	1,420	117	16	687	333	244	23
Croatia	348	14	58	221	22	33	-
Cuba	66,120	4,251	12	4,402	523	56,925	7
Curacao	37	D	8	23	-	D	-

See footnotes at end of table.

Table 11.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY BROAD CLASS OF ADMISSION AND REGION
AND COUNTRY OF LAST RESIDENCE: FISCAL YEAR 2016 – Continued

Region and country of last residence	Total	Family-sponsored preferences	Employment-based preferences	Immediate relatives of U.S. citizens	Diversity	Refugees and asylees	Other
Cyprus	160	16	26	91	20	7	-
Czechia	637	11	147	435	38	4	2
Czechoslovakia (former)	81	D	32	41	-	D	4
Denmark	562	19	268	241	26	6	2
Djibouti	3,232	832	8	2,040	33	318	1
Dominica	277	143	D	125	4	D	-
Dominican Republic	60,613	28,163	350	31,836	-	114	150
Ecuador	10,779	2,999	669	5,945	4	630	532
Egypt	13,367	1,125	816	4,419	3,341	3,646	20
El Salvador	21,268	6,402	1,825	11,052	-	882	1,107
Equatorial Guinea	25	-	-	16	4	5	-
Eritrea	924	25	20	344	26	508	1
Estonia	195	D	31	136	17	D	-
Ethiopia	13,699	1,745	140	4,868	1,950	4,984	12
Fiji	797	270	7	312	174	33	1
Finland	512	19	221	221	47	D	D
France	5,473	256	2,507	2,350	311	38	11
French Polynesia	22	-	-	D	D	-	-
Gabon	180	D	D	108	11	54	1
Gambia	1,238	102	17	839	18	248	14
Georgia	1,488	133	59	837	398	59	2
Germany	5,895	268	1,849	3,321	375	55	27
Ghana	6,920	1,139	246	4,862	454	204	15
Greece	1,664	124	306	1,007	209	17	1
Grenada	564	74	36	442	D	D	7
Guatemala	12,548	2,408	1,519	6,176	11	1,129	1,305
Guinea	1,447	123	14	705	221	363	21
Guinea-Bissau	30	4	-	23	-	3	-
Guyana	4,909	2,772	27	2,056	D	D	32
Haiti	23,185	8,727	150	13,310	4	910	84
Honduras	12,996	2,248	1,298	8,181	23	449	797
Hong Kong	2,982	1,317	537	1,048	60	18	2
Hungary	999	23	236	636	88	15	1
Iceland	99	6	41	52	-	-	-
India	61,691	17,358	19,190	23,464	51	1,264	364
Indonesia	2,014	173	330	1,237	32	213	29
Iran	9,596	2,185	1,101	2,837	2,649	817	7
Iraq	12,021	168	33	940	69	8,868	1,943
Ireland	1,895	57	805	973	53	D	D
Israel	4,652	249	1,893	2,249	182	68	11
Italy	4,385	247	1,250	2,272	351	254	11
Jamaica	22,833	5,642	774	16,309	-	56	52
Japan	5,709	199	1,860	3,444	176	19	11
Jordan	7,345	1,536	327	3,359	105	1,968	50
Kazakhstan	1,085	43	93	512	286	151	-
Kenya	8,594	446	355	3,120	1,009	3,635	29
Korea, North	22	D	-	D	-	-	-
Korea, South	21,307	1,192	12,891	7,154	33	18	19
Kosovo	984	111	22	561	178	111	1
Kuwait	1,020	132	158	475	43	208	4
Kyrgyzstan	793	33	29	281	193	256	1
Laos	812	87	8	697	-	19	1
Latvia	366	34	48	262	19	D	D
Lebanon	3,573	764	276	1,626	36	864	7
Lesotho	20	D	-	14	-	D	D
Liberia	3,545	319	36	1,541	1,407	239	3
Libya	424	13	44	273	46	44	4

See footnotes at end of table.

Table 11.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY BROAD CLASS OF ADMISSION AND REGION
AND COUNTRY OF LAST RESIDENCE: FISCAL YEAR 2016 – Continued

Region and country of last residence	Immediate						
	Total	Family-sponsored preferences	Employment-based preferences	relatives of U.S. citizens	Diversity	Refugees and asylees	Other
Lithuania	660	39	46	454	116	D	D
Luxembourg	65	-	48	12	D	D	-
Macau	127	53	30	41	3	-	-
Macedonia	1,213	192	33	710	252	22	4
Madagascar	72	D	D	41	21	-	-
Malawi	293	10	19	107	4	152	1
Malaysia	11,747	345	536	1,416	189	9,241	20
Maldives	17	D	4	7	-	D	-
Mali	613	39	23	323	20	189	19
Malta	478	D	D	27	D	443	-
Marshall Islands	34	D	D	D	-	D	D
Mauritania	291	8	14	117	13	138	1
Mauritius	80	4	26	42	8	-	-
Mexico	172,726	34,541	6,127	118,619	23	1,091	12,325
Moldova	2,740	138	64	780	1,306	451	1
Monaco	14	D	8	D	-	-	-
Mongolia	730	26	109	342	131	107	15
Montenegro	374	97	10	247	6	11	3
Montserrat	12	D	-	6	D	-	-
Morocco	4,447	416	91	2,894	998	39	9
Mozambique	187	3	7	37	-	140	-
Namibia	192	D	11	31	D	147	-
Nepal	16,704	970	1,305	2,955	3,147	8,298	29
Netherlands	1,550	71	669	728	63	14	5
Netherlands Antilles (former)	20	-	7	13	-	-	-
New Caledonia	13	5	5	3	-	-	-
New Zealand	939	84	288	471	95	-	1
Nicaragua	3,397	756	70	2,343	12	121	95
Niger	110	7	14	82	7	-	-
Nigeria	13,915	2,229	783	10,675	36	160	32
Norway	404	20	116	251	11	4	2
Oman	219	34	54	67	31	27	6
Pakistan	18,645	6,917	1,693	9,108	13	878	36
Palau	17	-	-	17	-	-	-
Panama	1,130	169	122	800	11	22	6
Papua New Guinea	20	D	D	10	3	4	-
Paraguay	400	25	32	322	-	17	4
Peru	10,519	2,604	402	7,154	4	139	216
Philippines	50,609	14,419	6,505	29,264	7	14	400
Poland	5,287	845	648	3,392	358	11	33
Portugal	1,017	84	177	714	15	19	8
Qatar	653	79	136	233	161	44	-
Romania	3,322	251	410	2,107	353	197	4
Russia	9,280	585	1,548	4,638	1,803	688	18
Rwanda	2,274	18	13	109	284	1,847	3
Saint Kitts and Nevis	243	63	3	177	-	-	-
Saint Lucia	766	106	30	617	D	D	10
Saint Vincent and the Grenadines	392	68	27	291	D	D	D
Samoa	189	D	D	185	-	-	-
Saudi Arabia	2,812	382	409	1,276	504	239	2
Senegal	1,553	143	48	1,096	119	105	42
Serbia	1,343	115	100	867	240	20	1
Serbia and Montenegro (former)	156	5	27	85	-	35	4
Seychelles	18	D	D	9	-	-	-
Sierra Leone	1,398	109	9	872	312	93	3
Singapore	1,728	124	1,125	435	27	13	4
Sint Maarten	86	19	10	57	-	-	-

See footnotes at end of table.

Table 11.
PERSONS OBTAINING LAWFUL PERMANENT RESIDENT STATUS BY BROAD CLASS OF ADMISSION AND REGION
AND COUNTRY OF LAST RESIDENCE: FISCAL YEAR 2016 – Continued

Region and country of last residence	Immediate						
	Total	Family-sponsored preferences	Employment-based preferences	relatives of U.S. citizens	Diversity	Refugees and asylees	Other
Slovakia	581	19	74	317	24	146	1
Slovenia	110	6	26	69	6	D	D
Somalia	660	15	4	167	23	451	-
South Africa	3,441	148	771	1,479	329	705	9
South Sudan	67	D	-	47	13	D	-
Soviet Union (former)	571	16	13	498	4	37	3
Spain	4,018	234	1,395	1,598	197	588	6
Sri Lanka	1,730	228	382	572	255	283	10
Sudan	2,200	107	21	654	1,007	410	1
Suriname	130	29	4	92	D	D	-
Swaziland	28	D	D	19	5	-	-
Sweden	1,325	74	498	676	56	9	12
Switzerland	1,090	41	578	403	50	17	1
Syria	3,800	660	160	1,146	50	1,774	10
Taiwan	5,062	862	1,997	2,062	131	D	D
Tajikistan	527	19	44	161	246	57	-
Tanzania	906	47	61	416	28	350	4
Thailand	10,296	285	381	3,586	32	5,931	81
Togo	1,898	193	7	888	705	102	3
Tonga	255	37	5	210	D	-	D
Trinidad and Tobago	3,448	596	232	2,558	16	15	31
Tunisia	570	17	41	335	58	117	2
Turkey	8,635	248	1,059	1,977	1,018	4,281	52
Turkmenistan	186	13	21	82	59	11	-
Turks and Caicos Islands	56	D	9	37	-	D	-
Uganda	2,938	83	82	745	149	1,865	14
Ukraine	10,153	951	800	5,333	1,829	1,222	18
United Arab Emirates	3,051	506	751	925	374	438	57
United Kingdom	14,887	918	6,294	7,345	257	37	36
Uruguay	911	16	96	737	3	32	27
Uzbekistan	4,138	550	79	823	2,472	203	11
Venezuela	10,590	841	2,333	5,543	679	1,142	52
Vietnam	40,412	21,277	1,121	17,893	-	63	58
Virgin Islands, British	82	20	15	47	-	-	-
Yemen	7,447	2,504	7	4,612	206	116	2
Zambia	594	25	54	282	14	218	1
Zimbabwe	700	57	88	344	47	157	7
All other countries ¹	50	2	6	33	6	3	-
Unknown	22,726	4,713	2,058	11,875	987	1,126	1,967

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes countries with less than 10 lawful permanent residents.

Source: U.S. Department of Homeland Security.

Table 12.
IMMIGRANT ORPHANS ADOPTED BY U.S. CITIZENS BY SEX, AGE, AND REGION AND COUNTRY OF BIRTH:
FISCAL YEAR 2016

Region and country of birth	Sex			Age		
	Total	Female	Male	Under 1 year	1 to 4 years	5 years and over
REGION						
Total	5,378	2,623	2,755	142	2,885	2,351
Africa	1,018	460	558	35	490	493
Asia	3,076	1,527	1,549	77	2,055	944
Europe	734	351	383	8	191	535
North America	349	180	169	5	103	241
Oceania	19	8	11	D	8	D
South America	181	97	84	D	37	D
Unknown	1	-	1	-	1	-
COUNTRY						
Total	5,378	2,623	2,755	142	2,885	2,351
Armenia	15	11	4	D	10	D
Bangladesh	15	9	6	8	D	D
Bulgaria	202	97	105	-	81	121
China, People's Republic	2,209	1,101	1,108	24	1,525	660
Colombia	131	73	58	7	33	91
Congo, Democratic Republic	365	156	209	-	187	178
Costa Rica	18	11	7	-	D	D
Ethiopia	180	79	101	D	D	93
Ghana	30	13	17	-	12	18
Guyana	22	10	12	-	D	D
Haiti	185	90	95	-	72	113
Honduras	21	12	9	-	8	13
Hungary	17	8	9	-	12	5
India	191	131	60	5	122	64
Jamaica	58	31	27	-	8	50
Japan	22	12	10	16	6	-
Korea, South	257	60	197	-	253	4
Kyrgyzstan	22	12	10	-	9	13
Latvia	80	37	43	-	9	71
Marshall Islands	10	D	D	10	-	-
Mexico	22	9	13	-	D	D
Morocco	21	4	17	16	D	D
Nicaragua	14	8	6	3	4	7
Nigeria	120	63	57	8	61	51
Pakistan	42	25	17	21	7	14
Peru	14	6	8	-	D	D
Philippines	162	89	73	-	40	122
Poland	100	52	48	-	39	61
Sierra Leone	22	12	10	-	6	16
South Africa	25	9	16	D	14	D
Taiwan	60	29	31	D	31	D
Thailand	44	24	20	-	31	13
Uganda	181	86	95	6	95	80
Ukraine	299	134	165	8	39	252
Vietnam	13	D	D	-	5	8
All other countries ¹	188	104	84	4	71	113
Unknown	1	-	1	-	1	-

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes countries with less than 10 lawful permanent residents.

Source: U.S. Department of Homeland Security.

Refugees and Asylees

Table 13.
REFUGEE ARRIVALS: FISCAL YEARS 1980 TO 2016

Year	Number	Year	Number	Year	Number
1980.	207,116	1993.	114,181	2006.	41,094
1981.	159,252	1994.	111,680	2007.	48,218
1982.	98,096	1995.	98,973	2008.	60,107
1983.	61,218	1996.	75,421	2009.	74,602
1984.	70,393	1997.	69,653	2010.	73,293
1985.	67,704	1998.	76,712	2011.	56,384
1986.	62,146	1999.	85,285	2012.	58,179
1987.	64,528	2000.	72,165	2013.	69,909
1988.	76,483	2001.	68,920	2014.	69,975
1989.	107,070	2002.	26,785	2015.	69,920
1990.	122,066	2003.	28,286	2016.	84,989
1991.	113,389	2004.	52,840		
1992.	115,548	2005.	53,738		

Note: Data series began following the Refugee Act of 1980. Excludes Amerasian immigrants except in Fiscal Years 1989 to 1991.

Source: U.S. Department of State.

Table 14.
REFUGEE ARRIVALS BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2007 TO 2016

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
REGION										
Total	48,218	60,107	74,602	73,293	56,384	58,179	69,909	69,975	69,920	84,989
Africa	17,486	8,943	9,678	13,325	7,693	10,629	15,984	17,501	22,492	31,648
Asia	23,564	44,819	58,309	52,695	44,583	44,416	48,840	47,197	43,115	48,287
Europe	4,192	2,059	1,693	1,238	996	908	482	818	2,164	3,664
North America	2,922	4,177	4,800	4,856	2,930	1,948	4,206	4,066	1,528	811
Oceania	-	-	-	-	-	-	-	-	-	-
South America	54	100	57	126	46	130	233	252	522	529
Unknown	-	9	65	1,053	136	148	164	141	99	50
COUNTRY										
Total	48,218	60,107	74,602	73,293	56,384	58,179	69,909	69,975	69,920	84,989
Afghanistan	441	576	349	515	428	481	661	753	910	2,737
Armenia	29	9	4	D	15	8	3	10	49	55
Azerbaijan	78	30	38	18	16	10	3	15	18	32
Belarus	219	111	146	103	66	83	10	46	98	185
Bhutan	-	5,320	13,452	12,363	14,999	15,070	9,134	8,434	5,775	5,817
Burma	13,896	18,139	18,202	16,693	16,972	14,160	16,299	14,598	18,386	12,347
Burundi	4,545	2,889	762	530	110	186	193	68	1,186	694
Cambodia	15	8	15	9	5	6	30	44	-	18
Cameroon	5	D	4	6	-	7	-	5	8	14
Central African Republic	15	56	59	45	182	136	318	25	270	401
Chad	10	23	6	28	25	12	32	21	16	D
China, People's Republic	27	50	54	72	28	54	101	53	30	58
Colombia	54	94	57	123	46	126	230	252	521	529
Congo, Democratic Republic	848	727	1,135	3,174	977	1,863	2,563	4,540	7,876	16,370
Congo, Republic	206	197	293	154	27	102	161	30	52	16
Cote d'Ivoire	11	30	9	4	7	33	20	42	28	79
Cuba	2,922	4,177	4,800	4,818	2,920	1,948	4,205	4,062	1,527	354
Egypt	3	5	7	15	6	13	3	21	13	21
El Salvador	-	-	-	-	-	-	-	-	-	364
Equatorial Guinea	14	-	9	9	-	-	-	-	D	-
Eritrea	963	251	1,571	2,570	2,032	1,346	1,824	1,488	1,596	1,949
Ethiopia	1,028	299	321	668	560	620	765	728	626	1,131
Gambia	13	6	10	10	7	D	11	D	3	-
Georgia	7	20	4	4	20	7	D	13	9	16
Haiti	-	-	-	18	-	-	-	4	-	-
Honduras	-	-	-	20	5	-	-	-	-	84
Iran	5,482	5,270	5,381	3,543	2,032	1,758	2,579	2,846	3,109	3,750
Iraq	1,608	13,822	18,838	18,016	9,388	12,163	19,487	19,769	12,676	9,880
Jordan	3	-	-	7	D	3	13	7	D	6
Kazakhstan	45	62	52	46	53	7	11	24	58	91
Kenya	-	-	D	-	D	23	5	21	3	6
Korea, North	22	37	25	8	23	22	17	8	15	14
Kuwait	24	D	7	40	5	3	12	12	4	D
Kyrgyzstan	17	25	46	27	30	49	19	8	17	40
Laos	117	59	14	36	211	21	-	-	-	7
Latvia	17	6	D	-	4	-	-	-	-	-
Liberia	1,606	992	385	244	121	69	94	31	12	16
Mauritania	62	26	16	74	3	-	-	4	-	-
Moldova	565	487	445	356	331	255	119	142	333	465
Nepal	3	4	7	-	10	47	34	47	26	33
Nigeria	20	76	3	D	D	D	D	4	4	7
Pakistan	30	104	67	59	54	274	158	240	159	545
Russia	1,773	426	495	326	165	197	125	139	281	462
Rwanda	202	108	111	230	74	157	139	45	173	140
Senegal	-	D	-	D	D	5	D	-	4	16
Sierra Leone	166	99	51	54	28	D	4	6	6	3
Somalia	6,969	2,523	4,189	4,884	3,161	4,911	7,608	9,000	8,858	9,020
South Sudan	X	X	X	X	-	D	17	57	79	189
Sri Lanka	D	D	33	118	69	55	92	57	89	91
Sudan	705	375	683	558	334	1,077	2,160	1,315	1,578	1,458
Syria	17	24	25	25	29	31	36	105	1,682	12,587
Tajikistan	-	D	-	3	-	-	D	-	-	17

See footnotes at end of table.

Table 14.

REFUGEE ARRIVALS BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Togo	40	204	14	9	5	26	18	26	D	19
Uganda	38	42	8	30	10	18	15	5	67	65
Ukraine	1,605	1,022	601	449	428	372	227	490	1,451	2,543
Uzbekistan.	190	134	152	185	96	140	51	69	43	41
Vietnam.	1,500	1,112	1,486	873	79	41	69	67	22	52
Yemen.	6	-	47	15	-	-	12	D	16	26
Zimbabwe	D	3	10	7	8	3	12	D	7	11
All other countries ¹	34	32	36	44	38	27	39	33	47	64
Unknown ²	-	9	65	1,053	136	148	164	141	99	50

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes countries with less than 10 refugee arrivals per year.² Includes admissions from Palestinian Territory.

Note: Excludes Amerasian immigrants.

Source: U.S. Department of State.

Table 15.
REFUGEE ARRIVALS BY RELATIONSHIP TO PRINCIPAL APPLICANT AND SEX, AGE, AND MARITAL STATUS:
FISCAL YEAR 2016

Characteristic	Total	Principal Applicants	Dependents	
			Spouses	Children
SEX				
Total	84,989	31,563	12,526	40,900
Female	41,728	11,872	10,159	19,697
Male	43,261	19,691	2,367	21,203
AGE				
Total	84,989	31,563	12,526	40,900
Under 1 year	323	4	-	319
1 to 4 years	9,678	129	-	9,549
5 to 9 years	11,900	139	-	11,761
10 to 14 years	10,364	388	-	9,976
15 to 19 years	8,632	1,272	108	7,252
20 to 24 years	8,148	5,067	1,114	1,967
25 to 29 years	7,851	5,400	2,389	62
30 to 34 years	7,700	5,064	2,631	5
35 to 39 years	5,960	3,922	2,033	5
40 to 44 years	4,355	2,949	1,406	-
45 to 49 years	3,137	2,165	D	D
50 to 54 years	2,228	1,590	D	D
55 to 59 years	1,573	1,081	492	-
60 to 64 years	1,234	882	352	-
65 to 74 years	1,435	1,104	331	-
75 years and over	471	407	64	-
BROAD AGE GROUPS				
Total	84,989	31,563	12,526	40,900
Under 16 years	34,113	801	-	33,312
16 to 20 years	8,613	1,741	275	6,597
21 years and over	42,263	29,021	12,251	991
MARITAL STATUS				
Total	84,989	31,563	12,526	40,900
Married ¹	28,242	15,712	12,521	9
Single ²	52,578	11,694	5	40,879
Widowed	2,253	D	-	D
Divorced/separated	1,907	1,898	-	9
Unknown	9	D	-	D

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes persons in common law marriage.

² Includes persons who were engaged and not yet married.

Note: Excludes Amerasian immigrants.

Source: U.S. Department of State.

Table 16.
INDIVIDUALS GRANTED ASYLUM AFFIRMATIVELY OR DEFENSIVELY: FISCAL YEARS 1990 TO 2016

Year	Total	Affirmative	Defensive
1990.....	8,472	5,672	2,800
1991.....	5,035	2,908	2,127
1992.....	6,307	4,123	2,184
1993.....	9,543	7,509	2,034
1994.....	13,828	11,775	2,053
1995.....	20,703	17,573	3,130
1996.....	23,532	18,624	4,908
1997.....	22,939	16,380	6,559
1998.....	20,507	13,216	7,291
1999.....	26,571	18,150	8,421
2000.....	32,514	23,278	9,236
2001.....	39,148	29,147	10,001
2002.....	36,937	25,960	10,977
2003.....	28,743	15,367	13,376
2004.....	27,376	14,354	13,022
2005.....	25,304	13,547	11,757
2006.....	26,352	13,048	13,304
2007.....	25,318	12,459	12,859
2008.....	23,026	12,134	10,892
2009.....	22,288	11,988	10,300
2010.....	19,755	11,236	8,519
2011.....	23,570	13,432	10,138
2012.....	28,010	17,435	10,575
2013.....	24,997	15,230	9,767
2014.....	23,296	14,624	8,672
2015.....	25,971	17,787	8,184
2016.....	20,455	11,729	8,726

Source: U.S. Department of Homeland Security and U.S. Department of Justice.

Table 17.
INDIVIDUALS GRANTED ASYLUM AFFIRMATIVELY BY REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
REGION										
Total	12,459	12,134	11,988	11,236	13,432	17,435	15,230	14,624	17,787	11,729
Africa	2,576	2,688	2,857	2,674	3,069	5,062	4,877	4,335	3,755	2,067
Asia	4,446	4,849	5,558	5,420	6,466	8,026	7,533	7,433	6,589	4,407
Europe	672	755	812	729	960	1,217	778	574	724	482
North America	2,245	1,753	1,485	1,423	1,544	1,649	1,144	1,597	5,767	4,218
Oceania	27	23	18	8	19	20	10	21	4	7
South America	2,440	1,974	1,129	929	1,327	1,423	847	629	901	520
Unknown	53	92	129	53	47	38	41	35	47	28
COUNTRY										
Total	12,459	12,134	11,988	11,236	13,432	17,435	15,230	14,624	17,787	11,729
Afghanistan	43	45	80	113	119	157	98	105	156	81
Albania	33	32	33	27	18	21	14	32	22	7
Algeria	D	8	5	9	8	12	3	8	6	4
Angola	5	4	D	D	15	9	8	8	35	7
Armenia	205	105	88	87	48	37	77	88	46	12
Azerbaijan	16	10	23	21	18	28	23	15	16	14
Bahrain	-	-	-	D	4	22	4	3	D	-
Bangladesh	29	32	46	35	30	29	41	137	131	44
Belarus	85	78	113	65	114	200	106	48	72	17
Bhutan	13	5	8	-	D	-	-	D	4	-
Bolivia	3	8	10	15	19	21	8	D	4	4
Bosnia and Herzegovina	14	9	5	7	5	8	5	3	6	D
Brazil	43	38	51	46	38	46	27	24	30	18
Bulgaria	37	48	24	17	13	19	13	18	12	4
Burkina Faso	31	18	21	41	55	58	65	64	42	29
Burma	131	153	169	158	144	100	55	34	43	7
Burundi	27	28	21	21	20	20	25	70	74	47
Cambodia	11	5	5	8	-	D	D	9	-	-
Cameroon	312	294	237	188	238	255	156	114	101	36
Central African Republic	6	13	15	13	6	8	9	15	14	4
Chad	31	35	37	19	8	12	5	10	9	6
China, People's Republic	1,832	2,041	2,716	2,896	3,888	4,739	4,061	3,914	2,580	1,382
Colombia	1,492	1,115	638	359	325	335	178	245	242	76
Congo, Democratic Republic	40	39	31	32	51	73	50	46	66	34
Congo, Republic	73	53	44	70	88	78	75	55	61	28
Cote d'Ivoire	59	43	39	38	104	110	58	27	39	17
Cuba	43	64	27	24	20	24	25	11	6	4
Djibouti	D	D	7	16	46	15	12	13	46	39
Dominican Republic	3	D	D	D	4	16	4	3	7	3
Ecuador	14	11	8	9	5	18	14	15	137	82
Egypt	192	234	308	311	751	2,571	3,070	2,580	1,513	690
El Salvador	417	315	203	158	97	135	71	183	1,860	1,404
Eritrea	153	182	237	182	158	125	85	151	244	255
Ethiopia	516	590	700	685	564	666	490	510	616	304
Fiji	27	23	17	8	18	17	10	20	4	7
Gambia	44	51	51	53	72	110	58	55	80	61
Georgia	13	20	21	17	9	11	12	17	22	27
Ghana	10	6	9	6	7	8	8	7	5	12
Guatemala	540	378	348	291	289	313	232	311	1,700	1,317
Guinea	127	124	124	128	78	62	28	23	60	25
Guyana	D	3	3	5	D	6	3	10	3	-
Haiti	1,066	730	596	669	819	632	444	473	346	100
Honduras	19	22	39	50	59	138	107	89	1,099	885
India	75	102	148	102	99	94	94	113	174	174
Indonesia	568	384	180	70	88	88	45	26	13	13
Iran	171	329	257	397	367	608	612	572	639	381
Iraq	391	586	546	276	260	315	412	533	697	611
Israel	10	13	17	7	5	5	4	4	D	10
Jamaica	12	19	44	49	49	48	36	33	41	25
Jordan	25	24	19	7	11	48	26	46	48	44

See footnotes at end of table.

Table 17.
INDIVIDUALS GRANTED ASYLUM AFFIRMATIVELY BY REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Kazakhstan	23	18	26	33	54	88	66	60	71	45
Kenya	184	217	235	179	107	127	90	62	54	32
Kosovo	X	-	5	23	19	28	19	32	51	16
Kuwait	D	D	3	D	3	6	8	6	14	7
Kyrgyzstan	22	26	31	50	146	127	79	96	100	68
Laos	34	15	13	18	4	3	D	5	D	D
Lebanon	50	44	37	21	19	20	14	21	23	29
Liberia	64	65	49	38	24	23	54	32	37	19
Libya	-	3	D	11	66	43	30	19	47	40
Macedonia	-	3	4	4	3	D	11	11	4	D
Madagascar	-	D	-	11	5	5	-	D	-	-
Malaysia	5	7	6	D	10	7	8	8	3	3
Mali	51	35	54	77	59	60	62	38	68	39
Mauritania	12	5	17	35	29	29	28	44	50	30
Mexico	103	177	190	132	172	303	202	469	662	455
Moldova	35	49	114	81	133	172	96	55	67	67
Mongolia	105	77	51	103	96	80	38	30	41	29
Morocco	3	D	4	D	12	9	4	4	9	6
Nepal	282	348	494	407	418	573	474	256	361	236
Nicaragua	20	28	20	20	13	21	8	11	32	20
Niger	4	10	4	8	D	3	5	5	3	12
Nigeria	28	38	38	31	31	64	62	51	98	71
Pakistan	133	162	196	202	255	234	263	269	264	268
Peru	44	43	18	21	33	27	13	11	18	9
Philippines	20	16	16	12	3	14	9	4	4	9
Romania	26	10	6	3	14	13	5	10	D	8
Russia	284	372	366	390	463	543	345	218	305	209
Rwanda	71	76	59	97	72	84	57	55	67	56
Saudi Arabia	D	8	7	16	10	17	39	33	39	47
Senegal	11	10	23	10	18	18	7	11	9	9
Serbia and Montenegro (former)	65	52	37	18	16	34	20	28	16	7
Sierra Leone	20	23	37	23	14	14	7	29	13	7
Somalia	78	70	95	62	30	56	38	31	13	10
Sri Lanka	35	39	127	107	50	33	34	30	30	21
Sudan	85	86	73	70	99	122	83	58	103	49
Syria	8	23	8	12	46	327	748	849	865	660
Tajikistan	3	10	13	23	36	24	25	20	17	20
Tanzania	6	8	6	7	10	12	D	10	3	3
Togo	62	39	35	16	20	21	24	22	24	12
Tunisia	D	D	D	-	3	7	9	6	8	10
Turkey	16	34	25	47	31	31	25	5	17	11
Turkmenistan	15	13	7	11	17	10	6	5	10	7
Uganda	78	57	56	89	92	91	49	63	82	45
Ukraine	64	65	73	67	133	151	120	95	143	125
United Arab Emirates	-	D	3	D	D	3	9	10	15	14
Uzbekistan	109	105	100	79	111	84	62	58	63	71
Venezuela	834	751	394	467	898	960	601	318	466	328
Vietnam	11	21	35	24	18	15	8	12	12	8
Yemen	28	18	25	44	38	31	45	30	58	45
Zimbabwe	159	198	155	62	79	56	41	19	33	10
All other countries ¹	101	89	95	105	96	101	68	71	70	43
Unknown	53	92	129	53	47	38	41	35	47	28

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹Includes countries with less than 10 individuals granted asylum affirmatively per year.

Source: U.S. Department of Homeland Security.

Table 18.
INDIVIDUALS GRANTED ASYLUM AFFIRMATIVELY BY RELATIONSHIP TO PRINCIPAL APPLICANT AND SEX, AGE, AND
MARITAL STATUS: FISCAL YEAR 2016

Characteristic	Total	Principal Applicants	Dependents	
			Spouses	Children
SEX				
Total	11,729	8,943	1,186	1,600
Female	5,438	4,063	591	784
Male	6,291	4,880	595	816
AGE				
Total	11,729	8,943	1,186	1,600
Under 1 year	-	-	-	-
1 to 4 years	250	22	-	228
5 to 9 years	680	184	-	496
10 to 14 years	1,246	814	-	432
15 to 19 years	2,797	2,489	-	308
20 to 24 years	798	630	D	D
25 to 29 years	1,328	1,144	D	D
30 to 34 years	1,402	1,114	288	-
35 to 39 years	1,072	838	234	-
40 to 44 years	809	640	169	-
45 to 49 years	556	436	120	-
50 to 54 years	326	261	65	-
55 to 59 years	188	149	39	-
60 to 64 years	110	92	18	-
65 to 74 years	130	98	32	-
75 years and over	37	32	5	-
BROAD AGE GROUP				
Total	11,729	8,943	1,186	1,600
Under 16 years	2,547	1,330	-	1,217
16 to 20 years	2,645	2,345	3	297
21 years and over	6,537	5,268	1,183	86
MARITAL STATUS				
Total	11,729	8,943	1,186	1,600
Married	3,912	2,726	1,186	-
Single	7,421	5,821	-	1,600
Widowed	109	109	-	-
Divorced/separated	275	275	-	-
Unknown	12	12	-	-

D Data withheld to limit disclosure.

- Represents zero.

Note: Data not available for individuals granted asylum defensively.

Source: U.S. Department of Homeland Security.

Table 19.
INDIVIDUALS GRANTED ASYLUM DEFENSIVELY BY REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
REGION										
Total	12,859	10,892	10,300	8,519	10,138	10,575	9,767	8,672	8,184	8,726
Africa	2,522	2,046	2,326	1,912	2,340	2,078	1,897	1,636	1,347	1,288
Asia	6,707	5,509	5,423	4,872	5,855	6,707	6,088	5,426	4,802	4,262
Europe	1,318	1,177	928	746	864	817	850	636	534	499
North America	1,071	1,083	855	489	535	618	678	733	1,302	2,545
Oceania	25	36	32	16	23	12	5	D	D	-
South America	1,132	975	646	392	406	251	205	204	164	120
Unknown	84	66	90	92	115	92	44	D	D	12
COUNTRY										
Total	12,859	10,892	10,300	8,519	10,138	10,575	9,767	8,672	8,184	8,726
Afghanistan	22	28	7	5	18	33	16	18	14	22
Albania	421	324	213	103	101	67	60	64	76	95
Argentina	15	14	10	8	D	D	D	-	D	D
Armenia	179	149	202	168	114	72	51	47	21	19
Azerbaijan	23	12	14	9	11	16	6	10	11	D
Bangladesh	100	81	50	35	39	57	65	52	91	93
Belarus	76	80	73	55	69	71	72	54	35	25
Benin	D	D	4	D	D	5	10	4	10	D
Bosnia and Herzegovina	18	6	17	D	4	D	D	6	D	D
Brazil	33	31	22	13	18	13	14	5	4	7
Bulgaria	67	48	42	11	19	16	5	10	D	6
Burkina Faso	20	23	39	48	34	53	58	61	52	71
Burma	129	126	108	72	60	62	33	30	20	17
Burundi	13	12	15	4	8	10	12	31	18	28
Cambodia	13	12	12	9	9	7	6	D	D	-
Cameroon	205	161	211	161	160	150	136	110	92	113
Canada	9	D	11	5	9	4	D	D	-	5
Central African Republic	13	13	16	5	D	4	8	D	D	D
Chad	21	24	40	24	21	25	4	7	D	4
China, People's Republic	4,552	3,457	3,449	3,419	4,299	5,000	4,510	3,975	3,610	3,103
Colombia	683	548	368	187	175	97	67	64	56	25
Congo, Democratic Republic	28	27	18	12	13	14	25	25	21	8
Congo, Republic	73	70	49	50	49	42	41	21	15	29
Cote d'Ivoire	135	92	96	54	62	56	58	48	35	17
Cuba	26	23	15	8	13	6	6	10	11	7
Djibouti	D	D	5	D	4	5	9	D	12	D
Dominican Republic	5	D	D	9	7	4	4	11	6	9
Ecuador	10	13	6	7	18	15	25	19	44	43
Egypt	235	185	174	200	252	277	293	241	138	149
El Salvador	139	172	120	123	137	156	181	182	305	753
Eritrea	120	120	198	173	461	331	234	162	138	152
Estonia	13	D	8	D	-	-	D	-	D	-
Ethiopia	352	315	410	359	446	406	387	315	248	181
Fiji	24	24	29	15	17	10	D	D	-	-
Gambia	59	53	49	30	38	70	74	75	53	44
Georgia	27	26	24	24	24	18	10	14	8	9
Ghana	8	12	7	5	7	7	10	14	36	65
Greece	12	-	-	D	D	D	D	8	D	D
Guatemala	136	169	159	131	145	192	149	174	373	632
Guinea	325	242	194	159	144	124	92	58	40	49
Guyana	15	D	-	D	4	4	7	D	D	-
Haiti	586	530	410	99	44	34	54	51	63	27
Honduras	86	73	47	56	58	73	93	154	309	620
India	359	272	263	206	208	250	311	370	299	309
Indonesia	211	195	157	94	97	98	75	43	25	11
Iran	108	71	92	63	87	88	57	58	37	58
Iraq	277	410	364	115	101	91	52	80	54	26
Israel	18	16	17	8	12	5	D	D	D	-
Jamaica	4	D	D	5	6	11	5	5	7	6
Jordan	16	19	20	15	D	11	13	6	D	4

See footnotes at end of table.

Table 19.
INDIVIDUALS GRANTED ASYLUM DEFENSIVELY BY REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Kazakhstan	31	14	20	17	13	13	28	31	16	18
Kenya	51	60	97	75	81	69	38	46	21	10
Kosovo	D	D	7	5	12	32	34	29	18	18
Kyrgyzstan	7	6	7	8	14	25	36	35	48	49
Laos	6	4	13	6	D	D	D	D	D	-
Lebanon	29	20	9	23	14	21	17	4	D	7
Liberia	53	32	31	18	16	10	10	12	6	6
Macedonia	27	11	15	8	7	D	5	4	D	D
Mali	60	28	71	67	72	68	74	57	33	25
Mauritania	174	94	95	39	42	26	39	23	28	12
Mexico	49	73	65	38	92	117	154	120	204	464
Moldova	7	16	22	41	67	88	73	70	41	32
Mongolia	49	42	28	51	48	37	40	20	8	8
Morocco	4	23	4	D	D	6	-	4	6	D
Nepal	131	152	172	217	310	379	385	296	256	265
Nicaragua	23	23	19	12	18	9	17	16	19	19
Niger	10	8	14	4	5	8	D	D	7	D
Nigeria	39	28	29	29	21	26	29	58	65	60
Niue	D	11	D	-	5	D	D	D	D	-
Pakistan	140	142	105	95	116	150	122	91	53	70
Peru	54	52	39	23	20	14	8	17	20	17
Philippines	9	15	13	5	5	8	4	D	D	D
Romania	31	56	31	16	9	8	38	20	27	37
Russia	209	201	128	135	170	155	192	116	100	78
Rwanda	22	20	24	21	13	20	28	44	15	18
Senegal	30	18	25	13	19	25	19	16	20	7
Serbia and Montenegro (former)	152	152	148	98	70	45	49	30	18	19
Sierra Leone	48	47	29	19	14	20	11	9	5	5
Somalia	109	101	168	188	189	82	81	118	169	153
South Africa	8	D	D	D	13	D	D	D	D	-
Soviet Union (former)	191	173	154	168	238	255	228	157	159	129
Sri Lanka	89	87	112	90	100	101	96	75	47	34
Sudan	19	30	40	28	29	36	32	14	19	23
Syria	23	11	18	11	6	28	46	63	101	75
Tajikistan	5	D	8	9	10	8	13	13	7	10
Tanzania	16	5	6	D	7	6	5	D	D	D
Togo	82	63	39	30	28	13	14	9	10	D
Turkey	23	11	18	6	11	22	D	4	14	4
Turkmenistan	12	15	14	6	7	9	D	4	4	D
Uganda	50	33	28	19	21	24	27	22	11	15
Ukraine	40	59	26	59	45	52	55	52	41	47
Uzbekistan	74	67	65	48	62	36	54	37	24	14
Venezuela	317	306	192	143	159	100	76	92	34	27
Vietnam	10	7	10	8	12	10	4	D	D	D
Yemen	8	8	7	7	28	14	9	18	7	9
Zimbabwe	97	68	69	48	39	34	20	7	D	D
All other countries	131	136	111	96	109	101	88	68	46	51
Unknown ¹	84	66	90	92	115	92	44	D	D	12

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes admissions from Palestinian Territory.

Note: In this table, data are withheld for any cell with a count of 1, 2, or 3, and for any associated cell that could be used to reveal such a count through calculation.

Source: U.S. Department of Justice.

Naturalizations

Table 20.
PETITIONS FOR NATURALIZATION FILED, PERSONS NATURALIZED, AND PETITIONS FOR NATURALIZATION DENIED:
FISCAL YEARS 1907 TO 2016

Year	Petitions filed	Persons naturalized			Not reported	Petitions denied
		Total	Civilian	Military ²		
1907 ¹	21,113	7,941	7,941	NA	-	250
1908	44,032	25,975	25,975	NA	-	3,330
1909	43,141	38,374	38,374	NA	-	6,341
1910	55,750	39,448	39,448	NA	-	7,781
1911	74,740	56,683	56,683	NA	-	9,017
1912	95,661	70,310	70,310	NA	-	9,635
1913	95,380	83,561	83,561	NA	-	10,891
1914	124,475	104,145	104,145	NA	-	13,133
1915	106,399	91,848	91,848	NA	-	13,691
1916	108,767	87,831	87,831	NA	-	11,927
1917	130,865	88,104	88,104	NA	-	9,544
1918	169,507	151,449	87,456	63,993	-	12,182
1919	256,858	217,358	89,023	128,335	-	13,119
1920	218,732	177,683	125,711	51,972	-	15,586
1921	195,534	181,292	163,656	17,636	-	18,981
1922	162,638	170,447	160,979	9,468	-	29,076
1923	165,168	145,084	137,975	7,109	-	24,884
1924	177,117	150,510	140,340	10,170	-	18,324
1925	162,258	152,457	152,457	NA	-	15,613
1926	172,232	146,331	146,239	92	-	13,274
1927	240,339	199,804	195,493	4,311	-	11,946
1928	240,321	233,155	228,006	5,149	-	12,479
1929	255,519	224,728	224,197	531	-	11,848
1930	113,151	169,377	167,637	1,740	-	9,068
1931	145,474	143,495	140,271	3,224	-	7,514
1932	131,062	136,600	136,598	2	-	5,478
1933	112,629	113,363	112,368	995	-	4,703
1934	117,125	113,669	110,867	2,802	-	1,133
1935	131,378	118,945	118,945	NA	-	2,765
1936	167,127	141,265	140,784	481	-	3,124
1937	165,464	164,976	162,923	2,053	-	4,042
1938	175,413	162,078	158,142	3,936	-	4,854
1939	213,413	188,813	185,175	3,638	-	5,630
1940	278,028	235,260	232,500	2,760	-	6,549
1941	277,807	277,294	275,747	1,547	-	7,769
1942	343,487	270,364	268,762	1,602	-	8,348
1943	377,125	318,933	281,459	37,474	-	13,656
1944	325,717	441,979	392,766	49,213	-	7,297
1945	195,917	231,402	208,707	22,695	-	9,782
1946	123,864	150,062	134,849	15,213	-	6,575
1947	88,802	93,904	77,442	16,462	-	3,953
1948	68,265	70,150	69,080	1,070	-	2,887
1949	71,044	66,594	64,138	2,456	-	2,271
1950	66,038	66,346	64,279	2,067	-	2,276
1951	61,634	54,716	53,741	975	-	2,395
1952	94,086	88,655	87,070	1,585	-	2,163
1953	98,128	92,051	90,476	1,575	-	2,300
1954	130,722	117,831	104,086	13,745	-	2,084
1955	213,508	209,526	197,568	11,958	-	4,571
1956	137,701	145,885	138,681	7,204	-	3,935
1957	140,547	138,043	137,198	845	-	2,948
1958	117,344	119,866	118,950	916	-	2,688
1959	109,270	103,931	102,623	1,308	-	2,208
1960	127,543	119,442	117,848	1,594	-	2,277
1961	138,718	132,450	130,731	1,719	-	3,175
1962	129,682	127,307	124,972	2,335	-	3,557
1963	121,170	124,178	121,618	2,560	-	2,436
1964	113,218	112,234	109,629	2,605	-	2,309
1965	106,813	104,299	101,214	3,085	-	2,059

See footnotes at end of table.

Table 20.
PETITIONS FOR NATURALIZATION FILED, PERSONS NATURALIZED, AND PETITIONS FOR NATURALIZATION DENIED:
FISCAL YEARS 1907 TO 2016 – Continued

Year	Petitions filed	Persons naturalized			Not reported	Petitions denied
		Total	Civilian	Military ²		
1966.	104,853	103,059	100,498	2,561	-	2,029
1967.	108,369	104,902	102,211	2,691	-	2,008
1968.	103,085	102,726	100,288	2,438	-	1,962
1969.	102,317	98,709	93,251	5,458	-	2,043
1970.	114,760	110,399	99,783	10,616	-	1,979
1971.	109,897	108,407	98,858	9,549	-	2,028
1972.	121,883	116,215	107,740	8,475	-	1,837
1973.	126,929	120,404	112,628	7,776	-	1,708
1974.	136,175	131,153	124,342	6,811	-	2,210
1975.	149,399	140,749	134,586	6,163	-	2,300
1976 ³	199,152	189,988	182,887	7,101	-	2,799
1977.	186,354	159,873	154,568	5,305	-	2,845
1978.	168,854	171,971	166,911	5,060	-	3,894
1979.	165,434	163,107	157,305	5,802	-	3,987
1980.	192,230	156,627	152,073	4,554	-	4,370
1981.	171,073	164,389	160,342	4,047	-	4,316
1982.	201,507	141,004	138,188	2,816	-	3,994
1983.	187,719	178,415	175,159	3,182	74	3,160
1984.	286,440	195,862	190,984	2,944	1,934	3,373
1985.	305,981	242,451	236,202	3,237	3,012	3,610
1986.	290,732	279,497	274,263	2,886	2,348	5,980
1987.	232,988	223,249	220,393	2,362	494	6,771
1988.	237,752	240,775	238,275	2,278	222	4,304
1989.	227,692	232,655	230,088	1,947	620	5,200
1990.	233,843	267,586	245,410	1,618	20,558	6,516
1991.	206,668	307,394	298,741	1,802	6,851	6,268
1992.	342,238	239,664	221,997	5,699	11,968	19,293
1993.	521,866	313,590	302,383	7,062	4,145	39,931
1994.	543,353	429,123	398,364	5,890	24,869	40,561
1995.	959,963	485,720	472,518	3,855	9,347	46,067
1996.	1,277,403	1,040,991	924,368	1,214	115,409	229,842
1997.	1,412,712	596,010	532,871	531	62,608	130,676
1998.	932,957	461,169	437,689	961	22,519	137,395
1999.	765,346	837,418	740,718	711	95,989	379,993
2000.	460,916	886,026	812,579	836	72,611	399,670
2001.	501,643	606,259	575,030	758	30,471	218,326
2002.	700,649	572,646	550,835	1,053	20,758	139,779
2003.	523,370	462,435	449,123	3,865	9,447	91,599
2004.	662,796	537,151	520,771	4,668	11,712	103,339
2005.	602,972	604,280	589,269	4,614	10,397	108,247
2006.	730,642	702,589	684,484	6,259	11,846	120,722
2007.	1,382,993	660,477	648,005	3,808	8,664	89,683
2008.	525,786	1,046,539	1,032,281	4,342	9,916	121,283
2009.	570,442	743,715	726,043	7,100	10,572	109,832
2010.	710,544	619,913	604,410	9,122	6,381	56,994
2011.	756,008	694,193	677,385	8,373	8,435	57,065
2012.	899,162	757,434	745,932	7,257	4,245	65,874
2013.	772,623	779,929	769,073	6,652	4,204	83,112
2014.	773,824	653,416	642,431	7,468	3,517	66,767
2015.	783,062	730,259	720,645	7,234	2,380	75,810
2016.	972,151	753,060	742,090	8,885	2,085	86,033

NA Not available.

- Represents zero.

¹ Data on naturalizations were first compiled by a single federal agency with the establishment of the Naturalization Service in 1906. The year 1907 includes naturalizations from September 27, 1906 to June 30, 1907.

² Data on military naturalizations prior to 1918 not available. Special provisions for military naturalizations expired or suspended in 1925 and 1935.

³ Includes the 15 months from July 1, 1975 to September 30, 1976 because the end date of fiscal years was changed from June 30 to September 30.

Source: U.S. Department of Homeland Security.

Table 21.
PERSONS NATURALIZED BY REGION AND COUNTRY OF BIRTH: FISCAL YEARS 2007 TO 2016

Region and country of birth	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
REGION										
Total	660,477	1,046,539	743,715	619,913	694,193	757,434	779,929	653,416	730,259	753,060
Africa	41,652	54,418	60,383	64,022	69,738	74,775	71,872	62,175	71,492	72,338
Asia	243,783	330,361	276,375	251,598	249,940	257,035	275,700	233,163	261,374	271,733
Europe	81,788	108,688	90,214	78,011	82,209	82,714	80,333	71,325	78,074	74,344
North America	241,136	462,312	250,209	163,836	217,750	261,673	271,807	222,547	247,492	259,845
Oceania	3,342	4,781	3,928	3,646	3,734	3,886	3,849	3,399	3,811	3,953
South America	48,128	84,845	61,666	58,474	70,485	76,992	76,167	60,665	67,927	70,821
Unknown	648	1,134	940	326	337	359	201	142	89	26
COUNTRY										
Total	660,477	1,046,539	743,715	619,913	694,193	757,434	779,929	653,416	730,259	753,060
Afghanistan	2,013	2,650	2,588	2,230	1,998	1,758	2,074	1,853	1,589	1,444
Albania	2,786	2,972	3,483	5,088	4,267	3,615	3,538	3,131	3,237	2,813
Algeria	578	894	1,024	808	773	891	841	928	943	1,035
American Samoa	161	178	265	232	205	180	265	187	296	285
Angola	105	161	95	135	162	166	143	145	132	131
Anguilla	37	47	29	26	38	30	26	18	31	16
Antigua and Barbuda	416	661	456	341	386	390	366	358	381	383
Argentina	2,348	4,170	3,153	3,140	3,870	3,909	4,177	3,683	3,886	4,015
Armenia	1,495	2,195	2,021	3,168	3,965	3,285	3,203	2,488	2,874	2,516
Aruba	36	55	37	27	40	27	42	28	37	28
Australia	1,067	1,636	1,392	1,202	1,291	1,312	1,296	1,159	1,379	1,389
Austria	292	357	303	277	271	241	248	223	207	221
Azerbaijan	606	834	1,005	1,233	1,153	958	786	585	568	574
Bahamas	397	838	569	475	609	647	681	545	570	590
Bahrain	56	85	91	102	80	93	76	90	79	80
Bangladesh	4,746	5,345	6,644	6,979	7,325	8,417	9,571	7,475	9,750	9,949
Barbados	718	1,203	878	535	648	687	683	550	646	651
Belarus	1,401	1,767	1,583	1,523	1,814	1,896	1,797	1,437	1,710	1,518
Belgium	248	716	673	523	525	522	513	408	505	514
Belize	799	1,291	854	556	742	817	966	773	851	870
Benin	61	79	119	127	183	210	206	229	310	317
Bermuda	42	75	80	65	58	65	59	67	66	61
Bhutan	10	9	17	50	55	42	275	2,639	4,562	5,563
Bolivia	1,311	2,807	1,700	1,185	1,446	2,063	1,961	1,527	1,689	1,862
Bosnia and Herzegovina	8,175	8,176	4,544	4,012	4,259	4,904	3,662	2,509	3,304	2,257
Botswana	4	18	17	24	9	11	29	24	28	29
Brazil	5,745	8,808	7,960	8,867	10,251	9,884	9,565	8,625	10,516	10,268
Brunei	20	25	14	15	11	17	11	15	13	10
Bulgaria	2,621	3,213	3,211	3,123	3,103	2,964	2,646	2,226	2,336	2,086
Burkina Faso	37	48	90	112	163	166	230	235	307	322
Burma	1,058	1,383	1,447	2,399	2,321	2,384	3,489	4,225	6,045	6,956
Burundi	95	76	90	145	168	209	379	415	437	406
Cabo Verde	1,223	1,265	903	675	974	1,037	1,014	979	1,054	1,207
Cambodia	4,197	5,869	4,673	3,756	4,589	6,189	4,161	2,866	2,878	2,756
Cameroon	611	967	1,098	1,519	2,172	2,459	2,541	2,120	3,170	3,088
Canada	8,473	12,387	9,753	8,539	9,318	9,077	8,690	8,385	9,492	9,346
Cayman Islands	9	24	22	17	15	29	17	13	30	20
Central African Republic	17	19	22	27	34	56	54	44	52	80
Chad	22	22	27	39	50	69	64	74	84	105
Chile	1,346	2,851	1,585	1,249	1,527	1,586	1,649	1,435	1,486	1,666
China, People's Republic	33,134	40,017	37,130	33,969	32,864	31,868	35,387	30,284	31,241	35,794
Colombia	12,089	22,926	16,593	18,417	22,693	23,972	22,196	16,478	17,207	18,601
Congo, Democratic Republic	164	211	349	744	908	1,173	1,250	1,246	1,490	1,707
Congo, Republic	287	306	308	313	345	381	402	438	473	395
Costa Rica	1,227	2,376	1,517	1,114	1,511	1,597	1,661	1,461	1,633	1,862
Cote d'Ivoire	382	479	589	549	694	868	958	910	1,078	1,127
Croatia	1,073	1,251	718	589	569	725	561	428	563	438
Cuba	15,394	39,871	24,891	14,050	21,071	31,244	30,482	24,092	25,770	32,101
Curacao	X	X	X	X	-	-	-	11	17	13
Cyprus	109	160	160	118	115	92	112	112	107	105
Czechia	122	192	266	367	485	477	562	565	733	692

See footnotes at end of table.

Table 21.

PERSONS NATURALIZED BY REGION AND COUNTRY OF BIRTH: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of birth	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Czechoslovakia (former)	449	629	503	372	310	291	232	303	371	344
Denmark	170	210	156	123	124	133	127	129	243	1,193
Djibouti	14	25	19	17	22	26	39	26	26	52
Dominica	539	975	672	543	594	597	642	520	653	610
Dominican Republic	20,645	35,251	20,778	15,451	20,508	33,351	39,590	23,775	26,665	31,320
Ecuador	7,229	11,908	7,609	5,931	6,929	8,783	9,470	6,952	7,664	8,568
Egypt	3,231	4,165	5,224	5,860	5,848	6,191	6,213	5,094	5,693	5,696
El Salvador	17,157	35,796	18,927	10,343	13,834	16,685	18,401	15,598	16,930	17,213
Equatorial Guinea	6	9	D	12	9	19	14	12	14	18
Eritrea	553	694	760	991	985	1,059	1,145	1,045	1,494	1,797
Estonia	132	221	209	185	217	234	213	183	208	183
Ethiopia	5,165	7,160	8,698	8,903	8,519	8,803	8,323	7,002	8,312	8,725
Fiji	1,118	1,508	998	1,140	1,118	1,134	1,003	770	850	996
Finland	359	549	385	286	344	329	300	274	301	303
France	2,011	2,835	2,529	2,263	2,527	2,358	2,534	2,589	2,784	2,841
French Polynesia	19	15	12	12	14	15	8	20	14	18
Gabon	18	24	35	43	53	80	72	63	89	83
Gambia	246	330	419	444	505	556	573	510	685	724
Georgia	514	627	864	1,107	1,253	1,271	1,205	898	1,027	988
Germany	3,617	4,708	4,564	4,001	4,461	4,192	4,066	4,375	4,380	4,329
Ghana	3,181	4,557	4,819	4,211	4,690	5,344	5,105	5,108	6,033	6,411
Greece	1,200	1,314	1,067	800	844	867	938	780	867	1,013
Grenada	511	850	683	446	528	683	717	544	664	658
Guatemala	8,181	17,087	8,619	5,375	7,285	8,797	9,530	8,549	9,344	9,764
Guinea	191	225	304	418	575	787	958	908	999	1,077
Guinea-Bissau	5	14	17	17	29	30	24	27	29	20
Guyana	5,631	8,290	6,840	4,932	5,413	6,201	6,295	4,327	5,162	5,284
Haiti	11,552	21,229	13,290	12,291	14,191	19,114	23,480	13,676	14,053	15,276
Honduras	4,669	8,794	4,858	3,056	3,980	5,294	5,462	4,433	5,039	5,819
Hong Kong	3,871	4,940	3,329	2,198	2,184	1,980	2,093	1,801	1,716	1,662
Hungary	788	1,089	1,142	916	953	1,014	984	891	941	934
Iceland	62	83	75	51	76	97	75	70	88	88
India	46,871	65,971	52,889	61,142	45,985	42,928	49,897	37,854	42,213	46,188
Indonesia	1,213	1,823	1,794	2,765	2,345	2,123	2,190	1,568	1,743	1,641
Iran	10,557	11,813	12,069	9,337	9,286	9,627	11,623	9,620	10,344	9,507
Iraq	2,967	5,057	4,197	3,489	3,360	3,523	7,771	12,377	14,899	12,130
Ireland	1,335	2,179	1,296	1,178	1,171	1,239	1,295	1,413	1,375	1,383
Israel	2,363	2,933	3,410	3,205	3,153	2,859	3,466	3,015	3,182	3,071
Italy	2,217	2,991	2,552	2,064	2,231	2,234	2,355	2,313	2,760	2,692
Jamaica	12,314	21,324	15,098	12,070	14,591	15,531	16,442	13,547	16,566	16,772
Japan	1,934	2,712	2,192	1,622	1,744	1,663	1,837	1,635	1,858	1,758
Jordan	2,125	2,632	2,891	2,436	2,345	2,436	2,816	2,427	2,461	2,552
Kazakhstan	725	908	917	763	891	1,040	909	789	819	760
Kenya	1,396	2,218	2,546	3,043	3,621	4,170	4,257	3,885	4,738	4,834
Korea, North	NA	NA	28	13	13	19	27	24	23	16
Korea, South ¹	17,628	22,759	17,576	11,170	12,664	13,790	15,786	13,587	14,230	14,347
Kosovo	X	89	397	590	465	510	487	392	547	530
Kuwait	755	1,031	1,152	919	869	820	920	791	819	790
Kyrgyzstan	331	361	338	380	440	420	395	305	418	408
Laos	3,787	5,553	3,081	2,743	5,452	7,027	3,932	2,564	2,042	1,999
Latvia	327	455	404	342	401	392	364	366	392	356
Lebanon	2,779	3,399	3,787	3,266	3,127	2,914	3,002	2,528	2,463	2,284
Lesotho	11	6	D	7	11	7	10	8	11	9
Liberia	1,815	2,468	2,767	3,360	3,794	4,322	3,923	3,035	3,042	3,022
Libya	136	198	249	173	180	195	206	228	193	210
Lithuania	819	969	786	843	973	938	933	744	752	626
Luxembourg	9	17	22	18	18	23	16	34	20	18
Macau	158	181	158	94	86	106	97	102	109	101
Macedonia	597	756	741	682	578	635	665	625	611	704
Madagascar	26	43	49	55	44	37	50	50	65	75
Malawi	46	64	58	80	86	85	83	76	91	95
Malaysia	1,217	1,705	1,178	1,211	1,137	1,150	1,169	1,052	1,113	1,189
Mali	93	124	149	200	274	288	332	352	405	456

See footnotes at end of table.

Table 21.

PERSONS NATURALIZED BY REGION AND COUNTRY OF BIRTH: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of birth	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Malta	66	71	72	46	54	44	59	40	50	43
Marshall Islands	12	12	29	21	32	21	17	20	22	27
Mauritania	72	122	175	281	405	495	520	376	355	323
Mauritius	55	70	89	79	64	57	67	69	60	63
Mexico	122,258	231,815	111,630	67,062	94,783	102,181	99,385	94,889	105,958	103,550
Micronesia, Federated States	41	62	125	84	74	73	96	62	85	67
Moldova	1,068	1,328	1,239	1,235	1,398	1,602	1,594	1,279	1,681	1,689
Mongolia	53	129	137	157	242	286	347	335	324	437
Montenegro	-	32	140	167	205	227	231	202	209	222
Montserrat	51	87	59	57	63	51	65	47	43	45
Morocco	2,684	3,383	4,556	3,710	3,656	3,872	3,768	3,538	3,805	3,684
Mozambique	45	73	47	41	49	48	51	34	43	51
Namibia	22	38	27	38	29	42	40	31	42	33
Nepal	638	953	1,632	2,185	2,235	2,448	2,711	2,888	4,225	5,004
Netherlands	819	1,219	889	691	778	919	786	665	778	829
Netherlands Antilles (former)	28	43	40	56	60	76	82	43	35	45
New Zealand	447	649	562	495	480	563	482	453	514	565
Nicaragua	8,164	17,954	7,445	4,047	5,092	5,870	5,064	3,775	3,951	4,663
Niger	52	73	67	89	124	143	167	161	180	140
Nigeria	6,582	8,597	9,298	9,126	9,344	9,322	9,545	8,667	10,363	9,520
Norway	105	153	128	91	90	87	80	92	80	93
Oman	15	33	32	30	37	48	39	41	47	58
Pakistan	9,147	11,813	12,528	11,601	10,655	11,150	12,948	11,210	11,912	11,729
Palau	40	62	54	71	68	72	64	50	44	43
Panama	1,617	2,870	1,694	1,215	1,340	1,532	1,598	1,277	1,412	1,458
Papua New Guinea	5	14	18	16	17	16	20	7	21	19
Paraguay	234	386	310	212	289	338	331	256	338	396
Peru	7,965	15,016	10,349	8,551	10,266	11,814	11,782	9,572	10,701	11,319
Philippines	38,830	58,792	38,934	35,465	42,520	44,958	43,489	34,591	40,815	41,285
Poland	9,320	14,237	10,604	8,038	8,844	8,715	8,697	8,304	7,886	7,198
Portugal	2,506	3,988	2,143	1,266	1,426	1,607	1,585	1,587	1,690	1,665
Qatar	60	85	106	115	101	101	107	69	75	98
Romania	3,986	4,515	4,388	4,385	4,314	4,253	4,050	3,267	3,478	3,379
Russia	7,660	10,778	9,490	7,566	8,257	8,154	8,222	6,824	6,552	6,067
Rwanda	91	101	161	278	265	285	374	302	300	369
Saint Kitts and Nevis	334	529	389	305	306	319	315	270	360	345
Saint Lucia	506	779	583	554	600	724	856	635	775	791
Saint Vincent and the Grenadines . .	450	623	513	375	416	511	574	405	467	500
Samoa	163	204	185	154	172	178	206	181	213	192
Saudi Arabia	504	615	768	739	814	779	927	795	796	869
Senegal	386	566	640	633	752	790	869	806	974	969
Serbia	-	3	15	27	85	109	117	276	522	532
Serbia and Montenegro (former) . .	3,382	3,582	2,597	2,653	2,185	2,012	1,830	1,338	1,297	1,164
Seychelles	5	26	19	12	19	8	15	9	7	17
Sierra Leone	1,485	2,018	1,868	1,878	1,831	1,861	1,613	1,406	1,692	1,662
Singapore	315	433	403	336	311	293	263	258	285	308
Sint Maarten	X	X	X	X	-	-	-	7	17	33
Slovakia	380	498	488	485	421	401	413	317	443	428
Slovenia	60	80	64	64	57	64	58	52	61	63
Somalia	3,594	3,816	3,818	5,728	7,971	9,286	6,875	4,097	3,691	3,998
South Africa	2,069	2,980	2,436	2,550	2,566	2,294	2,283	2,083	2,538	2,197
South Sudan	X	X	X	X	-	81	139	132	131	101
Soviet Union (former)	2,813	3,538	4,263	2,954	2,812	2,610	2,807	2,334	2,372	2,268
Spain	1,175	1,958	1,420	1,115	1,253	1,242	1,367	1,326	1,414	1,515
Sri Lanka	1,024	1,377	1,367	1,421	1,334	1,146	1,258	1,104	1,246	1,497
Sudan	2,785	2,893	2,855	2,885	2,444	2,291	1,924	1,482	1,740	1,776
Suriname	159	202	198	161	194	189	160	127	183	164
Swaziland	4	8	21	8	15	10	15	7	12	8
Sweden	786	1,207	940	774	872	798	783	724	885	795
Switzerland	501	658	529	484	427	427	452	388	411	375
Syria	1,799	2,105	2,484	2,029	1,981	1,814	2,196	1,832	2,004	2,043
Taiwan	7,486	8,711	7,606	5,621	5,065	4,573	5,255	4,326	4,420	4,043
Tajikistan	109	168	156	178	155	142	168	146	156	212

See footnotes at end of table.

Table 21.

PERSONS NATURALIZED BY REGION AND COUNTRY OF BIRTH: FISCAL YEARS 2007 TO 2016 – Continued

Region and country of birth	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Tanzania	356	464	567	466	516	543	647	525	553	639
Thailand	4,438	6,930	4,962	4,112	5,299	6,585	5,544	4,805	5,213	5,211
Togo	473	673	1,132	1,253	1,523	1,448	1,380	1,141	1,171	1,099
Tonga	251	421	269	208	251	306	371	473	352	337
Trinidad and Tobago	4,514	7,305	5,726	4,740	5,014	5,596	5,784	4,147	4,869	4,867
Tunisia	299	390	479	407	377	345	362	310	314	352
Turkey	2,009	2,771	3,219	3,213	3,100	3,329	3,390	2,925	3,150	3,201
Turkmenistan	58	99	91	138	146	136	160	110	153	102
Turks and Caicos Islands	14	33	21	20	36	49	47	26	33	31
Uganda	344	541	489	637	838	820	763	724	817	823
Ukraine	8,594	10,992	9,123	7,345	8,489	9,459	8,624	6,984	8,926	8,374
United Arab Emirates	253	328	383	404	425	431	499	435	443	473
United Kingdom	7,752	12,095	10,060	8,401	9,246	9,145	9,459	8,906	10,095	9,562
United States	41	67	51	45	45	60	55	31	75	95
Uruguay	496	924	634	585	751	849	933	812	902	1,044
Uzbekistan	1,148	1,377	1,513	1,472	2,463	3,071	2,482	1,725	1,660	1,685
Venezuela	3,575	6,557	4,735	5,243	6,856	7,404	7,648	6,871	8,192	7,633
Vietnam	27,921	39,584	31,168	19,313	20,922	23,490	24,277	18,837	21,976	24,848
Virgin Islands, British	40	67	43	36	48	41	45	49	59	46
Yemen	734	1,080	1,243	1,186	1,320	1,452	1,355	1,160	1,284	1,490
Zambia	212	290	289	317	337	338	352	318	370	404
Zimbabwe	312	413	489	546	715	691	658	734	852	843
All other countries ²	35	59	48	37	45	40	41	41	41	42
Unknown	648	1,134	940	326	337	359	201	142	89	26

NA Not available.

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Data for South Korea prior to Fiscal Year 2009 include a small number of cases from North Korea.² Includes countries with less than 10 naturalizations per year.

Note: Based on N-400 data for persons aged 18 and over.

Source: U.S. Department of Homeland Security.

Table 22.
PERSONS NATURALIZED BY STATE OR TERRITORY OF RESIDENCE: FISCAL YEARS 2007 TO 2016

State or territory of residence	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total	660,477	1,046,539	743,715	619,913	694,193	757,434	779,929	653,416	730,259	753,060
Alabama	1,343	1,982	1,775	2,027	2,439	2,084	1,811	1,266	2,834	2,331
Alaska	849	1,145	1,100	831	1,115	1,186	1,083	1,076	964	972
Arizona	12,091	24,055	12,377	10,340	12,784	13,090	13,165	11,268	13,748	11,374
Arkansas	1,214	2,330	1,648	1,275	1,559	1,605	1,567	1,671	1,576	1,809
California	181,684	297,909	179,754	129,354	151,183	158,850	164,792	140,234	155,979	151,830
Colorado	7,829	11,972	6,813	7,165	7,805	7,726	6,263	5,965	9,423	8,679
Connecticut	4,552	9,589	10,421	7,452	8,370	8,332	9,253	8,336	9,838	9,317
Delaware	1,094	1,425	1,545	1,829	1,470	1,456	1,460	1,175	1,633	1,386
District of Columbia	1,334	1,492	2,188	1,319	1,016	1,958	1,854	1,626	1,684	1,736
Florida	54,563	128,328	82,788	67,484	87,309	100,890	101,773	79,637	81,960	88,764
Georgia	14,181	20,417	15,408	18,253	17,761	17,093	19,534	15,242	20,794	18,866
Guam	1,057	998	654	644	675	800	691	709	712	711
Hawaii	4,521	5,205	3,744	3,190	3,450	3,144	3,494	2,931	3,698	3,673
Idaho	1,261	2,240	1,674	1,102	1,473	1,384	1,305	1,560	1,427	1,533
Illinois	38,735	45,224	28,112	26,180	29,133	28,376	27,706	26,224	25,722	26,003
Indiana	3,652	5,104	4,261	3,866	4,085	4,146	4,369	4,274	4,686	5,113
Iowa	2,093	3,503	2,198	1,858	1,840	2,255	2,503	2,000	2,574	2,805
Kansas	2,406	4,072	3,129	2,492	2,687	2,905	2,761	2,743	2,830	3,050
Kentucky	2,256	3,093	2,390	2,398	2,778	2,686	3,341	2,663	2,846	3,054
Louisiana	2,240	3,018	3,402	2,423	2,496	2,344	2,543	2,616	2,956	2,846
Maine	728	924	729	839	999	941	988	909	1,102	983
Maryland	11,613	23,342	17,099	16,220	15,790	16,160	17,752	13,707	18,390	19,775
Massachusetts	20,952	28,728	21,748	21,095	22,812	22,753	21,404	21,608	23,554	24,577
Michigan	10,678	14,634	10,703	11,162	10,414	11,069	12,950	11,809	12,473	13,576
Minnesota	9,124	9,220	9,089	9,020	11,044	12,016	10,526	9,176	7,533	8,573
Mississippi	657	944	1,170	967	965	972	973	931	946	990
Missouri	4,237	5,849	4,526	4,388	4,175	4,794	4,817	4,250	4,318	4,657
Montana	251	358	267	259	297	325	294	304	249	314
Nebraska	2,188	2,866	1,644	1,590	1,876	2,039	2,418	2,348	2,221	2,405
Nevada	8,363	13,150	8,470	6,791	8,519	7,667	8,507	7,891	7,900	8,923
New Hampshire	1,821	1,617	1,492	1,670	1,607	1,507	1,589	1,413	1,570	1,501
New Jersey	35,235	59,950	35,077	33,864	33,826	42,622	41,173	32,939	34,857	40,344
New Mexico	1,704	3,058	3,062	2,205	2,434	2,689	2,371	2,426	2,452	2,524
New York	73,676	90,572	88,733	67,972	76,603	93,584	107,330	77,717	90,368	93,376
North Carolina	6,606	8,509	16,294	9,988	11,360	11,848	12,150	11,160	11,569	12,492
North Dakota	415	336	273	286	369	377	532	525	561	1,046
Ohio	9,250	11,142	8,072	8,617	9,326	10,194	10,664	9,032	9,580	10,029
Oklahoma	1,812	3,335	2,256	2,678	2,966	3,133	3,487	2,472	3,858	3,953
Oregon	5,572	9,257	5,051	4,910	5,657	5,872	5,784	4,363	6,130	7,173
Pennsylvania	11,371	19,673	16,905	16,143	16,162	16,470	17,813	14,500	16,554	17,239
Puerto Rico	1,518	2,622	1,253	1,318	1,692	2,212	2,447	2,439	2,826	2,514
Rhode Island	2,088	3,721	2,458	2,078	2,682	2,854	2,816	2,479	2,728	2,736
South Carolina	1,499	3,488	3,506	3,081	4,033	4,124	4,770	4,486	4,611	4,159
South Dakota	460	572	415	399	420	467	464	676	542	647
Tennessee	2,927	5,560	4,938	4,229	5,396	5,557	5,004	4,613	5,381	5,371
Texas	53,032	82,129	54,024	49,699	52,927	57,762	57,947	52,879	65,467	63,945
Utah	2,777	5,394	2,823	2,908	3,595	3,848	3,026	4,314	4,838	3,775
Vermont	468	518	426	407	431	546	496	552	570	589
Virginia	14,171	29,949	24,730	17,815	13,782	24,224	22,279	19,646	18,391	20,437
Washington	14,671	18,665	19,853	16,830	17,317	17,524	17,589	12,246	14,341	21,655
West Virginia	310	505	361	550	348	478	443	415	501	495
Wisconsin	4,485	5,200	3,845	3,864	4,434	4,379	4,532	3,770	3,738	3,825
Wyoming	190	245	186	229	228	220	242	217	257	233
Other ¹	643	1,499	1,051	590	1,853	1,120	983	838	895	1,024
Unknown	6,030	5,907	5,805	3,770	6,426	2,777	2,101	1,150	1,104	1,353

¹Includes American Samoa, Northern Mariana Islands, U.S. Virgin Islands, and U.S. Armed Forces posts.

Note: Based on N-400 data for persons aged 18 and over.

Source: U.S. Department of Homeland Security.

Table 23.
PERSONS NATURALIZED BY CORE BASED STATISTICAL AREA (CBSA) OF RESIDENCE: FISCAL YEARS 2007 TO 2016
(Ranked by 2016 Naturalizations)

Geographic area	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total	660,477	1,046,539	743,715	619,913	694,193	757,434	779,929	653,416	730,259	753,060
New York-Newark-Jersey City, NY-NJ-PA	99,916	136,076	113,849	92,307	100,268	124,946	137,513	100,257	113,758	122,156
Los Angeles-Long Beach-Anaheim, CA	78,454	138,616	84,059	51,977	62,373	65,679	70,188	57,674	69,017	61,950
Miami-Fort Lauderdale-West Palm Beach, FL	36,159	89,442	54,202	42,220	55,559	68,072	66,925	52,544	53,448	59,227
Washington-Arlington-Alexandria, DC-VA-MD-WV	19,405	40,790	32,790	24,897	20,621	31,641	30,097	24,649	27,084	29,138
Chicago-Naperville-Elgin, IL-IN-WI	37,736	43,548	26,675	25,053	27,607	26,941	26,173	24,617	24,201	24,907
Houston-The Woodlands-Sugar Land, TX	18,387	28,270	18,374	18,338	18,461	22,050	22,575	17,547	25,735	23,858
San Francisco-Oakland-Hayward, CA	25,872	37,850	20,954	21,281	22,046	20,474	23,506	19,842	20,620	23,261
Boston-Cambridge-Newton, MA-NH	16,960	22,859	17,428	17,029	18,834	18,264	17,383	17,311	18,385	19,690
Dallas-Fort Worth-Arlington, TX	18,094	25,215	17,448	16,599	16,079	16,935	16,304	16,581	19,626	18,780
Seattle-Tacoma-Bellevue, WA	10,041	12,508	15,038	12,754	12,819	12,937	13,064	8,345	10,119	16,563
Atlanta-Sandy Springs-Roswell, GA	11,720	16,817	12,654	15,529	14,344	14,218	16,763	13,342	17,105	15,873
San Diego-Carlsbad, CA	17,924	21,152	12,977	11,473	12,326	12,876	14,376	13,695	14,189	14,764
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	9,272	16,720	14,283	13,453	13,139	13,036	13,781	11,140	12,566	12,468
Riverside-San Bernardino-Ontario, CA	12,253	23,626	19,421	8,724	12,339	11,530	11,749	10,525	13,695	12,113
San Jose-Sunnyvale-Santa Clara, CA	12,347	24,142	14,201	13,455	11,303	11,473	12,974	10,747	10,904	11,392
Detroit-Warren-Dearborn, MI	7,868	10,731	7,494	8,084	7,516	7,985	9,434	9,102	9,612	9,081
Orlando-Kissimmee-Sanford, FL	3,622	11,914	7,181	6,744	8,578	8,661	10,294	6,971	8,297	8,560
Phoenix-Mesa-Scottsdale, AZ	7,908	16,867	7,926	7,336	9,147	8,922	9,357	7,238	9,767	8,386
Las Vegas-Henderson-Paradise, NV	6,829	11,058	7,357	5,724	7,291	6,532	7,347	6,814	6,765	7,753
Sacramento-Roseville-Arden-Arcade, CA	8,974	11,357	6,378	6,103	7,899	10,626	7,816	7,081	6,710	7,522
Tampa-Saint Petersburg-Clearwater, FL	4,721	9,623	7,587	5,786	7,502	8,081	8,248	7,092	6,755	7,121
Minneapolis-Saint Paul-Bloomington, MN-WI	7,867	7,849	7,985	7,928	9,558	10,282	8,931	7,776	6,369	7,016
Baltimore-Columbia-Towson, MD	3,492	6,919	5,296	5,150	5,026	4,805	5,367	4,334	5,728	6,483
Portland-Vancouver-Hillsboro, OR-WA	5,035	7,776	4,818	4,611	5,181	5,369	5,282	3,969	5,486	6,265
Denver-Aurora-Lakewood, CO	5,414	8,047	4,497	4,751	5,198	5,101	4,184	4,055	6,539	6,023
Charlotte-Concord-Gastonia, NC-SC	2,042	2,908	4,696	2,908	3,306	3,537	3,958	3,391	3,604	4,237
Austin-Round Rock, TX	3,004	4,706	2,827	2,953	3,528	3,472	3,533	3,727	4,010	4,157
Columbus, OH	3,145	4,019	2,745	3,076	3,458	3,897	4,267	3,407	3,668	4,024
San Antonio-New Braunfels, TX	2,568	5,386	2,594	2,457	3,333	3,252	3,412	3,388	3,606	3,935
Bridgeport-Stamford-Norwalk, CT	1,625	3,534	3,930	2,732	3,244	3,272	3,700	3,211	3,825	3,738
Providence-Warwick, RI-MA	3,202	5,536	3,470	2,819	3,538	3,771	3,613	3,373	3,740	3,706
El Paso, TX	2,320	4,458	3,533	1,987	2,573	2,748	2,658	2,575	2,720	3,119
Hartford-West Hartford-East Hartford, CT	1,510	3,142	3,323	2,466	2,614	2,570	2,885	2,762	3,231	3,019
Raleigh, NC	1,398	1,553	4,114	2,558	2,875	2,823	2,672	2,616	2,730	2,852
Urban Honolulu, HI	3,585	4,082	2,950	2,551	2,684	2,418	2,673	2,248	2,755	2,814
Nashville-Davidson-Murfreesboro-Franklin, TN	1,450	2,691	2,349	2,153	2,520	2,625	2,664	2,253	2,574	2,704
Kansas City, MO-KS	2,012	3,247	2,432	2,195	2,223	2,445	2,284	2,146	2,354	2,592
Indianapolis-Carmel-Anderson, IN	1,434	2,099	1,791	1,855	1,885	1,732	2,020	2,120	2,229	2,559
Worcester, MA-CT	1,907	2,652	2,130	2,329	2,069	2,239	2,012	2,222	2,463	2,502
Jacksonville, FL	2,626	3,208	2,305	2,859	2,930	2,865	2,658	2,497	2,363	2,372
Stockton-Lodi, CA	3,158	4,200	2,045	1,845	3,043	3,712	2,606	2,413	2,025	2,364
Fresno, CA	3,070	5,133	2,396	2,152	3,432	4,383	2,938	2,252	2,668	2,355
San Juan-Carolina-Caguas, PR	1,359	2,353	1,132	1,188	1,560	2,027	2,245	2,287	2,591	2,324
Salt Lake City, UT	1,685	3,171	1,693	1,743	2,244	2,300	1,879	2,776	3,090	2,297
Richmond, VA	1,273	2,365	1,623	1,679	1,775	2,029	2,199	2,116	1,886	2,292
Oxnard-Thousand Oaks-Ventura, CA	3,221	5,235	3,371	1,823	2,134	1,949	2,372	2,060	2,409	2,211
Saint Louis, MO-IL	2,706	3,525	2,547	2,530	2,492	2,602	2,714	2,265	2,104	2,193
Pittsburgh, PA	1,121	1,619	1,154	1,343	1,464	1,432	1,365	1,496	1,496	2,164
Oklahoma City, OK	960	1,647	1,048	1,575	1,777	1,792	2,068	1,761	2,238	2,061
Cleveland-Elyria, OH	2,599	2,975	2,173	2,122	2,135	2,213	2,374	1,942	2,027	1,996
Other CBSAs	106,731	165,791	125,268	107,437	124,551	131,905	133,643	119,643	131,642	133,868
Other metropolitan areas	95,274	148,304	111,488	96,004	110,878	117,568	119,294	106,876	117,224	118,933
Other micropolitan areas	11,457	17,487	13,780	11,433	13,673	14,337	14,349	12,767	14,418	14,935
Non-CBSA	6,472	9,633	7,404	5,503	7,368	7,208	6,786	6,071	6,627	6,901
Unknown	6,024	5,899	5,800	3,769	6,424	2,780	2,100	1,150	1,104	1,354

Note: Based on N-400 data for persons aged 18 and over. Metropolitan areas defined based on the 2015 update of Core Based Statistical Areas (CBSAs) definitions. As a result, numbers for previous years may differ from previously published figures. The most current CBSA definitions are available from the U.S. Census Bureau at <https://www.census.gov/programs-surveys/metro-micro.html>.

Source: U.S. Department of Homeland Security.

Table 24.
PERSONS NATURALIZED BY SEX, AGE, MARITAL STATUS, AND OCCUPATION: FISCAL YEAR 2016

Characteristic	Total	Sex		
		Female	Male	Unknown
AGE				
Total	753,060	420,483	332,563	14
18 to 19 years.	10,581	5,357	5,224	-
20 to 24 years.	57,115	30,301	26,812	2
25 to 29 years.	90,849	51,694	39,155	-
30 to 34 years.	97,562	56,672	40,890	-
35 to 39 years.	100,013	56,804	43,207	2
40 to 44 years.	94,278	51,041	43,233	4
45 to 49 years.	75,185	40,841	34,343	1
50 to 54 years.	64,605	35,383	29,220	2
55 to 59 years.	52,655	29,394	23,259	2
60 to 64 years.	40,077	22,260	17,816	1
65 to 74 years.	50,559	28,873	21,686	-
75 years and over	19,581	11,863	7,718	-
BROAD AGE GROUPS				
Total	753,060	420,483	332,563	14
18 to 20 years.	19,766	10,056	9,709	1
21 years and over	733,294	410,427	322,854	13
MARITAL STATUS				
Total	753,060	420,483	332,563	14
Married	477,843	266,761	211,081	1
Single	171,428	84,415	87,013	-
Widowed	24,098	20,590	3,508	-
Divorced/separated	78,356	47,957	30,399	-
Unknown	1,335	760	562	13
OCCUPATION				
Total	753,060	420,483	332,563	14
Management, professional, and related occupations.	114,789	57,419	57,370	-
Service occupations	102,334	65,796	36,538	-
Sales and office occupations	57,975	36,313	21,662	-
Farming, fishing, and forestry occupations	3,161	1,173	1,988	-
Construction, extraction, maintenance and repair occupations.	15,879	806	15,073	-
Production, transportation, and material moving occupations.	77,310	24,201	53,109	-
Military	3,651	778	2,873	-
No occupation/not working outside home	195,832	136,871	58,961	-
Homemakers	51,276	48,469	2,807	-
Students or children	32,159	18,065	14,094	-
Retirees.	23,871	12,153	11,718	-
Unemployed.	88,526	58,184	30,342	-
Unknown	182,129	97,126	84,989	14

- Represents zero.

Note: Based on N-400 data for persons aged 18 and over.

Source: U.S. Department of Homeland Security.

Nonimmigrant Admissions

Table 25.
NONIMMIGRANT ADMISSIONS BY CLASS OF ADMISSION: FISCAL YEARS 2007 TO 2016

Class of admission	2007	2008	2009	2010	2011
Total all admissions ¹	171,300,000	175,400,000	162,600,000	159,700,000	158,500,000
Total I-94 admissions ²	37,149,651	39,381,928	36,231,554	46,471,569	53,082,286
Temporary workers and families	1,932,075	1,949,695	1,703,697	2,816,485	3,385,775
Temporary workers and trainees	1,118,138	1,101,938	936,272	1,682,111	2,092,028
CNMI-only transitional workers (CW1)	X	X	X	-	-
Spouses and children of CW1 (CW2)	X	X	X	-	-
Temporary workers in specialty occupations (H1B)	461,730	409,619	339,243	454,757	494,565
Chile and Singapore Free Trade Agreement aliens (H1B1)	170	153	213	163	30
Registered nurses participating in the Nursing Relief for Disadvantaged Areas (H1C)	49	170	231	295	124
Agricultural workers (H2A) ³	87,316	173,103	149,763	139,403	188,411
Nonagricultural workers (H2B)	75,727	104,618	56,381	69,395	79,794
Returning H2B workers (H2R) ⁴	79,168	5,003	162	104	68
Trainees (H3)	5,540	6,156	4,168	3,078	3,279
Spouses and children of H1, H2, or H3 (H4)	144,136	122,423	105,429	141,571	155,936
Workers with extraordinary ability or achievement (O1)	36,184	41,238	45,600	49,995	51,775
Workers accompanying and assisting in performance of O1 workers (O2)	10,349	12,497	12,966	13,989	15,949
Spouses and children of O1 and O2 (O3)	5,377	6,386	6,533	6,764	6,985
Internationally recognized athletes or entertainers (P1)	53,050	57,030	54,432	72,915	84,545
Artists or entertainers in reciprocal exchange programs (P2)	4,835	4,358	4,028	11,213	13,359
Artists or entertainers in culturally unique programs (P3)	11,900	12,767	11,441	9,669	9,301
Spouses and children of P1, P2, or P3 (P4)	2,223	2,229	2,359	2,836	2,944
Workers in international cultural exchange programs (Q1)	2,412	3,231	2,555	2,430	2,331
Workers in religious occupations (R1)	25,162	25,106	17,362	21,043	19,683
Spouses and children of R1 (R2)	6,881	6,421	4,481	7,966	5,682
North American Free Trade Agreement (NAFTA) professional workers (TN)	85,142	88,382	99,018	634,116	899,455
Spouses and children of TN (TD)	20,787	21,048	19,907	40,409	57,812
Intracompany transferees	531,073	558,485	493,992	702,447	788,187
Intracompany transferees (L1)	363,536	382,776	333,386	502,723	562,776
Spouses and children of L1 (L2)	167,537	175,709	160,606	199,724	225,411
Treaty traders and investors	238,936	243,386	229,301	383,694	454,101
Treaty traders and their spouses and children (E1)	51,722	50,377	49,111	87,988	110,169
Treaty investors and their spouses and children (E2)	177,920	180,270	166,983	281,868	329,230
Treaty investors and their spouses and children (CNMI only) (E2C)	X	X	X	-	-
Australian Free Trade Agreement principals, spouses and children (E3)	9,294	12,739	13,207	13,838	14,702
Representatives of foreign information media	43,928	45,886	44,132	48,233	51,459
Representatives of foreign information media and spouses and children (I1)	43,928	45,886	44,132	48,233	51,459
Students	841,673	917,373	951,964	1,595,072	1,788,962
Academic students (F1)	787,756	859,169	895,392	1,514,777	1,702,730
Spouses and children of F1 (F2)	40,178	42,039	40,956	61,036	66,449
Vocational students (M1)	13,073	15,496	14,632	17,641	18,824
Spouses and children of M1 (M2)	666	669	984	1,618	959
Exchange visitors	489,286	506,138	459,408	543,335	526,931
Exchange visitors (J1)	443,482	459,126	413,150	484,740	469,993
Spouses and children of J1 (J2)	45,804	47,012	46,258	58,595	56,938
Diplomats and other representatives	303,290	314,920	323,183	380,241	377,830
Ambassadors, public ministers, career diplomatic or consular officers and their families (A1)	30,291	30,882	31,038	38,948	37,692
Other foreign government officials or employees and their families (A2)	131,583	136,699	142,315	173,293	175,651
Attendants, servants, or personal employees of A1 and A2 and their families (A3)	1,602	1,686	1,766	1,870	1,843
Principals of recognized foreign governments (G1)	15,099	15,348	14,876	16,452	15,649
Other representatives of recognized foreign governments (G2)	15,160	18,367	17,529	17,711	20,395
Representatives of nonrecognized or nonmember foreign governments (G3)	816	844	912	904	967
International organization officers or employees (G4)	88,374	89,711	92,878	105,040	100,858
Attendants, servants, or personal employees of representatives (G5)	1,477	1,399	1,389	1,385	1,509
North Atlantic Treaty Organization (NATO) officials, spouses, and children (N1 to N7)	18,888	19,984	20,480	24,638	23,266
Temporary visitors for pleasure	27,486,177	29,442,168	27,800,027	35,135,270	40,591,607
Temporary visitors for pleasure (B2)	13,087,974	13,371,671	12,680,504	19,144,019	23,806,138
Visa Waiver Program – temporary visitors for pleasure (WT)	13,469,851	15,099,059	14,272,553	14,825,553	15,718,710
Guam Visa Waiver Program – temporary visitors for pleasure to Guam (GT)	928,352	971,438	846,970	120,544	X
Guam – Commonwealth of Northern Mariana Islands (CNMI) Visa Waiver Program – temporary visitors for pleasure to Guam or Northern Mariana Islands (GMT)	X	X	X	1,045,154	1,066,759

See footnotes at end of table.

Table 25.

NONIMMIGRANT ADMISSIONS BY CLASS OF ADMISSION: FISCAL YEARS 2007 TO 2016 – Continued

Class of admission	2007	2008	2009	2010	2011
Temporary visitors for business	5,418,884	5,603,668	4,390,888	5,206,234	5,696,503
Temporary visitors for business (B1)	2,928,875	3,052,581	2,408,092	2,944,372	3,055,932
Visa Waiver Program – temporary visitors for business (WB)	2,486,015	2,546,322	1,977,361	2,256,890	2,637,166
Guam Visa Waiver Program – temporary visitors for business to Guam (GB)	3,994	4,765	5,435	904	X
Guam – Commonwealth of Northern Mariana Islands (CNMI) Visa Waiver Program – temporary visitors for business to Guam or Northern Mariana Islands (GMB)	X	X	X	4,068	3,405
Transit aliens.	396,383	387,237	346,695	327,572	322,499
Aliens in continuous and immediate transit through the United States (C1)	376,451	365,958	326,704	304,012	296,636
Aliens in transit to the United Nations (C2)	2,914	2,646	2,613	2,986	4,397
Foreign government officials, their spouses, children, and attendants in transit (C3)	17,018	18,633	17,378	20,574	21,466
Commuter students	310	1,102	6,488	53,711	108,894
Canadian or Mexican national academic commuter students (F3)	307	1,102	6,488	53,711	108,892
Canadian or Mexican national vocational commuter students (M3)	3	-	-	-	D
Alien fiancé(e)s of U.S. citizens and children	38,507	34,863	32,009	34,891	27,700
Fiancé(e)s of U.S. citizens (K1)	32,991	29,916	27,754	30,444	24,112
Children of K1 (K2)	5,516	4,947	4,255	4,447	3,588
Legal Immigration Family Equity (LIFE) Act	37,594	24,172	20,960	38,810	30,099
Spouses of U.S. citizens, visa pending (K3)	15,065	12,849	12,937	25,615	17,874
Children of U.S. citizens, visa pending (K4)	3,430	2,845	2,578	4,557	3,103
Spouses of permanent residents, visa pending (V1)	6,960	3,609	2,482	3,620	3,659
Children of permanent residents, visa pending (V2)	5,435	2,270	1,424	2,206	2,546
Dependents of V1 or V2, visa pending (V3)	6,704	2,599	1,539	2,812	2,917
Other	100	103	74	92	93
Unknown.	205,372	200,489	196,161	339,856	225,393

See footnotes at end of table.

Table 25.
NONIMMIGRANT ADMISSIONS BY CLASS OF ADMISSION: FISCAL YEARS 2007 TO 2016 – *Continued*

Class of admission	2012	2013	2014	2015	2016
Total all admissions ¹	165,500,000	173,100,000	180,500,000	181,300,000	178,700,000
Total I-94 admissions ²	53,887,286	61,052,260	74,930,606	76,638,236	76,786,751
Temporary workers and families	3,049,419	2,996,743	3,398,961	3,722,543	3,896,674
Temporary workers and trainees	1,900,582	1,853,915	2,095,175	2,306,962	2,420,840
CNMI-only transitional workers (CW1)	D	1,642	4,045	5,096	7,609
Spouses and children of CW1 (CW2)	-	404	777	883	989
Temporary workers in specialty occupations (H1B)	473,015	474,355	511,773	537,450	534,365
Chile and Singapore Free Trade Agreement aliens (H1B1)	D	8	29	93	268
Registered nurses participating in the Nursing Relief for Disadvantaged Areas (H1C)	29	7	D	-	7
Agricultural workers (H2A) ³	183,860	204,577	240,620	283,580	348,052
Nonagricultural workers (H2B)	82,906	104,984	105,413	120,207	119,446
Returning H2B workers (H2R) ⁴	15	9	D	12	11
Trainees (H3)	4,081	4,117	4,306	3,514	2,786
Spouses and children of H1, H2, or H3 (H4)	156,668	163,786	184,045	205,521	206,180
Workers with extraordinary ability or achievement (O1)	53,941	66,604	83,001	93,086	101,930
Workers accompanying and assisting in performance of O1 workers (O2)	16,670	20,762	24,190	26,593	28,659
Spouses and children of O1 and O2 (O3)	6,853	8,238	9,940	11,733	13,553
Internationally recognized athletes or entertainers (P1)	84,209	85,583	95,470	99,351	98,998
Artists or entertainers in reciprocal exchange programs (P2)	12,826	12,306	13,808	14,292	13,285
Artists or entertainers in culturally unique programs (P3)	9,290	9,512	11,191	11,729	13,123
Spouses and children of P1, P2, or P3 (P4)	3,155	3,565	3,390	3,754	3,763
Workers in international cultural exchange programs (Q1)	2,494	2,685	2,976	2,988	3,038
Workers in religious occupations (R1)	15,906	14,191	13,839	14,109	14,095
Spouses and children of R1 (R2)	4,738	4,337	3,781	3,526	3,629
North American Free Trade Agreement (NAFTA) professional workers (TN)	733,692	612,535	712,737	787,180	816,149
Spouses and children of TN (TD)	56,223	59,708	69,840	82,265	90,905
Intracompany transferees	717,893	723,641	835,707	917,613	954,394
Intracompany transferees (L1)	498,899	503,206	591,728	648,611	677,583
Spouses and children of L1 (L2)	218,994	220,435	243,979	269,002	276,811
Treaty traders and investors	386,472	373,360	422,025	449,732	473,211
Treaty traders and their spouses and children (E1)	81,337	71,652	78,100	78,511	79,023
Treaty investors and their spouses and children (E2)	288,217	279,288	314,464	335,820	353,067
Treaty investors and their spouses and children (CNMI only) (E2C)	D	5	D	-	D
Australian Free Trade Agreement principals, spouses and children (E3)	16,916	22,415	29,459	35,401	41,120
Representatives of foreign information media	44,472	45,827	46,054	48,236	48,229
Representatives of foreign information media and spouses and children (I1)	44,472	45,827	46,054	48,236	48,229
Students	1,653,576	1,669,225	1,837,664	1,990,661	1,954,373
Academic students (F1)	1,566,815	1,577,509	1,737,927	1,886,948	1,858,644
Spouses and children of F1 (F2)	67,563	71,167	78,215	83,004	76,183
Vocational students (M1)	17,600	19,106	20,534	19,878	18,726
Spouses and children of M1 (M2)	1,598	1,443	988	831	820
Exchange visitors	475,232	492,937	557,760	576,347	574,617
Exchange visitors (J1)	421,425	433,534	486,827	502,372	505,448
Spouses and children of J1 (J2)	53,807	59,403	70,933	73,975	69,169
Diplomats and other representatives	365,779	373,330	421,144	438,477	438,725
Ambassadors, public ministers, career diplomatic or consular officers and their families (A1)	33,700	34,548	39,239	40,410	41,183
Other foreign government officials or employees and their families (A2)	172,096	164,896	179,956	183,104	180,685
Attendants, servants, or personal employees of A1 and A2 and their families (A3)	1,553	1,381	1,642	1,449	1,278
Principals of recognized foreign governments (G1)	15,669	15,254	15,274	15,947	16,246
Other representatives of recognized foreign governments (G2)	17,118	16,011	19,346	21,481	20,163
Representatives of nonrecognized or nonmember foreign governments (G3)	886	864	804	943	1,010
International organization officers or employees (G4)	100,760	108,478	116,363	121,890	124,770
Attendants, servants, or personal employees of representatives (G5)	1,190	1,137	1,116	1,093	1,019
North Atlantic Treaty Organization (NATO) officials, spouses, and children (N1 to N7)	22,807	30,761	47,404	52,160	52,371
Temporary visitors for pleasure	42,041,426	48,346,018	59,784,922	61,017,237	60,834,687
Temporary visitors for pleasure (B2)	24,476,086	29,915,467	40,457,847	41,671,997	40,848,579
Visa Waiver Program – temporary visitors for pleasure (WT)	16,380,307	17,168,958	18,161,646	18,138,442	18,703,963
Guam Visa Waiver Program – temporary visitors for pleasure to Guam (GT)	X	X	X	X	X
Guam – Commonwealth of Northern Mariana Islands (CNMI) Visa Waiver Program – temporary visitors for pleasure to Guam or Northern Mariana Islands (GMT)	1,185,033	1,261,593	1,165,429	1,206,798	1,282,145

See footnotes at end of table.

Table 25.

NONIMMIGRANT ADMISSIONS BY CLASS OF ADMISSION: FISCAL YEARS 2007 TO 2016 – Continued

Class of admission	2012	2013	2014	2015	2016
Temporary visitors for business	5,707,218	6,299,533	7,734,191	8,008,659	8,293,746
Temporary visitors for business (B1)	2,972,355	3,498,688	4,755,509	4,933,958	5,147,037
Visa Waiver Program – temporary visitors for business (WB)	2,731,887	2,798,130	2,976,445	3,070,226	3,142,597
Guam Visa Waiver Program – temporary visitors for business to Guam (GB)	X	X	X	X	X
Guam – Commonwealth of Northern Mariana Islands (CNMI) Visa Waiver Program – temporary visitors for business to Guam or Northern Mariana Islands (GMB)	2,976	2,715	2,237	4,475	4,112
Transit aliens.	313,514	628,711	1,004,916	689,990	633,549
Aliens in continuous and immediate transit through the United States (C1)	289,105	608,396	987,546	672,420	617,467
Aliens in transit to the United Nations (C2)	4,158	2,269	638	524	480
Foreign government officials, their spouses, children, and attendants in transit (C3)	20,251	18,046	16,732	17,046	15,602
Commuter students	115,561	105,263	109,833	100,495	67,522
Canadian or Mexican national academic commuter students (F3)	115,561	105,263	109,833	100,495	67,522
Canadian or Mexican national vocational commuter students (M3)	-	-	-	-	-
Alien fiancé(e)s of U.S. citizens and children	32,102	29,773	41,778	35,266	42,634
Fiancé(e)s of U.S. citizens (K1)	27,977	26,046	36,680	30,942	37,173
Children of K1 (K2)	4,125	3,727	5,098	4,324	5,461
Legal Immigration Family Equity (LIFE) Act	8,227	3,014	2,275	1,627	1,208
Spouses of U.S. citizens, visa pending (K3)	4,534	1,262	1,004	644	439
Children of U.S. citizens, visa pending (K4)	618	417	336	99	93
Spouses of permanent residents, visa pending (V1)	1,928	867	647	563	237
Children of permanent residents, visa pending (V2)	449	271	252	307	425
Dependents of V1 or V2, visa pending (V3)	698	197	36	14	14
Other	91	87	72	74	88
Unknown.	125,141	107,626	37,090	56,860	48,928

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Estimated admission totals rounded to the nearest hundred thousand. Excludes sea and air crew admissions (D1 and D2 visas).² Beginning in 2010, the number of I-94 admissions greatly exceeds totals reported in previous years due to a more complete count of land admissions.³ Beginning in 2006, annual increases in H2A admissions may be due to more complete recording of pedestrian admissions along the Southwest border.⁴ Issuances of H2R (returning H2B workers not subject to annual numerical limits) ceased at the end of 2007.

Notes: Admissions represent counts of events, i.e., arrivals, not unique individuals; multiple entries of an individual on the same day are counted as one admission.

The majority of short-term admissions from Canada and Mexico are excluded.

Source: U.S. Department of Homeland Security.

Table 26.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF CITIZENSHIP: FISCAL YEARS 2007 TO 2016

Region and country of citizenship	2007	2008	2009	2010¹	2011	2012	2013	2014	2015	2016
REGION										
Total	37,149,651	39,381,928	36,231,554	46,471,569	53,082,286	53,887,286	61,052,260	74,930,606	76,638,236	76,786,751
Africa	426,922	474,160	452,693	485,110	508,489	573,184	645,919	757,181	792,026	812,547
Asia	8,781,480	8,795,236	7,820,986	9,404,375	10,027,386	11,062,760	12,230,911	13,307,053	14,025,173	14,690,021
Europe	13,993,051	15,931,641	14,559,083	14,692,093	15,481,558	15,710,015	16,167,460	17,376,449	17,340,542	17,749,364
North America	9,963,858	9,832,557	8,963,282	16,449,861	20,940,354	19,996,738	24,561,055	35,589,531	36,312,759	35,552,990
Oceania	1,067,258	1,127,444	1,065,909	1,290,993	1,513,963	1,618,337	1,770,569	1,822,066	1,859,507	1,907,856
South America	2,763,355	3,039,883	3,075,013	3,587,883	4,126,385	4,651,162	5,511,558	6,052,610	6,256,760	6,030,594
Unknown	153,727	181,007	294,588	561,254	484,151	275,090	164,788	25,716	51,469	43,379
COUNTRY										
Total	37,149,651	39,381,928	36,231,554	46,471,569	53,082,286	53,887,286	61,052,260	74,930,606	76,638,236	76,786,751
Afghanistan	2,539	2,323	2,616	2,589	2,856	2,772	2,837	4,150	4,334	4,474
Albania	7,902	9,939	8,768	8,921	8,065	7,942	7,889	8,746	9,992	12,808
Algeria	5,151	6,215	6,491	6,319	7,545	8,402	9,558	12,465	13,623	14,365
Andorra	912	1,295	977	1,152	1,217	1,176	1,271	1,611	1,344	1,642
Angola	6,235	6,509	7,147	7,557	8,293	10,592	12,617	14,715	13,787	10,238
Antigua and Barbuda . .	23,037	22,649	18,743	18,563	17,076	16,958	15,151	14,834	15,022	17,505
Argentina	337,511	383,803	395,781	482,637	566,010	646,929	744,864	768,469	806,698	986,148
Armenia	4,641	5,694	5,412	5,282	4,910	6,135	7,431	8,232	8,654	10,654
Australia ²	813,558	867,121	834,000	1,037,672	1,246,091	1,331,669	1,453,814	1,480,176	1,499,354	1,529,987
Austria	168,857	201,070	201,339	209,633	219,476	232,276	237,429	247,122	235,601	240,176
Azerbaijan	3,839	4,591	4,938	5,596	5,623	6,464	7,162	7,347	8,419	8,535
Bahamas	368,687	332,571	282,172	276,899	254,335	251,759	244,650	240,451	249,276	275,778
Bahrain	4,334	5,287	4,500	5,549	5,560	6,181	7,341	8,849	9,313	9,594
Bangladesh	13,100	13,758	15,368	18,034	19,348	22,629	30,314	43,560	43,938	43,643
Barbados	62,107	65,434	57,993	62,971	60,445	59,032	58,558	61,052	62,214	68,463
Belarus	10,378	10,719	10,214	12,287	12,141	13,715	14,211	16,166	17,486	21,586
Belgium	248,107	306,492	281,736	293,762	306,730	310,111	315,611	334,279	327,654	319,522
Belize	27,131	26,747	25,867	25,081	23,273	24,184	25,327	26,577	28,160	31,468
Benin	2,326	2,910	2,585	2,804	2,887	3,056	2,821	3,266	3,473	3,385
Bhutan	514	801	578	660	613	662	633	1,034	1,215	1,058
Bolivia	39,206	41,622	40,408	44,761	43,893	44,658	50,838	55,100	65,089	74,671
Bosnia and Herzegovina	7,412	7,190	6,170	5,838	6,492	6,843	7,465	9,380	9,699	10,310
Botswana	2,228	2,564	2,349	2,386	2,587	2,580	2,381	2,623	2,914	2,893
Brazil	784,758	893,186	959,448	1,233,457	1,539,015	1,792,425	2,143,154	2,390,245	2,505,525	1,988,148
Brunei	998	1,216	1,110	1,217	1,448	1,747	2,022	2,106	1,880	1,675
Bulgaria	42,205	41,793	35,871	35,456	38,974	39,100	40,029	43,059	43,247	44,815
Burkina Faso	2,674	2,767	2,862	3,004	3,051	3,682	3,928	5,267	6,432	7,423
Burma	2,361	2,515	2,937	3,383	3,632	3,983	4,967	6,554	7,583	9,445
Burundi	1,059	1,052	960	1,182	1,230	1,424	1,740	1,732	1,772	1,671
Cabo Verde	2,871	2,966	2,918	2,727	1,943	1,520	3,140	4,544	4,451	5,584
Cambodia	3,851	3,953	3,652	3,660	3,352	3,628	4,898	4,752	3,756	5,662
Cameroon	9,094	9,517	9,329	9,832	9,423	9,495	9,639	11,673	13,070	14,858
Canada ³	276,399	285,359	291,642	1,428,931	1,868,179	1,466,120	4,445,881	13,254,972	13,408,292	13,006,072
Central African Republic	339	299	253	282	213	202	189	374	342	351
Chad	652	522	541	441	456	436	550	1,190	1,176	1,130
Chile	157,973	169,166	152,676	174,645	203,206	209,144	245,792	279,754	354,366	403,143
China, People's Republic ⁴	685,026	753,037	729,931	1,038,271	1,364,078	1,756,747	2,098,801	2,555,896	2,935,175	3,264,362
Colombia	492,957	527,451	511,071	592,362	613,354	669,392	830,891	985,073	990,683	951,844
Comoros	63	106	92	90	114	123	158	247	197	187
Congo, Democratic Republic	996	1,269	1,401	1,506	1,276	1,430	3,861	6,973	7,321	8,303
Congo, Republic	2,764	2,950	2,724	2,806	3,509	4,198	2,859	2,324	1,969	1,807
Costa Rica	176,882	195,459	176,284	189,999	192,350	197,136	207,840	228,996	241,739	306,162
Cote d'Ivoire	3,001	3,837	4,216	3,671	2,183	2,661	5,219	7,742	8,276	9,283
Croatia	25,435	27,772	26,461	26,056	26,761	26,452	26,905	29,808	32,189	33,964
Cuba	11,237	15,130	17,047	23,745	18,593	21,197	34,615	43,737	52,215	52,735
Cyprus	9,637	11,003	9,935	10,294	10,355	9,789	8,699	10,582	10,282	11,465

See footnotes at end of table.

Table 26.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF CITIZENSHIP: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of citizenship	2007	2008	2009	2010 ¹	2011	2012	2013	2014	2015	2016
Czechia	52,411	59,805	77,395	76,951	90,654	95,229	100,056	115,080	116,177	122,475
Denmark ⁵	261,192	310,371	298,098	309,372	323,255	327,854	324,608	351,910	364,769	365,602
Djibouti	204	283	437	443	463	416	338	608	546	870
Dominica	5,322	5,821	5,855	6,718	5,496	5,528	6,783	7,060	7,087	5,539
Dominican Republic	301,306	276,511	250,368	272,896	266,330	276,562	280,563	304,683	338,009	398,929
Ecuador	179,450	174,104	177,441	205,174	228,159	230,644	268,332	337,494	384,373	432,419
Egypt	43,139	47,706	49,838	57,442	61,716	84,287	89,578	99,716	104,049	110,525
El Salvador	179,678	164,984	141,428	132,336	119,465	114,001	119,572	138,329	173,145	214,391
Equatorial Guinea	272	379	562	523	598	641	1,197	2,057	1,687	1,597
Eritrea	1,009	841	854	901	873	854	1,528	2,583	3,094	3,604
Estonia	12,785	13,179	20,437	14,195	15,950	18,868	20,942	24,733	24,103	27,308
Ethiopia	10,964	12,468	12,116	12,321	13,183	15,336	16,884	18,276	18,967	23,693
Fiji	9,755	10,261	8,602	10,948	13,136	13,084	13,996	14,977	13,442	13,004
Finland	117,829	140,266	144,335	138,310	147,834	154,994	161,020	173,365	171,655	178,713
France ⁶	1,414,627	1,711,342	1,683,372	1,696,767	1,845,227	1,913,551	1,959,424	2,115,351	2,075,668	2,067,168
Gabon	1,811	2,099	2,170	2,452	2,706	2,546	2,792	2,971	3,079	3,079
Gambia	2,022	2,014	2,394	2,966	2,999	2,468	2,551	2,695	2,310	2,194
Georgia	4,967	5,341	5,196	5,728	5,694	6,128	6,628	9,102	11,110	11,130
Germany	1,839,544	2,119,640	2,023,971	2,076,215	2,182,441	2,308,207	2,359,681	2,448,591	2,381,765	2,366,405
Ghana	20,903	27,125	23,943	24,926	25,760	27,405	27,822	29,460	27,965	28,818
Greece	71,048	82,518	75,426	79,719	84,380	79,010	81,400	89,425	88,012	96,769
Grenada	11,513	11,773	11,069	11,487	11,289	11,163	10,674	10,872	12,484	12,784
Guatemala	213,213	224,030	204,994	213,056	208,885	216,670	224,006	252,586	256,875	289,392
Guinea	4,619	4,324	3,382	2,870	2,740	2,780	2,777	3,250	3,223	3,771
Guinea-Bissau	107	241	316	165	102	64	126	285	295	251
Guyana	25,465	24,862	25,985	28,146	28,995	34,970	39,412	43,549	56,719	71,449
Haiti	101,276	115,591	103,601	106,066	99,161	98,865	108,382	124,841	136,804	161,476
Holy See	113	122	127	125	123	118	130	136	144	128
Honduras	127,745	139,103	137,923	131,782	141,685	152,168	157,751	176,636	183,851	219,702
Hungary	51,054	53,664	60,937	66,516	73,475	75,947	81,213	91,102	92,587	99,844
Iceland	52,319	57,247	35,330	41,990	57,872	56,114	55,202	56,250	56,149	60,909
India	1,019,766	1,100,401	974,306	1,140,913	1,222,302	1,296,276	1,491,712	1,720,729	1,898,327	1,967,181
Indonesia	86,905	87,917	80,049	89,262	101,894	111,496	123,583	133,013	137,940	133,883
Iran	11,181	11,479	15,084	18,375	21,027	24,290	26,144	33,303	35,266	31,481
Iraq	2,569	3,351	3,999	6,161	7,868	12,215	17,077	23,858	21,381	20,969
Ireland	585,915	669,638	561,051	486,354	471,174	452,312	487,428	518,282	524,500	543,398
Israel	375,482	388,787	363,209	363,907	356,956	366,779	381,206	400,169	458,225	464,862
Italy	890,366	1,086,722	1,036,940	1,111,972	1,201,510	1,192,251	1,205,816	1,366,572	1,319,429	1,357,604
Jamaica	293,421	281,353	252,663	240,304	219,140	223,785	233,430	265,740	304,611	351,417
Japan	4,122,044	3,906,231	3,368,590	3,831,173	3,777,643	4,141,299	4,298,081	4,199,152	4,021,857	3,985,785
Jordan	27,075	27,950	27,848	30,200	31,982	35,620	38,867	44,886	53,559	54,191
Kazakhstan	13,681	16,515	13,756	16,826	20,027	21,249	22,422	26,066	29,519	26,929
Kenya	21,843	23,186	21,443	21,183	19,516	20,331	22,105	27,425	29,008	31,226
Kiribati	737	798	1,164	995	989	694	654	762	953	941
Korea, North	50	D	34	130	232	24	59	84	99	121
Korea, South	1,028,253	1,007,466	906,006	1,332,352	1,460,972	1,527,085	1,656,795	1,780,662	1,946,887	2,191,485
Kosovo	X	NA	NA	NA	NA	NA	NA	5,204	5,663	6,058
Kuwait	20,276	22,305	25,246	29,500	35,568	40,912	48,784	64,754	73,943	76,821
Kyrgyzstan	2,467	2,898	2,783	3,383	3,992	3,740	4,584	4,128	3,609	4,113
Laos	2,988	2,619	1,861	1,514	1,115	1,315	2,556	2,578	2,294	2,106
Latvia	13,975	14,533	15,892	16,177	18,453	20,748	22,330	23,871	23,963	24,742
Lebanon	28,232	28,669	26,894	30,733	32,915	36,527	42,775	50,632	51,894	51,595
Lesotho	429	425	434	509	571	532	524	639	593	715
Liberia	2,228	1,948	1,681	2,075	2,583	3,290	4,152	5,152	5,360	4,538
Libya	1,680	4,313	3,711	4,956	2,462	2,933	4,016	4,120	2,879	2,106
Liechtenstein	1,478	1,701	1,786	1,913	2,297	2,255	2,234	2,330	2,350	2,252
Lithuania	14,569	15,991	20,188	21,595	23,809	27,337	27,854	31,612	32,932	38,043
Luxembourg	9,939	12,918	12,878	14,349	14,926	15,519	15,785	16,260	15,748	15,508
Macedonia	7,508	7,964	7,618	8,441	9,419	9,520	9,436	9,855	10,321	10,790
Madagascar	1,015	1,267	1,084	1,189	1,117	1,145	1,265	1,699	1,750	1,974

See footnotes at end of table.

Table 26.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF CITIZENSHIP: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of citizenship	2007	2008	2009	2010 ¹	2011	2012	2013	2014	2015	2016
Malawi	1,673	2,054	1,850	2,001	2,070	2,280	2,359	2,547	3,219	3,178
Malaysia	82,457	85,631	66,410	80,549	91,502	97,410	102,605	108,926	105,570	102,269
Maldives	381	403	343	368	410	368	420	559	564	453
Mali	4,055	4,549	4,464	4,405	4,121	3,370	3,806	4,331	4,219	4,643
Malta	6,055	5,556	5,258	5,835	6,053	6,301	6,379	6,751	6,434	6,935
Marshall Islands	244	207	238	179	174	148	176	261	200	180
Mauritania	1,123	1,125	955	1,130	988	1,086	1,303	1,953	2,083	1,909
Mauritius	2,962	3,491	3,411	4,455	4,746	5,632	5,892	7,095	6,825	6,945
Mexico	7,405,191	7,273,511	6,601,059	12,917,745	17,052,559	16,462,118	17,980,784	20,002,936	20,378,001	19,644,990
Micronesia, Federated States	275	201	196	189	181	258	209	130	159	175
Moldova	10,382	11,402	8,369	10,596	10,669	11,293	12,604	12,939	12,600	12,869
Monaco	898	1,225	1,303	1,274	1,099	1,270	1,194	1,210	1,311	1,367
Mongolia	6,832	6,739	7,901	9,885	10,648	10,399	11,819	14,013	14,808	15,288
Morocco ⁷	18,856	21,029	21,991	24,686	25,999	27,765	30,618	34,910	37,058	38,137
Mozambique	1,011	1,260	1,288	1,343	1,497	1,764	2,278	2,729	2,807	2,724
Namibia	1,455	1,568	1,613	1,714	2,002	2,249	2,165	2,447	2,565	2,526
Nauru	57	100	76	102	128	120	85	110	115	187
Nepal	15,986	20,924	18,003	18,537	18,937	18,475	19,419	23,387	30,019	35,672
Netherlands ⁸	709,357	836,900	760,738	764,482	784,441	785,029	781,198	814,560	801,610	820,325
New Zealand ⁹	234,932	241,458	215,037	233,987	246,787	266,494	295,210	318,692	336,645	353,745
Nicaragua	53,641	57,497	53,426	52,925	53,023	56,380	59,296	65,866	69,935	79,609
Niger	1,426	1,243	1,380	1,244	1,209	1,312	1,583	1,566	1,759	1,935
Nigeria	69,985	88,732	88,473	97,402	104,483	121,177	157,509	197,750	214,519	215,143
Norway	199,296	244,827	228,229	251,321	282,734	300,258	320,842	345,156	336,555	303,484
Oman	2,495	2,806	2,978	3,257	3,457	5,729	7,794	10,717	11,419	11,326
Pakistan	55,739	57,922	56,672	63,182	61,957	69,222	78,246	102,953	119,644	136,659
Palau	234	202	210	311	205	282	136	90	160	135
Panama	104,641	111,354	112,596	124,113	125,162	132,615	143,365	153,115	162,027	173,769
Papua New Guinea	599	878	862	1,091	1,100	1,020	1,301	1,438	1,939	1,502
Paraguay	14,568	15,833	15,290	17,501	19,356	20,825	27,498	31,410	32,942	33,610
Peru	211,340	227,158	221,301	223,750	223,732	231,103	261,827	292,752	320,007	344,403
Philippines	316,241	334,894	311,907	326,216	319,609	327,757	358,961	404,566	420,917	449,501
Poland	183,491	186,888	157,116	152,951	154,423	149,046	168,854	207,179	217,453	230,471
Portugal	124,574	143,053	128,463	148,962	161,699	164,200	174,757	194,054	190,056	192,521
Qatar	3,272	4,900	5,451	7,592	9,966	12,210	15,894	18,740	20,194	19,840
Romania	74,213	76,799	64,118	69,401	74,763	76,255	82,238	94,041	96,349	103,298
Russia	176,983	206,629	197,173	229,725	269,566	299,911	364,116	413,011	323,435	316,804
Rwanda	2,391	2,840	2,772	3,132	3,489	4,168	4,074	5,039	5,065	6,102
Saint Kitts and Nevis	15,720	15,761	13,243	13,450	12,584	11,734	11,559	12,449	12,950	12,966
Saint Lucia	19,891	19,458	17,573	20,100	18,237	16,767	15,959	16,922	17,859	19,502
Saint Vincent and the Grenadines	14,640	14,545	14,076	14,271	13,469	12,745	12,204	12,371	12,562	12,589
Samoa	2,418	2,305	2,251	2,425	1,965	1,812	2,021	2,137	2,413	2,554
San Marino	557	774	677	797	924	765	745	787	912	770
Sao Tome and Principe	63	78	78	63	66	45	77	120	106	89
Saudi Arabia	38,087	46,853	61,530	91,934	138,055	193,462	232,782	291,715	306,182	260,262
Senegal	7,696	9,437	9,582	10,005	10,137	9,824	10,518	11,390	10,796	11,283
Serbia and Montenegro (former)	4,785	3,737	1,787	1,151	663	173	3,376	7,336	40,528	46,641
Seychelles	290	363	277	340	333	365	429	480	508	528
Sierra Leone	2,630	2,892	2,711	2,900	3,052	3,059	3,188	3,547	3,288	3,270
Singapore	120,930	132,889	103,762	126,095	149,258	161,576	162,922	168,686	163,668	159,907
Slovakia	28,049	28,702	36,341	39,776	45,930	46,597	49,173	54,303	55,113	58,556
Slovenia	18,922	24,812	24,437	23,539	24,108	24,803	22,977	26,152	27,977	28,340
Solomon Islands	304	333	292	378	440	344	411	342	307	504
Somalia	271	248	243	279	182	252	215	343	359	430
South Africa	124,564	123,725	107,238	111,173	120,383	127,973	135,400	148,243	153,290	150,734
South Sudan	X	X	X	X	NA	NA	NA	528	541	486
Spain	655,788	830,812	763,335	823,199	891,635	882,313	934,322	1,044,430	1,052,251	1,113,561

See footnotes at end of table.

Table 26.

NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF CITIZENSHIP: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of citizenship	2007	2008	2009	2010 ¹	2011	2012	2013	2014	2015	2016
Sri Lanka	18,846	19,156	16,865	18,431	20,411	21,072	23,015	26,816	27,954	29,339
Sudan	2,250	2,319	2,584	2,840	3,585	3,663	3,196	4,474	4,792	6,329
Suriname	6,166	6,926	7,851	8,535	9,057	10,642	12,618	13,316	14,971	13,254
Swaziland	406	556	649	678	593	664	863	1,129	1,145	1,246
Sweden	392,293	470,303	414,126	426,253	509,356	520,762	551,820	614,592	623,935	622,440
Switzerland	303,408	339,106	340,943	377,973	456,226	484,359	472,914	494,892	484,475	478,603
Syria	7,116	7,441	7,575	8,904	9,484	10,934	15,004	17,187	16,010	13,475
Taiwan	342,971	332,764	272,105	327,297	336,533	313,837	444,046	484,849	487,570	514,994
Tajikistan	1,442	2,372	1,948	2,037	2,160	1,975	1,709	1,836	1,999	2,280
Tanzania	6,247	6,736	6,855	7,277	7,168	7,731	7,635	8,665	9,677	8,634
Thailand	100,105	101,622	87,664	95,687	96,924	98,172	109,761	120,540	116,992	122,225
Timor-Leste	5	D	-	5	-	-	34	226	232	244
Togo	1,689	1,855	1,765	1,800	1,964	2,003	2,186	2,560	2,671	3,028
Tonga	3,683	3,110	2,572	2,373	2,336	2,016	2,202	2,561	3,417	4,477
Trinidad and Tobago	171,180	177,916	173,660	166,423	159,618	169,251	164,705	174,506	189,641	197,752
Tunisia	5,725	6,241	6,334	7,713	8,187	9,556	11,287	13,467	13,523	15,069
Turkey	132,942	147,837	134,839	148,096	167,767	175,933	192,113	214,958	226,665	242,419
Turkmenistan	750	706	893	1,077	1,059	1,171	1,345	1,777	1,691	1,592
Tuvalu	283	257	208	193	240	198	151	182	167	202
Uganda	6,976	8,300	7,765	7,773	7,919	8,926	9,398	10,308	11,222	11,479
Ukraine	63,331	75,308	66,069	71,400	76,886	82,565	87,913	100,877	118,352	127,148
United Arab Emirates	8,749	11,165	13,258	16,889	20,452	23,110	28,897	38,542	40,507	41,070
United Kingdom ¹⁰	5,132,789	5,480,917	4,713,284	4,539,392	4,547,728	4,486,666	4,566,669	4,814,079	4,968,049	5,216,692
Uruguay	43,423	44,087	43,515	49,013	54,053	59,590	70,535	80,666	81,603	87,370
Uzbekistan	5,361	5,203	5,723	7,123	6,740	7,694	9,930	10,000	11,988	12,410
Vanuatu	179	213	201	150	191	198	203	208	236	263
Venezuela	470,538	531,685	524,246	527,902	597,555	700,840	815,797	774,782	643,784	644,135
Vietnam	42,169	55,251	47,468	54,299	57,839	63,383	73,913	93,986	114,572	119,949
Yemen	1,828	1,616	1,853	2,223	2,256	3,179	3,904	5,896	5,549	5,628
Zambia	3,649	3,449	2,944	3,847	3,865	4,585	4,887	5,441	5,627	5,418
Zimbabwe	7,831	7,968	7,238	7,382	8,352	8,906	8,738	10,048	10,754	10,843
Unknown	153,727	181,007	294,588	561,254	484,151	275,090	164,788	25,716	51,469	43,379

NA Not available.

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Beginning in 2010 the number of I-94 nonimmigrant admissions greatly exceeds totals reported in previous years due to a more complete count of land admissions.² Australia includes Australia, Norfolk Island, Christmas Island, and Cocos (Keeling) Islands.³ The number of I-94 nonimmigrant admissions beginning in 2013 greatly exceeds totals reported in previous years due to a more complete count of Canadian air and sea admissions.⁴ China includes the People's Republic of China, Hong Kong, and Macau.⁵ Denmark includes Denmark, Faroe Islands, and Greenland.⁶ France includes France, French Guiana, French Polynesia, French Southern and Antarctic Lands, Guadeloupe, Martinique, Mayotte, New Caledonia, Reunion, Saint Barthelemy, Saint Pierre and Miquelon, and Wallis and Futuna.⁷ Morocco includes Morocco and Western Sahara.⁸ Netherlands includes the Netherlands, Aruba, Bonaire, Curacao, Saba, Sint Eustatius, and Sint Maarten.⁹ New Zealand includes New Zealand, Cook Islands, Tokelau, and Niue.¹⁰ United Kingdom includes the United Kingdom, Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Falkland Islands, Gibraltar, Guernsey, Isle of Man, Jersey, Montserrat, Pitcairn Islands, Saint Helena, and Turks and Caicos Islands.

Notes: Admissions represent counts of events, i.e., arrivals, not unique individuals; multiple entries of an individual on the same day are counted as one admission.

The majority of short-term admissions from Canada and Mexico are excluded.

Source: U.S. Department of Homeland Security.

Table 27.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF RESIDENCE: FISCAL YEARS 2007 TO 2016

Region and country of residence	2007	2008	2009	2010¹	2011	2012	2013	2014	2015	2016
REGION										
Total	37,149,651	39,381,928	36,231,554	46,471,569	53,082,286	53,887,286	61,052,260	74,930,606	76,638,236	76,786,751
Africa	361,357	410,020	391,415	419,545	435,460	493,648	574,756	694,587	732,388	622,472
Asia	8,117,887	8,164,330	7,228,615	8,759,488	9,351,790	10,317,367	11,601,237	12,769,145	13,282,782	12,262,112
Europe	12,694,971	14,520,845	13,242,341	13,587,632	14,638,186	14,765,445	15,191,408	15,977,022	14,776,496	14,439,611
North America	11,592,193	11,517,852	10,619,982	17,843,932	22,218,603	21,585,748	25,886,751	32,582,044	32,569,052	28,992,683
Oceania	999,083	1,050,825	1,003,953	1,250,507	1,484,496	1,584,781	1,755,197	1,783,958	1,675,390	1,648,230
South America	2,644,877	2,972,682	3,050,774	3,617,278	4,127,874	4,636,363	5,585,093	6,176,047	6,351,299	4,791,069
Unknown	739,283	745,374	694,474	993,187	825,877	503,934	457,818	4,947,803	7,250,829	14,030,574
COUNTRY²										
Total	37,149,651	39,381,928	36,231,554	46,471,569	53,082,286	53,887,286	61,052,260	74,930,606	76,638,236	76,786,751
Afghanistan	2,011	1,845	2,167	2,266	3,120	2,570	2,770	4,143	4,283	4,427
Albania	5,500	7,110	6,186	6,500	5,854	5,699	6,328	7,623	10,615	12,351
Algeria	3,837	4,710	5,123	4,813	5,637	6,392	7,569	10,804	11,766	10,144
American Samoa	1,410	1,384	1,402	1,485	1,226	1,093	818	527	938	1,613
Andorra	1,524	2,045	1,724	1,810	1,601	1,508	1,554	1,848	1,593	1,716
Angola	6,136	6,577	7,351	7,592	8,208	10,747	12,810	14,715	13,213	8,353
Anguilla	8,139	8,851	6,192	4,764	3,075	2,709	1,839	1,280	893	1,171
Antigua and Barbuda	25,351	24,953	20,420	20,197	18,437	18,268	16,502	15,994	15,773	14,392
Argentina	318,743	374,359	396,635	496,355	580,415	659,320	777,054	807,515	844,518	790,546
Armenia	4,108	5,013	4,624	4,472	4,091	5,096	6,517	7,447	8,004	8,355
Aruba	26,222	28,146	24,991	22,366	16,542	19,611	18,256	19,927	14,300	12,605
Australia	748,489	795,931	770,481	996,293	1,219,635	1,301,382	1,437,767	1,444,405	1,344,247	1,318,901
Austria	148,588	179,014	181,219	192,187	205,473	217,798	223,610	227,191	199,500	198,201
Azerbaijan	3,647	4,411	4,786	5,296	5,141	5,908	6,545	7,426	7,862	6,589
Bahamas	387,210	353,205	305,115	303,101	275,604	269,335	260,573	252,578	260,134	217,824
Bahrain	7,281	8,351	7,480	8,780	8,469	9,115	9,343	10,010	10,714	8,534
Bangladesh	9,485	10,369	11,780	14,045	15,238	18,024	25,200	38,314	38,807	31,758
Barbados	66,572	70,150	62,348	67,828	64,063	61,981	61,495	63,706	63,630	54,934
Belarus	9,018	9,189	8,806	10,759	10,280	11,474	11,877	14,075	15,945	16,671
Belgium	250,012	309,247	284,285	296,493	311,024	313,615	318,855	329,268	296,438	273,037
Belize	28,739	27,967	27,348	26,770	24,532	24,268	25,536	26,767	28,082	23,855
Benin	1,666	2,209	1,932	2,116	2,225	2,310	2,148	2,749	3,006	2,489
Bermuda	41,254	46,325	44,152	37,508	26,560	26,855	52,935	88,880	92,243	79,463
Bhutan	463	728	447	518	482	493	568	937	1,068	863
Bolivia	36,752	38,919	38,447	42,719	40,874	41,460	48,676	54,389	64,647	59,518
Bonaire	X	X	X	X	NA	NA	NA	358	301	348
Bosnia and Herzegovina	5,916	5,743	5,034	5,003	6,266	5,726	6,221	8,103	8,445	7,558
Botswana	2,846	3,216	2,849	2,871	2,832	2,795	2,483	2,516	2,920	2,504
Brazil	749,025	877,517	956,443	1,263,944	1,578,535	1,833,397	2,203,777	2,462,622	2,569,484	1,556,047
Brunei	1,375	1,586	1,404	1,443	1,718	2,089	2,261	2,148	1,951	1,610
Bulgaria	36,934	36,344	31,007	30,663	33,933	33,752	34,762	37,994	39,199	33,707
Burkina Faso	2,171	2,151	2,256	2,328	2,298	2,829	3,345	4,826	5,934	5,795
Burma	1,556	1,608	2,089	2,542	2,631	2,978	4,274	6,168	7,058	7,698
Burundi	866	788	676	852	995	1,077	1,604	1,927	2,015	1,596
Cabo Verde	2,226	2,365	2,796	2,782	2,255	1,796	3,527	5,076	4,740	4,867
Cambodia	3,890	4,040	3,708	3,742	3,470	3,565	4,808	4,734	3,819	4,894
Cameroon	5,977	6,459	5,935	6,645	6,249	6,278	6,799	9,006	10,678	10,225
Canada ³	634,436	684,480	689,600	1,666,498	2,121,739	1,837,473	4,697,606	9,305,182	8,828,585	7,913,852
Cayman Islands	70,342	70,826	69,384	66,974	60,245	57,741	56,007	53,498	46,068	40,123
Central African Republic	420	335	245	377	418	334	340	573	767	602
Chad	598	466	561	468	404	351	514	1,112	1,139	948
Chile	160,434	173,832	157,291	182,609	208,855	214,913	256,171	289,163	358,800	346,831
China, People's Republic	432,507	540,617	568,703	838,165	1,136,479	1,495,782	1,858,989	2,311,007	2,688,752	2,262,926
Christmas Island	5	D	8	4	10	7	17	42	41	52
Cocos (Keeling) Islands	10	24	10	6	10	9	19	56	35	42
Colombia	448,429	484,296	473,213	557,943	574,544	624,480	794,972	960,672	972,478	746,499
Comoros	50	82	77	48	76	75	125	237	204	186

See footnotes at end of table.

Table 27.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF RESIDENCE: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of residence	2007	2008	2009	2010 ¹	2011	2012	2013	2014	2015	2016
Congo, Democratic Republic	851	1,142	1,283	1,591	1,261	1,513	3,709	6,440	6,668	6,404
Congo, Republic	1,773	2,248	2,284	2,583	3,063	3,404	2,428	2,181	1,992	1,548
Cook Islands	537	523	418	221	78	70	76	114	77	65
Costa Rica	188,135	207,211	187,689	203,062	202,164	204,976	215,633	237,759	248,299	237,744
Cote d'Ivoire	2,095	2,886	3,193	3,065	1,783	2,355	4,780	6,928	7,878	7,414
Croatia	21,310	23,035	22,220	21,739	22,177	21,392	22,225	25,523	27,792	24,163
Cuba	11,137	15,200	17,113	26,773	21,163	24,957	41,406	54,286	60,117	54,418
Curacao	X	X	X	X	NA	NA	NA	6,784	6,367	6,181
Cyprus	11,094	12,725	11,379	11,506	10,821	10,197	8,672	9,945	9,748	9,211
Czechia	49,474	56,679	73,490	72,028	86,714	91,273	95,636	107,278	99,602	105,091
Denmark	237,139	284,832	275,140	290,173	307,458	310,295	308,960	332,376	322,711	317,331
Djibouti	210	282	420	463	497	447	339	567	536	673
Dominica	6,742	7,797	8,101	9,425	7,730	7,476	8,241	7,631	7,599	6,159
Dominican Republic	301,790	276,677	252,070	281,719	269,641	274,396	276,142	298,698	332,404	310,802
Ecuador	179,944	175,195	180,542	211,325	230,599	230,402	270,299	339,959	387,146	345,018
Egypt	37,072	41,169	43,065	48,687	51,149	69,834	75,169	86,758	89,137	77,256
El Salvador	178,822	163,772	140,383	132,873	119,300	111,019	117,335	136,963	170,913	171,978
Equatorial Guinea	280	384	579	502	549	570	1,056	1,840	1,521	1,278
Eritrea	516	318	312	322	309	290	873	1,868	2,391	2,560
Estonia	12,181	12,444	19,372	12,978	14,714	17,587	19,350	23,065	21,151	22,885
Ethiopia	8,971	10,450	10,080	10,349	11,175	12,983	14,724	16,304	16,745	16,943
Falkland Islands	80	143	156	70	67	101	111	92	76	90
Faroe Islands	NA	NA	NA	NA	NA	NA	NA	283	327	418
Fiji	7,963	8,342	7,038	8,914	10,747	10,799	11,848	12,963	11,605	9,578
Finland	103,765	124,750	129,870	125,796	137,856	145,272	152,127	162,433	149,605	151,121
France	1,196,097	1,463,998	1,443,230	1,507,886	1,724,854	1,787,211	1,832,703	1,961,928	1,755,139	1,595,646
French Guiana	359	371	537	641	731	1,270	1,132	1,512	1,483	1,051
French Polynesia	16,739	17,169	18,848	13,469	7,024	6,470	7,005	6,275	5,743	4,058
Gabon	1,780	2,118	2,098	2,168	2,554	2,520	2,697	3,122	3,241	2,690
Gambia	1,598	1,594	2,042	2,620	2,760	2,133	2,261	2,412	2,036	1,707
Georgia	4,522	4,736	4,660	5,408	5,617	5,838	6,475	9,181	11,020	8,443
Germany	1,687,963	1,950,233	1,866,557	1,940,164	2,078,934	2,203,996	2,256,662	2,273,054	2,010,524	1,972,638
Ghana	15,790	22,180	19,546	20,996	21,907	23,584	24,442	26,657	25,408	21,622
Gibraltar	1,786	2,033	1,979	1,683	1,099	1,236	1,429	1,472	1,454	1,445
Greece	63,145	74,199	67,984	70,885	74,418	68,362	70,176	77,719	72,911	74,900
Greenland	768	585	553	393	159	187	207	201	174	195
Grenada	9,785	10,166	9,660	10,208	9,446	9,176	9,623	10,290	11,824	9,216
Guadeloupe	9,007	10,596	10,677	11,210	8,968	7,564	7,461	3,897	5,954	6,277
Guam	5,061	4,991	5,654	5,736	5,147	4,664	3,972	2,923	2,634	2,780
Guatemala	220,041	230,837	212,475	223,093	216,637	219,795	226,114	253,527	256,829	243,793
Guernsey	NA	NA	NA	NA	NA	NA	NA	7	56	58
Guinea	3,106	3,056	2,400	1,913	2,015	2,057	2,092	2,671	2,612	2,882
Guinea-Bissau	38	35	53	51	75	38	130	270	306	217
Guyana	17,134	16,466	17,873	19,958	20,759	26,568	33,407	40,085	53,012	53,795
Haiti	89,990	103,784	92,335	96,071	90,611	90,807	99,385	117,387	130,071	121,329
Holy See	55	62	70	71	105	122	163	252	264	226
Honduras	128,407	140,122	139,364	134,485	141,548	149,665	155,310	173,601	181,185	172,145
Hong Kong	154,211	156,364	123,392	146,652	142,487	142,934	139,517	134,863	137,834	140,506
Hungary	47,762	49,874	55,392	60,474	67,628	69,214	73,351	80,696	77,184	79,678
Iceland	48,571	53,319	32,207	38,883	55,687	53,819	53,174	54,708	50,441	53,067
India	791,842	863,222	742,180	886,979	958,271	1,013,899	1,248,218	1,551,246	1,721,136	1,547,194
Indonesia	75,497	76,828	70,841	79,174	90,499	99,311	113,197	125,291	131,267	104,648
Iran	7,377	7,423	10,394	12,862	15,198	16,658	19,391	27,121	28,750	23,264
Iraq	1,720	2,181	2,639	4,158	5,430	9,232	14,256	20,207	17,649	15,288
Ireland	519,960	600,872	499,026	431,345	419,817	396,596	434,252	456,504	435,243	437,525
Isle of Man	NA	NA	NA	NA	NA	NA	NA	64	113	105
Israel	357,106	373,942	353,145	352,363	340,733	351,586	371,861	398,749	456,280	377,341
Italy	725,447	884,439	839,317	944,224	1,060,659	1,031,326	1,022,589	1,141,375	1,004,639	990,461
Jamaica	276,989	265,136	239,096	230,147	206,825	209,930	221,675	254,424	292,531	259,833

See footnotes at end of table.

Table 27.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF RESIDENCE: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of residence	2007	2008	2009	2010 ¹	2011	2012	2013	2014	2015	2016
Japan	3,988,552	3,760,606	3,231,509	3,676,433	3,645,898	4,011,372	4,195,305	4,079,845	3,745,480	3,623,109
Jersey	NA	NA	NA	NA	NA	NA	NA	9	75	57
Jordan	21,117	21,707	21,893	22,958	23,432	25,615	30,099	37,518	45,298	36,964
Kazakhstan	12,901	15,660	13,020	15,952	19,064	20,136	21,241	24,658	27,806	20,472
Kenya	19,102	20,444	18,848	18,749	17,340	17,938	20,159	25,879	27,541	25,617
Kiribati	947	1,025	1,372	1,243	1,311	1,038	876	790	963	734
Korea, North	33	20	28	94	190	177	331	396	457	710
Korea, South	898,194	877,374	778,910	1,196,416	1,335,464	1,397,408	1,560,177	1,705,540	1,831,790	1,961,237
Kosovo	X	NA	NA	NA	NA	NA	NA	4,393	4,707	4,561
Kuwait	26,195	28,918	31,418	35,230	40,701	46,848	52,637	66,622	76,456	59,469
Kyrgyzstan	2,149	2,574	2,443	2,884	3,576	3,347	4,219	3,808	3,292	2,903
Laos	2,711	2,418	1,773	1,498	1,152	1,367	2,619	2,594	2,355	1,862
Latvia	13,104	13,456	14,308	14,443	16,258	18,358	20,032	21,211	20,950	20,265
Lebanon	20,869	20,879	19,822	22,411	23,524	26,223	33,558	41,600	43,531	35,480
Lesotho	397	401	390	473	508	524	498	565	560	544
Liberia	2,107	1,840	1,533	2,024	2,577	3,278	3,868	4,962	5,245	3,624
Libya	1,540	4,152	3,643	4,853	2,247	2,459	3,653	3,733	2,499	1,619
Liechtenstein	1,765	1,920	2,024	2,152	2,547	2,469	2,483	2,606	2,268	2,104
Lithuania	12,582	13,650	16,750	13,369	6,955	6,260	23,297	25,897	25,725	28,230
Luxembourg	15,825	20,357	19,993	20,734	19,389	20,193	20,810	21,293	20,080	19,421
Macau	3,368	3,974	3,380	3,877	3,870	3,899	3,524	3,446	4,102	4,542
Macedonia	6,428	6,800	6,603	7,393	8,331	8,422	8,285	8,622	9,078	8,067
Madagascar	1,061	1,276	1,110	1,019	914	972	1,096	1,604	1,642	1,587
Malawi	1,569	1,846	1,688	1,894	1,826	2,021	1,974	2,093	2,682	2,326
Malaysia	62,697	64,938	50,510	61,463	69,651	74,413	84,886	96,827	94,222	76,303
Maldives	366	398	326	329	370	356	383	529	575	389
Mali	3,227	3,643	3,634	3,649	3,449	2,624	3,173	3,760	3,762	3,423
Malta	5,917	5,585	5,434	5,948	5,880	6,072	6,228	6,494	5,934	6,098
Marshall Islands	790	930	944	777	694	654	476	420	345	238
Martinique	7,526	9,284	8,497	9,695	9,624	8,137	5,930	6,207	7,277	7,113
Mauritania	642	792	754	956	772	841	1,126	1,801	1,800	1,369
Mauritius	2,074	2,532	2,580	3,433	3,846	4,752	5,016	6,103	5,924	5,183
Mayotte	NA	NA	NA	NA	NA	NA	NA	95	55	81
Mexico	7,332,929	7,215,118	6,585,742	12,605,032	16,716,265	16,395,988	17,882,766	19,860,016	20,165,672	17,830,466
Micronesia, Federated States	1,437	1,532	1,481	1,724	1,722	1,781	1,800	1,732	1,377	1,513
Moldova	9,503	10,510	7,520	9,628	9,567	10,130	11,261	11,655	11,538	9,295
Monaco	6,126	7,185	7,057	6,301	4,441	4,701	4,483	4,230	3,697	4,028
Mongolia	5,870	5,776	6,843	8,734	9,629	9,241	10,962	13,359	14,135	11,885
Montserrat	907	978	724	560	255	228	292	343	301	312
Morocco	15,975	18,427	19,288	21,498	22,318	23,815	25,940	29,986	32,602	25,935
Mozambique	1,116	1,452	1,505	1,567	1,682	2,021	2,824	3,488	2,996	2,441
Namibia	1,573	1,766	1,719	1,899	2,354	2,589	2,448	2,705	2,752	2,284
Nauru	41	81	60	100	192	158	174	209	199	237
Nepal	13,646	18,082	15,112	15,335	15,500	14,863	15,563	20,392	26,484	28,267
Netherlands	576,474	694,062	629,394	646,501	710,691	707,525	709,959	725,031	649,631	630,280
Netherlands Antilles (former)	48,364	51,964	47,342	42,717	15,690	11,068	6,995	3,928	3,968	2,490
New Caledonia	1,614	2,031	2,067	1,254	541	577	797	989	784	715
New Zealand	204,320	207,537	185,885	208,729	227,965	247,739	280,309	303,021	297,495	299,098
Nicaragua	54,847	59,044	54,968	54,570	52,655	55,135	58,197	65,022	68,506	62,110
Niger	1,413	1,130	1,365	1,218	1,227	1,345	1,508	1,524	1,807	1,660
Nigeria	55,693	73,197	73,609	83,695	89,778	105,488	141,857	181,833	200,918	161,475
Niue	17	14	11	12	20	12	14	22	17	16
Norfolk Island	NA	NA	NA	NA	NA	NA	NA	53	50	74
Northern Mariana Islands	152	166	332	104	56	36	76	164	182	279
Norway	188,472	234,819	219,670	244,707	278,019	296,102	319,158	340,341	313,012	274,340
Oman	4,769	5,599	5,786	5,933	6,342	8,900	10,057	12,010	12,748	9,888
Pakistan	41,334	43,538	42,488	47,749	46,694	52,528	60,805	84,207	98,152	92,898

See footnotes at end of table.

Table 27.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF RESIDENCE: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of residence	2007	2008	2009	2010 ¹	2011	2012	2013	2014	2015	2016
Palau	3,100	2,938	2,683	5,063	3,118	3,703	3,447	2,400	583	368
Panama	120,276	130,199	133,978	152,097	150,959	159,249	170,543	178,153	184,440	154,357
Papua New Guinea	788	974	985	1,105	1,071	1,015	1,317	1,461	1,938	1,306
Paraguay	15,114	16,855	16,492	19,542	20,819	22,046	29,326	33,760	34,712	28,190
Peru	186,752	206,606	206,431	211,619	208,949	216,406	254,183	289,935	318,285	265,971
Philippines	275,675	292,964	270,467	292,817	281,097	277,183	312,706	363,269	379,364	345,351
Pitcairn Islands	5	D	D	D	9	14	62	96	46	50
Poland	170,132	170,534	142,831	138,410	137,774	132,328	151,148	187,679	199,311	169,179
Portugal	89,246	100,269	85,138	105,319	117,841	113,823	117,951	132,266	127,530	124,075
Puerto Rico	4,490	4,131	3,646	4,219	3,677	3,588	2,306	777	1,001	1,040
Qatar	8,052	11,794	13,455	17,259	21,025	25,536	29,609	32,233	35,799	31,671
Reunion	234	562	636	518	580	747	707	918	1,289	3,012
Romania	65,085	67,100	55,135	59,413	63,760	65,211	71,721	83,824	86,196	75,926
Russia	164,228	193,745	185,386	208,627	249,412	276,956	346,800	389,481	302,714	240,680
Rwanda	1,923	2,286	2,309	2,551	2,806	3,430	3,488	4,568	4,584	4,742
Saint Barthelemy	NA	NA	NA	NA	NA	NA	NA	69	71	46
Saint Helena	34	34	17	25	34	23	43	48	47	53
Saint Kitts and Nevis	13,914	14,041	11,994	12,456	11,417	10,706	11,045	12,384	12,528	9,624
Saint Lucia	18,153	18,011	15,932	18,741	16,399	14,880	14,662	16,131	16,955	14,138
Saint Pierre and Miquelon	61	43	84	122	75	88	122	107	141	127
Saint Vincent and the Grenadines	9,863	9,560	9,280	9,706	9,078	8,594	9,322	11,154	11,404	8,792
Samoa	1,982	1,937	1,686	1,730	1,376	1,258	1,610	1,953	2,125	1,897
San Marino	548	796	783	777	859	730	737	734	830	656
Sao Tome and Principe	72	68	70	129	269	215	79	139	131	118
Saudi Arabia	42,160	52,305	65,967	94,186	135,746	187,900	233,013	294,760	312,728	203,723
Senegal	6,062	7,870	7,975	8,424	8,535	8,139	9,099	10,290	9,834	8,447
Serbia and Montenegro (former)	2,339	1,972	965	869	579	177	4,157	7,523	36,995	35,363
Seychelles	251	294	272	327	299	298	363	455	500	434
Sierra Leone	1,615	1,858	1,818	2,085	2,378	2,339	2,654	2,933	2,821	2,253
Singapore	146,288	160,356	123,309	152,902	175,908	187,781	182,455	175,836	166,585	158,265
Sint Maarten	X	X	X	X	NA	NA	NA	2,059	1,931	2,054
Slovakia	24,611	24,780	31,502	34,847	41,314	41,835	44,361	48,581	46,302	47,471
Slovenia	17,210	22,782	22,213	21,515	22,400	22,783	21,112	23,578	23,393	22,897
Solomon Islands	313	349	280	357	353	310	478	473	419	496
Somalia	75	84	90	87	70	58	143	301	301	360
South Africa	113,924	115,270	99,093	98,766	103,268	110,954	123,999	141,644	148,557	124,705
South Sudan	X	X	X	X	NA	NA	NA	392	461	381
Spain	579,586	742,056	675,521	741,839	818,717	783,553	810,218	899,989	880,438	860,571
Sri Lanka	14,308	14,440	12,298	13,428	15,430	15,918	18,211	22,188	23,404	20,771
Sudan	1,680	1,848	2,125	2,421	3,127	2,833	2,449	3,587	3,531	4,176
Suriname	7,095	8,029	9,465	9,948	9,846	11,626	13,582	14,246	15,352	11,853
Swaziland	440	736	672	928	1,330	1,560	1,936	2,265	2,164	1,812
Sweden	361,760	437,561	385,321	401,159	490,769	502,561	535,982	592,145	571,045	550,394
Switzerland	338,847	386,291	392,854	436,788	523,083	559,952	552,344	564,751	495,718	462,054
Syria	5,183	5,441	5,652	6,440	6,469	6,218	8,998	10,828	9,049	6,311
Taiwan	347,638	336,190	273,211	335,734	345,767	325,883	430,906	469,634	464,567	453,430
Tajikistan	1,323	2,167	1,808	1,930	2,018	1,837	1,590	1,710	1,900	1,848
Tanzania	5,962	6,490	6,585	6,900	6,814	7,613	7,375	8,142	9,147	7,215
Thailand	99,366	101,031	86,764	94,538	94,591	95,794	106,637	117,397	114,046	102,308
Timor-Leste	5	D	-	D	6	8	14	274	270	232
Togo	1,284	1,428	1,327	1,387	1,575	1,610	1,769	2,092	2,396	2,250
Tokelau	NA	NA	NA	NA	NA	NA	NA	221	104	91
Tonga	2,693	2,153	1,752	1,678	1,658	1,430	1,661	2,048	2,867	3,419
Trinidad and Tobago	167,780	175,352	170,702	164,803	156,232	164,773	161,669	171,697	187,222	150,492

See footnotes at end of table.

Table 27.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF RESIDENCE: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of residence	2007	2008	2009	2010 ¹	2011	2012	2013	2014	2015	2016
Tunisia	4,708	5,196	5,412	6,426	6,733	8,053	9,724	11,708	11,718	10,589
Turkey	114,875	128,982	116,898	128,746	146,738	154,516	176,349	205,105	215,974	185,200
Turkmenistan	671	626	804	997	916	991	1,231	1,677	1,605	1,264
Turks and Caicos Islands	25,259	26,314	19,942	16,367	13,750	13,680	11,851	11,073	11,246	11,465
Tuvalu	218	202	163	164	264	179	136	191	163	161
Uganda	5,880	7,248	6,700	6,578	6,795	7,879	8,586	9,643	10,647	9,220
Ukraine	58,226	69,768	60,875	65,855	70,932	75,982	80,485	93,338	110,255	95,886
United Arab Emirates	42,485	51,838	55,921	62,185	68,711	78,464	89,751	110,863	121,685	113,275
United Kingdom	4,814,810	5,165,386	4,430,949	4,339,294	4,412,117	4,322,049	4,382,392	4,456,512	4,228,183	4,377,714
United States ⁴	1,033,607	1,011,283	956,051	1,137,530	1,126,684	1,083,403	954,222	825,906	807,701	752,430
Uruguay	42,209	43,740	44,590	51,030	55,452	61,745	77,369	91,197	89,973	78,438
Uzbekistan	4,777	4,547	5,028	6,293	5,968	6,757	9,094	9,320	11,386	9,941
Vanuatu	336	408	311	270	248	337	317	350	360	401
Venezuela	482,807	556,354	552,659	549,575	597,429	692,629	825,034	790,900	641,333	507,222
Vietnam	39,120	51,860	44,561	52,786	54,958	58,877	69,129	87,929	107,976	95,606
Virgin Islands, British	43,725	45,031	41,359	39,241	30,407	27,632	27,244	33,045	33,930	26,561
Virgin Islands, U.S.	614	713	675	611	447	410	304	355	482	429
Wallis and Futuna	116	180	81	67	21	46	125	60	53	48
Western Sahara	9	4	D	8	82	114	98	137	131	142
Yemen	1,498	1,338	1,393	1,577	1,490	1,736	2,316	3,834	3,559	2,989
Zambia	3,508	3,299	2,756	3,728	3,620	4,359	4,558	5,039	5,180	4,385
Zimbabwe	5,334	5,327	4,733	5,128	5,613	6,045	6,582	8,596	9,311	8,107
Unknown	739,283	745,374	694,474	993,187	825,877	503,934	457,818	4,947,803	7,250,829	14,030,574

NA Not available.

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Beginning in 2010 the number of I-94 nonimmigrant admissions greatly exceeds totals reported in previous years due to a more complete count of land admissions.

² Includes countries and territories/dependencies.

³ The number of I-94 nonimmigrant admissions beginning in 2013 greatly exceeds totals reported in previous years due to a more complete count of Canadian air and sea admissions.

⁴ United States includes nonimmigrants who self-report that they reside in the United States.

Notes: Admissions represent counts of events, i.e., arrivals, not unique individuals; multiple entries of an individual on the same day are counted as one admission.

The majority of short-term admissions from Canada and Mexico are excluded.

Source: U.S. Department of Homeland Security.

Table 28.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY SELECTED CATEGORY OF ADMISSION AND REGION AND COUNTRY OF
CITIZENSHIP: FISCAL YEAR 2016

Region and country of citizenship	Tourists and business travelers			Students and exchange visitors ³	Temporary workers and families ⁴	Diplomats and other representatives ⁵	All other classes	Unknown
	Total	Visa	Other ²					
		waiver ¹						
REGION								
Total	76,786,751	23,132,817	45,995,616	2,528,990	3,896,674	438,725	745,001	48,928
Africa	812,547	X	670,014	59,453	28,074	40,055	13,731	1,220
Asia	14,690,021	6,083,747	6,002,565	1,324,575	948,350	112,490	205,644	12,650
Europe	17,749,364	15,107,039	1,286,697	416,446	659,397	155,075	119,378	5,332
North America	35,552,990	X	32,510,136	551,073	2,037,776	72,378	366,881	14,746
Oceania.	1,907,856	1,715,904	62,226	24,225	82,037	16,133	6,834	497
South America	6,030,594	226,127	5,435,761	150,512	140,024	41,681	31,837	4,652
Unknown	43,379	X	28,217	2,706	1,016	913	696	9,831
COUNTRY								
Total	76,786,751	23,132,817	45,995,616	2,528,990	3,896,674	438,725	745,001	48,928
Afghanistan	4,474	X	2,707	686	35	722	287	37
Albania	12,808	X	10,144	1,205	554	583	245	77
Algeria.	14,365	X	12,231	845	382	761	91	55
Andorra	1,642	1,357	82	83	77	38	D	D
Angola	10,238	X	7,363	1,704	429	624	105	13
Antigua and Barbuda	17,505	X	16,524	371	120	293	180	17
Argentina	986,148	X	943,224	10,665	23,287	5,871	2,222	879
Armenia.	10,654	X	8,819	546	450	602	220	17
Australia ⁶	1,529,987	1,393,642	30,256	17,887	74,160	11,198	2,670	174
Austria	240,176	216,122	6,613	6,245	8,355	2,034	780	27
Azerbaijan	8,535	X	6,430	1,120	298	614	64	9
Bahamas	275,778	X	263,900	7,301	807	1,501	2,106	163
Bahrain	9,594	X	8,002	1,139	109	325	8	11
Bangladesh	43,643	X	33,053	6,190	1,530	2,114	656	100
Barbados	68,463	X	65,965	779	566	758	341	54
Belarus	21,586	X	17,920	1,475	1,282	322	571	16
Belgium.	319,522	291,235	5,784	6,068	12,356	3,434	572	73
Belize	31,468	X	28,665	659	458	746	905	35
Benin	3,385	X	2,355	400	75	510	38	7
Bhutan	1,058	X	530	233	D	250	27	D
Bolivia	74,671	X	69,074	2,614	1,191	1,252	479	61
Bosnia and Herzegovina	10,310	X	7,748	961	255	484	847	15
Botswana	2,893	X	2,068	366	127	289	40	3
Brazil.	1,988,148	X	1,866,261	53,749	50,962	8,789	7,438	949
Brunei	1,675	1,081	108	147	20	311	D	D
Bulgaria.	44,815	X	30,483	7,002	2,698	1,049	3,530	53
Burkina Faso	7,423	X	5,752	829	121	630	79	12
Burma	9,445	X	6,356	1,622	135	352	971	9
Burundi	1,671	X	1,137	166	26	326	12	4
Cabo Verde	5,584	X	5,032	111	48	155	227	11
Cambodia	5,662	X	3,881	698	101	529	438	15
Cameroon	14,858	X	11,492	1,259	389	1,404	290	24
Canada	13,006,072	X	11,366,670	231,582	1,140,594	16,407	248,001	2,818
Central African Republic	351	X	175	32	12	121	4	7
Chad	1,130	X	663	100	D	355	D	7
Chile	403,143	226,127	151,165	9,569	9,445	4,136	2,635	66
China, People's Republic ^{7,8}	3,264,362	2,736	2,585,232	560,061	87,288	8,990	13,448	6,607
Colombia.	951,844	X	885,763	27,527	20,983	9,889	6,808	874
Comoros	187	X	101	10	D	72	D	-
Congo, Democratic Republic	8,303	X	6,515	820	99	803	60	6
Congo, Republic	1,807	X	1,247	203	26	322	4	5
Costa Rica	306,162	X	295,201	3,601	4,194	1,686	1,353	127
Cote d'Ivoire	9,283	X	6,859	1,202	192	887	123	20
Croatia	33,964	X	24,886	2,113	1,558	642	4,740	25
Cuba	52,735	X	48,978	172	873	736	379	1,597
Cyprus.	11,465	X	9,823	914	458	199	63	8
Czechia	122,475	102,061	8,381	5,986	4,346	1,343	331	27

See footnotes at end of table.

Table 28.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY SELECTED CATEGORY OF ADMISSION AND REGION AND COUNTRY OF
CITIZENSHIP: FISCAL YEAR 2016 – Continued

Region and country of citizenship	Total	Tourists and business travelers		Students and exchange visitors ³	Temporary workers and families ⁴	Diplomats and other representatives ⁵	All other classes	Unknown
		Visa waiver ¹	Other ²					
Denmark ⁹	365,602	335,158	6,763	7,016	11,563	4,293	713	96
Djibouti	870	X	643	30	D	187	D	6
Dominica	5,539	X	4,830	242	61	108	290	8
Dominican Republic	398,929	X	376,820	7,211	7,626	1,831	4,610	831
Ecuador	432,419	X	416,736	8,654	2,971	1,856	1,815	387
Egypt	110,525	X	93,133	8,219	4,053	4,240	752	128
El Salvador	214,391	X	203,962	2,896	2,422	1,970	2,478	663
Equatorial Guinea	1,597	X	970	367	11	239	D	D
Eritrea	3,604	X	3,226	204	11	80	74	9
Estonia	27,308	22,682	2,100	955	666	682	214	9
Ethiopia	23,693	X	19,487	1,883	570	1,137	569	47
Fiji	13,004	X	11,412	141	73	487	871	20
Finland	178,713	161,474	3,008	3,871	7,421	2,510	396	33
France ¹⁰	2,067,168	1,871,506	25,892	50,439	99,201	14,483	5,020	627
Gabon	3,079	X	2,082	470	21	492	11	3
Gambia	2,194	X	1,684	130	26	309	40	5
Georgia	11,130	X	7,902	1,282	394	928	609	15
Germany	2,366,405	2,138,056	52,776	55,556	91,510	20,400	7,633	474
Ghana	28,818	X	23,359	2,701	946	1,437	311	64
Greece	96,769	66,999	15,045	6,086	4,354	1,539	2,695	51
Grenada	12,784	X	11,167	288	160	364	789	16
Guatemala	289,392	X	274,388	3,421	7,501	2,223	1,335	524
Guinea	3,771	X	3,085	180	81	353	63	9
Guinea-Bissau	251	X	151	11	-	86	D	D
Guyana	71,449	X	68,825	404	127	574	1,445	74
Haiti	161,476	X	154,677	1,293	883	1,027	2,969	627
Holy See	128	X	16	D	D	109	-	-
Honduras	219,702	X	204,652	4,271	3,339	1,363	5,592	485
Hungary	99,844	81,320	7,814	4,430	4,298	1,187	751	44
Iceland	60,909	54,571	2,769	1,423	1,183	372	587	4
India	1,967,181	X	1,206,225	181,721	524,414	8,426	44,163	2,232
Indonesia	133,883	X	91,241	13,356	2,211	4,135	22,877	63
Iran	31,481	X	22,624	7,492	465	383	409	108
Iraq	20,969	X	18,582	1,272	118	744	202	51
Ireland	543,398	491,963	10,419	13,953	24,010	1,982	978	93
Israel	464,862	X	421,261	13,289	21,106	7,990	967	249
Italy	1,357,604	1,234,097	28,594	28,908	49,904	9,794	6,061	246
Jamaica	351,417	X	311,460	11,812	18,138	1,302	8,371	334
Japan	3,985,785	3,696,408	20,621	64,947	182,062	15,390	5,955	402
Jordan	54,191	X	42,322	4,847	930	5,501	480	111
Kazakhstan	26,929	X	18,966	6,132	707	1,008	103	13
Kenya	31,226	X	22,776	3,112	1,165	3,337	798	38
Kiribati	941	X	268	41	19	150	453	10
Korea, North	121	X	52	16	3	37	-	13
Korea, South	2,191,485	1,862,434	138,983	128,687	49,073	7,353	4,388	567
Kosovo	6,058	X	4,548	875	85	420	126	4
Kuwait	76,821	X	53,390	21,861	134	1,342	14	80
Kyrgyzstan	4,113	X	2,936	629	78	363	102	5
Laos	2,106	X	1,323	204	42	293	240	4
Latvia	24,742	19,107	2,179	902	800	597	1,139	18
Lebanon	51,595	X	44,381	3,585	1,885	1,389	265	90
Lesotho	715	X	361	90	13	211	40	-
Liberia	4,538	X	3,713	257	30	406	122	10
Libya	2,106	X	1,224	583	96	176	15	12
Liechtenstein	2,252	2,053	34	47	50	65	D	D
Lithuania	38,043	30,287	3,044	2,441	1,087	631	529	24
Luxembourg	15,508	14,195	295	341	319	328	D	D
Macedonia	10,790	X	7,160	1,891	280	459	989	11

See footnotes at end of table.

Table 28.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY SELECTED CATEGORY OF ADMISSION AND REGION AND COUNTRY OF
CITIZENSHIP: FISCAL YEAR 2016 – Continued

Region and country of citizenship	Total	Tourists and business travelers		Students and exchange visitors ³	Temporary workers and families ⁴	Diplomats and other representatives ⁵	All other classes	Unknown
		Visa waiver ¹	Other ²					
Madagascar	1,974	X	1,231	186	28	428	96	5
Malawi	3,178	X	2,132	355	D	550	75	D
Malaysia	102,269	255	84,179	9,916	5,171	1,627	1,066	55
Maldives	453	X	225	63	12	132	21	-
Mali	4,643	X	3,467	420	103	598	33	22
Malta	6,935	6,000	500	78	173	146	D	D
Marshall Islands	180	X	57	7	-	82	25	9
Mauritania	1,909	X	1,364	150	24	352	11	8
Mauritius	6,945	X	4,841	382	216	303	1,194	9
Mexico	19,644,990	X	18,420,891	264,446	843,480	36,032	74,107	6,034
Micronesia, Federated States	175	X	72	D	-	76	D	24
Moldova	12,869	X	9,740	2,120	408	381	207	13
Monaco	1,367	1,097	55	60	56	99	-	-
Mongolia	15,288	X	11,258	3,057	339	554	72	8
Morocco ¹¹	38,137	X	31,561	3,087	816	2,057	495	121
Mozambique	2,724	X	1,890	254	62	463	D	D
Namibia	2,526	X	1,781	166	59	463	52	5
Nauru	187	9	76	3	D	95	D	D
Nepal	35,672	X	24,172	8,076	1,604	971	820	29
Netherlands ¹²	820,325	751,482	15,209	12,363	27,133	9,874	4,026	238
New Zealand ¹³	353,745	322,001	12,530	5,824	7,660	3,147	2,356	227
Nicaragua	79,609	X	71,832	1,130	1,410	668	4,419	150
Niger	1,935	X	1,076	227	31	567	31	3
Nigeria	215,143	X	195,085	12,593	3,176	2,758	1,330	201
Norway	303,484	274,958	6,971	8,797	6,900	5,064	762	32
Oman	11,326	X	5,007	5,336	74	894	10	5
Pakistan	136,659	X	115,108	11,541	5,598	3,230	942	240
Palau	135	X	34	4	4	78	4	11
Panama	173,769	X	162,155	5,464	1,613	1,472	2,969	96
Papua New Guinea	1,502	252	730	133	6	206	170	5
Paraguay	33,610	X	30,478	1,636	458	907	111	20
Peru	344,403	X	314,190	13,145	5,769	4,457	6,510	332
Philippines	449,501	X	322,771	13,187	17,061	5,445	90,438	599
Poland	230,471	X	198,951	10,298	9,047	3,049	8,937	189
Portugal	192,521	174,040	4,472	3,984	6,355	1,616	1,977	77
Qatar	19,840	X	14,926	3,603	35	1,240	18	18
Romania	103,298	X	78,024	8,671	4,668	1,791	10,064	80
Russia	316,804	X	271,580	16,419	14,995	4,570	8,892	348
Rwanda	6,102	X	3,601	1,528	89	770	109	5
Saint Kitts and Nevis	12,966	X	12,144	406	106	188	98	24
Saint Lucia	19,502	X	16,858	324	97	374	1,828	21
Saint Vincent and the Grenadines	12,589	X	10,339	149	65	163	1,862	11
Samoa	2,554	X	2,150	63	33	126	176	6
San Marino	770	693	8	13	7	49	-	-
Sao Tome and Principe	89	X	40	D	-	40	D	-
Saudi Arabia	260,262	X	146,550	103,505	1,739	8,289	54	125
Senegal	11,283	X	8,697	854	270	1,365	70	27
Serbia and Montenegro (former)	46,641	X	31,904	7,725	2,018	996	3,968	30
Seychelles	528	X	353	31	3	115	26	-
Sierra Leone	3,270	X	2,535	186	33	425	76	15
Singapore	159,907	132,204	1,924	11,064	7,658	5,739	1,280	38
Slovakia	58,556	46,692	4,209	4,691	2,030	676	240	18
Slovenia	28,340	24,197	1,599	944	972	443	185	-
Solomon Islands	504	X	351	18	3	115	17	-
Somalia	430	X	239	64	3	67	45	12
South Africa	150,734	X	125,922	5,791	11,886	2,582	4,414	139
South Sudan	486	X	210	91	D	158	18	D
Spain	1,113,561	991,483	20,650	38,249	50,749	9,066	2,798	566

See footnotes at end of table.

Table 28.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY SELECTED CATEGORY OF ADMISSION AND REGION AND COUNTRY OF
CITIZENSHIP: FISCAL YEAR 2016 – Continued

Region and country of citizenship	Total	Tourists and business travelers		Students and exchange visitors ³	Temporary workers and families ⁴	Diplomats and other representatives ⁵	All other classes	Unknown
		Visa waiver ¹	Other ²					
Sri Lanka	29,339	X	22,626	3,057	1,383	814	1,411	48
Sudan	6,329	X	5,200	524	59	488	37	21
Suriname	13,254	X	12,515	192	63	240	238	6
Swaziland	1,246	X	782	197	45	191	6	25
Sweden	622,440	572,385	11,101	13,994	18,891	4,869	1,076	124
Switzerland	478,603	438,061	14,828	10,346	11,083	3,277	965	43
Syria	13,475	X	11,920	908	192	135	234	86
Taiwan	514,994	388,629	60,854	44,307	18,356	46	2,686	116
Tajikistan	2,280	X	1,456	467	41	301	15	-
Tanzania	8,634	X	6,442	1,084	271	642	188	7
Thailand	122,225	X	92,440	20,846	2,829	2,657	3,397	56
Timor-Leste	244	X	37	38	D	156	8	D
Togo	3,028	X	2,230	237	42	417	91	11
Tonga	4,477	X	4,091	82	61	198	36	9
Trinidad and Tobago	197,752	X	188,058	3,255	3,263	1,166	1,899	111
Tunisia	15,069	X	11,352	1,787	383	1,105	393	49
Turkey	242,419	X	194,091	30,755	9,326	4,950	3,173	124
Turkmenistan	1,592	X	964	416	43	158	11	-
Tuvalu	202	X	69	4	-	95	34	-
Uganda	11,479	X	7,910	1,050	677	1,651	185	6
Ukraine	127,148	X	93,514	9,966	7,204	1,513	14,810	141
United Arab Emirates	41,070	X	31,582	6,817	164	2,459	22	26
United Kingdom ¹⁴	5,216,692	4,691,708	238,885	57,454	168,495	37,816	20,953	1,381
Uruguay	87,370	X	82,101	1,332	1,599	1,792	434	112
Uzbekistan	12,410	X	10,105	1,355	283	545	113	9
Vanuatu	263	X	130	16	17	80	20	-
Venezuela	644,135	X	595,429	21,025	23,169	1,918	1,702	892
Vietnam	119,949	X	90,727	22,258	2,321	1,594	2,841	208
Yemen	5,628	X	3,893	1,327	55	264	50	39
Zambia	5,418	X	3,747	511	D	877	151	D
Zimbabwe	10,843	X	7,442	1,406	641	674	665	15
Unknown	43,379	X	28,217	2,706	1,016	913	696	9,831

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes GB, GMB, GT, GMT, WB, and WT admissions.

² Includes B1, B2 and a limited number of Border Crossing Card (BCC) admissions.

³ Includes principals, spouses, and children (F1, F2, J1, J2, M1, and M2 admissions).

⁴ Includes principals, spouses, and children (CW1, CW2, E1 to E3, H1B, H1B1, H1C, H2A, H2B, H2R, H3, H4, I1, L1, L2, O1 to O3, P1 to P4, Q1, R1, R2, TD and TN admissions).

⁵ Includes principals, spouses, and children (A1 to A3, G1 to G5, and N1 to N7 admissions).

⁶ Australia includes Australia, Norfolk Island, Christmas Island, and Cocos (Keeling) Islands.

⁷ China includes the People's Republic of China, Hong Kong, and Macau.

⁸ Admissions in the Visa Waiver category include only residents of Hong Kong admitted under the Guam and Commonwealth of Northern Mariana Islands Visa Waiver Program.

⁹ Denmark includes Denmark, Faroe Islands, and Greenland.

¹⁰ France includes France, French Guiana, French Polynesia, French Southern and Antarctic Lands, Guadeloupe, Martinique, Mayotte, New Caledonia, Reunion, Saint Barthelemy, Saint Pierre and Miquelon, and Wallis and Futuna.

¹¹ Morocco includes Morocco and Western Sahara.

¹² Netherlands includes the Netherlands, Aruba, Bonaire, Curacao, Saba, Sint Eustatius, and Sint Maarten.

¹³ New Zealand includes New Zealand, Cook Islands, Tokelau, and Niue.

¹⁴ United Kingdom includes the United Kingdom, Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Falkland Islands, Gibraltar, Guernsey, Isle of Man, Jersey, Montserrat, Pitcairn Islands, Saint Helena, and Turks and Caicos Islands.

Notes: Admissions represent counts of events, i.e., arrivals, not unique individuals; multiple entries of an individual on the same day are counted as one admission.

The majority of short-term admissions from Canada and Mexico are excluded.

Source: U.S. Department of Homeland Security.

Table 29.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY SELECTED CATEGORY OF ADMISSION, AGE, AND SEX: FISCAL YEAR 2016

	Tourists and business travelers			Students and exchange visitors ³	Temporary workers and families ⁴	Diplomats and other representatives ⁵	All other classes	Unknown
Characteristic	Total	Visa waiver ¹	Other ²					
AGE								
Total	76,786,751	23,132,817	45,995,616	2,528,990	3,896,674	438,725	745,001	48,928
Under 5 years	1,422,167	434,816	882,678	18,695	71,768	5,352	7,805	1,053
5 to 9 years	2,168,800	655,604	1,367,444	28,361	95,282	7,800	12,808	1,501
10 to 14 years	2,637,849	844,829	1,650,492	41,133	71,206	7,761	20,904	1,524
15 to 19 years	3,550,220	1,104,802	1,926,830	414,354	57,049	7,176	37,788	2,221
20 to 24 years	5,380,909	1,548,819	2,500,781	1,072,704	165,463	14,935	74,078	4,129
25 to 29 years	7,581,650	2,366,665	3,969,225	524,011	563,884	36,198	115,805	5,862
30 to 34 years	8,254,363	2,484,065	4,631,706	225,746	744,675	57,272	104,341	6,558
35 to 39 years	7,648,923	2,168,913	4,627,433	96,067	599,374	65,287	86,091	5,758
40 to 44 years	7,709,801	2,219,013	4,785,862	50,533	512,883	62,562	74,052	4,896
45 to 49 years	7,326,754	2,244,358	4,512,711	29,109	415,350	59,320	61,938	3,968
50 to 54 years	6,756,134	2,134,229	4,208,198	15,005	293,145	50,718	51,567	3,272
55 to 59 years	5,497,430	1,646,449	3,581,496	7,128	182,446	37,503	39,735	2,673
60 to 64 years	4,315,211	1,280,004	2,905,675	3,412	80,605	17,375	26,166	1,974
65 years and over	6,527,894	1,992,794	4,444,300	2,692	43,511	9,448	31,889	3,260
Unknown age	8,646	7,457	785	40	33	18	34	279
SEX AND AGE								
Total	76,786,751	23,132,817	45,995,616	2,528,990	3,896,674	438,725	745,001	48,928
Female	30,676,572	9,021,926	18,893,413	1,173,701	1,160,466	141,001	266,296	19,769
Under 5 years	596,131	177,021	369,270	8,811	34,260	2,540	3,742	487
5 to 9 years	877,867	249,061	559,881	13,583	44,526	3,727	6,399	690
10 to 14 years	1,057,257	317,498	672,125	19,319	33,219	3,632	10,778	686
15 to 19 years	1,587,748	506,502	840,108	196,062	22,880	3,219	18,010	967
20 to 24 years	2,436,531	767,769	1,083,042	508,217	37,700	5,243	32,737	1,823
25 to 29 years	3,240,237	1,063,678	1,679,844	240,091	196,804	12,994	44,334	2,492
30 to 34 years	3,222,856	974,477	1,847,474	101,274	243,894	19,357	33,804	2,576
35 to 39 years	2,775,797	756,575	1,761,759	41,729	168,605	20,834	24,173	2,122
40 to 44 years	2,743,032	736,448	1,809,251	21,587	134,093	19,372	20,518	1,763
45 to 49 years	2,639,564	733,571	1,751,763	12,503	105,707	16,503	18,108	1,409
50 to 54 years	2,578,779	742,633	1,726,374	6,094	71,275	14,693	16,488	1,222
55 to 59 years	2,221,714	612,654	1,539,965	2,395	41,413	11,191	13,001	1,095
60 to 64 years	1,842,832	526,899	1,281,279	1,338	17,284	5,142	10,014	876
65 years and over	2,853,251	854,537	1,971,007	687	8,797	2,554	14,180	1,489
Unknown age	2,976	2,603	271	11	9	-	10	72
Male	33,238,469	9,638,867	18,924,458	1,288,326	2,621,790	284,166	458,191	22,671
Under 5 years	602,646	180,099	370,288	9,435	35,769	2,650	3,870	535
5 to 9 years	882,496	254,280	556,647	14,008	46,985	3,756	6,086	734
10 to 14 years	1,036,602	314,637	652,569	20,740	34,402	3,777	9,739	738
15 to 19 years	1,414,371	426,349	725,087	207,781	31,558	3,662	18,916	1,018
20 to 24 years	2,237,742	564,987	960,145	539,057	123,723	9,145	38,858	1,827
25 to 29 years	3,230,500	907,658	1,606,784	269,539	353,988	22,014	68,046	2,471
30 to 34 years	3,821,662	1,059,232	2,055,920	117,654	482,409	36,166	67,473	2,808
35 to 39 years	3,701,573	983,067	2,149,473	51,091	413,325	42,411	59,474	2,732
40 to 44 years	3,690,563	1,001,881	2,204,403	27,008	362,251	41,259	51,344	2,417
45 to 49 years	3,357,609	989,090	1,972,169	15,471	295,821	40,996	42,063	1,999
50 to 54 years	2,887,193	916,253	1,680,348	8,300	212,321	34,597	33,721	1,653
55 to 59 years	2,216,037	690,463	1,333,416	4,435	135,358	25,303	25,762	1,300
60 to 64 years	1,666,541	521,980	1,053,602	1,944	60,765	11,760	15,604	886
65 years and over	2,490,265	826,563	1,603,380	1,855	33,096	6,659	17,220	1,492
Unknown age	2,669	2,328	227	8	19	11	15	61
Unknown sex ⁶	12,871,710	4,472,024	8,177,745	66,963	114,418	13,558	20,514	6,488

¹ Includes GB, GMB, GT, GMT, WB, and WT admissions.

² Includes B1, B2 and a limited number of Border Crossing Card (BCC) admissions.

³ Includes principals, spouses, and children (F1, F2, J1, J2, M1, and M2 admissions).

⁴ Includes principals, spouses, and children (CW1, CW2, E1 to E3, H1B, H1B1, H1C, H2A, H2B, H2R, H3, H4, I1, L1, L2, O1 to O3, P1 to P4, Q1, R1, R2, TD and TN admissions).

⁵ Includes principals, spouses, and children (A1 to A3, G1 to G5, and N1 to N7 admissions).

⁶ Unknown Sex is no longer a required field on I-94/I94W forms which has resulted in the a large increase in unknowns.

Notes: Admissions represent counts of events, i.e., arrivals, not unique individuals; multiple entries of an individual on the same day are counted as one admission.

The majority of short-term admissions from Canada and Mexico are excluded.

Source: U.S. Department of Homeland Security.

Table 30.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY SELECTED CATEGORY OF ADMISSION AND STATE OR TERRITORY OF
DESTINATION: FISCAL YEAR 2016

State or territory of destination	Total	Tourists and business travelers		Students and exchange visitors ³	Temporary workers and families ⁴	Diplomats and other representatives ⁵	All other classes	Unknown
		Visa waiver ¹	Other ²					
Total	76,786,751	23,132,817	45,995,616	2,528,990	3,896,674	438,725	745,001	48,928
Alabama	172,285	51,348	86,546	13,684	16,437	2,535	1,656	79
Alaska	132,857	58,575	62,398	3,701	5,386	771	1,960	66
Arizona	1,873,757	159,230	1,568,629	39,124	96,688	5,757	3,799	530
Arkansas	134,363	16,155	94,169	8,364	14,573	599	456	47
California	12,537,021	3,413,268	8,038,007	421,406	578,746	33,525	46,536	5,533
Colorado	689,269	176,265	438,288	28,761	40,632	3,173	1,813	337
Connecticut	298,926	83,931	150,163	29,835	32,631	1,249	902	215
Delaware	61,961	14,313	32,788	6,976	6,684	752	400	48
District of Columbia	576,000	176,013	274,873	31,834	22,745	68,833	1,495	207
Florida	12,271,450	3,320,805	8,253,310	171,624	388,523	25,163	105,392	6,633
Georgia	899,618	248,272	512,656	40,486	86,487	7,199	3,999	519
Guam	1,379,719	1,250,028	105,830	2,847	10,380	1,436	1,040	8,158
Hawaii	3,150,997	2,037,332	1,048,796	20,720	32,166	6,656	4,916	411
Idaho	59,309	16,826	28,757	6,027	6,768	673	210	48
Illinois	1,693,877	480,686	983,901	96,100	121,719	5,677	5,001	793
Indiana	257,829	60,062	134,983	36,236	25,054	520	848	126
Iowa	93,605	19,039	48,451	15,070	10,137	518	338	52
Kansas	117,860	18,009	75,637	12,054	10,238	1,466	392	64
Kentucky	133,336	33,919	66,432	10,031	22,086	322	427	119
Louisiana	399,583	106,066	242,234	14,376	27,854	1,407	7,489	157
Maine	96,325	31,764	41,916	11,097	10,315	477	657	99
Maryland	502,161	119,892	279,631	38,510	32,020	28,500	3,202	406
Massachusetts	1,525,968	526,336	732,364	161,417	94,206	5,735	5,014	896
Michigan	823,619	185,679	413,670	65,754	151,665	1,764	4,455	632
Minnesota	330,758	82,092	191,800	24,394	30,199	699	1,318	256
Mississippi	54,117	10,031	28,463	4,652	9,802	661	486	22
Missouri	203,157	40,463	116,432	25,223	19,174	1,027	765	73
Montana	58,749	22,673	27,435	5,029	3,221	108	201	82
Nebraska	585,880	204,580	334,905	17,798	24,378	2,776	1,289	154
Nevada	2,797,238	850,201	1,867,622	18,768	51,307	4,641	4,067	632
New Hampshire	83,815	32,051	33,593	10,334	7,325	192	266	54
New Jersey	1,418,966	401,243	806,706	60,138	137,595	5,624	6,654	1,006
New Mexico	369,908	24,731	326,077	7,360	7,974	3,109	558	99
New York	9,351,711	4,081,347	4,355,988	336,331	454,488	88,715	29,850	4,992
North Carolina	493,951	126,700	259,772	34,736	68,309	2,128	1,950	356
North Dakota	39,228	9,092	20,599	4,344	4,896	102	142	53
Ohio	431,137	100,317	220,276	49,749	57,511	1,661	1,397	226
Oklahoma	136,471	18,401	93,631	13,449	9,420	1,049	471	50
Oregon	320,189	100,188	170,707	23,057	24,066	597	1,336	238
Pennsylvania	689,928	192,431	340,747	84,637	63,808	2,659	5,255	391
Puerto Rico	231,604	70,058	145,839	2,746	7,970	717	4,090	184
Rhode Island	74,320	20,562	35,796	10,932	5,605	977	381	67
South Carolina	203,365	55,635	108,081	13,083	23,838	1,182	1,442	104
South Dakota	21,302	5,675	9,756	3,086	2,462	213	99	11
Tennessee	308,490	78,310	179,540	17,009	31,839	611	1,045	136
Texas	6,029,795	655,252	4,790,913	145,896	376,503	21,848	36,400	2,983
Utah	244,728	74,161	139,915	14,516	14,228	1,033	727	148
Vermont	61,868	26,439	23,646	6,289	5,120	140	154	80
Virginia	643,510	156,688	346,736	47,941	48,650	40,165	2,942	388
Washington	1,390,331	450,571	748,906	63,346	103,700	12,181	9,914	1,713
West Virginia	23,915	5,244	10,287	6,037	2,051	183	98	15
Wisconsin	214,704	55,644	112,246	25,126	20,435	457	686	110
Wyoming	29,972	10,812	14,110	3,002	1,829	119	89	11
Other ⁶	164,685	60,826	89,973	2,069	10,957	193	577	90
Unknown	9,897,264	2,506,586	6,330,690	161,879	423,874	38,251	427,955	8,029

See footnotes at end of table.

Table 30.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY SELECTED CATEGORY OF ADMISSION AND STATE OR TERRITORY OF
DESTINATION: FISCAL YEAR 2016 – Continued

- ¹ Includes GB, GMB, GT, GMT, WB, and WT admissions.
- ² Includes B1, B2 and a limited number of Border Crossing Card (BCC) admissions.
- ³ Includes principals, spouses, and children (F1, F2, J1, J2, M1, and M2 admissions).
- ⁴ Includes principals, spouses, and children (CW1, CW2, E1 to E3, H1B, H1B1, H1C, H2A, H2B, H2R, H3, H4, I1, L1, L2, O1 to O3, P1 to P4, Q1, R1, R2, TD and TN admissions).
- ⁵ Includes principals, spouses, and children (A1 to A3, G1 to G5, and N1 to N7 admissions).
- ⁶ Includes American Samoa, Northern Mariana Islands, U.S. Virgin Islands, and U.S. Armed Forces posts.

Notes: Admissions represent counts of events, i.e., arrivals, not unique individuals; multiple entries of an individual on the same day are counted as one admission.
The majority of short-term admissions from Canada and Mexico are excluded.

Source: U.S. Department of Homeland Security.

Table 31.
NONIMMIGRANT ADMISSIONS (I-94 ONLY) BY SELECTED CATEGORY OF ADMISSION AND MONTH OF ARRIVAL:
FISCAL YEAR 2016

Month of arrival	Total	Tourists and business travelers		Students and exchange visitors ³	Temporary workers and families ⁴	Diplomats and other representatives ⁵	All other classes	Unknown
		Visa waiver ¹	Other ²					
Total	76,786,751	23,132,817	45,995,616	2,528,990	3,896,674	438,725	745,001	48,928
October 2015	6,282,013	2,109,563	3,671,996	107,881	286,902	38,755	63,620	3,296
November 2015	5,895,022	1,659,280	3,707,451	112,422	311,939	34,290	66,236	3,404
December 2015	7,212,686	1,862,713	4,762,832	151,244	334,046	27,328	70,313	4,210
January 2016	5,992,076	1,466,094	3,484,776	495,972	425,647	37,135	77,990	4,462
February 2016	5,353,405	1,591,248	3,228,003	105,766	324,129	29,543	70,970	3,746
March 2016	6,523,617	1,916,659	3,969,658	176,980	348,052	35,669	72,349	4,250
April 2016	5,944,223	1,834,961	3,573,800	100,771	326,303	38,074	66,750	3,564
May 2016	6,337,031	1,890,223	3,872,553	155,702	319,377	37,697	57,856	3,623
June 2016	6,287,792	1,929,896	3,777,175	201,511	290,992	36,957	47,505	3,756
July 2016	7,307,426	2,336,061	4,421,687	156,358	300,895	37,508	47,823	7,094
August 2016	7,111,173	2,372,453	3,755,591	556,576	329,237	41,503	51,429	4,384
September 2016	6,540,287	2,163,666	3,770,094	207,807	299,155	44,266	52,160	3,139

¹ Includes GB, GMB, GT, GMT, WB, and WT admissions.

² Includes B1, B2 and a limited number of Border Crossing Card (BCC) admissions.

³ Includes principals, spouses, and children (F1, F2, J1, J2, M1, and M2 admissions).

⁴ Includes principals, spouses, and children (CW1, CW2, E1 to E3, H1B, H1B1, H1C, H2A, H2B, H2R, H3, H4, I1, L1, L2, O1 to O3, P1 to P4, Q1, R1, R2, TD and TN admissions).

⁵ Includes principals, spouses, and children (A1 to A3, G1 to G5, and N1 to N7 admissions).

Notes: Admissions represent counts of events, i.e., arrivals, not unique individuals; multiple entries of an individual on the same day are counted as one admission.

The majority of short-term admissions from Canada and Mexico are excluded.

Source: U.S. Department of Homeland Security.

Table 32.
NONIMMIGRANT TEMPORARY WORKER ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF CITIZENSHIP:
FISCAL YEAR 2016

Region and country of citizenship	Total temporary workers and families¹	Workers in specialty occupations (H1B)	Seasonal agricultural workers (H2A)	Seasonal non-agricultural workers (H2B, H2R)²	Workers with extraordinary ability/achievement (O1, O2)	Athletes, artists, and entertainers (P1 to P3)	Intra-company transferees (L1)	Treaty traders and investors (E1 to E3)³	Other
REGION									
Total	3,896,674	534,365	348,052	119,457	130,589	125,406	677,583	473,211	1,488,011
Africa	28,074	6,445	2,440	1,967	1,392	2,078	6,232	373	7,147
Asia	948,350	353,360	93	1,223	11,118	10,719	155,895	129,931	286,011
Europe	659,397	65,951	595	4,659	69,572	25,383	208,280	150,294	134,663
North America	2,037,776	80,614	343,700	111,246	32,649	77,719	246,936	135,255	1,009,657
Oceania	82,037	3,188	197	80	7,505	2,473	14,652	43,736	10,206
South America	140,024	24,506	1,000	274	8,304	6,985	45,347	13,529	40,079
Unknown	1,016	301	27	8	49	49	241	93	248
COUNTRY									
Total	3,896,674	534,365	348,052	119,457	130,589	125,406	677,583	473,211	1,488,011
Afghanistan	35	4	-	-	-	-	6	6	19
Albania	554	282	-	D	D	98	31	41	78
Algeria	382	60	-	-	-	57	94	3	168
Andorra	77	16	-	-	3	-	16	-	42
Angola	429	18	-	-	24	5	204	7	171
Antigua and Barbuda	120	36	-	6	7	25	9	-	37
Argentina	23,287	2,704	10	46	1,575	1,429	6,816	4,808	5,899
Armenia	450	103	-	-	59	100	38	20	130
Australia ⁴	74,160	2,113	85	42	6,151	2,080	11,933	43,672	8,084
Austria	8,355	764	D	D	789	434	3,038	1,771	1,542
Azerbaijan	298	61	-	-	20	16	56	24	121
Bahamas	807	335	-	-	35	100	196	10	131
Bahrain	109	39	-	-	D	D	45	-	21
Bangladesh	1,530	498	-	-	15	83	134	5	795
Barbados	566	139	-	10	92	123	103	-	99
Belarus	1,282	155	-	D	95	163	372	D	484
Belgium	12,356	962	-	D	1,198	D	4,678	2,418	2,771
Belize	458	78	23	283	3	37	17	-	17
Benin	75	35	D	-	4	D	17	-	16
Bhutan	16	6	-	-	-	D	-	D	6
Bolivia	1,191	456	D	-	36	64	290	D	314
Bosnia and Herzegovina . .	255	65	-	-	6	91	33	13	47
Botswana	127	37	D	-	D	D	22	-	61
Brazil	50,962	6,143	25	96	2,022	1,453	22,593	890	17,740
Brunei	20	3	-	-	-	-	11	-	6
Bulgaria	2,698	815	10	296	146	165	417	550	299
Burkina Faso	121	48	-	-	3	10	11	9	40
Burma	135	53	-	-	D	9	15	D	53
Burundi	26	16	-	-	6	D	D	-	-
Cabo Verde	48	5	-	-	12	23	-	-	8
Cambodia	101	13	-	-	D	21	D	26	36
Cameroon	389	184	-	-	11	51	40	8	95
Canada	1,140,594	56,932	4,097	5,385	22,013	35,258	194,415	68,306	754,188
Central African Republic . .	12	5	-	D	D	D	-	D	D
Chad	D	-	-	-	-	-	-	-	D
Chile	9,445	3,165	22	52	435	188	1,731	1,072	2,780
China, People's Republic ⁵ .	87,288	42,897	12	7	1,375	2,187	18,990	541	21,279
Colombia	20,983	4,478	D	D	1,783	1,347	4,704	4,091	4,535
Comoros	D	D	-	-	-	-	-	-	D
Congo, Democratic Republic	99	12	-	-	D	40	11	D	24
Congo, Republic	26	D	-	D	-	D	9	-	13
Costa Rica	4,194	698	119	308	142	47	1,692	174	1,014
Cote d'Ivoire	192	76	-	-	12	12	46	-	46
Croatia	1,558	357	-	13	166	151	447	115	309
Cuba	873	7	-	-	48	762	5	10	41
Cyprus	458	171	-	-	83	D	152	D	47
Czechia	4,346	340	-	170	320	556	1,548	514	898

See footnotes at end of table.

Table 32.
NONIMMIGRANT TEMPORARY WORKER ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF CITIZENSHIP:
FISCAL YEAR 2016 – *Continued*

Region and country of citizenship	Total temporary workers and families¹	Workers in specialty occupations (H1B)	Seasonal agricultural workers (H2A)	Seasonal non-agricultural workers (H2B, H2R)²	Workers with extraordinary ability/achievement (O1, O2)	Athletes, artists, and entertainers (P1 to P3)	Intra-company transferees (L1)	Treaty traders and investors (E1 to E3)³	Other
Denmark ⁶	11,563	667	D	D	1,718	379	4,055	1,575	3,147
Djibouti	3	-	-	-	-	D	-	D	-
Dominica	61	17	-	-	3	29	9	D	D
Dominican Republic	7,626	801	55	178	362	3,921	807	41	1,461
Ecuador	2,971	826	9	13	162	93	895	90	883
Egypt	4,053	1,061	26	-	247	29	1,136	110	1,444
El Salvador	2,422	534	66	585	23	292	411	14	497
Equatorial Guinea	11	D	-	-	-	-	D	-	6
Eritrea	11	D	-	-	-	-	-	D	6
Estonia	666	77	-	D	140	69	168	D	153
Ethiopia	570	130	-	-	23	261	51	4	101
Fiji	73	12	-	-	-	18	6	-	37
Finland	7,421	482	-	D	D	667	2,912	512	2,376
France ⁷	99,201	10,023	D	D	6,500	1,892	30,247	28,025	22,504
Gabon	21	6	-	-	-	-	5	-	10
Gambia	26	10	-	-	-	D	10	D	-
Georgia	394	140	-	-	27	83	56	12	76
Germany	91,510	6,616	D	D	5,061	1,535	23,535	42,083	12,675
Ghana	946	433	-	-	27	104	116	-	266
Greece	4,354	1,604	-	16	554	320	1,035	181	644
Grenada	160	71	-	-	4	18	31	25	11
Guatemala	7,501	733	1,647	3,586	134	265	495	34	607
Guinea	81	6	-	-	3	42	14	-	16
Guyana	127	30	-	-	-	19	6	7	65
Haiti	883	65	65	D	36	417	10	D	285
Holy See	D	-	-	-	-	-	-	-	D
Honduras	3,339	579	319	816	13	256	400	491	465
Hungary	4,298	533	3	49	393	554	1,496	38	1,232
Iceland	1,183	245	-	-	230	D	271	D	348
India	524,414	269,262	-	6	1,418	2,990	60,521	238	189,979
Indonesia	2,211	711	-	-	97	44	582	30	747
Iran	465	163	-	-	40	14	43	25	180
Iraq	118	42	-	-	D	D	33	-	40
Ireland	24,010	3,550	74	324	2,278	1,645	8,771	3,246	4,122
Israel	21,106	2,646	-	5	1,802	536	6,429	2,436	7,252
Italy	49,904	5,925	D	D	4,629	952	12,874	18,221	7,280
Jamaica	18,138	599	4,420	9,587	2,158	657	211	75	431
Japan	182,062	4,965	D	D	2,431	1,754	41,059	104,208	27,406
Jordan	930	401	-	-	34	8	119	35	333
Kazakhstan	707	112	-	-	41	38	164	69	283
Kenya	1,165	474	-	-	14	242	154	5	276
Kiribati	19	-	-	-	-	-	-	-	19
Korea, North	D	D	-	-	-	-	-	D	D
Korea, South	49,073	8,445	-	6	1,506	1,470	12,232	11,901	13,513
Kosovo	85	23	-	-	5	13	6	12	26
Kuwait	134	43	-	-	16	-	32	-	43
Kyrgyzstan	78	17	-	-	D	9	8	D	36
Laos	42	-	-	-	-	3	4	-	35
Latvia	800	110	-	-	211	137	117	89	136
Lebanon	1,885	804	-	-	148	81	417	23	412
Lesotho	13	6	-	-	-	D	-	-	D
Liberia	30	D	-	-	12	11	-	-	D
Libya	96	27	-	-	D	-	D	-	53
Liechtenstein	50	D	-	-	10	-	21	D	9
Lithuania	1,087	96	-	151	207	65	242	110	216
Luxembourg	319	50	-	-	49	10	153	17	40
Macedonia	280	91	-	11	41	46	53	5	33
Madagascar	28	11	D	-	-	D	D	D	12
Malawi	65	17	-	-	-	14	15	-	19

See footnotes at end of table.

Table 32.
NONIMMIGRANT TEMPORARY WORKER ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF CITIZENSHIP:
FISCAL YEAR 2016 – *Continued*

Region and country of citizenship	Total temporary workers and families¹	Workers in specialty occupations (H1B)	Seasonal agricultural workers (H2A)	Seasonal non-agricultural workers (H2B, H2R)²	Workers with extraordinary ability/achievement (O1, O2)	Athletes, artists, and entertainers (P1 to P3)	Intra-company transferees (L1)	Treaty traders and investors (E1 to E3)³	Other
Malaysia	5,171	1,239	-	-	131	40	2,357	39	1,365
Maldives	12	D	-	-	-	-	-	-	D
Mali	103	22	-	D	10	51	D	-	17
Malta	173	24	-	-	8	4	89	6	42
Mauritania	24	4	-	-	-	10	6	-	4
Mauritius	216	89	D	-	D	D	61	12	49
Mexico	843,480	17,626	332,445	90,301	7,135	34,477	46,717	65,568	249,211
Moldova	408	127	44	25	31	20	39	4	118
Monaco	56	8	-	-	36	5	4	-	3
Mongolia	339	90	-	-	7	84	15	55	88
Morocco ⁸	816	276	-	-	21	30	166	91	232
Mozambique	62	8	-	-	D	D	18	-	31
Namibia	59	5	D	-	9	-	11	D	29
Nauru	D	-	-	-	-	-	-	-	D
Nepal	1,604	1,076	D	-	5	20	93	D	405
Netherlands ⁹	27,133	1,822	7	40	3,712	904	10,424	3,837	6,387
New Zealand ¹⁰	7,660	1,061	112	38	1,353	375	2,711	64	1,946
Nicaragua	1,410	241	441	114	9	154	183	10	258
Niger	31	6	-	D	11	-	10	-	D
Nigeria	3,176	1,397	-	4	75	122	521	3	1,054
Norway	6,900	438	-	D	979	D	1,695	1,703	1,702
Oman	74	13	-	-	-	-	19	-	42
Pakistan	5,598	1,828	-	-	71	236	876	421	2,166
Palau	4	-	-	-	D	-	-	-	D
Panama	1,613	274	3	86	82	226	342	288	312
Papua New Guinea	6	-	-	-	-	-	D	-	D
Paraguay	458	102	-	-	17	35	80	74	150
Peru	5,769	1,834	893	22	216	423	1,128	77	1,176
Philippines	17,061	3,725	56	911	353	188	2,805	598	8,425
Poland	9,047	1,255	3	217	745	771	3,132	369	2,555
Portugal	6,355	952	-	18	645	213	2,793	147	1,587
Qatar	35	4	-	-	-	-	20	-	11
Romania	4,668	1,037	207	563	251	213	1,250	225	922
Russia	14,995	2,300	-	4	1,556	2,009	4,120	173	4,833
Rwanda	89	54	-	-	D	-	26	-	D
Saint Kitts and Nevis	106	34	-	-	6	13	17	13	23
Saint Lucia	97	61	-	-	8	4	12	-	12
Saint Vincent and the Grenadines	65	16	-	-	12	26	7	-	4
Samoa	33	-	-	-	-	-	D	-	D
San Marino	7	-	-	-	-	D	-	-	D
Saudi Arabia	1,739	171	-	D	D	D	606	D	921
Senegal	270	83	-	-	51	68	D	D	48
Serbia and Montenegro (former)	2,018	400	3	538	249	173	254	43	358
Seychelles	3	D	-	-	-	-	-	-	D
Sierra Leone	33	14	-	-	4	4	4	-	7
Singapore	7,658	3,266	-	-	149	7	2,098	201	1,937
Slovakia	2,030	217	D	D	175	155	667	275	444
Slovenia	972	175	-	5	118	46	192	302	134
Solomon Islands	3	-	-	-	-	-	-	-	3
Somalia	3	D	-	-	-	-	-	-	D
South Africa	11,886	1,050	2,402	1,958	689	451	3,068	57	2,211
South Sudan	7	D	-	-	-	-	-	-	D
Spain	50,749	5,996	D	D	3,630	1,052	14,954	14,754	10,297
Sri Lanka	1,383	531	-	-	19	47	286	47	453
Sudan	59	21	-	-	5	-	D	D	28
Suriname	63	21	-	-	6	-	-	24	12

See footnotes at end of table.

Table 32.
NONIMMIGRANT TEMPORARY WORKER ADMISSIONS (I-94 ONLY) BY REGION AND COUNTRY OF CITIZENSHIP:
FISCAL YEAR 2016 – *Continued*

Region and country of citizenship	Total temporary workers and families ¹	Workers in specialty occupations (H1B)	Seasonal agricultural workers (H2A)	Seasonal non-agricultural workers (H2B, H2R) ²	Workers with extraordinary ability/achievement (O1, O2)	Athletes, artists, and entertainers (P1 to P3)	Intra-company transferees (L1)	Treaty traders and investors (E1 to E3) ³	Other
Swaziland	45	D	-	-	D	D	19	-	14
Sweden	18,891	1,449	D	D	2,872	1,608	5,625	3,038	4,285
Switzerland	11,083	1,148	D	D	1,164	266	4,129	2,011	2,362
Syria	192	35	-	-	-	14	30	9	104
Taiwan	18,356	5,231	-	-	652	242	3,162	5,471	3,598
Tajikistan	41	25	-	-	D	-	-	-	D
Tanzania	271	136	-	-	24	30	11	-	70
Thailand	2,829	734	23	7	112	108	442	674	729
Timor-Leste	D	D	-	-	D	-	D	-	D
Togo	42	29	-	-	-	-	-	-	13
Tonga	61	-	-	-	-	-	-	-	61
Trinidad and Tobago	3,263	738	-	-	324	612	847	191	551
Tunisia	383	98	-	-	20	5	83	40	137
Turkey	9,326	2,755	-	42	358	35	1,465	2,769	1,902
Turkmenistan	43	7	-	-	-	D	13	D	16
Uganda	677	166	-	D	D	335	48	-	120
Ukraine	7,204	1,112	130	636	502	673	1,676	191	2,284
United Arab Emirates	164	61	-	-	D	D	59	-	39
United Kingdom ¹¹	168,495	13,634	85	1,349	27,656	6,530	60,701	23,607	34,933
Uruguay	1,599	336	D	D	154	41	573	94	362
Uzbekistan	283	82	-	-	9	30	34	-	128
Vanuatu	17	D	-	-	-	-	-	-	D
Venezuela	23,169	4,411	-	D	1,898	D	6,531	2,272	6,163
Vietnam	2,321	869	-	-	88	203	346	26	789
Yemen	55	D	-	-	D	-	20	-	26
Zambia	130	50	-	-	D	D	14	3	59
Zimbabwe	641	237	4	-	42	42	166	9	141
Unknown	1,016	301	27	8	49	49	241	93	248

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes principals and dependents (CW1, CW2, E1 to E3, H1B, H1B1, H1C, H2A, H2B, H2R, H3, H4, I1, L1, L2, O1 to O3, P1 to P4, Q1, R1, R2, TD and TN admissions).

² Issuances of H2R (returning H2B workers not subject to annual numerical limits) ceased at the end of 2007.

³ Includes principals and dependents.

⁴ Australia includes Australia, Norfolk Island, Christmas Island, and Cocos (Keeling) Islands.

⁵ China includes the People's Republic of China, Hong Kong, and Macau.

⁶ Denmark includes Denmark, Faroe Islands, and Greenland.

⁷ France includes France, French Guiana, French Polynesia, French Southern and Antarctic Lands, Guadeloupe, Martinique, Mayotte, New Caledonia, Reunion, Saint Barthelemy, Saint Pierre and Miquelon, and Wallis and Futuna.

⁸ Morocco includes Morocco and Western Sahara.

⁹ Netherlands includes the Netherlands, Aruba, Bonaire, Curacao, Saba, Sint Eustatius, and Sint Maarten.

¹⁰ New Zealand includes New Zealand, Cook Islands, Tokelau, and Niue.

¹¹ United Kingdom includes the United Kingdom, Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Falkland Islands, Gibraltar, Guernsey, Isle of Man, Jersey, Montserrat, Pitcairn Islands, Saint Helena, and Turks and Caicos Islands.

Notes: Admissions represent counts of events, i.e., arrivals, not unique individuals; multiple entries of an individual on the same day are counted as one admission.

The majority of short-term admissions from Canada and Mexico are excluded.

Source: U.S. Department of Homeland Security.

Enforcement Actions

Table 33.
ALIENS APPREHENDED: FISCAL YEARS 1925 TO 2016

Year	Number	Year	Number	Year	Number	Year	Number
1925.	22,199	1948.	192,779	1971.	420,126	1994.	1,094,719
1926.	12,735	1949.	288,253	1972.	505,949	1995.	1,394,554
1927.	16,393	1950.	468,339	1973.	655,968	1996.	1,649,986
1928.	23,566	1951.	509,040	1974.	788,145	1997.	1,536,520
1929.	32,711	1952.	543,535	1975.	766,600	1998.	1,679,439
1930.	20,880	1953.	885,587	1976 ¹	1,097,739	1999.	1,714,035
1931.	22,276	1954.	1,089,583	1977.	1,042,215	2000.	1,814,729
1932.	22,735	1955.	254,096	1978.	1,057,977	2001.	1,387,486
1933.	20,949	1956.	87,696	1979.	1,076,418	2002.	1,062,270
1934.	10,319	1957.	59,918	1980.	910,361	2003.	1,046,422
1935.	11,016	1958.	53,474	1981.	975,780	2004.	1,264,232
1936.	11,728	1959.	45,336	1982.	970,246	2005.	1,291,065
1937.	13,054	1960.	70,684	1983.	1,251,357	2006.	1,206,408
1938.	12,851	1961.	88,823	1984.	1,246,981	2007.	960,673
1939.	12,037	1962.	92,758	1985.	1,348,749	2008 ²	1,043,759
1940.	10,492	1963.	88,712	1986.	1,767,400	2009 ³	889,212
1941.	11,294	1964.	86,597	1987.	1,190,488	2010.	796,587
1942.	11,784	1965.	110,371	1988.	1,008,145	2011.	678,606
1943.	11,175	1966.	138,520	1989.	954,243	2012.	671,327
1944.	31,174	1967.	161,608	1990.	1,169,939	2013.	662,483
1945.	69,164	1968.	212,057	1991.	1,197,875	2014.	679,996
1946.	99,591	1969.	283,557	1992.	1,258,481	2015.	462,388
1947.	193,657	1970.	345,353	1993.	1,327,261	2016 ⁴	530,250

¹ Includes the 15 months from July 1, 1975 to September 30, 1976 because the end date of fiscal years was changed from June 30 to September 30.

² Beginning in 2008, includes all administrative arrests conducted by ICE ERO.

³ Beginning in 2009, data include administrative arrests conducted by ICE ERO and administrative arrests conducted under the 287(g) program.

⁴ The counting methodology for administrative arrests by ICE ERO was revised to align with ICE ERO reporting for 2016; for earlier years, only one administrative arrest could be counted for the same person on the same day.

Note: Data refer to Border Patrol apprehensions and ICE administrative arrests. Prior to 1952, data refer to Border Patrol apprehensions.

Source: U.S. Department of Homeland Security.

Table 34.
ALIENS APPREHENDED BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2007 TO 2016

Region and country of nationality	2007	2008¹	2009²	2010	2011	2012	2013	2014	2015	2016⁴
REGION										
Total	960,673	1,043,759	889,212	796,587	678,606	671,327	662,483	679,996	462,388	530,250
Africa	3,083	5,218	5,652	5,762	5,209	4,755	3,772	3,308	2,296	2,040
Asia	7,348	13,202	13,353	14,877	15,875	12,424	10,771	11,131	9,825	12,267
Europe	2,502	5,151	5,100	5,571	5,520	5,548	4,447	3,915	2,379	3,818
North America	938,836	1,003,131	848,800	754,304	637,354	634,711	629,884	648,576	439,102	501,754
Oceania	170	481	477	522	498	458	428	369	241	157
South America	8,669	15,525	15,213	14,589	13,357	12,507	12,459	12,174	8,284	9,875
Unknown	65	1,051	617	962	793	924	722	523	261	339
COUNTRY										
Total	960,673	1,043,759	889,212	796,587	678,606	671,327	662,483	679,996	462,388	530,250
Afghanistan	28	74	76	92	111	98	70	66	71	84
Albania	259	362	331	321	258	277	423	408	91	152
Algeria	49	59	53	62	36	42	27	42	26	38
Angola	13	30	24	22	28	22	16	13	11	6
Antigua and Barbuda	23	69	59	57	47	56	40	31	21	16
Argentina	227	440	507	431	421	324	235	212	123	82
Armenia	60	235	181	239	232	217	141	161	88	87
Australia	27	52	65	76	75	55	69	50	30	21
Austria	7	12	12	22	23	12	14	5	9	4
Azerbaijan	15	30	40	30	37	29	36	38	23	22
Bahamas	62	269	288	279	311	275	288	196	185	151
Bangladesh	182	278	223	325	272	262	366	476	467	796
Barbados	28	90	105	82	77	80	45	47	28	20
Belarus	17	52	72	66	58	51	42	20	15	18
Belgium	8	16	26	24	35	17	25	13	11	15
Belize	113	348	345	338	361	316	293	258	140	150
Benin	10	17	11	12	18	11	9	10	19	8
Bermuda	3	14	20	18	23	21	18	8	4	D
Bhutan	D	4	D	6	6	5	5	7	22	14
Bolivia	189	328	351	307	387	290	226	194	116	107
Bosnia and Herzegovina	60	108	175	202	201	198	179	131	115	103
Brazil	2,902	3,888	3,392	3,532	3,228	2,433	1,702	1,643	1,911	3,738
Bulgaria	71	121	102	103	95	110	52	49	36	28
Burkina Faso	12	31	24	29	20	29	19	17	6	15
Burma	18	53	36	54	35	54	48	48	47	56
Burundi	3	12	13	17	17	27	21	22	9	20
Cabo Verde	48	127	116	118	105	110	66	35	32	34
Cambodia	79	344	330	384	347	268	204	147	130	203
Cameroon	79	153	149	152	164	130	102	70	47	54
Canada	767	1,378	1,304	1,486	1,131	1,172	822	775	648	509
Cayman Islands	-	6	9	10	6	6	5	4	3	3
Central African Republic	6	9	12	12	10	9	14	8	D	6
Chad	6	14	9	5	8	7	12	13	8	5
Chile	135	255	284	285	248	193	128	116	82	87
China, People's Republic	1,623	2,282	2,920	2,709	2,546	2,350	1,918	2,601	1,875	3,197
Colombia	1,893	3,618	3,467	3,006	2,755	2,201	1,987	1,522	1,351	1,209
Congo, Democratic Republic	57	26	35	24	26	28	28	31	17	39
Congo, Republic	21	59	77	72	63	75	39	26	13	29
Costa Rica	377	629	583	548	503	518	409	378	213	214
Cote d'Ivoire	72	118	116	119	102	112	80	45	34	17
Croatia	13	23	25	34	31	31	29	13	16	5
Cuba	4,932	6,676	4,742	4,030	4,801	4,121	2,809	2,872	2,281	3,061
Czechia	42	96	66	107	71	68	56	35	23	26
Czechoslovakia (former)	42	29	24	19	21	20	15	12	7	6
Denmark	12	17	21	14	9	8	7	9	4	4
Dominica	34	72	57	64	65	41	41	24	15	18
Dominican Republic	2,117	5,470	5,105	5,274	4,433	4,506	3,893	3,455	2,797	2,770
Ecuador	1,770	3,677	3,483	3,890	3,298	4,374	5,680	6,276	3,438	3,472
Egypt	269	321	313	275	237	190	192	181	147	117
El Salvador	19,697	27,150	27,744	29,911	27,652	38,976	51,226	79,321	51,200	78,983
Equatorial Guinea	7	4	7	14	4	7	-	3	D	D
Eritrea	99	217	212	231	63	37	40	52	45	33
Estonia	13	34	32	22	35	30	18	16	12	12
Ethiopia	144	218	262	274	219	220	144	152	93	70

See footnotes at end of table.

Table 34.

ALIENS APPREHENDED BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of nationality	2007	2008 ¹	2009 ²	2010	2011	2012	2013	2014	2015	2016 ⁴
Fiji	45	128	101	99	87	79	67	35	22	22
France	69	124	136	151	145	131	106	107	40	52
Gabon	10	7	17	28	13	13	10	15	D	3
Gambia	87	126	131	130	148	119	100	69	33	41
Georgia	59	105	157	121	101	58	65	52	29	50
Germany	84	201	227	227	198	186	153	103	79	87
Ghana	239	414	422	414	435	340	272	212	138	174
Greece	16	61	58	53	48	34	29	35	13	28
Grenada	15	56	63	76	61	35	44	33	24	13
Guatemala	23,908	33,691	35,000	39,050	41,708	57,486	73,208	97,151	66,982	84,649
Guinea	86	163	185	154	147	142	112	69	34	49
Guinea-Bissau	D	7	13	5	6	D	D	D	D	D
Guyana	156	508	492	428	411	360	292	248	196	142
Haiti	1,004	2,299	2,220	1,768	1,351	1,492	1,992	1,810	1,124	1,113
Honduras	28,258	33,766	32,897	32,501	31,189	50,771	64,157	106,928	42,433	61,222
Hong Kong	21	60	58	53	56	85	74	25	18	21
Hungary	44	80	95	69	106	111	88	76	54	42
Iceland	3	8	6	10	7	3	D	5	D	4
India	795	1,218	1,155	2,175	3,859	1,566	1,791	2,106	2,967	4,123
Indonesia	536	631	371	486	327	219	126	102	52	39
Iran	128	239	291	297	305	301	257	223	154	111
Iraq	138	221	291	280	285	244	169	173	152	156
Ireland	27	94	94	72	88	89	70	47	29	37
Israel	226	298	345	311	254	192	213	303	235	92
Italy	60	202	205	174	149	153	138	116	86	81
Jamaica	803	3,068	3,075	3,064	2,862	2,655	2,147	1,677	1,176	1,012
Japan	19	68	68	72	63	59	47	43	18	11
Jordan	318	437	359	368	305	281	198	282	293	167
Kazakhstan	35	78	101	118	117	108	71	75	45	25
Kenya	159	326	537	716	539	494	341	423	415	189
Korea, South	307	545	580	594	714	627	470	349	255	188
Kosovo	X	D	26	24	36	26	30	17	20	38
Kuwait	57	28	29	27	23	22	26	22	34	18
Kyrgyzstan	D	20	59	56	44	40	89	52	40	18
Laos	117	712	657	703	758	754	561	335	184	194
Latvia	16	29	30	44	38	35	36	41	39	10
Lebanon	195	236	216	220	171	128	103	117	94	58
Liberia	99	271	338	309	309	314	231	176	143	152
Libya	8	21	14	16	24	23	16	36	22	16
Lithuania	55	100	94	81	77	84	65	48	27	24
Macau	21	D	D	5	D	-	-	5	D	-
Macedonia	40	93	62	57	51	43	30	22	19	22
Malawi	7	16	10	14	21	14	10	13	7	6
Malaysia	58	91	60	73	53	49	31	30	14	9
Mali	80	127	140	163	112	100	83	89	40	32
Marshall Islands	3	15	20	19	21	28	35	66	34	26
Mauritania	62	128	141	81	70	55	57	25	14	12
Mexico	854,190	884,017	731,225	632,034	517,472	468,766	424,978	350,177	267,885	265,747
Micronesia, Federated States	18	83	88	110	106	106	113	95	80	-
Moldova	46	82	99	129	144	93	93	57	63	37
Mongolia	54	80	142	124	129	95	66	52	27	27
Montenegro	-	D	4	D	11	18	6	11	9	7
Montserrat	D	10	9	9	9	4	D	4	D	D
Morocco	183	227	232	226	173	149	135	135	95	61
Nepal	44	102	148	230	180	248	448	555	443	580
Netherlands	25	59	92	76	72	64	57	45	44	16
Netherlands Antilles (former)	D	15	4	9	11	D	5	3	3	4
New Zealand	19	45	38	55	63	35	30	34	23	12
Nicaragua	2,117	2,800	2,737	2,587	2,278	2,532	2,712	2,912	1,577	1,756
Niger	115	87	54	68	48	50	39	34	24	11
Nigeria	351	680	624	599	633	543	492	396	274	253
Norway	7	13	8	12	7	8	D	4	-	5
Pakistan	654	654	578	612	538	470	334	350	287	522
Palau	3	20	19	20	20	26	21	23	10	20
Panama	112	326	268	283	226	197	184	100	92	95

See footnotes at end of table.

Table 34.

ALIENS APPREHENDED BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of nationality	2007	2008 ¹	2009 ²	2010	2011	2012	2013	2014	2015	2016 ⁴
Paraguay	21	26	47	32	35	33	30	16	8	14
Peru	943	1,807	2,079	1,729	1,741	1,588	1,682	1,568	827	799
Philippines	500	1,340	1,080	1,079	1,135	927	721	592	334	263
Poland	309	602	571	635	519	494	328	266	205	136
Portugal	70	234	220	205	194	215	131	91	57	58
Romania	196	287	255	630	869	1,220	865	1,038	537	2,167
Russia	194	470	565	564	526	414	320	262	159	128
Rwanda	8	19	23	12	19	13	21	12	14	14
Saint Kitts and Nevis	10	41	45	30	46	49	32	20	21	7
Saint Lucia	37	79	71	82	58	57	45	44	30	21
Saint Vincent and the Grenadines	10	69	63	57	50	41	43	31	15	17
Samoa	25	33	57	26	36	32	37	20	11	25
Saudi Arabia	67	87	70	148	127	198	264	226	276	189
Senegal	92	158	157	170	158	164	132	98	41	62
Serbia	D	4	6	D	22	13	35	40	20	19
Serbia and Montenegro (former)	222	302	219	174	142	86	64	58	29	21
Sierra Leone	98	158	192	147	171	162	145	96	65	44
Singapore	14	21	21	21	12	7	16	9	3	7
Slovakia	23	45	40	51	29	44	23	28	15	8
Slovenia	D	4	11	9	5	7	-	D	4	D
Somalia	98	201	237	277	336	316	214	169	131	164
South Africa	83	124	149	144	123	95	79	63	43	34
South Sudan	X	X	X	X	D	3	42	21	14	19
Soviet Union (former)	43	110	62	91	92	115	89	64	19	23
Spain	28	91	92	99	126	139	98	129	84	62
Sri Lanka	47	107	135	284	316	223	134	95	128	57
Sudan	38	164	202	252	226	253	168	132	81	86
Suriname	10	28	28	18	19	20	15	8	8	6
Sweden	19	30	44	37	42	33	27	24	14	17
Switzerland	12	22	19	22	19	14	11	12	3	6
Syria	101	101	91	99	114	57	72	61	57	44
Taiwan	34	66	69	60	75	46	55	35	38	34
Tajikistan	15	43	90	80	82	51	33	35	36	16
Tanzania	45	64	81	82	64	73	72	129	42	26
Thailand	117	382	304	300	257	276	246	197	84	64
Togo	43	53	44	40	43	46	20	23	10	8
Tonga	27	99	76	100	82	86	49	44	26	27
Trinidad and Tobago	210	691	729	624	596	498	419	303	195	190
Tunisia	60	53	47	61	43	33	24	46	31	19
Turkey	221	310	317	326	224	265	216	243	194	183
Turkmenistan	9	11	20	29	8	10	4	9	11	5
Turks and Caicos Islands	3	17	11	19	11	19	13	5	7	4
Uganda	49	59	65	54	66	44	49	28	14	14
Ukraine	177	403	374	392	393	394	290	183	154	111
United Arab Emirates	8	4	7	15	3	10	11	9	8	3
United Kingdom	169	510	486	533	518	448	388	268	213	195
Uruguay	109	200	221	190	239	144	116	91	44	29
Uzbekistan	96	157	198	210	135	129	116	109	73	45
Venezuela	314	750	862	741	575	547	366	280	180	190
Vietnam	212	1,343	1,374	1,313	1,413	1,313	875	634	433	449
Virgin Islands, British	-	8	8	10	12	12	8	4	D	D
Yemen	106	90	82	130	86	69	68	67	71	35
Zambia	25	45	63	49	49	50	31	27	19	17
Zimbabwe	44	72	80	74	88	63	48	36	22	24
All other countries ³	34	79	81	90	64	69	57	41	40	32
Unknown	65	1,051	617	962	793	924	722	523	261	339

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Beginning in 2008 data include administrative arrests conducted by ICE ERO.² Beginning in 2009 data include administrative arrests conducted under the 287(g) program.³ Includes countries with less than 10 aliens apprehended per year.⁴ The counting methodology for administrative arrests by ICE ERO was revised to align with ICE ERO reporting for 2016; for earlier years, only one administrative arrest could be counted for the same person on the same day.

Note: CBP Border Patrol data are current as of October 2016. ICE Enforcement and Removal Operations (ERO) data are current as of October 2016. ICE Homeland Security Investigations (HSI) data are current as of October 2016.

Source: U.S. Department of Homeland Security.

Table 35.

ALIENS APPREHENDED BY PROGRAM AND BORDER PATROL SECTOR, INVESTIGATIONS SPECIAL AGENT IN CHARGE (SAC) JURISDICTION, AND AREA OF RESPONSIBILITY: FISCAL YEARS 2007 TO 2016

Program and sector/jurisdiction/area	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016⁵
PROGRAM										
Total	960,673	1,043,759	889,212	796,587	678,606	671,327	662,483	679,996	462,388	530,250
CBP Border Patrol.	876,704	723,825	556,041	463,382	340,252	364,768	420,789	486,651	337,117	415,816
ICE Homeland Security Investigations ¹	53,562	31,123	21,251	18,290	16,261	15,937	11,996	11,626	7,288	4,330
ICE Enforcement and Removal Operations ^{2,3}	30,407	288,811	311,920	314,915	322,093	290,622	229,698	181,719	117,983	110,104
BORDER PATROL SECTOR										
Total apprehensions	876,704	723,825	556,041	463,382	340,252	364,768	420,789	486,651	337,117	415,816
Southwest sectors	858,638	705,005	540,865	447,731	327,577	356,873	414,397	479,371	331,333	408,870
Big Bend, TX ⁴	5,536	5,391	6,360	5,288	4,036	3,964	3,684	4,096	5,031	6,366
Del Rio, TX.	22,920	20,761	17,082	14,694	16,144	21,720	23,510	24,255	19,013	23,078
El Centro, CA	55,883	40,961	33,521	32,562	30,191	23,916	16,306	14,511	12,820	19,448
El Paso, TX.	75,464	30,312	14,999	12,251	10,345	9,678	11,154	12,339	14,495	25,634
Laredo, TX.	56,714	43,658	40,569	35,287	36,053	44,872	50,749	44,049	35,888	36,562
Rio Grande Valley, TX	73,430	75,473	60,989	59,766	59,243	97,762	154,453	256,393	147,257	186,830
San Diego, CA	152,460	162,390	118,721	68,565	42,447	28,461	27,496	29,911	26,290	31,891
Tucson, AZ	378,239	317,696	241,673	212,202	123,285	120,000	120,939	87,915	63,397	64,891
Yuma, AZ	37,992	8,363	6,951	7,116	5,833	6,500	6,106	5,902	7,142	14,170
Other sectors.	18,066	18,820	15,176	15,651	12,675	7,895	6,392	7,280	5,784	6,946
Blaine, WA	749	954	843	673	591	537	360	272	282	271
Buffalo, NY	2,191	3,339	2,672	2,422	2,114	1,143	796	741	291	226
Detroit, MI	902	961	1,157	1,669	1,531	950	650	647	637	716
Grand Forks, ND.	497	541	472	543	468	418	469	767	789	505
Havre, MT	486	427	283	290	270	102	88	91	64	43
Houlton, ME.	95	81	59	56	41	41	37	45	32	25
Miami, FL.	7,120	6,020	4,425	4,651	4,401	2,509	1,738	2,034	1,752	3,205
New Orleans, LA.	4,018	4,303	3,527	3,171	1,509	474	500	950	849	764
Ramey, PR	548	572	418	398	642	702	924	958	557	694
Spokane, WA	341	340	277	356	293	317	299	269	190	206
Swanton, VT.	1,119	1,282	1,043	1,422	815	702	531	506	341	291
HOMELAND SECURITY INVESTIGATIONS SAC JURISDICTION										
Total administrative arrests	53,562	31,123	21,251	18,290	16,261	15,937	11,996	11,626	7,288	4,330
Atlanta, GA	4,659	1,663	1,506	978	806	578	337	224	166	75
Baltimore, MD	1,156	511	403	394	316	135	75	133	130	34
Boston, MA	1,664	826	596	481	449	346	225	173	157	91
Buffalo, NY	485	438	257	200	138	183	153	118	87	42
Chicago, IL.	4,770	2,929	1,946	1,709	1,451	1,657	1,239	909	750	379
Dallas, TX	3,011	973	641	628	557	508	256	328	215	131
Denver, CO.	4,033	2,063	1,196	1,037	1,180	644	226	128	74	90
Detroit, MI	2,143	808	586	484	365	257	176	229	231	98
El Paso, TX	1,511	1,103	499	508	513	446	367	447	394	343
Honolulu, HI.	234	368	215	124	167	197	95	72	75	60
Houston, TX.	2,516	1,612	1,139	967	743	1,044	1,071	924	355	251
Los Angeles, CA.	2,034	1,641	1,164	1,012	640	536	507	401	493	210
Miami, FL.	961	763	763	936	1,038	1,030	881	984	794	397
New Orleans, LA.	3,094	3,229	1,630	949	923	686	508	415	293	224
New York, NY	1,732	725	572	681	600	461	219	245	171	155
Newark, NJ	512	273	365	239	372	194	118	185	157	108
Philadelphia, PA	2,602	2,295	1,057	884	578	373	178	233	158	87
Phoenix, AZ	1,029	1,189	1,044	654	401	403	457	258	207	337
Saint Paul, MN.	2,585	1,145	591	607	582	381	174	180	94	50
San Antonio, TX	2,307	1,171	1,175	1,492	1,525	3,599	2,945	3,677	1,438	662
San Diego, CA	789	725	567	516	304	506	398	311	211	145
San Francisco, CA	1,565	896	715	691	749	355	252	176	96	61
San Juan, PR	1,227	503	293	271	158	178	242	65	41	15
Seattle, WA	3,517	1,103	835	661	659	424	376	259	209	117
Tampa, FL	1,739	1,001	661	615	488	421	168	181	138	45
Washington, DC	1,687	1,149	825	562	489	347	303	299	136	73
Other SAC jurisdictions abroad	-	21	10	10	70	48	50	72	18	50

See footnotes at end of table.

Table 35.

**ALIENS APPREHENDED BY PROGRAM AND BORDER PATROL SECTOR, INVESTIGATIONS SPECIAL AGENT IN CHARGE (SAC)
JURISDICTION, AND AREA OF RESPONSIBILITY: FISCAL YEARS 2007 TO 2016** - *Continued*

Program and sector/jurisdiction/area	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016⁵
ENFORCEMENT AND REMOVAL OPERATIONS AREA OF RESPONSIBILITY ³										
Total administrative arrests	30,407	288,811	311,920	314,915	322,093	290,622	229,698	181,719	117,983	110,104
Atlanta, GA	2,293	2,739	7,121	21,742	26,688	24,312	17,480	14,208	10,042	8,866
Baltimore, MD	925	1,018	2,773	2,973	3,178	2,953	2,562	2,114	1,100	1,239
Boston, MA	1,462	1,369	3,979	5,107	5,390	5,268	3,908	2,795	1,749	1,858
Buffalo, NY	503	390	659	1,169	1,635	1,666	1,668	1,510	1,171	1,173
Chicago, IL	1,043	12,872	12,669	19,272	18,739	15,455	11,817	9,951	6,899	7,055
Dallas, TX	1,635	10,922	14,626	16,548	18,808	16,515	15,882	13,026	8,177	9,634
Denver, CO	391	3,810	5,977	8,073	7,324	6,008	4,819	3,272	2,336	2,284
Detroit, MI	1,816	5,763	7,768	7,781	7,304	6,886	5,374	4,549	2,546	2,241
El Paso, TX	604	1,261	3,345	6,432	5,046	4,407	3,244	2,636	1,830	1,611
Houston, TX	1,236	277	2,688	19,052	19,579	17,126	13,866	16,112	13,886	12,896
Los Angeles, CA	2,667	1,562	6,767	27,748	33,728	31,078	24,582	18,347	8,365	7,651
Miami, FL	2,579	7,599	15,441	13,656	15,940	16,011	11,147	8,411	4,764	3,524
New Orleans, LA	448	3,245	5,743	12,179	14,258	12,584	8,972	7,331	5,187	5,174
New York, NY	1,579	8,352	8,711	9,346	7,245	6,532	5,560	4,859	2,275	1,847
Newark, NJ	2,079	1,038	4,508	5,585	5,539	5,589	4,380	3,763	2,478	2,247
Philadelphia, PA	940	4,127	4,883	5,358	5,668	5,092	4,980	4,857	3,995	3,672
Phoenix, AZ	475	18,512	13,031	17,558	14,953	13,113	10,941	8,416	7,118	5,370
Saint Paul, MN	914	3,132	4,747	7,371	7,770	6,960	5,505	3,654	2,362	2,500
Salt Lake City, UT	576	3,690	5,475	9,194	8,730	7,535	6,182	5,078	4,384	4,638
San Antonio, TX	1,327	3,948	17,199	24,337	28,292	28,947	25,658	18,680	11,268	8,425
San Diego, CA	817	12,382	12,031	10,608	13,016	11,196	6,521	6,336	3,717	3,683
San Francisco, CA	1,935	9,234	13,680	28,972	31,430	26,386	20,441	10,602	6,009	6,651
Seattle, WA	889	2,158	7,002	10,246	9,714	8,801	7,156	4,703	2,960	2,698
Washington, DC	1,274	1,906	4,851	5,069	8,322	7,383	5,557	4,361	3,089	2,883
Headquarters	-	-	21	15	38	31	12	11	4	12
Unknown	-	167,505	126,225	19,524	3,759	2,788	1,484	2,137	272	272

- Represents zero.

¹ By 2008, no longer includes arrests under the 287(g) program.

² Data for 2007 include only arrests of fugitive and nonfugitive aliens under the National Fugitive Operations Program of ICE ERO; 2008 data include administrative arrests conducted by ICE ERO; beginning in 2009, data include arrests conducted by ICE ERO and arrests conducted under the 287(g) program.

³ Historical figures for ICE ERO administrative arrests may differ from those published by ICE due to updates to previously published numbers.

⁴ Formerly known as Marfa, TX.

⁵ The counting methodology for administrative arrests by ICE ERO was revised to align with ICE ERO reporting for 2016; for earlier years, only one administrative arrest could be counted for the same person on the same day.

Note: CBP Border Patrol data are current as of October 2016. ICE Enforcement and Removal Operations (ERO) data are current as of October 2016. ICE Homeland Security Investigations (HSI) data are current as of October 2016.

Source: U.S. Department of Homeland Security.

Table 36.
ALIENS DETERMINED INADMISSIBLE: FISCAL YEARS 2005 TO 2016

Year	Number
2005.....	251,202
2006.....	207,631
2007.....	202,030
2008.....	222,798
2009.....	223,908
2010.....	229,575
2011.....	213,345
2012.....	195,804
2013.....	205,623
2014.....	225,016
2015.....	254,714
2016.....	274,617

Note: Before April 2008, did not include all crew members detained onboard vessels.
Source: U.S. Department of Homeland Security.

Table 37.
ALIENS DETERMINED INADMISSIBLE BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2007 TO 2016

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
REGION										
Total	202,030	222,798	223,908	229,575	213,345	195,804	205,623	225,016	254,714	274,617
Africa	3,909	4,147	4,876	5,635	4,306	3,625	4,009	4,758	6,314	6,665
Asia	23,751	51,146	61,557	65,029	64,505	56,686	61,958	61,047	60,588	48,338
Europe	17,309	23,399	24,780	22,892	21,218	18,286	18,029	17,871	18,207	16,011
North America	147,767	134,932	124,540	129,302	117,701	112,303	115,984	135,514	162,030	192,214
Oceania	1,236	1,229	1,431	1,054	836	842	911	919	1,015	1,193
South America	7,369	7,524	6,404	5,381	4,303	3,826	4,567	4,720	6,383	9,950
Unknown	689	421	320	282	476	236	165	187	177	246
COUNTRY										
Total	202,030	222,798	223,908	229,575	213,345	195,804	205,623	225,016	254,714	274,617
Afghanistan	134	138	151	120	128	94	74	77	92	109
Albania	106	145	131	92	76	69	85	83	79	83
Algeria	82	130	166	136	68	73	43	43	110	228
Angola	23	39	24	13	24	27	54	50	39	51
Antigua and Barbuda	53	39	41	47	39	43	26	27	17	25
Argentina	297	342	263	212	150	133	181	174	230	239
Armenia	91	72	97	65	61	67	60	115	299	512
Australia	607	542	605	553	448	447	573	553	675	763
Austria	136	136	131	112	86	77	72	79	71	68
Azerbaijan	21	21	49	32	63	31	37	42	26	29
Bahamas	565	509	385	531	469	462	519	598	499	189
Bahrain	11	10	4	12	6	13	6	12	8	13
Bangladesh	263	299	375	333	311	326	294	644	981	383
Barbados	97	78	82	83	73	65	49	46	42	32
Belarus	60	83	114	80	89	62	48	52	54	55
Belgium	195	146	161	155	137	123	135	140	110	114
Belize	156	138	135	144	117	129	114	104	139	166
Benin	62	38	51	68	39	19	27	30	38	28
Bermuda	155	154	122	126	138	99	106	94	125	106
Bolivia	355	268	225	179	86	79	69	82	62	112
Bosnia and Herzegovina	69	86	67	64	35	51	61	55	62	52
Botswana	5	16	11	8	4	13	5	4	4	9
Brazil	1,938	1,510	1,233	1,111	804	738	824	881	1,164	2,537
Bulgaria	216	348	336	334	273	282	232	146	228	155
Burkina Faso	30	28	24	23	12	22	23	39	79	126
Burma	546	3,045	3,867	4,043	2,673	2,543	2,048	2,026	2,069	1,548
Burundi	64	19	14	29	24	23	32	17	23	11
Cabo Verde	15	37	52	74	62	50	22	31	31	25
Cambodia	52	67	38	53	35	31	25	19	36	28
Cameroon	170	130	90	102	138	153	335	318	294	558
Canada	36,595	32,381	30,425	33,155	32,182	30,786	29,403	28,100	26,347	22,120
Cayman Islands	22	32	21	19	16	21	12	17	16	10
Chad	22	29	13	11	3	4	5	25	14	19
Chile	292	309	252	209	163	113	189	258	413	536
China, People's Republic	5,257	13,494	15,975	17,175	17,028	13,239	13,712	14,487	15,531	12,083
Colombia	1,696	1,952	1,918	1,585	1,320	1,186	1,338	1,385	1,860	2,419
Congo, Democratic Republic	11	10	22	27	26	65	59	71	118	116
Congo, Republic	94	99	99	76	65	18	27	27	17	23
Costa Rica	547	501	440	284	220	229	219	215	247	279
Cote d'Ivoire	109	101	89	154	64	27	33	49	56	67
Croatia	88	232	170	261	244	197	178	204	191	183
Cuba	12,993	11,265	7,037	7,456	7,794	12,290	17,717	24,301	43,146	54,226
Cyprus	17	32	21	15	8	12	10	15	19	17
Czechia	78	97	135	144	124	218	184	160	171	126
Czechoslovakia (former)	46	67	136	80	30	-	-	-	-	-
Denmark	117	141	137	128	92	101	83	91	87	93
Djibouti	12	6	9	10	3	7	D	5	8	7
Dominica	91	97	78	54	58	47	52	32	43	55
Dominican Republic	1,612	1,819	2,299	2,153	1,681	1,689	1,564	1,324	1,253	1,241
Ecuador	508	577	496	434	316	378	413	456	694	1,063
Egypt	276	382	534	599	438	450	335	350	304	301
El Salvador	1,133	1,064	1,195	1,100	862	1,040	2,198	3,160	2,828	9,738

See footnotes at end of table.

Table 37.

ALIENS DETERMINED INADMISSIBLE BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Equatorial Guinea	9	4	5	5	6	6	5	7	7	10
Eritrea	26	17	45	393	337	189	140	187	263	354
Estonia	37	37	90	70	59	40	48	46	66	38
Ethiopia	170	214	202	270	167	135	256	315	296	206
Fiji	140	154	352	137	99	65	72	61	54	97
Finland	58	80	107	69	71	57	48	53	60	135
France	2,584	1,644	1,514	1,417	1,152	881	861	971	925	982
Gabon	29	20	14	9	16	5	8	8	14	8
Gambia	32	38	37	27	40	31	33	24	25	118
Georgia	75	288	440	329	135	118	95	102	122	152
Germany	1,314	1,079	1,073	941	838	779	742	714	709	738
Ghana	218	267	366	284	256	280	359	396	778	780
Greece	233	386	395	450	418	367	481	565	552	520
Grenada	53	79	58	72	47	47	47	49	67	45
Guatemala	1,391	1,715	1,859	1,770	1,627	1,783	1,934	4,637	6,278	13,490
Guinea	112	87	72	40	54	40	40	62	90	198
Guyana	432	432	362	317	286	184	167	128	188	190
Haiti	970	1,054	936	2,959	1,746	1,439	1,562	1,097	968	6,974
Honduras	870	1,101	1,310	1,301	1,084	1,457	2,197	5,922	3,235	7,996
Hong Kong	284	229	196	162	144	105	95	112	106	95
Hungary	189	193	328	220	224	266	249	251	255	182
Iceland	33	25	28	20	24	29	17	20	11	20
India	3,083	5,023	5,846	6,579	5,998	6,947	11,864	8,585	7,207	7,115
Indonesia	1,268	3,974	3,003	2,236	1,942	1,421	1,030	854	889	681
Iran	577	581	654	764	504	488	535	760	736	711
Iraq	374	360	232	217	214	198	298	308	354	351
Ireland	683	536	456	321	244	258	286	224	230	257
Israel	816	807	873	695	509	463	403	358	393	375
Italy	1,326	1,153	1,204	1,090	1,028	1,050	1,037	1,110	1,280	987
Jamaica	1,315	1,584	1,367	1,238	966	858	794	1,004	1,249	1,244
Japan	850	881	671	646	731	544	620	598	626	560
Jordan	293	275	281	232	208	204	208	244	462	389
Kazakhstan	25	34	34	44	29	43	30	40	45	51
Kenya	142	133	129	161	116	94	90	78	103	111
Kiribati	36	99	68	41	58	41	33	29	42	40
Korea, South	1,588	1,738	2,106	1,861	1,965	1,519	1,718	1,670	1,757	1,513
Kosovo	X	-	17	-	D	19	18	26	28	18
Kuwait	35	31	47	36	42	29	53	50	74	82
Kyrgyzstan	10	4	11	12	19	6	9	27	7	9
Laos	45	53	23	18	38	34	16	10	21	17
Latvia	60	179	354	310	220	140	144	158	150	88
Lebanon	432	346	296	247	214	146	185	186	220	168
Liberia	72	53	71	70	68	60	29	72	35	40
Libya	35	71	65	53	50	33	18	44	47	38
Lithuania	114	622	760	685	520	399	181	155	126	103
Luxembourg	11	D	D	D	6	4	D	D	D	D
Macedonia	48	98	66	56	64	54	56	68	64	40
Madagascar	20	18	8	11	41	9	5	10	20	10
Malawi	10	6	12	7	6	8	3	8	7	8
Malaysia	288	285	341	310	258	405	316	313	370	392
Maldives	23	74	125	61	58	92	13	54	10	18
Mali	51	48	38	39	43	32	26	36	41	57
Malta	30	26	10	9	16	9	7	6	6	3
Marshall Islands	8	14	32	9	3	15	7	9	5	18
Mauritania	19	31	20	25	16	23	14	20	18	23
Mauritius	44	103	170	277	252	66	40	56	34	42
Mexico	87,632	79,686	75,151	75,485	67,590	58,945	56,504	63,805	74,473	73,338
Micronesia, Federated States	33	28	27	16	14	26	12	15	15	15
Moldova	35	52	72	73	75	65	51	58	62	41
Mongolia	86	91	57	54	59	54	45	55	88	70
Montenegro	-	-	-	-	26	37	32	32	52	36
Morocco	356	235	206	254	171	124	135	131	100	221
Nepal	65	122	66	63	105	67	77	51	196	273

See footnotes at end of table.

Table 37.

ALIENS DETERMINED INADMISSIBLE BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Netherlands	599	625	583	542	402	382	395	422	392	332
Netherlands Antilles (former).	12	14	14	14	7	-	-	-	-	-
New Zealand	274	225	169	171	139	126	153	160	180	193
Nicaragua	472	428	464	396	329	325	382	419	484	510
Niger	41	24	31	31	20	9	4	16	8	17
Nigeria	436	579	660	793	660	692	847	1,162	1,613	1,382
Norway	171	179	207	167	110	123	123	96	82	96
Oman	4	4	3	D	4	5	9	8	10	20
Pakistan	985	944	957	844	729	604	467	575	782	688
Palau	14	19	25	26	9	12	7	6	7	6
Panama	221	236	213	182	158	131	150	132	149	123
Papua New Guinea	4	4	7	4	D	6	7	21	D	6
Paraguay	67	54	46	42	21	25	28	31	33	38
Peru	1,065	1,401	1,085	807	756	577	892	778	729	1,044
Philippines	3,506	14,032	20,188	22,918	25,305	22,893	23,722	24,313	22,731	15,842
Poland	910	1,258	1,295	1,108	1,152	866	764	682	714	461
Portugal	493	440	361	311	295	477	373	398	351	309
Qatar	D	5	6	16	7	7	18	14	21	20
Romania	611	1,015	1,044	1,152	981	727	591	681	751	1,039
Russia	822	2,753	3,774	3,677	3,934	2,880	2,443	2,331	2,097	1,483
Rwanda	28	37	41	18	59	56	81	50	35	24
Saint Kitts and Nevis	37	26	41	51	57	23	41	27	25	15
Saint Lucia	76	88	69	65	78	64	94	96	106	89
Saint Vincent and the Grenadines	109	97	97	103	78	65	64	82	101	57
Samoa	51	71	61	36	24	26	21	20	8	17
Saudi Arabia	148	148	170	233	311	312	372	474	613	532
Senegal	142	118	170	167	85	61	111	107	121	298
Serbia	-	-	-	-	87	98	186	96	139	109
Serbia and Montenegro (former)	154	259	190	166	60	4	3	-	-	-
Seychelles	D	8	D	D	-	4	-	11	9	5
Sierra Leone	58	46	41	45	60	33	28	40	25	42
Singapore	135	147	146	109	94	145	130	106	120	105
Slovakia	72	66	145	118	135	105	119	94	84	74
Slovenia	20	21	27	33	22	32	28	44	38	19
Solomon Islands	D	D	12	D	5	D	7	D	-	D
Somalia	109	185	335	412	166	181	268	333	879	434
South Africa	258	289	277	248	189	244	212	249	300	233
Soviet Union (former)	38	159	102	163	83	5	4	-	-	-
Spain	534	605	603	689	993	1,724	2,431	2,072	2,603	2,494
Sri Lanka	328	434	462	316	254	191	183	211	196	203
Sudan	73	92	70	56	80	55	43	57	64	52
Suriname	14	16	8	10	7	D	4	10	8	5
Swaziland	D	4	7	5	D	D	D	5	10	3
Sweden	247	233	253	216	202	170	220	182	220	237
Switzerland	190	197	153	155	114	145	122	121	130	93
Syria	112	135	94	106	108	169	417	295	273	310
Taiwan	494	386	459	399	371	476	655	670	827	684
Tajikistan	3	8	10	5	6	15	3	4	6	8
Tanzania	47	67	359	326	162	51	50	33	43	43
Thailand	327	558	485	527	658	320	280	392	316	323
Togo	49	34	45	84	33	17	22	29	51	78
Tonga	64	52	61	53	25	34	14	36	23	32
Trinidad and Tobago	512	635	609	467	244	224	187	198	167	123
Tunisia	166	57	49	67	57	36	43	45	39	147
Turkey	458	1,082	1,698	1,934	1,937	1,353	1,165	1,242	1,186	1,117
Turkmenistan	D	4	3	5	6	6	30	53	99	105
Turks and Caicos Islands	26	35	24	23	23	19	18	13	16	11
Tuvalu	D	3	5	-	7	24	-	D	D	3
Uganda	59	53	43	43	54	42	33	38	34	29
Ukraine	1,063	4,806	4,917	4,658	4,368	2,968	2,915	3,415	3,123	2,612
United Arab Emirates	23	32	13	21	13	18	22	37	32	27
United Kingdom	3,517	3,184	3,129	2,550	2,105	1,945	1,971	1,765	1,730	1,531
Uruguay	101	79	58	52	47	43	54	37	41	52

See footnotes at end of table.

Table 37.

ALIENS DETERMINED INADMISSIBLE BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of nationality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Uzbekistan.	29	56	48	50	50	24	29	61	29	41
Vanuatu.	-	13	4	-	-	-	D	-	D	-
Venezuela.	604	584	458	423	347	367	408	500	961	1,715
Vietnam.	498	733	865	1,061	1,101	841	511	717	663	486
Virgin Islands, British	36	70	62	9	10	20	27	13	6	10
Yemen.	69	58	65	61	48	56	50	51	53	63
Zambia	26	31	16	15	15	12	12	18	11	19
Zimbabwe	82	94	60	52	39	39	38	36	42	42
All other countries ¹	53	41	31	49	48	42	42	37	32	50
Unknown	689	421	320	282	476	236	165	187	177	246

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes countries with less than 10 aliens determined inadmissible per year.

Note: Before April 2008, did not include all crew members detained onboard vessels. Data are current as of October 2016.

Source: U.S. Department of Homeland Security.

Table 38.
ALIENS DETERMINED INADMISSIBLE BY FIELD OFFICE: FISCAL YEARS 2007 TO 2016

Field office	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total	202,030	222,798	223,908	229,575	213,345	195,804	205,623	225,016	254,714	274,617
Atlanta, GA	3,906	7,529	8,004	9,166	8,808	8,054	8,406	10,491	8,168	6,714
Baltimore, MD	2,006	2,232	2,429	2,779	3,160	3,757	3,175	2,947	2,374	1,096
Boston, MA	3,347	4,089	4,650	4,721	5,223	4,862	4,996	4,547	5,093	3,593
Buffalo, NY	28,945	21,369	18,683	17,768	15,725	14,066	13,445	13,125	11,916	11,993
Chicago, IL	2,874	3,599	3,536	3,219	2,560	2,464	2,186	2,312	4,292	3,044
Detroit, MI	8,546	7,748	7,428	7,399	7,255	6,755	6,582	6,108	6,001	5,098
El Paso, TX	8,370	7,912	7,712	7,898	6,942	6,981	7,870	10,185	12,063	23,552
Houston, TX	3,643	12,062	16,430	18,966	19,573	12,786	10,958	10,492	11,224	9,820
Laredo, TX	30,765	26,635	21,877	24,443	25,847	28,212	32,149	39,699	52,795	68,014
Los Angeles, CA	6,962	12,149	11,725	8,561	6,766	4,031	4,095	4,193	5,752	5,472
Miami, FL	6,844	7,765	7,032	9,210	7,038	7,776	8,836	12,307	17,705	18,755
New Orleans, LA	331	12,294	18,155	19,162	20,857	20,241	21,039	21,223	20,563	14,600
New York, NY	5,723	6,834	11,269	9,978	7,145	5,141	4,889	4,841	4,492	4,474
Portland, OR	1,117	1,401	988	899	1,967	1,777	1,707	1,261	1,702	1,548
Pre-clearance ¹	10,613	8,388	7,865	9,543	8,604	8,582	9,707	10,710	10,763	8,065
San Diego, CA	49,456	47,125	42,017	40,021	33,746	26,914	25,636	32,563	40,446	48,161
San Francisco, CA	3,418	7,308	6,880	6,283	7,065	9,957	14,982	14,092	15,856	15,538
San Juan, PR	2,674	4,247	4,756	5,459	2,936	2,006	2,090	1,390	1,758	2,663
Seattle, WA	10,605	10,867	9,080	10,743	10,681	10,653	9,332	9,153	8,046	7,101
Tampa, FL	3,396	3,779	4,502	4,104	3,158	2,976	3,215	3,938	3,887	3,173
Tucson, AZ	8,268	7,110	8,377	8,744	7,986	7,674	10,041	9,014	9,423	11,835
Unknown office	221	356	513	509	303	139	287	425	395	308

¹ Refers to field offices abroad.

Note: Before April 2008, did not include all crew members detained onboard vessels. Data are current as of October 2016.

Source: U.S. Department of Homeland Security.

Table 39.
ALIENS REMOVED OR RETURNED: FISCAL YEARS 1892 TO 2016

Year	Removals ¹	Returns ²	Year	Removals ¹	Returns ²	Year	Removals ¹	Returns ²
1892.	2,801	NA	1934.	14,263	8,010	1976 ³	38,471	955,374
1893.	1,630	NA	1935.	13,877	7,978	1977.	31,263	867,015
1894.	1,806	NA	1936.	16,195	8,251	1978.	29,277	975,515
1895.	2,596	NA	1937.	16,905	8,788	1979.	26,825	966,137
1896.	3,037	NA	1938.	17,341	9,278	1980.	18,013	719,211
1897.	1,880	NA	1939.	14,700	9,590	1981.	17,379	823,875
1898.	3,229	NA	1940.	12,254	8,594	1982.	15,216	812,572
1899.	4,052	NA	1941.	7,336	6,531	1983.	19,211	931,600
1900.	4,602	NA	1942.	5,542	6,904	1984.	18,696	909,833
1901.	3,879	NA	1943.	5,702	11,947	1985.	23,105	1,041,296
1902.	5,439	NA	1944.	8,821	32,270	1986.	24,592	1,586,320
1903.	9,316	NA	1945.	13,611	69,490	1987.	24,336	1,091,203
1904.	8,773	NA	1946.	17,317	101,945	1988.	25,829	911,790
1905.	12,724	NA	1947.	23,434	195,880	1989.	34,427	830,890
1906.	13,108	NA	1948.	25,276	197,184	1990.	30,039	1,022,533
1907.	14,059	NA	1949.	23,874	276,297	1991.	33,189	1,061,105
1908.	12,971	NA	1950.	10,199	572,477	1992.	43,671	1,105,829
1909.	12,535	NA	1951.	17,328	673,169	1993.	42,542	1,243,410
1910.	26,965	NA	1952.	23,125	703,778	1994.	45,674	1,029,107
1911.	25,137	NA	1953.	23,482	885,391	1995.	50,924	1,313,764
1912.	18,513	NA	1954.	30,264	1,074,277	1996.	69,680	1,573,428
1913.	23,399	NA	1955.	17,695	232,769	1997.	114,432	1,440,684
1914.	37,651	NA	1956.	9,006	80,891	1998.	174,813	1,570,127
1915.	26,675	NA	1957.	5,989	63,379	1999.	183,114	1,574,863
1916.	21,648	NA	1958.	7,875	60,600	2000.	188,467	1,675,876
1917.	17,881	NA	1959.	8,468	56,610	2001.	189,026	1,349,371
1918.	8,866	NA	1960.	7,240	52,796	2002.	165,168	1,012,116
1919.	11,694	NA	1961.	8,181	52,383	2003.	211,098	945,294
1920.	14,557	NA	1962.	8,025	54,164	2004.	240,665	1,166,576
1921.	18,296	NA	1963.	7,763	69,392	2005.	246,431	1,096,920
1922.	18,076	NA	1964.	9,167	73,042	2006.	280,974	1,043,381
1923.	24,280	NA	1965.	10,572	95,263	2007.	319,382	891,390
1924.	36,693	NA	1966.	9,680	123,683	2008.	359,795	811,263
1925.	34,885	NA	1967.	9,728	142,343	2009.	391,283	582,584
1926.	31,454	NA	1968.	9,590	179,952	2010.	381,593	474,166
1927.	31,417	15,012	1969.	11,030	240,958	2011.	385,778	322,073
1928.	30,464	19,946	1970.	17,469	303,348	2012.	415,900	230,333
1929.	31,035	25,888	1971.	18,294	370,074	2013.	433,034	178,663
1930.	24,864	11,387	1972.	16,883	450,927	2014.	405,589	163,223
1931.	27,886	11,719	1973.	17,346	568,005	2015.	326,962	129,429
1932.	26,490	10,775	1974.	19,413	718,740	2016 ⁴	340,056	106,167
1933.	25,392	10,347	1975.	24,432	655,814			

NA Not available.

¹ Removals are the compulsory and confirmed movement of an inadmissible or deportable alien out of the United States based on an order of removal. An alien who is removed has administrative or criminal consequences placed on subsequent reentry owing to the fact of the removal.

² Returns are the confirmed movement of an inadmissible or deportable alien out of the United States not based on an order of removal.

³ Includes the 15 months from July 1, 1975 to September 30, 1976 because the end date of fiscal years was changed from June 30 to September 30.

⁴ The counting methodology for administrative arrests by ICE ERO was revised to align with ICE ERO reporting for 2016; for earlier years, only one administrative arrest could be counted for the same person on the same day.

Source: U.S. Department of Homeland Security.

Table 40.
ALIENS RETURNED BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2009 TO 2016

Region and country of nationality	2009	2010	2011	2012	2013	2014	2015	2016²
REGION								
Total	582,584	474,166	322,073	230,333	178,663	163,223	129,429	106,167
Africa	3,073	3,441	2,389	1,724	1,505	1,710	2,187	2,091
Asia	53,825	57,788	56,693	46,361	44,554	46,552	45,424	32,512
Europe	19,254	18,196	17,185	13,291	12,403	12,159	11,493	8,972
North America	501,532	390,678	241,927	166,038	117,288	100,139	67,232	59,345
Oceania	1,074	792	624	597	601	601	668	711
South America	3,640	3,139	2,961	2,174	2,222	1,957	2,315	2,396
Unknown	186	132	294	148	90	105	110	140
COUNTRY								
Total	582,584	474,166	322,073	230,333	178,663	163,223	129,429	106,167
Afghanistan	98	85	93	56	42	37	48	44
Albania	87	47	36	47	22	32	15	26
Algeria	141	131	56	57	39	29	88	200
Angola	13	7	11	20	21	33	21	14
Antigua and Barbuda	11	18	9	14	8	12	9	9
Argentina	120	98	89	62	71	83	81	55
Armenia	18	15	6	12	5	6	12	7
Australia	423	431	351	335	396	379	459	466
Austria	82	76	57	53	46	34	32	32
Azerbaijan	40	33	52	14	27	22	22	18
Bahamas	314	474	433	415	485	552	449	142
Bahrain	4	11	4	8	4	10	D	7
Bangladesh	310	281	248	238	167	169	199	119
Barbados	47	44	43	37	24	20	19	13
Belarus	91	52	71	44	24	22	32	15
Belgium	124	115	111	105	98	106	71	80
Belize	65	51	39	38	37	33	29	24
Benin	43	59	21	11	19	18	15	19
Bermuda	78	88	115	79	93	75	103	98
Bolivia	90	59	99	85	43	35	19	28
Bosnia and Herzegovina	32	26	24	22	10	17	14	20
Brazil	773	766	721	542	491	478	479	385
Bulgaria	296	271	199	186	118	52	138	81
Burkina Faso	15	16	8	18	13	21	24	36
Burma	3,783	3,951	2,582	2,337	1,920	1,888	2,012	1,444
Burundi	9	19	11	12	12	7	6	8
Cabo Verde	35	41	26	30	8	9	5	6
Cambodia	21	28	15	16	13	11	8	13
Cameroon	54	55	66	49	47	36	72	69
Canada	25,373	29,142	28,273	27,038	23,965	23,256	22,541	18,410
Cayman Islands	15	11	6	10	3	7	3	D
Chile	140	133	125	81	120	171	268	364
China, People's Republic	15,154	16,449	16,234	11,778	11,688	12,238	12,796	8,632
Colombia	893	777	645	435	450	390	526	594
Congo, Democratic Republic	D	7	10	29	17	32	74	36
Congo, Republic	50	47	33	14	19	16	6	7
Costa Rica	163	122	132	94	55	51	59	61
Cote d'Ivoire	45	120	43	18	18	24	30	26
Croatia	121	192	158	87	79	87	101	107
Cuba	85	108	105	90	77	64	58	104
Cyprus	16	10	5	10	5	11	15	12
Czechia	100	101	105	144	133	105	129	88
Czechoslovakia (former)	82	54	23	4	5	D	D	-
Denmark	97	88	72	74	59	46	52	48
Dominica	59	30	37	24	27	11	17	39
Dominican Republic	786	741	763	764	534	331	386	406
Ecuador	411	328	336	303	212	187	245	195
Egypt	454	520	326	299	188	186	166	164
El Salvador	1,072	949	1,021	921	626	502	424	452
Eritrea	10	9	11	9	10	9	18	21
Estonia	70	55	42	28	35	26	44	29
Ethiopia	73	73	54	33	47	61	58	51
Fiji	333	109	72	51	57	46	33	63

See footnotes at end of table.

Table 40.

ALIENS RETURNED BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2009 TO 2016 – *Continued*

Region and country of nationality	2009	2010	2011	2012	2013	2014	2015	2016 ²
Finland	79	39	50	39	34	39	46	103
France	917	968	842	661	609	688	593	651
Gabon	11	4	10	6	5	4	12	5
Gambia	14	9	14	11	8	D	3	11
Georgia	378	309	107	82	80	71	72	96
Germany	690	670	627	552	502	423	412	407
Ghana	231	159	150	128	83	69	89	72
Greece	311	365	291	294	376	450	436	375
Grenada	36	37	16	22	22	18	14	16
Guatemala	1,860	2,314	3,026	2,332	1,369	1,103	823	868
Guinea	29	17	25	16	5	12	15	9
Guyana	192	183	167	88	80	45	74	82
Haiti	272	297	210	163	156	196	191	163
Honduras	1,354	1,382	1,553	1,282	920	935	754	646
Hong Kong	137	102	92	75	54	83	72	46
Hungary	176	126	152	209	172	188	179	126
Iceland	17	13	9	19	8	8	6	10
India	4,233	4,695	4,136	3,273	2,467	2,803	2,385	2,421
Indonesia	2,685	1,907	1,587	1,171	719	466	555	366
Iran	304	433	315	306	353	554	540	521
Iraq	71	93	107	120	131	155	201	240
Ireland	300	202	182	180	200	146	137	153
Israel	495	429	341	275	235	181	189	123
Italy	790	771	739	692	630	634	742	532
Jamaica	555	508	458	344	333	382	543	475
Japan	461	481	460	354	381	346	366	287
Jordan	197	165	138	123	120	167	339	247
Kazakhstan	31	38	37	42	30	22	21	27
Kenya	96	127	124	92	92	65	76	48
Kiribati	63	37	46	40	24	14	30	33
Korea, South	1,634	1,561	1,619	1,191	1,259	1,242	1,182	898
Kosovo	8	D	D	9	11	14	11	16
Kuwait	36	26	40	22	41	29	56	47
Kyrgyzstan	13	18	15	5	8	15	9	3
Laos	21	12	6	12	3	4	5	-
Latvia	322	222	167	112	95	102	100	63
Lebanon	204	194	126	89	92	120	133	107
Liberia	39	16	25	24	14	27	17	12
Libya	59	49	41	34	17	24	42	31
Lithuania	703	637	470	371	153	131	105	73
Macedonia	39	28	37	15	12	13	22	9
Madagascar	7	10	40	9	4	9	16	10
Malaysia	267	231	156	123	54	60	57	29
Maldives	125	61	58	92	12	53	10	18
Mali	25	29	21	18	8	11	22	14
Malta	9	6	14	5	4	5	6	D
Marshall Islands	27	5	D	4	3	4	5	8
Mauritius	158	270	246	33	18	36	21	19
Mexico	468,661	353,791	205,110	131,935	88,209	72,312	40,528	37,190
Micronesia, Federated States	13	10	6	9	3	3	14	4
Moldova	53	56	64	41	42	27	40	17
Mongolia	39	36	54	35	40	33	48	28
Montenegro	-	-	13	22	13	17	37	21
Morocco	156	214	142	101	107	87	65	189
Nepal	52	43	63	36	26	28	39	34
Netherlands	392	392	295	287	280	299	264	216
Netherlands Antilles (former)	6	11	7	-	-	-	-	-
New Zealand	128	136	104	97	94	105	103	97
Nicaragua	175	170	217	172	123	109	87	71
Niger	21	28	10	10	6	8	D	3
Nigeria	298	461	292	265	295	483	789	569
Norway	124	117	79	88	71	63	41	49
Oman	4	D	D	D	D	5	6	20
Pakistan	658	647	586	477	295	386	456	378

See footnotes at end of table.

Table 40.

ALIENS RETURNED BY REGION AND COUNTRY OF NATIONALITY: FISCAL YEARS 2009 TO 2016 – *Continued*

Region and country of nationality	2009	2010	2011	2012	2013	2014	2015	2016 ²
Palau	19	23	7	10	5	5	6	5
Panama	119	73	98	53	53	43	54	40
Papua New Guinea	8	3	D	D	5	21	D	5
Paraguay	20	21	9	14	16	11	9	7
Peru	659	460	521	356	513	378	330	442
Philippines	18,823	21,413	23,150	20,903	21,526	22,161	20,426	13,601
Poland	920	846	888	516	561	498	495	243
Portugal	211	169	205	294	266	261	252	202
Qatar	5	7	3	6	13	11	18	9
Romania	893	1,012	808	478	320	378	471	296
Russia	3,522	3,189	3,512	2,441	1,997	1,900	1,490	886
Rwanda	27	15	18	13	14	22	25	14
Saint Kitts and Nevis	12	13	22	6	18	9	14	7
Saint Lucia	41	31	39	21	27	15	17	36
Saint Vincent and the Grenadines	52	53	44	39	30	37	32	19
Samoa	24	20	10	9	D	D	4	9
Saudi Arabia	153	220	291	296	359	417	503	414
Senegal	106	127	56	38	87	61	59	52
Serbia	-	-	33	25	112	25	63	35
Serbia and Montenegro (former)	135	119	48	9	4	D	3	-
Seychelles	D	D	-	3	-	11	9	5
Sierra Leone	16	19	28	18	10	5	4	3
Singapore	91	65	68	74	64	50	46	34
Slovakia	98	80	83	76	67	57	73	53
Slovenia	21	26	15	16	21	34	22	11
Solomon Islands	12	3	5	-	5	D	-	D
Somalia	23	25	10	5	10	18	17	15
South Africa	223	160	101	119	108	98	157	96
Soviet Union (former)	94	150	61	4	D	-	-	-
Spain	348	460	649	874	1,138	918	919	791
Sri Lanka	342	254	182	151	125	165	135	157
Sudan	23	21	33	25	14	19	23	25
Sweden	157	152	145	119	142	113	140	130
Switzerland	94	108	87	104	85	75	76	55
Syria	56	89	71	72	81	105	92	149
Taiwan	325	293	286	374	472	461	578	407
Tajikistan	27	14	22	17	4	4	6	3
Tanzania	351	320	149	38	34	24	27	24
Thailand	394	463	530	231	202	286	175	164
Togo	40	75	19	11	13	9	9	16
Tonga	16	9	12	7	5	14	8	16
Trinidad and Tobago	267	199	130	117	67	51	61	43
Tunisia	37	57	35	21	22	34	22	120
Turkey	1,534	1,802	1,879	1,226	1,033	1,095	1,094	982
Turkmenistan	6	5	6	3	8	13	55	29
Turks and Caicos Islands	9	11	14	16	8	8	11	5
Tuvalu	5	-	5	20	-	D	D	3
Uganda	24	20	42	22	20	18	14	13
Ukraine	4,664	4,415	4,111	2,589	2,609	3,046	2,662	2,059
United Arab Emirates	10	18	8	13	13	23	31	25
United Kingdom	1,983	1,774	1,603	1,353	1,238	1,075	1,020	860
Uruguay	39	32	30	18	22	6	9	10
Uzbekistan	34	46	39	22	22	19	15	8
Venezuela	297	274	216	188	202	170	272	232
Vietnam	513	722	839	565	333	502	370	262
Virgin Islands, British	42	5	5	11	19	6	D	4
Yemen	19	23	23	26	12	17	23	25
Zambia	22	16	15	10	8	8	7	11
Zimbabwe	46	42	33	19	22	27	21	12
All other countries ¹	63	77	60	64	42	58	53	54
Unknown	186	132	294	148	90	105	110	140

D Data withheld to limit disclosure.

- Represents zero.

¹ Includes countries with less than 10 aliens returned per year.² The counting methodology for administrative arrests by ICE ERO was revised to align with ICE ERO reporting for 2016; for earlier years, only one administrative arrest could be counted for the same person on the same day.

Note: Data are current as of October 2016.

Source: U.S. Department of Homeland Security.

Table 41.
ALIENS REMOVED BY CRIMINAL STATUS AND REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016

Region and country of nationality	2007			2008			2009			2010		
	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal
REGION												
Total	319,382	102,394	216,988	359,795	105,266	254,529	391,283	131,837	259,446	381,593	169,656	211,937
Africa	2,112	805	1,307	2,064	647	1,417	2,022	718	1,304	1,886	666	1,220
Asia	5,745	1,217	4,528	5,799	1,339	4,460	6,240	1,334	4,906	6,224	1,559	4,665
Europe	3,164	953	2,211	3,929	1,076	2,853	4,615	1,078	3,537	4,007	1,266	2,741
North America	296,082	96,498	199,584	335,707	99,139	236,568	365,947	125,416	240,531	358,092	162,443	195,649
Oceania	248	143	105	304	165	139	317	160	157	314	203	111
South America	11,988	2,774	9,214	11,831	2,890	8,941	12,069	3,118	8,951	11,011	3,500	7,511
Unknown	43	4	39	161	10	151	73	13	60	59	19	40
COUNTRY												
Total	319,382	102,394	216,988	359,795	105,266	254,529	391,283	131,837	259,446	381,593	169,656	211,937
Afghanistan	27	11	16	31	11	20	18	6	12	17	5	12
Albania	246	23	223	331	34	297	296	42	254	238	51	187
Algeria	27	6	21	21	4	17	27	3	24	16	D	D
Angola	17	3	14	17	D	D	20	D	D	10	D	D
Antigua and Barbuda	45	37	8	28	23	5	43	28	15	24	18	6
Argentina	395	76	319	390	84	306	448	106	342	351	121	230
Armenia	74	34	40	86	43	43	95	29	66	83	31	52
Australia	52	21	31	47	14	33	83	19	64	69	30	39
Austria	13	8	5	18	3	15	20	D	D	19	7	12
Bahamas	97	72	25	105	82	23	143	99	44	106	89	17
Bangladesh	138	25	113	115	17	98	104	17	87	96	24	72
Barbados	40	33	7	44	39	5	48	36	12	44	34	10
Belarus	21	4	17	25	9	16	36	11	25	26	10	16
Belgium	17	4	13	21	D	D	27	3	24	31	7	24
Belize	233	116	117	213	109	104	242	126	116	253	157	96
Benin	7	3	4	14	3	11	9	4	5	8	4	4
Bermuda	D	-	D	9	3	6	15	9	6	13	8	5
Bolivia	382	37	345	276	54	222	278	54	224	215	67	148
Bosnia and Herzegovina	42	29	13	45	31	14	57	49	8	61	50	11
Brazil	4,210	352	3,858	3,836	368	3,468	3,724	388	3,336	3,533	487	3,046
Bulgaria	80	23	57	77	11	66	82	14	68	73	17	56
Burkina Faso	13	4	9	18	6	12	11	5	6	8	3	5
Burma	22	D	D	10	D	D	D	D	D	13	D	D
Cabo Verde	61	50	11	35	26	9	49	42	7	47	36	11
Cambodia	29	17	12	40	22	18	46	28	18	43	25	18
Cameroon	63	10	53	66	12	54	55	10	45	71	19	52
Canada	1,263	411	852	1,302	347	955	1,325	418	907	1,339	457	882
Chad	3	D	D	7	-	7	6	-	6	10	D	D
Chile	237	73	164	211	68	143	205	70	135	185	95	90
China, People's Republic	864	97	767	877	188	689	966	135	831	1,060	166	894
Colombia	2,993	1,191	1,802	2,590	1,081	1,509	2,714	1,124	1,590	2,402	1,241	1,161
Congo, Democratic Republic	17	4	13	32	5	27	17	6	11	11	4	7
Congo, Republic	17	5	12	22	5	17	21	4	17	23	D	D
Costa Rica	655	88	567	692	132	560	695	123	572	553	157	396
Cote d'Ivoire	30	4	26	43	10	33	24	4	20	30	4	26
Croatia	13	6	7	24	9	15	23	7	16	23	7	16
Cuba	76	26	50	65	32	33	130	86	44	105	73	32
Czechia	41	8	33	52	13	39	66	17	49	78	19	59
Czechoslovakia (former)	52	12	40	55	12	43	48	5	43	29	6	23
Denmark	14	3	11	17	D	D	31	5	26	27	4	23
Dominica	49	29	20	35	22	13	35	18	17	38	23	15
Dominican Republic	2,990	2,044	946	3,232	2,046	1,186	3,576	2,207	1,369	3,371	2,241	1,130
Ecuador	1,564	392	1,172	2,330	532	1,798	2,383	602	1,781	2,385	692	1,693
Egypt	145	29	116	166	37	129	157	36	121	123	40	83
El Salvador	20,045	4,949	15,096	20,050	5,558	14,492	20,844	6,344	14,500	20,346	8,368	11,978
Eritrea	11	6	5	10	4	6	D	D	D	7	-	7

See footnotes at end of table.

Table 41.
ALIENS REMOVED BY CRIMINAL STATUS AND REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of nationality	2007			2008			2009			2010		
	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal
Estonia	21	8	13	25	5	20	26	8	18	24	3	21
Ethiopia	150	78	72	87	32	55	76	18	58	79	30	49
Fiji	45	21	24	71	26	45	54	24	30	63	29	34
Finland	D	-	D	11	4	7	10	-	10	17	D	D
France	100	22	78	153	29	124	236	24	212	194	41	153
Gabon	4	D	D	D	D	D	7	D	D	4	D	D
Gambia	35	10	25	26	7	19	27	7	20	27	8	19
Georgia	53	17	36	55	15	40	71	23	48	59	21	38
Germany	165	60	105	178	63	115	204	53	151	201	84	117
Ghana	231	88	143	202	61	141	229	60	169	199	65	134
Greece	30	13	17	50	23	27	48	18	30	41	22	19
Grenada	28	19	9	28	17	11	29	21	8	47	29	18
Guatemala	25,898	3,917	21,981	27,527	5,138	22,389	29,641	6,547	23,094	29,709	9,432	20,277
Guinea	66	20	46	74	16	58	61	14	47	26	6	20
Guyana	293	191	102	284	188	96	302	216	86	221	167	54
Haiti	1,492	519	973	1,584	416	1,168	730	473	257	477	126	351
Honduras	29,737	5,236	24,501	28,885	5,476	23,409	27,283	6,998	20,285	25,121	10,420	14,701
Hong Kong	28	4	24	23	6	17	25	9	16	33	12	21
Hungary	85	10	75	95	19	76	131	19	112	89	10	79
India	832	125	707	932	164	768	1,046	186	860	959	177	782
Indonesia	434	39	395	489	68	421	431	42	389	361	43	318
Iran	48	9	39	40	11	29	55	15	40	74	15	59
Iraq	27	3	24	37	7	30	33	16	17	59	35	24
Ireland	57	20	37	79	19	60	129	19	110	107	21	86
Israel	246	53	193	258	41	217	413	50	363	327	55	272
Italy	158	69	89	215	74	141	244	61	183	201	62	139
Jamaica	1,490	1,139	351	1,628	1,214	414	1,662	1,246	416	1,481	1,169	312
Japan	38	11	27	88	17	71	87	12	75	46	16	30
Jordan	212	65	147	161	45	116	214	66	148	137	58	79
Kazakhstan	19	D	D	25	7	18	34	9	25	41	6	35
Kenya	126	43	83	140	44	96	175	70	105	171	56	115
Korea, South	417	123	294	419	116	303	394	129	265	356	156	200
Kosovo	X	X	X	-	-	-	14	4	10	22	8	14
Kuwait	7	-	7	10	-	10	14	D	D	8	D	D
Kyrgyzstan	4	D	D	10	3	7	10	D	D	13	4	9
Laos	19	D	D	20	5	15	21	D	D	14	D	D
Latvia	19	3	16	23	7	16	30	4	26	33	5	28
Lebanon	128	33	95	108	24	84	144	35	109	167	60	107
Liberia	69	43	26	26	10	16	51	22	29	47	26	21
Lithuania	77	14	63	69	13	56	72	14	58	66	17	49
Macedonia	34	8	26	60	8	52	49	11	38	45	13	32
Malaysia	65	21	44	52	11	41	59	15	44	53	18	35
Mali	35	4	31	33	7	26	23	3	20	35	4	31
Marshall Islands	10	10	-	15	D	D	11	D	D	16	16	-
Mauritania	21	4	17	24	D	D	18	D	D	19	-	19
Mexico	208,996	76,967	132,029	247,263	77,531	169,732	276,537	99,616	176,921	272,486	128,396	144,090
Micronesia, Federated States	43	35	8	64	56	8	66	52	14	64	60	4
Moldova	16	6	10	45	9	36	44	14	30	44	9	35
Mongolia	46	6	40	50	10	40	48	9	39	53	17	36
Montenegro	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	88	27	61	61	31	30	95	48	47	77	41	36
Nepal	43	5	38	46	8	38	55	11	44	57	8	49
Netherlands	75	36	39	93	29	64	129	29	100	95	27	68
New Zealand	35	13	22	39	13	26	35	6	29	35	17	18
Nicaragua	2,307	508	1,799	2,257	533	1,724	2,172	620	1,552	1,903	804	1,099
Niger	40	20	20	39	7	32	31	9	22	24	6	18
Nigeria	435	241	194	435	209	226	424	222	202	369	184	185
Norway	9	4	5	20	4	16	30	D	D	15	4	11
Pakistan	545	112	433	383	74	309	358	73	285	331	78	253

See footnotes at end of table.

Table 41.
ALIENS REMOVED BY CRIMINAL STATUS AND REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of nationality	2007			2008			2009			2010		
	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal
Palau	6	6	-	10	6	4	14	10	4	11	11	-
Panama	185	99	86	190	99	91	199	81	118	188	123	65
Paraguay	49	6	43	40	5	35	47	4	43	40	8	32
Peru	1,208	295	913	1,275	337	938	1,282	365	917	1,108	419	689
Philippines	697	278	419	689	280	409	747	269	478	747	326	421
Poland	410	112	298	498	115	383	595	135	460	550	169	381
Portugal	124	80	44	158	87	71	206	92	114	184	84	100
Romania	200	39	161	216	50	166	153	34	119	168	56	112
Russia	188	49	139	238	68	170	263	61	202	237	89	148
Rwanda	6	D	D	7	3	4	10	D	D	5	D	D
Saint Kitts and Nevis	14	D	D	14	8	6	12	8	4	15	7	8
Saint Lucia	46	27	19	30	16	14	37	20	17	35	13	22
Saint Vincent and the Grenadines	26	15	11	23	12	11	32	16	16	26	18	8
Samoa	23	12	11	20	12	8	19	13	6	14	D	D
Saudi Arabia	31	5	26	32	11	21	18	6	12	38	11	27
Senegal	79	15	64	87	20	67	88	24	64	65	13	52
Serbia	-	-	-	-	-	-	-	-	-	-	-	-
Serbia and Montenegro (former)	137	32	105	165	30	135	101	24	77	109	27	82
Sierra Leone	51	16	35	27	7	20	17	4	13	36	11	25
Singapore	16	5	11	21	3	18	23	8	15	17	8	9
Slovakia	44	6	38	35	6	29	42	7	35	67	19	48
Slovenia	9	D	D	4	-	4	7	D	D	10	3	7
Somalia	19	3	16	23	D	D	26	6	20	39	9	30
South Africa	45	13	32	59	18	41	51	15	36	61	12	49
South Sudan	X	X	X	X	X	X	X	X	X	X	X	X
Soviet Union (former)	5	D	D	14	6	8	5	D	D	4	D	D
Spain	65	25	40	94	27	67	156	21	135	137	30	107
Sri Lanka	60	6	54	113	9	104	100	4	96	355	19	336
Sudan	13	5	8	15	4	11	19	10	9	27	16	11
Suriname	12	6	6	14	4	10	17	7	10	11	5	6
Sweden	35	10	25	38	7	31	64	8	56	48	8	40
Switzerland	16	4	12	20	5	15	22	D	D	13	D	D
Syria	40	7	33	46	9	37	34	12	22	54	17	37
Taiwan	126	15	111	81	24	57	85	14	71	62	18	44
Tajikistan	D	-	D	10	3	7	13	D	D	16	D	D
Tanzania	23	8	15	41	12	29	42	15	27	31	14	17
Thailand	91	13	78	102	20	82	105	25	80	115	26	89
Togo	23	7	16	30	4	26	28	14	14	18	6	12
Tonga	32	23	9	38	27	11	31	23	8	34	22	12
Trinidad and Tobago	363	234	129	478	273	205	484	258	226	380	264	116
Tunisia	23	5	18	38	9	29	15	3	12	30	10	20
Turkey	155	35	120	183	33	150	149	18	131	178	51	127
Turkmenistan	D	-	D	D	D	-	7	D	D	6	D	D
Turks and Caicos Islands	3	-	3	10	5	5	11	4	7	11	6	5
Uganda	31	7	24	28	10	18	31	13	18	28	10	18
Ukraine	162	36	126	182	62	120	192	55	137	172	61	111
United Kingdom	378	162	216	479	179	300	719	201	518	501	207	294
Uruguay	163	31	132	173	49	124	170	52	118	169	65	104
Uzbekistan	46	7	39	56	9	47	89	5	84	81	17	64
Venezuela	482	124	358	412	120	292	499	130	369	391	133	258
Vietnam	27	9	18	30	8	22	52	29	23	38	9	29
Yemen	64	17	47	44	10	34	53	14	39	40	10	30
Zambia	25	13	12	20	7	13	16	7	9	23	5	18
Zimbabwe	29	D	D	43	3	40	27	3	24	33	6	27
All other countries ²	68	12	56	93	24	69	90	35	55	103	36	67
Unknown	43	4	39	161	10	151	73	13	60	59	19	40

See footnotes at end of table.

Table 41.
ALIENS REMOVED BY CRIMINAL STATUS AND REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of nationality	2011			2012			2013			2014		
	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal
REGION												
Total	385,778	188,964	196,814	415,900	200,143	215,757	433,034	198,981	234,053	405,589	172,739	232,850
Africa	1,662	647	1,015	1,434	673	761	1,214	599	615	1,266	521	745
Asia	5,304	1,567	3,737	4,331	1,469	2,862	3,148	1,135	2,013	2,809	1,080	1,729
Europe	3,235	1,236	1,999	2,743	1,275	1,468	2,070	1,082	988	1,717	890	827
North America	365,896	181,887	184,009	399,526	193,320	206,206	420,458	193,235	227,223	394,360	167,622	226,738
Oceania	315	218	97	256	189	67	236	193	43	231	184	47
South America	9,288	3,396	5,892	7,576	3,204	4,372	5,874	2,721	3,153	5,184	2,433	2,751
Unknown	78	13	65	34	13	21	34	16	18	22	9	13
COUNTRY												
Total	385,778	188,964	196,814	415,900	200,143	215,757	433,034	198,981	234,053	405,589	172,739	232,850
Afghanistan	17	9	8	21	D	D	12	5	7	17	10	7
Albania	171	37	134	112	37	75	60	30	30	47	23	24
Algeria	13	4	9	19	9	10	5	D	D	7	3	4
Angola	13	4	9	7	D	D	18	D	D	15	3	12
Antigua and Barbuda	19	12	7	39	24	15	21	16	5	13	13	-
Argentina	286	114	172	217	110	107	147	83	64	118	64	54
Armenia	58	31	27	56	37	19	33	28	5	29	D	D
Australia	52	21	31	37	14	23	45	24	21	43	18	25
Austria	25	5	20	8	4	4	14	5	9	4	-	4
Bahamas	134	110	24	108	90	18	98	80	18	102	87	15
Bangladesh	88	28	60	73	20	53	53	11	42	83	28	55
Barbados	41	32	9	50	42	8	26	23	3	16	12	4
Belarus	22	11	11	29	12	17	14	10	4	20	13	7
Belgium	17	7	10	15	9	6	13	6	7	10	4	6
Belize	215	155	60	209	148	61	177	118	59	130	79	51
Benin	5	D	D	8	4	4	4	D	D	8	D	D
Bermuda	14	D	D	8	4	4	10	10	-	6	D	D
Bolivia	195	93	102	151	94	57	120	66	54	84	46	38
Bosnia and Herzegovina	63	53	10	53	49	4	73	67	6	52	46	6
Brazil	3,350	550	2,800	2,397	424	1,973	1,449	368	1,081	952	284	668
Bulgaria	68	17	51	52	23	29	39	24	15	34	16	18
Burkina Faso	4	-	4	9	3	6	9	3	6	12	-	12
Burma	11	D	D	7	D	D	4	D	D	4	D	D
Cabo Verde	27	10	17	10	4	6	4	D	D	12	6	6
Cambodia	89	74	15	89	81	8	17	11	6	68	64	4
Cameroon	75	15	60	47	25	22	29	17	12	33	16	17
Canada	1,290	417	873	965	383	582	799	380	419	704	300	404
Chad	4	D	D	D	D	D	D	-	D	D	D	D
Chile	155	87	68	105	62	43	99	57	42	83	48	35
China, People's Republic	1,025	217	808	1,039	208	831	788	171	617	659	137	522
Colombia	1,899	1,048	851	1,591	1,055	536	1,440	961	479	1,348	859	489
Congo, Democratic Republic	15	D	D	13	4	9	D	-	D	4	-	4
Congo, Republic	21	6	15	10	4	6	7	D	D	11	6	5
Costa Rica	378	157	221	400	132	268	321	125	196	283	125	158
Cote d'Ivoire	26	11	15	26	8	18	18	9	9	8	D	D
Croatia	18	8	10	18	11	7	9	6	3	6	D	D
Cuba	79	56	23	62	54	8	39	26	13	30	18	12
Czechia	46	18	28	48	20	28	7	-	7	39	6	33
Czechoslovakia (former)	15	D	D	19	6	13	37	18	19	9	D	D
Denmark	9	5	4	15	3	12	D	D	-	6	D	D
Dominica	33	21	12	22	17	5	17	9	8	14	11	3
Dominican Republic	2,892	2,142	750	2,866	2,182	684	2,297	1,811	486	2,066	1,640	426
Ecuador	1,716	704	1,012	1,763	706	1,057	1,510	585	925	1,528	565	963
Egypt	109	29	80	100	28	72	67	23	44	73	20	53
El Salvador	17,379	8,507	8,872	18,992	8,674	10,318	20,921	9,451	11,470	26,895	9,021	17,874
Eritrea	9	3	6	10	-	10	D	-	D	D	-	D
Estonia	28	12	16	16	8	8	17	9	8	10	7	3

See footnotes at end of table.

Table 41.
ALIENS REMOVED BY CRIMINAL STATUS AND REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of nationality	2011			2012			2013			2014		
	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal
Ethiopia	53	28	25	58	30	28	41	23	18	32	20	12
Fiji	61	34	27	30	15	15	22	16	6	21	13	8
Finland	7	3	4	8	D	D	9	3	6	3	-	3
France	127	44	83	107	42	65	81	32	49	63	25	38
Gabon	14	3	11	7	-	7	D	D	D	5	D	D
Gambia	26	5	21	21	4	17	12	5	7	8	3	5
Georgia	45	24	21	28	15	13	31	15	16	20	10	10
Germany	154	65	89	113	58	55	84	48	36	75	50	25
Ghana	188	76	112	179	79	100	105	53	52	111	49	62
Greece	46	23	23	27	14	13	27	14	13	28	12	16
Grenada	45	26	19	28	15	13	12	5	7	13	10	3
Guatemala	30,343	11,718	18,625	38,899	13,494	25,405	46,948	15,373	31,575	54,247	13,732	40,515
Guinea	35	11	24	27	4	23	11	D	D	15	7	8
Guyana	187	139	48	175	147	28	151	134	17	140	122	18
Haiti	729	251	478	703	568	135	515	453	62	396	350	46
Honduras	22,027	10,825	11,202	31,738	13,815	17,923	36,591	16,625	19,966	40,633	14,011	26,622
Hong Kong	21	12	9	25	15	10	16	8	8	19	12	7
Hungary	84	19	65	72	24	48	67	29	38	56	24	32
India	723	161	562	577	160	417	415	129	286	438	108	330
Indonesia	324	31	293	224	20	204	94	21	73	56	11	45
Iran	57	14	43	36	13	23	30	10	20	16	7	9
Iraq	26	18	8	26	15	11	31	16	15	25	14	11
Ireland	59	28	31	45	24	21	49	20	29	30	15	15
Israel	205	38	167	191	43	148	130	33	97	104	31	73
Italy	124	44	80	119	49	70	114	50	64	90	42	48
Jamaica	1,473	1,225	248	1,319	1,150	169	1,108	997	111	1,035	828	207
Japan	37	14	23	39	17	22	47	16	31	33	10	23
Jordan	112	52	60	95	37	58	69	34	35	69	32	37
Kazakhstan	31	8	23	38	13	25	21	8	13	16	5	11
Kenya	139	56	83	145	94	51	99	65	34	86	62	24
Korea, South	424	156	268	343	181	162	255	135	120	213	124	89
Kosovo	28	14	14	25	15	10	21	13	8	10	7	3
Kuwait	7	4	3	5	-	5	5	D	D	5	-	5
Kyrgyzstan	10	D	D	15	D	D	8	3	5	21	D	D
Laos	17	4	13	11	3	8	9	3	6	D	-	D
Latvia	41	14	27	21	11	10	39	10	29	29	21	8
Lebanon	93	37	56	66	29	37	40	18	22	52	30	22
Liberia	40	28	12	26	10	16	41	36	5	19	14	5
Lithuania	47	20	27	40	23	17	41	26	15	28	17	11
Macedonia	33	11	22	30	9	21	16	7	9	12	D	D
Malaysia	38	9	29	30	12	18	22	10	12	21	12	9
Mali	23	4	19	14	5	9	10	3	7	19	8	11
Marshall Islands	20	D	D	21	D	D	24	24	-	31	31	-
Mauritania	21	D	D	10	D	D	7	D	D	5	D	D
Mexico	286,731	145,133	141,598	301,255	151,444	149,811	308,828	146,769	162,059	266,165	126,510	139,655
Micronesia, Federated States	69	D	D	76	D	D	79	D	D	63	D	D
Moldova	61	19	42	58	24	34	33	19	14	37	12	25
Mongolia	77	26	51	55	22	33	24	14	10	24	10	14
Montenegro	10	5	5	12	8	4	18	9	9	10	5	5
Morocco	63	37	26	58	37	21	46	30	16	41	21	20
Nepal	50	9	41	38	9	29	41	12	29	33	17	16
Netherlands	65	24	41	42	27	15	41	22	19	38	22	16
New Zealand	44	20	24	34	17	17	16	7	9	18	10	8
Nicaragua	1,502	696	806	1,400	731	669	1,346	695	651	1,296	637	659
Niger	11	3	8	16	7	9	7	3	4	8	5	3
Nigeria	360	167	193	303	162	141	349	137	212	452	124	328
Norway	7	D	D	10	D	D	5	-	5	D	D	D
Pakistan	229	75	154	173	61	112	133	41	92	87	45	42
Palau	13	13	-	15	15	-	16	16	-	15	15	-
Panama	149	99	50	119	92	27	126	81	45	86	57	29

See footnotes at end of table.

Table 41.
ALIENS REMOVED BY CRIMINAL STATUS AND REGION AND COUNTRY OF NATIONALITY:
FISCAL YEARS 2007 TO 2016 – Continued

Region and country of nationality	2011			2012			2013			2014		
	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal
Paraguay	25	8	17	19	6	13	22	6	16	18	7	11
Peru	982	459	523	772	414	358	645	319	326	691	326	365
Philippines	695	340	355	480	292	188	355	218	137	318	202	116
Poland	426	140	286	413	162	251	223	107	116	190	96	94
Portugal	148	76	72	136	86	50	81	56	25	63	47	16
Romania	204	78	126	197	85	112	198	93	105	141	66	75
Russia	242	100	142	176	81	95	122	64	58	99	42	57
Rwanda	8	3	5	5	D	D	4	-	4	3	D	D
Saint Kitts and Nevis .	20	11	9	37	33	4	14	10	4	17	D	D
Saint Lucia	23	10	13	23	12	11	26	10	16	15	5	10
Saint Vincent and the Grenadines	20	17	3	28	25	3	22	17	5	21	17	4
Samoa	9	5	4	5	D	D	10	6	4	10	7	3
Saudi Arabia	16	4	12	36	17	19	52	18	34	67	20	47
Senegal	51	21	30	34	9	25	40	16	24	25	9	16
Serbia	11	3	8	18	12	6	D	-	D	11	D	D
Serbia and Montenegro (former)	79	18	61	23	4	19	20	7	13	4	D	D
Sierra Leone	44	25	19	35	28	7	18	11	7	12	9	3
Singapore	14	6	8	D	D	-	7	D	D	10	4	6
Slovakia	37	10	27	26	7	19	24	8	16	16	5	11
Slovenia	7	3	4	4	-	4	3	D	D	5	-	5
Somalia	31	5	26	41	5	36	62	33	29	63	22	41
South Africa	52	23	29	43	25	18	36	17	19	39	25	14
South Sudan	-	-	-	-	-	-	38	38	-	9	9	-
Soviet Union (former) .	4	D	D	D	D	-	4	D	D	D	D	-
Spain	122	38	84	93	37	56	93	30	63	103	34	69
Sri Lanka	236	15	221	100	10	90	52	5	47	29	7	22
Sudan	17	9	8	29	18	11	16	11	5	13	D	D
Suriname	13	7	6	5	5	-	13	10	3	5	D	D
Sweden	29	7	22	33	16	17	23	13	10	15	10	5
Switzerland	12	6	6	13	4	9	8	4	4	9	D	D
Syria	36	12	24	16	D	D	17	3	14	6	-	6
Taiwan	69	14	55	47	15	32	46	14	32	43	7	36
Tajikistan	33	10	23	16	6	10	9	4	5	6	D	D
Tanzania	27	9	18	15	9	6	25	15	10	27	14	13
Thailand	87	15	72	70	25	45	60	18	42	51	17	34
Togo	16	5	11	16	7	9	8	D	D	5	D	D
Tonga	45	37	8	33	27	6	21	D	D	29	D	D
Trinidad and Tobago . .	326	236	90	233	177	56	169	134	35	163	136	27
Tunisia	14	6	8	17	12	5	12	7	5	10	6	4
Turkey	126	41	85	121	33	88	88	31	57	55	18	37
Turkmenistan	4	D	D	4	D	D	3	D	D	D	-	D
Turks and Caicos Islands	12	3	9	10	5	5	9	3	6	6	-	6
Uganda	28	6	22	10	3	7	20	9	11	23	13	10
Ukraine	208	81	127	169	84	85	111	71	40	91	49	42
United Kingdom	327	164	163	323	183	140	223	145	78	212	146	66
Uruguay	172	69	103	111	59	52	79	45	34	52	31	21
Uzbekistan	62	12	50	26	8	18	31	9	22	34	11	23
Venezuela	308	118	190	270	122	148	199	87	112	165	77	88
Vietnam	53	26	27	62	28	34	67	41	26	43	30	13
Yemen	39	14	25	37	11	26	17	9	8	18	8	10
Zambia	11	D	D	20	13	7	11	D	D	11	7	4
Zimbabwe	34	16	18	12	5	7	14	9	5	7	D	D
All other countries ² . .	83	33	50	68	28	40	57	28	29	62	32	30
Unknown	78	13	65	34	13	21	34	16	18	22	9	13

See footnotes at end of table.

Table 41.
ALIENS REMOVED BY CRIMINAL STATUS AND REGION AND COUNTRY OF
NATIONALITY: FISCAL YEARS 2007 TO 2016 – Continued

Region and country of nationality	2015			2016 ³		
	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal
REGION						
Total	326,962	139,633	187,329	340,056	135,570	204,486
Africa	1,366	380	986	1,449	394	1,055
Asia	2,664	812	1,852	3,104	760	2,344
Europe	1,463	726	737	1,421	656	765
North America	316,044	135,466	180,578	327,054	131,575	195,479
Oceania	181	147	34	233	161	72
South America	5,209	2,087	3,122	6,760	2,017	4,743
Unknown	35	15	20	35	7	28
COUNTRY						
Total	326,962	139,633	187,329	340,056	135,570	204,486
Afghanistan	10	7	3	4	D	D
Albania	42	21	21	33	10	23
Algeria	14	D	D	17	3	14
Angola	10	3	7	10	D	D
Antigua and Barbuda	16	11	5	14	D	D
Argentina	134	59	75	154	51	103
Armenia	17	D	D	20	12	8
Australia	33	16	17	40	13	27
Austria	8	3	5	7	3	4
Bahamas	77	70	7	93	81	12
Bangladesh	70	14	56	133	13	120
Barbados	12	12	-	14	D	D
Belarus	9	D	D	10	4	6
Belgium	7	4	3	7	D	D
Belize	136	85	51	144	84	60
Benin	8	3	5	D	-	D
Bermuda	11	7	4	D	D	D
Bolivia	70	37	33	90	28	62
Bosnia and Herzegovina	56	44	12	51	41	10
Brazil	1,008	291	717	1,485	321	1,164
Bulgaria	35	17	18	25	8	17
Burkina Faso	25	D	D	17	-	17
Burma	5	D	D	3	D	D
Cabo Verde	8	4	4	16	11	5
Cambodia	17	D	D	72	D	D
Cameroon	33	13	20	33	11	22
Canada	645	268	377	688	247	441
Chad	5	D	D	6	-	6
Chile	87	41	46	115	50	65
China, People's Republic	701	123	578	729	100	629
Colombia	1,571	781	790	2,052	746	1,306
Congo, Democratic Republic	6	D	D	21	5	16
Congo, Republic	5	D	D	D	-	D
Costa Rica	222	88	134	250	69	181
Cote d'Ivoire	10	3	7	23	11	12
Croatia	10	D	D	7	4	3
Cuba	44	17	27	45	30	15
Czechia	25	15	10	20	8	12
Czechoslovakia (former)	D	D	-	3	3	-
Denmark	6	-	6	5	D	D
Dominica	13	8	5	6	D	D
Dominican Republic	1,897	1,536	361	1,949	1,461	488
Ecuador	1,441	488	953	1,399	459	940
Egypt	56	22	34	50	14	36
El Salvador	21,610	7,159	14,451	20,127	6,681	13,446
Eritrea	5	-	5	12	-	12
Estonia	6	3	3	8	D	D

See footnotes at end of table.

Table 41.
ALIENS REMOVED BY CRIMINAL STATUS AND REGION AND COUNTRY OF
NATIONALITY: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of nationality	2015			2016 ³		
	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal
Ethiopia	37	13	24	39	16	23
Fiji	13	8	5	38	10	28
Finland	D	D	D	D	D	-
France	40	20	20	48	19	29
Gabon	3	D	D	3	-	3
Gambia	6	D	D	D	D	D
Georgia	15	5	10	23	9	14
Germany	51	36	15	64	47	17
Ghana	70	32	38	105	32	73
Greece	14	4	10	15	6	9
Grenada	13	8	5	15	8	7
Guatemala	33,398	10,555	22,843	33,729	10,545	23,184
Guinea	10	4	6	16	8	8
Guyana	115	96	19	114	82	32
Haiti	465	270	195	578	259	319
Honduras	20,334	8,586	11,748	21,891	8,535	13,356
Hong Kong	16	8	8	11	D	D
Hungary	30	12	18	28	16	12
India	527	141	386	688	95	593
Indonesia	35	9	26	29	9	20
Iran	22	12	10	19	11	8
Iraq	42	13	29	35	9	26
Ireland	21	12	9	25	15	10
Israel	105	22	83	76	16	60
Italy	69	38	31	49	20	29
Jamaica	866	641	225	1,069	609	460
Japan	36	12	24	25	6	19
Jordan	93	24	69	120	38	82
Kazakhstan	14	4	10	20	5	15
Kenya	78	54	24	72	32	40
Korea, South	149	68	81	145	86	59
Kosovo	13	9	4	10	6	4
Kuwait	7	D	D	23	D	D
Kyrgyzstan	10	D	D	D	D	D
Laos	D	D	D	-	-	-
Latvia	33	22	11	7	D	D
Lebanon	45	19	26	40	19	21
Liberia	9	3	6	28	22	6
Lithuania	19	12	7	15	8	7
Macedonia	10	D	D	8	D	D
Malaysia	16	9	7	19	9	10
Mali	7	D	D	6	D	D
Marshall Islands	22	22	-	34	D	D
Mauritania	9	3	6	5	D	D
Mexico	235,087	105,513	129,574	245,306	102,349	142,957
Micronesia, Federated States	64	D	D	62	62	-
Moldova	14	8	6	20	11	9
Mongolia	21	8	13	24	D	D
Montenegro	9	D	D	6	D	D
Morocco	28	15	13	30	13	17
Nepal	21	7	14	29	3	26
Netherlands	41	26	15	17	13	4
New Zealand	18	14	4	16	11	5
Nicaragua	922	442	480	872	386	486
Niger	6	D	D	3	D	D
Nigeria	583	105	478	598	110	488
Norway	3	D	D	D	D	D
Pakistan	92	30	62	114	21	93
Palau	10	10	-	10	10	-
Panama	99	55	44	83	54	29

See footnotes at end of table.

Table 41.
ALIENS REMOVED BY CRIMINAL STATUS AND REGION AND COUNTRY OF
NATIONALITY: FISCAL YEARS 2007 TO 2016 – *Continued*

Region and country of nationality	2015			2016 ³		
	Total	Criminal ¹	Non-Criminal	Total	Criminal ¹	Non-Criminal
Paraguay	20	3	17	22	D	D
Peru	518	210	308	581	204	377
Philippines	215	131	84	261	118	143
Poland	177	72	105	183	73	110
Portugal	40	25	15	44	27	17
Romania	161	69	92	165	68	97
Russia	101	40	61	122	39	83
Rwanda	7	D	D	5	D	D
Saint Kitts and Nevis .	15	D	D	11	8	3
Saint Lucia	14	4	10	14	10	4
Saint Vincent and the Grenadines	11	8	3	14	10	4
Samoa	D	D	-	D	D	-
Saudi Arabia	74	21	53	133	23	110
Senegal	25	6	19	15	6	9
Serbia	11	D	D	31	12	19
Serbia and Montenegro (former)	8	4	4	6	D	D
Sierra Leone	3	D	D	22	18	4
Singapore	6	D	D	5	D	D
Slovakia	9	3	6	11	4	7
Slovenia	3	D	D	D	-	D
Somalia	144	5	139	157	24	133
South Africa	49	16	33	37	9	28
South Sudan	D	D	D	-	-	-
Soviet Union (former) .	-	-	-	-	-	-
Spain	102	32	70	75	31	44
Sri Lanka	30	3	27	21	3	18
Sudan	11	6	5	4	D	D
Suriname	5	D	D	D	D	-
Sweden	17	6	11	13	6	7
Switzerland	7	D	D	6	D	D
Syria	5	-	5	10	D	D
Taiwan	35	9	26	36	13	23
Tajikistan	4	D	D	6	D	D
Tanzania	20	10	10	14	10	4
Thailand	54	15	39	65	11	54
Togo	11	3	8	5	D	D
Tonga	19	12	7	30	21	9
Trinidad and Tobago . .	128	102	26	125	109	16
Tunisia	16	7	9	18	D	D
Turkey	57	14	43	64	17	47
Turkmenistan	7	D	D	11	-	11
Turks and Caicos Islands	D	D	D	6	3	3
Uganda	9	4	5	8	D	D
Ukraine	95	41	54	114	24	90
United Kingdom	155	98	57	157	94	63
Uruguay	36	16	20	45	17	28
Uzbekistan	16	8	8	15	5	10
Venezuela	204	61	143	701	55	646
Vietnam	48	20	28	41	18	23
Yemen	14	7	7	12	D	D
Zambia	13	D	D	12	5	7
Zimbabwe	11	6	5	8	D	D
All other countries ² . .	36	19	17	62	19	43
Unknown	35	15	20	35	7	28

X Not applicable.

D Data withheld to limit disclosure.

- Represents zero.

¹ Refers to persons who have a prior criminal conviction.

² Includes countries with less than 10 aliens removed per year.

³ The counting methodology for administrative arrests by ICE ERO was revised to align with ICE ERO reporting for 2016; for earlier years, only one administrative arrest could be counted for the same person on the same day.

Note: Beginning in 2008, excludes criminals removed by Customs and Border Protection (CBP); CBP ENFORCE does not identify if aliens removed were criminals. Data are current as of October 2016.

Source: U.S. Department of Homeland Security.



Table 7. Persons Obtaining Lawful Permanent Resident Status by Type and Detailed Class of Admission: Fiscal Year 2017

The [2017 Yearbook of Immigration Statistics \(/immigration-statistics/yearbook/2017\)](/immigration-statistics/yearbook/2017) is a compendium of tables that provide data on foreign nationals who are granted lawful permanent residence (i.e., immigrants who receive a “green card”), admitted as temporary nonimmigrants, granted asylum or refugee status, or are naturalized. The *Yearbook* also presents data on immigration enforcement actions, including apprehensions and arrests, removals, and returns.

Immediate Relatives of U.S. Citizens

Type and Class of Admission	Total	Adjustments of status	New arrivals
Total, all immigrants	1,127,167	549,086	578,081
Immediate relatives of U.S. citizens	516,508	252,231	264,277
Spouses, new arrivals (IR1)	74,429	-	74,429
Spouses, adjustments (IR6)	42,816	42,816	-
Spouses, new arrivals, conditional (CR1)	40,425	-	40,425
Spouses, adjustments, conditional (CR6)	104,715	104,715	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Spouses, new arrivals, self petitioning (IB1)	194	-	194
Spouses, adjustments, self petitioning (IB6)	3,247	3,247	-
Spouses, widows or widowers, new arrivals (IW1)	388	-	388
Spouses, widows or widowers, adjustments (IW6)	384	384	-
Spouses, entered as fiance(e), adjustments, conditional (CF1)	25,535	25,535	-
Spouses, entered as fiance(e), adjustments (IF1)	776	776	-
Children, new arrivals (IR2)	46,462	-	46,462
Children, adjustments (IR7)	7,231	7,231	-
Children, new arrivals, conditional (CR2)	6,632	-	6,632
Children, adjustments, conditional (CR7)	5,336	5,336	-
Children, Amerasian, adjustments (AR6)	D	D	-
Children, new arrivals, self petitioning (IB2)	67	-	67
Children, adjustments, self petitioning (IB7)	221	221	-
Children of IB1 or IB6, new arrivals (IB3)	262	-	262
Children of IB1 or IB6, adjustments (IB8)	234	234	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Children of IW1 or IW6, new arrivals (IW2)	132	-	132
Children of IW1 or IW6, adjustments (IW7)	29	29	-
Children of CF1, adjustments, conditional (CF2)	3,370	3,370	-
Children of IF1, adjustments (IF2)	309	309	-
Children adopted abroad under the Hague Convention, new arrivals (IH3)	2,897	-	2,897
Children adopted abroad under the Hague Convention, adjustments (IH8)	3	3	-
Children to be adopted under the Hague Convention, new arrivals (IH4)	170	-	170
Children to be adopted under the Hague Convention, adjustments (IH9)	3	3	-
Orphans adopted abroad, new arrivals (IR3)	1,340	-	1,340
Orphans adopted abroad, adjustments (IR8)	8	8	-
Orphans to be adopted, new arrivals (IR4)	278	-	278
Orphans to be adopted, adjustments (IR9)	D	D	-
Parents of adult U.S. citizens, new arrivals (IR5)	90,597	-	90,597

Type and Class of Admission	Total	Adjustments of status	New arrivals
Parents of adult U.S. citizens, adjustments (IR0)	57,966	57,966	-
Parents battered or abused, of U.S. citizens, new arrivals, self petitioning (IB5)	4	-	4
Parents battered or abused, of U.S. citizens, adjustments, self petitioning (IB0)	43	43	-

Family-Sponsored Preferences

Type and Class of Admission	Total	Adjustments of status	New arrivals
Family-sponsored preferences	232,238	13,478	218,760
First: Unmarried sons/daughters of U.S. citizens and their children	26,219	1,929	24,290
Unmarried Amerasian sons/daughters of U.S. citizens, new arrivals (A11)	D	-	D
Unmarried sons/daughters of U.S. citizens, new arrivals (F11)	14,459	-	14,459
Unmarried sons/daughters of U.S. citizens, adjustments (F16)	1,819	1,819	-
Unmarried sons/daughters of U.S. citizens, new arrivals, self petitioning (B11)	5	-	5
Unmarried sons/daughters of U.S. citizens, adjustments, self petitioning (B16)	3	3	-
Children of A11 or A16, new arrivals (A12)	D	-	D

Type and Class of Admission	Total	Adjustments of status	New arrivals
Children of F11 or F16, new arrivals (F12)	9,824	-	9,824
Children of F11 or F16, adjustments (F17)	107	107	-
Second: Spouses, children, and unmarried sons/daughters of alien residents	113,500	5,846	107,654
Spouses of alien residents, subject to country limits, new arrivals (F21)	10,220	-	10,220
Spouses of alien residents, subject to country limits, adjustments (F26)	1,484	1,484	-
Spouses of alien residents, subject to country limits, new arrivals, self petitioning (B21)	29	-	29
Spouses of alien residents, subject to country limits, adjustments, self petitioning (B26)	304	304	-
Spouses of alien residents, subject to country limits, new arrivals, conditional (C21)	16	-	16
Spouses of alien residents, subject to country limits, adjustments, conditional (C26)	17	17	-
Spouses of alien residents, exempt from country limits, new arrivals (FX1)	25,801	-	25,801
Spouses of alien residents, exempt from country limits, adjustments (FX6)	615	615	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Spouses of alien residents, exempt from country limits, new arrivals, self petitioning (BX1)	4	-	4
Spouses of alien residents, exempt from country limits, adjustments, self petitioning (BX6)	142	142	-
Spouses of alien residents, exempt from country limits, new arrivals, conditional (CX1)	22	-	22
Spouses of alien residents, exempt from country limits, adjustments, conditional (CX6)	10	10	-
Children of alien residents, subject to country limits, new arrivals (F22)	6,581	-	6,581
Children of alien residents, subject to country limits, adjustments (F27)	578	578	-
Children of alien residents, subject to country limits, new arrivals, self petitioning (B22)	19	-	19
Children of alien residents, subject to country limits, adjustments, self petitioning (B27)	45	45	-
Children of C21, C22, C26, or C27, subject to country limits, new arrivals, conditional (C23)	D	-	D
Children of B21, B22, B26, or B27, subject to country limits, new arrivals (B23)	8	-	8

Type and Class of Admission	Total	Adjustments of status	New arrivals
Children of B21, B22, B26, or B27, subject to country limits, adjustments (B28)	32	32	-
Children of F21, F22, F26, or F27, subject to country limits, new arrivals (F23)	3,906	-	3,906
Children of F21, F22, F26, or F27, subject to country limits, adjustments (F28)	18	18	-
Children of C24 or C29, subject to country limits, adjustments, conditional (C20)	D	D	-
Children of B24 or B29, subject to country limits, adjustments (B20)	14	14	-
Children of F24 or F29, subject to country limits, new arrivals (F25)	10,858	-	10,858
Children of F24 or F29, subject to country limits, adjustments (F20)	115	115	-
Children of alien residents, subject to country limits, adjustments, conditional (C27)	D	D	-
Children of alien residents, exempt from country limits, new arrivals (FX2)	26,470	-	26,470
Children of alien residents, exempt from country limits, adjustments (FX7)	225	225	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Children of alien residents, exempt from country limits, adjustments, self petitioning (BX7)	14	14	-
Children of CX2 or CX7, exempt from country limits, new arrivals, conditional (CX3)	D	-	D
Children of BX1, BX2, BX6, or BX7, exempt from country limits, adjustments (BX8)	18	18	-
Children of FX1, FX2, FX7, or FX8, exempt from country limits, new arrivals (FX3)	9,930	-	9,930
Children of FX1, FX2, FX7, or FX8, exempt from country limits, adjustments (FX8)	20	20	-
Children of alien residents, exempt from country limits, new arrivals, conditional (CX2)	8	-	8
Unmarried sons/daughters of alien residents, subject to country limits, new arrivals (F24)	13,778	-	13,778
Unmarried sons/daughters of alien residents, subject to country limits, adjustments (F29)	2,181	2,181	-
Unmarried sons/daughters of alien residents, subject to country limits, adjustments, self petitioning (B29)	9	9	-
Unmarried children of alien residents, subject to country limits, adjustments, conditional (C29)	D	D	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Third: Married sons/daughters of U.S. citizens and their spouses and children			
Married sons/daughters of U.S. citizens, new arrivals (F31)	23,260	2,093	21,167
Married Amerasian sons/daughters of U.S. citizens, adjustments (A36)	D	D	-
Married sons/daughters of U.S. citizens, adjustments (F36)	1,018	1,018	-
Married sons/daughters of U.S. citizens, adjustments, conditional (C36)	D	D	-
Spouses of married sons/daughters of U.S. citizens, new arrivals (F32)	5,493	-	5,493
Spouses of married sons/daughters of U.S. citizens, adjustments (F37)	777	777	-
Children of married sons/daughters of U.S. citizens, new arrivals (F33)	9,588	-	9,588
Children of married sons/daughters of U.S. citizens, adjustments (F38)	295	295	-
Children of C31 or C36, subject to country limits, adjustments, conditional (C38)	D	D	-
Fourth: Brothers/sisters of U.S. citizens (at least 21 years of age) and their spouses and children			
	69,259	3,610	65,649

Type and Class of Admission	Total	Adjustments of status	New arrivals
Brothers/sisters of U.S. citizens, new arrivals (F41)	22,611	-	22,611
Brothers/sisters of U.S. citizens, adjustments (F46)	2,242	2,242	-
Spouses of brothers/sisters of U.S. citizens, new arrivals (F42)	15,648	-	15,648
Spouses of brothers/sisters of U.S. citizens, adjustments (F47)	1,018	1,018	-
Children of brothers/sisters of U.S. citizens, new arrivals (F43)	27,390	-	27,390
Children of brothers/sisters of U.S. citizens, adjustments (F48)	350	350	-

Employment-Based Preferences

Type and Class of Admission	Total	Adjustments of status	New arrivals
Employment-based preferences	137,855	113,330	24,525
First: Priority workers	41,060	38,496	2,564
Aliens with extraordinary ability, new arrivals (E11)	903	-	903
Aliens with extraordinary ability, adjustments (E16)	4,915	4,915	-
Outstanding professors or researchers, new arrivals (E12)	14	-	14
Outstanding professors or researchers, adjustments (E17)	2,557	2,557	-
Multinational executives or managers, new arrivals (E13)	60	-	60

Type and Class of Admission	Total	Adjustments of status	New arrivals
Multinational executives or managers, adjustments (E18)	8,494	8,494	-
Spouses of E11, E12, E13, E16, E17, or E18, new arrivals (E14)	706	-	706
Spouses of E11, E12, E13, E16, E17, or E18, adjustments (E19)	12,258	12,258	-
Children of E11, E12, E13, E16, E17, or E18, new arrivals (E15)	881	-	881
Children of E11, E12, E13, E16, E17, or E18, adjustments (E10)	10,272	10,272	-
Second: Professionals with advanced degrees or aliens of exceptional ability	39,331	36,217	3,114
Professionals holding advanced degrees, new arrivals (E21)	1,093	-	1,093
Professionals holding advanced degrees, adjustments (E26)	18,339	18,339	-
Spouses of E21 or E26, new arrivals (E22)	893	-	893
Spouses of E21 or E26, adjustments (E27)	11,797	11,797	-
Children of E21 or E26, new arrivals (E23)	1,128	-	1,128
Children of E21 or E26, adjustments (E28)	6,081	6,081	-
Third: Skilled workers, professionals, and needed unskilled workers	38,083	29,377	8,706
Skilled workers, new arrivals (E31)	1,811	-	1,811

Type and Class of Admission	Total	Adjustments of status	New arrivals
Skilled workers, adjustments (E36)	4,229	4,229	-
Professionals with baccalaureate degrees, new arrivals (E32)	926	-	926
Professionals with baccalaureate degrees, adjustments (E37)	9,780	9,780	-
Needed unskilled workers, new arrivals (EW3)	367	-	367
Needed unskilled workers, adjustments (EW8)	1,002	1,002	-
Chinese Student Protection Act (CSPA) principals, adjustments (EC6)	D	D	-
Spouses of E31, E32, E36, or E37, new arrivals (E34)	1,933	-	1,933
Spouses of E31, E32, E36, or E37, adjustments (E39)	8,648	8,648	-
Spouses of EW3 or EW8, new arrivals (EW4)	278	-	278
Spouses of EW3 or EW8, adjustments (EW9)	448	448	-
Children of EX1 or EX6, adjustments (EX8)	D	D	-
Children of E31, E32, E36, or E37, new arrivals (E35)	2,908	-	2,908
Children of E31, E32, E36, or E37, adjustments (E30)	4,821	4,821	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Children of EW3 or EW8, new arrivals (EW5)	483	-	483
Children of EW3 or EW8, adjustments (EW0)	446	446	-
Fourth: Certain special immigrants	9,504	7,610	1,894
Broadcast (IBCB of BBG) employees, new arrivals (BC1)	4	-	4
Broadcast (IBCG of BBG) employees, adjustments (BC6)	44	44	-
Ministers, new arrivals (SD1)	49	-	49
Ministers, adjustments (SD6)	805	805	-
Employees of U.S. government abroad, new arrivals (SE1)	449	-	449
Employees of U.S. government abroad, adjustments (SE6)	18	18	-
Former employees of the Panama Canal Company or Canal Zone Government, new arrivals (SF1)	D	-	D
Foreign medical school graduate who was licensed to practice in the United States on Jan. 9, 1978, adjustments (SJ6)	D	D	-
Retired employees of international organizations, new arrivals (SK1)	5	-	5
Retired employees of international organizations, adjustments (SK6)	157	157	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Certain surviving spouses of deceased international organization employees, adjustments (SK9)	D	D	-
Juvenile court dependents, new arrivals (SL1)	45	-	45
Juvenile court dependents, adjustments (SL6)	4,681	4,681	-
Retired NATO-6 civilian employees, adjustments (SN6)	D	D	-
Religious workers, new arrivals (SR1)	21	-	21
Religious workers, adjustments (SR6)	557	557	-
Spouses of BC1 or BC6, new arrivals (BC2)	3	-	3
Spouses of BC1 or BC6, adjustments (BC7)	16	16	-
Spouses of SD1 or SD6, new arrivals (SD2)	51	-	51
Spouses of SD1 or SD6, adjustments (SD7)	327	327	-
Spouses of SE1 or SE6, new arrivals (SE2)	362	-	362
Spouses of SE1 or SE6, adjustments (SE7)	11	11	-
Spouses of SK1 or SK6, new arrivals (SK2)	3	-	3
Spouses of SK1 or SK6, adjustments (SK7)	48	48	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Spouses of SR1 or SR6, new arrivals (SR2)	21	-	21
Spouses of SR1 or SR6, adjustments (SR7)	124	124	-
Children of BC1 or BC6, new arrivals (BC3)	4	-	4
Children of BC1 or BC6, adjustments (BC8)	24	24	-
Children of SD1 or SD6, new arrivals (SD3)	109	-	109
Children of SD1 or SD6, adjustments (SD8)	396	396	-
Children of SE1 or SE6, new arrivals (SE3)	735	-	735
Children of SE1 or SE6, adjustments (SE8)	13	13	-
Certain unmarried children of SK1 or SK6, new arrivals (SK3)	D	-	D
Certain unmarried children of SK1 or SK6, adjustments (SK8)	239	239	-
Children of SR1 or SR6, new arrivals (SR3)	30	-	30
Children of SR1 or SR6, adjustments (SR8)	143	143	-
Certain unmarried sons/daughters of SN1 or SN6, adjustments (SN8)	3	3	-
Fifth: Employment creation (investors)	9,877	1,630	8,247

Type and Class of Admission	Total	Adjustments of status	New arrivals
Employment creation, not in targeted area, new arrivals, conditional (C51)	50	-	50
Employment creation, not in targeted area, adjustments, conditional (C56)	43	43	-
Employment creation, targeted area, pilot program, new arrivals, conditional (I51)	2,628	-	2,628
Employment creation, targeted area, pilot program, adjustments, conditional (I56)	619	619	-
Employment creation, targeted area, new arrivals, conditional (T51)	108	-	108
Employment creation, targeted area, adjustments, conditional (T56)	57	57	-
Investor pilot program, not targeted, new arrivals, conditional (R51)	3	-	3
Spouses of C51 or C56, new arrivals, conditional (C52)	40	-	40
Spouses of C51 or C56, adjustments, conditional (C57)	34	34	-
Spouses of E51 or E56, new arrivals (E52)	D	-	D
Spouses of I51 or I56, new arrivals, conditional (I52)	1,799	-	1,799
Spouses of I51 or I56, adjustments, conditional (I57)	286	286	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Spouses of T51 or T56, new arrivals, conditional (T52)	77	-	77
Spouses of T51 or T56, adjustments, conditional (T57)	42	42	-
Spouses of R51 or R56, new arrivals, conditional (R52)	D	-	D
Children of C51 or C56, new arrivals, conditional (C53)	64	-	64
Children of C51 or C56, adjustments, conditional (C58)	52	52	-
Children of I51 or I56, new arrivals, conditional (I53)	3,331	-	3,331
Children of I51 or I56, adjustments, conditional (I58)	461	461	-
Children of T51 or T56, new arrivals, conditional (T53)	138	-	138
Children of T51 or T56, adjustments, conditional (T58)	36	36	-
Children of R51 or R56, new arrivals, conditional (R53)	6	-	6

Diversity

Type and Class of Admission	Total	Adjustments of status	New arrivals
Diversity	51,592	918	50,674
Principals, new arrivals (DV1)	26,145	-	26,145
Principals, adjustments (DV6)	539	539	-
Spouses of DV1 or DV6, new arrivals (DV2)	11,514	-	11,514

Type and Class of Admission	Total	Adjustments of status	New arrivals
Spouses of DV1 or DV6, adjustments (DV7)	219	219	-
Children of DV1 or DV6, new arrivals (DV3)	13,015	-	13,015
Children of DV1 or DV6, adjustments (DV8)	160	160	-

Refugees and Asylees

Type and Class of Admission	Total	Adjustments of status	New arrivals
Refugees and asylees	146,003	146,003	-
Refugees	120,356	120,356	-
Cuban refugees (P.L. 89-732 of 1966) (CU6)	53,998	53,998	-
Non-Cuban spouses or children of Cuban refugees (CU7)	3,156	3,156	-
Refugee parolees (P.L. 95-412 of 1978) (R86)	D	D	-
Other refugees (P.L. 96-212 Refugee Act of 1980) (RE6)	24,546	24,546	-
Spouses of RE6 (RE7)	10,308	10,308	-
Children of RE6 (RE8)	28,344	28,344	-
Other relatives (RE9)	D	D	-
Asylees	25,647	25,647	-
Asylees (AS6)	13,879	13,879	-
Spouses of AS6 (AS7)	4,830	4,830	-
Children of AS6 (AS8)	6,938	6,938	-

All Other Types of Admission

Type and Class of Admission	Total	Adjustments of status	New arrivals
Parolees	26	26	-
Parolees, Soviet/Indochinese (LA6)	13	13	-
Parolees, Indochinese (ID6)	13	13	-
Children born abroad to alien residents (NA3)	75	-	75
Certain Iraqis and Afghans employed by U.S. Government	19,191	46	19,145
Principal, new arrivals (SQ1)	5,106	-	5,106
Principal, adjustments (SQ6)	15	15	-
Spouses of SQ1 or SQ6, new arrivals (SQ2)	4,221	-	4,221
Spouses of SQ1 or SQ6, adjustments (SQ7)	11	11	-
Children of SQ1 or SQ6, new arrivals (SQ3)	9,818	-	9,818
Children of SQ1 or SQ6, adjustments (SQ8)	20	20	-
Cancellation of removal	3,539	3,539	-
Sec. 244, P.L. 89-236, subject to 4,000 annual limit (Z13)	2,798	2,798	-
Battered spouses or children (Violence Against Women Act), P.L. 103-322 of 1994, subject to 4,000 annual limit (Z14)	51	51	-
Salvadoran, Guatemalan and former Soviet bloc country nationals (NACARA Section 203, P.L. 105-100 of 1997) (Z15)	690	690	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Victims of human trafficking	1,317	1,317	-
Adjustment of T1 nonimmigrant (ST6)	603	603	-
Adjustment of T2 nonimmigrant (ST7)	210	210	-
Adjustment of T3 nonimmigrant (ST8)	464	464	-
Adjustment of T4 nonimmigrant (ST0)	21	21	-
Adjustment of T5 nonimmigrant (ST9)	14	14	-
Adjustment of T6 nonimmigrant (ST1)	5	5	-
Victims of crimes, and their spouses and children	18,065	17,993	72
Adjustment of U1 nonimmigrant (SU6)	10,608	10,608	-
Spouses of SU6, new arrivals (SU2)	D	-	D
Children of SU6, new arrivals (SU3)	70	-	70
Parents of SU6, new arrivals (SU5)	D	-	D
Adjustment of U2 nonimmigrant (SU7)	2,218	2,218	-
Adjustment of U3 nonimmigrant (SU8)	3,558	3,558	-
Adjustment of U4 nonimmigrant (SU0)	1,204	1,204	-
Adjustment of U5 nonimmigrant (SU9)	405	405	-
IRCA legalization	25	25	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Entered without inspection before 1/1/82 (W16)	20	20	-
Entered as nonimmigrant and overstayed visa before 1/1/82 (W26)	5	5	-
IRCA legalization dependents	16	11	5
Spouses of legalized aliens, adjustments, conditional (CB6)	10	10	-
Children of LB1 or LB6, new arrivals (LB2)	3	-	3
Children of CB1 or CB6, new arrivals, conditional (CB2)	D	-	D
Children of CB1 or CB6, adjustments, conditional (CB7)	D	D	-
Other	717	169	548
Children of AA1 or AA6, adjustments (AA8)	D	D	-
Amerasians, born in Vietnam between 1/1/62-1/1/76, new arrivals (AM1)	7	-	7
Spouses or children of AM1 or AM6, new arrivals (AM2)	17	-	17
Mothers, guardians, or next of kin of AM1 or AM6, new arrivals (AM3)	D	-	D
Individuals born under diplomatic status, adjustments, (DS1)	33	33	-
Haitian asylum applicants (HRIFA) (HA6)	4	4	-
Haitian parolees (HRIFA)(HB6)	D	D	-

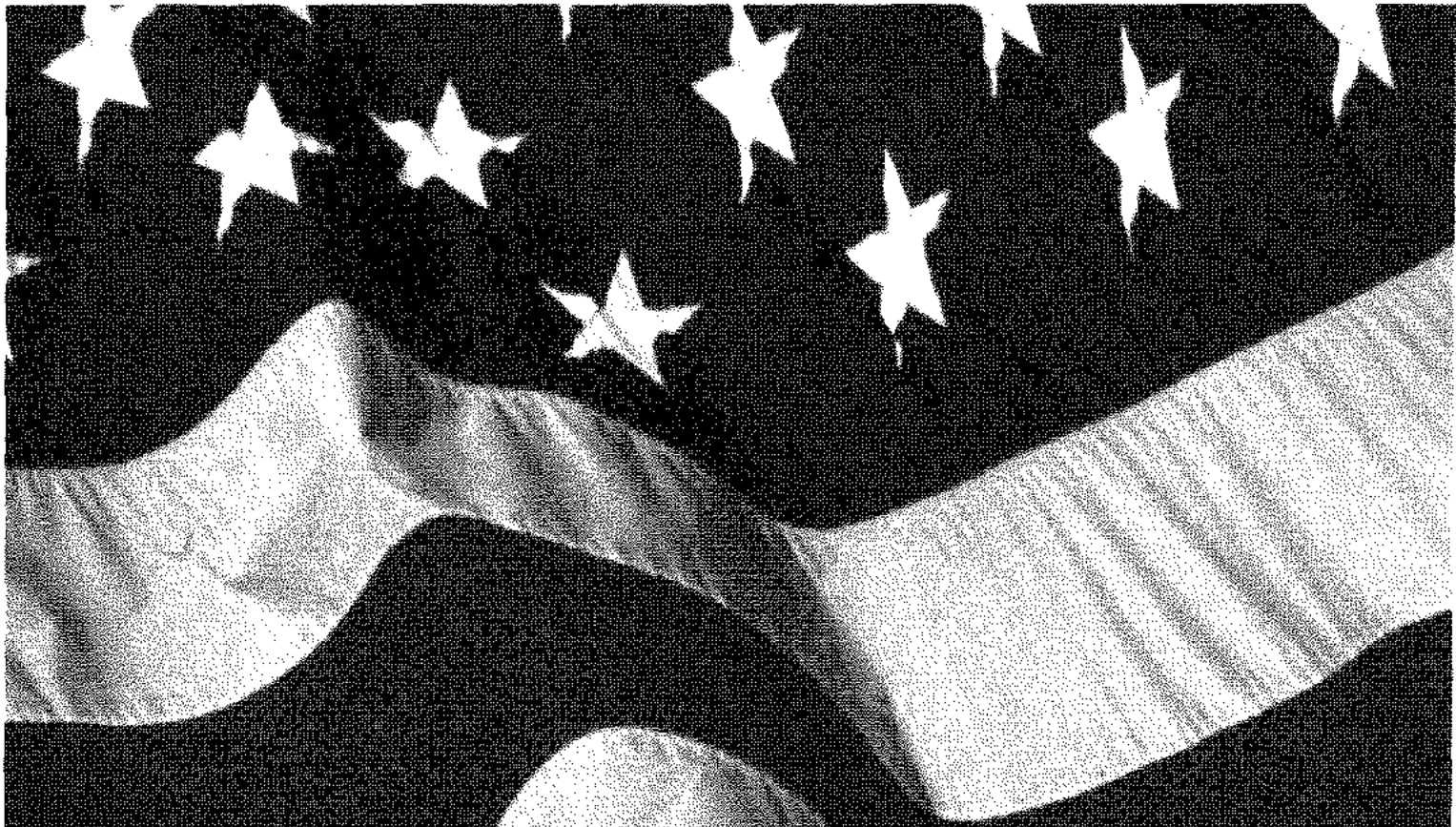
Type and Class of Admission	Total	Adjustments of status	New arrivals
Haitian children orphaned in the United States (HRIFA)(HD6)	D	D	-
Spouses of HA6 (HA7)	D	D	-
Spouses of HB6 (HB7)	D	D	-
Children of HA6 (HA8)	D	D	-
Children of HB6 (HB8)	D	D	-
Unmarried sons/daughters of HB6 (HB9)	D	D	-
Cuban Haitian entrants, adjustments (P.L. 99-603) (CH6)	8	8	-
American Indians born in Canada, new arrivals (S13)	211	-	211
Spouses of DT1 or DT6, adjustments (DT7)	D	D	-
Children of DT1 or DT6, adjustments (DT8)	D	D	-
Principals Nicaraguan and Central American Relief Act (NACARA)(NC6)	26	26	-
Spouses of NC6 (NC7)	4	4	-
Children of NC6 (NC8)	4	4	-
Unmarried sons/daughters of NC6 (NC9)	D	D	-
Special immigrant interpreters who are nationals of Iraq or Afghanistan, new arrivals (SI1)	71	-	71
Special immigrant interpreters who are nationals of Iraq or Afghanistan, adjustments (SI6)	3	3	-

Type and Class of Admission	Total	Adjustments of status	New arrivals
Spouses of SI1 or SI6, new arrivals (SI2)	63	-	63
Children of SI1 or SI6, new arrivals (SI3)	159	-	159
Late amnesty applicants (Immigration Reform and Control Act) (W46)	D	D	-
Presumed lawfully admitted for permanent residence (XB3)	D	D	-
Children born subsequent to issuance of parent's employment-based preference visa, new arrivals (XE3)	D	-	D
Children born subsequent to issuance of parent's family-sponsored preference visa, new arrivals (XF3)	4	-	4
Children born subsequent to issuance of parent's immediate relative of U.S. citizen visa, new arrivals (XR3)	6	-	6
Children born subsequent to issuance of parent's visa other, new arrivals (XN3)	6	-	6
Entered 6/29/40-1/1/72, Section 249, P.L. 89-236, adjustments (Z66)	73	73	-

D Data withheld to limit disclosure.

- Represents zero.

Source: U.S. Department of Homeland Security.

A black and white photograph of the American flag, showing the stars and stripes waving. The flag is the top half of the cover.

Annual Report on the Impact of the Homeland Security Act on Immigration Functions Transferred to the Department of Homeland Security

April 13, 2018



Homeland
Security

U.S. Citizenship and Immigration Services



Homeland
Security

Foreword

April 13, 2018

I am pleased to present the following “Annual Report on the Impact of the Homeland Security Act on Immigration Functions Transferred to the Department of Homeland Security.”

As required by statute, this report is being provided to the following Members of Congress:

The Honorable Robert Goodlatte
Chairman, House Committee on the Judiciary

The Honorable Jerold Nadler
Ranking Member, House Committee on the Judiciary

The Honorable Trey Gowdy
Chairman, House Committee on Oversight and Government Reform

The Honorable Elijah E. Cummings
Ranking Member, House Committee on Oversight and Government Reform

The Honorable Charles E. Grassley
Chairman, Senate Committee on the Judiciary

The Honorable Dianne Feinstein
Ranking Member, Senate Committee on the Judiciary

The Honorable Ron Johnson
Chairman, Senate Committee on Homeland Security and Governmental Affairs

The Honorable Claire McCaskill
Ranking Member, Senate Committee on Homeland Security and Governmental
Affairs

Inquiries relating to this report may be directed to me at (202) 447-5890.

Respectfully,

A handwritten signature in black ink, appearing to read "D. Wonnemberg". The signature is fluid and cursive, with the first name "David" and last name "Wonnemberg" clearly distinguishable.

David Wonnemberg
Acting Assistant Secretary for Legislative Affairs

Executive Summary

Section 478 of the Homeland Security Act of 2002, Pub. L. No. 107-296, 116 Stat. 2135 (6 U.S.C. 298), requires that the Secretary of Homeland Security submit an annual report that identifies the impact of the transfer of immigration functions from the Department of Justice, Immigration and Naturalization Service to the Department of Homeland Security (DHS). This report addresses activities during Fiscal Year (FY) 2017.

U.S. Citizenship and Immigration Services (USCIS), a component of DHS, received 9,144,092 cases (applications and petitions) and processed 8,124,350 cases to completion.¹

This report includes comprehensive data collected and compiled by the USCIS Office of Performance and Quality (OPQ) that contains region-by-region statistics on the aggregate number of immigration applications and petitions (Appendix B).

A total of 1,282,392 cases were added to the backlog,² resulting in 2,330,143 cases in net backlog³ status that would need to be completed during the next fiscal year.

The aggregate overall processing time for all applications and petitions averaged 10.4 months.

USCIS does not track the number and types of immigration-related grievances filed with any official of the Department of Justice (DOJ). Data relating to allegations of misconduct, corruption, and fraud involving any USCIS employee filed with USCIS is submitted via the Report on Internal Affairs Investigations, Semi-Annual Report to Congress.

Any plans to address or recommend enhancements to the grievance or the complaint process will be subject to review and determination by the Investigations Division within the USCIS Office of Security and Integrity (OSI).

USCIS reported to the DHS financial auditor that it has complied, in all material respects, with applicable laws and regulations. All immigration fees were collected and used in accordance with all applicable legal requirements.

Questions conveyed by telephone to USCIS were answered as follows: USCIS Call Center Tier 1 answered calls at an Average Speed of Answer⁴ of 36 seconds, and USCIS Call Center Tier 2 answered calls at an Average Speed of Answer of 34 minutes 36 seconds.

¹ The completions figure includes 79,710 credible fear referrals processed to completion during FY 2017.

² Backlog is defined as the volume of pending applications that exceed the level of acceptable pending cases. Acceptable pending is pegged to the volume of applications receipted during the target cycle time period (e.g., 5 months). The target cycle time refers to the processing time goal for a given application type. For example, the processing time goal for Form N-400, *Application for Naturalization*, is 5 months. Therefore, the acceptable pending volume will be equal to the last 5 months worth of receipts.

³ Net backlog is defined similarly to backlog except that the number of pending applications is reduced to account for cases in active suspense categories (i.e., cases that are deducted from the gross backlog such as cases with a pending Request for Evidence or awaiting visa availability from the Department of State, or pending re-examination for an N-400, *Application for Naturalization*).

⁴ "Average Speed of Answer" is an industry-recognized category.

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I. Legislative Requirement

This report fulfills the requirement set forth in section 478 of the Homeland Security Act of 2002, Pub. L. No. 107-296, 116 Stat. 2135 (6 U.S.C. 298), that the Secretary of Homeland Security report annually on the impact of the transfer made by the Act on immigration functions. Section 478 provides:

SEC. 478. IMMIGRATION FUNCTIONS.

(a) ANNUAL REPORT.—

(1) **IN GENERAL.**— One year after the date of the enactment of this Act, and each year thereafter, the Secretary shall submit a report to the President, to the Committees on the Judiciary and Government Reform of the House of Representatives, and to the Committees on the Judiciary and Government Affairs of the Senate, on the impact the transfers made by this subtitle has had on immigration functions.

(2) **MATTER INCLUDED.**— The report shall address the following with respect to the period covered by the report:

(A) The aggregate number of all immigration applications and petitions received, and processed, by the Department.

(B) Region-by-region statistics on the aggregate number of immigration applications and petitions filed by an alien (or filed on behalf of an alien) and denied, disaggregated by category of denial and application or petition type.

(C) The quantity of backlogged immigration applications and petitions that have been processed, the aggregate number awaiting processing, and a detailed plan for eliminating the backlog.

(D) The average processing period for immigration applications and petitions, disaggregated by application or petition type.

(E) The number and types of immigration-related grievances filed with any official of the Department of Justice, and if those grievances were resolved.

(F) Plans to address grievances and improve immigration services.

(G) Whether immigration-related fees were used consistent with legal requirements regarding such use.

(H) Whether immigration-related questions conveyed by customers to the Department (whether conveyed in person, by telephone, or by means of the Internet) were answered effectively and efficiently.

(b) SENSE OF CONGRESS REGARDING IMMIGRATION SERVICES.— It is the sense of Congress that—

(1) the quality and efficiency of immigration services rendered by the Federal

Government should be improved after the transfers made by this subtitle take effect; and

(2) the Secretary should undertake efforts to guarantee that concerns regarding the quality and efficiency of immigration services are addressed after such effective date.

II. Background

Section 478 of the Homeland Security Act (HSA) requires that the Secretary of Homeland Security report to Congress annually on the impact of the transfers made by the HSA on immigration functions. From FY 2004 through FY 2009, this requirement was met through the incorporation of the relevant information into one of the USCIS quarterly reports on productivity required by the Senate Report accompanying the annual DHS Appropriations Acts (usually the third quarter report). However, the Senate Report that accompanied the FY 2010 DHS Appropriations Act no longer directed USCIS to submit quarterly productivity reports. Accordingly, the section 478 reporting requirement is now met through this separate report.

III. Reporting Responses

Section 478(a)(2)(A): The aggregate number of all immigration applications and petitions received, and processed, by the Department.

OPQ within USCIS develops and delivers service-wide level operational performance metrics and staffing models, provides data analysis and statistical reporting designed to help ensure the timely and effective delivery of immigration services, and promotes improved quality of operations through its national quality management program that is part of a total performance management framework that enhances the integrity and quality of the services delivered by USCIS components.

See Appendix A, which includes comprehensive data collected that address this section of the report requirement.

Section 478(a)(2)(B): Region-by-region statistics on the aggregate number of immigration applications and petitions filed by an alien (or filed on behalf of an alien) and denied, disaggregated by category of denial and application or petition type.

See Appendix B, which includes comprehensive data collected that address this section of the report requirement. Appendix B is divided into two parts: one containing information on the four regional locations within USCIS, and the other containing information on the five center locations within USCIS.

Section 478(a)(2)(C): The quantity of backlogged immigration applications and petitions that have been processed, the aggregate number awaiting processing, and a detailed plan for eliminating the backlog.

The total net backlog volume is 2,330,143 cases, driven in large part by the following applications and petitions:

- I-90 Application to Renew/ Replace Permanent Resident Card
- N-400 Application for Naturalization
- I-485 Application to Register Permanent Residence or Adjust Status
- I-589 Application for Asylum and for Withholding of Removal
- I-130 Petition for Immediate Relative

Within USCIS, the responsibility of adjudicating most cases falls under the purview of Field Operations Directorate (FOD), Service Center Operations Directorate (SCOPS), and the Refugee, Asylum and International Operations Directorate (RAIO). These components are responsible for the accurate and timely disposition of incoming cases. They are also charged with effectively eliminating any backlogs that are present or have the potential to build based on existing conditions.

FOD is responsible for the adjudication of applications and petitions for immigration benefits, other than asylum applications, requiring domestic, in-person (face-to-face) interviews.⁵ SCOPS is responsible for the adjudication of certain applications and petitions for immigration benefits which may be adjudicated remotely, thereby eliminating a need for in-person interviews.⁶

Backlogs have been increasing steadily since FY 2010 and there is no easy or quick fix for reducing these backlogs. Backlogs have grown mainly due to increased filings, increased complexity in adjudications, and a lack of resources necessary to complete that work. Current backlog elimination plans rely primarily on increasing staff, rebalancing workloads among staff/work units, and utilizing overtime. Some efficiencies may be gained through process or technology enhancements as well.

See Appendix A for comprehensive data on backlog levels.

As of the end of September 2017, USCIS had a net backlog of **2.3 million cases**. For context, the net backlog has been as high as **1.7 million in FY 2004** and **1.5 million in FY 2008**. The main reasons for the current backlog are:

- An increase in the overall volume of petitions/applications (FY 2017 up 4% from FY 2016).
- The growing complexity of the work: increasing complexity and length of forms, new statutory and policy decisions, and increased security checks; this also correlates to the decrease in completions per hours.
- Logistical limitations on responding to the increase in workload due to staffing difficulties at certain locations and facility constraints.

We are expecting additional challenges in reducing backlog in fiscal year 2018.

- Executive Order 13780, protecting the nation from foreign terrorist entering into the United States, requires an increased number of interviews, and the backlog will continue to grow as we transition operations to meet the new policy demands.
- We adjusted our fee schedule on December 23, 2016, following publication of the final FY 2016/2017 IEFA Fee Rule in the Federal Register on October 24. The new fee schedule increased application and petition fees by a weighted average of 21%. The new fee schedule, however, will not generate sufficient revenue to support hiring at the FY 2017 recommended staffing levels due to declining completions per hour of work. In addition, declining completions per hour limit our ability to reduce the current overall backlog.

⁵ The Asylum Division within RAIO is responsible for conducting the interviews and adjudication of Form I-589, Application for Asylum and for Withholding of Removal and Form I-881, Application for Suspension of Deportation or Special Rule Cancellation of Removal (Pursuant to Section 203 of Public Law 105-100 NACARA). The Refugee Affairs Division and the International Operations Division within RAIO are responsible for conducting the interviews and adjudication of certain applicants outside the United States.

⁶ The National Benefits Center (NBC), under the purview of FOD, also remotely adjudicates certain petitions and applications that do not require an in-person interview or that do not require a transfer to a USCIS Field Office.

- As expected, in FY 2017 FOD and SCOPS continued to experience higher receipts, due in large part to the December 23, 2016 fee increase. Receipt levels over the next few months will be closely monitored.
- Because USCIS does not currently have in place the resources to complete the volume of cases received, cases will continue to age out of the acceptable pending category and cause the backlog to continue to grow.
- The transition to the Electronic Immigration Filing System (ELIS) has resulted in a temporary lengthening of N-400 processing times as the new system is perfected and staff adjusts to its use.
- The affirmative asylum backlog is a product of both the receipt of a growing number of affirmative asylum applications and the diversion of USCIS Asylum Officers to other high-priority workloads, such as the credible fear caseload and overseas refugee processing in FY 2016.
- We are not staffed to meet our cycle time goals based on the current levels of productivity, and to do so as we did in FY 2007 and FY 2008, would likely require increased resources. In accordance with the Chief Financial Officers Act of 1990, USCIS will continue to review its fee structure on a biennial basis to ensure fee levels are sufficient to recover the full cost of adjudications.

USCIS is implementing actions to increase productivity:

- RAIO is currently engaged in training all available Refugee Affairs Division (RAD) officers to assist with credible and reasonable fear screenings and affirmative asylum cases. USCIS is now diverting staff from overseas refugee processing to the Credible Fear and Affirmative Asylum workloads.
- Balancing workloads across competing priorities and locations to achieve processing time parity across locations.
- Making additional resources available to the field by managing the vacancy rate and leveraging overtime, staff details, and other employee work scheduling options.
- USCIS continues to engage employees as well as its team of Quality Management Specialists to identify and implement process improvements.

Section 478 (a)(2)(D): The average processing period for immigration applications and petitions, disaggregated by the application or petition type.

See Appendix A, which includes comprehensive data collected that address this section of the report requirement.

Section 478 (a)(2)(E): The number and types of immigration-related grievances filed with any official of the Department of Justice, and if those grievances were resolved.

USCIS does not track the number and types of immigration-related grievances filed with any official of the Department of Justice. In accordance with the Homeland Security Act, the Director of USCIS is responsible for conducting investigations of non-criminal allegations of misconduct, corruption, and fraud involving any USCIS employee who is not subject to investigation by the DHS Office of Inspector General (OIG).

The USCIS Director has delegated this investigatory responsibility to the USCIS Office of Security and Integrity (OSI). OSI provides leadership in the management of security to protect employees, facilities, assets, and information to advance the agency's mission by ensuring effective, efficient, and continual operations.

Data relating to allegations of misconduct, corruption, and fraud involving any USCIS employee filed with USCIS are submitted via the Report on Internal Affairs Investigations, Semi-Annual Report to Congress. These semi-annual reports contain January through June data and July through December data and are submitted to Congress by OSI through regular channels.

Section 478 (a)(2)(F): Plans to address grievances and improve immigration services.

Any plans to address or recommend enhancements to the grievance or the complaint process will be subject to review and determination by the Investigations Division within OSI. This division is charged with the following responsibilities:

- Receiving allegations of employee misconduct and planning, organizing, and conducting internal investigations pertaining to USCIS employee misconduct;
- Developing investigative procedures and techniques; and
- Providing policy guidance to investigators and employees assigned to conduct field management inquiries.

The responsibility to address or enhance current immigration functions, as it relates to immigration services operations and adjudicative functions, rests with the operational directorates that are ultimately responsible for ensuring the accurate and timely adjudication of incoming cases. Recommendations and improvements are usually initiated by the operational components because they have the most up-to-date knowledge and information regarding adjudication practices and standard operating procedures pertaining to the various form types. Broad improvements are usually a result of a collaborative effort undertaken by USCIS Headquarters directorates and program offices.

Section 478 (a)(2)(G): Whether immigration-related fees were used consistent with legal requirements regarding such use.

With regard to the Annual Financial Statement Audit,⁷ USCIS asserted to the DHS financial auditor that it has complied, in all material respects, with applicable laws and regulations. All immigration fees were collected and used in accordance with all applicable legal requirements. Funds collected for the Fraud Prevention and Detection Fee account were distributed to the Department of Labor (DOL), DHS, and the Department of State in accordance with the

⁷ An annual financial statement audit is an annual assessment conducted by an independent auditor who, upon completion of the audit, provides reasonable, but not absolute, assurance as to whether the financial statements are presented fairly, in all material respects, in accordance with Federal Generally Accepted Accounting Principles. This opinion is intended to increase the value and credibility of the financial statements produced by management as well as the users' confidence in information contained therein.

guidelines specified in Public Law 108-447. Each agency received a one-third share of collections, which totaled \$142.9 million in FY 2016. USCIS' FY 2016 share was \$47.6 million. Funds collected for the H-1B Nonimmigrant Petitioner Fee account were distributed to the DOL (55 percent), National Science Foundation (40 percent), and DHS (5 percent) in accordance with relevant law. Collections totaled \$347.0 million in FY 2016; USCIS' FY 2016 share was \$17.3 million.

Section 478 (a)(2)(H): Whether immigration-related questions conveyed by customers to the Department (whether conveyed in person, by telephone, or by means of the Internet) were answered effectively and efficiently. The USCIS Customer Service and Public Engagement Directorate (CSPED) provides clear, accurate, and timely responses to individual concerns and questions, by engaging the public in a transparent dialogue that promotes participation and feedback. Within CSPED, the Customer Service Division (CSD) provides information and guidance to USCIS applicants, petitioners, and immigration advocates regarding immigration benefits. The Public Engagement Division facilitates agency-wide collaboration with external stakeholders (both at the national and local levels using various languages) to maintain open communication and seek feedback regarding USCIS policies, priorities, and organizational performance reviews.

There were 156,982 electronic inquiries submitted in FY16. Every question asked received a response. While our goal is to respond within 48 hours from receipt of the inquiry, the average response time was about 72 hours. This gap was the result of a higher-than-anticipated workload, which is currently being addressed. Of the 156,982 inquiries received, the primary questions were about Case Status (41 percent) and password reset issues (24 percent).

The USCIS engagement centers follow a typical, industry-standard workflow. All calls are first answered by the Interactive Voice Response system that provides a caller with general information and services. If more than general information and services information is required, the caller can request live assistance at the Tier 1 level. Tier 1 is a contractor-operated call center where more specific information on policy and procedures is available. The Tier 1 contractor works from scripts provided by USCIS. If the information sought is not available at the Tier 1 level, the caller is transferred to the Tier 2 level. Tier 2 is staffed with USCIS-trained Immigration Services Officers who have access to USCIS systems. The information requested at the Tier 2 level is often specific information about the status of applications and petitions submitted to USCIS. All inquiries regarding ELIS forms are managed through the agency's online web form or within the myUSCIS online account experience.

There were 6.6 million calls completed at the Tier 1 level. Tier 1 effectively answered calls at an average speed of 36 seconds of individuals calling our number. Of the 6.6 million calls received at Tier 1, individuals abandoned or terminated 2.0 percent of calls before being answered. There were 15.3 percent of calls to the Tier 1 level that required more specific assistance and were referred to the Tier 2 level. Tier 2 answered calls at an average speed of 34 minutes after being transferred to a Tier 2 officer. Individuals at the Tier 2 level abandoned roughly 8.2 percent of the calls referred before the calls were answered by Tier 2 staff.

Appendix A

FY 2017 USCIS Domestic Performance Data- Matters A/C/D			A-Receipts	A-Completion	C-Net Backlog End of FY16	C-Net Backlog End of FY17	C-FY Change in Backlog	C-FY Cycle Time End of FY17
Sponsoring Relatives & Orphans	I-130	Immediate Relative	629,921	517,218	52,499	201,356	148,657	5.8
		Preference Relative	284,563	81,154	-	-	-	3.8
		Total Alien Relative Petitions	914,484	598,372	52,499	201,356	148,657	5.5
	I-129F	Fiancée Petition	49,831	42,218	-	3,131	3,131	5.8
	I-600/600A	Orphan Petitions	2,922	2,770	-	-	-	1.7
	I-800/800A	Convention Country Adoption	7,577	7,535	-	-	-	1.1
	I-730	Refugee/Asylee Relative Petition	13,031	10,632	817	3,422	2,605	8.3
Resident Services	Immigrant Visas		554,200	639,408	9,061	-	(9,061)	6.1
	I-90	Renew / Replace PRC	29	434	219,401	-	-	10.3
		ELIS Renew / Replace PRC	782,936	499,687	-	476,517	257,117	10.3
	I-131	Reentry Permit / Refugee Travel Doc	82,723	102,113	15,040	-	(15,040)	2.9
		ELIS Travel Doc	-	1	-	-	-	-
	I-751	Remove Conditions on Residence	166,431	95,383	13,459	104,594	61,135	14.1
	I-829	Remove Conditions on Entrepreneur	2,625	2,644	4,382	5,157	775	28.9
	N-300	Declaration of Intent	22	50	-	80	80	45.0
	N-470	Preserve Residence	199	198	-	-	-	4.9
	N-400	Military Naturalization	11,195	8,030	416	423	7	5.4
		Other Naturalization	958,160	565,562	75,557	344,144	258,587	8.6
		ELIS Other Naturalization	17,101	223,589	-	-	-	-
	N-644	Posthumous Naturalization	3	3	2	-	(2)	0.0
	N-648	Disability Exception	4,138	12,479	-	-	-	3.5
	N-336	Request for Hearing	52	2,414	545	3,358	2,824	14.7
	Employer & Investor Services		171,593	246,331	3,827	3,625	(202)	4.1
	I-129	Premium Processed	354,842	354,124	74,943	26,851	(48,092)	7.0
Nonimmigrant Services		Total all I-129	526,435	600,455	78,770	30,476	(48,294)	2.6
	I-539	Extension of Stay/Change of Status B	-	-	-	-	-	-
	I-140	Premium Processed	60,246	72,468	5	1,310	1,305	0.9
		Immigrant Petition for Worker (non Pre	79,320	63,160	12,273	24,296	12,022	7.1
		Total all I-140	139,566	135,628	12,278	25,605	13,327	4.6
	I-360	Immigrant Petition	38,927	26,620	2,114	18,346	16,232	18.0
	I-526	Petition by Entrepreneur	12,165	12,243	13,648	20,181	6,533	22.4
	ELIS I-526	Petition by Entrepreneur	-	-	-	-	-	0.0
	I-824	Regional Center Application	280	486	737	577	(160)	23.4
	I-102	Replace I94	7,358	7,913	1,376	1,198	(178)	4.8
Adjustment	I-539	other Extend/ Change Status (exclude	233,430	209,265	4,893	32,017	27,124	11.1
	ELIS I-539	other Extend/ Change Status	-	-	-	-	-	0.0
	Asylum Adjustment		33,235	27,350	7,994	11,287	3,293	8.2
		Refugee adjustment	77,416	65,019	10,644	16,378	5,734	6.5
		Indo Chinese Adjustment	3	-	2	13	11	94.5
	I-485	Cuban Adjustment Act	82,213	56,284	9,346	32,428	23,082	8.5
		Employment-Based Adjustment	139,555	121,625	-	71,019	41,610	9.4
		Family-Based Adjustment	365,716	312,978	95,669	160,953	65,084	9.3
		All Other Adjustment of Status	34,470	32,063	10,312	18,754	8,441	9.5
		Subtotal I-485 Regular Cases	621,954	523,150	144,936	283,153	138,217	6.3
EAD		Total Adjustment Cases	732,606	615,519	163,576	310,831	147,255	5.6
	I-131	Advance Parole	410,780	374,959	-	22,848	22,848	3.6
		ELIS Advance Parole	1,545	544	-	-	-	-
	I-131	Parole in Place	6,410	14,796	-	1,324	1,324	7.8
	EOIR adjustment processing		26,394	25,518	-	24,580	22,803	13.7
	I-765	EAD Based on Asylum	-	-	-	-	-	-
		All Other EAD	#####	#####	-	-	-	-
		ELIS EAD	40,238	17,262	-	136,390	136,390	3.7
	Transitional Services		141,695	50,634	132,433	224,112	91,679	24.2
	I-821	Temporary Protected Status	21,271	154,076	-	6,753	6,753	3.9
Other Services		ELIS Temporary Protected Status	40,295	17,706	-	-	-	-
	I-881	NACARA 203 Application	561	654	180	192	12	8.9
	I-867	Credible Fear Referral	79,842	79,977	-	-	-	0.3
	1687/690/695/698/700 Legalization/ SAW		81	140	192	267	75	11.3
	I-817	Family Unity	1,356	572	-	545	545	5.5
	I-914	T Nonimmigrant Status	2,259	1,710	690	1,291	601	10.7
	I-918	U Nonimmigrant Status	51,685	21,499	101,346	152,853	51,507	18.9
	I-192	Waiver filed with I-918	47,385	-	-	-	-	37.8
	I-929	Qualifying Family Members of U Nonimm	1,511	1,124	614	920	306	10.5
	N600/600K/643	Recognition of Citizenship	57,711	67,857	5,349	18,869	13,520	4.8
Deferred Action for Childhood Arrivals	I-824	Action on Approved Application or Peti	11,434	9,627	433	2,419	1,926	5.1
	I-905	Permission to Issue Health Care Certifi	-	-	-	-	-	-
	N-565	Replace Certificate	27,115	24,828	-	1,616	1,616	0.6
		ELIS Replace Certificate	113	67	-	-	-	-
	I-601A	Provisional Waiver	65,729	71,967	13,605	7,480	(6,125)	4.5
	Waivers	(Excluding I-601A)	76,158	44,194	88,759	135,050	46,291	26.4
	I-910	Application for Civil Surgeon	538	604	-	-	-	0.0
	I-2908	I-2908 Appeal	7,147	4,128	-	-	-	10.2
		I-2908 Motion to Reopen	16,363	15,212	-	-	-	5.7
		Total I-2908	23,510	19,340	-	-	-	-
Deferred Action for Childhood Arrivals	I-821	DACA (Initial Filing)	14	3,240	-	11,212	7,457	9.1
	Initial	ELIS DACA (Initial Filing)	45,577	54,465	-	-	-	-
	I-821D	DACA (Renewal)	15	390	-	-	-	1.7
	Renewal	ELIS DACA (Renewal)	427,212	418,780	-	-	-	-
		Total I-821 DACA	472,818	476,875	-	11,212	11,212	2.4
	I-765	C33 EAD/DACA	130	3,982	-	-	-	2.4
		ELIS C33 EAD/DACA	476,365	469,965	-	-	-	-
	I-131	DACA Travel Doc	14,348	16,129	-	-	-	0.4
		ELIS DACA Travel Doc	-	-	-	-	-	-
	TOTAL		9,144,092	8,124,350	1,047,761	2,330,143	#####	-

Source: September 2017 National Performance Report published 11.3.2017

Note: I-485 Regular is based on the following form types: Cuban, Employment, Family, and All Other Adjustment of Status cases. N-400 military natz pending, net cycle time and backlog data include International Operations (IO) data.

Appendix B (Regions)

REGION	COR			NER			SER			WOR		
Form Types	Receipts	Denied-Fraud	Denied-Other	Receipts	Denied-Fraud	Denied-Other	Receipts	Denied-Fraud	Denied-Other	Receipts	Denied-Fraud	Denied-Other
I-129F Fiancé	8	-	8	-	-	68	-	-	5	-	1	4
I-130	72,478	790	3,955	80,271	486	6,891	48,935	377	3,782	71,148	296	3,721
I-485 Fam	95,841	569	8,409	104,862	474	11,158	66,789	273	7,149	95,867	357	8,609
I-600/I-600A Orp/Adv Proc	-	-	-	-	-	1	-	-	-	-	-	-
I-601A Provisional Unlawful Presence Waiver	2	-	5	-	-	3	-	-	1	-	3	2
I-751 ReCSJ	10	177	645	2	243	1,437	6	93	849	3	97	494
I-800/I-800A Conv Ctr Adopt	-	-	-	-	-	-	-	-	-	-	-	-
REGION	COR	COR	COR	NER	NER	NER	SER	SER	SER	WOR	WOR	WOR
I-129s FORMS FILED	-	-	-	-	-	-	-	-	1	-	-	-
I-140 Imm Wkr	-	-	1	-	-	2	1	-	5	-	-	-
I-485 Employ	1	14	232	-	20	382	-	9	172	1	29	213
I-526 Inv	-	-	-	-	-	-	-	-	-	-	-	-
I-765 EAD	607	4	172	423	4	29	2,237	1	262	703	-	111
I-829 ReCInv	-	-	-	-	-	-	3	-	-	-	-	-
I-924 App for Reg Ctr Under Imm Invest Pilot Prog	-	-	-	-	-	-	-	-	-	-	-	-
REGION	COR	COR	COR	NER	NER	NER	SER	SER	SER	WOR	WOR	WOR
I-485 Asy	4	4	65	4	13	158	11	3	31	9	6	98
I-485 Ref	907	-	184	242	1	58	197	1	24	251	1	53
I-485 Chi	1	-	-	-	-	-	-	-	-	2	-	-
I-485 Cuban	15,068	10	564	2,924	38	770	59,883	3	164	4,214	3	218
Legalization	1	-	19	-	-	5	2	-	6	-	-	9
I-730 R/Rel	1	-	1	-	6	43	-	3	6	-	-	5
I-817 Fam Unty	-	-	-	-	-	-	-	-	-	-	-	4
I-821 TPS	1	-	4	3	-	5	-	-	2	-	-	6
I-821D	-	-	1	-	-	-	-	-	2	-	-	-
I-914 TMS	-	-	-	-	-	-	-	-	-	-	-	-
I-918 U NI Status	-	-	1	-	-	-	-	-	-	-	-	-
I-929 Qualifying Fam Memb	-	-	-	-	-	-	-	-	-	-	-	-
REGION	COR	COR	COR	NER	NER	NER	SER	SER	SER	WOR	WOR	WOR
N-300 Dcl Int	4	-	2	4	-	1	-	-	-	14	-	3
N-336 Reg Hrng	921	15	423	993	26	478	787	8	487	799	9	252
N-400 Mil Svc	4,236	9	221	1,476	-	60	3,923	5	375	1,562	-	161
N-400 Natz	239,674	600	17,436	287,113	564	27,342	163,378	153	15,162	285,035	258	20,820
N-470 Prsv Res	69	-	28	59	-	26	17	-	13	59	-	16
N-565 RNCC	51	1	16	87	1	15	13	-	8	60	1	18
N-600 Certif Citz	19,874	13	1,322	21,940	10	1,826	11,817	7	1,088	14,060	-	916
N-644 Posthm	3	-	-	-	-	-	-	-	-	-	-	-
N-648	964	5	897	950	75	599	1,891	6	797	333	18	1,736
REGION	COR	COR	COR	NER	NER	NER	SER	SER	SER	WOR	WOR	WOR
I-90 Repl/Renew	19	2	12	-	1	6	-	-	3	-	-	11
I-102 R/AD	-	-	4	124	-	15	-	-	3	3	-	-
I-131 RP/RD	14	1	11	43	-	15	64	-	5	28	-	20
I-131 Adv Parl	429	1	71	1,861	14	189	980	-	36	1,720	1	196
I-193 PP/V WVR	-	-	-	-	-	-	1	-	-	-	-	-
I-360 Imm Petition	3	23	438	4	2	456	-	2	127	-	4	49
I-485 Others	734	10	274	1,504	18	164	538	3	1,377	531	3	130
I-539	-	-	-	184	-	1	-	-	-	-	-	-
I-824 A Apr Ap	-	-	6	-	-	32	-	-	9	-	-	17
Waivers	322	34	582	756	60	923	430	21	361	188	35	522
TOTAL	452,247	2,282	36,008	505,841	1,042	53,175	361,903	968	32,312	476,604	1,121	38,574

Source: PASEXEC Database, Data as of 11.3.2017

Appendix B Cont'd (Centers)

Centers	ASC			NSC			SSC			WSC			VSC			IPD			NSC		
	Receipts	Dispos.	Dispos.	Receipts	Dispos.	Dispos.	Receipts	Dispos.	Dispos.	Receipts	Dispos.	Dispos.	Receipts	Dispos.	Dispos.	Receipts	Dispos.	Dispos.	Receipts	Dispos.	Dispos.
Form Type																					
I-201 Finance	10			1,675			295			96,448	3	7,247	648						40		30
I-130	31	380		145,345	13	10,399	151,005	16	5,005	279,272	9	13,058	85,417	2	1,755						
I-425 Fam	2,554									27											
I-600A-600A Orig/Adv Proc																			2,323		369
I-602A Provisional Unlawful Presence Waiver																			65,727		1,537
I-751 EDCS	61,834									104,575		1,172									
I-800A-800A Conv Orig Adopt																			2,577		256
RECEIVED	ASC	ASC	ASC	NSC	NSC	NSC	SSC	SSC	SSC	WSC	WSC	WSC	VSC	VSC	VSC	IPD	IPD	IPD	NSC	NSC	NSC
I-1294 FORMS FILED	218,567	27	45,278	88,026	1	1,223	551	542	551	219,842	216	55,348									
I-140 Imm Wkr				77,192	25	4,114	52,472	307	5,140												
I-485 EMPLOY	2			75,784	7	2,922	59,852	2	3,263	3,945		79									
I-526 TRV																12,163	1	924			
I-765 EAD	154,577	17	37,893	828,464	5	25,160	378,152	2	25,160	120,896	14,878	25,936	242,561		2,804				511,575	2	44,550
I-829 ReCnv																2,622		55			
I-924 App for Reg Ctr Under Imm Travel Pilot Prog																1,122	230	317			
Others	ASC	ASC	ASC	NSC	NSC	NSC	SSC	SSC	SSC	WSC	WSC	WSC	VSC	VSC	VSC	IPD	IPD	IPD	NSC	NSC	NSC
I-485 Adv				14,567	2	302	15,827	29	731												
I-485 Rpt				75,819		1,093															
I-485 CH																					
I-485 Cuban	130		2,459			4			26												
Legitization												6							78		47
I-750 R/R				5,832	3	785	7,158	6	135												
I-817 Fam Unky							1,167		21										235		3
I-823 TPS	7,797	2	1,884	13,525		1,018	231		231	40,336		456							5		
I-821D					1	100	107		14	9	78	1,375									
I-914 T/N S	5,339	9	285																		
I-938 U/N Status	13,185		2,180		1	3	1,079														
I-929 Qualifying Fam Memb	2,342		367																		
Centers	ASC	ASC	ASC	NSC	NSC	NSC	SSC	SSC	SSC	WSC	WSC	WSC	VSC	VSC	VSC	IPD	IPD	IPD	NSC	NSC	NSC
N-300 Del Ins																					
N-336 Reg HRAE																					
N-400 Mlti Src																					
N-400 Hatz																					
N-470 Priv Res																					
N-545 RMCC				12,096	2	1,495	14,590		779												
N-600 Cardif Citz																					
N-644 Postbns																					
N-648																					
Centers	ASC	ASC	ASC	NSC	NSC	NSC	SSC	SSC	SSC	WSC	WSC	WSC	VSC	VSC	VSC	IPD	IPD	IPD	NSC	NSC	NSC
I-59 Regl Renew	3																				
I-102 RAO	1,676	2	599	783		245	1,355		430	963	2	436							1,395		251
I-291 AP/RD	108			81,242	1	6,226	1,324		14	4											
I-181 Adv Faci	27,126			1,314	102,935	10	5,335	76,924		7,099	22,874		763						175,568	1	15,308
I-293 PP/V WVR	143			52		2															
I-580 Imm Portion	17,618	13	1,238	2,823		337			2	2,445		554							27,156		258
I-485 Others	80,867			1,089		5	7		18												
I-589	313,167	2	13,942	40,481	2	592				76,328	3	13,721							3,598		80
I-924 A App Ab	2,766	3	314	1,313		219	1,107		168	1,886		202							4,294		927
Waivers	10,572		2,455	18,453	1	3,328	1,016		77	735		158							15,045	3	63
TOTAL	786,672	698	30,268	1,598,498	176	67,767	396,775	226	98,763	826,547	15,191	1,814,998	1,081,964	12	32,399	15,309	231	3,293	306,564	2	85,531

Source: PAREXEC Database, data as of 11.3.2017

Homelessness During Pregnancy: A Unique, Time-Dependent Risk Factor of Birth Outcomes

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- Diana B. Cutts (1) Email author (diana.cutts@hcmcd.org)
- Sharon Coleman (2)
- Maureen M. Black (3)
- Mariana M. Chilton (4)
- John T. Cook (5)
- Stephanie Ettinger de Cuba (2)
- Timothy C. Heeren (2)
- Alan Meyers (5)
- Megan Sandel (5)
- Patrick H. Casey (6)
- Deborah A. Frank (5)

1. Department of Pediatrics, Hennepin County Medical Center, , Minneapolis, USA
2. Data Coordinating Center, Boston University School of Public Health, , Boston, USA
3. Department of Pediatrics, University of Maryland School of Medicine, , Baltimore, USA
4. Department of Health Management and Policy, Drexel University School of Public Health, , Philadelphia, USA
5. Department of Pediatrics, Boston University School of Medicine, , Boston, USA
6. Department of Pediatrics, University of Arkansas for Medical Sciences, , Little Rock, USA

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Abstract

Evaluate homelessness during pregnancy as a unique, time-dependent risk factor for adverse birth outcomes. 9,995 mothers of children <48 months old surveyed at emergency departments and primary care clinics in five US cities. Mothers were classified as either homeless during pregnancy with the index child, homeless only after

the index child's birth, or consistently housed. Outcomes included birth weight as a continuous variable, as well as categorical outcomes of low birth weight (LBW; <2,500 g) and preterm delivery (<37 weeks). Multiple logistic regression and adjusted linear regression analyses were performed, comparing prenatal and postnatal homelessness with the referent group of consistently housed mothers, controlling for maternal demographic characteristics, smoking, and child age at interview. Prenatal homelessness was associated with higher adjusted odds of LBW (AOR 1.43, 95 % CI 1.14, 1.80, $p < 0.01$) and preterm delivery (AOR 1.24, 95 % CI 0.98, 1.56, $p = 0.08$), and a 53 g lower adjusted mean birth weight ($p = 0.08$). Postnatal homelessness was not associated with these outcomes. Prenatal homelessness is an independent risk factor for LBW, rather than merely a marker of adverse maternal and social characteristics associated with homelessness. Targeted interventions to provide housing and health care to homeless women during pregnancy may result in improved birth outcomes.

Keywords

Pregnancy Homeless Low birth weight (LBW) Preterm delivery Housing
Maternal

Abbreviations

LBW

Low birth weight

PRAMS

Pregnancy Risk Assessment Monitoring System (PRAMS)

AOR

Adjusted odds ratio

CI

Confidence interval

WIC

Special Supplemental Nutrition Program for Women, Infants and Children

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Notes

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Conflict of interest

The authors have no conflicts of interest to disclose.

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US Housing Insecurity and the Health of Very Young Children

Diana Becker Cutts, MD, Alan F. Meyers, MD, MPH, Maureen M. Black, PhD, Patrick H. Casey, MD, Mariana Chilton, PhD, MPH, John T. Cook, PhD, Joni Geppert, MPH, RD, LN, Stephanie Ettinger de Cuba, MPH, Timothy Heeren, PhD, Sharon Coleman, MPH, MS, Ruth Rose-Jacobs, ScD, and Deborah A. Frank, MD

In the United States, as in other countries, housing is considered a strong social determinant of health.¹ Poor housing conditions have been linked to multiple negative health outcomes in both children and adults. The Department of Health and Human Services has defined housing insecurity as high housing costs in proportion to income, poor housing quality, unstable neighborhoods, overcrowding, or homelessness.² Crowding in the home and multiple moves from home to home have clear negative associations for children. Crowding is negatively associated with mental health status,³ ability to cope with stress,⁴ child and parent interaction,⁵ social relationships,³ and sleep.³ It also increases the risk for childhood injuries,⁶ elevated blood pressure,⁵ respiratory conditions,⁷ and exposure to infectious disease.⁷ Adults⁸ and children⁹ living in crowded households are less likely to access health care services than are those in noncrowded households, and families with multiple moves are less likely to establish a medical home and seek out preventive health services for their children than are securely housed families.¹⁰

In older children and adolescents, a history of multiple moves has been associated with mental health concerns,¹¹ substance abuse,¹² increased behavior problems,¹³ poor school performance,^{13,14} and increased risk of teen pregnancy.¹⁵ Multiple moves in childhood can have lifelong impact, as evidenced by higher rates of adverse childhood events,¹⁶ lower global health ratings in adulthood,¹⁷ and increased mental health and behavior concerns lasting through adolescence and into adulthood.¹⁶ Grade-school children with more than 2 school moves are 2.5 times more likely to repeat a grade,¹⁸ and adolescents who experience school moves are 50% more likely not to graduate from high school.¹⁹

Access to affordable housing is likely to reduce the chances that a family will live in crowded conditions or make multiple moves within a short period of time. Since the Housing Act of 1937 was passed,²⁰ 30% of monthly

Objectives. We investigated the association between housing insecurity and the health of very young children.

Methods. Between 1998 and 2007, we interviewed 22 069 low-income caregivers with children younger than 3 years who were seen in 7 US urban medical centers. We assessed food insecurity, child health status, developmental risk, weight, and housing insecurity for each child's household. Our indicators for housing insecurity were crowding (>2 people/bedroom or >1 family/residence) and multiple moves (≥2 moves within the previous year).

Results. After adjusting for covariates, crowding was associated with household food insecurity compared with the securely housed (adjusted odds ratio [AOR]=1.30; 95% confidence interval [CI]=1.18, 1.43), as were multiple moves (AOR=1.91; 95% CI=1.59, 2.28). Crowding was also associated with child food insecurity (AOR=1.47; 95% CI=1.34, 1.63), and so were multiple moves (AOR=2.56; 95% CI=2.13, 3.08). Multiple moves were associated with fair or poor child health (AOR=1.48; 95% CI=1.25, 1.76), developmental risk (AOR 1.71; 95% CI=1.33, 2.21), and lower weight-for-age z scores (−0.082 vs −0.013; *P*=.02).

Conclusions. Housing insecurity is associated with poor health, lower weight, and developmental risk among young children. Policies that decrease housing insecurity can promote the health of young children and should be a priority. (*Am J Public Health.* 2011;101:1508–1514. doi:10.2105/AJPH.2011.300139)

adjusted income has been used as the threshold for affordable housing costs. But affordability by this definition is becoming increasingly less common. In 2008, half of renter households paid more than 30% of their income in rent, and nearly a quarter paid more than 50%.²¹ Increases in unemployment and the poverty rate since 2008 have likely increased the number of families living in housing that they are hard pressed to afford. Although poverty is higher among young children than among any other age group,²² little is known about the effects of housing insecurity on very young children who are considered housed, albeit precariously. We examined the health, developmental, and anthropometric correlates of housing insecurity among children younger than 3 years, using crowding and multiple moves as indicators.

METHODS

Between June 1998 and December 2007, researchers with the ongoing Children's

HealthWatch study approached 36 618 adult caregivers of children younger than 3 years at Children's HealthWatch sites in 7 central-city medical centers serving diverse, low-income populations in Baltimore, MD; Boston, MA; Little Rock, AR; Los Angeles, CA; Minneapolis, MN; Philadelphia, PA; and Washington, DC. Institutional review board approval was obtained at each site prior to data collection and has been renewed annually since then.

The study design was cross-sectional. At each study site, trained interviewers surveyed caregivers accompanying children younger than 3 years who were seeking care at acute or primary care clinics or hospital emergency departments during peak patient flow times. Interviewers did not approach caregivers of critically ill or injured children. Potential respondents were excluded if they did not speak English or Spanish (or, in Minneapolis only, Somali), were not knowledgeable about the child's household, had been interviewed previously, lived out of state, or did not consent to

participate. The caregivers were approached in private settings.

Of the 36 618 caregivers who were approached, 3419 (9.3%) were ineligible, and 3343 (10.9%) refused to participate or were not able to complete the interview (Figure 1). To ensure that sample participants had relatively similar economic backgrounds, participants with private insurance were excluded ($n=3358$). Because our study interest concerned housing insecurity distinct from homelessness, we also excluded families who were homeless or living in shelters, residential treatment centers, or military facilities ($n=780$) (Figure 1). Also eliminated were 3649 (14.2%) interviews that had missing data. This process yielded a final analysis sample of 22 069 caregiver/child dyads. Those with complete data were similar to those with incomplete data in terms of child's gender, birth weight, household employment, and number of children in the household. Caregivers with incomplete data were more likely to be Hispanic, foreign born, interviewed in Minneapolis, married, older, have less education, have breastfed their child, and not report depressive symptoms.

Survey, Anthropometric, and Housing Insecurity Measures

From study inception, the survey covered multiple domains, including demographics, housing, reports of child health, and the United States Food Security Scale.^{23–26} Participants self-identified their race/ethnicity using definitions based on US Census Bureau definitions.²⁷ We asked race/ethnicity questions to characterize the sample and to demonstrate the diversity of this population. Respondents characterized their child's health as excellent, good, fair, or poor using a question from the 1988–1994 National Health and Nutrition Examination Survey,^{28–30} which has been validated against medical chart review. Poor child health was defined as caregivers ranking children as being in either fair or poor health.³¹

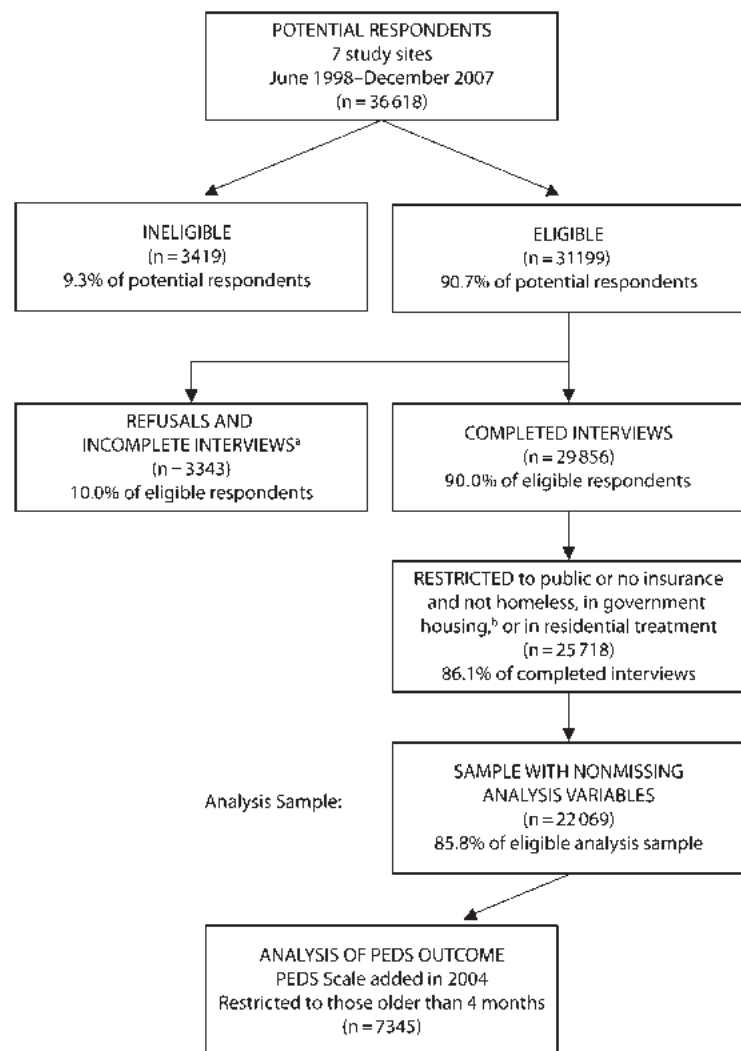
Household food insecurity and child food insecurity were derived from the Food Security Scale in accordance with established procedures.^{23,25} Households were classified as food insecure if they scored at a level indicating they could not afford enough nutritious food for active, healthy lives, and if this condition resulted from constrained resources.^{23–25} Children

were classified as food insecure if their caregivers reported that they met the criteria for either child hunger (skipping or reducing the size of child meals) or poor diet quality (relying on only a few foods or being unable to provide a balanced diet for children).²⁴

In 2000 we expanded our survey to assess caregivers' depressive symptoms, measured by a 3-item screen with a sensitivity of 100%, specificity of 88%, and positive predictive value of 66%, compared with the 8-item Rand screening instrument for depressive symptoms.³²

We gave the Parents' Evaluation of Developmental Status (PEDS) survey to a subset of

7345 caregivers with children older than 4 months from 2004 through 2007. Caregivers reported concerns about the child's development in 8 areas: expressive language, receptive language, fine motor skills, gross motor skills, behavior, social-emotional skills, self-help, and school. In addition, we asked caregivers 2 open-ended questions about concerns in the global/cognitive area and additional concerns. Other investigators have shown that children whose caregivers express 1 or more concerns on the PEDS are considered to be at developmental risk^{33–35} and experience from 8 to 20 times the risk of developmental and behavioral



Note. PEDS = Parents' Evaluation of Developmental Status survey.

FIGURE 1—Description of analytic sample selection: 7 US cities, 1998–2007.

problems compared with children whose parents do not express concerns on the PEDS.³⁶

Project staff or clinical staff used standard techniques to collect children's weight and length/height. When clinical staff collected these data, project staff obtained the data later via medical record reviews conducted on the same day as the interview. Anthropometric status was derived from the Centers for Disease Control and Prevention/National Center for Health Statistics 2000 age-gender standardized growth

charts.³⁷ We also calculated weight-for-age *z* scores.³⁸

We divided the sample into 3 mutually exclusive groups according to their housing insecurity status. Families with no more than 1 move in the previous year and no indication of crowding were the referent securely housed group. We defined the 2 insecurely housed groups on the basis of crowding and multiple moves in the previous year. Using the US Department of Housing and Urban Development definition as a guideline,³⁹ we defined

crowding as having more than 2 people per bedroom or as temporarily living with other people because of economic difficulties (doubling up). Families that had moved 2 or more times in the previous year, with or without crowding, were classified as households with multiple moves.

Outcome variables included household food insecurity, child food insecurity, caregiver report of child's health status, developmental risk, and weight-for-age *z* scores. Weight-for-age *z* scores were expressed as a continuous variable. All other outcome variables were expressed as 2-level categorical variables.

Analysis

We developed separate multivariate logistic regression models for each of the dichotomous outcome variables, including a secondary analysis to examine whether adding maternal depressive symptoms might alter associations with housing insecurity (we assessed "maternal" depression for any female primary caregiver). We used general linear models for multivariate analysis of variance for continuous outcomes. Covariates included in each model were selected on theoretical grounds and on the basis of whether there was evidence of bivariate association with both the outcome of interest and with housing insecurity. To minimize the potential for collinearity, we calculated the correlation between pairs of independent variables, and we verified that no pair of variables included in the same regression model was highly correlated (i.e., $r > 0.40$). To determine how housing insecurity was related to child health variables, we used SAS 9.1 (SAS Institute, Cary, NC) to conduct multivariate analyses, using securely housed families as the referent category. All models were adjusted for city, maternal race/ethnicity, maternal place of birth (United States vs other), marital status, maternal education, mean number of children in the home, whether adults in the household were employed, mean child's age, whether the child was breastfed, and child's birth weight less than 2500 g.

RESULTS

Housing insecurity affected 46% of the study sample, with 41% of households experiencing crowding, and 5% of households

TABLE 1—Sample Characteristics, by Housing Group: Children Younger Than 3 Years, 7 US Cities, 1998–2007

Sample Characteristics	Housing Groups			<i>P</i>
	Secure Housing	Crowding	Multiple Moves	
Housing group totals	11 904 (54)	9113 (41)	1052 (5)	
Study site, no. (%)				<.001
Baltimore, MD	1896 (16)	992 (11)	90 (8)	
Boston, MA	3556 (30)	1982 (22)	246 (24)	
Little Rock, AR	2695 (23)	1120 (12)	282 (27)	
Los Angeles, CA	540 (4)	931 (10)	55 (5)	
Minneapolis, MN	2034 (17)	2982 (33)	266 (25)	
Philadelphia, PA	1047 (9)	643 (7)	101 (10)	
Washington, DC	136 (1)	463 (5)	12 (1)	
Child characteristics				
Girl, no. (%)	5597 (47)	4263 (47)	463 (44)	.17
Age, mo, mean (SD)	12.8 (9.9)	10.6 (9.4)	16.3 (8.9)	<.001
Breastfed, no. (%)	5848 (49)	5323 (58)	540 (51)	<.001
Birth weight < 2500 g, no. (%)	1622 (14)	1189 (13)	163 (15)	.03
Caregiver race/ethnicity, no. (%)				<.001
Asian	139 (1)	158 (2)	8 (1)	
Black	7281 (61)	4093 (45)	482 (46)	
Hispanic	2461 (21)	3871 (42)	310 (29)	
Native American	93 (1)	95 (1)	20 (2)	
White	1930 (16)	896 (10)	232 (22)	
Caregiver US born, no. (%)	8821 (74)	4726 (52)	783 (74)	<.001
Caregiver single marital status, no. (%)	8031 (67)	5452 (60)	747 (71)	<.001
Caregiver education, no. (%)				<.001
Some school	3386 (29)	4110 (45)	422 (40)	
High school diploma/GED	5035 (42)	3346 (37)	389 (37)	
Post-high school	3483 (29)	1657 (18)	241 (23)	
Caregiver age, y, mean (SD)	26.4 (6.7)	25.5 (6.2)	25.5 (6.8)	<.001
No. of children in home, mean (SD)	2 (1.2)	3 (1.6)	2 (1.5)	<.001
≥1 household member employed, no. (%)	9280 (78)	7578 (83)	772 (73)	<.001
Maternal depressive symptoms, ^a no. (%)	2140 (22)	1858 (27)	349 (41)	<.001

Note. GED = general equivalency diploma. Caregivers were 93% mothers, 5% fathers, and 2% other.

^aAsked only of female caregivers.

experiencing multiple moves. As indicated in Table 1, housing insecurity was significantly associated with research site and more children in the home. Maternal older age, minority race/ethnicity, foreign place of birth, single marital status, lower education, depressive symptoms, and breastfeeding were also significantly associated with housing insecurity. Older child age was significantly associated with multiple moves.

Household food insecurity (HFI) was found in 9% of families with secure housing, 12% of families with crowding, and 16% of families with multiple moves ($P<.001$). Child food insecurity (CFI) was found in 7% of families with secure housing, 17% of families with crowding, and 19% of families with multiple moves ($P<.001$). Multivariate analysis showed that, compared with the referent of secure housing, crowding was significantly associated with HFI (adjusted odds ratio [AOR]=1.30; 95% confidence interval [CI]=1.18, 1.43; $P<.001$) and with CFI (AOR=1.47; 95% CI=1.34, 1.63; $P<.001$) (Table 2). Multiple moves were also significantly associated with HFI (AOR=1.91; 95% CI=1.59, 2.28; $P<.001$) and CFI (AOR=2.56; 95% CI=2.13, 3.08; $P<.001$), with higher AORs than crowding and non-overlapping confidence intervals. In addition, multiple moves were significantly associated with caregivers reporting their child's health as fair or poor (18% vs 11% of the securely housed, AOR=1.48; 95% CI=1.25, 1.76; $P<.001$) and reporting developmental risk as measured by the PEDS (22% vs 14% of the securely housed, AOR=1.71; 95% CI=1.33, 2.21; $P<.001$). Children in the multiple-moves group had significantly lower weight-for-age z scores than the secure-housing group (-0.082 vs -0.013 ; $P=.02$) (Figure 2).

When we added maternal depressive symptoms to the models as a covariate, the associations of housing insecurity with fair/poor child health and developmental risk were somewhat attenuated but remained significant. The AOR between multiple moves and fair/poor child health diminished only slightly, from 1.48 (95% CI=1.25, 1.76) to 1.40 (95% CI=1.16, 1.70; $P<.001$), whereas the AOR between multiple moves and developmental risk diminished from 1.71 (95% CI=1.33, 2.21) to 1.53 (95% CI=1.18, 1.99; $P=.001$), remaining significant but showing partial attenuation. Maternal depressive symptoms were significantly associated with HFI, CFI, fair/poor child health, and developmental risk ($P<.001$) but not with weight-for-age z score. CFI was also tested as a mediator of the association between housing insecurity and child weight for age, but results did not differ from our primary analysis.

DISCUSSION

Homeless children are recognized as being vulnerable to multiple health risks, but there are millions of less visible children whose health, development, and growth may be compromised by living in insecure housing. Nearly half of our sample (46%) had experienced housing insecurity within the past year. We found housing insecurity to be associated with measures of poor health, growth, and development in young children, which is consistent with findings of research on samples of adults and older children. Housing insecurity is also an important marker for food insecurity. Multiple moves had a stronger relation with food insecurity and fair/poor child health than crowding, suggesting that multiple moves are

a more severe form of housing insecurity. Whereas crowding may be used as a coping strategy to avoid outright homelessness, housing transiency as reflected by multiple moves may indicate a lack of social ties⁴⁰ to assist families during household crises.

We found that, compared with the rest of our sample, very young children in households with multiple moves had worse caregiver-reported health status, increased developmental risk, and average weight for age that was lower than expected. Although the magnitude of the weight-for-age z-score differences between the groups was not large, the negative growth differences in this group of very young children are cause for concern. Similar to multiple moves, crowding was associated with HFI and CFI, but to a lesser degree. Children living in households with both housing insecurity and food insecurity experience dual threats because food insecurity has been independently associated with children's risk for hospitalization,⁴¹ poor health,⁴¹ developmental delays,⁴² anemia,^{43,44} and the mother's risk for depressive symptoms.^{45,46}

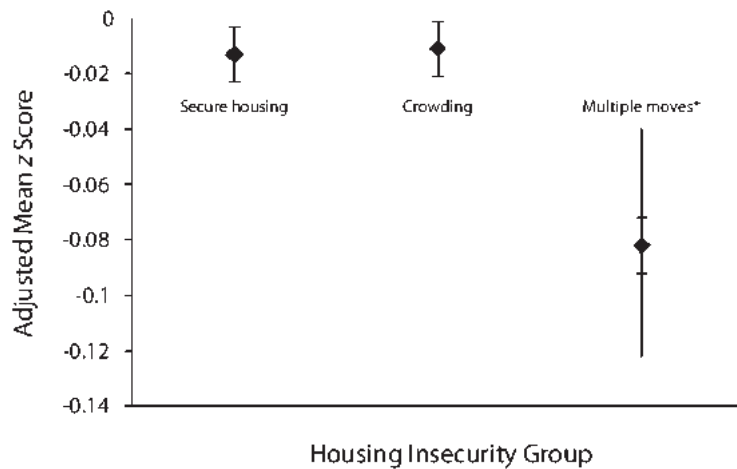
The potential life-course effects of housing insecurity during early childhood are important. Shonkoff et al. made a case that stress or disruption during childhood is a precursor to chronic disease in adulthood.⁴⁷ The relationship between housing insecurity and outcomes of poor child health, diminished weight, increased developmental risk, and greater likelihood of food insecurity suggest that policies promoting stable housing may have latent positive long-term health impacts.

Young children may be particularly vulnerable to the lack of a stable environment or to the stress of their families going through periods of housing insecurity. Social

TABLE 2—Variables Associated With Insecure Housing, by Housing Group: Children Younger Than 3 Years, 7 US Cities, 1998–2007

Variables	Secure Housing (Ref)			Crowding			Multiple Moves		
	Unadjusted No. (%)	AOR (95% CI)		Unadjusted No. (%)	AOR (95% CI)	P	Unadjusted No. (%)	AOR (95% CI)	P
Household food insecurity (n=22 069)	1052 (9)	1.0		1060 (12)	1.30 (1.18, 1.43)	<.001	166 (16)	1.91 (1.59, 2.28)	<.001
Child food insecurity (n=22 069)	872 (7)	1.0		1513 (17)	1.47 (1.34, 1.63)	<.001	204 (19)	2.56 (2.13, 3.08)	<.001
Caregiver report of fair/poor child health (n=22 069)	1313 (11)	1.0		1193 (13)	1.07 (0.98, 1.18)	.14	192 (18)	1.48 (1.25, 1.76)	<.001
Caregiver report of child developmental risk (after 2004, n=7345)	621 (14)	1.0		355 (14)	1.06 (0.91, 1.23)	.49	96 (22)	1.71 (1.33, 2.21)	<.001

Note. AOR=adjusted odds ratio; CI=confidence interval. Analyses are adjusted for site, race/ethnicity, US-born mother, marital status, maternal age, education, mean child's age, mean number of children in the home, household employment, breastfeeding, and low birth weight. Secure housing is the referent group.



Note. Least squares mean weight-for-age z scores by levels of housing insecurity were adjusted for site, race/ethnicity, US-born mother versus immigrant mother, maternal age, marital status, caregiver education, mean child's age, mean number of children in the home, household employment, breastfeeding, and low birth weight.

* $P = .02$.

FIGURE 2—Adjusted mean weight-for-age z scores by housing group: children younger than 3 years, 7 US cities, 1998–2007.

disorganization theory suggests that environmental factors such as housing insecurity influence parenting and child behavior.⁴⁸ Housing insecurity impedes the development of role models, informal neighborhood social supports, connections to resources such as child care, family participation in the social environment, and establishment of a medical home for consistent health care. All of these social factors are important to families with young children. Other social models discuss a competition process whereby neighbors compete for scarce community resources and services, impairing parental mental and physical health and influencing parental behaviors in ways that negatively affect the health of their children. Neighborhoods where families know and trust each other and community-level interventions that ensure adequate, safe, and affordable housing can positively affect the physical and mental health of parents and children.⁴⁹

Programs offering housing subsidies or energy assistance have been shown to protect against child health concerns, including hospitalizations⁵⁰ and poor growth,⁵¹ as well as anemia.⁵² Mills et al. found that families receiving housing subsidies moved less frequently and were less crowded than families that did not receive a subsidy.⁵³ Despite the benefits of subsidized housing, only 1 out of 4 eligible

households receives housing assistance.⁵⁴ Meyers et al. found that children younger than 3 years who lived in food-insecure households that were eligible for housing subsidies but did not receive them were more than twice as likely to have growth delays as measured by weight for age compared with those receiving housing subsidies.⁵¹ Frank et al. showed that children in families receiving energy assistance had lower odds of acute hospitalizations and diminished risk of having weight-for-age z scores that were more than 2 standard deviations below the mean.⁵⁰

Recent increases in unemployment, housing foreclosures (including those related to subprime lending), and the continued demand for low-income housing all contribute to an environment of housing insecurity.²¹ Although all socioeconomic groups are affected by housing insecurity, low-income households are particularly at risk because of their already constrained financial resources and lack of reserve funds. Low-income families often pay a larger proportion of their income for housing than do higher-income households, which decreases the resources available for other necessities such as food, transportation, heat, and medical care.²¹

There are several methodological limitations that should be considered when interpreting these data. First, because of the cross-sectional

design of this study, it is not possible to determine cause-and-effect relationships on the basis of our findings. Furthermore, although we controlled for important confounding variables, other unmeasured confounders may exist. We further acknowledge that, despite our use of previously independently validated questions whenever possible, respondents may have over- or underreported negative child outcomes. Because this study assesses families from low-income backgrounds in emergency rooms and hospital-based clinics, their children are already at elevated risk for developmental and health concerns and may not be representative of all low-income children. However, we excluded urgently ill or injured children, so some of the highest-risk children may not have been included in this study.

In addition, families that were excluded from the analyses because of incomplete data represent a high-risk segment of the study population, judged on the basis of demographic variables of caregiver education, maternal race/ethnicity, and maternal country of birth. Therefore, it is possible that excluding these families from the analyses contributes to underestimating the impact of housing insecurity. Finally, our measurement of housing insecurity does not incorporate measures of housing safety or quality of neighborhood conditions; nor does it consider affordability.

Nevertheless, the association between housing insecurity and measures of children's health and development provide evidence of the vulnerability of children who have insecure housing but who are not homeless. Low-income children often bear the burden of multiple risk factors for adverse outcomes, some of which (such as housing insecurity) can be addressed through public policies. Governmental action and community investment in expanding the supply of affordable housing, increasing funding for housing assistance programs, and stabilizing families in uncrowded housing they can afford can alleviate housing insecurity. Protecting families with young children from being economically forced into crowded conditions and frequent moves should be a policy priority. ■

About the Authors

Diana Becker Cutts and Joni Geppert are with the Department of Pediatrics, Hennepin County Medical Center,

Minneapolis, MN. Alan F. Meyers, John T. Cook, Ruth Rose-Jacobs, and Deborah A. Frank are with the Department of Pediatrics, Boston University School of Medicine, Boston, MA. Maureen M. Black is with the Department of Pediatrics, University of Maryland School of Medicine, Baltimore. Patrick H. Casey is with the Department of Pediatrics, University of Arkansas for Medical Sciences, Little Rock. Mariana Chilton is with the Department of Health Management and Policy, Drexel University School of Public Health, Philadelphia, PA. Stephanie Ettinger de Cuba, Timothy Heeren, and Sharon Coleman are with the Data Coordinating Center, Boston University School of Public Health, Boston, MA.

Correspondence should be sent to Diana Becker Cutts, MD, Hennepin County Medical Center, Department of Pediatrics, MC 867B, 701 Park Ave, Minneapolis, MN 55415 (e-mail: Diana.cutts@hmed.org). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints/Eprints" link.

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Contributors

D.B. Cutts, A.F. Meyers, M.M. Black, P.H. Casey, M. Chilton, J.T. Cook, S. Ettinger de Cuba, T. Heeren, S. Coleman, R. Rose-Jacobs, and D.A. Frank conceptualized and designed the study. D.B. Cutts, A.F. Meyers, M.M. Black, P.H. Casey, M. Chilton, S. Ettinger de Cuba, and D.A. Frank supervised the study. D.B. Cutts, A.F. Meyers, M.M. Black, P.H. Casey, M. Chilton, S. Ettinger de Cuba, D.A. Frank, and J. Geppert acquired the data. S. Coleman and T. Heeren performed the statistical analysis. D.B. Cutts, S. Coleman, and J. Geppert drafted the article. All authors participated in analyzing the data, interpreting the data, and revising the article.

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Human Participant Protection

The institutional review boards of Boston University Medical Center, Hennepin County Medical Center, Drexel University College of Medicine, University of Arkansas for Medical Sciences, and University of Maryland School of Medicine approved the study protocol at the beginning of the study. We obtained renewal of the protocol approval from each institutional review board annually.

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Food Insecurity Affects School Children's Academic Performance, Weight Gain, and Social Skills¹⁻³

Diana F. Jyoti, Edward A. Frongillo,⁴ and Sonya J. Jones*

Division of Nutritional Sciences, Savage Hall, Cornell University, Ithaca, NY 14853-6301

*and *Center for Research in Nutrition and Health Disparities, University of South Carolina, Arnold School of Public Health, Columbia, SC 29204*

ABSTRACT Food insecurity has been associated with diverse developmental consequences for U.S. children primarily from cross-sectional studies. We used longitudinal data to investigate how food insecurity over time related to changes in reading and mathematics test performance, weight and BMI, and social skills in children. Data were from the Early Childhood Longitudinal Study-Kindergarten Cohort, a prospective sample of ~21,000 nationally representative children entering kindergarten in 1998 and followed through 3rd grade. Food insecurity was measured by parent interview using a modification of the USDA module in which households were classified as food insecure if they reported ≥ 1 affirmative response in the past year. Households were grouped into 4 categories based on the temporal occurrence of food insecurity in kindergarten and 3rd grade. Children's academic performance, height, and weight were assessed directly. Children's social skills were reported by teachers. Analyses examined the effects of modified food insecurity on changes in child outcomes using lagged, dynamic, and difference (i.e., fixed-effects) models and controlling for child and household contextual variables. In lagged models, food insecurity was predictive of poor developmental trajectories in children before controlling for other variables. Food insecurity thus serves as an important marker for identifying children who fare worse in terms of subsequent development. In all models with controls, food insecurity was associated with outcomes, and associations differed by gender. This study provides the strongest empirical evidence to date that food insecurity is linked to specific developmental consequences for children, and that these consequences may be both nutritional and nonnutritional. *J. Nutr.* 135: 2831-2839, 2005.

KEY WORDS: • food insecurity • child development • overweight • academic • longitudinal

Despite federal food assistance and private charitable programs, food insecurity is a persistent national problem (1), affecting 11% of all households (2) and 16% of households with children (3). Food insecurity refers to limited or uncertain availability of or inability to acquire nutritionally adequate, safe, and acceptable foods due to financial resource constraint (1). More specifically, food insufficiency refers to an inadequate amount of food intake due to resource constraint (4).

Food insecurity and insufficiency are associated with adverse health and developmental outcomes in U.S. children (5-12). Among 6- to 12-y-old children, food insufficiency was associated with poorer mathematics scores, grade repetition, absenteeism, tardiness, visits to a psychologist, anxiety, aggression, psychosocial dysfunction, and difficulty getting along

with other children (13-15). Among 15- to 16-y-old adolescents, food insufficiency was associated with depressive disorders and suicide symptoms after controlling for income and other factors (16). Recently, food insecurity was associated with poor social functioning, but not with academic performance or attained BMI, in kindergarten children (17).

Cross-sectional studies also suggest possible associations between food insecurity and overweight in children. White girls 8-16 y old from food-insufficient households were 3.5 times more likely to be overweight than food-sufficient girls after controlling for potential confounding factors (18). Casey and colleagues (19) reported a significantly higher prevalence of overweight among children from low-income, food-insufficient households in contrast to high-income, food-sufficient households, but no differences between food-insufficient and food-sufficient low-income households.

These cross-sectional studies suggest that food insecurity has consequences for academic performance, social skills, and weight in children. Longitudinal data, however, have clear analytical advantages over cross-sectional data. First, the temporal nature allows for measurement of change over time (20). For example, how does the transition from food security to food insecurity relate to weight gain? Second, temporality helps ensure that observed outcomes are associated with initial

¹ Presented in part at Experimental Biology 05, April 1-6, 2005, San Diego, CA [Jyoti, D. F., Frongillo, E. A. & Jones, S. J. (2005) Consequences of food insecurity for child social and academic learning and weight gain. *FASEB J.* 19: 449.6 (abs.)].

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³ Supplemental Tables 1-3 are available as Online Supporting Material with the online posting of this paper at www.nutrition.org.

⁴ To whom correspondence should be addressed. E-mail: eaf1@cornell.edu.

exposure status and not due to reverse causality. Third, investigation of intraindividual changes reduces the effects of unmeasured confounders (20). Absent a randomized design, longitudinal data provide the best means to establish that observed effects are causal and not due to confounding, selection bias, or reverse causality (21).

Only one earlier study examined the effects of food insecurity on aspects of child development using longitudinal methods (22). Data from the Early Child Longitudinal Study-Kindergarten Cohort (ECLS-K)⁵ showed that reporting ≥ 3 indicators of food insecurity in the spring of kindergarten was not associated with physical growth across the kindergarten year, but that reporting at least 1 indicator of food insecurity was significantly associated with impaired learning in mathematics from fall to spring of the kindergarten year. This study was limited by the short duration of time between assessments, lack of data on changes in food insecurity, and inability to establish whether exposure to food insecurity preceded the learning effect.

This study aimed to determine relations between household food insecurity and selected dimensions of children's academic, social, and physical development over several years using a prospective longitudinal study design and modeling techniques that attempt to account for bias. The selected developmental outcomes were mathematics performance, reading performance, weight, BMI, and composite social skills. First, we examined whether household food insecurity at kindergarten resulted in poorer subsequent development. Second, we examined how changes in food insecurity were associated with concurrent development.

SUBJECTS AND METHODS

Nonrestricted, public-use data were obtained from the ECLS-K (23), which utilized a multistage probability, cluster sample design to select a nationally representative sample of 21,260 kindergarten children attending 1592 elementary schools in 1998–1999. Data were collected nonexperimentally by means of survey and direct assessment over 4 consecutive years. We utilized parent, teacher, and child data from spring of kindergarten (1999) and spring of 3rd grade (2002). Data from children with full response, i.e., eligible children who completed some assessment data or had a parent who completed the family section of the parent interview, were available for 20,578 children in the spring of 1999 and for 15,305 children in the spring of 2002. Attrition was due mainly to children moving outside of the primary sampling units or moving to areas in which they could not be located. Locatable movers from a random 50% of schools were followed. A small number of children became ineligible because they moved outside of the United States or died. Our 2 analytic samples consisted of the following: 1) $\sim 13,500$ children for whom full data, i.e., a scored reading or mathematics assessment and parent completion of the USDA food security module, were available at kindergarten; and 2) $\sim 11,400$ children for whom these full data were available at both kindergarten and 3rd grade.

The ECLS-K longitudinal design offered 4 advantages. First, it gave an opportunity to analyze the effects of changes in food security status over time. Second, the large sample size allowed for substantial statistical power. Third, national representation of the sample allowed for generalizations to the entire population. Fourth, ample supplementary information regarding characteristics of the children, parents, and home environments was collected as part of the ECLS-K.

Food insecurity. Household food insecurity was measured using the USDA's Household Food Security Survey Module, an 18-item scale designed to capture experiences associated with inadequate

quality and quantity of the household food supply within the past 12 mo (1,24). The USDA module was administered to parents by means of telephone interviews in the spring of 1999 and the spring of 2002. Parents responded in the affirmative or negative to each of the experiences itemized in the scale. In standard guidelines for use (1), households that affirm ≤ 2 responses are classified as food secure, and households that affirm ≥ 3 responses are classified as food insecure.

A previous study using ECLS-K data suggested that experiencing food insecurity at even marginal levels is associated with child development (22). Using the standard threshold of ≥ 3 affirmative responses to the USDA food security module had less value in predicting mathematical test performance than a threshold of ≥ 1 affirmative responses on the module. Also, households affirming 1 or 2 responses (labeled marginally food secure) were more similar in mean baseline characteristics to households affirming > 2 responses than households affirming no responses. The authors concluded that reporting any affirmative response on the module signifies increased food insecurity.

We created 2 separate binary variables to represent the experience of food insecurity in both 1999 and 2002. For the first variable, only households reporting ≥ 2 affirmative responses on the USDA module were coded as food insecure; all other households were coded as food secure. For the second variable, households reporting any (≥ 1) affirmative response on the USDA module were coded as food insecure; households reporting 0 affirmative responses were coded as food secure. Of the households having valid responses, 8.7% reported ≥ 3 affirmative responses and 17.1% reported at least 1 affirmative response. Our preliminary results confirmed that the second measure better predicted differences in development, and this variable was used for all successive analysis.

To capture changes in food insecurity over time, a categorical variable was created to represent transitions into and out of food insecurity. Respondents were categorized into 4 groups: remained food secure at both times (persistent food secure), remained food insecure at both times (persistent food insecure), transitioned from food security to food insecurity (became food insecure), and transitioned from food insecurity to food security (became food secure).

Academic performance. Direct assessments of mathematics and reading ability were administered individually in kindergarten and 3rd grade. The mathematical proficiency test measured understanding of the properties of numbers, mathematical operations, problem solving, understanding of patterns and relations among numbers, formulating conjectures, and identifying solutions. The reading proficiency test measured basic literacy, vocabulary, and reading comprehension (24).

Scaled scores for the mathematics and reading performances were calculated using item response theory (IRT). Although assessments are grade-appropriate and nonidentical over time, IRT places each score on a continuous ability scale, making possible longitudinal measurements of gain in achievement. The scores represent estimates of the number of items students would have answered correctly had they completed all of the questions in all of the first- and second-stage forms. Values for IRT mathematics and reading scores ranged from 0 to 123 and from 0 to 154, respectively. Reliability of the test scores was high, between 0.92 and 0.95 (24).

Weight, height, and BMI. Children's heights and weights were assessed directly in both kindergarten and 3rd grade. A Shorr Board was used to obtain height measurements. A digital bathroom scale was used to obtain weight measurements. Heights and weights were each measured twice to minimize measurement error and the mean of each set of values was used. If 2 height values were ≥ 5 cm apart, the composite height was set as the value closest to 109.2 cm (the mean height for a 5-y-old child) at kindergarten. If the 2 weight values were ≥ 2.3 kg apart, the composite weight was set as the value closest to 18.2 kg (the mean weight for a 5-y-old child) at kindergarten. BMIs (kg/m^2) were calculated from heights and weights (24). Weights and BMIs were within normal ranges for appropriate ages (25).

Social skills. Children's social skills were assessed by teacher questionnaires. Teachers rated how often their students exhibited certain social skills and behaviors on a scale of 1 (never) to 4 (very often), for a variety of behaviors within each of 5 overall scales. Of the 5 scales, 3 captured positive aspects of children's development:

⁵ Abbreviations used: ECLS-K, Early Child Longitudinal Study-Kindergarten Cohort; FIS, food insecurity; IRT, Item Response Theory.

approaches to learning (behaviors that affect ease of benefiting from the learning environment); self control (ability to control behavior); and interpersonal skills (forming and maintaining friendships, getting along despite differences, comforting or helping others, and showing sensitivity). The other 2 scales captured externalizing (acting-out) and internalizing (anxiety, loneliness, low self-esteem, sadness) problem behaviors. Scores were computed only if the student was rated on at least two-thirds of the items within each of the 5 scales. All of these measures were adapted from Gresham and Elliott's (26) Social Skills Rating System. The reliability for the teacher social rating scales was high (24).

After preliminary analysis with individual scales, we averaged the individual scales to create a composite social skills behavior score, in which a higher score indicated better social skills. The scale for internalizing problem behaviors was not averaged into the score for 2 reasons: first, its low correlation with the other scale measures, and second, previous literature questioning the validity of teacher-ratings of internalized behaviors (27–29). Change in social skills score was calculated by subtracting the kindergarten composite score from the 3rd grade composite score. Separate analysis was done using a composite average of all 5 scales (including internalizing behaviors) and yielded similar results.

Control measures. Controlling for many individual, parent, and household variables in the analysis reduced the possibility of spurious associations between the variables of interest. The following child-specific data were collected using direct assessment and parent report at both times: gender, age, birth weight, home language, race-ethnicity, disability (diagnosed activity, mobility, speech, hearing or vision problem), health insurance coverage, and frequency of exercise per week. Children were classified into 4 race-ethnicity categories: non-Hispanic white, non-Hispanic black or African-American, Hispanic of any race, and other (which includes children of Native American and Asian descent). Children were categorized as normal birth weight, low birth weight (≥ 1500 and < 2500 g), or very low birth weight (< 1500 g). We created dichotomous variables for the following: non-English as the home language, the presence of a child disability, and child health insurance coverage. Child psychomotor skills were assessed at kindergarten only and rated on a composite scale of 0 (poor) to 17 (excellent).

Parents reported the following information about home environments at both times: family income (multiples of \$5000 up to \$40,000; \$40,001–50,000; \$50,001–75,000; \$75,001–100,000; \$100,001–200,000; $> \$200,001$), number of parents in household (1; 2; no biological/step parents), household size (total number people), mother's age, father's age, parent marital status (married; divorced; widowed; separated; never married; no biological/adoptive parent in home), mother's age at 1st birth, parent employment (≥ 35 h/w; < 35 h/w; looking for work; not in labor force; no mother/father in household), highest education level attained by either parent (< 8 th grade; 9th–12th; high school diploma; vocational/technical program; some college; bachelor's degree; some graduate/professional school; master's degree; doctorate/professional degree), child care arrangements (no nonparental care; relative care; nonrelative care; center-based program; other/variation), number of siblings, parent ratings of his or her own depression and ability to "get going" (never; sometimes/moderate amount; most of time;), region of residence (Northeast; Midwest; South; West), area of residence (large/mid-size city; suburb/large town; small town/rural), and neighborhood safety rating (not at all safe; somewhat safe; very safe). Data regarding the death of a close relative in the past 2 y and the number of places the child had lived in the past 3 y were collected in the spring of 2002 only.

Composite variables were created to capture transitions between kindergarten and 3rd grade for relevant background variables. Categorical variables were as follows: child disability (no change; became disabled, became nondisabled), child health insurance (no change; became covered, became uninsured), parent marital status (no change; became married, became divorced, became separated, became widowed), parent employment (no change; became part time; became full time; change to looking; change to not in labor force); child care arrangements (no change; change to no nonparental care; started center-based care; started relative care; started nonrelative care), region of residence (no change; moved to Northeast; moved to

South; moved to Midwest; moved to Pacific), and area of residence (no change: moved to large city; moved to large town/suburb; moved to rural/small town). Differences between kindergarten and 3rd grade values were computed for the following: child's frequency of exercise, household income, number of parents, household size, highest education level attained by either parent, number of siblings, parent ratings of his or her own depression and ability to "get going," and neighborhood safety rating.

Statistical methods. Preliminary analyses showed nonnormal distributions for change in BMI, change in weight, initial mathematics score, and initial reading score. Logarithmic transformations of these variables were used to create measures with normal distributions. Results for means are reported after back transformations. Results for differences, i.e., β -coefficients, are reported after back transformations using the sample means and differences from the regression coefficients obtained on the logarithmic scale.

Initial analysis determined whether children with missing data due to loss to follow-up differed in any way from those with complete data. A binary variable distinguished children with missing data from those with complete data across both time points, which was then regressed (logistic) upon all available background variables. Any variable identified as predicting the probability of missing data was included in the analysis as a covariate.

Multiple linear regression methods were used to test the differential effects of food insecurity transitions on the 5 child developmental outcomes of interest: change in mathematics score, change in reading score, change in weight and BMI (controlling for height), and change in social skills score. The SAS *surveyreg* (version 9.1, SAS Institute) procedure accounted for effects of survey clustering, primary sampling units, and sample weights. ECLS-K sampling weights adjusted for an oversampling of Asian and Pacific Islanders and nonresponse. Analyses were run using the full sample and gender-stratified samples. Differences were considered significant at the 5% level.

Models. Each of the 5 developmental outcomes was analyzed using 4 models: 1) lagged model without controls, 2) lagged model with controls, 3) dynamic model, and 4) difference model. The lagged model assessed the effects of initial food insecurity on subsequent development. This model makes use of the temporal sequence to establish that food insecurity precedes its effect and that the association is not likely due to reverse causality. For the first analysis, change in development score was modeled as a function of initial development score and initial food insecurity (food insecure vs. food secure):

$$\Delta \text{score}_{3-k} = \beta_0 + \beta_1 \text{score}_k + \beta_2 \text{FIS}_k + E$$

where the subscripts 3 and k refer to the time of assessment (3rd grade or kindergarten) and FIS refers to food insecurity status.

The previous model estimated effects of kindergarten food insecurity on subsequent developmental trajectories without regard to background characteristics. A second lagged model was conducted in which time-invariant variables were controlled:

$$\Delta \text{score}_{3-k} = \beta_0 + \beta_1 \text{score}_k + \beta_2 \text{FIS}_k + \beta_3 \text{covariates}_k + E$$

To reduce bias further, a third lagged model was conducted in which both time-invariant and time-varying variables were controlled:

$$\Delta \text{score}_{3-k} = \beta_0 + \beta_1 \text{score}_k + \beta_2 \text{FIS}_k + \beta_3 \text{covariates}_k + \beta_4 \Delta \text{covariates}_{3-k} + E$$

Although the lagged model is useful in establishing direction, it does not take into account food insecurity at 3rd grade. A dynamic model has the advantage of capturing the differential effects of food insecurity between kindergarten and 3rd grade. For the dynamic model analysis, change in the development score was modeled as a function of the initial development score, time-invariant covariates, time-varying covariates, and food insecurity modeled as a 4-category variable to capture both persistent and transitional effects:

$$\Delta \text{score}_{3-k} = \beta_0 + \beta_1 \text{score}_k + \beta_2 \Delta \text{FIS}_{3-k} + \beta_3 \text{time-invariant covariates}_k + \beta_4 \text{time-varying covariates}_k + \beta_4 \Delta \text{time-varying covariates}_{3-k} + E$$

The difference model is a reduced version of the dynamic model concerned only with transitions. Change in the development score was modeled as a function of time-varying covariates and change in household food insecurity:

$$\Delta \text{score}_{3-k} = \beta_0 + \beta_1 \Delta \text{FIS}_{3-k} + \beta_2 \Delta \text{covariates}_{3-k} + E$$

Continuous variables, including food insecurity, were entered into the model as differences. Categorical variables were entered into the class statement, with 0 representing no change from kindergarten to 3rd grade and each level other than 0 representing a change in status (e.g., 1 = became divorced, 2 = became married, 3 = became widowed).

The difference model removes individual fixed effects and eliminates the influence of time-invariant unobserved (and observed) heterogeneity by differencing out effects of factors that remain unchanged over time and focusing entirely on transitions. Theoretically, this model gives the least biased estimates of association (30), assuming that there is a short lag between the experience of becoming food insecure and its effect on child development relative to the duration of time between measurements. We controlled for as many relevant child- and household-level time-varying covariates as available.

RESULTS

Background characteristics for the subset of children with full data are summarized in Supplemental Tables 1 and 2. Included are the characteristics for the 15.6% of kindergarteners from households affirming ≥ 1 response on the USDA food security module. Supplemental Table 3 summarizes background characteristics over time. Characteristics of the entire sample at kindergarten were reported elsewhere (17). Between kindergarten and 3rd grade, 77.9% of children's households remained food secure, 6.0% remained food insecure, 9.7% became food secure and 6.5% became food insecure ($n = 11,460$); 22.2% experienced food insecurity at one or both times.

Observed changes in outcomes were in the expected ranges for child age and developmental stage (Table 1). Reading IRT score increased by 70.43 points, mathematics IRT score by 53.37 points, weight by 10.96 kg, and BMI by 1.99 kg/m². The teacher-rated social skills score changed little (-0.06 points). Weights at kindergarten and 3rd grade were slightly above the expected norm for the U.S. population. The observed mean weight of 22.5 kg and mean age of 6.23 y at kindergarten corresponded roughly to the 65th percentile weight-for-age for the U.S. population. Three years later, the observed mean weight of 34.26 kg corresponded roughly to the 75th percentile weight-for-age for the U.S. population (25).

Without controlling for background variables, the lagged model showed that children from households experiencing

food insecurity at kindergarten demonstrated a 2.34-point smaller increase in mathematics score, a 4.39-point smaller increase in reading score, a 0.27-U greater gain in BMI, a 0.44-kg greater gain in weight, and a 0.08-point greater decline in social skills score than children from food-secure households at kindergarten (Table 2). Stratification by gender showed that the associations between academic outcomes and kindergarten food insecurity were significant for both boys and girls. Associations between kindergarten food insecurity and changes in BMI and weight were significant for girls only ($\beta = 0.503$ kg/m² and $\beta = 0.827$ kg). The association between kindergarten food insecurity and change in social skills was significant for boys only ($\beta = -0.135$).

After controlling for both time-varying and time-invariant covariates in the lagged model, the association between kindergarten food insecurity and change in mathematics score remained negative, although this was significant only for girls ($\beta = -1.766$, $P < 0.017$). Kindergarten food insecurity also had significant effects on BMI, weight, and social skill outcomes among girls only ($\beta = 0.428$ kg/m², $\beta = 0.764$ kg, and $\beta = 0.09$ points). Sign changes were observed for reading performance, BMI, and weight outcomes among boys, but these associations were not significant.

Over time, persistent food insecurity as well as transitions into and out of food insecurity were related to several outcomes (Table 3). Children from persistently food insecure households had a 0.35 kg/m² greater gain in BMI ($P < 0.028$) and a 0.65 kg greater gain in weight ($P < 0.026$) compared with children from persistently food secure households after controlling for all time-invariant and time-varying covariates, including initial height and change in height. These associations were significant among girls ($\beta = 0.55$ kg/m² and $\beta = 1.041$ kg, respectively) but not among boys in the stratified analysis.

Persistent food insecurity was not associated with differential changes in mathematics score, reading score, or social skills score when contrasted with persistent food security in the full sample. Among girls only, however, persistent food insecurity was associated with a smaller increase in reading score ($\beta = -2.91$; $P < 0.078$) than persistent food security. Children from households transitioning from food security to food insecurity exhibited a 3.21 point smaller increase in reading score ($P < 0.0007$) in contrast to children from households remaining food secure. This contrast was significant regardless of gender. Children from households transitioning from food insecurity to food security exhibited a 1.50 point smaller increase in mathematics score ($P < 0.005$) in contrast to children from households remaining food secure. Transitioning

TABLE 1

Selected developmental outcomes at kindergarten (K) and 3rd grade, and changes in outcomes^{1,2}

Outcome	Spring, 1999		Spring, 2002		Difference,	
	K		3rd Grade		K to 3rd Grade	
	<i>n</i>		<i>n</i>		<i>n</i>	
Mathematics score	13,556	32.17 \pm 11.57	12,362	85.49 \pm 17.75	11,460	53.37 \pm 12.35
Reading score	13,055	39.35 \pm 13.55	12,287	108.70 \pm 20.03	10,990	70.43 \pm 16.12
BMI, kg/m ²	13,504	16.42 \pm 2.32	11,936	18.63 \pm 3.86	11,011	1.99 \pm 2.12
Weight, kg	13,511	22.58 \pm 4.45	11,972	34.26 \pm 9.19	11,056	10.98 \pm 5.08
Social skills score	13,119	3.22 \pm 0.55	10,169	3.18 \pm 0.56	9261	-0.06 \pm 0.54

¹ Values are means \pm SD.

² Includes children with complete data: scored academic assessment and food security portion of parent interview completed.

TABLE 2

Lagged model effects of kindergarten (K) food insecurity on outcomes¹

Outcome, K–3rd grade	Controlling only for K outcome		Effect of K food insecurity additionally controlling for K background covariates ²		Additionally controlling for changes (K–3rd grade) in background covariates ³	
	<i>n</i>	β -Coefficient (<i>P</i> -value)	<i>n</i>	β -Coefficient (<i>P</i> -value)	<i>n</i>	β -Coefficient (<i>P</i> -value)
Δ Mathematics scaled score						
All	11,180	–2.335 (<0.0001)	9090	–1.303 (0.0116)	8191	–1.474 (0.0051)
Boys	5682	–2.099 (0.0009)	4497	–1.038 (0.1695)	4157	–1.091 (0.1652)
Girls	5498	–2.578 (<0.0001)	4365	–1.589 (0.0176)	4034	–1.766 (0.0165)
Δ Reading scaled score						
All	10,758	–4.387 (<0.0001)	8545	–0.631 (0.3249)	7907	–0.242 (0.7222)
Boys	5452	–3.878 (<0.0001)	4332	–0.545 (0.5120)	4010	0.097 (0.9114)
Girls	5306	–5.116 (<0.0001)	4213	–1.025 (0.2358)	3897	–0.738 (0.4220)
Δ BMI ⁴ (kg/m ²)						
All	10,869	0.274 (0.0003)	8571	0.088 (0.4184)	7898	0.162 (0.1151)
Boys	5534	0.082 (0.4156)	4360	–0.181 (0.1285)	4013	–0.098 (0.3922)
Girls	5335	0.503 (<0.0001)	4211	0.384 (0.0137)	3885	0.428 (0.0022)
Δ Weight ⁴ (kg)						
All	10,869	0.440 (0.0036)	8571	0.260 (0.2365)	7898	0.276 (0.1341)
Boys	5534	0.128 (0.4934)	4360	–0.205 (0.3817)	4013	–0.210 (0.3127)
Girls	5335	0.825 (0.0002)	4211	0.740 (0.0155)	3885	0.761 (0.0024)
Δ Social skills scaled score						
All	9160	–0.083 (<0.0001)	7295	0.007 (0.7858)	6812	0.013 (0.5919)
Boys	4595	–0.135 (<0.0001)	3648	–0.052 (0.1464)	3411	–0.048 (0.1743)
Girls	4566	–0.037 (0.1538)	3648	0.083 (0.0054)	3401	0.091 (0.0016)

¹ Food insecurity is defined as ≥ 1 affirmative response on the USDA Module.² Controlling for kindergarten outcome score, child's age, child's gender, child's race-ethnicity, whether child was low birth weight, initial child disability status, initial child health insurance status, whether first language spoken at home not English, initial household income, initial household size, initial frequency of child's exercise, parents' age, mother's age at first birth, initial parent marital status, initial parent highest education, initial parent depression rating, initial parent rating of ability to get going, initial child care status, initial parent employment status, initial number of parents, initial number of siblings, initial neighborhood safety rating, initial area of residence, and initial region of residence.³ Additionally controlling for *changes* in: disability status, child health insurance status, household income, household size, frequency of exercise, parent marital status, parent highest education, parent depression rating, parent rating of ability to get going, child care status, parent employment status, number of parents, number of siblings, region of residence, area of residence, neighborhood safety rating; number of close relatives died in past 2 y, number of residences for >4 mo in past 2 y.⁴ Additionally controlling for child's initial height and change in height.

from food *insecurity* to food *security* was also associated with a greater increase in social skills score for girls ($P < 0.0001$) but with a smaller increase in social skills for boys ($P < 0.038$).

Significant effects of food insecurity were found using the difference model as well (Table 4). When children from households that became food *insecure* were contrasted with children from households that became food *secure*, food insecurity was associated with a smaller increase in reading score ($\beta = -3.41$; $P < 0.005$). Although the observed associations were negative for both boys and girls, the association for boys was somewhat weaker and not significant.

Gender-stratified analysis using the difference model showed differential effects of food insecurity on BMI, weight, and social skills. Becoming food insecure was associated significantly with *greater* weight and BMI gains among boys ($\beta = 1.165$ kg and $\beta = 0.430$ kg/m², respectively) but nonsignificantly with *smaller* weight and BMI gains among girls ($\beta = -0.809$ kg and $\beta = -0.446$ kg/m², respectively). Becoming food insecure was associated with a *greater decline* in social skills score among girls ($\beta = -0.135$; $P < 0.005$) but with *greater improvement* in social skills score among boys ($\beta = 0.124$; $P < 0.050$).

DISCUSSION

The first aim of the study was to examine the effects of household food insecurity at kindergarten on subsequent se-

lected dimensions of child development. Food insecurity at kindergarten predicted impaired academic performance in reading and mathematics for girls and boys, a greater decline in social skills for boys, and greater weight and BMI gains for girls. Food insecurity thus serves as an important marker for identifying children with delayed trajectories of development.

After controlling for known confounders in the lagged model, food insecurity at kindergarten predicted poorer mathematics performance for girls, greater BMI and weight gains for girls, and greater improvement in social skills for girls. The relation between social skills and food insecurity in girls was unexpected. A limitation of using the lagged model, however, is that it does not control for changes in food insecurity between kindergarten and 3rd grade, that is, we do not know whether the improvement in social skills observed among girls was due to initial food insecurity or simultaneous improvements in food security. In fact, the dynamic model showed the greatest improvement in social skills was among girls from households becoming food insecure between kindergarten and 3rd grade.

For the second aim, we examined the relation of changes in food insecurity over time and concurrent development using dynamic and difference models, each having its own advantages. Whether contrasted with children from persistently food-secure households (in the dynamic model) or households that became food secure (in either the dynamic or difference

TABLE 3

Dynamic model effects of food insecurity over time^{1,2}

Outcome, K–3rd grade	<i>n</i>	Effect over time in comparison to persistently food secure				In comparison to Became food secure
		Persistently food insecure	Became food secure	Became food insecure	Food insecure at any time	Became food insecure
<i>β</i> -Coefficient (<i>P</i> -value)						
Δ Mathematics scaled score						
All	8189	−0.615 (0.462)	−1.503 (0.005)	−0.957 (0.220)	−1.025 (0.032)	0.546 (0.541)
Boys	4155	−0.085 (0.942)	−1.156 (0.147)	0.008 (0.942)	−0.411 (0.543)	1.164 (0.406)
Girls	4034	−1.098 (0.326)	−1.680 (0.045)	−1.451 (0.156)	−1.41 (0.039)	0.114 (0.853)
Δ Reading scaled score						
All	7906	−0.902 (0.421)	0.081 (0.908)	−3.209 (0.0007)	−1.343 (0.039)	−3.290 (0.003)
Boys	4009	1.219 (0.330)	−0.419 (0.688)	−2.834 (0.069)	−0.820 (0.414)	−2.415 (0.168)
Girls	3897	−2.911 (0.078)	0.739 (0.465)	−3.568 (0.0035)	−1.913 (0.030)	−4.307 (0.003)
Δ BMI ³ (kg/m ²)						
All	7896	0.354 (0.028)	0.027 (0.809)	0.018 (0.889)	0.133 (0.151)	−0.009 (0.956)
Boys	4011	0.196 (0.300)	−0.232 (0.076)	0.107 (0.584)	0.024 (0.848)	0.339 (0.119)
Girls	3885	0.552 (0.021)	0.313 (0.060)	−0.075 (0.704)	0.263 (0.052)	−0.388 (0.119)
Δ Weight ³ (kg)						
All	7896	0.649 (0.026)	0.034 (0.869)	0.092 (0.701)	0.258 (0.122)	0.059 (0.840)
Boys	4011	0.319 (0.353)	−0.438 (0.068)	0.243 (0.496)	0.124 (0.854)	0.680 (0.092)
Girls	3885	1.040 (0.016)	0.535 (0.068)	−0.069 (0.841)	0.502 (0.038)	−0.605 (0.165)
Δ Social skills scaled score						
All	6812	0.020 (0.625)	0.008 (0.739)	−0.030 (0.287)	−0.001 (0.982)	−0.039 (0.255)
Boys	3411	0.021 (0.711)	−0.080 (0.038)	−0.009 (0.826)	−0.023 (0.467)	0.071 (0.169)
Girls	3401	0.033 (0.542)	0.123 (<0.0001)	−0.060 (0.101)	0.032 (0.269)	−0.182 (<0.0001)

¹ Food insecurity is defined as ≥1 affirmative response on the USDA Module.² See Table 2, footnotes 2 and 3.³ Additionally controlling for child's initial height and change in height.

model), children from households that became food insecure exhibited poorer reading performance, and this was especially significant among girls. The magnitude of the difference was about one-fourth of the SD of the change from K to 3rd grade. For girls, there is evidence for a relatively short lag between food insecurity and its effects on reading from comparing results in Tables 2 and 3. Persistent food insecurity through 3rd grade increased the delay in reading ($\beta = -2.911$) relative to the effect of food insecurity at kindergarten alone ($\beta = -0.738$). The association of kindergarten food insecurity with reading performance was reversed if the household was no longer food insecure by 3rd grade ($\beta = 0.739$). Given evidence of a short lag, and that the difference model theoretically provides the least biased estimates of association under this assumption, we conclude that the difference model represents a true association between food insecurity and delayed reading performance among girls. Although the direction of the association was the same for boys, the association was not significant, and there was no evidence for a relatively short lag.

For predicting mathematics performance, the effect of food insecurity at kindergarten, rather than the change in status over time, mattered most for boys and girls. Coefficients for remaining food insecure or becoming food secure (dynamic model) were similar to the effects of kindergarten food insecurity (lagged model) on mathematics performance, suggesting no effect of 3rd grade status. This may be due in part to the possibility of a long lag between food insecurity and its effect on mathematics performance.

Although the links between malnutrition and cognition (31) and between fasting and cognition in children (32) are well established, the literature reporting on the effects of less severe forms of food insecurity on academic performance is less consistent. Two studies reported significant associations be-

tween food insecurity and lower test scores for arithmetic, letter-word, and passage comprehension (7,15), although associations with reading performance and 2 other measures of cognitive functioning were not found to be significant in one of the studies (15). Alternatively, 3 studies reported no significant cross-sectional associations between food insecurity and cognitive or academic performance (8,11,17). No studies to date have attempted longitudinal, gender-stratified analyses; therefore, this study advances the field by providing the strongest longitudinal evidence that food insecurity is associated with impaired reading performance for girls. Our study is also consistent with previous findings using ECLS-K of a negative association between kindergarten food insecurity and mathematics learning (22).

This is the first study to investigate the longitudinal relation between household food insecurity and social skills in children. Comparisons between Tables 2 and 3 suggest a short lag between food insecurity and social skills for girls: food security status at 3rd grade changes the observed effect on social skills relative to kindergarten food insecurity. Under the assumption of short lag, we find an association between food insecurity and impaired social skills among girls. Girls from households becoming food insecure exhibited smaller gains in social skills whether compared with girls from households becoming food secure ($\beta = -0.135$ in difference model, $P < 0.005$) or persistently food secure households ($\beta = -0.06$ in dynamic model; $P < 0.101$). For boys, unexpectedly, it appears that the transition from food insecurity to food security is associated with modest deficits in social skills over time ($\beta = -0.124$ in difference model; $P < 0.050$). Evidence for a short lag is less clear for boys, however, making this association questionable.

This study used teacher reports of social skill competence

TABLE 4

*Difference model effects of transitions
in food insecurity status¹*

Outcome, K–3rd grade	<i>n</i>	Became food insecure vs. became food secure ²
<i>β</i> -Coefficient (<i>P</i> -value)		
Δ Mathematics scaled score		
All	8775	−0.012 (0.991)
Boys	4450	0.168 (0.911)
Girls	4325	−0.047 (0.974)
Δ Reading scaled score		
All	8471	−3.413 (0.005)
Boys	4292	−3.182 (0.102)
Girls	4179	−3.833 (0.014)
Δ BMI ³ (kg/m ²)		
All	8471	−0.005 (0.978)
Boys	4305	0.430 (0.059)
Girls	4167	−0.446 (0.091)
Δ Weight ³ (kg)		
All	8472	0.135 (0.681)
Boys	4305	1.165 (0.019)
Girls	4167	−0.809 (0.105)
Δ Social skills scaled score		
All	7275	−0.001 (0.986)
Boys	3644	0.124 (0.050)
Girls	3631	−0.135 (0.005)

¹ Food insecurity is defined as ≥1 affirmative response on the USDA Module.

² Controlling for change in household income, change in child disability status, change in number of parents in household, change in parental marital status, change in mother's employment status, change in father's employment, change in child insurance status, change in parent depression rating, change in parent rating of ability to get going, difference in household size, change in frequency of child's exercise, whether close relative died in past 2 y, change in parent education status, total number places child lived in past 3 y for more than 4 mo, change in child care status, change in area of residence, change in region of residence, change in number of siblings in household, change in neighborhood safety rating.

³ Additionally controlling for child's change in height.

rather than parent or child report, direct observation, or a combination of methods. Studies suggest that both teacher and parent reports are important for assessing overall social competence of children (33). These teacher reports did not account for factors such as teacher distress or cultural background (27). Nonetheless, reliabilities for the rating scales were found to be high and teacher-reported social skills provide the best means of measuring social competence in the absence of additional data.

The association between household food insecurity and impaired social skills development among girls is consistent with cross-sectional studies reporting significantly greater risks of psychosocial dysfunction and behavioral and attention problems among hungry and at-risk-for-hunger children compared with not-hungry children (13,14), although neither study reported gender-stratified results and both were restricted to analysis of low-income children. The finding among girls is also consistent with cross-sectional studies linking food insecurity with decreased levels of positive behavior (8), decreased levels of teacher-rated "social ability" (17), difficulty getting along with other children (15), and greater levels of social behavior problems (7,10) in children. No previous study exists, however, to corroborate the potential association between food insecurity and *better* social skills among boys, perhaps due to the lack of gender-stratified, longitudinal analyses.

Less clear are the conclusions that can be drawn from an analysis of the effect of food insecurity on weight or BMI. Although results from the difference model support an association between food insecurity and reduced gain in weight among girls, caution is warranted in interpreting the results due to the possibility of a long lag between cause and effect. Rather, the strong association between kindergarten food insecurity and subsequent greater weight gain among girls remained significant regardless of food insecurity at 3rd grade, suggesting that the change in food security status has little effect. The difference model also suggests an association between food insecurity and *greater* weight gain among boys. From the dynamic model, boys in households that transitioned from food *insecurity* to food *security* gained less weight than boys remaining food insecure, boys remaining food secure, or boys becoming food insecure. Therefore, the association in boys seems to be with change in food security status, giving evidence for a relatively short lag between cause and effect. Unless we are sure about this assumption, however, we do not know whether the difference model provides the least biased estimates of association. This study was not able to control for parental height and weight in assessing effects on child weight and BMI.

Overweight and obesity have emerged in recent years as major public health problems. To date, only one study has looked at the effects of household food insufficiency on child weight status by gender (15). Food insufficiency was associated with a reduced risk of overweight among 2- to 7-y-old girls but with increased risk of overweight among 8- to 16-y-old non-Hispanic white girls. The strong association between kindergarten food insecurity and greater subsequent weight gain among girls in this study could explain the greater risk of overweight among older girls if the effect is cumulative. Two previous cross-sectional studies using ECLS-K to examine effects of food insecurity found no associations with BMI or weight status (17,22).

Several mechanisms may explain the associations between food insecurity and developmental outcomes. One possible mechanism is that food insecurity results in compromised dietary quality or quantity (34). Studies have shown that adults in food-insecure households had lower consumption of fruits and vegetables (35), had less food on hand (35), obtained a higher percentage of energy from carbohydrate (36), and had lower intakes of dietary fiber and other vital nutrients (36) compared with food-secure households. Alternatively, economic deprivation may be associated with consumption of cheap, energy-dense foods that contribute to weight gain (37,38). Either decreases in diet quality or increases in energy density could lead to accelerated weight gain and may relate to academic and social development in children.

Another possible mechanism is that food insecurity acts as a psychological or emotional stressor, affecting parent and child behavior. Lupien and colleagues (39) found that children of low socioeconomic status have significantly higher cortisol levels than children of high socioeconomic status, and that this effect emerges as early as age 6 y. Cumulative exposure to high levels of cortisol in humans has been related to depression, cognitive deficits, and atrophy of brain structures involved in learning and memory (40,41). Several studies showed that economic hardship is linked to increases in children's social behavior problems, and that this association can be mediated by parent-child interactions (40–44) as well as children's feeling of control or mastery over time in relation to perceived financial difficulties (45,46). One study in Canada linked food insecurity directly with stress, anxiety, sociofamilial perturbations, and disrupted household dynamics (47).

The latter mechanism, in which food insecurity acts as a stressor, would better support observed gender differences in the effects of food insecurity. That is, it better explains how food insecurity at the household level could affect girls and boys differentially at the individual level. Previous studies reported gender differences in children's and adolescents' reactions to life stress and acute stress (16,45,47–53). A recent study suggests that higher levels of anxiety may protect pre-adolescent boys from engaging in antisocial behaviors, which might partially explain the increase in social skills score observed among boys transitioning into food insecurity in this study (53).

Overall, this study provides the strongest empirical evidence to date that food insecurity is linked to developmental consequences for girls and boys, particularly impaired social skills development and reading performance for girls. There are 3 possible explanations for the associations between food insecurity and development outcomes: first, child development problems result in concurrent household food insecurity; second, food insecurity results in concurrent developmental consequences; and third, other variables confound the relation. Because there is no theoretical reason to assume that impaired child development causes household food insecurity and we controlled for confounders at the individual and household levels, the most plausible interpretation of the results is that food insecurity in the early elementary years has developmental consequences. Furthermore, these consequences may be both nutritional and nonnutritional.

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Proposed Public Charge Rule Would Significantly Reduce Legal Admissions and Adjustment to Lawful Permanent Resident Status of Working Class Persons

Donald Kerwin, Robert Warren, and Mike Nicholson

Introduction

On October 10, 2018, the US Department of Homeland Security (DHS) issued its long-anticipated proposed rule on inadmissibility on public charge grounds.¹ The rule seeks to “better ensure” that applicants for admission to the United States as immigrants (permanent residents) and nonimmigrants (temporary residents),² as well as applicants for adjustment to lawful permanent resident (LPR) status within the United States, will be “self-sufficient” and “not depend on public resources to meet their needs, but rather rely on their own capabilities and the resources of their family, sponsor, and private organizations.”³ Under the proposed rule, US Citizenship and Immigration Services (USCIS) officers would consider receipt of cash benefits and, in a break from the past, non-cash medical, housing, and food benefits in making public charge determinations. The proposed DHS rule details the factors — positive and negative — to be weighed in these decisions.

Many commentators have sharply criticized the proposed rule, arguing that it would:

- Deny admission and adjustment to large numbers of low-income persons who contribute substantially to the US economy, have US citizen and LPR family members, and present a very low risk of becoming financially dependent on the government.
- Create a disincentive to the use of public benefits to meet the essential food, housing, and medical needs of US citizen, LPR, and other family members of persons who are directly affected by the rule.
- Impede the legal immigration and integration of low-income, working-class immigrants and their families to the detriment of US communities and society.

The authors share these concerns, but the study focuses more narrowly on the potential effect of the proposed rule on two populations, undocumented immigrants and nonimmigrants that would otherwise be eligible for LPR status based on a legally qualifying relationship to a US citizen or LPR living in their household. The Center for Migration Studies (CMS) report analyzes how these populations in 2016 would have fared under the proposed rule.

1 Inadmissibility on Public Charge Grounds, 83 Fed. Reg. 51114 (proposed October 10, 2018) (to be codified at 8 CFR Parts 103, 212, 213, 214, 245 and 248) [hereinafter “DHS Proposed Public Charge Rule”].

2 Nonimmigrants are noncitizens admitted for a temporary period and a particular purpose, such as foreign students or temporary workers.

3 DHS Proposed Public Charge Rule § III A.

After placing the rule in historic context, the paper profiles these two populations and examines the characteristics that would mitigate in favor of and against their inadmissibility. The study offers a snapshot of these two groups based on estimates derived from the 2016 American Community Survey (ACS). It concludes that:

- 2.25 million undocumented persons and 212,000 nonimmigrants would be directly affected by the proposed rule because they live with a US citizen or LPR family member who can petition for them.
- These two groups live in households with an additional 5.32 million and 456,000 persons respectively, who would be indirectly impacted by the rule.
- CMS's estimates exclude several populations — such as the millions residing abroad who are waiting for a visa to become current (available) — that would be subject to the rule. Thus, the study substantially understates the number of persons who would be directly and indirectly affected by the rule.
- A large percentage of the 2.25 million undocumented persons examined would be found inadmissible under the rule, although this population overwhelmingly consists of working-class persons.
- As a result, the proposed rule should be viewed as a significant barrier to legal immigration and the integration of low-income immigrants and their US families.
- Far lower rates of nonimmigrants — who earn more than the undocumented and have higher levels of education — would be found inadmissible under the rule.
- The numbers and percentages of persons who would be found inadmissible under the rule cannot be predicted with precision due primarily to the discretion afforded USCIS officials in making inadmissibility determinations.

Historical Background and Proposed DHS Rule

For nearly 140 years, noncitizens have been found inadmissible or deportable if deemed to be, or deemed likely to become, a public charge. The Immigration Act of 1882 provided for the exclusion of “any convict, lunatic, idiot, or any person unable to take care of himself or herself without becoming a public charge.”⁴ The Immigration Act of 1891 excluded “paupers or persons likely to become a public charge” and required the return of “any alien” who became a public charge within one year “from causes existing prior” to their arrival.⁵

Under current law, any noncitizen “who, in the opinion of the consular officer at the time of application for a visa, or in the opinion of the Attorney General [now USCIS] at the time of application for admission or adjustment of status, is likely at any time to become a public charge” is inadmissible,⁶ and any noncitizen who “within five years after the date of entry; has become

4 Immigration Act of 1882, 22 Stat 214 (August 3, 1882). <http://library.uwb.edu/Static/USImmigration/22%20stat%20214.pdf>.

5 Immigration Act of 1891, 26 Stat. 1084, §§ 1, 11 (March 3, 1891). <http://library.uwb.edu/Static/USImmigration/26%20stat%201084.pdf>.

6 Immigration and Nationality Act (INA) § 212(a)(4)(A).

a public charge from causes not affirmatively shown to have arisen since entry” is deportable.⁷ However, deportation is very rare under this provision (INS 1999; Singer and Harrington 2018).

The Immigration and Nationality Act (INA) minimally requires USCIS officials and US Department of State (DOS) consular officers to take into account the intending immigrant’s age; health; family status; assets, resources, and financial status; and education and skills.⁸

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA)⁹ introduced new sponsorship rules that require US citizens and LPRs to file an affidavit of support (AOS) that commits them to “maintain” the intending immigrant at an annual income of at least 125 percent of the federal poverty guidelines (FPG), until he or she either naturalizes or works 40 “qualifying quarters.”¹⁰ During this period, any federal, state or local government can seek reimbursement from the sponsor (typically the petitioner) for the cost of any “means-tested public benefit” used by the intending immigrant.¹¹ If the sponsor cannot meet the income requirements, the INA allows for co-sponsors and the use of “significant assets” to make up the difference in income.¹²

The term “likely to become a public charge” has never been defined by statute, leaving it to the courts and implementing agencies to clarify its meaning. To that end, in May 1999, the Immigration and Naturalization Service (INS) issued a proposed rule and field guidance that provided that the public charge grounds applied to noncitizens who had “become (for deportation purposes) or who [are] likely to become (for admission/adjustment purposes) ‘primarily dependent on the government for subsistence, as demonstrated by either (i) the receipt of public cash assistance for income maintenance or (ii) institutionalization for long-term care at government expense’” (INS 1999).

Under the INS’s totality of the circumstances framework, INS/USCIS officers could consider the use of public benefits for “cash assistance for income maintenance and institutionalization,” including Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF) cash assistance, state and local cash assistance (“General Assistance” programs), and programs like Medicaid that support long-term institutionalized care. The INS guidance did not provide for the consideration of non-cash benefits in this determination.

Over the last 20 years, DOS’s public charge definition rested heavily on the sufficiency of the AOS (Wheeler 2018). In early 2018, however, without notice and comment, DOS updated its Foreign Affairs Manual (FAM) to make a sufficient AOS just one “positive factor” in a totality of the circumstances framework that considers the intending immigrant’s age; health; family status; assets, resources, financial status; education; and skills.¹³ Moreover, the FAM diverges from the former INS guidelines in allowing consideration of receipt of any past or current public assistance, including non-cash benefits, by a visa applicant or a family member living in the same household.¹⁴

7 INA § 237(a)(5).

8 INA § 212(a)(4)(B)(i).

9 Pub. L. No. 104-208, 110 Stat. 3009 (1996).

10 INA § 213A(a)(1) and (2). A qualifying quarter is a three-month period in which the immigrant earns enough to receive credit toward Social Security retirement benefits.

11 INA § 213A(a)(1)(B).

12 INA § 213A(f)(6)(A)(ii).

13 9 FAM 302.8-2(B).

14 9 FAM 302.8-2(B)(2)(f)(1)(b)(i); Singer and Harrington (2018, 8).

In publishing its proposed rule, DHS formally withdrew the INS guidance. The DHS rule still applies to noncitizens who seek an immigrant or nonimmigrant visa, adjustment of status, or an extension of their stay in the United States or a change of nonimmigrant status. It does not apply to DOS consular officers. However, DHS anticipates that DOS will revisit its guidelines in order to avoid issuing visas to persons who would be deemed inadmissible under the rule.

The DHS proposed rule affirms the totality of the circumstances framework and the prospective character of public charge determinations. It allows consideration of “all the factors bearing on” the intending immigrant’s ability or potential ability to be self-sufficient.¹⁵ It would not require “primary dependence” on public benefits for a finding of inadmissibility, but would count “receipt of financial support from the general public through government funding.”¹⁶ In addition, it would take into account cash benefits *and* non-cash medical, housing, and food benefits.¹⁷ Of the non-cash benefits, it would consider nonemergency Medicaid, Premium and Cost Sharing Subsidies for Medicare Part D, the Supplemental Nutrition Assistance Program (SNAP) (formerly “food stamps”), long-term institutionalization at the government’s expense, Section 8 Housing Assistance and Project-Based Rental Assistance, and Subsidized Public Housing.

The proposed rule details the factors — positive and negative — to be considered in a public charge decision. They include age, health, family status, assets, resources, financial status, education, skills, and the AOS’s sufficiency.¹⁸ The following factors weigh heavily in favor of inadmissibility on public charge grounds:

- Lack of employability, as demonstrated by current unemployment, poor employment history, or [few] reasonable prospects for future employment.
- Current receipt of one or more public benefit, as defined by the rule.
- Receipt of one or more public benefit within 36 months prior to filing an application for a visa or admission.
- Lack of private health insurance or the financial resources to pay for a diagnosed medical condition “that is likely to require extensive medical treatment or institutionalization” and that will interfere with the intending immigrant’s ability to provide for herself, attend school, or work.
- A previous finding of inadmissibility on public charge grounds.
- A combination of assets and resources that fall below 125 percent of the FPG, as required by the AOS.¹⁹

15 DHS Proposed Public Charge Rule § III A.

16 *Id.*, § V B 1.

17 To be covered within this definition, public benefits that can be monetized must exceed 15 percent of the FPG for a household of one for 12 consecutive months. Benefits that cannot be monetized must be received for more than 12 months in total within a 36-month period. For a combination of monetized benefits (equal to less than 15 percent of the FPGs) and non-monetized benefits, the latter must be received for at least nine months in total in a 36-month period.

18 The affidavit of support is filed by the petitioners/sponsors of intending immigrants in the overwhelming majority of family-based immigration cases, as well as in select employment-based cases.

19 DHS Proposed Public Charge Rule § V L 1.

Other factors — like income at or above 250 percent of the FPG, and significant assets and resources — weigh heavily against a negative public charge finding.²⁰ Lack of negative factors also mitigate against a finding of inadmissibility.

Impact of Proposed Rule

CMS has derived its estimates from 2016 ACS data (one-year estimates).²¹ As a result, the study offers estimates of two populations directly affected by the rule at a fixed time: undocumented immigrants and nonimmigrants who are potentially eligible for LPR status based on a legally qualifying family relationship to a US citizen or LPR living in their US household. Some of these intending immigrants will be able to adjust to LPR status in the United States and others will need to leave the country for consular processing when their visa becomes current. Both groups are included in CMS's study. However, the study does not include persons living abroad who are waiting for an immigrant visa to become current.

CMS's analysis suggests that a large number and share of working class immigrants would be denied admission and prevented from adjusting to LPR status under the proposed rule. As such, the rule might best be seen as part of a broader strategy to reduce legal migration to the United States and to impede access to citizenship (Kerwin, Alulema, and Nicholson 2018, 6).

For a half-century, “the general rule in determining public charge has been that intending immigrants who are able-bodied and employable will not be found to be inadmissible under this ground” (Wheeler 2011). Although not well-reported, the percentage and overall number of immigrant and nonimmigrant visa applications refused on public charge grounds have been relatively low (Singer and Harrington 2018, 11). The proposed rule would be a dramatic departure from the status quo. Some of the factors that favor a finding of inadmissibility under the rule — like low income and low levels of education — do not typically lead to high levels of government dependency, as evidenced by the overwhelming majority of US undocumented residents who work at high rates and contribute significantly to the US economy (Warren and Kerwin 2017, 3-4).

CMS estimates that 2.25 million undocumented persons and 212,000 nonimmigrants enjoy a qualifying family relationship to a US citizen or LPR living in their household that makes them potentially eligible for an immigrant visa or adjustment to LPR status. An additional 5.32 million and 456,000 persons (respectively) who live in these households would be indirectly affected by the proposed rule.

However, CMS's estimates significantly understate the number of persons who could be directly and indirectly affected by the rule for several reasons. First, the estimates do not include undocumented persons or nonimmigrants who are potentially eligible for a family-based visa

20 *Id.*, V L 2.

21 As detailed in the Appendix, the first step in CMS's estimation process was to derive detailed estimates of the undocumented population residing in the United States in 2016. Those estimates are based on information collected in the US Census Bureau's annual American Community Survey (ACS). The procedures used to derive the estimates are outlined in the Appendix and are described in detail in Warren (2014). Next, CMS selected all of the households in the survey that had at least one undocumented resident. Finally, it examined the relationship of each undocumented resident to other members of the household to determine whether the undocumented resident was eligible for an immigrant visa based on a relationship with a family member. The same procedure was followed for each nonimmigrant residing in the United States.

based on a qualifying relationship to a US citizen or LPR, but who are not living in the same household as their US citizen or LPR family member. Second, they do not cover persons who may be eligible for an employment-based or diversity visa. Third, they do not include the millions of persons residing overseas — and, thus, not counted in the ACS — who are waiting for a visa to become available or who otherwise seek admission as an immigrant or nonimmigrant. Fourth, they do not cover nonimmigrants seeking a change or extension of nonimmigrant status, but only nonimmigrants seeking adjustment to LPR status. Fifth, in deriving estimates of undocumented residents, CMS assumes that, with some exceptions, spouses and minor children of US citizens are also citizens.²² This means that some spouses and minor children who overstayed their nonimmigrant (temporary) visas and then married US citizens are not included in the 2.25 million figure presented here. Sixth and of greatest consequence, the estimates provide a snapshot of those subject to the proposed rule (based on 2016 ACS data) at a fixed time. They do not include the countless persons — including US citizens and LPRs — whose immigration status, life prospects, or public benefit use would be negatively affected by the rule in future years.

Profiles of the two groups, as well as an examination of their relevant characteristics under the proposed rule, follow.

Profile of Undocumented Population with Qualifying Family Relationship to a US Citizen or LPR, and Factors Relevant to Totality of Circumstances Test

The 2.25 million undocumented persons come from 133 countries, with the largest numbers from Mexico (1.2 million), India (140,000), El Salvador (119,000), the People's Republic of China (PRC) (86,000), Guatemala (81,000), Honduras (65,000), and the Philippines (49,000). They live in virtually every US state, with the largest numbers in California (634,000), Texas (386,000), New York (149,000), Florida (136,000), Illinois (94,000), and New Jersey (90,000). 257,000 live in the Los Angeles Metropolitan Statistical Area (MSA), 222,000 in the New York City MSA, 118,000 in the Houston MSA, 89,000 in the Chicago MSA, and about 70,000 in the Miami MSA.

The ACS does not collect information on most of the programs that would be considered in public charge determinations under the rule. In addition, the only individual (as opposed to household) public benefit use variables tracked by the ACS are welfare and Medicaid. Only 17,300 (0.8 percent) of the 2.25 million reported receiving welfare, and none reported receiving Medicaid. Among the other characteristics of this population:

- 818,000 (36 percent) are Hispanic, 414,000 (18 percent) are Asian (not Hispanic), 143,000 White (non-Hispanic), and 100,000 Black (not Hispanic).
- They live in 1.6 million households that have a median income of \$56,000.
- 379,000 are married to a US citizen and 826,000 to a legal non-citizen.

²² Nonimmigrants that overstay visas and then marry US citizens are eligible to adjust to LPR status without numerical restrictions. The best assumption for assigning legal status in the ACS data is that all noncitizens that are married to US citizens are legal residents. Although this is likely to be correct in most cases, an unknown number of nonimmigrant overstays who marry US citizens do not adjust status. These overstays — and their children in some cases — should be included in the study, but are not.

- 2.1 million US-born children live in their households, including 1.7 million under the age of 21.
- 1.43 million have lived in the United States for at least 10 years, and 556,000 for 20 years or more.
- 1.32 million (59 percent) of those aged five and older speak English well or very well.
- 332,000 aged 3 or over are enrolled in school.
- 1.98 million fall between the working ages of 18 and 61.
- 1.23 million aged 16 and older are employed and 96,000 are unemployed but seeking work.
- 1.73 million live in families that earn at least 125 percent of the 2016 poverty threshold.²³
- 218,000 work in the construction industry, 170,000 in restaurants and other food services, 48,000 in landscaping, 45,000 in services to buildings and dwellings, and 40,000 in crop production.

Many of the above factors would be considered in a totality of the circumstances determination. Of the 2.25 million undocumented residents examined in this study, the following possess characteristics -- which are not mutually exclusive -- that mitigate against a finding of inadmissibility:

- 1.98 million are within the prime working ages of 18 to 61.
- 982,000 live in families that earn at least 250 percent of the poverty threshold (a highly weighted factor under the proposed rule).
- 1.2 million are employed, including 160,000 who are self-employed.
- 286,000 work in skilled occupations.
- 1.32 million speak English well or very well.
- 1.2 million individuals aged 18 or over have at least a high school diploma, including 361,000 with a bachelor's degree or higher.
- 1.1 million have private health insurance coverage.

By contrast, the following, non-exclusive groups possess characteristics that mitigate against admissibility:

- 529,000 live in families that earn less than 125 percent of the poverty threshold.
- 96,000 are unemployed.
- 825,000 aged 18 and over have less than a high school diploma or its equivalent.
- 306,000 do not speak English.
- 55,000 have ambulatory, cognitive, or independent living difficulties.

²³ Poverty thresholds are defined annually by the US Census Bureau.

The actual numbers of persons who would be found inadmissible under the proposed rule cannot be estimated with precision because: (1) many individuals and households possess a combination of positive and negative characteristics (as set forth in the rule); (2) USCIS officers enjoy a level of discretion in evaluating individual cases based on the totality of their circumstances, including factors not detailed in the proposed rule; and (3) CMS's aggregate data does not permit a more detailed analysis.

That said, a substantial number of undocumented immigrants who could be eligible for LPR status based on a qualifying family relationship to a US citizen or LPR have characteristics—like household income of less than 125 percent of the poverty threshold and less than a high school education—that weigh in favor of inadmissibility. By and large, nonimmigrants are less likely to be affected by the proposed rule than undocumented immigrants.

Profile of Nonimmigrants with Qualifying Family Relationship to a US Citizen or LPR and Factors Relevant to Totality of Circumstances Test

The 212,000 nonimmigrants who would be directly affected by the rule come from 124 countries, with the largest numbers from Mexico (17,400), India (15,600), the People's Republic of China (14,800), the Philippines (13,300), Vietnam (6,500), Canada (6,400), Brazil (6,000), the Dominican Republic (5,400), Colombia (4,700), Pakistan (4,600), Korea (4,500), and Jamaica (4,400). They live in virtually every US state, with the largest numbers in California (41,900), New York (21,500), Texas (20,800), Florida (20,600), Illinois (9,400), and New Jersey (9,000). They are particularly concentrated in major cities, including 26,400 in the New York City metropolitan statistical area (MSA), 15,300 in the Los Angeles MSA, 10,900 in the Miami MSA, 9,100 in the Chicago MSA, and 8,000 in the Houston MSA. Among other characteristics:

- They live in 182,000 households that have a median income of \$84,000.
- 144,000 are married to a US citizen.
- 76,000 (36 percent) are Asian (not Hispanic); 59,000 (28 percent) White (not Hispanic); 32,000 (15 percent) Hispanic; and 24,000 (12 percent) Black (not Hispanic).
- 178,000 (86 percent) aged five or older speak English well or very well.
- 86,000 aged 3 or over are enrolled in school.
- 188,000 are between the ages of 18 to 61.
- 112,000 aged 16 and older are employed and 15,000 are unemployed but seeking work.
- 185,000 (87 percent) live in families that earn at least 125 percent of the poverty threshold, including 147,000 (69 percent) in families that earn 250 percent or above the poverty threshold.
- 93,000 work in skilled occupations.
- 10,000 work in the hospital industry; 9,000 in computer systems design and related services; 8,700 in colleges, universities, and professional schools; and 7,000 in restaurants and other food services.

Many of the above factors are potentially relevant to a public charge determination under the proposed rule. The following groups — which are not mutually exclusive — have characteristics that mitigate against inadmissibility:

- 188,000 are within the prime working ages of 18 to 61.
- 112,000 aged 16 and older are employed, including 3,100 who are self-employed.
- 178,000 (86 percent) aged five and older speak English well or very well.
- 191,000 (97 percent) aged 18 or over have at least a high school diploma, including 123,000 (62 percent) with a bachelor's degree or higher.
- 93,000 work in skilled occupations.
- 154,000 have private health insurance coverage.

A relatively small number of nonimmigrants may be negatively impacted by the rule. The following, non-exclusive groups have characteristics that favor inadmissibility under the proposed rule:

- 27,000 live in families that earn less than 125 percent of the poverty threshold.²⁴
- 15,000 are unemployed but seeking work.
- 6,200 (3 percent) aged 18 or over have less than a high school diploma or its equivalent.
- 6,600 (3 percent) do not speak English.
- 6,200 (3 percent) have ambulatory, cognitive, or independent living difficulties.

Conclusion

This study suggests that high numbers of working class persons would be found inadmissible under DHS's proposed public charge rule. Of the 2.25 million undocumented immigrants who are potentially eligible for LPR status based on a qualifying family relationship to a US citizen or LPR, 982,000 live in families that earn at least 250 percent of the poverty threshold. Yet, the 2.25 million also include many persons with low education levels, lack of proficiency in English, self-care difficulty, and other factors that weigh in favor of inadmissibility under the proposed rule. Therefore, the rule represents a significant departure from the decades-long policy that employed, able-bodied immigrants should not generally be deemed inadmissible on public charge grounds.

More than that, the proposed rule poorly predicts who will become a public charge. Many immigrants with a limited knowledge of English, for example, work in sectors where strong English skills are not required and, in any event, become proficient in English over time. Many less-educated immigrants own successful businesses. Family-based immigration promotes immigrant well-being and integration. The proposed rule would, thus, negatively impact many persons who are not financially dependent on the government and who are unlikely to become so. The rule overreaches. It would negatively affect low-income persons and their families, and represents a barrier to legal immigration and immigrant integration in large numbers of cases.

24 This figure includes students who presumably earn less than 125 percent of the poverty threshold at high rates.

The study also finds that nonimmigrants would be deemed inadmissible under the proposed rule at lower rates than the undocumented. A high proportion of nonimmigrants live in higher income households, and are highly educated, fluent in English, and employed in skilled occupations.

APPENDIX

Overview of CMS Methodology

Estimation of the undocumented population begins with the reported characteristics of non-US citizens (noncitizens) in the microdata of the ACS. The three relevant data items from the survey are country of birth, citizenship, and year of immigration. Noncitizens that entered the United States before 1982 are excluded because (a) pre-1982 entrants could have legalized under the Immigration Reform and Control Act of 1986 and (b) those who did not legalize have had 28 years (as of 2010) to leave the undocumented resident population.²⁵

After selecting noncitizens that entered after 1981, the methodology involves three major steps: (1) applying a series of edits, referred to here as “logical edits,”²⁶ to identify and remove as many legal residents as possible based on responses in the survey, (2) deriving separate population controls, for 145 countries or areas, for undocumented residents in 2010, and (3) using the population controls (also referred to as ratios) to make final selections of individual respondents in the ACS to be classified as undocumented residents. These procedures yield accurate and detailed estimates of the population each year, and the overall probability of being undocumented is about 90 percent.

As a next step, CMS identified noncitizen students and temporary workers who match the eligibility criteria for nonimmigrant visas, per the DOS guidelines for nonimmigrants.²⁷ CMS’s estimates do not count, for example, nonimmigrant visitors for business or pleasure.

Because the ACS does not identify LPRs as such, CMS defines LPRs as individuals who are neither citizens, undocumented, or nonimmigrants. Further, we assume that only biological parent-child relationships lead to eligibility for status adjustment. Finally, we assume that children cannot be undocumented unless at least one of their biological parents is undocumented.

To determine undocumented immigrants and nonimmigrants’ eligibility to gain admission or to adjust status through a family member, we flagged individuals eligible to be petitioned by qualified family members (DOS-BCA 2018a,b). Specifically, we identify individuals eligible for LPR status based on a qualifying family relationship to a US citizen or LPR. We then count all individuals who fit these criteria, as well as the number of other individuals in their households.²⁸

25 Undocumented residents can leave that population in four ways: they can adjust to legal status, be removed from the United States, leave the United States voluntarily, or, in a small number of cases, die.

26 The term logical edit refers to the process of determining probable legal status by examining survey data. Respondents were assigned to the legal category if they worked in occupations that generally require legal status, had the characteristics of legal temporary migrants, were immediate relatives of US citizens, received public benefits, such as Medicare and (in some cases) Medicaid, were from countries where two-thirds or more arrivals would be refugees, or were aged 60 or older at entry.

27 CMS also flagged as nonimmigrants the spouses and minor children of students and temporary workers.

28 CMS’s estimates cover both visa overstayers and undocumented immigrants who illegally crossed a border.

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Socioeconomic Status, Food Security, and Dental Caries in US Children: Mediation Analyses of Data From the National Health and Nutrition Examination Survey, 2007–2008

[Donald L. Chi](#), DDS, PhD,  [Erin E. Masterson](#), MPH, [Adam C. Carle](#), PhD, [Lloyd A. Mancl](#), PhD, and [Susan E. Coldwell](#), PhD

Donald L. Chi, Erin E. Masterson, Lloyd A. Mancl, and Susan E. Coldwell are with the Department of Oral Health Sciences, School of Dentistry, University of Washington, Seattle. Adam C. Carle is with the Department of Pediatrics, School of Medicine, and the Department of Psychology, College of Arts and Sciences, University of Cincinnati, Cincinnati, OH.

 Corresponding author.

Correspondence should be sent to Donald L. Chi, University of Washington, School of Dentistry, Department of Oral Health Sciences, Box 357475, Seattle, WA 98195-7475 (e-mail: dchi@uw.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the “Reprints” button.

Contributors

D. L. Chi conceptualized the study, synthesized the analysis plan, helped interpret the findings, and led the writing of the article. E. E. Masterson managed the data set and helped analyze the data. A. C. Carle helped analyze the data and interpret the results. L. A. Mancl helped synthesize the analysis plan. S. E. Coldwell helped conceptualize the study. All authors helped write the article.

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Abstract

Objectives. We examined associations of household socioeconomic status (SES) and food security with children’s oral health outcomes.

Methods. We analyzed 2007 and 2008 US National Health and Nutrition Examination Survey data for children aged 5 to 17 years ($n = 2206$) to examine the relationship between food security and untreated dental caries and to assess whether food security mediates the SES–caries relationship.

Results. About 20.1% of children had untreated caries. Most households had full food security (62%); 13% had marginal, 17% had low, and 8% had very low food security. Higher SES was associated with significantly lower caries prevalence (prevalence ratio [PR] = 0.77; 95% confidence interval = 0.63, 0.94; $P = .01$). Children from households with low or very low food security had significantly higher caries prevalence (PR = 2.00 and PR = 1.70, respectively) than did children living in fully food-secure households. Caries prevalence did not differ among children from fully and marginally food-secure households ($P = .17$). Food insecurity did not appear to mediate the SES–caries relationship.

Conclusions. Interventions and policies to ensure food security may help address the US pediatric caries epidemic.

Tooth decay (dental caries) is the most prevalent disease worldwide and the most common pediatric disease in the United States.[1,2](#) From 1999 to 2004, the prevalence of untreated tooth decay was 24.5% for children aged 6 to 11 years and 19.6% for adolescents aged 12 to 19 years.[3](#) Untreated tooth decay can lead to difficulties eating and sleeping, pain, the need for invasive restorative treatment, emergency department visits and inpatient hospitalizations, poor quality of life, systemic health problems, and, in rare cases, death.[4–7](#) To date, most public health efforts aimed at addressing the pediatric caries epidemic have focused on tooth-level interventions (e.g., topical fluorides, dental sealants). Although disparities in oral health are considered a measure of social injustice,[8](#) comparatively less research has been conducted on the social determinants of pediatric oral health.[9](#)

Low socioeconomic status (SES), one of the strongest determinants of caries in children,[10–12](#) is associated with food insecurity,[10–17](#) defined as inadequate access to food resulting in food shortages, disrupted eating patterns, and hunger.[18](#) Food insecurity, in turn, is associated with oral health–related behaviors, including increased fermentable carbohydrate intake,[19,20](#) a risk factor for dental caries.[21,22](#) The American Dietetic Association recognizes the link between nutrition and oral health,[23](#) and numerous studies have drawn associations between dietary factors and disparities in dental caries.[24](#) Collectively, these studies suggest that food insecurity is related to caries and is a potential mechanism linking SES and caries, but these relationships have not yet been evaluated empirically. We used nationally representative data from the United States to test 3 hypotheses: (1) food insecurity is positively associated with untreated dental caries, (2) food insecurity mediates the SES–caries relationship, and (3) food insecurity mediates the SES–caries relationship differentially for children from higher- versus lower-SES households.

METHODS

We conducted a cross-sectional analysis of US National Health and Nutrition Examination Survey (NHANES) data from 2007 and 2008. NHANES collects interview and physical examination data from about 5000 nationally representative children and adults each year.[25](#) The 2007 to 2008 NHANES data set includes clinical caries data collected from participants aged 5 years and older. Trained and calibrated oral health examiners screened each child. No dental history or radiographs were taken. The survey collected aggregate data on whether the child had any untreated caries (no or yes). As part of the NHANES oral health protocol, stains, white spots, pitted enamel, and erosion were not classified as untreated caries. The child's primary caregiver or legal guardian completed a questionnaire that produced demographic, food insecurity, and other self-reported data. Our analyses focused on children aged 5 to 17 years (n = 2206).

Conceptual Model and Variables

A preliminary conceptual model is presented in [Figure 1.10–23](#). The outcome measure was any untreated dental caries (no or yes). Untreated dental caries is a binary variable in the 2007 to 2008 NHANES data set, which precluded an analysis of caries as a continuous variable. We chose untreated caries because it measures disease prevalence at the same time as our predictor variable and mediator were measured. Adopting alternative prevalence measures (e.g., untreated caries + fillings or restorations) would introduce temporality problems. The predictor variable was SES, operationalized as the ratio of household income to poverty, a measure used in previous analyses involving SES.[26](#) Larger income-to-poverty ratios indicated higher SES.

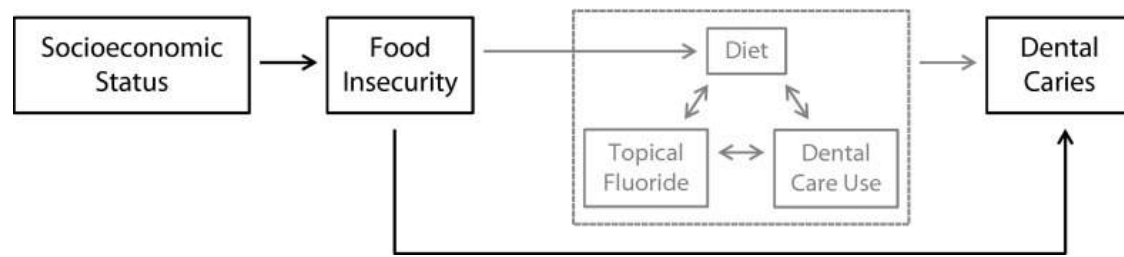


FIGURE 1—

Preliminary conceptual model of relationship between socioeconomic status, food insecurity, and dental caries: National Health and Nutrition Examination Survey, United States, 2007–2008.

Note. Gray boxes and arrows indicate portions of model not tested.

The potential mediator was household-level food security (full, marginal, low, or very low food security), measured with the US Department of Agriculture 18-item Household Food Security Survey.²⁷ We classified respondents with no affirmative responses to any survey items as living in households with full food security. We classified those with 1 to 2 affirmative responses as having marginal, 3 to 7 affirmative responses as having low, and 8 or more affirmative responses as having very low food security.²⁸

Statistical Analyses

We used log-linear regression models to examine the SES–caries (model 1) and food insecurity–caries (model 2) relationships and to estimate prevalence ratios (PRs).^{29,30} In model 3, we used standard mediation methods to examine the relationship between SES and caries after including food insecurity in model 1.³¹ We ran similar mediation models stratified on SES (split at the median SES) to identify a potential interaction between SES and food insecurity and age-adjusted models to adjust for age as a potential model confounder. Because findings from the SES-stratified and age-adjusted models were consistent with results from the initial regression models, we only reported the latter findings. We used jackknife methods to estimate standard errors²⁹ and accounted for the complex survey design with Stata version 12.1 (StataCorp LP, College Station, TX).

RESULTS

The mean household size was 4.7 (SD = 1.4; [Table 1](#)). Thirty-eight percent of children were Hispanic, 31% were White, and 26% were Black. Forty-three percent were privately insured, 26% were enrolled in Medicaid, 17% had other health insurance, and 14% were uninsured. Forty-three percent of children were in excellent health, 50% in very good or good health, 6% in fair health, and 1% in poor health. About 20.1% of children had untreated caries. The mean household income–to–poverty ratio was 2.1 (SD = 1.5). Most children lived in households with full food security (62%); 13% lived in households with marginal, 17% with low, and 8% with very low food security.

TABLE 1—

Household and Child Characteristics of Children Aged 5–17 Years: National Health and Nutrition Examination Survey, United States, 2007–2008

Characteristic	No. (%) or Mean \pm SD
Head of household education level	
< grade 9	242 (11)
Grade 9–11	416 (19)
High school or GED	523 (24)
Some college	589 (27)
\geq college	361 (16)
Missing	75 (3)
Persons in household	4.7 \pm 1.4
Child race/ethnicity	
Mexican American	563 (25)
Other Hispanic	278 (13)
Non-Hispanic White	689 (31)
Non-Hispanic Black	575 (26)
Other/multiracial	101 (5)
Child health insurance	
Private	952 (43)
Medicaid only	575 (26)
Other	374 (17)
None	297 (14)
Missing	8 (< 1)
Child health condition	
Excellent	959 (43)
Very good	574 (26)
Good	528 (24)
Fair	125 (6)
Poor	20 (1)

Note. GED = general equivalency diploma. Sample size was $n = 2206$.

We detected a significant SES–caries relationship ([Table 2](#)). Higher SES was associated with lower untreated caries prevalence (PR = 0.77; 95% confidence interval CI = 0.63, 0.94; $P = .01$). Children from low or very low food security households had significantly higher untreated caries prevalence (PR = 2.00 and PR = 1.70, respectively) than children with full food security. We observed no

difference in untreated caries between children from fully and marginally food-secure households ($P = .17$). Results from models 1 and 3 indicated that food insecurity did not partially or fully mediate SES and untreated caries. These findings were similar in the SES-stratified and age-adjusted models (data not shown).

TABLE 2—
Log-Linear Regression Model of the Relationship Between Food Security and Untreated Dental Caries in Children and Food Security as a Mediator of Socioeconomic Status and Untreated Dental Caries: National Health and Nutrition Examination Survey, United States, 2007–2008

Variable	Untreated Dental Caries, PR (95% CI)	<i>P</i>
Model 1: socioeconomic status ^a	0.77 (0.63, 0.94)	.01
Model 2		
Full food security (Ref)	1.00	
Marginal food security	1.42 (0.85, 2.38)	.17
Low food security	2.00 (1.09, 3.65)	.03
Very low food security	1.70 (1.00, 2.90)	.049
Model 3		
Socioeconomic status ^a	0.79 (0.64, 0.97)	.03
Full food security (Ref)	1.00	
Marginal food security	1.07 (0.66, 1.75)	.77
Low food security	1.42 (0.85, 2.38)	.17
Very low food security	1.12 (0.60, 2.12)	.7

Note. CI = confidence interval; PR = prevalence ratio.
^aOperationalized as the ratio of household income to poverty.

DISCUSSION

Ours was the first published study, to our knowledge, that examined the relationship between food insecurity and untreated dental caries in children. Our analyses of nationally representative data from the United States for children aged 5 to 17 years revealed a significant relationship between food insecurity and untreated dental caries. Children living in households with low and very low food security had a greater prevalence of untreated caries than children from fully food-secure households. In addition, food insecurity did not appear to mediate the SES–caries relationship, a finding that was consistent for children from higher- and lower-SES households.

Our main finding was that food insecurity was significantly associated with dental caries. This finding is consistent with published studies demonstrating negative health outcomes associated with food insecurity.[32–37](#) We believe there are 4 potential explanations. First, food insecurity may force caregivers and children to make food-purchasing decisions that optimize for quantity rather than

quality.[38–41](#) For example, sugar-sweetened beverages (e.g., Tang, Hawaiian Punch, Kool-Aid) are inexpensive and easily accessible. But these unhealthy drinks contain high-fructose corn syrup or some combination of sugar, sucrose, and fructose, which are risk factors for dental caries.[22](#) Second, food-insecure households may live in food deserts, or neighborhoods where purchasing options are limited to convenience stores, corner markets, and fast-food restaurants.[42](#) These places limit purchasing options to processed foods, snacks, and sugar-sweetened beverages and can deprive children of fresh vegetables and fruits, complex carbohydrates, nonprocessed proteins, and dairy products. Third, children living in food-insecure households may take responsibility for managing food resources,[43](#) for example, by eating smaller amounts more frequently to make food last longer. Constant exposure to carbohydrates can lead to increased caries risk. Fourth, food insecurity may be a proxy for other markers of social inequality and deprivation, including low social capital and biological stress,[44,45](#) both of which are associated with caries in children.[46,47](#)

Future work should examine possible mechanisms linking food insecurity and dental caries. The knowledge generated from such studies could be used to develop mechanism-specific interventions aimed at improving the oral health of children living in food-insecure households.

Our secondary findings were that food insecurity did not mediate the SES–caries relationship and that this relationship did not differ among children from lower- and higher-SES households. Although several publications suggest links between SES, food insecurity, and child health outcomes,[48–50](#) our findings suggest that other social factors associated with SES (e.g., food environment)[51](#) and behaviors (e.g., exposure to fluoride, visits to the dentist, specific types of nutrients and food intake)[52](#) may be more plausible mediators. That food insecurity failed to mediate SES–caries differentially for lower- and higher-SES households was surprising but points to the complexity of these relationships. Our preliminary conceptual model suggested that behavioral factors might mediate the food insecurity–caries relationship while simultaneously moderating other relevant behavioral factors ([Figure 1](#)). It was not possible to test all the pathways from our model. Future studies could use this model as a guide to shed additional light on how household SES, food insecurity, and other social determinants of health influence behaviors relevant in children’s oral health.

The main study strength was the use of nationally representative data to test hypotheses with clinical and policy significance. Our study was a first step in developing nutrition-focused interventions aimed at improving oral health outcomes for children living in socioeconomically vulnerable households. The policy significance was that US food programs such as the Supplemental Nutrition Assistance Program and the Special Supplemental Nutrition Program for Women, Infants, and Children could strengthen implementation of evidence-based education and outreach that help households make better food choices.[53–57](#) These programs could subsidize the purchase of fresh vegetables, fruits, meats, and dairy[58](#) and implement wireless terminals at farmers’ markets,[59,60](#) which would improve households’ access to healthier foods. Another policy solution is limiting purchases funded by these programs of unhealthy items (e.g., sugar-sweetened beverages) linked to adverse health outcomes and chronic conditions (e.g., dental caries, obesity, diabetes).[58,61,62](#) However, ethical considerations associated with restrictive approaches need to be weighed in relation to the health benefits.[63](#) The relevance of these issues to children’s oral health is open to further scientific inquiry through observational and experimental study designs.

Limitations

The analyses were cross-sectional, and all findings were associations, which do not imply causation. Food security was measured once, making it difficult to assess whether it was transient or persistent.[64](#) Our outcome measure, untreated dental caries, was a measure of disease prevalence at a single time. Some children who recently received dental restorations could have been misclassified as not having

caries, but this likely would not have affected many children because of the relatively low proportion of children who get their teeth restored.⁶⁵ These limitations could be addressed through longitudinal study designs.

Our outcome was dichotomous and measured at the tooth level, which did not provide data on caries severity. In addition, the data did not specify whether caries affected primary or permanent teeth. These are limitations of 2007 and 2008 NHANES data and could be addressed with prospective studies that adopt detailed dental caries measurement protocols or secondary data that include tooth surface-specific caries measures.

SES and food insecurity were self-reported measures. We measured food security with a validated instrument, but future work could validate household-level income to ensure measure accuracy. Our models did not include other potential mediators and moderators from our conceptual model (e.g., diet, fluoride, dental visits). Additional studies are needed to fully test and refine our preliminary conceptual model.

Conclusions

Public health efforts to address food insecurity alone within vulnerable populations are unlikely to solve children's oral health disparities. Identifying potential mediators of food insecurity and caries (e.g., fast foods, sugar-sweetened beverages, micronutrients) may allow us to develop specific nutrition-focused social and behavioral interventions for vulnerable populations. Future approaches will involve improving the food environment, quality, and choice for low-income communities; educating socioeconomically vulnerable households on healthy meal and snack preparation; and helping individuals to reduce their frequency of carbohydrate intake. Such interventions can be strengthened by reinforcing preventive oral health behaviors (e.g., fluoride use, dental visits) and are likely to reduce the prevalence of other nutrition-mediated systemic conditions such as obesity, diabetes, and cardiovascular diseases.

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Human Participant Protection

This study was exempted from protocol approval by the University of Washington institutional review board because the data were publicly available.

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INSIDE THE WAR ON POVERTY: THE IMPACT OF FOOD STAMPS ON BIRTH OUTCOMES

Douglas Almond, Hilary W. Hoynes, and Diane Whitmore Schanzenbach*

Abstract—This paper evaluates the health impacts of a signature initiative of the War on Poverty: the introduction of the modern Food Stamp Program (FSP). Using variation in the month FSP began operating in each U.S. county, we find that pregnancies exposed to FSP three months prior to birth yielded deliveries with increased birth weight, with the largest gains at the lowest birth weights. We also find small but statistically insignificant improvements in neonatal mortality. We conclude that the sizable increase in income from FSP improved birth outcomes for both whites and African Americans, with larger impacts for African American mothers.

I. Introduction

IN this paper, we evaluate the health consequences of a sizable improvement in the resources available to America's poorest. In particular, we examine the impact of the Food Stamp Program (FSP), which in 2007 provided \$34 billion in payments to about 13 million households, on infant health. Our paper makes two distinct contributions. First, although the goal of the FSP is to increase the nutrition of the poor, few papers have examined its impact on health outcomes. Second, building on work by Hoynes and Schanzenbach (2009), we argue that the FSP treatment represents an exogenous increase in income for the poor. Our analysis therefore represents a causal estimate of the impact of income on health, an important topic with little convincing evidence due to concerns about endogeneity and reverse causality (Currie, 2009).

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* Almond: Columbia University and NBER; Hoynes: University of California, Davis and NBER; Schanzenbach: Northwestern University and NBER.

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The online appendix referred to throughout the article is available at http://www.mitpressjournals.org/doi/suppl/10.1162/REST_a_00089.

We use the natural experiment afforded by the nationwide rollout of the modern FSP during the 1960s and early 1970s. Our identification strategy uses the sharp timing of the county-by-county rollout of the FSP, which was initially constrained by congressional funding authorizations (and ultimately became available in all counties by 1975). Specifically, we use information on the month the FSP began operating in each of the roughly 3,100 U.S. counties and examine the impact of the FSP rollout on mean birth weight, low birth weight, gestation, and neonatal mortality.

Throughout the history of the FSP, the program parameters have been set by the U.S. Department of Agriculture (USDA) and are uniform across states. In the absence of the state-level variation often leveraged by economists to evaluate transfer programs, previous FSP research has typically resorted to strong assumptions as to the comparability of FSP participants and eligible nonparticipants (Currie, 2003). Not surprisingly, the literature is far from settled as to what casual impact (if any) the FSP has on nutrition and health.

Hoynes and Schanzenbach (2009) use this county rollout to examine the impact of the FSP on food consumption using the PSID. They found that the introduction of the FSP increased total food spending and decreased out-of-pocket food spending. Importantly, consistent with the predictions of canonical microeconomic theory, the magnitude of the increase in food expenditures was similar to an equivalent-sized income transfer, implying that most recipient households were inframarginal (that is, they would spend more on the subsidized good than the face value of the in-kind transfer). As one of the largest antipoverty programs in the United States—comparable in cost to the earned income tax credit (EITC) and substantially larger than Temporary Assistance to Needy Families (TANF)—understanding FSP effects is valuable both in its own right and for what it reveals about the relationship between income and health.¹

We focus on birth outcomes for several reasons. First, families represent an important subgroup of the food stamp caseload. Over 60% of food stamp households include chil-

¹ The cost of the FSP was \$33 billion in 2006 (compared to \$24 billion for TANF, \$33 billion for the EITC, and \$5.4 billion for WIC, the Special Supplemental Nutrition Program for Women, Infants and Children).

dren, and one-third have at least one preschool-age child. Second, birth outcomes improved substantially during the late 1960s and early 1970s. Third, to the extent that the FSP improved birth outcomes, later-life health outcomes of these cohorts may have also benefited (Barker, 1992; Black, Devereux, & Salvanes, 2007). Finally, the vital statistics data used in this project are ideally suited for analyzing FSP rollout: the birth (death) microdata contain the county of birth (death) and the month of birth (death). This, combined with the large sample sizes (for example, more than 1 million birth records per year in the data set), allows us to use the discrete nature of the FSP rollout with significant statistical power.

We find that infant outcomes improve with FSP introduction. Changes in mean birth weight are small, increasing roughly half a percent for blacks and whites who participated in the program (effect of the treatment on the treated). Impacts were larger at the bottom of the birth weight distribution, reducing the incidence of low birth weight among the treated by 7% for whites and between 5% and 11% for blacks. Changes in this part of the birth weight distribution are important because they are closely linked to other newborn health measures. Although not all treatment effects are statistically significant, they point consistently to improvements in birth weight following the introduction of the FSP. We also find that the FSP introduction leads to a reduction in neonatal mortality, although these results rarely reach statistical significance. We find very small (but precisely estimated) impacts of the FSP on fertility, suggesting that the results are not biased by endogenous sample selection. All results are robust to various sets of controls, such as county fixed effects, state-by-year fixed effects, and county-specific linear trends. Moreover, FSP impact estimates are robust to and little changed by county-by-year controls for federal spending on other social programs, suggesting our basic identification strategy is clean. Finally, we present an event study analysis that further supports the validity of the identification strategy.

Food stamps are the fundamental safety net in the United States. Unlike other means-tested programs, there is no additional targeting to specific subpopulations. Current benefits average about \$200 per recipient household per month. Our analysis constitutes the first evidence that despite the fact that it did not target pregnant mothers (or even women), introduction of the FSP improved newborn health.

II. Introduction of the Food Stamp Program

The modern FSP began with President Kennedy's 1961 announcement of a pilot food stamp program that was to be established in 8 impoverished counties. The pilot programs were expanded to 43 counties in 1962 and 1963. The success with these pilot programs led to the Food Stamp Act of 1964 (FSA), which gave local areas the authority to start up the FSP in their county. As with the current FSP, the pro-

gram was federally funded, and benefits were redeemable at approved retail food stores. In the period following the passage of the FSA, a steady stream of counties initiated such programs, and federal spending on the FSP more than doubled between 1967 and 1969 (from \$115 million to \$250 million). Support for requiring counties to participate in FSP grew due to a national spotlight on hunger (Berry, 1984). This interest culminated in passage of 1973 amendments to the Food Stamp Act, which mandated that all counties offer FSP by 1975.

Figure 1 plots the percentage of counties with an FSP from 1960 to 1975.² During the pilot phase (1961–1964), FSP coverage increased slowly. Beginning in 1964, program growth accelerated, and coverage expanded at a steady pace until all counties were covered in 1974. Furthermore, there was substantial heterogeneity in the timing of adoption of the FSP, both within and across states. The map in figure 2 shades counties according to the date of FSP adoption (darker shading denotes a later start-up date). Our basic identification strategy considers the month of FSP adoption for each county the FSP “treatment.”³

For our identification strategy to yield causal estimates of the program, it is key to establish that the timing of FSP adoption appears to be exogenous. Prior to the FSP, some counties provided food aid through the Commodity Distribution Program (CDP), which took surplus food purchased by the federal government as part of an agricultural price support policy and distributed those goods to the poor. The 1964 Food Stamp Act allowed counties to voluntarily set up an FSP, but the act also stated that no county could run both the FSP and the CDP. Thus, for counties that previously ran a CDP, adoption of the FSP implies termination of the CDP.⁴ The political accounts of the time suggest that debates about adopting the FSP pitted powerful agricultural interests (which favored the CDP) against advocates for the poor (who favored the FSP; see MacDonald, 1977; Berry, 1984).⁵ In particular, counties with strong support for farm-

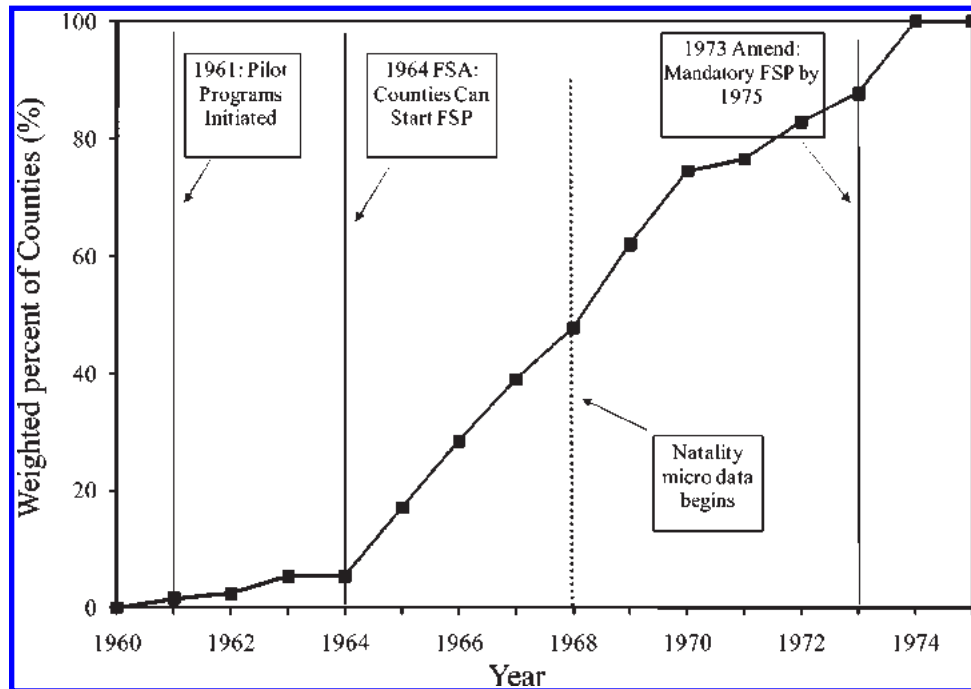
² Counties are weighted by their 1970 population. Note this is not the food stamp caseload, but represents the percentage of the U.S. population that lived in a county with an FSP.

³ This timing lines up exceptionally well with county-level FSP spending as measured in the Regional Economic Information System data. See online appendix table 3.

⁴ This transition in nutritional assistance would tend to bias FSP impact estimates downward, but we do not think this bias is substantial because of the limited scope of the CDP. The CDP was not available in all counties, and recipients often had to travel long distances to pick up the items. Further, the commodities were distributed infrequently and inconsistently, and provided a narrow set of commodities. The most frequently available were flour, cornmeal, rice, dried milk, peanut butter, and rolled wheat (Citizens' Board of Inquiry 1968). In contrast, food stamp benefits can be used to purchase all food items (except hot foods for immediate consumption, alcoholic beverages, and vitamins).

⁵ In fact, as Berry (1984) and Ripley (1969) noted, passage of the 1964 Food Stamp Act was achieved through classic legislative logrolling. The farm interest coalition (southern Democrats, Republicans) wanted to pass an important cotton-wheat subsidy bill while advocates for the poor (northern Democrats) wanted to pass the FSA. Neither had majorities, yet they made an arrangement, supported each others' bills, and both bills passed.

FIGURE 1.—WEIGHTED PERCENTAGE OF COUNTIES WITH A FOOD STAMP PROGRAM, 1960–1975



Authors' tabulations of food stamp administrative data (U.S. Department of Agriculture, various years). Counties are weighted by their 1960 population.

FIGURE 2.—FOOD STAMP PROGRAM START DATE BY COUNTY (1961–1975)



Authors' tabulations of food stamp administrative data (U.S. Department of Agriculture, various years). The shading corresponds to the county FSP start date, where darker shading indicates later county implementation.

ing interests (such as southern or rural counties) may be late adopters of the FSP. Counties with strong support for the low-income population (such as northern, urban counties

with large populations of poor) may adopt FSP earlier in the period. This systematic variation in food stamp adoption could lead to spurious estimates of the program impact if

those same county characteristics are associated with differential trends in the outcome variables.

In earlier work (Hoynes & Schanzenbach, 2009), we documented that larger counties with a greater fraction of the population that was urban, black, or low income indeed implemented the FSP earlier, consistent with the historical accounts. We sought to predict FSP adoption date with 1960 county characteristics—those recorded immediately prior to the pilot FSP phase. That analysis showed that larger counties and those with a higher share of black, elderly, young, or low income implemented earlier and those where more of the land was used in farming implement later.⁶ Nevertheless, the county characteristics explain very little of the variation in adoption dates (see online appendix figure 1). This is consistent with the characterization of funding limits controlling the movement of counties off the waiting list to start up their FSP: “The program was quite in demand, as congressmen wanted to reap the good will and publicity that accompanied the opening of a new project. At this time there was always a long waiting list of counties that wanted to join the program. Only funding controlled the growth of the program as it expanded” (Berry, 1984, pp. 36–37).

We view the weakness of this model fit as a strength when it comes to our identification approach in that much of the variation in the implementation of FSP appears to be idiosyncratic. Nonetheless, in order to control for possible differences in trends across counties that are spuriously correlated with the county treatment effect, all of our regressions include interactions of these 1960 pretreatment county characteristics with time trends as in Acemoglu, Autor, and Lyle (2004) and Hoynes and Schanzenbach (2009).

FSP introduction took place during a period of tremendous expansion in cash and noncash transfer programs as the War on Poverty and Great Society programs were expanding. To disentangle the FSP from these other programs, the county-by-month variation in FSP rollout is key. Further, given that virtually all means-tested programs are administered at the state level, our controls for state-by-year fixed effects should absorb these program impacts. To be sure, however, our models include controls for per capita real county government (non–food stamp) transfers.⁷

III. Background Literature

The goal of the FSP is to improve nutrition among the low-income population. As such, many studies have examined the impact of the FSP on nutritional availability and intake, food consumption, food expenditures, and food inse-

curity (see Currie, 2003, and Fraker, 1990, for reviews of the literature).

Almost all existing studies of the impact of the FSP use research designs that rely on comparisons of program participants to nonparticipants at the individual level. This approach is subject to the usual criticisms regarding selection into the program. For example, a number of researchers (Currie, 2003; Currie & Moretti, 2008; Fraker, 1990) have pointed out that if food stamp recipients are healthier, are more motivated, or have better access to health care than other eligible women, then comparisons between participants and nonparticipants could produce positive program estimates even if the true effect is 0. Conversely, if food stamp participants are more disadvantaged than other families, such comparisons may understate the program’s impact. In fact, as Currie (2003) reported, several studies, including Basiotis, Cramer-LeBlanc, and Kennedy (1998) and Butler and Raymond (1996), find that food stamp participation leads to a reduction in nutritional intake. These unexpected results are almost certainly driven by negative selection in participation.

Many researchers who evaluate the impact of other government programs avoid these selection problems by comparing outcomes across individuals living in states with different levels of benefit generosity or other program parameters. A long literature on the effects of cash assistance programs is based on this type of identification strategy (Moffitt, 1992; Blank, 2002). Unfortunately, the FSP is a federal program for which there is very little geographic variation (aside from the variation we use in this paper) or variation in eligibility criteria or benefit levels, so prior researchers have had to employ alternative approaches.

Identification issues aside, it is noteworthy that few FSP studies examine the impact on health outcomes. We are aware of two studies. Currie and Cole (1991) examine the impact of the FSP on birth weight using sibling comparisons and instrumental variable methods and find no significant impacts of the FSP. Our work is closer to that of Currie and Moretti (2008), who use the county rollout of FSP in California to analyze birth outcomes. They find that FSP introduction was associated with a reduction in birth weight, which was driven particularly by first births among teens and by changes for Los Angeles County. As discussed below, this negative effect is possible if the FSP led to fertility changes or increases in the survival of low-birth-weight fetuses. The timing of FSP assignment in Currie and Moretti (2008) differs from ours in that they consider FSP availability at the beginning of pregnancy and its impact on birth weight, whereas we focus on availability toward the end of pregnancy.⁸

The literature (see the review in Currie, 2009) provides few estimates of the causal impact of income on birth

⁶ For more detail, see table 1 in Hoynes and Schanzenbach (2009).

⁷ The Special Supplemental Food Program for Women, Infants and Children (WIC), available to low-income pregnant women and children up to age 5 in families, was introduced in 1974. Given the timing of WIC implementation relative to FSP, there is little concern that the introduction of WIC biases our estimates of the introduction of FSP, and results limited to pre-1974 are qualitatively similar.

⁸ Table 3 shows the sensitivity of our impact estimates to the timing of FSP assignment.

weight. Cramer (1995) finds that mothers with more income have higher-birth-weight babies, although income is identified cross-sectionally. Kehrer and Wolin (1979) find evidence that the Gary Income Maintenance Experiment may have improved birth weight. However sample sizes are small ($N = 404$ births), and although positive effects were found for woman as being and high risk for low birth weight (young, smokers, short birth interval), perverse effects were found for woman classified as being of low risk low birth weight. Currie and Cole (1993), using IV and mother-fixed effects estimators, find that AFDC income leads to improvements in birth weight. Baker (2008) uses the 1993 expansion in the EITC, which disproportionately benefited families with two or more children, finding a 7 gram increase in the birth weight of subsequent children. In general, the literature has been plagued by imprecise estimates due to small sample sizes as well as a lack of well-identified sources of variation in income. As a result, we argue that our paper provides some of the best evidence to date on the impact of income on birth outcomes.

IV. Food Stamps and Infant Health

The FSP introduction represents an exogenous and sizable increase in income for the poor. Canonical microeconomic theory predicts that in-kind transfers like food stamps will have the same impact on spending as an equivalent cash transfer for consumers who are inframarginal. Hoynes and Schanzenbach (2009) use the same FSP rollout identification approach and data from the PSID to examine the impacts of food stamps on food expenditures; they find that recipients of food stamps behave as if the benefits were paid in cash. Therefore, not only can we think of the FSP introduction as a large income transfer, we can think of it as for the most part the equivalent of a cash income transfer.

With this framing, an increase in income could lead to changes in infant health through many channels. We would expect that spending on all normal goods would increase, therefore leading to increases in food consumption regardless of whether the benefits are paid in cash or in kind. We have little information on how particular subcategories of food demand change with FSP availability: Hoynes and Schanzenbach (2009) are able to measure impacts on total food expenditures, but cannot provide information on the quantity or quality of food consumed (or other goods).

The medical literature on the determinants of birth weight provides a useful structure for thinking about the possible channels for the health effects of the FSP. As Kramer (1987a, 1987b) suggested, birth weight is usefully decomposed into that related to the gestation length (prematurity, or GL) and growth conditional on gestation length (intrauterine growth, or IUG). Of the two, GL is thought to be more difficult to manipulate, though empirically more important than IUG in affecting birth weight in developed countries (Kramer, 1987a, 1987b). Maternal nutrition and cigarette smoking are the two most important determinants

of IUG that are potentially modifiable (Kramer, 1987a, 1987b). Finally, there is evidence that birth weight is generally most responsive to nutritional changes affecting the third trimester of pregnancy.⁹ Kramer (1987a) writes, "It is important to analyze additional health measures in addition to birth weight: A final reminder concerns the need for future research to keep sight of the truly important outcomes of infant and child mortality, morbidity, and functional performance. After all, birth weight and gestational age are important only insofar as they affect these outcomes" (p. 510).

We examine impacts on neonatal mortality because it is commonly linked to the health environment during pregnancy; it is therefore plausible that FSP transfers may have been a factor. Estimates from Almond, Chay, and Lee (2005) indicate that a 1 pound increase in birth weight causes neonatal mortality to fall by 7 deaths per 1,000 births, or 24%. Postneonatal mortality, by contrast, is viewed as being more determined by postbirth factors.¹⁰

This discussion suggests that we would expect FSP to affect birth weight and neonatal mortality but not necessarily gestational length. One obvious channel for food stamp impacts is through improvements in nutrition. The introduction of the FSP transfer increases total family resources and is predicted to increase the quality and quantity of food consumed, thereby leading to improvements in infant health. The increased transfer income could also encourage behaviors that could harm infant health, such as smoking or drinking.¹¹ Health improvements may work through other channels as well, for instance, reducing stress (such as financial stress) experienced by the mother, which itself may have a direct impact on birth weight. We explore these issues by separately testing for FSP impacts on length of gestation and birth weight and by exploring the sensitivity of our impact estimates to the timing of FSP assignment by pregnancy trimester.

Overall, we expect that access to the FSP should improve infant health. The same forces that improve infant health, however, could also lead to a change in the composition of births. In particular, if improvements in fetal health lead to fewer fetal deaths, there could be a negative compositional effect on birth weight from the improved survivability of marginal fetuses. This could bias downward the estimated

⁹ See the literature review of Rush et al. (1980). For example, the cohort exposed to the Dutch famine in the third trimester had lower average birth weight than cohorts exposed earlier in pregnancy (Painter, Roseboom, & Bleker, 2005).

¹⁰ The initial health at birth is generally much better among infants who die in the postneonatal period than among infants dying in the first month of life. For example, while 72% of all neonatal deaths had a low birth weight (below 2,500 grams), only 20% of all postneonatal deaths were low-birth-weight infants (Starfield, 1985). Postneonatal deaths tend to be caused by negative events after birth, most often by infectious diseases and accidents (Grossman & Jacobowitz, 1981). Further, postneonatal deaths may be more responsive to hospital access than neonatal deaths (see Almond, Chay, & Greenstone, 2007).

¹¹ Although recipients cannot purchase cigarettes directly with FSP benefits, the increase in resources to the household may increase cigarette consumption, which would work to reduce birth weight.

effects of the FSP on birth weight and infant mortality.¹² In addition, if FSP introduction leads to increases in fertility for disadvantaged women, this could also lead to negative compositional effect and a subsequent downward bias on the estimates.¹³ To evaluate such channels, we test for impacts of the FSP on total births (finding no effect).

V. Data

The data for our analysis are combined from several sources. The key treatment or policy variable is the month and year that each county implemented a food stamp program, which comes from USDA annual reports on county food stamp caseloads (USDA, various years). These administrative FSP data are combined with two microdata sets on births and deaths from the National Center for Health Statistics. In some cases, we augment the core microdata with digitized print vital statistics documents to extend analysis to the years preceding the beginning of the microdata. These data are merged with other county-level data from several sources.

A. Vital Statistics Natality Data

These data are coded from birth certificates and are available beginning in 1968. Depending on the state-year, these data are either a 100% or 50% sample of births, and there are about 2 million observations per year. Reported birth outcomes include birth weight, gender, plurality, and (in some state-years) gestational length. Data on the month and county of birth permit linkage of natality outcomes to the month the FSP was introduced in a given county. There are also (limited) demographic variables, including age and race of the mother and (in some states and years) mother's education and marital status. Online appendix table 1 provides information on the availability of these variables over time.

We use the natality data and collapse the data to county-race-quarter cells covering the years 1968 to 1977. We use quarters (rather than months) to keep the sample size manageable. The results are unchanged if we instead use county-race-month cells. We end the sample in 1977, two years after all counties have implemented the FSP and before the program changes enacted in 1978 led to increases in take-up.

¹² The estimates described in table 5 imply an imprecise 1% to 2% increase in the number of births among the treated. If we assume this increase is accounted for by reductions in early prenatal (embryonic) mortality, only to appear as deaths after birth during infancy, this would imply nearly a doubling of the infant mortality rate, which stood close to 2% nationally in 1970. Such an increase is not observed and would obviously overwhelm any reductions in infant mortality among those who would have survived until birth absent the FSP. That said, our data clearly do not allow us to distinguish between births that reflect a prevented embryonic or fetal death versus induced conceptions. But the magnitudes involved suggest that postponement of intrauterine mortality to the first year of life could not have been the norm or the infant mortality rate would have risen substantially. Thus, if we take the table 5 point estimates at face value (despite the large standard errors), either mortality was postponed beyond infancy or the number of conceptions increased.

¹³ The existing literature suggests that the elasticity of fertility with respect to additional transfers from income support programs is very small (Moffitt, 1998).

Unfortunately, natality microdata are available only beginning in 1968. By 1968, half of the population lived in counties with on FSP in place. In the interest of examining the full FSP rollout, we obtained annual print vital statistics documents and digitized the available data. With these print documents, we augment the microdata with counts of the total number of births by county and year (not available by race) for 1959 to 1967 and counts of births by birth weight ranges by state, race and year (not available by county) for 1959 to 1967.¹⁴

B. Vital Statistics Death Data

These data are coded from death certificates and are available beginning in 1959. The data encompass the universe of death certificates (except in 1972, when they are a 50% sample) and report the age and race of the decedent, the cause of death, and the month and county of death. We collapse the data to county-race-quarter cells covering the years 1959 to 1977.

Our mortality measure is the neonatal mortality rate, defined as deaths in the first 28 days of life per 1,000 live births. We focus on deaths from all causes, as this gives us the most power (further cutting of the county-quarter-race cells by detailed cause of death leads to many very thin cells) and is unaffected by changes in the coding of cause of death (conversion from ICD-7 to ICD-8) in 1968. We have attempted to identify causes of death that could be affected by nutritional deficiencies and also present results for these and other deaths.¹⁵ We consider nutritional causes both because the FSP was targeted at those in nutritional risk and widespread concerns about nutritional status among the poor during this period. Online appendix table 2 lists the broad categories for cause of death.

Our main neonatal results use the natality microdata to form the denominator (live births in the same county-race-quarter). This limits the sample to the years 1968 to 1977. In an extension, we use the digitized vital statistics documents and county-year counts of births to construct the denominator for live births and therefore neonatal death rates (for all races) for 1959 to 1977.¹⁶

C. County Population Data

The SEER population data are used to construct estimates of the population of women ages 15 to 44 by county-race-year.¹⁷ These are used with the natality data to con-

¹⁴ For historical vital statistics documents, see <http://www.cdc.gov/nchs/products/pubs/pubd/vsus/1963/1963.htm>.

¹⁵ We thank Karen Norberg for helping us identify the cause of death classifications. We are responsible for any classification errors.

¹⁶ We need quarterly births by race-county to match the quarterly deaths in the numerator. We use the distribution of births by quarter for each county in 1968 and assume that quarterly pattern holds for all years 1959–1967. In practice the “seasonality” of births across quarters is minimal.

¹⁷ See National Cancer Institute, <http://seer.cancer.gov/popdata/download.html>.

struct fertility rates, defined as births per 1,000 women ages 15 to 44. Our main results use fertility rates by county-race-quarter for 1968 to 1977. We also use the digitized annual counts of births by county to construct fertility rates by county-year (not race, not quarter) for the full period 1959 to 1977.

D. County Control Variables

The 1960 City and County Data Book, which compiles data from the 1960 Census of Population and Census of Agriculture, is used to measure economic, demographic, and agricultural variables for the counties' pretreatment (before FSP is rolled out) period. In particular, we use the percentage of the 1960 population that lives in an urban area, is black, is less than 5 years old, is 65 years or over, has income less than \$3,000 (in 1959 dollars), the percentage of land in the county that is farmland, and log of the county population. We use the Bureau of Economic Analysis, Regional Economic Information System (REIS) data to construct annual, county real per capita income, and government transfers to individuals, including cash public assistance benefits (Aid to Families with Dependent Children AFDC; Supplemental Security Income, SSI; and General Assistance), medical spending (Medicare and military health care), and cash retirement and disability payments.¹⁸ These data are available electronically beginning in 1968. We extended the REIS data to 1959 by hand-entering data from microfiche for 1959, 1962, and 1965 to 1968.¹⁹

VI. Methodology

We estimate the impact of the introduction of the FSP on county-level birth outcomes, infant mortality, and fertility, separately by race. Specifically, we estimate the following model:

$$Y_{ct} = \alpha + \delta FSP_{ct} + \beta CB60_c \times t + \gamma X_{ct} + \eta_c + \delta_t + \mu_{st} + \varepsilon_{ct}. \quad (1)$$

Y_{ct} (race suppressed) is a measure of infant health or fertility defined in county c at time t . In all specifications, we include unrestricted fixed effects for county η_c and time δ_t .

¹⁸ Beginning in 1969, the REIS data permit more detailed categories for tabulating government transfers (including the ability to capture Medicaid spending). However, because the natality data begin in 1968 and the mortality data begin in 1959, we have adopted these three categories. In analyses of the data limited to 1969 and after, the results are robust to adding more detailed categories. The REIS data also measure food stamp transfer payments, but for obvious reasons, we do not use this as a control in our model. We have, however, used the REIS data as a check on our USDA-measured county food stamp start dates. REIS-measured per capita spending on FSP sharply increases precisely at the USDA-measured implementation date. In the year prior to FSP introduction, 99% of counties report no spending on FSP; in the year of introduction, this falls to 1.3% and is less than 0.3% in subsequent years (online appendix table 3).

¹⁹ We used linear interpolation to fill in the missing years. We thank Gary Kennedy of the Bureau of Economic Analysis for providing the REIS data microfiche.

We examine the sensitivity to including state-by-year fixed effects μ_{st} or county-specific linear time trends, which are not shown in equation (1).

FSP_{ct} is the food stamp treatment variable equal to 1 if the county has a food stamp program in place. The timing of the treatment dummy depends on the particular outcome variable used. For the analysis of births, we assign $FSP = 1$ if there is an FSP in place at the beginning of the quarter prior to birth to proxy for beginning of the third trimester.²⁰ We assign the treatment at the beginning of the third trimester following the evidence that this period is the most important for determining birth weight. However, we explore the sensitivity to changing the timing of the FSP treatment. Neonatal deaths are thought to be tied primarily to prenatal conditions, and we therefore use the same FSP timing (we use the age at death and measure the FSP as of three months prior to birth, to proxy for the beginning of the third trimester). We have less guidance for the correct timing for FSP treatment for fertility; we explore FSP availability between three quarters prior to birth (to proxy for conception) and seven quarters prior to birth.

The vector X_{ct} contains the annual county-level controls from the REIS, including real per capita transfers and the log of real annual county per capita income. $CB60_c$ are the 1960 county characteristics, which we interact with a linear time trend to control for differential trends in health outcomes that might be correlated with the timing of FSP adoption.

We consider several outcome variables in our main specifications. First, using the natality data, we measure infant health at birth as continuous mean birth weight in grams and fraction low birth weight (less than 2,500 grams, or about 5.5 pounds). These measures are means within county-race-quarter. Second, using the mortality data, we examine impacts on neonatal mortality rates (per 1,000 live births) for all causes and for those likely to be affected by nutritional deficiencies.

All estimates are weighted using the number of births in the county-race-quarter, and the standard errors are clustered by county. Further, to protect against estimation problems associated with thinness in the data, for the natality (mortality) analysis, we drop all county-race-quarter cells where there are fewer than 25 (50) births.²¹ The results are not sensitive to this sample selection. We also drop Alaska because of difficulties in matching FSP service areas with counties.

²⁰ To be precise, because we collapse the data to the county-quarter, the FSP variable can sometimes equal something other than a 0 or 1. The natality data are available at the monthly level, and we use that to assign FSP status as of three months prior to birth (proxy for beginning of the third trimester). When the data are collapsed to the county-quarter, this policy variable is averaged among the three months of observations in that cell. Therefore, the policy variable ranges from 0 to 1, with most values at 0 or 1.

²¹ Neonatal mortality rates average 12 (19) per 1,000 births for whites (blacks) during our sample period. We use a higher threshold for the mortality analysis because of the low incidence of infant mortality.

TABLE 1.—IMPACTS OF FOOD STAMP INTRODUCTION ON BIRTH OUTCOMES, BY RACE

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Birth Weight (in Grams)				Fraction below 2,500 Grams			
A: Whites								
Average FSP (0/1)	2.039 (0.947)*	2.635 (0.896)**	2.089 (1.039)*	2.175 (0.975)**	−0.0006 (0.0003)*	−0.0006 (0.0003)*	−0.0006 (0.0003)*	−0.0006 (0.0004)
% impact (coef/mean)	0.06%	0.08%	0.06%	0.06%	−1.02%	−1.02%	−0.97%	−0.97%
Estimate inflated	15.68	20.27	16.07	16.73	−0.0047	−0.0047	−0.0045	−0.0045
% impact inflated	0.47%	0.61%	0.48%	0.50%	−7.82%	−7.82%	−7.44%	−7.44%
Observations	97,785	97,785	97,785	97,785	97,785	97,785	97,785	97,785
R ²	0.54	0.55	0.55	0.56	0.17	0.17	0.18	0.19
Mean of dependent variable	3,350	3,350	3,350	3,350	0.06	0.06	0.06	0.06
B: Blacks								
Average FSP (0/1)	3.454 (2.660)	4.120 (2.317)	5.466 (2.579)*	1.665 (2.330)	−0.0015 (0.0010)	−0.0016 (0.0010)	−0.0019 (0.0012)	−0.0009 (0.0012)
% impact (coef/mean)	0.11%	0.13%	0.18%	0.05%	−1.13%	−1.22%	−1.49%	−0.68%
Estimate inflated	26.57	31.69	42.05	12.80	−0.0113	−0.0122	−0.0149	−0.0068
% impact inflated	0.86%	1.02%	1.36%	0.41%	−8.70%	−9.41%	−11.48%	−5.21%
Observations	27,374	27,374	27,374	27,374	27,374	27,374	27,374	27,374
R ²	0.32	0.33	0.34	0.35	0.15	0.15	0.17	0.18
mean of Dependent variable	3,097	3,097	3,097	3,097	0.13	0.13	0.13	0.13
1960 CCDB × linear time	X	X	X		X	X	X	
REIS controls	X	X	X	X	X	X	X	X
County per capita real income	X	X	X	X	X	X	X	X
Year quarter fixed effects	X	X	X	X	X	X	X	X
County fixed effects	X	X	X	X	X	X	X	X
State × linear time		X				X		
State × year fixed effects			X				X	
County × linear time				X				X

Each parameter is from a separate regression of the outcome variable on the food stamp implementation dummy. The treatment is assigned as of three months prior to birth (proxy for beginning of the third trimester). The estimation sample includes means by race-county-quarter for years including 1968–1977 where cells with fewer than 25 births are dropped. In addition to the fixed effects, controls include 1960 county variables (log of population, percentage of land in farming, percentage of population black, urban, age below 5, age above 65, and with income less than \$3,000), each interacted with a linear time trend, per capita county transfer income (public assistance, medical care, and retirement and disability benefits), and county real per capita income. Estimates are weighted using the number of births in the cell and are clustered on county. Standard errors are in parentheses. Inflated impacts divide the parameter estimate by an estimate of the food stamp participation rate for the regression sample.

VII. Results for Natality

Table 1 presents the main results for mean birth weight and the fraction of births that are low birth weight (LBW) for 1968 to 1977. Results are presented separately for whites and blacks. For each outcome, we report estimates from four specifications with different controls. Column 1 includes county and time (year × quarter) fixed effects, county per capita income, REIS county-level per capita transfers, and 1960 county characteristics interacted with linear time. The remaining columns control for trends in three ways: column 2 with state-specific linear time trends, column 3 with unrestricted state-by-year fixed effects, and (4) with county-specific linear time trends. In this and all subsequent tables, the number of observations refers to county-quarter cells.²²

The first four columns in panel A report the impact of having FSP in place in the third trimester of pregnancy on mean birth weight for births to white women. These columns indicate a small, statistically significant increase in birth weight for whites caused by exposure to FSP during the third trimester. The results are extremely robust across specifications, including controlling for county-specific linear time trends. When the estimated coefficient is divided by mean birth

weight, the resulting effect size is a 0.06% to 0.08% increase in birth weight, labeled in this and subsequent tables as “% Impact (coef/mean)”. As shown in panel B, the impact of FSP exposure on birth weight is 50% to 150% larger for blacks than whites. That, combined with a smaller average birth weight for blacks, implies an impact between 0.1% and 0.2% on blacks (about twice the impact on whites).

Only a subset of women who give birth are likely to be affected by FSP. While the coefficients reported are valid estimates of the population impact of FSP, we also want to know the impact among FSP recipients (treatment on the treated). To calculate the implied impact on those who take up the FSP, we divide the parameters by an estimate of the FSP participation rate for this sample.²³ We can inflate the estimated effect by these participation rates for an estimate of treatment on the treated. The results indicate that the impact of FSP on participants’ birth weight (labeled “Estimate, inflated”) is between 15 and 20 grams for whites and 13 to 42 grams for blacks. The estimate expressed as a percentage of mean birth weight (labeled “% Impact inflated”) is between 0.5% and 0.6% for whites and between 0.4% and 1.4% for blacks.

²² Note that with 3,142 counties and 40 quarters of data, the maximum number of observations would be about 125,000. As described above, we drop cells with fewer than 25 births. This reduces the sample of blacks much more than whites because blacks are more geographically concentrated. Despite dropping many counties, this sample represents 98% of white births and 94% of black births.

²³ We do not have information about food stamp participation in the natality data or sufficient data to impute eligibility (for example, income). Instead, we use the 1980 Current Population Survey and calculate FSP participation rates for women with a child under 5 years old. (Participation rates look very similar if we alternatively use the presence of a child below age 1 or 3.) The estimated participation rate for women with young children (under age 5) is 0.13 for whites and 0.41 for blacks.

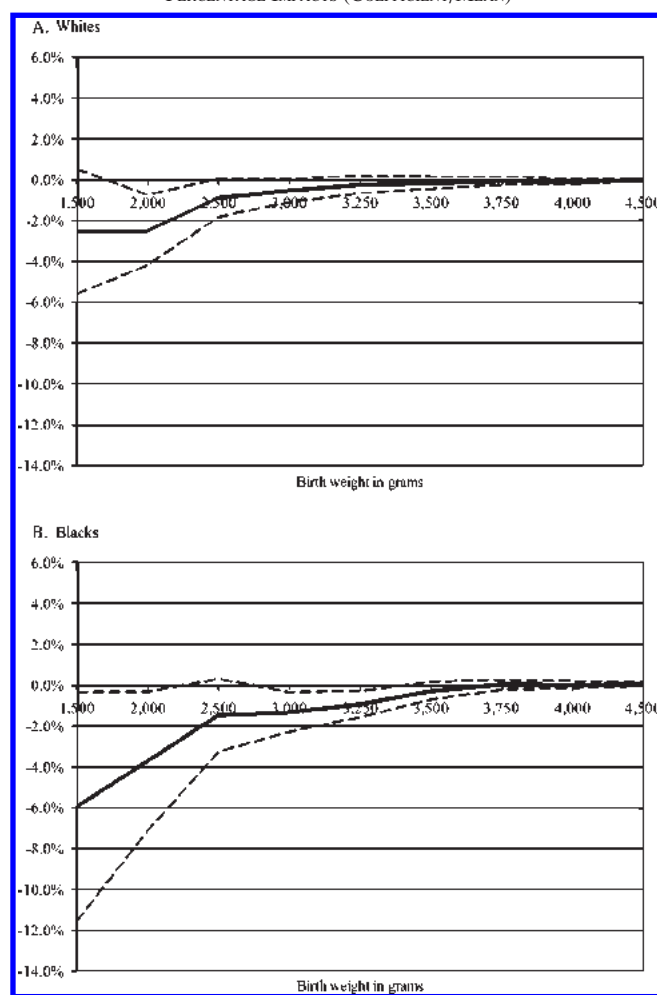
The results for birth weight (and the other outcomes described below) are very robust to adding more controls to the model. We view the specification with state-by-year unrestricted fixed effects as very encouraging, as we have controlled for a whole host of possibly contemporaneous changes to labor markets, government programs, and other things that vary at the state-year level. While not shown here, the county-level variables for government transfers and pretreatment variables do little to change the results. This provides further evidence that the food stamp rollout is exogenous, thereby validating the research design. Finally, we also find the results robust to adding county linear time trends (with some reduction for blacks). On the downside, the poor explanatory power of our control variables in predicting the timing of FSP (described in section II) means that the precision of our impact estimates is not noticeably improved by including these regression controls. For the remainder of the tables, we adopt the specification with state-by-year fixed effects as our base case specification. Results (not presented here) are the same if log of birth weight is used as the dependent variable instead.

Columns 5 through 8 repeat the exercise, this time with the fraction low birth weight (less than 2,500 grams) as the dependent variable. Exposure to FSP reduces LBW by a statistically significant 1% for whites (7–8% when inflated by participation rate) and a less precisely estimated 0.7% to 1.5% for blacks (5% to 12% when inflated by participation rate).

To further investigate the impact of the FSP on the distribution of birth weight, we estimated a series of models relating FSP introduction to the probability that birth weight is below a given gram threshold: 1,500; 2,000; 2,500; 3,000; 3,250; 3,500; 3,750; 4,000; 4,500 (Duflo 2001). We use the specification in column 3 with state-by-year fixed effects; the estimates and 95% confidence intervals are presented in Figure 3 (we plot “% Impacts [coef/mean]” not inflated by program participation). Figure 3A displays the results and confidence intervals for whites. We find that the largest percentage reduction in probability of birth weight below a certain threshold comes at very low thresholds of 1,500 and 2,000 grams. The impacts become gradually smaller as the birth weight threshold is increased to 2,500 grams and above, until there is no difference for births below 3,750 grams. Results are larger for blacks (figure 3B), showing a 6% decrease in the probability of a birth less than 1,500 grams, and an impact that declines at higher birth weights.²⁴

²⁴ In order to gauge the magnitude of these effects, it is useful to compare the estimated effects to those implied by the previous literature. Cramer (1995) finds that a 1% change in the income-to-poverty ratio leads to a 1.05 gram increase in mean birth weight. The Hoynes and Schanzenbach (2009) estimates of the magnitude of food stamp benefits are \$1,900 annually for participants (in 2005 dollars). Scaling those to match the units available in the literature (and treating FSP benefits as their face-value cash equivalent) implies that food stamps increased the family income-to-poverty ratio of participants by 15%. The implied treatment-on-treated effect would therefore be approximately 16 grams, which is quite similar to the effects found in table 1.

FIGURE 3.—EFFECTS OF FSP IMPLEMENTATION ON DISTRIBUTION OF BIRTH WEIGHT, PERCENTAGE IMPACTS (COEFFICIENT/MEAN)



The graph shows estimates and 95% confidence intervals for the estimate of the impact of FSP implementation on the fraction of births in the county-quarter cell that is below each specified number of grams. The specification is given by column 3 in table 1.

Online appendix table 4 presents estimates for three additional outcome variables: the fraction of births that are less than 1,500 grams, have gestation length less than 37 weeks (preterm births), and are female. These results show that FSP leads to a small and statistically insignificant decrease in preterm births and the fraction of births that are female. While small they are and statistically insignificant, this is consistent with recent work finding that prenatal nutritional deprivation tips the sex ratio in favor of girls (Mathews, Johnson, & Neil, 2008).²⁵

One limitation of these results is that microdata on births by county are available only starting in 1968, at which point almost half of the population was already covered by the

²⁵ In results not shown here, we find that birth-weight models are little changed by controlling for gestation (known as an IUG model). We also estimated models where the dependent variable is the fraction of births below a gestation-varying threshold (known as small-for-gestational-age models; Fenton, 2003). These models yielded results very similar to the LBW regressions.

TABLE 2.—IMPACT OF FOOD STAMP INTRODUCTION ON BIRTH OUTCOMES, BY QUARTILE OF POVERTY RATES

	(1)	(2)	(3)	(4)
	Low-Poverty Counties (Lowest Quartile)	Low-Poverty Counties (Lowest Quartile)	High-Poverty Counties (Highest Quartile)	High-Poverty Counties (Highest Quartile)
	Birth Weight	Low Birth Weight	Birth Weight	Low Birth Weight
Average FSP (0/1)	1.871 (2.013)	−0.001 (0.001)	3.409* (1.750)	−0.0012* (0.0006)
% impact (coef/mean)	0.06%	−1.23%	0.10%	−1.50%
Observations	8,339	8,339	56,055	56,055
R^2	0.78	0.38	0.56	0.26
Mean of dependent variable	3333	0.07	3303	0.08
Subsample population	0.23	0.23	0.26	0.26
1960 CCDB \times linear time	X	X	X	X
REIS controls	X	X	X	X
County per capita real income	X	X	X	X
Year \times quarter fixed effects	X	X	X	X
County fixed effects	X	X	X	X
State \times year fixed effects	X	X	X	X

Each parameter is from a separate regression of the outcome variable on the food stamp implementation dummy. The treatment is assigned as of three months prior to birth. The estimation sample includes means by county-quarter for years including 1968–1977 where cells with fewer than 25 births are dropped. Controls include county, year \times quarter and state \times year fixed effects, 1960 county variables (log of population, percentage of land in farming, percentage of population black, urban, under age 5, over age 65 and with income less than \$3,000), each interacted with a linear time trend, per capita county transfer income (public assistance, medical care, and retirement and disability benefits), and county real per capita income. Estimates are weighted using the number of births in the cell and are clustered on county. Standard errors are in parentheses. Inflated impacts divide the parameter estimate by an estimate of the food stamp participation rate for the regression sample. Quartiles are assigned using 1970 county poverty rates (weighted using county population).

FSP. In online appendix table 5 we use data from 1959 to 1977 to examine the impact of the FSP rollout on low birth weight and very low birth weight. To push the period back to 1959, we are limited to use of data at the state-race-year level (see the discussion in section V). Controls include state and year fixed effects, REIS variables, and state-specific linear time trends; standard errors are clustered on state.²⁶ We first present results for 1968 to 1977, where the data are identical to those used in table 1 but are collapsed to the state level. The results show imprecise but qualitatively similar effects of FSP measured with this noisier treatment variable. (For example, the county analysis in table 1 shows a −1.0 percent impact on LBW for whites and −1.5 percent for blacks compared to −0.4 percent for whites and −1.6 percent for blacks for the state and year data in online appendix table 5). We then show the results for the full period (1959–1977) and the post-pilot program period (1964–1977). Whenever estimating models for the full FSP ramp-up period, we look separately at the period from 1964 because the pilot counties were clearly not exogeneously chosen. Using these earlier (but more aggregated) data, we get qualitatively similar (and statistically indistinguishable) results across the different time periods, suggesting that missing the pre-1968 period in our main results may not qualitatively affect our conclusions.

A. Impacts by Likelihood of Treatment

We next explore whether the impacts of the FSP are larger among subsets of the sample that are more likely to be affected by the FSP. The natality data include education of

the mother and presence of the father, but because of missing data (not all states collected this information in earlier years), we lose a substantial fraction of the sample (see, online appendix table 1). Nonetheless, we have estimated models by age of mother, education of mother, and presence of the father (results not shown). Overall, the results showed that the impacts are larger for older mothers (age 25 and over). None of the education results are statistically significant. This analysis did reveal that black mothers with no father present experience much larger impacts than all black women. This is consistent with the high participation rates among this group (0.70 compared to 0.50 for all blacks).

In lieu of detailed demographic variables, in table 2 we break counties into quartiles based on 1970 poverty rates, where we expect larger impacts in high-poverty counties. The results are quite striking: the gains are concentrated in the highest-poverty counties. Large, statistically significant effects are present in the highest-quartile poverty counties, while smaller and insignificant effects are presents in the lowest-poverty counties. (Due to the relatively large standard errors, we cannot reject that they are equal.)

There is some suggestion in the historical accounts that the impact might be different across geographic regions or might differ by race across regions. In particular, participation in the program in the early years (after the county's initial adoption of FSP) was probably higher in urban counties and in the North. Barriers to accessing food stamps might have also differed between North and South and may have interacted with race (Citizens' Board, 1968). Table 3 shows that the impact of FSP is larger and more statistically significant for both blacks and whites in urban counties. Interestingly, blacks appear to have larger effects outside the South, while whites appear to have larger effects in the South. These differences parallel the regional trends: Blacks

²⁶ To construct state-level FSP treatment, we use the 1968 counts of number of births by county-month and calculate (for each state and year using the program variables) the percentage of births in the state that were in counties with FSP in place three months prior to birth.

TABLE 3.—IMPACTS OF FSP INTRODUCTION ON INFANT OUTCOMES, BY GEOGRAPHY

	(1) South		(3) Non-South		(5) Urban Counties		(7) Nonurban Counties	
	Birth Weight	LBW	Birth Weight	LBW	Birth Weight	LBW	Birth Weight	LBW
A: Whites								
Average FSP (0/1)	2.403 (1.612)	−0.0011 (0.0005)**	1.771 (1.322)	−0.0003 (0.0004)	2.364 (1.247)*	−0.0008 (0.0004)**	0.508 (1.615)	−0.0002 (0.0006)
% impact (coef/mean)	0.07%	−1.57%	0.05%	−0.48%	0.07%	−1.13%	0.02%	−0.25%
Observations	44,194	44,194	53,591	53,591	32,282	32,282	65,503	65,503
Subsample population	0.29	0.29	0.69	0.69	0.73	0.73	0.25	0.25
B: Blacks								
Average FSP (0/1)	3.527 (3.134)	−0.0023 (0.0014)*	7.003 (3.992)*	−0.0009 (0.0022)	8.371 (2.846)**	−0.0034 (0.0013)**	−0.745 (5.219)	0.0023 (0.0023)
% impact (coef/mean)	0.11%	−1.76%	0.23%	−0.69%	0.27%	−2.59%	−0.02%	1.74%
Observations	20,837	20,837	6,537	6,537	13,090	13,090	14,284	14,284
Subsample population	0.49	0.49	0.45	0.45	0.77	0.77	0.17	0.17
1960 CCDB × linear time	X	X	X	X	X	X	X	X
REIS controls	X	X	X	X	X	X	X	X
County per capita real income	X	X	X	X	X	X	X	X
Year × quarter fixed effects	X	X	X	X	X	X	X	X
County fixed effects	X	X	X	X	X	X	X	X
State × year fixed effects	X	X	X	X	X	X	X	X

Each parameter is from a separate regression of the outcome variable on the food stamp implementation dummy. The treatment is assigned as of the three months prior to birth. The estimation sample includes means by county-quarter for years including 1968–1977 where cells with fewer than 25 births are dropped. Controls include county, year × quarter and state × year fixed effects, 1960 county variables (log of population, percentage of land in farming, percentage of population black, urban, under age 5, over age 65, and with income less than \$3,000), each interacted with a linear time trend, per capita county transfer income (public assistance, medical care, and retirement and disability benefits), and county real per capita income. Estimates are weighted using the number of births in the cell and are clustered on county. Standard errors are in parentheses. Inflated impacts divide the parameter estimate by an estimate of the food stamp participation rate for the regression sample. Subsample population reports the percentage of total births that are included in the regression. Urban counties are defined as those with greater than 50% of the 1960 population living in an urban area.

saw larger reductions in low birth weight (and neonatal mortality) in the North, while whites saw larger declines in the South. The FSP impacts by South/non-South, however, are less precisely estimated than the results by urban/nonurban.²⁷

B. Investigation of the Timing of Impacts

To explore the possible channels for the impacts of the FSP transfer, table 4 reestimates the mean birth weight models varying the timing of the exposure to the FSP. The baseline specification—reprinted from column 3 of table 1—assigns the policy introduction as three months prior to birth, to proxy for beginning of the third trimester. Columns 2 and 3 of table 4 moves assignment of FSP treatment to two and three quarters before birth, respectively. Moving the treatment from third to second trimester reduces the impact of FSP substantially, though there is still a statistically significant impact on birth weight for blacks. Furthermore, assigning treatment at three quarters before birth (proxy for conception) yields even smaller and statistically insignificant impacts. The results in columns 4 and 5 show that conditional on third-trimester exposure, additional exposure earlier in the pregnancy has no additional benefits. Similar results are found for fraction low and very low birth weight. Recalling from section IV that the medical literature suggests that nutrition has its greatest impact on birth weight during the third trimester, we view these estimates

as suggestive that nutrition is playing an important channel for the FSP transfer's benefits. In addition, these results provide evidence that our model is not simply capturing a spurious correlation between FSP introduction and trends in infant outcomes at the county level.²⁸

To further test for spurious trending in the county birth outcomes that might be loading on to FSP, we include a one-year lead of the policy variable for each of the birth outcome variables in online appendix table 6. There is no impact of the policy lead, and the results for the main policy variable are qualitatively unchanged.

As described above, we use the month that the county implemented the FSP to measure food stamp availability during these pregnancies. If there was a lag in ramping up county food stamp programs, then our difference-in-difference estimates will underestimate the true (eventual) program impacts. The administrative ramp-up was aided by the fact that the new FSP offices were often set up in the same building as the county welfare office. To directly evaluate the ramp-up in FSP operations, figure 4 shows food stamp caseloads per capita by year relative to start year (the caseload data are available only by year). The figure separately plots caseloads for counties beginning operations in the first half versus second half of the caseload reporting year. This

²⁷ We define the county as urban if more than 50% of the 1960 population in the county lives in an urban area.

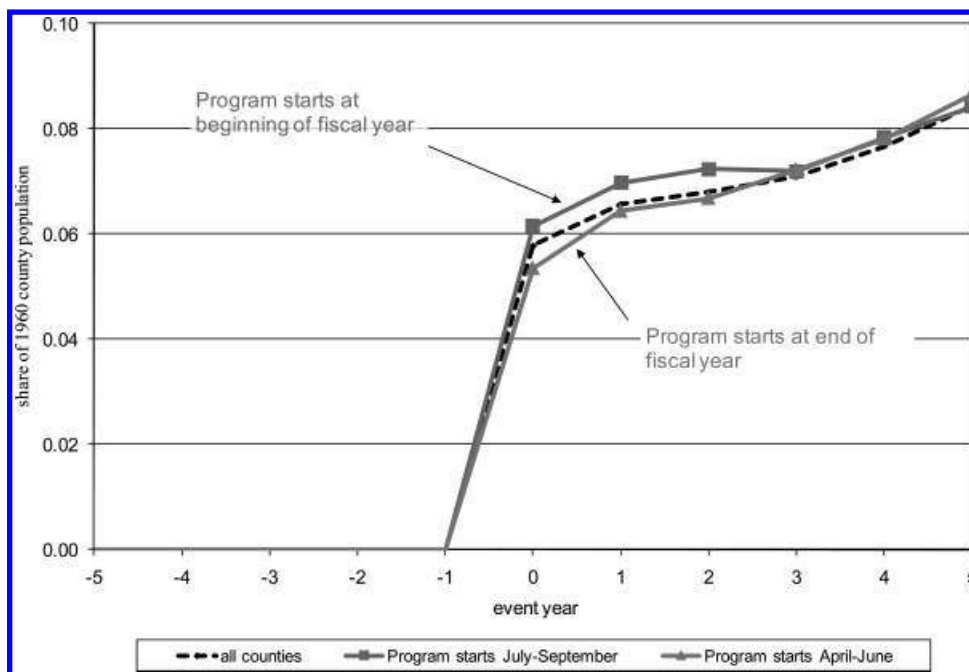
²⁸ Note that the reduction in the magnitude of the birth-weight impact may explain the difference between our results and those of Currie and Moretti (2008). Their study of birth outcomes in California assigned the FSP treatment nine months prior to birth and found comparatively limited impacts on birth weight. Another explanation for larger effects in the third trimester is if initial FSP participation is concentrated there (rather than earlier).

TABLE 4.—SENSITIVITY OF BIRTH WEIGHT OUTCOMES TO CHANGING THE TIMING OF THE POLICY INTRODUCTION

Main Policy Effect:	(1) FSP—Beginning of Third Trimester	(2) FSP—Beginning of Second Trimester	(3) FSP—Beginning of First Trimester	(4) FSP—Beginning of Third Trimester	(5) FSP—Beginning of Third Trimester
Second Policy Effect:	—	—	—	FSP—Beginning of Second Trimester	FSP—Beginning of First Trimester
A: Whites					
Average FSP (0/1)	2.085 (1.020)**	1.696 (1.024)*	1.288 (0.993)	2.556 (1.640)	2.434 (1.268)*
Average FSP (0/1)	—	—	—	−0.533 (1.650)	−0.454 (1.232)
Second policy variable					
Observations	97,785	97,785	97,785	97,785	97,785
R ²	0.55	0.55	0.55	0.55	0.55
Mean of dependent variable	3,350	3,350	3,350	3,350	3,350
B: Blacks					
Average FSP (0/1)	5.447 (2.532)**	4.704 (2.464)*	2.071 (2.396)	5.334 (4.596)	8.108 (3.444)**
Average FSP (0/1)	—	—	—	0.130 (4.450)	−3.515 (3.268)
Second policy variable					
Observations	27,374	27,374	27,374	27,374	27,374
R ²	0.34	0.34	0.34	0.34	0.34
Mean of dependent variable	3,097	3,097	3,097	3,097	3,097
1960 CCDB × linear time	X	X	X	X	X
REIS controls	X	X	X	X	X
County per capita real income	X	X	X	X	X
Year × quarter fixed effects	X	X	X	X	X
County fixed effects	X	X	X	X	X
State × year fixed effects	X	X	X	X	X

Dependent variable is equal to birth weight in grams. Each parameter is from a separate regression of the outcome variable on the food stamp implementation dummy. The specifications vary by changing the timing of food stamp implementation. Base case is in column 1, where the timing is as of three months prior to the birth (to proxy for beginning of the third trimester). The alternative specifications include timing as of six months (second trimester) or nine months (first trimester) prior to birth. In specifications 4, we estimate jointly the treatment effects at the third and second trimesters, and in column 5, we estimate jointly the impacts measured at the third and first trimesters. All of the other control variables and sample definitions are described in the notes to table 1.

FIGURE 4.—PERCENTAGE OF COUNTY POPULATION ON FOOD STAMPS BY NUMBER OF YEARS SINCE PROGRAM START



The graph is an unweighted regression of county-year food stamp caseloads on a series of dummy variables tracking year relative to county FSP implementation year. County caseload is expressed as a share of the 1960 population. Source for caseload data is USDA (various years).

figure suggests that rapid ramp-up was achieved and that the ramp-up is only slightly faster in the counties with more lead time (implementation earlier in the year). Further, note

that over half of the “steady-state” caseload is achieved in the first year, even for counties that begin operation late in the reporting year.

C. Event Study

The pattern of estimates in table 4 suggests that the FSP treatment effect is identified by the discrete jump in FSP at implementation and its impact on birth weight. In particular, we showed in table 4 that as the timing of the treatment is shifted earlier in pregnancy, the estimated FSP effect on birth weight decreased substantially in magnitude. If instead identification were coming from some other trends in county outcomes that are correlated with FSP start month, then we would expect less sensitivity in the results to the trimester to which the FSP treatment is assigned. However, there remains a concern that our results are driven by trends in county birth outcomes that are correlated with FSP implementation in a way that county linear trends do not capture.

This proposition can be evaluated more directly in an event study analysis. Specifically, we fit the following equation,

$$Y_{ct} = \alpha + \sum_{i=-6}^8 \pi_i 1(\tau_{ct} = i) + \eta_c + \delta_t + \gamma X_{ct} + \phi_c \times t + \varepsilon_{ct}, \quad (2)$$

where τ_{ct} denotes the event quarter, defined so that $\tau = 0$ for births that occur in the same quarter as the FSP began operation in that county, $\tau = 1$ for births one quarter after the FSP began operation, and so on. For $\tau \leq -1$, pregnancies were untreated by a local program (births were before the program started). The coefficients are measured relative to the omitted coefficient ($\tau = -2$).²⁹ Our event study model includes fixed effects for county and time, county REIS variables, and county-specific linear time trends.

In order to eliminate potential compositional effects, we restrict the sample to a balanced panel of counties having births for all fifteen event quarters: six quarters before implementation and eight quarters after. Because our natality data begin with January 1968, this means we exclude from the event study analysis all counties with an FSP before July 1969.

Figure 5 plots the event and quarter coefficients from estimating equation (2) on the fraction of low-birth-weight births. The figure also reports the number of county and quarter observations in the balanced sample and the difference-in-difference estimate on this sample.³⁰ Panel A reports estimates for blacks and panel B for whites. These figures show an absence of a strong pretrend and evidence

of a trend break at the quarter the FSP is introduced, implying an improvement in infant outcomes. That such a prompt increase in birth weight is observed with FSP inception indicates that potential confounders would have to mimic the timing of FSP rollout extremely closely. Not shown here, the event study results are nearly identical if we exclude the county controls, providing further evidence of the exogeneity of the treatment. We view this as more evidence of the validity of our identification strategy.³¹

D. Further Robustness Checks

The main results are robust to various additional specification checks. One potential concern is that the FSP introduction is correlated with unobserved county health investments (such as the expansion of access to hospitals in the South as in Almond, Chay, and Greenstone 2007) and our REIS controls fail to pick this up. To test this, we use the natality data to estimate the impact of FSP implementation on the fraction of births in a hospital or attended by a physician. These results indicate very small and statistically insignificant improvements with FSP implementation (online appendix table 7).

Finally, the same forces that improve infant health could also lead to greater survival of low-birth-weight fetuses. In addition, the FSP may lead to increased fertility among disadvantaged women (if children are a normal good). Both factors, through endogenous sample selection, could bias the estimates downward. We consider this by evaluating whether FSP introduction is associated with any change in live births. The dependent variable is the number of births in the race, county, and quarter divided by the number of women aged 15 to 44, and the regressions are weighted by the population of women in each cell. Table 5 presents several estimates, which vary depending on the timing of the FSP treatment: between three quarters prior to birth (proxy for conception) and seven quarters prior to birth (one year prior to conception). Across the table, we find positive but very small and statistically insignificant effects of FSP on births. When these point estimates are inflated by the FSP participation rate, the estimate of the treatment on the treated is about 1% for whites and 2% for blacks. When we stratify the results by quartiles of county poverty rates, we also find small and statistically insignificant impacts among those living in the highest poverty counties (online appendix table 8).

VIII. Mortality Results

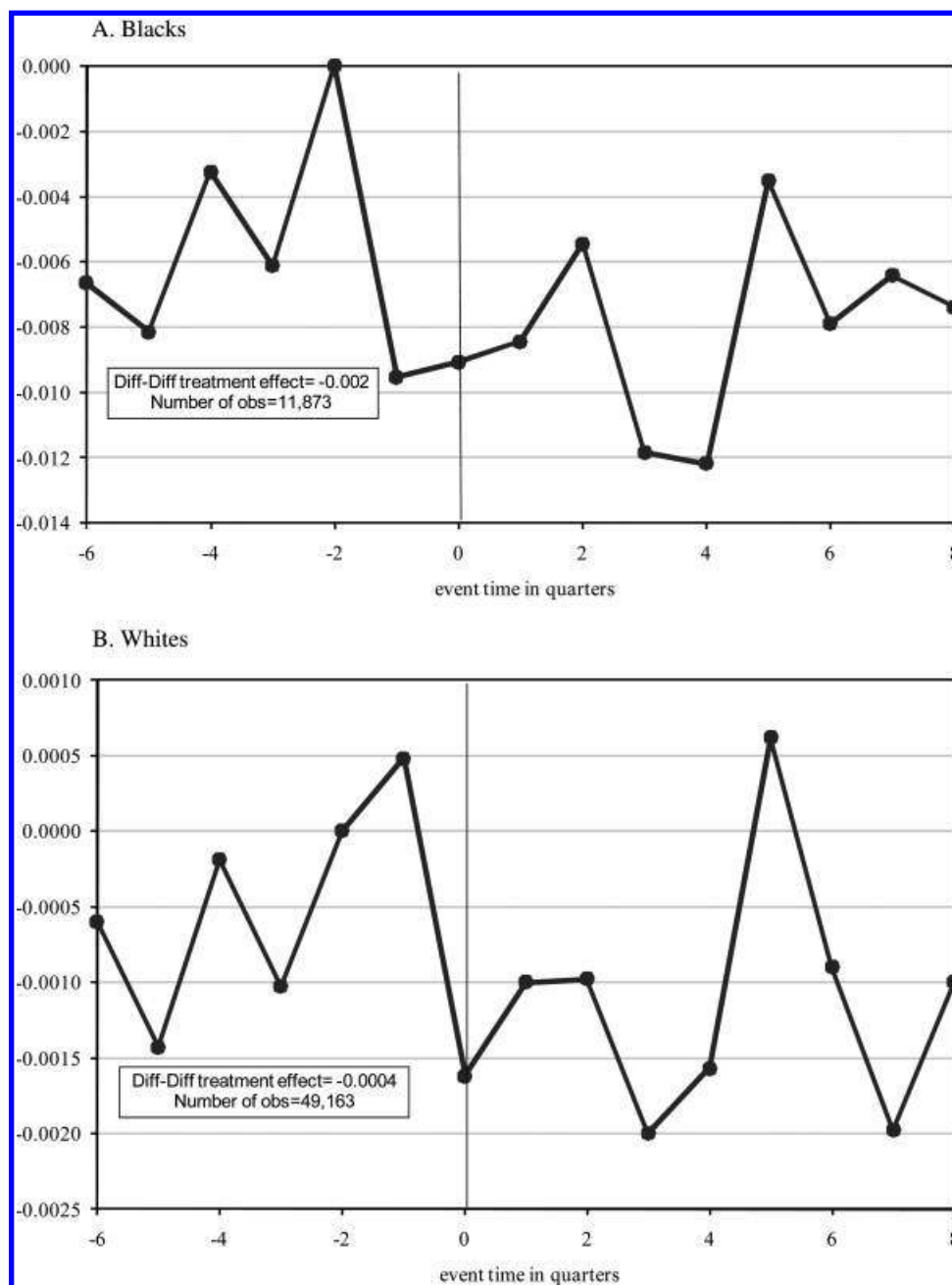
Table 6 shows the main results for neonatal mortality rate for 1968 to 1977. We present three outcomes: death rate for all causes, deaths possibly due to nutritional deficiencies,

²⁹ Because of the discrete nature of the event study model, the τ 's are formed by aggregating months to a quarter. For example, if the FSP started (or birth occurred) in January, February, or March 1970, then the FSP started (or birth occurred) in 1970 quarter 1. Therefore when $\tau = 0$ (birth quarter = policy commencement quarter), the pregnancy could actually have been treated for between zero and three months.

³⁰ The difference-in-difference estimate is comparable to the results presented in table 1. We present them here because the samples used for the event study differ from the main results (due to balancing of the sample).

³¹ Similar patterns are observed when the dependent variable is average birth weight (online appendix figure 2) and the share of births below 1,500 grams (available on request).

FIGURE 5.—EFFECTS OF FSP IMPLEMENTATION ON LOW BIRTH WEIGHT: RESULTS FOR EVENT STUDY ANALYSIS



Each figure plots coefficients from an event-study analysis. Coefficients are defined as quarters relative to the quarter the FSP is implemented in the county. The sample is a balanced county sample, where a county is included only if there are six quarters of pre- and eight quarters of post-implementation data. The specification includes controls for county, county \times linear time, quarter, 1960 county controls interacted with time, county per capita transfers, and county real per capita income. The “diff-in-diff treatment effect” is comparable to the results presented in table 1. We present them here because the samples used for the event study differ from the main results.

and other deaths (for definition see the data section and online appendix table 2). Because neonatal deaths are thought to be related primarily to prenatal conditions (particularly prior to major technological advances in neonatal care in the 1970s and 1980s), we time the FSP treatment as of a quarter prior to birth (to proxy for the beginning of the third trimester). In these models, we drop any race-county-quarter cell where there are fewer than fifty births. Results are weighted by the number of births in the cell.

The neonatal mortality rate averages about twelve deaths per 1,000 births for whites and nineteen for blacks, with about half of the deaths where the cause of death indicates those possibly affected by nutritional deficiencies. The results for whites and blacks show that the FSP leads to a reduction in infant mortality, with larger impacts for deaths possibly affected by nutritional deficiencies. None of the estimates, however, are statistically significant. Overall, the effect of the treatment on the treated (percentage impact,

TABLE 5.—IMPACT OF FSP INTRODUCTION ON FERTILITY RATE (BIRTHS PER 1,000 WOMEN AGES 15–44)

	(1)	(2)	(3)	(4)	(5)
	FSP Implemented as of X Quarters prior to Birth				
	3 Quarters	4 Quarters	5 Quarters	6 Quarters	7 Quarters
A: Whites					
Average FSP (0/1)	0.013 (0.078)	−0.004 (0.074)	0.007 (0.071)	0.031 (0.074)	0.035 (0.070)
% impact (coef/mean)	0.06%	−0.02%	0.04%	0.16%	0.18%
% impact, inflated	0.50%	−0.14%	0.28%	1.22%	1.40%
Observations	120,293	120,293	120,293	120,293	120,293
Mean of dependent variable	19.40	19.40	19.40	19.40	19.40
B: Blacks					
Average FSP (0/1)	0.211 (0.221)	0.157 (0.206)	0.276 (0.193)	0.307 (0.190)	0.227 (0.183)
% impact (coef/mean)	0.80%	0.60%	1.05%	1.17%	0.86%
% impact, inflated	1.75%	1.30%	2.29%	2.54%	1.88%
Observations	44,044	44,044	44,044	44,044	44,044
Mean of dependent variable	26.24	26.24	26.24	26.24	26.24
1960 CCDB × linear time	X	X	X	X	X
REIS controls	X	X	X	X	X
County per capita real income	X	X	X	X	X
Year × quarter fixed effects	X	X	X	X	X
County fixed effects	X	X	X	X	X
State × year fixed effects	X	X	X	X	X

Each parameter is from a separate regression of the outcome variable on the food stamp implementation dummy. The columns vary by the timing of the FSP implementation. The estimation sample includes means by race-county-quarter for 1968–1977. Controls include county, year-by-quarter and state-by-year fixed effects, 1960 county variables (log of population, percentage of land in farming, percentage of population black, urban, under age 5, over age 65, and income less than \$3,000), each interacted with a linear time trend, per capita county transfer income (public assistance, medical care, and retirement and disability benefits), and county real per capita income. Estimates are weighted using the population in the cell and are clustered on county. Standard errors are in parentheses. Inflated impacts divide the parameter estimate by an estimate of the food stamp participation rate for the regression sample.

TABLE 6.—IMPACT OF FSP ON NEONATAL MORTALITY RATE (DEATHS PER 1,000 LIVE BIRTHS)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	All Deaths			Deaths Linked to Nutrition			Other Deaths		
A: Whites									
Average FSP (0/1)	−0.0625 (0.1050)	−0.0158 (0.1194)	−0.0806 (0.1242)	−0.0492 (0.0771)	−0.0784 (0.0839)	−0.0376 (0.0913)	−0.0133 (0.0834)	0.0626 (0.0936)	−0.0430 (0.0960)
% impact (coef / mean)	−0.52%	−0.13%	−0.67%	−0.79%	−1.25%	−0.60%	−0.23%	1.09%	−0.75%
% impact, inflated	−4.01%	−1.01%	−5.17%	−6.04%	−9.63%	−4.62%	−1.79%	8.39%	−5.76%
Observations	73,577	73,577	73,676	73,577	73,577	73,676	73,577	73,577	73,676
R ²	0.16	0.16	0.18	0.10	0.11	0.13	0.12	0.12	0.15
Mean of dependent variable	12.00	12.00	12.00	6.26	6.26	6.26	5.74	5.74	5.74
B: Blacks									
Average FSP (0/1)	−0.3898 (0.4095)	−0.0067 (0.4610)	−0.6551 (0.4793)	−0.4128 (0.2865)	−0.3098 (0.2953)	−0.4233 (0.3334)	0.0231 (0.2729)	0.3032 (0.3348)	−0.2317 (0.2977)
% impact (coef / mean)	−2.06%	−0.04%	−3.46%	−4.58%	−3.43%	−4.69%	0.23%	3.06%	−2.34%
% impact, inflated	−4.47%	−0.08%	−7.52%	−9.95%	−7.47%	−10.20%	0.51%	6.65%	−5.08%
Observations	17,655	17,655	17,695	17,655	17,655	17,695	17,655	17,655	17,695
R ²	0.42	0.44	0.43	0.34	0.36	0.36	0.26	0.29	0.28
Mean of dependent variable	18.94	18.94	18.94	9.02	9.02	9.02	9.91	9.91	9.91
1960 CCDB × linear time	X	X		X	X		X	X	
REIS controls	X	X	X	X	X	X	X	X	X
County per capita real income	X	X	X	X	X	X	X	X	X
Year × quarter fixed effects	X	X	X	X	X	X	X	X	X
County fixed effects	X	X	X	X	X	X	X	X	X
State × linear time	X			X			X		
State × year fixed effects		X			X			X	
County × linear time			X			X			X

Each parameter is from a separate regression of the neonatal mortality rate (deaths in first 28 days per 1,000 live births) on the FS implementation. The treatment is assigned as of three months prior to birth (proxy for beginning of the third trimester). The sample includes means by race-county-quarter for years including 1968–1977 where cells with fewer than fifty births are dropped. In addition to the fixed effects, controls include 1960 county variables (log of population, percentage of land in farming, percentage of population black, urban, below age 5, over age 65, and with income less than \$3,000), each interacted with a linear time trend, per capita county transfer income (public assistance, medical care, and retirement and disability benefits), and county real per capita income. Estimates are weighted using the number of births in the cell and are clustered on county. Standard errors are in parentheses. Inflated impacts divide the parameter estimate by an estimate of the food stamp participation rate for the regression sample.

inflated) for all causes is about 4% for whites and between 4% and 8% for blacks. These estimates are roughly in line with the birth weight–neonatal mortality rate relationship estimated by Almond et al. (2005): for whites, we estimate

a very similar birth weight–mortality relationship, although the relationship between birth weight and mortality we estimate for blacks is substantially stronger than in Almond et al. (2005). Finally, we view the results for “other deaths”

(not affected by nutritional deficiencies), which are opposite signed and much smaller in magnitude (although again statistically significant), as favorable evidence that the mortality estimates are coming from the FSP. Online appendix table 9 separates the mortality effects by quartiles of the county poverty rate, and while imprecisely estimated finds a negative effect in the highest-poverty counties but a positive one in the lowest-poverty counties that were unlikely to experience a substantial FSP treatment.

Online appendix table 10 presents results for all races for the full period from 1959. We are unable to present results by race here because the denominator (live births by county and time) is not available by race prior to 1968. The first three columns replicate the results in table 6 for 1968 to 1977 for all races. In the subsequent columns (for 1959–1977 and 1964–1977), we find results very similar to those for 1968 to 1977. Overall, FSP implementation leads to a reduction in neonatal mortality, although not statistically significantly so.

IX. Interpretation and Conclusion

The uniformity of the FSP was designed to buffer the discretion states exercised in setting rules and benefit levels of other antipoverty programs. This uniformity was deliberately preserved through the major reforms to welfare under the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (Currie, 2003). An unintended consequence of this regularity has been to circumscribe the policy variation that researchers typically use to identify program impacts. As a result, surprisingly little is known about FSP effects.

In contrast to other major U.S. antipoverty programs, the FSP was rolled out county by county. This feature of implementation allows us to separate the introduction of food stamps from the other major policy changes of the late 1960s and early 1970s. Although FSP benefits were (and are) paid in vouchers that themselves could be used only to purchase food, because the voucher typically represented less than households spent on food (covering just the “thrifty food plan”), recipients were inframarginal and benefits were essentially a cash transfer (Hoynes & Schanzenbach, 2009).

Across the board, our point estimates show that this near-cash transfer improved infant outcomes. In particular, we find increases in mean birth weight for whites and blacks, with larger impacts estimated at the bottom of the birth weight distribution (that is, low birth weight and very low birth weight). Consistent with expectations, we find larger birth weight effects for black mothers and those living in high-poverty areas—populations where FSP participation is more common. Consistent with epidemiological studies, FSP availability in the third trimester had the largest birth weight impact. We conclude that despite not targeting pregnant women, the introduction of the FSP increased birth weight. This finding is all the more noteworthy given the

mixed success that randomized interventions have had in raising birth weights (Rush, Stein, & Susser, 1980; Lumley & Donohue, 2006).

While the point estimates for gestation length and neonatal mortality would also suggest improved health at birth, estimated effects are imprecise, despite the large samples from vital statistics data. One interpretation is that statistical power is lost when analyzing gestation length (incomplete reporting by states) and mortality (rare). Leaving the imprecision issue aside, gestation length and mortality appear less affected than the likelihood of low and very low birth weight.

At a minimum, our results indicate that the FSP had an immediate first-stage impact on newborns. Furthermore, these estimated impacts (as reflected by birth weight) are much larger in high-poverty counties. Our findings reveal that an exogenous increase in income during a well-defined period, pregnancy, can improve infant health. Future work should consider whether this FSP-induced birth weight improvement is reflected in subsequent outcomes and how poverty and birth weight may mediate this relationship.

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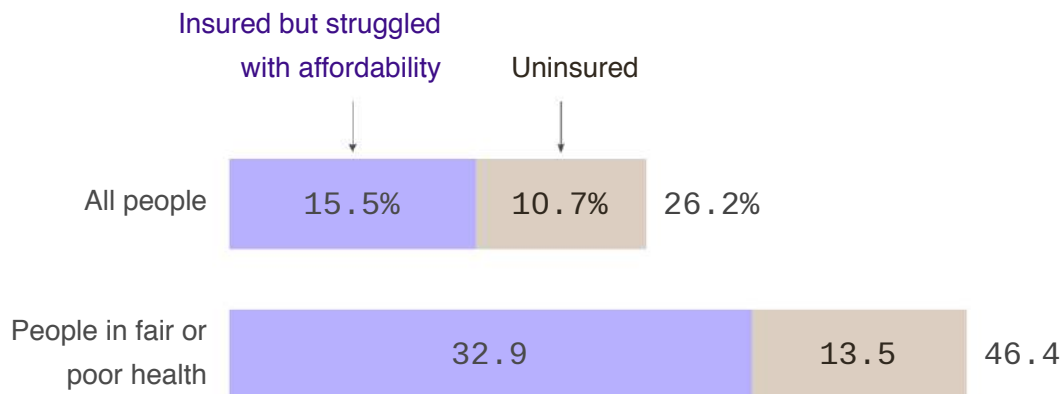


Drew Altman, Kaiser Family Foundation Aug 20



It's not just the uninsured — it's also the cost of health care

Share under age 65 who were uninsured or had problems affording care in 2017



Data: Kaiser Family Foundation; Chart: Chris Canipe/Axios

We still have an uninsured problem in the U.S., but we have a far broader health care affordability problem that hits sick people especially hard.

Why it matters: It's time to think more broadly about who's having trouble paying for the health care they need. The combination of lack of insurance and affordability affects about a quarter of the non-elderly population at any one time, but almost half of people who are sick.

Now that the Affordable Care Act has expanded health coverage, the percentage of the non-elderly population that is uninsured is now just under 11%, the lowest level ever recorded. But as the chart shows:

- Another 15.5% who have insurance either skipped or delayed care because of the cost or reported that they or someone in their family faced problems paying their bills in 2017.
- That brings the total percentage of non-elderly people with insurance and affordability problems to 26.2%.

More striking: nearly half of all people in fair or poor health — 46.4% — are uninsured or have affordability problems despite having coverage.

- That includes 13.5% who were uninsured and in fair or poor health — arguably the worst off in the entire system — and another 32.9% percent who have insurance but said they or a family member have had a problem affording care in the last year.

It's not surprising that people who are sicker and need more care would have more problems paying for it. But arguably an insurance system should work best for people who need it the most.

All this says a lot about current health care politics.

- It helps explain why so many people name health their top issue, despite the progress that has been made in covering the uninsured. And everyone who's sick and can't afford medical care has family members and friends who see what they are going through, creating a political multiplier effect.
- It is also why health care is substantially an economic issue as well as an issue of access to care. When people have trouble paying medical bills, it's a hard hit to their family budgets — causing many people to take a second job, roll up more debt, borrow money, and forego other important family needs.

For as long as I have been in the field, we have used two measures more than any others to gauge the performance of the health system: the number of Americans who are uninsured and the percentage of GDP we spend on health. Both measures remain valid today.


The bottom line: If we want a measure that captures how people perceive the system when the number of uninsured is down and overall health spending has moderated, we need better ways of counting up the much larger share of the population who are having problems affording care.

And whatever big policy idea candidates are selling, from single payer on the left to health care choices on the right, the candidate who connects that idea to the public’s worries about paying their medical bills is the one who will have found the secret sauce.


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HEALTH CARE COSTS >





Ina Fried 3 hours ago



Facebook tumbles in survey of best places to work

Photo: Facebook

After a year of scandals, Facebook lost its place as the best company to work at, according to Glassdoor. Facebook fell from first to seventh in the survey.

Why it matters: While customer defections or new regulations could both be longer-term consequences of the company's many trials, employee retention could be the most immediate challenge.

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Khorri Atkinson 7 hours ago



Mueller recommends no prison time for Michael Flynn

Gen. Michael Flynn, former national security adviser to President Trump. Photo: Brendan Smialowski/AFP/Getty Images

Special counsel Robert Mueller has recommended no prison time for former national security advisor and Trump campaign aide Michael Flynn, citing his “substantial assistance” with the investigation, according to a new court document filed late Tuesday.

Why it matters: Flynn, who pleaded guilty last year to lying to the FBI about his conversations with former Russian ambassador to the U.S. Sergey Kislyak before President Trump’s inauguration, had agreed to cooperate fully with Mueller’s investigation. Flynn’s guilty plea and move to cooperate was one of the first such deals in the Mueller probe.

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Erica Pandey 7 hours ago



Between the lines: China's move on intellectual property theft

Illustration: Sarah Grillo/Axios

With the flourish of a significant concession, China said today that it will punish companies and individuals who steal intellectual property, a primary U.S. complaint. But China hands are skeptical.

"What they've done in the past is fail to enforce or, when they have to enforce, find somebody they don't like, blame them, and then say to the Americans, 'See?'"

— Jim Lewis of the Center for Strategic and International Studies

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Steve LeVine 8 hours ago



The problem with work

Photo: Spencer Platt/Getty

For the last several years, some of the world's leading thinkers have fretted over robots and artificial intelligence, with one particular worry — whether jobs across the U.S. and the rest of the advanced economies are going to be wiped out.

The big picture: As of now, no one truly knows what will happen, but everyone agrees on one point — that something is substantially broken when it comes to work. Most Americans have not received a real wage increase in decades, one-third of working-age people are not part of the labor force at all, and the education system seems divorced from the future economy.

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Amy Harder 10 hours ago



EPA to replace Obama coal-plant rule

Piles of coal sit in front of Pacificorp's 1440 megawatt coal fired power plant. Photo: George Frey/Getty Images

The Environmental Protection Agency is set to announce Thursday it is weakening an Obama-era rule that had required costly technology capturing carbon dioxide emissions on new coal plants, according to multiple people familiar with the news.

Why it matters: This is the latest regulatory rollback effort by President Trump in his attempt to revive America’s coal industry that's declining in the face of cheap natural gas and tougher environmental rules from the last administration.

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Jonathan Swan 11 hours ago



Warnings sound about Trump's wobbly truce with China

Photo: Ralf Hirschberger/picture alliance via Getty Images

Michael Pillsbury is worried Trump's negotiations with China are unraveling. The hawkish former Pentagon official — who Trump has called "probably the leading authority on China" and who reportedly huddled with Trump in the Oval the day before Trump left for his G20 meeting with President Xi — said "there's a risk the deal will come undone."

Why it matters: Pillsbury said he's "getting warnings from knowledgeable Chinese about the American claims of concessions" that the Chinese have said they never made. These contradictions include U.S. claims that the Chinese agreed to "immediately" address their most egregious industrial behavior, to "immediately" restart purchases of U.S. agriculture, and to slash tariffs on American cars.

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Courtenay Brown 11 hours ago



Dow tumbles as Wall Street sees another selloff

Photo: Xinhua/ via Getty Images

The Dow Jones Industrial Average closed down 799 points, while the S&P 500 and the Nasdaq Composite dropped over 3% on Tuesday. The slump comes one day after investors cheered the meeting between President Trump and China's Xi Jinping, and bringing the S&P 500 to roughly 1.5% below where it closed on Friday.

Between the lines: In a nod to how volatile the last few months have been, the Dow saw its worst day since Oct. 10, per CNBC.

Update: This story has been updated to reflect the closing numbers.

STOCK MARKET >



Haley Britzky 12 hours ago



Senators convinced Saudi crown prince behind Khashoggi murder

Sen. Lindsey Graham after being briefed by CIA Director Gina Haspel. Photo: Alex Wong/Getty Images

Senators left a briefing with CIA director Gina Haspel on Tuesday confident in taking action against Saudi Arabia in the wake of the murder of journalist Jamal Khashoggi.

Why it matters: Lawmakers have been grappling with conflicting information from the CIA and the administration regarding the murder, with the CIA's assessment placing blame on Saudi Crown Prince Mohammed bin Salman (MBS), and the administration deflecting such blame in an effort to preserve what they see as a crucially important partnership.

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Joe Uchill 12 hours ago



What we know and don't know about the NRCC email hack

Photo: Epoxydude via Getty Images

Although the news (via Politico) that the National Republican Congressional Committee was hacked during this year's midterm election may immediately summon flashbacks to the 2016 attack on Democratic targets, we still have far too little information to know whether there are any substantial parallels.

Why it matters: We don't know who, why or how, or what attackers were even trying to accomplish with the theft. But after 2016, we do know that hacking political parties spreads distrust in many directions.

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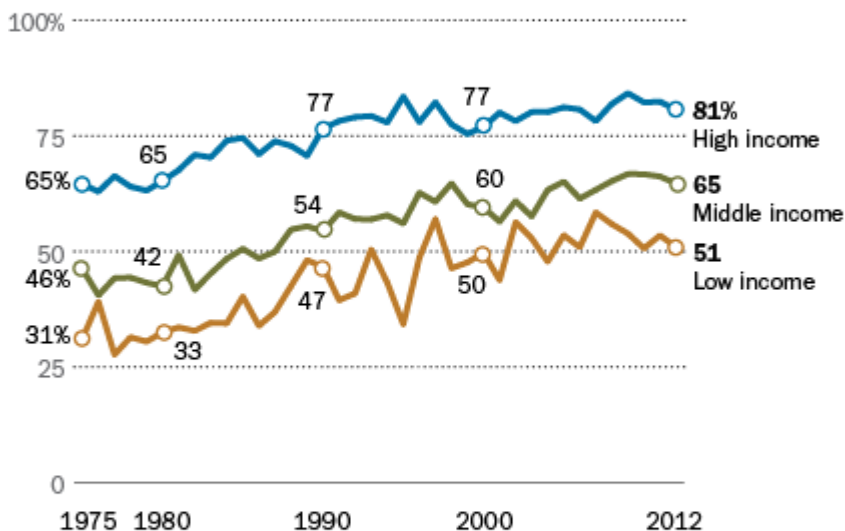
JANUARY 15, 2014

College enrollment among low-income students still trails richer groups

BY DREW DESILVER ([HTTP://WWW.PEWRESEARCH.ORG/STAFF/DREW-DESILVER](http://www.pewresearch.org/staff/drew-desilver))

Half of Low-Income High School Grads are Enrolled in College

Percent of high school completers by income level enrolled in a 2-or-4 year college



Note: "Low Income" refers to the bottom 20% of all family incomes; "high income" to the top 20% of all family incomes; "middle income" to the 60% between low and high incomes.

Source: National Center for Education Statistics, *2012 Digest of Educational Statistics*

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Higher education long has been seen as one of the best ways out of poverty, but connecting low-income students — even the high-achieving ones who presumably are best prepared for college-level work — with colleges and universities remains a challenge (http://www.brookings.edu/~media/projects/bpea/spring%202013/2013a_hoxby.pdf?utm_content=buffer78df6&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer). On Thursday, President

Obama is expected to meet (http://www.nytimes.com/2014/01/11/us/politics/obama-counts-on-power-of-convening-people-for-change.html?_r=0) with more than 100 college presidents at the White House to discuss ways of enrolling more low-income minority students and helping ensure more of them graduate.

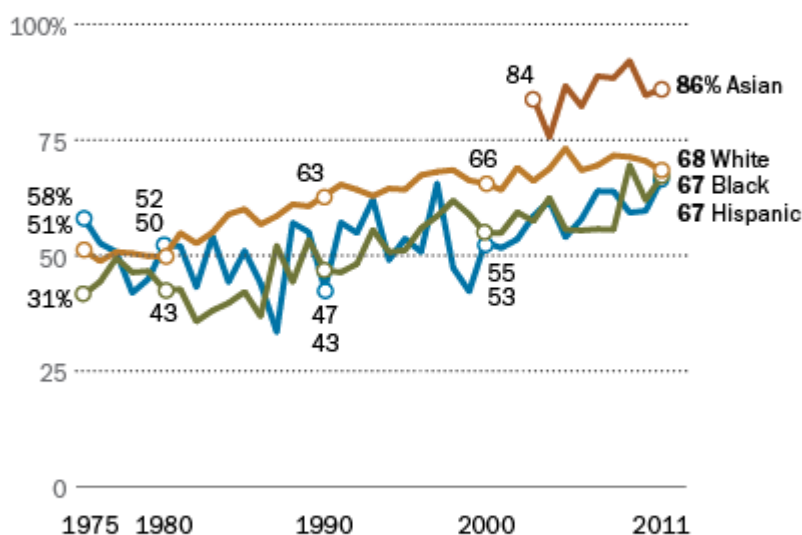
College enrollment among low-income students has generally increased over the past several decades, according to data from the 2013 Digest of Educational Statistics (http://nces.ed.gov/programs/digest/2013menu_tables.asp) (an arm of the federal Education Department). But the Great Recession and weak recovery have eroded the gains of recent years, and middle- and upper-income students remain far more likely to go to college.

In 2012, the most recent year for which NCES figures are available, 50.9% of recent low-income high school completers (a category that includes both graduates and people who completed an equivalency degree and who are ages 16 to 24) were enrolled in a 2- or 4-year college. That's down from the record-high 58.4% in 2007, and just half a percentage point higher than the rate in 1993.

But enrollment rates among middle- and high-income students also have risen, to 64.7% and 80.7%, respectively, in 2012. (NCES defines "low income" as the bottom 20% of all family incomes, "high income" as the top 20%, and "middle income" as the 60% in between.) Looking at it another way, low-income students now are enrolled at about the same rate as middle-income students were in the mid-1980s.

Asians Top Whites, Blacks, Hispanics in College Enrollment

Percent of high school completers by race/ethnicity enrolled in a 2-or-4 year college



Source: National Center for Education Statistics, 2012 Digest of Educational Statistics

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The 2012 data (http://nces.ed.gov/programs/digest/d12/tables_1.asp) on college entry by race and ethnicity (http://nces.ed.gov/programs/digest/d13/tables/dt13_302.20.asp) show a striking convergence: After decades of marked disparities in enrollment, about two-thirds of white, black and Hispanic high school completers all were enrolled in college (<http://www.pewhispanic.org/2013/05/09/hispanic-high-school-graduates-pass-whites-in-rate-of-college-enrollment>) .

(Enrollment among Asians continued to far outpace other groups.) But significant differences remain in completing high school: As of the 2009-10 academic year, the average freshman graduation rate in U.S. public high schools was 93.5% for Asian/Pacific Islanders, 83% for whites, 71.4% for Hispanics and 66.1% for blacks.



Drew DeSilver (<http://www.pewresearch.org/staff/drew-desilver>) *is a senior writer at Pew Research Center.*

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Full Coverage of the U.S. Market Sell-Off

February 9, 2018, 10:37 AM EST

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Americans Will Struggle to Grow Old at Home

Some 80 million people will be seniors by 2050. Our national home-care infrastructure isn't close to ready.




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At 6 a.m. on a winter morning in Ridgewood, N.Y., a woman I'll call Valia leaned on her kitchen counter, drinking black tea and packing a giant purse. She wore her blond-gray hair in a bun and pulled on an ankle-length brown puffer coat. "OK, I'm taking my medication, I'm taking my telephone, my tablet," she said, going down her checklist. She whispered goodbye to her cat and her 26-year-old son, who was still asleep, and lit a cigarette to smoke on her way out.

Valia took the L train to the end of the line in Brooklyn, then switched to a crowded bus. Her fellow commuters looked as tired as she did, some dozing upright in their scrubs or steel-toed boots or polo shirts embroidered with fast-food logos. I was following Valia, a Ukrainian immigrant, on her hourlong trip to the apartment of an elderly, low-income woman with advanced Alzheimer's disease. Valia had been assigned the case, the latest in her long career as a home health aide, a few months earlier. The woman depended on her for virtually everything. "Showering, washing her hair, feeding her," Valia said. "She's bedridden, she's not walking, so I have to transfer her from the bed to a chair. She's using Pampers."

Her shift would begin at 8 a.m. and end at 8 a.m. two days later—a schedule that had recently compelled Valia to sue her

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to her and watch her all the time.” Over two days she would work more than most full-time employees do in a week. Yet her pay stub would account for only 26 of the 48 hours, at \$10 per hour. (She now earns \$13.) This was arguably legal, because the law—and her employer—assumed that she slept and ate the rest of the time.

“I’m never sleeping,” Valia said. “They didn’t even tell us they weren’t going to pay us nights. When I saw that on my paychecks, they said it’s a very specific kind of case and that at some time in the night I’m allowed to stop working and put my client to bed. But in reality, most of the clients I was assigned were never sleeping at night.” Still, Valia stuck with it, out of obligation to her clients and because she’d never known another career.

Privacy laws stopped me from following Valia into her client’s home, so we parted on an industrial block nearby. At the end of her 48-hour shift, I met her on the same corner. She wore the same outfit, hair pulled into the same bun. She was exhausted and irritable and complained of a sharp pain in her back from repeatedly lifting her client. “Come on!” she yelled. “Let’s go!” On the subway, she unfolded an hourly log she’d kept for my benefit, in lines of slanted Cyrillic punctuated by exclamation points: “Bed bath. Porridge + juice. Changing diaper. Intimate washing of patient. Transfer to the chair. Laundry. Gave her pills.” A one-hour nap on the first day was the most Valia had slept. She said this was fairly typical.

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Medicaid, which was footing the bill, periodically sent a nurse to evaluate the patient and inspect the premises. On the last such visit, Valia said, the nurse had instructed her to turn the patient every two or three hours, to prevent bedsores. A patient with constant overnight needs is supposed to receive a “split shift” of two consecutive 12-hour workers per day. But because that arrangement doesn’t automatically deduct for sleep or long meal breaks, it would cost twice as much as Valia’s stay; the nurse knew it would never be approved and called on Valia to fill the gap. “She just told me verbally. It can’t be on my time sheet or in the care plan,” Valia recalled. “They pretend we sleep.”

Eighty million people in the U.S. will be 65 or older within a few decades, compared with around 50 million today, and, according to surveys conducted by AARP Inc., the desire to grow old at home is almost universal. Most who do so will need help with daily tasks and will exhaust the ability of family and friends to cook and clean, bathe and dress, and run errands. When Americans look for paid help, they’ll find their national infrastructure convoluted and wanting. It’s a problem the world over, but one compounded in the U.S. by the fragility of the welfare state.

A typical home-based care plan of six or eight hours a day is

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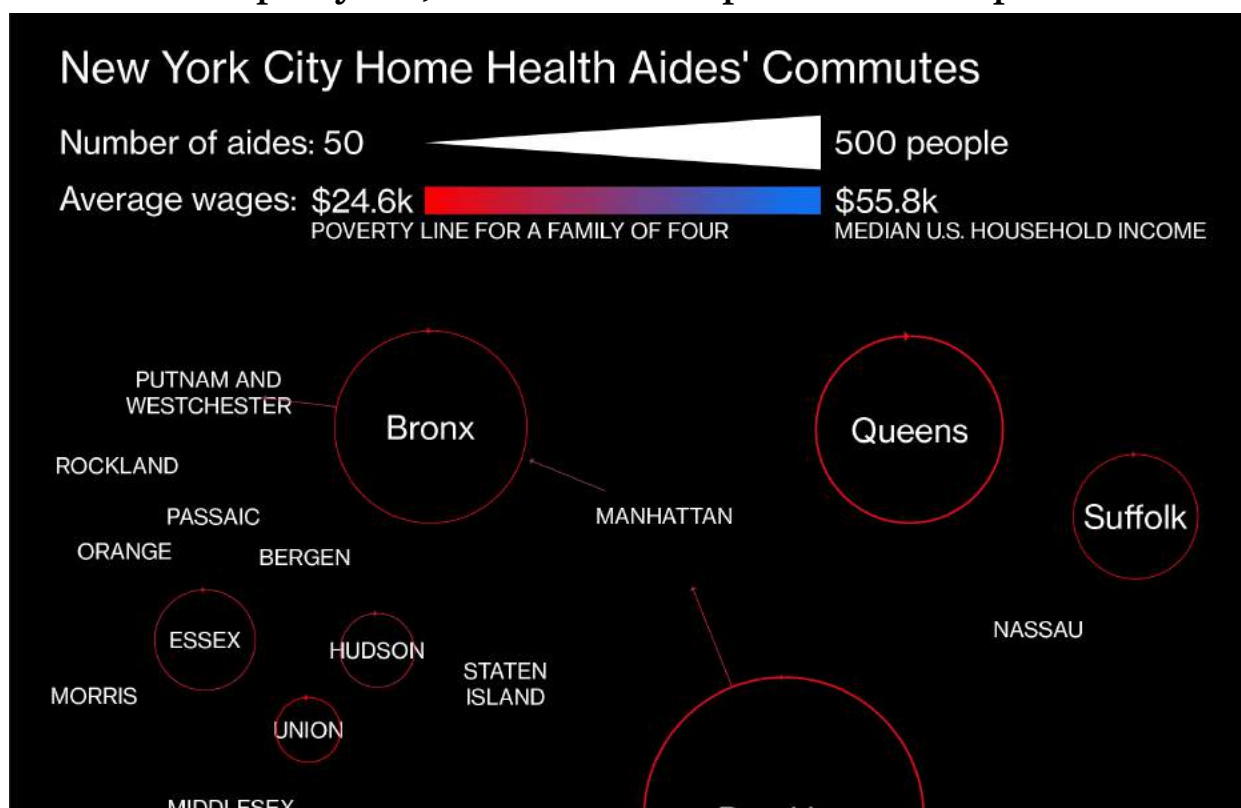
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homes. Private long-term care insurance can be prohibitively expensive (annual premiums run into the thousands) and unavailable to those with preexisting conditions. Most seniors who need help with daily tasks first exhaust their savings, then apply for Medicaid, the public health insurance program for the poor.

Medicaid is jointly funded by the state and federal governments, but most rules are set in Washington. Certain services must be provided; states can then decide what else to cover and how much to spend. Nursing-home care is a mandated benefit, but nonmedical home care isn't. The result is a chaotic national patchwork. A senior in Virginia is entitled to no more than 32 home visits per year; in Utah the cap is 60 hours per month.



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In states with strict limits, many patients who would prefer to stay at home are placed instead in a nursing facility, at significant cost to the public—in 2015, about \$55 billion. In states that do approve substantial home-based care, Medicaid budgets are underfunded to the point of crisis. As a result the nation’s 2.9 million home-care workers—who, according to the Bureau of Labor Statistics, earn a median annual income of \$22,200—are routinely pressed to donate their labor, pushing through required breaks, staying well beyond the hours set by their agency, or, like Valia, enduring long, uncompensated nights.

New York, one of the nation’s largest long-term-care markets and the only state whose Medicaid program covers around-the-clock help, comes closest to the future Americans say they want. But New York also demonstrates the system’s central problem: It’s untenable, given current funding levels, to pay workers for anywhere close to the number of hours they actually work.

“Tell me another job where you have to work for free throughout the night,” Valia said. “It doesn’t exist!”

The home-care industry is, like nursing, social work, and child care, an offshoot of traditional unpaid domestic labor. During the Depression, New York City introduced one of the U.S. government’s first experiments in monetized care, hiring black

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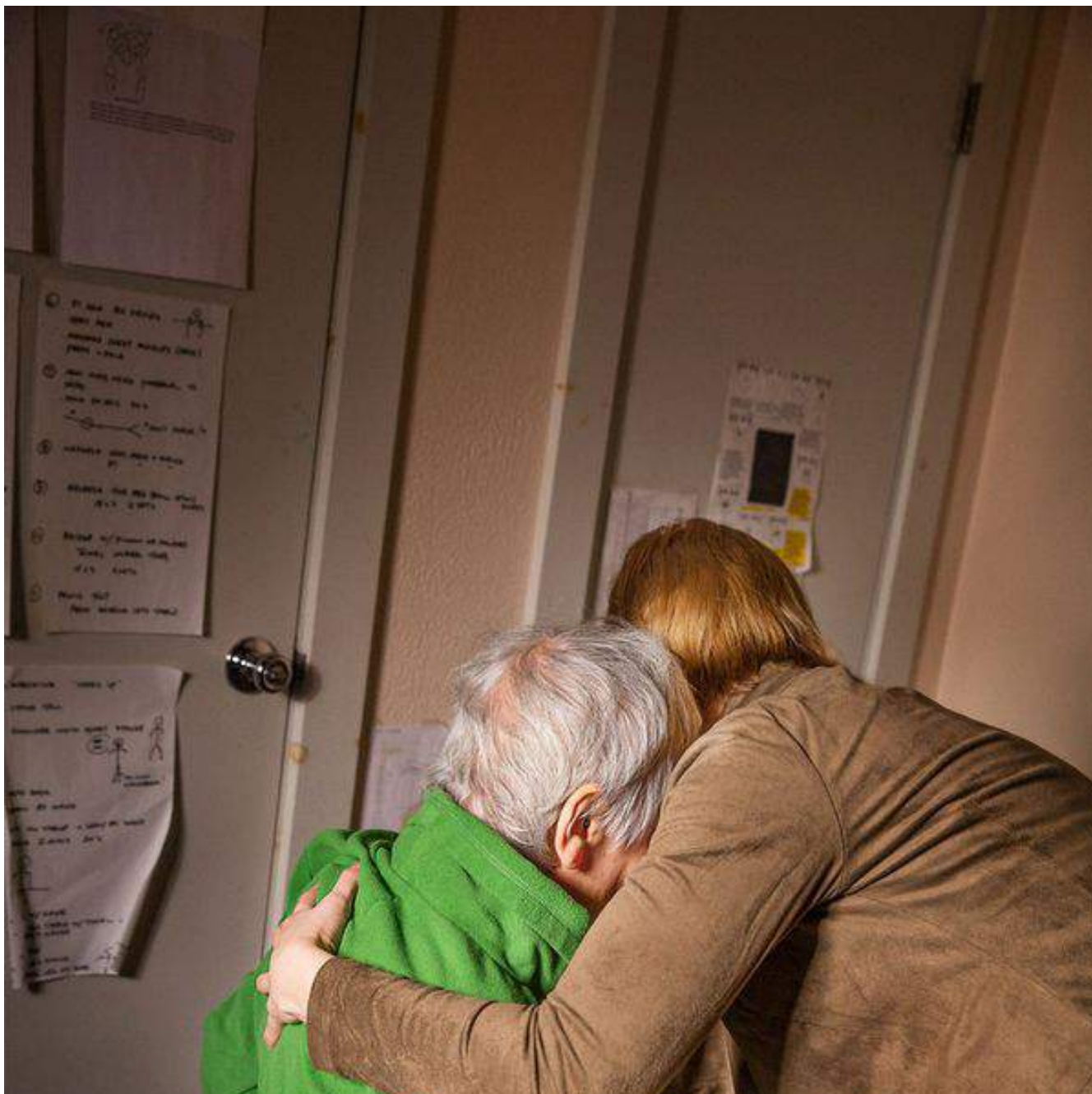
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to neighborliness,” one WPA housekeeper said. Later, the Welfare Council of New York City drew on the same population of workers to provide relief to the poor, paying them for only 10 to 16 hours of every 24-hour shift.



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With the establishment of Medicare, Medicaid, and Social Security in 1965, and their expansion in 1973, government at all levels took an interest in home care. The health-care system became one of the economy's largest sectors, and states used home-based services to complement hospitals and long-term-care facilities. For the first time, elderly and disabled Americans lacking family help could participate in the community rather than being warehoused in institutions.

To staff these initiatives, in the 1970s and '80s many cities and states developed “workfare” programs, conscripting poor women to give “unskilled” care (as opposed to nursing services) in exchange for a welfare check. Home health aides, unlike nannies and house cleaners, were viewed by policymakers as “companions” and casual “sitters” undeserving of the minimum wage. During congressional debates in 1973 over the exclusion of domestic workers from the Fair Labor Standards Act, Senator Quentin Burdick (D-N.D.) argued that home health aides should remain beyond the law's reach. The prototypical aide, he said, was someone who just “comes in and sits”. aides were “not regular

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did aides finally win the right to be paid the minimum wage and overtime. Even so, the median annual salary for full-time aides—overwhelmingly women, many of them immigrants and ethnic minorities—approximates the federal poverty level for a family of three.

Officially, Americans spend more than \$300 billion per year on long-term care, including nursing homes, assisted-living facilities, and in-home care—six times the annual budget of the U.S. Department of Housing and Urban Development. The total would be far higher if it accounted for gray-market domestic work or the country's 21 million unpaid family caregivers.

Many households find help through a home-care agency. In 1980 there were 3,000 such companies; today there are more than 12,000, ranging from tiny neighborhood nonprofits to corporations employing thousands. Other households hire directly and pay out of pocket, increasingly relying on startups to do so. Earlier this year, the website Care.com, the Tinder of domestic work, reported that it had registered more than 14 million consumers and 11 million aides to upload detailed profiles, want ads, and résumés for senior care, child care, pet care, and housekeeping. When I posted my own bare-bones listing, seeking around-the-clock help for my fictional grandmother—at \$15 to \$25 per hour, well above the Medicaid rate—I received 50 responses overnight.

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Medicaid remains the largest funder of home- and community-based services in the U.S., but sufficient public funds have never been allocated to make the system work. How much home care a patient receives through Medicaid theoretically corresponds to her medical need: Someone with early Parkinson’s disease might be granted two hours per day, whereas someone with severe diabetes and a bad hip might receive six. Doctors and nurses make these assessments, but insurance companies overseen by state Medicaid agencies must authorize them.

Once a case has been approved, Medicaid funds travel down a complex path. In New York, the state Department of Health pays a flat per-patient rate to a “managed-care” insurance company, which in turn contracts with home-care agencies, which in turn employ aides. The rate, once set for a particular insurer, doesn’t vary, regardless of how much help a patient needs, so the actuarial math for the most seriously ill—elders who are bed-bound or have advanced Alzheimer’s—is punishing. Most companies get around \$3,000 per patient per month, enough to cover overhead and compensate an aide for a 40-hour week, but only one-quarter to one-half the cost of around-the-clock care. The total costs of a split shift can exceed \$12,000 per month: a live-in shift, where nights go

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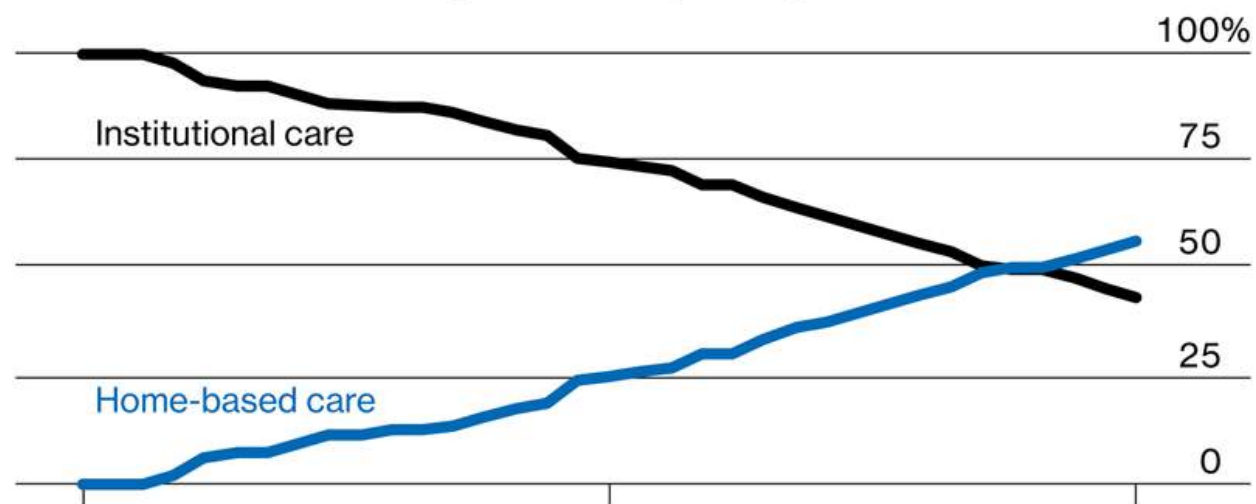
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provided by a “live-in” worker like Valia, who’s paid for only half her time. And these high-cost cases have become concentrated among a handful of insurers with philanthropic roots.

The state Department of Health wouldn’t say what percentage of Medicaid patients receive 24-hour care. Local 1199 of the Service Employees International Union (SEIU), which represents more than 400,000 aides, nurses, and other medical workers on the East Coast, says live-in cases are 8 percent of New York’s total. But Rochelle Friedlich, of the Carter Burden Center for the Aging, says that’s because managed-care plans are “giving people fewer hours than we think might be safe.” Compared with only a decade ago, she adds, “it’s definitely much harder to get 24-hour care”—because of inadequate reimbursement rates and the growing population of seniors.

Close to Home

Share of total Medicaid long-term-care spending



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services in three counties bordering New York City. “We can’t control the negotiation of rates or the numbers of people we have to cover,” Christina Wong, GuildNet’s chief financial officer, says. “You have an aging population getting older and sicker. How do you manage that?”

In less populous areas of the state and country, the problem is compounded by the lack of aides willing to work for low wages. A survey conducted last year in Wisconsin showed that 85 percent of home-care agencies didn’t have the workers to staff scheduled shifts. Di Findley, executive director for Iowa CareGivers, estimates that her state will need an additional 20,000 aides by 2020. “The demand is on the rise, and the supply is not enough,” she said at a recent community meeting. “It’s gotten so much worse in recent years.”

In February 2017, the New York State Assembly convened a hearing on the “aide shortage” crisis. “On any given week,” Rebecca Leahy, president of North Country Home Services Inc., testified, her agency has “400 hours of authorized care that cannot be provided due to a shortage of workers, leaving those unserved patients with a high risk of hospitalization or placement in a nursing home.” In some areas of the state, aides assigned to 8- and 12-hour jobs routinely stay 16 hours or more without additional pay. Colleen Johnson, a 58-year-old caregiver in Buffalo, said that agencies often ask her to cover additional hours and that she feels

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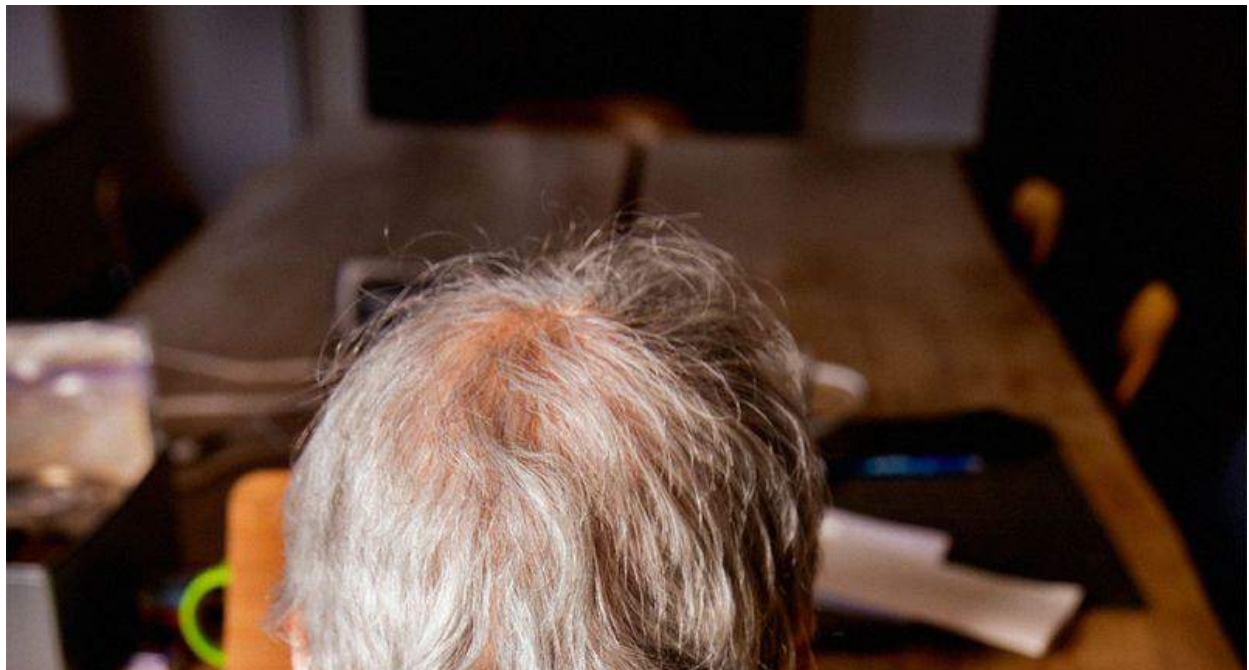
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It was 20 years ago that Valia responded to an advertisement in one of New York City’s Russian-language newspapers. A local home health agency was offering training and the promise of steady work as a certified aide for elders and the disabled. Professional caregiving wasn’t what she’d imagined for herself—as a young woman in Ukraine, she’d studied French and planned a career in translation or journalism—but here she was, an immigrant, a mother of three, and the wife of an ailing man. Her husband got sick a few years after they immigrated to the U.S. “I didn’t have insurance, so we were fighting to get him covered,” she says. “I had to earn money to raise the children.” Valia tended to him as he lost his sight then slipped into a long coma. She stayed with him at the hospital and in a nursing home, where she witnessed the limitations of institutional care.



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▲ PHOTOGRAPHER: ELINOR CARUCCI FOR BLOOMBERG BUSINESSWEEK

For many years there was little separation between Valia's personal caregiving and what she did for a living. Until her husband died in 2011, she split her time between his bedside and her clients', as if to prove the nebulousness of her profession. It was after his death that she worked her first 24-hour assignment—and later learned, to her shock, that only half the hours were paid. She called her union, SEIU Local 1199, to complain. A Russian-speaking organizer told her that nothing could be done: There was limited money in the Medicaid system. (The organizer declined to comment.)

In 2016, Valia heard that a group of home-care workers had

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been filed in the state, with workers claiming that they weren't receiving breaks and that their employers and union representatives ignored repeated complaints. The key questions in such cases are a mix of law and fact: Does the worker formally count as "live-in"? How much break time does she enjoy? Under state and federal rules, time spent eating or sleeping can be subtracted only if a caregiver actually takes mealtimes and sleeps for extended periods, and only if she "lives in" her client's home.

Ordinarily it's the employer's responsibility to track hours and compensation, but attorneys for the home-care industry have argued that this is impossible to do in private homes. An aide must rebut the presumption that sleep and meal breaks are being taken, they say, by complaining to a supervisor or making notes on her time sheet.

I asked a dozen 24-hour aides in New York state if they'd ever been advised of their right to sleep and eat on the job. All said no, and none had been told to keep track of naps and meals. The nation's largest provider of home care, the Visiting Nurse Service of New York, includes only a brief, vague section on live-in shifts in its training manual. Aides are entitled to eight hours of sleep, it says, but they must also "be available to the client" as needed, for "a reasonable amount of time during the night." When I asked Kathryn Haslanger, chief executive officer of the Jewish Association Serving the Aging, one of New York's oldest home-care agencies,

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Valia hadn't kept records over the years, though she could recall each of her clients and what she did for them in minute, bodily detail. One woman needed her diaper changed throughout the night; another wanted Valia to cover her with a blanket, then uncover her, for hours on end. Valia could testify about the hours she'd worked, but her union contract seemed to lock in pay deductions for sleep and meal breaks whether or not she took them. The contract also prevented her lawsuit from proceeding in the courts, instead forcing the case into arbitration. "I have to fight both 1199 and the agency for my rights," she says.

Valia's employer declined to comment, but in court filings maintains that she was compensated fairly, in line with state and federal regulations. The union's position is harder to read. Over the past few decades the SEIU has unionized tens of thousands of aides, but to do so it struck compromises with home-care agencies and state governments, attempting to balance the need for fair jobs with the need for any jobs. The union's contracts typically guarantee health benefits and protection from arbitrary firing, but they've done little to change the reality of unpaid hours. "Anytime workers can show, under the current rules, that they weren't paid, we're representing them," says Helen Schaub, a policy and legislative director at SEIU Local 1199. "In an ideal world, we'd want to make sure workers get paid for all hours they're in house. But a change to reimbursement would make home care very

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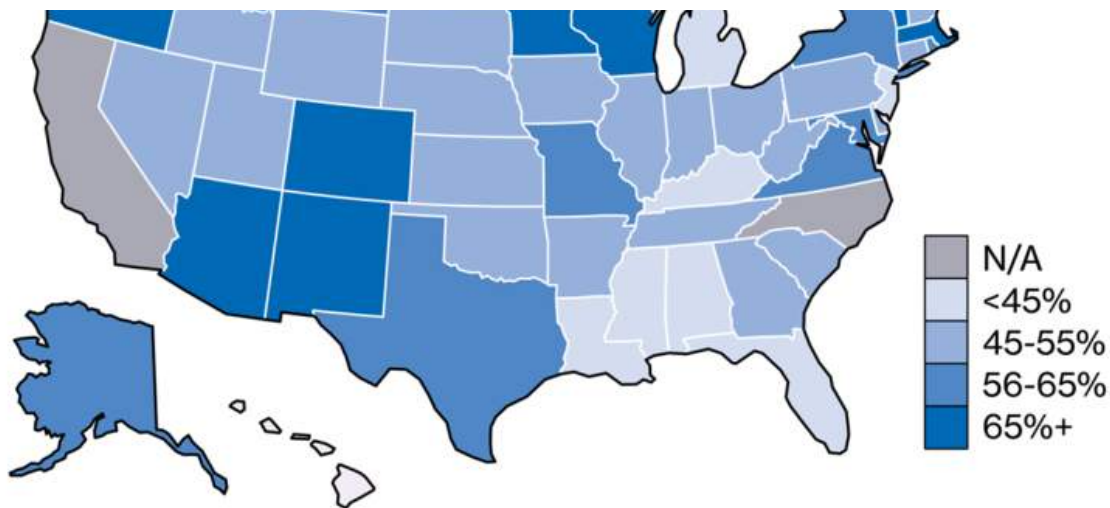
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DATA: TRUVEN HEALTH ANALYTICS

It's difficult to know how many such hours go uncompensated nationwide—a representative from the U.S. Department of Health and Human Services repeatedly declined to answer questions to that effect. The New York Department of Labor wouldn't disclose information on wage complaints filed by home health aides, either. In a 2009 survey the National Employment Law Project found that 90 percent of home health aides had to work some hours off the clock, and workers in such diverse locations as Minnesota and Washington, D.C., have filed complaints over wage theft. I heard accounts of proliferating responsibilities and taffy-like schedules from those employed by Medicaid-funded agencies and private employers alike.

Valia's own case effectively hit a dead end after being forced into arbitration, but thus far two appeals courts in New York have

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Association of America has warned that thousands of agencies are at risk of going out of business. Valia felt vindicated.

On Oct. 6, only three weeks after the second appeals court ruled in favor of full compensation, the state Department of Labor quietly promulgated emergency regulations on sleep and meal breaks. But rather than clarify why around-the-clock workers are essentially “on call,” the revised language will likely make it harder for workers to be paid for more than 13 of every 24 hours. In the explanatory note attached to the regulations, the department stated that it wanted to “prevent the collapse of the home care industry, and avoid institutionalizing patients.” LaDonna Lusher, Valia’s attorney at Virginia & Ambinder LLC, says the document “reads just like the briefs we’ve seen from the industry.”

This local drama will continue to unfold on the national stage. Last summer, when the congressional GOP attempted to transform Medicaid from an entitlement into block grants that would leave far less money for home- and community-based services, activists staged sit-ins and noisy demonstrations. People in wheelchairs led the fight, just as they had in the early disability-rights era, four decades ago. Back then there was little camaraderie between people with disabilities and the home health aides who cared for them: Higher wages for the latter meant fewer hours of help for the former. This mistrust has softened over time. Still, any wage hike, any policy requiring aides to be paid for every hour,

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As the first wave of 76 million baby boomers turns 70, our long-term-care infrastructure will bend from the strain. To keep up, the Medicaid budget will have to grow and properly reimburse managed-care plans. Home health aides will have to be recognized as medical professionals and paid accordingly. Nursing homes, a far costlier option, will occupy a smaller share of the market, and Medicare will have to chip in for long-term care. As Paul Osterman, a business professor at the Massachusetts Institute of Technology, argues in *Who Will Care For Us?*, “by expanding the role of aides, not only do we improve their jobs and reduce the incidence of low-wage work in America, but we can also improve the delivery of care and save money while doing it.”

No country has gotten this quite right, but in aging societies around the world, the public sector has proved indispensable. In Japan, long-term-care insurance is subsidized by the state, and in France, an expansive home-care network is covered by a mix of federal and local budgets. Yet the world over, family caregivers and private aides fill untold additional hours.

Valia sees her lawsuit as an attempt to bring order to this labor and to the home-health-care industry at large. “In a hospital, there are rules—for the worker, for the patient,” she explains. “For us, we have nothing. The patient is the law.” Yet she speaks empathetically of her clients’ predicament and the value of getting care at home: “My husband was in a nursing home. They sit you

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I usually visited Valia on Wednesday nights, after she caught up on sleep, to chat about work and get the latest industry gossip. She'd respond impatiently to my questions while her cat prowled the linoleum. "I've lived here for 12 years," she often said, gesturing to her apartment as a Russian variety show blared from the TV. "I'm waiting for Social Security. I'm 62—I'm going to take my pension, and that's it." Her fridge was adorned with photos of her kids and grandkids, spanning New York, New Jersey, and France. Inside, the shelves were almost empty.

This article was reported in partnership with the Investigative Fund at the Nation Institute.

(Corrects where GuildNet no longer pays for long-term-care services in the 23rd paragraph.)

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POLICY STATEMENT

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health

abstract

FREE

Advances in a wide range of biological, behavioral, and social sciences are expanding our understanding of how early environmental influences (the ecology) and genetic predispositions (the biologic program) affect learning capacities, adaptive behaviors, lifelong physical and mental health, and adult productivity. A supporting technical report from the American Academy of Pediatrics (AAP) presents an integrated ecobiodevelopmental framework to assist in translating these dramatic advances in developmental science into improved health across the life span. Pediatricians are now armed with new information about the adverse effects of toxic stress on brain development, as well as a deeper understanding of the early life origins of many adult diseases. As trusted authorities in child health and development, pediatric providers must now complement the early identification of developmental concerns with a greater focus on those interventions and community investments that reduce external threats to healthy brain growth. To this end, AAP endorses a developing leadership role for the entire pediatric community—one that mobilizes the scientific expertise of both basic and clinical researchers, the family-centered care of the pediatric medical home, and the public influence of AAP and its state chapters—to catalyze fundamental change in early childhood policy and services. AAP is committed to leveraging science to inform the development of innovative strategies to reduce the precipitants of toxic stress in young children and to mitigate their negative effects on the course of development and health across the life span. *Pediatrics* 2012;129:e224–e231

INTRODUCTION

"It is easier to build strong children than to repair broken men."

Frederick Douglass (1817–1895)

From the time of its inception as a recognized specialty of medicine, the field of pediatrics has attached great significance to both the process of child development and the social/environmental context in which it unfolds. When the American Academy of Pediatrics (AAP) was founded in 1930, the acute health care needs of children were largely infectious in nature.¹ Over the ensuing 80 years, as increasingly effective vaccines, hygiene, and other public health initiatives produced dramatic gains, astute observers began to note that many noninfectious disease entities, such as developmental, behavioral, educational, and

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KEY WORDS

advocacy, brain development, ecobiodevelopmental framework, family pediatrics, health promotion, human capital investments, new morbidity, toxic stress, resilience

ABBREVIATIONS

AAP—American Academy of Pediatrics

EBD—ecobiodevelopmental

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family difficulties, were playing increasingly prominent roles in affecting child health and well-being.

In 1975, the term “new morbidity” was introduced to describe those non-infectious entities that appeared to be most prevalent.² This important conceptualization underscored a growing realization that significant societal changes (eg, increasing numbers of single parents and families with 2 working parents) were challenging pediatric health care providers to address complex concerns that were not strictly medical in nature. Although the impact of these “new” morbidities on pediatrics, public health, and society in general is no longer in question,^{3–5} the professional training and practice of pediatricians continues to focus primarily on the acute medical needs of individual children. The pressing question now confronting contemporary pediatrics is how we can have a greater impact on improving the life prospects of children and families who face these increasingly complex and persistent threats to healthy development.

The need for creative, new strategies to confront these morbidities in a more effective way is essential to improve the physical and mental health of children, as well as the social and economic well-being of the nation.⁶ Developmental, behavioral, educational, and family problems in childhood can have both lifelong and intergenerational effects.^{7–18} Identifying and addressing these concerns early in life are essential for a healthier population and a more productive workforce.^{5,6,19–21} Because the early roots or distal precipitants of problems in both learning and health typically lie beyond the walls of the medical office or hospital setting, the boundaries of pediatric concern must move beyond the acute medical care of children and expand into the

larger ecology of the community, state, and society. Because this call for a broader, contextual approach to health is not new,²² and the track record of matching rhetoric with effective action is limited, there is a compelling need for bold, new thinking to translate advances in developmental science into more effective interventions.

THE MERITS OF AN ECOBIODEVELOPMENTAL FRAMEWORK

The accompanying technical report²³ presents an ecobiodevelopmental (EBD) framework for understanding the promotion of health and prevention of disease across the life span that builds on advances in neuroscience, molecular biology, genomics, and the social sciences. Together, these diverse fields provide a remarkably convergent perspective on the inextricable interactions among the personal experiences (eg, family and social relationships), environmental influences (eg, exposures to toxic chemicals and inappropriate electronic media), and genetic predispositions that affect learning, behavior, and health across the life span. Applying this EBD framework to the challenges posed by significant childhood adversity reveals the powerful role that toxic stress can play in disrupting the architecture of the developing brain, thereby influencing behavioral, educational, economic, and health outcomes decades and generations later.²⁴ In contrast to positive or tolerable stress, toxic stress is defined as the excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships.²⁵ Within the ongoing interplay among assets for health and risks for illness, toxic stress early in life plays a critical role by disrupting brain circuitry and

other important regulatory systems in ways that continue to influence physiology, behavior, and health decades later.²³ In short, an EBD approach to childhood adversity suggests that (1) early experiences with significant stress are critical, because they can undermine the development of those adaptive capacities and coping skills needed to deal with later challenges; (2) the roots of unhealthy lifestyles, maladaptive coping patterns, and fragmented social networks are often found in behavioral and physiologic responses to significant adversity that emerge in early childhood; and (3) the prevention of long-term, adverse consequences is best achieved by the buffering protection afforded by stable, responsive relationships that help children develop a sense of safety, thereby facilitating the restoration of their stress response systems to baseline.²⁵ An EBD approach recognizes that it is not adversity alone that predicts poor outcomes. It is the absence or insufficiency of protective relationships that reinforce healthy adaptations to stress, which, in the presence of significant adversity, leads to disruptive physiologic responses (ie, toxic stress) that produce “biological memories”²⁶ that increase the risk of health-threatening behaviors and frank disease later in life. The recent AAP technical report²³ summarizes the growing evidence base that links childhood toxic stress to the subsequent development of unhealthy lifestyles (eg, substance abuse, poor eating and exercise habits), persistent socioeconomic inequalities (eg, school failure and financial hardship), and poor health (eg, diabetes and cardiovascular disease). Given the extent to which costly health disparities in adults are rooted in these same unhealthy lifestyles and persistent inequalities,^{5,9} the reduction of toxic stress in young children ought to be

a high priority for medicine as a whole and for pediatrics in particular.

AN IMPORTANT ROLE FOR THE PEDIATRIC MEDICAL HOME

The effective reduction of toxic stress in young children could be advanced considerably by a broad-based, multisector commitment in which the profession of pediatrics plays an important role in designing, implementing, evaluating, refining, and advocating for a new generation of protective interventions. Pediatric providers are uniquely qualified and placed to assist in translating recent advances in developmental science into effective interventions for the home, the clinic, and the community. In addition to regular interactions with young children and an appreciation for the important role that families^{27–29} and communities³⁰ play in determining child well-being, pediatricians bring several time-honored perspectives to this challenging task. These perspectives include a developmental approach to health, an understanding of the advantages of prevention over remediation, and an awareness of the critical importance of effective advocacy to promote changes in well-established systems that influence child health and development, even when those systems lie outside the traditional realm of pediatric practice.³¹ In this context, it is essential that innovative and practical strategies continue to be developed that strengthen the capacity of the medical home to reduce sources of toxic stress and to mitigate their impact on the lives of young children. Rather than continuing the current trend of “doing more with less,” as pediatricians take on a wide range of additional responsibilities, payment reforms should reflect the value of pediatricians’ time and knowledge,

as well as the importance of a pediatrician-led medical home serving as a focal point for the reduction of toxic stress and for the support of child and family resiliency. This additional work and the reprioritization of efforts should reflect pediatricians’ interest in preventive care that is more developmentally relevant,³² parents’ desire for a greater emphasis on their child’s emerging skills and behavior,³³ the commitment to team-based services within the pediatric medical home,²⁸ and the growing evidence base that early developmental interventions can have significant effects on life-course trajectories.³⁴

As the most logical candidate for a universal platform to promote healthy development and optimal life course trajectories, the pediatric medical home has become the focus of both increasing expectations and formidable challenges. High expectations are grounded in the public’s deep respect for pediatricians as trusted guardians of child health. Compelling challenges include (1) the need for more extensive training for all health professionals on the adverse effects of excessive stress on the developing brain, as well as on the cardiovascular, immune, and metabolic regulatory systems (the technical report²³ is a start); (2) the significant constraints on existing, office-based approaches to fully address the new morbidities effectively; (3) the relatively limited availability of evidence-based strategies, within the medical home and across the full array of existing early childhood service systems, that have been shown to reduce sources of toxic stress in the lives of young children or mitigate their adverse consequences³⁵; and (4) the financial difficulties associated with the incorporation of evidence-based developmental strategies into the pediatric medical home.

A Critical Assessment of Prevention at the Practice Level

From immunizations to seat belts to parenting education, the field of pediatrics has always embraced the centrality of prevention. That said, some degree of childhood adversity is inevitable, and dealing with manageable levels of stress is an important part of healthy development. Because the essence of toxic stress is the absence of buffers needed to return the physiologic stress response to baseline, the primary prevention of its adverse consequences includes those aspects of routine anticipatory guidance that strengthen a family’s social supports, encourage a parent’s adoption of positive parenting techniques, and facilitate a child’s emerging social, emotional, and language skills. Examples include the promotion of the 7Cs of resilience (competence, confidence, connectedness, character, contribution, coping, and control),³⁶ optimism,³⁷ Reach Out and Read,^{38–40} emotional coaching,^{41–44} and numerous positive parenting programs (eg, Triple P,^{45–47} Incredible Years,⁴⁸ Home visiting,^{49,50} and Nurturing Parenting^{51,52}). Although AAP resources, such as *Bright Futures*,⁵³ *Connected Kids*,⁵⁴ and the clinical report “The Pediatrician’s Role in Child Maltreatment Prevention,”⁵⁵ already provide significant recommendations in this area, implementing a comprehensive, yet practical program of effective anticipatory guidance that nurtures the child’s emerging social, emotional, and language skills and promotes positive parenting remains an ongoing challenge.

Beyond working to improve the impact of anticipatory guidance provided in the medical home, some motivated pediatric providers also advocate for a variety of community-based interventions that are implemented in homes,^{56,57} preschools,⁵⁸ and

schools,^{59–61} as well as through an extended array of programs organized by faith-based organizations, social groups, and recreational centers. A more thorough description of the full range of practices designed to strengthen parenting skills and enhance child development can be found elsewhere.^{35,62–64} Although most primary prevention programs have not been evaluated systematically, those that show promise should be assessed and, if found to be effective, replicated and taken to scale. As the number of evidence-based services increases, the pediatric community needs to continue to advocate for systemic changes in reimbursement strategies that incentivize collaboration among pediatric medical homes and the full range of effective community-based resources.⁶⁵

Screening for Children and Families at Risk

Identifying children at high risk for toxic stress is the first step in providing targeted support for their parents and other caregivers. The challenges of developing secondary prevention strategies within the medical home begin with the implementation of practice-relevant screening and proceed through the complexities of diagnostic evaluations, sharing information, formulating joint action plans with parents, locating needed services beyond the medical home, arranging successful referrals, and conducting an ongoing monitoring and assessment of intervention impacts. That said, after several decades of prescriptive guidelines and outcome evaluations of a broad array of prevention strategies, the cumulative evidence of effectiveness is mixed. Some primary care practices have been successful in regularizing the identification and management of new morbidities within their daily routines.

Many continue to struggle with the basics of developmental screening, routine referral, and ongoing collaboration with community-based programs outside the medical system.³² All confront the limited availability of accessible and affordable preventive supports for children and families experiencing significant adversity.

Within this highly variable and multi-dimensional context, the AAP and others have encouraged pediatric providers to develop a screening schedule that uses age-appropriate, standardized tools to identify risk factors that are highly prevalent or relevant to their particular practice setting.^{29,66,67} In addition to the currently recommended screenings at 9, 18, and 24/36 months to assess children for developmental delays, pediatric practices have been asked to consider implementing standardized measures to identify other family- or community-level factors that put children at risk for toxic stress (eg, maternal depression, parental substance abuse, domestic or community violence, food scarcity, poor social connectedness). Pediatric providers have been encouraged to use *Current Procedural Terminology* code 99420 when they are assessing a child's risk and, if additional visits are needed to address any identified concerns, providers are encouraged to bill for that additional time by using codes 99401–4.⁶⁸ Continued advocacy at the national and state levels is needed, however, to ensure proper payment for the time needed for universal screening, problem identification, and ongoing assessments. More specific recommendations (regarding which screening tools should be used, when they should be administered, and how to secure reimbursement for their use) will be presented in a forthcoming AAP policy statement on social-emotional screening.

Collaborating With the Community

Routine screening for increased vulnerability is useful only if collaborative relationships exist with local services to address the identified concerns (as outlined in several previous reports^{69–71}); moreover, it is also essential that those services demonstrate evidence of effectiveness. This is particularly important for the identification of young children experiencing toxic stress, given the limited proportion of community-based interventions for which significant, positive impacts have been documented in this domain, and the relatively modest magnitude of impact found for those that have been shown to be effective.

Rethinking Advocacy Beyond the Office Setting

Because so many of the origins and consequences of childhood toxic stress lie beyond the boundaries of the clinical setting, pediatric providers are often called on to work collaboratively with parents, social workers, teachers, coaches, civic leaders, policy makers, and other invested stakeholders to influence services that fall outside the traditional realm of clinical practice.⁷² In many cases, these efforts extend even further afield, moving into the realm of ecologically based, public health initiatives that address the precipitants of toxic stress at the community, state, and national levels. Translating advances in developmental science into effective interventions and lifelong health will require a fundamental shift in the way the general public and policy makers view and invest in early childhood. Pediatric providers are integral to this effort, as they have a long history of advocating for systemic changes to advance child health and development.³¹

Examples of preventive interventions that could serve as targets for pediatrician-led advocacy campaigns include (1) education efforts focused

on parents, foster parents, child care providers, and preschool teachers to increase awareness of the adverse consequences of toxic stress in early childhood for lifelong outcomes in learning, behavior, and health; (2) calls for investments in the development of creative, new strategies that can be incorporated into home-, school-, and center-based services to reduce sources of toxic stress and to strengthen the relationships that buffer children from the long-term consequences of significant adversity; (3) investments in community-based mentoring activities (eg, after-school programs, Big Brother/Big Sister, Little League, gymnastics, martial arts programs) that provide supportive relationships for vulnerable children that help them learn to cope with adversity in an adaptive manner; (4) investments in selected early-intervention programs, early-childhood mental health services, specialized family therapies, and medicolegal partnerships that have demonstrated evidence of positive impacts on vulnerable young children and families; (5) professional development programs that educate judges and other key participants in the juvenile court and foster care systems about the biology of adversity and its implications for case management, child custody, and foster care of children who have been abused or neglected; and (6) collaborative efforts with social workers, mental health providers, and other related professionals to address urgent needs as early as possible and to integrate effective services for the most vulnerable children and their families.

Treatment of Toxic Stress

Finally, the pediatric community must provide strong, proactive advocacy for more effective interventions for

children with symptomatic evidence of toxic stress. These could include (1) the formation and/or continuous strengthening of local traumatic stress networks to treat children and families experiencing significant adversity; and (2) increasing the number of accessible, affordable, and culturally competent mental health professionals who are qualified to provide evidence-based treatments, such as trauma-based cognitive behavioral therapy and parent-child interaction therapy. In addition to the paucity of appropriately trained professionals in this area of significant unmet need, inadequate or inappropriate reimbursement mechanisms often block access to services for the most vulnerable young children. In such circumstances, pediatricians can be powerful advocates for expanded insurance coverage for childhood mental health services, even when they do not provide those services themselves.⁷³

REAFFIRMING A COMMITMENT TO LEAD

This Policy Statement builds on numerous previous statements, including those regarding the new morbidities,³ community pediatricians,³⁰ family-centered care,²⁷ home visitation,⁴⁹ and the prevention of child abuse.⁵⁵ The proposed EBD framework (1) incorporates growing evidence of the impact of toxic stress on the developing brain, (2) informs a deeper understanding of the early life origins of both educational failure and adult disease, and (3) underscores the need for collaborative efforts to prevent the long-term consequences of early adversity. The AAP is committed to leading an invigorated, science-based effort at transforming the way our society invests in the development of all children, particularly those who face significant adversity.⁷⁴

RECOMMENDATIONS

1. All health care professionals should adopt the proposed EBD framework as a means of understanding the social, behavioral, and economic determinants of lifelong disparities in physical and mental health (see technical report²³). Psychosocial problems and the new morbidities should no longer be viewed as categorically different from the causes and consequences of other biologically based health impairments.
2. The growing scientific knowledge base that links childhood toxic stress with disruptions of the developing nervous, cardiovascular, immune, and metabolic systems, and the evidence that these disruptions can lead to lifelong impairments in learning, behavior, and both physical and mental health, should be fully incorporated into the training of all current and future physicians (see technical report²³).
3. Pediatricians should adopt a more proactive leadership role in educating parents, child care providers, teachers, policy makers, civic leaders, and the general public about the long-term consequences of toxic stress and the potential benefits of preventing or reducing sources of significant adversity in early childhood. Protecting young children from adversity is a promising, science-based strategy to address many of the most persistent and costly problems facing contemporary society, including limited educational achievement, diminished economic productivity, criminality, and disparities in health.
4. Pediatricians should be vocal advocates for the development and implementation of new, evidence-based interventions (regardless of the provider or venue) that reduce sources of toxic stress and/or

mitigate their adverse effects on young children, as they are likely to produce better outcomes and potentially be more cost-effective than trying to treat or remediate the numerous consequences of excessive childhood stress that reach far into adulthood. Such advocacy is particularly important when budget constraints force critical reassessments of public spending priorities.

5. Pediatric medical homes should (1) strengthen their provision of anticipatory guidance to support children's emerging social-emotional-linguistic skills and to encourage the adoption of positive parenting techniques; (2) actively screen for precipitants of toxic stress that are common in their particular practices; (3) develop, help secure funding, and participate in innovative service-delivery adaptations that expand the ability of the medical home to support children at risk; and (4) identify (or advocate for the development of) local resources that address those risks for toxic stress that are prevalent in their communities.

LEAD AUTHORS

Andrew S. Garner, MD, PhD
Jack P. Shonkoff, MD

COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, 2010–2011

Benjamin S. Siegel, MD, Chairperson
Mary I. Dobbins, MD
Marian F. Earls, MD
Andrew S. Garner, MD, PhD
Laura McGuinn, MD
John Pascoe, MD, MPH
David L. Wood, MD

LIAISONS

Robert T. Brown, PhD
Society of Pediatric Psychology
Terry Carmichael, MSW
National Association of Social Workers
Mary Jo Kupst, PhD
Society of Pediatric Psychology
D. Richard Martini, MD
American Academy of Child and Adolescent Psychiatry
Mary Sheppard, MS, RN, PNP, BC
National Association of Pediatric Nurse Practitioners

CONSULTANT

George J. Cohen, MD

CONSULTANT AND CONTRIBUTING AUTHOR

Jack P. Shonkoff, MD

Center on the Developing Child at Harvard University

STAFF

Karen S. Smith

COMMITTEE ON EARLY CHILDHOOD, ADOPTION, AND DEPENDENT CARE, 2010–2011

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Elaine Donoghue, MD
Jill J. Fussell, MD
Mary Margaret Gleason, MD
Paula K. Jaudes, MD
Veronnie F. Jones, MD
David M. Rubin, MD
Elaine E. Schulte, MD, MPH

STAFF

Mary Crane, PhD, LSW

SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS EXECUTIVE COMMITTEE, 2010–2011

Michelle M. Macias, MD, Chairperson
Carolyn Bridgemohan, MD
Jill Fussell, MD
Edward Goldson, MD
Laura J. McGuinn, MD
Carol Weitzman, MD
Lynn Mowbray Wegner, MD, Immediate Past Chairperson

STAFF

Linda B. Paul, MPH

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**Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician:
Translating Developmental Science Into Lifelong Health**

Committee on Psychosocial Aspects of Child and Family Health, Committee on Early
Childhood, Adoption, and Dependent Care, and Section on Developmental and
Behavioral Pediatrics, Andrew S. Garner, Jack P. Shonkoff, Benjamin S. Siegel, Mary
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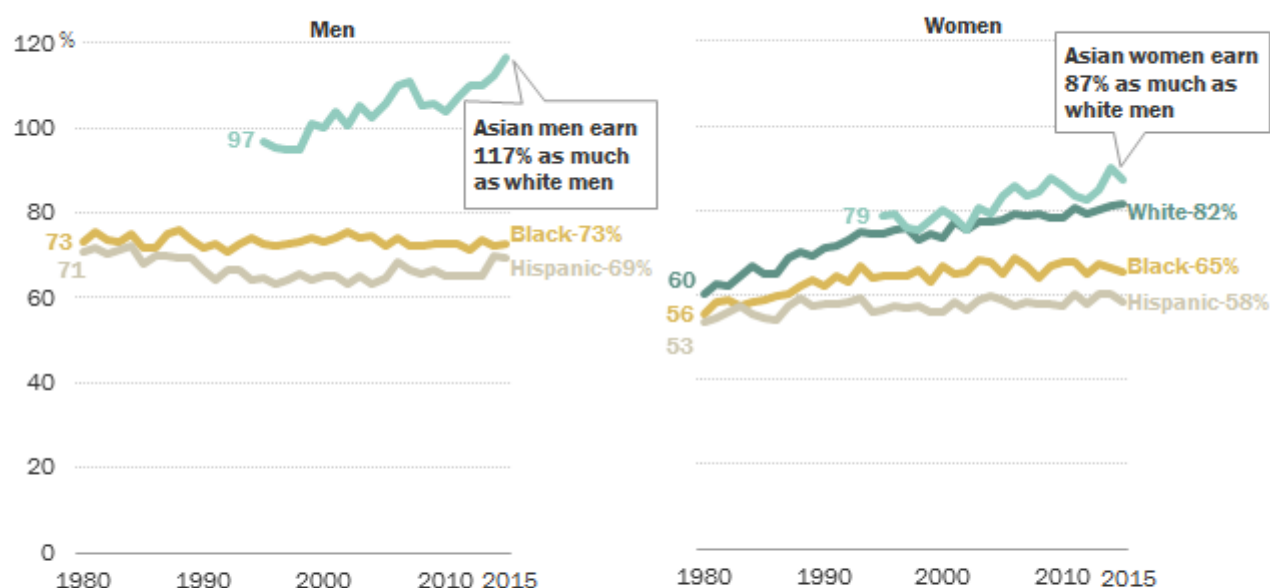


Racial, gender wage gaps persist in U.S. despite some progress

BY EILEEN PATTEN ([HTTP://WWW.PEWRESEARCH.ORG/STAFF/EILEEN-PATTEN](http://www.pewresearch.org/staff/eileen-patten))

White men out-earn black and Hispanic men and all groups of women

Median hourly earnings as a percent of white men's earnings



Note: Estimates are for all civilian, non-institutionalized, full- or part-time workers ages 16 and older with positive earnings. Self-employed workers are excluded. Hispanics are of any race. Whites, blacks and Asians include only non-Hispanics. Asians include Native Hawaiian and Pacific Islanders.

Source: Pew Research Center tabulations of Current Population Survey data.

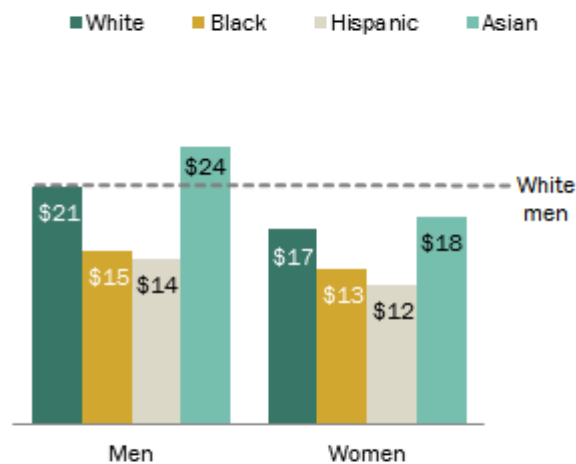
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Large racial and gender wage gaps in the U.S. remain, even as they have narrowed in some cases over the years. Among full- and part-time workers in the U.S., blacks in 2015 earned just 75% as much as whites in median hourly earnings and women earned 83% as much as men.

Looking at gender, race and ethnicity combined, all groups, with the exception of Asian men, lag behind white men in terms of median hourly earnings (<http://www.pewresearch.org/fact-tank/2013/12/11/how-pew-research-measured-the-gender-pay-gap/>), according to a new Pew Research Center analysis of Bureau of Labor Statistics data. White men are often used in comparisons such as this because they are the largest demographic group in the workforce – 33% in 2015.

White men had higher hourly earnings than all except Asian men in 2015

Median hourly earnings of men and women from each race/ethnicity



Note: Figures are rounded to the nearest dollar. Based on civilian, non-institutionalized, full- or part-time workers with positive earnings. Self-employed workers are excluded. Hispanics are of any race. Whites, blacks and Asians include only non-Hispanics. Asians include Native Hawaiian and Pacific Islanders.

Source: Pew Research Center tabulations of 2015 Current Population Survey data.

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(http://www.pewresearch.org/ft_16-06-30_wagegaps_overallbar/) In 2015, average hourly wages for black and Hispanic men were \$15 and \$14, respectively, compared with \$21 for white men. Only the hourly earnings of Asian men (\$24) outpaced those of white men.

Among women across all races and ethnicities, hourly earnings lag behind those of white men and men in their own racial or ethnic group. But the hourly earnings of Asian and white women (\$18 and \$17, respectively) are higher than those of black and Hispanic women (\$13 and \$12, respectively) – and also higher than those of black and Hispanic men.

While the hourly earnings of white men continue to outpace those of women, all groups of women have made progress in narrowing this wage gap since 1980, reflecting at least in part a significant increase in the education levels and workforce experience of women over time.

White and Asian women have narrowed the wage gap with white men to a much greater degree than black and Hispanic women. For example, white women narrowed the wage gap in median hourly earnings by 22 cents from 1980 (when they earned, on average, 60 cents for every dollar earned by a white man) to 2015 (when they earned 82 cents). By comparison, black women only narrowed that gap by 9 cents, from earning 56 cents for every dollar earned by a white man in 1980 to 65 cents today. Asian women followed roughly the trajectory of white women (but earned a slightly higher 87 cents per dollar earned by a white man in 2015), whereas Hispanic women fared even worse than black women, narrowing the gap by just 5 cents (earning 58 cents on the dollar in 2015).

Black and Hispanic men, for their part, have made no progress in narrowing the wage gap with white men since 1980, in part because there have been no improvements in the hourly earnings of white, black or Hispanic men over this 35-year period. As a result, black men earned the same 73% share of white men's hourly earnings in 1980 as they did in 2015, and Hispanic men earned 69% of white men's earnings in 2015 compared with 71% in 1980.

Controlling for education, white men still out-earned most groups in 2015

Median hourly earnings among those ages 25 and older with a bachelor's degree or more



Note: Based on civilian, non-institutionalized, full- or part-time workers with positive earnings. Self-employed workers are excluded. Hispanics are of any race. Whites, blacks and Asians include only non-Hispanics. Asians include Native Hawaiian and Pacific Islanders.

Source: Pew Research Center tabulations of 2015 Current Population Survey data.

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(http://www.pewresearch.org/ft_16-06-30_wagegaps_educationbar/) To be sure, some of these wage gaps can be attributed to the fact that lower shares of blacks and Hispanics are college educated (<http://www.pewsocialtrends.org/2016/06/27/1-demographic-trends-and-economic-well-being/#blacks-still-trail-whites-in-college-completion>) . U.S. workers with a four-year college degree earn significantly more (<http://www.pewsocialtrends.org/2014/02/11/the-rising-cost-of-not-going-to-college/>) than those who have not completed college. Among adults ages 25 and older, 23% of blacks and 15% of Hispanics have a bachelor's degree or more education, compared with 36% of whites and 53% of Asians.

However, looking just at those with a bachelor's degree or more education, wage gaps by gender, race and ethnicity persist. College-educated black and Hispanic men earn roughly 80% the hourly wages of white college educated men (\$25 and \$26 vs. \$32, respectively). White and Asian college-educated women also earn roughly 80% the hourly wages of white college-educated men (\$25 and \$27, respectively). However, black and Hispanic women with a college degree earn only about 70% the hourly wages of similarly educated white men (\$23 and \$22, respectively). As with workers overall, college-educated Asian men out-earn college-educated white men by about \$3 per hour of work.

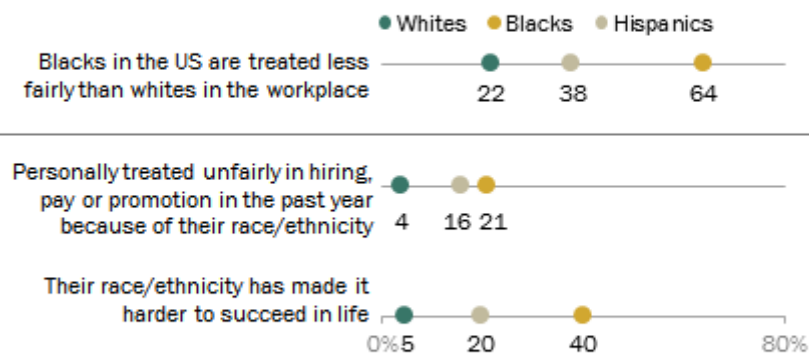
What contributes to these persistent wage gaps? Research shows that a majority of each of these gaps can be explained by differences in education, labor force experience, occupation or industry and other measurable factors.

For example, NBER researchers Francine Blau and Lawrence Kahn (<http://www.nber.org/papers/w21913>) found that education and workforce experience accounted for 8% of the total gender wage gap in 2010, while industry and occupation explained 51% of the difference. When it comes to race, sociologists Eric Grodsky and Devah Pager (<http://www.jstor.org/stable/pdf/3088922.pdf>) found that education and workforce experience accounted for 52% of the wage gap between black and white men working in the public sector in 1990, and that adding occupational differences explained approximately 20% of the wage gap. And NBER researcher Roland Fryer (<http://www.nber.org/papers/w16256>) found that for one group of adults in their 40s, controlling for standardized-test scores reduced the wage gap between black men and white men in 2006 by roughly 70%.

The remaining gaps not explained by these concrete factors are often attributed, at least in part, to discrimination. Blau and Kahn point out, however, that there are both portions of this “unmeasured” difference that could be due to factors other than discrimination (e.g., gender differences in behaviors like risk aversion or negotiation) as well as portions of the “measured” difference that may in fact be due to discrimination (e.g., a woman or minority not entering a high-paying STEM field because of experiences that may be rooted in prejudice, such as greater encouragement for men than women (http://blogs.edweek.org/edweek/curriculum/2014/01/girls_african_americans_and_hi.html) to pursue these studies).

Blacks' and whites' views and experiences of the U.S. workplace differ

% who say ...



Note: Hispanics are of any race. Whites and blacks include only non-Hispanics.
Source: Survey of U.S. adults conducted Feb. 29-May 8, 2016.

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(http://www.pewresearch.org/ft_16-06-30_wagegaps_viewsworkplace/) When it comes to racial discrimination in the workplace, most Americans (60%) say blacks and whites are treated about equally, but opinions on this vary considerably across racial and ethnic groups. A new Pew Research Center report (<http://www.pewsocialtrends.org/2016/06/27/on-views-of-race-and-inequality-blacks-and-whites-are-worlds-apart/>) finds that roughly two-thirds (64%) of blacks say black people in the U.S. are generally treated less fairly than whites in the workplace; just 22% of whites and 38% of Hispanics agree.

About two-in-ten black adults (21%) and 16% of Hispanics say that in the past year they have been treated unfairly in hiring, pay or promotion because of their race or ethnicity; just 4% of white adults say the same. And while 40% of blacks say their race or ethnicity has made it harder for them to succeed in life, just 5% of whites – and 20% of Hispanics – say this. Some 31% of whites say their race or ethnicity has eased the way toward their success. At least six-in-ten whites (62%) and Hispanics (65%), and about half of blacks (51%), say their race or ethnicity hasn't made much of a difference.

For their part, about a quarter of women (27%) say their *gender* has made it harder

(<http://www.pewsocialtrends.org/2016/06/27/5-personal-experiences-with-discrimination/#blacks-are-more-likely-than-whites-to-say-their-gender-has-made-it-harder-to-succeed>) for them to succeed in life, compared with just 7% of men. About six-in-ten men and women say their gender hasn't made much difference, but men are much more likely than women to say their gender has made it easier to succeed (30% vs. 8%). In addition, a 2013 Pew Research Center survey found that about one-in-five women (18%) say they have faced gender discrimination at work

(<http://www.pewsocialtrends.org/2013/12/11/chapter-4-men-and-women-at-work/>) , including 12% who say they have earned less than a man doing the same job because of their gender. By comparison, one-in-ten men say they have faced gender-based workplace discrimination, including 3% who say their gender has been a factor in earning lower wages.

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MEETING SURVIVORS' NEEDS
Through Non-Residential Domestic Violence
Services & Supports:
Results of a Multi-State Study

Original Grant Title
Non-Residential Domestic Violence Services: Survivors' Experiences

FINAL REPORT

Eleanor Lyon & Jill Bradshaw
University of Connecticut
School of Social Work

and

Anne Menard
National Resource Center on Domestic Violence

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ABSTRACT

This study of the services and supports provided by domestic violence programs in four states was designed to help fill a gap in current knowledge about the range of services provided, and the needs and experiences of survivors. Research goals included obtaining a large and diverse sample of survivors and programs, to permit meaningful comparisons of services, immediate outcomes, and experiences by race/ethnicity, immigration status, gender and other characteristics of survivors, while also taking program capacity into account.

Data were collected during a nine-month period from 1,467 survivors from 90 domestic violence programs in four states. The states were chosen to maximize geographical, population, rural/ urban and economic diversity. Programs were also selected for participation by major national culturally-specific institutes and organizations, to help ensure diversity of the survivor and program samples. In addition, 10 focus groups were conducted with a total of 73 survivors. These groups focused on survivors from marginalized groups, and populations often neglected in the literature.

Programs provided information about their capacity (number and backgrounds of staff) and the services they offered. Census data were also collected about the county served by the program. Survivors were asked to complete a written survey after they had experienced a minimum of two face-to-face contacts with program staff. All study materials were translated into ten additional languages to increase accessibility. Surveys asked about four major types of services and 54 different possible needs; they also addressed efforts to obtain help, immigration and financial status, immediate outcomes, and the respect and support survivors had received from program staff.

Data from programs showed that they ranged greatly in capacity (1 to 70 staff), and had offered services and supports to between 26 and 8,519 survivors in the past year. Across programs, staff could speak 48 different languages; 69% had staff who spoke Spanish.

Nearly half of respondents reported being born outside of the United States (U.S.); 31% of surveys were completed in 8 languages other than English. Over one-fifth of survivors came from a predominantly rural program, and 21% reported having a disability or disabling condition(s).

Respondents reported their primary needs as information/support, safety, legal advocacy, help with economic issues, and help related to their children. Over a third indicated at least one immigration-related need. The needs identified by survivors were predominantly met, at least partly. In most cases, the greater the contact, the more likely needs were met. The needs reported as unmet with greatest frequency focused on various economic supports and help for the person who hurt the survivor. At least 80% strongly agreed with every rating of staff respect and support, and 95% or more agreed. Over 85% reported improvements based on program services on 8 of 9 outcomes measured. No ratings of staff respect and support differed significantly among respondents, based on demographic characteristics.

Detailed findings showed differences in particular needs across race/ethnicity, having been born in the U.S., rural/urban location, and language in which surveys were completed. A small number of differences in survivors' experiences were also found related to staff size.

The study shows that domestic violence programs address compelling needs that survivors cannot meet elsewhere. Programs provide a complex array of services to victims of abuse and their children; most prominent are safety, information, help with children, help with

emotional distress, and help with immigration-related issues when needed. Most needs were met for most survivors. Implications for policy and programming are discussed; they include expanding culturally-specific programming, support for economic needs, support for adults' and children's mental health needs, diversity training for staff, increased resources for programs, and further mixed-method research on particular populations that addresses the context of help-seeking.

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Particular thanks goes to the survivors of domestic violence using non-residential services and supports who took the time and energy to participate in the study, either by completing the survey or participating in a focus group. We recognize that survivors face many challenges in their day-to-day lives, and we sincerely appreciate the extra effort these survivors took to answer our questions and to share their voice. Their often heart-felt responses provided us a view into their world and helped us to better understand their experiences, and their feedback helped us to better understand how DV services and supports can be strengthened and expanded.

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EXECUTIVE SUMMARY

Introduction

The present study addresses a large gap in current knowledge. While there are currently an estimated 1,920 domestic violence programs across the United States, the literature lacks a multi-state study with a large enough sample size to be able to describe the non-residential program experiences of survivors of domestic violence, document the range of services provided, and present nuanced comparative analyses that examine survivors with different demographic characteristics and from various geographic regions. This study was designed to meet the following goals:

- 1) Learn more about what domestic violence survivors want when they come to programs for supportive services, the extent to which survivors have had their service expectations met, and survivors' assessment of immediate outcomes associated with the services they receive.
- 2) Learn more about how survivors' experiences, needs and immediate outcomes vary across demographic and domestic violence program characteristics.
- 3) Identify multi-level factors associated with survivors' positive service experiences.
- 4) Develop recommendations for domestic violence programs across the country for how they might improve their services.

Background

Today's community-based domestic violence programs provide a range of services, including emergency shelter, 24-hour crisis lines, support groups, counseling services, advocacy, programs for children, and programs for people from particular cultures or with particular needs. The limited research on specific services suggests that supportive counseling improves clinical measures of life functioning and coping ability; that shelters provide life-saving support

and that post-exit advocacy contributes to community connections, enhanced well-being, and reduced likelihood of further abuse; and that social support interventions provide beneficial health effects. However, the existing research fails to fully reflect the variety of services that are now available to respond to the complexity of survivors' needs, such as transportation, medical, mental and emotional health services, TANF (welfare) advocacy, financial help, advocacy for survivors facing issues related to their immigration status, services for children, and accommodations for survivors with physical and other disabilities—especially when those services are provided outside the context of a shelter stay. In addition, existing research is limited on services provided by domestic violence programs in rural areas, and that specialize in particular populations, such as those from specific cultures, recent immigrants, older adults, and men.

Methodology

This study sampled the experiences of 1,467 domestic violence survivors receiving services from domestic violence programs in four states: Alabama, Illinois, Massachusetts, and Washington. Programs in the four participating states were recruited through contact with the domestic violence coalitions in each identified state. In addition, programs were recruited by representatives of four major national cultural institutes and organizations: the Asian & Pacific Islander Institute on Domestic Violence, Casa de Esperanza, the Institute on Domestic Violence in the African American Community, and the Women of Color Network. A total of 90 programs ultimately participated actively, a final participation rate of 31%. It should be noted that the primary reasons programs did not participate were because of staff shortages as a result of

funding cuts in the difficult economy and because they were already participating in other studies and worried about the burden on survivors of multiple data collection needs.

Training for the study coordinators and participating program staff was provided through a series of webinars. The webinars were two hours in length, and they reviewed the foundation for this study, the study goals, all of the study forms and materials, guidelines for how to invite survivors to participate, and how to get started. Programs were also sent a packet of training materials, including the power point slides presented during the webinar, a guide for participating programs detailing all of the study protocols, the guide for inviting survivors to complete the survey, and copies of the surveys in the all of the translated languages identified by the program. Initial webinar trainings were held in February and March of 2010, in both English and Spanish. In total, 8 webinars were conducted, and approximately 150 staff participated in those trainings. Subsequent technical assistance was provided individually as needed, and in bi-weekly conference calls with study coordinators; a TA listserv was also created, but use was limited.

Data collection took place between April and December, 2010. Measures put in place to ensure safety and confidentiality included assigning code numbers to each program and the provision of pre-addressed stamped envelopes to participants.

The *survivor survey* is a 6-page instrument that asks a total of 28 questions. It includes a combination of items from the instruments revised for the FVPSA Outcomes Project, pilot tested in four states in 2007. The survey for this study was greatly expanded from the earlier versions so that study goals would be met and information on the context of help-seeking across populations could be obtained. The survey includes questions about how the survivor

heard about the program, the types of help s/he wanted and the extent to which s/he got the help (from a list of 54 items), and demographic information (race/ethnicity, gender, age, sexual orientation, level of education, length of time in the U.S., language preference, financial situation, and disability status). The survey also asks about the number/duration of current services, types of current services (including specific types of advocacy, such as legal, medical, welfare, and others), whether the survivor has obtained services at the program, including shelter services, in the past, and whether they have sought/obtained services from other programs in the community in the past year.

The survey also contains Likert-type items regarding respectful treatment by program staff and special areas of service. Finally, survivors were asked to indicate which of a list of outcomes for themselves they attribute to their current services from this program.

The survey was translated into Spanish and 9 additional languages: Arabic, Chinese, French, Korean, Polish, Portuguese, Russian, Tagalog, and Vietnamese. The survey was available in 3 formats: paper, electronically, and orally. The survey was made available electronically on-line in order to address the needs of persons with visual impairments who might need the font in a larger format, and to accommodate survivors who might prefer this format for other reasons, including confidentiality. The on-line survey was available in both English and Spanish. Finally, the survey was available for oral administration for those with low literacy or for those who needed the survey a different language than the 11 provided. Oral administration was available via the National Domestic Violence Hotline, with additional languages available via the Language Line. Participating programs offered the survey instruments to all survivors receiving their services who had had a minimum of two face-to-face contacts in the past year.

The *program survey* is a 6-page instrument that asks a total of 22 questions. This brief survey asks a set of questions about the number of program staff and volunteers, the services provided to survivors, staff and volunteer race/ethnicity/culture and language capacity, training provided on diversity and cultural competence, the characteristics of the city/town in which the shelter is located, and any specialization the program may have (for example, some programs today have been developed for survivors from a particular culture, or for survivors with particular needs, such as help with disabilities, immigration, or substance abuse issues). In addition, Census-based information was obtained about the population and demographic characteristics of the counties served by each participating program.

Key Program-Level Findings

A total of 90 programs participated. They had a range of 1 to 70 staff, with a median of 13 (median of 8 FTEs), and a median of 7.5 volunteers per month. Staff were able to provide help in a combination of 48 different languages; the most common language in addition to English was Spanish (67% of programs, followed by 13% in Portuguese, 10% in Hindi, 10% in Russian, and 8% in Vietnamese). Programs had been in existence for an average of 23 years, with a range of 3 to 41 years; 38% were independent domestic violence (DV) programs, and 23% were stand-alone dual domestic violence and sexual assault programs. The rest were part of a larger social service or community agency. Twenty-one percent of programs were culturally-specific. Over half operated with an annual budget of less than \$500,000; the average starting salary for a full-time staff member was reported as \$29,000.

From a list of 38 potential services, 14 were provided by over half of the programs. The services and supports that programs were most likely to provide directly were support groups

for survivors (94%), crisis counseling (93%), and case management (92%). The services that programs were most likely to make outside referrals for were long-term housing (84%), disability issues (80%), and healthcare (80%). The services that were most commonly reported as being unavailable in the community were safe homes/hotel vouchers, batterer intervention programs, and placement/care for animals. In addition to the documented services, 59% of the programs reported that they provide specialized support groups for culturally-specific populations, children, men, and others.

Key Survey Findings: Survivors

A total of 1,467 survivors participated in this survey. They were a highly diverse group. Thirty-nine percent identified as White/Caucasian, 32% as Hispanic/Latina/o, 15% as African American/Black, 7% as Asian/Asian American, 3% as multiracial, and 2% as Native American/Alaska Native; the remainder reported other identities. Forty-six percent reported that they were born outside the United States. Ninety-six percent were female, and 4% were male (2 identified as transgender); 35% were under age 30, but 3% were over age 60 and 6% were under age 18. One-third had not completed high school; 57% had stopped schooling with a high school diploma. In contrast, 19% had a college degree. Over half (51%) reported themselves to be in financial trouble, and 45% indicated they were in worse financial condition than they had been 2 years previously. Just over one-fifth (21%) reported they had a disability or disabling condition.

Survivors reached the program by various routes. Nearly 45% had heard about the program more than a year before they completed the survey, and 37% had first come to the program in that timeframe. Friends were the most common source of information, followed by

DV program staff. Between 4% and 7% had gone to another program more than a year previously for help, and between 4% and 8% had gone to another program for DV help within the past year.

The most common service initially received from the present program was counseling (45%), followed by support group (41%), support services (38%), and legal advocacy (28%). Currently respondents were most likely to be receiving support services (75%), followed by support group (57%), counseling (56%) and legal advocacy (36%).

Survivors indicated from a list of 54 service options the ones they wanted (and either got all, some or none of the help they wanted) and did not want. They averaged 21 of the 54; people in financial trouble, born outside the U.S., completing the survey in Spanish and those from urban programs reported larger numbers. Factor analysis resulted in 11 factors for the 54 items: 1) information/support—6 items of which 93% wanted at least one; 2) safety—4 items 88% wanted at least one; 3) legal advocacy—4 items 76% wanted at least one; 4) child-related—9 items 65% wanted at least one; 5) economic support—7 items 59% wanted at least one; 6) victimization-related support—2 items 57% wanted at least one; 7) family-related support—3 items 57% wanted at least one; 8) physical/mental health—4 items 51% wanted at least one; 9) criminal-legal support—3 items 32% wanted at least one; 10) immigration-related support—5 items 30% wanted at least one; and 11) vulnerability-related support—3 items 24% wanted at least one. For about half of the specific types of help identified, a greater number of contacts with the program was significantly related to receiving all of the help wanted; for the other half, the relationship did not reach statistical significance or was less clear.

As is commonly found in surveys of service recipients of all kinds, survivors reported high levels (but by no means uniform) of overall satisfaction with program staff and the services and supports they had received. There were no differences across race/ethnicity, and few across other aspects of survivor identity.

Survivors also reported extensive personal changes that they attributed to the services they had received from the programs. They had obtained more information about DV, safety and resources, and felt more confident and hopeful, but hope and safety were at the top of the list. The longer they stayed in the program, the more likely they were to report these improvements as coming from program services and supports.

The comparisons between survivors born in the U.S. and those born elsewhere are among the particular contributions made by this study. The similarities between these two groups are most notable. While the current financial situation for the two groups was similar, the U.S. born survivors were more likely to report their financial situation is “much worse” than it was two years ago.

Survivors born outside the U.S. were less likely to indicate a delay in coming to the DV program once they heard about it. They were also more likely than those born in the U.S. to have heard about the program from informal sources: friends, family or flyers, and also from health care providers. U.S. born survivors were more likely to have heard about the program from DV program staff. Those born outside the U.S. were most likely to come to the DV program initially for counseling, and to have accessed more types of services when they first came. They were also significantly more likely to use legal advocacy services.

The results from the detailed list of 54 potential services wanted also shows similar

results. The top 10 items for the two groups was virtually identical. However, statistically significant differences were found for half of the items. For example, those born outside the U.S. reported wanting more help with issues related to their children, with reproductive/women's health issues, with staying in their relationship safely, and help related to immigration. Those born in the U.S. were more likely to want help related to previous or other abuse, and were about twice as likely as those born outside to want help with their pets, among others. Surveys also found that outcomes ratings were higher for survivors born outside the U.S. on six items that addressed improved confidence, hope, and efficacy.

Differences were also found among survivors across the 4 primary racial/ethnic groups. Although some of these differences could be attributed to immigration status (the vast majority of both Asian/Asian American and Hispanic/Latino/a survivors were born outside the U.S.), there were substantial differences between these two groups. Asian/Asian American survivors had the highest education and current financial status, while the Hispanic/Latino/as had the lowest. They also differed in identified specific needs and in needs within the 11 identified factors. Hispanic/Latino/as were most likely to report child-related needs, for example, while Asian/Asian Americans were least likely to report such needs. Finally, satisfaction and outcomes were similar across racial/ethnic groups. Just 3 outcomes reached the level of statistical significance (although outcomes across groups were quite high), with Asian/Asian Americans somewhat lower than the others on those 3 (hopefulness, confidence in decision making, and feeling they can do more things they want to do).

In other research, little data has been collected that focuses on survivors' experiences in rural areas. In this study, survivors from rural programs were younger than those from entirely

urban/suburban programs, more likely to be White/Caucasian, had less education, and were more likely to be U.S. born, identify as gay, lesbian, or bisexual and have adequate income that had not changed in the past 2 years. They were more likely to hear about the program from family members, the police, CPS or TANF, while survivors from urban/suburban programs were more likely to hear about the program from DV staff, a social service agency or health care provider.

While the survivors from rural areas were using more of the four basic types of services, they were less likely to be using counseling and legal advocacy. Their rates of using support groups were dramatically higher. Despite these differences, there were no significant differences in satisfaction or outcomes.

Results were reported for the 60 men in the sample. Half had participated in a teen support group, so they were compared with teen girls. Few differences were found. Since sample sizes for adult men and women were so imbalanced, simple frequencies for the men were presented, and comparisons were not reported. However, they showed quite similar patterns to the women.

Finally, analysis of differences in survivors' experiences across program size were illuminating, as well. First, the smallest programs (5 or fewer staff) were more likely to be in rural areas than the largest programs (more than 20 staff), which were overwhelmingly urban. This makes it clear that the picture is much more complicated than number of staff alone, since urban programs have more survivors with larger numbers of needs, and more who were not born in the U.S.

Nonetheless, analysis showed that survivors from small programs were more likely than others to have heard about the DV program from family or from people in their religious/spiritual community, while survivors from the larger programs were more likely to have heard about the program from people in court. Survivors from the smallest programs were more likely than others to be receiving legal advocacy and to have had fewer service contacts with the program at the time they completed the survey.

Survivors from the smallest programs were generally more likely than the rest to report they got all the help they wanted. Comparisons showed that these survivors were significantly more likely to report they received *all* of the help they wanted with 11 of the 54 specific types of services. The only exception to this pattern was help with immigration issues.

Key Findings about Survivors from Focus Groups

The 10 diverse focus groups with 73 participants also showed that survivors of domestic violence have a wide range of needs. Getting help for the abuse they had experienced was often a complicated process, as survivors managed immediate life circumstances, fears, and systems that were not always helpful. One of the primary messages from survivors was their hope that programs could strive for more comprehensive services, including increasing program capacity and enhancing networks of professionals trained in DV related issues.

Participants also illustrated very clearly that many needs and ways of understanding DV survivors are culturally-specific or issue specific. When thinking about addressing the complexity of issues and providing services to survivors, participants illustrated that advocates and others must listen, not make judgments, and have skills that are relevant to their particular issue or culture. Survivors must feel safe when working through the abuse; only then will they

talk about things deeply enough for true healing to occur. Life changes in the context of abuse and trauma or their aftermath is difficult and can be complicated, and support provided for survivors can truly be life-saving.

Study Implications

The survey and focus group data show clearly that domestic violence programs provide essential services for survivors of domestic violence and their children. The survivors in this sample reported satisfaction with services and respect from program staff at high rates, and attributed substantial positive personal change to their program experience. Further, positive changes were found across gender, race/ethnicity, and immigration status, as well as program size and rural/urban location. The first implication of these findings is that the programs and their services should continue to be supported.

The results also show the importance of culturally-specific programming. This is especially true for survivors who were born outside the U.S. and/or experience language barriers, but clearly not for them alone. In many instances specific needs differ across groups, and are critical to address.

The importance of economic supports is also clear. These led the list of services that survivors who wanted them were unable to obtain, and nearly two-thirds of survivors wanted at least some of this type of help. Programs should be given the resources to enhance these service offerings.

Supports for children continue to be prominent needs for survivors—especially, but not only, those who were born outside the U.S. or experience language barriers. Many programs offer specialized programming for children, yet these need to be enhanced. As recognition of

the impact of DV on children in the home increases, it becomes more important for programs to be able to provide DV and trauma-informed services to help them.

The study also shows the importance of mental health and substance abuse-related services. Most survivors identified supportive counseling among their needs, and over a third also specified “mental health issues”. A majority also wanted help with issues related to previous or other abuse. Although many programs are currently working on enhancing these services (either in-house or through referral arrangements with DV-informed community services), these efforts need further support if survivors’ needs are to be addressed effectively.

In addition, services for men should continue to be offered. Perhaps as important, programs need to more clearly communicate that their services are for both abused women and men. As more men come forward for help, specialized support groups and other services that recognize that emotional, economic and legal issues can be experienced differently for men should be expanded.

Finally, the study has clear implications for program staff training. Most programs provide diversity training; these efforts are vital and should be expanded to incorporate the multitude of issues identified in the survey and focus groups. Staff training on listening without judgment, and offering understanding and support for the complexity of survivors’ circumstances and needs should continue and be reinforced. This should include the recognition that many survivors either want or need to remain in their relationships, at least for the immediate future.

This study has advanced critical knowledge of DV services and supports, and survivors’ experiences. It was conducted at a time when both survivors and programs were trying to cope

with dramatic economic uncertainties. Findings and study experiences suggest future research directions, as well. First, research that involves extensive involvement of DV program staff should provide more economic support to those programs. The findings of this study provide more information than previously available about the experiences of some groups, such as immigrants, men, and survivors from rural programs. These groups, along with older adults, deserve further study, so that their particular needs can be better understood and addressed.

Efforts to contextualize data should continue, although they could focus more on particular contextual issues, such as survivors' abuse history or informal sources of support than was true in this study. The combination of survey and focus group data, provided rich and compelling information. Such approaches should continue; the qualitative portions of studies could focus particularly on contextual information, which could help to reduce the length of surveys. Finally, as efforts continue to understand and identify outcomes of services provided by DV programs, it will be essential to wrestle with the challenge of attributing change to a single program's services. This study documented that many survivors turn to a variety of sources in their efforts to obtain the help they want and need. Research will need to improve strategies to include the complex ways survivors attempt to improve their lives.

I. INTRODUCTION

Problem Statement and Rationale

Although there are currently an estimated 1,920 domestic violence programs across the United States, recent research on survivors' experiences has been limited, especially studies with large sample sizes that can document the range of services provided, and provide analyses within and across race/ethnicity and geographic region. This study was designed to obtain information from a diverse sample of survivors and to meet the following goals:

- 1) Learn more about what domestic violence survivors want when they come to programs for supportive services, the extent to which survivors have had their service expectations met, and survivors' assessment of immediate outcomes associated with the services they receive.
- 2) Learn more about how survivors' experiences, needs and immediate outcomes vary across demographic and domestic violence program characteristics.
- 3) Identify multi-level factors associated with survivors' positive service experiences.
- 4) Develop recommendations for domestic violence programs across the country for how they might improve their services.

Literature Review

Specialized services and programs for people who have experienced domestic violence have only begun to emerge in the last thirty-five years. Domestic violence shelters were among the first specialized support services available to women who experienced abuse by an intimate partner (Schechter, 1982). As awareness of domestic violence and its impact increased over the years, available resources expanded, and there are now over 1,920 domestic violence programs across the United States (National Network to End Domestic Violence, 2011; National Research Council, 1998). Over time, services have expanded from the earliest shelter programs, which

offered little more than beds and short-term support, to today's expanded array of supportive programming, including support groups, counseling services, increasingly specialized advocacy, and programs for children (Barner & Carney, 2011). Early studies of domestic violence programs found them to be one of the most supportive, effective resources for women with abusive partners, according to the residents themselves (e.g. Bowker & Maurer, 1985; Gordon, 1996; Sedlak, 1988; Straus, Gelles, & Steinmetz, 1980). For example, Berk, Newton, and Berk (1986) reported that women who were actively pursuing a variety of strategies while they were in shelter (such as getting help from an attorney, seeking counseling, and contacting police) experienced dramatic reductions in the likelihood of further violence. Subsequent literature, including a recent study of domestic violence shelter residents (Lyon, Lane and Menard, 2008), has continued to indicate that shelters can be invaluable resources for people who experience abuse (Bennett et al., 2004; Tutty, Weaver, & Rothery, 1999), although ongoing services and supports may be needed (e.g. Brown, Trangsrud & Linnemeyer, 2009).

Research on counseling in domestic violence programs has provided promising results. Among the few evaluations, some have found improved well-being and coping (Howard et al., 1994; McNamara et al., 2008). One study involving abused women with PTSD symptoms reported decreases in several psychological symptoms after three months of services (Foa et al., 2006). Similarly, the limited number of evaluations of support groups (offered by most domestic violence programs) have provided evidence that such groups can be helpful. For example, Tutty, Bidgood, and Rothery's (1993) evaluation of twelve closed 10-12 week support groups involving 76 women found significant improvements in women's self-esteem, sense of belonging, locus of control and overall stress over time. However, just 32 of the women completed the 6-month follow-up

assessment. These findings were supported by a more recent experimental study (Constantino, Kim, & Crane, 2005), in which women who had participated in an 8-week group showed greater improvement in symptoms of psychological distress and higher feelings of social support than those who were not in the group.

Evaluations of general individual advocacy have been even more uncommon. Zweig and Burt (2007) evaluated services associated with the STOP Formula Grants Program funded by the Office on Violence Against Women, U.S. Department of Justice. They reported on findings from 26 communities, in which survivors reported that non-profit victim services were the most helpful (such as those provided by domestic violence programs), and that survivors who felt more control in working with advocates rated the services as more helpful. One of the best-designed advocacy evaluations (Allen, Bybee, & Sullivan, 2004; Bybee & Sullivan, 2002) examined the impact of community-based advocacy following a stay in a domestic violence shelter. Women were randomly assigned to a comprehensive 10-week advocacy intervention (average meetings 2 times/week to provide information and assist with obtaining a wide range of community services and supports based on individual need) or the control group (the usual services: responding to further contacts/needs initiated by the women). Follow-up interviews were conducted over a period of two years. Compared to the control group, survivors who worked closely with advocates experienced less violence for the two years, reported higher quality of life and social support, and were able to obtain community resources more readily. However, interviews conducted after three years showed more complex results: those who received the extended advocacy were no less likely to report experiencing violence in the third year, but still had more social support and higher overall quality of life; the authors conclude that access to resources and social support

continued to serve as protective factors (Bybee & Sullivan, 2005). The primary evaluation of a legal advocacy program conducted to date (Bell and Goodman, 2001) showed that women who worked with advocates reported decreased abuse six weeks later; their qualitative findings also supported the use of paraprofessional legal advocates.

Most of the recent literature on interventions for domestic violence survivors, however, has focused on the legal system, and on individual programs that offer counseling and services provided in non-shelter settings, such as health care (Barner & Carney, 2011; Shepard, 2005; Sullivan, 2005). Further, the literature on survivors' experiences with services has not fully reflected differences in access to services or the current increasing variety of services available, created in an effort to respond to the complexity of survivors' needs. Supportive programs are less likely to be available to survivors in rural areas, for example, and most struggle continually for enough money to stay open (Grossman, Hinkley, Kawalski, & Margrove, 2005).

Additionally, there is some evidence that not all survivors feel that domestic violence programs are options for them, and that some are distrustful of the experiences they might have there. Lesbian survivors, for example, have been found to be more likely to have negative shelter experiences and/or to believe that domestic violence programs are for heterosexual women only, or will not be helpful (Giorgio, 2002; Helfrich, & Simpson, 2006; Irvine, 1990; Renzetti, 1992). Eaton, Kaufman, Fuhrel, Cain, Cherry, Pope & Kalichman (2008) found that lesbian victims of intimate partner violence were less likely than non-victims to be comfortable asking family for help and were more distrustful of law enforcement; they argue that perceived barriers and prejudices may inhibit help seeking. Brown and Groscup's (2009) convenience sample of 120 crisis center staff found that in vignettes describing the same incident, with only

sex of abuser and victim varied, staff found the scenarios of same-sex abuse to be less serious, less likely to recur or get worse, and easier to leave. This suggests that in some cases, the concerns of survivors in same-sex relationships may be well-founded. Vignette studies do not always reflect respondents' behavior, however.

Some women of color also hesitate to turn to traditional domestic violence programs for various reasons. Historically, many programs have been staffed primarily by white women (Barner & Carney, 2011), who may be insensitive to needs and issues within cultures other than their own. In addition, some people of color simply prefer being with other people from their own culture and background, and this may not be provided by their local domestic violence program. Some relatively recent studies have suggested that survivors of color may prefer informal sources of support, or experience barriers in accessing existing services, although Hamberger, Ambuel and Guse (2007) found few differences between African American and European American survivors in their experiences and orientations toward medical help. Studies more directly related to domestic violence services have found differences, however. Yoshioka, Gilbert, El-Bassel & Baig-Amin (2003) found differences in preferred informal support among Asian, African American and Latina survivors. Hollenshead, Dai, Ragsdale, Massey & Scott's (2006) study found that African American survivors were more likely to seek help from law enforcement than from a family violence center, while the reverse was true for the European Americans in their sample. Henning and Klesges' (2002) study of 1,746 abused women using pretrial services found that just 15% had used counseling or support services. Women who were younger, African American, dating, and from lower socioeconomic backgrounds were less likely to use formal services. Gillum (2008) reported dissatisfaction with

shelter programs among 13 African American focus group participants, due to lack of cultural competence. Taylor (2005, 2000) has provided evidence of African American survivors' preference for racially homogeneous support groups, and argued that programs that can address multiple issues, including racism and poverty, are critical. Taft, Bryant-Davis, Tillman & Torres (2009) have echoed these concerns about services for African American women.

Similar issues have been documented for other marginalized populations, as well. For example, Bui's (2003) study of 34 abused Vietnamese women and 11 people who had contacts with victims found that personal networks were the preferred source of support, and cultural isolation, language and economic dependency were barriers to seeking outside help (see also Huisman, 1996) . Similarly, Kulwicki, Aswad, & Carmona's (2010) focus groups with Arab community leaders found that concerns about programs' cultural and linguistic competence were barriers.

Recent literature has documented the need for domestic violence programs to be able to respond to the needs of immigrant victims of abuse, in particular. Immigrant women often face language, cultural, and sometimes legal (e.g., documented status) barriers to accessing services (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Dasgupta, 1998). Vidales (2010) is among the most recent to analyze barriers faced by Latina immigrants; her interviews with 86 abused women found barriers in language, cultural values, and in social structural factors, such as poverty, low educational attainment and immigration status. These barriers have been identified for Latinas by others, as well (e.g. Edelson, Hokoda & Ramos-Lira, 2007; Dutton, Orloff & Hass, 2000). Similar barriers have been found for Asian (Lu & Hadeed, 2009; Runner,

Yoshihama & Novick, 2009) immigrants in general (although the authors stress the distinctive features of different “Asian” cultures), and Korean (Lee, 2007) immigrants, in particular.

Many domestic violence programs promote women’s independence as their guiding principle of service delivery. Survivors from more collectivistically-oriented cultures may not find this approach as helpful as do many from middle class Anglo backgrounds. Clearly, limits in the diversity and language capacities of program staff can reduce the helpfulness of services for some survivors, although the recent study of shelter programs found diverse linguistic capacity among staff and volunteers (Lyon, Lane & Menard, 2008).

Domestic violence victim service programs have continued to struggle with these issues as they seek to design and provide culturally competent services (Bent-Goodley, 2005; Donnelly, Cook, Van Ausdale, & Foley, 2005; Lipsky, S. Caetano, et al, 2006). Cultural competence extends to services for Native Americans (Weaver, 2009; Jones, 2008), as well as survivors in their advancing years and men. Literature about services for these last two populations is also quite limited.

Lundy and Grossman (2009) compared 2,740 survivors over the age of 65 with 2,495 under age 65 who had used domestic violence services over a 5-year period. They found that the older survivors were more likely to have been abused by a relative and to have used legal services in particular; they also accessed individual counseling more than the remaining types of services, but at lower rates than the younger survivors. Beaulaurier, Seff, Newman & Dunlop (2009) conducted 21 focus groups with 134 older survivors. They found that many survivors reported that they were reluctant to seek help because they may not want to leave their abusive partner, and face different issues than younger survivors. They recommended that

programs offer age-specific support groups. Brandl, Dyer, Heisler, Otto, Steigel & Thomas (2006) have emphasized the potential danger of intimate partner elder abuse, and urged collaborative approaches to intervention.

Attention to male survivors of domestic violence has grown in recent years, but literature on services for them remains limited. Cheung, Leung & Tsui (2009), for example, conducted a web-based search for programs designed specifically for men; they found just 32 sources. The same authors (Tsui, Cheung & Leung, 2010) also conducted a survey of 68 agency representatives about help-seeking among male victims of partner abuse. They found 5 types of barriers—similar to those reported for other marginalized populations. The most common barrier was the perception that services were designed for women, followed by shame and embarrassment. Hines, Brown & Dunning’s (2007) analysis of data from the National Domestic Violence Hotline for 190 men who had called for themselves found that, while many of the issues described were similar to those found for female callers, some had noted the domestic violence service system was designed for women, and some said they had been rejected by programs. Similarities were also found in a comparative study of male and female victims of domestic abuse drawn from the National Comorbidity Survey Replication (Afifi, MacMillan, Cox, Asmundson, Stein & Sareen, 2009). Both men and women had poor mental health outcomes following abuse, although women had a wider range of symptoms. More research is clearly needed on these issues.

Gaps related to these and other issues in the available literature on domestic violence services have been increasingly recognized by advocates and researchers alike. For example, advocates have conducted a series of “National Census on Domestic Violence Services” to

document the numbers of survivors receiving services from domestic violence programs on a given day. The most recent count (NNEDV, 2011) obtained responses from 78% of identified domestic violence programs. It found that all programs provided individual support/advocacy, while over 90% provided court or legal accompaniment and general support; 89% offered emergency shelter, 85% provided advocacy related to public benefits, 84% provided children's support/advocacy and transportation. An additional 14 types of services were provided by more than half of the responding programs.

Further, advocates and state administrators have been working with researchers since 1998 to develop viable strategies to record survivors' needs, services, and immediate outcomes through the "Documenting Our Work" project of the National Resource Center on Domestic Violence (NRCDV). This work culminated in new short-term outcome measures being adopted as part of mandatory services reporting by the grantees of the Family Violence Prevention and Services (FVPSA) Program at the US Department of Health and Human Services (DHHS).

In addition, researchers such as Goodman and Epstein (2005) have highlighted the need for renewed research and policy focus on the complexity of survivors' needs, and the importance of flexible services that address the particular combinations of needs experienced by individual survivors of domestic violence (see also Allen, Bybee & Sullivan, 2004; Cattaneo, Stuewig, Goodman, Kaltman & Dutton, 2007; Macy, Ferran & Crosby, 2009; Macy, Giattina, Sangster, Crosby & Montijo, 2009; Macy, Nurious, Kernic & Holt, 2005; Trotter & Allen, 2009; Vatnar & Bjorkley, 2009). More recently, a modified Delphi study with domestic violence coalition staff about needed research identified studies of interventions as one of three top priority areas (Murray and Smith, 2009). Similarly, Yoshioka and Choi (2005) have argued that

services need to be enhanced to recognize the full range of survivors' cultural backgrounds, and the fact that not all are seeking to leave their abusive partners (see also Davies, 2008; Davies, Lyon & Monti-Catania, 1998). Newer services, such as longer-term housing and employment assistance, are being advocated (Lloyd, 1997; Melbin, Sullivan & Cain, 2003; Menard, 2001), and also need careful evaluation.

Although domestic violence survivors seek and obtain support and services from many different types of people and organizations, most are served in non-residential parts of domestic violence programs (NNEDV, 2011; Peled and Edleson, 1994). A large-scale, multi-state study of non-residential services was sorely needed for several reasons. First, little is yet known about the range of services and survivors' experiences with them, as just reviewed. Second, a large-scale study of survivors' experiences in domestic violence shelters had just been finished (Lyon, Lane & Menard, 2008); a companion study of non-residential services could provide a more comprehensive picture of the services available and those that are still needed. A survey completed at the end of a series of webinar presentations of the shelter study found that a range of 65% to 95% of participants (primarily state domestic violence coalition and local program staff) thought a similar study of non-residential services would be helpful to the field. It is important to programs, policy-makers and funders to examine the immediate (as well as longer-term) impact these services are having on survivors of abuse. Third, domestic violence programs are currently trying to expand the array of services they offer, the people to whom services are offered, and the way they are offered. Information about priority needs and their distribution across different groups of survivors, geographic regions and population size is

crucial for effective program planning and support. It is also vital that services information, as much as possible, capture the complexity of survivors' needs and help-seeking behavior.

The present study is built on an understanding of the gaps in knowledge just reviewed. It draws on the experiences of advocates and program administrators, and the documentation tools developed for "Documenting Our Work" and the FVPSA Outcomes project. These efforts brought together advisors from a range of settings to develop mechanisms for documenting the work done by state coalitions and local programs. They have resulted in a diverse set of pilot-tested instruments that measure services, advocacy, collaboration, systems change, and organizational practice as reported by survivors or staff of programs and coalitions. This study worked with and built upon the relevant instruments to complete its survey of survivors.

II. METHODOLOGY

This study had four basic components: a survey of domestic violence non-residential program service recipients, a brief survey of the programs from which they received services, Census data from the county served by each program, and focus groups conducted with targeted survivor populations.

An advisory group was formed of state domestic violence coalition and local domestic violence program staff, as well as representatives from the Asian & Pacific Islander Institute on Domestic Violence (APIIDV), Casa de Esperanza (Casa), the Institute on Domestic Violence in the African American Community (IDVAAC), and the Women of Color Network (WOCN), each of which provide extensive technical assistance and support to culturally-specific programs across the country. This advisory group held an initial planning meeting before the proposed beginning of the grant period to develop the specific instrument(s), sampling plan, and management approach. A second planning meeting was held within the first two months of the grant to finalize all instruments, study protocols, and training plans.

Sampling

Surveys

The survey samples were drawn from programs in four states, and from programs identified by the Asian & Pacific Islander Institute on Domestic Violence (APIIDV) Casa de Esperanza (Casa), the Institute on Domestic Violence in the African American Community (IDVAAC), and the Women of Color Network (WOCN), a project of the National Resource Center on Domestic Violence, based on collaboratively-developed criteria. Recruitment of states to participate in this study was determined collaboratively by the Principal Investigator, Project Director, and research

consultants. The states were selected to maximize the diversity of programs and survivors. In combination, the states included programs with a broad range of survivor racial/ethnic/cultural diversity, staff size, capacity, and specialization. Several states, for example, have specialized projects to work with survivors who are immigrants, and/or with lesbian/gay/bisexual survivors, survivors with disabilities, and male survivors. These projects enhanced the likelihood of survivors with these backgrounds participating in the survey. The selected states also included major urban centers, as well as vast rural areas. Major national geographic regions (north, south, east and west) and types of local economies were also included. The states selected were Alabama, Illinois, Massachusetts, and Washington.

Additionally, APIIDV, Casa, IDVAAC, and WOCN recruited culturally-specific programs from across the country (including programs from California, Georgia, Indiana, Iowa, Minnesota, New Mexico, New York, North Carolina, Rhode Island, Texas, and Wisconsin) with a preponderance of survivors from specific cultural groups to be approached for inclusion in the study. This purposive sampling supplement helped to ensure that sufficient numbers of survivors from diverse racial/ethnic/cultural backgrounds were included to accomplish the within- and across-group analyses envisioned. This approach also helped to ensure that a wide array of service delivery models, including those utilizing new approaches to outreach and service delivery, were included.

Within each participating state coalition and culturally-specific organization, a study coordinator was assigned responsibility for the recruitment of DV provider programs to the study. Each coalition coordinator was asked to contact all DV programs in their state (including those not affiliated formally with the coalition) that provided non-residential services to

encourage their participation. The study was focused on non-residential *services*, not non-residential *programs*. APIIDV, Casa, IDVAAC, and WOCN were asked to create a list of provider programs that met the study criteria and to encourage their participation. Programs had to have a focus on providing domestic violence services (such as some type of advocacy, counseling, support groups), and be identified as such, have the ability to discuss and administer surveys safely, provide services with at least some in-person contact (e.g. hotline-only services were excluded), be community-based (e.g. court-based advocates paid by the court system and lacking a formal community-based connection were excluded), and have some continuity. Programs staffed by a single person could be included, but an individual person with known DV knowledge in a larger organization (such as a clinic therapist in a treatment program) was excluded.

A total of 290 DV programs were contacted about the study and invited to participate. It was originally estimated that an average of three-quarters of the programs would agree to take part (the participation rate was 81% for the recently completed shelter study). Program recruitment started informally in the late fall of 2009; formal recruitment with distribution of study materials started in January 2010. Initial recruitment efforts were difficult and moved slowly. There were two main reasons offered by programs that declined to participate in the study: 1) the program was currently understaffed due to funding pressures and/or going through staffing changes, and administrators felt that this was not a good time to engage in additional projects, and/or 2) the program was already engaged in one or more research or other data collection processes and they felt that asking survivors to complete “another survey” would be too burdensome. In an effort to increase program recruitment, the research team

offered to make individual program data available to each participating program in the form of simple frequency reports; this added benefit seemed to encourage program administrators who had been hesitant about making the time commitment. A total of 121 programs agreed to participate in the study, a participation rate of 42%.

Of the 121 programs that initially agreed to participate in the study, 31 programs did not have survivors submit any surveys to the research office. In a few cases, the programs reported that they distributed some surveys (these were small programs), but apparently the survivors chose not to complete and/or mail in their surveys. In most other cases, the programs were not able to follow through and participate in the study as agreed upon. In one situation, the program closed its doors due to funding shortages in the state. Several other programs experienced dramatic funding reductions that resulted in staffing cuts, leaving the program unable to manage the additional research responsibilities. In other programs, high rates of staff turnover at all levels of the agency resulted in a lack of trained and dedicated staff to manage the research process, and in some cases a lack of administrative support did not allow the study to proceed. A total of 90 programs had survivors submit surveys, with an adjusted overall program participation rate of 31%, and a range of 20% for one culturally-specific group to 60% for another (see Table 1).

Table 1: Program Participation Rates¹

	# of Programs Invited to Participate	# of Programs that Agreed to Participate	Participation Rate	# of Programs that Submitted Data	Adjusted Participation Rate
Alabama	27	19	70%	13	48%
APIIDV	37	13	35%	11	30%
Casa de Esperanza	45	17	38%	9	20%
IDVAAC	4	2	50%	2	50%
Illinois	51	20	39%	15	29%
Massachusetts	53	26	49%	21	40%
Washington	68	21	31%	16	24%
WOCN	5	3	60%	3	60%
TOTAL:	290	121	42%	90	31%

Focus Groups

Focus group targeted populations were determined by the research team and consultants after reviewing preliminary findings of the survivor survey. The goal of the focus groups was to expand findings from the survey, as well as fill in the gaps for populations not well represented in the survey or in the DV services literature. The team planned to conduct four culturally-specific focus groups (African American, Asian, Brazilian, and Hispanic/Latina) and five focus groups with targeted populations (LGBTQ, men, survivors in recovery from substance abuse, survivors living in a rural area, and older adults).

Programs serving these populations were identified by the research team, consultants, participating state coalitions, and culturally-specific organizations. They were approached by the research team and/or study partners about their willingness to host a focus group. A finalized list of participating programs was created in the early spring of 2011. A unique flyer

¹ While it would have been highly desirable to be able to calculate the percentage of respondents out of those eligible and who received copies of surveys, this was not possible. Programs record the number of people served in a given time period, but do not keep records of attendance—that is, for study purposes, the number served at

was created for each individual focus group; all flyers were approved by the University of Connecticut's Institutional Review Board (IRB). Survivors interested in participating in the focus group contacted the assigned program staff to inquire about the focus group. Focus group participants were required to meet the same basic participation criteria as those completing the survey, as well as identifying as a member of the targeted population of that specific focus group. Focus group participants were provided a \$35 gift card to express appreciation for their participation in the focus group. Focus groups were planned for 8-10 survivors, with an expectation that 12 survivors would be recruited per group—understanding that survivors' lives are often unpredictable, and some would be likely to change their mind about participation or be unable to attend at the scheduled time. Focus group participants were provided with an information sheet about the focus group and asked to verbally consent to participate; they were not asked to provide their name and/or signature or to provide any other personally identifying information. Ultimately, a total of 10 focus groups were conducted.

Implementation Protocols

The state coalition and culturally-specific organization study coordinators (SCs) assigned responsibility for program recruitment were also responsible for managing communications and study coordination with their participating programs. The SC relayed communication between the research team and the participating programs, enabling the identity of the participating programs to remain anonymous to the research team. Each state and culturally-specific organization was assigned a state code by the research team. Each participating program was assigned a program code number by their SC and only the SC maintained the list that connected the program codes to the program names. Surveys listed both a state code and

a program code; the surveys did not contain a place for any identifying information (e.g. program name or survivor name). This level of confidentiality for programs was designed to insure that neither the survivors nor the program staff would be concerned that any critical/negative reports from the survivors would have an impact on the future resources offered to them through their state coalition or state administrator. This procedure also added an additional level of protection for the identities of individual survivors who participated in the study.

It was originally planned that data collection would be a six month period, but due to slower than anticipated return rates (and lower program participation rates), data collection was extended for an additional three months. A total of 1,467 survivors completed surveys over a 9-month period, from April 1, 2010 to December 30, 2010. Participating programs were asked to distribute the survey to all survivors who met criteria every other week. The criteria for participation in the study were: 1) the survivor had a minimum of two face-to-face contacts with program staff within the past year;² 2) the survivor was not currently using residential services with this program; and 3) the survivor was not currently in crisis.

In order to encourage survivors to participate, each program was asked to design and implement a schedule and routine for talking to survivors about the study. Every program was

² This criterion was subject to some debate. Some advisors argued that restricting survivor eligibility to those who had a minimum of two program contacts would eliminate those who would be most critical of program services from the sample, and bias the results in the direction of favorable outcomes. The majority argued that if surveys could be administered at first contact, most would be done that way, because it would be easier for program staff. This would lose the potential for survivors to be able to report meaningfully about short-term outcomes, and their experience with an array of services. Analysis of pilot data from the FVPSA Outcomes initiative found significant differences in reports of meaningful support between those who had a single contact with a program and those who had 2 or more. The minimum of 2 was determined to be an acceptable resolution, particularly when many survivors do not have multiple options for obtaining services, and might be willing to approach a program a second time, even with a mixed or negative experience.

provided with written guidelines for staff on how survivors should be invited to participate, so that this was done consistently across programs. Survivors were provided with a cover sheet that briefly explained the study and different ways they could participate (i.e. paper survey, electronic survey, phone-based oral administration of survey). Survivors were also provided with an *Information Sheet* that described the study purpose, assured the anonymity of their responses, and clearly stated that while their participation was encouraged, it was completely voluntary. Programs were provided with recruitment materials, such as posters and flyers to encourage survivors to participate in this research. All recruitment materials were approved by the University of Connecticut's IRB.

In order to ensure that survivors would know that their survey responses were not being read by the program staff that provided their services, each survivor was also provided a self-addressed stamped envelope (SASE) addressed to the "DV Study Research Staff" at the University of Connecticut. This SASE was stapled to the paper survey and the survivor was instructed to place their completed survey in the SASE once they had finished. The survivors had the option of mailing the sealed SASE themselves, or dropping it off in a designated area within the program, where it would be mailed by program staff weekly.

Measurement

Survivor Survey

The survivor survey is a 6-page instrument that asks a total of 28 questions (see Appendix A). This survey used a combination of items from the instruments revised for the FVPSA Outcomes Project from ones originally developed by the "Documenting Our Work" Project. Earlier versions of these instruments were pilot tested in four states in 2007. As part of

the pilot, survivors were asked for feedback on the instruments to assess clarity, completeness, and ease of use. Minor revisions were made based on their responses. Additional minor revisions were made at that time to include new issues and services at the suggestion of program advocates.

The survey for this study was greatly expanded from the earlier versions, based on extensive discussion with the research consultants, so that study goals would be met and contributions to literature on the context of help-seeking across populations could be made. The survey includes questions about how the survivor heard about the program, the types of help s/he wanted and the extent to which s/he got the help (from a list of items -- responses indicate whether or not they wanted that particular type of help, and if they wanted it, the degree to which they received it: all they wanted, some of what they wanted, or none at all), and demographic information (race/ethnicity, gender, age, sexual orientation, level of education, history in U.S., language preference, financial situation, and disability status). The survey also asks about the number/duration of current services, types of current services (including specific types of advocacy, such as legal, medical, welfare, and others), whether the survivor has obtained services at the program, including shelter services, in the past, and whether they have sought/obtained services from other programs in the community in the past year.

The survey also contained Likert-type items regarding respectful treatment by program staff and special areas of service (e.g. "program staff helped address any needs related to my disability"). Finally, survivors were asked to indicate which of a list of outcomes for themselves they attribute to their current services in this program (e.g. "I know more ways to plan for my

safety,” “I know more about community resources,” “I feel more hopeful”, and “I can do more things I want to do”).

The survey was translated into Spanish and 9 additional languages: Arabic, Chinese, French, Korean, Polish, Portuguese, Russian, Tagalog, and Vietnamese. The surveys were translated and back-translated by native speakers who were familiar with domestic violence programs and services. The research team used Census data for “languages spoken at home” in the participating states and locations of the identified culturally-specific programs, as well as input from participating programs, to determine the final list of translation needs.

The survey was available in 3 formats: paper, electronically, and orally. All programs were provided with hardcopy paper versions of the survey, in all the languages they indicated they would need for the people they served. The survey was made available electronically online in order to address the needs of persons with visual impairments who might need the font in a larger format, and to accommodate survivors who might prefer this format for other reasons such as confidentiality. The on-line survey was hosted by *SurveyMonkey* and available in both English and Spanish. Programs were encouraged to make internet-accessible computers in a private space available to survivors, where possible. Survivors were also provided with instructions for accessing the survey from computers located elsewhere. Finally, the survey was available for oral administration for those with low literacy or for those who needed the survey a different language than the 11 provided. Oral administration was available via the National Domestic Violence Hotline, with additional languages available via the Language Line.

Survey administration was pilot-tested during support groups (with participants who had agreed to this process in advance) at two programs before study data collection began.

One test was with the English version of the survey, and the other was with the Spanish version. Although it took the survivors who responded in Spanish longer to complete the survey, the general response in both groups was that the survey was clear and “very interesting”. Although they were asked to circle any words they found confusing or unclear, no words were circled.

Program Survey

The program survey is a 6-page instrument that asks a total of 22 questions (see Appendix B). This brief survey asked a limited but important set of questions of the participating programs, including the number of program staff and volunteers, the services provided to survivors, staff and volunteer race/ethnicity/culture and language capacity, training provided on diversity and cultural competence, the characteristics of the city/town in which the shelter is located, and any specialization the program may have (for example, some programs today have been developed for survivors from a particular culture, or for survivors with particular needs, such as help with disabilities, immigration, or substance abuse issues).

In addition to the program data gathered in the program survey, additional information about the population and demographic characteristics of the county in which the program is located was gathered from the Census. The Census data used was the American Community Survey, 2005-2009, 5-year estimates. Some examples of data gathered include average household size and family size, population, percent foreign born, percent who speak a language other than English at home, percent in labor force, gender, median age, and race/ethnicity. Additionally, information about disability status was gathered from the Census S1801: Disability Characteristics Report 2007.

Focus Group Questions

The focus group questions were developed in conjunction with consultants, participating state coalitions, and culturally-specific organizations (see Appendix C). Questions addressed issues of the context and complexity of help-seeking by domestic violence survivors. Some examples of the questions include: Where did you first turn for help with DV and how helpful was that experience?; Who else did you turn to for help and how did you get to this current program?; How is the current program helping?; What has been most helpful and what could be improved? Questions were structured as a standardized interview guide with a semi-structured format; facilitators were encouraged to follow-up on issues raised in the group rather than strictly adhere to the prepared list of questions. Facilitators were selected in consultation with the programs involved. In each case, the facilitators had experience conducting focus groups, were familiar with the program's services and basic issues confronting the particular population involved, and either conducted the group in the survivors' preferred language or used culturally and linguistically-specific translators. All facilitators also completed approved training in protection of human subjects.

Training

Training for the study coordinators and participating program staff was provided through a series of webinars. The webinars were two hours in length, and they reviewed the foundation for this study, the study goals, all of the study forms and materials, guidelines for how to invite survivors to participate, and how to get started. There was time at the end of each training event for coordinators and staff to ask questions of the research team.

Each participating program was sent a “master binder” that contained original copies of all the training and study materials. Training materials included the power point slides presented during the webinar, a guide for participating programs detailing all of the study protocols, the guide for inviting survivors to complete the survey, and copies of the surveys in all of the translated languages identified by the program.

Initial webinar trainings were held in February and March of 2010. A few additional webinars were held later in the spring and summer to accommodate programs who were recruited later in the study. Webinars were conducted in both English and Spanish. In total, 8 webinars were conducted, and approximately 150 staff participated in those trainings. Program staff turnover was an on-going issue, and when possible newly hired staff were able to participate in live webinar trainings. In other cases, new staff were trained one-to-one by the research staff via conference call and/or they were able to view a recorded webinar online.

Technical Assistance

Conference calls were held bi-weekly throughout the first six months of survey data collection, and monthly during the final three months. These calls included the study coordinators from each of the participating states and culturally-specific organizations, as well as staff members from the NRC DV and the research staff from the University of Connecticut. Calls were primarily designed as a method of disseminating information and providing assistance with any issues or questions. These calls were also an opportunity to provide encouragement for the study coordinators; they allowed the study coordinators to share best practices with each other on topics such as training, recruitment, and data collection challenges.

A listserv was created and hosted by the NRCDV to allow information about updates or answers to questions to be communicated immediately to all study team members. Study and research staff were also available via email and telephone to provide technical assistance to study coordinators and program staff. Research staff conducted intensive follow-up with study coordinators throughout the course of data collection to ensure that questions were answered, protocols were being followed, and programs were continuing to participate.

Study coordinators were also provided electronically with a bi-weekly report that gave them several updates. The report included the total number of surveys that had been received from their state/organization and the number of surveys that had been received since the last update. Both of those numbers were also broken down by program, so that study coordinators could see whether there had been any significant decrease in participation by an individual program; they would then contact that program to troubleshoot any potential problems.

Many of the issues that were identified through technical assistance related to staff turnover. Given that turnover is a common issue in the domestic violence field at both the program and coalition level, attention had to be paid to ongoing training of new program staff and new program administrators, and continued efforts to engage staff at both levels. Other issues included competing demands of other studies or data collection requirements, and data collection fatigue during the extended data collection period. All of these issues were addressed through continuing technical assistance and support from both research staff and study coordinators.

In addition, (again with approval of UConn's IRB) a lottery was instituted from late October through December, 2010, to provide further incentive to programs to continue

participation during the “home stretch”. Each week, a drawing was held among programs from whom surveys had been received that week. The first program selected was sent a \$100 gift card, the second one selected received \$50, and the third one selected received \$25. This strategy substantially increased the number of survivor surveys received per week, from about 10 to an average of about 40 (76 were received in one of the final weeks). It must be remembered that this was the only supportive funding provided to individual participating programs.

Data Collection and Entry

Data collection began for most programs in April 2010, and continued to start on a rolling basis in other programs as the training of participating program staff was accomplished. The completed survivor surveys and program surveys were sent in sealed envelopes to the DV Study staff at the University of Connecticut. There, the surveys were coded and entered into SPSS by master’s level and doctoral level students from the School of Social Work. The data entry of every survey was double-checked by a second person who had not performed that data entry and standard data cleaning methods were used in order to ensure accuracy. These included running frequencies to check for anomalous results and checking the specific surveys yet again. All open-ended answers in English were recorded into SPSS exactly as written; responses in other languages were first translated, then checked by a second person, and finally recorded in English. The vast majority of translation needs were in Spanish (85.2%); two research assistants fluent in Spanish were able to translate and double-check these data. Translation of other languages was provided by other students and volunteers fluent in each language.

Analysis

The analysis of the study data focuses on descriptions of survivors and their needs, their experiences using non-residential services and supports, and immediate outcomes. Analysis also examines the ways in which survivors' demographic characteristics and local program and community variables may be related to service receipt, perceived treatment, and outcomes. The data generated from these measures and supplemented by data from focus groups, permit a wide range of useful descriptive analyses intended to address all of the issues previously outlined as study goals.

Quantitative analysis

First, basic frequencies provide descriptions of the survivors, the help they wanted, the type and extent of the help they feel they received, their assessment of staff respect, and attention to their needs. Cross-tabular analyses show the extent to which survivors' needs, concerns, outcomes, and other experiences differed across a number of variables, including race/ethnicity, age, sexual orientation, history in the U.S., gender, education, and number of program contacts. Cross-tabular analyses also address potential variations in these areas across program and staff size and capacity, range of services, local population size, local population demographics, and geographic region. Finally, factor analyses show the relationships among the 54 different needs included in the survivor survey.

Qualitative analysis

Responses to the open-ended survey items were analyzed and coded thematically where appropriate. Non-English open-ended survey responses were translated into English before including them in the analysis, as just described. Open-ended responses to survey items were

not subsequently coded formally, but were analyzed for range of responses and thematic patterns.

Focus group audio files were transcribed verbatim; all transcripts were double-checked to ensure accuracy. The transcripts were analyzed using the software Atlas.ti. Open-ended analysis was done independently by two study staff members to ensure reliability. Data were coded using identified themes, with open coding of culturally-specific themes within each group. A brief summary was written for each individual focus group that includes group demographic information and contextual information on group setting. An integrative summary report identifies commonalities and between-group differences, as well as providing demographic information for the entire focus group sample.

III. RESULTS: PROGRAM & SURVIVOR SURVEYS

Information about Participating Programs

A total of 90 non-residential domestic violence programs participated in the survey portion of the study. The programs were recruited within 4 states and by 4 culturally-specific organizations (CSO) (see Table 2). An average of 16 programs was recruited by each state, and an average of 6 was recruited by each CSO, with a range of 2-21 programs.

Table 2: Number of Participating Programs by State/Culturally-Specific Organization

	# of Participating Programs
Alabama	13
APIIDV	11
Casa de Esperanza	9
IDVAAC	2
Illinois	15
Massachusetts	21
Washington	16
WOCN	3
TOTAL:	90

Participating programs had an average total of 16 (median of 13) staff, with a range of 1 to 70. These program staff filled an average of 11 (median of 8) full-time equivalent (FTE) positions, with a range of 1 to 50. Culturally-specific programs were smaller: staff size ranged from 1 to 27, with a median of 10, and FTE's ranged from 1 – 22, with a median of 8. For those programs reporting ages for their staff (n= 82), the modal age range was 31 to 40 years with an overall range of 21 to over 70 years. For those programs reporting the gender of their staff (n=85), the majority of staff were female (92.7%); 5.83% were male, 0.38% were transgender, and 0.99% reported gender of staff as unknown.

Programs often reported that they did not know the race/ethnicity of all of their staff, so information was inconsistent. Table 3 shows the percentages of staff identified as belonging to each of the major racial/ethnic categories. It shows, for example, that 52% of the programs that reported this information had no identified African American staff; similarly, 74% of the reporting programs had no staff identified as Asian, 22% had no Caucasians, and 41% had no Latino/as. Twenty-four of the programs with data reported having staff from a single background; 46% of those were exclusively Caucasian.

Table 3: Percentages of Staff with Each of Four Reported Racial/Ethnic Backgrounds

Percentage of program staff from each background	African American N = 79	Asian N = 78	Caucasian N = 79	Latino/a N = 82
None (0%)	52%	74%	22%	41%
1 – 10%	18%	7%	3%	17%
11 – 20%	10%	3%	7%	17%
21 – 49%	12%	2%	13%	9%
50% or more	8%	14%	55%	16%
TOTAL	100%	100%	100%	100%
# (%) of programs with staff from a single background	3 (4%)	6 (8%)	11 (14%)	4 (5%)

In addition to the data reported in the table, 4 programs reported having Middle Eastern staff (one person each); 4 programs reported having Native American staff (2 programs had one, 1 program had 3 of 20, and the fourth had 7 Native American staff out of 8); 4 programs had Native Hawaiian staff (3 programs had 1, and the fourth had 3 of 20 staff); and 3 programs reported having African staff (1 each). “Other” race/ethnicities were also reported: 3 programs with a staff member from Cape Verde, 3 programs with a Brazilian staff member, 1 with a Russian staff member, and 1 program with a staff member described as “indigenous Indian from South America”.

On average, programs also had 18 volunteers per month, with a range of 0 to 300.

Including both staff and volunteers, programs reported being able to provide services and supports in 48 different languages (see Table 4).

Table 4: Languages in Which Programs Are Providing Services & Supports

American Sign Language	English	Kurdish	Sinhala
Amharic	Farsi	Laotian	Somali
Arabic	French	Malayalam	Spanish
Bangla/Bengali	German	Mandarin	Tagalog
Bosnian	Gurajati	Mien	Tai-Pan
Bulgarian	Haitian Creole	Nepali	Tamil
Burmese	Hebrew	Polish	Telugu
Cambodian/Khmer	Hindi	Portuguese	Thai
Cantonese	Indonesian	Punjabi	Ukranian
Cape Verdean/Criuolo	Italian	Russian	Urdu
Creole	Japanese	Serbian	Vietnamese
Croatian	Korean	Setswana	Yoruba

Programs were asked to report the average starting salary of a full-time salaried (not hourly) DV employee who works directly with survivors as an advocate, a counselor, or in another role (not supervisory). A total of 66 programs provided a salary figure; the average salary was \$28,976; the range was \$19,000 to \$80,000. 6 programs provided an hourly rate of pay. The average hourly rate was \$13.97; the range was \$12.00 to \$20.00.

On average, participating programs have been in existence for 23 years, with a range of 3 to 41 years. Programs were provided with a list of different categories to best describe their agency or organization (see Table 5). The majority of programs fell into 4 categories: DV organization (stand alone), dual DV and sexual violence organization, DV program house within a social service agency, and DV program as part of a community-based organization.

Table 5: Program Description

	N=90	%
DV organization (stand alone)	34	37.8
Dual DV and sexual violence organization	21	23.3
DV program as part of a community-based organization; including cultural and/or civic organization	13	14.4
DV program housed within a social service agency	12	13.3
DV and sexual assault and “other” services	5	5.6
DV program housed within a religious or faith-based organization	2	2.2
Crime victim service organization	1	1.1
Dual DV and homeless shelter	1	1.1
Other Specify : Dual DV and substance abuse program	1	1.1

Five programs identified as providing DV, sexual assault, and other types of services³. Culturally-specific programs were more likely than the rest to be part of a community-based organization (24% vs. 11%, or to be a stand alone DV program (44% vs. 35%); none was housed within a social service agency.

Of the 90 participating programs, 2 reported that their program is on tribal land, and 4 reported that their program is adjacent to tribal land. Seventy-two programs reported that they are voting members of their state coalition against domestic violence (82.8%); 10 programs reported that they are non-voting members (11.5%), and 5 programs reported that they are not members of their coalition (5.7%).

Programs were asked to provide information about their sources of funding (see Table 6). The majority of programs were able to identify if their funding was received from different sources, but less than 50% of programs were able to provide data about what percentage of their budget came from specific sources. The majority of programs received FVPSA funding

³ A total of 9 programs originally selected “other specify” for program description. Five were re-coded into a new category: DV/SA/Other; three were re-coded into existing categories, and only 1 was left as an “other”.

(65%), as well as other federal funding (73% - 75.9%). The most common source of funding was “other” (90.7%), identified as donations, foundations, grants, annual giving, fundraising, private giving, and United Way.

Table 6: Sources of Program Funding

	N=	% Yes	% No	% Not Sure	N=	Avg. % of budget
Family Violence Prevention and Service Program (FVPSA)	80	65.0	28.7	6.3	28	17.96
Other Federal: Victims of Crime Act (VOCA)	89	73.0	19.1	7.9	45	21.03
Other Federal: Violence Against Women Act (VAWA, e.g. grants to encourage arrest, legal assistance to victims, rural grants, etc.)	79	75.9	17.7	6.3	45	14.57
BYRNE grants	52	9.6	75.0	15.4	6	4.75
State Government (e.g. general fund, marriage license, other)	77	80.5	10.4	9.1	48	30.58
Local Government	69	69.6	21.7	8.7	41	8.96
Other	75	90.7	1.3	8.0	53	24.04

Programs were asked to report their program’s annual budget and, if they are part of a larger agency, to only include the budget for DV services (see Table 7). The most common annual program budget was \$150,000 - \$349,000 (mode); the median budget was \$350,000 - \$499,999. Culturally-specific programs reported smaller budgets than the others: 53% reported \$499,000 or less, compared to 19% of the others, but they were also less likely to report knowing their budget (81% did, compared to 94% of the others).

Table 7: Program Annual Budget

	N=77	%
Less than \$75,000	1	1.3
\$75,000 - \$149,999	3	3.9
\$150,000 - \$349,000	25	32.5
\$350,000 - \$499,999	10	13.0
\$500,000 - \$999,999	18	23.4
\$1,000,000 or more	20	26.0

Of the 90 programs, 51 reported providing emergency shelter services within the past year (56.6%), in addition to the non-residential services that were the focus of this study. On average, 185 persons were provided with emergency shelter during the past year, with a range of 3 to 617. For non-residential services, an average of 1,166 persons were provided with services and supports during the past year, with a range of 26 to 8,519.

Programs were asked to report approximately what percentage of the people to whom they provide non-residential services and supports come from rural, suburban, and/or urban communities/areas. A total of 22 programs reported providing services in *only one* type of community: 12 programs were 100% rural (13.3% of total programs); 4 programs were 100% suburban (4.4%), and 6 programs were 100% urban (6.6%). The remaining 68 programs provide services across a mix of communities. Analysis of where the preponderance of survivors served come from for the 90 programs showed that 29% of programs reported that half or more of the survivors they serve come from rural areas; 44% reported that half or more of their services are provided to survivors from urban areas, and 18% reported that half or more of the people they serve come from suburban areas.

Programs were asked about the types of services and supports they offered. They were provided with a list of 38 different types of services and supports that might be offered by a DV

program, and asked to identify if they provide that service as part of their DV program, if they provide outside referrals for that service, or if that service is not available in their community.

In many cases, programs identified that they both provide the service directly and make outside referrals, so total percentages often equal more than 100%. Table 8 (below and on the next page) provides a ranking of the 38 services by percentage of those provided directly, the percentage of outside referrals, as well as the number of programs that reported that the service is not available in their community.

Table 8: DV Program Services & Supports

		N =	% Provided Directly	% Outside Referral	# Reporting Service Not Available
1.	Support groups for survivors	86	94.2	5.7	2
2.	Crisis counseling	86	93.0	9.3	0
3.	Case management	85	91.8	5.9	0
4.	Protective or Restraining Order	82	87.8	19.5	0
5.	24-hour Hotline/Crisis line	89	84.3	14.6	2
6.	Court-related support	86	83.7	18.6	0
7.	Counseling	84	75.0	31.0	0
8.	Interpretation/translation	84	71.4	39.3	1
9.	Children's support services	85	70.6	37.6	0
10.	Transportation	83	68.7	28.9	4
11.	Financial skills/budgeting	84	67.9	33.3	4
12.	Emergency DV shelter	88	65.9	33.0	2
13.	Helpline/Infoline (not 24 hr)	75	58.7	30.7	6
14.	Arrest-related support	82	51.2	39.0	1
15.	Safe homes, hotel vouchers	81	49.4	34.6	9
16.	Programs for teens	86	48.8	46.5	4
17.	Benefits for immigrants	80	48.8	58.8	2
18.	Child care	84	45.2	50.0	6
19.	Parenting classes	81	42.0	59.3	3
20.	Economic issues, e.g. credit	82	41.5	58.5	2
21.	Job training/finding a job	80	37.5	61.3	2
22.	Divorce	83	37.3	63.9	0
23.	Housing/landlord issues	83	37.3	57.8	2
24.	Welfare/Govt. benefits	83	37.3	61.4	1

		N =	% Provided Directly	% Outside Referral	# Reporting Service Not Available
25.	Help with residency status	84	36.9	63.1	4
26.	Custody & visitation	84	36.9	60.7	0
27.	Other immigration issues	58	32.8	58.6	2
28.	Other civil legal matters	63	30.2	64.5	0
29.	Transitional housing	88	28.4	63.6	5
30.	Other criminal legal matters	64	23.4	70.3	1
31.	Child welfare/protection	83	22.9	69.9	0
32.	Substance abuse counseling	83	18.1	79.5	1
33.	Disability issues	80	17.5	80.0	1
34.	Batterer intervention programs	82	17.1	67.1	9
35.	Placement/care for animals	80	15.0	66.3	9
36.	Adult protective services	82	12.2	75.6	1
37.	Healthcare	80	10.0	80.0	3
38.	Long-term housing	83	3.6	84.3	6

The services and supports that programs are most likely to provide directly are support groups for survivors (94.2%), crisis counseling (93.0%), and case management (91.8%). The services that programs are most likely to make outside referrals for are long-term housing (84.3%), disability issues (80%), and healthcare (80%). The services that were most commonly reported as being unavailable in the community are safe homes/hotel vouchers, batterer intervention programs, and placement/care for animals.

Beyond the list of 38 services and supports, programs were asked to identify any other services or supports (including resources and advocacy) that they provide to survivors. Some other resources identified included food, clothing, toys for children, computer classes, English as a Second Language (ESL) classes, fees for academic needs/scholarships, gift cards, relocation assistance, utility/rent assistance, and a matching savings program. Some of the other services and supports identified included advocacy between tribal and mainstream DV programs, community outreach, crime victims group, high risk team, supervised visitation, sexual assault

program, court accompaniment, and a full-time paralegal on DV staff.

Programs were also asked if they provide any support groups that are specialized for a particular population or issue. A total of 51 programs (58.6%) responded that they have *specialized support groups*. Many of these programs reported that they provide culturally-specific support groups, often in the native language of that cultural group. The cultural groups identified include: Asian/Pacific Islander, Brazilian, Cape Verdean, Jewish, Korean, Latina, Portuguese, Native American, Russian, and South Asian. Other support groups targeted special populations such as children, people who are homeless, immigrants, LGBTQ, men, older adults, parents, survivors in recovery from substance abuse, refugees, sex workers, teens, and women with children.

Beyond support groups, programs were asked if they include any other specialized activities, beyond their general activities, for a particular population of survivors. A total of 44 programs (51.8%) responded that they provide *other services specialized for a particular population*. Many of these programs reported that they provided culturally-specific activities, including comprehensive language services, substance abuse services (including in-patient detoxification), court advocacy, immigration assistance, culturally and linguistically appropriate case management, batterers' program, financial literacy training, homicide bereavement support, jail outreach, language table, sewing program, leadership development, mental health/behavioral services, transitional living, parenting classes, and wellness activities. These services were sometimes provided in the native language of that cultural group, identified as: African American, Asian/Asian American, Brazilian, Jewish, Korean, Latina, Portuguese, Native American, and Russian. Culturally-specific programs were more likely than others to provide

language-specific services. Other activities targeted special populations such as batterers, immigrants, grandparents raising grandchildren, LGBTQ, older adults, parents, survivors in recovery from substance abuse, and teens.

The survey asked programs to report on the accessibility of the building where they provide non-residential services to people with disabilities. Fifty-three programs (67.1%) reported that their building is fully accessible, 22 programs (27.8%) reported that their building has some accessible features, and 4 programs (5.1%) reported that their building is not at all accessible. Programs were also asked to identify any additional accommodations that they might have implemented in order to make services and supports more accessible to survivors who have specific needs. Programs were provided with a list of 9 specific types of disability or area of need that survivors might have, and they were asked to describe any accommodations made specific to those needs. Table 9 on the next two pages shows the number of programs that reported making accommodations for each type of need; the table highlights the types of accommodations programs are providing to address those needs. It shows that the most common type of accommodation (by over half of participating programs) was for survivors who have limited proficiency in English. They provide bi-cultural staff and interpreters, as well as culturally-specific services. They also offer ESL classes and collaborate with other agencies in the community to provide comprehensive services. The remaining accommodations are shown in descending order.

Table 9: Description of Special Accommodations

Specific Need:	N=	Description of accommodations provided to address need:
Limited English proficiency	48	<ul style="list-style-type: none"> • Bi-lingual staff • Bi-cultural staff • ESL classes • Translators/interpreters • Brochures/materials/website translated • Use of language line • Partner with local agencies • Culturally-specific services • Agency voicemail in different languages • Tutor
Physical disability	36	<ul style="list-style-type: none"> • ADA compliance with building codes (accessible rooms, bathrooms, doorways, hallways, lowered towel racks, hand rails and handles, etc.) • Ramp, elevators, chairlift (i.e. wheelchair accessibility) • Accessible parking spaces • Specialized staff training in client-centered advocacy
Deaf/hearing impairment	28	<ul style="list-style-type: none"> • ASL interpreters • TTD and/or TTY machine available • Video relay services available • Flashing door knocker, flashing alarm clock and/or fire alarm • Use computer to communicate -- email or text; or write out communication by hand • Utilize national resources • Identify local services with whom to partner
Limited literacy	22	<ul style="list-style-type: none"> • Read materials to survivors as needed • Advocacy, information, and referral • Agreement with local library – adult literacy program • Assistance with forms and paperwork • Brochures created using literacy guidelines /materials written at 8th grade reading level • Free ESL and other classes
Mental health disability	17	<ul style="list-style-type: none"> • 1-to-1 advocacy • Advocacy, information, and referral • Assist with dietary needs • Collaborative agreement/partnerships with local mental health and/or counseling agencies • Counselor 1 time per week • Masters level counselors/therapists on-site • Behavioral health resources

Specific Need:	N=	Description of accommodations provided to address need
Blind/visual impairment	14	<ul style="list-style-type: none"> • Materials available in large font • Materials available in Braille • Braille signs throughout building • Read information or use of talking tapes. • Advocacy, information, and referrals • Trained volunteer • Identify local services with whom to partner
Special health needs	14	<ul style="list-style-type: none"> • Collaboration with local clinics • Medical clinic within residential facility / care providers within shelter • Modify program schedule to meet survivors needs • Primary health care center • Provide clients with health kits, and special food according to dietary requirements • Visiting nurse 1 time per month • Medical advocacy
Cognitive disability	10	<ul style="list-style-type: none"> • 1-to-1 advocacy • Meeting client “where they are at” • Agreements with area providers specializing in cognitive disabilities • Staff training
Older adults/elderly	9	<ul style="list-style-type: none"> • Advocacy, information, referral, and direct services • Assistance with transportation / Register for transportation programs and accompaniment programs • Home counseling visits • Outreach • Partnerships with local programs/councils on aging • Use of 1st floor rooms

Programs were next asked about staff development opportunities. All but one program indicated that their program offers structured orientation or initial training to new staff and volunteers (98.9%). The median range of hours spent by staff and volunteers in initial training was 26 – 40 hours (see Table 10 on the next page). Seventy percent of programs had offered diversity training within the past year; 28.2% had offered diversity training once, 14.1% offered the training twice, and 28.2% offered the training more than twice.

Table 10: Hours of Initial Staff Training

	N=78	%
Less than 10	7	9.0
11 – 25	14	17.9
26 – 40	24	30.8
Over 40	33	42.3

Finally, programs were asked to report how they ensure representation of survivors in the program’s decision-making processes and feedback loop. The most common way the programs include survivors’ voices was through the use of surveys or feedback forms (85.6%). Some programs have survivor representative(s) on their board of directors (31.1%), and others have a survivor advisory group (8.9%). Other ways in which programs include survivors in the feedback loop include informal dialogue or feedback, focus groups, exit interviews, grievance procedures, and having survivors on staff.

Census-Based Information about the Program Service Areas

The participating programs served regions with populations as small as 3,975 persons and as large as 9,785,295. The median size of the areas served was 1,161,223. These communities varied widely in many respects. While all were between 48% and 53% female, they varied greatly in age. The youngest region had a median age of 31, while the oldest had a median age of 52. The mix of racial/ethnic groups in each region was diverse, as well, as shown in Table 11.

Overall, the “White” racial/ethnic group was the largest in most regions, but some regions had a predominant population of African American, and others had a near majority of Hispanic/Latino residents.

Table 11: Racial/Ethnic Data on County of Participating Programs

Racial/ethnic group	Mean %	Minimum %	Maximum %
White	73.37	30.6	96.4
Black or African American	13.26	0.0	66.5
Hispanic or Latino	11.85	0.4	47.3
Some other race	5.393	0.0	23.6
Asian	4.86	0.0	30.2
Two or more races	2.28	0.5	5.9
American Indian or Alaska Native	0.69	0.1	4.9
Native Hawaiian or other Pacific Islander	0.11	0.0	0.9

The average household size in these communities was 2.56, and the average family size was 3.18. An average of 85.6% of adults in the covered areas had graduated from high school, while an average of 30.7% had graduated from college. The average percentage of the population 5 years and older with one type of disability was 4.71%; the average with two or more types of disabilities was 6.30%. The average percentage of the population ages 16 to 64 years with any disability was 9.76%. An average of 14.1% of the population in the study communities was foreign born; an average of 18.9% speak a language other than English at home. An average of 65.3% were in the paid labor force. The median household income was \$54,640 and the mean per capita income was \$28,682. An average of 9.9% of families and 13.4% of individuals lived below the federal poverty level; these rates are comparable to the national averages of 9.9% for families and 13.5% for individuals.

Findings from Survivor Surveys

A total of 1,467 individual survivors participated in this survey. Table 12 shows the number of surveys that were completed by the programs recruited from each state and by each culturally-specific organization.

Table 12: Number of Surveys Received from Each State/Organization

	N=1467	%
Alabama	133	9.1%
APIIDV	73	5.0%
Casa de Esperanza	192	13.1%
IDVAAC	275	18.7%
Illinois	93	6.3%
Massachusetts	439	29.9%
Washington	219	14.9%
WOCN	43	2.9%

The majority of respondents (98.6%) completed the paper version of the survey (n=1447). Nineteen respondents (1.3%) completed the survey on-line via *SurveyMonkey*; of those, one survey was completed in Spanish and 18 in English. Only one respondent completed the survey orally using the National Domestic Violence Hotline, via the Language Line.

The paper survey was available in 11 languages; Table 13 shows the languages in which the surveys were completed. The survey translations that were not used were French, Polish, and Tagalog. The survey was completed in English by 69.1% of respondents and in other

Table 13: Languages Used for Survey Completion

	N=1467	%
Arabic	6	0.4
Chinese	13	0.9
English	1014	69.1
Korean	16	1.1
Portuguese	15	1.0
Spanish	374	25.5
Russian	6	0.4
Vietnamese	23	1.6

languages by 30.9% of respondents; Spanish was the most commonly used other language (25.5%). Of the 453 surveys completed in languages other than English, 324 (71.5%) contained qualitative responses in a language that required translation.

Respondents' Demographic Characteristics

Racial/ethnic identity

There was a broad range of racial/ethnic identities reported by survivors who participated in this survey (see Table 14). The largest racial/ethnic groups were white/Caucasian (39.2%), Hispanic/Latino/a (32.1%), African American/Black (15.1%), and Asian (6.8%); these 4 racial/ethnic groups accounted for 93.2% of respondents.

Table 14: Survivors' Racial/Ethnic Identity

	N=1412	%
White/Caucasian	553	39.2
Hispanic/Latino/a	453	32.1
African American/Black	213	15.1
Asian/Asian American	96	6.8
Multi-Racial	37	2.6
Native American / Alaska Native	28	2.0
Middle Eastern	8	0.6
African	8	0.6
Native Hawaiian / Pacific Islander	1	0.1
Other	15	1.1

For the survivors who identified as “other,” the racial/ethnic identities listed included Argentinean, Brazilian, and Cape Verdean. Two survivors identified as “other” but did not provide additional information. In a follow-up question, survivors were asked: “If there is a particular ethnic background or identity that is important to you, please identify.” A total of 46 survivors responded to this question. The range of responses included: Armenian, Bangladeshi, Brazilian, British, Cape Verdean, Chinese, Cuban, Czech, Eastern European, Filipino, German, Hispanic, Indian, Irish, Italian, Karen, Mexican, Native American, Portuguese, Puerto Rican, Russian, South Asian, Spanish, and Taiwanese.

Age

There was a broad age range reported by survivors, with the majority clustering between 21 to 50 years of age (see Table 15). The most common age range was 31 to 40 years. The majority of the survivors under age 18 were attending teen support groups; all were teens and all had experienced abuse.

Table 15: Age

	N=1417	%
17 or younger	89	6.3
18 – 20	58	4.1
21 – 30	345	24.3
31 – 40	432	30.5
41 – 50	320	22.6
51 – 60	130	9.2
61 – 70	34	2.4
Over 70	9	0.6

Gender and sexual orientation

The majority of survivors who participated in this survey identified as female (95.6%). Sixty survivors identified as male (4.2%) and 2 survivors identified as transgender (.1%). The majority of survivors described their sexual orientation as heterosexual/straight (93.8%). Twenty survivors self-identified as lesbian/gay (1.5%), 36 survivors self-identified as bisexual (2.8%), and 25 survivors self-identified as “other” (1.9%). Some examples of responses provided for “other sexual orientation” included normal, loving, born again Christian, and celibate survivors. Many (11.7%) chose not to answer this question.

Education

Table 16 shows that there was a wide range of educational backgrounds reported by survivors participating in this survey. A significant portion of survivors (33.4%) had not

completed high school or received their GED. The median level of education completed was high school graduate or GED; 18.3% of survivors were college graduates or held advanced degrees.

Table 16: Highest Level of Education

	N=1408	%
8 th grade or less	148	10.5
9 th – 11 th grade	323	22.9
High school graduate or GED	341	24.2
Some college	335	23.8
College graduate	201	14.3
Advanced degree	60	4.3

Time in the U.S.

Survivors were asked to report how long they and their families have been in the United States (U.S.). Forty-six percent of survivors reported that they came to the U.S. from another country, 5.5% reported that at least one parent came to the U.S. from another country, 11% reported that at least one grandparent came to the U.S. from another country, and 37.5% reported that their ancestors were here before their grandparents were born.

Of those coming to the U.S. from another country, 6% identified as a refugee, 70% identified as an immigrant, and 23.9% identified as “other”. Of 125 the survivors who identified as “other”, 36 indicated they were citizens, 19 indicated they were residents, 4 wrote they were Puerto Rican, and the remainder provided a variety of responses, including: the number of years in the U.S., job transfer, marriage, status pending, student, and visiting visa.

Language spoken and preferred

Survivors were asked how well they speak English. The majority (64.2%) reported that they speak English very well; 6.8% reported that they speak English well; 9.6% indicated that

they speak English okay; 9.3% reported not well; and 10.1% reported “not at all” (only know a few words). Survivors were also asked to report the language they prefer to speak (see Table 17; languages are listed alphabetically). The majority of respondents preferred to speak English (62.5%); the second most commonly preferred language was Spanish (29.5%). In total, 23 different languages were identified as the languages respondents preferred to speak.

Table 17: Language Survivors Preferred to Speak

	N=1122	%
American Sign Language (ASL)	2	0.2
Bengali/Bengla	4	0.4
Cantonese	1	0.1
Chinese	14	1.2
Czech	1	0.1
English	701	62.5
French	4	1.4
Gaelic	1	0.1
Gujarati	1	0.1
Hindi	5	0.4
Hungarian	2	0.2
Indian	1	0.1
Italian	1	0.1
Japanese	1	0.1
Karen	1	0.1
Korean	9	0.8
Portuguese	16	1.4
Russian	5	0.4
Spanish	331	29.5
Telugu	2	0.2
Thai	1	0.1
Urdu	1	0.1
Vietnamese	17	1.5

Financial situation

Survivors were asked to report their current financial situation and to compare it to their situation two years previously. The majority of survivors (51.1%) indicated they have

trouble paying their bills or they simply can't pay them (see Table 18). Only 8.1% of survivors reported that they don't need to worry about paying for things they want and need.

Table 18: Current Financial Situation

	N=1296	%
I simply can't pay my bills.	217	16.7
I have trouble paying regular bills.	446	34.4
I can pay regular bills, but a big expense would cause a hardship.	367	28.3
I can easily pay my bills, but need to be careful.	156	12.0
I do not worry about paying for things I want and need.	105	8.1

Survivors from the culturally-specific programs were less likely to describe having trouble with bills (44% did, compared with 54% of others). When asked to compare their current financial situation to two years previously, nearly 45% over all described themselves as worse off, compared to 26% who rated themselves as doing better (see Table 19). Survivors from culturally-specific programs were less likely than others to say they were doing worse or much worse (35% compared to 48%), and more likely to report doing better or much better (33% compared to 24%).

Table 19: Financial Situation Now Compared to Two Years Ago

	N=1334	%
1 Much worse	324	24.3
2	271	20.3
3	389	29.2
4	188	14.1
5 Much better	157	11.8

Disabilities

Survivors were asked if they consider themselves to have a disability or a disabling condition; 21% of survivors responded "yes"—9% of those from culturally-specific programs,

and 25% of those from the remaining programs. Survivors were not directly asked to specify their disability or disabling condition, but they were provided space to provide information related to ways in which the program did or did not make accommodations to meet any specific needs. In that section, many survivors provided information about their disabling condition. Survivors indicated that they live with a wide variety of disabling conditions, primarily involving mental health disorders and physical impairments or limitations.

The mental health disorders that survivors identified as disabling included anxiety, bipolar disorder, borderline personality disorder, depression, obsessive-compulsive disorder, and post-traumatic stress disorder. Some of the physical conditions that survivors reported as disabling involved recovery from injury as a result of abuse, including back injury, leg injury, broken teeth, and head trauma. Other physical conditions described as disabling included asthma, cancer, fibromyalgia, hearing impairment, joint disease, pregnancy, HIV, and use of a wheelchair. One survivor identified as having dyslexia, a learning disability. Another survivor identified her economic status and current earning potential as disabling condition: “My disability is that I was a stay at home mom for 15 years and have absolutely no way of supporting me and my kids at a living wage. I can get a minimum wage job but I cannot support us. Yes, this is a disability when you are 48.”

Comparison of Sample Characteristics with Census Data

Compared to the population in the county where the sampled survivors obtained help with domestic violence, the sampled survivors were more likely to be marginalized or face challenges. Survivors were less likely to report their race/ethnicity as White/Caucasian (39% vs. mean of 73%); less likely to have graduated from high school (67% vs. 86%); more likely to

experience poverty (17% cannot pay their bills, and another 34% have trouble paying, vs. 10% of families and 13% of individuals living below the poverty line); and more likely to have a disability or disabling condition (21% vs. 10%). In contrast, 19% report speaking English not well or not at all, compared to 19% of average households speaking a language other than English at home. Educational levels are associated with length of time in the U.S.: 49% of those who came from another country report having less than a high school education, compared to 20% of those with a longer family length of time in the U.S.

The Help-Seeking Process

Survivors were asked when they first heard about the program from which they are currently receiving services and supports (see Table 20). The largest group of survivors (44.8%) first heard about the program more than year ago.

Table 20: First Heard About Program

	N=1450	%
Less than a month ago	165	11.4
Between 1 month and 6 months ago	400	27.6
Between 6 months and a year ago	236	16.3
More than a year ago	649	44.8

Survivors were also asked when they first came to this program (see Table 21). The largest group of survivors (36.6%) came to the program more than a year ago.

Table 21: First Came to the Program

	N=1446	%
Less than a month ago	231	16.0
Between 1 month and 6 months ago	461	31.9
Between 6 months and a year ago	225	15.6
More than a year ago	529	36.6

Sixteen percent were new to receiving services and supports from this agency; they reported coming to the program for the first time less than a month before completing the survey.

Survivors were asked where they heard about the program from which they are currently receiving services. They were provided with a list of 15 options of where they might have heard about the program, plus an “other” category; survivors could select multiple options, so responses total well over 100% (see Table 22; responses are shown in descending order). The places survivors most commonly heard about the DV program were from a friend(s), DV program staff member, police, people at court, or family members. A total of 209 survivors indicated hearing about the program from other sources. Some other sources that were commonly cited included school (n=95), lawyer or legal center (n=13), jail or prison (n=11), addiction program (n=9), or from a Latino organization (n=6).

Table 22: Places Survivors Heard about Program

		N=1448	%
1.	Friend(s)	284	19.4
2.	DV staff; including other DV program ⁴	246	16.8
3.	Police	231	15.7
4.	People at court	183	12.5
5.	Family member	164	11.2
6.	Social service agency staff, including homeless shelter	111	7.6
7.	Mental health counselor/therapist	101	6.9
8.	Flyer/brochure/poster	84	5.7
9.	Health care provider	78	5.3
10.	Child protective services staff	74	5.0
11.	People from my religious/spiritual community	65	4.4
12.	TANF (welfare) staff	59	4.0
13.	Telephone book	50	3.4
14.	On the internet	46	3.1
15.	Information line (e.g. 211 Info Line)	28	1.9

⁴ It should be noted that survivors could encounter DV staff in multiple places, such as community service fairs, without at that point receiving services from them.

Survivors were asked how many times they had been to this program since their first/initial visit. A small percentage (2.1%) had only been to the program once since their initial visit, for a total of two times—the minimum for participation in this study (n=30). Twenty-two percent had been to the program twice since their initial visit (n=305). Twenty percent had been to the program 3-6 more times (n=277), 11% had been to the program 4-7 more times (n=154), 15.8% had been to the program 11-20 more times (n=221), and 29.6% had been to the program more than 20 times since their initial visit (n=414).

Survivors were asked to indicate whether or not they had received any of 5 types of DV services from another program, either within the past year or more than a year ago. Just a small percentage (ranging from 4% to 8% in each time period) indicated they had. Notably, however, although the differences were not large, survivors who were receiving services and supports from a culturally-specific program were less likely than others to report participating in either support group or counseling from another program in either time-frame.⁵

Survivors were asked about the kind of help they received when they first sought services from the program. They were provided with a list of 5 types of services and supports they might have received from the program, plus an “other” category; survivors could select multiple options, so again percentages surpass a total of 100% (see Table 23). Survivors were most likely to have initially received counseling, attended a support group, and/or received support services.

⁵ Differences were just 3-4% compared to 9-10%; $p < .05$ using chi square analysis.

Table 23: First Kinds of Help Received from the Program

	N=1435	%
Counseling	657	44.8
Support Group	598	40.8
Support Services	557	38.0
Legal Advocacy	407	27.7
Shelter	207	14.1

A total of 86 survivors indicated they had initially received “other” kinds of help from the program. Some other help commonly cited included tangible goods (n=17), DV education (n=9), housing (n=7), help for their child (n=4), medical/mental health services (n=4), and substance abuse services (n=3).

Services & Supports Being Used: 4 Types of Help

There are four main types of services and supports that many DV programs offer other than shelter (again, survivors who had been in shelter within the past year were not included in this sample): support groups, support services, counseling, and legal advocacy. Survivors were provided with the following definitions of each service:

Support group = discussion and support provided to a group of people in a series of group meetings that are usually scheduled regularly. 1 or 2 people who work or volunteer at the domestic violence program generally lead the discussion or provide information, but sometimes group members may take turns leading.

Support services = help or support provided by someone who works or volunteers at the domestic violence program. This includes providing information and emotional support, helping you get other services and resources, going with you to important appointments or meetings, and helping you think about your choices and options, among other things.

Counseling = talking with someone from the domestic violence program (counselor) about your experiences with being hurt and its impact on you and/or your children, including your feelings and choices, and developing ways to improve your safety and well-being. You usually meet with a counselor alone, or with other members

of your family. The meetings are often scheduled, and may take place over a period of weeks, months, or longer.

Legal advocacy = help or support related to criminal or civil legal matters. Examples include help getting a protective or restraining order, or with arrest-related concerns, immigration issues, child custody and visitation issues, and other matters that involve the court system.

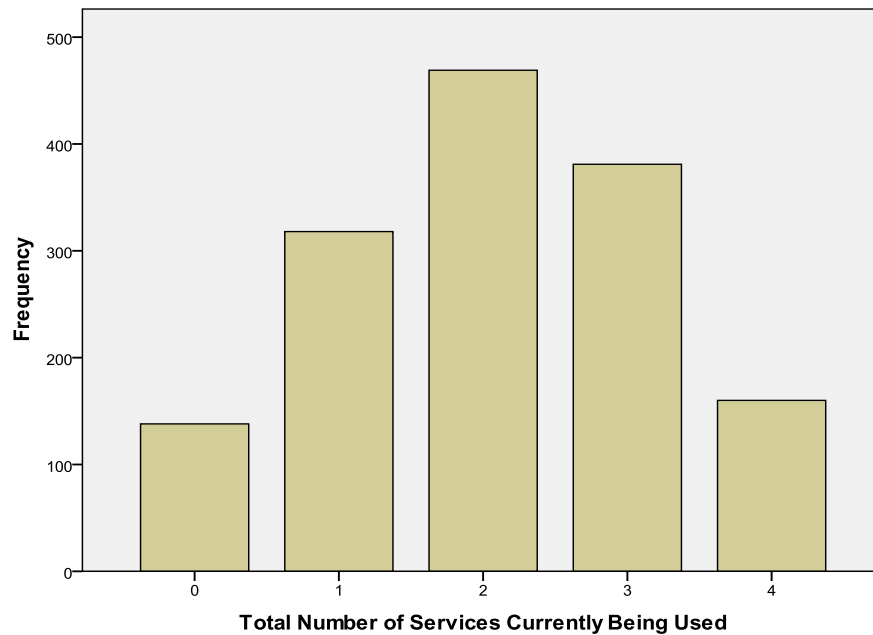
Survivors were asked to report if they were currently using each of these four services (see Table 24). The majority of survivors (75.3%) reported currently using support services; the service being used least often (35.8%) was legal advocacy. Twenty-two percent of survivors were using just one service; 32% of survivors were using two services; 26% of survivors were using three services, and 10.9% of survivors were using all 4 services (see Figure 1).

Table 24: Types of Services Used

	%
Support Services	75.3
Support Group	56.9
Counseling	55.9
Legal Advocacy	35.8

For the survivors using just one service at this time, the most commonly used service was support groups, followed by support services, counseling, and legal advocacy. For survivors using two services at this time, the most likely combination of services was support group and support services, followed by support services and counseling, and support services and legal advocacy. For those using three services, the most likely combination of services was support group, support services, and counseling.

Figure 1: Total Number of Services Being Used



Specific Services & Supports: 54 Different Types of Help

In addition to the 4 main types of services and supports that DV programs typically offer (other than shelter), there are a host of specific types of help that a DV program might provide. In order to understand the types of help that survivors want, and the issues they confront, the survey provided respondents with a list of 54 different types of help and support they might have sought. Survivors were asked to rate each item on the list according to the amount of help they felt they had received, using the following codes: 3 = I got all of the help of this kind that I wanted; 2 = I got some of the help of this kind that I wanted; 1 = I wanted this kind of help, but I didn't get any; 0 = Doesn't apply to me, I didn't want or need this.

Ranking of Services Wanted

Table 25 (on the next several pages) provides a complete list of the 54 items ranked in descending order by the percentage of survivors who wanted that type of service or help. Note

that percentages of the extent to which survivors said they received the help they wanted are based *only* on those who said they wanted that type of help.⁶ The most commonly desired services (as identified by more than 90% of survivors) were “talking to someone who understands my situation”, “support to make decisions and changes in my life”, “finding out who to call or where to get help”, and “learning more about why/how DV happens”.

Table 25: Complete Ranking of Services Wanted

		# who wanted this type of help	% who wanted this type of help	% who got ALL of the help they wanted	% who got SOME of the help they wanted	% who got NONE of the help they wanted
1	Talking to someone who understands my situation.	1323	97.6	84.1	13.8	2.2
2	Support to make decisions and changes in my life.	1262	94.4	81.5	15.3	3.2
3	Finding out who to call or where to get help.	1242	94.2	83.9	13.4	2.7
4	Learning more about why/how DV happens.	1231	92.5	83.1	13.8	3.1
5	Information about counseling options.	1173	88.5	78.3	17.7	4.0
6	Help being safe from the person abusing me.	1128	84.9	81.7	16.0	2.3
7	Hearing what other people have done in similar situations.	1105	84.9	75.5	19.4	5.2
8	Help staying in my community safely.	1042	79.9	77.6	17.9	4.5
9	Information about my legal rights and options.	1018	79.8	74.4	19.4	6.2
10	Help with access to legal services.	945	72.2	72.7	17.7	9.6
11	Someone to go with me to get help.	842	65.2	72.7	18.9	8.4
12	Help ending my relationship.	828	63.8	74.6	20.3	5.1
13	Help with protective or restraining orders.	797	62.4	79.4	14.6	6.0
14	Help with previous or other forms of abuse.	762	59.8	71.0	22.4	6.6
15	Help with safety for my family members.	646	50.7	73.1	18.9	8.0

⁶ 44 survivors who wrote that they received all the help they wanted with all 54 services were excluded from this table. See a more detailed description of the issues involved in the next section, on the number of services received by survivors.

		# who wanted this type of help	% who wanted this type of help	% who got ALL of the help they wanted	% who got SOME of the help they wanted	% who got NONE of the help they wanted
16	Help staying in my relationship safely.	648	49.7	78.2	18.5	3.2
17	Help supporting the court case against the person who hurt me (or help getting <i>the system</i> to bring a court case).	598	47.8	73.2	15.2	11.5
18	Help with government benefits.	569	45.7	67.8	17.9	18.8
19	Help with issues related to unwanted sex.	542	42.6	70.7	19.6	9.8
20	Counseling for my children.	531	42.3	70.4	19.6	10.0
21	Help paying rent/utilities bills.	522	42.1	60.5	14.0	25.5
22	Help with cash assistance/ vouchers.	509	40.8	59.7	17.7	22.6
23	Help with mental health services.	502	40.0	68.7	20.5	10.8
24	Help with health care for myself.	499	39.8	67.5	18.6	13.8
25	Help getting housing.	493	39.8	65.1	16.2	18.7
26	Help with other benefits for my children.	502	39.7	69.9	16.1	13.9
27	Help related to custody of my children.	500	39.6	69.6	19.2	11.2
28	Help maintaining safe visitation with my children.	483	38.0	74.3	18.2	7.5
29	Help with financial matters, such as budgeting.	468	37.8	59.0	20.7	20.3
30	Help with children related to their abuse.	460	36.7	69.6	21.5	8.9
31	Help with grief related to family losses.	457	36.2	63.2	25.4	11.4
32	Help for the person who hurt me.	428	33.8	61.2	17.8	21.0
33	Help dealing with my abuser's arrest.	409	32.9	72.4	17.6	10.0
34	Help with transportation.	401	32.	63.8	15.2	20.9
35	Help with medical benefits (e.g. Medicaid).	395	31.8	68.4	15.7	15.9
36	Help with reproductive/women's health issues.	389	31.3	69.7	20.6	9.8
37	Help with a job or job training.	369	29.9	51.5	20.1	28.5
38	Help with child protection hearings or requirements.	373	29.5	69.2	19.0	11.8
39	Help with child care.	369	29.2	66.9	17.9	15.2
40	Help with child support.	362	28.7	62.4	18.5	19.1
41	Help understanding my rights and	349	27.8	75.1	16.6	8.3

		# who wanted this type of help	% who wanted this type of help	% who got ALL of the help they wanted	% who got SOME of the help they wanted	% who got NONE of the help they wanted
	options related to my residency/immigration status.					
42	Help with health care for my children.	350	27.8	70.6	16.9	12.6
43	Help with translation/interpretation.	316	25.4	80.7	15.2	4.1
44	Help with immigration issues.	291	23.5	72.9	16.2	11.0
45	Help meeting needs related to my disability.	274	22.0	66.4	21.5	12.0
46	Help contacting family who are far away.	260	21.2	64.2	16.9	18.8
47	Help learning English.	234	18.8	67.9	16.7	15.4
48	Help with substance abuse services.	230	18.6	71.3	20.0	8.7
49	Help stopping the court case against the person who hurt me.	189	15.4	65.6	20.1	14.3
50	Help keeping my pets safe.	187	15.0	67.4	14.4	18.2
51	Help meeting needs related to my child's disability.	165	13.4	66.7	22.4	10.9
52	Help dealing with my arrest.	165	13.4	70.9	16.4	12.7
53	Help with benefits as a refugee.	143	11.6	65.7	20.3	14.0
54	Help learning to drive.	121	9.9	55.4	15.7	28.9

The data reflects that for all 54 services items, the vast majority of survivors who wanted the particular service got some or all of the help they wanted. The highest percentage of those who wanted a certain type of help but got none of the help they wanted was 28.9%, for “help learning to drive” (also the least frequently selected type of help wanted); this was closely followed by “help with a job or job training”, at 28.5%--not surprising in the midst of a dramatic economic downturn. These were followed by five other specific services where over 20% of survivors reported they had received none of the help they wanted - “help paying rent/utilities” (25.5%), “help with cash assistance/vouchers” (22.6%), “help for the person who hurt me”

(21.0%), “help with transportation” (20.9%), and “help with financial matters, such as budgeting” (20.3%). Notably, most of these relate to financially-related resource issues, as well.

It is important to remember here that survivors completed these surveys after a minimum of two contacts with the program. Accordingly, analyses were also run to examine potential relationships between the number of reported contacts with the program and the extent to which desired services had been obtained.⁷ For 21 of the 54 types of services listed, the relationships were significant statistically at the $p < .05$ level, at least. In these cases, the more contacts a survivor had with the program, s/he was significantly more likely to report having received *all* of the particular type of help s/he wanted. These were:

- Talking to someone who understands my situation
- Learning more about how/why DV happens
- Learning about who to call/where to go to get help
- Hearing about what others have done in my situation
- Help for the person who hurt me
- Help ending my relationship
- Information about counseling options
- Someone to go with me to get help
- Help staying in my community safely
- Help with child care
- Help with child support
- Help with grief related to family losses
- Help with safety for family members

⁷ Cross tabular analyses were run, since both variables are categorical. Statistical tests were chi square, $p < .05$.

- Help meeting needs related to my child's disability
- Help with previous or other forms of abuse
- Help supporting the court case against the person who hurt me (or help getting the *system* to bring a court case)
- Help with reproductive/women's health issues
- Help contacting family who are far away
- Help with financial matters, such as budgeting
- Help with benefits as a refugee
- Help with immigration issues

In nearly all of the other cases, differences were not significant statistically, but indicated that survivors were more likely to report receiving all the help they wanted after extensive services—at least to some degree. For example, among survivors who wanted help staying in their relationship safely, 71% said they had received all the help they wanted after 2 contacts, and 14% had received no help; after more than 20 contacts, 82% had received all the desired help, and just 2% had received none. In some cases, the percentage change was substantial, but the number of people who wanted the service was relatively small, so the differences were not significant statistically. For example, just 187 survivors wanted help keeping their pets safe. After 2 contacts, 40% had received all the help they wanted, and 40% had received no help. After 20 or more contacts, 68% had received all the help they wanted, and 16% had received no help of this kind.

Total Number of Services Wanted

To better understand the range of help that survivors wanted, the list of 54 potential types of help a survivor might have wanted was re-coded into a tally of the total number of

services wanted. This tally was created by re-coding all original scores of 1, 2, and 3 into a score of 1 = wanted; the score of 0 remained the same (did not want).

There were two types of response errors in the original data that were addressed in the re-coding of these data. First, there were a number of survivors (n= 42) who marked a score of 3 for all 54 items on this question. While it is possible that these scores reflect accurate reports, it is more likely that these responses reflect systematic measurement error from either a social desirability bias or an acquiescent response pattern. The assumption that these responses reflect systematic error is supported in many cases by a simple review of the survivors' responses to other questions; for example, only 15 of these 42 survivors report that they came to the U.S. from another country, but they all indicated they received a number of services related to immigration. Since these 42 cases may well represent inaccurate data they were not included in this (or the previous) analysis.

The other measurement error associated with this question was a number of survivors (n=62) who did not follow the directions for responding to this question. Rather than recording a number between 0-3, this group of respondents put a check mark next to certain items. While it is not possible to determine exactly what the check mark represents, there is reason to believe that the check mark represents that the item was "wanted". For the purpose of this analysis, all items originally coded as "-8" (answered incorrectly, and not included in Table 24) were re-coded to "1." Additionally, all individual items not answered and originally coded as "-9" (missing for a particular item) were re-coded to "0"—if the survivor had responded to

several individual items from this list.⁸ A total of 42 survivors did not respond to *any* items in the question; those cases remained coded as missing data and were not included in any analysis related to services wanted and/or received.

On average, survivors wanted a total of 21 of the 54 different types of help. A total of 15 survivors wanted none of the 54 specific services listed and another 15 wanted only 1 of 54 services. A total of 7 survivors wanted 53 of the 54 services.

Services Wanted for Children

Within the list of 54 potential different types of help that a survivor might have wanted, there were 10 types of services specific to children. While the survey did not include a question about parental status or number of children, responses to these 10 items did provide some insight into parental status. A total of 60.3% of adult survivors (n=813) sought at least one of the 10 services for children. It is quite likely that more of the survivors who participated in the survey were also parents and/or guardians of children, but did not want or need any of these particular services for their child/children.

The types of services sought for children were ranked according to the percentages of how often the service was sought (see Table 26). The responses of only those survivors who sought at least one of the 10 services for children were included in this analysis (n=813). The top three services sought for children were counseling, help with other benefits, and help related to custody. The type of help wanted by the least number of survivors was help with needs related to a child's disability.

⁸ The logic for this procedure was similar to that for coding the check marks "yes". Since these survivors selectively responded to items from throughout the list (not just adjacent items, not just the first or last items) we considered the selective items without a response as indicating no interest in that item.

Table 26: Ranking of Services for Children

	# who wanted this service	%
Help with counseling for my children.	504	61.8
Help with other benefits for my children.	478	58.7
Help related to custody of my children.	480	58.9
Help maintaining safe visitation with my children.	461	56.6
Help with children related to their abuse.	427	52.4
Help with child protection hearing or requirements.	344	42.2
Help with child care.	341	41.8
Help with child support.	335	41.1
Help with health care for my children.	320	39.3
Help meeting the needs related to my child's disability.	126	15.5

Factor Analysis of Services Wanted

In an effort to determine the relationship among the 54 different needs, and to see if any meaningful groups might be found for this sample of survivors, factor analysis was conducted. This can be complicated to describe, but the analytic process pursued is outlined in the following paragraph and accompanying notes.

Principal components analysis (PCA) with orthogonal rotation⁹ (Varimax) was used to collapse the 54 different types of help that a survivor might have wanted into meaningful groups capturing broad areas of need. The initial PCA revealed the presence of 10 factors with eigenvalues greater than 1.0 (Kaiser, 1960), explaining a total of 55% of the variance. Several of the variables loaded equally well on multiple factors, one factor consisted of conceptually

⁹ The PCA was first conducted using oblique rotation due to the potential likelihood of correlated factors. Examination of the resulting component correlation matrix showed no correlations exceeding .32, indicating little overlap in the variance among factors, and supporting the use of orthogonal rotation (Tabachnick & Fidell, 1996). Prior to performing the PCA, the factorability of the data was assessed. The correlation matrix contained several sizable ($r > .5$) and no excessively high ($r > .9$) correlations, and the high bivariate correlations became low partial correlations, indicating the relationships were influenced by more than just the respective variables. In addition, the Kaiser-Meyer-Olkin (KMO) value was .922 and the Barlett's Test of Sphericity reached statistical significance. Taken together, these findings supported the factorability of the correlation matrix.

disparate variables, and one variable, “help learning to drive,” did not reach the established cut-off of .45 (considered “fair”; Tabachnick & Fidell, 1996).¹⁰ After a series of steps, the analysis was conducted again with 11 factors retained and the poorly and ambiguously loading variables excluded in turn (“help learning to drive,” “help with substance abuse services” “help with contacting family who are far away,” and “help staying in my relationship”). The final rotated 11 factor solution, accounting for 59.1% of the total variance, is presented in Table 27.

Table 27: Factor analysis of service & support needs

Factors	Associated variables (factor correlation)	% of variance explained	Cronbach's Alpha
1 Child-related needs	Help with other benefits for my children. (.743) Help related to custody of my children. (.736) Help with child protection hearings or requirements. (.736) Help with counseling for my children. (.729) Help with child care. (.715) Help with child support. (.715) Help with health care for my children. (.702) Help maintaining safe visitation with my children. (.683) Help with children related to their abuse. (.661)	10.74%	.904
2 Economic needs	Help paying rent/utilities bills. (.759) Help getting housing. (.694) Help with financial matters, such as budgeting. (.691) Help with cash assistance/vouchers. (.688) Help with a job or job training. (.603) Help with transportation. (.594) Help with government benefits (e.g. welfare/TANF, food stamps, social security, SSI, SSD, others). (.571)	7.68%	.846
3 Information & support needs	Support to make decisions and changes in my life. (.740) Finding out who to call or where to get help. (.715) Learning more about why/how DV happens. (.708) Information about counseling options. (.677) Hearing what other people have done in similar situations. (.621) Talking to someone who understands my situation. (.604)	6.66%	.796

¹⁰ The scree plot showed no clear indication of the appropriate number of factors to extract. The analysis was conducted again with 10 factors extracted and the poorly performing variable excluded, and again the solution contained factors that were difficult to interpret. For comparison purposes, successive solutions were examined with 7, 8, and 9 factors extracted, and in each case multiple factors were conceptually uninterpretable. After a series of steps, another PCA was performed with 11 factors extracted. The solution accounted for 57.1% of the total variance and the pattern of loadings were conceptually meaningful.

Factors	Associated variables (factor correlation)	% of variance explained	Cronbach's Alpha
4 Immigration –related needs	Help understanding my rights & options related to my residency/immigration status. (.845) Help with immigration issues (e.g. visa, work permit, others). (.841) Help with translation/interpretation. (.751) Help learning English. (.706) Help with benefits as a refugee. (.588)	6.56%	.846
5 Legal advocacy needs	Help with access to legal services. (.746) Information about my legal rights and options. (.738) Help with protective or restraining order. (.730) Help supporting the court case against the person who hurt me (or helping get the system to bring a court case against the person who hurt me). (.597)	5.45%	.801
6 Physical / mental health needs	Help with medical benefits (e.g. Medicaid). (.716) Help with healthcare for myself. (.712) Help with reproductive/women's health issues. (.586) Help with mental health services. (.568)	4.74%	.764
7 Safety needs	Help staying in my community safely. (.601) Help ending my relationship (.553) Someone to go with me to get help. (.541) Help being safe from the person abusing me. (.511)	3.69%	.621
8 Vulnerability-related needs	Help meeting needs related to my disability (.753) Help meeting needs related to my child's disability (.717) Help keeping pets safe. (.585)	3.67%	.631
9 "Criminal Legal" needs	Help dealing with my arrest. (.684) Help stopping the court case against the person who hurt me. (.655) Helping deal with my abuser's arrest. (.548)	3.52%	.557
10 Family-related needs	Help with grief related to family losses. (.654) Help for the person who hurt me. (.640) Help with safety for my family members (.610)	3.40%	.604
11 Victimization-related needs	Help with previous or other forms of abuse. (.672) Help with issues related to unwanted sex. (.715)	3.00%	.619

These factors were used to create variables capturing 11 areas of need. When examined in this way, needs had the following ranking:

1. "Information/support needs": 93% of survivors indicated they wanted help with at least one of these needs, and 64% wanted help with all six areas.
2. "Safety needs"; 88% of the sample wanted help with at least one item, and 33% wanted help with all four areas.

3. “Legal advocacy needs”: 76% wanted help with at least one item, and 31% wanted help with all four areas.
4. “Child-related needs”: 65% wanted at least one 12% wanted at least seven of the nine areas.
5. Economic needs”: 59% of the sample wanted help with at least one item, and 14% wanted help with at least five of the seven areas.
6. “Victimization-related needs”: 57% wanted at least one, and 30% wanted help with both areas.
7. “Family-related needs”: 57% wanted help with at least one, and 13% wanted help with all three areas.
8. “Physical/mental health needs”: 51% wanted at least one, and 22% wanted at least three of the four areas.
9. “Criminal legal needs”: 32% wanted at least one, and 11% wanted help with at least two of the three areas.
10. “Immigration-related needs”: 30% wanted at least one, and 16% wanted at least three of the five areas.
11. “Vulnerability-related needs”: 24% wanted at least one, and 9% wanted help with at least two of the three areas.

Survivors who obtained services and supports from one of the culturally-specific programs differed significantly from those who went to one of the other programs on only 2 of these 11 factors. They were more likely to report wanting help with at least one of the 5 immigration-related needs (62% compared to 22%), and less likely to report wanting help with at least one of the 2 vulnerability-related needs (17% compared to 26%).

Satisfaction with Program Staff

Survivors were provided with a series of nine statements about their interactions with program staff, and they were asked to rate each statement on a scale of strongly agree, agree, disagree, or strongly disagree (see Table 28). These statements reflected a measure of how

respectful and supportive program staff members were in their interactions with survivors overall, and in relation to some key demographic features.

Table 28: Satisfaction with Program Staff

	N	Strongly Agree	Agree	Disagree	Strongly Disagree
Program staff treated me with respect.	1438	89.0%	9.1%	0.3%	1.5%
Overall, my racial/ethnic background(s) were respected.	1324	88.4%	9.6%	0.5%	1.4%
Overall, my sexual orientation was respected.	1256	88.0%	10.0%	0.6%	1.4%
Program staff were caring and supportive.	1438	86.7%	11.3%	0.4%	1.5%
Overall, my religious/spiritual beliefs were respected.	1304	86.3%	11.8%	0.7%	1.2%
Program staff spent enough time talking about my safety.	1423	84.5%	12.6%	1.2%	1.5%
Program staff helped address any needs related to my being a young person (under age 18).	82	82.9%	13.4%	1.2%	2.4%
Program staff helped address any needs related to my disability.	231	80.5%	13.0%	3.0%	3.5%
Program staff helped address any need related to my advancing age (age 61 or older).	35	80.0%	17.1%	2.9%	0.0%

For each of the 9 statements, over 95% of survivors reported that they agree or strongly agree with the statement, a reflection of high levels of satisfaction with program staff. Notably, there were no significant differences between culturally-specific and other programs on these satisfaction measures.

In the open-ended sections of the survey instrument, many survivors provided additional feedback about their interactions with program staff. The vast majority of the feedback about program staff was very positive; survivors often reported having developed strong relationships with their advocates, counselors, and other staff, after they had had

several contacts. The following examples show responses about survivors' experiences across sites:

- The program staff have always been willing to help me and to listen to me when I needed it. *Survivor from program identified by IDVAAC*
- The advocate helps me learn what rights I have, how to navigate the legal system and how to take my power back. The advocate gives support, hope and encouragement. *Survivor from Washington*
- My advocate has been the best. She has helped me through the most difficult experiences I have ever been through and I am surviving and becoming the person I want to be and can be with her help. *Survivor from Massachusetts*
- I am not fluent in English, so I appreciate that I can receive the service in Korean. The social workers understood my native language and culture, so I can overcome adversities with them. *Survivor from program identified by the Asian & Pacific Islander Institute*
- These people from [program name] are the most caring and nice people that there could be at a time like this. They really make you feel you're safe & not alone! *Survivor from Illinois*
- They helped me a lot in my thoughts; I see life differently I appreciate all the support that they have given to me and every one of my companions; the person who gives us therapy is very good and makes us feel better every day. He/she supports us a lot and makes us feel stronger and safe. *Survivor from program identified by Casa de Esperanza*
- The feeling that someone is there if & when I need them. It made my safety even more secure. *Survivor from Alabama*
- Amazing staff...when I found them, so many doors opened, they helped me so much, filing police reports internationally, dealing with added stress of international issues and limit of what I could do with 3 children under age 5 and pregnant. *Survivor from program identified by Asian & Pacific Islander Institute*
- This program allowed me to be helped by someone who looked like me, understood my culture and supported me in MY decisions. *Survivor from program identified by Women of Color Network*

Satisfaction with Services & Supports

Considering the four main types of services and supports that many DV programs offer in addition to shelter (support groups, support services, counseling, and legal advocacy), survivors were asked to rate their experiences with using that service on a scale of 1 to 5, where 1 is not at all helpful and 5 is very helpful (see Table 29). Support services were ranked as being the most helpful (over 95% rated it at “5” or “4”). Legal advocacy was the service with the lowest overall rankings, although it was still quite high (nearly 92% rated it at “5” or “4”). Again, there were no significant differences between culturally-specific and other programs in measures of satisfaction with the four types of program services.

Table 29: Satisfaction with Program Services¹¹

	N	Very Helpful: 5	4	3	2	Not helpful at all: 1
Support Services	998	78.1%	17.3%	3.1%	0.7%	--
Counseling	729	78.7%	15.9%	4.5%	0.8%	--
Support Groups	767	74.6%	17.7%	6.3%	1.4%	--
Legal Advocacy	467	76.2%	15.4%	6.6%	0.9%	0.9%

For each of the 4 types of services and supports, survivors were provided with a space to provide comments. The comments provided about services and supports received were overwhelming positive; survivors reported that these services and supports have been critical in understanding the reasons for DV, gaining access to needed resources, and in learning how to heal emotionally and move beyond their experiences with abuse. The excerpts that follow reflect the range of responses in types of help and in the sampled programs.

¹¹ The Ns shown in this table are based on those who said they were receiving the service *and* provided a rating. For this reason, they are slightly lower than the Ns reported previously for survivors receiving the service.

Feedback about Support Services

Comments were volunteered by 28% of the survivors who indicated that they were receiving support services. Survivors offered the following comments:

- I have been going through a divorce for over three years. I have gone through different phases of abuse, depression, fear and financial hardship. I don't know what would have happened without this program! *Survivor from Massachusetts*
- I could not have gotten through the end of last year without their support services. *Survivor from Washington*
- Constant and very helpful consultations. Daily emotional help and in-kind (food and furniture) help also. *Survivor from Massachusetts*
- This program helped me to get out of my denial of the domestic violence occurring in my 7 yr. relationship with the father of my boys (4). After he was deported, I thought I couldn't make it by myself. But coming to [program name] I didn't feel alone and my boys & I understand each other more. We understand we are still going to have recurring memories but [program] has & is helping us with tools on how to cope & live on. *Survivor from Illinois*
- Only half of support services pertain to the help I need. *Survivor from Massachusetts*
- I like that they are always listening to me and they pay attention to me and give me advice but they NEVER make you to do anything that I don't decide myself. Thank you. *Survivor from program identified by Casa de Esperanza*
- The program gave me strength to follow through with pressing charges against my husband. And realizing that I deserve a better life. *Survivor from Illinois*

Feedback about Counseling

Comments were volunteered by 27% of the survivors who indicated that they were receiving counseling services. The selections that follow reflect the range of responses.

- This program saved my life. I had no place to go, no money. I now have a job, apartment, and I am learning how to get over my fears. I don't have nightmares anymore thanks to counseling. *Survivor from Washington*
- [Counselor's name] has been there for me throughout the whole process of leaving. Her support was integral to my leaving my abuser. *Survivor from Massachusetts*

- When I felt lonely and challenged, thoughtful counseling gave me strength to go on. *Survivor from program identified by Asian & Pacific Islander Institute*
- Very helpful in talking about situations & how to get past them -- in order to keep you safe. *Survivor from Alabama*
- They help me with my depression and now I don't have depression. *Survivor from program identified by Casa de Esperanza*
- My husband always told me I was not worth anything. The counselor told me that I deserve respect and love. And not feel small and beaten down. *Survivor from Massachusetts*
- It helps me, when I'm MAD! And very, very, very ANGRY. *Survivor from program identified by IDVAAC*
- They have helped me a lot and I feel better as a person and mother. *Survivor from program identified by Casa de Esperanza*
- It doesn't matter how busy my advocate is, she finds and makes time for all my needs, including just someone to air out issues. *Survivor from Illinois*
- The person that gave me counseling helped me think deeper about my problem and then I could discover more profoundly the internal strength I have. *Survivor from Massachusetts*
- I need it. I feel off balance when I can't get it. *Survivor from program identified by WOCN*
- The case manager who speaks Cantonese is good, helpful and kind. But the one who speaks Mandarin had an attitude and was not helpful. *Survivor from program identified by Asian & Pacific Islander Institute*
- First counselor in my whole life who ever understood and made progress with me [name]. *Survivor from Massachusetts*
- The counselor gives me great advice on how to help my son with his emotions. *Survivor from Massachusetts*

Feedback about Support Groups

Comments were volunteered by 36% of the survivors who indicated that they were attending support groups. The selections that follow reflect the range of responses.

- When your family hurts you, you have nowhere to go. Friends feel compromised if you talk with them. Other family doesn't see or understand. I really needed an outlet. *Survivor from Illinois*
- In group - was nice to hear I am not alone or crazy. People are going through same thing (or have). *Survivor from Massachusetts*
- Too many people not enough staff, for help right away. *Survivor from program identified by Casa de Esperanza*
- The support groups are great in finding other options from others who have been in that same situation. *Survivor from Alabama*
- I was so ashamed. They taught me it was not my fault. I was so afraid even to go out. I have made good friends in group and I am so grateful. *Survivor from Massachusetts*
- I felt validated for the first time in my life. The leader of the group acknowledged my lonely upbringing and trauma I experienced - I slept better that night than I can remember. *Survivor from Illinois*
- Some class members talk too much & want too much attention distracting others from topic. *Survivor from Washington*
- Helps a lot when talking and listening to others. *Survivor from program identified by WOCN*
- Great to have others relate to losing children to foster care. *Survivor from Illinois*
- The support groups help me know what I am worth and how to defend myself and value myself. *Survivor from program identified by Casa de Esperanza*

Feedback about Legal Advocacy

Comments were volunteered by 31% of the survivors who indicated that they were receiving legal advocacy services. The selections that follow reflect the range of responses.

- They helped me write letters for the court and develop the calendar that the judge came up with for the sharing of visitation with my children. *Survivor from program identified by IDVAAC*
- Not enough time. Not enough help getting my problem to the court and all the way to the finish line. I need more firm guidance. People always say they can't give me legal advice. *Survivor from Washington*

- Without their encouragement and support I would not have the courage to even show up in court and I probably would still be blaming myself for the violence. *Survivor from program identified by IDVAAC*
- I'm getting help with family law, it's been very informative. They are also supporting me with my immigration case. *Survivor from program identified by Asian & Pacific Islander Institute*
- The advocate helps me learn what rights I have, how to navigate the legal system and how to take my power back. The advocate gives support, hope and encouragement. *Survivor from Washington*
- My kids and I are more united due to the legal support that they offered us. *Survivor from program identified by Casa de Esperanza*
- Advocate helped me understand court proceedings & be less fearful of court dates. *Survivor from Alabama*
- The advocate accompanied me to court to obtain a restraining order and to request for its extension. I would not have had the courage to get through this process alone. *Survivor from Massachusetts*
- Staff was with me at the courthouse when requesting the restraining order and helped me filling out and filing papers for my child's custody. *Survivor of program identified by IDVAAC*
- I was completely unaware of my parental rights and remedies until I became involved with this program. It has eased my mind greatly. Very supportive program also. *Survivor from Illinois*

Help Survivors Wanted but Did Not Get

Survivors were also asked to describe any help or support they wanted but did not get from the program in the past year. 28% (N=418) provided a response. Their answers ranged widely, although the most common responses related to financial resources of some kind, legal supports, or housing. Examples are provided here in more detail than for other items, to demonstrate the range of supports desired, and also to document survivors' perceptions of gaps in program services. These responses also demonstrate, however, the varied capacity across programs, since the types of supports some survivors noted they had not received are

precisely the same as those other survivors were especially happy to have obtained. Since any type of service might not have been obtained by an individual in any site, locations are not identified for these responses.

- Children group while attending support group of children with special needs. Teens group different location. Drive unaccessible.
- Group counseling - loss of loved one. I just lost my 6-yr-old son last Sept. - and I need people not counselors to talk to!
- Help with children's homework, transport to kids' school, access to community property in our home country.
- Help understanding what to anticipate in the family court process. Help with legal strategy. My abuser had a lot of money and power. I didn't expect that to be such a disadvantage.
- I really want my family back together -- my husband to get help, but accepting he doesn't want us hasn't quite sunk in.
- What's the best way to talk to your parents about sex. [from a teen]
- I received NO help with deposits, or rent, food, etc. etc. Since I don't have kids no one seems to give a shit.
- I really need a free lawyer but the center does not have one. They sent me to the lawyer of the day at court. That helped a little but I wish they had a lawyer right there. Lawyers are so expensive if you want a divorce. And my husband has always done the money and I know he has hidden a lot of it. He told me I will not get anything.
- I wanted support regarding being able to ride Access Bus because of my disability (visual) but was told that was beyond scope of [program initials]. Just informed lost right to it.
- I was in need of financial assistance to save my apartment and needed help with finding a safe place to live and being financially able to maintain for a short period of time.
- I wish they would help me more financially or with finding a job but some of that has to do with my immigration status.
- I would like if a volunteer accompanies me to go places like see a lawyer, as I find driving directions to new places challenging.

- In group, couldn't/didn't feel I was in same place (emotionally) as others. Haven't left husband, all others have.
- More financial support would have helped -- I came 758 miles to leave and had little or no money.
- More respect for PTSD.
- Really need to know who to contact about child support as I am laid off and only have husband in home now because I can't afford to kick him out.
- Talk about the correlation between the domestic violence and the use of drugs alcohol or another substance.
- Teen counseling especially for young men not to repeat violent behavior they have seen or been brought up into.
- Visitation for my twelve-year-old son, it has been four months since I've heard anything about him.
- Well I think they need more people so they can handle all of the cases. Because there are few people.
- Advice and legal guidance about informational reports with the police. My abuser is a danger to all women he comes in contact with. There are most likely some unsolved cases in which my abuser can't be identified as the perpetrator simply because his victims didn't know his real identity, or cannot recall who he was.
- I want to first get my baby back who is DCFS involved then the rest of my boys who are not DCFS involved but I cannot afford a lawyer or house.
- I was reassured he wouldn't find me. He found me the same day. Many people in this town know about this place. Don't promise people they or he won't find you.
- It would be nice to have free mental health care on site in the regular bases who understand DV.

Survivor Outcomes

Survivors were asked about the broad outcomes they might have achieved as a result of receiving non-residential services and supports. They were asked about how the help they received from the program affected their sense of self-efficacy, optimism about the future,

knowledge about safety planning, comfort with help-seeking, and knowledge about community resources. Survivors were provided a list of 9 statements and were asked to respond whether or not the statement described how they felt. Table 30 shows a ranking of survivor outcomes.

Table 30: Ranking of Survivor Outcomes

Because of the various help I have received from this program so far, I feel...	N	% “Yes”
...more hopeful about the future.	1384	95.4%
...I know more ways to plan for my safety.	1400	95.0%
...that I will achieve the goals I set for myself.	1365	94.7%
...I know more about my rights and options.	1387	93.4%
...more comfortable asking for help.	1369	93.3%
...like I can do more things I want to do.	1371	91.3%
...more confident in making decisions.	1378	92.7%
...I know more about community resources.	1370	88.5%
...I get more support from family & friends.	1343	78.4%

Survivors who participated in FVPSA-funded programs were compared to the others on these outcomes. There were no differences that reached statistical significance¹² except one: “I feel more comfortable asking for help” (92% for FVPSA-funded programs, vs. 97.5% for those that did not receive such funding). Comparisons of culturally-specific programs with those not so defined also revealed only two with significant differences. Ratings for culturally-specific programs were a bit higher for “I feel more hopeful about the future” (97.3% vs. 94.6%) and “I feel more confident in making decisions” (95.5% vs. 91.7%).

In the later open-ended sections of the survey instrument, 43% of survivors provided additional feedback about their personal outcomes as a result of receiving services. Many of the survivors reported feelings of increased self-worth, self-awareness, and independence;

¹² Although these differences are small, chi square analyses indicated they were significant statistically, using chi square analyses, at $p < .05$.

others reported feeling more hopeful about the future. And many survivors reported increased stability in multiple areas of their lives. The following excerpts reflect the range of responses that describe the “other help” survivors received from the programs.

- This program has been very important for my life; it helped me know myself and know what I want, I obtained confidence and I understood why I fell in an abusive relationship. I lost my fear and I obtained a lot of security. *Survivor from Illinois*
- I got a job and help putting my life back together. It took a long time, but...I feel safe now for the first time that I can remember. *Survivor from Alabama*
- I feel stronger and do feel more hopeful towards the future. *Survivor from program identified by Asian & Pacific Islander Institute*
- It has helped me a lot in the form of knowing that I'm worth something and I'm someone important. And in the group I feel comfortable again to be able to accept friendships and to have trust in myself. *Survivor from Washington*
- It is helping me a lot to move forward with my son. *Survivor from Illinois*
- It gave me strength to move forward and stop the abuse. *Survivor from program identified by Casa de Esperanza*
- Understanding the real meaning of relationships and abuse in relationships. *Survivor from program identified by IDVAAC*
- Understanding that I am worth something and deserve better in life. *Survivor from Alabama*
- To control my anger, learn to just walk away from danger. *Survivor from program identified by WOCN*
- More confidence in myself. *Survivor from program identified by Asian & Pacific Islander Institute*
- Learned more about things that happened to me were not my fault. *Survivor from Illinois*
- It helped me to gain understanding of domestic violence, the court system, lawyers, and government agencies, who will help me with my problems. *Survivor from program identified by Asian & Pacific Islander Institute*

- I am a survivor of past abuse & by listening to other people & how they handle situations inspires me to reach out & help others that are going thru difficult times right now "In Present". *Survivor from Alabama*
- I've learned everything necessary to stay safe. *Survivor from program identified by IDVAAC*
- Be very optimistic and to know that I can achieve what I want, to be persevering. *Survivor from program identified by Casa de Esperanza*
- They opened my eyes and the doors to a better future. Not of luxuries but without hindrances and tranquility. It's beautiful to wake up and see the happiness that surrounds my kids. They have given me a lot to feel proud of. *Survivor from Massachusetts*
- It's very needed and much appreciated. I would have had nowhere to turn if not for the program. *Survivor from Washington*
- I learned how much I'm worth and my rights as a person and a woman. I have a better life together with my kids and we live in peace and harmony. *Survivor from Illinois*
- I came to this program a scared, beaten woman and I am now a strong, proud woman who will NEVER BE BEATEN AGAIN. *Survivor from Massachusetts*

Born in the U.S. and Born Outside U.S.: Differential Findings

A significant portion of this sample consisted of survivors born outside of the U.S. (46.3%). The data were divided into two groups by the survivors' birth location: those survivors who were U.S. born compared to those born outside the U.S. All the data analysis reviewed in the previous sections was re-run to compare these two groups of interest. Those differences that are both statistically significant and substantively meaningful are reported here.

Demographics

There were significant differences in the racial/ethnic identities between survivors born outside of the U.S. and those U.S. born (see Table 31).¹³ Those born in the U.S. were most likely

¹³ All comparisons reported as "differences" in this section were found to be statistically significant using chi square tests, with $p < .05$.

to be White/Caucasian (63%) or African American/Black (21.3%). Those born outside the U.S. were most likely to be Hispanic/Latino/a (64.4%) or Asian (15.3%).

Table 31: Racial/Ethnic Identity by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=570	%	N=662	%
African American/Black	35	6.1	141	21.3
African	8	1.4	0	-
Asian/Asian American	87	15.3	5	0.8
Hispanic/Latino-a	367	64.4	46	6.9
Native Hawaiian/Pacific Islander	0	-	1	0.2
Native American/Alaska Native	0	-	25	3.8
Middle Eastern	8	1.4	0	-
Multi-Racial	4	0.7	26	3.9
White/Caucasian	49	8.6	417	63.0
Other	12	2.1	1	0.2

Those born in the U.S. were most likely to complete the survey in English (97.3%), while only 32.8% of those born outside the U.S. completed the survey in English (see Table 32).

Table 32: Languages Survey Completed In by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=585	%	N=678	%
Arabic	6	1.0	0	-
Chinese	11	1.9	0	-
English	192	32.8	660	97.3
Korean	14	2.4	1	0.1
Portuguese	12	2.1	0	-
Russian	6	1.0	0	-
Spanish	322	55.0	17	2.5
Vietnamese	22	3.8	0	-

Those born in the U.S. overwhelmingly preferred to speak English (95.6%), while those born outside the U.S. were most likely to prefer to speak Spanish (59.4%) and then English (24.5%). There were also dramatic differences reported in ability to speak English (see Table

33). For those born in the U.S., 95% report being able to speak English very well, while 65.9% of those born outside the U.S. report speaking English either not at all, not well, or “okay”.

Table 33: Ability to Speak English by History in U.S.

How well you do speak English?	Born Outside U.S.		U.S. Born	
	N=574	%	N=675	%
Not at all (only know a few words)	130	22.6	1	0.1
Not well	126	22.0	3	0.4
Okay	122	21.3	7	1.0
Well	69	12.0	20	3.0
Very well	127	22.1	644	95.4

There were also age differences between these two groups. The youngest groups of survivors participating in this survey, those ages 17 or younger and those ages 18-20, were mostly likely to be survivors born in the U.S. (see Table 34). Survivors born outside of the U.S. were more likely to cluster in the age bracket of 31-40 (40.4%).

Table 34: Age by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=572	%	N=666	%
17 or younger	10	1.7%	61	9.2%
18 – 20	14	2.4%	35	5.3%
21 – 30	136	23.8%	165	24.8%
31 – 40	231	40.4%	144	21.6%
41 – 50	117	20.5%	170	25.5%
51-60	47	8.2%	70	10.5%
61-70	13	2.3%	16	2.4%
Over 70	4	0.7%	5	0.8%

There were also differences in level of education (see Table 35 on the next page). Those born outside the U.S. were twice as likely to have less than a high school graduate level of education, compared with those born in the U.S. (47.6% vs. 19.5%). Further analysis suggested that this difference was partly attributable to differences among those born outside the U.S., of

whom 63% of Hispanic/Latino/as had less than a high school education, compared to 26% of Asian/Asian Americans. There were no significant differences in sexual orientation or gender.

Table 35: Highest Level of Education by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=567	%	N=666	%
8 th grade or less	130	22.9%	10	1.5%
9 th – 11 th grade	150	26.5%	122	18.3%
High school graduate or GED	115	20.3%	171	25.7%
Some college	82	14.5%	204	30.6%
College graduate	72	12.7%	118	17.7%
Advanced degree	18	3.2%	41	6.2%

There were no significant differences between these two groups in their current financial status. In comparing financial status now to two years ago, U.S. born survivors were more likely to report their current financial situation as *much worse* than two years ago (29.9% vs. 19.1%). As Table 36 shows, 39.1% of those born outside the U.S. reported being worse or much worse off today, compared to over half (50.6%) of U.S. born survivors. Differences in improved situation are less dramatic: 27.7% of those born outside the U.S. report being better/much better off, compared to 23.1% of those who were U.S. born.

Table 36: Financial Situation Now Compared to Two Years Ago by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=555	%	N=629	%
1 Much worse	106	19.1%	188	29.9%
2	111	20.0%	130	20.7%
3	184	33.2%	162	25.8%
4	89	16.0%	78	12.4%
5 Much better	65	11.7%	67	10.7%

Survivors born outside of the U.S. were also less likely to report having a disability or disabling condition than U.S. born survivors (12.6% vs. 26.2%). For those survivors who did

comment on their disability or disabling condition, the types of disabilities indicated were similar for both groups.

The Help-Seeking Process

There were moderate differences in the help-seeking process for survivors born outside of the U.S. when compared to U.S. born survivors. Those born outside the U.S. were more likely to have heard about the program more than a year ago (50.0% vs. 42.2%) and they were more likely to have come to the program for the first time more than a year ago (44.2% vs. 31.8%). Survivors also differed in sources of information about the program from which they were currently receiving services. Survivors born outside the U.S. were more likely to have heard about the program from a friend (27.2% vs. 13.7%), family member (12.0% vs. 9.6%), a flyer/brochure/poster (7.9% vs. 4.1%), or a healthcare provider (7.7% vs. 3.4%). U.S. born survivors were more likely to have heard about the program from other DV staff (17.3% vs. 14.0%) or from other sources (18.3% vs. 9.9%).

There were significant differences between these two groups in the kinds of help they used initially when they came to the program (see Table 37). Survivors born outside the U.S. were more likely to receive counseling (52.5% vs. 40.3%), support services (46.7% vs. 32.4%), legal advocacy (37.3% vs. 22.4%), and shelter (16.4% vs. 11.2%) when they first came.

Table 37: Initial Kinds of Help Received from the Program by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=yes	%	N=yes	%
Counseling	307	52.5	273	40.3
Support Group	242	41.4	278	41.0
Support Services	273	46.7	220	32.4
Legal Advocacy	218	37.3	152	22.4
Shelter	96	16.4	76	11.2

Both groups equally accessed support groups as an initial kind of help with DV. Since survivors could indicate multiple types of help initially received, these data suggest that survivors born outside the U.S. were more likely to approach the program for multiple modes of services.

Services & Supports Currently Being Used: 4 Types of Help

There were differences between these two groups in types of services currently being used, as well. When they were asked which of the four main types of services and supports that many DV programs offer *other* than shelter (support groups, support services, counseling, and legal advocacy) they were currently using¹⁴, there were differences in both the types (see Table 38 below) and the number of types of services being used.

Table 38: Types of Services Being Used Now or Within the Past Year by History in U.S.

	Born Outside U.S.		U.S. Born	
	N	%	N	%
Support Services	510	82.5	650	70.2
Support Group	529	60.1	661	54.2
Counseling	515	59.4	639	53.2
Legal Advocacy	523	48.9	664	26.7

Survivors born outside of the U.S. were especially more likely to be receiving legal advocacy services (48.9% vs. 26.7%). Over 42% of survivors born outside of the U.S. used 3 or 4 of the 4 different types of services available, compared to 32 % of U.S. born survivors.

Services & Supports: 54 Different Types of Help

In addition to the 4 main types of help, history in U.S. also affected the specific types of help survivors wanted. Table 39 represents a revised ranking of the 54 items for survivors born in the U.S, compared to those born outside of the U.S. This table is shown in full detail because

¹⁴ It is important to remember here, again, that survivors were excluded from the study if they had used shelter services within the past year, but not if they had *ever* been in shelter.

this sample provides a valuable opportunity to learn more about this comparison. The *top 5* services and supports wanted are the same for both groups and in the same order. The next 5 are the same, although they are ranked in a slightly different order. The items are shown in descending order for those born in the U.S. Statistically significant differences between the two groups are indicated; they were different for exactly half (27) of all items.¹⁵

Outside of the top 10, there are considerable differences in the ranking of some items between groups. For example, those born in the U.S. were more likely than those born outside the U.S. to want help with “previous or other forms of abuse”, help with grief related to family losses, and hearing what others have done in their situation. Survivors born outside the U.S. had higher percentages wanting help with more of the items, including several of the items related to child-related help and financial resources, as well as immigration-related issues and help staying in their relationship safely.

Table 39: Comparison of Services Wanted for Survivors Born Inside & Outside the U.S.

	% of U.S. born who wanted this type of help	% of those born outside the U.S. who wanted this type of help
Talking to someone who understands my situation.	96.4	97.2
Support to make decisions and changes in my life.	92.7	91.5
Finding out who to call or where to get help. *	92.1	88.6
Learning more about why/how DV happens.	90.6	88.2
Information about counseling options.	85.4	84.7
Hearing what other people have done in similar situations. *	82.5	76.2
Help being safe from the person abusing me.	80.4	83.8
Help staying in my community safely.	76.2	74.8
Information about my legal rights and options.	70.6	78.3
Help with access to legal services.	64.5	72.9
Help with previous or other forms of abuse. ***	60.4	45.5

¹⁵ Statistical significance was determined for each item using chi square analysis. * = $p < .05$; ** = $p < .01$; *** = $p < .001$.

	% of U.S. born who wanted this type of help	% of those born outside the U.S. who wanted this type of help
Help ending my relationship.	57.1	61.0
Someone to go with me to get help. ***	54.0	66.1
Help with protective or restraining orders.	53.3	60.4
Help with safety for my family members.	48.1	43.6
Help staying in my relationship safely. ***	41.6	50.5
Help supporting the court case against the person who hurt me (or help getting <i>the system</i> to bring a court case).	40.4	45.1
Help with government benefits. *	36.9	44.9
Help with issues related to unwanted sex. **	36.0	40.1
Help with grief related to family losses. **	36.0	27.3
Help paying rent/utilities bills.	35.1	37.2
Help with cash assistance/vouchers.	34.4	37.8
Help with mental health services.	34.1	35.4
Counseling for my children. *	33.4	41.4
Help with financial matters, such as budgeting.	33.2	31.9
Help with health care for myself.	32.8	35.9
Help getting housing.	32.5	36.3
Help with other benefits for my children. **	30.7	41.3
Help related to custody of my children. *	31.6	39.8
Help maintaining safe visitation with my children.	31.0	36.3
Help with children related to their abuse.	29.3	34.3
Help for the person who hurt me.	28.5	29.7
Help dealing with my abuser's arrest.	25.9	29.7
Help with transportation. ***	22.3	33.1
Help with medical benefits (e.g. Medicaid). ***	21.9	33.1
Help with reproductive/women's health issues. ***	17.8	38.3
Help with a job or job training.	24.9	26.3
Help with child protection hearings or requirements.	22.3	28.4
Help with child support. ***	20.3	30.0
Help with child care. ***	20.0	30.8
Help meeting needs related to my disability.	18.7	14.7
Help with health care for my children. ***	17.8	30.2
Help with substance abuse services. *	15.3	10.7
Help contacting family who are far away. **	14.0	19.5
Help keeping my pets safe. ***	13.7	6.6
Help dealing with my arrest.	9.4	9.0
Help stopping the court case against the person who hurt me. **	8.8	14.0
Help meeting needs related to my child's disability.	8.8	9.6

	% of U.S. born who wanted this type of help	% of those born outside the U.S. who wanted this type of help
Help understanding my rights and options related to my residency/ immigration status. ***	4.7	50.8
Help with translation/interpretation. ***	3.8	45.1
Help learning to drive. ***	3.6	9.4
Help learning English. ***	3.5	30.8
Help with immigration issues. ***	3.0	42.5
Help with benefits as a refugee. ***	2.4	14.9

As might be expected, significant differences were found between these groups on the 11 identified factors. Those born *outside* the U.S. were significantly more likely to want help with at least one immigration-related need (62% vs. 6%), health-related need (59% vs. 49%), child-related need (64% vs. 55%), and family-related need (62% vs. 55%). Survivors born *inside* the U.S. were more likely to want help with at least one victimization-related need (62% vs. 52%), and one vulnerability-related need (27% vs. 19%). Although strong majorities of both groups (88% and 90%, respectively) wanted help with at least one safety-related need, 39% of those born outside the U.S. wanted help with all 4, compared to 29% of those born within the U.S.

Services Wanted For Children

A total of 63.9% of survivors born outside the U.S (n=364) sought at least one of the 10 listed services for children, compared to 53.6% of survivors born in the U.S (n=353). Looking at each type of child-related help individually, survivors born outside the U.S. were significantly more likely to want 7 of the 10 services specific to children, with the exception of services related to safe visitation, a child's abuse, and a child's disability (see Table 40). *Among those who wanted at least one service for children*, however (our closest measure of whether or not a

survivor was a parent), the only significant differences were in the desire by those born outside the U.S. for help with child care (46% vs. 37% for those born inside the U.S.) and health care for their children (45% for those born outside the U.S. vs. 33% for those both inside the U.S.).

Table 40: Services for Children by History in U.S.: Full Sample¹⁶

	Born Outside U.S.		U.S. Born	
	N = wanted this service	%	N = wanted this service	%
Help with counseling for my children. *	225	41.4	220	33.4
Help with other benefits for my children. *	224	41.3	202	30.7
Help related to custody of my children. *	216	39.8	208	31.6
Help maintaining safe visitation with my children.	197	36.3	204	31.0
Help with children related to their abuse.	186	34.3	193	29.3
Help with child care. *	167	30.8	132	20.0
Help with health care for my children. *	164	30.2	117	17.8
Help with child support. *	163	30.0	134	20.3
Help with child protection hearing or requirements. *	154	28.4	147	22.3
Help meeting the needs related to my child's disability.	52	9.6	58	8.8

There was also some variation in survivor outcomes based on length of time in the U.S. On 4 of the 9 outcome variables (shown in Table 41), survivors born outside the U.S. more frequently reported experiencing that outcome than U.S. born survivors.¹⁷

Table 41: Survivor Outcomes by Length of Time in the U.S.

Because of the various help I have received from this program so far, I feel...	Born Outside U.S.	U.S. Born
	%	%
...more hopeful about the future.	97.5	93.6
...more comfortable asking for help.	95.8	91.0
...more confident in making decisions.	95.1	90.2
...like I can do more things I want to do.	93.5	89.1

¹⁶ Differences that were significant at $p < .05$ using chi square analysis are indicated by *.

¹⁷ The percentage differences are not large, but they are statistically significant at the $p < .05$ level using chi square analysis.

Differences Across Four Major Racial/Ethnic Groups¹⁸

Separate analyses were conducted to learn more about differences across the four major racial/ethnic groups of survivors participating in the study: African American/Black, Asian/Asian American, Hispanic/Latino/a, and White/Caucasian. A total of 55 survivors did not report their race/ethnicity. Of the remainder, 93.1% identified in one of these four groups, as shown earlier.

Demographics

The survivors who identified as African American/Black were younger than the other groups: 30% were under age 18 (most participated in a teen support group), compared to none of the Asian/Asian Americans, 3% of the Hispanic/Latino/as and 1% of the White/Caucasians. The modal age ranges for the others were ages 31-40 (34% of Asian/Asian Americans and 40% of Hispanic/Latino/as) and 41-50 (28% of White/Caucasians).

Hispanic/Latino/as were least likely to have a high school diploma. Sixty percent did not, compared to 40% of African American/Blacks, 24% of Asian/Asian Americans and 12% of White/Caucasians. Asian/Asian Americans had the highest level of education: 39% had a college degree or more, compared to 28% of White/Caucasians, 9% of African American/Blacks and 8% of Latino/as.

Differences in reported sexual orientation were not large, but they were significant statistically. Ninety-six percent of African American/Black survivors identified as heterosexual, compared to 92% of Asian/Asian Americans, 93% of Hispanic/Latino/as, and 94% of White/Caucasians. Gender was predominantly female, although just 86% of African

¹⁸ This section reports only differences across groups that are statistically significant at the $p < .05$ level using chi square analysis unless otherwise noted.

American/Black respondents reported they were female, compared to 97-98% of the other three groups.

There were dramatic differences in country of origin across groups. Ninety-five percent of Asian/Asian American survivors came to the U.S. from another country, as did 89% of Hispanic/Latino/as. In contrast, this was true of just 20% of those who identified as African American/Black and 11% of White/Caucasians. Differences in reported ability to speak English varied accordingly: 51% of Hispanic/Latino/as and 37% of Asian/Asian Americans indicated they speak English “not at all” or “not well”, compared to none of those who identified as African American/Black or White/Caucasian.

Table 42: Differences in Current Financial Circumstances Across Racial/Ethnic Groups

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
I simply can't pay my bills	12.9%	2.3%	16.7%	20.8%
I have trouble paying regular bills	31.2%	34.1%	36.5%	34.4%
I can pay regular bills, but a big expense would cause a hardship	18.2%	48.9%	28.9%	28.3%
I can easily pay bills, but need to be careful	15.9%	5.7%	12.0%	10.7%
I don't worry about paying for things I want and need	21.8%	9.1%	5.9%	5.9%

Financial circumstances differed across groups, as well, as shown in Table 42. When the two options at either end of the financial continuum are combined, we see that 55% of White/Caucasians reported having financial difficulties, compared to 53% of Hispanic/Latino/as, 44% of African American/Blacks and 36% of the Asian/Asian Americans. At the other end of the financial spectrum, 36% of African American/Black respondents reported that they don't worry or need to be financially careful, compared to 18% of Hispanic/Latino/as, 17% of White/Caucasians, and 15% of Asian/Asian Americans. In addition, White/Caucasian survivors

were most likely to report they were worse or much worse financially now than two years ago. Fifty-two percent did, compared to 42% of Hispanic/Latino/as, 37% of Asian/Asian Americans, and 36% of African American/ Blacks. Some survivors reported they were “better” or “much better” off: 35% of those who identified as African American/Black, 29% of Asian/Asian Americans, 27% of Hispanic/ Latino/as, and 22% of White/Caucasians.

Finally, differences were found across groups in reports of a disability or disabling condition(s). White/Caucasians were most likely to so indicate (31%), compared to 18% of Asian/Asian Americans, 17% of African American/Blacks, and 10% of Hispanic/Latino/as.

Help-Seeking Process

Survivors differed significantly in the identification of the person who hurt them. Asian/Asian Americans were most likely to report that this person was their current partner (73%, compared to 52% of White/Caucasians, 51% of Hispanic/Latino/as, and 41% of African American/Blacks). African American/Blacks were most likely to identify an ex-partner (47%, compared to 43% of White/Caucasians, 42% of Hispanic/Latino/as and 15% of Asian/Asian Americans). Asian/Asian Americans were more likely than others to identify in-laws as people who had hurt them; 13% did, compared to 4% of Hispanic/Latino/as, 3% of White/Caucasians, and 1% of African American/Blacks.

Asian/Asian American survivors were more likely than the others to have heard about the program more than a year ago (53%, compared to 49% for Hispanic/Latino/as, 47% for White/Caucasians, and 37% for African American/Blacks). The source of information about the program also differed, as shown in Table 43. The table shows percentages of survivors who heard about the program from a particular source, for items on which there were significant

differences across the 4 racial/ethnic groups. Some survivors heard about the program from more than one source. Notably, the most common source of information about the program was “friend(s)” for both Asian/Asian American and Hispanic/Latino/a survivors, while it was

Table 43: Source of Information about Program by Race/Ethnicity

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
DV staff/volunteer; including other DV prog.	20%	17%	12%	19%
Friend(s)	8%	29%	28%	15%
Family member	7%	7%	14%	11%
Mental health counselor/therapist	3%	3%	7%	9%
Health care provider	3%	6%	8%	4%
Flyer/brochure	2%	2%	9%	5%
Internet	1%	9%	2%	4%

“DV staff/volunteer, including at another program” for both African American/Black and White/Caucasian survivors. Differences in the percentages who first heard about the program from police approached significance ($p < .06$); they were lowest for African American/Black survivors, at 10%, and highest for Hispanic/Latino/as, at 18%.

Hispanic/Latino/a and Asian/Asian American survivors were most likely to have first come to the DV program more than a year ago (45% and 42%, respectively, compared to 36% of White/Caucasians and 30% of African American/Blacks). They were also likely to have been to the program more than 20 times since their first visit. This was true for 39% of Asian/Asian Americans, 29% of Hispanic/Latino/as, 33% of White/Caucasians, and 17% of African American/Blacks

Groups differed in the extent to which they had received particular types of services when they first came to the program, as shown in Table 44 on the next page. Although

survivors who responded to this survey were not currently in shelter, shelter services may have been among the types of help they initially received from the program. All five options available to respondents are shown in this table because differences across racial/ethnic groups are statistically significant for all of them. It is notable that shelter services were not the most common initial service for any of the groups, although Asian/Asian American survivors reported this type of help more often than others. Instead, counseling was the most common initial type of help for all 4 groups.

Table 44: Types of Help Initially Received from the Program by Race/Ethnicity

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/Latino/a N=408	White/Caucasian N=506
Shelter	20%	24%	16%	11%
Support Group	30%	18%	46%	39%
Support Services	42%	46%	47%	35%
Counseling	49%	50%	52%	42%
Legal Advocacy	20%	36%	39%	25%

The types of help survivors reported getting currently from the DV program are shown in Table 45. Differences across each type of help are significant statistically.

Table 45: Types of Help Currently Received from the Program by Race/Ethnicity

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/Latino/a N=408	White/Caucasian N=506
Support Group	62%	41%	60%	56%
Support Services	79%	81%	80%	70%
Counseling	56%	74%	54%	55%
Legal Advocacy	22%	62%	48%	29%

Services and Supports: Differences in 11 Factors of Help Wanted

Differences were found across race/ethnicity in the extent to which survivors wanted a particular category of help, as identified by the 11 factors reported earlier, as shown in Table 46. Again, the table shows only statistically significant differences, and the percentages that wanted at least one of the particular categories of help. Notably, legal advocacy and criminal legal needs were desired more consistently across groups (and thus are not shown in the table).

**Table 46: Categories of Help Wanted by Race/Ethnicity:
Percentages That Wanted at Least One**

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
Information/support needs	97%	83%	94%	94%
Safety needs	93%	76%	90%	88%
Child-related needs	61%	44%	68%	53%
Economic needs	76%	53%	67%	58%
Victimization-related needs	62%	46%	53%	60%
Family-related needs	65%	39%	56%	60%
Physical/mental health needs	52%	56%	58%	47%
Immigration-related needs	14%	59%	66%	5%
Vulnerability-related needs	30%	38%	15%	28%

Services and Supports: Differences in 54 Types of Help Received Completely

Survivors also reported differences in the extent to which they had obtained *all* of a particular type of help they had wanted. Table 47 shows the statistically significant differences across race/ethnicity in survivors' reports of having received *all* of a type of help they wanted. Percentages are based only on the number of survivors in each group who indicated they wanted that particular service.¹⁹

¹⁹ It is important to remember that survivors could also indicate they had received *some* of a particular service they wanted, or none of that type of help at all. As seen in earlier tables, most survivors received at least some of the help they wanted.

Table 47: Specific Types of Help Obtained Completely by Race/Ethnicity

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
Talking to someone who understands my situation	33%	30%	88%	82%
Help being safe from the person abusing me	85%	73%	86%	79%
Information about counseling options	73%	72%	80%	81%
Learning more about why/how DV happens	83%	74%	86%	83%
Hearing what others have done in similar sits.	78%	55%	77%	77%
Help staying in my community safely	73%	64%	83%	79%
Help related to custody of my children	75%	63%	78%	65%
Help with child support	73%	53%	75%	50%
Help with other benefits for my children	75%	62%	78%	63%
Help for the person who hurt me	61%	48%	76%	55%
Help keeping my pets safe	68%	60%	65%	73%
Help with previous or other forms of abuse	77%	50%	73%	70%
Help with issues related to unwanted sex	81%	56%	77%	63%
Information about my legal rights and options	75%	72%	85%	68%
Help with access to legal services	74%	71%	83%	67%
Help supporting the court case against the person who hurt me (or help getting the system to bring a court case against the person who hurt me)	75%	74%	82%	68%
Help stopping the court case against the person who hurt me	65%	38%	80%	63%
Help with health care for myself	67%	66%	80%	63%
Help w/ reproductive/women's health issues	70%	68%	79%	62%
Help with cash assistance/vouchers	69%	48%	71%	52%
Help with financial matters, e.g. budgeting	66%	43%	68%	57%
Help paying rent/utilities bills	73%	43%	67%	54%
Help with transportation	74%	55%	73%	86%
Help understanding my rights & options related to my residency/immigration status	56%	71%	77%	86%

It should also be noted here that there were differences by survivors' race/ethnicity in the number of staff in the program from which they got help. Fifty-five percent of survivors who identified as African American/Black, for example, received services from a program with less than 13 staff members, compared to 39% of Asian/Asian Americans, 30% of Hispanics/Latino/as, and 25% of White/Caucasians. Just 29% of African Americans received services from programs with over 20 staff, compared to 39% of Asian/Asian Americans, 37% of White/Caucasians, and 27% of Hispanics/Latino/as. Staff size can certainly contribute to a program's ability to meet all of a survivor's needs.

Satisfaction and Outcomes

Survivors were asked to rate their experiences with the program and its staff on 9 different items. Response options ranged from "strongly agree" to "strongly disagree". Although these ratings were generally quite high, as shown previously, there were statistically significant differences across race/ethnicity in the extent to which survivors responded "strongly agree" for 5 of the 9 items. Asian/Asian American survivors were somewhat less likely than the others to report the highest satisfaction levels for these items. Ratings were not significantly higher when responses were controlled for survivors' birth location, with one exception: Hispanic/Latino/as born outside the U.S. were more likely than those born inside the U.S. to agree strongly (85% vs. 76%) that staff had spent enough time talking about safety.²⁰ Ratings were also not significantly different for culturally-specific programs.

²⁰ This item is not shown in the table because there were not significant differences between Hispanics/Latino/as as a whole and the other 3 primary racial/ethnic groups.

Table 48: Satisfaction with Program Staff by Race/Ethnicity

(percentages who “strongly agree”)

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
Program staff treated me with respect.	88%	82%	90%	90%
Program staff were caring and supportive.	89%	81%	86%	89%
Over all, my religious/spiritual beliefs were respected.	88%	83%	86%	87%
Over all, my sexual orientation was respected.	89%	80%	88%	89%
Over all, my racial/ethnic background(s) were respected.	91%	84%	89%	89%

Finally, survivors were asked to check which of 9 outcomes were true for them, and were attributable to services received from the DV program. Of the 9 items listed, differences across race/ethnicity were statistically significant for only 3. These items, along with the percentages of survivors who checked them, are shown in Table 49. Again, although Asian/Asian American survivors were somewhat less likely than others to attribute these outcomes to their DV program experience, the percentages who did were quite high (over 90% for all but one of these) across all 4 groups.

Table 49: Outcomes Attributed to Program Services by Race/Ethnicity

Because of the help I have received from this program so far, I feel...	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
...more hopeful about the future.	98%	93%	98%	93%
...more confident in making decisions.	96%	92%	95%	90%
...like I can do more things I want to do.	92%	88%	94%	89%

Differences Across Program Service Areas: Rural, Suburban or Urban

In order to understand differences in survivors’ experiences based on the populations from which they came to the program, survey data were re-coded with information gathered from the participating DV program surveys about the percentage of survivors coming from rural, urban, and suburban areas. Using rural areas as a point of reference,²¹ the data were re-coded into 4 categories (see Table 50). While a significant portion of the survivors who participated in this study came from programs that were primarily serving survivors this study came from programs that were primarily serving survivors from rural areas (21.1%), the majority of survivors (63.9%) come from programs that were primarily serving survivors from suburban and/or urban areas (those reporting that 30% or less of the survivors they serve come from rural areas).

Table 50: Surveys Completed by Percentage of Survivors Served from Rural Areas

Program description of % of survivors served who come from rural areas:	N = 1466	%
No Rural (100% of survivors from urban and/or suburban areas)	461	31.4%
Some Rural (.5% to 30% of survivors from rural areas)	476	32.5%
Much Rural (31-89% of survivors from rural areas)	219	14.9%
All or Nearly All Rural (90-100% of survivors from rural areas)	310	21.1%

Considering just the two distinct regional categories “all or nearly all rural” (referred to hereafter as “rural”) and “no rural” (to be referred to hereafter as urban/suburban), the

²¹ Any of the three types of areas could have been used as the point of reference for these analyses. Rural areas were selected because of the extent of analytic and programmatic interest in rural programs, and because of the limited data available in the literature about rural programs, as noted in the literature review. The data provided about the area survivors came from was based on the program respondent’s estimates, so these data clearly should be viewed as suggestive only.

demographic characteristics of survivors from these distinct regions differed significantly²² in many respects. Survivors from rural areas were primarily White (51.6%), African American/Black (24.8%), and Hispanic/Latino/a (13.2%). Survivors from urban/suburban areas were more racially/ethnically diverse: White (29.8%), Hispanic/Latina/o (31.7%), African American/Black (14.5%), Asian/Asian American (12.1%), Multi-Racial (2.4%), and in other groups (10%). Survivors from rural areas tended to be younger, with a modal age between 21 and 30 years, compared to urban/suburban area survivors whose most common age was between 31 and 40 years.

Survivors in rural areas were more likely to identify as lesbian/gay (3.2% vs. 1.5%) or bisexual (3.6% vs. 1.8%), than those living in urban/suburban areas. Survivors from rural areas tended to have less formal education; 43.1% had not completed high school or a GED, compared to 25.1% of urban/suburban area survivors. Survivors from rural areas were substantially more likely to be U.S. born (78% vs. 46.3%) and less likely to have been born outside the U.S. (22.1% vs. 53.7%) than urban/suburban area survivors.

Survivors from rural areas were more likely to report speaking English “very well” (85.2% vs. 57.1%) and less likely to report speaking English “not at all” (7.4% vs. 9.7%), compared to urban/suburban area survivors. Survivors from rural areas were also more likely to report preferring to speak English (84.3%), with Spanish as the second preferred language at 9.7%. In contrast, 55.5% of urban/suburban area survivors reported English as a preferred language and 27% preferred Spanish; the remainder preferred a variety of other languages, including Chinese, Korean, Portuguese, Russian, and Vietnamese.

²² As in previous sections, “differences” are reported here only if they are statistically significant at $p < .05$ or better. Significance in this section was determined by chi square analyses.

Survivors from rural areas were more likely to describe their current financial situation as comfortable (i.e. can easily pay bills or don't worry about paying for things) than were urban/suburban area survivors (34.8% vs. 16.5%); they were also somewhat less likely to report having trouble or being unable to pay bills (44.9% vs. 49.8). Survivors from rural areas were also somewhat more likely to describe their current financial situation now compared to two years ago as better/much better (36.4%), compared to urban/suburban area survivors (24.5%), who were more likely to describe their financial situation as worse/much worse (45.6% compared to 38.4% of rural survivors). Finally, survivors from rural areas were slightly more likely to consider themselves to have a disability or disabling condition (22.7% vs. 20.1%).

There were also area differences in the help-seeking process. Survivors from rural areas first heard about the DV program more recently than urban/suburban area survivors; 52.8% first heard about the DV program less than 6 months ago, compared to 30.4% of rural/suburban survivors. Similarly, the majority of rural survivors first came to the program less than 6 months ago (61.9%), compared to 38.3% of rural/urban survivors.

Survivors were provided with a list of 15 different potential sources from which they might have heard about the DV program. Survivors from rural areas were more likely to have heard about the DV program from family members (12.3% vs. 8.7%), the police (20.6% vs. 13.2%), child protection services staff (6.5% vs. 4.3%), and TANF/welfare staff (5.2% vs. 2.4%). Survivors from urban/suburban areas were more likely to have heard about the DV program from DV staff (19.1% vs. 11%), social service agency staff (10.2% vs. 5.5%), and healthcare providers (6.9% vs. 3.9%). The most commonly cited source for information about DV programs for rural survivors was "other" sources (31.6% vs. 8.9%), including jails/correctional facilities,

schools, immigration counselors, and lawyers.

Of the four main types of services and supports that many DV programs offer in addition to shelter (support groups, support services, counseling, and legal advocacy), there were differences by program service area in both the types of services being used and the number of services (see Table 51). Survivors from rural areas were much more likely to be using support groups (63.8% vs. 48.5%), and somewhat more likely to be using support services (76.6% vs. 71.8%). Consistent with the length of time since they first came to the program, survivors in rural programs had had fewer program contacts at the time they completed the survey. Just 20.7% had been to the program more than 20 times, compared to 36% of survivors in urban/suburban programs.

Table 51: Types of Services Currently Being Used by Program Service Area

	No Rural (Urban and/or Suburban Survivors)		All or Nearly All Rural Survivors	
	N	%	N	%
Support Group	423	48.5	301	63.8
Support Services	415	71.8	295	76.6
Counseling	417	60.9	292	58.2
Legal Advocacy	426	33.1	298	31.2

There were no area differences in survivors' level of satisfaction with program staff. There were differences by program service area for only one of the nine outcome statements: "I feel more comfortable asking for help." Survivors from rural areas were *less* likely to feel more comfortable asking for help (90.1% vs. 97.0%) after program participation than survivors from urban/suburban areas, although reports of increased comfort were clearly high for both groups. Notably, further analysis indicated that the higher levels reported by survivors from urban/suburban programs was associated with responses from survivors born outside the U.S.

Male Respondents: Differential Findings

A total of 60 male respondents completed the survey. Half of the male respondents participating in the survey (n=30) were recruited from a teen violence prevention project in a Midwestern state that provides “healthy relationship” classes at local high schools located in rural areas; these respondents were age 17 or younger.²³ The other half of the male respondents (n=29) were a broad group of men age 18 and over from across the sample. One male respondent did not provide his age. Given the distinct differences between these two groups of males related to maturation and likely level of independence, the data presented here about gender differences have also been divided by age differences: teens (age 17 and younger) and adults (18 and over).²⁴

Demographic Differences: Teens

Male teen survivors were mostly likely to be African American (86.2%) or Multi-Racial (6.9%), compared to female teen survivors (n=58) who were African American (63.8%), Hispanic/Latina (20.7%) or Multi-Racial (6.9%). All of the male teen survivors identified as heterosexual, compared to 92.9% of female teen survivors who identified as heterosexual and 7.1% who identified as bisexual. Male and female survivors reported the same level of educational attainment: 9th – 11th grade. The majority of both male and female teen survivors reported being born in the U.S.; 15.4% of male teen survivors came to the U.S. from another country, compared to 13.3% of female teen survivors.

²³ Note about methodology: In order to ensure confidentiality and privacy, entire “healthy relationship” classes were invited to participate in the survey, but only those surveys completed by persons who clearly identified as survivors of DV were included in the dataset and analysis.

²⁴ Despite the differences by age among the relatively small group of male survivors, teens as a group did not differ substantially from the “adult” sample as a whole. For example, they reported needs related to their children and other issues at the same rates. For this reason, they are included in analyses throughout this report.

The vast majority of both male and female teen survivors spoke English well or very well (96.6% and 94.8%). Male teen survivors were likely to prefer to speak English (77.3%) and Spanish (18.2%); the majority of female teen survivors were also likely to prefer to speak English (89.1%), but fewer preferred to speak Spanish (8.7%). Three male teen survivors (13.0%) reported having a disability or disabling condition, and compared to 6.4% of female teen survivors (n=3).

Demographic Data: Adult Males²⁵

Male adult survivors (n=29) were mostly likely to be Hispanic/Latino (41.4%), White/Caucasian (24.1%), African American (17.2%), or Asian/Asian American (10.3%). Adult males were most likely to be between the ages of 31 and 40, and most likely to identify as heterosexual (83.3%), although 12.5% reported they were gay, and 1 reported “other” sexual orientation. Sixty percent of the adult male survivors reported coming to the U.S. from another country, compared to less than half of the women. Only 10.7% of male adult survivors reported having a disability or disabling condition, about half the rate of female adult survivors.

Gender Differences in Services and Outcomes: Teens

There were few significant differences across gender among the teens in anything related to the help-seeking process, services wanted, or outcomes. The males were a bit more likely to have first come to the program within the past six months (97% compared to 79% of females), but this was not significant statistically ($p < .08$). Similarly, the males were slightly

²⁵ It should be noted that 2 of the adults identified as transgender. In order to protect confidentiality, their responses are not included in the analyses in this section. Comparisons with female adults are not systematically provided here because of the differences in sample size. The small number of adult men (29) included in the sample cannot be considered representative of male survivors who come to DV programs for services. However, they are included here because of the importance of learning more about male survivors and their needs.

more likely to indicate they wanted “support to make decisions and changes in my life” (100% vs. 89%; but $p < .07$).

There were no differences in the types or numbers of basic services, or in number of service contacts with the program. There were also no differences in the various measures of satisfaction with program staff. Nonetheless, the females reported more positive outcomes on two of the nine items measures. Female were more likely to indicate that, because of program services they “know more about my rights and options” (96% vs. 83%; $p < .04$) and “like I can do more things I want to do” (88% vs. 67%; $p < .03$).

Adult Male Experiences with Services and Outcomes

Fifty-seven percent of the men were receiving support services, 34% were taking part in support groups, 57% were receiving counseling, and 54% were receiving legal advocacy. The specific types of help they wanted were remarkably similar to the types of help wanted by the women. This was true of the categories of needs identified in the factor analysis reported earlier, as well. Finally, the men reported high rates of satisfaction with program services (generally above 90% who have strong agreement on the applicable satisfaction measures), and remarkably similar outcomes to those reported by the adult women survivors in the sample. Outcomes for adult men are shown in Table 52. They are least likely to report that, because of the program, they know more about community resources or get more support from family and friends (both 72%). Nonetheless, both are high, and the others are quite high.

Table 52: Outcomes for Men

Because of the help I have received from this program so far, I feel...	% indicating “yes”
...I know more ways to plan for my safety.	86
...I know more about community resources.	72
...I know more about my rights and options.	86
...that I will achieve the goals I set for myself.	96
...more hopeful about the future.	96
...more comfortable asking for help.	93
...I get more support from family & friends.	72
...more confident in making decisions.	93
...like I can do more things I want to do.	89

Program Size²⁶ & Survivor Experiences

Analyses that examined differences based on the number of staff in the program focused on how survivors had heard about the program, the types of services survivors were receiving, number of times survivors had come to the program, the extent to which survivors received all of the particular type of help they wanted, and survivors’ reported outcomes. Notably, there was a relationship between staff size and rural/urban location; the programs in rural areas tended to be smaller. The vast majority of programs with over 20 staff (86.5%) were located in predominantly urban/suburban areas (the ones that reported that 30% or fewer of their clients came from rural areas). Put another way, just 20% of the programs with predominantly urban/suburban clients (more than 70%) had 5 or fewer staff.

Survivors who obtained services from small programs (staff size of 5 or fewer) were more likely than the others (17% vs. 11%) to have heard about the program from family or

²⁶ These analyses were based on the number of program staff instead of number of staff full-time equivalents (FTEs) because data on FTEs was missing for 10% of participating programs. Nonetheless, the general patterns should be similar. The correlation between the two, for programs that reported both types of information, was .948.

people from their religious or spiritual community (8% vs. 4%). Survivors who received help from larger programs (staff size of 13 or more) were more likely to have heard about the program from people in court (16% vs. 7%). No other differences were statistically significant.

Table 53 shows the differences in types of services survivors were currently receiving, by number of program staff. Differences in the extent to which survivors were receiving counseling

Table 53: Types of Services Survivors Are Receiving by Program Size
(Percent of survivors receiving the service)

	1-5 Staff N=161	6-12 Staff N=333	13-20 Staff N=469	20+ Staff N=415
Support Services	75%	81%	76%	71%
Support Group	37%	60%	63%	56%
Legal Advocacy	48%	28%	36%	37%

did not quite reach statistical significance ($p < .06$), and so it is not shown. Notably, a higher percentage of survivors receiving services from the smallest programs were receiving legal advocacy than was true of the larger programs. Conversely, survivors obtaining help from the smallest programs were least likely to be participating in a support group.

Survivors who received help from the smallest programs also had come to the program the fewest times since their initial visit. Just 34% had come more than 10 times after the first visit, compared to 53% of those getting help from programs with 6 to 12 staff, 44% of those getting help from programs with 13 to 20 staff, and 46% of those in the largest programs.

There were no meaningful relationships between staff size and the types of services survivors wanted, either for specific services or for the service categories identified in the factor analysis. There were some differences, however, in the extent to which survivors obtained the services they wanted. Table 54 shows the percentage of survivors who reported they got *all* of

a specific type of service they wanted. As before, only the results that show statistically significant differences are displayed. Although the percentages of survivors who reported

Table 54: Differences in Percentages of Survivors Who Got All the Help They Wanted

	1-5 Staff N=161	6-12 Staff N=333	13-20 Staff N=469	20+ Staff N=415
Someone to go with me to get help	79%	69%	76%	68%
Help staying in my community safely	84%	71%	82%	76%
Help meeting needs related to my disability	76%	65%	69%	62%
Help with issues related to unwanted sex	75%	80%	66%	65%
Information about my legal rights and options	84%	72%	78%	69%
Help with access to legal services	80%	72%	76%	67%
Help with health care for myself	78%	70%	70%	59%
Help with mental health services	71%	67%	72%	65%
Help with financial matters, e.g. budgeting	59%	63%	66%	49%
Help paying rent/utilities bills	60%	65%	65%	51%
Help with immigration issues (e.g. visa, work permit, others)	58%	68%	83%	68%

differences are displayed. Although the percentages of survivors who reported they got all they help they wanted are remarkably high across program size, those who obtained their help from the smallest programs often reported getting all they wanted at higher rates than those who got help from larger programs. This finding is perhaps more remarkable since the survivors who participated in services from the smaller programs reported fewer contacts.

Finally, there were no statistically significant differences in program satisfaction across program size. Similarly, there were no differences in self-reported outcomes.

IV. RESULTS FROM FOCUS GROUPS: THE INTEGRATIVE SUMMARY

Context

The purpose of the focus groups was to expand the findings of the survey, to provide more contextual information about survivors’ experiences using program supports and services, and to gather rich qualitative data that could enhance the quantitative survey data. Additionally, the focus groups were designed to fill gaps identified in the survey data by reaching out to specific populations that were not as well-represented in either the survey data or existing literature. Working from these study goals, and with additional input from our study consultants and our participating state coalitions and culturally-specific organization partners, a total of 10 target populations were identified for participation in the focus group process (see Table 55).

Table 55: Focus Group Populations & Geographic Locations

Population	Geographic Location	N = 73
African American	South Central U.S.	11
Asian/Arab Immigrants	Western U.S.	15
Brazilian Immigrants	Eastern New England	3
Latina Immigrants	South Central U.S.	3
Latina Immigrants	Northern Central U.S.	4
LGBTQ	Northwestern U.S.	6
Men	Southern New England	3
Older Adults	Eastern New England	11
Survivors living a rural area	South Eastern U.S.	7
Survivors in recovery from substance abuse	Eastern U.S.	10

The research team contacted DV programs working with the particular populations of interest to determine their willingness to host a focus group. The majority of programs originally recruited for participation in the focus group process were DV non-residential

programs that had also participated in the survey portion of the study; additional outreach to other programs was required to ensure all desired populations were included in the process. Fifty percent of focus groups were hosted by programs that also participated in the survey.

The focus groups were structured to be the same for all populations, including the use of the same protocols and focus group questions. Group size was recommended as 8-10 survivors, with the anticipation that 12 survivors would need to be recruited to address potential no-shows. While the majority of groups did recruit 12 survivors, the average focus group size was 7 survivors, with a range of 3 to 15 participants. As promised, each participant was given a \$35 gift card for his/her participation in the group. The focus groups were scheduled to last for two hours, which included time to introduce the study, review the information sheet and conduct the verbal consenting process, distribute stipends, discuss meal protocols/eat the provided meal, and answer the research questions. The research question discussion portion of the focus groups was audio taped, and the average length of discussion was 62.6 minutes.

The Latina immigrants' focus group in the northern central U.S. area program was conducted in Spanish; all other focus group were conducted in English, but several groups relied on the use of interpreters. The Latina immigrants' focus group in the south central U.S. area program used a Spanish-language interpreter to facilitate the meeting. The Brazilian immigrants focus group in eastern New England used a Portuguese-language interpreter. And the Asian/Arab group in the Western U.S. had two Cantonese, one Arabic, and one Korean-language interpreter; this group used a side-by-side interpretation method.

Demographics

A total of 73 survivors participated in 10 different focus groups held at DV organizations across the United States. Sixty-six participants identified as female (91.7%), six as male (8.3%), and one participant did not respond to this question. Table 56 on the next page shows the age variations of participants. The table indicates that, while 18% of participants were age 30 or younger, the median age and largest age group was 41 to 50 years old (34.7%).

Table 56: Age of Focus Group Participants

	N=72	%
17 or younger	0	-
18 – 20	1	1.4
21 – 30	12	16.7
31 – 40	15	20.8
41 – 50	25	34.7
51 – 60	12	16.7
61 – 70	7	9.7
Over 70	0	-

Table 57 displays the racial/ethnic identity of the focus group participants. About one third of the participants identified as White/Caucasian; the majority of the rest of participants identified as either African American/Black, Asian/Asian American, or Hispanic/Latino-a.

Table 57: Racial/Ethnic Identity of Focus Group Participants

	N=73	%
African American/Black	19	26.0
African	1	1.4
Asian/Asian American	13	17.8
Hispanic/Latino-a	9	12.3
Middle Eastern	2	2.7
White/Caucasian	25	34.2
Other	4	5.5

Of those participants who identified their race/ethnicity as “Other”, three participants specified their race/ethnicity as Brazilian (4.1% of the total) and one as East Indian (1.4% of the total).

The majority of the participants identified their sexuality as heterosexual/straight (78.7%). Of the other 21.3% participants, five identified as lesbian/gay (8.2%), four as bisexual (6.6%), and another four as “Other” and specified “Queer” (6.6%). Thirty participants considered themselves to have a disability or disabling condition(s) (41.7%).

The survivors varied in their levels of educational attainment. 79.4% of participants had obtained at least a high school diploma or GED (see Table 58). 45.2% of participants had some college experience or had obtained a college degree.

Table 58: Highest Level of Education

	N=73	%
8 th grade or less	7	9.6
9 th – 11 th grade	8	11.0
High school graduate or GED	25	34.2
Some college	18	24.7
College graduate	14	19.2
Advanced degree	1	1.4

Participants were asked how long they or their families had been in the United States. Thirty-three participants reported that they came to the U.S. from another country (50.8%) and one participant reported that at least one of his/her parents came to the U.S. from another country (1.5%). Of those participants who came to the U.S. from another country, 20 identified as immigrants (87.0%) and another three identified as “Other” (13.0%); they specified “by marriage”, “Mexico”, and “work visa”.

Participants varied in their reports of how well they spoke English. Four participants reported “not at all” (5.5%), 11 reported “not well” (15.1%), 12 reported “okay” (16.4%), four

reported “well” (5.5%), and 42 participants indicated they spoke English “very well” (57.5%). 61.7% of participants reported that English was their preferred language and 11.7% of participants preferred to speak Spanish. Survivors also reported preferring to speak Chinese (10%), Portuguese (4.1%), Arabic (3.3%), Cantonese (2.7%), French (1.4%), Korean (1.4%), and Vietnamese (1.4%).

Table 59: Current Financial Situation

	N=69	%
I simply can’t pay my bills.	8	11.6
I have trouble paying regular bills.	22	31.9
I can pay regular bills, but a big expense would cause a hardship.	24	34.8
I can easily pay my bills, but need to be careful.	11	15.9
I do not worry about paying for things I want and need.	4	5.8

Table 59 shows the current financial situations of the focus group participants. Nearly half of the survivors reported experiencing some sort of financial difficulty (43.5%). Only four reported not having any financial worries. Four participants did not respond to this question.

When asked to compare their current financial situation to two years ago, participants varied greatly in their responses (see Table 60). 37.5% of survivors reported their financial situation as “worse” or “much worse”. Only 12.5% reported being in a “much better” financial position today.

Table 60: Financial Situation Now Compared to Two Years Ago

	N=73	%
1 Much worse	10	13.9
2	17	23.6
3	24	33.3
4	12	16.7
5 Much better	9	12.5

The Help-Seeking Process

First Places Help Was Sought

Focus group participants spoke of a variety of places they first sought help. Most often survivors turned to informal supports when initially seeking help for the abuse, including family members, friends, co-workers, or church members. A few survivors were involved with the police and/or criminal justice system as a result of the abuse and were encouraged to seek DV services. There were a few cases reported of survivors seeking medical attention and being referred to services by hospital staff or other medical professionals. A few participants also mentioned being referred to DV services by therapists, social workers, or case managers. One or two survivors also reported initially reaching out to their Employee Assistance Programs.

- [Y]ou get to a point, it was getting overwhelming you know, in terms of the way my mind was thinking about things, no sleeping, and so one day I just, I was talking to a friend—I had to finally confide in somebody—and he mentioned ‘why don’t you look for domestic violence counselors?’
- And I had been with him for quite awhile and decided I needed to do something, so I reached out to my family and friends. Which is when I started therapy too, and they kept nudging me that I need more help. And so I decided to come here because I couldn’t handle my person anymore, and I knew I needed help and I knew I needed to be strong in order to get away from the situation for good because I know that if I go back to the situation it’s going to eventually come back to the same thing.
- The doctor said I have a problem; before I go home I was gonna get some help. So I went to [name of program] when they were open. So what happened I passed about five times looking at that door, I was too scared to go in. But you know, I finally went in there and when I did that was my first step in getting help.
- I went to my boss. My husband wouldn’t let me talk to anybody so I went, got the phone and sent a text [to] my boss. They took me to the hospital.

Although survivors may have talked to people about their situations, most did not seek formal services until someone in their lives recognized their need for support that they did not

see themselves. Thus, it was common for survivors to be referred to domestic violence services from another source instead of seeking out services initially on their own.

- Oh, everybody was telling me, ‘you’re being abused. You’re being abused. Why are you with this man? You gotta get out of there’, you know, and all. So my friends in AA were prompting me to get help, to get enough help so I could take the first action in getting him removed, him removed, not me, him removed.

Group Differences

Many survivors within the Brazilian immigrant group explained that they initially sought general services from their culturally-specific organization. Once they began to build relationships with staff at the center, they were referred for DV services through the same organization.

- I got to know about [DV program] because I came here to help my parents-in-law to fill out applications for government assistance. Then I got to know them, and began participating, you know, and helping out. So that’s how I got to know [DV advocate], and we developed a friendship, you know, so then I felt the trust I needed to be able to tell her.

Survivors in recovery from substance abuse reported they had also sought assistance from the prison system, AA/NA groups, a hospital or detoxification program, and/or their sponsors.

What Was Helpful in the Help-Seeking Process

Participants in the focus groups were asked how they felt their specific domestic violence program was helping and which services and supports have been the most helpful. Survivors’ responses fell into three general categories, with some degrees of variation in levels of helpfulness. These areas included: (1) emotional support; (2) information, referrals, financial assistance and in-kind donations; and (3) legal advocacy.

Having emotional support was particularly important to all of the survivors participating in the focus groups. A large part of this emotional support was the sense of safety created by the various DV programs and advocates so that survivors felt comfortable sharing their experiences, thoughts, and emotions openly. This sense of safety was especially important for immigrant survivors, who found seeking services at culturally-specific organizations essential.

Emotional support came in the form of support groups and/or one-on-one counseling and advocacy at the various DV organizations. Many survivors felt like the support groups had saved their lives and they appreciated being able to support one another, regardless of the specific issues they confronted. Survivors claimed that the DV advocates they worked with through both the support groups and the one-on-one counseling and advocacy were incredibly supportive, non-judgmental, and understanding. Participants also found it comforting when they felt they could directly relate to the DV advocates they were working with. This would come about if they felt the advocates were also survivors of domestic violence, in recovery from substance abuse, spoke their language, or identified as LGBTQ. This made survivors more comfortable sharing their stories and talking about extremely difficult, personal feelings and experiences.

- I was in a very complicated situation, that I had no other options. I thought I had to stay in my marriage, and I began looking for [DV advocate] last week. I'm still married. Because I thought I had no other solution for what was happening, and I was seeing that this was domestic violence. [DV advocate] showed me that there are more things that can help solve my problem. And now I think I can see a light, after talking to her, and a solution for all of these problems, that now I begin to see a way out.
- And apart because they listen to you, any person that works here listens to you and has the capacity to understand and counsel someone perfectly.
- For me I would say my counselor's the most helpful because I don't know, it's like my common sense every time I go...and the least helpful I felt was the police.

- The reason why it's helpful to me is because they welcome you with open arms. The fact is I can talk about anything and not feel threatened.

When talking with a supportive person, whether it be a friend, family member, or DV advocate, survivors reported that hearing someone else tell them they were in fact being abused and needed help was crucial in their decision to finally seek services. It was also extremely helpful if an organization had a fast intake process, making it easy for a survivor to receive emotional support right away in the form of one-on-one counseling or support groups.

- ...To be able to talk about it and not feel crazy, like I was making it up or it wasn't something that was real scary. The first people I talked to were like "Whoa, you need to go do something about that". That felt really good to hear and have witnesses too.
- For me it was like getting a sense of what's normal and breaking out of what was my normal in that relationship and seeing what other people think, how other people live and getting all the different perspectives that I could. And if a lot of them said, you know, it's kind of messed up what you're in, then I knew it was messed up and I needed to do something about it.
- But it was such a relief, you know, actually when I met with [DV advocate name] it was very, I couldn't speak two minutes, I mean the whole period of my meeting with her was full of tears, you know, I couldn't just, I couldn't control myself because I don't talk about it, but it was deeply, you know all written and being put together was really, really hurting me. So, when I met [DV advocate name] and she was um, she made me feel like she's here to listen and there is some kind of solution that is going to come from her. I had to tell right then when you touch on some of these sensitive issues, things that you been through, then it becomes really difficult to control too.
- The counseling, the therapy help you keep going, you know, every time I come here, when I go out I feel like, you know, brand new. My body and I are recharged to start again.

The second aspect of support that was helpful for survivors was a combination of information, referrals, financial assistance, and in-kind donations. The information and referrals provided by most DV organizations participating in the study allowed survivors to learn more about community resources and receive the appropriate referrals for services like outside

therapists or job training centers. In-kind donations and financial assistance came in the form of food, clothing, rent assistance, school supplies for their children, transportation vouchers, and/or gas money.

- They don't tell you what to do but they help you, they talk to you, bought me food, cleaning supplies, you know that would last me a month or so that I didn't need to worry about nothing. And then I got a sense that if I needed something I could call them probably and they would help me.
- I turned over my car which was his, my cell phone, and all the ladies that I worked with went, when I left, when I took him with me, I had everything I needed. I went and got my kids, my underwear, clothes, and everything and we walked out. I stayed at the shelter for 38 days. Which was a wonderful thing I did because I didn't have a car, they took me back and forth to work, took my kids to day care, so I didn't have any bills to pay. They have a safe. I was able to put my paychecks in the safe, not touch them, I didn't have any bills. And if you don't have clothes they'll give you clothes. School was starting, I didn't have school supplies. They gave my kids everything they needed for school.

Participants also found the legal advocacy provided by DV organizations helpful in their efforts to remain safe from their abusers. Those survivors who found the criminal justice system and law enforcement officials helpful reported that restraining/protection orders, having their abuser be taken to jail, and having well-trained and responsive police officers was effective in keeping them safe. Of the survivors who had negative experiences with the police and/or criminal justice system, several did speak positively about the support and advocacy they received from their domestic violence advocate who helped them fill out paperwork, went with them to court appearances, and provided information about the criminal justice system. This made applying for protection/restraining orders and going to court a little less stressful and overwhelming for the survivors.

- I definitely didn't find the legal system helpful at all. But I did, there was one person who was part of the like, domestic violence advocate program, who like actually helped me walk through the paperwork steps and that was really helpful because that was just like

so overwhelming and so much bureaucracy and so much baloney to deal with. So it was definitely helpful to have people who specifically had answers or methods or, but then also just like, any kind of emotional support I found helpful.

- Municipal court. They helped me get my restraining order, the protective order and they told me how to go about doing everything that I did.
- They took him to jail, so that helped.
- [The police] were very helpful, because when that happened, when I called to put him out, the same police happened to come around when the incident happened. They was like, “Didn’t we tell you not to come back around here?”

Group Differences

A few groups discussed aspects of services that were helpful to their specific groups, such as services being provided in their native language and/or working with advocates from their own culture for immigrant survivors.

- [S]ocial service [staff] was working there and they really helped me to interpret, come with me to the medical health care center and interpret for me. Show me the area around and provided a lot of other support not just shelter. Take me from one shelter to another and would come and interpret for me and help me to learn more about the city and put me to learn English too.
- That there are Latinas. That’s very important.

LGBTQ survivors especially emphasized that one of the most helpful aspects of the DV program they sought help from was that it was specific to LGBTQ survivors. Thus, the group did not feel like they had to educate or explain to people working at the organization about issues around gender and sexuality, making survivors feel much more comfortable expressing themselves fully. Survivors in recovery from substance abuse found it especially helpful that the services were free of charge and the organization welcomed women at every stage in recovery.

Barriers in the Help-Seeking Process

Survivors in all focus groups discussed a variety of personal/internal and external barriers to the help-seeking process. Survivors' most commonly cited personal barrier was that they did not recognize the abuse for what it was, especially if it only comprised of verbal abuse and did not include physical assaults. Survivors reported not realizing what was happening to them classified domestic violence until someone in their lives told them it did. Many felt the abuse was their fault, as their abusers had manipulated them into thinking it was; participants reported feeling depressed, scared, and having very low self-worth. Some survivors also explained that they had a hard time believing that their partners were capable of abuse.

- Well again, go back to the beginning. We crawl in here because we are nothing of a person. We are down really low. No self-esteem. Post-traumatic stress. Anxiety. Depression. Suicidal intent. You know, all of the above – really lost souls that come to this program.
- In my case I didn't know it was violence, you know. Because he used me, you know, to go work for him, and send all the money to his hands. And I didn't know that was abuse. I talked to [DV advocate] and she was the one who told me, you know, that was violence.
- I was in complete denial that I was being abused. I kept thinking it was my fault, my fault, I aggravated him. And consequently I kept seeking counselors to see, to work on myself, and falling into this whole steps of AA and calling my sponsor and calling fellowship members of AA and talked to programs and all this continued, and I filed for divorce back in 98, but never followed through...
- Right now I am in the middle of going through final divorce decree, I, it's very huge for me because I have feelings for my husband about what it could have been, but I became addicted to him. That's what it was. It wasn't love, it was an addiction. Yet I knew I was being mistreated, like that, I don't understand it. Maybe I'll find out more about that the more I come.

Fear was a big part of what kept many survivors from leaving, including fear that they wouldn't be believed, fear of having to start a new life alone, fear of losing their children, fear of being stigmatized in their communities, and fear of what their abusers would do if they left.

Many times their abusers had threatened to kill them if they tried to leave or had threatened to hurt people they cared about. Often survivors reported feeling dependent upon their abusers, both emotionally and financially.

- When I go to court I felt like anything I said and did, they weren't gonna believe me, they would think it was not real, that I was fabricating these things myself that were happening in my life. Like mental illness, having a nervous breakdown. I actually was apologizing to my lawyer, who's gonna believe me? They're gonna think this is not real when, you know, it's real.
- You know if you're gonna survive you're gonna have to start a new life with new people. Very hard to do, none of us are young, very hard to do. You know, I think that that's, and I've talked to [DV advocate name 2] about it, I talked to [DV advocate name] about it, and you can draw upon your own resources of what you like, but it's still again, the day that you're sitting at home and everything is quiet and when you open up that door and there is nobody there, you're saying to yourself, you know...there's something missing that you can't put in there.
- It's such a big fear: to stay and to leave. They are both so fearful.
- And he has threatened me many times, you know, he has wanted to kill me. And when I was coming here, he had my five-year old son and said that he was gonna shoot the boy in the head and then was gonna kill me if I left him.
- Fear is right there in the beginning. The fear keeps you; it stops you dead in your tracks. You have to get beyond the fear cause that's what these guys do, they put the fear into your life so much that you feel like you can't go out there and be a person.
- I was totally financially dependent on my husband, and that's ultimately what he wanted.

Survivors in all focus groups also reported several external barriers to seeking help.

Participants reported being less likely to reach out for other services if they did not have emotional support from loved ones and were blamed for the abuse by friends, family members, or their communities. Some survivors reported talking to therapists or other health professionals about the abuse who were not trained in DV issues and sided with the abuser or gave inappropriate advice.

- But what I am trying to say is that the therapist we went to was a woman and my husband is very charming and charismatic and a fairly decent good looking Italian man. He totally won her over and everything shifted to him. And she did more damage to me then. Yeah, she totally left me feeling so bad about myself ...". Yeah, so if you get the wrong therapist or the wrong help...
- For me the first family member I went to actually turned it against me and said that I was the reason, that you know was kind of like blaming me for the situation.

Several survivors reported that the criminal justice system re-victimized them by blaming them for the abuse and generally being unsupportive. Some survivors came across loopholes in the criminal justice response to DV that failed to adequately protect them, especially in regard to protection and/or restraining orders. Depending on the size of the survivor's community, sometimes protection or restraining orders did not make sense because the survivor would constantly come into contact with his/her abuser. Safety planning also had limited effectiveness in these cases, and often survivors in small communities shared friends with their abusers, making it harder to find people to turn to in times of need.

- [J]ust like trying to convince everyone to take me seriously consistently, finding all these weird nuances with the law where like basically they can only protect you after something really bad has happened and so like, trying to make sure people knew how bad that things were and it just was like exhausting and didn't ever actually feel helpful and mostly felt scary and complicated.

Some survivors were unable to access services at DV programs because they had restrictions on who was eligible for services; including, for example, survivors needing to reside in a certain county or needing to have children. This denied some survivors of services that they desperately needed to get away from the abuse.

- I had been there four times, four times, and I never once made one group after all the counseling that I had. You had to meet certain requirements, and I don't know what they were looking for, what they weren't looking for, but that upset me greatly.

Focus group participants also cited the lack of health insurance and financial difficulties as another major external barrier to accessing help. If survivors spoke a language other than English, not being able to access services in their primary language often kept them from reaching out.

Group Differences

Some groups encountered more barriers to seeking help than others, depending on their immigration status, language of preference, or their identification as men or LGBTQ. Specifically for immigrants, many of their abusers threatened their citizenship. If their abuser did not, many survivors still felt afraid of losing their citizenship or being unable to access DV services because of their citizenship status. Many immigrants, in addition to social isolation and not having friends or family nearby to turn to, did not know the areas in which they lived very well and therefore did not know where to access help. Within the Asian/Arab immigrants' focus group, survivors encountered challenges working with the court system around interpretation services, including experiencing court-appointed interpreters that were not accurately interpreting on their behalf. Participants in the Latina immigrants' focus group spoke mainly about a sense of social isolation they felt and a fear that a woman in their culture is blamed for the abuse and stigmatized by her community, family, and in-laws. Latinas also mentioned that there is a potential lack of confidentiality when seeking services, as their DV program is located within a larger community center accessed by people known to the abuser.

- I immigrated here in 2005 and suffered domestic violence. Because I did not live close to [name of area], [I was] isolated from friends and family.
- The interpreter (court appointed) actually hurt my case by not clearly relating my messages to the court. Later I learned they could object or bring that issue to court.

- [B]ecause I was married, well, I still am, I'm still going through the divorce process with an American, and he used to say that he would send my body back to [name of country] in a trash bag. I was afraid too because I didn't have my documents, and he would use that a lot. He would make me do things, which affected me a lot. He would do many other things too.
- I think that because we are immigrants the legal part is what weighs the most. I think it's the fear of us searching for help, and the fear of getting divorced. For example, my family lives here, so I need to keep my documents. I think this is the most important difference.
- [W]e don't have any friends, we don't know anyone, we don't recognize the area and even less we don't have family here.

Many LGBTQ survivors felt like they had to educate members of the criminal justice system about issues around gender and sexuality. Participants in the men's focus group experienced high amounts of shame and fear of being seen as less of a man because of the abuse; they felt they had to hold everything together. One man also explained that it is harder to speak with friends because friendships between men are much less open than they are with women. Additionally, all three survivors in the men's group did not believe they were eligible for services as men because most DV programs only *advertise* services for women.

- I felt like I spend a lot of time, especially in the legal system, trying to convince people to take me seriously because of the gender stuff. And, like trying to explain, like using male pronouns for the person on documents but then they would be like 'but they were female'. You know, trying to explain gender to court officials and feeling like I was having to do a lot of education in places where I didn't want to.
- This was hardest part you know because like a man you got a different vision, you have to be strong, and you never have to cry. When I decide to come here at the beginning, I got a lot of doubts because you know like an immigrant and I got married with a citizen, she left me, she abused me, I thought I couldn't get help from nobody.
- It is a little bit difficult when it comes to a guy, I mean females, you know, they have friends, they easily share these things with friends, but when it's with a male, it's difficult to share with somebody if your wife is slapping you, or kicking you and you can't kick back because of certain things, it's difficult to share with anybody. So finding help takes a lot of courage, and I wouldn't be surprised that there are people, men resorting

to certain things out there, who are find it difficult to say to even there own friends and coming out.

For the older adults group, survivors cited family dynamics as a major barrier to seeking help. Some survivors had family members who were denying that the abuse is taking place or were feeling unable to discuss it. Others had family members who acknowledged the behavior but suggested to the survivor that it was acceptable or normal. Members of this group reported that their lack of access and/or inability to use technology, such as a cell phone or a computer, limited their ability to reach out for help.

- We just got a new line so we could bring a computer home. We've never had one in the house.
- I've always hated mechanical things...I was the last person to get a cell phone. My husband insisted I get it so he could get in touch with me...And then yesterday [name of cable company] finally came, I got a computer, he hooked that up and the new landline and I got a new cell phone. And I don't know how to work any of them.

Survivors in recovery from substance abuse reported histories of gang rape, incest, and experiencing domestic violence as children. Although it is likely that survivors in other groups experienced this as well, in combination with their histories of substance abuse, members of this group had many compounding factors that made seeking help for the abuse more of a challenge.

- I got turned onto alcohol when I was 22 years old, and unfortunately I'm a victim of gang rape at the age of 14. I lost my sanity, I lost everything. I married a man who physically, repetitively physically just beat me, and I thought it was all my fault the whole time I was there. I was going to a psychologist, and he left me for another woman.
- ...But I would never say in rehab that I was molested by my father because I was ashamed and so many people would be there and they knew. If they knew my family I didn't want them to judge me or my mom, 'cause me and my mom was close and she always supported me. So, I didn't want them to judge my mom, and say 'well damn,

where was your mom, why didn't she do anything?' You know, so, I was really worried about her, and now I'm not worried about her feelings. I can't worry about that.

What Is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

Survivors in each of the ten focus groups were currently using a multitude of services. Most common were individual counseling, support groups, safety planning, information and referrals, legal advocacy, education, and case management. Many survivors were also receiving some type of financial assistance from their DV organization that varied in form but included: tokens for transportation, gas money, rent vouchers, and help with legal expenses. Many survivors were also connected with in-kind donations through their domestic violence programs; donations included furniture, food, clothing, and school supplies for their children.

- They help me with my furniture. I didn't have a bed to sleep on, or a kitchen table to eat on. They gave me food 'cause I wasn't working...
- They helped me financially. I got in a bind and the courts kept wanting money and the only way I saw getting out of it was my ex. You feel like that's the only person you can go to. So they were able to help me so I wouldn't have to go there again.
- For me, they have helped me with umm transportation, to bring my daughter to the doctors. They have helped me with counseling, food...and they helped me get the restraining order.

Survivors with children who were attending DV programs that offered services for children such as support groups, counseling, education, and/or child-care during support groups were utilizing these services. Some survivors also used services involving housing assistance such as shelters, transitional housing, and help applying for Section 8 housing vouchers. A few participants were also speaking to therapists or counselors outside of their DV program, attending 12-step meetings, and/or going to church.

- At [DV program name], I got therapy for myself and children. They helped me find work, and provided children's tutoring after school. Also, they provided legal services and had somebody accompany me to the court hearings.

Group Differences

Many immigrant survivors were attending English classes and receiving help with furthering their education, finding an apartment, job training, finding a job, and schools for their children. Legal services to help with issues around immigration were incredibly important to these survivors as well. A specific service mentioned in the Asian/Arab Immigrants focus group was a program referred to as "mobile advocates" offered by their DV program. This service provided program advocates or social workers that would drive long distances in order to provide accompaniment for court hearings, medical appointments, and/or counseling appointments.

Survivors in recovery reported utilizing several other support groups provided by their DV program, including women for sobriety, AA/NA, and OA (Overeaters Anonymous). Participants in this group also utilized many forms of assistance outside of the organization, including social security (SSI and/or SSDI), welfare (TANF, WIC, and/or food stamps), intensive outpatient treatment, day programs, behavioral health services, educational support, a support group for families of incarcerated individuals, career planning, vocational rehabilitation services, church, SLAA (Sex and Love Addicts Anonymous), and unemployment assistance.

Satisfaction with Current Services & Supports

Survivors presented with an overall sense of satisfaction for the services they were receiving from their respective DV programs. Several cited a sense of genuine care, love, and support they felt from the staff at the program. Participants reported multiple personal benefits

of receiving support, including: an increase in self-esteem, feeling stronger, feeling empowered, feeling that they had a voice, building supportive relationships with other survivors, learning to have a safety plan, obtaining financial assistance, and securing safe housing. Survivors appreciated that the programs were easily accessible in their communities and the way that services were coordinated throughout the community. They mentioned the importance of having DV specific services available in their community because other general social service providers do not have the training and expertise in domestic violence needed to support survivors appropriately.

- Our self-esteem is lifted. Our being is lifted. We learned a process of what we don't want in our life. We learn about boundaries – who we are going to let in and who we are going to let out.
- Gives you the strength to say 'I can do it. I can move on'.
- Well since I've been coming here, I have a lot of hope now, because at first it's like I didn't have it. I have more strength than I had.
- I would say boost my self-esteem. Cause us as African Americans, a lot of things that's going in to houses like that should be kept quiet. Now we have a voice to speak it out... whatever was in my house stayed in my house. But now they give me more feeling of 'you can tell now'.

The support groups survivors participated in made it possible for them to build relationships that helped them to feel comfortable to share their stories. It was important for survivors to have someone listen to them and be able to share with others who are going through the same thing. Many reported a change from feeling hopeless to feeling hopeful. Other positive changes reported by survivors participating in support groups included: feeling less alone and isolated, learning new skills, increased self-esteem and confidence, increased knowledge, increased feelings of safety, and improved overall quality of life. Many survivors

reported being able to leave their abusers because of the ongoing support of the group. Some were still living with their abusers but reported that their home lives had improved.

- And support group has been amazing. I was very apprehensive to start the support group because I'm not much of a talker but I turned a little bit more into a talker I guess. But just hearing other people's experiences and getting to share them has been really helpful. And I think just supportive friends that have stuck around and that have shown that they care and those relationships growing and has been also really, that's an important thing, yeah.
- I think like within the group, doing exercises and stuff like that. That's been helpful because, getting other people's perspectives too and just thinking about things that I may not have thought about bringing up. And how to handle situations in the future and with new relationships, everything else, it's been amazing. And I don't think any other counselor that I have seen could do what this group does.
- My husband has actually been better since I came here. He knows I'm not alone anymore. I told him, I said, "I'm part of a battered women's group, leave me alone".
- You know, I still live with it. I am still at home, still in the situation; but the only thing that is getting me through is looking forward to this group every single week. These are my support people. To come and be able to listen. I got so much just from hearing, you know, what others have gone through, so I don't know where I would be if it wasn't for this group. It is a Godsend.

There was also a good deal of praise for the specific DV advocates who worked with survivors, both individually and in facilitating a group. Survivors felt a genuine sense of care from their DV advocate(s) and the staff at their programs. Advocates were very helpful to them in helping them recognize their situation as domestic violence, treating them with empathy and as a friend, and creating a safe space for the survivors to talk about their experiences. Survivors felt especially comfortable if staff spoke their preferred language. One group reported they felt a sense of fellowship, freedom, dignity, and empowerment when receiving services through their DV organization.

- I find just the [name of LGBTQ abuse support organization], the one-on-ones I have with my advocate and just the information that I get sometimes. Or for me, to like, or like

he'll copy me a chapter from a book of something that we're talking about. They're just so helpful in that way. They think of every little detail.

- For me it's, um, bilingual program, you know, and then uh, my case, uh [person's name] at my therapies, she's teaching me, you know. I go to the bathroom, I see myself in the mirror, but she's teaching me see myself right in here, you know, to explore your emotions, and now I feel better because I knew something that before I didn't know about my emotions, how to control it, how, you know, it's the best part. They are teaching you to recognize yourself inside. This is the best part for me.
- Because these people are truly very special people. You know, [DV advocate name] is an incredible, she does have a gift...She has an incredible gift of being able to listen to you and actually almost become part of your thoughts. Sometimes it scares the heck out of me, and I find myself thinking for the next two or three days about what we talked about. It's like, I also look forward to getting back here again because that's my period of joy and it's my period to talk to somebody for that hour, cares about what you are feeling.
- A program like this is very necessary for us because we have no place to go. Yes, a lot of us can go to therapy, but this program knows about domestic violence, and therefore, they can give you more information than anybody else can. Because most people that have been here have walked the walk and they've done their homework on what works and how we need to change it.

Group Differences

For most of the groups, they were much more satisfied with services provided in their native language and/or by someone who understood their gender identity or culture. For the group of Brazilian immigrants, being able to speak to advocates in their own language was incredibly important; if an interpreter was present, survivors said they would feel much less comfortable sharing vulnerable information as one more person would be listening. Two members of the Hispanic/Latina focus group were able to obtain their U-Visas with the help of their DV organization, making them feel much more secure being in the U.S.

- I think it's important because a lot of us don't speak English. And even if we do when we have so many problems it's hard to stop to think and translate to their language.

- And it would be another person knowing about your problems. There shouldn't be a translator. It should be only one person that you talk to, because it's already hard to speak to one person. You know, when it's personal, about you, I don't think it would work.
- I feel more secure now that I have my papers. Because I felt like immigration would come and take me away.

The LGBTQ focus group participants explained that they were very satisfied with the services they were receiving through the specifically LGBTQ centered organization; they felt accepted at the organization and did not have to hide who they were because it was a queer-specific organization. There was a level of explaining they didn't have to do when working with an advocate who also identified as LGBTQ.

- It also makes a difference, because I attended some groups that were non-queer specific and it does make a huge difference because it helps a lot to have that in this community. Because there is a difference in judgment, because even though the advocates may not be judgmental, sometimes the participants are. So it's been very helpful to have you know, the [name of LGBTQ abuse support organization] being queer specific.
- Yeah it's nice for even people to understand that you're still being, I don't know about everyone here, but it seems like most people are still living with their abuser in their community and understanding, or having that place that understands that the queer community is super small and navigating that and having advice on how to navigate that and support around that is really important.
- Yeah there's an understanding that's kind of different to...It's just the questions can be much more specific and so you don't have to hide behind anything so you can truly be out back with the answers and then you can finally get some real answers because you're not having to pretend. You know there's just, there's no fallacy, you can just be real.
- I think speaking with advocates here, there's a level of understanding because they're gay too and maybe they've been through situations like that too. And you can't get that anywhere else. You can't get that level of understanding and openness to where you can talk about anything, literally anything, it could be sex, it could be whatever, and no straight person is gonna know about gay sex the same way as a gay person would. Or, whatever the topic is...

- Yeah that's exactly what I was going to add too...[W]hen you go to a queer-specific support network, it's like there's that layer of explaining that you don't have to do whereas out there in the real world you are constantly explaining. And also explaining how this exists in queer relationships, like that abuse does exist and it's not invisible, it looks invisible to the straight world, but yeah.

The women in recovery spoke about how they appreciated that the organization they were utilizing was gender-specific, unlike most recovery programs. For them, this meant their issues were understood and the organization brought more women into their lives for support. Similar to the LGBTQ and immigrant groups, the women in recovery also found it very helpful to be able to relate to many of the staff at their organization because they were also in recovery and/or survivors of abuse themselves.

What Survivors Would Have Done Without Current Services & Supports

Survivors had very similar responses when thinking about what they would have done if their current services and supports were unavailable. Several said they would likely be dead, would still be living with their abuser, or would have gone back to the abuser if they had left. The reason some said they would have stayed with their abuser is because they would have failed to recognize their relationships as abusive. Several stated that their mental health and well-being would be greatly compromised and they would likely be suffering from low self-esteem and depression.

- I would not be alive. I'm 100% certain about that.
- I would be away from him, but I probably would be out of my mind by now. Because it was really bad...I had a restraining order on him. Every time I heard a noise I would jump out of my skin, you know. Always looking the other way...I probably would have still been like that. I would probably be in a mental hospital by now if I didn't finally make the move to come here. So there's hope. I don't know where I'd be really.

Group Differences

For the group of Asian/Arab Immigrants, the DV program they were attending provided language and cultural access – they would not have known how to navigate the systems and advocate for themselves without the interpretation services provided by the organization and the overall expertise of the advocates. Participants in the Hispanic/Latina Immigrant focus group reported that they would have no one to turn to for help as they have no family and friends in this country.

- And we wouldn't know what to do because we don't have any friends, we don't know anyone, we don't recognize the area and even less we don't have family here.

For the LGBTQ survivors group, participants reported that their healing process would have been greatly hindered if services specific to LGBTQ survivors were unavailable; they would have been much less open when discussing their relationships and the abuse.

- I would never have found the knowledge or the outside perspective that I'd need and tell me what to do. I mean I might have done the same thing that I did but in terms of healing it would have taken way longer and if that never happened, so. Services are real important I think.
- Yeah I feel like it would have been much, much harder to go away from the situation I was in but also to manage all of the after effects and especially in community, because the both of us were in a very small queer community and so actually having a place where I could talk about like what felt complicated about talking to the police about the situation and what felt hard about both living on [location] or things, it would have been really hard to navigate all of that without the [name of LGBTQ abuse support organization], for sure.
- I think I would have like internalized it and just, if there was nobody to talk to, it just would have just internalized. So it was so necessary to be able to externalize it with this organization.

Recommendations for Change

Survivors provided quite a few recommendations for improvements to DV services and supports. Many of these recommendations stemmed from personal experiences of survivors who were unable to obtain certain services they needed. Some recommendations came less from what was missing for services and more from thoughts survivors had on how they would spend additional funding if it were available for DV programs. Recommendations primarily concerned five areas of support, including: (1) an increase in program capacity, (2) the provision of services for children who have experienced trauma, (3) the need for professional support systems, (4) education and training to various institutions and communities, and (5) increased outreach and advertising for DV services.

Increased Program Capacity

Survivors in just about all focus groups reported that they would like to see a general increase in services provided for victims of domestic violence, and specifically more individual and group counseling. Generally, survivors found their advocates simply unable to assist with all their needs due to staffing cuts and time constraints. Participants wanted programs to have an increase in capacity in order to reach out to more survivors, obtained by an increase in hours of operation, hours worked by staff, the addition of more staff, a larger program space, and more office locations. One survivor reported having to drive long distances to access services that were queer specific. The suggestion was also given for more bilingual staff, increased and improved shelters, safe houses and transitional housing.

- The program advocate was supportive but did not have enough time or leads to resources for housing needs, especially when I moved to a neighboring county.

- The program was extremely helpful but in recent years there has been a cut in staff and a cut in office space which has diminished the capacity of the program from previous years. I felt lucky to be able to access services from this program when the staff and office space was fuller.
- It would be great if the [name of LGBTQ abuse support organization] specifically could be open a little bit later. I mean because sometimes the trauma doesn't come until 9:00 at night or whatever. And we do have the 1-800 domestic violence hotline but sometimes those people have been helpful and then there's been a few times when they're not helpful. So that would be nice.
- More locations. I mean like I said I travel a long ways for this. I didn't even, you know I've seen October's big domestic violence month and you see big advertisements in the paper and all these domestic violence places but you never see this one. You never see the [name of LGBTQ abuse support organization] outside of [city name]. You know. So it's just a lot of people just don't know, in my community here, that they don't know that it's there. I try and pass out matchbooks, books of matches with the [name of LGBTQ abuse support organization] on it, tells about it and the phone number.
- Increase the hours of the people who already work here...Because all the professionals here are great. Everything you say here stays in here. Everything you need help with here, if it's help with health insurance, doctor referral...So, I mean, they are great here, I think they should give more opportunities for the ones who are already working here to increase their hours...
- [Name of DV advocate] treats us the best way she can. But she's only one person and there's a lot of clients. So if they can have more than one person that would help. The language is a barrier between us, because there's only one person and we have to wait for her. There's [name of DV advocate 2] but we have to wait for her too.

Services for Children

Several focus group participants also suggested that services be available for children who had been victims of trauma themselves or who were secondary survivors because of abuse experienced by a parent. Services for children who were victims of trauma – including support groups, counseling, and child-care during support groups – were often unavailable to participants. Survivors reported that services for children could come in the form of a child advocate and/or support groups designated specifically for children.

- They are starting to do, the [name of LGBTQ abuse support organization] is starting to have kind of a support once a month meeting for parents, so queer parents can come together. But I don't, I just haven't been able to attend that particular one. But I don't know, I just want to say that it would be nice to have some kind of child advocate in the arena of it, all this.

Professional Support

Survivors spoke of the need for a well-rounded professional support system, including medical, legal, and mental health professionals. The most common services survivors found unavailable or inaccessible were in relation to basic legal rights information, legal advice or counsel, legal representation, and/or accompaniment to legal appointments. Some survivors were satisfied with the legal advocacy and accompaniment they received from their DV programs; however, they commonly noted that those who needed formal legal representation were not able to access such assistance. One survivor who was in need of legal assistance was unable to afford a lawyer, leaving him unable to address problems with his immigration status and obtain a work permit.

- ...But you know, the pain's still here because I got two years because without job, I'm living from charity because immigration services didn't renew my work permission, and right now, I'm in immigration court by myself because the lawyer charge \$6000, \$7000, you know, I am spending two years without a job.
- Yeah...I think that they helped me a lot, but in immigration services in my case they are weak, they suggest things that never work. I think, I understand maybe I'm the minority you know...not too much people come, but same thing the immigration case is too weak. Like he told me, in my case, I'm living from charity because I can't work. I do things, you know, just to survive, but I'm living with a friend because I don't get enough money to pay a rent. I can't support my son because I don't have a work.
- Yeah, let's go one step further...if we're getting a divorce...we can't get counsel, like if I killed somebody I could get somebody to represent me but in a divorce situation if you have no money I don't think you can get anybody to represent you. Right?

One survivor suggested it would be helpful to have different types of therapy available

during different stages of the healing process. Another suggested DV programs should have an attorney and a psychologist available every day right at the organization to better meet the needs of survivors. One participant thought it would be helpful if outside providers would come to meet with survivors and their DV advocates at the agency itself; this would allow the DV advocate to intervene if necessary. Survivors who did not speak English as a preferred language found they could not access medical and legal services in their native language, some having to utilize an interpreter. Having culturally-specific networks of professionals would be particularly helpful for immigrant survivors.

- And I just find, and the traditional role of counseling, I mean I've probably been in therapy since I was 26 because I always just thought something was wrong. But I'm actually finding, I started reading about a different kind of trauma recovery that's so much more helpful. So I guess I'm just trying to say maybe different types of therapy after you're out for a while and specifically tactical therapy, you know like your body maybe revisits the trauma but then you are able to get through it in a different way.
- I would have an attorney, a psychologist, every day here.
- And while you're in there, they provide you with you know glasses and dental doctor to come in and you know...to get the doctor to provide the free service to volunteer his service to have your eyes checked.
- Yeah, I know it's bad because sometimes I go to the doctor and I need a translator. I don't feel comfortable doing that, so imagine other things. So, there some things that I don't say.

Training and Education

Survivors recommended outreach and training to the broader medical, legal, mental health, and social service community to improve their services to victims of domestic violence. Several felt there was a general need for community education around domestic violence issues, with specific attention paid to special populations such as immigrants or LGBTQ survivors. Participants in the LGBTQ survivor's group often found themselves having to educate

members of the legal system about queer issues. LGBTQ survivors felt there was an overall lack of education and understanding within the criminal justice system that greatly hinders the assistance they are able to provide to queer survivors. One woman suggested her organization do some education specifically about how self-defense does not make someone an abuser and that abuse can take many forms outside of physical violence. Education around what qualifies as abuse was discussed in several other groups as well.

- Like even have an education piece part of it. Perhaps like, well like there's [school coalition name], like if they had a guest speaker, like if the [name of LGBTQ abuse support organization] had a person on staff that did out-resourcing and out-education and talking to groups out in the arena. Like employers or hospitals. I mean I can think of a million things but yeah, that would be extremely helpful. And even to teachers, I think, hugely helpful. About what it looks like.
- I just want to say something about...and I don't even know how it looks but the difference between, I mean for me sometimes, an education of you're not an abuser if you're defending yourself. Because so many times, in my case, like the victim is blamed and they wouldn't see what she had done all the way to lead up to a situation or something. So I... guess it's just an education for domestic violence in general.
- Or that abuse doesn't look one way, you know because I didn't have a black eye doesn't mean that a bunch of crazy shit didn't happen. All the manipulation and isolation, and the like year long, two year long bouts of like intense depression because of where I was at and I had no idea why, just all that stuff leading up to it.

Increased Outreach and Advertising

Survivors in several groups recommended that organizations conduct more outreach to make survivors aware of the services they provide. The men's group encouraged more advertising specifically towards men and suggested the organization get male survivors to speak out about their own abuse as an attempt to get other men to seek help. Survivors wanted to see more advertisements from DV programs in general so that their pamphlets and information on services they provide were easier to find.

- I would say just advertising more so people know who to call and maybe having them in broader areas so you can pick up a pamphlet and everything. Because it took me going to an employee assistance program to know and also I think in other cities too, because I have friends that have gone through stuff in other areas of the country that don't have services like this and I think that would be really helpful if there was some way to branch out or interact with other organizations or governments or something like that to make it happen in other places.
- They got a lot of men outside suffering like us. I would like to do something to let them know you can help them because we can. We are getting help. There are a lot of people out there suffering, maybe killing their self because they don't know where to go. They do, like with the women advertising and something to the men's. They have to know there is a place to help them because it's horrible. I think some day I gonna try do something to try to help because I know it's awful when you have no help and you don't know where to go. I would like to let them know, they can be helped.
- In the first place, tell them about this organization and that it's here to help them, that it exists. Even though they're not from here, they're immigrants, there's a lot of help for them—more than in their own countries.

Group Differences

Some specific recommendations for improvements were provided by individual focus groups. Within the men's group, one man suggested tailoring services so that they helped to maintain an individual's sense of pride and competence. He also recommended the inclusion of religion in some way with the services provided at the DV agency.

Within the older adults' group, survivors suggested education around financial stability and job training, and the need for services that included their extended family (i.e. adult children). This group felt that people with dual diagnoses need their own services separate from the survivors without problems with addiction and chronic mental health issues

- What I find, cause I have a counseling session there too, a group session. But I found that a lot of the people in that session, a lot of the people in those safe houses, a lot of them are alcohol and drug addicts. And very few of them are...they might have abuse with them too but they have a lot of chemical problems. So when you go into, I went to this one...It's not safe...

- Yeah, it's like, ok I have all of these drugs and alcoholic people trying to get better but it's hard. They're really hard people...You don't have anything in common.
- Hence the workforce, try looking for a job. I don't know there's anything for older women to get us back in doing something that brings some money so we're not sitting here going...to a food pantry.

The LGBTQ survivors group suggested having branches in other cities and generally more locations to make services available and easier to access for a broader range of queer survivors. One survivor in this group also suggested having assistance or support for perpetrators, some place they could go to learn about relationship skills. Another survivor in this group recommended having drug and alcohol counseling available at the organization for those who needed it.

- I don't know if they actually have anything like this but I also feel like some kind of like support group for the other side, like perpetrator support, relationship skills. When I signed up for the relationship skills class, the person who I'd come here about also tried to sign up for the relationship skills class and I was like, yeah actually they need it more than I do (laughs). But they couldn't have us both in the class. So I feel like specific support, I don't know what that would look like.
- Drug abuse. I think they need something, if there's anything, because I know lots of people end up using drugs as an escape. But I didn't see where there was a lot of help. If you don't have insurance, you don't have this. Like that stuff. You know group throughout the, you know right in the [name of LGBTQ abuse support organization] where they have a substance abuse group or something like that, to be able to share that kind of using substances or using other things to cope with this stuff.

Concluding Observations

These incredibly diverse focus groups clearly demonstrate that survivors of domestic violence have a wide range of needs. Participants spoke of what is important to them in the help seeking process and both similarities and differences could be seen. Getting help for the abuse they had experienced was often a complicated process, as survivors managed immediate life circumstances, fears, and systems that were not always helpful. One of the primary

messages from survivors is their hope that programs could strive for more comprehensive services, including increasing program capacity and enhancing networks of professionals trained in DV related issues.

Participants also illustrate very clearly that many needs and ways of understanding DV survivors are culturally or issue specific. When thinking about addressing the complexity of issues and providing services to survivors, participants illustrate that advocates and others must listen, not make judgments, and have skills that are relevant to their particular issue or culture. Survivors must feel safe when working through the abuse; only then will they talk about things deeply enough for true healing to occur. Life changes in the context of abuse and trauma or their aftermath is difficult and can be complicated, and support provided for survivors can truly be life-saving.

For more details on each of the focus groups, see Appendices D through M.

V. CONCLUSIONS

Discussion of Findings

The combination of data from survivor surveys and focus groups just reviewed provides a rich and unprecedented body of information about survivors' experiences with domestic violence (DV) programs and the process of seeking help for abuse. This discussion will focus on highlights and new information

Programs

The sample of programs included in this study, although smaller than originally projected for reasons already discussed, achieved the goal of diversity. It expanded beyond programs that were voting members of the state domestic violence coalition; six (7%) were not members at all. Just 61% were "standalone" DV and/or dual DV and sexual assault programs (only 38% were DV programs alone). Over a quarter were programs housed within larger social service or community-based organizations.

The programs ranged greatly in size, as well. They had between 1 and 70 paid staff, or 1 to 50 full-time equivalents, so both large and very small programs were included. They also were located in rural, as well as urban and suburban areas. The staff and volunteers were able to provide services in a variety of languages: 48 were represented. Looking only at paid staff, 66% of programs had some who speak Spanish, 13% had Portuguese-speaking staff, 10% had staff who speak Hindi, 10% had Russian-speaking staff, and 8% had staff who speak Vietnamese. Despite this diversity, average beginning annual salaries at these programs were low, at about \$29,000.

The sampled programs also provided a wide range of services, including two-thirds who provided emergency shelter services in addition to those that were the focus of this study. In the list of services provided to them, 14 were offered by over half of the programs. The least common service was long-term housing, but 28% provided transitional housing. Over half (59%) had support groups specialized for a particular culture or population (such as men, immigrants, children, or older adults), and 52% offered culture- or population-specific services of other kinds. This array is a reflection of programs' increasing efforts to respond to the specific needs of the survivors they serve, and to provide a more comprehensive array of supports. This also suggests that, while a broad range of programs were included in the sample, they were somewhat more likely to be organized to meet diverse needs than would be representative of all DV programs in the country, even those are also providing a wide range of services (NNEDV, 2011).

The programs also provided consistent training to new employees, and 70% reported that they had provided diversity training in the past year. Most had incorporated regular mechanisms for obtaining feedback about services and policies from survivors. Eighty-seven percent indicated they get feedback from surveys, and nearly a third (31%) included survivors on their board of directors. This indicates that the sampled programs, like many others, feel accountable to the people to whom they provide services.

These program descriptions are more consistent with those provided in the most recent National Census of programs conducted annually as "point-in-time" surveys (NNEDV, 2011) than they are of those found in the literature on program barriers (e.g. Dutton et al., 2000; Kulwicksi et al., 2010).

Survivors' Characteristics

The survivors who responded to surveys were very similar to others served by DV programs in many respects, such as age, education and current financial situation (see, e.g. Lyon, Lane and Menard, 2008). However, they were more likely to have been born outside the United States (46%) than are survivors in the average DV program. Just 69% of the surveys were completed in English, and a total of 8 languages were used in survey completion. This means that survivors' responses as a whole are not representative of all survivors served by DV programs. It also means, however, that this study was successful in accomplishing its goal of including a wider range of survivors' experiences than had been accomplished previously on this scale. The data reported here are unique in sample size for the range of survivor groups explicitly included: just 39% were White/Caucasian, nearly half were born outside the U.S., 21% reported having a disability or disabling condition, and 4% were men (not as high as hoped, but adequate for the analysis provided).

Notably, the characteristics of survivors who participated in the focus groups were similar to those who responded to the survey, although participants were somewhat more highly educated, and somewhat less likely to report that they were in financial trouble (44% vs. 51%). They were also, by design, somewhat less likely to identify as White/Caucasian (34% vs. 39%).

The Help-Seeking Process

In combination, the surveys and focus groups provide evidence of the complexity of the help-seeking process for DV survivors. The surveys, for example, indicate that 45% of survivors first heard about the program more than a year before they took the survey, but just 37%

actually came to the program in that timeframe. As with the Shelter Study (Lyon, Lane and Menard, 2008), this provides further supportive evidence that survivors may often collect information about possible sources of help before they seek formal services. Further, friends were the most common source of information, and family members were not far behind. Hispanics/Latino/as and Asian/Asian Americans were significantly more likely than others to learn about the program from friends of family members (42% and 36%, respectively). This is consistent with other literature that has found informal help-seeking to vary by cultural background, and often to be preceded by or preferred to formal help-seeking (e.g. Bui, 2003; Dutton et al., 2000; Postmus, Severson, Berry & Yoo, 2009; Runner et al., 2009). The focus groups provide further evidence of extensive informal support and information-gathering prior to approaching a DV program. The two sources also indicate that survivors initially look for help in multiple places, as they seek a resource that will provide the safety, support and understanding they need to explore changes in their lives. Although the percentages of survivors who sought help from sources other than the DV program they were currently attending were small, they also support other literature that indicates help-seeking may be complex and repeated (e.g. Cattaneo et al., 2007; Vatnar and Bjorkly, 2009).

Services Wanted and Received

The survey data on the specific types of services survivors wanted make it clear that many come to DV programs with a wide range of needs. On average, survivors indicated that they wanted 21 different types of help. Information and support were at the top of the list, followed closely by safety, and these are the types of services DV programs have emphasized traditionally. Half also wanted help staying in their relationship safely. Survivors who were

confronting other issues in addition to DV, such as recent immigration, a disability, economic difficulties, and others, reported more needs from programs.

Factor analysis found that the specific needs could be meaningfully grouped into 11 different factors. In addition to information and safety, legal advocacy, child-related support, economic/financial support, victimization-related support, family-related support, and physical/mental health support were all wanted by over half of survivors (51% was the least common on this list). These were the 8 groups of needs (factors) that were most commonly desired. These groupings over all (criminal-legal support, immigration-related support and vulnerability-related support were the remaining 3 factors) share features with clusters of needs identified in previous research (e.g. Allen et al., 2005).

These patterns of identified needs were echoed by the responses of survivors who participated in focus groups. They spoke eloquently about the challenges they face in dealing not only with domestic violence, but difficulties in navigating immigration-related vulnerabilities, explaining to courts and other systems about abuse as a man or someone who identifies as LGBTQ, or dealing with adult children or new technology as an older person. While some also noted that the program had helped them to end their relationship, others observed that they had been helped to stay in their relationship with greater safety than before.

Together, the survey and focus group data provide compelling evidence of the variety and complexity of the services and supports survivors seek from DV programs. They are consistent with other literature, drawn from a variety of sources, that addresses these issues, and argues for the importance of comprehensive services (see, e.g., Allen et al., 2004; Cattaneo et al., 2007; Goodman et al., 2009; Macy et al., 2009; Trotter and Allen, 2009).

Economic supports, in particular, have been identified as particularly important for DV survivors in recent literature. Adams, Sullivan, Bybee, & Greeson, (2008) provide a compelling review with their presentation of their new scale to measure economic abuse. Others have emphasized the importance of economic status in understanding survivors' responses to the abuse they experience, and the related importance of DV programs' basic resources and financial supports (e.g. Adams et al., 2008; Brown et al., 2009; Cattaneo and DeLoveh, 2008; Goodman, Bennett and Dutton, 1999; Goodman, Smyth, Borges, & Singer, 2009; Postmus et al., 2009; Renzetti, 2009).

Of the list of 54 items that survivors could indicate they wanted help with, 14 (26%) showed that 15% or more of the survivors who wanted that help felt they had not received any at all. Eight of those 14 were clearly related to economic needs, such as help getting housing, help with rent/utilities, financial matters, cash assistance/vouchers, transportation, and a job or job training. Others were less commonly requested types of help, such as keeping pets safe, learning to drive, and help contacting family far away. However, this list of 14, along with other items, reflects not only the complexities of survivors' lives and choices, but the difficulties of providing the array of needed support when the national economy limits available resources. Again, survivors' responses in the focus groups give voice to the challenges behind the numbers.

Satisfaction with Program Staff and Services

As is commonly found in surveys of service recipients, survivors reported quite high levels (but by no means uniform) of overall satisfaction with program staff and the services and supports they had received. Notably, there were no differences across race/ethnicity, and few

across other aspects of survivor identity. There were also no significant differences between programs that received FVPSA funding and those that did not, and between programs identified as culturally-specific and those not so identified. In light of a growing literature that documents the importance of culturally-specific services (e.g. Bui, 2003; Edelson et al., 2007; Gillum, 2008; Huisman, 1996; Lee, 2007; Lee and Hadeed, 2009; Dutton et al., 2000; Runner et al., 2009; Taft et al., 2009; Vidales, 2010; Yoshioka et al., 2003), this lack of differences might seem surprising. However, program data indicated substantial annual efforts at diversity training; perhaps these efforts contribute to equivalent reports of staff respect for differences. Nonetheless, this issue warrants further study.

Again, focus group participants provided eloquent testimony about the positive aspects of the programs in which they participated. In many cases, they were able to provide contrasting evidence of the importance of services and staff that were compatible and knowledgeable—culturally and/or with regard to their specific issue(s) or identity(ies).

Survivors' Outcomes

Survivors also reported in both the surveys and focus groups extensive personal changes that they attributed to the services they had received from the programs. They had obtained more information about domestic violence, safety and resources, and felt more confident and hopeful, but hope and safety were at the top of the list. Here, survivors who participated in culturally-specific programs offered higher ratings than other survivors on two of the nine items: feeling more hopeful and more confident in decision-making. The focus group participants' responses to questions about changes and what they would have done if the

program did not exist provided further poignant testimony to the importance of these programs (cf. Lyon et al., 2008).

The primacy of increased hopefulness is an important outcome. It led the list in the shelter study, as well (Lyon et al., 2008), and is certainly important on its face. However, it is perhaps most important because of its role in recovery from traumatic experiences, such as domestic violence. A recent report on treatment practice (APA/AACP, 2011) cited an earlier consensus statement on mental health recovery (SAMHSA, 2006) that stated that of the 10 components of recovery, “hope is the catalyst” for the others and the process as a whole. Again, these issues need to be pursued further in the DV program context.

Being born in the U.S. or outside of the U.S.: Differential Findings

The comparisons between survivors born in the U.S. and those born elsewhere are among the particular contributions made by this study. Since survivors born outside the U.S. are likely overrepresented in the survey sample, these comparisons are important for that reason, as well as for implications for policy and programming.

In fact, however, the similarities between these two groups are most notable; differences are summarized here. The U.S. born survivors were somewhat younger, but had received significantly more years of schooling. While the current financial situation for the two groups was similar, the U.S. born survivors were more likely to report their financial situation is “much worse” than it was two years ago.

Survivors born outside the U.S. were less likely to indicate a delay in coming to the DV program once they heard about it, or to report attending other programs. They were also more likely than those born in the U.S. to have heard about the program from informal sources:

friends, family or flyers, and also from health care providers. U.S. born survivors were more likely to have heard about the program from DV program staff. Those born outside the U.S. were most likely to come to the DV program initially for counseling, and to have accessed more types of services when they first came. They were also significantly more likely to use legal advocacy services. Notably, the definition of legal advocacy services explicitly included legal help with immigration issues.

The results from the detailed list of 54 potential services wanted also showed similar results. The top 10 items for the two groups was virtually identical. However, those born outside the U.S. report wanting more help with issues related to their children, with reproductive/ women's health issues, with staying in their relationship safely, and help related to immigration. Those born in the U.S. are more likely to want help related to previous or other abuse, and were about twice as likely as those born outside to want help with their pets. Overall, although survivors born outside the U.S. averaged about 3 more desired services than those born in the U.S., those differences disappeared when differences in age and education were controlled.

Survivors born outside the U.S. were more likely to come to the DV program more quickly for help once they heard about it, and not to seek support from other sources, in part because they were more likely to go to a culturally-specific program where advocates shared their backgrounds, spoke their language, and were well-informed about the specific resources the survivors would need. These were all cited as critical features of helpful programs by participants in the Hispanic/Latina, Brazilian, and Asian/Arab immigrant focus groups. Finally, surveys found that outcomes ratings were higher for survivors born outside the U.S.

(although they were high for both groups) on four items that addressed improved confidence, hope, and efficacy. In light of the dramatic differences found among survivors who identified as Hispanic/Latino/as in the Shelter Study (Lyon, et al., 2008), the comparison of those who completed surveys in Spanish with those who completed it in English was eagerly anticipated. In this study, however, few differences between these two groups were found.

Differences Based on Race/Ethnicity

Several differences were found across survivors' race/ethnicity, looking at the four primary groups (African Americans, Asian/Asian Americans, Hispanic/Latino/as, and White/Caucasians). Many of these differences were related to location of birth, since 95% of Asian/Asian Americans and 89% of Hispanic/Latino/as were born outside the U.S. However, there were striking differences between the two groups of survivors born outside the U.S. For example, while the Hispanic/Latino/as (and White/Caucasians) were most likely to report financial difficulties, and to be in worse financial straits than they were two years previously, the Asian/Asian Americans were the most likely of the four groups to report relative ease in paying bills and an improvement in their financial situation over the past two years. Hispanic/Latino/as reported the least educational attainment, and the Asian/Asian Americans had the most. Hispanic/Latino/as and Asian/Asian Americans, however, were similar in being more likely than the others to have first come to the DV program more than a year previously, and to have come more than 20 times.

There were differences across groups in identified needs, as might be expected. Hispanic/Latino/as were more likely than others to want a variety of kinds of information, safety from the abusive person in their life, legal rights, help staying in the community safely,

health care for themselves, and help for the person who had hurt them. Perhaps most notable differences were found across groups in the factors immigration-related needs (much higher for both Hispanic/Latino/as and Asian/Asian Americans) and child-related needs (highest for Latino/as, followed in order by African Americans, White/Caucasians, and Asian/Asian Americans). This finding is consistent with findings that issues related to children are important to survivors, and especially Latinas (e.g. Kelly, 2009; Letourneau, Fedick & Willms, 2007; Meyer, 2010; Rhodes et al., 2010). Although there were significant differences across race/ethnicity on 3 of the 9 outcomes (being hopeful, confidence in decision making, and doing more desired things), with Asian/Asian Americans slightly less positive on all 3, the percentage differences were small.

Differences Based on Urban/Suburban and Rural Residence

Little data has been collected that focuses on survivors' experiences in rural areas. While this study's measure of "rural" was imperfect, the comparison between programs that serve all or nearly all rural survivors and those that serve no rural survivors was useful. Survivors from rural programs were younger, more likely to be White/Caucasian, had less education, and were more likely to be U.S. born, identify as gay, lesbian, or bisexual and have adequate income that had not changed in the past 2 years. They were more likely to hear about the program from family members, the police, child protective services or TANF/welfare, while survivors from urban/suburban programs were more likely to hear about the program from the DV program, a social service agency or health care provider.

While the survivors from rural areas were using more of the four basic types of services, they were less likely to be using counseling and legal advocacy. Their rates of using support

groups were dramatically higher. Despite these differences, there were no significant differences in satisfaction or outcomes.

Male Respondents: Differential Findings

Although 60 survey respondents (over 4%) of respondents were male, half of them were under the age of 18; nearly all of these were participants in a teen domestic violence prevention group, as were a majority of the teen females in the sample. Because of this, gender comparisons were provided for teens, and basic data were provided for adult males because the sample sizes were too discrepant to permit meaningful comparative analysis. Comparisons of teens revealed few differences, and none that were meaningful for program or policy considerations. The men were quite similar in virtually all respects, however.

The men's focus group, while small, provided eloquent supplementary information. Participants were quite articulate about the challenges they had faced as men: finding services, dealing with their fears and shame in admitting they had been abused, and obtaining the legal and other resources they needed to move on with their lives. While they were pleased with the support they had ultimately received from the DV program, they all advocated for more services for men, and for more publicity about the services that do exist.

Although the survey and focus group data on men are limited, they are consistent with the limited available literature. That literature suggests that needs among male and female survivors are quite similar (Hines et al., 2007); it also supports the results found in the focus group about shame and difficulty finding services when they appear to have been designed for women (Cheung et al., 2009; Tsui et al., 2010).

Program Size & Survivor Experiences

Finally, analysis of differences in survivors' experiences across program size were illuminating, as well. Apart from the Shelter Study (Lyon, Lane and Menard, 2008), such findings have rarely been reported. One might make the assumption that the smallest programs, with the fewest staff and other resources, therefore provide the least help and contribute least to helpful change for survivors. The Shelter Study found that not to be the case, and it appears to be true for this study, as well.

First, it should be clear that the smallest programs (5 or fewer staff) were more likely to be in rural areas than the largest programs (more than 20 staff), which were overwhelmingly urban. This makes it clear that the picture is much more complicated than number of staff, since urban programs, as we have just seen, have more survivors with larger numbers of needs, and more who were not born in the U.S.

Nonetheless, analysis showed that survivors from small programs were more likely than others to have heard about the DV program from family or from people in their religious/spiritual community, while survivors from the larger programs were more likely to have heard about the program from people in court. Survivors from the smallest programs were more likely than others to be receiving legal advocacy and to have had fewer service contacts with the program at the time they completed the survey. Of the list of 54 specific types of services, differences in the percentage of survivors who reported they had received *all* of the services they wanted were found for 11. Survivors from the smallest programs were often more likely than the rest to get all the help they wanted. The primary exception was in help with immigration issues. In contrast, the largest programs often had the lowest percentage of

survivors reporting they had received all the help they wanted (although they were substantially higher in their rating of immigration services). The reasons for these findings are no doubt complicated, remain unclear, and are certainly worth further exploration.

Implications for Policy & Practice

The survey and focus group data show clearly that domestic violence programs provide essential services for survivors of domestic violence and their children. The survivors in this sample received services and supports from programs, but were not residing in shelter at the time of the study (and had not been during the previous six months). They reported satisfaction with services and respect from program staff at high rates, and attributed substantial positive personal change to their program experience. Further, positive changes were found across gender, race/ethnicity, and immigration status, as well as program size and rural/urban location. The first implication of these findings is that the programs and their services should continue to be supported. As many focus group survivors attested, the programs can often be life-saving, and not only in the physical sense.

The results also show the importance of culturally-specific programming. This was especially true for survivors who were born outside the U.S. and/or experienced language barriers, but clearly not for them alone. In many instances, specific needs differed across groups, and are critical to address. Immigration-related services are vital for those who need them, and should be available across programs. The focus groups also make it clear that cultural and issue similarity, skills, knowledge and understanding are critical for many groups, including older adults, men, people from different countries, people who identify as LGBTQ, and people with marginalized racial/ethnic identities. Without these skills among program staff,

survivors in focus groups reported they often did not feel safe enough to obtain the help they needed to make the changes they wanted. This study expanded on findings from others in these regards.

The importance of economic supports is also clear. These led the list of services that survivors who wanted them were unable to obtain, and nearly two-thirds of survivors wanted at least some of this type of help. For survivors to be able to consider independence and self-sufficiency as among their options, economic support and viability are essential. For survivors who want to remain in their relationship, but more safely, job and other economic/financial skills can shift relationship dynamics in a positive direction. Programs should be given the resources to enhance these service offerings.

Supports for children continue to be prominent needs for survivors—especially, but not only, Hispanics/Latino/as who were born outside the U.S. Well over half of survivors wanted at least one type of help related to their children. Of these, counseling led the list. Many programs offer specialize programming for children, yet these need to be enhanced. As recognition of the impact of DV on children in the home increases, it becomes more important for programs to be able to provide DV and trauma-informed services to help them.

The study also shows the importance of mental health and substance abuse-related services. Most survivors identified supportive counseling among their needs, and over a third specified “mental health issues” among their needs. A majority also wanted help with issues related to previous or other abuse. Although help with substance abuse issues was identified as a need at lower rates, it is clearly a common and difficult challenge, as seen in the recovery focus group. Other groups commonly noted powerful emotional issues as challenges. Although

many programs are currently working on enhancing these services (either in-house or through referral arrangements with DV-informed community services), these efforts need further support if survivors' needs are to be addressed effectively.

Although the sample was not large, the study's findings about male survivors in the survey and focus group were clear: services for men should continue to be offered. Perhaps as important, programs need to more clearly communicate that their services are for abused men as well as abused women. As more men come forward for help, specialized support groups and other services that recognize that emotional, economic and legal issues can be experienced differently for men should be expanded.

Finally, the study has clear implications for program staff training. Most programs provide diversity training; these efforts are vital and should be expanded to incorporate the multitude of issues identified in the survey and focus groups. Staff training on listening without judgment, and offering understanding and support for the complexity of survivors' circumstances and needs should continue and be reinforced. This should include the recognition that many survivors either want or need to remain in their relationships, at least for the immediate future.

DV programs are being confronted with increasingly complex issues in trying to help address survivors' needs. They need the resources, such as funding for expanded programming and livable salaries for staff, to be able to continue to do so effectively. The study makes it clear that the lives and well-being of survivors and their children from across the country are at stake.

Implications for Further Research

This study has advanced critical knowledge of DV services and supports, and survivors' experiences. It was conducted at a time when both survivors and programs were trying to cope with dramatic economic uncertainties. In this context especially, the findings are remarkable. They do suggest issues and considerations for further research in this area, however.

First, research that involves extensive involvement of DV program staff should provide more economic support to those programs. In some cases this would enable more programs to participate. Program incentives, such as the lottery strategy implemented late in this study, should be considered as ways to sustain program involvements over extended periods of data collection.

A limitation of the study was its recruitment of survivors who had had at least two in-person contacts with the program. While this was done in order to obtain better outcome information, it did eliminate from the sample survivors who came to the program one time and left dissatisfied. Studies that have the resources for data collection at multiple time-points, or that can involve a larger number of sites with sufficient oversight to ensure a larger sample would be well-advised, in order to learn more about survivors' range of experiences.

The findings of this study provide more information than previously available about the experiences of some groups, such as immigrants, men, and survivors from rural programs. These groups, along with older adults and survivors who identify as LGBTQ, deserve further study, so that their particular needs can be better understood and addressed.

Although there were concerns among some advisors and survivors that the survey was longer than it should have been, it nonetheless was used effectively by survivors from a wide

variety of educational and language backgrounds, and provided valuable contextual data about help-seeking and survivors' circumstances that had not been available before. These efforts to contextualize data should continue, although they could focus more on particular issues. In addition, other efforts to reduce the number of survey items could be made, such as shortening the list of services, while maintaining the strongest from each of the essential factors.

It should be clear that the combination of survey and focus group data, the "mixed method" approach undertaken here, provided rich and compelling information. Such approaches should continue; the qualitative portions of studies could focus particularly on contextual information, which could help to reduce the length of surveys. In addition, efforts to draw qualitative data—perhaps through in-depth interviews instead of focus groups—from sub-samples drawn from the quantitative data would enhance the complementarity of findings.

Finally, as efforts continue to understand and identify outcomes of services provided by DV programs, it will be essential to wrestle with the challenge of attributing change to a single program's services. This study documented that some survivors turn to a variety of sources in their efforts to obtain the help they want and need. Research will need to improve strategies to include the complex ways survivors attempt to improve their lives.

VI. REFERENCES

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Appendix A: Program Feedback Form

Program Code: _____

State Code: _____

Domestic Violence Non-Residential Services and Supports Study Program Feedback Form

Directions: Please answer the following questions related to services you are currently receiving from this program because you were hurt by a family member (we call that “domestic violence”). There are no right or wrong answers. We would like to hear what your experiences have been like. Please complete this survey right away. When you have finished, please put this survey in the stamped, addressed envelope you were given, seal it, and then put it in the place the advocate showed you, or in a mail box.

Thank you for your help. Your answers to these questions will help to improve the program.

1. When did you first hear about this program? (*please check only one*)

- ☐ less than a month ago ☐ between 1 month and 6 months ago
☐ between 6 months and a year ago ☐ more than a year ago

2. Where did you first hear about this program? (*please check all that apply*)

- | | | |
|---|--|--|
| <input type="checkbox"/> telephone book | <input type="checkbox"/> information line (e.g. 211 Info. Line) | <input type="checkbox"/> people at court |
| <input type="checkbox"/> family member | <input type="checkbox"/> people from my religious/spiritual community | <input type="checkbox"/> health care provider |
| <input type="checkbox"/> police | <input type="checkbox"/> child protective services staff | <input type="checkbox"/> TANF (welfare) staff |
| <input type="checkbox"/> friend(s) | <input type="checkbox"/> social service agency staff, incl. homeless shelter | <input type="checkbox"/> flyer/brochure/poster |
| <input type="checkbox"/> on the internet | <input type="checkbox"/> mental health counselor/therapist | |
| <input type="checkbox"/> domestic violence (DV) staff/volunteer; including other DV program | | |
| <input type="checkbox"/> other (where?): _____ | | |

3. When did you first come to this program? (*please check only one*)

- ☐ less than a month ago ☐ between 1 month and 6 months ago
☐ between 6 months and a year ago ☐ more than a year ago

4. How many times have you been to this program since that first time? (*please check only one*)

- ☐ 2 ☐ 3 – 6 ☐ 7 – 10 ☐ 11 – 20 ☐ more than 20

5. People might need different kinds of help at different times, so they might come back to a program after they have been there before. Sometimes people go to different programs for different kinds of help. Please put an **X** in each box on the next page that describes the kind of help you have received, and where (at this program or another) and when (this year or before this year) you received it. Since you are here now, you should have *at least* one **X** in one of the boxes on the next page.

Shelter = includes a short-term living place in response to an immediate crisis of domestic violence, a sponsored hotel or motel room, or a safe home where you can stay for a short time.

Support group = discussion and support provided to a group of people in a series of group meetings that are usually scheduled regularly. 1 or 2 people who work or volunteer at the domestic violence program generally lead the discussion or provide information, but sometimes group members may take turns leading.

Support services = help or support provided by someone who works or volunteers at the domestic violence program. This includes providing information and emotional support, helping you get other services and resources, going with you to important appointments or meetings, and helping you think about your choices and options, among other things.

Counseling = talking with someone from the domestic violence program (counselor) about your experiences with being hurt and its impact on you and/or your children, including your feelings and choices, and developing ways to improve your safety and well-being. You usually meet with

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a counselor alone, or with other members of your family. The meetings are often scheduled, and may take place over a period of weeks, months, or longer.

Legal advocacy = help or support related to criminal or civil legal matters. Examples include help getting a protective or restraining order, or with arrest-related concerns, immigration issues, child custody and visitation issues, and other matters that involve the court system.

	This Program:		Another Program:	
	Within Past Year	More than a Year Ago	Within Past Year	More Than A Year Ago
Shelter				
Support group				
Support services				
Counseling				
Legal advocacy				

6. What was the first kind of help you received from this program? (*please check all that apply*)
 ___ shelter ___ support group ___ support services ___ counseling ___ legal advocacy
 ___ other (*specify*): _____

These next questions refer to your recent contact with this program – the services and support you’re receiving now and have received in the past year.

7. Who was the person(s) hurting you, for which you sought help from this program? (*please check all that apply*)
 ___ partner ___ ex-partner ___ adult children ___ in-laws ___ other (*specify*): _____

8. Are you now participating in a **support group** from this program?

___ No [go to Q.9] ___ Yes [please answer questions a & b]:

- a. About how many support group meetings have you attended in the past year? (*please check only one*)

___ One ___ Two ___ 3 – 6 ___ 7-10 ___ More than 10

- b. Based on your experience so far, how would you rate your experience with the support group? (**circle the number** that best describes your experience—from very helpful to not helpful at all)

Very helpful Not helpful
 5 4 3 2 1

Comments: _____

9. Are you now getting some kinds of **support services** from this program?

___ No [go to Q.10] ___ Yes [please answer questions a & b]:

- a. About how many contacts have you had with program staff for **support services** in the past year? (*check only one*)

___ One ___ Two ___ 3 – 6 ___ 7-10 ___ More than 10

- b. Based on your experience so far, how would you rate your experience with the **support services**? (**circle the number** that best describes your experience—from very helpful to not helpful at all)

Very helpful Not helpful
 5 4 3 2 1

Comments: _____

10. Are you now getting **counseling** from this program?

___ No [go to Q.11] ___ Yes [please answer questions a & b]:

a. About how many meetings have you had with a **counselor** in the past year? (please check only one)

___ One ___ Two ___ 3 – 6 ___ 7-10 ___ More than 10

b. Based on your experience so far, how would you rate your experience with counseling? (**circle the number that best describes your experience—from very helpful to not helpful at all**)

Very helpful Not helpful
 5 4 3 2 1

Comments: _____

11. Are you now getting **legal advocacy** from this program?

___ No [go to Q.12] ___ Yes [please answer questions a & b]:

a. About how many meetings have you had with a legal advocate from this program in the past year? (check only one): ___ One ___ Two ___ 3 – 6 ___ 7-10 ___ More than 10

b. Based on your experience so far, how would you rate your experience with legal advocacy? (**circle the number that best describes your experience—from very helpful to not helpful at all**)

Very helpful Not helpful
 5 4 3 2 1

Comments: _____

12. Please circle the number that best reflects your agreement or disagreement with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Doesn't Apply
Program staff treated me with respect.	1	2	3	4	0
Program staff were caring and supportive.	1	2	3	4	0
Program staff spent enough time talking about my safety.	1	2	3	4	0
Over all, my religious/spiritual beliefs were respected.	1	2	3	4	0
Over all, my sexual orientation was respected.	1	2	3	4	0
Over all, my racial/ethnic background(s) were respected.	1	2	3	4	0
Program staff helped address any needs related to my disability.	1	2	3	4	0
Program staff helped address any needs related to my being a young person (under age 18).	1	2	3	4	0
Program staff helped address any needs related to my advancing age (age 61 or older).	1	2	3	4	0

13. People come to our program for different types of help. The following list describes different types of help and support you may have wanted, and may have received from someone in this program. Every person wants and needs different things, so there are no “right” answers. Please rate **each** of the items on the list according to the help staff or volunteers tried to provide, using **the number from the box below** that describes your experience **during this past year**. Put the number on the line next to each type of help or support.

3 = I got <u>all</u> of the help of this kind that I wanted	1 = I wanted this kind of help, but I <u>didn't</u> get any
2 = I got <u>some</u> of the help of this kind that I wanted	0 = <u>Doesn't apply</u> to me— I didn't want or need this

- | | |
|--|--|
| <input type="checkbox"/> talking to someone who understands my situation | <input type="checkbox"/> help with a protective or restraining order |
| <input type="checkbox"/> help being safe from the person abusing me | <input type="checkbox"/> information about my legal rights and options |
| <input type="checkbox"/> help staying in my relationship safely | <input type="checkbox"/> help with access to legal services |
| <input type="checkbox"/> information about counseling options | <input type="checkbox"/> help dealing with my arrest |
| <input type="checkbox"/> support to make decisions and changes in my life | <input type="checkbox"/> help dealing with my abuser's arrest |
| <input type="checkbox"/> someone to go with me to get help | <input type="checkbox"/> help <u>supporting</u> the court case against the person who hurt me (or help getting <i>the system</i> to bring a court case against the person who hurt me) |
| <input type="checkbox"/> learning more about why/how domestic violence happens | <input type="checkbox"/> help <u>stopping</u> the court case against the person who hurt me |
| <input type="checkbox"/> finding out who to call or where to get help | <input type="checkbox"/> help with health care for myself |
| <input type="checkbox"/> hearing what other people have done in similar situations | <input type="checkbox"/> help with reproductive/women's health issues |
| <input type="checkbox"/> help staying in my community safely | <input type="checkbox"/> help with medical benefits (e.g. Medicaid) |
| <input type="checkbox"/> help ending my relationship | <input type="checkbox"/> help with mental health services |
| <input type="checkbox"/> help maintaining safe visitation with my children | <input type="checkbox"/> help with substance abuse services |
| <input type="checkbox"/> help related to custody of my children | <input type="checkbox"/> help with contacting family who are far away (e.g., getting telephone cards, using email) |
| <input type="checkbox"/> help with child care | <input type="checkbox"/> help with government benefits (e.g. welfare/ TANF, food stamps, social security, SSI, SSD, others) |
| <input type="checkbox"/> help with child protection hearings or requirements | <input type="checkbox"/> help with cash assistance / vouchers |
| <input type="checkbox"/> help with child support | <input type="checkbox"/> help with financial matters, such as budgeting |
| <input type="checkbox"/> help with other benefits for my children | <input type="checkbox"/> help getting housing |
| <input type="checkbox"/> help with health care for my children | <input type="checkbox"/> help paying rent/utilities bills |
| <input type="checkbox"/> help with counseling for my children | <input type="checkbox"/> help with transportation |
| <input type="checkbox"/> help with children related to their abuse | <input type="checkbox"/> help learning to drive |
| <input type="checkbox"/> help for the person who hurt me | <input type="checkbox"/> help learning English |
| <input type="checkbox"/> help with grief related to family losses | <input type="checkbox"/> help with translation / interpretation |
| <input type="checkbox"/> help with safety for my family members | <input type="checkbox"/> help with a job or job training |
| <input type="checkbox"/> help meeting needs related to my disability | <input type="checkbox"/> help with benefits as a refugee |
| <input type="checkbox"/> help meeting needs related to my child's disability | <input type="checkbox"/> help with immigration issues (e.g. visa, work permit, others) |
| <input type="checkbox"/> help keeping my pets safe | <input type="checkbox"/> help understanding my rights & options related to my residency/immigration status |
| <input type="checkbox"/> help with previous or other forms of abuse | |
| <input type="checkbox"/> help with issues related to unwanted sex | |

14. **Because of the various help I have received from this program so far, I feel...** (complete this sentence by reading each phrase below; then check either yes or no if the sentence you read describes how you feel).

	Yes	No
I know more ways to plan for my safety.	___	___
I know more about community resources.	___	___
I know more about my rights and options.	___	___
that I will achieve the goals I set for myself.	___	___
more hopeful about the future.	___	___
more comfortable asking for help.	___	___
I get more support from family & friends	___	___
more confident in making decisions.	___	___
like I can do more things I want to do.	___	___

15. Please describe **any other help or support** you have received from this program this year:

16. Please describe any other help or support you **wanted but didn't get** from this program this year:

We ask these final questions to understand better how services and supports are being used by different people. But please feel free to skip any questions you do not want to answer.

17. What is your race/ethnicity? (Please check only one)

☐ African American/Black ☐ Native Hawaiian/Pacific Islander ☐ White / Caucasian
☐ African ☐ Native American / Alaska Native ☐ Other (specify): _____
☐ Asian/Asian American ☐ Middle Eastern
☐ Hispanic/Latino-a ☐ Multi-racial

If there is a particular ethnic background or identity that is important to you, please identify: _____

18. How old are you? (Please check only one)

☐ 17 or younger ☐ 18 – 20 ☐ 21 - 30 ☐ 31 – 40 ☐ 41 – 50 ☐ 51 - 60 ☐ 61-70 ☐ Over 70

19. How would you describe your sexual orientation? (please check only one)

☐ Heterosexual/Straight ☐ Lesbian/Gay ☐ Bisexual ☐ Other _____

20. What is the highest level of education you have so far? (please check only one)

☐ 8th grade or less ☐ High school graduate or GED ☐ College graduate
☐ 9th – 11th grade ☐ Some college ☐ Advanced degree

21. What is your gender?

☐ Female ☐ Male ☐ Transgender

22. What best describes how long you and your family has been in the United States (U.S.)? (please check only one)

☐ I came to the U.S. from another country, and...

...I am a ☐ refugee ☐ immigrant ☐ other: _____

☐ At least one of my parents came to the U.S. from another country

☐ At least one of my grandparents came to the U.S. from another country

☐ My ancestors were here before my grandparents were born

23. How well do you speak English? (please check only one)

☐ Very well ☐ Well ☐ Okay ☐ Not well ☐ Not at all (only know a few words)

24. What language do you prefer to speak? _____

25. How would you describe your current financial situation? (please check only one)

☐ I do not worry about paying for things I want and need

☐ I can easily pay my bills, but need to be careful

☐ I can pay my regular bills, but a big expense would cause a hardship

☐ I have trouble paying regular bills

☐ I simply can't pay my bills

26. How would you describe your financial situation now, compared to two years ago? (**circle the number that best describes your situation—from much better to much worse**)

Much better

Much worse

5 4 3 2 1

27. Do you consider yourself to have a disability or disabling conditions?

☐ No [go to Q.28] ☐ Yes [please answer questions a & b]

a. In what ways did this program make accommodations to meet any specific needs you have: _____

b. What needs related to your disability/disabling conditions, if any, were not met by this program: _____

28. Please tell us anything else you think we should know about your experience at this program: _____

Thank you very much!

Appendix B: Program Information Form

Program Code: _____

State Code: _____

Domestic Violence Non-Residential Services & Supports Study Program Information Form

Directions: The following questions pertain to your domestic violence (DV) program only. If your agency provides a variety of services & supports, please note that on this form we are only looking for information specific to your domestic violence program, not the entire agency. In addition, most of the questions ask about “non-residential” supports and services, meaning they are available to survivors of DV who are not staying in your emergency shelter, safe home, or transitional housing program (if you have one).

Section A: DV Program Staffing

1. How many paid staff members work in your domestic violence program?

Total # of staff: _____

Total # of Full-Time Equivalents (FTEs): _____

2. Please provide the following information about your paid staff in the columns below. Put the number of staff in the space. Each column should total the number of **staff** written above.

Age	Race/Ethnicity	Gender
Up to 20 _____	African American/Black _____	Female _____
21 – 30 _____	African _____	Male _____
31 – 40 _____	Asian/Asian American _____	Transgender _____
41 – 50 _____	Hispanic/Latino-a _____	Unknown _____
51 - 60 _____	Caucasian _____	TOTAL: _____
61 - 70 _____	Native Hawaiian /Pacific Islander _____	
Over 70 _____	Native American/Alaska Native _____	
Unknown _____	Middle Eastern _____	
TOTAL: _____	Multi-racial _____	
	Other(specify): _____	
	Unknown _____	
	TOTAL: _____	

3. On average, how many volunteers assist in your program at least once per month? _____

4. In what languages are your staff and volunteers able to provide support and services?

# of Staff	# of Volunteers	Language	# of Staff	# of Volunteers	Language
_____	_____	American Sign Language	_____	_____	Polish
_____	_____	Arabic	_____	_____	Portuguese
_____	_____	Cambodian/Khmer	_____	_____	Russian
_____	_____	Cantonese	_____	_____	Somali
_____	_____	English	_____	_____	Spanish
_____	_____	French	_____	_____	Tagalog
_____	_____	Haitian Creole	_____	_____	Vietnamese
_____	_____	Hindi	_____	_____	Other (specify): _____
_____	_____	Japanese	_____	_____	_____
_____	_____	Korean	_____	_____	_____
_____	_____	Mandarin	_____	_____	_____

5. What is the average starting salary of a full-time, salaried (not hourly) DV employee who works directly with survivors as an advocate, a counselor, or in another role (not supervisory)?

Section B: DV Program Description & Funding

6. How many years has your DV program been in existence? _____ years
7. Please indicate the category that best describes your agency or organization (*check only one; if your DV program fits in more than one of these, please check "other" and describe*):

<input type="checkbox"/>	DV organization (stand alone)
<input type="checkbox"/>	Dual DV and sexual violence organization
<input type="checkbox"/>	Dual DV and homeless shelter
<input type="checkbox"/>	Crime victim service organization
<input type="checkbox"/>	DV program housed within a social service agency
<input type="checkbox"/>	DV program housed within a religious or faith-based organization
<input type="checkbox"/>	DV program as part of a community-based organization, including a cultural and/or civic organization
<input type="checkbox"/>	Other (<i>please describe</i>): _____

- 7a. Is your program on or adjacent to tribal land (TL)? ____ Yes: on TL ____ Yes: adjacent to TL ____ No

8. Is your program a member of your State coalition against domestic violence?

____ Yes: voting member ____ Yes: non-voting member ____ No

If No: Why is your program not a member of your State's domestic violence coalition?

____ We are not familiar with the coalition in our state.

____ Other reason(s) – (please specify): _____

9. We would like to know all sources of funding for your DV program and what percentage each source contributes to your overall program budget.

Do you receive funding from this source?	Yes	No	Not sure	% of program budget contributed by this source:
Family Violence Prevention and Services Program (FVPSA): Federal—usually through a state agency or the state coalition				
Other Federal: Victims of Crime Act (VOCA)				
Other Federal: Violence Against Women Act (VAWA, e.g. Grants to Encourage Arrest, Legal Assistance to Victims, Rural Grants, etc.)				
BYRNE Grants				
State Government (e.g. general fund, marriage license, other)				
Local Government (specify): _____				
Other (specify): _____				

10. What is your program's annual budget? Remember, if you are part of a larger agency, please include only the budget for DV services. (*Please check one.*)

	Less than \$75,000		\$500,000 - \$999,999
	\$75,000 - \$149,999		\$1,000,000 or more
	\$150,000 - \$349,999		Don't Know
	\$350,000 - \$499,999		

Section C: DV Program Services & Supports

Please use the following definitions of services & supports when answering the next series of questions. "Non-residential services" are provided to individuals who are not currently in a shelter as defined below.

Shelter = "emergency shelter" includes short-term living space in response to an immediate crisis, including in a DV shelter facility, sponsored hotel/motel rooms, and safe homes. "Transitional housing" includes temporary housing designed for a mid-length period of time (e.g. up to 24 months) while helping residents transition into permanent living arrangements.

Support group = discussion and support provided to a group of people in a series of group meetings that are usually scheduled. Typically 1 or 2 people facilitate the meeting although in some groups participants may take turns serving as facilitators.

Support services = a variety of kinds of help or support provided by staff or volunteers at the DV program. This includes providing information and emotional support, making referrals, helping survivors get other services and resources (sometime involving negotiating with outside agencies and demanding changes in procedures and policies, which is often referred to as "advocacy"), going with survivors to important appointments or meetings, and helping them think about choices and options, among other activities.

Counseling = talking with survivors about their experiences with DV and/or other abuse and its impact on them and/or their children, including their feelings and choices, and developing strategies to enhance their safety and well-being. Although it may occur in groups, "counseling" in this study refers to individual or family sessions, is often scheduled, and may be ongoing.

11. In the last reporting year, how many individuals (unduplicated) received the following:

Emergency Shelter		Non-Residential Services & Supports	
Female Adults		Female Adults	
Male Adults		Male Adults	
Transgender Adults		Transgender Adults	
Adult (gender unknown)		Adult (gender unknown)	
Children/youth under 18		Children/youth under 18	
Total # Receiving Shelter:		Total # Receiving Non-Residential:	
Not Applicable/ No Shelter Services			

12. Approximately what % of the people to whom you provide non-residential services & supports come from each of the following communities/areas? (*percentages should total 100%*)

_____ % rural _____ % urban _____ % suburban

13. Thinking only about non-residential services & supports provided by your DV program, do you provide any **support groups** that are specialized for a particular population or issue (e.g., people of a specific cultural or ethnic background; people who are older adults; people with disabilities; people who self-identify as LGBTQ; people with a specific issue such as substance abuse, etc.)?

_____ Yes _____ No

If yes, please describe: _____

14. Other than support groups, do your non-residential DV services & supports include any other *specialized* activities for a particular population of survivors (*same examples as above*)?

_____ Yes _____ No

If yes, please describe: _____

15. Is the building where your non-residential DV services are offered accessible to people with disabilities? (e.g. ramp into building, doorways and hallways wide enough to accommodate wheelchair, accessible bathroom stalls and sinks, accessible desks or meeting areas, etc.).

_____ Fully accessible _____ Some accessible features _____ Not at all accessible

16. Has your DV program implemented any additional accommodations in order to make services and supports more accessible to survivors who might have specific needs:

Specific Needs:

Please describe accommodations provided:

Physical disability	
Cognitive disability	
Blind /visual impairment	
Deaf /hearing impairment	
Special health needs	
Mental health disability	
Older adults/elderly	
Limited literacy	
Limited English proficiency	
Other (specify): _____	

17. We would like you to know about the types of services & supports offered by your DV program. We recognize that these services will vary greatly depending upon program size and other resources within your community. We ask that you identify what services you provide directly (*not* through referral) as part of your DV program; what services are available elsewhere in your community to which you refer survivors, and what services are not available in your community. Please complete the grid by putting an **X** in a box to the right of each type of service or support.

[illegible]

Section D: DV Program Staff Development & Diversity

18. Does your program offer structured orientation or initial training to new staff and volunteers?

____ Yes ____ No

If yes: How many hours is the training? ____ ≤ 10 ____ 11 – 25 ____ 26 – 40 ____ Over 40

19. Has your program offered diversity training to staff in the past year?

____ Yes—once ____ Yes—twice ____ Yes—more than twice ____ No

20. What are the most common services or supports that survivors ask for, that your program does not have the funding or other resources to provide?

21. Beyond making referrals, what does your program do to assist survivors who have additional needs, such as limited English proficiency, survivors with immigration issues, and survivors with disabilities? Budget and staffing may constrain the range of things you can do, but we are interested in learning what DV programs are doing in an effort to assist survivors of diverse backgrounds (despite such constraints).

22. In what ways, if any, does your program ensure representation of survivors in the decision making processes and feedback loop of the program? (*check all that apply*)

____ Survivor advisory group ____ Surveys/feedback forms
____ Survivor representative(s) on the Board ____ Other (specify): _____

Thank you!

Appendix C: Focus Group Questions

Focus Group Questions:

1. Thinking back to when you first decided to get help related to being hurt by someone in your family, who did you first turn to for help and were they helpful? (Please describe how they were helpful and not helpful.) This could be a friend, family member, clergy, therapist, formal Domestic Violence program -- anyone.
2. Who else have you turned to for help and were they helpful? (Please describe.) How did you get to this program (the program where you're currently getting help)?
3. How is this program helping? What services and supports are you currently using? [As needed, prompt with definitions and/or examples of different supports and services offered by DV programs. Some examples:

• Support Group	• Counseling	• Support Services (help getting other resources/benefits/information)
• Legal Advocacy	• Services for Child	• In-Kind Supports (food, clothes, etc.)
• Immigration	• Safety Planning	• Economic (cash, rent, vouchers, etc.)
• Transportation	• Job Training	
• Help finding safe affordable housing		
4. What other kinds of help are you getting now? (*at this program or elsewhere*)
5. What would you have done if the services and supports you are currently using were not available?
6. What services/supports have been most helpful?
7. What services have you been encouraged you to use that you did not find helpful?
8. Were there any services or supports that you really needed but were unable to find?
9. What do you like most about the program(s) from which you are currently receiving services? What are the areas in which the program(s) could improve? [Prompt: If unable to think of areas in which the program could improve: "Imagine you could give the program a \$1 million, what would you like to see the program do with that money?"]
10. [Depending on group] What are the best things this program has done to address your needs as "a person of **Asian/Pacific Islander** decent", in particular? (insert different terms for different groups)
 - **African American**
 - **Hispanic**
 - **Portuguese**
 - **Older adult**
 - **Male**
 - **LGBTQ (use term specific to final group composition; e.g. "lesbian")**
 - **Survivor living in a rural area**
 - **Survivor recovering from substance abuse**

[As needed, prompt survivors to explain any services designed specifically for their population and ask about importance of these specific services. Example: Services provided in native language (not English). Is having services provided in your native language an important part of this program?]
11. What do you think would be the best way to help someone in your situation? (What would that help look like?)

Appendix D: African American Focus Group

Context

The two focus groups with African American survivors were hosted by an urban DV program in the south-central U.S.¹ that is part of a larger community-based organization. The two groups are summarized together because the only distinction between them was the night on which the meeting was held for this purpose. The DV program offers counseling, case management, support groups, a 24-hour hotline, and a wide variety of services for children. The focus group participants were primarily recruited from within existing support groups; most of the survivors knew each other from being in a support group together and graduating to the second level support group. Only 3 survivors were recent additions to the program. Hurricane Katrina seemed to be a reference point for understanding both the social and economic conditions for the survivors in these groups.

Demographics

Twelve survivors were recruited for each of the 2 focus groups; 8 survivors participated in the first group and 3 survivors participated in the second group, for a combined total of 11. Ten of the survivors identified as female, and 1 survivor did not respond to this question. All 11 survivors identified as African American/Black. Six of the survivors (54.5%) were between the ages of 41 and 50; 3 survivors (27.2%) reported being between the ages of 21 and 30, 1 survivor was between the ages of 31 and 40, and 1 survivor did not respond to the question. Nine of the survivors identified as being heterosexual (81.8%), 1 survivor identified as bisexual, 1 survivor did not respond to the question of sexual orientation. Three survivors (27.3%) reported that they consider themselves to have a disability or disabling condition.

¹ While survivors refer to Hurricane Katrina in this group, readers should be reminded that Katrina affected several southern states, and this program could be located in any of them.

There was some variation in the highest level of education achieved among this group of survivors; 4 reported having an education between 9th and 11th grades (36.4%), 2 were high school graduates or received their GED (18.2%), 4 had some college (36.4%), and 1 was a college graduate (9%). Six survivors reported being born in the United States and 5 did not respond. All 11 survivors reported speaking English “very well”. Nine survivors reported speaking English as their preferred language and 2 did not respond to this question.

Survivors were asked to report their current financial situation and to compare their financial situation now to two years ago. The majority of survivors (55.6%) reported difficulty in meeting current financial needs; they have trouble paying regular bills or they simply couldn’t pay them (see Table 1). When asked to compare their current financial situation to two years ago, the mean score on the scale of 1 to 5 was 3.18, suggesting that for the majority of survivors, their current financial situation was about the same or slightly more positive than two years ago.

Table 1: Current Financial Situation

	N=9	%
I simply can’t pay my bills.	2	22.2%
I have trouble paying regular bills.	3	33.3%
I can pay regular bills, but a big expense would cause a hardship.	1	11.1%
I can easily pay my bills, but need to be careful.	3	33.3%
I do not worry about paying for things I want and need.	0	-

The Help-Seeking Process

First Places Help Was Sought

Some of the survivors in these groups first sought help for domestic violence from the police, the courts, social workers and/or social welfare workers, their religious community, and hospitals/medical professionals; while others relied on themselves or turned to God for help. Only two of the survivors in these groups sought help from a family member (mothers); some survivors indicated that they wanted to keep the abuse a secret from family, while others indicated that family members knew about the abuse but did not discuss it openly. In one situation of injury a survivor asked her mother for assistance, and she was denied help:

- No, I asked for help. It was my own mother when I first started out. And it hurted me real bad, because I thought your parents were supposed to be there to help you in a time when stuff like that. But she told me she couldn't help me. I was mad at the world. I was mad at everybody for a long time. But I asked the Lord to take that hate from me, and He did.

Many of the survivors indicated that they did not seek out help or DV services independently, but were referred to services by someone else that recognized a need for support that they could not see themselves. The primary referral sources were police, courts, and hospitals. In one situation, a survivor said that a complete stranger came into her workplace and handed her an envelope with information about the DV program she is currently attending; and when things got worse, she finally did call the program for help. The excerpts that follow make it clear that seeking help for DV can be complicated.

- After I got the protection order. They...somebody contacted me, because the court gave my information to them and then the district attorney, I mean, whatever they call it the public defender attorney, domestic violence attorney contacted me from the [program name- legal services] and that's when I got familiar with [DV program name].

- My mom. I have supportive family members. She actually had to come to court several times to testify when we went to court for a hearing about the visitation and things like that. So she was very helpful. But as of now I talk to her sometimes, but now more I go to God. I stay in my world.
- I wound up going through the court system, and the family justice center referred me to [name of program].
- That was hard, because I didn't want to call the police, and you know you don't really want all the people in your business thinking it'll go away or whatever. But my kids saw us fighting, and my oldest kid was like 6, and she called the police. And I was still trying to protect him like, "Go inside and I'm gonna stay outside and wait for the police and tell them you not here, you left". But my [name of child] was out there too and she said, "He in Mammy's house".
- I didn't think I had a problem at first I thought it was all life. But you know as the years went on I knew I had a problem. Cause I was dealing with depression, I didn't know I had depression. So what happened I went to the hospital for a beating, and like I said, I was lying to them every time everybody saw. I didn't want anybody to hurt him, while I was getting hurt. I had to look the doc in the face and he was telling me that I needed help, but I was still in denial like, "I don't need no help". The doctor said I have a problem, before I go home I was gonna get some help. So I went to [name of program] when they were open. So what happened I passed about five times looking at that door, I was too scared to go in. But you know, I finally went in there and when I did that was my first step in getting help.
- When we came home, there was an incident that happened in our vehicle, and I just snapped. I don't even know what made me go. And I left I didn't even take my kids. My sitter was there. We came back, the sitter was outside with the kids and so I just left. And I immediately went to my parents, and just kept going, just kept driving. Like just kept driving. And that's when we went to the police.
- Well there was only one incident the police had to become involved in, so he went to jail at that time, and I had to go to the hospital. So the police had to become involved.
- I was at work one day and a man that had came to come buy something he gave me an envelope. And I'm like, "An envelope?" You know cause some people leave you money like that. So I went and I read it. And I was like, "Okay". It was a list with like different numbers and stuff like that. So I was like "I don't know". So I just stuck it in my pocket. Then one day we just got into it real bad, we were going at it. After that the next day or the next couple of days I called.
- Basically it was a doctor of mine. I asked for help and she come tell me and she asked me, "Can I ask you a question? What's wrong with you?" I said, "Nothing". She said, "No, every time you come here you're so jolly and happy whatever, but today it's

different. Your blood pressure is so high that you can basically stroke out”. So after she kept hassling me I told her, and she said, “Well, you don’t need to be with that person”. And probably like a week after that, that’s when the incident happened that he fought me, and my oldest son got involved, and from there that’s how the police was called. And the police came out, and he asked what happened and I said, “Well, we got into it and he did me something”. And my son told him, “Well, I’m tired of how you put your hand on my mom”. And he said, “M’am, you ought to be tired too”. And it clicked, “Really, I am tired”. So it was the police that really escalated it.

- Uh, I didn’t really ask for help. I just left on my own and went home. But then after Katrina I came to [name of program], and I realized that I was really being abused and I been here ever since.
- The other person was God, because I had been praying. And so my situation happened a lot. I just didn’t know what happened, it was just the last. You know, I guess I was just the straw on the camel’s back, so I left. I left.
- I ran across some social workers in the mean time, after I left my mom’s house, and it was very helpful to me. They gave me more help than I got from my family. The [program name] or regular or when you go to apply for food stamps they have a worker there.
- They had this lady [legal aid program within agency] that went to school with my baby. She brought me here right after Katrina.
- A lady had a sticker on her one day. It was a sticker...the purple ribbon. And I asked her what was it for and she said, “Domestic violence”. And I just happened to tell her I was in the same situation. And believe it or not she took it off and gave it to me and told me to keep it and to this day...I carry it with me every day. Here it is. I still keep it.

What Was Helpful in This Process

Three themes emerged as helpful for this group of survivors in the process of reaching out for help with domestic violence: legal system supports, emotional support, and information/education. Some of the legal supports that survivors found most helpful included restraining orders/protection orders, having their abuser be taken to jail, and having well-trained and responsive police officers. Some of the emotional supports that survivors found helpful included processing their situation and experiences in support groups, through counseling, and within church groups. The education and information survivors found most

helpful included creating their own safety plan, learning more about community resources, and receiving the appropriate referrals.

- Municipal court. They helped me get my restraining order, the protective order and they told me how to go about doing everything that I did.
- They took him to jail, so that helped.
- [The police] told me about [name of program] and when I went on [name of street] they told me about [program name- legal aid]. They was very helpful, because it's like, "Where do I go from here?"
- [The police] were very helpful, because when that happened, when I called to put him out, the same police happened to come around when the incident happened. They was like, "Didn't we tell you not to come back around here?"
- Well after the police I got to the [program name - legal aid] and I talked to someone there and they asked me what kind of service I needed. I told them I needed counseling. So the [program name - legal aid] got me here.
- [My pastor's wife] talked to me about getting a plan and having a force of action and making sure that when I left I had everything in place. She actually had to come to court several times to testify when we went to court for a hearing about the visitation and things like that.
- ...The singles ministry, my pastor, and [DV advocate name], the group meetings I was coming to, my parent I was talking to. All that was helping me. And it's still helping me and I did come a long ways. I've come a long way. I mean, I used to cry every night.

What Were Barriers in This Process

The survivors in these groups identified some personal barriers, as well as external barriers, to the help-seeking process. Some of the personal barriers to seeking support included not realizing that they were in an abusive situation and not believing that their partner was capable of abuse until they reached the point that they were no longer willing to accept the abusive behavior. In addition, being dependent in some way on their abuser was a barrier to receiving services, such as financial support or housing. Some survivors indicated that they were not willing to "fight for themselves"; but that they were motivated to seek help when they

felt that their child(ren) were at risk. One survivor shared a story of talking to her son and his girlfriend about their abusive relationship and trying to get the girlfriend to seek help; this survivor felt that personal pride was a barrier to help seeking. Some of the external barriers experienced included not having the support they needed either through the police or family members.

- Well, first of all, we have to understand that we've been through this situation. We didn't just come out and say that we was being hurt. As time went along we came out and said we was being hurt and got our help. But the way I would help the situation is, cause a lot of times say we have blinders on, you ain't gonna see it. So that person might need to be helped along. You know what I'm saying?
- Well, telling somebody in my spiritual life helped me to deal with the situation, because at first I didn't realize that I was in an abusive situation. And you know it's funny I didn't realize for a bunch of years that I was even in an abusive situation...you can have book smarts and still not realize what's going on. It's not even about street smarts. No, no, no. In a situation when you're married to somebody, and you have created this life, the belief is that this person, if nobody else, will be there for me...First of all, when you're in a situation a lot of times you don't realize how bad it is until you step outside of the situation.
- And it changed, and so over the years when you look up...And you know you gotta understand a situation could happen and you can take a situation and say, "Okay, that one incident happened, it was a situational thing based on that particular situation". Gotta realize, people went through a lot with Katrina, and so you like, "Okay, this is the stress of Katrina". Because this is how...I'm an analytical person, so I will think everything through and so as a result of that I'm like, "Okay this is the stress of Katrina". You know, you gotta understand. People lost family members, people lost houses, people got really disjointed. And you gotta understand when you've never experienced that, there's a fear that rises inside of you. And as a man who takes care of the household, when you lose that sense of that you know you start to feel something, so I'm thinking, "Okay, that's just the man in him feeling like okay I don't have control of the situation". No, cause it's Katrina that's beyond your control. And so then it starts to escalate until you look up [and] it's like, "How did we get to this point?" And so I'm not saying that I didn't realize I was in an abusive situation. What we're saying is initially we did not realize we were in an abusive situation, because it didn't start out that way. I didn't have beating my butt up and down the street. I didn't have somebody calling me outside of my name. I had somebody wining and dining me taking me all over; we did three vacations together.

- I was totally financially dependent on my husband, and that's ultimately what he wanted.
- But it pretty much make you deal with yourself because so many years you have yourself fooled that things gonna get better and it don't get better.
- We fight for our children before we fight for ourselves.
- For me it was a little different. I mean I did start trying to get myself together mentally, but the biggest thing for me was I just had to decide that at some point I had to do it for my children. I'm not telling you I didn't cry and have fits and all of that. I did all of that, but you can only live off of that for so long.
- ...That's why I was able to call the police and have him put out, because if you're gonna get a gun to go shoot my child, you gotta come through me, so me and my child are gonna be dead.
- I'm gonna use myself as an example. My son and his girlfriend had an incident. Now my son was there when I told his girlfriend that they need help. The girlfriend rejected more than he did. This is my son I'm talking about. You see what I'm saying? I gave her one of the cards. The domestic violence cards. She hasn't used it yet...It's a lot of people got pride. They won't come here.
- You can't help nobody who don't want help themselves. They have to get tired of it. You could tell them the whole situation like what you been through and this is what I did to get help and I'm no longer in the situation. But they'll have to go through, they'll have to get to that point where they tired and reach out for help. And if they really want help they'll come back and find you and say, "Where that place was at that helped you? Cause I see you doin' better than I am". And you gotta tell 'em about how that's gonna affect they kids if they come up in that environment.

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

There are many support services that are being utilized by the survivors in these groups: case management, individual counseling, support groups, child care when in group, safety planning, assistance with housing (including support going through the Section 8 application process), and assistance with education. Many survivors are receiving in-kind supports such as bus tokens for transportation, food, and clothing. Survivors indicated that they have been

offered assistance with job training, rent vouchers, and other comprehensive services.

Additionally, the program offers services for children that many of the survivors are using.

- They told me they had to come here one time, but after that one time my kids loved it and they want to come twice a week. So we come twice a week.
- Discipline. I have to tell my children we're not gonna come to [program name] and that's how they'll be good...cause if they don't get to come here. Yeah, it really helps.
- They always tell you anything you need and it's possible for us.
- If they don't have it [name of staff member] gonna find it.

Satisfaction with Current Services & Supports

The survivors in this group spoke of the genuine care, love, and support they felt from the staff at the program they are in. They stated multiple personal benefits of receiving support such as an increase in self-esteem, feeling stronger and empowered, and feeling that they had a voice. There were also other skills that were helpful such as learning to have a safety plan, completing a GED, and securing housing. They also stated the importance of having someone listen to them, being able to share with others who are going through the same thing, and feeling a change in their emotions from hopeless to feeling hopeful.

- It builds your self-esteem.
- Gives you the strength to say, "I can do it. I can move on".
- Just being able to talk to somebody. To get it off your mind.
- You meet other people that's been through the same thing. You thinkin' you the only one that went through that. By talking to everybody you get to know each other and you help them with their problem and they help you. And when they go to court you go with them and some come with you. That's a great help.
- Well it helped me because I was never one to talk about whatever happened or what was wrong with me. Been shy, scared thinking about what people were gonna say, "You stupid".

- Always listening you can call them at any time.
- You see different little signs, like I saw one sign I didn't notice until I got here and they mentioned it. A part of, how can I say this? A part of abuse is pinching. He would pinch sometimes and I used to be like, "Why don't you stop? Don't do that".
- They gave me the code idea (safety plan).
- I'm not just as depressed as I used to be. I'm a lot more happier.
- Because I was on the verge of getting evicted from here and all, so they pushed it where I can get somewhere. They like, "You not gonna be out on the street. We got your back".
- What they gave me is my life back.
- Well since I've been coming here, I have a lot of hope now, because at first it's like I didn't have it. I have more strength than I had.
- And so for me I went back to school, and so I just started working on me, because when I looked in the mirror, I didn't even look like me anymore. And so it was just exercising. It was just something that you would think is not even that important it was, it made all the difference in the world. Just taking walks. And then I started dealing with the mental, so by the time I got to counseling, I had kinda started fixing myself up. So the counseling in conjunction with me already working on myself, because I was at a place where I was willing and ready for the counseling...that's what did it. You know? Because you can get the counseling, but if you're not emotionally ready or mentally ready, somebody can tell you, "Okay you know what, now you need to start thinking about a plan and what you want to do". But if you have all of this cloudiness up here and you haven't really start to realize. Like I used to tell myself I would make a list of things that I could think of and remember that he would tell me...then I would make a list and...then I would turn it into a positive. You know you told me I'm not a good mother. I'm an excellent mother. You know what I mean. And so, "Oh you can't go to school". "Yes I can, I have two college degrees already".
- You can stand up for yourself, you don't have to stand back in the shadow. Like an African American whatever they say the man rule and like you said you don't tell it cause you don't want nobody to know you being battered. So you just keep quiet and taking it, but we don't have to do that no more we're just equal as them. You know? We're equal.
- As an African American it made me realize I can talk to other African Americans and realize we all are going through the same situation, that we not alone.
- It made me stronger, better. Notice stuff in my life that should be changed. And the only person who can do that is me.

- Oh, man. They are beautiful, man...I mean, they are helping me with a lot. And I have a case manager. Her name is [case manager's name]. Beautiful. They checks on me frequently. I mean, every day I receive a phone call asking me what's going on with me, am I safe, am I okay?
- Well, it helps me because I'm not really in that stage where I be emotional like I used to be. That's a big thing. And it's helping me as far as my health, because in order for you to be physically healthy, you have to be emotionally...
- They helped me. I had my own house at first but after yesterday I moved back with my mama. They helped me get my house. I'm currently getting my G.E.D. Counseling services. I'm not just as depressed as I used to be. I'm a lot more happier.

Areas for Improvement

Recommended Changes to Current Services & Supports

Most of the survivors in this group felt so grateful for the services and supports they received that they could not think of anything to add that might be beneficial. The few things mentioned addressed the importance of having an increase in program capacity in order to reach out to more women who are going through the same thing. The women also discussed the importance of children being able to receive support for themselves because they witness so much violence.

- Expand this business, put these [program name] all over.
- I know I keep saying this is that children that come from abusive families they need help, too.

Services & Supports Wanted But Not Received

The only service that survivors identified as a need was additional support with housing. While many survivors did indicate that they had received all the services and supports they needed in relation to housing, two survivors indicated that they were in need of additional housing supports, but that the program was helping them to try to address those needs.

What Survivors Would Have Done Without Current Services & Supports

When asked what they would have done if the current services and supports they are using were not available, survivors offered a broad range of responses. Four survivors reported that their lives would be the same as it had been; they would be in the same abusive relationship. One survivor indicated she would be in jail. Another survivor suggested that her life would be a “tragedy” without the help of the program.

- I would have been on my own like I have been all the other times. I’m being serious.
- Probably dealing with the same situation.
- Just feeling that I can’t leave and I’m stuck there.
- Still with him.
- I would be in jail.
- It would be a tragedy, put it that way.

Appendix E: Asian/Arab Focus Group

Context

This focus group was hosted by a DV organization that primarily provides resources and technical assistance on domestic violence; program services include policy advocacy, training, publications, research, and technical assistance. The host organization reached out to six Western U.S. domestic violence agencies serving Asian, Pacific Islander, and Arab communities. To ensure a broad and diverse sample of participants, the host organization sought partners known to serve pan-Asian, Arabic, queer and transsexual, predominantly Chinese, South Asian, and Korean survivors. In general, agencies responded positively to the opportunity to take part in the non-residential services study. Participants came from three of the non-residential programs. The focus group was conducted in English with Arabic, Cantonese, and Korean side-by-side interpretation. This method is used at a local women's shelter to conduct focus groups; and it seemed to work effectively in this situation as well. In addition to the meal and stipends that all focus group participants received, this focus group provided childcare and a transportation stipend; the survivors appreciated all of these supports, and acknowledged feeling valued.

Demographics

A total of 13 survivors were recruited for the group; a total of 15 survivors showed up on the day of the focus group, and all were invited to participate. All but one of the survivors identified as female; one survivor identified as a male. The survivors varied in age; ranging from their twenties to sixties. Over half (66.6%) of the group was between the ages of 31 and 50. The majority of the group (86.7%, n=13) identified as Asian/Asian American; 2 participants identified as Middle Eastern (13.3%). The high number of Cantonese participants was

presumably due to the close proximity of a Cantonese/Vietnamese non-residential program to the focus group site. The high number of Cantonese participants was also possibly due to the overall high proportion of the Chinese population in the region and to the recruitment efforts of this and all the non-residential programs. Four survivors described their sexual orientation as heterosexual/straight, while 11 participants did not answer the question. Five of the survivors (33.3%) reported that they consider themselves to have a disability or disabling condition.

There was a great amount of variation in the highest level of education achieved among this group of survivors. Four of the participants had eight years or less education (26.7%), one participant attended some high school, seven were high school graduates or GED (46.7%), and three had attended some college (20%). All 15 of the survivors reported coming to the U.S. from another country. Eleven of the survivors identified as an immigrant; one came to the U.S. by marriage, one other came on a work visa, and 2 did not respond to that question. None of the survivors reported that they spoke English “very well” or “well”. Five survivors (33.3%) reported they spoke English “okay”; while nine (60%) reported speaking English “not well”, and one survivor reported speaking English “not at all”. Six (40%) of the participants preferred speaking Chinese, other preferred languages of the group included Arabic, Korean, Vietnamese, and Cantonese.

Survivors were asked to report their current financial situation and to compare their financial situation now to two years ago. Just over half of survivors (57.1%) reported having the ability to pay their bills, but a big expense would cause hardship. Three of the survivors reported not worrying about paying for things needed and wanted, while another three survivors reported simply not being able to pay their bills (see Table 1). When asked to compare

their current financial situation to two years ago, a third said it was worse or much worse, a third reported it was better or much better, and a third indicated no change.

Table 1: Current Financial Situation

	N=15	%
I simply can't pay my bills.	3	21.4%
I have trouble paying regular bills.	0	-
I can pay regular bills, but a big expense would cause a hardship.	8	57.1%
I can easily pay my bills, but need to be careful.	0	-
I do not worry about paying for things I want and need.	3	21.4%

The Help-Seeking Process

First Places Help Was Sought

Many of the survivors in this group first received help through a friend; others were referred for help through the courts, doctors, and social workers. Some of the survivors indicated they did not seek out help or DV services independently, but were referred for services by someone else that recognized a need for support. One participant said “they found me”, referring to a home visitation program that did a home visit and then referred the survivor to the women’s group at one of the non-residential DV programs.

The first few survivors who shared their experience noted they had been with the program for many years. As a follow-up, the facilitator went around the group and asked how long each person had been with the non-residential program. The range was 6 months to 16 years. Most fell in the range of 5 or more years.

The excerpts that follow make it clear that seeking help for DV can be complicated and take some time. All excerpts are taken verbatim from the interpreters’ translations during the group.

- The first time I needed help, I turned to a friend and my friend referred me to the [DV program name]. There a social service person helped me with shelter, helped me with health problems, I had to go to the hospital...I didn't have to bring anything. It was really beneficial to me. I learned a lot.
- It was my friend. She just take and look in the Korean telephone pages, the Yellow Pages, right, and then she asking them, "My friend has a violence case right now and then she had a green card and know nothing to and then she can get the help or not", she asking. And then they say they can help in need and so I called her.
- When I just had my baby...my husband he choked me so when I go back to check up and they check it out. The doctor. The doctors recommend me to report to the police. At that time I don't want to do that yet, because I was still hoping we can get back together, so I wait until like two months later. I was living [name of city] and then after like two months the social worker keep contacting me. And then I wait until like three months later I cannot stand it anymore so the social workers find me a place to stay in [name of city- different city]. And then I stay in [program name- shelter] and then I feel really lucky I can have the service. I was really lucky to stay in the house and at that time I just made ways to stay and then my two kids and I feel I don't know what to do. And I was really lucky in this day, they helped me a lot. Let me think I did make a right decision.
- When she was experiencing domestic violence, she didn't know where to go to. And she had to go to court, and from the court, social workers at [DV program name] contacted her. At [DV program name] she got therapy for herself and her children. They helped her find work, they provided children's tutoring after school. Also, they provided legal services and had somebody accompany her to the court hearings. And [name of participant] has had over ten years experience with [DV program name].
- She was introduced to [DV program name] through a friend. And through [DV program name] she encountered therapy and counseling, also she enjoyed their once a month meetings.

What Was Helpful in This Process

Having someone to trust, whether a friend, a family member or someone else, was identified as important in the help-seeking process. Participants spoke of the support group and DV organization as being "like family"; and having that support from other survivors and from agency support staff was identified as helpful.

- I have social service [staff] working there and they really helped me: to interpret, come with me to the medical health care center and interpret for me. Show me the area around and provided a lot of other support not just shelter. Take me from one shelter to another and would come and interpret for me and help me to learn more about the city and put me to learn English too.
- It was like getting together like a family, and she met a lot of friends there. So there were companions and some social workers who were able to help her move through the system, who knew the ropes. And of course there were some social workers that weren't that nice, but some that were nice and helped her out a lot through legal services and what not.
- And through [DV program name] I encountered therapy and counseling, and I enjoyed their once a month meetings. It was like getting together like a family, and I met a lot of friends there. So there were companions and some social workers who were able to help me move through the system, who knew the ropes.

What Were Barriers in This Process

The survivors in this group primarily identified external barriers to the help-seeking process, rather than any personal barriers. Many survivors indicated that these barriers often significantly delayed their help-seeking process. The difficulty in negotiating the court system was the most frequently cited barrier in the help-seeking process. Many of the challenges in working with the court system centered on issues with interpretation services and survivors' experience with court-appointed interpreters who did not interpret accurately on their behalf.

Social isolation was also identified as a barrier to help-seeking. This is especially important in close-knit communities and extended family structures where a woman who frees herself from an abusive relationship may be blamed or stigmatized by her family, in-laws, and/or community. One specific barrier to service related to concerns about the potential lack of confidentiality when the DV program is located within a larger community center.

- I immigrated here in 2005 and suffered domestic violence. Because I did not live close to [name of area, [I was] isolated from friends and family.

- It would have been better if the attorney or the case worker informed me of my rights in preparing for appearances before the court in advance, considering it is very intimidating to stand before the court. It was a scary experience.
- The interpreter (court appointed) actually hurt my case by not clearly relating my messages to the court. Later I learned they could object or bring that issue to court.
- I use the services they have in a separate confidential office away from the main community center. This is essential because my in-laws come for senior services to the Community Center frequently, and I would not want to run into them there.

What Is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

The majority of survivors in this group reported using shelter services at some point, and several also used transitional housing. This finding contradicts the common assumption that these populations tend to not want or need shelter services as much as others. Non-residential services that these survivors reported using frequently included legal services, immigrant services, counseling, support groups, job training, and case management. Many group participants reported receiving the support of program advocates or social workers who would drive long distances in order to provide accompaniment for court hearings, medical appointments, counseling appointments, and others. The programs refer to this service as “mobile advocates”, although the survivors did not use this language when discussing this service. Additional services that some survivors received included therapy for their children and tutoring for their children, classes in English, assistance with furthering their education, and helpful websites.

- At [DV program name], I got therapy for myself and children. They helped me find work, and provided children’s tutoring after school. Also, they provided legal services and had somebody accompany me to the court hearings.

- There's a Korean website, so through the website you can get ahold of somebody on the posting especially through legal, there's some sort of free legal Q&A. Then you will post something and get an answer to help.
- It was...what can I say, the green card, they called the lawyer and they given me help... My son he saw everything, he hear everything. So they give my son counseling. They have, at that time, counseling for the kids.
- ...As I started in the shelter and [name of advocate] started to find a lawyer for me to prepare for my green card and my paper and help me out with the hospital. He would go make an appointment for me, and organize the...for the English they assigned me to take English classes and then I go to [name of college].

Satisfaction with Current Services & Supports

There was consensus that the most important aspect of services for these participants was language and cultural access. They said they would not have known how to navigate the systems and advocate for themselves without interpretation services and expertise from the advocates they worked with. They enjoyed participating in support groups and getting together over dinner with other survivors and program staff. Connection to legal assistance, housing, jobs, counseling, services for children were all important, and survivors reported being very satisfied with the help they received. They also appreciated that the programs were easily accessible in their communities and the way that services are coordinated throughout the community.

Areas for Improvement

Recommended Changes to Current Services & Supports

The survivors in this group discussed some general areas where services for survivors could be improved in their community. Several survivors in the group had experienced working with the legal system and others who did not have expertise in DV. The survivors recommended outreach and training to the broader legal and social service community to improve their

services. Favoritism by staff and conflict among residents were also issues that needed to be addressed.

- The attorney and case worker should go over basic info in preparation for court.
- The first two- three months I stayed at the [program name-shelter] they helped me a lot, because they had a lot of counseling twice a week and after like two months I had to transfer to another temporary shelter, but I think that one is not as good as [program name-shelter]. When I stayed in another temporary housing [program name-shelter] they don't have that much help for me if I just started there first [program name-shelter]. I might go back to my ex-husband. Different service.
- For example, when they have the phone card and it's supposed to be everybody had. But the worker over there I don't know if it's a social worker or whoever work there- the director or supervisor, and he or she just give it out to whoever he likes and maybe give you ten, but there only be like one or two. They give it to the Mexican but not the Chinese or some other. They also mentioned it and at first they want to go to [DV program name], but they could not get in. So then they had to go somewhere else. They also have a fight in there all the time.

Services & Supports Wanted But Not Received

The majority of survivors in this group did not identify any specific services or supports they wanted but did not receive, but several did report that it was sometimes difficult to find needed information services and supports available. One survivor indicated that within the Korean community there is not a lot of information available about DV services, while a Chinese or Vietnamese social worker would be able to provide many resources. One survivor indicated that cuts in staffing and office space have limited access to services and supports. Another survivor reported that her advocate simply did not have the time to assist her with all of her needs.

- Then again within let's say for instance the Korean community I asked there are a lot of churches in the Korean community and how about getting services through the church, for instance...There's not too many services in the church itself and also at the same time people tend to not have the information with them whether they're victims or

service providers or not anything, just regular people. And if you wanted to ask them for some information generally the answer is, “No I don’t know. I don’t know what you’re talking about, and I have no idea”. That’s the response. And it’s pretty disappointing and kind of hurtful to a certain point that even within my community nobody has this kind of information to share with to begin with. And then also let’s say if you wanted to go to receive some services and then you accidentally see other ethnic, like a Chinese social worker or a Vietnamese social worker they have tons of information to share out to just spread out. “I have this. I’ll share it with you”. But I don’t see that within the Korean community, which is kind of sad. That’s the problem that I see.

- So I start looking at the newspapers, and I look through it ‘cause there’s some ads and some information, just any kind of information that I can get from the newspaper. And I saw some there may be some low-income housing available, like where it is to start with. Oh there is such a kind of thing then I ask around and gather information on my own. And what happened to me...luckily someone in the church, a church member, had that kind of information to share with me. But that’s for me; that happened to me. But in general such information isn’t shared.
- There’s a lot of information about this program, I was lucky enough to get a hold of it. I know it wasn’t spread out.
- I called, I did everything myself. I have come to the realization that it’s better to just go and face it, call them or go there by myself, or talk with them, and that’s how you get the information.
- The program advocate was supportive but did not have enough time or leads to resources for housing needs, especially when I moved to a neighboring county.
- The program was extremely helpful but in recent years there has been a cut in staff and a cut in office space, which has diminished the capacity of the program from previous years. I felt lucky to be able to access services from this program when the staff and office space was fuller.

Appendix F: Brazilian Focus Group

Context

This focus group was hosted by a large organization that provides services for Portuguese speaking individuals and families; the clients of the organization are typically immigrants from Brazil and Cape Verde, with a few immigrants coming from the Azores. The organization offers multiple services, including domestic violence support, health education and referrals, English classes, family support, elder services, and immigrant social services. This organization has many smaller offices throughout the state, with usually only one person per office offering domestic violence support. Each domestic violence advocate offers one-on-one counseling, legal advocacy, referrals for immigrant support, and referrals for outside services as needed. This organization is currently expanding to include services for sexual assault survivors; they will begin to conduct local community outreach and education as a way to receive referrals for sexual assault and domestic violence support services.

The small size of the group allowed for an in-depth discussion on several of the questions asked. All three of the participating survivors seemed pleased to be able to share much of their personal histories in the group. The focus group was held in Portuguese. The organization provided a staff interpreter; the interpreter was new to the organization and did not work directly with the DV survivors.

Demographics

A total of 12 survivors were recruited for participation in the focus group but only 3 survivors were able to participate. All 3 of the survivors identified as female, between the ages of 21 and 30, and described their sexual orientation as heterosexual/straight. According to staff, Brazilians are racially white but they typically self-identify as Brazilian rather than white;

the 3 survivors all reported their race/ethnicity as “other”, and specified their race as Brazilian. None of the survivors reported they have a disability or disabling condition.

The three survivors varied in the highest level of education they achieved; one had an education level of 8th grade or less, one reported being a high school graduate or having obtained her GED, and one said she was a college graduate (33.3%). All three of the survivors reported being an immigrant and coming to the United States from Brazil. The survivors had varying responses to how well they speak English; one reported speaking English “not well”, one reported speaking “well”, and the other reported speaking English “very well”. The preferred language for all 3 of the survivors, however, was Portuguese.

The survivors were asked to describe their current financial situation and to compare their current financial situation to their financial situation two years ago. Two out of the three women (66.7%) reported having trouble paying their regular bills and one reported being able to pay regular bills but that a big expense would cause a hardship. Two survivors reported their financial situation today as being “worse” than two years ago and one reported it as the same.

The Help-Seeking Process

First Places Help Was Sought

All of the survivors came to this culturally specific organization as the first place for support. Each of the survivors first came to the organization for reasons besides domestic violence support services for themselves. One survivor sought help with citizenship, one brought in a friend who was dealing with domestic violence issues, and one was helping in-laws receive government assistance. They had all heard about the organization for the array of services and support the organization offers to immigrants.

Later in the discussion the participants revealed that they had spoken with friends and family when they initially reached out for support in dealing with the abuse. For each of the survivors, help came to them by way of someone else recognizing their pain or through building a relationship with a staff member at the organization.

- I didn't know. My mom, we were desperate because I was I in a situation that I still have my temporary green card, and my husband (citizen) is abusive with words, and I'm going a little crazy, and I didn't know. And my mom is about to become a citizen, so we came here to find out about citizenship. So I began talking to [DV advocate]...
- I found out about [DV program] because, like, I've always liked helping people even with all the problems I had. And I came to bring a friend of mine, because a person tried to kill her, and I knew this place helped immigrants. And when we were talking to [DV advocate] she thought I seemed very sad, because in her work she recognizes it. And I really was, with all the things that had happened. So she helped my friend and made an appointment for me to come back.
- I got to know about [DV program] because I came here to help my parents-in-law to fill out applications for government assistance. Then I got to know them, and began participating, you know, and helping out. So that's how I got to know [DV advocate]...

What Was Helpful in This Process

The survivors all spoke highly of the advocate who helped them recognize their situation as domestic violence. She helped them to be able to see a way through what was very difficult for them and to feel courage in the face of tragedy. The worker was supportive, acted as a mother figure to one woman, and was non-judgmental and caring with the women. Coming from complicated circumstances where they felt they had no other options, this level of support from staff helped the women to feel trust and to feel comfortable sharing their lives. Being able to speak their native language was also important for them to feel comfortable and to help build a bridge to accessing support services.

- ...And she opened my eyes and made me realize that this was domestic violence, what was happening to me. And she showed me there are other solutions for me to keep my documents, and that's the process where we're at, how am I leaving my house, how am I gonna solve this problem.
- ...She helped my friend and made an appointment for me to come back. And she also helped me with my documents. I had forgotten to say, because I was married, well, I still am, I'm still going through the divorce process with an American, and he used to say that he would send my body back to [name of country] in a trash bag. I was afraid too because I didn't have my documents, and he would use that a lot. He would make me do things, which affected me a lot. He would do many other things too. So I talked to [DV advocate] about all of it, and that's how I came here.
- ...We developed a friendship, you know, so then I felt the trust I needed to be able to tell her.
- I was in a very complicated situation, that I had no other options. I thought I had to stay in my marriage, and I began looking for [DV advocate] last week. I'm still married. Because I thought I had no other solution for what was happening, and I was seeing that this was domestic violence. [DV advocate] showed me that there are more things that can help solve my problem. And now I think I can see a light, after talking to her, and a solution for all of these problems, that now I begin to see a way out. I can't say that I've been through it all because I'm only beginning going through this. I think the second place I went to, was to see the therapist the following week. I found her on my own.
- Because he used me, you know, to go work for him, and send all the money to his hands. And I didn't know that was abuse. I talked to [DV advocate] and she was the one who told me, you know, that was violence.
- Mine was like this, my problem was in Brazil with my ex-husband. And I have two children with him but it's like this, I have a huge problem with him, you know, using the children to get money out of me. So I have, you know, been talking to [DV advocate], telling her what I've been through with him in Brazil, so much. There are a lot of things that I talked only to [DV advocate] about. I felt comfortable, you know, talking to her. I never told anyone, only God knew, and now [DV advocate]. It's the kind of thing you're embarrassed to talk about, you know. So I talked to her, she gave me advice, and I was about to have my interview to get my papers [for immigration]. So this happened in November, I had my interview and I was very happy about it. I called my kids and I told them I was getting my papers and I could see them, and you know what their dad told me? He said "you can come back, but you're not going back". ...So after that, after the

interview, I'm gonna be able to get my documents, and I'm gonna be able to go see my kids, but I can't, what can you do, you know. So now, you see it all went to my head, I got depressed, always crying and thinking, you know, now I have my documents but can't go see my kids. So then I talked to [DV advocate], I got the courage and told her everything what happened, and she gave me advice, and after that I felt more relaxed, but I was always crying and after I talked to her I calmed down, you know, having talked to someone, me being the only one who knew. But that's why I think her job is important, cause we're not always comfortable to sit down with anyone and tell them our life story. It has to be a person that you really trust and that you wish to talk to.

- My situation was very bad. When I found out about [DV program], the situation that felt the most comfortable was being able to speak our language. And I felt very welcomed. I also went to see a psychologist that [DV program] sent me to go see, and I saw that I make mistakes just like everyone else, but it's not just me and what was happening in my life was violence. And talking to [DV advocate], I felt that she was like a mom that we don't have here. And she helped me a lot, I think this work needs to continue for a lot of women. Because men think that they can make an object out of us women, and it's not like that. And before I used to get beaten up, and then I started to see that he needed to accept me, you know, I have my flaws, and I never tried again. And when something bad happens to me, I continue to keep in touch with the people here, I talk to her all the time, but one of the things that I always had to put in my head is that I can't accept anyone do what they want to me.

What Were Barriers in This Process

The survivors in this group identified various personal and external barriers in the help seeking process. Some of the personal barriers to seeking support included feeling embarrassed about the abuse, not recognizing that they were in a violent and abusive relationship, and internalizing blame for their situation. For one woman, this manifested in a suicide attempt.

One of the external barriers to seeking support included the abuse itself; the abuse took different forms for each woman, such as being threatened of their citizenship, their lives, or having the lives of their children threatened. The legal aspects of immigration made the women

hesitant to take steps to get help and leave their abusers; one woman was afraid of what seeking help or divorce would mean for her immigration status.

- ...I'm still going through the divorce process with an American, I was afraid too because I didn't have my documents, and he would use that a lot.
- I have a huge problem with [my ex-husband] you know, using the children to get money out of me.
- It's the kind of thing you're embarrassed to talk about, you know.
- Even though in Brazil my college graduation project was also focused on domestic violence, when it came to my personal life I couldn't recognize it.
- I came to try suicide. I was in a hospital for a week, and the doctors thought I wasn't gonna make it. But thank God I survived and I came here to [DV program] and I saw that before I thought that everything that went wrong was my fault.
- And last year he drove the car for four meters with me hanging on outside, and he said it was my fault because he told me he was moving the car forward, and I didn't call the police. And nobody called the police.
- And with me, you know. I was surprised to have opened up to her, because I started going through all of this when I was 16 years old, and today I'm 33. [Translator asks "when was the first time you spoke to her?"]. It was last year...Even I was surprised at myself for opening up to her, because I didn't have the courage to tell anyone.
- Yeah, I was married twice. In the first time I suffered abuse because he hit me, and when I married this one I thought that it wasn't abuse because he didn't hit me. But in the relationship, what he used to do to me...oh it was horrible!
- In my case it was also verbal violence, and there were two cases of physical violence but that he would make it disappear. He would say, "But did I slap you, or punch you? No", but he would twist my arm, and he would say, "No, I didn't twist it. I was just holding your arm so you wouldn't leave and you twisted your arm".
- And he has threatened me many times, you know, he has wanted to kill me. And when I was coming here, he had my five-year old son and said that he was gonna shoot the boy in the head and then was gonna kill me if I left him.

- I think that because we are immigrants the legal part is what weighs the most. I think it's the fear of us searching for help, and the fear of getting divorced. For example, my family lives here, so I need to keep my documents. I think this is the most important difference.

What Is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

Participants in this focus group received many services from the organization beyond domestic violence support. One survivor reported getting help filling out her health insurance forms. For specific domestic violence services, the women reported utilizing one-on-one supportive counseling, education, legal advocacy, and support groups.

- I also went to see a psychologist that [DV program] sent me to go see, and I saw that I make mistakes just like everyone else, but it's not just me and what was happening in my life was violence.
- Legal help, she gave me. I got my documents thank God, in June. And now I'm a legal resident. She went to my appointment with me.
- The support group is very important.
- She would go to [state], which is where my lawyer was. It was really good.
- No I paid for, but I didn't even have the strength to fight anymore. She went to my appointment with me. My attorney would run from her.

Satisfaction with Current Service & Supports

The survivors identified three main areas that were positive for them in receiving support from this organization: (1) the group they had participated in, (2) the genuine care they felt from the DV advocate, and (3) their ability to speak to an advocate in their own language without an interpreter. The group the women participated in was helpful because they were able to be with other women who were experiencing the same thing and they were able to build relationships that helped them to feel comfortable to share their stories. The survivors

reported that the DV advocate was very helpful to them in recognizing their situation as domestic violence, treating them with empathy and as a friend, and creating a safe space for the survivors to talk about their experience. The ability to speak to an advocate in Portuguese was very important, both in order to feel that they were understood and to feel safe to share vulnerable information. They felt as if their stories were kept more confidential without the presence of an interpreter.

- It's [DV advocate], the meetings she has. I saw that I wasn't the only one with problems. It's bad to say it, but when you're with other people that have gone through the same thing you talk because you give strength to other people too, and you show them that it's not just them. And I think everything, you know, helped a lot.
- Yeah, we talked about everything, not just domestic violence, but...It was once a week and it was very good.
- And it really never left here. In the beginning we said whatever we talked about would stay here and it always has. And thank God, last year I had many victories, knowing that they helped me so much here. Today I'm a very different person. It no longer goes through my head...I know that God made me this way and I'm important, today I feel important.
- You know, sometimes there's so many women who suffer violence but they don't know it, they're scared. So these groups, you know, you come in, make friends, and slowly you start talking.
- One thing that I thought was very important was the manner. It was already mentioned, the manner...it's not just the work. It's the way she (DV advocate) is.
- It's that she lets us talk, "Yeah, like a friend", Yeah, like a friend. She's very professional and at the same time she's a friend. And at the time we get here, this is very important. It's not just that she does her job. Yeah, she cries with us.
- It's like this. During my first marriage it didn't work out, and she made me see it. It didn't work out, he hit me. And today he's gay and he disappeared. And he's the one I have my two daughters with. And she made me see that...she worked with me and made me see that this was a problem that... and today I'm living with another one, and I thought, never again, but she made me realize it that everything is OK, and today, thank God...and today I know that I can have a healthy relationship, not always a tumultuous relationship. And now I do.

- I was in this phase where I was crying, you know, and if there wasn't anybody to talk to maybe I would have gone into depression, you know, because I'm married here now, I have a five year old child. So maybe it would mess up my life here too, you know. So me talking to her (DV advocate), she didn't let it affect my life here. Yeah, someone who does this here and speaks our language, I only know her. I know there are Americans but I don't know how to speak English yet. I'm still learning.
- And I think that here, for immigrants, this aspect of [DV program], I think they help a lot. From what I know, in Brazil, unless I didn't know, they don't have this kind of help that America gives you.
- I think it's important because a lot of us don't speak English. And even if we do when we have so many problems it's hard to stop to think and translate to their language.
- Because, many things happened, and one of the things that happened, like I said in group, how do I turn to a person I had never met before, an interpreter and say that at the time he would make me have sexual relations with him make me swallow certain things. These are very intimate things.
- And it would be another person knowing about your problems. There shouldn't be a translator. It should be only one person that you talk to, because it's already hard to speak to one person. You know, when it's personal, about you, I don't think it would work.

Areas for Improvement

Recommended Changes to Current Services & Supports

All participants in this focus group were very satisfied with the support they received from the organization. However, the survivors were able to identify some improvements they would make to services. Mainly, participants suggested increasing the hours worked by the domestic violence advocate at the organization and/or hiring another advocate so that more help was available. One participant suggested having an attorney and a psychologist available every day right at the organization. One survivor suggested that the organization create a supportive group where survivors who have already sought and received help reach out to other survivors and provide emotional support and education.

- I think they could promote more group meetings. I think, like with [DV advocate], they could call more women to come in, like that group we had, to talk.
- I would have an attorney, a psychologist, everyday here.
- I think that an attorney, not as much, but I would increase [DV advocate's] hours, I don't know how, but so that she would have time to help others. And a psychologist too alongside of [DV advocate], because, automatically if a person already spoke with her, and let everything out, then they can talk to the psychologist.
- ...if they had more money they could work...they could bring more people to participate in those workshops and help with prevention. They could reach out more.
- I no longer had the courage to go to my interview, so [DV advocate] would go with me, so there should be someone else to substitute for her here...So I speak for myself when I say there should always be available help. For example, many people will criticize you, but you come in and you think there's no solution, everything is over and you don't find assistance and you end up thinking that no one wants to help you. Are you getting what I'm saying? When you get here, and you still have everything going through your head, but you're still looking for help, if you don't find it, maybe she's already meeting with someone, a person may not have the patience to wait if they have all these problems to think about.
- Increase the hours of the people who already work here...Because all the professionals here are great. Everything you say here stays in here. Everything you need help with here, if it's help with health insurance, doctor referral...For example, I needed to apply for Free Care and this is where I got help doing it. So, I mean, they are great here, I think they should give more opportunities for the ones who are already working here to increase their hours, to increase your courses...
- ...So what we learn here we pass it forward. And that person passes it along, and so on.

Services & Supports Wanted But Not Received

The survivors in the group spoke about the importance of receiving services through the organization in their native language, Portuguese. One survivor mentioned seeking help from a doctor and having to speak to him in English. The survivors expressed that they feel less comfortable speaking about the abuse when a translator is present or if they have to speak in English.

- Yeah, I know it's bad because sometimes I go to the doctor and I need a translator. I don't feel comfortable doing that, so imagine other things. So, there some things that I don't say.
- At my job I speak some English. But for this, to talk about this in another language is completely different.

What Survivors Would Have Done Without Current Services & Supports

Throughout the group, the survivors emphasized that it would be much more difficult to seek help for the abuse in English. They feel much less comfortable speaking with an interpreter present. Working with advocates at the organization that spoke their language and understood the legal system around immigration was extremely important to them. One survivor had attempted suicide in the past, and felt that without these services and supports, she might have tried to attempt suicide again. Another survivor reported thoughts of suicide, and felt that the program had given her hope and alternatives.

- I don't know. I was already looking for therapeutic help. But I would have gone to a lawyer, directly. So I could know about my rights, have some notion about them.
- I was without support, and didn't know what I was gonna do. My daughters at the time were in Brazil, because when I married him, he used a lot of drugs, and I didn't know, I saw it later, and I was already married so... So I figured I had to help him. I sent my daughters to Brazil so they wouldn't see this situation. He did so many things that towards the end he even wanted me to go get drugs for him. So this was the solution, where I saw that...because I didn't have the courage to talk about this to anybody. When there were times that he would say he would kill me, I used to think it was better this way, because then it would end.

Appendix G: Latina Immigrants Focus Group Summary

Context

This focus group with Latina immigrants was conducted at a culturally specific domestic violence organization that serves the Latina community; the organization's board of directors is 80% Latina and their staff is 72% Latina. The organization provides a multitude of services, including youth peer education, a bilingual 24-hour hotline, counseling, family advocacy, court advocacy, safety planning, emergency shelter, and information and referrals. The organization also has two information and resource centers that provide a wide range of information on topics such as domestic violence, medical services, immigration, community resources, housing, employment, transportation, and schools; the centers also provide English and computer classes for adults.

Demographics

Four survivors participated in this focus group. All four participants were female. One survivor was between the ages of 18 and 20, two were between 31 and 40, and one was between the ages of 41 and 50. All four survivors identified as Hispanic/Latina. Two survivors described their sexual orientation as heterosexual/straight, one as lesbian/gay, and one as "other" without specification. None of the survivors reported that they consider themselves having a disability or disabling condition.

One survivor reported having an education equivalent to 8th grade or less, one survivor completed between 9th and 11th grades, and two survivors had obtained a high school diploma or GED. All four participants in the group indicated they had come to the U.S. from another country; three reported coming from Mexico and one from the Dominican Republic. Three survivors reporting speaking English "not at all" and only knowing a few words. One survivor

reported speaking English “well”. Three survivors reported their language of preference as Spanish; one survivor did not answer this question.

One survivor reported being unable to pay her bills; three survivors reported being able to pay regular bills but that a big expense would cause a hardship. When comparing their current financial situation to two years ago, one survivor reported being “much worse” off today than two years ago and three survivors reported being “worse” off.

The Help-Seeking Process

First Places Help Was Sought

Most of the survivors first sought help for domestic violence from a DV shelter. One woman mentioned seeking help for her daughter with a social worker. One participant filed a police report and was then connected with the domestic violence organization through the officer who helped her.

- I went up to [program name]....to a house like this one. That provides shelter.
- I spoke to the social worker of [program name] for my daughter that’s in school and she helped me find WIC stamps.
- For me, it was when I made the police report they told me that I had to leave the house and the woman that helped me with the report began to call over here.

What Was Helpful in This Process

The group discussed the importance of being able to obtain services in Spanish, as they felt more comfortable speaking their native language and/or had difficulty speaking English. The survivors found it helpful that the counselors listened to them and understood what they were going through.

- That it's a language that we can understand each other more than. I don't have anything against Central Americans [but] they have a different way of speaking than Latinos and that is very important to me.
- And apart because they listen to you, any person that works here listens to you and has the capacity to understand and counsel someone perfectly.
- Because here I can converse and they understand me, I do things. I feel like more comfortable.

What Were Barriers in This Process

One survivor spoke about how she went to a different shelter initially but did not feel comfortable there because they only spoke English. The group also talked about how, as immigrants, they have few friends and family here in the United States and do not know many people. They also do not recognize the area because they are new here, making it a challenge for them to know which services are available.

- Yes, because if they speak English I won't understand anything [laughter]. For me too because when I went to the other shelter [name], I felt like alone because I didn't know how to speak English and everyone that worked there spoke English. As a result because of the language we stayed stuck in our rooms. We didn't know what to do, what to ask for, nothing.
- ...we don't have any friends, we don't know anyone, we don't recognize the area and even less we don't have family here.

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

The women in this focus group reported that they were receiving a multitude of services from the organization, including help finding an apartment, a job, and schools for their children. The survivors have also received help with transportation, food, clothing, furniture, counseling, and legal advocacy.

- They have helped us find an apartment.

- Umm, they have taken us to the doctors...
- For me, they have helped me with umm transportation, to bring my daughter to the doctors. They have helped me with counseling, food...and they helped me get the restraining order.
- They have also helped me with counseling, with transportation, clothes, food...and that's the most I need: transportation and vouchers for my children.
- The people here are going to give us a couch.
- They are helping us becoming legal too...
- Obviously the therapy...the house, and yes, when I get here the food and the company. They listen to us and our anxiety and despair.
- They donated uniforms for our children.
- Well, first, most important, they helped me with pampers, transportation and with the school.
- They have helped me with my job. What to do, how to do it...they helped me fill out the application.
- That they help us, they put us to work- all of us that qualified.

Satisfaction with Current Services & Supports

The women in the group were all very thankful for the services they were receiving through the organization. They were pleased with the services offered and were impressed with the staff. They felt comfortable with the organization because the people there spoke their language.

- Thank God for this type of support for the woman.
- In the same sense I feel very grateful for the help that all the women here took care of us. And thanks to God now we're moving ahead and thanks for their help.
- That there are Latinas. That's very important.
- And apart because they listen to you, any person that works here listens to you and has the capacity to understand and counsel someone perfectly.

Areas for Improvement

Recommended Changes to Current Services & Supports

None of the survivors had anything to add about what they would change about the services they were receiving. They were very pleased with the organization and the fact that they spoke their preferred language, Spanish.

What Survivors Would Have Done Without Current Services & Supports

The survivors in this group reported that they would not know what to do if the services through the organization were unavailable; they have no family and friends in this country and would have no one to turn to for help. For this group, the services provided by the organization allowed them to move forward and get away from abusive relationships.

- It has been a miracle. Like I told you earlier, if these places didn't exist I wouldn't have anywhere to go and as a result everything they've done over here has served a lot.
- And for my part, I can't imagine where I would have turned to since I don't have any family here in this country. And I have three children and I didn't have anywhere to go. Thanks to God that this places exist.
- Well, one would suffer more and the abuse would continue; and the abuse from men to women.
- And we wouldn't know what to do because we don't have any friends, we don't know anyone, we don't recognize the area and even less we don't have family here.

Appendix H: Latina Immigrants Focus Group Summary

Context

This focus group with Latina immigrant survivors was hosted by an urban DV that is part of a larger community-based organization. The DV program offers counseling, case management, support groups, a 24-hour hotline, and a wide variety of services for children. The focus group participants were primarily recruited from within existing support groups. The focus group was conducted in Spanish with use of an interpreter.

Demographics

A total of 7 survivors were recruited for the group and 3 survivors were able to participate. All 3 of the survivors identified as female and reported being between the ages of 31 and 40. All 3 survivors identified their race/ethnicity as Hispanic/Latina and all 3 described their sexual orientation as heterosexual/straight. None of the survivors reported that they consider themselves to have a disability or disabling condition.

There was some variation in the highest level of education reported; one survivor reported having an 8th grade education or below (33.3%) and the other 2 survivors were high school graduates or had obtained a GED (66.7%). All 3 of the survivors reported being an immigrant, born outside of the United States, and having moved to this country. One survivor indicated that she spoke English “not well”; and the other two survivors reported they spoke English “okay”. All 3 of the survivors preferred to speak Spanish.

Survivors were asked to report their current financial situation and to compare their financial situation now to two years ago. All 3 of the survivors reported that they “have trouble paying regular bills”. When asked to compare their current financial situation to two years ago, all three survivors reported no change.

The Help Seeking Process

First Places Help Was Sought

Participants in the group reached out to several different people when they first sought help for the abuse; one went to her English teacher and another reached out to her boss. For both survivors, this person then brought them to the hospital and/or the police. It was through these first contacts that the survivors then learned about the services available through the domestic violence program.

- I went to my boss. My husband wouldn't let me talk to anybody so I went, got the phone and sent a text [to] my boss. They took me to the hospital.
- With the police. They just started asking me what happened and I explain for them and I said I need contact [DV program].

What Was Helpful in This Process

For each of the survivors, their initial supporters helped them to access other needed services, including bringing them to the hospital, calling the police, or connecting them with domestic violence support.

- She (my English teacher) called the police.
- After I called my boss they took me to the hospital and from the hospital to the police. And I told the same English teacher & they told me about [DV program].

What Were Barriers in This Process

The survivors identified immigration as the biggest external barrier to them in accessing services. Participants in the group reported that their abusers would often threaten their immigration status. Several survivors were also afraid they would be unable to access services without legal status.

On a more personal level, it was common for survivors to fail to identify their abuse as

abuse if it was not physical, thus making them feel they did not qualify for services. The women also discussed how sometimes women in general are afraid to send their abusers to jail and will thus avoid contacting the police for help.

- Everybody's case is different. For example, my ex is abusive and he always said he's going to call immigration because he's American. He thinks he can control me because he's going to call immigration and I'm going to lose my kids and everything. But everybody's case is different. My case isn't as scary, like others who were hit. He was just doing mental abuse.
- I don't know, because my only reported incident was in [county name]. And I don't know if the police department in [county] is going to collaborate with my attorney in the process of getting a U-Visa.
- I have some people who've gone through the same thing. I give them they can come over there and I give them the number to this place or they can call the police. But I tell them they don't have to go through this. Even if the person doesn't hit them, if he plays with their minds psychologically, they should come here.
- In my case, I tell them to just call the police, tell them what happened, so they can arrest them. We always think we don't want the guy to go to jail. But the best thing is to call the police, then they can come here to [program name]. Because to me abuse is not okay. The first thing we have to do is call the police to stop for one second the abuse. A lot of women who I know are walking out of [Program name], and the guy is just waiting outside for them. I just think they gotta go to jail. If they're illegal, they've gotta go back to their country. I just think it's more good for the woman. I think like that, but everybody thinks different.

What is Working: Experiences with Services & Support

Services & Supports Currently Being Used

When asked what services and supports they are currently using, all three survivors discussed receiving mental health support, legal advocacy, and immigration support. One survivor's children had attended the children's support group.

- I received a lot of mental and psychological help & they supported me when I felt like I had no worth.

- They gave me mental help but they also sent us to immigration lawyers. They help us with the U-Visa, so it's better for us.
- I got my U-Visa and a work permit. Now I can be here legal for 3 years.
- Mine (children) came to the group too. It's been good for them.

Satisfaction with Current Services & Supports

When asked to discuss their satisfaction with current services and supports, participants in the group reported positive changes in their lives as a result of receiving mental health, legal, and immigration support from the organization. One survivor reported that it was very helpful to create a safety plan for emergencies. The group felt the counseling support they received made them feel better emotionally and stronger psychologically. An important piece of the discussion was that the two survivors who were able to obtain their U-Visas with the help of the organization now felt much more secure being in the United States.

- I felt like I was going crazy before I came here. I feel a lot better now that I'm here.
- The mental help. Because of the way it makes you more strong so you can fight more to have a better life. That helps you a lot. Sometimes when they tell you about immigration, you always think "Oh, how am I gonna go to immigration? I'm not gonna get nothing. And they're just gonna send me back home". But they help you a lot and there's a 99% chance you'll get a U-Visa. So I think that helps a lot.
- The mental & psychological help, because I don't have the U-Visa yet.
- Yes I learned how to carry my keys in my hand so that if someone tries to hurt me, I can defend myself by putting the keys in their eye or ear. And I should call the police if necessary. And what to do if someone is following me. This happened to me. The father of my children was driving drunk and he was following me in his car. I had a protection order and they told me if he tried to do anything to me, to call the police. So I called the police in [county name] and they came to get him. The police asked me if I was okay and I said, "Yes, I'm fine". So when I called the police and they heard my cries, the police came in a matter of seconds. They asked me if he lived there with me, and I said, "No, only I live here". They didn't ask me any other questions; they just took him away. I didn't have any idea before that I could run to the police for help until someone told me.

- I feel more secure now that I have my papers. Because I felt like immigration would come and take me away.
- The U-Visa because I feel more secure and wouldn't have a good job without that.

Areas for Improvement

Recommended Changes to Current Services & Supports

The survivors suggested more individual and group counseling support in addition to more bilingual staff as recommended changes to the current services and supports. They also suggested that the organization do more outreach to make sure survivors know about the services it provides.

- Maybe they can give more counseling for everyone, so we can try to help another woman. Because we already passed through the situation. Sometimes nobody wants to help anybody, and it's unfair because if we have been in the situation, we can help somebody. Help more people in groups, like some of us. So if we know anybody in the same situation, we try to help them too.
- [Worker] treats us the best way she can. But she's only one person and there's a lot of clients. So if they can have more than one person that would help. The language is a barrier between us, because there's only one person and we have to wait for her. There's [another worker] but we have to wait for her too.
- In the first place, tell them about this organization and that it's here to help them, that it exists. Even though they're not from here, they're immigrants, there's a lot of help for them—more than in their own countries.

Services & Supports Wanted But Not Received

The survivors did not identify any services or supports that they wanted but were not received. They were grateful for the support that they did receive.

What Survivors Would Have Done Without Current Services & Supports

The survivors reported that they would each be in a very tragic situation had they not received any support services.

- I think we'd go crazy, because the service helps a lot because we don't have family here.
- I would not be alive. I'm 100% certain about that.
- I wouldn't be here either. If only I'd known before, I would've come then, because I suffered a lot. There are so many women who just don't know that these services exist. Because their husbands tell them "you can call the police", but immigration will take them away.

Appendix I: LGBTQ Focus Group Summary

Context

This focus group was hosted by an LGBTQ domestic violence survivor's organization. The organization serves LGBTQ survivors of abuse through the provision of multiple services, including support groups, individual counseling, legal advocacy, shelter referrals, safety planning, basic needs assistance, community education and community organizing. They offer one-on-one advocacy based counseling that includes working on past and present relationship issues. They also have a "relationship skills" class that they offer to help others be proactive in obtaining healthy relationships.

The program runs a co-ed support group for LGBTQ survivors of domestic violence. The program staff and the survivors feel that the mixed co-ed group is important so that survivors do not have to identify as a specific gender and/or sexual orientation in order to participate. It was very important for this group to know how their contribution to the research was going to influence a change in services.

Demographics

A total of 8 survivors were recruited for the group, from both an existing support group and from community outreach to other organizations. A total of 6 survivors were able to participate in the group; five of the survivors identified as female and one survivor as male. Three of the survivors were between the ages of 21 and 30, one between the ages of 31 and 40, and two between the ages of 41 and 50. Five of the survivors identified as White/Caucasian and one identified as African American/Black. Four of the survivors identified as Lesbian/Gay and two survivors chose the "other" category and described their sexual orientation as Queer. One survivor identified as having a disability or disabling condition(s).

The survivors varied in their levels of educational attainment; three survivors were high school graduates or had obtained a GED (50%), two survivors were college graduates (33.3%), and one survivor had an advanced degree (16.7%). All six survivors reported being born in the United States and that they could speak English “very well”. Five survivors reported that they preferred to speak English; one survivor did not answer this question.

The majority of survivors in the group (66.6%) reported they had trouble paying their bills (see Table 1). When asked to compare their current financial situation to two years ago, half of the survivors stated they were “much worse” or “worse” off than two years ago. Two survivors identified their financial situation as the same as it was two years ago and one said it was better.

Table 1: Current Financial Situation

	N=6	%
I simply can’t pay my bills.	1	16.7
I have trouble paying regular bills.	3	50.0
I can pay regular bills, but a big expense would cause a hardship.	1	16.7
I can easily pay my bills, but need to be careful.	1	16.7
I do not worry about paying for things I want and need.	0	-

The Help-Seeking Process

First Places Help Was Sought

Most of the survivors indicated that they spoke with a friend or a family member first about their abusive relationship. Some found their friends and family members not very helpful and looked elsewhere for assistance. One survivor sought out his Employee Assistance Program and obtained referrals to other services through there. Several survivors reported someone they reached out to labeled their experience as domestic violence or abuse, making it clear that

they could benefit from seeking help and that their situation was serious. In most cases, friends had referred the survivor to this specific LGBTQ organization. Outside of friends and family, most survivors reported that the LGBTQ organization was one of the first places they sought help.

- I turned to a friend too. I talked with him on the phone for a while and then I went beyond that to more services.
- I think my best friend first. And then when that became, not working out as much, then I kinda confided in a co-worker who was less involved in the situation just to have like an outside perspective.
- I went to a family member. One was helpful, one wasn't. So...(laughter). And then I came to the [name of LGBTQ abuse support organization].
- I think one of the first people I talked to sent me here, she was really helpful. Because I knew about the [name of LGBTQ abuse support organization] but I didn't really know what they did. And that was actually my partner because I was experiencing violence from an ex-partner.
- I guess when I started confiding more in my friend, she was really supportive of me while I was in the relationship, trying to help me out as much as she could. But it wasn't until I really confided in somebody outside of our friend group that it became more real. Like it just, yeah, suddenly real.
- I went to my employee assistance program and talked to them about it and that's kind of how I was referred to this organization here. And then I also got another counselor too so I wanted to get like a broad perspective from a bunch of different professionals and to know where to go from there and what to do.
- I ended up going to the police and taking some like legal routes. And definitely friends and my family was really supportive.
- I came to the [name of LGBTQ abuse support organization] and also went to my doctor because I had a lot of issues, I had a lot of nightmares and a lot of stuff going on from just leaving. And just not being able to take care of myself. So the [name of LGBTQ abuse support organization], doctor, then I also reached out to a spiritual healer off and on... And I'm on the waiting list for a counselor, so.

What Was Helpful in This Process

Survivors explained how helpful it was to feel validated when talking about their situations and have someone tell them that it was serious enough that they needed and deserved help. Hearing the perspectives of others outside of the relationship helped the survivors to see the seriousness of what was happening in ways they may not have before. It was also very helpful to have someone who understood how certain institutions operated (such as the courts), which paperwork needed to be filled out, and which steps needed to be taken to ensure the best possible outcomes. Not having to educate or explain to people working at the LGBTQ support organization about issues around gender and sexuality made the survivors feel much more comfortable expressing themselves.

- ...To be able to talk about it and not feel crazy, like I was making it up or it wasn't something that was real scary. The first people I talked to were like "Whoa, you need to go do something about that". That felt really good to hear and have witnesses too.
- My friend was a police officer so it was kind of reaffirming to talk to him and because he had seen all sorts of things out there in the world, he's saw it all. So it was nice to be able to tell him my story and get his perspective on it and see what to do after that.
- I guess when I started confiding more in my friend, she was really supportive of me while I was in the relationship, trying to help me out as much as she could. But it wasn't until I really confided in somebody outside of our friend group that it became more real.
- For me it was like getting a sense of what's normal and breaking out of what was my normal in that relationship and seeing what other people think, how other people live and getting all the different perspectives that I could. And if a lot of them said, you know, it's kind of messed up what you're in, then I knew it was messed up and I needed to do something about it.
- I definitely didn't find the legal system helpful at all. But I did, there was one person who was part of the like, domestic violence advocate program, who like actually helped me walk through the paperwork steps and that was really helpful because that was just like so overwhelming and so much bureaucracy and so much baloney to deal with. So it was definitely helpful to have people who specifically had answers or methods or, but then also just like, any kind of emotional support I found helpful.

- When, every time I kept calling for help, she was there for me. And it was like you know, you can't keep doing this. But it showed me somebody cared, I think.
- I had been seeing a therapist at a queer counseling place and just my therapist over time had been telling me she thinks I'm in an abusive relationship and I was very much pushing it away and not wanting to attach that label to my relationship. But I think it got in my brain and I did start to believe it. And I think because it was a queer therapist organization it had more credibility in my mind. Oh, and she referred me to the [name of LGBTQ abuse support organization] but it took me like 5/6 months to actually talk to somebody. I chickened out a lot. Called a few times and hung up. I wasn't ready I think. It took me a little while.

What Were Barriers in This Process

All survivors identified numerous barriers in the help seeking process. Several of these barriers were personal challenges while others were external in nature. These barriers made some survivors hesitant to seek help and/or report the abuse to the criminal justice system. Many of the barriers experienced by the group, both personal and external, were related to their identification as LGBTQ survivors.

Personal barriers focused mainly on self-blame and the fact that most members of the group did not seek help until they spoke with someone who identified their situation as abuse. Some of the survivors reported that the first people they spoke to were unsupportive and blamed them for the abuse. Others spoke of the fear they felt of being stigmatized or judged because of their identification as LGBTQ .

- For me the first family member I went to actually turned it against me and said that I was the reason, that you know was kind of like blaming me for the situation.
- Oh yeah, one thing, just like my biological family, just I'm not super open with them about what happened because I feel like being queer is...having my family accept my relationship with my ex was really important and so I was very secretive about what was actually going on because I wanted that relationship to look credible.

One of the major external barriers cited by several group members was the small size of their community and the fact that many of them regularly run into their abusers within their social circles and where they live. This presents a challenge in regard to safety planning and limits who they can talk to about the abuse, including friends who are also friends with their abuser.

- I know at least for me, my ex and I shared pretty much all of the same friends, even still. And that was incredibly difficult. So having my friends as support has been great but not having, I can't even imagine not having the [name of LGBTQ abuse support organization].

Not having medical insurance and having to pay out of pocket for counseling or other services also made it challenging for some survivors to seek help through therapy or counseling.

- They referred me to a domestic violence outfit and because I didn't, I worked all my life, I quit my job 3 weeks before I had my breakdowns, no insurance, I had nothing. So it's like waiting list, I'm like, waiting list?!
- I don't have insurance and I just recently started seeing a therapist but I had to really do a lot of research about sliding scales. And even sliding scale is out of my price range but I just started this month and I'm like well, I got to start sometime, so. When things finish they might be hard for a little while but I think I'm happy about this decision.

Identifying as LGBTQ presented further challenges for group participants as they were often left feeling like they had to educate members of the criminal justice situation about LGBTQ issues. Several survivors also felt there were loopholes in the criminal justice response to abuse, especially around protection orders. There was also some degree of blaming the victim and re-victimization by the criminal justice system.

- I felt like I spend a lot of time, especially in the legal system, trying to convince people to take me seriously because of the gender stuff. And, like trying to explain, like using male pronouns for the person on documents but then they would be like but they were

female. You know, trying to explain gender to court officials and feeling like I was having to do a lot of education in places where I didn't want to.

- I had a lot of problems with the police. Both, you know 20 years ago and now. My abuser was actually a man,...because I didn't come out until I was older, until about 6 years ago. So that was a thing to come in and hear, you know, and feel comfortable and say well my abuser was a guy, abusers, and then my ex had a stroke and so I never thought I'd get out but then he almost killed me so he got out of the house. But later he was still abusing me over the phone, whatever and I didn't, you know. But he went to jail and they called me up to bring him his meds and then like, I don't live with him, I don't, he threatened to blow my head off. And then I go into the jail to bring this stuff and get treated like, look at this poor sick guy in here. I'm like, just to be treated like that was just outrageous, you know. That was bad, I didn't like that.
- ...Just like trying to convince everyone to take me seriously consistently, finding all these weird nuances with the law where like basically they can only protect you after something really bad has happened and so like, trying to make sure people knew how bad that things were and it just was like exhausting and didn't ever actually feel helpful and mostly felt scary and complicated.
- Yeah I feel like, along those lines, like for me especially in dealing with the legal system a lot of stuff came up for me around like shame of going toward the legal system when a queer person is on the line and a gender queer person of color is on the line. And like if I talked to other people besides the [name of LGBTQ abuse support organization] about that a lot of times they got like "You're protecting your abuser" or "You're...". You know, and here I could be really complex about that. Like that feels like something I want to think about. I know it's not my job to take care of them but also like I care about the different layers of oppression that I experience and everyone in my community experiences. And how mental health is a big issue and those different things that I just felt like I could be really big and complex about here in a way that I couldn't in all other places I went for help.

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

Most of the focus group participants were using the support group, phone counseling, one-on-one counseling with an advocate, legal advocacy, and information and referrals provided by the organization. Several survivors also participated in a relationship skills class offered by the organization and found that quite helpful as well. Financial assistance from the

organization to pay for rent, legal expenses, or gas money was also utilized by a few of the group participants.

- Well me, just the support group and then the phone conversations and stuff like that, phone counseling conversations, whatever it is.
- I do the phone, I'm not in the support group at this time but I have been. I've been with these guys for four years, so they've been a big help.
- I've pretty much only met in person and on the phone, one-on-one. I've never been in a group. Took the relationship skills class a while ago and it's been really helpful, mostly now because my situation isn't recurrent. I talk a lot about like current relationships skills and relationship building and healthy communication stuff, it's sort of helpful for that.
- I do the one-on-one conversations, the support group. But also my advocate, the situation I left was all-encompassing, so I had to find housing and safety was a huge issue for me because she's very much out there; and so pretty much my advocate has been my window to the world...She sends me information about things and I follow up on, like I mean, yeah everything from housing and shelter to writing programs and yoga and just anything and everything.
- Just like information, like you know where's a gay-friendly church and things that I needed to help myself feel better, the mental health thing, and stuff like that. They'll get me the information when they're able to do it.
- When I was in like legal situations a lot my advocate from here came with me to court and that was like the best thing in the world. I mean for like whole days waiting for hearings I thought it was like so awful, it was really really good support.
- They helped me financially. I got in a bind and the courts kept wanting money and the only way I saw getting out of it was my ex. You feel like that's the only person you can go to. So they were able to help me so I wouldn't have to go there again.

Outside of the LGBTQ organization, several of the survivors were seeing therapists or counselors, attending 12-step meetings, or going to church.

- I had like anxiety out the roof and I finally have a therapist now that, it's EMDR therapy, it's like, it's just phenomenal like the change in me the last 4 months. But I only got it because I was able to work and I had insurance. But I've lost that but she's stickin' with me for very minimal.

- I go to therapy and really a lot of 12-step meetings.
- Church.

Satisfaction with Current Services & Supports

Overall, the focus group participants seemed very satisfied with the services they were receiving through the LGBTQ organization. There was a strong sense among the group that they felt accepted at the organization and didn't have to hide who they were because it was a queer specific organization. The staff at the organization would patiently listen to them without judgment and showed that they cared for the wellbeing of the survivors. The organization created a sense of safety and security for the group and validated their experiences.

When asked which services provided by the LGBTQ organization were most helpful in their healing process, the group provided the following answers:

- Their phone advocacy, the phone. Because you can call in, except you can only call in through five Monday through Friday. So that's been tough, a lot of times. You've got the crisis line [name of organization] that helped.
- I would say the [name of LGBTQ abuse support organization] in general and speaking with the advocate one-on-one and then also coming to group. Those have been the most helpful beyond counseling and everything else.
- I find just the [name of LGBTQ abuse support organization], the one-on-ones I have with my advocate and just the information that I get sometimes. ...Like he'll copy me a chapter from a book of something that we're talking about. They're just so helpful in that way. They think of every little detail. And support group has been amazing. I was very apprehensive to start the support group because I'm not much of a talker but I turned a little bit more into a talker I guess. But just hearing other people's experiences and getting to share them has been really helpful. And I think just supportive friends that have stuck around and that have shown that they care and those relationships growing and has been also really, that's an important thing, yeah.
- The one-on-one sessions, definitely. And the group is even helpful too because sometimes other people say things I may not have been able to put into words or whatever. And for me there's that, one part of, it's not in this particular program, but

one part of domestic violence advocacy is a financial support for housing and that's been helpful for me, so.

- I think like within the group, doing exercises and stuff like that. That's been helpful because, getting other people's perspectives too and just thinking about things that I may not have thought about bringing up. And how to handle situations in the future and with new relationships, everything else, it's been amazing. And I don't think any other counselor that I have seen could do what this group does.
- Definitely group and then the phone conversations. And then, I don't use it very often but the crisis line at night, they were the one that advised me to go speak to the officer and stuff like that. At first I just kept saying, well, you know, I don't know I'm probably making too big of a deal about this, I'm never going to speak to this person again so it's not going to happen, I don't want to seem like a little buster like I'm just making a bit deal of nothing, I'm not really physically hurt right now, you know whatever. And I'm glad like, it was like 5:00 in the morning and I was in the parking lot on the hill, you know, there was no one else to talk to, everybody else was in bed so I'm glad I made that call to the crisis line and the advice she gave me and stuff.
- I think the relationships with the advocates here that I have built, the person that I see every week and then also just knowing that I can call at any time in the week and even if that person's not available I now know some of the other people and that they're like caught up and know what's going on and then also things that I've been referred to by people here I've also like started to build community with other people because of those things and just this safety feeling of that...
- What I found too was the different advocates were some, at times, at different, if I was suicidal or if it was more of an anxiety, a mental health issue, they had, there was an advocate that was more up on that kind of stuff. So that really helped...
- It also makes a difference, because I attended some groups that were non-queer specific and it does make a huge difference because it helps a lot to have that in this community. Because there is a difference in judgment, because even though the advocates may not be judgmental, sometimes the participants are. So it's been very helpful to have you know, the [name of LGBTQ abuse support organization] being queer-specific.
- I sort of already said this but my, just my relationship with my advocate. I've had the same person for over a year and she's really consistent and really awesome and just having that consistency and building that relationship and being able to come every week for free and there's just like so much access all the way along in there that I haven't been able to find other places or make those same kind of connections. That's been the best part for sure.

- I was going to add too that I don't make a lot of money and having access to such amazing, amazing support for free is just, it's incredible, it's like life saving. Because when I left my relationship I just like didn't sleep at home for like a month because my ex had keys to my apartment and I didn't have money to change the locks...Yeah, I just really liked that I had the support.
- When I come out here, it's an hour drive because so I can get a domestic violence [name of LGBTQ abuse support organization] that is gay friendly, that is, you know. I drive from [city name], the base of like the mountain over there, so I can get this kind of service.
- They really helped out with the gas part, if you need gas money to come out here and do group or whatever, it's available if you were in the need. You know to make it accessible as much as they can for you, it's cool.
- I really like the wide range of services that you can get here, from talking on the phone to coming to group and just getting that. Talking on the phone in the beginning for me was what I needed because it was a way of building trust and getting that external help that I needed. And then coming to group gives me different perspectives from other people who've been through what I've been through and then the activities, I think that's helpful because it's a way of thinking outside the box and thinking about stuff that you haven't done before and really going deep within and going from there.
- And the advocates, because the way they do talk with people, you know I mean their patience and their knowledge and their, you know. I did have one that left. So I was with her like year and then a new one I had. They do seem like they care, it's a big deal.
- Yeah they care that you're safe. Like the genuine care. The support and the way they ask questions and get you to look at things in a positive way.
- Even the difference between sanity and insanity sometimes. Because sometimes the crazy me came from the ex. I couldn't separate her thoughts from mine. So just kind of getting me back in my body and kind of rethinking what I'm talking about and trying to do.
- That's really important, to have that consistent every week or every other week, like just re-affirming that it did happen. Because there's so many outside influences generally that tell you it didn't or minimize it. So it's nice to have somebody there just believing in you.

How the Specific Needs of the Population Are Addressed by the Services & Supports

It was clear that all participants in the group found the services provided by the LGBTQ organization to be very helpful for their specific needs as LGBTQ individuals. There was a level

of understanding by the advocates at the organization that made the survivors feel much more comfortable and accepted. For this group, it was important for the advocates they spoke with to also identify as LGBTQ .

- Well for me, like I identify as lesbian but last year the person I started seeing was a dude so I was on the down low about that and had a lot of like mixed emotions about myself dating a guy and stuff and how people would think and just the attitude of the community not being very accepting and stuff like that...So I, you know, at first when I came into group I think the first time I don't know if I tried to play like the pro-noun game where I don't use "he" or anything like that just say "they" stuff like that. And then probably by the second time I was just like forget it, it is what it is. I didn't want to spend all my time concentrating on not slipping that it was a guy and stuff. But no one was like judgmental about it at all. It was still, same with when I had my phone conversations through [name of LGBTQ abuse support organization], it was a person, it didn't matter about the gender. So I appreciated that a lot because that was something that even some friends and acquaintances that are aware of the situation don't know that it was a guy to this day and stuff like that just because I just didn't want to out myself about it. So it was really helpful here, no judgments and stuff.
- Yeah I feel like just being able to be my whole self consistently in any conversation about everything and not having to teach anyone what that meant...Sitting with someone and talking about it who really understood queer community and the sort of nuances of that too and not having to, I mean like I had a legal advocate appointed to me and she was not queer clearly and she was helpful also but like she'd be like "Anytime you see him, call the police. If you see him, call 911". (laughter). I was like, the community is the size of a postage stamp, like I'm going to see him, you know? And so just being able to be like, how would I decide, what would that look like. Not having only the black or white answers of like the legal system or any other systems.
- Feeling like you don't have to hide. We've hidden. We've hidden the abuse, we've hidden the drug use caused by the abuse. We've hidden the, you know, the bruises. We've hidden. That's what we've done. You know, and to come to a place where you don't have to hide anything, because I went to [name of domestic violence organization], well, you know, I was hiding. So to be able to have this it's...
- ...I don't know about everyone here, but it seems like most people are still living with their abuser in their community and understanding, or having that place that understands that the queer community is super small and navigating that and having advice on how to navigate that and support around that is really important.
- Yeah there's an understanding that's kind of different too. Because the questions are different. I don't know exactly how to describe that I just know that...well it's the

complexity of a queer relationship versus not, and so understanding the dynamic period. It's just the questions can be much more specific and so you don't have to hide behind anything so you can truly be out back with the answers and then you can finally get some real answers because you're not having to pretend.

- I think speaking with advocates here, there's a level of understanding because they're gay too and maybe they've been through situations like that too. And you can't get that anywhere else. You can't get that level of understanding and openness to where you can talk about anything, literally anything, it could be sex, it could be whatever, and no straight person is gonna know about gay sex the same way as a gay person would. Or, whatever the topic is, so.

Areas for Improvement

Recommended Changes to Current Services & Supports

Several of the focus group participants suggested that they would like to see the organization open a little later or at least have an advocate on-call for nighttime help. For most of the survivors, trauma would come in the evening and that is when they would find themselves needing to talk to someone. A second suggestion dealt with services specifically for children who were survivors of abuse, such as a child advocate. The organization has a queer parents meeting once a month, but one survivor who wants to attend has been unable to so far.

Another suggestion was to have the organization advertise more so that their pamphlets and information on services they provide were easier to find. A few participants also suggested having branches in other cities and generally more locations to make services available and easier to access for a broader range of queer survivors.

- It would be great if the [name of LGBTQ abuse support organization] specifically could be open a little bit later. I mean because sometimes the trauma doesn't come until 9:00 at night or whatever. And we do have the 1-800 domestic violence hotline but sometimes those people have been helpful and then there's been a few times when they're not helpful. So that would be nice.

- Yeah because you don't have to rehash everything to catch them up, get them up to speed, you know...I'm tired of telling the story.
- They are starting to do, the [name of LGBTQ abuse support organization] is starting to have kind of a support once a month meeting for parents, so queer parents can come together. But I don't, I just haven't been able to attend that particular one. But I don't know, I just want to say that it would be nice to have some kind of child advocate in the arena of it, all this.
- I would say just advertising more so people know who to call and maybe having them in broader areas so you can pick up a pamphlet and everything. Because it took me going to an employee assistance program to know and also I think in other cities too, because I have friends that have gone through stuff in other areas of the country that don't have services like this and I think that would be really helpful if there was some way to branch out or interact with other organizations or governments or something like that to make it happen in other places.
- More locations. I mean like I said I travel a long ways for this. I didn't even, you know I've seen October's big domestic violence month and you see big advertisements in the paper and all these domestic violence places but you never see this one. You never see the [name of LGBTQ abuse support organization] outside of [city name].

One survivor thought some type of assistance or support for perpetrators, some place they could go to learn about relationship skills, would be helpful. There was quite a bit of discussion about the need for community education around domestic violence issues. One survivor said she would find it helpful if the organization could do some education specifically about how self-defense does not make you an abuser and that abuse can take many forms outside of typical physical abuse. Bringing some sort of drug and alcohol abuse support into the organization was also suggested. Several participants also commented on the need for different types of therapy during different stages of the healing process and the need for a well-rounded professional support system.

- I don't know if they actually have anything like this but I also feel like some kind of like support group for the other side, like perpetrator support, relationship skills. When I signed up for the relationship skills class, the person who I'd come here about also tried

to sign up for the relationship skills class and I was like, yeah actually they need it more than I do (laughs). But they couldn't have us both in the class. So I feel like specific support, I don't know what that would look like.

- Like even have an education piece part of it. Perhaps like, well like there's [school coalition name], like if they had a guest speaker, like if the [name of LGBTQ abuse support organization] had a person on staff that did out-resourcing and out-education and talking to groups out in the arena. Like employers or hospitals...And even to teachers, I think, hugely helpful. About what it looks like.
- I've been in a stalker situation and so I feel like specific safety stuff around small community and community accountability and like a community-based legal system, an entirely new method of accountability. (laughs). But also just like how to work within the system that we do have of safety and support around that for people and queer community and definitely one-on-one support.
- I think also addressing the needs though after someone has left and been gone for a little bit because, like some of my family members, okay, "Oh well you're not there anymore so it's all over".
- ...I guess I'm just trying to say maybe different types of therapy after you're out for a while and specifically tactical therapy, you know like your body maybe revisits the trauma but then you are able to get through it in a different way. And it's just something about after someone's been gone for a while, the whole idea of get up and get over it is not always applicable. So maybe even having the education of, you know if you've gone through something that's trauma, you know, you can still get support for it.
- I think getting as much maybe professional assistance that you can, not just folks in one group, branching out and getting a bunch of different perspectives of people who know what they're talking about that may have gone through similar situations. And there may be some bad counselors out there and if there is one then don't stick with them. I mean you can move on to somebody else and get the support you need.
- Drug abuse. I think they need something, if there's anything, because I know lots of people end up using drugs as an escape. But I didn't see where there was a lot of help. If you don't have insurance, you don't have this. Like that stuff. You know group throughout the, you know right in the [name of LGBTQ abuse support organization] where they have a substance abuse group or something like that...
- I think domestic violence is its own issue. My ex, he used bi-polar as an excuse for his actions and it just muddled the water for me to know what was really going on. And it kind of made excuses for me to say, "Yeah, he's bi-polar, this is why he's doing it" or whatever, but once I disassociated that and recognized it for what it was, then I knew that's what the problem was and I knew what to do with it. So I think it's easy for people to come up with excuses or for their partners to have them come up with excuses.

- I just want to say something about...and I don't even know how it looks but the difference between, I mean for me sometimes, an education if you're not an abuser if you're defending yourself. Because so many times, in my case, like the victim is blamed and they wouldn't see what she had done all the way to lead up to a situation or something.
- Or that abuse doesn't look one way, you know because I didn't have a black eye doesn't mean that a bunch of crazy shit didn't happen. All the manipulation and isolation, and the like year long, two year long bouts of like intense depression because of where I was at and I had no idea why, just all that stuff leading up to it.

Services & Supports Wanted but Not Received

The focus group participants discussed two major areas in which they wanted support but the appropriate services were unavailable. The group felt they were often having to educate members of the legal system about queer issues; there is a lack of education and understanding within the criminal justice system that greatly hinders the assistance they provide to survivors. Excerpts from these comments were provided in a previous section. The other area of support needed by some members of the group were services specific to children dealing with trauma and issues surrounding domestic violence.

- Well I can say, I have children and it's very hard to find services for, particularly children of domestic violence with a queer issue (laughs). So, but even when I was accessing the other program before I came to the [name of LGBTQ abuse support organization], there's very little support for the children. Very little. The only support that they got was if I went to group, there was a baby-sitting group where they had some interaction. But, nothing. Nothing. No schools. Principals were helpful because they're, I happened to be at a school that honored the restraining order and any time he was close they locked the school down. This was when I left him. Anyway, but they just, that was the only issue. I mean, there's no training. I'm reading this book right now about kids from domestic violence and there is very little training for therapists, or even counselors around the kids that leave. And because their syndrome is totally different than just a normal situation. And so it's been very difficult.
- Well my son probably wouldn't be in prison if there was help. Because I didn't know, he didn't know. And that's where he ended up. And if things would have been different he wouldn't have.

What Survivors Would Have Done Without Current Services & Supports

Each member of the group reported that they really didn't know what they would do without the support and services they received from the LGBTQ organization. Many reported feeling they would have been less open when talking about it and their healing process would have been hindered. Some said they probably would have stayed with their abusers, partly because they would never have recognized the relationship as abusive.

- Drown.
- I would never have found the knowledge or the outside perspective that I'd need and tell me what to do. I mean I might have done the same thing that I did but in terms of healing it would have taken way longer and if that never happened, so. Services are real important I think.
- ...I would have felt really alone as far as who to talk to because a lot of people I just didn't tell. Like my mom still has no clue, you know, she's like, "Oh why haven't we seen so-and-so around here for a while?" And I just make up some bull-shit answer like her car broke down or something, whatever. Just because like I'm not currently in it and so for the people that are in my life that know about it it's like, "oh, sweet, she's out of it, we can rest". Blah-blah-blah. But like there's the after effect that's going to continue that I'm still dealing with, you know. It's only been since January. And so to have a place where you can come and not feel like you're burdening everybody by still talking about it or still harping on it feels really good. I don't know what I'd do otherwise. Even also like understanding it and just having like no judgments because there's a lot of people out there, there's the judgments like, "Well why don't you just get out of it?" or "Why do you put up with it?" or this, that, and the other. I told myself that the entire time. Like what am I, just being like a dumb bitch or something like that?...Just really, really helpful to be here.
- I know at least for me, my ex and I shared pretty much all of the same friends, even still. And that was incredibly difficult. So having my friends as support has been great but not having, I can't even imagine not having the [name of LGBTQ abuse support organization]. Like I do not know where I would be right now. And I think the only reason that I'm able to have support from my friends now is because of the [name of LGBTQ abuse support organization]. Being able to like sit down and tell them what has really been going on the last 7 years of my life and being able to open up about that. I really, if I didn't have the [name of LGBTQ abuse support organization] I think my friends would have been just as supportive if I had gone back to my partner because they wouldn't have really understood and they would have just been as supportive no matter

what I was doing. But now I'm letting them now know that I need this specific kind of support. So it's, my advocate's been invaluable.

- Yeah I feel like it would have been much, much harder to go away from the situation I was in but also to manage all of the after effects and especially in community, because the both of us were in a very small queer community and so actually having a place where I could talk about like what felt complicated about talking to the police about the situation and what felt hard about both living on [location] or things, it would have been really hard to navigate all of that without the [name of LGBTQ abuse support organization], for sure.
- Well I don't know if I'd have this life, similar to what everybody else is saying, but also it's just, it's like the only place where you can come to where it's not judgmental, there's no blaming. Because even the best of acquaintances, there's still a feeling sometimes of blame, of responsibility, or lack of understanding. And so I know that it's not just that there's not judgment but it also goes one step further to be support. So like, they ask questions, I mean there's like, you know everybody else's asking questions about why and they're asking questions about how you feel. I mean it's just totally different. And without that, I don't think I'd ever gone from the anxiety to being able to function...So then having somebody to support the moving on process, going from that level of trauma to being able to communicate with somebody without screaming and crying or whatever is, you know.

Appendix J: Men’s Focus Group Summary

Context

This focus group was hosted by a domestic violence program that works with survivors of domestic violence and their families. Services provided by the organization include: one-on-one counseling, support groups, education, legal advocacy, and a 24-hour crisis hotline. Emergency shelter services are available for women and children for up to 90 days; the organization contracts out with a hotel to offer shelter support for men. Support groups at the organization are for women only; however, one male survivor was participating in an older adult survivor group with the permission of the rest of the group.

Recruitment for this group was conducted within the host program and broadly across the region, with the help of the state DV coalition. Most area DV programs reported serving only one or two male survivors, often only providing court-based services for them. There were no programs in the outreach area currently hosting a men's support group, although local programs have run men's groups in the past. All 3 survivors recruited for this group came from the host DV program. This focus group was the first time these three men had been in a group setting with other men who were also survivors. All of the men mentioned this was validating for them, to know that they were not alone and other men had similar experiences.

Demographics

Three survivors were recruited for this focus group and all three were able to participate. One survivor was between the ages of 31 and 40, one was between the ages of 41 and 50, and the other was between the ages of 61 and 70. One survivor each identified as African, Hispanic/Latino, and White/Caucasian. All three participants reported their sexual

orientation as heterosexual/straight. One reported that he has a disability or disabling condition(s).

One survivor said he had a high school diploma/GED, one survivor had some college education, and one was a college graduate. Two of the survivors reported coming to the U.S. from another country; of these two survivors, one considered himself an immigrant and the other did not respond to this question. One survivor reported that he spoke English “very well” and two reported speaking English “okay”. One survivor preferred to speak English, one preferred Spanish, and one did not respond to the question about language of preference. The group was conducted in English.

All three participants reported experiencing financial difficulties; one said he was unable to pay his bills and two reported having trouble paying regular bills. Two of the survivors indicated their financial situation today was “much worse” than two years ago; one reported his financial situations was simply “worse” today.

The Help-Seeking Process

First Places Help Was Sought

It took all three of the survivors in the group quite some time to seek help for the abuse. Two of the focus group participants mentioned speaking with friends initially. One of the survivors was referred by a friend to the domestic violence program, and another was encouraged to seek help for domestic violence in general; after researching DV organizations online with a co-worker, he came across this program. The third survivor was working with a caseworker from the state that referred him to the domestic violence program.

- My caseworker for the state put me in touch with this agency, and they actually gave me, they opened up avenues for me. And when I did make the decision on [specific date and time] of this past year, I left and never looked back. So it was the hardest thing I've ever done, but I'm not sorry.
- I spent one year with no help and then sometimes I think to...myself until I found a friend, she was abused too, and she used to come here. She tried to convince me from the beginning, but I didn't, I couldn't understand the program's calls, you know, by the same as women's. I'm a man, I got shame. I didn't know.
- ...You get to a point, it was getting overwhelming you know, in terms of the way my mind was thinking about things, no sleeping, and so one day I just um, I was talking to a friend I had to finally confide in somebody, and he mentioned why don't you look for domestic violence counselors...Something that you don't want to talk about, and when the friend mentioned that, I just went on the website and uh, um I wasn't also very good with a computer so I asked a co-worker, do you have an idea, I pretended it was for somebody, not for me, because I didn't want her to know. And she came over and we started searching and the first group that came up [in] the north. I didn't want to attend any group in my area too, then I may meet somebody that I know or somebody that knows me. So I wanted to go outside the, my circle and living area, and I called this number, and fortunately the person that picked up took my information, hoping to hear from them over the weekend because it was a Saturday that I called and they were going to call me back, so I didn't hear anything on Monday and Tuesday when I called [DV advocate name] [who] picked up my case and wanted to meet with me.
- In my case it was [DV advocate name 2] the lady that ran the elderly program, I mean there were nights that I tried to kill myself, and I would phone her at 11/12 o'clock at night, and without her, I wouldn't be here. She's a very special lady. She's left now, but I mean she will always be a part of who I am, and then I met [DV advocate name] and I see [DV advocate name] now, but [DV advocate name 2] was and will always be my friend.
- ...You know there's a point in which you can't take no more. And that's pretty much how it came to be, and I met [DV advocate name 2] and we talked about what are your options. Well the options are, you need to make a decision because nobody can make that decision for you, you have to do it. Very painful.

What Was Helpful in This Process

The participants spoke mainly about the helpfulness of the advocates they came into contact with at the domestic violence program. The advocates listened to them, provided them with necessary referrals, and helped to explain the psychological reactions to the abuse the

men were experiencing. The group mentioned several times how the counseling support was life-saving and helps to keep them going even though the process of healing is painful. One survivor spoke about how it was helpful to have a family close by that he opened up to; they would keep him company, making him feel less alone. Group members were especially poignant in their descriptions of their psychological fears and subsequent relief, as shown in the following extended passages:

- I spent three months to decide to come. When I came here, I feel a relief because at least somebody else was listening, you know, to me, and right now I got a year coming to therapy since, I feel better.
- But it was such a relief, you know, actually when I met with [DV advocate name] it was very, I couldn't speak two minutes, I mean the whole period of my meeting with her was full of tears, you know, I couldn't just, I couldn't control myself because I don't talk about it, but it was deeply, you know all written and being put together was really, really hurting me. So, when I met [DV advocate name] and she was um, she made me feel like she's here to listen and there is some kind of solution that is going to come from her. I had to tell right then when you touch on some of these sensitive issues, things that you been through, then it becomes really difficult to control too.
- ...When I came here, the main relief was can't speak because you got all these things inside and you feel you're gonna explode. When you go here you're...you get a release, and somebody else is listening up.
- When my first contact over here, um with [DV advocate name] was such a big relief. I mean she really took me off that moment of, uncertainty. First of all, I was just, I didn't know what was going to happen to me the next minute in terms of the way my brain was working and my body was reacting all the time. My fear is that you gonna be disgraced, like, I'm gonna, like, go completely insane. I didn't know what was going on because I could not think on one side of my brain became like a traffic jam. Every single minute, I mean, it is like you can't concentrate on one single thing. A whole lot of things and I couldn't define that, was that a problem of getting insanity, completely insane being out there like that, that people be walking on the street and that was a problem but when I came to first meeting with [DV advocate name] she took me through actually diagnosis and the formulas of the behavior of the brain functions and stuff like, and that gave me huge relief: this is being caused by something, it's not a state that you are, there could be improvement in it because what she make, the explanation she gave me of how your body's reacting because of this, your brain is reacting this way, this is being produced here, that is being produced there, she took me through that so that first

meeting that day with her was such a big relief. I just realized that all is not lost, if I can get the necessary help and get the whatever...Then she referred me to, she did a very good job, referred me to um, [name of mental health agency] you know, psych person for them to take, actually go into medication aspect from there, and they were doing the medication part of it, which helps me to sleep and they will start off with that. I will give them more credit for the medication that in it will help to at least to slow me down and help me to sleep. My major help...was from here,...um I do take my medication, but I believe my strongest help, major part of my strength is coming from this program that I'm attending here. Um, medication, it has some side effects and stuff like that like which, um personally I feel more comfortable, more stronger when I meet with [DV advocate name] too. Just that if you ask me to compare the two...I would say maybe overall the medication I would give it maybe 30% and the rest of the 70% of my strength is coming from my initial contact that I had over here.

- I, one of the things that I was told over and over was that if nobody would ever look at me because I'm an old man, and you know what even though I left and I lived in a safe house for nine weeks, that stays with you. A lot of the things that are said to you don't go away. You can understand it better, and it makes more sense to you, but somewhere in the back of your mind it's been drummed in there and it's hard. I mean I come here and we meet with [DV advocate name 2]. [She] has been my saving grace. [DV advocate name] has the uncanny ability to listen to you and actually pick apart what you are saying.
- The counseling, the therapy help you keep going, you know, every time I come here, when I go out I feel like, you know, brand new. My body and I are recharged to start again...I, you know, that's why I ask my therapist if I gonna, if I could be the same person than before because even though I got almost a year and I got a lot of questions in my head like what I did wrong, or could I did better, or you know. But even now I can't know the answer because it wasn't me. I always try, I think I told me therapist, I think...I love more her than myself, and now I know she knew that I love more her than myself, and now I'm learning to love myself first, and the rest of the things.
- Finally there was a family that I was able to open up to, and they, letting them know my situation, you know, they know, but they didn't know. They know the initial all the problems and stuff like that, that was going on, you know, anytime when like I have to leave the house in the middle of the night or something, you know sometimes my keys are taken away from me, and they're the people I call, will come and pick me up, and to get out the house to avoid police contact and all kinds of things...But this family became like a, besides my treatment, they made it a strong point that we don't even want you to eat dinner in your house, we want you every single [night]. For them to make sure, I love to go because it takes the mind, it occupies my mind a little bit, you know.
- I mean, the helpful part of the program is, is just, first of all, she diagnosed what you're going through; to let you know what you are going through...It's just a beautiful part of

it, and she, listening to you,...to know that, I know what you are going through, and then offering the solutions to the problems...She's just, you know, very good at what she is doing and...giving you the solution, not medication, but self strength solution to overcome some of these things is very powerful.

What Were Barriers in This Process

The biggest barrier for the men in the group seemed to be pressure they felt as men to be strong and “keep everything together”. They felt quite a bit of shame about their situations that kept them from coming forward and confiding in anyone about what they were experiencing. There was also a sense of loneliness and a feeling of having to start over that made it difficult for some of the survivors to leave their abusers. They also did not know that services were available for men, as this specific domestic violence program, only advertises support for women survivors of abuse.

- This was hardest part you know because like a man you got a different vision, you have to be strong, and you never have to cry. When I decide to come here at the beginning, I got a lot of doubts because you know like an immigrant and I got married with a citizen, she left me, she abused me, I thought I couldn't get help from nobody.
- My first contact was, it was very difficult to come out about it first of all, how I'm feeling because it's very difficult...When you're a man it's difficult to speak about it, I mean you feel very ashamed to talk about it, and when things happen in public, so you tried to hide everything and try to believe in that you're strong as, you know, you looking like you can be strong and just take everything.
- ...But I was attending, we was attending marriage counseling during the problem...and she just walked out, but this [counselor] didn't offer me anything. [S]o um, that was the difficult part because I then didn't know where any help was going, the way I was going towards...and suicidal thoughts...
- It is a little bit difficult when it comes to a guy, I mean females, you know, they have friends, they easily share these things with friends, but when it's with a male, it's difficult to share with somebody if your wife is slapping you, or kicking you and you can't kick back because of certain things, it's difficult to share with anybody. So finding help takes a lot of courage...

- If you talk to somebody outside maybe you gonna be, they gonna laugh at you because most of the mans on the earth they think they can beat up a woman or humiliate or something. Um, most of the time I cried like a baby, but I didn't understand why. During the nights after she left, during the nights, I wake up crying, I got a lot of pressure. Sometimes I think, you know, to kill myself because I feel my life, having nobody.
- You know, and I don't know if, when you make the decision to leave, whatever the circumstance is, I don't know if you really mentally are ready for what's coming. The loneliness that you feel in the relationship is there, and when you leave it's a different relationship because now you are alone. I mean, when [DV advocate name 2] took me to the safe house, I had checked in and she left. You know I went downstairs and I sat on a rocking chair looking at the water. That was the first time it hit me that you know what, now it's different because you're not going to be made fun of anymore, but here you are and it's a different kind of loneliness I found.
- ...The loneliness aspect is a killer. Secret killer, I mean it kills you softly, but it's difficult to talk about...The last thing you talk about is to have another relationship, no, you don't even want to think about it, personally, I don't even wanna think about it...The loneliness besides coming into the therapy...stepping out, going home, and walking into your premises of seeing where you gonna be for the night, nobody to say anything to, nobody to talk to...
- You know if you're gonna survive you're gonna have to start a new life with new people. Very hard to do, none of us are young, very hard to do...I don't care if you seek religion, or you seek spiritual, there's got to be more, and I don't know if there is more. I'm sort of on this journey right now, and because I'm old I look at it as a journey, and I don't know how the journey is gonna end, but it is a journey and you know what, it's very educational in a way. It's scary as hell, but it is educational. I guess, that's where I am.
- ...Sometimes you hold your pride so much as a man and certain needs you can't even ask... When you want to move on you basically moving on empty handed. 'Cause in my case it's like I'm working, but every single day, every single week the paycheck that comes in, it's already gone...Because I also feel like I don't want my debt to be somebody's own, and to put it on. If there are such helps in the group, think it's just some of the underlying problems that we come up with when a man is walking out of a home or something like that.

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

All participants in the group spoke about mainly receiving one-on-one counseling services at the domestic violence agency. One survivor was attending a support group for older

adult survivors of domestic violence that was made up of all women. One man received material supports from the agency in the form of furniture for his apartment and food when it was available. Referrals were provided for legal assistance, but one of the survivors did not find them to be helpful.

- They got me some furniture. They pretty much just showed me what is available for me. I mean [DV advocate name 2] again...worked with my caseworker from Department of Elderly, who was also an incredible lady.
- In my case, you know, um, my major difficult, my point of, my services I'm having, getting from here is solely from [DV advocate name], and, um, all the other connections, all the other help, she tried even helping me, you know, accessing a lawyer on the basis of no fee. Certain information that she relates to me are the way to get certain things, you know, what, how to go about it and stuff like that has been more helpful.
- ...You come here and say, you know, I'm getting really low on food, if they have food here, they give you food, but now you're in a position of, to me it's almost like begging, and they never once implied it like that, but I mean that's the feeling you get because again, you're a man. That's the hardest thing. Thanksgiving time you got a little box of food, you know Christmas time you get a little box of food, and I, all your life you've worked, and all your life you've provided, the hardest thing is to all of a sudden say, thank you for the food, and you have to take it 'cause otherwise you're not gonna eat.

Satisfaction with Current Services & Supports

One survivor spoke about going to a general support group at a mental health agency that he found unsatisfactory and ineffective; in contrast, he found the counselors at the domestic violence program more supportive and helpful. All three participants in the group were satisfied with the counseling services they were receiving from the program; they spoke of two different advocates that provided emotional support, education, and advocacy. One survivor who speaks Spanish as a first language found the bilingual services at the DV agency especially helpful.

- In my case, um, over there the [name of mental health agency], they have a group meeting, and I don't see the head and tail of that program. It's a group; we just go there

and um, all you hear is just each person talking about their issues and problems and problems. He go one person to another, what you have been doing for the week and how is it, what is going on with you, and then they would go on repeating how terrible things are going, how good things are going. Um, I don't find that helpful at all because ...look, I'm already in turmoil...First when I see the people it makes me feel like, ok, I'm not alone in this situation, but then when they're gonna go over their issues and be telling me this ...[and] he's just listening, but one of my expectation is he will give you solutions to the, what ever you are telling him, or what ever you are telling, but it's not coming, there's no solutions that is coming from him, not like maybe coming to meet [DV advocate name] here and she asking you a question and you speaking and she giving solution to the problem...

- Thank goodness [DV advocate name] is a super lady, but it's very hard for you to sit there and open up, and say, look it, here is why I'm here. Here's what's going on in my life, and it's not fun. It's not a game. So, I, that was kind of scary and I didn't understand why all of a sudden [DV advocate name 2] was having me see somebody else, but in time I did, 'cause I still talked with [DV advocate name 2], 'cause I'd see her at group, and I did because [DV advocate name]'s expertise is different than [DV advocate name 2]'s, and I think that's helped me a lot because she kept filling in a lot of areas that I didn't have answers for. So, to me, you know, this place has really been pretty good.
- I mean, [DV advocate name 2] has helped me in every aspect of my life at this moment. You know places to go to get help, you know legal help, and how do you deal with somebody that, you know, I've been sued a couple of times for bills. You know, she's an advocate, a voice for, excuse me, for seniors. I mean these are things that I wouldn't readily be able to find out right now. I'm just not that sharp anymore. And then the other aspect is you can tell them what's bothering you and a case like going to court, it was very scary, she was right there. The last day that I had to go she couldn't go, and I walked from my living place called [housing name], I walked to the courthouse. It was the longest walk I ever took. Scariest thing I ever did, but when it was over I was walking back home and I was like now what? You know, and she's been there for me time after time, and I know I sound like a broken record but I can't begin to tell you how many times after her regular hours that I would talk to her. Never once did she say oh I'm busy or I gotta go. She always listened to me.
- For me it's, um, bilingual program, you know, and then uh, my case, uh [person's name] at my therapies, she's teaching me, you know...and now I feel better because I knew something that before I didn't know about my emotions, how to control it, how, you know, it's the best part. They are teaching you to recognize yourself inside. This is the best part for me.
- You know, [DV advocate name] is an incredible, she does have a gift...of being able to listen to you and actually almost become part of your thoughts. Sometimes it scares the heck out of me, and I find myself thinking for the next two or three days about what we

talked about. It's like, I also look forward to getting back here again because that's my period of joy and it's my period to talk to somebody for that hour, cares about what you are feeling.

Areas for Improvement

Recommended Changes to Current Services & Supports

One survivor did mention that every survivor's needs would be different from one another and should be considered on a case-by-case basis. He suggested if there was a need for referrals and services outside the agency, it would be helpful if outside advocates and providers would come to meet with the survivor and an advocate at the agency itself; this would allow the DV advocate to intervene if necessary. Survivors also mentioned tailoring services so that they helped to maintain an individual's sense of pride and competence. One survivor suggested the inclusion of religion in some way with the services provided at the DV agency.

One of the focus group participants was experiencing great difficulty obtaining legal assistance to help him with his immigration status; a lawyer was too expensive and suggestions he received from his advocate were ineffective. He was denied a work permit because of his immigration status and suffering extreme financial difficulties because of this.

Participants also suggested increasing the number of advocates available and making sure they were being rewarded for their hard work. All three survivors emphasized the need for better advertising by the domestic violence program specifically toward men, making sure that men knew services were also available for them. One survivor suggested that it would be helpful if some male survivors could speak out and try to get other men to seek help.

- I think we can do something better to help people like me with immigration. You know, cases like this. Even when I went to the court, when I told the judge I got a domestic violence case, he saw me, you know, different, strange. I told him I feel shame, you know because the courtroom was full...[B]ut this program is great because I told you, I

think it saved my life, but they need to do something extra for guys, cases like mine because even I represented myself because I couldn't pay a lawyer.

- ...Sometimes it's just, you know, the sense of the pride that a man will have to ask for things, certain things, sometimes it's a little bit difficult. It could be a means of helping the person to find a job or on his own...And now for him to walk into a door...ordering the food stamps...or asking for assistance for food before he can eat in the evening. Um, it would help if the group is assisting you emotionally and everything.
- So in a situation of people of age, in terms of assistance that will be coming to...the patient's aids should be designed according to what the extent of certain things may be. I'm strong enough to go out there and work sixteen hours a day. I don't mind. I want to do it. Could that be any help coming, being tailored for me? He could not do that...The pride aspect of a man going through this, is something that you sometimes don't want to talk about it, but you have no choice...Looking at the different individual situation things could be tailored in the way that you can just maintain your pride or something like that in a way.
- Probably get more trained people that could help. There's so many people that need help. I mean real help...I mean, I'm sure they have a heavy caseload here for the amount of women that are here. And I think that would be an asset if you could find more people that care like this core group does.
- I'm sure every one of these [advocates] has a different specialty. So, when you get somebody that can really handle the problems that these ladies are handling. I'm not saying you got to put it on a pedestal, but by God you ought a make sure somewhere along the line they get a break.
- They got a lot of men's outside suffering like us. I would like to do something to let them know you can help them because we can. We are getting help. There are a lot of people out there suffering, maybe killing their self because they don't know where to go...They have to know there is a place to help them because it's horrible. I think some day I gonna try do something to try to help because I know it's awful when you have no help and you don't know where to go. I would like to let them know, they can be helped.
- Well, I would say, first of all I would make it a priority in terms of whatever assistance that I can realize that an individual needs. If his problem being the legal assistance, and his problem being finding accommodations. People running these services, my million dollars could pay for the service to come in to your premises here to see how, to be able to be a part of whatever services they are going to run. Which I know is going to be a problem...Also, each individual here from experience, you have something in your life that you have held onto and has been a very core in your life, something, a backbone in your life, but you might have lost it in the process. It could be a religion, it could be something very dear. For example, I would advise maybe religion could be part of the program be it ministers, pastors, or whatever. For example, personally religion was

something that I had to give up, my religious life because of her...Whatever form of religion that a person belongs to yeah, if it could be incorporated.

- [T]he million dollars, you know, I would like to spend to get men who would be bold enough to kind of speak out. Let other men feel comfortable to come out to get the help that is needed for them. Trust me, I have never smoke in my life, I never drank, tasted alcohol in my life, but when I was going through this, I started drinking. But then I was lucky enough to be held back and advised when I started getting help. So I'm saying there are men out there turning alcoholic and all kinds of things because of things that they been through.
- I think there's special needs, yeah. And I think like in my case, I came in here not knowing what to expect. I came in here with a lot of fear. Every meeting I sat in was aimed at women. I mean, that...be all, and I wasn't offended by it, but I didn't understand it because then I started thinking, am I the only guy that's going through this? And obviously I'm not. All the books that you'll see down there are for women. Somebody's got to let people know men get involved in this too.

Services & Supports Wanted but Not Received

One survivor was in need of legal assistance but was unable to afford a lawyer or obtain free advocacy or support elsewhere. Because of this, he was unable to obtain a work permit and was experiencing great financial difficulty. One other survivor had received some services at a psychiatric hospital that he did not find helpful and was dissatisfied with.

- ...But you know, the pain's still here because I got two years because without job, I'm living from charity because immigration services didn't renew my work permission, and right now, I'm in immigration court by myself because the lawyer charge \$6000, \$7000, you know, I am spending two years without a job...In immigration services in my case they are weak, they suggest things that never work...I do things, you know, just to survive, but I'm living with a friend because I don't get enough money to pay a rent. I can't support my son because I don't have a work.
- I was admitted in [name of psychiatric hospital] for a period of, and they taught me that my emotions were just...the question he ask me make me feel very stupid, and these are some of the things that you're gonna meet when you're going places for assistance...So, I even refused to even have any contact with him while I was at admission over there because he was treating me like somebody who's out of his [mind].

What Survivors Would Have Done Without Current Services & Supports

Several times throughout the focus group, one of the survivors continued to mention that he felt he would be dead today if it were not for the services he was receiving through the organization. The domestic violence support services provided by the organization were seen as lifesaving by all the men in the group.

- In my case it was [DV advocate name 2] the lady that ran the elderly program, I mean there were nights that I tried to kill myself, and I would phone her at 11/12 o'clock at night, and without her, I wouldn't be here.
- I don't know it's, when you come here if you find the right person, they save your life.

Appendix K: Older Adults Focus Group Summary

Context

This focus group was hosted by a DV program that primarily serves victims of DV and their families; program services include counseling, legal advocacy, community training and education, a 24-hour hotline, and emergency shelter placement. The program runs a support group for older adults (age 55 and above) and focus group participants were primarily from within this existing support group. The DV program advocate that facilitates the older adults' group reported that she was very pleased that her group was being included in this study. She feels that the majority of DV services and agency resources, funds, and research are directed at young mothers experiencing DV or survivors with co-occurring mental health and/or substance abuse issues; she feels validated that the unique needs of older adults are being studied at this time.

Demographics

A total of 12 survivors were recruited for the group; a total of 11 survivors were able to participate in the group. Ten of the survivors identified as female and one survivor as male; although the male survivor was dressed in female clothing and was accepted by the group as female. Six of the survivors were between the ages of 55-60, and 5 were between the ages of 61-70. All 11 survivors identified as Caucasian/White; and all 11 survivors described their sexual orientation as heterosexual/straight. Six of the survivors (54.5%) reported that they consider themselves to have a disability or disabling condition.

There was some variation in the highest level of education achieved among this group of survivors; 2 were high school graduates or GED (18.2%), 6 had some college (54.5%), and 3 were college graduates (27.3%). Ten survivors reported being born in the U.S.; one survivor did

not respond to this question. Ten survivors reported that they spoke English “very well”; one survivor reported that she spoke English “okay”. The preferred language to speak was English; with the exception of one survivor who preferred French.

Survivors were asked to report their current financial situation and to compare their financial situation now to two years ago. The majority of survivors (90.9%) report financial stability/the ability to pay their bills (see Table 1). When asked to compare their current financial situation to two years ago, the mean score on the scale of 1 to 5 was 2.64, suggesting that the majority of survivors are currently worse off financially than two years ago.

Table 1: Current Financial Situation

	N=11	%
I simply can’t pay my bills.	0	-
I have trouble paying regular bills.	1	9.1%
I can pay regular bills, but a big expense would cause a hardship.	6	54.5%
I can easily pay my bills, but need to be careful.	3	27.3%
I do not worry about paying for things I want and need.	1	9.1%

The Help-Seeking Process

First Places Help Was Sought

Some of the survivors in this group first sought help for domestic violence from the police, the courts, friends, and family; others came directly to this DV program first. Most of the survivors indicated that they did not seek out help or DV services independently, but were referred for services by someone else that recognized a need for support they could not see themselves. Some of people that reached out to survivors and suggested that they seek services included medical and mental health professionals, social workers, friends, and family.

The excerpts that follow make it clear that seeking help for DV can be complicated and take some time.

- I turned to the police. My roommate killed my dog and the police gave me this number to call; because I found an assault weapon in his closet and he had no license.
- I actually ended up at [name of psychiatric hospital] in [city name], and that led me here.
- My therapist recommended it. After a couple of years ago I came, some before and then I started again last summer. And I moved out ten days ago, and I wouldn't have been able to do it without [DV advocate name]. There is no way. And the girls from the support [group].
- I started to go to counselors. I knew there was some major problems. This is not my first time for mental abuse. This is actually my third time. And I knew that it was starting to go...it was really getting bad. The mental abuse. And I started going to a counselor and I am still going to her. And she told me that there was a very, very good program in [city name] and that's when I got a hold of [DV advocate name] and I started coming here.
- I too wouldn't have known what to do without [DV advocate name], it saved everything. I was in the hospital and the social worker gave me the number to call. I didn't call right away, but at the point that it got really bad I did call.
- I too was recommended by a dear friend who actually does some volunteer work here and actually recommended [DV advocate name] to me as a really lovely person. So that's why I came.
- I lived with it just for years without telling anybody. Nobody knew anything was going on. But then it just kind of all came to a head this past fall, and I happened to be with my sister when it just kind of...and well she remembered this group from when she needed it several years ago. So she called [name] hospital and they gave her the number and she gave it to me. And I am a completely different person today then I was when I came here.
- I started with the police department. They actually gave me information on the resource center here. And then I went to the court for a restraining order, and there was an advocate there who gave me more information. And I didn't do anything at first and then finally I picked up the phone and called here and met with [DV advocate name], and then she got me into the group. It was the best thing because you find out that you are not the only one that's going through it all. And you can relate to what other people are saying: "that happened to me" and "that happened to me". So, it's a good group to be in.

- Well, for me, this is happening over and over. This third time my husband decided to cheat on me and while he was doing that, I started really realizing all the abuse that I was taking from him also. And I had been with him for quite awhile and decided I needed to do something, so I reached out to my family and friends. Which is when I started therapy too, and they kept nudging me that I need more help. And so I decided to come here because I couldn't handle my person anymore, and I knew I needed help and I knew I needed to be strong in order to get away from the situation for good because I know that if I go back to the situation it's going to eventually come back to the same thing. And that's the hardest thing for us to realize is that even though we might still love that person, we know what he is capable of and we need to do as much as we can to stay in these programs to keep ourselves strong enough to stay away from what we would really love to go back to but know that we can't.

What Was Helpful in This Process

The fact that someone was willing to reach out and suggest to these survivors that they were, in fact, victims of domestic violence was identified as being very helpful in this process. Having someone to trust, whether that is a friend, a family member or others, was also identified as important in the help-seeking process. Another survivor reminded the group that the process is going to be different for each person because each person's situation is so unique and different.

- Maybe becoming a safe haven for them too, a confidant for them, a soft place to go. Because I think initially you are ashamed and you just want to be able to trust somebody I'm not saying that it has to grow from there, but that's basically how I started-a friend pointed it out-it took me almost two months to even come here to be honest with you. She kept on saying it, so again, she was my safe haven and I knew she loved me and cared about me. I think that's important to people, because you don't always get that from family members.
- I think every case is an individual case and it's all different. Some people can count on their family, some people can't count at all on their family. Some can count totally on their friends, some don't have friends or very little because they've been so abused and put into their little house and can't go anywhere, they really don't have any. It's just a really hard situation for every abused person and everyone is a different situation.
- Well, I think you are wanting to know how people got here...It's always a series of events that lead you here, and when you finally do get here with domestic violence. Part of it is going to the police and reaching out and getting nowhere; going to counseling,

having the wrong counselor; and then someone recommending that you come to the facility or to this program. And it's not just something that happens overnight. I have been here for years and it's a long journey to get to where we need to be because we have been through so much. This program has really helped a lot of women, including me...There are some really damaged people that get here. They are lucky to get here. There is a lot of us who have been to a lot of places we probably never should have gone to in our life...but it's a process. Adventure...if you want to use the word. But it's a process. And without a program like this, a lot of us would not be here. Not on this earth.

What Were Barriers in This Process

The survivors in this group identified a number of personal barriers, as well as external barriers, to the help-seeking process. Many survivors indicated that these barriers often significantly delayed their help-seeking process. Some of the personal barriers to seeking support included feelings of fear, feelings of worthlessness or depression, denial that what they were experiencing was really abusive and/or not understanding that verbal abuse can be domestic violence, and concerns that they would not be believed.

- It's such a big fear: to stay and to leave. They are both so fearful.
- Fear is right there in the beginning. The fear keeps you, it stops you dead in your tracks. You have to get beyond the fear cause that's what these guys do, they put the fear into your life so much that you feel like you can't go out there and be a person.
- Well again, go back to the beginning. We crawl in here because we are nothing of a person. We are down really low. No self-esteem. Post-traumatic stress. Anxiety. Depression. Suicidal intent. You know, all of the above – really lost souls that come to this program.
- I used to go to Al-Anon for quite a long time – about 10 years. And I don't think I realized that my husband was abusive. I knew he was alcoholic. Well, it took me a little while to really understand he was alcoholic, but after I got that was talking to my friend who was into, really into...was knows about the different abuse and stuff like that. I kind of got aware of...sometimes you just don't know that you are being abused...[I]in fact I heard it one time also from somebody that said his girlfriend was abused before he met her and she didn't know. And when I heard that, I thought, how does somebody not know that they were/could be abused? So, I started to think all the things which is abusive. Not, it wasn't physical, he never hit me; but was emotionally abusive. And by going to the

therapist and she would explain different things to me and I could see it clearly and then I started to analyzing different things. Looking for things that he did and thinking about relating them to myself and realizing that he is abusive, you know.

- The day the police officer handed me the domestic violence paper and his number he said, “If you need any help call me but you need to call this”. And I’m like “why do I need to call this for, what’s wrong with him?” And he’s like, “you’re a victim. Do you see how bad this is and when you’re right in the thick of things you just don’t...” So about a week went by and me and my girlfriend went up to the court house to get a restraining order and she said, “I think today’s a good day to call the [DV program]. And it’s the best thing that I’ve done.
- When I go to court I felt like anything I said and did, they weren’t gonna believe me, they would think it was not real, that I was fabricating these things myself that were happening in my life. Like mental illness, having a nervous breakdown. I actually was apologizing to my lawyer, who’s gonna believe me? They’re gonna think this is not real when, you know, it’s real.

The survivors in this group identified several external barriers to help-seeking. One of the primary barriers the group discussed was family dynamics: either family members denying that the abuse is taking place or feeling unable to discuss it, or family members acknowledging the behavior but suggesting to the survivor that it is acceptable or normal. The survivors discussed that life behind closed doors is different than what people see on the outside, and it creates a sense of disconnect. Another identified barrier was mental health professionals who were not trained in DV issues who sided with the abuser or gave inappropriate advice to the survivor. These barriers clearly contributed to or exacerbated the personal barriers just described. Many survivors expressed fears about financial stability; how manage housing bills, lawyer’s bills, potentially being homeless, etc. And finally, several survivors identified their lack of access and/or inability to use technology, such as cell phone or computer, as a barrier in the help-seeking process.

- As far as reaching out to family, you don't want to reach out to anybody that knows anything because they are keeping it in the closet even though they know.
- I found with my family that nobody wanted to say anything to me, especially my son who's 33 now and has been living on his own for a long time. He came temporarily back home while I was still with my husband because he went back to college and nobody said anything to me until I left and then they're all like, "well you know he's been abusing you for years, you know that you should have gotten out". My son's like, "I'm so happy that you're out", and it's like, he couldn't do enough for me, and he's trying to help me out. And it's like, my friends and everybody...All of a sudden it's like, "I'm so glad you're out of there, you really needed to leave...". And it's like wow this all came out of the woodwork when everybody was afraid to say something when you're in the situation. You don't realize how many people care about you, well in my case I've been very blessed. A lot of people have come out and I know that I have a good system to help me. And I'm very blessed and I know that everybody doesn't have that. Wow, it's just amazing how people think but don't want to tell you. Abuse is a very secret thing; it's not supposed to be spoken about.
- I have been seeing a psychiatrist who is a lovely man but I can't help get the feeling that occasionally he feels everything I say, I'm paranoid. Which isn't true. It's the truth, and it really happens. I also feel that sometimes that men are in this club, I call it "old boys club", and that too sounds paranoid, but that's how I feel and what I see.
- But what I am trying to say is that the therapist we went to was a woman and my husband is very charming and charismatic and a fairly decent good looking Italian man. He totally won her over and everything shifted to him. And she did more damage to me then. Yeah, she totally left me feeling so bad about myself ...". Yeah, so if you get the wrong therapist or the wrong help...
- And I have a fear of being homeless when you get older, you know. Living in...the worst place you could live, I don't know. No security, and social security, who knows what's going on with that and that's still not enough for us, not for me anyway, my own social security...not enough. Financial fear is...it's like what's gonna happen to me?
- I can't do anything, I can't do GPS. I can't even use my cell phone. I don't know how to figure it out. I've tried and tried but I'm so alone, there's nobody to help me...I don't know how to turn it on, literally.
- We just got a new line so we could bring a computer home. We've never had one in the house.
- I've always hated mechanical things....I was the last person to get a cell phone. My husband insisted I get it so he could get in touch with me...And then yesterday [name of cable company] finally came, I got a computer, he hooked that up and the new landline and I got a new cell phone. And I don't know how to work any of them.

What Is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

All of the survivors in this group are currently participating in the support group for older adults within this agency. A few of the survivors are also receiving individual counseling with the same program advocate who facilitates the support groups. Many of the survivors are additionally receiving counseling from outside agencies or private therapists. Some of the survivors are getting food and household supplies from the program.

Satisfaction with Current Services & Supports

When asked to discuss their satisfaction with the services and supports they are currently receiving, the majority of survivors talked about positive changes in their lives as a result of participating in the support group. The survivors reported learning new skills, increased self-esteem and confidence, increased knowledge, increased feelings of safety, and improved overall quality of life. Many of these survivors are still living with their abusive partners, but they reported that their home lives are improved. Some survivors reported that they have been able to leave their abusive partners because of the ongoing support of the group. There was a good deal of praise for the particular program advocate who works directly with these survivors; she is viewed as someone very important in the lives of these survivors. Additionally, the survivors spoke of the importance of having DV-specific services available in their community because other general social service providers do not have the training and expertise in DV needed to support survivors appropriately.

- Our self-esteem is lifted. Our being is lifted. We learned a process of what we don't want in our life. We learn about boundaries – who we are going to let in and who we are going to let out.

- My husband has actually been better since I came here. He knows I'm not alone anymore. I told him, I said, "I'm part of a battered women's group, leave me alone".
- It's hard but you know...I'm glad that I left. I made a good decision but I'm still having meltdowns. It doesn't go away. It doesn't go away for a long time. Some days are good and some days aren't but at least I know I'm in a better place. And you have to make the decision about where you need to be. And God does provide, if you believe in God and ask God, He will provide for you and help you. I can't believe that I've gotten to the point where I am. There are a lot of issues I have with everybody else like if I don't go to work I don't get paid, what do I do? If I'm in the hospital I'm not going to get paid. You know, there are a lot of issues I still need to work with but the bottom line is I'm safe and I have my free will.
- It's a real soul search. And you're definitely going to have problems trying to adjust to it. We all do, and that's why we need this group, because we all help each other adjust to it. Because we've all been there or are there.
- Just taking baby steps. Just take baby steps to take care of yourself. Like what [name of DV advocate] said, take care of yourself, because if you don't he will.
- [Name of other survivor in group] has helped me a lot, given me a lot of confidence that I can do it. I can, I can find a way, and I'm smart enough.
- That's why this program is so important, because you don't have that [validation] out there that you need. It's just not there.
- A program like this is very necessary for us because we have no place to go. Yes, a lot of us can go to therapy, but this program knows about domestic violence, and therefore, they can give you more information than anybody else can. Because most people that have been here have walked the walk and they've done their homework on what works and how we need to change it.

Areas for Improvement

Recommended Changes to Current Services & Supports

The survivors in this group discussed some general areas where services for survivors could be improved in their community. Several survivors in the group had experienced working with community-based therapists or counselors who did not have the expertise in DV that the DV program staff demonstrated, and the survivors recommended outreach and training to the

broader mental health community to improve their services. Increased and improved shelters, safe houses and transitional housing were identified as a community need. Participants also said that many residential programs specialize in working with dually-diagnosed survivors; this group felt that those populations need their own services separate from the survivors without problems with addiction and chronic mental health disorders.

- I think a lot of us feel this in the family...There is this wall that goes up and behind closed doors, these men, they will abuse us verbally and some of things that they call us are so demeaning, but they never let the other people around, like the family, see it. One day they will get caught, and do get caught because it's inevitable, but until they actually see it – it's Mr. Charming. So you need really, you need somebody that's a really good counselor that can see beyond that and ask they right questions to bring this creep out.
- I didn't get that far, I did get the process of housing, which is not something that's immediate, so for a lot of women we need a place to go, we need a place to stay, we need somebody who can feed us until we can actually rebound or get going again. We need these things, they're so important. And a lot of the women have children. Can't bring a boy into a lot of these places that you can go to. So we need safe houses for us.
- What I find, cause I have a counseling session there too, a group session. But I found that a lot of the people in that session, a lot of the people in those safe houses, a lot of them are alcohol and drug addicts. And very few of them are...they might have abuse with them too but they have a lot of chemical problems. So when you go into, I went to this one...It's not safe...
- Yeah, it's like, ok I have all of these drugs and alcoholic people trying to get better but, it's hard. They're really hard people...You don't have anything in common.
- They have safe houses for people with chemical dependencies but nothing for abused people who have been abused only and need to have help.

The survivors discussed some service and support needs specific to being an older adult that could be improved upon. Survivors said that they could use additional help with financial stability and job training; they noted that trying to find employment as an older adult can be very challenging. They also identified the need for services that included their extended family

(i.e. adult children). One particular survivor had a daughter that had threatened to cut off all contact with her if she did not leave her boyfriend and seek DV services; the survivor felt that her daughter was not respecting her rights as an adult and treating her with appropriate dignity. The issue of adult children intervening in the lives of older parents was a concern, and survivors felt that having family support services might help address some of these concerns.

- As we are getting older, society has it in mind that we are supposed to be settled and our life is supposed to be settled and our life is supposed to be perfect now and we are not supposed to have any worries. When I had problems in the past with the other issues I had, I just knew I could just go ahead and everything would be fine. Because I was younger and I thought different and I was like, “oh well, I knew that this had to be and it’s done and now let’s go on”. I’m not saying I didn’t have issues from it, I didn’t feel bad about it. But this time now that I’m older I feel like I’m very devastated. It’s taken a toll on me totally, completely, 100% more than any of the other times. And I think a lot of that has to do with my age, I’m not dealing with it as well.
- Hence the workforce, try looking for a job. I don’t know there’s anything for older women to get us back in doing something that brings some money so we’re not sitting here going...to a food pantry.
- You ladies were talking about families. I was glad to hear you talking about it because that’s basically my problem because we all have older children now and my daughter’s a nurse and she’s mandated and it just snowballed. And I was saying, some kind of family program where if you have this kind of problem with your family against your boyfriend maybe everybody could get together and get to know each other better, have a setting, an environment where people could maybe take care of some of those problems.
- Family members of the people [survivors of abuse] who need a place like this...It might be a good thing for the family members that are trying to protect that person have access to a place like this too. Because a lot of people aren’t educated on, myself included, what is abuse, what can you do, what is your role as a family member or daughter or son, how should you support your mother at this point. So they would be able to know that there is a place for them to come to talk about what is their feeling.

Services & Supports Wanted But Not Received

The only service that survivors identified as a need but something that they did not receive from this program or others related to legal services: basic legal rights information, legal advice or counsel, legal representation and/or accompaniment to legal appointments.

- Yeah let's go one step further...if we're getting a divorce...we can't get counsel, like if I killed somebody I could get somebody to represent me but in a divorce situation if you have no money I don't think you can get anybody to represent you. Right?
- Oh I'll be paying for the rest of my life, but the point is if you have no money why can't we get some kind of legal representation? It's American, why are we not entitled to this? But if someone kills somebody you get an appointed lawyer. Some of us have no money; we leave with just maybe a suitcase with our underwear in it and whatever. And we're supposed to get a lawyer...how do you get a lawyer if you have no money?
- Oh I know about that one...the free counsel, but as far as come along with me to court and help me get something from this man that has a million dollars...we don't have that...We are just literally floundering out there and don't forget where we are at the time. We can't think, we can't form sentences because we are in shock. We've done everything we can to get ourselves out the door because we are afraid that we are going to be a part of the wall or six feet under.
- Every lawyer that I've called, they want a credit card. You call and say what you want and right up front it's like, "well we need a credit card to talk to you".

What Survivors Would Have Done Without Current Services & Supports

When asked what they would have done if the current services and supports they are using were not available, a number of survivors indicated that their mental health and well-being would be compromised, for example lowered self-esteem, depression, and mental health related hospitalization. Some survivors indicated that they would still be living with their abusive partners without the supports the program provides. About half of the survivors in the group are still living with their abusive partners, but those survivors indicated that their quality of life would be much worse without the supports the program has provided them.

- You know, I still live with it. I am still at home, still in the situation; but the only thing that is getting me through is looking forward to this group every single week. These are my support people. To come and be able to listen. I got so much just from hearing, you know, what others have gone through, so I don't know where I would be if it wasn't for this group. It is a Godsend.
- I would still be with my husband.
- I would be away from him, but I probably would be out of my mind by now. Because it was really bad...I had a restraining order on him. Every time I heard a noise I would jump out of my skin, you know. Always looking the other way...I probably would have still been like that. I would probably be in a mental hospital by now if I didn't finally make the move to come here. So there's hope. I don't know where I'd be really.
- I would still have no self-esteem. He thought I wasn't worth it, that I deserved it. If I hadn't started coming here, it made a big difference.
- I might have gone back already. Just not knowing any better, saying, ugh, it's just me. And I'm glad that I'm not, and I'm glad that I'm alone and I'm glad that I need to be where I am. I know that. One day at a time is what I take it now. One day at a time. And I know I'm where I'm supposed to be, and I know there are greener pastures ahead of me if I just let it be. So this program has helped me a lot.
- Well this program has given me self-esteem, and I don't even know if I'll ever be out of the relationship with my husband or not. But by sharing and listening to other people it's kinda given me tools and how to not take it or what to do with myself to not let him put me down as much. I put "as much" at the end. And if I didn't come to the program I would be more on the depressive side, which I have a tendency to be on the depressive side, and I would be feeling more isolated, because I really don't have friends. Well I have friends but I never see them, so by coming here I get a warm feeling so they're like friends in a way. So I think that's a big thing not feeling as isolated. I would be more isolated and depressed.
- Without this program I wouldn't have learned how to get to where I am today. It's been a long road for me, it's still ongoing. Because I started off still married and now I'm divorced, and the divorce has taken four years. So this program helps me to find different areas of self-esteem so I...where to get things I that I need that I wouldn't know how to get. To alleviate part of the anxiety, depression and fear. It's helped me to reach out to those people that I did need to go see for the anxiety, depression and fear. Which lead to another avenue of recovery. It again has helped me to realize I'm not alone and to be able to talk to other people and share and hopefully come to some end to all of this for ourselves so we can have a new beginning. It's been a long journey and it's ongoing, but I'm not the person I was when I first walked through the door. A lot of us, like I said, come in and we can't form sentences and we can't think. Part of that asking you all the time, "what was the question", that's part of Post Traumatic Stress,

which is real for most women who have been battered and abused and tormented and put down and the whole nine yards...and alcoholism. Just throw it all in the pot. So a lot of us without the program, there's nowhere to go. You can't go to your family. You're in a state of shame, in denial. So it's hard to find out where to go for recovery. There isn't a lot of places out there for us. So without that I wouldn't be here. I wouldn't be where I am today. I'm a different woman.

Appendix L: Recovery from Substance Abuse Focus Group Summary

Context

This focus group with survivors in recovery from substance abuse was held at a women's service organization located in a major urban area. The organization began offering substance abuse services in the 1980's after they recognized addiction as a complicating factor in the lives of women who are being abused. The organization aims to help women rebuild their lives for themselves and their children free from interpersonal violence, substance abuse, and poverty.

The organization focuses on early intervention and prevention and provides many services, including a 24-hour hotline, telephone counseling, crisis intervention, safety planning, empowerment counseling, support groups, substance abuse treatment alternatives, advocacy, information/referral, and community education. Various groups are offered by the organization, including a series of psycho-educational groups that focus on empowerment, education, and healing. The groups help women to strengthen their self-confidence and self-esteem, rebuild their lives after being controlled by domestic violence and/or substance abuse, and develop broader life skills.

The program hosts a support group for survivors in recovery from substance abuse; there is a core group of women who attend weekly and other women that come and go. Most women attend voluntarily, although some are mandated by child protective services or the criminal justice system. Survivors who participated in this focus group were primarily recruited from within this existing support group.

The survivors who participated in this focus group were in various stages of recovery from substance abuse. Their years of sobriety ranged from a few months to 38 years; most of the group had been sober less than 2-3 years. The survivors were willing to answer questions

and eager to tell their stories. Participants in the group were interested in helping other survivors.

Demographics

A total of 10 survivors participated in the focus group; all ten survivors identified as female. One survivor was between the ages of 21 and 30, six were between 41 and 50, and three were between the ages of 51 and 60. Four of the survivors in the group identified as African American/Black, five as White/Caucasian, and one as “Other”, who specified East Indian. Seven of the survivors identified as heterosexual/straight (70%) and three as bisexual (30%). Nine survivors (90%) considered themselves to have a disability/disabling condition(s) and one did not.

The educational attainment of the group varied; two survivors had a 9th to 11th grade education (20%), three had some college (30%), and five were college graduates (50%). Three of the survivors in the group (37.5%) reported that they came to the U.S. from another country (two did not answer this question). Two survivors reported speaking English “well” and eight survivors reported speaking English “very well”. Nine survivors reported their language of preference as English and one survivor did not respond to this question.

A little less than half of the group (40%) reported having trouble paying regular bills, three survivors (30%) reported being able to pay regular bills but that a big expense would cause a hardship, two survivors (20%) reported they could easily pay their bills but that they still needed to be careful (see Table 1), and one survivor did not respond to this question. When comparing their current financial situation today to two years ago, the mean score on the scale

of 1 to 5 was 3.70, suggesting that the majority of survivors are more financially stable now than they were two years ago.

Table 1: Current Financial Situation

	N=9	%
I simply can't pay my bills.	0	-
I have trouble paying regular bills.	4	44.4
I can pay regular bills, but a big expense would cause a hardship.	3	33.3
I can easily pay my bills, but need to be careful.	2	22.2
I do not worry about paying for things I want and need.	0	-

The Help-Seeking Process

First Places Help Was Sought

Focus group participants first sought help from a variety of sources, including DV shelters, hotlines, therapists, the prison system, hospitals, police, family members, friends, church, and Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) support groups. All of these individuals/organizations/groups varied in their helpfulness to the survivors.

Several survivors reported that they sought out domestic violence hotlines and shelters through the phonebook when they first sought help for the abuse. Unfortunately, they found this approach was not helpful because shelters were either too full or there were too many restrictions and the women did not meet the criteria (e.g. only for women with children, no sons over a certain age). One participant was referred to a therapist through her Employee Assistance Program. A few survivors received referrals through the prison system; these were helpful for some but not helpful for others. The same was reported for receiving referrals from

a hospital or detoxification program. AA and NA support groups were reported as being helpful and providing good referrals.

The next place the survivors turned to for help also varied in source and helpfulness, but included the police, the court, therapy, a church, or a DV program. The survivors reported that they were referred to this specific DV program by family, friends, the Internet, a doctor, a district attorney, a drug/alcohol case manager, or a NA/AA sponsor.

- The second man I married, I found in alcoholics anonymous, and I sensed that something was wrong when he'd come up physically and it's like he was gonna abuse me, and um, my first call was to the police. I didn't find them very helpful...at all. Matter of fact we weren't married and I was in this live in relationship, which I'm totally opposed to because of my faith, and I was afraid of my husband. He's a third degree black belt, but he did recommend me to [other DV program] of [county name].
- Oh, everybody was telling me, you're being abused. You're being abused. Why are you with this man? You gotta get out of there, you know, and all. So my friends in AA, um, were prompting me to get help, to get enough help so I could take the first action in getting him removed, him removed, not me, him removed.
- ...So I knew I needed to get some help and from emergency detoxing, and um, made me a...outpatient, they put me in outpatient program which I love to death. I never missed a day, and then one of these people at the inpatient program, told me about this place, and I knew I needed more than just that program, I knew that I needed more help than the rest of them. So, I was going to reach out to any group that I could.
- Exactly, until I got pregnant and he literally pushed me down the stairs, and I had a miscarriage. I was six months pregnant, and um he pushed me down the stairs, and that's when I knew I had to go because, if he did this to me what's he going to do to my child. Then I had reached out to my parents. My parents let me stay with them until I found a place, then I wound up going into a rehab for my addiction, and from rehab I moved to [city], and then, um, wound up relapsing and getting into another abusive relationship, which led to another abusive relationship, which led to another abusive relationship...Maybe I been six months clean this point, and um I just had it, completely had it, I didn't want to be around the people I was associating with anymore, and um, I didn't know where to go so I went to [?] that's where I am living now. When I started looking for resources in [city] for a place where women can go to be safe, that's when I found out about [name of DV/substance abuse recovery organization]. I happen to go to therapy upstairs, and I came down here one day, and I've been here ever since.

- I also know a lot of people from church who been around me and said you need to get help.
- Um, part of the reason how I got up here was I went on the Internet and did some research. Um, I Googled, you know “domestic violence organizations” or “groups”, and it popped up with [name of DV/substance abuse recovery organization]. I made a phone call and they told me to come in and I been here ever since.
- The way I found is because one of the members here, she told me about it she told me about it and I came with her, and I liked it ever since, and I been coming for, this like my fourth week here, fifth week here. Since I been in here they have told me about other groups like one against rape, you know, other groups that I could go to, and I plan on staying you know, staying in, like staying focused on my issues, you know because I got a lot of issues so.

What Was Helpful in This Process

It was common for most of the women to finally seek DV services when someone in their life - a family member, friend, or group - labeled their experiences as abuse. Once the survivors were referred to the organization, they found that the organization was welcoming and had a fast intake process, allowing one woman to see a counselor within a day and become immediately involved in the support group. The program was perceived by the women as a safe zone to talk about anything and they felt automatically welcomed by the staff. The survivors felt the organization welcomes women at every stage in recovery and are knowledgeable about DV, substance abuse, and recovery-related issues.

One participant explained that she had checked “yes” to the abuse question on a medical form about five times before a doctor finally followed up. In doing so, he stayed with her for 45 minutes and did not leave until she was connected by phone to a social worker that could help. The social worker then referred her to DV services with this organization.

- Um, for me I would say my counselor’s the most helpful because I don’t know, it’s like my common sense every time I go...and the least helpful I felt was the police.

- The reason why it's helpful to me is because they welcome you with open arms. The fact is I can talk about anything and not feel threatened.
- ...So I'm pretty much learning and they share their experiences and then I share mine and then a lot of them come out and tell me that they have been molested before...
- [name of DV/substance abuse recovery organization] gave me the ability to see that I was in fact being abused by a master manipulator, and somebody who would eventually kill me because of his black belt degree. And then I got a protection order, and they gave it to me right away, not even basically he had hit me years before. That was the last time he hit me, but because of all the sexual stuff that was in the protection order, they granted me the protection order immediately.
- I thought [name of DV/substance abuse recovery organization] was too good to be true, and from coming from the [county name] [name of DV program] they aligned me with a counselor immediately. Over the phone. I was entitled to go to [name of support group] and then right after that I was automatically enrolled in [name of other support group] right after that... I didn't have to do anything but show up. And then I could go to them, in addition to [name of support group]. 'Cause they took place an hour before and then I could go right to [name of support group] and then right to my counseling. It was like I had it all planned out in one day.

What Were Barriers in This Process

There were several barriers to seeking help for the abuse, both personal and external. Personally, the women were quick to blame themselves for the abuse and said they were both fearful and depressed enough to think the abuse was their fault. Several did not define what they were experiencing as abuse. A few participants in the group disclosed histories of gang rape, incest, and domestic violence as children.

All of the women in this group reported having abused drugs or alcohol in the past and some were continually in and out of rehab. The survivors' co-occurring issues with substance abuse added another challenge to seeking help for domestic violence, as most of the women sought help for the substance abuse before reaching out to a DV program.

External barriers included one survivor being unable to access shelter services because she did not meet the qualifications for intake - she did not have any children and was not in the right county. Some family members and friends were not helpful when the survivors turned to them for help. Often the perpetrators of the abuse would also threaten the women, claiming that if she reported the abuse he would harm her family.

- I got turned onto alcohol when I was 22 years old, and unfortunately I'm a victim of gang rape at the age of 14. I lost my sanity, I lost everything. I married a man who physically, repetitively physically just beat me, and I thought it was all my fault the whole time I was there. I was going to a psychologist, and he left me for another woman.
- ...But I would never say in rehab that I was molested by my father because I was ashamed and so many people would be there and they knew. If they knew my family I didn't want them to judge me or my mom, 'cause me and my mom was close and she always supported me. So, I didn't want them to judge my mom, and say, "well damn, where was your mom, why didn't she do anything?" You know, so, I was really worried about her, and now I'm not worried about her feelings. I can't worry about that.
- I was in the relationship, I was going through the abuse...and I got on the phone and I looked in the yellow pages and I found a hotline number. They wanted to put me, find me a place to be in a shelter of some sort...She said you had to have a family. My child was incarcerated. I have a 25 year old and he's been incarcerated since he was 14, so um, I didn't have an answer for her, you know so it was a little difficult for me, and so I just talked with her...and she walked me through...
- I thought that I was suffering from depression and I thought that I was the problem. That this was all because of me...
- I was in complete denial that I was being abused. I kept thinking it was my fault, my fault, I aggravated him. And consequently I kept seeking counselors to see, to work on myself, and falling into this whole steps of AA and calling my sponsor and calling fellowship members of AA and talked to programs and all this continued, and um, I filed for divorce back in 98, but never followed through, um, because I thought I was...but in fact enduring this for thirteen years I finally became so broken...emotionally that my doctor for the [name of university] picked up on my reports that I was being abused and he recommended me to [name of DV/substance abuse recovery organization] and it took being hit by my husband, being hospitalized, and um also continued sexual abuse.

- Right now I am in the middle of going through final divorce decree, I, it's very huge for me because I have feelings for my husband about what it could have been, but I became addicted to him. That's what it was. It wasn't love, it was an addiction. Yet I knew I was being mistreated, like that, I don't understand it. Maybe I'll find out more about that the more I come.
- ...Met my ex in rehab. I worked there, he was a patient there, and everything was hunky dory when he was sober so he was doing what he had to do...and then um once he relapsed it was like Dr. Jekyll and Mr. Hyde...he beat me, he burned me, and I was in the emergency room...too ashamed and too embarrassed to say what really happened because my mom's boss was the...in the ER that week, so they all were looking at me to say, "come on, you know, I know you didn't do this to yourself, what really happened?" And I'm like, "no, I'm serious, I did this to myself, I did this to myself," and when he had left out of the room to use the men's room...I told them what happened and of course the police were called. He told me that if I press charges that not only was he gonna be tried and stuff, he was gonna do worse to my family, and at the time I had a twelve year old brother and a two year old brother. So, um and he said what I did to your arm is not going to be, what I do to your brother's private areas, and I was scared, I didn't know what to say, I didn't know what to do, and I lied to the cops, and I said, "you know, he really didn't do this. I accidentally banged into the stove," but they knew, they knew I was lying because when he walked into the room, I was totally like shivering.
- My family I didn't think they were helpful because my daughters, I didn't raise them up in a...so when this thing took over they couldn't understand what was going on with my mom. So the only thing they could do, what they chose to do was do a family intervention, you know try to get me in somewhere and get help and then when that didn't work...I wasn't able to be around my grandson or you know...

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

All of the survivors in this group were participating in the women's recovery support group. Other support groups offered through the organization that the survivors were attending included: women for sobriety, AA/NA, and Overeaters Anonymous (OA). Other outside services the women accessed included social security (SSI and/or SSDI), welfare (TANF, WIC, and/or food stamps), intensive outpatient treatment, day programs, behavioral health services, educational support, a support group for families of incarcerated individuals, career

planning, vocational rehabilitation services, church, Sex and Love Addicts Anonymous (SLAA), and unemployment assistance. The survivors also discussed how the program had provided referrals and links to other support services and community resources including immigration services, employment/job training, housing, and in-kind supports/donations including furniture and clothing.

- They help me with my furniture. I didn't have a bed to sleep on, or a kitchen table to eat on. They gave me food 'cause I wasn't working...
- They helped me get my record expunged.

Satisfaction with Current Services & Supports

The participants in this focus group found many of the services offered through the organization helpful and appreciated that the services were free of charge. Mainly, the group felt a sense of fellowship, freedom, dignity, and empowerment when receiving services through the organization. They appreciated that the program is specifically designed for women; this means their issues are understood and the organization brings more women into their lives for support. Participants also mentioned that the peer support and mentoring available through the organization were very helpful as they were able to connect with other women dealing with the same issues, and felt less alone. The women can easily relate to staff because many of the staff are in recovery and/or have also experienced abuse.

Safety planning, referrals provided by the organization, assistance navigating the criminal justice system, individual and group counseling, transportation, and assistance becoming productive members of society were all reported as the most helpful aspects of the program. The survivors in the group reported that the most helpful sources of support were the support group run at the organization, AA and NA groups, a vocational rehabilitation program,

welfare, and church.

- I would say my counselor's the most helpful because I don't know, it's like my common sense every time I go...and the least helpful I felt was the police.
- Everybody loves everybody. I never heard anybody arguing here. Nobody. We all have this compassion because we've been down in the trenches.
- I just found that [name of DV/substance abuse recovery organization] I look forward to coming here. Because it gives me the freedom, you know, the freedom to be me, like where else can you come and just you know, and you don't feel like there's something wrong with, and they walked me through like losing my job. At the end of my road I was stealing, stealing from my job, and I brought all the items that I had stole from my job, never used them, just trying to fill that void, I brought all the items down here and the women in [name of DV/substance abuse recovery organization] they surrounded me with love and we added everything up and wrote everything down and we took it back to my ex-place of employment. You know, I've been able to help other women, tell other women about this program. That's a blessing, you know. They helped me with knowing, yes you was being abused.
- And they even give you tokens right.
- ...When I start working...I could give back, show my appreciation for what I have received.
- Computers. The computer suaveness of all the counselors, they can look up anything. I mean I called my counselor today I had this big cyst in my kidney and she looked up kidney cysts.
- I'm getting to know myself and the things that they say their man did, I be like I did those things. So they pretty much helping me. You know that I can't do these things. So, they teaching me right, and helping me.

Areas for Improvement

Recommended Changes to Current Services & Supports

Participants suggested more staff and a larger program space so the organization can assist more survivors. When asked what they would do with the program if they had a million dollars to spend, several survivors discussed creating a state-of-the-art shelter for survivors of domestic violence. On a smaller scale, the group would also like to see refreshments provided

at support groups.

- I started out with [name of DV program] in [county name] which I found not helpful and I'll tell you why. Because...they wouldn't give me a counselor, they would give me a person who would, like...a freshman or a sophomore in college who didn't know anything about domestic abuse, and then I had 50 billion hoops to jump over to even qualify to get in a group.

Services & Supports Wanted but Not Received

Survivors in the group named a few services they were unable to receive, including housing, jobs, and access to an outside therapist. Those who were unable to see an outside therapist cited the lack of health insurance and financial constraints as the barrier to service. Several survivors did not get the support they needed from the police and spoke of other women they knew also experiencing similar neglect by law enforcement. One survivor spoke about not having a positive experience with a different DV shelter she sought help from.

- I just want to say I think the police were the least helpful because there was an incident...accidentally shot her, but abusing...because he held a gun to her head repetitively, repetitively you do this and the police have not filed any reports in [city name]. They have nothing to support her in the court of law. The [name of DV program] that I went to, I had to jump over 50 burning hoops just to get into that group, and I never made it to the group.
- I had been there four times, four times, and I never once made one group after all the counseling that I had. You had to meet certain requirements, and I don't know what they were looking for, what they weren't looking for, but that upset me greatly.
- You had to get there early in the morning. Be there at the same time. The police for me was half and half. I had some police officers that would sit around and wait for...I've dealt with this for the last four years, so within four years there was quite a few calls, a couple times that I actually dropped...bruises, my nails was broken...he was cutting my face, I had bite marks here or something...I remember one time he was right there...at my house, she would be outside in her own car you know waiting for him. So, um, that was a good cop...I had a moment where I had a cop that they would be like oh we know about him, he's a fly-by-nighter. Well, I seen the cop cars drive by my house. Drive through my block, and he was just there on the corner. Come on you know what I'm saying? I had that. I had that.

What Survivors Would Have Done Without Current Services & Supports

Several of the survivors reported that they would likely “die” if the services and supports provided by the program were unavailable. Others said they really do not know what they would have done or where they would be right now. One woman said she would start her own support groups at home if she had to.

Appendix M: Rural Focus Group Summary

Context

This focus group was hosted by a domestic violence program in a rural area of the southeastern United States. The shelter provides weekly support groups for in-shelter and non-residential domestic violence survivors, as well as family members of domestic violence survivors and homicide victims. Separate support groups are held for children of domestic violence survivors. Other services provided by the program include: a 24 hour crisis line, individual and group advocacy, information and referrals, court advocacy, and various services for children. Survivors for this focus group were primarily recruited from a cohort of survivors who had once used shelter services but were now graduated from that service and receiving only intermittent non-residential services. Nonetheless, many of their responses to questions focused on their shelter experiences.

Demographics

A total of seven survivors participated in this focus group. All seven survivors identified as female. Two of the survivors were between the ages of 31 and 40, four were between 41 and 50 and one was between 51 and 60. Three of the survivors identified as African American/Black, three as White/Caucasian, and one as Hispanic/Latina. Six survivors identified as heterosexual/straight and one identified as “Other” with no specification. Five of the survivors (71.4%) reported that they consider themselves to have a disability or disabling condition(s).

The educational attainment of the group varied; five survivors had obtained a GED or graduated high school, one had some college, and one was a college graduate. Three of the survivors in the group (42.9%) reported that they came to the United States from another country. Two of those three survivors identified as immigrants and one of the three did not

respond to this question. One survivor reported coming to the United States from Mexico. Five of the survivors reported speaking English “very well” and two survivors reported that they speak English “okay”.

More than half of the group (57.1%) reported having trouble paying regular bills. One survivor (14.3%) said she could pay regular bills but a big expense would cause a hardship. Two survivors (28.6%) reported being able to easily pay their bills but still needing to be careful (see Table 1). When asked to compare their current financial situation to two years ago, half of the group reported it staying the same, two survivors reported being better off now, and only one survivor reported being somewhat worse off (one did not answer this question).

Table 1: Current Financial Situation

	N=7	%
I simply can't pay my bills.	0	-
I have trouble paying regular bills.	4	57.1%
I can pay regular bills, but a big expense would cause a hardship.	1	14.3%
I can easily pay my bills, but need to be careful.	2	28.6%
I do not worry about paying for things I want and need.	0	-

The Help-Seeking Process

First Places Help Was Sought

Several of the survivors in the group reported speaking with friends, family members, a preacher, or co-workers when they initially sought help for the abuse. Frequently the friend, family member, or co-worker would provide emotional support while the survivor was still in the relationship. When the abuse escalated, especially if it was to the point where a survivor was afraid her abusive partner was going to harm her children, the decision was made to leave. The first place many of the survivors went for formal DV services was to the domestic violence

shelter; they arrived there through the help of friends, family, co-workers, or the shelter staff themselves.

- ...Called our preacher because he had been counseling us. And then after we had that night I just felt like I was in a fog. I was dizzy, I was so dizzy still. And I thought it was from him pulling on my neck and all. And even that first time I just went to my boss's house and...
- I had a friend that, my son and him were good friends and I was just starting to go over there, she would help me and her husband was a police officer and she would call and check on me every day and her husband, because he was a police officer, he'd come out there and he tried to bring me a charge aid to come in and they would get minimal time on a weekend and all. And then we became close, the ladies that work there are so friendly, you now, they come out and they ask if you need anything and all, like...

What Was Helpful in This Process

The group spoke a lot about the shelter providing not only a safe and secure place for them to stay, but also supplying things they might need such as food, toiletries, clothing, and school supplies for their children. The group reported that the staff at the shelter thought of things they might need before they could, certainly reducing the overwhelming nature of the situation for many of the women seeking help. The group felt like if they needed something, they could ask and would likely receive help from the shelter staff. A few women also reported that the shelter would not tell them what they needed to do but would listen to them, talk to them, and help them come up with a plan. The survivors felt that the staff at the domestic violence shelter was non-judgmental of the women seeking help, something that was also very important to the group.

Several women also spoke of someone offering to go with them to their house to get what they needed, pick up their children, and physically get to the shelter. This made the initial steps to leave a bit easier for the survivors, as they had support every step of the way. One

woman reported having a police officer come with her to get her things at her house. The women also reported that it was helpful for the shelter to develop safety plans with them for when they were out in the community.

One survivor in particular was an immigrant from Mexico. Her husband, the abuser, kept her immigration documents; the shelter was able to help her get them back when she arrived there for help.

- I turned over my car, which was his, my cell phone, and all the ladies that I worked with went, when I left,...I had everything I needed. I went and got my kids, my underwear, clothes, and everything and we walked out. I stayed at the shelter for 38 days. Which was a wonderful thing I did because I didn't have a car, they took me back and forth to work, took my kids to day care, so I didn't have any bills to pay. They have a safe. I was able to put my paychecks in the safe, not touch them, I didn't have any bills. And if you don't have clothes they'll give you clothes. School was starting, I didn't have school supplies. They gave my kids everything they needed for school.
- I've got to get out of this. So the morning...I got up here to [town name] and they called [name of domestic violence shelter] and told them, and she said, "You want to get out? You sure you want to get out this time?" And I said, "Yes I want to get out". She said, "You sure?" I said, "Yes, please!" And she said, "Okay, so where's your baby?" I said, "She at the school". She said, "Go home, get her, get her clothes, and get out. Do you need the police to go with you?" I said, "Just give me a gun. Just give me a gun and I will be fine". And he said, "No m'am, I can't give you no gun. I will trail you there to get your clothes, to get your baby, and you get out". So I got my, went to the house to get my clothes and all.
- They don't tell you what to do but they help you, they talk to you, bought me food, cleaning supplies, you know that would last me a month or so that I didn't need to worry about nothing. And then I got a sense that if I needed something I could call them probably and they would help me.
- ...All you'd have to do is call them, tell them who you are...You need somebody to talk to, if there's not something that they're doing like taking in a new client or something, they're, even though we're not there, they are still there for us. And you know, and they just really care about, I mean just really, really want to see you succeed. They want the best for you. I mean it's not this oh you know, "you stayed through all of this, oh however, this many years", they do not judge you or anything. You're here and that's helpful to do for you. Like I said, I left but I mean if I still need anything I can call for

someone to talk to, they're there. And it wasn't like I was just some, oh I was just some crazy person. No, they don't look at it that way.

- And my husband kept my papers, you know my papers, immigration papers. So [name of domestic violence program] helped me to have my papers back.

What Were Barriers in This Process

The survivors in this group identified a few personal barriers to help-seeking, but the majority of the barriers to the help-seeking process experienced by these survivors were external. The personal barriers these survivors reported included decreased self-esteem and self-worth due to the abuse suffered at the hands of their abusers, making it hard to garner the strength to leave. Some of the external barriers to the help-seeking process included fear of losing their children, financial concerns, the community connections of their abusive partner, and limited transportation.

A few of the survivors reported being afraid of losing their children if they left their abusers, concerned that their abusive partner would report them for kidnapping. Several of the survivors were concerned about where they would go and how they would manage financially after leaving their abusers; many of the survivors felt financially dependent on their abusers. It was apparent that because this group of survivors lives in a small rural community, their abusers are often well known by others and thus maintain some sort of support and power over the women. Transportation also presented a barrier to service, as public transportation is not available in this rural area.

- I went to the one apartment complex and tried to get an application to get in and all I told [name] and she said they can't do that. I know...so it had to be somebody there that knew of us or him or his temper. She said they can't deny you because that's HUD and that's what they're there for, to help people.

- I didn't know how to leave with a child. You know? How do you leave, I mean in my head if I went there he could get me for kidnapping and all of that. And I didn't want to go to a friend's house because he would have went over there and did stuff and I didn't want to get them involved and everything so I stuck it out for as long as I could. I knew it was gettin' to the point where he was gonna, you know he degraded me, I felt like dead, I felt like I was dead and that night he was gonna start punching on me.

What is Working

Experiences with Services & Supports

Services & Supports Currently Being Used

Most of the survivors spoke of using the domestic violence shelter in the past and it being very helpful for them at the time. While living at the shelter, the survivors received assistance with food, clothing, and other daily living necessities. Currently this group of survivors contacts the DV program as needed for counseling, support groups, or various in-kind supports. One survivor spoke of needing assistance in paying for her medication and being able to utilize a sliding scale and/or receive the medication without cost. And the program staff continues to keep in regular contact with these survivors to monitor their progress and needs.

- ...They have a thing now where you can go, at the mental health they helped me get my medicine. I need high blood pressure medicine. I can't afford that. So they get my income and they provide me with my medication for free. And they have that service that they do provide.
- ...Even while we were there it was Mother's Day and we got nice gift and a couple things that you wouldn't even know we wanted and we needed and stuff like that. And for Easter, oh God, we had the best ham!

Satisfaction with Current Services & Supports

Overall it seemed as if the survivors in the group were very satisfied with the services they were receiving from the domestic violence program. The staff were available and helpful

when needed, going above and beyond the expectation many of the women had when they first began to utilize program services.

- Therapeutic. It's just peaceful you know.
- You know, they thought of, they can do things for you that you wouldn't do yourself. And I mean it's just, you can probably just knock on the door and get help.
- I just liked to be by myself so bad, I just loved it there [at the shelter], I just loved it there, it's helped me a lot.

Areas for Improvement

Recommended Changes to Current Services & Supports

A few of the group members suggested the need for medical, dental, and even eye exams at the program. One survivor suggested that the program link with other local service providers to see if they can get them to donate some of their time for free exams for survivors. One woman suggested getting the Lion's Club, an international organization that collects and donates used eyeglasses, to provide the shelter with eyeglasses. To many of these women, glasses are necessary and yet too expensive for them to afford on their own.

- And while you're in there, they provide you with you know glasses and dental doctor to come in and you know...to get the doctor to provide the free service to volunteer his service to have your eyes checked. You know and then go and get the fancy ones and stuff, you know they do have some that you can buy, frames, but what costs you is the lenses. Like I have bifocals and stuff like that...Get other locals to help out, like...Lions Club has glasses for people; well, why can't they help provide some of the glasses for the people at [name of domestic violence program] after the doctor has prescribed, you know gave them the free service to get their eyes examined.

Services & Supports Wanted but Not Received

The survivors in this group did not identify any services or supports they wanted from the DV program that they did not receive. One survivor did mention that she wished she could

have qualified for food stamps and that she found herself frustrated about the qualification process.

- But they were gettin' food stamps and I couldn't. My personal opinion's that just take everybody off and start throwing in together a single mom, being married and everything. I mean I wasn't even divorced from him when he took me off the insurance. And I don't have no money to pay the hospital bills. You know, because when he started to have an affair he didn't pay no bills. We had to file bankruptcy. You know, she was more important than sitting down paying the bills.

What Survivors Would Have Done Without Current Services & Supports

Several of the survivors in the group spoke about how close they felt to death in their relationships. One woman shared that she discovered her husband's pistol was loaded after he had threatened to "blow her brains out"—a pistol he normally kept unloaded. For most of these women, the program, shelter, and the assistance they received from friends and family made the difference between life and death. There was little talk by the group about what they would have done without the services except for the belief that they would be dead if not for the help of the shelter and program.

Dissemination of Research Findings

Multiple dissemination activities have been completed or are planned for the immediate future. The presentations were all specified as preliminary and not for attribution in any form:

- Preliminary findings presented to FVPSA grantees and state administrators at the annual conference in May, 2011 in Seattle.
- Preliminary findings presented at the Association of Applied and Clinical Sociology in October, 2011 in New Orleans.
- Preliminary findings presented to the annual program meeting of the Council of Social Work Education, violence against women track, in October, 2011 in Atlanta.
- Study overview and briefing provided to ACYF Commissioner and FVPSA staff in December 2011.

Immediately planned dissemination activities include:

- Webinars with an overview of findings to participating sites, national DV organizations, the media, and other interested parties during the weeks of February 13 and 20, 2011
- A presentation to interested staff within USDHHS.
- Separate reports disseminated to the 4 states and the two most active national organizations.
- A “Research in Brief” to be posted on VAWnet, along with the executive summary and full report.
- An article for submission to *Violence Against Women*; the first, with others to follow.

Poverty, Welfare and Battered Women: What Does the Research Tell Us?

Prepared by Eleanor Lyon, Ph.D.

While domestic violence cuts across social groups defined by race, ethnicity, and economic circumstances, it is clear that the combined experience of poverty and violence raises particularly difficult issues for women. Several studies in the past ten to fifteen years have documented the importance of economic resources for battered women's decision-making. Gondolf's (1988) study of the exit plans of 800 women who had used Texas battered women's shelters, for example, found that access to an independent income, along with child care and transportation were primary considerations; only 16% of the women with their own income planned to return to their batterers. Similarly, shelter programs have reported that a majority of shelter residents use welfare in their efforts to end the violence in their lives (Raphael 1995). Despite these indications, research which explores the connections between domestic violence against impoverished women and their use of welfare is still in its early stages.

What follows is a brief summary of several very recent studies, focusing on the extent and impact of domestic violence among poor women and women on welfare. The overview concludes with implications of this research for the new TANF welfare program. This review is not exhaustive (see Raphael and Tolman 1997, for a more detailed summary), and necessarily does not include research

which is currently in process but incomplete. The studies were originally conducted for varying reasons; they use different samples of women, and document violence and its impacts in different ways. All of them show disturbingly high rates of domestic violence in the lives of impoverished women, along with high rates of physical and mental health and other problems. In combination, however, the studies also provide indications of women's astounding resiliency. The picture which emerges at this stage of knowledge is complex: a majority of women on welfare have experienced violence by intimate partners and in childhood, and have been affected in widely different ways and to different degrees. These impacts, in turn, have varying implications for women's use of welfare and need for particular supports or temporary relief from TANF/program requirements.

How Prevalent is Domestic Violence Among Poor Women and Women Receiving Welfare?

In nearly all of the studies which have addressed the issue, well over half of the women receiving AFDC reported that they had experienced physical abuse (defined as a continuum from causing fear of being hurt to slapping or hitting through more physically injurious acts) by an intimate male partner at some point during their adult lives; most also

reported physical and/or sexual abuse in childhood. When women were asked about more recent violence from their male partners, the rates remained high—from 19.5% to 32%. The specific behaviors counted differ from one study to the next, and measures of recent violence vary, as well. The studies agree, however, that current or recent domestic violence is prevalent among poor women and especially among those receiving AFDC. More specifically:

- ***In Harm's Way? Domestic Violence, AFDC Receipt and Welfare Reform in Massachusetts***, a probability sample of 734 women receiving AFDC in 40 of 42 welfare offices in the state, found that 64.9% had experienced physical abuse (using the state's legal definition of "hit, slapped, kicked, thrown, shoved, hurt badly enough to go to a doctor, used weapon in a frightening way, forced sexual activity, or 'made you think you might be hurt'") by an adult male partner during their lives, and 19.5% reported such abuse during the past year. (Allard et al. 1997).
- ***The Passaic County Study of AFDC Recipients in a Welfare-to-Work Program: A Preliminary Analysis***, a sample of 846 women in an AFDC Job Readiness program in Passaic County, New Jersey, found that 57.3% reported they had experienced physical abuse by an intimate male partner as adults, and 19.7% of those currently in a relationship stated they were being abused physically (just over 65% reported they were currently involved in a relationship with a man). In this study, the term "physical abuse" had been discussed during the program, but was not defined on the survey (Curcio 1997).
- ***The Worcester Family Research Project***, a study of 436 homeless and housed women, of whom 409 received AFDC, found that over 60% of the entire sample reported severe physical violence (slapped at least 6 times, kicked, bit, hit with a fist, hit with an object, beaten up, or more injurious acts) by an intimate male partner in adulthood. Nearly a third (32.4%) reported such violence by their "current or most recent partner" within the past two years (Browne and Bassuk 1997).
- ***The Effects of Violence on Women's Employment***, a random survey of 824 women (one-third currently receiving AFDC, two-thirds not) in one of Chicago's low-income neighborhoods, found that women who were receiving AFDC were more likely than the others to experience domestic violence: 33.8% of the AFDC recipients and 25.5% of the non-recipients had experienced "severe aggression" (kicking, hitting, biting, beating, injuring, raping, and threatening with or using a weapon) by a partner in adulthood. Further, of those currently in a relationship, 19.5% of the recipients and 8.1% of the non-recipients had experienced severe aggression (the same acts, excluding biting and raping) in the last 12 months (Lloyd 1996).
- ***Other studies of AFDC recipients*** have reported similar findings (see Raphael and Tolman 1997). For example, 60% of a representative sample of the Washington state caseload reported some type of physical or sexual abuse as adults; 55% stated they had been physically abused by an intimate partner. In 50% of Oregon AFDC cases reviewed because

of apparent lack of progress toward work, women reported they had been physically or sexually abused at some point during their lives. Finally, 58% of women who entered a Chicago welfare-to-work program over a one-year period reported current domestic violence (Raphael 1995).

These studies demonstrate that women receiving welfare have experienced high rates of violence of varying kinds by a male partner; the Chicago study found that the rates were higher than those experienced by other low income women from the same neighborhood. More recent abuse has been measured in multiple ways: most studies have asked about events during the last year, but the Worcester study reported recent violence for the past two years; only the Passaic County study asked about current abuse.

What Is the Connection Between Welfare and Domestic Violence?

While these studies have documented high rates of domestic violence among welfare recipients, most research has not yet thoroughly investigated the role that welfare plays in the lives of abused women, or the role domestic violence plays in their use of welfare or their ability to sustain employment. Two recent studies have begun to shed more light on these questions.

First, the Worcester study (Saloman et al 1996) looked at length of stay on welfare, and at the number of episodes of welfare receipt. Over all, less than a third of the women had remained on welfare for a cumulative total of five years or more. However, the study found that women who had

experienced physical violence by a partner were more likely to have remained on welfare for a combined total of five years or longer; this relationship was strongest among homeless women. Nearly 82% of the homeless longer-term recipients had experienced domestic violence, compared to just over 56% of those who had received welfare less than five years.

The Worcester study also investigated “cycling” (more than one episode of welfare receipt) among those who had combined totals of two years or more. It found that a lifetime history of violent victimization was a strong determinant of cycling. Women who had experienced physical or sexual abuse in childhood were significantly more likely to “cycle,” as were housed women who experienced physical violence by a partner. While it is far from definitive, this last finding could support perceptions that women may use welfare strategically in response to their partner’s violence.

The second study started with a sample of 3,147 domestic violence incidents reported to Salt Lake City police. Over three years, between 24% and 27% of the women victims sought AFDC. More to the point, between 38% and 41% of them had their cases opened within a year (before or after) of the reported incident. This proximity suggests a possible connection between domestic violence and welfare receipt for some of these women: they sought AFDC as a way to gain independence following a reported incident, or the independence they found through welfare contributed to a subsequent episode prompted by an abuser’s desire to regain control (Brandwein 1997). More research is needed to explore the meaning of these connections.

In short, the data that address the ways that women who turn to welfare include it among their immediate responses to domestic violence are still limited. The available data suggest that most recently-battered women receiving welfare have not been long-term recipients, although they are more likely to have multiple episodes of violence.

What Effects of Domestic Violence Are Found Among Women Receiving Welfare?

Some research has investigated welfare recipients' physical and mental health, aspects of their current and past intimate relationships that could affect their participation in training and employment, and their work experience. Again, the studies have measured and analyzed these characteristics in different ways. Although AFDC recipients who have ever experienced domestic violence have generally higher rates of difficulties than others, the potential implications for TANF waiver or exemption policy are complex.

Impacts on Physical Health. Across studies, many AFDC recipients have reported physical health problems. The Worcester study (Bassuk et al. 1996), for example, found rates of reported asthma, anemia, hypertension, ulcers, and histories of alcohol or drug abuse or dependency at substantially higher rates than among the general population, but comparisons between abused and non-abused women have not been published. Asthma, at over 22%, was the most prevalent health problem. The Massachusetts study (Allard et al. 1997) found that 31.7% of abused women and 21.4% of non-abused women reported a current "physical disability, handicap, or other serious physical, mental, or emotional problem." However, there was no difference between the abused and non-

abused groups in having "a condition that makes her unable to work." Finally, the Chicago study (Lloyd 1996) found that 19.8% of the total sample had a "work-limiting disability," compared to 23.9% of those who had experienced severe aggression in the last 12 months.

Impacts on Mental Health. The impact of domestic violence on AFDC recipients' mental health has also been measured in multiple ways. In general, the studies have found higher rates of depression and drug or alcohol abuse among abused mental health has also been measured in multiple ways. In general, the studies have found higher rates of depression and drug or alcohol abuse among abused women than among those who report no abuse. Current drug and alcohol problems, for example, were reported by 18.7% of the currently abused women compared to 10.1% of the entire sample in the Passaic County study (and about 4% of the entire Worcester sample). That study also found current "severe depression" among 54.1% of those in an abusive relationship, compared to 31.8% of the total sample. Similarly, current depression was reported by 42.3% of the women in the Chicago study who had experienced severe aggression in the past 12 months, compared to 37.3% of those who had ever experienced severe aggression, and 24.8% of the entire sample.

AFDC recipients who have experienced domestic violence are more likely than others to be depressed and show other signs of emotional impact. However, the lower rates for those whose abuse is not current suggest that these effects are not permanent. The Massachusetts study compared women who had been abused within the past 12 months with those whose abuse occurred more than

12 months previously, and found that the second group had significantly higher scores of self esteem and “mastery,” and lower levels of symptoms of depression and anxiety than those who were most recently abused (Allard et al. 1997). While these scores still did not reach those of the never abused group, the suggestions of recovery are important, especially since not all of these women had received sustained professional or other support. It is likely that more evidence of recovery would be found after a period longer than 12 months.

Potential Impact of Relationships on Training or Work.

AFDC recipients who are currently being abused report substantially more potential interference with work or training than those who are not. The Passaic County study (Curcio 1997) is clear on this issue. 39.7% of the currently abused women (14.6% of the sample were currently abused) reported that their partner tries to prevent them from obtaining education and training; this was reported by 12.9% of the total sample. About two-thirds of the currently abused women in this study also reported that their partner controls their life. Similarly, the Massachusetts study (Allard et al. 1997) found that 21.7% of the women who had been abused in the past 12 months (19.5% of the total sample) reported having a current or former partner who wouldn't like her going to school or work, compared to 12.9% of those whose abuse occurred more than a year ago, and 1.6% of the women who had never been abused. More dramatically, the Chicago study (Lloyd 1996) found that, among recipients who were currently in a relationship, 8% reported that their partner had prevented them from going to school or work in the past 12 months, 2% said that their partners had harassed them by telephone at work, and the

partners of 1.7% had appeared at work to harass them. These women were employed significantly fewer hours than the others.

Not surprisingly, the research also shows that AFDC recipients who have been abused are more likely to have a variety of kinds of conflicts with their current or former partners. The Massachusetts study (Allard et al. 1997) found that over half (52%) of the women who had been abused in the last year had also argued with a man about child support, visitation or custody in the past year, compared to 20% of those who had never been abused. Such arguments are commonly protracted, can include violence or its threat, and play a part in abusers' efforts to control mothers' behavior. However, comparisons between women who had been abused in the past year with those who were abused more than a year prior to the study found that the second group was also significantly less likely to have had such arguments in the past year. This suggests again that the recent abuse is a critical consideration to women's current well-being, as well as an abuse history. The impacts of abuse do diminish with time, and reductions can be seen within 12 months for significant numbers of women. Current studies have not yet indicated what factors are associated with these reductions, however.

Work Experience and Interest. These studies document high levels of employment interest and experience among AFDC recipients. At least two-thirds of the women report having an employment history-over 88% in the Massachusetts study. In fact, over 70% of the recipients in this study had held full-time jobs, and the women with abuse histories were significantly more likely to have been employed, and employed full-time (73.5%

compared to 64.5%), than the women who had never been abused (Allard et al. 1997). Further, 89.4% of the women in this study reported that they would prefer to go to school or work, rather than stay home full-time with children; there was no difference in this respect between women with abuse histories and those who had never been abused. The two groups were also equivalently likely to have had schooling or training for particular work and to be currently enrolled in a program.

The Chicago study (Lloyd 1996) also looked closely at the relationship between employment and abuse in its low income neighborhood sample. It found no significant difference between women who had experienced physical abuse by a partner (either in the past 12 months or ever in their lives) and those who did not report such abuse in current employment, job status, days absent from work, or number of weeks unemployed in the past year. Notably, in response to an open-ended question, just 20% of the women who had been abused reported that the abuse had had negative effects on their education and employment.

However, the women in this study who had experienced abuse were more likely to have ever been unemployed when they wanted to be working, to have lower personal income, and to have received AFDC, food stamps, and Medicaid in the past year. In addition, the women whose partners had threatened them with physical harm or had used a weapon against them were employed in significantly lower status jobs than others; this effect was especially pronounced among women whose partners had used a knife or gun against them.

Notably, Lloyd (1997) also found that some of the

women who had experienced abuse increased their labor force participation, while others decreased their employment efforts due to partner interference. Still others did not change. Women make decisions about work involvements based on the combination of options they have available.

In sum, the evidence available to date suggests a complex relationship between domestic violence and employment experience, and there is still more to learn about the role of a woman's race, ethnicity, ability/disability, immigration status, religious affiliation, and age in employment experience. Among AFDC recipients, women who report abuse are at least as likely to have work experience as those who have not, to have received job-related training, and to express a preference for school or work. Among poor women, those who experienced domestic violence had more spells of unemployment, more job turnover, lower personal incomes, and were more likely to receive AFDC and other assistance than others; nonetheless, they had equivalent levels of current employment, absenteeism, and job status.

Summary Considerations

As these studies document, women who have experienced domestic violence are prominent among AFDC caseloads. Women who have experienced abuse are more likely than others to have a variety of physical and mental health problems, to have ongoing arguments with their partners, to have partners who oppose or interfere with school or employment, and to have more frequent periods of unemployment and welfare receipt; in some cases, the physical, emotional, and employment effects have been prolonged and

extreme. However, the studies also provide evidence of many women's remarkable resiliency: over time the physical and emotional effects have declined, and women have continued to seek and achieve employment. The studies also document their active efforts to use available resources, such as police and protective orders, to stop their partners' violence.

Clearly, some women face extreme circumstances and will need special supports and considerations, such as additional advocacy and services, or short or long-term waivers/exceptions from welfare or child support time limits or requirements. The studies just reviewed, while providing a wealth of valuable information, do not say what percentage of ever- or currently-abused women will require special considerations - there is no definitive profile or formula to identify them. However, it is unlikely that they will constitute a majority of women receiving TANF support.

Given the myriad ways women may seek support, it is important to provide women seeking financial assistance with maximum options through flexible policies that can respond on a case-by-case basis. Economic independence and employment are central considerations in women's safety: options should include training and placement which respond to immediate and longer-term needs, as well as safely enforced child support where appropriate. Assisting battered women will require sensitivity to differences in women's strengths and needs, which can be achieved by providing safe and confidential opportunities for communication, and attention to what individual women say they need to achieve both safety and self-sufficiency. To build helpful responses, agencies will also need to

recognize that abused women, depending on a complex array of circumstances, will operate according to different time frames. More research will be necessary to identify what will be most helpful policy to assist their route to self-sufficiency. Such research will need to investigate more thoroughly how women's race, ethnicity, age, ability/disability, religious affiliation, and immigration status affect their experiences and decisions. Such research, however, will not replace the importance of listening to and being guided by the women themselves and responding to the differences in their histories and circumstances.

Drawing on the studies outlined in this paper, as well as the research about battered women in general, TANF and Child Support Enforcement agency staff should assume:

- 1) that not all abused women coming into contact with their offices will have problems that interfere with their ability to take steps toward self-sufficiency;
- 2) that some formerly abused women will have lingering safety concerns or trauma that will interfere with job training or employment or make paternity establishment or vigorous child support dangerous;
- 3) that not all women who have left an abusive relationship are now safe (the post-separation period can be very dangerous for many battered women, with significant numbers experiencing ongoing threats and abuse); and
- 4) that not only women who experience current or past abuse have the kinds of problems reviewed here: these studies show that, while these difficulties are found at higher rates among women who have been abused, they are also found for other impoverished women and women receiving

welfare benefits.

States can play a critical role in identifying the prevalence of domestic violence in their caseloads, in tracking and evaluating the granting of waivers or exceptions to TANF and child support enforcement requirements, and in documenting the success and difficulties of battered women in attaining employment. We need to know a great deal more about how waivers, exceptions, or special services will be used by states and how battered women are helped to move to a situation of safety and, ultimately, from welfare to work.

ABOUT THE AUTHOR

Eleanor Lyon has conducted research and evaluation related to domestic violence, violence against women, and criminal justice and social policy for twenty years. She is a research consultant for several projects for the National Resource Center on Domestic Violence, and is Research Associate at the Village for Families and Children, Inc. in Hartford, CT. She is co-author of *Safety Planning with Battered Women: Complex Lives, Difficult Choices* (1998), from Sage Publications.

NOTE

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MEETING SURVIVORS' NEEDS: A MULTI-STATE STUDY OF DOMESTIC VIOLENCE SHELTER EXPERIENCES

**Original Report Title:
Domestic Violence Shelters: Survivors' Experiences**

Final Report

**Eleanor Lyon & Shannon Lane
University of Connecticut
School of Social Work**

and

**Anne Menard
National Resource Center on Domestic Violence**

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Abstract

This study of domestic violence shelters in eight states was designed to help fill a gap in current knowledge about the range of services provided, the needs and experiences of survivors who have turned to shelters for help, and the types of help they received. Research goals included obtaining a large and diverse sample of survivors and shelter programs, so that meaningful comparisons of services, immediate outcomes, and experiences could be conducted by presence of children, age, education, race/ethnicity and other characteristics of survivors, while also taking shelter program capacity into account.

Data were collected during a six-month period from 3,410 residents of 215 domestic violence shelters—81% of the shelters in the eight states. The states were chosen to maximize geographical, population, rural/ urban and economic diversity. Programs provided information about their capacity (number of beds and staff) and the services they offered; Census data were also collected about the region served by the shelter. Shelter residents were asked to complete a written survey at or near entrance (Shelter 1), and again at or near exit (Shelter 2). All study materials were translated into eleven languages to increase accessibility. Both surveys asked about 38 different possible needs; Shelter 1 also addressed initial impressions and concerns, while Shelter 2 also addressed immediate outcomes, difficulties experienced during the stay, and the respect and support survivors had received from shelter staff.

Data from programs showed that they ranged greatly in capacity: a range of 4 to 102 beds, 1.25 to 99 FTE staff, and had sheltered 2 to 2,300 adults and 1 to 1,242 children in the past year. The median maximum length of stay was two months. Across shelters staff could

speak 37 different languages; 72% had staff who were bi-lingual in Spanish. Ninety-eight percent could accommodate at least one type of disability.

Respondents reported that if the shelter did not exist the consequences for them would be dire: homelessness, serious losses including children, continued abuse or death, or actions taken in desperation. Their primary needs at entry were safety, housing, information, emotional support, and help for their children. At exit, after a median length of stay of 22 days (27 for mothers) respondents reported a larger number of needs than they had identified at entry. They also indicated that their needs had largely been met. Although over half reported some kind of difficulty during their stay, such as conflicts with others or problems with rules, most of the problems were resolved. At least two-thirds strongly agreed with every rating of staff respect and support, and 95% or more agreed. Neither difficulties nor ratings of staff respect and support differed significantly among respondents, based on demographic characteristics.

Detailed findings showed specific differences in particular needs across race/ethnicity, age, education, presence of children, and language in which surveys were completed (Hispanics who filled out English and Spanish surveys were compared). Differences in survivors' experiences were also found related to shelter capacity.

The study shows that domestic violence shelters address compelling needs that survivors cannot meet elsewhere. Shelter programs provide a complex array of services to victims of abuse and their children; most prominent are safety, information, help with children and help with emotional distress. Most needs are met for most residents, and most problems are resolved. Implications for policy and programming are discussed, and include expanding

diversity of shelter staff, expanding conflict resolution training for staff (and perhaps offering it to residents), re-consideration of time limits and eligibility requirements for shelters that have them, and further research on the full array of services (including non-shelter services) provided by domestic violence programs.

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Executive Summary

Introduction. The present study addresses a large gap in current knowledge. While there are currently an estimated 1,949 domestic violence programs across the United States, the literature lacks a multi-state study with a large enough sample size to be able to describe the shelter experiences of survivors of domestic violence, document the range of services provided, and present nuanced comparative analyses that examine shelter residents with different demographic characteristics and from various geographic regions. This study was designed to meet the following goals:

1. Obtain information from a diverse sample of domestic violence survivors about their experiences in residential shelter programs.
2. Learn more about what domestic violence survivors want when they come to shelter programs.
3. Learn more about the extent to which survivors have had their expectations met during their shelter stay.
4. Learn more about survivors' assessment of immediate outcomes associated with their shelter stay.
5. Learn more about how survivors' experiences, needs and immediate outcomes vary across demographic and shelter program characteristics.
6. Develop recommendations for shelter programs across the country for how they might improve their services.

Background. Today's community-based domestic violence programs provide emergency shelter, 24-hour crisis lines, support groups, counseling services, advocacy, and programs for children. Shelters can be invaluable resources for people who experience domestic abuse, especially when time in shelter is combined with intensive advocacy following exit. The limited research on particular services suggests that supportive counseling improves clinical measures of life functioning and coping ability; that post-exit advocacy contributes to community connections, enhanced well-being, and reduced likelihood of further abuse; and that social support interventions provide beneficial health effects. However, the existing research fails to fully reflect the variety of services that are now available to respond to the complexity of survivors' needs, such as transportation, medical, mental, and emotional health services, TANF (welfare) advocacy, financial help, advocacy for survivors facing issues related to their immigration status, services for children, and accommodations for survivors with physical and other disabilities.

Methodology. This study sampled the experiences of 3,410 residents of 215 domestic violence shelter programs in eight states: Connecticut, Florida, Illinois, Michigan, New Mexico, Oklahoma, Tennessee, and Washington. Programs in the eight participating states were recruited through contact with the domestic violence coalitions in each identified state, and constituted 81% of all programs in those states.

Coalition staff members from each state were trained during a national in-person meeting in July of 2007 and then recruited and trained participating programs. Subsequently, training and study materials were posted to a password protected area of VAWnet.org, where they could be accessed by coalition staff and program staff as needed. Coalition staff members

used these materials as resources in training the staff of each participating shelter in their state between August and October of 2007. The coalition staff members coordinated all aspects of the research with programs in their state. Data collection took place between September 2007 and March 2008.

Participating programs offered the survey instruments to all incoming and exiting shelter residents for up to six months. Measures put in place to ensure safety and confidentiality included assigning code numbers to each program; the creation of a personal ID number by each participant, using no personally identifying information; and the provision of pre-addressed stamped envelopes to participants.

The two primary study instruments were based on forms developed and tested over a period of nine years through the “Documenting Our Work” project, and piloting of outcomes for the Family Violence Prevention and Services Administration office. Shelters were asked to offer the entrance survey (Shelter 1) within 48 hours of entry, but to delay giving the survey to residents in crisis. Shelter 1 includes questions about demographic information and survivors’ experiences before and immediately upon entry into shelter. The exit survey (Shelter 2) was provided when a resident showed signs of leaving or at the time when most residents usually left. Shelter 2 asks about the number of days the survivor had spent in shelter, demographics, and experiences during and outcomes from the shelter stay. Both instruments ask about an array of services—desired and obtained. Shelter residents received an information sheet about their rights as a research participant along with both Shelter 1 and Shelter 2 forms. Each form was translated into ten languages. To ensure that the survey would also be accessible to those who were not literate in any of the languages the survey was written in, or who needed

additional assistance in completing the survey, the National Domestic Violence Hotline was available to help survivors to work with their Language Line interpreters in order to complete the survey.

Each participating program also completed a brief two-page information sheet that included information about their staff, capacity, and services. In addition, participating coalitions provided Census-based information about the population and demographic characteristics of the counties served by each shelter.

Key Program-Level Findings. A total of 215 programs participated in the eight states.

These programs averaged 16.5 full-time equivalent (FTE) staff each, and averaged an additional 15 volunteers per month to assist the staff in providing services. These staff are diverse.

Nonetheless, the distribution of program staff race/ethnicity overall differs from that of the survivors served: 65% of staff are White, compared to 52% of the sampled survivors.

The average capacity of participating shelters was 25 beds. In the last year, each had sheltered an average of 130 adults and 114 children. As expected, the greater the population in the area served by the shelter, the more beds and staff it had. Shelters with more beds also generally had more staff members. The median limit for length of stay for shelters participating in this study was 60 days, although 18% reported 30-day limits. Shelters allowed stays of up to two years and many shelters noted that their time limits could include extensions depending on circumstances. The maximum length of stay reported by participating programs was not significantly related to staff size or to the number of shelter beds.

Ninety-eight percent of participating shelters reported that they had the capacity to accommodate residents with at least one of the following types of disabilities: physical/

mobility, cognitive, visual impairment, hearing impairment, or other health needs. Physical disability accommodations were the most common (93%), followed by hearing impairment (66%), health needs (55%), visual impairment (47%), and cognitive disabilities (46%). Thirty-five percent of participating programs had the facilities to assist survivors who had any of the above needs

Participating shelters offered a variety of services and advocacy, as displayed in Table 1 on the next page. Services are also offered in a very wide range of languages. Eighty-two percent of programs had staff who spoke at least one language other than English. Seventy-two percent of the overall total had staff who spoke Spanish. Shelters with greater bed capacity and larger staff size and those located in more urban areas were most likely to have staff who spoke languages other than English. The sampled programs, in size, capacity and services, reflect the range of shelter programs found across the United States.

Table 1: Services and Advocacy Offered at Participating Shelters

	% Offering
Service	
Support groups	97%
Crisis counseling	96
Individual counseling	92
Parenting classes	55
Counseling for children	54
Child care	50
Advocacy	
Housing	95
Civil court	82
Criminal court	81
Health care	81
TANF	80

Shelters served regions that varied widely. Compared to the United States population as a whole, poverty rates in the sampled regions were identical, at ten percent. The sampled shelter residents were more likely than the regional populations as a whole to be people of color, however.

Key Findings: Shelter Residents. A total of 3,410 individual survivors participated in this study: 1,881 of them filled out only Shelter 1; 964 completed only Shelter 2; and 565 filled out Shelter 1 and Shelter 2 forms that could be matched with one another. Although all residents were encouraged to complete both surveys when possible, Shelter 2 was less likely to be completed because of all the matters individual survivors must attend to at that time, and because some had been only recently admitted at the time data collection ended. Other self-selection factors may also be involved, although data show both positive and highly critical comments; this enhances the credibility of the overall findings.

Ninety-six percent of the respondents completed the forms in English; 4% used the Spanish forms. Vietnamese, Korean and Russian versions were also used. Just over half of survey respondents (52%) identified themselves as White, while 22% identified as African American/Black, 12% as Hispanic/Latina, 5% as Native American, 1% as Asian/Pacific Islander, 6% as multiracial, and 2% as other.

The majority of respondents were between 25 and 50 years of age. Of the 74% who answered questions related to children, 22% did not have children and 32% had no children with them in shelter. Most (99.6%) were female, but 13 (0.4%) were men (most men receive services other than emergency shelter from domestic violence programs, or obtain housing

assistance through motel vouchers or safe homes, so would not be included in this study of shelters). Ninety-three percent of the total reported that they were heterosexual or straight.

Twenty-seven percent of respondents had not received a high school diploma. At the time they completed Shelter 2, the mean length of time participants had stayed in shelter was 33 days, and the median was 22 days (27 days for mothers); four had stayed for a year or longer.

The most common places survivors heard about the shelter were domestic violence advocates (28%), police (23%), and friends (22%). Informal sources, such as friends and family, were also prominent. Twenty-five percent had first heard of the shelter within a day or two of arriving, a clear reflection of the immediate crisis many of them face before they go to shelter. Twenty-six percent had heard of the shelter more than two days ago, but less than a month ago; 21% had heard of it between a month and a year ago; 27% had first become aware of the shelter more than a year prior to entry, and of these, 46% had never stayed at the shelter. Twenty-four percent had stayed at the shelter before their current stay, primarily (58%) more than a year previously. This is compatible with studies that have shown that women who eventually leave their abusive relationships have often left several times before departing permanently. Thirteen percent of all the survivors who completed Shelter 1 had first heard about the shelter more than a year before and had not previously stayed there, a likely reflection of safety planning. Survivors often gather information about their options before taking such a dramatic step.

Nine percent of the participating survivors had tried to stay at the shelter before without success. The most common reason for this was that the shelter had no room when they called. Twenty-five percent also reported that they had had “concerns” before coming to shelter; these were primarily related to fear of the unknown. Survivors were asked to describe what they would have done if the shelter had not existed. Ninety-five percent wrote descriptions that were often poignant and extended; they fell into five general categories: being homeless, losing everything (including their children), a desperate action, uncertainty, and continued abuse/risk of death. Combined with the concerns expressed, these responses indicate that survivors do not go to shelters as a first resort.

Respondents were asked about their first impressions of the shelter. Options addressed whether the staff had made them feel welcome (95% said yes), staff had treated them with respect (91%), the space felt comfortable (83%), it seemed like a place for women like them (78%), and whether other residents made them feel welcome (71%). Only two percent indicated that none of the possible responses were true for them when they arrived. The most highly educated were less positive on some items, as were Asian/Pacific Islanders (although their numbers were small).

Survivors could choose from a list of 38 potential needs at the time of shelter entry. Their most common needs were safety (85%), affordable housing (83%), and learning about their options and choices (80%). Expressed needs differed somewhat for the 60% of the sample who identified themselves as mothers when they entered shelter. Of the 10 needs relating to children, mothers were most likely to choose safety for children (71%) and “paying attention to my children’s wants and needs” (70%). A factor analysis indicated that needs fell into eight

categories: parenting/children's needs, support needs, economic needs, criminal justice system needs, health/disability/benefit needs, child welfare/child protection, legal needs, and safety needs. In total, these factors explain 53% of the variance in the original measures.

At or near exit, survivors were asked to choose from the same list of needs provided in Shelter 1. For each need, they were asked if they had wanted assistance with it and, if so, if they had gotten all the help they needed, some of the help they needed, or none of the help they needed. Table 2 below shows the results for the 10 most frequently expressed needs.

Table 2: Report at Exit of Extent to Which Needs Were Met

Need	# who wanted	% who wanted	% who got all of help wanted	% who got some of help wanted	% who got none of help wanted
Safety for myself	1423	98%	91%	8%	1%
Learn about options	1410	98%	70%	26%	4%
Understanding domestic violence	1394	97%	78%	18%	4%
Paying attention to own needs	1390	97%	70%	25%	5%
Safety planning	1359	96%	76%	19%	5%
Connections to other people	1336	95%	69%	21%	9%
Emotional support	1310	93%	68%	21%	11%
Dealing w/ feelings that upset me	1272	92%	63%	23%	14%
Dealing w/ stress	1299	92%	60%	25%	15%
Support from other women	1271	90%	66%	22%	12%

The 10 child-related needs were again analyzed only for survivors who indicated they were mothers. The three most commonly requested items were safety for children (83% wanted help, 98% of those got help), paying attention to children's needs (83% wanted, 95%

got help), and responding to children when they are upset or causing trouble (71% wanted, 90% got help).

Again, a factor analysis indicated that needs fell into eight categories, although they were slightly different than those found at entry: needs related to children, community/economic/ health needs, support needs, criminal justice system/legal system needs, safety needs/domestic violence education, housing/benefit needs, leaving needs, and transportation/work needs. These factors explained 60% of the variance. Although the eight factors shown for the two surveys do not contain identical items, they are very similar conceptually and specifically. This is promising for thinking about creating new measures with fewer items, or for creating indices or scale measures from individual factors for other, more specific, studies.

For the 565 residents who filled out both a Shelter 1 and a Shelter 2 survey, their needs at entrance and exit could be compared. The average number of needs checked (out of 38) on Shelter 1 was 14. That number increased to 21 on Shelter 2. Percentages indicating needs increased for every item—a likely result of residents learning more about available options and increasing the steps they wanted to take. The majority of the most common needs were related to immediate safety, information, help with emotional issues, and housing. Substantial portions, however, had more specific needs related to particular issues or systems.

Shelter residents were also asked about broader outcomes during their shelter stay. They were asked about whether they agreed that their shelter experience had made an impact on feeling they could achieve goals for themselves (93% agreed), feel more hopeful about the future (92%), do things on their own (92%), plan for their safety (91%), know more about their

options (91%), feel confident in their decision-making (90%), feel comfortable asking for help (89%), feel comfortable talking about things that bothered them (86%), and know more about community resources (85%). The only variable significantly associated with differences in these outcomes was length of stay in the shelter: the longer a survivor had been in shelter, the more likely s/he was to report these outcomes.

Outcomes for the children of survivors were also assessed, via their parents. Survivors with children were asked whether their children felt more supported (84% agreed), had more understanding about what had been happening (78%), and were better able to express their feelings without violence as a result of their shelter stay (77%). The majority of those who responded agreed with those statements, although many noted that they had infants or children “too young to understand.”

Shelter residents often face a variety of problems and challenges while staying at the shelter, from finding privacy to responding to shelter rules and structure. Respondents to this survey were asked about a variety of problems that the literature and the experience of advocates suggest are possible in shelters. They were also asked whether the problem had been resolved or not.

The most common problem encountered by the respondents in this study was conflict with other residents in the shelter (32%). 73% of those who had this problem reported that it was resolved. The next most common area of problems encountered was transportation (24% experienced the problem, 54% resolved), including needing help with public transportation such as bus passes, gas money, and community rides. Sixteen percent of residents reported problems with finding privacy in the shelter (47% resolved). Problems with shelter rules

included issues with time limits (16% experienced, 50% resolved), curfew (14% experienced, 61% resolved), child discipline and monitoring (13% experienced, 66% resolved), and chores (13% experienced, 59% resolved).

Overall, the problems that were the most likely to be resolved were conflicts with other women (73%), issues with contacting their partner (67%), issues with child discipline and monitoring (66%), issues with curfew (61%), and problems with language/communication (61%). The problems that were the least likely to be resolved were feeling their customs were not respected (5% experienced, 39% resolved), limits on sheltering teen boys (4% experienced, 43% resolved), issues with the available food (13% experienced, 44% resolved), using the telephone (8% reported, 47% resolved), and getting privacy (16% reported, 47% resolved).

Residents were also asked a variety of questions about the respect they were shown by shelter staff. Table 3 below shows the results.

Table 3: Respect and Support Shown by Shelter Staff
(in percent)

	Strongly agree	Agree	Disagree	Strongly disagree
Shelter staff treated me with respect	73	23	3	1
Shelter staff were supportive	72	23	3	2
Shelter staff talked enough about safety	66	26	5	3
Shelter staff talked enough about children's safety	69	25	4	2
Shelter staff addressed needs of disability	69	23	5	3
My religious views were respected	74	22	1	2
Sexual orientation was respected	77	20	1	1
Racial background was respected	76	20	2	2
Shelter staff addressed needs related to youth or age	68	24	4	3

Further analysis showed that 97% of those who identified as lesbian/gay, bisexual, or ‘other’ sexuality agreed or strongly agreed that their sexual orientation was respected. Ninety-five percent of those who identified as people of color agreed or strongly agreed that their racial background was respected. Ninety-one percent of those over 50 agreed or strongly agreed that the shelter staff had addressed needs related to their youth or age. Responses to this item were associated with having received help with health issues.

Seventy-four percent of respondents rated the help they had received overall while they were in the shelter as very helpful; 18% rated it helpful; 7% rated it a little helpful. Just 1% (19 individuals) rated it as not at all helpful. ..When asked if they would recommend a friend to come to the shelter, 77% said they would strongly recommend she come, 20% would recommend she come, 2% would recommend she not come, and less than 1% would strongly recommend she not come. These are very positive responses, especially from people in crisis in their lives.

Separate analyses were conducted for the 13 male respondents. In most respects, the men and women survivors were quite similar. However, the men were more likely to be White (62% vs. 52%), to have at least some college education (62% vs. 44%), and less likely to have children with them in shelter (just two did). At entry, all wanted emotional support and connections to people who could help; 89% were seeking safety. At exit, all 6 of the men who responded indicated they had wanted 10 items on the list of needs, and all reported they had received help with 8 of those items (one did not get help with connections with other people, and one did not get help with upsetting feelings). All of the men responded affirmatively to 7 of the 9 outcomes, and all endorsed all of the questions about support and respect.

Separate analyses by geographic region indicated that characteristics of responding survivors varied in expected ways. Comparative analyses across shelter size found differences in length of stay, problems encountered by residents, the types of needs met, and overall ratings. Survivors at the smallest shelters reported most help with transportation; those at medium sized shelters reported most help with TANF benefits. The larger the shelter the more likely residents were to report some problems during their stay, as well as their children's increased understanding of what had been happening at home. Residents of the smallest shelters (1 – 10 beds) had the highest ratings in the staff respect and support items.

A comparison of survivors who identified as Hispanic/Latino and completed the surveys either in English or in Spanish showed several significant differences. Those who completed the surveys in Spanish were from programs with a higher percentage of Hispanic/Latino staff members, had less formal education, were more likely to have children with them and to report child-related needs, averaged a greater number of needs, had more concerns about contacting shelter, stayed in shelter longer, and rated the help they had received more highly.

Implications and Recommendations. This study provided a wealth of information about shelters for people who have experienced domestic violence: the services they offer, the people they serve, and residents' experiences coming to and living in them. The large sample size, the inclusion of shelter programs from eight states, and the variety of circumstances in which the shelters are located contribute to seeing it as a reasonable reflection of shelters across the nation.

The first and clearest implication of this study is that domestic violence shelters serve a critical need for people who have experienced abuse, which many of the survivors described as

life-saving. The results also demonstrate that shelters provide a wide variety of educational, emotional, psychological, attitudinal and concrete benefits to residents, including changing their perceptions of what resources they need in order to live safer and more fulfilling lives. The study also shows that the services provided to residents (as well as non-residential program clients) have become complex and comprehensive. In light of the positive outcomes reported, these efforts to respond to this broader array of needs and concerns should continue.

Strategies to address survivors' emotional/ mental health needs, physical health issues, housing, educational and economic issues, as well as substance abuse seem particularly important. These were the most prominent needs that were identified and reported as not being fully met. Survivors' concerns about their children were also a prominent theme.

The study also shows that many survivors struggle with some shelter rules related to eligibility for admission, what they must do while they are in residence, and how long they may stay. Staff training in conflict resolution, while common in programs across the country, might be offered more frequently or widely. Given the frequency of reports of conflicts with other residents, training or other approaches with shelter residents might also be worth program consideration.

Diversity issues were common in the dimensions of shelter experience addressed in this study. Some differences in needs by race/ethnicity were documented (and detailed in the full report), and problems with lack of respect for customs were among the least likely to be resolved. Some differences in survivors' experiences by race/ethnicity in first impressions were found, as well. Certainly, efforts to expand staff diversity and to create working environments supportive to all staff should be continued.

Finally, further and continued research efforts should be pursued, both on shelter programs and on other domestic violence program services, such as support groups and advocacy. Several recommendations for other researchers have emerged from this study. First, services related to substance abuse should be more deeply examined. Second, measurement issues include adding “internet” as a source of information about the shelter, and changing some of the language to be more gender-neutral. Details of survivors’ abuse histories or other background variables were also not included in order to control the length of these surveys. Drawing on the factor analyses, some of the items on the checklists could be eliminated to allow other items to be added.

Although substantial efforts were made to be inclusive, with eleven translations and arrangements made with the National Domestic Violence Hotline, so that literacy barriers in other languages could be overcome, they were not as productive as hoped. It is likely that pressures and limitations faced by bilingual and bicultural program staff contributed to the underutilization of these alternatives. The comparison between Hispanic/Latino survivors who completed the surveys in English and Spanish underscores the importance of translated materials in research on domestic violence program services.

Some advocates have suggested that the length of the checklists was daunting, particularly for survivors with the least education, although survivors with the least education were more likely than others to complete both surveys. Additional steps might be taken with staff training in study implementation to increase responses from those with literacy, language, and cultural issues. These efforts are particularly important in the context of turnover experienced in coalition and program staff, which occurred during this study and are inevitable.

This study shows the diversity of the survivors of domestic violence who come to shelters, the range of their needs, and gives voice to their experiences. Shelters clearly provide crucial services to this vulnerable population. Much more can be learned to improve shelter and other services, and thereby the lives of the domestic violence survivors and their children who need them.

Introduction

Problem Statement and Rationale

The present study addresses a significant gap in current knowledge. While there are currently an estimated 1,949 domestic violence programs across the United States,¹ the literature lacks a recent multi-state study with a large enough sample size to be able to describe the shelter experiences of survivors of domestic violence, document the range of services provided, and present nuanced comparative analyses that examine survivors with different demographic characteristics and from various geographic regions. This study was designed to meet the following goals:

- 1) Obtain information from a diverse sample of domestic violence survivors about their experiences in residential shelter programs.
- 2) Learn more about what domestic violence survivors want when they come to shelter programs.
- 3) Learn more about the extent to which survivors have had their expectations met during their shelter stay.
- 4) Learn more about survivors' assessment of immediate outcomes associated with their shelter stay.
- 5) Learn more about how survivors' experiences, needs and immediate outcomes vary across demographic and shelter program characteristics.
- 6) Develop recommendations for shelter programs across the country for how they might improve their services.

Review of Relevant Literature

Domestic violence shelters were among the first specialized support services available to survivors of abuse by an intimate partner.² As awareness of domestic violence and its impact increased over the years, available resources expanded. The earliest shelter programs offered little more than beds and short-term support; today, however, community-based domestic violence programs are likely to provide emergency shelter (approximately three-quarters do)³, 24-hour crisis lines, support groups, counseling services, advocacy of various kinds, and programs for children. Early studies of shelter programs found them to be one of the most supportive, effective resources for women with abusive partners^a, according to the residents themselves.⁴ For example, Berk, Newton, and Berk (1986)⁵ reported that, for women who were actively attempting other strategies at the same time, a stay at a shelter dramatically reduced the likelihood of further violence. Subsequent literature has continued to indicate that shelters in the United States and Canada are invaluable resources for women who experience abuse,⁶ especially when time in shelter is combined with intensive advocacy following exit.⁷ A study of survivors' safety planning efforts also found that contacting a domestic violence program and staying at a domestic violence shelter were the two strategies that were most likely to make their situation better.⁸

Examinations of particular services within shelters are uncommon. However, one study of supportive counseling found that “women who received [tailored short-term therapy] for

^a The first emergency domestic violence shelters were created for women and their children. Since then, domestic violence programs have offered an array of services to men, and have developed strategies for emergency housing, largely through motel vouchers. Nonetheless, the literature has addressed services for “battered women”. The terms “survivors” and “battered women” will be used in this report because they are commonly used and understood, and because they more accurately describe the vast majority of respondents in this study of shelters.

partner abuse at a domestic violence shelter significantly improved on clinical measures of life functioning, coping ability, and feeling helped and satisfied with these services”.⁹ Another small study, measuring outcomes in psychological stress symptoms in 24 sheltered women after social support interventions, found significant differences between experimental and control groups. That study concluded that “social support interventions can be provided to women experiencing IPV [intimate partner violence] while in shelters in small groups with beneficial health effects”.¹⁰

Nonetheless, most of the recent literature on interventions for battered women has focused on the legal system, counseling, and services provided in non-shelter settings, such as health care and welfare offices.¹¹ Further, the literature on survivors’ experiences in shelter has not fully reflected the current increasing variety of services available, created in an effort to respond to the complexity of survivors’ needs. Many shelters now offer an array of services including transportation, medical, mental, and emotional health services, TANF (welfare) advocacy, financial help, and advocacy for survivors facing issues related to their immigration status.¹² Specialized services for children have become more widespread in shelter programs, but to an unknown degree. Shelter programs have also made more efforts to accommodate the needs of survivors with physical and other disabilities. However, documentation of these efforts is sparse. In one of the few studies, researchers reported that “one third [of participating shelters] noted that their shelter facilities were not accessible to [people who use] wheelchairs. Slightly fewer were at least partially able to offer transportation to women with physical disabilities and to communicate with women with hearing or speech disabilities.”¹³ The literature has also not adequately addressed differences in access to services. Shelters are

less likely to be available to women in rural areas, for example, and many struggle continually for enough money to stay open.¹⁴

Additionally, there is some evidence that not all victims/survivors feel that shelters are options for them, and that some are distrustful of the experiences they might have there. Lesbian women, for example, have been found to be more likely to have negative shelter experiences and/or to believe that shelters are for heterosexual women only.¹⁵ Male victims of either male or female partner abuse may also hesitate to reach out to shelters for assistance. Some women of color, regardless of sexual orientation, also hesitate to use shelters for various reasons. Many shelters have been staffed primarily by white women, who, without adequate training and supervision, may be insensitive to needs and issues within cultures other than their own. Even if insensitivity is not an issue, some women of color simply prefer being with other women from their own culture and background, and this may not be provided by their local shelter program. Limits in the diversity and language capacities of shelter staff can reduce the helpfulness of shelter for some women, as can shelter policies that are more comfortable to those from the majority culture (e.g., chores needing to be done at specific times and the ways that children can be disciplined). Immigrant women, in particular, may face language, cultural, and sometimes legal (e.g., documented status) barriers to accessing services.¹⁶ Domestic violence victim services programs themselves have identified these issues and are working to address them as they seek to design and provide culturally competent services.¹⁷

Gaps related to these and other issues in the available literature on shelters have been increasingly recognized by advocates and researchers alike. For example, the National Network to End Domestic Violence has recently conducted two “National Census on Domestic Violence

Services” surveys to document the numbers of survivors receiving services from domestic violence programs and the array of services they received (both surveys were conducted in the fall, in 2006 and 2007).¹⁸ Advocates have also engaged in a national effort to document the impact of shelter rules and admissions criteria through the “Open Doors” project. Further, advocates and state administrators have been working with researchers since 1998 to develop viable strategies to record survivors’ needs, services, and immediate outcomes through the “Documenting Our Work” project.

In addition, researchers such as Goodman and Epstein (2005)¹⁹ have highlighted the need for renewed research and policy focus on the complexity of survivors’ needs, and the importance of flexible services that address the particular combinations of needs experienced by individual women. Similarly, Yoshioka and Choi (2005)²⁰ have argued that services need to be enhanced to recognize the full range of survivors’ cultural backgrounds, and the fact that not all are seeking to leave their abusive partners.²¹ Newer services, such as longer-term housing and employment assistance, have also been advocated.²²

Although domestic violence survivors seek and obtain support and services from many different types of organizations, and most are served in non-residential parts of domestic violence programs,²³ current information about their shelter experiences is vital for several reasons. Shelters are the resources that help-seeking survivors who have experienced the most severe or chronic abuse, and who have the most limited alternative resources, turn to for support. It is especially critical that shelters recognize and help to address (either directly or in collaboration with other community resources) survivors’ complex needs; to do this, the array of needs must be clearly documented. Second, shelter services are the most resource-intensive

assistance offered to women with abusive partners. It is therefore important to programs, policy-makers and funders to examine the immediate (as well as longer-term) impact they are having on survivors of abuse. Third, shelter programs are currently expanding the array of services they offer. Information about priority needs and their distribution across geographic regions and population size is crucial for effective program planning and support. Although two previous studies²⁴ involved data from large samples of shelter residents in single states, this is the first study to collect information from diverse survivors in multiple states about a broad range of their experiences and perceptions while they were in shelter. It responds to a compelling need for more, and more current, information from survivors.

Methods

This study sampled the experiences of over 3,400 residents of 215 domestic violence shelter programs in eight states: Connecticut, Florida, Illinois, Michigan, New Mexico, Oklahoma, Tennessee, and Washington. Information was gathered about the geographic areas served by the shelters, the services and capacities of the shelters, and the experiences and needs of individual survivors at entrance to and exit from the shelter programs.

Sampling

The eight participating states were selected by the principal investigators specifically to maximize the diversity of programs and survivors included in the study. Programs in these eight states serve survivors from many different racial and ethnic backgrounds and a variety of cultures and countries of origin. The shelters vary widely in staff size, capacity, services offered, and specialization. The selected states are from all major geographic regions of the country (two each from the east, west, south central, and north central states) and include diverse types of local economies. They include major urban centers as well as vast rural areas. Finally, the states that were chosen had coalition staff who were enthusiastic about the study and willing to devote the time, energy, and resources necessary to implement and monitor the necessary research protocols. Recruitment of states to participate in this study was accomplished collaboratively by the principal investigators, primary consultant, and advisors. Recruitment occurred through contact with the domestic violence coalitions in each identified state.

The domestic violence coalition in each state that agreed to participate was asked to identify a minimum of two staff members in the coalition office who would have primary responsibility for their state's participation in the study. Those staff members attended a national in-person training meeting in July of 2007, where procedures for recruiting programs

to participate and encouraging participation by programs were discussed. Those staff members then contacted each program in their state via phone, email, or in person during statewide meetings to strongly request their participation. A total of 215 programs agreed to participate (see Table 1 below for the distribution of programs by state). This represents 81% of the 266 member shelter programs in these states.

Table 1

State	Number of participating programs
Connecticut	15
Florida	34
Illinois	32
Michigan	32
New Mexico	11
Oklahoma	26
Tennessee	35
Washington	30

The coalition staff members assigned to the Shelter Study coordinated all aspects of the research with programs in their state. The coalition staff provided training to the programs and relayed communication between the research team and the participating programs. Each participating coalition received a small stipend in appreciation of their efforts. They were also promised a set of results for their state, as well as the report for the study as a whole when it is completed.

Within each state, all shelter programs were asked to participate in the study. Those that agreed administered the survey instruments to all incoming and exiting shelter residents for an original four month period of time, although the beginning and end of their participation varied slightly, depending on their own needs and training schedules. This time period was later extended an additional two months to maximize the number of residents surveyed. The

need to survey all residents, no matter their level of satisfaction with their experiences, was emphasized through training, materials, and reminders conveyed electronically and in conference calls.

Shelter staff members were given information about the measures in place to protect safety and confidentiality that could be shared with their residents. To facilitate shelters to provide surveys to all residents, regardless of their level of satisfaction, each participating program was given a code number to be recorded on their program information form and shelter surveys. Only the coalition staff members had a list of which program corresponded to which code number. The research staff did not have access to that information. The shelter level information, by advance agreement, is reported to the coalitions in aggregate only, so they cannot identify individual program responses. This level of confidentiality for programs was designed to insure that neither residents nor shelter staff would be concerned that negative reports from residents would have an impact on the future resources offered to them through their state coalition or state administrator. It also adds an additional level of protection for the identities of individual residents who participated in the study.

In order to encourage shelter residents to participate, each shelter was asked to design a system to provide survey materials to residents that worked with their own existing intake and exit procedures. Many shelters included the entrance survey (Shelter 1) in their usual intake paperwork. They were asked to delay giving the survey to any residents in crisis, but to ensure that each resident received the survey within 48 hours of entry. Every program was provided with written guidelines for staff on how residents should be invited to participate, so that this would be done consistently. Residents were provided with an information sheet that

described the study purpose, assured anonymity of responses, and clearly stated that their participation was voluntary, but strongly encouraged. Shelters were asked to provide the exit survey (Shelter 2) when a resident showed signs of leaving or at the time when most residents usually left. In an additional effort toward recruitment, shelters were asked to post information about the study in public, visible areas. Many posted reminder flyers to encourage their residents to participate in this research. All recruitment materials, including the information sheet, were approved by the University of Connecticut's Institutional Review Board (IRB).

Finally, in order to ensure that the residents would know their responses were not being read by the shelter staff who provided their services, each resident was given a pre-stamped envelope addressed to the Shelter Study research staff at the University of Connecticut with each survey form. Each resident was asked to place the completed survey into the envelope, seal it, and either mail it individually or place it in a designated area within the shelter, where it would be mailed, still sealed, to the research staff.

Measurement

Survivor instruments

Shelter residents were asked to complete two brief surveys—one at the time of admission (Shelter 1) and a different one as close as possible to shelter exit (Shelter 2). The two surveys are based on instruments developed and piloted as part of the “Documenting Our Work” (DOW) project in 2003, and again as part of the Family Violence Prevention and Services Administration's (FVPSA) outcomes initiative in 2007. Each of these initiatives included national, state, and local advocates, experienced researchers, and state administrators as advisors.

Earlier versions of these instruments were pilot tested with 75 shelter residents in four states in 2003. As part of that DOW pilot, survivors were asked for feedback on the instruments to assess clarity, completeness, and ease of use. All respondents reported that the items were easy to understand, and that they captured the range of their shelter experiences. Minor revisions were made based on their responses. Feedback from shelter staff in another four states that piloted the FVPSA outcomes versions (N = 236) also indicated that the forms were clear, comprehensive, and easily completed by most residents. Additional minor revisions were made prior to the beginning of the Shelter Study to include new issues and services at the suggestion of shelter-based advocates and the coalition staff members who attended the shelter study training in July of 2007.

The results of the two pilot tests using these instruments have been provided to advocates at several National Coalition Against Domestic Violence and FVPSA conferences and other national gatherings of domestic violence program advocates and staff. These presentations have been met with recognition and feedback that the instruments measure important dimensions of services offered, use terminology understood by residents and staff, and that the results are consistent with what they have seen in their programs. Analyses have suggested some differences in survivors' experiences of services and problems across race and ethnicity. Outcomes have varied in expected ways in relation to length of stay (i.e. the longer the shelter stay, the more complete and comprehensive the report of services received). Although formal testing for reliability and validity has not been conducted for these instruments, they include services (for example, information and safety planning), immediate outcomes (changes in perceived self-efficacy and goal setting) and staff support and respect

items that have been used in other studies of shelter residents.²⁵ The pilots and the resulting feedback, input from advocates across the country, and use of similar items in other studies confirm that these instruments have strong face validity and are well-suited to a large-scale survey of shelter residents.

The first survey, Shelter 1 (see Appendix A), was administered anonymously as close to the point of shelter admission as possible. It was often given to the survivor during or after an intake meeting with a shelter advocate. This two-page survey asks how the survivor heard about the shelter, her expectations,²⁶ concerns she had, what she would have done if the shelter did not exist, her shelter entry experience, the types of help she wants (from a list of 38 items), and demographic information (race/ethnicity, age, number of children and number with her in shelter, sexual orientation, and completed education).

The second survey, Shelter 2 (see Appendix B), was administered as close to shelter exit as possible. Program staff were asked to distribute it when a survivor made a planned or announced departure. Since many shelter residents leave without announcing their intention, program staff were also asked to distribute Shelter 2 to residents when they had reached the average length of stay for that program, or once each month—whichever time frame occurred most frequently. Since this method allows for the possibility that multiple Shelter 2 forms could be completed by one survivor, the research staff chose to use the most recent Shelter 2 of those received from the same resident, in order to get the most complete picture of her shelter experience.

Shelter 2 is a three-page instrument that asks for the number of days the survivor had spent in shelter. It asks residents to respond to the same items describing types of help that

were included in Shelter 1. In this instrument, their responses indicate whether or not they wanted that particular type of help, and if they wanted it, the degree to which they received it (all they wanted, some of what they wanted, or none at all). In addition, residents are asked which of nine outcomes for themselves they attribute to their shelter stay (such as “I know more ways to plan for my safety,” “I know more about community resources,” and “I can do more things on my own”). They are also asked about their perceptions of three outcomes for any children they had with them in shelter. Shelter 2 also contains nine items regarding respectful treatment by shelter staff and special areas of service (e.g. “shelter staff helped address any needs related to my disability”) that can be responded to on a Likert-type scale (strongly agree, agree, disagree, strongly disagree, or doesn’t apply). Another series of items asks about specific problems related to shelter rules and other issues or concerns, and asks for comments on each relevant item. Survivors are asked to provide an overall rating of the help they received, and to respond to questions about their demographic characteristics.

In addition to closed-ended and scaled questions, both surveys include opportunities for survivors to write comments about their time in shelter, their reasons for entering shelter, and any other areas of their experiences that they would like to share with researchers. Finally, shelter residents were asked to provide a code consisting of letters from their mother’s maiden name and their recent street address, or any other four digit code of letters and/or numbers they would remember on both forms. In this way, Shelter 1 and 2 could be linked without compromising the survivor’s identity. In this survey, over 82% of respondents provided this code, and researchers were able to match Shelter 1 and Shelter 2 forms together for 565 respondents.

Shelter residents received an information sheet about the study and their rights as a research participant along with both Shelter 1 and Shelter 2 forms. This sheet, along with the study protocol and instruments, was approved by the University of Connecticut's Institutional Review Board (IRB). Because requiring signatures on consent forms and maintaining them in files would be the only written connection between a survivor and her results, highlighting concerns about both safety and confidentiality, the requirement for signed consent was waived by the IRB. This decision was consistent with IRB protocols and the primary goal of "protecting human subjects".

Shelter instruments (Shelter 1, Shelter 2, and the IRB information sheet) were translated into Bosnian, Haitian Creole, Hmong, Korean, Kurdish, Mandarin Chinese (simplified and traditional), Polish, Russian, Spanish, and Vietnamese. These languages were identified by staff members from the domestic violence coalitions in the eight participating states as those most commonly used by survivors seeking services in their states. All translations were completed by native speakers who were fluent in the target language and English, and were back translated by an additional professional translator. In addition, whenever possible, forms were translated by a person who was familiar with the language and concepts of domestic violence. All translated surveys and information sheets were reviewed and approved by the University of Connecticut IRB before their use.

To ensure that the survey would also be accessible to those who were not literate in any of the languages the survey was written in, or who needed additional assistance in completing the survey, the National Resource Center on Domestic Violence (NRC DV) entered into a contract with the National Domestic Violence Hotline that would allow local program staff to

call the Hotline and arrange for the survivors to work with their Language Line interpreters in order to complete the survey.

Program-level information

Each participating program completed a brief two-page information sheet, developed collaboratively with advisors at the national training, that included questions about the number of shelter staff, the services provided to residents, the shelter bed capacity, staff language capacity, the maximum length of stay, accessibility for various disabilities, and any specialization the shelter had. Shelter staff were asked to complete this instrument at the beginning of their participation in the study. Each participating program was assigned a unique identification number, which appeared on their program information sheet and all Shelter 1 and Shelter 2 forms completed by survivors from that program. As already noted, only the coalition staff could connect the program's identification number with the program name and location, but coalition staff did not receive the individual program information.

In addition to the program data, participating coalitions provided Census-based information about the population and demographic characteristics of the counties served by each shelter. The two sets of data, one describing individual residents' experiences and the other, programmatic environment, provided information about all of the issues identified as goals for this study.

Training

The training used for the National Shelter Study followed a "Train the Trainers" model. At least two staff members from each participating coalition gathered at a national training meeting in July of 2007. They were provided with an overview of the study's proposed

methodology, including draft copies of instruments, suggested protocols, safety and confidentiality measures, and results from the previous pilots of these instruments.

Study instruments and protocols were modified based on the feedback in that meeting. Examples of those changes include the use of the National Domestic Violence Hotline to reach residents who had literacy challenges, changes to the program information sheets to more completely and accurately reflect services offered by programs, and collection of Census data by the coalition staff rather than by program level staff.

Subsequent to that meeting, a sample training PowerPoint, finalized survey instrumentation, survey materials in all languages, and study protocols were posted to VAWnet.org, the National Online Resource Center on Violence Against Women maintained by the National Resource Center on Domestic Violence. The materials were located in a password protected area of the website, where they could be accessed by coalition staff and program staff as needed. Coalition staff members used these materials as resources in training the staff of each participating shelter in their state between August and October of 2007. Each state coalition used a combination of face-to-face training at statewide or regional meetings, online “webinars”, conference calls, and individual meetings to ensure that the executive directors and frontline staff in each participating shelter were aware of the goals, protocols, and protections for safety and confidentiality embedded in this study.

Technical Assistance

Conference calls were held bi-weekly through the month preceding data collection and the first two months of data collection, and monthly through December. These calls included representatives from each of the participating coalitions as well as National Shelter Study staff

members from the NRCDV and the University of Connecticut. Calls were primarily designed as a method of disseminating information and providing assistance with any issues or questions. These calls were also an opportunity to provide encouragement for participating coalitions. They allowed coalitions to share best practices with each other on topics such as training, recruitment, and data collection challenges.

A listserv was set up and hosted by the NRCDV to allow information about updates or answers to questions to be communicated immediately to all coalition staff members. Study staff members were also available via email and telephone to provide technical assistance to coalition staff and program staff. Study staff conducted intensive follow-up with coalition staff throughout the course of data collection to ensure that questions were answered, protocols were being followed, and programs were continuing to participate.

Coalitions were also provided electronically with a bi-weekly report that gave them several updates. It included the number of responses to each form that had been received from their state and the number of forms that had been received since the last update. Both of those numbers were also broken down by program, so that coalition staff could see whether there had been any significant decrease in participation by an individual program and contact that program to troubleshoot any potential problems. The bi-weekly report also included updates on the numbers of surveys that had been received in each language and any other state-specific information that needed to be addressed. These updates were sent via email to the identified staff members from each state coalition who were working on the Shelter Study.

Many of the issues that were identified during technical assistance related to staff turnover. Due to the turnover that is common in the domestic violence field at both the

program and coalition level, attention had to be paid to ongoing training of new program staff and new coalition staff, and continued efforts to engage staff at both levels. Other issues that were identified and addressed quickly included uneven fidelity to study protocols by some programs and confusion between this study and other ongoing research. All of these issues were resolved through continuing technical assistance and support from both study staff and coalition staff.

Data Collection and Entry

Data collection began for some states in mid-September, and continued to start on a rolling basis in each state as their training of participating program staff was accomplished. The completed Census forms, program information sheets, Shelter 1 surveys, and Shelter 2 surveys were sent in sealed envelopes to the Shelter Study staff at the University of Connecticut. There, the surveys were coded and entered into SPSS by masters-level students from the School of Social Work. The data entry of every survey was checked and standard data cleaning methods were used in order to ensure accuracy. All open-ended answers in English were recorded into SPSS exactly as written; responses in other languages (primarily Spanish) were first translated, then checked, and finally recorded in English.

In order to ensure that an individual survivor's responses were only counted once, returned surveys were monitored to see if there were multiple responses from the same individual (an individual from the same shelter with the same ID code and matching demographic data). During the survey collection there were ten cases in which an individual returned more than one Shelter 1 form or more than one Shelter 2 form during one shelter stay. The duplicates of Shelter 1 forms were primarily due to a miscommunication between

staff and survey respondents, so that respondents did not realize they only needed to complete one form. The multiple copies of Shelter 2 forms were caused by the survey instructions—program personnel were asked to hand out surveys at the time that was the average length of stay for their program, and then to provide another Shelter 2 form to the respondents upon their exit. This design was intended to ensure that individuals who left without warning would still be able to complete a Shelter 2, but that when possible, the latest information was collected. When a duplicate was received, the open-ended information on the two forms was combined. For Shelter 1 forms, the closed-ended information from the first form received was used. For Shelter 2 forms, the closed-ended information from the last form received was used.

In two cases, an individual stayed in a shelter twice during the time period of the study. The first individual submitted a Shelter 1 and Shelter 2 from both their first shelter stay and their second shelter stay. In that case, only the second Shelter 1 and Shelter 2 were used in analysis. The second individual submitted both Shelter 1 and Shelter 2 during their first stay and a Shelter 1 form from their second stay. For this individual, the first set was used and the second Shelter 1 was removed from analysis.

Analysis

The analysis of the Shelter Study data focuses on descriptions of survivors and their needs, their experiences in shelter, and immediate outcomes. Analysis also examines the ways in which survivors' demographic characteristics and local program and community variables may be related to service receipt, perceived treatment, and outcomes. The data generated from these measures permit a wide range of useful descriptive analyses to address all of the issues outlined as study goals.

Quantitative analysis

First, basic frequencies provide descriptions of the survivors, the help they wanted, the type and extent of the help they feel they received, their assessment of staff respect and attention to their needs, and the problems they experienced while they were in the shelter. Cross-tabular analyses show the extent to which survivors' needs, concerns, outcomes and other experiences differed across a number of variables, including race/ethnicity, age, sexual orientation, whether the survivor has children, whether the survivor has children with her in shelter, number of children, gender, education, and length of stay. Cross-tabular analyses also address potential variations in these areas across shelter and staff size and capacity, range of services, local population size, local population demographics, and geographic region. Factor analyses of service needs show the extent of relationships among specific needs, and the ones that are most closely associated with each other.

Qualitative analysis

Responses to the open-ended items were also analyzed and coded thematically where appropriate. Non-English open-ended survey responses were translated into English by a native speaker of the language in which they were written before including them in the analysis. Open-ended analysis was done independently by two study staff members to ensure reliability of response coding.

Detailed Findings

Information about Participating Programs

A total of 215 programs participated in the eight states, averaging 27 programs per state. This number reflects 81% of the total 266 programs that included residential shelter services in the eight participating states. The specific number of programs for each state is shown again in Table 2, below.

Table 2

State	Number of participating programs
Connecticut	15
Florida	34
Illinois	32
Michigan	32
New Mexico	11
Oklahoma	26
Tennessee	35
Washington	30
Total	215

These programs averaged 16.5 full-time equivalent (FTE) staff each (with a range of 1.25 to 99), and averaged an additional 15 volunteers per month to assist the staff in providing services. These staff and volunteers provided services to shelter residents as well as community members who wanted services but did not stay in shelter (but, again, this study gathered data only from shelter residents). The average capacity of participating shelters was 25 beds. The smallest participating shelter had four beds; the largest had 102 beds. Over half (54%) of the shelters had between four and 20 beds. The average number of adults each had sheltered in the last year was 130, and the average number of sheltered children was 114. Again, the range across shelters was substantial: from two to 2300 adults, and one to 1242 children. The greater the population in the area served by the shelter, the more beds and staff it had. Staff size and bed capacity were also related.

The median limit for length of stay for shelters participating in this study was 60 days. Shelters allowed stays of up to two years. Eighteen percent required residents to leave in 30 days or less. Forty-eight percent allowed residents to stay from 31 to 60 days. Many shelters noted that their time limits could include extensions depending on circumstances. Most (75%) felt that they could set their own time limits based on program policy, rather than having them determined by outside forces such as funders, although 21% reported that funders established the limits. Notably, the maximum length of stay reported by participating programs was not significantly related to staff size, the number of shelter beds, or whether policy or funders established the limits.

Ninety-eight percent of participating shelters reported that they had the capacity to accommodate residents with at least one of the following disabilities: physical/mobility, cognitive, visual impairment, hearing impairment, or other health needs. Physical disability accommodations were the most common (93%); 82% of these programs provided a written description, which most commonly stated that the shelter was ADA compliant or that specific rooms were wheelchair accessible. Accommodations for hearing impairment were next most common (66%); 68% of these programs offered descriptions. Most commonly, these included TTY/TDD equipment, ASL staff or professionals under contract, flashing emergency lights, and specialized computer software. Accommodations for special health needs (55%) were described by 71%, and most frequently noted dietary support; arrangements with visiting nurses and outside health services were also common, and a few cited acceptance of assistance staff or animals. Accommodations for visual impairment (47%) was next most common, and 63% of these programs offered descriptions. Braille signage and materials were most common;

acceptance of guide animals, sound warnings, specialized computer software and referrals to other agencies were also noted. Accommodations for cognitive disabilities, were reported by 46% of the study programs, of which 63% offered a description. Most common accommodations were extra attention by staff and referrals to local agencies as needed. Thirty-five percent of participating programs had the facilities to assist survivors who had any of the above needs. Forty-five percent did not know what percentage of their residents had any disability. Of those who estimated the percentage of their residents who had a disability, the estimate ranged from 0 to 100%, with an average of 18%.

Each shelter offered a variety of services, based on their capacity and the needs of the survivors they served. In addition to the services listed below, many also performed the vital service of connecting their residents with resources in the community to address needs that could not be served in-house. All of the shelters surveyed offered some form of advocacy services to their residents. Table 3 shows the percentages of shelter programs that offered each type of advocacy.

Table 3

Type of advocacy	Percent of shelters offering
housing	95
civil court	82
criminal court	81
health	81
TANF	80
child protection/welfare	79
job/job training	78
immigration issues	76
divorce/custody/visitation	73

In addition to advocacy, the majority of shelters also offered other services, as shown in Table 4 on the next page. Individual and group services for adult survivors were available in nearly all shelter programs, while half or more offered services that focused on children.

Table 4

Type of service	Percent of shelters offering
support groups	97
crisis counseling	96
individual counseling	92
parenting classes	55
counseling for children	54
child care	50

While these list the most common services offered, shelters also offered a wide range of other services to a variety of specialized groups of survivors. Some examples of these include substance abuse treatment, assistance with education, money for emergency room visits, life skills, hospital advocacy, assistance in working with landlords, mediation, a variety of types of transportation, hotlines, art therapy, clothing, transitional housing, replacing documentation, mental health, and treatment for Post Traumatic Stress Disorder. Special populations served include seniors, teens, those living in rural areas, those who speak Spanish, Korean, or other languages, women who have been arrested in dual arrests, the LGBT populations, chronically homeless, women of color, women without children, the hearing impaired, those who are immigrants, survivors of human trafficking, those who have been imprisoned, sexual assault victims, and migrant workers. Many shelters also noted that they offer some form of batterer treatment.

Services are also offered in a very wide range of languages. Eighty-two percent of the shelter programs had staff who spoke at least one language other than English and 49% had volunteers who could assist clients in languages other than English. Seventy-two percent of the overall total had staff who spoke Spanish. Other languages spoken included Afrikaans, Arabic, American Sign Language, Bengali, Cambodian, Dutch, Farsi, Flemish, Filipino, French, German, Gujarati, Hebrew, Hindi, Hungarian, Italian, Japanese, Korean, Lithuanian, Malay, Chinese, Nepali, Navajo, Polish, Portuguese, Russian, Samoan, Serbian, Swedish, Tagalog, Telugo, Ukrainian, Vietnamese, and Zuni. Shelters with greater bed capacity and larger staff size were more likely to have staff who spoke languages other than English. Staff who speak other languages are also more likely to be found in shelters located in areas with large populations.

There are positive correlations among the number of beds in a shelter, the number of staff employed in a shelter, and the size of the geographic area served by the shelter. This means that larger areas are more likely to have shelters with greater capacities, both in terms of numbers of available beds and numbers of staff operating the shelter.^b

Shelters with Spanish-speaking staff

Several differences were found between programs that had at least one Spanish-speaking staff member and those which reported no Spanish-speaking staff. Programs with Spanish-speaking staff were larger than the others on average, with an average of 19 staff members (compared to 11), 27 beds (compared to 18); and had served an average of 153 women and 139 children in the past year, compared to non-Spanish-speaking shelters which

^b The correlation between number of staff employed and number of beds in a shelter was .505; the correlation between number of beds and size of population served was .183, and the correlation between the number of staff employed and the population served was .333. All were statistically significant ($p < .05$).

had served an average of 76 women and 69 children. The ethnic breakdown of staff differed, with the Spanish-speaking shelters having the expected larger number of Hispanic staff (3.1 compared to .2), but also with a larger number of African American staff (3.3 compared to 1.2) and Caucasian staff (11.6 compared to 8.5). They also were more likely to have staff members who spoke Haitian (16% compared to 0 of the non-Spanish-speaking shelters), likely reflecting the large number of shelters in Florida that serve both Haitian and Hispanic clients.

Programs with Spanish-speaking staff were more likely than the others to offer counseling for children (89% compared to 69%), TANF advocacy (84% compared to 67%), and immigration-related advocacy (80% compared to 61%). They were also more likely to be able to accommodate cognitive disabilities, with 51% having the capacity to serve survivors with cognitive disabilities, while 33% of shelters without Spanish-speaking staff able to serve those survivors.

Census-based Information about the Program Service Area

Each shelter in this study served between one and twelve discrete cities, towns, or counties. The shelters served regions with populations as small as 2,731 persons and as large as 5,376,741. The median size of the areas served was 123,135. These communities varied widely in many respects. While all were between 45% and 55% female, they varied greatly in age. The youngest region had a median age of 24, while the oldest had a median age of 54. The mix of racial/ethnic groups in each region was diverse, as well, as shown in Table 5. Overall, the “White” group was the largest in most regions, but many regions had a majority population of Hispanic or Native American residents.

Table 5

Racial/ethnic group in region	Mean %	Minimum %	Maximum %
White	82	16	99
African American	8	0	41
Hispanic/Latino	8	0.5	63
American Indian/Alaskan Native	3	0	75
Other	3	0	25
Asian	2	0.1	13
Multiracial	2	0.4	10
Hawaiian	0	0	1

The average household size in these communities was 2.5, and the average family size was 3.0. Eighty-two percent of adults in the covered areas had graduated from high school, while 22% had graduated from college. Twenty percent reported they had some sort of disability. Seven percent were born outside of the United States, and 12% did not speak English. Sixty-one percent were in the paid labor force. The median household income was \$41,454 and the mean per capita income was \$21,082. This is somewhat lower than the national median household income of \$49,568 and the average median income for these eight states of \$49,320. Ten percent of families and 14% of individuals lived below the federal poverty level. This is similar to the national poverty rate of 10.6% for families, and the average 12.3% for individuals in the eight states.²⁷ These data suggest that the regions covered by the shelters included in this study are similar to other regions in the states involved, and to the nation as a whole: they have slightly lower rates of poverty, as well as somewhat lower median household incomes.

Survey Respondents by State

A total of 3,410 individual survivors participated in this study. 1,881 of them filled out only Shelter 1. 964 filled out only Shelter 2. 565 filled out Shelter 1 and Shelter 2 forms that

could be matched with one another. Table 6 shows the breakdown of types of surveys completed, by state.

Table 6

State	Shelter 1 received	Shelter 2 received	Both surveys received	Total
Connecticut	77	24	18	119
Florida	503	216	107	826
Illinois	356	226	96	678
Michigan	266	88	74	428
New Mexico	72	58	30	160
Oklahoma	149	83	39	271
Tennessee	216	133	125	474
Washington	194	103	69	366
State not given	48	33	7	88
Total	1881	964	565	3410

Shelter Residents: Demographic Characteristics

Of the individuals who participated in this study, just over half (52%) identified themselves as White, while 22% identified as African American/Black, 12% as Hispanic/Latina, 5% as Native American, 1% as Asian/Pacific Islander, 6% as multiracial, and 2% as other. Survivors from the least populous areas (less than 62,000) were most likely to be White and least likely to be African American/Black. Those from the largest areas (population of 485,000 or more) were more likely to be African American/Black and Hispanic/Latino. Compared to Census data for the regions, the shelter residents, on average, were more likely to be people of color. Ninety-six percent of the respondents completed the forms in English; 4% used the Spanish forms. Vietnamese, Korean and Russian versions were also used.

The majority of respondents were between 25 and 50 years of age, as shown in Table 7.

Table 7

Age	Number of respondents	Percent of respondents
17 and under	9	< 1%
18-24	645	20
25-34	1105	34
35-49	1144	36
50-64	291	9
65 and over	22	< 1
Total	3216	100%

Only 74% chose to answer the questions related to children. Of those who answered the question, 22% of the total reported that they did not have children, but 32% had no children with them in shelter. Those who did have children were most likely to have one (28%) or two (27%). The largest number of children reported was 18.

While most (99.6%) of those who responded were women, there were 13 men (0.4%) in the sample. It is important to remember that men who seek emergency shelter are most likely to obtain housing through safe homes or motel vouchers, and these facilities were not included in this study of shelter residents. Most programs also offer men a wide range of advocacy and other supportive services. Results for men are included throughout the findings, and any significant differences between men and women are highlighted. Detailed findings for men are also described beginning on page 100.

Ninety-three percent of the total reported that they were heterosexual or straight; 3% indicated they were bisexual, 1% were lesbian or gay, and 2% reported “other” sexuality. Many comments in relation to sexuality included a feeling of being non-sexual as a result of the abuse. One woman wrote, for example: “Due to the abuse, I have lost my sexual desire and am mostly repulsed by it. I don’t identify with my sexual side—I don’t have a sexual side anymore—

when before it was a large part of my joy and identity even, now it simply no longer exists, which makes me pretty sad to know that.” A number of survivors offered responses related to their religious beliefs, including “blessed,” “Christian,” and “God’s servant.” Others used labels specific to their culture. For example, one Native American respondent referred to herself as “two spirit.”

Twenty-seven percent of respondents had not received a high school diploma, as shown in Table 8 below. This figure compares to 18% found for Census data on education level in the area served by the shelter, suggesting that shelters disproportionately serve people with more limited resources.

Table 8

Level of education	Number of respondents	Percent of respondents
Less than 8 th grade	170	5%
9 th to 11 th grade	708	22
High school	947	29
Some college	1064	33
College graduate	276	9
Advanced degree	63	2
Total	3228	100%

Experience Before Entering Shelter

Survivors were asked upon their entrance into shelter to provide information about where they had heard about the shelter. They were given a list of 13 options of where they might have heard about the shelter, plus an “other” category. 66% chose one of those options, while 21% chose two options, and 13% chose more than two. The most common options were domestic violence advocate, police, and friends, as shown in Table 9 below. In addition to these responses, 6% had heard from a mental health provider, 6% from a health care

provider, 6% from a flyer, 5% had heard about shelter from someone at church, 5% from someone at court, 4% from a child protection (CPS) staff member, and 2% had heard from a TANF (welfare) worker (percentages total more than 100% because more than one item could be selected).

Table 9

Where the survivor heard about the shelter	Number of respondents	Percent of respondents
Domestic violence advocate	691	28%
Police	568	23%
Friend(s)	534	22%
Social services agency staff	341	14%
Family member	293	12%
Phone book	288	12%

Those who added more information also suggested they had heard about the shelter by being residents before, including one who said she had “been here with mother when younger”, from an internet research, and from their local thrift store. Others noted that they heard from strangers, such as a “girl at Walmart,” a cab driver, a Greyhound passenger, or “looking for shelter, a Chinese restaurant guy helped me out.” They also heard about the shelter from school-related resources, ranging from a middle school guidance counselor to a doctoral program director. Some knew from being on the other side of services, such as United Way pledge drives in the workplace or their previous work in the shelter as volunteer.

Survivors were also asked when they had first heard of the shelter. Twenty-five percent had first heard of the shelter within a day or two of arriving. Twenty-six percent had heard of the shelter more than two days ago, but less than a month ago. Twenty-one percent had heard of it between a month and a year ago, and 27% had first become aware of the shelter more

than a year prior to entry; 46% of these had never stayed at the shelter. Twenty-four percent had stayed at the shelter before their current stay. Of those previous stays, 25% had been within the previous six months, 17% between six months and one year prior, and 58% had been more than a year ago.

Nine percent of the participating survivors had tried to stay at the shelter before without success. By far, the most common reason for this was that the shelter had not had room. As one commented, she could not stay because of “no openings. Went back to my abuser because of no place to go.” Another said there was “no bed space at the time, then [I] decided to stay in relationship.”

Other reasons for not being able to stay were that they didn’t know where to find the shelter, they did not have transportation to get there, they had already stayed the maximum allowed time, or they had health problems. Another group of women who had trouble finding shelter had one or more teenage sons who could not stay at the shelter. One said the problem was that “because I have a 15 year old male son, they could not decide what to do about that.”^c

Some survivors said they did not fit the qualifications of the shelter because of their situation or things they had done in desperation. For example, one was ineligible because “after years of abuse, I finally hit my husband back and got arrested.” Another was “only homeless at the time and there was no room.” A third had to leave because she “started drinking—went to rehab and came back.” A fourth was told “there was no room available for a

^c Children are often affected by the violence they witness in their homes, especially when the violence and abuse have lasted a long time. Some children respond in part by using violence themselves. Because adolescent boys may be physically strong, some look much like adult men, and shelters have experienced incidents where teen boys have become violent toward other residents or made them fearful, many shelters have adopted policies of not accepting teen boys into shelter. Staff usually make efforts to help the survivor find other housing for the boys affected.

single woman without children. There just isn't enough help for women without children."

Finally, "I was told that because I wasn't 'unsafe', I had to stay somewhere else, which wouldn't take me because they had a 6 month minimum stay. I was 'safe' because I had a restraining order, but I still had nowhere to live and was unemployed."

Others were kept away by fear. Those fears included fear of the unknown: "Afraid to do it, even call. I don't know how it was like." There was also fear of the abuser: "He and his family always find a way to find me;" "Didn't have police reports and was scared to leave and try to survive by myself;" "I am homeless and my husband threatens my life when I don't give him money;" "I had to leave because my abuser found me there;" and fear for their children: "I was afraid. I was afraid of losing my children". ..A final group had more trouble putting an exact definition to their barriers. "I ended up going back to him (stupid);" "I got to the door and just couldn't do it."

When they were asked, 25% reported that they had had "concerns" before coming to shelter, and 95% of these provided descriptions. The most common concern was being unsure of what to expect or fear of the unknown. One respondent noted, "I didn't know what to expect because I've never been to a shelter." Another said she "felt ashamed, scared of other people that may be there. Didn't know anything about shelters." Many others were afraid their abuser would find them or thought the shelter was unsafe. "That by coming to this place my husband would be able to find me and do me a lot of harm but he has not found me and this place is very secure and very necessary for us. Thank you." "I was scared of giving my perp's info because if the police go after him it would make him worse."

There were also concerns expressed about living in a small space with strangers and concerns about a new environment. Many reported concern for their children. One noted she was afraid “that they would be able to take away my daughters or that they would deport me to my country.” Another said she was “concerned it would be too restrictive to work with and may not look good in [a] custody trial.”

Many reported that their concern was feeling ashamed. One commented, “My concern was that people would judge me and tell me I’m wrong for all decisions I have made and seem to make.” Another said she was “afraid of rejection and/or disapproval because I had been here previously.” A third noted, “This is a small town and I know that there are people that know this location and I was afraid of the privacy I would [not] be afforded.” Others were afraid they would be turned away and not accepted at the shelter. They were concerned about what might happen to their pets or that they would not be able to continue at their jobs.

Other comments about fears included “fear of getting hurt due to past experience of people in positions of power using it to cause further damage in my life.” One resident reported that her concern was “feeling bad that I ‘all of a sudden’ decided to leave, that he’d cheat on me.” A third reported that her “concern was: how will I be able to go to work, my pet, how am I going to get my things from my house.” Finally, one said she “did not believe my problems were severe enough to live in a shelter.”

What Survivors Would Have Done Without Shelter

Survivors were asked to describe what they would have done if the shelter had not existed. Ninety-five percent (2,333) responded in their own words. Their responses fell into five

general categories: being homeless, losing everything, acting out of desperation, uncertainty, and continued abuse/risk of death.

Be homeless. Those who described being homeless included those who believed their other options were to stay in car, stay in a homeless shelter, tried to find a friend or family member to stay with, or be on the streets. The following excerpts illustrate these responses:

- Be homeless and scared and confused.
- Homelessness/would've gone back because of co-dependence financially.
- Be at a homeless shelter or begging friends to stay with them, and putting them at risk of abuse by my ex-boyfriend.
- Continue to run and move from place to place and constantly watching my every move. Wondering if he is around and not give him anymore then need be
- Slept in my vehicle in sub-freezing weather w/o food or drink or warm blankets, pillow, shower, soap, clean clothes etc..
- Don't know, maybe be living on the street.

Lose everything. Those who were worried about losing things spoke of losing valuables, jobs, and, most commonly, children. “I would have to give my baby to [children’s services] and live on the street.” “I don't know, I probably would have lost my children;” “have to find alternative living for my kids;” “went to jail because I would've went back to retrieve my belongings and into another fight;” “I'll be sleeping in my car, lose my children and my job.”

Desperate actions/uncertainty. Other actions these survivors considered ranged in severity from looking for another, more distant, shelter “Checked out other shelter in other counties”) to calling in the authorities (“called the police to get him removed from the home”)to resorting to violence themselves (“kill my boy friend that abuse me”). Others

expressed more uncertainty: “I honestly can't tell u what I would do because I honestly don't know.”

Continued abuse. The final category included women who believed they would have had to remain with their abusive partner and continued to be abused. The following comments illustrate the responses in this category:

- Perhaps I would continue putting up with the bad life I had with my abuser, in a few words ‘resign to live like this’.
- Stayed with my abuser and continued to get beat everyday.
- Feel helpless and hopeless and still being there. Not moving forward.
- My situation would of escalated to very serious injuries, possible death if not interceded.
- Probably I would have been killed. Cause I had nowhere else to go. If I would have stayed with my other half, I would have been killed most likely.
- I would be dead I think.

Shelter Entry

Respondents were asked to indicate which of five choices had been true for them when they arrived at the shelter. Options addressed their first experiences of the shelter, its space, staff, and other residents. They could also indicate that none of the possible responses were true for them when they arrived. Results are shown in Table 10 below.

Table 10

When you first arrived...	# who said “yes”	% who said “yes”
Staff made me feel welcome	2255	95%
Staff treated me with respect	2141	91%
The space felt comfortable	1950	83%
It seemed like a place for women like me	1814	77%
Other women made me feel welcome	1668	71%
None of the above were true for me	56	2%

These first impressions were examined for survivors of different genders, sexualities, racial/ethnic backgrounds, ages, educations, and maternal status. The first impressions did not differ by whether or not the survivor had children or based on the number of children.^d There were differences in first impressions based on race/ethnicity, however. Asian/Pacific Islander survivors were least likely to say *staff made them feel welcome* (although this should be interpreted with caution since it is based on just 23 people). Only 84% of Asian survivors responded positively to that question, while all other groups responded above 90%. In addition, 68% of Asian/Pacific Islander respondents reported that the space felt comfortable, in comparison to 80% of African Americans, 81% of Native Americans, 82% of multiracial women, 85% of Hispanic/Latina women, and 85% of White women.

Responses to the item about *staff respect* showed that the biggest disparity was between Asian/Pacific Islander women (76% said yes) and White women (92% said yes). Asian/Pacific Islander and Native American women were least likely to say the shelter seemed to be *a place for women like them* (72% and 73%, respectively, indicated that was true), while Hispanic women (81%) and White women (78%) were somewhat more likely to respond affirmatively. White women (73%) and multiracial women (72%) were the most positive about how other residents welcomed them, followed by Native American (70%), Asian/Pacific Islander (68%), Hispanic (67%), and African American (65%) women. (Clearly, it is not the responsibility of shelter residents to make newcomers feel welcome, although such welcome can profoundly

^d In this and all analyses that follow, “differences” are reported only if they are significant statistically at the .05 level or better.

affect early experiences.) The only group to answer “yes” to “none of these choices were true for me” at a level higher than 2% was Asian/Pacific Islander women at 8%.

Those under 18 (83%) and over 64 (92%) were most likely to feel welcomed by other women, although, again, these responses are based on very small numbers (9 under 18 and 22 over 64) and should be interpreted with caution. Straight women felt most welcomed by other women (71%); lesbian and bisexual women were in the middle (65%), and women who identified as “other” felt least welcomed (56%). Men (33%) felt less welcomed by “other women” than did women (71%). Only 71% of those over 65 thought the space felt comfortable (at least 80% of all others did). Only 67% of men felt the staff treated them with respect, but 91% of women did.

Feeling welcomed by other women decreased as education increased, from 80% for those with less than 8th grade to 65% for those with advanced degrees. Feeling respected by staff also went down with education, from 93% for those with less than 8th grade to 81% for those with advanced degrees.

Differences in first impressions for shelters of different sizes. Overall, 83% of survivors agreed when asked if the space made them feel comfortable. However, as shelter size and bed capacity increased, the percentage of respondents agreeing with this item decreased. Ninety-two percent of survivors in shelters with only one to five staff members felt comfortable whereas 77% of those in shelters with more than 50 members of staff felt the same. Similarly, 93% of respondents staying in shelters with the least number of beds (one to ten) said that they felt comfortable, as compared to 74% of those in shelters with 41 or more

beds. This may suggest that shelter residents are most comfortable in spaces that feel more “home-like”.

In all, 70% of survivors reported that the other women residing in their shelters made them feel welcome. Respondents in smaller shelter settings were more likely to report feeling welcomed by other women than respondents in larger shelters. The largest percentages of survivors reporting they felt welcomed by the other women were from shelters with a bed capacity of 11-20 (80%) and lowest in shelters with over 41 beds (59%). Notably, agreement with this item fell off sharply among survivors in shelters employing between 31 and 50 staff members; less than 60% in these shelters agreed.

The vast majority of shelter residents (91%) agreed that staff treated them with respect at entry. In fact, among survivors in shelters with one to ten staff members and 31 to 40 staff members 93% agreed. Eighty-six percent of residents in shelters with over 41 staff felt treated with respect.

When asked if the shelter in which they were living seemed like a place for women like them, 77% of survivors overall agreed that it did. Satisfaction on this item decreased linearly as the bed capacity of shelters increased. When examined in comparison to staff size, 81% of respondents in shelters with one to ten staff felt the shelter seemed like a place for them, 73% of survivors in shelters with 16 to 20 staff agreed, and only 66% in shelters employing 31 to 40 staff members agreed; however, 74% of the respondents in shelters with more than 51 staff agreed.

Although satisfaction in survivors’ first impressions of shelter was overwhelmingly high, 1.5% of total respondents reported that none of the above choices were true for them. The

highest percentages of survivors who felt that none of the choices were true were staying at shelters with 31 to 40 staff members (6.5%) and having a bed capacity of 31 to 40 (3.4%).

Residents' Needs at Entry

Needs for all survivors. Survivors were asked to choose from a list of 38 potential needs at the time of shelter entry. As shown in Table 11 below and on the next page, their most common needs were safety (86%), housing (84%), and learning about their options and choices (80%). The remaining responses are shown in descending order.

Table 11

Need	Number who chose	Percent who chose
Safety for myself	2047	85%
Finding housing I can afford	1997	83%
Learning about my options and choices	1916	80%
Paying attention to my own wants and needs	1811	75%
Ideas for handling the stress in my life	1802	75%
Emotional support	1763	73%
Counseling for myself	1731	72%
Connections to other people who can	1698	71%
Understanding about domestic violence	1673	70%
Safety planning	1587	66%
A job or job training	1367	57%
Budgeting and handling my money	1293	54%
Transportation	1255	52%
Support from other women	1236	52%
Safety for my children	1208	50%
Paying attention to my children's wants and needs	1203	50%
Leaving my relationship	1175	49%
Education/school for myself	1169	49%

Table 11, continued

Need	Number who chose	Percent who chose
Health issues for myself	1102	46%
Other government benefits	941	39%
Reconnecting with my community	859	36%
Responding to my children when they are upset or causing trouble	869	36%
Counseling for my children	773	32%
Education/school for my children	770	32%
TANF (welfare) benefits	732	30%
Child care	688	29%
My abuse-related injuries	634	27%
Protective/restraining order	594	25%
Health issues for my children	519	22%
Divorce-related issues	485	21%
Disability-related needs	445	19%
Child protection systems issues	477	20%
Custody or visitation issues	437	18%
Child welfare systems issues	420	18%
My abuser's arrest	386	16%
Immigration issues	161	7%
My own arrest	71	3%

Demographic variables associated with service needs.^e To better understand the complexity of survivors' needs, each item was further examined for relationships between needs and residents' demographic characteristics. The following significant associations were found:

- **Safety for myself.** 86% wanted this overall, but all 9 of those under 18 and 81% of those between 18 and 24 (it was 87% of all other age groups).

^e The needs of respondents at entry were examined for any differences between different groups based on racial/ethnic background, age, sexual orientation, gender, or educational level. Again, all differences reported in this section were significant statistically at the .05 level or better.

- ***Finding affordable housing.*** 84% wanted help with this overall, but African American/Black and multiracial survivors wanted it most (89%) and Asian/Pacific Islanders wanted this help least (56%). Residents with advanced degrees were least likely to want this help (62% did); at least 80% of those with all other educational levels wanted help with housing.
- ***Paying attention to own wants and needs.*** 75% wanted this overall, but African American/Black survivors wanted this help most (79%), and Native American women identified it least (67%).
- ***Handling stress.*** 75% wanted this overall: 81% of those between 50 and 64, but 57% of those under 18 and 53% of those over 65.
- ***Counseling for themselves.*** 73% overall wanted this, but 85% of those under age 18 and 53% of those age 65 or older. Residents age 18-24 were next least likely to identify counseling: 64% did. The remaining age groups were in the 70% range.
- ***Emotional support.*** 74% overall, but 86% of the 9 residents under age 18 and 60% of the 22 survivors over age 65.
- ***Connections to other people who can help.*** 71% wanted this overall. Those under 18 checked this most (86%), and those 18-24 did so least (59%). All of the men checked this item, but 71% of the women checked it. 76% of college graduates and those with 8th grade education or less wanted this help, and those with 8 to 11 years of schooling were least likely to check it (66%).
- ***Understanding domestic violence.*** 70% checked that they wanted help with this, but 84% of Asian/Pacific Islanders did, followed by Hispanic/Latinas (74%), African American/Blacks (74%), Native Americans (69%), Whites (68%), and people who identified as multiracial (64%). There were also differences by age; all of those under 18 checked it, followed by those 65 and over (80%), 50-64 (73%), 25-49 (71%), and 18-24 (63%).
- ***Job or job training.*** 57% wanted this help: 62% of those under 35, declining consistently to just 14% of those 65 and older. Education level was also associated: 62% of those with 8th grade or less wanted this help, declining to 39% of those with advanced degrees.
- ***Budgeting or handling money.*** 54% checked this item. Responses varied by race/ethnicity (68% of African American/Black survivors wanted it most of any group, and Whites did least of any group, with 51%), age (58% for those under 35 and 27% for

those over 65), and education (from 61% of those with an 8th grade education or less to 32% of those with an advanced degree).

- **Transportation.** 53% wanted help with this: 62% of those who had less than a high school degree, 50% of those with a high school degree or some college, and 44% of those with a college or advanced degree.
- **Support from other women.** 52% checked this item, ranging from 54% of whites to 28% of Asian/Pacific Islanders. Age was also a factor: 67% of those over age 65 checked it, but just 42% of those age 18 to 24.
- **Education/school for themselves.** 48% wanted this kind of help: 66% of those with less than 8th grade, declining to 27% of those with an advanced degree. African American/Black and Hispanic/Latina residents were more likely than others to check it (56%), and Whites were least likely (43% did).
- **Health issues.** 46% overall checked this, ranging from 59% of those age 50 to 64 to 33% of those age 65 and older. Survivors with 8th grade education or less also checked this substantially more (at 61%) than did all other educational groups.
- **TANF (welfare) benefits.** 30% wanted this help. These included Hispanic/Latina (38%), multiracial (33%), White (31%), Asian/Pacific Islander (28%), African American/Black (27%), and Native American (24%); as well as 33% of those 18-34, and 23% of those 50 or older. This need decreased with education levels, with 37% of those with 8th grade education or less asking for it, but only 23% of those with college degrees and 27% of those with advanced degrees.
- **Abuse-related injuries.** 27% wanted this help. Hispanic/Latina respondents (42%) were followed by African American/Blacks (33%), multiracial (26%), Whites (22%), Native Americans (21%), and Asian/Pacific Islanders (20%). It was most asked for by those with 8th grade education or less (43%) and advanced degrees (33%).
- **Restraining order.** 25% checked this item. Asian/Pacific Islanders and Hispanic/Latinas checked it most (32%), followed by multiracial respondents (27%), Whites (25%), African American/Blacks (23%), and Native Americans (15%). Those who wanted this help were also more likely to be under 18 (57%) than 25-64 (27%), 18-24 (18%), or 65+ (14%).
- **Divorce.** 21% wanted this help. It was selected most by Asian/Pacific Islanders (36%), Hispanic/Latinas (28%), and Whites (23%), and least often by Native Americans (16%), multiracial respondents (16%), and African American/Blacks (14%). It was more likely to be selected by those older than 35 (24%) than younger than 35 (18%).
- **Disability-related issues.** 19% checked this item. They were more likely to be over 35 (26%) than under 35 (13%). Heterosexuals were less likely to want this help (19%) than

those with other sexual orientations (29%). Those with an 8th grade education or less (33%) wanted this help the most, then for those with an advanced degree (26%), while the other educational levels were around the average.

- **Immigration issues.** 7% wanted this help. Asian/Pacific Islanders were most likely to check it (66%), followed by Hispanic/Latinas (30%), with much lower indications for African American/Blacks (4%), Native Americans (3%), and White and multiracial respondents (2%). It was also most common among 25-34 year olds (9%) and least common among the youngest (17 and younger 0%). Those with 8th grade or less education (23%) and advanced degrees (19%) had the most need for this, and those with high school degrees (5%) and some college (4%) had the least. It was less needed by those who identified as heterosexual (6%) than those with other sexual orientations (10%).

Needs for mothers. The needs differed somewhat for the 60% of the sample who identified themselves as mothers when they entered shelter. Of the 10 needs relating to children, mothers were most likely to choose “safety for children” and “paying attention to my children’s wants and needs” as items that were their priorities for assistance. Table 12 below shows mothers’ child-related needs.

Table 12

Need	Number of mothers who chose	Percent of mothers who chose
Safety for children	1051	71%
Paying attention to children’s wants and needs	1045	70
Responding to children when they are upset or causing trouble	750	51
Counseling for children	678	46
Education/ school for children	660	45
Child care	600	41
Health issues for children	448	30
Dealing with child protective services	398	27
Custody issues	391	27
Dealing with the child welfare system	353	24

Demographic variables associated with mothers' child-related service needs.^f

To better understand the complexity of mothers' child-related needs, each item was further examined for relationships between needs and residents' demographic characteristics. In general, survivors aged 50 to 64 were most likely to identify needs related to their children, as were survivors who completed forms in Spanish. The following specific significant associations were found:

- ***Safety for my children.*** Overall, 70% of mothers checked they wanted help with this. Those between 18 and 34 were most likely (74%), followed by 71% of those age 50-64 and 63% of those age 35-49. 86% of those who completed the form in Spanish checked this item, compared to 69% of those who completed it in English.
- ***Paying attention to my children's wants and needs.*** 70% also wanted help with this, ranging from 75% of mothers age 25-34 to 65% of those age 35-49. 84% of those who completed the form in Spanish wanted this help, compared to 69% of those who completed it in English.
- ***Education/school for my children.*** 43% wanted this help. Asian/Pacific Islanders were most likely to indicate this need (67%), followed by Hispanic/Latinas (56%), Native Americans (49%), African Americans (46%), multiracial (43%) and White mothers (37%). 71% of mothers age 50-64 checked this need, compared to 45% of those age 25-34 and less of the rest. Those with 8th grade education or less were most likely to check this item (63%), and it consistently declined to 35% among those with advanced degrees. Finally, 73% of those who completed the form in Spanish check this, compared to 41% of those who completed it in English.
- ***Child protection system issues.*** 27% indicated they wanted this help. Asian/Pacific Islanders were most likely to check it (58%), followed by Hispanic/Latinas (34%), White (29%), Native American (25%) multiracial (20%) and African Americans (19%).
- ***Child welfare system issues.*** 25% checked this item: 42% of Asian/Pacific Islanders, 30% of Hispanic/Latinas, 26% of Whites, 23% of multiracial, and 18% of Native and African American mothers.

^f The child-related needs of mothers at entry were examined for any differences between different groups based on racial/ethnic background, age, educational level, or language in which the form was completed. All differences reported in this section were significant statistically at the .05 level or better.

- **Responding to my children when they are upset or causing trouble.** 50% checked this item overall. Hispanic/Latina mothers were most likely (60%), followed by Native Americans (55%), African Americans (52%), Asian/Pacific Islanders and multiracial (50%), and Whites and others (46%). Mothers age 50-64 were most likely, with 63%, followed by 57% of those age 25-34 and 42% of those age 35-49. 73% of those who completed the form in Spanish checked it, compared to 48% of those who filled it out in English.
- **Child care.** 41% checked this item. This ranged from 49% of those age 18-34, to 28% of those between 35 and 64. Mothers who filled it out in Spanish were more likely than those who did it in English to indicate this need (58% compared to 40%).
- **Counseling for children.** 44% indicated they wanted this kind of help. Asian/Pacific Islanders were highest (58%), followed by 56% of Hispanic/Latinas, 48% of multiracial, 44% of African Americans, 42% of Whites, and 37% of Native Americans. Further, 71% of mothers age 50-64 wanted this help, compared to 48% of those age 25-49 and 31% of those age 18-24. Again, those who completed the survey in Spanish were more likely to want this help than those who completed it in English (69% compared to 43%).
- **Health issues for children.** Overall 29% checked this item. Asian/Pacific Islanders were most likely (50%), followed by Hispanic/Latinas (40%), African Americans (34%), multiracial (31%), Native Americans (25%), and Whites (24%). Again, mothers age 50-64 were highest (67%), followed by 31% of those age 25-34. The rest were in the mid-20% range. Mothers with 8th grade education or less were much higher than the rest (49% compared to the 20% range). Those who completed the survey in Spanish were more likely to want this help than those who completed it in English (50% compared to 28%).
- **Custody/visitation issues.** 27% wanted this kind of help. Asian/Pacific Islanders were most likely (42% did), followed by Hispanic/Latinas (33%), Whites (32%), multiracial (24%), others (23%), Native Americans (18%), and African Americans (14%). Those with 8th grade education or less were most likely to want this help (42%), and those with advanced degrees were least likely (12%); all other educational groups were in the 20% range. Finally, those who completed the survey in Spanish were more likely to want this help than those who completed it in English (42% compared to 27%).

Other factors associated with identified service needs. The average *number* of needs selected did not significantly differ depending on whether the survivor had been in shelter before. However, previous shelter residents were less likely to list safety for children as a need, less likely to ask for child care, less likely to ask for help with TANF benefits, less likely to need

help with custody issues, less likely to want help with a divorce, and less likely to need help with immigration-related issues.

Needs also differed depending on how long ago their previous shelter stay had been. Those who had been in shelter more than a year previously were less likely to ask for safety for themselves. The more recent their stay, the more likely they were to want help paying attention to their own wants and needs, and to want help with abuse-related injuries.

Finally, survivors who stayed in shelters with a greater number of beds checked larger numbers of needs. The number of beds and number of needs were significantly and positively correlated (.496).

Service needs at entry: factor analysis. A factor analysis was completed on the list of needs offered to respondents at entrance to shelter.⁸ Eight factors were extracted, as shown in Table 13 on the next page. The items listed within each factor were substantially and significantly correlated with each other, as shown, and much less related to any other items. In total, these factors explain 53% of the variance in the original measures. Although it is common practice not to include factors that explain less than 5% of the variance, all were included here to show also the item factor correlations—the extent to which the items within each factor are related to each other.

⁸ Analysis used principal components extraction and varimax rotation. Appropriateness was determined by the KMO measure of sampling adequacy and Bartlett's test of sphericity.

Table 13

Factor	Associated variables (factor correlation)	Eigenvalue	% of variance explained
Parenting/ children's needs	Safety for my children (.781) Counseling for my children (.763) Education/school for my children (.757) Responding to my children when they are upset or causing trouble (.732) Paying attention to my children's wants and needs (.723) Health issues for my children (.678) Child care (.596)	8.128	21.966
Support needs	Emotional support (.692) Ideas for handling the stress in my life (.659) Counseling for myself (.654) Paying attention to my own wants and needs (.608) Connections to other people who can help me (.557) Learning about my options and choices (.552) Support from other women (.546) Understanding about domestic violence (.526) Reconnecting with my community (.374) Leaving my relationship (.369)	3.271	8.841
Economic needs	A job or job training (.694) Finding housing I can afford (.607) Education/school for myself (.559) Transportation (.481) Budgeting and handling my money (.476)	1.886	5.097
Criminal justice system needs	My abuser's arrest (.657) My abuse-related injuries (.562) My own arrest (.488)	1.779	4.807
Health/disability/ benefit needs	Issues related to my disability (.614) Other government benefits (.577) Health issues for myself (.551) TANF (welfare) benefits (.440)	1.312	3.545
Child welfare/ Child protection	Child welfare systems issues (.700) Child protection systems issues (.684)	1.153	3.116
Safety needs	Safety for myself (.764) Safety planning (.530)	1.078	2.914
Legal needs	Divorce-related issues (.732) Custody or visitation issues (.477) Restraining order (.463) Immigration issues (.394)	1.021	.759

Services Wanted and Received after Time in Shelter

At the time they completed Shelter 2, the surveyed residents had stayed in the shelter for anywhere from one to 624 days. The average length of time participants stayed in shelter was

33 days, and the median was 22 days (27 days for mothers). Table 14 on the next page shows the overall distribution.

Table 14

Length of time in shelter	Number of respondents	Percent of respondents
1 week or less	292	24%
More than 1 week, up to 1 month	487	39
More than 1 month, up to 2 months	297	24
More than 2 months, up to 3 months	106	8
More than 3 months	60	5
Total	1,242	100%

Shelter 2 asked survivors to choose from the same list of needs provided in Shelter 1. For each need, they were asked if they had wanted assistance with it and, if so, if they had gotten all the help they needed, some of the help they needed, or none of the help they needed. The most commonly chosen needs (by 95% of respondents or more) were safety for themselves, learning about their options, understanding domestic violence, paying attention to their own wants and needs, safety planning, and making connections to other people who can help them. Table 15 below and on the next page shows the most commonly desired types of help, and the percentages of residents who received all, some or none of the identified types of help (of those who wanted it). It shows that 75% or more of those who wanted any of these types of help got at least some of it, and over half reported getting *all* the help they wanted with any of these issues (much higher for most items).

Table 15

Need	# who wanted	% who wanted	% who got all of help wanted	% who got some of help wanted	% who got none of help wanted
Safety for myself	1423	98%	91%	8%	1%
Learn about options	1410	98%	70%	26%	4%
Understanding domestic violence	1394	97%	78%	18%	4%
Paying attention to own needs	1390	97%	70%	25%	5%
Safety planning	1359	96%	76%	19%	5%
Connections to other people	1336	95%	69%	21%	9%
Emotional support	1310	93%	68%	21%	11%
Dealing w/ feelings that upset me	1272	92%	63%	23%	14%
Dealing w/ stress	1299	92%	60%	25%	15%
Support from other women	1271	90%	66%	22%	12%
Counseling for myself	1224	87%	68%	18%	14%
Finding housing I can afford	1152	82%	60%	21%	19%
Leaving my relationship	1099	79%	73%	18%	9%
Health issues for myself	989	71%	64%	21%	15%
Transportation	1044	75%	66%	22%	12%
Budget & handle my money	950	69%	60%	21%	19%
Reconnecting w/ my community	903	65%	60%	27%	12%
Keep access to my faith community	862	63%	67%	20%	13%
Other government benefits	769	58%	62%	19%	19%
Job or job training	781	57%	54%	21%	25%

Table 15

Need	# who wanted	% who wanted	% who got all of help wanted	% who got some of help wanted	% who got none of help wanted
Education/ school for myself	774	56%	54%	25%	21%
Abuse-related injuries	724	53%	67%	22%	11%
Protective or restraining order	672	52%	77%	14%	9%
TANF (welfare) benefits	677	51%	67%	17%	16%
My abuser's arrest	440	35%	68%	14%	18%
Immigration issues	193	15%	76%	8%	16%
My arrest	166	13%	74%	8%	18%

Demographic variables associated with service needs being met.^h To better

understand the complexity of survivors' needs, each item was further examined for

relationships between whether needs were met and residents' demographic characteristics.

The following significant associations were found:

- ***Understanding domestic violence.*** 97% wanted help understanding DV and 96% got some or all of the help that they needed. African American/Black respondents were most likely to get all of the help they needed (82%), followed by Hispanic/Latinas (81%), Whites (79%), and Asian/Pacific Islanders (77%). Those least likely to get all the help they wanted were Native American (67%) and multiracial (69%). Native Americans were the most likely to say they got none of the help they needed (12%).
- ***Safety planning.*** 96% wanted this help and 95% got some or all. Getting all of the help they wanted declined with education level: 88% of those with 8th grade or less to 55% of those with advanced degrees.

^h The needs of respondents at exit were examined for any differences in whether needs were met or not between different groups based on racial/ethnic background, age, sexual orientation, gender, or educational level. All differences reported in this section were significant statistically at the .05 level or better.

- **Handling stress in their lives.** 92% wanted this help, 85% got all or some. This also decreased by education, from 68% of those with 8th grade or less education who said they got all they wanted to 45% of those with advanced degrees.
- **Support from other women.** 90% wanted support from other women, 94% said they got all or some. The ethnic group least likely to feel they got all the support they needed here was multiracial (44%); 69 to 75 percent of all other ethnic groups said they got all the help they needed.
- **Transportation.** 69% wanted help with transportation, 88% got all or some of the help they needed. 16% of those 18-24 and 13% of those 25-34 said they didn't get any help with transportation, while only 9% of those 35-49 and 6% of those 50-64 had the same response. The numbers of those under 18 (2) and over 65 (4) wanting help in this category were too small to include in statistical analysis.
- **Budgeting and handling money.** 68% overall checked that they wanted this, and 81% of those got some or all of the help they needed. Feeling this need was met completely declined with education, from 67% of those who had not graduated high school to 45% of those with advanced degrees.
- **Education/school for themselves.** 56% wanted this kind of help, 79% of those got some or all of the help they needed. The biggest difference here was between Asian/Pacific Islanders and Native Americans, 30% of whom felt they got no help at all, and African American/Blacks, of whom only 16% felt they got no help at all. All other groups fell in the middle.
- **Abuser's arrest.** 34% said they had wanted this help on exit, and 82% of them got all or some of the help they needed. "Got all the help I wanted" was selected most by Native American respondents (84%), Hispanic/Latina respondents (74%), and Asian/Pacific Islander respondents (70%), and selected least by multiracial respondents (55%), African American/Black respondents (66%), and White respondents (67%).
- **Divorce-related issues.** 34% checked this item; 82% of those got all or some of the help they needed. Native Americans either got all the help they needed (71%) or none of the help they needed (24%), with nothing in between. Asian/Pacific Islanders were most likely to get only some of the help (67%). Whites and Hispanic/Latinas were more likely to get all of the help they needed (67% and 69% respectively).
- **Immigration issues.** 15% wanted this help; 83% got some or all. This included 100% of those 50-64, 83% of those 18-24, 73% of those 25-34, and 71% of those 35-49.

Child-related services wanted and received by mothers. The 10 child-related needs were again analyzed only for survivors who indicated they were mothers. Table 16 below shows the numbers and percentages of mothers who reported they had wanted each type of help, along with the percentages who received all, some, or none of that help (out of those who wanted it).

Table 16

Need	# who wanted	% who wanted	% who got all of help wanted	% who got some of help wanted	% who got none of help wanted
Safety for my children	677	83%	89%	9%	2%
Paying attention to my children's needs	671	83%	78%	17%	5%
Responding to my children when they are upset or causing trouble	555	71%	70%	20%	10%
Counseling for my children	463	59%	66%	20%	13%
Education/school for my children	444	56%	79%	13%	8%
Child protection system issues	412	52%	70%	18%	12%
Health issues for my children	401	51%	69%	19%	12%
Child care	383	50%	62%	21%	17%
Child welfare system issues	392	51%	70%	19%	11%
Custody/ visitation issues	281	38%	64%	19%	17%

Notably, higher percentages of respondents to Shelter 2 indicated they had wanted each type of help than was true for those who completed Shelter 1.

Demographic variables associated with mothers' child-related service needs

being met.ⁱ To better understand the complexity of mothers' child-related needs, each item

ⁱ The child-related needs of mothers were examined for any differences between different groups based on racial/ethnic background, age, educational level, and sexual orientation. All differences reported in this section were significant statistically at the .05 level or greater.

was further examined for relationships between needs and residents' demographic characteristics. The following specific significant associations were found:

- ***Paying attention to my children's wants and needs.*** 84% wanted help with this, and 95% of those got all or some of the help they wanted. 88% of Native Americans got all the help they needed, followed by Hispanic/Latina (80%), African American/Black (79%), White (78%), and multiracial (75%). Only 50% of Asian/Pacific Islanders got all the help they wanted.
- ***Counseling for children.*** 58% indicated they wanted this kind of help; 85% got all or some of the help they needed. Level of education affected respondents' answers to this question, with only 7% of those having less than an 8th grade education saying they got no help, increasing to 21% of those with college degrees.
- ***Child care.*** 50% of mothers checked this item, and 83% of them got all or some of the help they needed. Again, level of education was important: 12% of those who had not completed high school said they got no help, while 29% of those with college degrees had the same response.
- ***Child welfare system issues.*** 50% of mothers also checked this item, and 89% got all or some help. Those with less education continued to be the most satisfied (81% of those with less than an 8th grade education got all the help they needed), and those with more education were less satisfied (61% of those with college degrees or advanced degrees did the same).
- ***Custody/visitation issues.*** 38% wanted this kind of help and 83% got some or all the help they wanted. As with counseling, child care, and child welfare issues, those with more education were less likely to say they got all the help they needed (50% of those with any college degree) than those with less education (77% of those who had not finished high school).

Services after time in shelter: factor analysis. Factor analysis was also done on the needs that residents reported they had had during their shelter stay. Again, as Table 17 shows below, eight factors were found, and explained 60% of the variance. Once again all significant factors were included here to show also the item factor correlations—the extent to which the items within each factor are related to each other. Nonetheless, the first four factors together

explain the most: 47% of the variance. Notably, at both time points (Shelter 1 and Shelter 2), needs related to children are most prominent.

Table 17

Factor	Associated variables (factor correlation)	Eigenvalue	% of variance explained
Needs related to children	Safety for my children (.888) Paying attention to my children's wants and needs (.881) Responding to my children when they are upset or causing trouble (.851) Counseling for my children (.796) Education/school for my children (.776) Health issues for my children (.747) Child care (.734) Child protection systems issues (.719) Child welfare systems issues (.707)	9.208	24.232
Community/economic/health needs	Keeping access to my faith community (.750) Reconnecting with my community (.697) Budgeting and handling my money (.636) Education/school for myself (.561) Health issues for myself (.508) My abuse-related injuries (.456)	4.362	11.478
Criminal justice system/legal system needs	My own arrest (.764) Immigration issues (.763) Divorce-related issues (.682) Custody or visitation issues (.601) My abuser's arrest (.588) Protective/restraining order (.547)	2.438	6.415
Support needs	Emotional support (.752) Dealing with feelings that upset me (.712) Counseling for myself (.648) Ideas for handling the stress in my life (.623) Connections to other people who can help me (.555) Support from other women (.476)	1.942	5.109
Safety needs/domestic violence education	Safety planning (.726) Understanding domestic violence (.724) Paying attention to my own wants and needs (.655) Learning about my options and choices (.637) Safety for myself (.580)	1.305	3.433
Housing, benefits needs	Other government benefits (.596) Finding housing I can afford (.594) TANF (welfare) benefits (.501)	1.247	3.283
Leaving needs	Leaving my relationship	1.151	3.028
Transportation, work	Transportation (.627) A job or job training (.492)	1.019	2.682

Comparison of service needs at two points in shelter stay. For the 565 residents who filled out both a Shelter 1 and a Shelter 2 survey,^j their needs at entrance and exit could be compared. The average number of needs checked (out of 38) on Shelter 1 was 14. That number increased to 21 on Shelter 2. Notably, the percentages indicating needs increased at least slightly for every item. The largest correlations between items on the two surveys were for safety for my children (.702 correlation), counseling for my children (.620), divorce-related issues (.569), paying attention to my children's needs (.561), immigration-related issues (.554), custody-related issues (.535), and school for children (.512). All of these correlations are significant statistically. The items with the greatest increase (not checked on Shelter 1, but checked on Shelter 2) were help with the survivor's own arrest, which was marked by 3% of the survivors at entry and 10% at exit, an increase of 233%. Requests for assistance with the child welfare system also increased, from 14% upon entry to 32% upon exit, an increase of 129%. The third item for which requests dramatically increased between entrance and exit was help with abuse-related injuries, which increased from 21% to 45%, an increase of 114%. The percentages of survivors who requested help on each item and the percentage change between Shelter 1 and Shelter 2 are listed in Table 18 on the next page in descending order.

^j Compared to the rest of respondents, those who completed both forms 1 and 2 were more likely to be Asian/Pacific Islander, White or "other", and less likely to be African American/Black or multiracial. College graduates and those with 8th grade education or less were also more likely than others to fill out both forms, and those with advanced degrees least. Survivors without children were also more likely to complete both forms. There were no differences in age, gender, sexual orientation, number of children, or language used to complete the surveys.

Table 18

Need	% requesting at Shelter 1	% requesting at Shelter 2	Difference between Shelter 1 and Shelter 2
My own arrest	3%	10%	233%
Child welfare systems issues	14%	32%	129%
My abuse-related injuries	21%	45%	114%
My abuser's arrest	16%	31%	94%
Health issues for my children	17%	33%	94%
Protective/restraining order	27%	50%	85%
Support from other women	51%	89%	75%
Child protection systems issues	19%	33%	74%
Reconnecting with my community	33%	57%	73%
TANF (welfare) benefits	26%	43%	65%
Immigration issues	8%	13%	63%
Leaving my relationship	48%	77%	60%
Health issues for myself	43%	65%	51%
Other government benefits	35%	52%	49%
Custody or visitation issues	21%	30%	43%
Safety planning	66%	94%	42%
Transportation	47%	66%	40%
Education/school for my children	27%	37%	37%
Understanding about domestic violence	71%	96%	35%
Responding to my children when they are upset or causing trouble	35%	47%	34%
Counseling for my children	30%	40%	33%
Connections to other people who can help me	72%	95%	32%
Divorce-related issues	23%	30%	30%
Budgeting and handling my money	47%	61%	30%
Child care	24%	31%	29%
Paying attention to my own wants and needs	75%	96%	28%
Ideas for handling the stress in my life	72%	91%	26%
Learning about my options and choices	78%	98%	26%
Paying attention to my children's wants and needs	48%	59%	23%
Education/school for myself	40%	49%	23%

Table 18, continued

Need	% requesting at Shelter 1	% requesting at Shelter 2	Difference between Shelter 1 and Shelter 2
Emotional support	76%	91%	20%
Counseling for myself	72%	86%	19%
Safety for my children	49%	58%	18%
A job or job training	48%	53%	10%
Safety for myself	85%	93%	9%
Finding housing I can afford	78%	79%	1%

Shelter Outcomes

Shelter residents were also asked about broader outcomes achieved during their shelter stay, in addition to questions about whether specific needs were met. They were asked about how their shelter experience had made an impact on their sense of self-efficacy, information, optimism, and comfort with help-seeking, measured in 9 items. Table 19 below shows the results of survivors' outcomes ratings.

Table 19

Because of my shelter experience, I feel...	# who responded "yes"	% who responded "yes"
I will achieve the goals I set for myself	1317	93%
More hopeful about the future	1309	92%
I can do more things on my own	1295	92%
I know more ways to plan for my safety	1304	91%
I know more about my options	1290	91%
More confident in my decision-making	1283	90%
More comfortable asking for help	1269	89%
More comfortable talking about things that bother me	1218	86%
I know more about community resources	1202	85%

Analysis of these outcomes showed that the longer a survivor had stayed in the shelter, the more likely s/he was to check them.

Space for comments was provided following this outcome checklist. Twenty-three percent of respondents provided a comment. The following responses are illustrative of the range provided:

- Although I did not stay here long. I realized that I don't deserve or need this drama in my life.
- Being here has helped me develop a sense of worth knowing I don't have to take abuse of any kind from anyone.
- Blessed. I'm so thankful that I had this time (which sometimes seemed like an eternity-but was truly very brief) to research my options, make countless phone calls, gather information and resources in a safe secure caring environment where I knew my basic needs were met.
- I'm working on me. I have always put everyone and everything else first. Now I'm #1; they are helping me become stronger.
- I've been able to locate a missing person - ME!
- I've had tremendous support for my substance abuse issues. Thank You.
- I am leaving here as whole different person than when I got here. I am a better person to myself, my children and others.
- I am very independent and know how to do things for myself. I just needed a safe place to stay so I could get my strength back and do the things I know how to do.
- I don't understand why I have such a need to go home, I feel like I'm not worthy unless I'm w/ him.
- I feel like I'm a new person & my standards are much higher in every aspect of my life now. "I'm ready to live again".
- I have my confidence back and know that God will be there to help me do anything.
- I have not reached out yet for other options and resources.
- I still have issues discussing this that bother me.
- People tried to talk with me but I don't believe in letting people know my business.
- Since I've been staying in this shelter I went from slamming dope to clean & sober. Thank you!
- This shelter has changed my life (for the better)!! It was a "blessing in disguise" to help me get away from my abuser, become more confident + be in a positive place in my life!!

Outcomes for the children of survivors were also assessed, via their parents. Survivors with children were asked whether their children felt more supported, had more understanding about what had been happening, and were better able to express their feelings without violence as a result of their shelter stay. The majority of those who responded agreed with those statements, although many noted that they had infants or children “too young to understand.” Table 20 on the next page shows the results.

Table 20

Because of the shelter experience, I feel my children.....	# who responded “yes”	% who responded “yes”
Feel more supported	608	84%
Have more understanding about what has been happening	565	78%
Are better able to express their feelings about violence	555	77%

Comments about children’s outcomes (provided by 15% of the mothers) were also quite varied, and included:

- My child has “health problems” and is transgender and was treated with UTMOST RESPECT!! Thank-You.
- Even though she’s just a little baby, I think being at the shelter helped her because she was around positive, caring staff.
- Because of separation from my abuser as well as my experience with [advocate], I can already see a change in my daughter’s concepts of her personal power and women’s empowerment & her pride in me has grown greatly.
- Great program for children - Need more for Special Needs.
- Grown children/but you helped me reunite. Thank you.
- I actually feel that my son got worse off. He's learned a lot of violent behavior (like hitting, kicking, calling names) from other kids in the shelter.
- I don't want them to know what is happening (the children).
- My children acted out, now they talk to me.
- My children know now that we don't have to live in fear.

- My daughter is not here in the shelter, but it helped in her trust issues with us. This has been a blessing.
- My kids "sometimes" express themselves without violence. They're doing better than before shelter.
- My kids are not ready to open up yet. The staff is very respectful & understanding to their feelings and needs.
- My son went from being in learning disabled to high honor roll student, more goals were achieved by both of my kids here than ever in their life before this!
- The children don't want to go back where we lived. They play now and smile.
- We are closer; they trust that I will take care of them no matter what.

Difficulties Experienced in Shelter

Shelter residents often face a variety of problems and challenges, attributable partly to the sudden change in circumstances, living in close proximity with other families, the crisis that led them to seek shelter, and attending to their children's reactions. Challenges include finding privacy, getting along with other residents, and complying with shelter rules. During the approximately thirty years that shelters have existed, rules have been developed to help ensure the safe and smooth operation of the shelter, such as those prohibiting the use of drugs or alcohol and shelter curfews. Some specific rules were developed in response to particular incidents, such as those related to disciplining children while at the shelter. Respondents to this survey were asked about a variety of problems that the literature and the experience of advocates suggest are possible in shelters. They were also asked whether or not the problem had been resolved.

The most common problem encountered by the respondents in this study was *conflict with other residents* in the shelter. Thirty-two percent of respondents had encountered some

sort of conflict. These conflicts included disagreements over thefts and drug use. A common cause for conflict was parenting, as the following comments illustrate:

My daughter had another mother scream at her within an inch of her face. Any woman in a shelter situation should not be allowed to stay if they are capable of doing this to a child.

Other resident was continually disruptive and disrespectful to all other residents and myself repeatedly and should have been asked to leave before it escalated to the point where she interfered with my childcare of my 7-month-old baby. I defended myself.

Respondents suggested some of these problems were related to different degrees of following the rules. One commented, “Some think rules don’t apply to them.” Another wrote, “Some problems were uncalled for and were only occurring because there was not strong rule following for this person (as far as respecting other people in the shelter) she did not respect me at all.” Others ascribed the problems to personality traits:

Some of the women were immature, too much swearing, lack of respect from other women. Issues weren’t addressed face-to-face, the woman complained behind your back, threats were made by some women when they were upset.

A few women were very ignorant and miserable and wanted you to be miserable with them so they pick at the ones that were happy like myself.

Others noted that living with many adults in a communal space lends itself to conflict. One wrote, “It’s normal for women to get on each other’s nerves, that’s natural.” Another observed, “Community living—multiple personalities put in a living situation, some will get along well with others, some won’t.”^k

^k Notably, there were no statistically significant differences in rates of reporting conflicts with other residents or with staff by race/ethnicity, although the two types of conflict are significantly associated with each other.

Of those who experienced a problem involving conflicts with other residents, 73% reported that it was resolved. One noted that the problem was “resolved almost immediately once communicating to staff.”

The next most common area of problems encountered was *transportation*. Twenty-four percent of the respondents experienced a problem with transportation, including needing help with public transportation such as bus passes, gas money, and community rides. Some commented that they were “not allowed to leave the premises;” or “there wasn’t enough staff to drive people (me included) to work and the bus wasn’t reliable;” or that the shelter “needs a van for people without cars.” Others needed help for specific situations, such as “help to go to ER for sick children;” or “bus/train passes...to go out and find work.” Fifty-four percent of these problems were resolved. One said she “was provided with bus pass every time that I asked;” and another “got help when could, and of my own choosing chose to walk instead of bus transportation. Help was there for me if needed.” Others commented that residents helped one another: “Had my own and let others ride along if needed.”

Sixteen percent of residents also reported problems with *finding privacy* in the shelter. Many noted that having children in the shelter added to privacy problems. “It’s hard to go somewhere and concentrate because kids are running around.” Others commented on the capacity of the shelter. “There is just never totally private space here—it is offered but it is many times full;” and “Sometimes the bath is the only place to get some peace, but that’s not much peace because you have to be mindful of your housemates.” Forty-seven percent of

these problems were resolved.¹ “Sometimes [it was a problem], but just going to the park would allow me the space I needed to get.” “Own room to ‘hide’ in when necessary.”

Problems with shelter rules included issues with time limits (16%), curfew (14%), child discipline and monitoring (13%), and chores (13%). Residents felt *time limits* were too short, inflexible, or not explained clearly with appropriate notice. Many noted the time limits didn’t take into consideration that finding other living arrangements was difficult. As one wrote, “Not my fault apartments were full or I couldn’t afford them.” Another observed that “they need to realize that some people have nowhere to go at all.” Some felt the time limits forced them to go back to the abuser: “I was here for 90 days then ended up back in my abusive relationship because I had nowhere to go.” One also noted she felt “overwhelmed and anxiety worrying about it.” Fifty percent of these problems were resolved.

Curfew issues included conflicts with work and church. One noted that it “was embarrassing to leave church [because of curfew].” Another stated, “Evening service, church functions, visits with daughter all ‘no.’” Some felt the curfew was too early: “We are grown women, 8:00 is ridiculous;” or that there was unequal enforcement: “They said no curfew but one woman and kids were kicked out when [they] came home at 9:05 pm.” Others believed that curfew should be flexible. “Unbending, mothers and children should be able to spend time together on Christmas.” Some thought curfew should be extended on weekends. Still others noted that it was annoying but understandable for safety. Sixty-one percent of these problems were resolved.

¹ Notably, there was a significant relationship between conflict with staff and reported problems finding privacy.

Child discipline issues included problems with other residents' child monitoring. As one complained, "Some parents left other parents to discipline and monitor their kids." Another observed the following:

At times I felt there [was] little or no discipline. I felt some of the children in this home at times were totally out of control with parents taking advantage of everything good that this home represents and also so much disrespect to the other people and staff. I love children and do understand they are just that...children. As far as I am concerned there is no excuse for certain parents.

Others felt there was a lack of services that would allow for child monitoring: "I cannot do chores and watch my children at the same time." A common source of comment was restrictive rules on discipline—particularly the common shelter prohibition against corporal punishment. One commented that "my children wanted to run over me because they knew they couldn't be spanked." Another wrote that "he is my child and I should be able to spank if I want." Sixty-six percent of these problems were resolved.

Issues with *chores* included feeling the chores were unequally enforced or distributed, or that exceptions were not considered. One wrote: "Because of my health condition...I am not able to lift and drag a commercial mop, or move furniture, or inhale bleach, or insecticide." Another objected to "the day you are supposed to mop the floors with ammonia. I'm 3 months pregnant." Others thought chores were not done properly by some or there wasn't enough structure. "Staff allowed other residents to be in control of chores, so I felt I had to respond to other residents not staff." Finally, some noted that chores were hard to do with the time demands of jobs and children: "It's very hard to hold down a full time job and make time for my children and do chores." Fifty-nine percent of these problems were resolved. As one noted, "They were more lenient after I told them I have OCD."

Overall, the problems that were the most likely to be resolved were conflicts with other women (73% resolved), issues with contacting their partner (67%), issues with child discipline and monitoring (66%), issues with curfew (61%), and problems with language/communication (61%). The problems that were the least likely to be resolved were feeling their customs were not respected (experienced by 5%; just 39% were resolved), the policies on teen boys (reported by 4%; 43% resolved), issues with the available food (a problem for 13%; 44% resolved), using the telephone (experienced by 8%; 47% resolved), and getting privacy (reported by 16%; 47% resolved).

Respect and Support Shown by Staff

Residents were asked a variety of questions about the respect they were shown by shelter staff. Ninety-six percent agreed or strongly agreed that they had been treated with respect by shelter staff. Ninety-five percent indicated that shelter staff had been supportive. Ninety-two percent believed that safety had been discussed enough, while 94% believed that children's safety had been discussed enough. .. They were also asked about whether specific characteristics or needs had been respected or supported. Over all, survivors indicated they had felt respected at high rates. Table 21 on the next page shows the specific results calculated after the "does not apply" responses were eliminated.

Examination of these responses more precisely showed that 97% of those who identified as lesbian/gay, bisexual, or 'other' sexuality agreed or strongly agreed that their sexual orientation was respected. Ninety-five percent of those who identified as people of color agreed or strongly agreed that their racial background was respected.

Table 21

	Strongly agree	Agree	Disagree	Strongly disagree
Shelter staff treated me with respect	73	23	3	1
Shelter staff were supportive	72	23	3	2
Shelter staff talked enough about safety	66	26	5	3
Shelter staff talked enough about children's safety	69	25	4	2
Shelter staff addressed needs of disability	69	23	5	3
My religious views were respected	74	22	1	2
Sexual orientation was respected	77	20	1	1
Racial background was respected	76	20	2	2
Shelter staff addressed needs related to youth or age	68	24	4	3

Ninety-one percent of those over 50 agreed or strongly agreed that the shelter staff had addressed needs related to their youth or age (only 2 respondents who answered this question were under 18). Responses to this item were associated with having received help with health issues: 83% of those who got all the health-related help they needed agreed strongly that shelter staff had addressed their age-related needs (compared to 33% of those who got none of this help). The same pattern was found with residents with abuse related injuries: those who got all the help they needed were more likely to strongly agree (83%) than those who got some (55%) or none (32%) of the help they needed. Finally, 87% of those who wanted help with their disability agreed or strongly agreed that the shelter responded to disability-related needs, compared to 94% of those who did not list that as a need.

As one might expect, given the range of shelter capacities and the difficult circumstances of individual survivors, a few of the general comments about experiences with shelter staff were quite negative, as illustrated in the following:

She berated me with questions, talked nonsense and talked to me condescendingly, like if I were a child. She seemed to enjoy exerting power/authority over me.

I feel this is just a paycheck to some advocates and they truly don't care about my family.

The staff became disrespectful over time, like they were blaming me for their inadequacies. The director actually yelled at me during a house meeting between my roommate and I with two of her staff present. She then stormed out of the room. Totally unprofessional, I was shocked. This is the second time I'm filling out the survey because this event had not happened when I first mailed off the survey. After I left this shelter, I went to another shelter where I have had no problems. In fact, the staff has yet to make an appointment with me. They don't seem as eager to get me to leave as the previous shelter was.

Some respondents expressed concerns about favoritism. As one commented, "I felt like they treated the Hispanic residents better than anyone else." Staff shortages were also noticed: "Staff at all times would be great. Problems with abusive women and relationships are not a 9am to 5pm problem."

Experiences with shelter staff also included some that were extremely positive, as the following examples illustrate:

I have felt very comfortable and cared for. Staff has been extremely nice and helpful.

I can't begin to tell you how well I have been treated by the staff! Also, I hate to think what might of happened to me without the counselors' help. They really really care about us and our wellbeing. And are so delighted in seeing us able and well enough to walk back out into the world, on our own!

When you think of asking for help, [you think] you're the only one in that situation and that they are going to laugh at you. But when you arrive everything is different. They respect you as a person, as a woman, like a mother, and above all they let you know that you have a lot of options and that you don't have to live in a situation you don't want to...They are all understanding and very respectful and above all they listen and don't judge you.

Overall Help Received

Seventy-four percent of respondents rated the help they had received overall while they were in the shelter as very helpful; 18% rated it helpful; 7% rated it a little helpful. Just 1% (19 individuals) rated it as not at all helpful. Comments in this section were provided by 17% of survivors, and echoed the range already illustrated. Positive remarks included: “everyone including staff and residents were there to listen;” “excellent—they spent Christmas with me;” “I love you guys (I want to be a speaker on domestic violence);” and “I thought my abuser was my only option until I came here.” Less positive comments included: “helpful for 30 days and then back to abuser;” and “need less favoritism and more compassion and understanding.”

When asked if they would recommend a friend to come to the shelter, 77% said they would strongly recommend she come, 20% would recommend she come, 2% would recommend she not come, and less than 1% would strongly recommend she not come. Comments on this issue were provided by 55% of responding survivors. Reasons they *would not recommend* this shelter to a friend included:

- Because some staff don’t understand when you’re running for your life.
- Don’t agree with the many rules.
- Every situation is unique and needs to be evaluated individually.
- I actually liked the place but the staff could set someone back to a point unable to recover.
- I don’t have friends.
- When I really needed help they wouldn’t help me.

Reasons they *would recommend* a friend coming to this shelter if they needed the help included the following:

- Abuser wouldn’t know where to find her.

- Because I would help protect more people who ignore that they can be protected and have their rights respected as human being.
- Because she could learn about safety for her and her children that she couldn't get anywhere else.
- Being here reminds you you're a person and a woman
- Domestic abuse can kill you.
- I've already recommended a friend to come because of safe, secure environment and caring staff.
- I accomplished a lot in a short period.
- I could write a book and not be able to express all of the benefits.
- I don't want her to go through what I did.
- I have been here three times and gotten more education and stronger.
- I never thought I'd get to where I am and I did cause of the staff support.
- I should've come here a long time ago. Best decision I've made.
- If it can help me it can help anybody.
- In this situation, one needs help, cannot do this transition on your own.
- It's a very hard decision, you get access to resources people don't even know about otherwise, but life here is difficult.
- It is the beginning of the solution.
- Now I know there are a lot of abusive relationships.
- She can really learn leaving is the best thing to do when your loved one hits you.
- She could get support, encouragement and love here. Also DV knowledge to end her cycle.
- The environment not only enhances safety but your personal strength.
- To help her overcome the obstacles of becoming independent.
- You find all the type of help that you need.

When these two indicators of satisfaction (overall rating and recommendation to a friend) were examined more closely to determine the extent of any differences across survivors' personal characteristics, only one significant finding was uncovered. Survivors who identified themselves as bisexual (83%) or lesbian (77%) were more likely than those who identified as heterosexual (73%) to rate their shelter stay as "very helpful".^m

^m Since just 16 (1%) survivors who answered this question identified as lesbian/gay, and 32 (2%) identified as bisexual, this result should be interpreted with caution.

Differences by Region of the Country

The eight participating states were divided into four regions: western (Washington and New Mexico), north central (Illinois and Michigan), south central (Tennessee and Oklahoma) and eastern (Connecticut and Florida), and results were compared. Meaningful and statistically significant differences are summarized briefly.

Characteristics of participating shelter residents. Survivors from shelters in the north central region were most likely to be people of color (54% were, compared to 32% of respondents from the south central region). More particularly, the percentage who identified as African American/ Black ranged from 34% in the north central region to 6% in the west; Native Americans ranged from 14% of respondents from the west, compared to 1% of those in the east or north central region; Hispanics/Latina/os ranged from 19% of western respondents, to 3% of those in the south central region. Respondents were similar in most other respects, except that respondents from the west were more likely than the others to be college graduates. Finally, the survey was completed in English by 93% of respondents from the west, compared to 99% of those from the south central region.

Types of desired help indicated on shelter 1. Significant differences across regions were found for nine of the items on the list provided on Shelter 1. They are shown below, along with the regions with the highest and lowest percentages.

- Education/school for myself: 53% in the north central, 43% in the south central
- Budgeting and handling my money: 58% in the north central, 45% in the west
- Child protection system issues: 23% in the east, 16% in the north central
- Counseling for myself: 76% in the north central, 67% in the west
- TANF (welfare) benefits: 35% in the east, 27% in the north central
- Issues related to my disability: 26% in the west, 17% in the north central
- Protective/restraining order: 28% in the east, 22% in the north central

- My abuser's arrest: 18% in the east, 11% in the west
- Immigration issues: 11% in the west, 4% in the south central

Program characteristics. The programs in the east and north central regions were larger than those in the west and south central regions. Twenty-two percent of the programs in the east had 31 or more staff, compared to 14% in the north central, 3% in the west, and 2% in the south central region. The shelters had more bed capacity, as well: 22% of the shelters in the east had 41 or more beds, compared to 11% of those in the north and south central regions and 7% of those in the west. Similarly, 32% of the shelters in the west had 10 or fewer beds, compared to 21% in the south central, 17% in the north central, and 8% in the eastern regions. The participating shelters in the south central had the shortest length of stay: 45% had maximum stays of one month or less, compared to 14% of those in the north central, 10% in the south central, and none in the eastern region. Funders were reported to determine length of stay in 42% of the participating shelters from the western region, compared to 33% of those from the north central, 17% from the eastern, and none of the shelters from the south central region.

Hispanic Respondents: Comparisons Based on Language Used

A total of 373 survey respondents identified themselves as Hispanic/Latina (11%). Of those, 277 responded to the survey in English (74%) while 96 completed the survey in Spanish (24%). Four percent of the overall total completed their form in Spanish. The following section notes differences between Spanish and English forms submitted by respondents who identified as Hispanic/Latina (10 of the respondents who completed surveys in Spanish identified as African American/Black). All differences reported here were statistically significant ($p < .05$).

Ethnicity of staff at servicing programs. When the responses of all respondents completing forms in English were examined, it was noted that the survivors completing them came from programs in which the percentage of staff identifying as Latino/Hispanic averaged 14%. The survivors filling out forms in Spanish, however, were being served by programs with an average of 26% Hispanic staff members. To further explore these differences, survivors who identified as Hispanic were analyzed separately from those of other ethnicities. In this analysis, there was very little difference in the percentage of Hispanic staff regardless of whether forms were completed in English or Spanish. This indicates that survivors who identified as Hispanic were more likely to be in programs with Hispanic staff than were non-Hispanic survivors, regardless of the language with which they feel most comfortable.

Demographics of Hispanic survivors. Among the survivors who identified as Hispanic, 30% of those who completed the survey in Spanish reported having ‘less than an 8th grade education’, compared to 7% of those who identified as Hispanic and completed the form in English. Of those who self-identified as Hispanic and used a Spanish survey, 23% reported having ‘some college’ or being ‘a college grad’, compared to 40% of Hispanic respondents who used English surveys. No other demographic variables were different between the two groups at a statistically significant level.

Answers related to children. Overall, those who completed the forms in Spanish were more likely to note child-related needs. This is likely connected to the fact that those who filled in the forms in Spanish were more likely to have children than those who filled out the form in English—96% of Hispanics who completed the form in Spanish had children, while 88% of those who completed the form in English had children.

Needs of survivors with children. On entry, 70% of those with children in the total sample wanted help with securing safety for their children. Of Hispanic respondents with children, 86% of those who completed the form in Spanish checked this item, compared to 69% of those who completed it in English. Similarly, while 69% of those completing the survey in English reported that ‘paying attention to my children’s wants and needs’ was a personal concern, 84% of those using Spanish surveys reported this need.

In total, 43% of mothers were seeking help with ‘education/school for my children’. Forty-one percent of Hispanic survivors filling out English surveys reported this need while 73% of those completing Spanish surveys wanted this help. Those using Spanish surveys were also more likely to report needing ‘child care’ than survivors using English forms (58% versus 40%, respectively).

‘Counseling for children’ was also a more frequently reported need among survivors filling out Spanish forms than English ones. Sixty-nine percent of those using Spanish surveys checked ‘counseling for children’ as a need whereas 43% of English surveys noted this need. Almost double the percentage of those completing Spanish surveys reported ‘health issues for children’ as a concern than those completing English ones, 50% compared to 28%, respectively. Overall, 50% of survivors said that they wished to receive help ‘responding to my children when they are upset or causing trouble’. Forty-eight percent of English survey respondents acknowledged this need while 73% of those filling out Spanish surveys agreed. Finally, 27% of those using English surveys were seeking help with ‘visitation/custody issues’, compared to 42% of survivors using Spanish surveys.

Overall, those self-identifying Hispanic residents who completed Shelter 1 in Spanish chose a higher number of child-related needs than did those who filled out Shelter 1 in English.

Needs on entry. The survivors who identified as Hispanic and responded in English also had different needs than those who responded in Spanish. Those differences are highlighted in Table 22 below. In general, those who responded in Spanish selected more needs on entry than those who responded in English: an average of 21 needs compared to 17 needs.

Table 22

Need on entry	English respondents who selected this need	Spanish respondents who selected this need
Immigration issues	18%	55%
Divorce-related issues	24%	38%
Other government benefits	37%	53%
TANF benefits	33%	47%
Abuse-related injuries	28%	70%
Health issues for children	29%	44%
Child care	37%	49%
Responding to my children	42%	63%
Connections to other people who can help me	68%	84%
Education/school for my children	39%	61%
Education/school for myself	49%	72%
Understanding about domestic violence	67%	88%
Overall shelter 1 needs	Average of 17 needs	Average of 21 needs

Before entering shelter. Of survivors identifying as Hispanic, 21% of those completing surveys in English reported having concerns about contacting shelter; 43% of those completing surveys in Spanish agreed.

The survey inquired about where respondents had first heard of the shelter. Survivors who self-identified as Hispanic and used Spanish surveys were more likely than those

completing English surveys to have heard about the shelter at their place of work (4% compared to 0%), from a flyer (15% compared to 3%), from TANF staff (8% compared to 2%), or from CPS staff (9% compared to 3%).

On entry, 79% of those who completed the survey in English and 89% of those who completed the survey in Spanish said that it seemed like a place for women like them. Less than 1% of those who used English forms said “none of these choices were true”, but 4% of those who completed in Spanish felt that “none of these choices were true” for them.

Days stayed in shelter. Survivors of Hispanic ethnicity who utilized Spanish surveys tended to stay longer—an average of 45 days—than those completing English forms, whose average stay was 33 days.

Overall rating. Hispanic survey respondents filling out Spanish surveys were more likely to rate the help they received as very helpful (90% vs. 73%). Those Hispanic survivors who used English surveys were more likely to rate it as helpful (21% to 7%), or a little helpful (6% to 3%).

Geographical areas of shelters serving Hispanic survivors. The geographical areas that surrounded the shelters where Hispanic survivors stayed had a few significant differences, as described in Tables 23 and 24 on the next page. This analysis of the census data describing the area in which each shelter was located provides notable results. Of all respondents self-identifying as Hispanic, those completing surveys in Spanish were sheltered in areas with a lower percent of individuals and families living below the poverty line than those completing forms in English. Similar and consistent differences were found for other economic indicators: Latino/Hispanic respondents who completed forms in Spanish went to shelters in areas with a higher percentage of housing units occupied, higher percentages of people in the labor force,

higher percentages of people with college degrees, higher incomes, and lower percentages of people with disabilities

Table 23

Characteristic	Mean for English speaking Hispanic respondents	Mean for Spanish speaking Hispanic respondents
Percent of individuals below poverty line	13%	10%
Percent of families below poverty line	9	7.5
Percent of housing units occupied	89	92
Percent in labor force	62	65
Percent foreign born	12	16
Percent with bachelors degree	24	27
Percent of individuals in community who qualify as disabled	19	17

Table 24

Characteristic	Mean for English speaking Hispanic respondents	Mean for Spanish speaking Hispanic respondents
Household size	2.6	2.7
Household income	\$44,217	\$50,971
Family income	\$52,165	\$59,417
Per capita income	\$22,434	\$24,690

As might have been expected, survivors who completed forms in Spanish and reporting to be Hispanic were more likely to come from an area with a higher percentage of foreign born residents than those who identified themselves as Spanish but completed forms in English, 16% versus 12%.

Male Respondentsⁿ

Thirteen men participated in the Shelter Study. Fifty-four percent completed Shelter 1, 31% completed Shelter 2 and 15% completed both Shelter 1 and Shelter 2. The majority (67%) were sheltered in Florida. They also came from Michigan (17%), Oklahoma (8%), and Washington (8%).

The racial/ethnic backgrounds of the men who participated in the Shelter Study included White (62%), African American/Black (15%), Hispanic/Latino (15%), and other (8%). The majority were between the ages of 35 and 49 (62%), with 23% between 25 and 34 and 15% between 50 and 64. Fifteen percent classified their education as between 9th and 11th grade, with 23% holding a high school degree or GED, 39% having some college, and 23% graduating college.

Ninety-one percent considered themselves heterosexual/straight and 9% identified as gay men (two chose not to respond to this question). Two had children with them in shelter.

Ninety-two percent completed the survey in English and 8% completed the survey in Spanish.

The men heard about shelters from a variety of sources, including:

- A domestic violence advocate (22%)
- Their religious/spiritual community (22%)
- Telephone book or directory (11%)
- Police (11%)
- Friend (11%)
- Social service agency staff (11%)
- Health care provider (11%)

ⁿ This brief overview is provided because so little is yet known about men in shelters. Again, men who need emergency housing are more commonly provided with motel vouchers or safe home options. In addition, men receive non-residential services, which were not addressed in this study. Of course, a sample of 13 is unlikely to be representative of all men who receive shelter services, so this summary should be interpreted with extreme caution. Differences between the men and women in this study were generally neither statistically nor substantively significant.

The men had first heard of the shelter anywhere from 1-2 days prior to entering (44%), more than a few days but less than a month prior to entering (33%), more than 1 month but less than a year prior to entering (11%) or a year or more prior to entering (11%). Twenty-two percent had stayed in the shelter prior to this stay. None of the men had tried to stay at the shelter before without being able to stay.

The men who participated in the Shelter Study had the following first impressions of the shelter:

- 100% reported that the staff made them feel welcome.
- 78% felt the space was comfortable.
- 67% said that staff treated them with respect.
- 38% said it seemed like a place for “women like me” (see “*limitations*” section)
- 33% reported that other women made them feel welcome.
- None of the male respondents chose the option “none of these options was true for me.”

When asked what they would have done if the shelter did not exist, the men provided a variety of responses. Many said they were uncertain. One responded he would have “stayed in my situation in misery.” Another believed “there only seemed to be one choice, and that was attempted suicide.” One would have tried to “disappear,” another to “find another domestic violence shelter.” Finally, one commented “I trust this shelter; it is the best and the most helpful one I have ever been in, the respect level is 100% and you actually get help and get well here.”

The needs of the men who entered shelter were diverse. The number of needs chosen at entry by each man ranged from nine to 28, with a mean of 17. The only need that was not chosen by any respondents was “help with my own arrest.” Table 25 below provides the details.

Table 25

Needs at Entry	% who said yes
Emotional support	100
Making connections to people who can help me	100
Safety	89
Housing	89
Learning about my options	89
Dealing with stress	89
Paying attention to my own needs	89
Counseling	89
Safety planning	78
Understanding about domestic violence	78
Leaving my relationship	78
A job/job training	78
Transportation	78
My health issues	78
Education/school for myself	44
Reconnecting with my community	44
Paying attention to my children's needs	33
Budgeting/managing money	33
Restraining order	33
My abuse-related injuries	33
Safety for my children	22
Support from other women	22
Education/school for my children	22
Welfare/TANF	22
Child care	22
Child protective services	22
Child welfare system	22
Counseling for my children	22
Responding to my children when they are upset or causing trouble	11
Non-TANF benefits	11

Table 25. continued

Needs at Entry	% who said yes
Divorce	11
My children's health issues	11
Custody	11
Disability-related issues	11
My abuser's arrest	11
Immigration	11

Shelter stays for these men varied from 4 to 46 days, with a mean of 22 days. At exit, they were given the same list of needs they had received at entry and asked which needs they had wanted help with and which needs had been met. The average number of needs chosen was 26. The lowest number of needs chosen by an individual was 15, and the largest number was 38. Table 26 below and on the next page lists all of the needs.^o The bolded items are those that were needed by 100% of the men surveyed. Of those ten needs, the men received all of the help they needed with five, and all or some of the help they needed with eight.

Table 26

Need	% of total who wanted	% who got all wanted	% of those who wanted who got some	% who got some or all help
Safety	100	100	0	100
Understanding about domestic violence	100	83	17	100
Paying attention to own needs	100	100	0	100
Learning about options and choices	100	100	0	100
Emotional support	100	50	50	100

^o It is important to remember that Shelter 2 was completed by just 6 men, so these data should be interpreted with extreme caution.

Table 26, continued

Need	% of total who wanted	% who got all wanted	% of those who wanted who got some	% who got some or all help
Counseling	100	67	33	100
Housing	100	100	0	100
My own arrest	100	100	0	100
Making connections with people who can help me	100	83	0	83
Dealing with feelings that upset me	100	67	17	83
Safety planning	83	80	20	100
Leaving my relationship	83	60	40	100
Support from other women	83	80	20	100
Reconnecting with my community	83	60	40	100
A job/job training	83	80	20	100
Non TANF benefits	83	60	20	80
My own health issues	83	40	20	60
Handling stress	83	60	0	60
Restraining order	67	75	25	100
Child welfare services	67	100	0	100
Child protective services	67	100	0	100
Connections to my faith community	67	100	0	100
Welfare/TANF	67	50	50	100
Transportation	67	50	25	75
Budgeting/managing money	67	75	0	75
Safety for my children	50	100	0	100
Paying attention to my children's needs	50	100	0	100
Responding to my children when they are upset or causing trouble	50	100	0	100
Custody	50	100	0	100
My abuser's arrest	50	100	0	100
Education/school for my children	40	100	0	100
Health issues for my children	33	100	0	100
Immigration	33	100	0	100

Table 26, continued

Need	% of total who wanted	% who got all wanted	% of those who wanted who got some	% who got some or all help
Abuse-related injuries	33	100	0	100
Counseling for my children	33	100	0	100
Divorce	33	50	50	100
Education/school for myself	33	100	0	100
Child care	17	100	0	100

Participants in the study were asked about nine short-term outcomes. The six men in the study at exit responded as follows:

- 100% believed that they knew more ways to plan for their safety.
- 100% felt more confident in their decision making.
- 100% felt they could achieve goals they set for themselves.
- 100% were more hopeful about the future.
- 100% were more comfortable asking for help.
- 100% felt they knew more about their options.
- 100% felt they could do more things on their own.
- 83% knew more about community resources.
- 83% felt more comfortable talking about things that bothered them.

Exiting residents were asked to respond to nine questions about the respect shown them by staff. All of the men who responded agreed or strongly agreed with all items (see Table 27 below).

Table 27

Respect shown by staff	% who strongly agree	% who agree	% who strongly agree or agree
Shelter staff were supportive	60	40	100
Shelter staff treated me with respect	60	40	100
Shelter staff talked enough about safety	60	40	100
Shelter staff talked enough about children's safety	50	50	100
Shelter staff addressed needs related to youth or advancing age	50	50	100
Shelter staff addressed needs of disability	50	50	100
Sexual orientation was respected	60	40	100
Religious views were respected	60	40	100
Racial background was respected	60	40	100

Out of the list of 18 problems that could have occurred in the shelter, only two were experienced by the men in the sample. One experienced a problem with another shelter resident and one experienced a problem with transportation. Both were resolved.

Overall, 67% of the men who participated in the Shelter Study rated the services they received as very helpful. One person rated it as helpful, and one person rated it not at all helpful. Fifty percent would strongly recommend the shelter to a friend, 33% would recommend it to a friend, and one person would strongly recommend a friend not come. The comments for the men's overall ratings included a comment that the shelter was "very kind, respectful, and patient" and "Do you love it, because I love these staff."

Relationship Between Shelter Size and Shelter Experiences—All Respondents

Many differences were found upon exit depending on the size of the shelter in which the survivor had stayed. These differences included variations in length of stay, problems

experienced, type of needs met, and overall rating of help received.

Days stayed. Both staff size and capacity were slightly but positively correlated with the number of days stayed, with a correlation of .097 for staff size and .077 for number of beds.

Needs met. Most needs were met at a statistically similar level regardless of the bed capacity or staff size of the shelter in which the survivor resided. There were two exceptions:

transportation and TANF benefits. Survivors at the smallest shelters (1-5 staff members) were most likely to say they got all of the help they needed with transportation (73%). Survivors in larger shelters were less likely to get all the transportation help they needed, with only 48% of those at shelters with 16-20 staff members and 64% of survivors at shelters with 21-30 staff members responding in the same way. Regarding TANF benefits, the medium sized shelters were most likely to provide all the help needed, with 73% of survivors at shelters with 11-20 beds and 71% of survivors at shelters with 21-30 beds getting all the help they needed.

Survivors in the smallest shelters still got some assistance, with 59% getting all the help they needed and 37% getting some of the help they needed. At the largest shelters, those with 41 or more beds, 67% got all the help they needed and 14% got some of the help they needed, while the remaining 19% reported getting none of the help they needed. The next largest group of shelters (31 to 40 beds) had 59% of survivors respond that they got all the help they needed, 15% got some, and 26% replied they had not received any help with TANF benefits.

Problems encountered. As the size of a shelter increased, the survivors who had been in that shelter were more likely to report some problems. In shelters with less than 5 staff members, only 6% of residents experienced problems getting to their jobs, whereas 13% of those in shelters with 21 or more staff experienced that problem. Only 9% of survivors in

shelters with less than 10 beds, or less than five staff members experienced food-related problems, compared to 20% of those in shelters with more than 40 beds or more than 20 staff.

Three percent of survivors in shelters with less than 10 beds and 4% of survivors in shelters with less than five staff experienced problems with language or communication, compared to 9% of those in shelters over 40 beds and more than 20 staff. Getting around in the shelter was a concern for 2% of those in shelters with less than 5 staff, 8% of those in shelters with 16-20 staff, and 6% of those in larger shelters. Finally, problems with privacy were more likely in larger shelters, with only 7% of those in shelters with less than 10 beds and 11% of those in shelters with less than 5 staff reporting privacy issues, but 21% of those in shelters with 31-40 beds and 27% of those in shelters with 16-20 staff having trouble finding space for themselves.

Outcomes/Rating of stay. Survivors from larger shelters were more likely to say their children had more understanding about what had been happening, ranging from 70% of those in the smallest shelters to 83% biggest (more than 41 beds). This was the only outcome that was correlated with size.

Survivors in the smallest (1-10 beds) shelters were more likely to report they would strongly recommend a friend come (86%) than those in the largest shelters (those with more than 40 beds), who would strongly recommend a friend come to the shelter 74% of the time. Survivors in shelters with least bed capacity were more likely to strongly agree staff were supportive than survivors in the largest shelters (78% to 67%). As staff size went up, the percent of survivors who strongly agreed with the following statements all decreased: staff treated them with respect, staff were supportive, staff talked enough about safety, religious

views were respected, sexual orientation was respected, racial orientation was respected, and needs related to youth or age were respected.

Clearly, shelter size was related to differences in residents' experiences. Perhaps ironically, in many ways responding survivors from smaller shelters felt better about their stay.

CONCLUSIONS:

Discussion

The detailed findings just reviewed provide substantial new and current information about residential shelters and the survivors of domestic violence they serve in eight states. Many shelter programs have substantial bed capacity, and offer a wide range of services. The results clearly demonstrate the range of programs in these states and across the country, the complexity of survivors' needs, and the vital importance of the services provided.

Programs

Shelter programs today offer more than safe places for survivors and their children to stay. They also provide a range of specific services, as well as advocacy. Out of a list of six types of services programs could indicate they offered, the median number was five. Nearly all offered the traditional support groups, crisis counseling, and individual support and counseling. Half or more offered specialized services for parents and children. In addition, 5% volunteered that they provide batterers' treatment and 4% noted that they offer substance abuse services. These were among a lengthy set of specialized services that were not on the list provided, but were added by program staff.

Out of a list of nine types of advocacy, the median number the sampled programs offered was eight. The range of advocacy demonstrates the complexity of survivors' needs and the systems' knowledge shelter staff must have. Nearly all of the programs, understandably, offered housing-related advocacy. Four out of five or more offered court (both civil and criminal), health and TANF (welfare) systems' advocacy. These systems are the ones involved in the areas of need most commonly identified by survivors in the study. In addition, nearly three-quarters or more of the programs provide advocacy related to jobs, child protection/welfare, immigration issues and divorce or custody. This set of services indicates the variety of issues

survivors need help with as they work to enhance safety and well-being for themselves and their children. It is all the more notable that these services are provided, in many cases, by programs that do not have large numbers of staff (a quarter of them have seven or fewer).

Programs also report that their staff are diverse. Out of an average of over seventeen staff, nearly three are African American and nearly that number are Hispanic/Latina. Eighty-two percent have staff (and 49% have volunteers) who are fluent in at least one language other than English; 72% of the programs in the sample have staff who speak Spanish, in particular. Some programs have substantial numbers of staff of color: the maximum number of African American staff in a single program was 41; the corresponding maximums were 22 for Hispanic staff, 18 for Asian/Pacific Islander staff, 15 for Native American staff, and 5 for multiracial staff. Diversity, as well as additional specialized services, is most pronounced among programs located in urban areas. Nonetheless, the distribution of program staff race/ethnicity *overall* does not match that of the survivors served: 65% of staff are White, compared to 52% of the sampled survivors. These data suggest that domestic violence programs that have shelters have increased their ability to respond to survivors from diverse backgrounds, relative to previous concerns raised by researchers and advocates.²⁸

The programs also report higher rates of accessibility to people who have physical and other types of disabilities than had been indicated in previous research. Nearly all reported that they had accommodations for at least one of the five major types of disability, and 93% indicated they could accommodate people with physical disabilities—a substantially higher percentage than the 67% found in a previous study.²⁹

Getting to Shelter

Survivors had learned about the shelter from advocates more than any other source. It is notable that nearly a quarter had heard about the program from police. This is likely attributable to the extensive legal systems advocacy undertaken by domestic violence programs since the passage of the Violence Against Women Act (VAWA). Informal sources, such as friends and family, were also prominent sources of information about shelter for survivors.

Data on when survivors had learned about shelter before coming to it are also important. A quarter had only heard about it within the previous day or two—a clear reflection of the immediate crisis many of them face before they go to shelter. In contrast, however, more than a quarter had first learned about the shelter more than a year before their current stay. This time lapse supports growing advocate awareness of survivors' use of advanced safety planning,³⁰ especially since it is not explained by a previous shelter stay: 46% of this group had not stayed at the shelter before. In fact, 13% of the total number of survivors who completed Shelter 1 had first heard about the shelter more than a year before but not previously stayed there. Similarly, 76% of the survivors who had learned about the shelter between six months and a year prior to coming had not stayed there previously.

However, nearly a quarter of the total group *had* stayed at the shelter before, and more than half (58%) had last stayed there more than a year previously. This is a further reflection of the complexity of survivors' lives, and is compatible with studies that have found that current shelter residents have stayed at shelters in the past. Tutty's recent study of 368 residents in 10 shelters in Canada, for example, found that 60% had stayed in a domestic violence shelter

before.³¹ In general, studies have found that women who eventually leave their abusive relationships have often left several times before departing permanently.³²

A substantial portion (9%) of the survivors who completed Shelter 1 reported that they had tried to stay at the shelter before, but had been unable to do so. The primary reason was that there was no room: a clear indication of the ongoing need for shelter services. Other reasons, however, included fear, lack of transportation, or ineligibility due to admission criteria. Those are all issues that programs might be able to address in some way, at least partially.

A quarter of the survivors also indicated that they had concerns about coming to shelter: fear of the unknown, stigma, living with strangers, meeting basic needs and the impact of being there on their abusive partner's behavior. Survivors clearly do not enter shelter without feeling a strong need to do so. These concerns were more fully elaborated in this study, but are similar to those found in both pilots of these instruments, and in Tutty's Canadian study.³³

Survivors' descriptions of what they would have done if the shelter did not exist were especially poignant, and speak eloquently to the importance of this resource. They wrote that they would be homeless, lose everything (including their children), face continued abuse or death, or try another action in desperation (although most were not sure what that might be). The dire alternatives many of them faced were more than enough to overcome any concerns they had.

Finally, survivors responded to questions about their shelter entry experiences. More than 90% reported that staff made them feel welcome and treated them with respect. Those are quite positive, and are the two elements that programs can most easily control. Survivors

were least likely to report that the other residents made them feel welcome, although 71% did. Although other residents are not expected to offer a welcome, its absence can affect a survivor's first impression of a situation about which some had concerns.

It is notable that the Asian/Pacific Islander survivors in the sample were rather consistently less comfortable with their entry experience than those from other racial/ethnic backgrounds. They were somewhat more likely than others to report that none of the positive initial experiences listed had been true for them, and had lower ratings of all items except feeling welcomed by other shelter residents (where African American survivors had lower ratings). Although these numbers are statistically significant, the sample did not include a large number of Asian/Pacific Islander survivors (just 1% of the sample), and therefore these tentative findings should be examined further in future research.

Services Wanted and Received

The service needs checklists provide ample evidence of survivors' multiple and complex needs. An average of 14 needs were checked on Shelter 1, and 21 were scored as having been wanted on Shelter 2. Looked at in another way, 14 of the 38 needs listed were checked by half or more of the respondents to Shelter 1, and 21 were indicated by half or more of the respondents to Shelter 2. The majority of the most common needs were related to immediate safety, information, help with emotional issues, connections and housing. Substantial portions of this study's respondents, however, had more specific needs related to particular issues or systems. This pattern of focus on immediate safety and basic needs is consistent with Tutty's Canadian study, although that research did not ask about needs for help with many of the systems that were covered in this study.

It is notable that help with leaving the abusive relationship was selected by less than half of respondents to Shelter 1. Help with leaving the relationship has been an assumed desire of women in shelter, historically. On Shelter 2, 79% of the respondents indicated they had wanted help with leaving. Further, the comparison for survivors who completed both forms showed an increase from 48% to 77%. These data clearly suggest that, after they have learned more about community resources and available alternatives to living with abuse, survivors are more interested in help with leaving their relationship.

It is also worth noting that help with restraining orders was checked by just 25% of survivors on Shelter 1, and 52% said they had wanted that help on Shelter 2. Substantial increases were also found when responses to this item were compared for survivors who had completed both forms. It may be that once they are in shelter, residents learn more about this option and decide that it will be useful to them. The same principle may well account for at least some of the other increases, and reflect an educational benefit of shelter. It is notable that Tutty also found increases in needs reported by survivors at exit.³⁴ Survivors may come to value many types of help they needed from the start, but were unaware were available.

More in-depth analysis of needs from Shelter 1 revealed patterns of significant differences, particularly by race/ethnicity, education level, and age. African American survivors were more likely than others to want help with finding affordable housing, paying attention to their own wants and needs, budgeting or handling money, and education/school for themselves. Hispanic/Latinas were more likely than others to want help with TANF, abuse-related injuries, restraining orders, and help with responding to their children when they are upset. Asian/Pacific Islanders were more likely than others to want help with understanding

domestic violence, restraining orders, obtaining a divorce, immigration issues, education/school for their children, child protection and child welfare system issues, counseling for their children, health issues for their children, and custody/visitation issues.

When education was significantly associated with a particular need, most commonly those with an 8th grade education or less were most likely to indicate the need, and those with college or advanced degrees were least likely to do so. This pattern was shown for finding affordable housing, job or job training, budgeting or handling money, transportation, education/school for themselves, health issues, TANF benefits, abuse-related injuries, disability-related issues, education/school for children, health issues for children, and custody-visitation issues. Most of these patterns appear to be associated, as well, with economic need, which was not measured directly in this study.

Similar detailed analyses examined patterns in receiving the help that survivors wanted. Although there were fewer significant differences, again, the most common patterns were found across race/ethnicity, education and age. Here, what is most important to understand is who did not get the help they wanted. Native American survivors were more likely than others to report they got no help with understanding domestic violence, divorce-related issues, education/school for themselves, but they were more likely than others to say they got all the help they wanted with their abusive partner's arrest, paying attention to their children's wants and needs, and divorce-related issues. Asian/Pacific Islanders were more likely than others to say they got no help with education/school for themselves (equal to reports from Native American respondents). In contrast, African American survivors were more likely than others to

report they got all the help they wanted with understanding domestic violence and education or school for themselves.

Survivors with less than an 8th grade education were most likely to report that they had received the help they wanted, and those with advanced degrees were least likely to report they got what they wanted. This pattern was found for safety planning, handling stress, budgeting and handling money counseling for children, and child welfare system issues.

Finally, a survivor's age was associated with getting the help they wanted. The youngest and oldest were least likely to get all the help they wanted with paying attention to their own wants and needs. In contrast, survivors age 18-24 were most likely to say they did not get any help with transportation. Survivors age 35-49 were least likely to report they got all the help they wanted with immigration issues, while all of those age 50-64 said they got such help. Although these differences by age are significant statistically, their substantive meaning is less clear.

Services Measures

The two factor analyses reported in the previous section indicate significant item clustering. Although the eight factors shown for the two surveys do not contain identical items, they are very similar conceptually and specifically. This is promising for thinking about creating new measures with fewer items, or for creating indices or scale measures from individual factors for other, more specific, studies.

Outcomes of Shelter Stay

Survivors rated the outcomes for their shelter stay quite highly. Across the nine items, positive indicators ranged from 93% to 85%. These items are a combination of measures of

confidence, information, and emotional well-being (hope and comfort talking about troubling issues). While positive ratings were significantly correlated with one another across items, some were more strongly associated than others. For example, the overall rating of staff respect was most strongly associated with staff support (.857); talking about safety in general and children's safety in particular were strongly correlated, as well (.882)

It is encouraging that the only variable significantly associated with differences in these outcomes was length of stay in the shelter: the longer a survivor had been in shelter, the more likely s/he was to report these outcomes. Unlike measures of services, these outcomes did not vary significantly by race/ethnicity, age, or education. The same was true for the outcomes the mothers ascribed to their children. Across the three child-focused outcome measures, the positive responses ranged from 84% to 77%—again quite high. The items related to children having a better understanding of what had been happening at home and feeling more supported were also positively associated with length of stay.

The open-ended responses again add depth to the quantitative measures. It is clear that at least some survivors did not hesitate to be critical in response to these questions; this variation enhances the credibility of the overall findings. Although some were negative, the majority were quite positive, and demonstrated some of the myriad ways survivors thought their time in the shelter had been helpful to them.

Difficulties in Shelter

Much of the final page of the Shelter 2 survey was devoted to potential problems survivors might encounter during their shelter stay—an issue not addressed as explicitly in previous studies. The most common problem reported was “conflict with other residents,”

indicated by nearly a third. Transportation was cited by about a quarter, and other issues were prominent, as well. The most common problems with rules noted by survivors were time limits, curfew, child discipline, and chores. In addition to reporting problems, survivors were asked to indicate the extent to which the problems had been resolved. Here, too, there was variation: nearly three-quarters of the conflicts with residents were resolved, but just over half of transportation problems. Nearly half of the survivors who indicated that rules about not admitting teen boys had been a problem also noted they had not been resolved.^p This was also true for the small percentage of survivors who wrote that their customs had not been respected—nearly two out of five of these problems remained unresolved. Difficulties with conflicts over child discipline, time limits in shelter, and conflicts with other residents or staff varied with length of stay: in general, the longer a survivor stayed in shelter, the more likely difficulties were to occur—especially conflicts among residents. Fifty-seven percent of those who stayed three months or more reported such conflicts. Notably, however, indications of problems did not vary by age, race/ethnicity, education, sexual orientation, or maternal status—they were experienced similarly across these groupings.

Again, these indications of difficulties add credibility to other, more positive, findings. Respondents were clearly willing to be critical. The problems they indicated are also quite familiar to shelter advocates, and represent issues on which shelter staff can work toward improvements.

^p It bears repeating here that shelters have historically adopted these rules in response to incidents of violence by teen boys or fear among residents. Many states and local programs are currently reassessing these rules and trying to find non-exclusionary alternatives to address the underlying issues.

Ratings of Shelter Stay

Survivors' over all ratings of the helpfulness of their shelter stay were also quite high, as were their indications that they would recommend the shelter to a friend who found her/himself in need of this resource. Although these ratings were significantly and positively correlated with the findings for respect and support, the strongest association was with general staff supportiveness (.606). Again, there were no significant differences across any of the demographic variables. This, too, is encouraging, in light of the common differences found for service needs.

Language Differences

A comparison of responses among survivors who identified as Hispanic/Latina/o between those who completed the survey in English and those who completed it in Spanish revealed a pattern of differences. Compared to those who completed the surveys in English, the survivors who completed it in Spanish had less education, were more likely to have children, had more child-related needs, more needs over all, more concerns about contacting the shelter, stayed in shelter longer, rated their shelter stay more favorably, and came from Census regions where the population had somewhat higher socio-economic status. Such comparisons have not been reported previously, but indicate the clear importance of increasing research accessibility across potential language and other barriers.

Male Respondents^q

Although only 13 men completed surveys, their responses were analyzed and reported separately to contribute information that has not previously been available. Clearly, it must be interpreted with caution. In general, the men had similar needs and experiences to those reported by the women, although just two of them had children with them in shelter. The men stayed in shelter a similar length of time, reported similar outcomes, and rated their experience highly. Although comparable data for men in shelter has not been reported by other studies, other sources have begun to include this information explicitly.³⁵

Shelter Size and Shelter Experience

Analyses of the relationship between staff and shelter size and survivors' experience are among the unique findings of this study. It might seem that having more staff would increase the comprehensiveness of available services, and contribute to meeting more of survivors' needs. Instead, to the extent there were differences, study respondents reported fewer problems in smaller shelters. Transportation was less frequently cited as a problem, in particular. The only outcome that was significantly more positive in the largest shelters was that mothers reported their children to have a better understanding of what had been happening at home. Of course, the larger shelters were more concentrated in urban areas, so this may be a contributor. Nonetheless, shelter staff might consider maximizing ways they can create a "home-like" feel, and limit rules and schedules to the extent they can.

^q It must be repeated here that, while men receive a wide range of services from domestic violence programs, their needs for emergency housing are more typically met through motel vouchers or safe homes, and less commonly through the shelters that were the focus of this study.

Study Limitations

Several issues have emerged. First, the items on the services needs checklist have not been formally validated. However, other recent studies³⁶ have used many similar items, including some with the identical wording. Further, several states and local programs have adopted the forms modified from the “Documenting Our Work” surveys, as have programs in Ireland and elsewhere. These items have been retained after extensive dialogue with advocates and testing with local survivors over several years. Face validity is strong.

It is unfortunate that services related to substance abuse were not included on the checklist. During piloting of these instruments advocates felt that, since rules in many shelters excluded survivors with current substance abuse problems, they would not admit to needing help with this issue and the data would be compromised. Since more shelters are enhancing their capacity to address substance abuse issues, such information would be valuable at this juncture.

Other measurement issues include adding “internet” as a source of information about the shelter, and changing some of the language to be more gender-neutral. Although only 13 respondents in this study were male, more shelters continue to expand the options and arrangements for accommodating men, and this is likely to continue. Therefore, rewording language about survivors (as in the item describing the shelter entry experience: changing it from “women like me” to “people like me”) to be sure it reflects these growing changes will allow all survivors to feel confident that the questions are relevant to their experiences.

Although some advocates and researchers would have liked more information about details of survivors’ abuse histories or other background variables, managing the length of

these surveys was challenging enough. Drawing on the factor analyses, some of the items on the checklists could be eliminated to allow other items to be added. Additional services should also be considered for program descriptions, drawing on the types of services included in the “other” category.

Although substantial efforts were made to be inclusive, with eleven translations and arrangements made with the Hotline so that literacy barriers in other languages could be overcome, they were not as productive as hoped. It is likely that pressures and limitations faced by bilingual and bicultural program staff contributed to the underutilization of these alternatives. Some advocates have suggested that the length of the checklists was daunting, particularly for survivors with the least education. Although this may have posed some limitation, it is notable that more than a quarter of respondents had not completed high school, and these survivors comprised an even larger percentage of those who completed both surveys. Nonetheless, additional steps might be taken with staff training in study implementation to increase responses from those with literacy, language, and cultural issues. These efforts are particularly important in the context of turnover experienced in coalition and program staff, which occurred during this study and are inevitable.

Finally, the outcomes reported do not extend beyond the conclusion of the immediate shelter stay. They are self-reports of survivors’ perceptions, and cannot address the issue of longer-term safety and well-being. Other studies, however, have identified these immediate outcomes as the ones most strongly associated with positive longer-term safety and well-being.³⁷ Further, data on survivors’ needs and experiences, across diverse circumstances, is a valuable contribution, and was the goal of this study.

DISCUSSION:

Implications

This study has provided a wealth of information about shelters for people who have experienced domestic violence: the services they offer, the people they serve, and residents' experiences coming to and living in them. The large sample size, the inclusion of 81% of the shelter programs from eight states, the variety of circumstances in which the shelters are located, the characteristics of the geographic regions covered (for example, the rate of poverty), similarities of many demographic characteristics with those reported in other contexts, and the consistency of findings with the limited number of similar (if smaller) studies contribute to seeing it as a reasonable reflection of shelters across the nation.

The first and clearest implication of this study is that domestic violence shelters serve a critical need for people who have experienced abuse. The survivors who turn to domestic violence shelter programs have limited or no safe, supportive alternatives to their shelter stay. Without access to shelter, the survivors report that their situations would be dire: they would face substantial losses or continued abuse. The results also demonstrate that shelters have a wide variety of educational, emotional, psychological, attitudinal and concrete benefits to residents, including changing their understandings of what they need in order to live safer and more fulfilling lives.

The study also suggests that the services provided to residents (as well as non-residential program clients) have grown over time (although comprehensively comparable data from earlier points does not exist) and become more comprehensive, in response to awareness of needs. Shelter programs currently have more capacity to accommodate adults and children with disabilities, offer multi-lingual services, and provide advocacy with most of the collateral institutions in local communities that survivors need to access than indicated in prior research.

These efforts should continue, either through provision of services directly by program staff or through collaboration with well-trained community agencies. Strategies to address survivors' emotional/mental health needs (measured in various ways in this study), physical health issues, housing, educational and economic issues, as well as substance abuse (not measured here, but a theme in qualitative responses) are particularly important, as these were the prominent needs identified and reported by study respondents as not being fully met. Since many of these issues are beyond the capacity of shelter programs to address alone, the need for collaborative community solutions is clear.

Survivors' concerns about their children were also a prominent theme. Some had hesitated to come to shelter because of concerns about the impact on their children. Among mothers, needs related to their children were among the highest of all needs indicated. Conflicts related to children were among the most frequently mentioned by shelter residents, and improvements in their children were among survivors' greatest sources of satisfaction. These services remain critical, as well.

The study also shows that some survivors struggle with some shelter rules related to eligibility for admission (such as survivors with teenage boys or arrest records being admitted), what they must do while they are in residence (such as curfew and chores), and how long they may stay. These findings support programs' reconsiderations of some of these, and indicate that programs should find ways to allow for more consideration of the nuances of individual circumstances.

Staff training in conflict resolution, while common in programs across the country, might be offered more frequently or widely. Given the frequency of reports of conflicts arising within

shelters, expanded training on conflict resolution or other approaches with shelter residents might be worth program consideration.

Diversity issues were common in the dimensions of shelter experience addressed in this study. Some differences in needs by race/ethnicity were documented, and problems with lack of respect for customs were among the least likely to be resolved. Differences in survivors' experiences by race/ethnicity in first impressions were particularly notable. Again, while most programs provide diversity training, making it more widespread, more frequent, or particular to the backgrounds of residents may be warranted. Certainly, efforts to expand staff diversity and to create working environments supportive to all staff should be continued.

Although longer-term outcomes could not be collected within the scope of this study, other research supports the findings of extensive support, increased knowledge and increased confidence and hope found here.³⁸ These are steps on the longer-term path to increased safety and well-being, as identified in an experimental study that found social support and access to community resources were key factors.³⁹ Similarly, a retrospective study of survivors' safety planning found that staying at a domestic violence shelter was one of the two strategies that was most likely to make their situation better (the other was contacting a domestic violence program).⁴⁰ Coupled with survivors' reports in this study of the likely dire consequences of not having a shelter available, the positive immediate outcomes also argue for continued funding for shelters. In addition, survivors' concerns about the difficulties making needed changes when shelter time-limits are short, support efforts to extend length of stay or allow for more individual flexibility; follow-up services would also reinforce survivors' gains and improve prospects for positive longer-term outcomes.⁴¹

Finally, further and continued research efforts should be pursued. The comparison of responses in English and Spanish among survivors who identified as Hispanic/Latina underscore the importance of accurate translations of all instruments used in research with domestic violence survivors. Gender-neutral language on instruments is also critical. Researchers on this project received personal letters and heartfelt notes and comments applauding this study. It is vital to obtain more feedback from survivors on these and other services, such as support groups, counseling and advocacy. Shelters clearly provide crucial services. Much more can be learned to improve them and the other services provided by domestic violence programs, and thereby the lives of the survivors and children they serve.

Appendix A

Shelter Resident Survey--#1

State code: _____

Program code: _____

Thank you for your help. Although doing this is voluntary, your answers to these questions will help us and other shelters improve our services. Please answer honestly and on your own—there are no right or wrong answers. Your answers are anonymous and very important to us. Please do this as soon as you can. When you have finished, please put this survey in the stamped, addressed envelope you were given and seal it; then put it in the place the shelter staff showed you, for mailing.

____ _ (Please write in the first 2 letters of your mother's first name, and the first 2 numbers of your most recent address, e.g. WE17. **No one** will be able to connect this information with you, but it will help us to better meet residents' needs. If you still do not feel comfortable with this, **please** use two letters followed by two numbers that you will remember and can use again later; you will be asked to answer similar questions again later.)

1. Where have you heard about this emergency shelter? (*please check all that apply*)

- | | | |
|---|--|--|
| <input type="checkbox"/> telephone book | <input type="checkbox"/> domestic violence (DV) advocate, incl. other DV shelter | <input type="checkbox"/> people in court |
| <input type="checkbox"/> family member | <input type="checkbox"/> people from my religious/spiritual community | <input type="checkbox"/> health care provider |
| <input type="checkbox"/> police | <input type="checkbox"/> child protective services staff | <input type="checkbox"/> TANF (welfare) staff |
| <input type="checkbox"/> friend(s) | <input type="checkbox"/> social service agency staff, incl. homeless shelter | <input type="checkbox"/> flyer/brochure/poster |
| <input type="checkbox"/> mental health provider | <input type="checkbox"/> other (where?) _____ | |

2. When was the **first** time you heard about this shelter?

- | | |
|---|--|
| <input type="checkbox"/> a day or two ago | <input type="checkbox"/> more than a day or two, but less than a month ago |
| <input type="checkbox"/> between a month and a year ago | <input type="checkbox"/> more than a year ago |

3. Have you ever stayed at this shelter before? ☐ no ☐ yes (*If yes*): How long ago did you stay here?
☐ in the past 6 months ☐ 6 months to a year ago ☐ more than a year ago

4. When you decided to come here, what did you think this shelter would do for you?

5. Did you have any concerns about contacting this shelter? ☐ no ☐ yes (*Please describe your concerns*):

6. Have you ever tried to stay at this shelter in the past and not been able to do so? ☐ no ☐ yes

If yes: What was the reason you couldn't stay here? _____

7. Please check all of the following that were true for you when you **first arrived** here this time:

- | | |
|---|---|
| <input type="checkbox"/> the staff made me feel welcome | <input type="checkbox"/> the staff treated me with respect |
| <input type="checkbox"/> the space felt comfortable | <input type="checkbox"/> it seemed like a place for women like me |
| <input type="checkbox"/> the other women made me feel welcome | <input type="checkbox"/> none of these choices were true for me |

8. What do you think you would have done if this shelter didn't exist? _____

--over, please--

9. While I'm here I hope I can get help with (*check all that apply to you; there are no "right" answers*):

- | | |
|---|---|
| <input type="checkbox"/> safety for myself | <input type="checkbox"/> transportation |
| <input type="checkbox"/> safety for my children | <input type="checkbox"/> support from other women |
| <input type="checkbox"/> learning about my options and choices | <input type="checkbox"/> a job or job training |
| <input type="checkbox"/> paying attention to my own wants and needs | <input type="checkbox"/> counseling for myself |
| <input type="checkbox"/> paying attention to my children's wants and needs | <input type="checkbox"/> counseling for my children |
| <input type="checkbox"/> understanding about domestic violence | <input type="checkbox"/> emotional support for myself |
| <input type="checkbox"/> safety planning | <input type="checkbox"/> health issues for myself |
| <input type="checkbox"/> education/school for myself | <input type="checkbox"/> health issues for my children |
| <input type="checkbox"/> education/school for my children | <input type="checkbox"/> my abuse-related injuries |
| <input type="checkbox"/> reconnecting with my community | <input type="checkbox"/> leaving my relationship |
| <input type="checkbox"/> budgeting & handling my money | <input type="checkbox"/> TANF (welfare) benefits |
| <input type="checkbox"/> child protection system issues | <input type="checkbox"/> other government benefits |
| <input type="checkbox"/> child welfare system issues | <input type="checkbox"/> issues related to my disability |
| <input type="checkbox"/> ideas for handling the stress in my life | <input type="checkbox"/> legal system/legal issues (which?) |
| <input type="checkbox"/> connections to other people who can help me | <input type="checkbox"/> protective/restraining order |
| <input type="checkbox"/> finding housing I can afford | <input type="checkbox"/> my abuser's arrest |
| <input type="checkbox"/> responding to my children when they are upset or causing trouble | <input type="checkbox"/> my own arrest |
| <input type="checkbox"/> child care | <input type="checkbox"/> custody or visitation questions |
| <input type="checkbox"/> other (<i>what?</i>) _____ | <input type="checkbox"/> divorce-related issues |
| | <input type="checkbox"/> immigration issues |

We ask the next questions to see if different women have different experiences here, so we can continue to improve our services for ALL women. But please leave any item blank if you are concerned it will identify you.

10. I consider myself to be:

- | | | |
|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latina | <input type="checkbox"/> Other (<i>what?</i>) _____ |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial | |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> White | _____ |

If there is a particular ethnic background that is important to you, please identify: _____

11. My age is: ☐ 17 or younger ☐ 18 – 24 ☐ 25 - 34 ☐ 35 – 49 ☐ 50 - 64 ☐ 65 or older

12. I have _____ minor children--age 17 or younger [*write in number of children you have under age 18*].

Please write in # of children with you in shelter in each age group: _____ under 1 year old _____ 1 – 5 yrs.

_____ 6 – 12 yrs _____ over age 12

13. I consider myself to be:

- ☐ heterosexual/straight ☐ lesbian/gay ☐ bisexual ☐ other (*specify*): _____

14. The highest level of education I have so far is:

- | | | |
|---|--|--|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> High school grad or GED | <input type="checkbox"/> College grad |
| <input type="checkbox"/> 9 th – 11 th grade | <input type="checkbox"/> Some college | <input type="checkbox"/> Advanced degree |

15. My gender is: ☐ female ☐ male ☐ transgender

Thank you very much!!

Appendix B

Shelter Resident Survey--#2

State code: _____

Program code: _____

Thank you for your help. Although doing this is voluntary, your answers to these questions will help us and other shelters improve our services. Please answer honestly and on your own—there are no right or wrong answers. Your answers are anonymous and very important to us. Please do this right away, then put this survey in the addressed envelope you were given, seal it, and put it in the place the shelter staff showed you, for mailing.

Approximate number of days you stayed in this shelter this stay: _____

____ _ (Write in the first 2 letters of your mother's first name, and the first 2 numbers of your most recent address, e.g. WE17. **No one** will be able to connect this information with you, but it will allow us to better meet residents' needs. If you still do not feel comfortable with this, **please** use two letters followed by two numbers that you will remember and can use again later. If you filled out survey #1, please use the same letters & numbers you used then.)

1. The following list describes different types of services you may have wanted, and may have received while you were in the shelter. Every woman wants and needs different things, so there are no "right" answers. Please rate **each** of the items on the list according to the help you received with:

3 = I got all of the help of this kind that I wanted
 2 = I got some of the help of this kind that I wanted
 1 = I wanted this kind of help, but I didn't get any
 0 = it doesn't apply to me—I didn't want or need this

- | | |
|---|---|
| ____ safety for myself | ____ transportation |
| ____ safety for my children | ____ support from other women |
| ____ learning about my options and choices | ____ a job or job training |
| ____ paying attention to my own wants and needs | ____ counseling for myself |
| ____ paying attention to my children's wants and needs | ____ counseling for my children |
| ____ understanding about domestic violence | ____ emotional support for myself |
| ____ safety planning | ____ dealing with my feelings that upset me |
| ____ education/school for myself | ____ health issues for myself |
| ____ education/school for my children | ____ health issues for my children |
| ____ reconnecting with my community | ____ my abuse-related injuries |
| ____ keeping access to my faith community | ____ leaving my relationship |
| ____ budgeting & handling my money | ____ TANF (welfare) benefits |
| ____ child protection system issues | ____ other government benefits |
| ____ child welfare system issues | legal system/legal issues (which?) |
| ____ ideas for handling the stress in my life | ____ protective/restraining order |
| ____ connections to other people who can help me | ____ my abuser's arrest |
| ____ finding housing I can afford | ____ my own arrest |
| ____ responding to my children when they are upset or causing trouble | ____ custody or visitation questions |
| ____ child care | ____ divorce-related issues |
| ____ other (<i>what?</i>) _____ | ____ immigration issues |

2. What about the shelter has made you feel most comfortable? _____

3. **Because of** my experience in the shelter, I feel (please check **yes or no**):

Yes	No		Yes	No	
___	___	I know more ways to plan for my safety	___	___	more hopeful about the future
___	___	I know more about community resources	___	___	more comfortable asking for help
___	___	more confident in my decision-making	___	___	I know more about my options
___	___	more comfortable talking about things that bother me	___	___	like I can do more things on my own
___	___	that I will achieve the goals I set for myself			

Comments: _____

4. **Because of** our time in the shelter, I think my children (check **yes or no**, or check “doesn’t apply—no children”):

Yes	No		Yes	No	
___	___	are better able to express their feelings without violence	___	___	feel more supported
___	___	have more understanding of what has been happening at home	___	___	doesn’t apply—no children

Comments: _____

5. Please circle the number that best reflects your agreement or disagreement with the following statements:

	strongly agree	agree	disagree	strongly disagree	doesn’t apply
Shelter staff treated me with respect.	4	3	2	1	0
Shelter staff were caring and supportive.	4	3	2	1	0
Shelter staff spent enough time talking about my safety	4	3	2	1	0
Shelter staff spent enough time talking about my children’s safety	4	3	2	1	0
Over all, my religious/spiritual beliefs were respected.	4	3	2	1	0
Over all, my sexual orientation was respected.	4	3	2	1	0
Over all, my racial/ethnic background was respected.	4	3	2	1	0
Shelter staff helped address any needs related to my disability	4	3	2	1	0
Shelter staff helped address any needs related to my youth or advancing age	4	3	2	1	0

6. Over all, thinking about my stay here, I would rate the help I received at this shelter as:

___ very helpful ___ helpful ___ a little helpful ___ not at all helpful

comments _____

7. If a friend of mine told me she was thinking of coming here for help, I would: (please check one)

___ strongly recommend she come ___ recommend she come
___ recommend she not come ___ strongly recommend she not come

because: _____

8. The shelter staff try to make your stay as helpful as possible. However, every woman’s situation is different, and sometimes problems can occur, even in the best of programs. The list **on the next page** describes different types of problems you may have experienced while you were in the shelter. Please let us know about any problems you experienced, using the numbered ratings for **each** item on the list. Please be honest, and **add your comments!**

Please put one of these numbers on the space next to each type of problem listed below:

3 = this was not a problem for me	1 = this was a problem, and it was <u>not</u> resolved to my satisfaction
2 = this was a problem, but it was resolved	0 = this is not a rule or it doesn't apply to me

A. Problems related to rules about--

Comments

- | | |
|--|-------|
| <input type="checkbox"/> Curfew | _____ |
| <input type="checkbox"/> Child care (what?) | _____ |
| <input type="checkbox"/> Child discipline and monitoring | _____ |
| <input type="checkbox"/> Chores | _____ |
| <input type="checkbox"/> Time limits on staying here | _____ |
| <input type="checkbox"/> Going to my job or school | _____ |
| <input type="checkbox"/> Telephone privileges | _____ |
| <input type="checkbox"/> Contact with my abusive partner | _____ |
| <input type="checkbox"/> Contact with family or friends | _____ |
| <input type="checkbox"/> Allowing teen boys to stay here | _____ |
| <input type="checkbox"/> Other (what?) _____ | _____ |

B. Problems related to other concerns—

- | | |
|---|-------|
| <input type="checkbox"/> Conflicts with other women in shelter | _____ |
| <input type="checkbox"/> Conflicts with staff | _____ |
| <input type="checkbox"/> Lack of respect for my customs/practices | _____ |
| <input type="checkbox"/> Choices of food available | _____ |
| <input type="checkbox"/> Need for transportation | _____ |
| <input type="checkbox"/> Communicating (e.g. language barriers) | _____ |
| <input type="checkbox"/> Difficulties getting around in the shelter | _____ |
| <input type="checkbox"/> Finding privacy/space for myself | _____ |
| <input type="checkbox"/> Other (what?) _____ | _____ |

We ask the next questions to see if different women have different experiences here, so we can continue to improve our services for ALL women. But please leave any item blank if you are concerned it will identify you.

9. I consider myself to be:

- | | | |
|---|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latina | <input type="checkbox"/> Other (what?) _____ |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial | |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> White | _____ |

If there is a particular ethnic background that is important to you, please identify: _____

10. My age is: ☐ 17 or younger ☐ 18 - 24 ☐ 25 - 34 ☐ 35 - 49 ☐ 50 - 64 ☐ 65 or older

11. I have _____ minor children (age 17 or younger). How many are with you here? _____ [# of children]

12. I consider myself to be:

- | | |
|--|--|
| <input type="checkbox"/> heterosexual/straight | <input type="checkbox"/> lesbian/gay |
| <input type="checkbox"/> bisexual | <input type="checkbox"/> other (please describe) _____ |

13. The highest level of education I have so far is:

- | | | |
|---|--|--|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> High school grad or GED | <input type="checkbox"/> College grad |
| <input type="checkbox"/> 9 th – 11 th grade | <input type="checkbox"/> Some college | <input type="checkbox"/> Advanced degree |

14. My gender is: ☐ female ☐ male ☐ transgender

Thank you very much!!

Notes

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³⁶ For example, Bennett et al., (2004), loc. cit. Grasley, et al., (2000), loc. cit., and Tutty (2006) loc. cit.

³⁷ Bybee and Sullivan (2002) loc. cit. Goodkind et al. (2004) loc. cit.

³⁸ Tutty (2006) loc. cit. Bennett et al., (2004), loc. cit.

³⁹ Bybee and Sullivan (2002) loc. cit.

⁴⁰ Goodkind et al. (2004) loc. cit.

⁴¹ Tutty (2006) loc. cit. Bybee and Sullivan (2002) loc. cit.

**Building
Comprehensive
Solutions to
Domestic
Violence**

Publication # 10

**A Policy and Practice
Paper**

Welfare, Poverty, and Abused Women:
New Research and its Implications

Eleanor Lyon

Welfare, Poverty, and Abused Women: New Research and its Implications

by
Eleanor Lyon

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About the Author

For over 20 years, Eleanor Lyon has conducted research and evaluation related to domestic violence, violence against women, and criminal justice and social policy. She is a Research Scientist at the University of Connecticut's School of Social Work, and is a private consultant through Lyon & Associates. She is co-author of *Safety Planning with Battered Women: Complex Lives, Difficult Choices*, from Sage.

Welfare, Poverty, and Abused Women: New Research and its Implications

Accumulated research and experience have clearly shown that physical and psychological violence against women occurs in all social groups, as defined by age, race, ethnicity, sexual orientation or economic circumstances. However, the evidence is growing that poor women are more likely than others to experience physical violence by their partners, partly because they have fewer options, and that the combination of poverty and intimate violence raises particularly difficult issues for them (Davis, 1999; Greenfeld et al., 1998; Kaplan, 1997; Kurz, 1999; Ptacek, 1999; Raphael, 2000; Russo, Denious, Keita & Koss, 1997). Abused women's access to independent economic resources, including welfare, is central to their decision-making and safety planning (e.g. Brandwein, 1999a; Gondolf, with Fisher, 1988; Raphael, 1995); this means that women who experience both domestic violence and poverty are likely to have more, and more complex, needs than those who have more resources.

Because of the Temporary Assistance to Needy Families (TANF) welfare program, a growing body of research is exploring the connections between domestic violence against impoverished women and their experience with welfare. In the following pages, this paper summarizes this research, emphasizing the most comprehensive recent studies that have focused on TANF recipients. It expands on previous syntheses (Lyon, 1997; Raphael & Tolman, 1997; Tolman, 1999), and includes early investigations of child support issues and Family Violence Option (FVO) notification processes and outcomes. (Summary descriptions from other important studies are provided by topic in the appendices.) The overview concludes with implications of this research for ongoing implementation of the TANF program.

The diverse studies included here were originally conducted for varying reasons, although many were designed to monitor or evaluate aspects of states' experiences with TANF. They use different samples of women, and document violence and its impacts in different ways. The picture at this stage of knowledge remains complex: impoverished women have experienced disturbingly high rates of intimate violence as adults and in childhood; they have been affected by this violence in different ways and to varying degrees. The data also continue to demonstrate women's resiliency, tenacity, and strategic use of resources. These patterns have significant implications for women's use of welfare and their need for specific supports or temporary relief from TANF and program requirements.

How Prevalent is Domestic Violence Among Women Receiving TANF?

Nearly all of the studies that have investigated the issue have found that over half of the women receiving welfare said they had experienced physical abuse (defined as a continuum from slapping or hitting through more physically injurious acts) by an intimate male partner at some point during their adult lives; most of the women receiving welfare also reported physical and/or sexual abuse in childhood. In contrast, about 22% of women in the general population have reported experiencing domestic violence at some time in adulthood (Tjaden & Thoennes, 1998). When women receiving welfare have been asked about more recent abuse from their male partners, the rates have remained high. Although the specific behaviors and time frames differ across studies, the findings all show that poor women experience high rates of violence, especially those receiving welfare. Some of the most recent studies of TANF recipients (see Appendix 1 for results from other major studies) have found the following:

- ***Child Support and Domestic Violence***, a study of 1,082 applicants for public assistance in Colorado, found that 40% of the women reported current or past abuse by a male partner. Of the women who reported abuse, 74% said it was by a former partner only; 24% involved both current and former partners (Pearson, Thoennes, & Griswold, 1999).
- ***The Women's Employment Study***, an interview study of 753 randomly selected single female welfare recipients with children in an urban Michigan county, found that 62.8% reported moderate or severe physical abuse in their lifetime, and 23.2% reported such abuse in the past year (Tolman & Rosen, 1999).

- ***A Study of the Florida WAGES Population***, a sample of 740 randomly selected participants in the state's TANF program interviewed in 1998, found that 36% said they had been physically abused and 17% had been sexually abused by a partner in adulthood (Merrill, Ring-Kurtz, Olufokunbi, Aversa, & Sherker, 1999).
- ***Understanding Families with Multiple Barriers to Self-Sufficiency***, a multi-method study that included interviews with a stratified random sample of 325 welfare recipients in Utah, found that 79% reported that sometime during their adulthood a partner had pushed or grabbed them; 60% had been slapped or kicked. Twenty percent of recipients had been pushed or grabbed in the last 12 months, and 21% reported one of these acts of domestic violence by their current partner (Barusch, Taylor, & Derr, 1999).
- ***Job Readiness Program Participants***, an interview study of 122 welfare-to-work program enrollees in western Pennsylvania, found that 38% reported their current or most recent partner hit, kicked or threw something at them, and 27% were cut, bruised, choked, or more seriously injured (Brush, forthcoming).

These studies demonstrate that women receiving TANF/welfare have experienced high rates of violence by a male partner as adults; rates for the past year, when obtained, range from just under 9% to over 23%. Notably, studies conducted over the past ten years have consistently shown that the domestic violence rates for women receiving TANF/welfare are significantly higher than for other low-income women from the same neighborhoods. Women who have experienced difficulties with welfare program compliance also report higher rates of domestic violence.

What Health Effects of Domestic Violence Are Found Among Women Who Receive Welfare?

Overall, research has found that poor women experience more physical and mental health problems of most kinds than women in general (see Tolman & Rosen, 1999). Some of the recent research on women on welfare has investigated recipients' physical and mental health, and looked particularly at ways their health may be affected by their experience of domestic violence. It is not surprising that those who have experienced domestic violence have generally higher rates of physical and mental health difficulties. However, the data also show that the impact of domestic violence on physical and mental health can diminish over time after the abuse ends. It is crucial, then, that support services should be available to all women, but problems should not be assumed.

Impacts on Physical Health. In the studies that have examined the question, many welfare recipients have reported physical health problems at higher rates than the general population. A study of recipients in Massachusetts (Allard, Albelda, Colten, & Cosenza, 1997), for example, found that 31.7% of abused women and 21.4% of non-abused women reported a current "serious physical, mental, or emotional problem." The Michigan study (Tolman & Rosen, 1999) found that women who had been abused in the past year were nearly twice as likely to report a "physical limitation" or rate their health as "poor" as those who said they had never been abused (17.9% compared to 9.5%).

Impacts on Mental Health. The impact of domestic violence on welfare recipients' mental health has been measured in highly diverse ways. In general, the studies have found that abused women on welfare have higher rates of depression and PTSD than do women who report no abuse. Further, women who report recent abuse have higher rates of depression than those whose abuse occurred in the more distant past. A study of women in a poor Chicago neighborhood, for example, found that current depression was reported by 42.3% of the women who had experienced severe aggression in the past 12 months, compared to 37.3% of those who had experienced severe aggression at some time in their lives, and 24.8% of the entire sample of abused and non-abused women (Lloyd, 1996).

Similarly, the Michigan study (Tolman & Rosen, 1999) found dramatic differences among women who had experienced severe abuse in the past 12 months, in the more distant past, and never. Of those who had been

recently abused, 61.6% had at least one of the mental health issues investigated, compared to 44.1% of those with past abuse, and 22.8% of those with no reported abuse. Similar significant differences associated with abuse and its recency were found for women's ratings of depression, PTSD, and need for treatment. In the Utah study of welfare recipients, 42.3% of the *entire* sample were scored as depressed, and 15.1% were scored as suffering from PTSD (Barusch et al, 1999). Although the figures were not provided separately for the abused women in this study, one would predict that they, too, would have dramatically high rates of clinical depression.

Drug or Alcohol Abuse. Drug and alcohol issues have also been measured in many ways, when they have been included in these studies. Current drug and alcohol “problems,” for example, were reported by 18.7% of the currently abused women, compared to 10.1% of the entire sample, in a study of AFDC recipients in Passaic County (Curcio, 1997). Rates of drug and alcohol “dependence” were obtained in the Michigan study (Tolman & Rosen, 1999). The Michigan researchers found that the welfare recipients in general were *less* likely to be dependent on alcohol, but *more* likely to be drug dependent than women in general who were surveyed in a national study. However, women who had experienced severe physical violence in the past 12 months were significantly more likely to be alcohol dependent (8%) than were those whose abuse occurred in the past (2.6%), and those who had never experienced severe physical violence (1.1%). The same patterns of declining rates were also found for drug dependence.

As dramatic as these elevated rates of emotional distress and drug and alcohol problems are for women whose abuse is recent, the substantially lower rates among women whose abuse is not recent suggest that these effects often diminish – for a variety of reasons, including interventions. More evidence of resilience was found in the Massachusetts study, where women whose abuse occurred more than 12 months previously had significantly higher scores of self esteem and “mastery,” as well as lower rates of depression and anxiety, than the more recently abused women (Allard et al., 1997). While it is important to note that the scores for abused women did not reach those of the never-abused group, the evidence of recovery shows resilience among many women, and demonstrates the importance of not making assumptions about the emotional well-being of women who have experienced abuse. Again, however, it also indicates the importance of services and supports for women who disclose abuse.

What Is the Connection Between Domestic Violence and Women's Experience of Work and Training?

The most recent studies have significantly added to earlier investigations of the ways abusive partners can affect women's experience of work, education, and/or training programs. They show a complicated relationship between women's experience of abuse and their involvement in welfare and work. Making assumptions about women's participation based primarily on historical, or even current, physical abuse alone is clearly unwarranted. The type of abuse women experience (physical, sexual, or both), for example, has been found to make a difference.

Several studies have found that, in general, women who have experienced even recent domestic violence are interested in working and are as likely to be employed as those who have not. However, some women have partners who actively interfere with their efforts to work or attend school or training; such women have more difficulty sustaining their participation. Similarly, women whose partners threaten to kill them, or threaten their children, are more likely than others who report current abuse to have reduced work involvement.

Partner Interference. The evidence of abusive partner interference with women's efforts to obtain education, training, or employment, and to sustain these efforts over time, has grown and become more specific, and the rates of active sabotage found in some studies have been disturbingly high. Raphael (1999b), drawing from interviews across the country, listed work sabotage strategies she had found, and reported that fights before key events, such as tests or job interviews, were the most common. More specifically (see Appendix 2 for data from other studies on this issue), studies show the following:

- ***Job Readiness Program Participants:*** 46% of the women in the program reported their partners were jealous about the possibility of their meeting someone new at work, 21% were threatened or harassed while they were at work, and 32% were told that they would never be able to succeed at work or school. In addition, 12% were told that “working women are bad mothers,” and 8% had partners who said, “You may

work only if you keep up with the housework.” Women whose partners expressed these latter views were significantly more likely than others (5 times and 3 times more likely, respectively) to drop out of the program. Similarly, women who sought a protective order (PO) dropped out of the program at six times the rate of others who did not seek a PO – 31% compared to 5% (Brush, forthcoming).

- **The Michigan study:** 22.9% of all the women recipients said their partners had harassed them at work, training, or school, or interfered with their efforts to go; 7.3% reported this had happened in the past year. In addition, 23.3% reported they had had to stay home because of something their partner had done; 5.6% said this had happened in the past year. Most dramatically, 48.2% of the women who had experienced recent severe physical violence reported direct interference in the past year, compared to 6.3% of past victims (Tolman & Rosen, 1999).
- **The Wisconsin study:** This study of women who experienced current or past abuse found that 43.2% reported they don't feel safe from their abusive partner at work, 29.8% reported they have been fired or lost a job because of domestic violence, and 34.7% said their education and training efforts have been hampered by the abuse. More specifically, 84.5% said their abusive partner had kept them from sleeping, 57.8% said his threats had made them afraid to go to work or school, 47.1% said he had refused to provide promised child care at the last minute, 41.5% said he had called them repeatedly at work, 34% had been refused promised transportation at the last minute, and 33.9% had been beaten so badly that they could not work (Moore & Selkove, 1999).

Work Experience. The studies show that most women on welfare, whether they have been abused or not, want to work and have work experience. At least three-fifths of the women report having worked in the past, including 98.9% in the Utah study (Barusch et al., 1999). Over 70% of the recipients in the Massachusetts study had held full-time jobs. Further, 73.5% of the women with abuse histories had been employed full-time, compared to 64.5% of the women who had never been abused. (Allard et al., 1997). In addition, 89% of the mothers in this study (both abused and never-abused) reported that they would rather go to school or work than stay home full-time. The abused and never-abused groups of women were also equivalently likely to have had schooling or training for particular work and to be currently enrolled in a program.

Some studies have reported that the *patterns and timing* of work and welfare receipt differ for women who have been abused, however. For example, an early study of poor women in Worcester (Salomon, Bassuk, & Brooks, 1996) found that women who had been abused were significantly more likely than those who had never been abused to remain on AFDC for a combined total of five years or longer. It also found that housed women who experienced physical violence by a partner were significantly more likely than others to “cycle” (experience more than one episode of welfare support). This finding may support perceptions that women use welfare strategically in response to their partners' violence;¹ it may also reflect the impact of their partners' interference or direct abuse.

Clearly, the relationships among welfare, work, and domestic violence are complex. The Chicago study provided some of the earliest evidence of this complexity. The women who had experienced abuse were similar to those who had not in current employment, job status, days absent from work, and number of weeks unemployed in the past year. However, they were more likely to have been unemployed when they wanted to be working, to have lower personal income, and to have received AFDC, food stamps, and Medicaid in the past year. In addition, the women whose partners had threatened them with physical harm or had used a weapon against them were employed in significantly lower status jobs than others. Further, while some of the women who had experienced abuse decreased their employment efforts due to their partner's interference, others *increased* their labor force participation, and still others did not change (Lloyd, 1997).

The evidence is clear that most women who experience abuse continue their efforts to work. In his analysis of Washington data on women who were receiving AFDC or were at risk for such support, for example, Smith (2000) found that the women who experienced both physical and sexual abuse had held *more* jobs than other women, but were employed for fewer total months. This finding suggests that the women continue to try to work, and the violence is associated with problems *keeping* their jobs, “thereby limiting [their] chances of skill acquisition and promotion.” It is clearly consistent with the finding of welfare cycling found in Worcester, and the high average number of jobs (10) found in Utah (Barusch et al., 1999).

Connections between Abuse and Work. Several studies have reported analyses that examine the influence of domestic violence on employment or welfare experience in combination with other factors. These analyses attempt to separate the influence of domestic violence from other factors that researchers often find are connected to work, such as education, job skills, and physical health. The picture that emerges at this stage of analysis is complex. Researchers have defined work and welfare involvement in different ways, have used different lengths of time to measure duration, and have included different variables as potential sources of explanation for work and welfare outcomes. Nonetheless, they agree that domestic violence can be devastating, but it is not the only, or even always the most influential, factor associated with women's experience of welfare and work, as the following studies demonstrate:

- **The Chicago study** of low-income women, for example, found that, when many factors were considered at once, women who were older and were married were significantly *more* likely to be employed at the time of the interview, while women who had less education, were African American or Hispanic, had health problems, and/or had children under the age of 6 were significantly *less* likely to be employed at that time. When all of these factors were considered, there was *no significant relationship between partner violence in general and women's current employment*. However, women whose partners had threatened to kill them at any time during their relationship were significantly less likely to be currently employed. In addition, when their partners had directly prevented them from going to school or work, or had threatened to hurt their children, women were less likely to have been employed in the past 12 months than were other women (Lloyd & Taluc, 1999).
- **The Connecticut study** (Canny, 2000) of women who had been discontinued from cash assistance looked at the relative impact of several common barriers on women's current employment (42% of the women in the sample were employed at the time of assessment). Women who reported domestic violence were only marginally less likely to be employed when the other factors were controlled. Instead, poor or fair reading levels and problems with drugs were shown to be significant barriers.
- **The Washington study** of households receiving AFDC or at risk for such support (Smith, 2000) examined the impact of different types of abuse on work experience. It found that women who were *both* physically and sexually abused as adults "fared substantially worse than their peers [those who had experienced one type of abuse or none at all] on every measure" of work, even when other factors were controlled statistically. They were least likely to work at least 30 hours a week for six or more months, and lost more than 13% of the average hourly wage reported by the women overall. In addition, when many factors were examined at once, whites and older women tended to have more jobs, more months with work, and higher wages than were reported by younger women or African American or Hispanic women.
- **The Michigan study** of welfare recipients looked at factors associated with working 20 or more hours a week. It found that women who had experienced "severe domestic violence" in the past year were nearly as likely as those who had not (55.4% compared to 57.1%) to work 20 or more hours; the difference is *not* significant statistically. In contrast, women who had less than a high school education, limited work experience, limited job skills, no car, major depression, experiences of discrimination, and/or problems with their health or their children were all significantly less likely to be employed 20 or more hours a week (Danziger et al., 1999).
- **The Worcester Study** found that women who had experienced physical violence or aggression in the past year were no more or less likely than others to be currently employed. However, researchers also found that just 12.2% of women who had experienced recent violence or aggression worked 30 hours a week or more for a minimum of 6 months ("sustained full-time employment"), compared to 27.1% of those who had not experienced such abuse. When many factors were considered at once, the study found that women who were African American, had been employed during the past 5 years, didn't speak to a clinician about nerves in the past 6 months, received job training or a job placement service, and/or experienced no recent physical violence were most likely to have sustained full-time employment. Even when these and other factors were controlled statistically, *women who received job training were about 7 times more likely than others to be working, and those who received job placement services were about 4 times as likely to be*

working; these two factors were the strongest predictors of sustained full-time work (Browne, Salomon, & Bassuk, 1999).

Together, these studies show that, while experience of domestic violence can make “sustained employment” more difficult, there are many other factors that are influential as well. Education, work experience, physical and mental health problems, lack of transportation, discrimination, and race and ethnicity have all been found to affect employment, and may be more influential than whether or not a woman has experienced domestic violence. However, domestic violence may have more impact on women’s options, and on the *quality* of the employment they obtain. Certainly, services such as job training and placement have been found to be critically important for all women.

What Do Women Say Are Their Major Barriers to Self-Sufficiency?

Several studies have questioned women directly about their barriers to work or to cooperation with TANF requirements. In general, domestic violence is not a common response, even when results are reported separately for women who have experienced abuse. For example, 51% of all the sampled women in Florida’s WAGES (TANF) program cited transportation as an obstacle, 44% said child care, and 31% said lack of job skills (Merrill et al., 1999). The Missouri study found that women were most likely to say that child care and transportation were their two biggest problems interfering with work; abuse or lack of support by a family member was 5th on a list of 11 potential sources of interference (Sable, Libbus, Huneke, & Anger, 1999). The study of Mexican and Vietnamese immigrant women also found that transportation and child care were the major barriers – 56% of the women needed transportation, and 60% needed child care (Becerra, 1999). However, Connecticut data from a study of the first 226 clients who were discontinued from cash assistance after failing to follow program rules found that 35% of these clients listed domestic violence as a barrier to employment, although they were only marginally less likely to be employed (Canny, 2000).

What Do We Know About Women’s Response to the Family Violence Option?

As of August, 2000, 39 states had adopted the Family Violence Option (FVO), a provision of the federal welfare legislation that allows states to exempt victims of violence temporarily from work requirements while they receive services and take other steps toward self-sufficiency; it also allows women to apply for a waiver from cooperation with child support enforcement efforts (Nazario, 2000; Raphael & Haennicke, 1999). Among the states that have adopted this provision, methods of notification, assessment, the types of services, and the types of waivers and other responses have varied widely (Raphael, 1999a).

Disclosure Rates. While increasing attention has turned to the rates at which women report domestic violence to TANF or child support enforcement (CSE) staff, it is important to remember that women consider many things before they talk about abuse. Disclosure does not ensure their safety, nor is it an indicator of success of the FVO. In general, rates of disclosure to researchers have been substantially higher than disclosures to AFDC or TANF workers (which have ranged from 3% to 10%). In addition, states report that most disclosure is of past, not current, abuse (Raphael 1999a). However, to date, only a few studies have reported women’s rates of disclosure of violence in response to the FVO.

The Wisconsin study of domestic violence victims found that 70% did not disclose the violence or its impact to a TANF worker. Their reasons for non-disclosure were that 1) they did not think it was the worker’s business (31.8%); 2) they were ashamed (23.9%); 3) they didn’t think the worker had time to help them (10.2%); 4) the worker seemed insensitive (5.7%); and 5) they were afraid of losing their benefits (4.5%). Wisconsin relies on client-initiated disclosure, and that may contribute to the low rates, as well (Moore & Selkove, 1999).

The most comprehensive investigation of domestic violence disclosure rates has provided data from different stages of the process in Colorado, Minnesota, and Massachusetts (Griswold, Pearson, & Thoennes, forthcoming). It found rates of 40% in Colorado, 35% in Massachusetts, and 38% in Minnesota. It found, further, that rates were substantially higher in response to direct questioning by workers than they were from providing information about the FVO and waiting for women to self-disclose (35% vs. 9% in Massachusetts).

and 38% vs. 6% in Minnesota). More important, this study reported that the women themselves said that it is better to ask directly about violence. For example, 63% of the women in Minnesota who disclosed domestic violence said that it is good for workers to ask everyone about problems like substance abuse or domestic violence. In Massachusetts, 71% of those who disclosed said they were very or fairly comfortable discussing domestic violence with their worker; 79% said workers should question women directly.

Further, this study found that most of the women who disclosed domestic violence want child support. Ninety-three percent of the women who disclosed in Colorado, 71% in Massachusetts (and half of those who said their abuser still posed a threat), and 60% of those in Minnesota wanted to receive child support.

Interest in the Child Support Exemption. Child-related issues are often a source of conflict between women and their abusive partners. The Massachusetts study, for example, found that over half (52%) of the women who had been abused in the last year had also argued with a man about child support, visitation, or custody in the past year, compared to 20% of those who had never been abused. Nonetheless, the three-state study found that interest in applying for an exemption (or “good-cause waiver”) from cooperation with child support was quite limited, even among women who disclosed domestic violence. In Colorado, 6.7% of those who disclosed domestic violence expressed interest in a waiver, as did 15% of those who disclosed in Minnesota.

In general, the studies report that women say they are not interested in a waiver because they want to receive child support. This was true for 77% of the women in Massachusetts who disclosed domestic violence and were not interested in a waiver; 71% of this group also agreed strongly that “the violence happened long ago, and there is no current danger” (Griswold et al., forthcoming).

Pearson and her colleagues looked more closely at women’s interest in good-cause waivers in Colorado (Pearson et al., 1999; Pearson & Griswold, 1997). Of the 6.7% of abused women who applied for a waiver, just one-third were successful; the rest had their application denied due to insufficient documentation. Of the women who wanted to apply, most wanted child support, but 76% said that their abuser was dangerous, and child support would make their situation worse. Thirty-eight percent said that he did not know where she lived, and 72% had moved to avoid him. Researchers found that there were 8 factors that predicted that a woman would want to apply for a waiver: threats to harm the children; threats to harm, isolate, or hit or beat her; preventing her from working; monitoring her telephone calls; abuse in the past 6 months; and having called police. The women whose children were threatened were most interested in good-cause waivers (Pearson et al., 1999).

Experience with Domestic Violence Services. A few studies have investigated services sought and obtained by women in connection with their experience of welfare. The three-state study, for example, reported that 30% of the women in Massachusetts who said that they had experienced domestic violence said they would have liked to see a specialist. However, about half did not remember being told that a specialist was available, and nearly half of those who told researchers they wanted to see a specialist had not mentioned it to their worker. A large majority of women who actually saw specialists in Massachusetts and Minnesota found that they were helpful (Griswold et al., forthcoming).

In Texas, about 7% of TANF clients had contact with family violence specialists in a 3-month period. The issues discussed included violent relationships, the impact of violence on children, health care, transportation, and safety planning (Center for Social Work Research, 1999).

A domestic violence program in Chicago designed to provide support to interested women receiving TANF benefits found that 19% of the women expressed interest in specialized services, and one-third of these attended at least one session with advocates. Over half (57%) of those who attended at least one session were placed in work activities: 37% entered paid employment, 11% enrolled in school and 10% entered training programs (Levin, 2000).

The Utah study reported that 87.3% of the women receiving welfare had a self-sufficiency or employment plan, and 72.2% overall were participating in program activities. Of those who said their partner objected to their

working, however, only 26.9% had talked about it with an employment counselor, and 46.7% of these found that talk to be helpful (Barusch et al., 1999).

In Wisconsin, 26.8% of the women who disclosed domestic violence to a worker were referred to counseling; workers asked nearly one in five (19.5%) of the women who disclosed for further proof of abuse. Just 14.6% of women who disclosed were told that funds were available if she was homeless because of the abuse; and less than 5% were told about the child support exemption (Moore & Selkove, 1999). Similarly, a study of California's program in six counties found that only half of the women who were receiving domestic violence services were informed about the FVO (Meisel & Chandler, 2000).

The data currently available about rates of disclosure and women's subsequent experience, then, remains limited. It is clear that most women who have experienced domestic violence have not so far disclosed it to their caseworkers. When researchers have asked, women have told them that workers should ask directly about domestic violence rather than wait for disclosures. However, women should not be questioned without clear explanations of the implications and options, and referrals to specialized domestic violence advocates; disclosure must be voluntary and confidential. The available evidence about what happens after women disclose demonstrates that subsequent services and interventions have sometimes been helpful and sometimes not. When services have been provided by referral to domestic violence specialists, such services have been helpful (Burt, Zweig, & Schlichter, 2000). Systematic training for TANF workers and TANF agency protocols are clearly needed.

Summary Considerations

The available research clearly demonstrates that women who have experienced domestic violence are prominent among TANF recipients. These women are even more likely than other impoverished women to have a variety of physical and mental health problems; to have partners who oppose or interfere with school, training, or employment; and to have more frequent periods of unemployment and welfare receipt. For some women, the physical, emotional, and employment effects of abuse have been prolonged and extreme.

However, these studies also provide evidence of many women's remarkable resiliency: over time the physical and emotional effects have declined substantially for some women, and the women have continued to seek and obtain employment. They average more jobs within a given time period than recipients who do not report abuse experience, showing that they make an effort but perhaps have trouble keeping a particular job. Some studies have found that women who have been abused are more likely than other low-income women to have work experience.

Further, many of the most recent sophisticated studies have found that experience of abuse in general is not significantly associated with current employment when other factors are taken into account. Instead, extreme threats, direct partner interference, threats directed at children, and a combination of physical and sexual abuse, combined with educational deficits, depression, limited work experience or skills, and lack of transportation, have been found to be associated with problems in sustaining employment. Further, job training and placement services have significantly helped women continue full-time work. These results have been supported by women's own reports of their barriers to work: most say that difficulties with child care and transportation are their major impediments; when they mention domestic violence, it figures less prominently.

The recent studies also show that most women do not disclose domestic violence to TANF staff, even when they report such experience to researchers. Since many women are working, and most services are not specifically designed for women who have experienced domestic violence, they may not have reason to disclose. Further, most of the women who disclose abuse are interested in receiving child support – they are not likely to be interested in applying for a child support exemption. The primary source of interest in an exemption is threats to harm the children. This suggests that child support enforcement agencies need procedures to safely enforce child support (see Turetsky & Notar, 1999).

Finally, the studies show that many women who have experienced abuse are not provided with complete information about the services and options available to them. Many have reported that they would like to have

seen a domestic violence specialist. When specialists have been involved, most women have found them to be helpful.

The studies clearly demonstrate, then, that women's interests and needs are complex and highly variable. Some of them face extreme circumstances and will need special supports and considerations, such as additional advocacy and services, or short- or long-term waivers/exemptions from welfare or child support time limits or requirements. These women are most likely to be those who are experiencing current or very recent abuse, and whose abusive partners are directly interfering in their efforts to move toward self-sufficiency or are seriously threatening them or their children. Safe procedures, policies, and programs are essential for these women. Even though the available data suggest that these special considerations will not be needed by a majority of women receiving TANF support, some women clearly experience long-term consequences and ongoing danger, and will require additional services.

Since the studies also clearly demonstrate women's interest and involvement in work, it is crucial that they be provided with maximum options through flexible policies that can respond on a case-by-case basis. Economic independence and employment are central considerations in women's safety: options should include training and placement which respond to immediate and longer-term needs, as well as safely enforced child support. Sensitivity to women's concerns about their children should be central; threats to children interfere significantly with women's participation in work and training, and increase their interest in child support exemptions.

Clearly, assisting battered women will require sensitivity to differences in women's strengths and needs, which can be achieved by providing safe and confidential opportunities for communication, and attention to what individual women say they need to achieve both safety and self-sufficiency. Women should be given the opportunity for voluntary and confidential disclosure of domestic violence, and assessed for other issues that have been identified as barriers to employment. Studies indicate that women are most likely to disclose abuse when they are asked directly, and most are comfortable being asked. However, women also need to be informed of all the implications of disclosure, and must have the opportunity to explore the consequences of disclosure for their ongoing safety. In order for TANF staff to engage in such initial screening safely and effectively, it is important that they receive specific training about the dynamics of domestic violence, and women's highly variable reactions and sources of risk.

Further, safety considerations should be reflected in TANF protocols covering the entire process: initial screening, all written notices, all program referrals and job placements, and all sanctioning considerations (see Davies, 1998a, 1998b, and forthcoming). The use of on-site specialized domestic violence advocates should be expanded, and protocols for regular referral to off-site programs, when women are interested, should be adopted. In addition, states should consider allowing ongoing financial support for battered women, as well as options for restarting benefits when women experience abuse after benefits have been exhausted.

Since women who have been abused have many concerns that are similar to those held by all recipients, such as child care and transportation, services and supports in these areas are likely to benefit battered women, as well. Similarly, comprehensive mental health services and systematic access to health care will help all recipients. Job training and placement services have been identified as particularly important. In fact, programs that provide financial incentives for work and participation in employment-focused services to all recipients have been found to be associated with reduced rates of reported domestic violence (Knox, Miller, & Gennetian, 2000).

While recent research has added substantially to our knowledge of abused women's experience with TANF and work, still more will be needed to identify what policies will be most helpful to assist women in their path to self-sufficiency. Research is still needed to investigate how women's age, race, ethnicity, ability/disability, religious affiliation, and immigration status affect their experiences and decisions. Research that includes opportunities for women to describe their experiences with TANF staff, programs, and policies, and what these have meant in the context of their efforts to ensure safety and well-being for themselves and their children, is especially important. Research that looks beyond simple employment, and investigates the *quality* of work, and the *income* it provides, is also vital; it is important to learn if domestic violence constrains women's choices of *types* of work.

Such formal research, coupled with careful staff attention to individual women's concerns and circumstances, should provide guidance for more sensitive and responsive policies. More states have begun to collect information about TANF recipients and services, and to participate in comprehensive comparative studies; clearly, studies should include information about domestic violence, as well as other difficulties. These efforts are crucial if we are to learn more about how waivers, exceptions, or special services are used, and how they can help battered women continue to move toward enhanced safety and self-sufficiency.

Note

1. Strategic use of welfare by abused women was also suggested by Brandwein (1999b) in her study of 3,147 domestic violence incidents reported to Salt Lake City police over a three-year period. She found that between 38% and 41% of the women who reported domestic violence to the police and used welfare opened their cases within one year (before or after) of the report. Nearly a fifth of those who made reports to police started welfare within a year afterward. A slightly larger percentage of women reported abuse *after* they began to receive welfare. Brandwein suggests that the first group could be using welfare as part of their response to abuse, while the second could experience abuse in retaliation for their moves toward independence. The data directly related to these speculations were not obtained in this study.

Appendix 1: Findings on the Prevalence of Domestic Violence

- ***In Harm's Way? Domestic Violence, AFDC Receipt and Welfare Reform in Massachusetts***, a probability sample of 734 women receiving AFDC in 40 of 42 welfare offices in the state, found that 64.9% had experienced physical abuse by an adult male partner during their lives, and 19.5% reported such abuse during the past year. (Allard et al., 1997).
- ***The Effects of Violence on Women's Employment***, a random survey of 824 women (one-third currently receiving AFDC, two-thirds not) in one of Chicago's low-income neighborhoods, found that 33.8% of the AFDC recipients and 25.5% of the non-recipients had experienced "severe aggression" by a partner in adulthood. Further, 19.5% of the recipients and 8.1% of the non-recipients currently in a relationship had experienced serious aggression in the last 12 months (Lloyd & Taluc, 1999).
- ***The Passaic County Study of AFDC Recipients in a Welfare-to-Work Program***, a sample of 846 women in a New Jersey AFDC Job Readiness program, found that 57.3% reported they had been physically abused by an adult male partner, and 19.7% of those currently in a relationship (65% of the sample) said they were being abused physically (Curcio, 1997).
- ***The Worcester Family Research Project***, a study of 436 homeless and housed women (409 received AFDC), found that over 60% reported severe physical violence by an adult male partner; 32.4% had experienced such violence by their "current or most recent partner" in the past two years (Browne & Bassuk, 1997).
- ***Domestic Violence Among AFDC Recipients***, a survey of 404 AFDC recipients in 6 offices in Missouri in 1996, found that 29% reported they had been hit, slapped or kicked by an adult partner – 10.6% in the past year (Sable et al., 1999).
- ***Barriers to Self-Sufficiency and the W-2 Response***, a survey of 274 current or former AFDC/TANF recipients who sought help from a Wisconsin domestic violence program in 1998, found that 68.9% reported current physical abuse (Moore & Selkove, 1999).
- ***Washington State Family Income Study***, a random survey of women in 1,300 households receiving AFDC and 800 "at risk" households interviewed annually between 1988 and 1992, found that 24% reported physical abuse in adulthood, 5% reported sexual abuse, and 19% reported both (for a total of 47.8%). Forty percent reported physical and/or sexual abuse in childhood (Smith, 2000).
- ***Immigrant Women and Welfare Reform***, a study of 75 Mexican and 75 Vietnamese women who were current or former recipients of AFDC/welfare, found that 40% of the Mexican women and 16% of the Vietnamese women had experienced domestic violence (Becerra, 1999).

Appendix 2: Findings about Partner Interference

- ***The Passaic County study***: 39.7% of the women who were currently abused reported that their partner tries to prevent them from obtaining education and training, compared to 12.9% of the total sample (Curcio, 1997).
- ***The Massachusetts study***: 21.7% of the women who had been abused in the past 12 months reported that their current or former partner wouldn't like them going to school or work, compared to 12.9% of those whose abuse was more than a year ago, and 1.6% of the women who had never been abused (Allard et al., 1997).

- ***The Chicago study:*** Of the women currently in a relationship, 38.7% said their partners had tried to control them in the past 12 months, and 8% said their partner had prevented them from going to school or work in the past 12 months (Lloyd & Taluc, 1999).
- ***The Utah study:*** 21.1% said their partner did not support their working, 42% had been harassed at work, and 36% had had to stay home from work at some point because of domestic violence (Barusch et al., 1999).
- ***The Missouri study:*** Women who had experienced abuse reported high rates of job and training interference. For example, 19.1% had missed work because of their partners, 17.8% said their partners interfered with work or school, and 14.6% had lost jobs because of their partners (Sable et al., 1999).
- ***The Chicago shelter study:*** In-depth interviews with 69 women in three Chicago battered women's shelters in 1997 found that nearly half said their abusive partner had forbidden them to get a job. Of those who worked, half were fired or forced to quit their jobs because of abuse (Riger, 1998).

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Promoting Young Children's Healthy Development in Medicaid and the Children's Health Insurance Program (CHIP)

by Elisabeth Wright Burak

*Fourth in a series of briefs on the future
of children's health care coverage*

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Summary

A child's brain develops most rapidly in the earliest years of life, building the foundation for learning, behavior and health. Medicaid—as the primary source of health coverage for young, low-income children—is a logical system to reach families with young children and set them on a path of healthy physical, social, and emotional development. Any effort to improve young children's healthy development should intentionally involve Medicaid and the Children's Health Insurance Program (CHIP).

Medicaid, along with CHIP, serves four out of five young children in poverty.¹ Yet Medicaid can do more to elevate the needs of these children. Prioritizing young children in Medicaid through cross-sector, innovative practice change has the potential to improve their lifetime trajectories, overall population health and long-run savings.²

This paper examines ways for state and federal policymakers to use Medicaid and CHIP to more effectively put young children on the best path for success in school and in life. These include:

1. Prioritize the health of parents and caregivers as key players in children's healthy development.
2. Maintain continuous, consistent health coverage for young children and their families. Start by ensuring no newborn leaves the hospital without coverage.
3. Measure and ensure that young children receive the full range of preventive care and treatment they need under Medicaid's comprehensive pediatric benefit (EPSDT).
4. Support expert-recommended, research-based interventions that meet the developmental needs of young children.
5. Invest in prevention and pediatric care innovation.



Introduction

A child's experiences and environments early in life have a lasting impact on his or her development and life trajectory. The first months and years of a child's life are marked by rapid growth and brain development. Any parent can see this firsthand, watching her children observe and interact with the people and worlds that surround them.

While the brain can change and adapt throughout a person's life, the foundations of the brain's architecture are constructed early: Its capacity to adapt and change decreases with age.³ A strong foundation of positive early experiences with caregivers in healthy, safe and nurturing environments greatly influences a child's resilience.⁴ Research even shows that a child's early experiences—positive or negative—interact with their biology, ultimately determining how one responds to life's inevitable challenges. A high incidence of adverse childhood experiences, or trauma, in early years can negatively impact a child's long-term physical health and well-being, also affecting learning and behavior throughout life.⁵

The health of parents, caregivers, and other adults in a child's life has a direct influence on his or her healthy development.⁶ Left untreated, maternal depression can impede a mother's ability to bond with and care for her child.⁷ Similarly, providing support and treatment to parents with substance abuse disorders, such as those affected by the growing epidemic of opioid dependence, is as important for children as their caretakers.⁸

Health care coverage offers one important means to connect families with providers and others who, by supporting positive parenting and healthy development, can help to reduce undue stress on families that can negatively affect a child's trajectory. Coverage is a critical first step toward ensuring children can access routine preventive care through well-child visits and address health concerns as early as possible. Just as important, coverage helps protect families from financial insecurity that can come from an unexpected asthma attack or injury at child care.⁹ Continuous, consistent coverage without disruptions is especially critical for young children, as experts recommend 16 well-child visits before age 6, more heavily concentrated in the first two years, to monitor their development and address any concerns or delays as early as possible.¹⁰ These visits allow providers, to closely monitor their a child's development and address any concerns or delays as early as possible.

High quality health care is an important way to support young children and their families. But research is clear that many factors beyond medical care—income, access to healthy food and safe housing, education, and exposure to adversity—can have a greater impact on health in the long run.¹¹ For young children and their families, the health care system can serve as a critical coordinating “hub” to improve linkages to other social and economic supports. States and communities are increasingly looking for innovative ways to address these social determinants of health.¹²

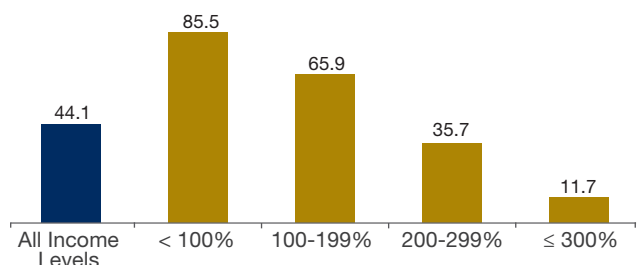
Medicaid—serving nearly half of all young children—is an essential piece of the puzzle.

Medicaid serves nearly half of all U.S. children under age 6.

More than one-third of **all** children rely on Medicaid and CHIP for health coverage¹³, but the programs play an even greater role for the nation's youngest children. Among children under age 6, 44 percent rely on Medicaid for their health insurance. The percentage of young children covered by Medicaid grows as family income declines (See Figure 1) and is highest for the youngest children.¹⁴

Among children under age 6, 44 percent rely on Medicaid for their health insurance.

Figure 1. Percentage of Children Under 6 with Medicaid/CHIP by Federal Poverty Level, 2016



Source: Georgetown University Center for Children and Families tabulations of the 2016 U.S. Census ACS data from IPUMS.



Medicaid requires comprehensive pediatric benefits under Early, Periodic, Screening, Diagnostic, and Treatment (EPSDT).

EPSDT is the child health benefit in Medicaid—and in many states, CHIP.¹⁵ It provides broader coverage as compared to private plans and Medicaid benefits for adults, and it has an explicit focus on prevention.¹⁶ EPSDT is designed to ensure that children's developmental needs are met and that diseases or delays are addressed as early as possible. It seeks to ensure coverage for services that are designed not only to treat a condition but also to prevent it from occurring or worsening. States must provide each child with recommended preventive screens, follow-up diagnostic assessments and, in turn, any resulting “medically necessary” services a medical professional considers essential to prevent, treat or improve the diagnosed condition.¹⁷

Medicaid serves a growing percentage of young children's parents. One in five (20.4 percent) parents of children 3 and younger were enrolled in Medicaid in 2016.¹⁸

Where a parent or adult caretaker lives ultimately determines whether he or she can get Medicaid coverage. Rates of Medicaid coverage among parents of children age 3 and younger range from less than 10 percent (Texas, Kansas and Virginia) to 39 percent (New Mexico).¹⁹ Prior to implementation of the Affordable Care Act (ACA), only the poorest parents qualified for Medicaid in most states. To date, 33 states and D.C. have adopted the ACA Medicaid expansion, which covers all adults up to 138 percent of the federal poverty line (less than \$29,000 for a family of three in 2018).²⁰ In these states, less than 10 percent (8.7 percent) of parents of children age 3 and younger are uninsured, compared to 18 percent in non-expansion states.²¹


Medicaid can help to drive system reforms that prioritize children's development.

State flexibility in program administration combined with the program's purchasing power and large proportion of children served, provide an opportunity to lead health system change that serves young children.

Ensuring all young children and their families access the preventive care and other services they need is challenged by the following issues:

- **Where a child lives plays a large role in whether she or he can get the care they need. Medicaid policies and their applications are inconsistent across states.** As a federal-state program, a large share of Medicaid's cost is paid by the federal government. States administer the program, with broad discretion in eligibility/enrollment, payments, delivery systems, and quality improvement above federal minimum requirements.²²
- **Continuous, affordable health coverage for children and their parents is essential, but incomplete.** While Medicaid, CHIP, and the ACA have elevated coverage levels to all-time highs, millions of children, their parents, and other adults in their lives remain uninsured or do not have access to consistent, reliable health coverage.²³ More than 900,000 children under age 6 remain uninsured, many of whom are eligible for but not enrolled in Medicaid or CHIP.²⁴ In 2016, seven states—Alaska, Arizona, Georgia, Nevada, North Dakota, Oklahoma, and Texas—had significantly higher rates of uninsured children under 6 than the national average.²⁵ An initial look at 2017 data show an increase in the rate of uninsured young children for the first time in many years.²⁶ Many other children experience gaps in coverage that can impact continuous access to care. Parents of young children are also uninsured at higher rates. Nationally, 12.4 percent of U.S. parents of children ages 3 and under have no health insurance. In non-expansion states, these parents are uninsured at double the rate of those in expansion states (18 versus 8.7 percent).²⁷
- **Medicaid's promise of early and periodic screening, diagnostic and treatment (EPSDT) benefits for children is not being fully realized.** Almost 30 years after federal Medicaid set a goal for 80 percent of all children to receive at least one well-child visit each year, few states met the threshold in 2017.²⁸ At the national level, the goal has only been achieved for children under age one (see Table 1 below).

Table 1: Percentage of Children in Medicaid Receiving at Least One Well-Child Visit/Screen, 2017

	All Children	Under Age 1	1-2 Years	3-5 Years
	58%	88%	78%	68%

Source: EPSDT U.S. CMS-416 FFY2017, Participant ratio.



While most states exceeded the 80 percent goal for children under age 1, less than half of states met this rate for children ages 1 through 2, and only two states met the goal for ages 3 through 5.²⁹

Other available, state-reported data provide additional detail on preventive care gaps for young children in Medicaid and CHIP. Figures 2 and 3 shows the geographic distribution of children under age 6 receiving recommended well-child visits for 2017. Best practices for young children during well-child visits, such as developmental screenings, also fall short of the recommended standard: Of the 27 states reporting the measure for 2017, developmental screening for children under age 3 in Medicaid and/or CHIP ranged from less than 4 percent in Alaska³⁰ to 81.1 percent in Vermont, with a median of 39.8 percent.³¹

- **Child health data is limited and/or inconsistent across states, child-serving systems, and payers.**

This limits the ability to gain a comprehensive sense of whether children receive the care they need,

when they need it.³² For example, available data does not show whether children accessed physician-recommended referrals and treatment as a result of preventive screen, or their progress toward desired health outcomes.

- **The traditional health care system is not designed to address a child's family and community context.** Payments are often linked to treatment for individuals. Yet for young children, a move toward "family-based primary care" and strong care coordination that links families to health and social supports is critical.³³

- **Multiple, fragmented systems—health, mental health, public health, education, social services—serve many of the same children and families.**

While these systems often have overlapping goals, they largely operate in isolation, creating confusion for families. Many children fall through the cracks as uncoordinated systems are stretched by limited resources and lack of integration that could better connect families and services.

Figure 2. Percentage of Children in Medicaid and/or CHIP Receiving Six or More Well-Child Visits in the First 15 Months of Life, 2017 Child Core Set

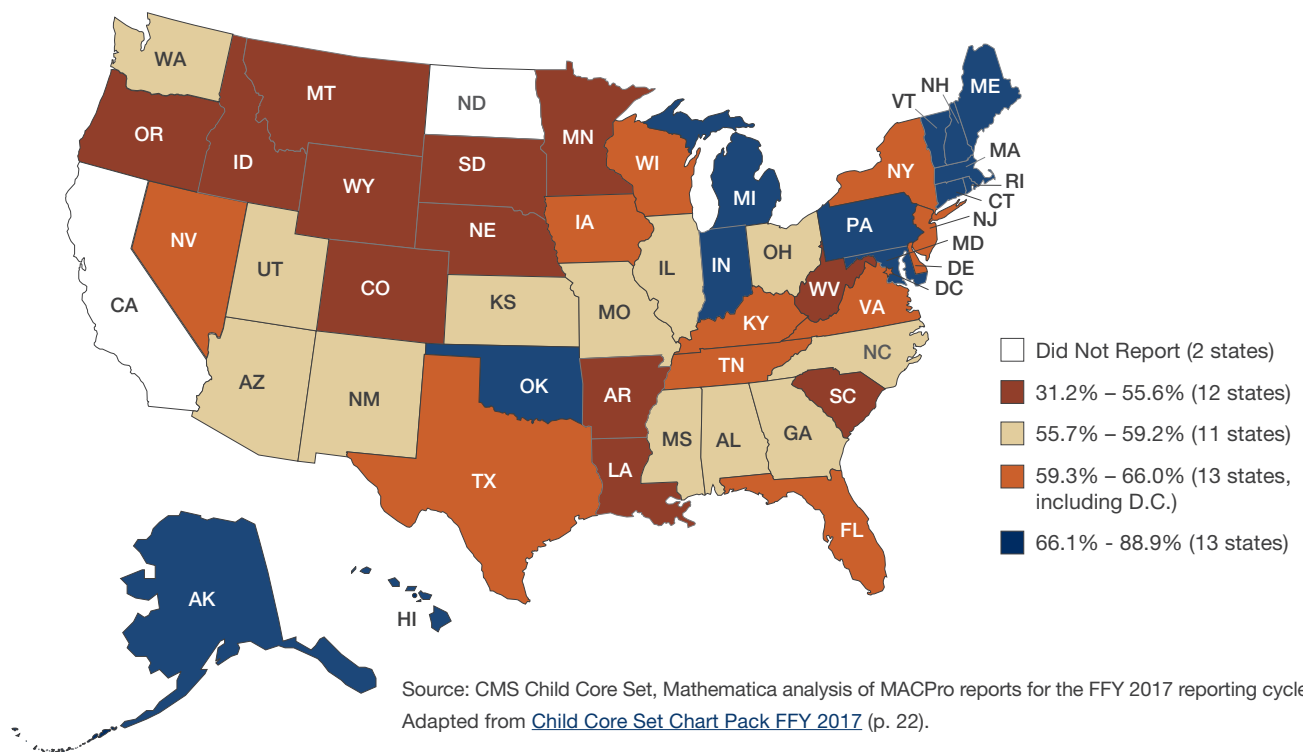
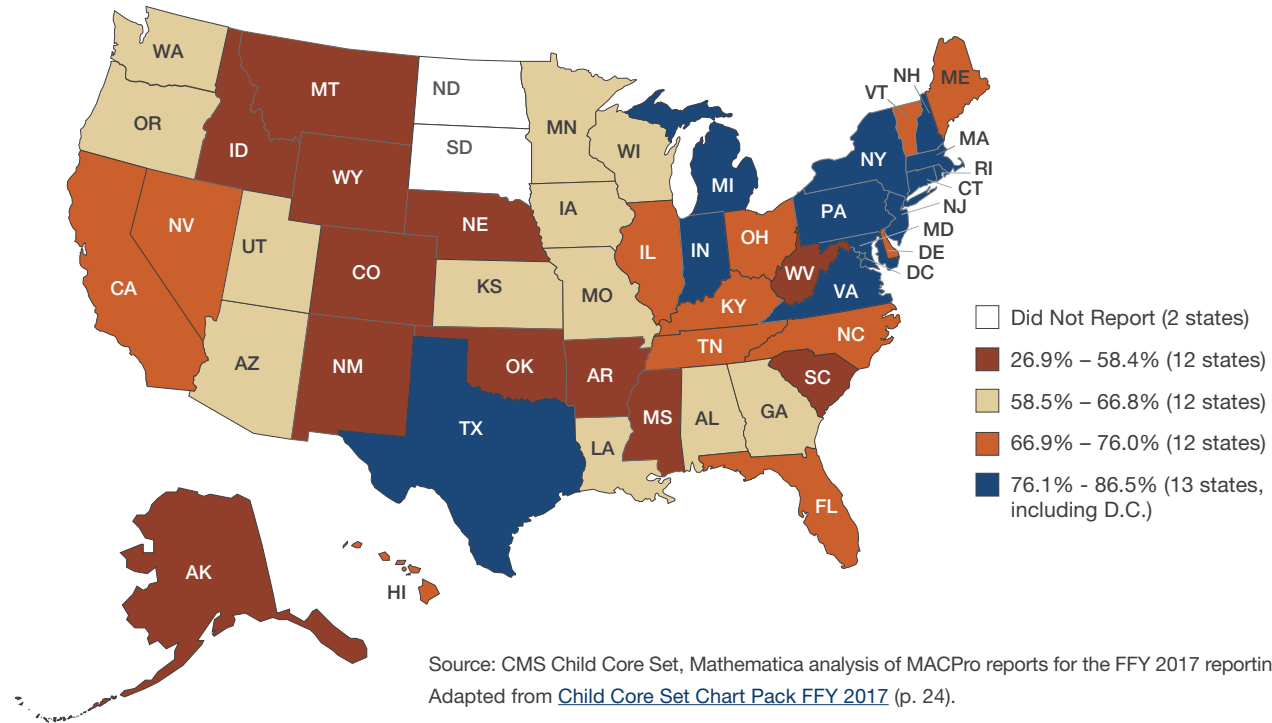




Figure 3. Percentage of Children in Medicaid and/or CHIP Receiving at Least One Well-Child Visit in the Third, Fourth, Fifth, and Sixth Years of Life, 2017 Child Core Set



New York's One-of-a-Kind Initiative to Prioritize Care for Young Children in Medicaid

In 2014, New York's Medicaid agency set out a goal to move to value-based payment for up to 90 percent of all managed care payments by 2020. As stakeholders gathered to inform the system change, advocates and child development experts pointed to the fact that for children, more upfront spending on primary care, attention to healthy caregivers, and stronger linkages to non-health supports drive more value for children in the long term.³⁴ Based on this input, Medicaid officials developed [the First 1000 Days in Medicaid](#), a collaborative process to identify opportunities for the Medicaid program to improve health, educational and economic outcomes for children in close partnership with education and other state agencies. Recommendations were prioritized by a broad-based stakeholder working group and funded in the state's 2018 budget to be implemented and evaluated starting in 2019. Highlights include: requiring all Medicaid managed care plans to adopt a children's quality agenda, making changes to billing practices to increase access to services for parents and their children together, and creating a database to facilitate information-sharing across systems.



Recommendations



State



Federal

Child development experts tell us that to be most effective, public policies to improve outcomes for young children and their families should aim to support responsive relationships between children and adults, strengthen core life skills, and reduce sources of stress in the lives of children and families.³⁵ Recommendations below offer a starting place for Medicaid to more effectively serve young children and their families. The table on page 14 summarizes these recommendations by federal and/or state actions.

1 Prioritize health care for parents, future parents, caregivers, and early childhood educators as essential contributors to children's healthy development.

Providing health coverage helps to ensure all adults that care for young children have their own health needs met while providing additional economic security, which can help to reduce stress experienced by low-income families.



Expand Medicaid to all adults up to 138 percent the federal poverty level (FPL).

In non-expansion states, the median income eligibility for parents is just 43 percent FPL, ranging from 18 percent in **Alabama** and **Texas** to at or close to 100 percent in **Tennessee** and **Wisconsin**.³⁶ In most cases, adults without dependent children remain ineligible for public coverage if their income falls below the poverty line.³⁷ Parents and caregivers in this coverage gap are subject to added stress of unmet health needs and financial insecurity that can directly impact the quality of interactions with young children in their care.

The benefits of the ACA's adult Medicaid expansion for young children's development are not limited to coverage for their parents. Children interact with many adults in their early years, most often with caregivers at child care or family day care homes while parents work. Medicaid expansion could also benefit many of these early childhood educators who influence young children daily. In 2017, the average annual salary for child care workers in the United States was \$22,290, just under the income threshold for Medicaid expansion (138 percent FPL).³⁸ Early childhood educators often do not have health insurance available through their small employers.³⁹

In states that expanded Medicaid, adults have seen improved access to treatment—including behavioral and mental health care—which can only improve the positive, nurturing relationships children need for health development.⁴⁰ Evidence also points to improved financial security, as well as health coverage gains for children through the “welcome mat” effect—as parents gain coverage for the first time, they also enroll their eligible children.⁴¹ Children whose parents gain coverage are also more likely to access preventive care through regular check-ups.⁴² Medicaid expansion also supports healthy birth outcomes and can influence health equity. One study linked states with Medicaid expansion to significantly greater declines in infant mortality rates compared to non-expansion states, which were even more dramatic for African-American infants.⁴³ First-time mothers in Ohio were significantly more likely to access prenatal care after the state expanded Medicaid.⁴⁴



Ensure all eligible parents are enrolled in Medicaid.

Regardless of Medicaid expansion status, all states can do more to ensure eligible parents are enrolled in Medicaid. In 2016, more than one in four uninsured parents were eligible for Medicaid but not enrolled; two-thirds of these parents had a child who was already enrolled in Medicaid.⁴⁵ Just under 80 percent of parents eligible for Medicaid were enrolled in 2016, with participation rates ranging from a low of 44 percent in Texas to 95.6 percent in Massachusetts.⁴⁶ States can use targeted outreach efforts, as well as streamlined eligibility and enrollment policies, to reach these unenrolled parents (See #2).



2 Maintain continuous, consistent health coverage for young children and their families.

Medicaid/CHIP eligibility and enrollment policies can have significant impact on both whether children and families access Medicaid and CHIP, and whether the coverage remains stable. Providing real-time eligibility determinations and continuous coverage in Medicaid/CHIP as long as a child remains eligible helps to prevent unnecessary lapses in coverage and care, especially in the early years of rapid development.

Consistent coverage is also a key factor—a prerequisite, even—in accurately measuring the quality of care delivered to children in Medicaid. Quality measurement often excludes individuals who are not enrolled for at least 12 months.⁴⁷ Until all Medicaid beneficiaries—especially children—have at least 12-month continuous coverage, it is impossible to get an accurate, complete picture of how many are getting the services they need and whether the intended outcomes were achieved.

Federal and state technology upgrades are moving states closer to real-time eligibility determinations for children and their families in Medicaid and other public programs. This not only cuts red tape for families but can also save time and money for states by reducing administrative burdens. The following steps can further support consistent coverage for eligible children.

S★ Ensure no newborn leaves the hospital without health coverage. States can improve technology and processes to immediately enroll newborns in available coverage: In 2016, nearly 115,000 (3 percent) children under 12 months of age were uninsured.⁴⁸ Babies born to mothers enrolled in Medicaid or CHIP are immediately eligible as “deemed newborns” for one year.⁴⁹ States should ensure their enrollment systems reflect this requirement and easily allow medical providers and staff to check on a child or family members’ coverage and take steps to quickly enroll them if needed. Oklahoma uses [an automated newborn enrollment system](#), which allows hospital staff to enter newborn information and receive an assigned Medicaid number before the mother and baby are discharged.⁵⁰

S★ Make a newborn’s CHIP coverage effective on their birth date. Regardless of when they are enrolled in their first 90 days, a CHIP-eligible newborn’s coverage should be effective retroactive to their birth date. If a Medicaid-eligible newborn falls through the cracks and leaves a hospital without coverage, Medicaid’s retroactive eligibility can pay for his or her health care during the three months prior to their enrollment.⁵¹ But this coverage protection is not available in separate CHIP programs. States may elect to pre-date a newborn CHIP enrollee’s coverage eligibility to their birth date during their first three months of age.

S★ Adopt presumptive eligibility in Medicaid and CHIP for children, pregnant women, and other adults. [More and more states](#) are moving toward real-time eligibility decisions⁵² but it can take up to a month or more to determine Medicaid eligibility in some cases.⁵³ Presumptive eligibility helps children and families enroll in health coverage on a temporary basis while full eligibility is determined. States should fully adopt presumptive eligibility until a real-time, seamless eligibility and enrollment system can be realized. Medicaid, CHIP, and the ACA provide many tools to extend presumptive eligibility to new populations or in hospital settings.⁵⁴

Table 2: Number of States Adopting Presumptive Eligibility in Medicaid or CHIP, by Population, January 2018

		Medicaid	CHIP
	Children	20	11
	Pregnant Women	30	3
	Parents	9	n/a
	All adults	6	n/a

Source: [Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2018: Findings from a 50-State Survey](#) (Washington, D.C.: Kaiser Family Foundation, March 2018).



Adopt Express Lane Eligibility (ELE) for children.

ELE, used by nine states, allows Medicaid agencies to consider findings from other public, income-based programs, such as Supplemental Nutrition Assistance Program (SNAP), to enroll a child in Medicaid or CHIP or renew their coverage. As of January 2017, nine states used ELE for Medicaid/CHIP enrollment, renewal, or both.⁵⁵ Federal law allows states to use several means-tested programs in ELE, including the Child Care and Development Block Grant, Head Start, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which reach many young children.⁵⁶ To date, other than WIC⁵⁷, no state has used these programs in ELE; most use SNAP.⁵⁸



Require 12-month continuous coverage for all children in Medicaid and CHIP.



Continuous eligibility allows a beneficiary's Medicaid or CHIP enrollment to remain stable for a set period of time, regardless of changes in family size or income, which can fluctuate from month to month, even as their annual income remains relatively low.⁵⁹ Research shows that 12-month continuous eligibility for children increases the coverage continuity and reduces churn, or the rolling on and off coverage that disrupts consistent care.⁶⁰

Beyond the required 12 months of coverage available to deemed newborns, federal policy allows states to adopt 12-month continuous eligibility for all children. [Thirty-two states](#) adopt the practice in Medicaid or CHIP for all children (see Table 3). Eight states provide 12-month continuous eligibility in separate CHIP programs but not in Medicaid, potentially leaving children in families with lower income levels with less stable coverage than their higher income peers. States may also consider continuous eligibility for parents, caregivers and other adults.⁶¹

- **Congress** should standardize children's continuous eligibility by requiring all states to adopt a minimum of 12-month continuous coverage for children in Medicaid and CHIP.
- **States** should adopt 12-month continuous coverage for all children in Medicaid and CHIP.

Table 3: Number of States Adopting 12-month Continuous Eligibility (CE) in Medicaid or CHIP for Children, January 2018⁶²

All Children			Limited to young children
Medicaid or CHIP	Medicaid	CHIP	
32	24	26	3
AR, DE, FL, NV, PA, TN, TX and UT provide 12-month continuous eligibility in separate CHIP programs, but not in Medicaid.			FL: Under age 5 PA: Under age 4 (Medicaid) ⁶³ IN: Under age 3

Source: [Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2018: Findings from a 50-State Survey](#) (Washington, D.C.: Kaiser Family Foundation, March 2018).



Extend the continuous eligibility period up to five years for children under age 6.



beyond a 12-month continuous eligibility period for young children would recognize the significance of early childhood development, frequency of recommended check-ups, and the higher share of young children in poverty and the income volatility faced by many poor families.⁶⁴

- **Congress** could give states the option to adopt up to five years of continuous eligibility for children under age 6.
- Absent Congressional action, **states** could pursue a Medicaid Section 1115 research and demonstration waiver to test the practice.⁶⁵





3 Measure and ensure that young children receive the full range of services they need under EPSDT.


The first step is ensuring higher quality and more consistent data. Ideally, data should be publicly and consistently reported at multiple levels—national, state, managed care plans, provider practices—to allow policymakers, families, and others to assess Medicaid's performance for children. A focus on children's health quality improvement can improve data collection and reporting to inform and prioritize policies. Importantly, it can also unify a variety of stakeholders around common goals, offering a concrete way to engage other child and family-serving systems in the quest to improve child health, which Medicaid cannot do in isolation.

Publicly available Medicaid data currently does not provide a full picture of whether children are getting the preventive and treatment services they need, when they need it.⁶⁶ Data are also typically not disaggregated in a way that can allow for comparisons across race and ethnicity, which could inform state efforts to improve health equity. The Child Core Set (see box), as it evolves, offers one important opportunity for consistent child measures across states and over time, in conjunction with state-reported EPSDT participation data.⁶⁷



Medicaid and CHIP Child Core Set: States Must Report All Measures Starting in 2024

Created in 2009, the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP offers a standard set of universal measures to allow tracking and reporting within and between states over time.⁶⁸ State reporting is currently optional, with all states reporting at least one measure in 2017, ranging from one to 25 of the total 27 measures.⁶⁹ Starting in 2024, states will be required to report on all Core Set measures, including well child visits, immunizations, developmental screenings and other key services for young children.⁷⁰ Required reporting offers a significant opportunity for states to coalesce child- and family-serving systems around Medicaid quality improvement for young children.

Policymakers should:

 **Implement a comprehensive focus on young children's quality improvement.** States should determine where gaps exist or where additional or revised data may be necessary. For states with children served in managed care, this means requiring each contracted Medicaid managed care organization (MCO) to have an explicit focus on pediatric quality, as recently adopted in **New York** (see box above).⁷¹ In **North Carolina**, new Medicaid MCOs will be required to adopt three performance improvement projects based on a list of priority areas for the state, one of which is early childhood health and development. The state will also require plans that do not meet a 75-percent threshold for well-child screenings during a year to adopt an additional performance improvement project on EPSDT screening and community outreach.⁷²

States should also engage other child-serving systems in quality improvement to identify shared goals and outcomes that can be addressed in partnership. For example, in **Oregon** and **New York**, Medicaid and education agencies have committed to use the shared goal of school readiness to inform improvements and move toward shared accountability across sectors.⁷³ State adoption of cross-system goals, or even common measures, could help provide a road map for these efforts, such as those detailed in federal guidance for cross-system early childhood and health alignment.⁷⁴

 **Publicly report the Child Core Set quality measures for young children, with additional detail.** Eleven  of the 26 measures in the 2018 Core Set focus on prenatal or early childhood health.⁷⁵ Only 26 states currently report the Core Set developmental screening measure, an important starting place to help drive improvements in universally-recommended screens for young children.

- **Federal** officials should require additional detail and transparency in both EPSDT and Core Set reporting for states and MCOs alike.⁷⁶ Federal officials can also support development of new measures that seek to move beyond screenings to capture follow-up referrals and treatment received by young children.



- **States** can get a head start reporting additional measures before they become mandatory in 2024, creating cross-system learning communities to support the quality of data collection and measure performance. The developmental screening measure should be prioritized if not already reported.

State and federal officials should move toward systems that can publicly report Core Set and EPSDT data aggregated by child demographics (e.g. race/ethnicity), service delivery type (e.g. managed care versus fee-for-service), and service location (e.g. region, plan, provider) to better understand specific areas of need.



Ensure EPSDT reporting, and outreach/education, service requirements are explicit in state agency agreements with Medicaid MCOs.

For states serving children in managed care arrangements, agreements with MCOs must be explicit on data reporting, services, and family outreach responsibilities with regard to EPSDT to ensure clear lines of accountability when corrective action is needed.

4 Support expert-recommended, research-based interventions that meet the developmental needs of young children.

The American Academy of Pediatrics' (AAP) *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*⁷⁷ sets the standard for preventive care. Supported by multiple agencies of the federal Department of Health and Human Services, *Bright Futures* provides an evidence-based template for well-child visits and screenings, including a recommended periodicity schedule for universal and periodic screens, which specifies the number and frequency of screenings that cover many aspects of child development.

Once a problem is identified, effective treatment is key. Yet policy discussions around EPSDT often focus on screenings and preventive care, rather than whether children ultimately receive interventions necessary to address conditions identified.⁷⁸

States have quite a bit of latitude in how they deliver EPSDT services and set payment rates for providers. In particular, states have wide discretion, under federal parameters, to decide who is able to be reimbursed and where a service may be provided.⁷⁹ Yet a lack of clear billing policies and procedures, sometimes influenced by limited awareness of interventions and services young children need, can mute service delivery in practice.⁸⁰ Policymakers can employ the following strategies to help more young children get the services they need, when they need them.



Fully adopt AAP Bright Futures preventive care guidelines in Medicaid and CHIP.

States determine their own policies and guidelines for preventive care in Medicaid, including a periodicity schedule, or the state's reimbursement timetable for preventive screens. Full adoption of *Bright Futures*—including the periodicity schedule—can move toward a more uniform preventive care framework across states and primary care settings. Since these guidelines are updated regularly based on research, states should also ensure that state policy reflects or refers to *Bright Futures* recommendations and subsequent updates.⁸¹

As of 2018, Medicaid programs in 40 states and Washington, D.C., use *Bright Futures* as the preventive care standard or use a similar standard.⁸² Policies in 11 states (Alabama, Arizona, Arkansas, Delaware, Massachusetts, Minnesota, Missouri, New Jersey, Utah, Washington, Wisconsin) do not align with *Bright Futures*. These states specify fewer well-child visits for young children and/or do not reflect preventive screening guidance.⁸³

Even among states with recommendations similar to *Bright Futures*, specific screening schedules and reimbursement policies vary.⁸⁴



Prioritize the 'T' in EPSDT by reviewing and updating state policies and procedures where necessary.

States should review current policies and procedures to address barriers to treatments. Any updates should be accompanied by a robust education and training efforts for providers, on top of ongoing training and education on existing processes. Examples of areas to review include:

- **Definition and application of pediatric “medical necessity.”** EPSDT should account for preventive care as well as comprehensive child development services, including a child’s family and environmental factors.⁸⁵ This should be done in light of the requirement for medical necessity decisions to be based on an individual child’s condition, not on arbitrary cutoffs or condition lists.⁸⁶

As of 2018, 40 states and Washington, D.C. incorporate a preventive care purpose in Medicaid’s pediatric medical necessity definition, while nine states did not (Hawaii, Illinois, Indiana, Iowa, Kentucky, Mississippi, Nebraska, North Dakota, South Carolina). Arizona does not have a pediatric medical necessity definition.⁸⁷

- **Payment policies, procedures, and codes.** In some cases, new and/or underutilized services and treatment may require explicit billing policy or guidance for providers. State or MCO policy and procedure manuals should explicitly signal an ability for providers to bill for certain services, including how and where a child or their parent may be served. For example, several states have adopted new diagnosis criteria and billing codes for infant-early childhood mental health services.⁸⁸ States can also improve developmental and other preventive screenings through increased reimbursements or financial incentives to plans or providers that improve rates or exceed a standard.⁸⁹
- **Standardized referral/follow-up tracking.** Streamlining processes with clear cross-sector responsibilities and feedback loops can aid understanding of whether children receive necessary

referrals and follow-up care when a screen identifies a need. Thirty-three states promote standardized referral processes to connect children or families to follow-up services such as early intervention.⁹⁰

- **Delivery system barriers.** Colorado recently started allowing all Medicaid beneficiaries to receive mental health treatment, such as parent-child therapy, in the primary care setting for up to six visits without a diagnosis.⁹¹ Other states, including North Carolina and Oregon, also use pre-diagnosis codes to provide mental health interventions to young children at risk of mental health disorders.⁹²



Support interventions that recognize the role of parents and caregivers in a child’s healthy



development. Experts and policymakers are increasingly identifying ways to promote two-

generation approaches in Medicaid that nurture parent or caregiver-child relationships through federal guidance and state policy.⁹³

- **Issue federal guidance to states.** This is one important way the federal agency signals its priorities for states to address young children’s healthy development and clarifies promising strategies and practices in Medicaid. In 2016, the federal Department of Health and Human Services (HHS) provided guidance to states on the ways Medicaid can support home visiting—a service with clear evidence of cost-effective positive outcomes for mothers and their children.⁹⁴ Also in 2016, HHS guidance clarified that maternal depression screening during a child’s well-child visit—a *Bright Futures* recommended practice for new parents—can be billed to a child’s Medicaid number, along with any resulting parent-child therapy.⁹⁵ A follow-up information bulletin issued in 2018 built on earlier guidance, outlining ways Medicaid can support infants experiencing opioid or other substance abuse withdrawal. Referencing the previous administration’s efforts, the bulletin from HHS Centers for Medicare and Medicaid Services (CMS) clarified the opportunity for states to support mothers together with their infants as part of treatment.⁹⁶



- **Clarify allowable payments for two-generation services or referrals to other systems.** [Thirty-three states](#) use Medicaid to finance home visiting for pregnant women or young children, through a variety of mechanisms.⁹⁷ [Thirty-seven states](#) allow, encourage, or require maternal depression screenings during well-child visits.⁹⁸ [Twenty-five states](#) reimburse maternal or caregiver depression screenings under a child's Medicaid enrollment.⁹⁹ States may also use a parent diagnosis to trigger eligibility for other supports or allow for reimbursement for parent-child treatment to aid child development. **New York** is providing additional guidance to clarify reimbursement for parent-child therapy under a child's Medicaid ID when a parent or caregiver is diagnosed with a mood, anxiety, or substance abuse disorder. **Michigan** and **Minnesota** take a similar approach.¹⁰⁰



Strengthen linkages between health care and other community services through improved care coordination. Care coordination aims to link families with services within and outside the traditional health care system and break down barriers to care.¹⁰¹

Medicaid provides care coordination activities through case management—a required service under EPSDT—but its application is uneven.¹⁰² States should assess the extent and quality of care coordination currently available, starting with a review of existing policies (e.g. guidance, contract requirements, etc.) and practices with the goal of identifying opportunities to strengthen linkages and handoffs among primary care practices and other systems serving children and their families (e.g. early intervention, public health, maternal and child health, home visiting and other social services and supports).¹⁰³ States may also use payment policies to improve, enhance and incentivize care coordination, with payment rates based on the intensity of families' needs.¹⁰⁴



Extend Medicaid benefits to CHIP. States can extend Medicaid's EPSDT benefit to separate CHIP programs to ensure all young children can access the full range of preventive care and treatment they need and create uniformity across both programs. [Eleven states](#) extend Medicaid EPSDT benefits to children in separate CHIP programs. Twelve states with separate CHIP programs do not extend Medicaid benefits to CHIP.¹⁰⁵

5 Invest in prevention and pediatric care innovation as a key component of health reforms.

Even as there is more to be done to ensure children and their families get services and supports in the existing systems, the broader evolution of the health system must do more to ensure that the needs of children—and specifically preventive care for young children and their families—are adequately addressed. Prioritizing young children in system reform offers a comprehensive approach to encapsulate many of the recommendations included throughout this paper.

Health care delivery and payment reform efforts are happening at the local, state and national levels. As reform efforts seek to save money in the short term, the needs of children are often overshadowed by adult-focused models, despite their real potential for long-term savings.¹⁰⁶ Medicaid can play a role in helping to spread and sustain practice changes that both elevate the preventive and developmental needs of young children and address conditions before they

become costlier down the road. This should include testing new approaches to address social determinants of health through improved linkages between the healthcare and social service systems.¹⁰⁷



Use payment and delivery system reforms to advance high-performing pediatric medical



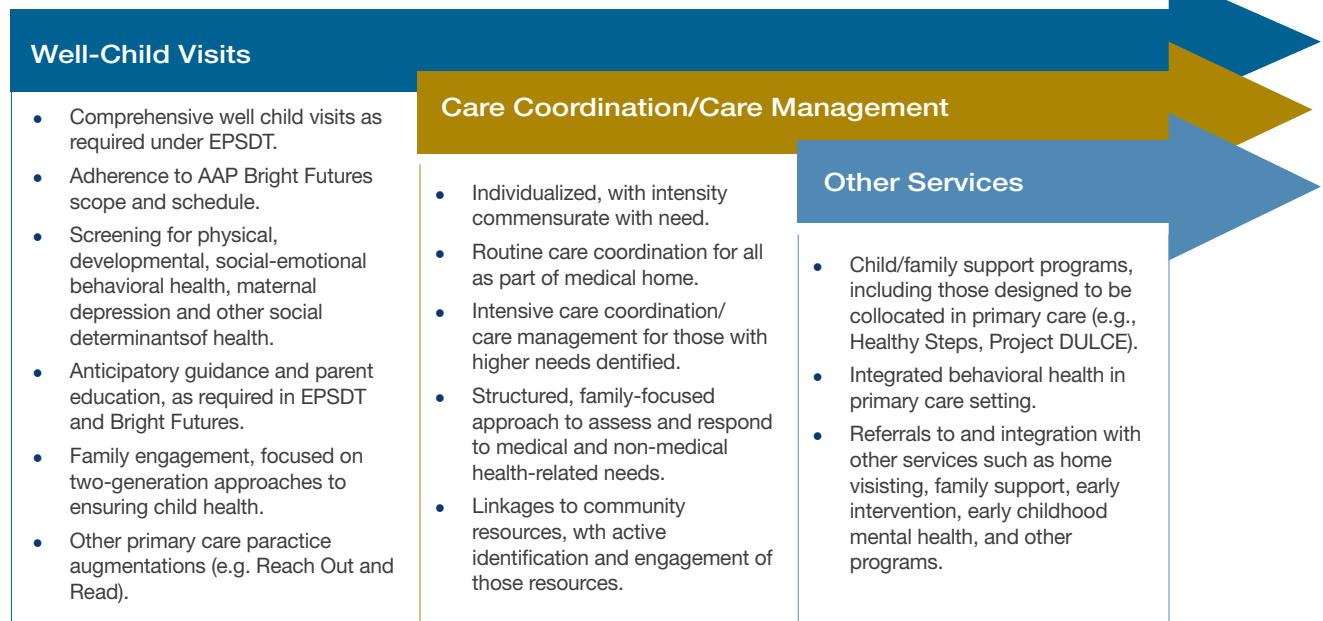
homes. States, directly or through managed care contracts, determine payments for providers.

Reimbursement rates for pediatric care are relatively low compared to care for other populations, and typically don't allow for extended time and resources necessary to provide comprehensive screenings or guidance.¹⁰⁸ More than 30 states have implemented some type of pediatric medical home initiative in Medicaid or CHIP.¹⁰⁹ Figure 5 offers key elements in any progression toward high-performing pediatric medical homes.¹¹⁰



- The **Department of Health and Human Services** should further invest in pediatric payment innovations focused on improved outcomes for young children. Evaluations of new approaches should include a comprehensive analysis of the long-term costs and savings both within and outside the health system of Medicaid & CHIP specific budget line item(s).¹¹¹ A new CMS funding opportunity for states to test pediatric care models in response to the opioid crisis provides an important first step and may also yield important lessons on the integration of physical and behavioral health more broadly.¹¹²
- **State payment policies should seek to improve pediatric primary care as a central care hub for young children in Medicaid.** *Increased* primary care expenditures for young children will be required to provide and coordinate proven care interventions, such as behavioral health integration, and tailored care coordination using a broader, family-focused approach.¹¹³ Models should also consider innovative or promising approaches to address social determinants of health that play an important role in children and families' long-term well-being.¹¹⁴

Figure 5. Design for High Performing Pediatric Medical Homes in Medicaid



Source: K. Johnson and C. Bruner (2018, forthcoming), *A Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health*, Child and Family Policy Center. (Adapted with author permission.)

Conclusion

State and federal lawmakers can use Medicaid as a catalyst for improved care and support to young children and their families, reaching them before they require more involved, complex interventions within and outside the healthcare system later in life. While necessary for change, Medicaid and the health care system cannot successfully serve young children in isolation. Improving outcomes for

children, such as school readiness or long-term economic success, also requires a broader focus on the child as part of a family and their needs as a whole. This wider lens demands authentic collaboration and shared accountability between Medicaid and other public systems (e.g. public health, education, child welfare and others), as well as the private sector, to get the job done.



Policy Options to Promote Young Children's Healthy Development in Medicaid

CONGRESS	
• Require 12-month continuous eligibility for all children in Medicaid and CHIP.	p. 8
• Allow states to extend the continuous eligibility period up to five years for young children under age 6.	p. 8
FEDERAL AGENCY	
• Require additional detail and transparency in state data reporting, with goal of disaggregating by child demographics (e.g. race/ethnicity), service delivery type (e.g. managed care versus fee-for-service), and service location (e.g. region, plan, provider)	p. 9
• Support development of Child Core Set measures that move beyond screenings to capture follow-up referrals and treatment received by young children.	p. 9
• Support interventions that recognize the role of parents or caregivers in a child's healthy development (e.g. behavioral health care, home visiting) through new guidance.	p. 11
• Invest in pediatric payment innovations that both focus on improved outcomes for young children and allow for a comprehensive analysis of the long-term costs and savings both within and outside the health system.	p. 13
STATE (by program administrative functions)	
Eligibility and Enrollment	
• Expand Medicaid to all adults up to 138% FPL through ACA Medicaid expansion.	p. 6
• Ensure all eligible parents are enrolled in Medicaid.	p. 6
• Ensure no newborn leaves the hospital without health coverage by improving technology and processes to immediately enroll them in available Medicaid or CHIP coverage.	p. 7
• Make a newborn's CHIP coverage effective on their birth date, regardless of when they are enrolled in their first 90 days.*	p. 7
• Adopt presumptive eligibility for children and pregnant women, or all adults.	p. 7
• Adopt Express Lane Eligibility (ELE) for children.	p. 8
• Require 12-month continuous eligibility for all children in Medicaid and CHIP.	p. 8
• Extend the continuous eligibility period for up to five years for young children under age 6.**	p. 8
Quality Improvement	
• Implement a comprehensive children's quality improvement focus in Medicaid. Engage other child-serving systems to identify shared goals and outcomes to address through cross-system action (e.g. goal of school readiness).	p. 9
• Publicly report all Child Core Set quality measures, disaggregating by child demographics (e.g. race/ethnicity), service delivery type (e.g. managed care versus fee-for-service), and service location (e.g. region, plan, provider).	p. 9
• Move toward standardized tracking of service referrals and follow-up.	p. 11
• Ensure EPSDT data reporting, outreach/education, service requirements are explicit in state agency agreements with Medicaid managed care organizations (MCOs).	p. 10
Benefits	
• Adopt Bright Futures preventive care schedule and guidance in Medicaid and CHIP policy and practice.	p. 10
• Review state pediatric medical necessity definition and application to ensure it accounts for preventive care and comprehensive child development services.	p. 11
• Extend EPSDT benefits to CHIP.*	p. 12
Payment and/or Delivery System**	
• Review and update policies or procedures for new and/or underutilized services (e.g. developmental screenings, infant-early childhood mental health).	p. 11
• Support interventions that recognize the role of parents or caregivers in a child's healthy development (e.g. behavioral health care, home visiting).	p. 11
• Strengthen linkages between health care and other community services through improved care coordination.	p. 12
• Advance high-performing pediatric medical homes that serve as a care "hub" for young children and their families.	p. 13

* Only applies to states with separate CHIP programs.

** May require demonstration waiver depending on Medicaid beneficiary served (child or parent) service, service location, geographic area, and/or individual providing the service.



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About this Series

This issue brief is fourth in a series of papers from Georgetown University Center for Children and Families on the future of children's health coverage. Other briefs in the series include:

[The Future of Children's Coverage: Children in the Marketplace](#). *Focuses on ways to improve marketplace coverage and the associated financial assistance for children.*

[Fulfilling the Promise of Children's Dental Coverage](#). *Focuses on pediatric dental coverage and ways to improve children's oral health.*

[How Medicaid and CHIP Shield Children from the Rising Costs of Prescription Drugs](#). *Focuses on how Medicaid and CHIP protect most children from the rising costs of prescription drugs.*



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Georgetown University Center for
Children and Families

McCourt School of Public Policy

Box 571444

3300 Whitehaven Street, NW, Suite 5000

Washington, DC 20057-1485

Phone: (202) 687-0880

Email: childhealth@georgetown.edu



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Healthy Parents and Caregivers are Essential to Children's Healthy Development

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HEALTHY PARENTS AND CAREGIVERS ARE ESSENTIAL TO CHILDREN'S HEALTHY DEVELOPMENT

What is the gender pay gap and is it real?

The complete guide to how women are paid less than men and why it can't be explained away

Report • By [Elise Gould](#), [Jessica Schieder](#), and [Kathleen Geier](#) • October 20, 2016

Working women are paid less than working men. A large body of research accounts for, diagnoses, and investigates this “gender pay gap.” But this literature often becomes unwieldy for lay readers, and because pay gaps are political topics, ideological agendas often seep quickly into discussions.

This primer examines the evidence surrounding the gender pay gap, both in the literature and through our own data analyses. We will begin by explaining the different ways the gap is measured, and then go deeper into the data using hourly wages for our analyses,¹ culling from extensive national and regional surveys of wages, educational attainment, and occupational employment.

Summary

Why different measures don’t mean the data are unreliable

A number of figures are commonly used to describe the gender wage gap. One often-cited statistic comes from the Census Bureau, which looks at annual pay of full-time workers. By that measure, women are paid 80 cents for every dollar men are paid. Another measure looks at hourly pay and does not exclude part-time workers. It finds that, relative to men, typical women are paid 83 cents on the dollar.² Other, less-cited measures show different gaps because they examine the gap at different parts of the wage distribution, or for different demographic subgroups, or are adjusted for factors such as education level and occupation.

The presence of alternative ways to measure the gap can create a misconception that data on the gender wage gap are unreliable. However, the data on the gender wage gap are remarkably clear and (unfortunately) consistent about the scale of the gap. In simple terms, no matter how you measure it, there is a gap. And, different gaps answer different questions. By discussing the data and the rationale behind these seemingly contradictory measures of the wage gap, we hope to improve the discourse around the gender wage gap.

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Why adjusted measures can't gauge the full effects of discrimination

The most common analytical mistake people make when discussing the gender wage gap is to assume that as long as it is measured “correctly,” it will tell us precisely how much gender-based discrimination affects what women are paid.

Specifically, some people note that the commonly cited measures of the gender wage gap do not control for workers' demographic characteristics (such measures are often labeled unadjusted). They speculate that the “unadjusted” gender wage gap could simply be reflecting other influences, such as levels of education, labor market experiences, and occupations. And because gender wage gaps that *are* “adjusted” for workers' characteristics (through multivariate regression) are often smaller than unadjusted measures, people commonly infer that gender discrimination is a smaller problem in the American economy than thought.

However, the adjusted gender wage gap really only narrows the analysis to the potential role of gender discrimination *along one dimension*: to differential pay for equivalent work. But this simple adjustment misses all of the potential differences in opportunities for men and women that affect and constrain the choices they make before they ever bargain with an employer over a wage. While multivariate regression can be used to distill the role of discrimination in the narrowest sense, it cannot capture how discrimination affects differences in opportunity.

In short, one should have a very precise question that he or she hopes to answer using the data on the wage differences between men and women workers. We hope to provide this careful thinking in the questions we address in this primer.

10. Is there a gender gap in other forms of worker compensation, such as health insurance, paid sick leave, and retirement benefits? • 33

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A summary of some key questions and answers in this primer

Given that gender wage gaps are strikingly persistent in economic data, it is natural to then ask, “What causes these gaps?” And, further, “Do women’s own choices and labor force characteristics drive the gender wage gap, or are women’s opportunities for higher pay constricted relative to men?” Although this paper will largely focus on empirical data to answer questions about the size and scope of the gaps for different groups of women, we will use the data to shed light on some of these “why” questions.

- **How much do women make relative to men?** A typical, or median, woman working full time is paid 80 cents for every dollar a typical man working full time is paid. When evaluated by wages per hour, a typical woman is paid 83 cents for every dollar a man is paid. Both of these measures are correct, but examining women’s earnings per hour is our preferred way of looking at the wage gap.³
- **Is the wage gap the same whether you are a front-line worker or a high-level executive?** There is much greater parity at the lower end of the wage distribution, likely because minimum wages and other labor market policies create a wage floor. At the 10th percentile, women are paid 92 cents on the male dollar, whereas women at the 95th percentile are paid 74 cents relative to the dollar of their male counterparts’ hourly wages.
- **Does a woman’s race or ethnicity affect how much she makes relative to a man?** Asian and white women at the median actually experience the biggest gaps relative to Asian and white men, respectively. But that is due, in part, to the fact that Asian and white men make much more than black or Hispanic men. Relative to white non-Hispanic men, black and Hispanic women workers are paid only 65 cents and 58 cents on the dollar, respectively, compared with 81 cents for white, non-Hispanic women workers and 90 cents for Asian women.
- **Can women close the wage gap by getting more education?** It appears not. Women are paid less than similarly educated men at every level of education. And the wage gap tends to rise with education level. This, again, in part likely reflects labor market policies that foster more-equal outcomes for workers in the lower tier of the wage distribution. It also may be affected by certain challenges that disproportionately affect women’s ability to secure jobs at the top of the wage distribution, such as earnings penalties for time out of the workforce, excessive work hours, domestic gender roles, and pay and promotion discrimination.
- **Can women close the gap by choosing different occupations?** Partly, but these “choices” stem from a lifetime of decisions shaped by economic and social forces.
 - Men constitute greater shares of certain types of jobs, or occupations, and women greater shares in others. Some say that these differences in how men and women are distributed across occupations explain much of the gender wage gap. In truth, it explains some of the gap, but not nearly as much as is assumed. And even when we reduce the size of the measured gap by controlling for occupational distributions, that does not mean that the remaining gap provides a

complete view of the role of discrimination on women's wages. Gender discrimination doesn't happen only in the pay-setting practices of employers making wage offers to nearly identical workers of different genders. It can happen at every stage of a woman's life, from steering her away from science and technology education to shouldering her with home responsibilities that impede her capacity to work the long hours of demanding professions.

- Women who work in male-dominated occupations are paid significantly less than similarly educated males in those occupations. So even recommending that women choose better-paying occupations does not solve the problem.
- **Are women in unions, relative to their male peers, better or worse off?** Working women in unions are paid 89 cents for every dollar paid to unionized working men; nonunionized working women are paid 82 cents for every dollar paid to nonunionized working men.
- **Do women with children pay a “motherhood penalty”?** Yes, and not just in terms of hourly wages.
 - After giving birth, women's pay lags behind pay of similarly educated and experienced men and of women without children. There is no corresponding “fatherhood penalty” for men.⁴
 - Outside the labor market, mothers are also charged a time penalty. For example, among married full-time working parents of children under the age of 18, women still spend 50 percent more time than men engaging in care activities within the home. Among child-rearing couples that include a woman either working part time or staying at home to parent, the burden of caring for family members is even more disproportionately borne by women. This higher share of domestic and care work performed by women suggests that cultural norms and expectations strongly condition (and often restrict) the labor market opportunities of women. Indeed, it likely plays a role in the lower labor force participation of mothers relative to men or women without children.
 - The higher share of domestic and care work performed by women is also a disadvantage for women in high-prestige, high-wage jobs in which employers demand very long hours as a condition of work.
- **Does a shrinking wage gap unequivocally indicate a good thing—that women are catching up to men?** Unfortunately no. Because the gender pay gap has both a numerator (women's wages) and a denominator (men's wages), one cannot make firm normative judgments about whether a given fall (or rise) in the gender pay gap is welcome news. For example, about 30 percent of the reduction of the gender wage gap between the median male and female worker since 1979 is due to the decline in men's wages during this period.
- **If we counted benefits, would women be doing less bad relative to men?** The gender pay gap in cash wages would not disappear by factoring in other employee benefits because women are less likely than men to have employer-provided health insurance and have fewer retirement resources than men.

The gender pay gap is a fraught topic. Discussions about it would benefit greatly from a thorough review of the empirical evidence. The data can answer only precise questions, but the answers can help us work toward the broader questions. This paper aims to provide this precision in search of broader answers. Readers can access the data we analyze and report in this paper in the [EPI State of Working America Data Library](#). By making the data publicly available and usable, we hope to advance constructive discussions of the gender pay gap.

The gender wage gap 101: The basics

The gender wage gap is a measure of pay disparity between men and women. While it can be measured different ways, the data are clear: women are still paid much less relative to men (about 83 cents per dollar, by our measure), and progress on closing the gap has stalled.

What is the gender wage gap?

The wage gap means women are paid:

82.7 percent of men's wages. This translates to 83 cents per dollar. The "typical" (median) woman is paid 83 cents per every dollar the typical man is paid.

In dollar terms this means women bring home:

\$3.27 less per hour than men. The median hourly wage is \$15.67 for women and \$18.94 for men.

The gender wage gap is a measure of what women are paid relative to men. It is commonly calculated by dividing women's wages by men's wages, and this ratio is often expressed as a percent, or in dollar terms. This tells us how much a woman is paid for each dollar paid to a man. This gender pay ratio is often measured for year-round, full-time workers and compares the annual wages (of hourly wage and salaried workers) of the median ("typical") man with that of the median ("typical") woman; measured this way, the current gender pay ratio is 0.796, or, expressed as a percent, it is 79.6 percent (U.S. Census Bureau 2016). In other words, for every dollar a man makes, a woman makes about 80 cents.

The difference in earnings between men and women is also sometimes described in terms of how much less women make than men. To calculate this gap from the ratio as defined above, simply subtract the ratio from 1. So, if the gender pay ratio is about 80 percent (or 80 cents on the dollar), this means that women are paid 20 percent less (or 20 cents less per dollar) than men. A larger difference between men's and women's earnings

translates into a *lower* ratio but a larger *gap* in their earnings.

We keep with this convention of using median wages of wage and salary workers rather than average wages of wage and salary workers because averages can be skewed by a handful of people making much more or much less than the rest of workers in a sample. However, we examine median wages on an hourly basis and include all workers reporting a positive number of work hours. This hourly measure constitutes a limited “adjustment” in research methodology in that it accounts for the fact that men work more hours on average during the year, and that more women work part time.⁵ This limited adjustment allows us to compare women’s and men’s wages without assuming that women, who still shoulder a disproportionate amount of responsibilities at home, would be able or willing to work as many hours as their male counterparts.

Computed this way using data from the federal government’s Current Population Survey Outgoing Rotation Group, or CPS ORG in shorthand, the typical woman is paid 82.7 percent of what the typical man is paid (CPS ORG 2015). Or in common terms, women are paid 83 cents on the male dollar.

Notwithstanding our limited adjustment, this is basically the “raw” or “unadjusted” gap that we explore throughout this report when we consider the ways a large basket of factors interact and create the wage gap women experience when they cash their paychecks.

Would adjusting the raw gender wage gap to include factors such as education help explain the gap? Maybe it is not as big of a problem as it seems?

Adjustments can help round out our understanding but unfortunately, as we explain here, they don’t explain away the gap. It is important to understand why.

The gender wage gap described above and referred to in this primer has the virtue of being clear and simple. It provides a good overview of what is going on with typical women’s earnings relative to men’s. But it does not tell us what the wage gap is between men and women doing similar work, and whether the size of the gap derives in part from differences in education levels, experience levels, and other characteristics of working men and women. To round out our understanding of the disparity between men’s and women’s pay, we also consider “adjusted” measures of the gender wage gap—with the caveat that the adjusted measures may understate the wage disparities.

Adjusted wage gap estimates control for characteristics such as race and ethnicity, level of education, potential work experience, and geographic division. These estimates are made using average wages rather than median because it requires standard regression techniques. Again, using the Current Population Survey data from the CPS Outgoing Rotation Group, but making these adjustments, we find that the wage gap grows, with women on average paid 21.7 percent less than men.⁶ The unadjusted penalty for the average woman is 17.9 percent.⁷ The measured penalty actually increases when

accounting for these influences because women workers, on average, have higher levels of education than men.⁸

Models that control for a much larger set of variables—such as occupation, industry, or work hours—are sometimes used to isolate the role of discrimination in setting wages for specific jobs and workers. The notion is that if we can control for these factors, the wage gap will shrink, and what is left can be attributed to discrimination. Think of a man and woman with identical education and years of experience working side-by-side in cubicles but who are paid different wages because of discriminatory pay-setting practices. We also run a model with more of these controls, and find that the wage gap shrinks slightly from the unadjusted measure, from 17.9 percent to 13.5 percent.⁹ Researchers have used more extensive datasets to examine these differences. For instance, Blau and Kahn (2016) find an unadjusted penalty of 20.7 percent, a partially adjusted penalty of 17.9 percent, and a fully adjusted penalty of 8.4 percent.¹⁰

But switching to a fully adjusted model of the gender wage gap actually can radically understate the effect of gender discrimination on women's earnings. This is because gender discrimination doesn't happen only in the pay-setting practices of employers making wage offers to nearly identical workers of different genders. Instead, it can potentially happen at every stage of a woman's life, from girlhood to moving through the labor market. By the time she completes her education and embarks on her career, a woman's occupational choice is the culmination of years of education, guidance by mentors, expectations of parents and other influential adults, hiring practices of firms, and widespread norms and expectations about work/family balance held by employers, co-workers, and society (Gould and Schieder 2016). So it would not be accurate to assume that discrimination explains only the gender wage gap that remains after adjusting for education, occupational choice, and all these other factors. Put another way, we cannot look at our adjusted model and say that discrimination explains *at most* 13.5 percent of the gender wage gap. Why? Because, for example, by controlling for occupation, this adjusted wage gap no longer includes the discrimination that can *influence* a woman's occupational choice.

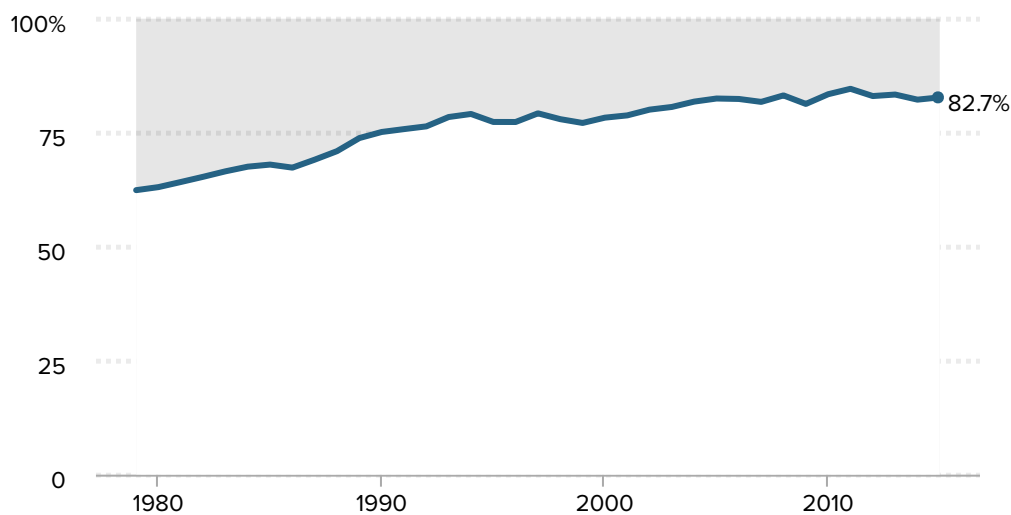
How much does the gender pay gap cost women over a lifetime?

The average woman worker loses more than \$530,000 over the course of her lifetime because of the gender wage gap, and the average college-educated woman loses even more—nearly \$800,000 (IWPR 2016). It's worth noting that each woman's losses will vary significantly based on a variety of factors—including the health of the economy at various points in her life, her education, and duration of periods out of the labor force—but this estimate demonstrates the significance of the cumulative impact. And, as explained later, the gap may play a role in the retirement insecurity of older American women.

Figure A

Progress in closing the gender pay gap has largely stalled

Women's hourly wages as a share of men's at the median, 1979–2015



Source: EPI analysis of Current Population Survey microdata. For more information on the data sample see EPI's State of Working America [Data Library](#).

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Yes, but isn't the gender pay gap smaller than it used to be?

Over the past three and a half decades, substantial progress has been made to narrow the pay gap. Women's wages are now significantly closer to men's, but in recent years, that progress has stalled.

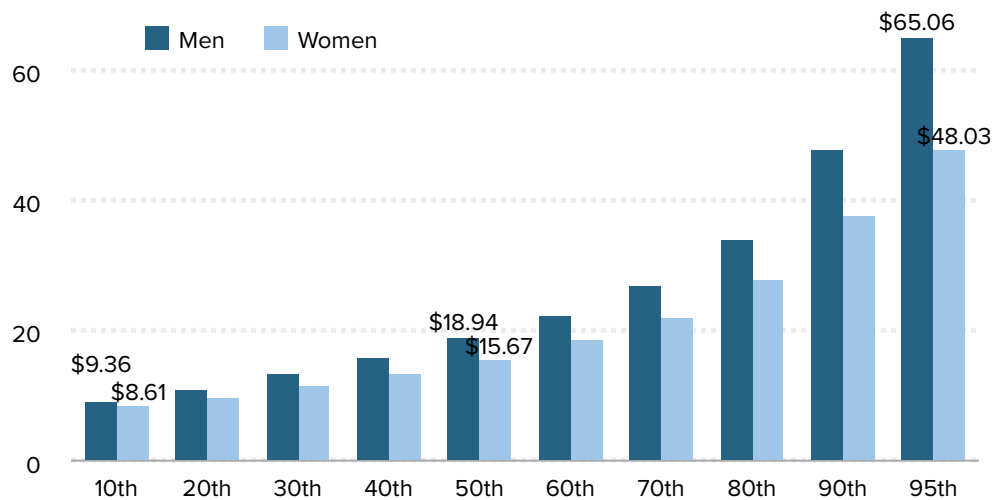
From 1979 to the early 1990s, the ratio of women's median hourly earnings to men's hourly median earnings grew partly because women made disproportionate gains in education and labor force participation. After that, convergence slowed, and over the past two decades, it has stalled. According to the most recent data, as of 2015, women's hourly wages are 82.7 percent of men's hourly wages at the median (**Figure A**), with the median woman paid an hourly wage of \$15.67, compared with \$18.94 for men (**Figure B**).

It's not entirely clear why women have stopped gaining on men. But as discussed later in the section on the "motherhood penalty," the tendency for women with children to receive systematically lower pay has stubbornly persisted, suggesting that the gender pay gap is not going away anytime soon. Economist Claudia Goldin's research supports this conclusion. According to Goldin, current trends indicate that women's wages will still be pulled down over the course of their working lifetimes, even after controlling for education and work time (Goldin 2014).

Figure B

Women earn less than men at every wage level

Hourly wages by gender and wage percentile, 2015



Source: EPI analysis of Current Population Survey Outgoing Rotation Group microdata. For more information on the data sample see EPI's State of Working America [Data Library](#).

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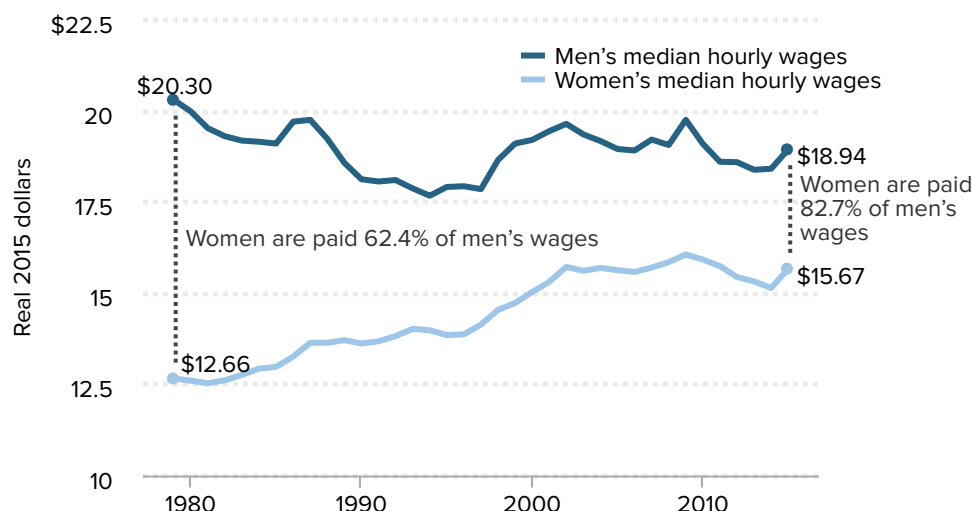
How much of the narrowing of the gender pay gap is due to women's earnings rising, and how much is due to men's earnings falling?

Since 1979, median men's wages have stagnated, falling 6.7 percent in real terms from \$20.30 per hour to \$18.94 (**Figure C**). At the same time, women's real median hourly wages have increased. In 1979, they were equal to roughly 62.4 percent of men's real median hourly wages. By 2015, they were equal to 82.7 percent of men's real wages at the median—a substantial reduction in the wage gap. Unfortunately, this means that about 30 percent of the reduction was due to the decline in men's wages. The stagnation and decline of median men's wages has played a significant role in the decline in the unadjusted gender wage gap. Women's wages increased as more women had increased their participation in the labor force, increased their educational attainment, and entered higher-paying occupations. (Davis and Gould 2015). At the same time, for most workers, wages no longer increased with increases in economy-wide productivity. Had workers' wages continued to keep pace with productivity, both men and women would be earning much more today.

Figure C

The gender wage gap persists, but has narrowed since 1979

Median hourly wages, by gender, 1979–2015



Source: EPI analysis of Current Population Survey Outgoing Rotation Group microdata. For more information on the data sample see EPI's State of Working America [Data Library](#).

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Does a woman's race, age, or pay level affect the gender gap she experiences?

Belonging to a certain race or age group does not immunize women from experiencing the gender wage gap. It affects women across the board, though higher-earning women and middle-age women are at a greater disadvantage relative to their male counterparts. And relative to white male wages, black and Hispanic women are the most disadvantaged.

Is the gender wage gap a problem for low- or high-earning women?

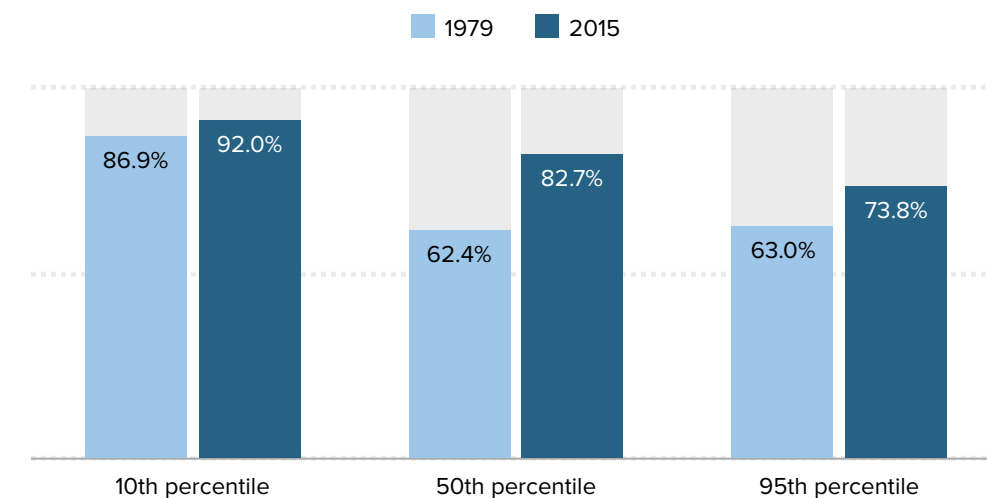
The gender wage gap is a problem for women at every wage level. At each and every point in the wage distribution, men significantly out-earn women, although by different amounts, to be sure (Figures B and C).

In 2015, the gap between men's and women's hourly wages was smallest among the lowest-earning workers, with 10th percentile women earning 92.0 percent of men's wages. The minimum wage is partially responsible for this greater equality among the lowest earners. It sets a wage floor that applies to everyone, which means that people near the bottom of the distribution are likely to make more equal wages, even though those wages are very low (**Figure D**).

Figure D

The gender wage gap is still widest among top earners

Women's hourly wages as a share of men's at various wage percentiles, 1979 and 2015



Notes: The xth-percentile wage is the wage at which x% of wage earners earn less and (100-x)% earn more.

Source: EPI analysis of Current Population Survey Outgoing Rotation group microdata

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At the median, women's hourly wages are equal to 82.7 percent of men's wages.

The gender wage gap is largest at the top of the wage distribution, with women at the 95th percentile getting paid 73.8 percent of wages at the male 95th percentile. Economist Claudia Goldin argues that women in high-wage professions experience a wider gender gap because they are penalized for not working long, inflexible hours (Goldin 2014). Such rigorous work schedules tend to weigh disproportionately heavily on women, who are still responsible for more housework and child/elder care than men.

It is interesting to note that the wage gap between median men and women workers has narrowed noticeably over the past four decades (Hegewisch and DuMonthier 2016). At the low end, the gap has not closed as much, but the existence of the minimum wage likely kept wages of low-paid men and women closer together even in the 1970s. And the relatively fast growth of men's wages at the 95th percentile has kept this gap from closing as much as the median gap (Economic Policy Institute 2016).

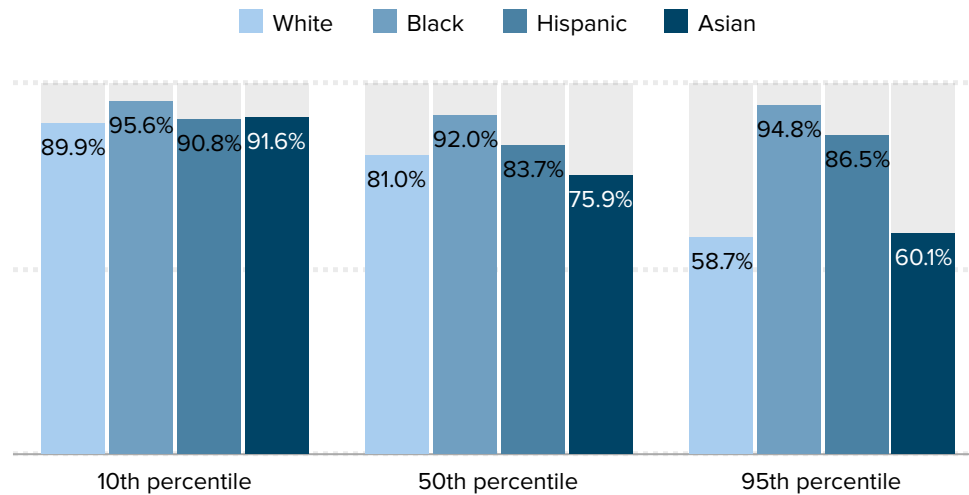
How do women of different races and ethnicities experience the gender wage gap?

Relative wage gaps are larger for high-wage white and Asian women but black and Hispanic women are paid least relative to white men.

Figure E

Women of every race and ethnicity make less than their male counterparts

Women's hourly wages as a percentage of men's hourly wages of the same race, by wages percentile, 2015



Source: EPI analysis of Current Population Survey microdata

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Figure E looks at low-, middle-, and high-wage women and compares their wages with those of men within their same racial and ethnic group. Here higher-wage white and Asian women are paid the least relative to their male peers, i.e., the gender wage gap is largest among high-earning whites and Asians.

When we compare the wages of white women and women of color with wages of white men, white and Asian women fare better than their black and Hispanic counterparts (**Figure F**). White non-Hispanic women are paid 81.0 percent and Asian women 89.8 percent, of what non-Hispanic white men make. But the shares are much lower for black and Hispanic women, at 65.3 percent and 57.6 percent, respectively (CPS ORG 2011–2015).

In terms of the impact on women's paychecks, this means that relative to the typical white man, the typical white woman takes home \$4.00 less per hour, black women take home \$7.31 less per hour, Hispanic women take home \$8.91 less per hour, and Asian women take home \$2.15 less per hour.

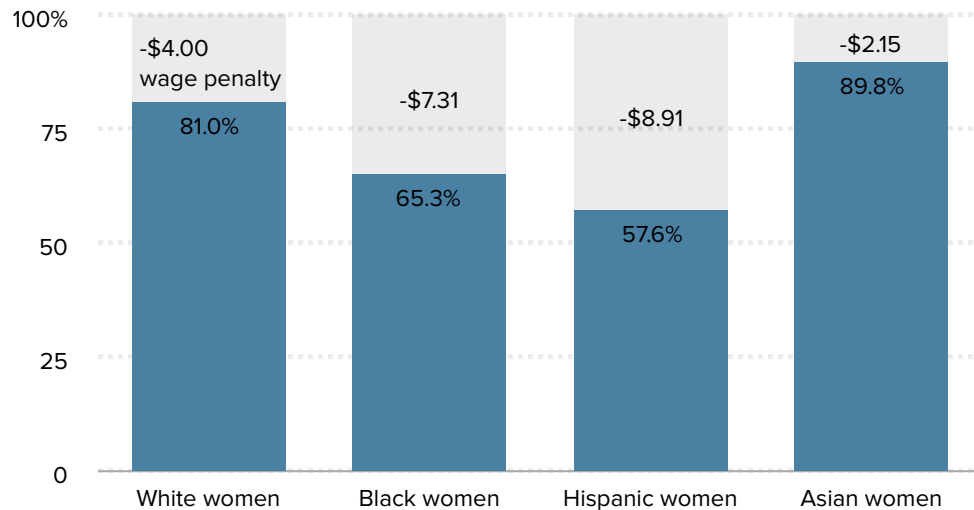
What is the gender wage gap for immigrant women?

Native-born workers of either gender are paid more per hour than (non-naturalized) foreign-born workers (**Figure G**). However, non-naturalized foreign-born women—like their

Figure F

Black and Hispanic women experience the biggest pay gaps

Women's median hourly wages as a share of white men's and their per hour wage penalties, by race and ethnicity, 2015



Notes: Values displayed above columns represent the difference between women's median hourly wages and median hourly wages of white men.

Source: EPI analysis of Current Population Survey microdata, 2015

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native-born counterparts—experience a wage gap that further reduces their earnings. The typical non-naturalized foreign-born woman is paid 80 cents per dollar of what a foreign-born man is paid (\$11.26 as a share of \$14.02). Among undocumented Mexican immigrants, the gender wage gap is wider: for every dollar a man is paid, a woman is paid 71 cents (Garcia and Oakford 2013).

So while foreign-born workers overall are disadvantaged in terms of wages, non-naturalized foreign-born women are additionally disadvantaged by the gender wage gap. Compared with native-born men, the average foreign-born woman is paid 58.4 cents on the dollar. Foreign-born naturalized workers not only earn higher wages than their non-naturalized and native-born counterparts, but have a slightly smaller gender wage gap.

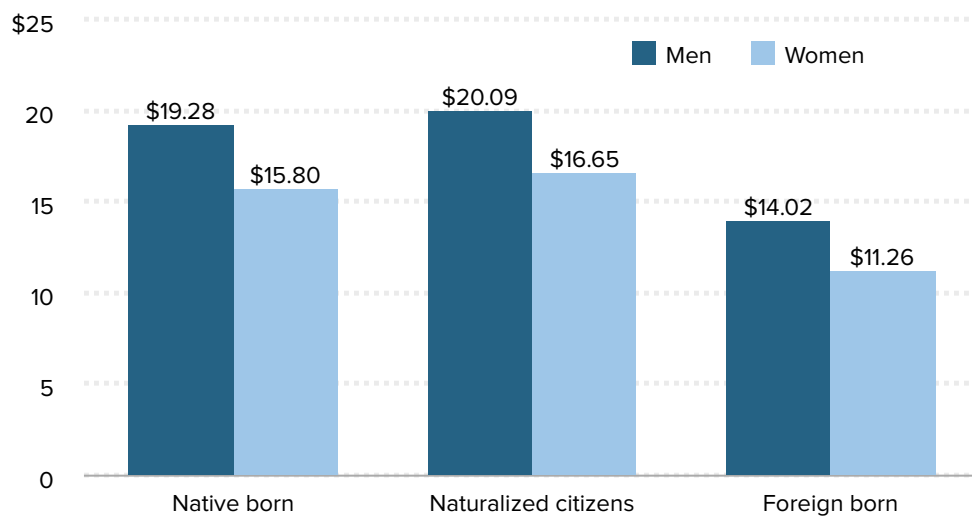
Does the gender wage gap get bigger or smaller as women age?

The gender wage gap is quite small for workers in their teens and early 20s, but the gap grows with age (**Figure H**). For typical working men, hourly wages rise until around the age of 45 and then plateau, but for typical working women, hourly wages top off earlier (in the 35 to 44 age range). After around 40, women's wage growth plateaus and then drops off earlier than men's. This holds true when measuring the gap using median weekly earnings

Figure G

Foreign-born women are dually disadvantaged

Median hourly wages by immigration status and gender, 2015



Notes: Includes individuals older than 16. The category native born includes individuals born in the United States, Puerto Rico, and U.S. outlying areas, as well as individuals born abroad of American parents. The category foreign born includes foreign-born individuals who are not citizens of the United States.

Source: EPI analysis of Current Population Survey microdata

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of full-time wage and salary workers (Hill 2016). The growth in the gender wage gap during this time of life reflects the disproportionate impact of family responsibilities on women's careers. Other research shows that from the beginning of their working lives, women experience a gender wage gap that is still expected to swell significantly over the course of their careers, regardless of education or work experience (Goldin 2014).

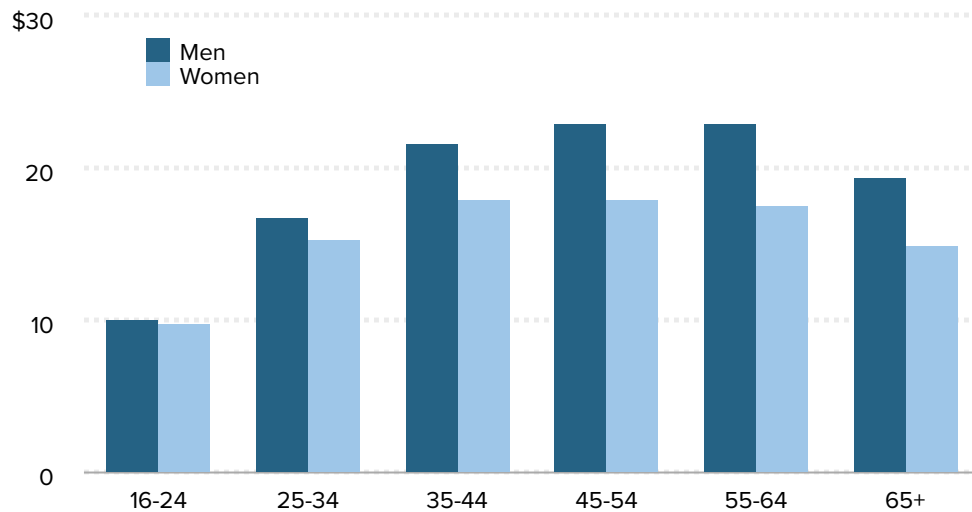
How do work experience, schedules, and motherhood affect the gender wage gap?

Women's experience levels and work schedules do factor into the gender wage gap. Rather than disproving the role of discrimination, work experience, hours, and schedules in part reflect the social expectations that still disadvantage women. These influences all play a role in the "motherhood wage penalty" evident in the data.

Figure H

Women's hourly wages plateau and then begin to decline earlier than men's

Median hourly wage gap by age and gender, 2015



Source: EPI analysis of Current Population Survey microdata

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Are women paid less because they have less experience?

On average, women have less work experience than men, and this contributes to the gender wage gap. But it would not be correct to conclude that this helps disprove the role of discrimination, because the lack of experience itself is a function of social expectations and norms that disadvantage women in the workplace. Women are more likely to temporarily exit the labor force—most often to raise children, although increasingly to care for an older relative—which leaves them with less work experience. One study of workers with MBAs showed that a year after receiving the degree, only 4 percent of men had experienced a career interruption of six months or more, compared with 9 percent of women (Goldin 2014). Further out from their schooling the gap grows: after 10 years, 10 percent of men had experienced a career interruption, compared with 32 percent of women experiencing a career interruption nine years out. And in the 10 to 16 years following graduation with an MBA, 40 percent of women had experienced a career interruption. (Bertrand, Goldin, and Katz 2009)

Do women's work schedules affect the gender wage gap?

Women tend to work different hours than men, which affects their earnings. However, the story is different depending on wage level. Women are more likely than men to work low-

wage jobs, and low-wage workers are more likely to experience irregular work schedules, such as irregular shift times or on-call shifts, than are other workers (Golden 2015; Davis and Gould 2015). For low-wage parents especially, irregular schedules—often associated with pay that changes from paycheck to paycheck—can be paralyzing as they try to coordinate childcare and meet basic household needs.

Among higher-wage workers, firms tend to disproportionately reward those who work long and particular hours, and those individuals are more likely to be men, which creates a wider wage gap for higher-wage women (Hersch and Stratton 2002; Goldin 2014). But when workers have more temporal flexibility—that is, more choice as to the schedules and number of hours they work—the gender gap narrows. In fact, Goldin (2014) finds that temporal *in*flexibility is an important contributor to the gender gap. Long, inflexible work schedules tend to weigh disproportionately heavily on women, who are still responsible for more housework and child/elder care than men.

Women are also roughly twice as likely to work part time as men; 24.5 percent of women work part time versus 12.4 percent of men (Golden 2016). The biggest disadvantage part-time workers face is their relatively lower rates of pay and benefits coverage relative to full-time workers. When adjusting for differences in personal, educational, locational, industrial, and occupational characteristics of the workers, women who work part time earn 9 percent less than full-time working women. Disadvantages are compounded when women work part time involuntarily—they are willing and able to work full time but can only obtain part-time work. Women of color are disproportionately involuntarily part time.

What we do know is that, in recent decades, women have been working substantially more hours. Between 1979 and 2012, the median annual hours worked by women increased by 739 hours (Appelbaum, Boushey, and Schmitt 2014). Median annual hours of work by mothers increased even more dramatically, rising 960 hours from 1979 to 2012 (Appelbaum, Boushey, and Schmitt 2014). For mothers and for women overall, all of the increase in work hours took place by 2000 (Appelbaum, Boushey, and Schmitt 2014).

Despite these advances, women still work fewer paid hours than men (OECD 2016).

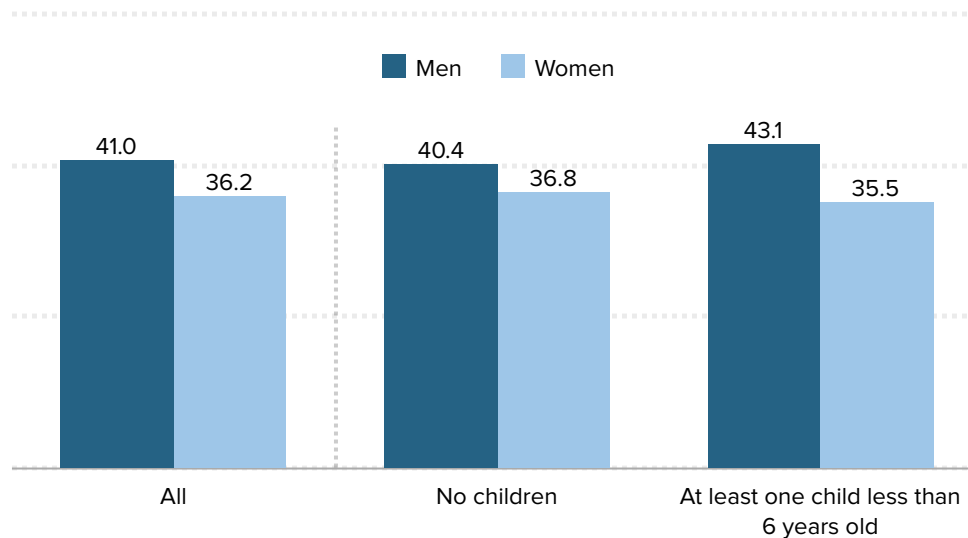
How does the gender wage gap change after a woman has children?

Research has consistently shown that women with children are paid less than women without children and men with or without children.¹¹ In short, there does seem to be a motherhood penalty for earnings. Even after researchers control for variables such as education and experience, they find that mothers are paid approximately 4.6 percent less on an hourly basis than women who are not mothers (Budig 2014). Compared with their counterparts 40 years ago, first-time mothers today are older and have more education and work experience; after giving birth, they are less likely to leave the labor force and more likely to return to work quickly (Laughlin 2011). Despite women's greater experience, education, and attachment to the labor force, the motherhood pay penalty persists (Budig 2014).

Figure I

After the birth of a child, fathers spend more time at the office, whereas mothers spend less

Average weekly hours worked, by gender and household type, 2014



Notes: Sample is limited to prime-age workers (workers age 25–54) with positive average weekly hours worked.

Source: EPI analysis of the March Current Population Survey

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Our research on the work hours of parents finds that women with children under the age of 6 work 5.5 hours less per week (13.4 percent fewer weekly hours) than the average working man, while women without children work 4.1 hours less per week (10.1 percent fewer hours) than the average man (**Figure I**).

Our research also looks at labor force participation, which is generally defined as the share of a given population that is in the labor force (i.e., that is working or looking for work). Because of social norms and home responsibility, women, in general, are less likely to work than men. As shown in **Figure J**, 71.0 percent of all mothers are in the labor force, as are 73.8 percent of all prime-age women and 88.3 percent of all prime-age men.¹² It's particularly striking that labor force attachment of parents differs for men and women: fathers are more likely to be in the labor force than are men without children, but mothers are less likely to be in the labor force than are women without children.

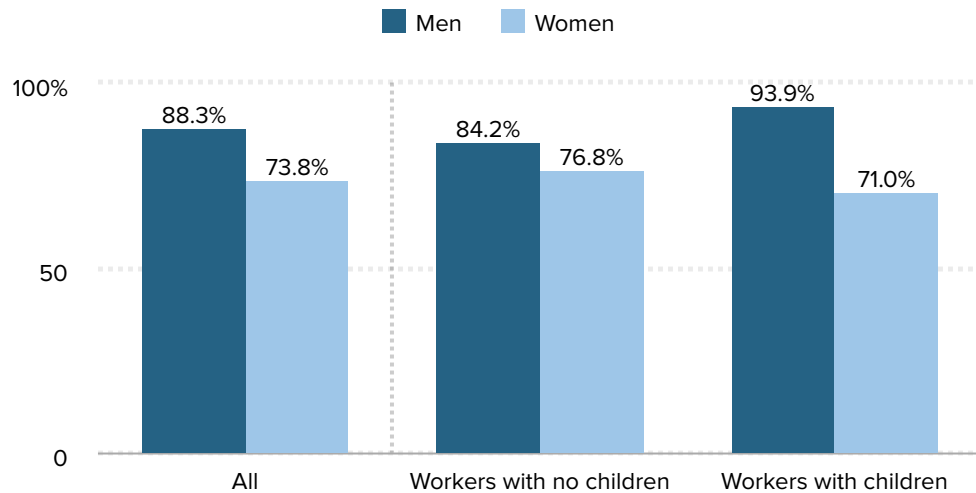
How do education and job and occupational characteristics affect the gender wage gap?

Some have suggested that women could narrow the wage gap if they made different educational or occupational choices. The data suggest it's not that simple.

Figure J

Parenthood has opposite effects on mothers' and fathers' labor force participation

Labor force participation by gender and parental status, 2013–2015



Note: Sample limited to people ages 25–54. Children are defined as being less than 18 years old. The labor force participation rate is the percentage of people who either have a job or are actively looking for a job, and are not on active duty in the Armed Forces or living in institutions (such as correctional facilities or nursing homes).

Source: EPI analysis of Current Population Survey microdata

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Does education level affect the gender wage gap?

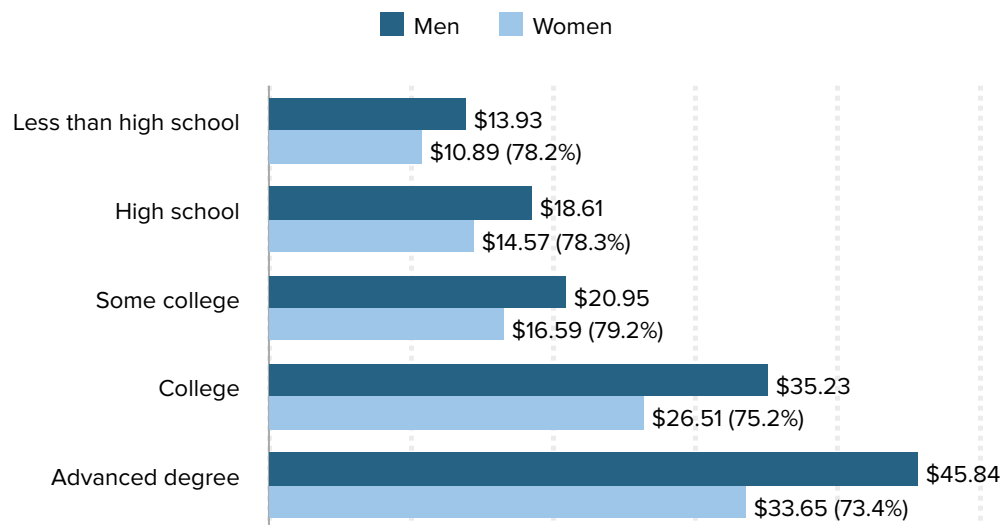
One thing the data clearly show is that women have not been able to educate themselves out of the gender wage gap, at least in terms of broad formal credentials. While women are more likely to graduate from college than men, and are more likely to receive a graduate degree than men (Gould and Schieder 2016), at every education level, women are paid less than men (**Figure K**).

Among workers who have not completed high school, women are paid 78.2 percent of what men are paid. Among workers who have a college degree, the share is 75.2 percent; and among workers who have an advanced degree, it is 73.4 percent. Women with advanced degrees still make less per hour than men with college degrees. Even straight out of college, women with a college degree make \$4 less per hour than their male peers—a gap that has grown since 2000 (Kroeger, Cooke, and Gould 2016).

Figure K

Women earn less than men at every education level

Average hourly wages, by gender and education, 2015



Source: EPI analysis of Current Population Survey Outgoing Rotation Group microdata. For more information on the data sample see EPI's State of Working America [Data Library](#).

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Does the choice of college major affect the gender wage gap?

Part of the gender wage gap can be attributed to college major. Women are more likely to major in subjects such as education and the humanities, and these majors are associated with lower-paying jobs after graduation. At the same time, fewer women major in the STEM (science, technology, engineering, and math) subjects, which are associated with the most lucrative jobs (Corbett and Hill 2015).

Although college major doesn't always determine occupation after graduation, there is a link between major and salary in the workforce. **Figure L** shows that people with college degrees in majors favored by women are making less 10 years after graduation. For example, engineering majors are paid on average nearly twice as much as education majors 10 years after graduation.

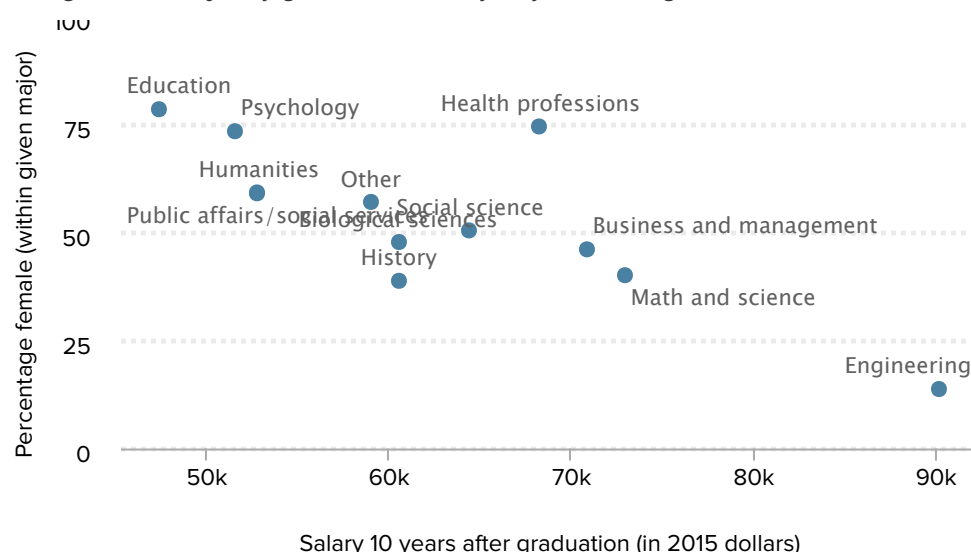
Contrary to what some may believe, educational choices remain gendered today. For example, male seniors graduating in 2008 were more than five times as likely as their female counterparts to have majored in engineering and engineering technology, while women in that same year were three times as likely as their male counterparts to have studied education (NCES 2011–2015).

These choices of college majors, however, should not be seen as completely unconstrained. Women's experiences before college strongly influence their college

Figure L

Undergraduate majors favored by women pay less 10 years after graduation

Undergraduate major by gender and salary 10 years after graduation



Notes: Salaries are based on the current or most recent salary of college graduates of the class of 1993 10 years after graduation in 2003. The salaries are then inflated to 2015 dollars using the CPI-U for easier comparison with today's wages. The percentage of graduates who are female by major is based on a survey of college students graduating in 1993 for consistency.

Source: U.S. Department of Education, National Center for Education Statistics, B&B: 93/03 Baccalaureate and Beyond Longitudinal Study

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trajectories. For example, women arrive in college less interested in STEM fields than their male counterparts. Only 14 percent of first-time college women chose science-related fields in 2012, compared with 39 percent of first-time college men (OECD 2015). Among STEM majors, women are disproportionately in the biological and life sciences, while men dominate engineering and computer science (Corbett and Hill 2015).

How much of the wage gap is due to lower pay in women-dominated occupations versus wage disparities among men and women in the same occupation?

A gender pay gap exists both within and between industries and occupations (Goldin 2014). This means that occupations that have more women in them tend to pay less (the “between occupation” wage gap), and that within each occupation, whether male- or female-dominated, men tend to be paid more than women (the “within-occupation” gap). This within-occupation gap means that even when men and women work in the same occupation—whether as hairdressers, cosmetologists, nurses, teachers, computer

engineers, mechanical engineers, or construction workers—men make more, on average, than women (CPS ORG 2011-2015).

Some have argued that the gender wage gap mostly reflects choices women make about career paths—and choices about occupation in particular. But as it turns out the within-occupation gender wage gap plays a larger role in the occupational gender wage gap than the between-occupation wage gap (the fact that both men and women in occupations with higher shares of women are paid less). As a thought experiment, imagine all women are picked out of their jobs and dropped into jobs to mirror how men are distributed throughout the occupational labor market. For example, if 1.22 percent of men are currently software developers, suppose 1.22 percent of women (instead of today's 0.33 percent of women) became software developers.¹³ What would this occupational reassignment of women do to the wage gap? Claudia Goldin imagines this scenario in a 2014 paper (Goldin 2014). After controlling for differences in education and preferences for full-time work, she finds that only 32 percent of the gender pay gap for college graduates would be closed by redistributing women and men across occupations. On the other hand, as much as 68 percent of the gender pay gap by occupation for college graduates is due to the within-occupation gap (Goldin 2014).¹⁴ This means if you left women in their current occupations and just closed the gaps between women and their male counterparts *within* occupations (e.g., if male and female civil engineers, and male and female teachers, made the same per hour), that would close a whopping 68 percent of the gap.

Furthermore, evidence shows that as women's participation in a particular occupation rises, pay within that occupation falls (Miller 2016; Oldenziel 1999). Some researchers attribute this phenomenon to “devaluation,” in which employers ascribe a lower value to work done in female-dominated occupations and thus pay them less (Levanon, England, and Allison 2009).

Therefore, changing which occupations women are in will only partially close the gender wage gap. If we want to equalize earnings between men and women, we need to pay as much attention to the fact that women in the same job make less than men as we do to the fact that female-dominated professions pay less.

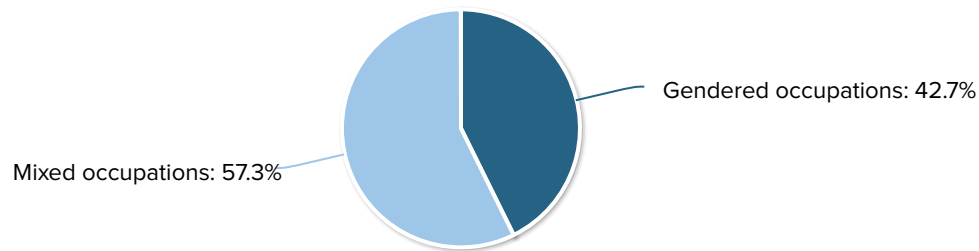
Has the gender wage gap shrunk as more men and women blaze paths into “nontraditional” occupations?

This is a trick question. From the early 1960s to the 1990s, more men and women moved into “nontraditional” occupations. (An occupation is considered “nontraditional” for a particular gender if that gender constitutes less than 25 percent of employees in the occupation [Carl D. Perkins Career and Technical Education Improvement Act of 2006]).¹⁵ So for example more women found jobs in recreation and more men became nurses (Landivar 2013; Miller 2016). But the movement toward gender integration in occupations slowed down after the 1990s and came to a complete halt during the 2000s (Hegewisch and Hartmann 2014). Gen Xers, who reached their mid-40s mainly in the 2010s, saw an

Figure M

43 percent of workers are in highly gendered occupations

Percentage of workers in occupations in which more than 75 percent of workers are of a single gender, 2011–2015



Notes: We define gendered-occupations as occupations in which more than 75 percent of workers are of one gender. This definition is based on the definition of "traditional" occupations included in the Carl D. Perkins Vocational and Technical Education Act of 1998 S.250-6. Employment counts are averaged over the time period, 2011-2015.

Source: EPI analysis of Current Population Survey Outgoing Rotation group data

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increase in occupational segregation between ages 25 and 45. In fact virtually all cohorts of workers all saw a small increase in occupational segregation in the 2000s and 2010s (Hegewisch and Hartmann 2014).

For all our progress, as of recent years, only about 6 percent of women are employed in nontraditional (i.e., traditionally male) occupations. These same sets of occupations employ 45 percent of all men. At the same time, only about 5 percent of men are in traditionally female occupations, while these occupations employ 40 percent of all female workers.

Figure M shows more simply how gender segregated our occupations still are in the United States. More than 40 percent of workers are in occupations in which more than three-fourths of workers are of one gender.

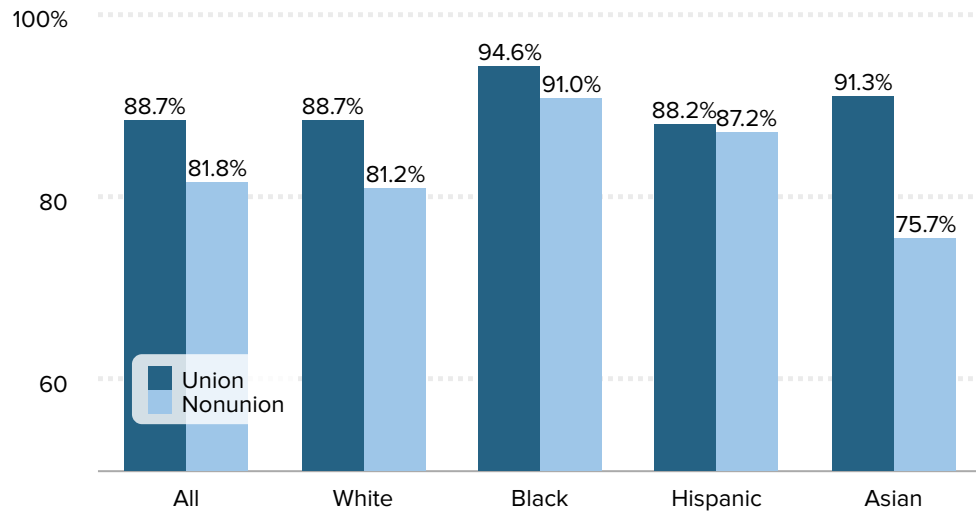
And this segregated distribution of men and women across jobs matters to the gender wage gap. Occupation and industry (taken together) account for about half of the overall gender wage gap (Blau and Kahn 2016).

Finally, it is important to note that the distribution of men and women across occupations is not a simple matter of unconstrained choice. Much research suggests that many women are driven out of nontraditional occupations by hostile work environments. For example, 63 percent of women working in science, engineering, and technology experience sexual harassment (Hewlett et al. 2008). Over time, 52 percent of women in science, engineering,

Figure N

Women generally experience a smaller pay gap when their workplace is unionized

Women's median weekly earnings for full-time wage and salary employees as a percent of men's, by race and ethnicity, 2014



Notes: The values represent the difference between the median weekly earnings of full-time wage and salary workers who are union members or are covered by a union contract and those who are not.

Source: EPI analysis of Anderson, Hegewisch, and Hayes, 2015

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and technology quit their jobs, half of whom end up leaving these fields altogether (Hewlett et al. 2008).

Does union membership close the gender pay gap?

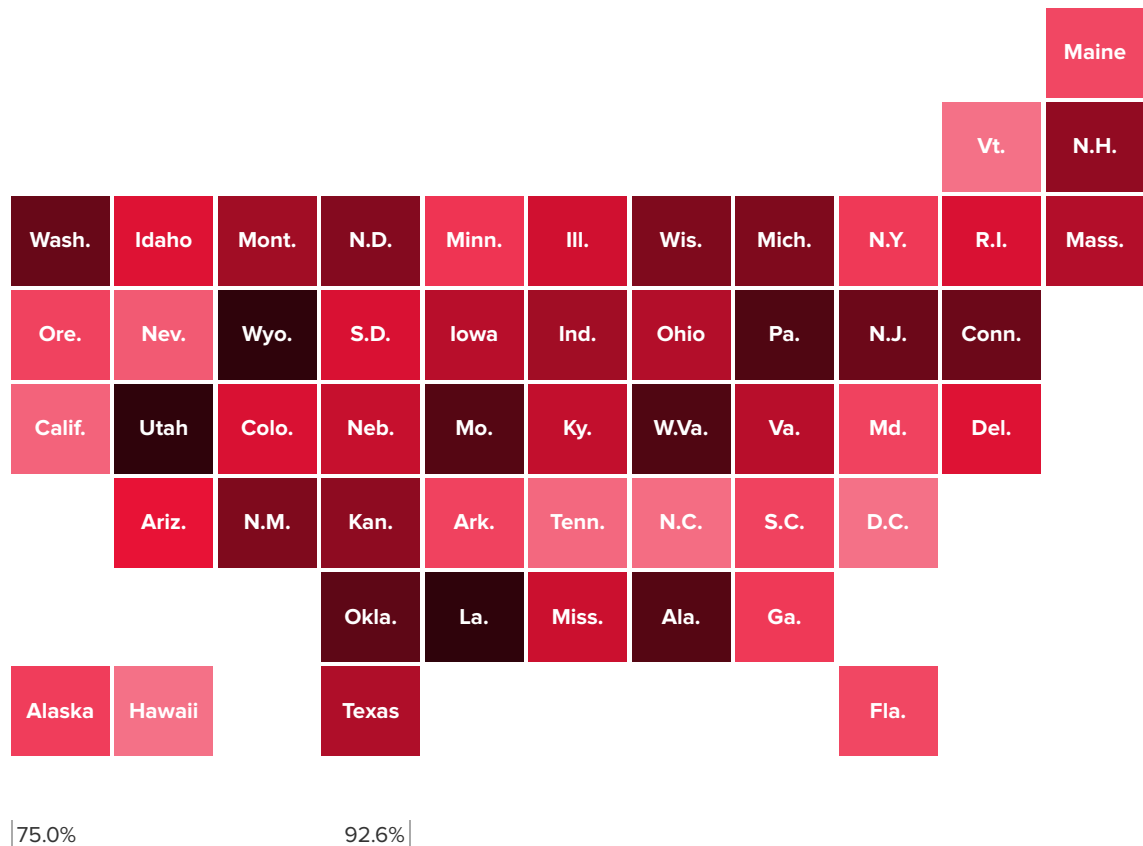
Unions not only raise wages for male and female workers alike, but also reduce the size of the gender wage gap. Women in unions are paid 31 percent more than their nonunionized sisters. Among racial and ethnic subgroups, black, Hispanic, and white women in unions make 34, 42, and 31 percent more than their nonunion counterparts (Anderson, Hegewisch, and Hayes 2015).¹⁶ Unionization raises women's wages by 11.2 percent, compared with nonunion women who have similar characteristics (Schmitt 2008).

Women in unions also experience a smaller gender pay gap than their nonunionized counterparts (**Figure N**). Women workers in unions are paid 88.7 percent of what their male counterparts are paid, while for nonunionized women the share is 81.8 percent (Anderson, Hegewisch, and Hayes 2015).

Figure O

The difference between men's and women's pay varies greatly by state

Median hourly women's wages as a share of men's by state, 2013–2015



75.0% 92.6%

Notes: Values represent averages 2013–2015.

Source: EPI analysis of Current Population Survey microdata

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Does the gender wage gap depend on where you live?

Yes. The gender wage gap varies widely by state. The gender wage gap, as measured by women's share of men's hourly wages at the median, ranges from 74.8 percent (in Wyoming) to 92.9 percent (in Washington, D.C.; **Figure O**). Typical female workers in Washington, D.C., and Vermont make more than 90 percent of the wages of their male counterparts. In nine states, women are paid less than 80 percent of their male counterparts' wages. Similarly, the gender gap in annual earnings ranges from 65.3 percent in Louisiana to 89.5 percent in Washington, D.C. (NWLC 2015).

A number of factors may be contributing to these differences, such as the mix of predominant industries or cultural differences. For example, after holding other factors constant, states with a higher score of "religiosity"—including higher frequency of prayer,

worship service attendance, and expressed belief in prayer among other measures—experience a wider gender wage gap (Wiseman and Dutta 2016). According to the researchers, the reason for this is that religiosity is often associated with more traditional views about gender roles.

The raw gender wage gap is larger in rural areas than in urban areas. In metropolitan areas, the gender gap in median hourly wages is 83.2 percent, while in nonmetropolitan areas, it is 81.7 percent.

The gender pay gap in the United States is bigger than the gap in many other developed countries. The gender pay gap in the United States is larger than the Organization for Economic Cooperation and Development (OECD) average when considering the difference between the wages of full-time annual median male and female wages. Within the OECD, the United States has the 12th largest gender gap overall, and the U.S. gap is bigger than the gap in most European countries. That said, making direct international comparisons is often difficult. For example, part-time work by one parent is more common in Europe, as is substantial use of parental leave and paid vacations, while single parenthood is more common in the United States (Ruhm 2011).

A common thread in these data is that the burden of parenthood is distributed differently in various countries. This means that policies meant to address the motherhood penalty likely need to be tailored differently across these countries as well. For example, the availability of parental leave might make a woman in Europe less likely to leave her employer following her pregnancy, whereas in the United States, taking any significant amount of time off at all following childbirth might lead to her losing her job. On the other hand, in many of the OECD countries, women are less likely to work full time and less likely to attain high-level positions than are women in the United States, suggesting that flexibility comes at a cost (Blau and Kahn 2013a).

There is another way in which geography might affect the gender wage gap. Women are more willing to move for a husband's employment than vice versa (Abraham, Auspurg, and Hinz 2010). This suggests that women are less able to widen the geographic net over which to search for good job opportunities.

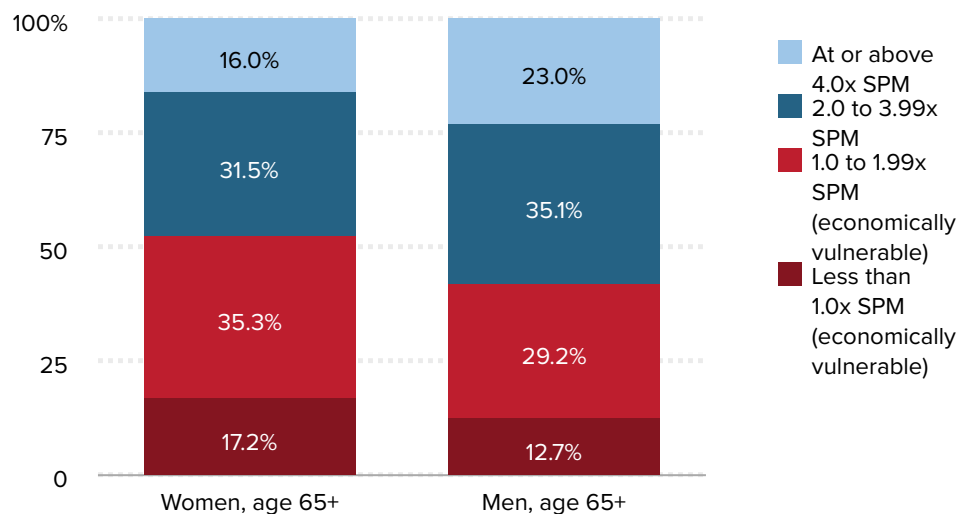
How might the gender wage gap affect the retirement security of America's working women?

It is hard to isolate the effect of the gender wage gap on American women's retirement security. According to the U.S. Department of Labor, women's lower lifetime earnings means that they receive lower Social Security payments and experience fewer opportunities to save for retirement. Average annual Social Security benefits for women are only \$13,392, and the annual median income in retirement for women is only \$14,000,

Figure P

Elderly women are more likely than elderly men to be economically vulnerable

Share of the elderly at various income levels, expressed as multiples of the supplemental poverty measure (SPM) threshold, by gender



Source: EPI analysis of pooled 2010–2012 Current Population Survey Annual Social and Economic Supplement microdata

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well below the \$19,000 to \$29,000 that a single person needs to live in retirement, depending on geographic area (DOL 2015).

That may be a key reason why elderly women are more likely than elderly men to be economically vulnerable (defined as earning less than twice what they would need to earn to be above the supplemental poverty measure). As shown in **Figure P**, over half (52.5 percent) of American women age 65 or older are economically vulnerable, compared with 41.9 percent of same-aged men.

But the gender wage gap is not the only factor that contributes to women's lower lifetime earnings. Women's caregiving responsibilities often push them into working fewer hours, and working part time often limits opportunities for advancement. Women's time out of the workforce translates into lower earnings and can often erode women's early and mid-life savings. Further, caregiving costs women \$274,044 (\$142,693 in lost wages and \$131,351 in lost Social Security) over their lifetime, plus an additional \$50,000 in lost pension income (DOL 2015).

In addition to their lower Social Security and retirement earnings, older women also have limited opportunities to earn money in the labor force. Not only is the gender pay gap highest among workers age 55 to 64, but recent studies suggest that women face "robust" age discrimination in the labor market, and that age discrimination against women is worse than it is for men (Neumark, Burn, and Button 2015; Farber, Silverman, and von Wachter 2015). Since working longer later in life yields less than it would for a man (DOL

2015), this leaves less room for women to catch up on retirement savings. It also means that when older women are given a choice between staying home to care for family or staying in the workplace, the latter option is relatively less advantageous. In a recent survey, one-fifth of all women ages 45 to 74 reported that they had taken time off work within the past five years to act as caregivers (DOL 2015). Older women's caregiving responsibilities extend not just to their children but also to their parents. About 9.7 million Americans over age 50 care for their parents, and women are the majority of the caregivers.

The labor force participation rate of older women has grown in the past two decades, but it is still lower than older men's (DOL 2015). In 2012, 35.1 percent of women ages 55 and older were in the labor force, compared with 46.8 percent of their male counterparts (DOL 2015). In 1992, those figures for older women and older men were 22.8 percent and 38.4 percent, respectively (DOL 2015).

What role do “unobservables” like discrimination and productivity play in the wage gap?

The unexplained, or residual, portion of the pay gap is the difference in pay between men and women who are observationally identical. It is what is left when researchers control for all observable characteristics. It is due to factors that are otherwise difficult to measure—which could include not only discrimination but also differences in productivity that are unrelated to influences such as educational level and experience. What can the size and trajectory of this residual gap tell us about the scope of discrimination in the workplace?

Is discrimination an expanding or shrinking factor in gender wage gaps?

Even when researchers control for all observable characteristics, a portion of the gender wage gap is left unexplained. Economists often argue that this unexplained portion, while not synonymous with discrimination, may tell us how much gender discrimination could be affecting wages.

By this measure, discrimination is either stable or increasing. In a 2016 study, economists Francine Blau and Lawrence Kahn found that the unexplained portion of the gender wage gap narrowed dramatically in the 1980s, shrinking from between 21 and 29 percent of the gap in 1980 to between 8 and 18 percent of the gap in 1989. However, after 1989, the unexplained portion of the gap did not narrow any further, and it has remained stable ever since.

In a 2014 study, economist Claudia Goldin found that the unexplained, or “residual,” gap makes up more of the gap today than it did in the 1980s. Women today have more education and work experience, which has whittled away the influence of those factors on the gap. Human capital factors such as education and experience made up about 25 percent of the wage gap in 1979, but only 8 percent in 1998.

This residual gap is not uniform across occupations. Goldin argues that some professions disproportionately reward those who work very long hours, and this might explain why she finds a larger residual gap in business occupations than in science and technology fields. Also some high-wage firms have adopted pay-setting practices that disproportionately reward individuals who work very long and very particular hours, including weekends or late nights. This means that—even if men and women are equally productive per hour—individuals in these firms who are more likely to work a very high number of weekly hours and be available at particular off hours are paid more. This reward of long and nonstandard hours for highly credentialed employees works to men’s advantage (Hersch and Stratton 2002; Goldin 2014).

But expansion or contraction of the residual gap does not mean that discrimination is expanding or contracting to the same degree because the residual wage gap only captures discrimination in pay-setting between similar workers. It does not capture the range of factors that influence the different labor market experience of men and women before employers make hourly pay offers, and discrimination—in the form of society-wide constraints on choices—can certainly enter into these factors. For example, women’s choice of college major or occupation is conditioned on how well educated in science and math they were in college and even before. If gender differences in teachers’ attention or perception of academic excellence influence these choices about college major and occupation, then it will affect pay outcomes. Therefore, controlling for current occupation disguises how discrimination can filter men and women differently into high- or low-paying occupations.

While we can’t precisely measure how big the role of discrimination is, or set a ceiling on its impact, we do know that it exists. Empirical evidence of outright discrimination in hiring, promotions, and even wage-setting is strong and includes the following:

- One famous study found that switching to blind auditions led to a significantly higher proportion of female musicians in orchestras (Goldin and Rouse 1997).
- An experimental study of résumés submitted for job openings found bias against women and mothers and a preference for male applicants (Steinpreis, Anders, and Ritzke 1999). Another résumé study showed discrimination against women in the sciences (Moss-Racusin et al. 2012).
- Researchers have also found that women are viewed as less competent than men, and that mothers are judged as even less competent than childless women (Ridgeway and Correll 2004).
- In her book, *Selling Women Short: The Landmark Battle for Workers’ Rights at Wal-Mart* (2004), Liza Featherstone reported that “women make up 72 percent of Wal-

Mart's hourly workforce (nonsalaried workers), but only 34 percent of its managers are women. Women also earn less than their male counterparts in nearly every position at the company.”

Is the gender gap a result of men being “better” or more productive workers than women?

As noted, the unexplained, or residual, portion of the pay gap is the difference in pay between men and women who are observationally identical. Some argue that one of the difficult-to-measure factors is differences in productivity that are unrelated to influences such as educational level and experience. Some argue that women's disproportionate childcare responsibilities may make them less productive.

Studies that have directly explored worker productivity show little evidence of a motherhood penalty on productivity. Recent research by the Federal Reserve Bank of St. Louis that examined productivity among academic economists found that, over the course of a career, women with children were more productive than women without children (Krapf, Ursprung, and Zimmerman 2014). Additionally, women with two children were more productive than women with one child. Another study of blue-collar workers, a group chosen because of the belief that there would likely be productivity differences by gender, found that women were generally as productive as men (Petersen, Snartland, and Milgrom 2006).

In fact, research on impressions of women in the workplace suggests women's productivity might in fact be systematically underestimated (Burgess 2013). Researchers have noted that women are caught in a paradox between appearing too feminine (not qualified) and not feminine enough (lacking in social skills), which often causes their performance to be evaluated much more strictly than men's (Burgess 2013). The same study found that mothers were seen as less competent than childless women (Burgess 2013). For men, parenthood status had no effect on their perceived competency.

Another study found both men and women were conflicted by the notion that they should put work before family and other personal affairs (Reid 2015). Women, however, were much less likely to be perceived as putting work first.

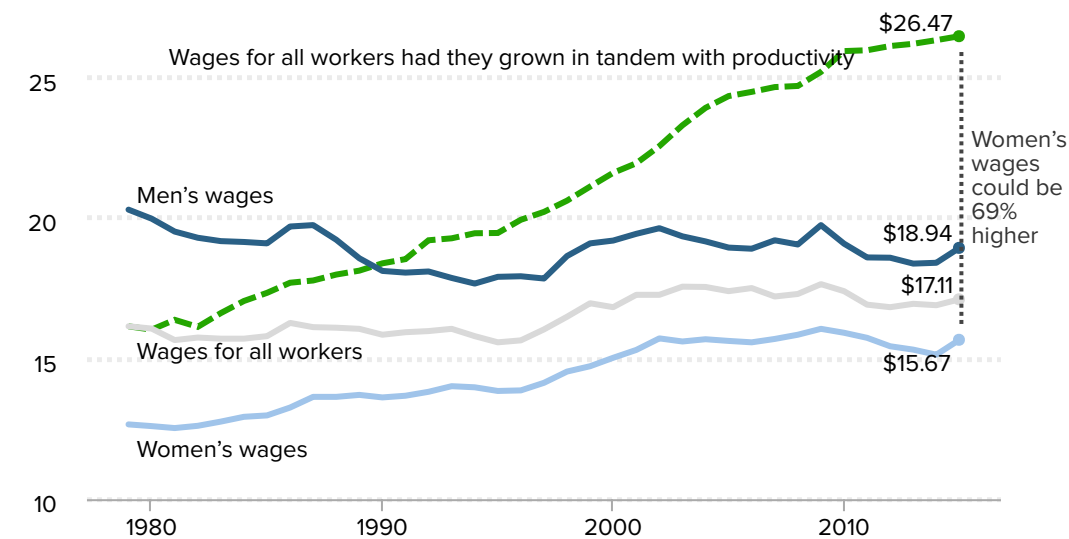
Framing the question of pay fairness (as this question does) implies that men's pay is very closely aligned with their productivity. But in fact, for decades, the wages of the vast majority of both men and women have not kept pace with economy-wide productivity as productivity continued to increase but wages largely stagnated. This contrasts with the decades before about 1980, when wage growth and productivity growth were closely linked.

If wages had continued to grow with productivity, the vast majority of both women and men would be better off today (**Figure Q**). For example, Davis and Gould (2015) have shown that had the gender wage gap closed and had wages grown with productivity since 1979, the median woman's wages would be nearly 70 percent higher today.

Figure Q

Eliminating the gender and inequality wage gap could raise women's wages by 69%

Median hourly wages for men and women, compared with wages for all workers had they increased in tandem with productivity, 1979–2015



Source: Reproduced from Figure G in Alyssa Davis and Elise Gould, *Closing the Pay Gap and Beyond: A Comprehensive Strategy for Improving Economic Security for Women and Families*, EPI Briefing Paper #412, November 18, 2015

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How might discrimination—in the form of norms and expectations—be affecting the wage gap by constraining women's choices?

Women do indeed make choices, but those choices do not occur in a vacuum. Our society's institutions and norms exert a powerful influence on what choices are available and what form they take.

How well do grade school test scores measure aptitude?

One study found that parents are more likely to expect their sons, rather than their daughters, to work in STEM fields, even when their daughters performed at the same level in mathematics (OECD 2015). This suggests that cultural norms influence girls' confidence which in turn influences their success (Herbert and Stipek 2005).

Though girls are underrepresented among students with the highest math test scores, research shows that this gap differs geographically. In areas where people were more likely to say “women [are] better suited for home” and “math is for boys,” girls were more likely to have lower math scores and higher scores on reading tests (Pope and Syndor 2010). In the same states where girls had stereotypically gender-normative test scores, boys scored higher in math than girls but also lower in reading. More evidence that children’s disparate test scores may be the result of cultural factors, not innate differences, is found in the fact that in some states girls scored better at subjects in which cultural cues might have suggested they should be more gifted, and the same was true for boys.

Other research shows that gender bias among teachers negatively affects girls, with the worst effects for girls in less well-off families and girls whose fathers have more years of schooling than their mothers (Lavy and Sands 2015).

Cultural attitudes also affect girls’ confidence, which in turn affects their math performance (OECD 2015). One study found that girls are more likely to express feelings of anxiety over mathematics, and on average their math scores were lower. But among girls who reported similar levels of confidence as boys, the gender gap in performance disappeared (OECD 2015).

Cultural stereotypes appear to have a direct impact on academic performance (OECD 2015). Asians, for example, are stereotyped as being good at math. When Asian girls were told they were taking a quantitative skills test to assess ethnic differences in performance, they scored higher than a control group, which was given no explanation for why they were taking the test. By contrast, Asian girls scored worse when they were told they were taking a quantitative assessment to determine gender differences.

How does the cultural steering of girls away from math and science affect occupational choice?

In college, girls are less likely to major in STEM subjects than men and are less likely to major in STEM than in other subjects. Yet STEM majors are associated with the highest earnings. But even though they are not studying the subjects that lead to the most lucrative jobs, women’s level of education continues to increase. Today, women earn more than half of all associate degrees, bachelor’s degrees, master’s degrees, and Ph.D.s (although in this last category, they make up only 51 percent of recipients).

One obstacle to increasing women’s share of employment in lucrative fields is the attrition rate of highly qualified women working in science, engineering, and technology (SET) fields. One study found that as many as half of highly qualified female SET professionals left their jobs because of hostile work environments and job pressures at odds with traditionally gendered domestic roles (Hewlett et al. 2008). Yet the gender wage gap persists even among recent graduates (Gould and Kroeger 2016).

Do work scheduling practices disadvantage women?

In some fields—particularly among highly credentialed workers in very well-paid occupations—employees are disproportionately rewarded for working very long hours and/or at inconvenient times, with short notice. There seems to be little compelling evidence that this reflects smart economic thinking by employers. For example, productivity suffers for employees in medical fields who work long hours (Lockley et al. 2007). Yet these practices persist and affect women. As noted earlier, women in high-wage professions experience a wider gender gap because they are penalized for not working long, inflexible hours. Such rigorous work schedules tend to weigh disproportionately heavily on women, who are still responsible for more housework and child/elder care than men.

But in the United States and around the world, when unpaid work is accounted for, women do more work than men, reflecting again the social expectation that women disproportionately undertake nonmarket work. This trend holds even for children: Although girls spend more time doing chores than boys, they are less likely than boys to be paid an allowance (University of Michigan 2007).

Does sex segregation in occupations affect women’s salary expectations?

Sex segregation in occupations is a reality; women dominate some occupations, just as men dominated others. However, when women enter male-dominated occupations, they have similar or lower expected wages than their female counterparts who go into female-dominated occupations (Pitts 2002). This suggests that when women enter female-dominated occupations, they are rationally situating themselves to be paid higher wages *once discrimination is taken into account*. Another study (Hwang and Polachek 2004) found that women “choose female jobs to earn a relatively greater amenity package than they would have received elsewhere. Similarly, men choose male jobs to earn relatively more.”

How do family and child-rearing roles affect women’s choices?

It is often suggested that women who are planning to have children seek out “mother-friendly” occupations, sacrificing higher pay for work environments that are more conducive to balancing professional and family responsibilities whether because they are lower stress or offer greater flexibility. But Budig and England (2001) find little support in the data for this. They find motherhood does not impact mothers’ pay through the types of jobs women with children choose (except when it comes to choosing part-time jobs, which does partially account for the motherhood penalty). Instead, they find that it is mothers’

breaks in employment, as opposed to the jobs they take, that lead to a discrepancy in pay between mothers and women without children.

Goldin (2014) argues that women's labor market choices are strongly conditioned by social norms and expectations regarding who bears the burden of domestic work as well as employer indifference toward this burden. "The observed patterns of decreased labor supply and earnings substantially reflect women's choices *given family constraints and the inflexibility of work schedules in many corporate and finance sector jobs*," the report explains.

Finally, the perception that women with children choose to work less is often false. Instead, mothers in the workplace are simply judged more harshly in regard to their employer commitment than women without children. Correll, Benard, and Paik (2011) find that mothers are seen as less committed to the workplace than women without children in comparable jobs. For men, it's the opposite: fathers are seen as more committed than childless men.

Do salary and incentive pay setting practices affect the gender wage gap?

Gender differences in salary negotiation explain a portion of the gender gap. Men are more likely to negotiate their salary, which increases their earnings (Babcock and Laschever 2007). However, men and women face different social incentives for negotiation, and there is evidence that women are more likely to be penalized when they negotiate (Bowles, Babcock, and Lei 2006). The constraints on negotiation clearly have an impact: women who consistently negotiate their salary are paid over \$1 million more across their lifetime than women who do not negotiate (Babcock and Laschever 2007).

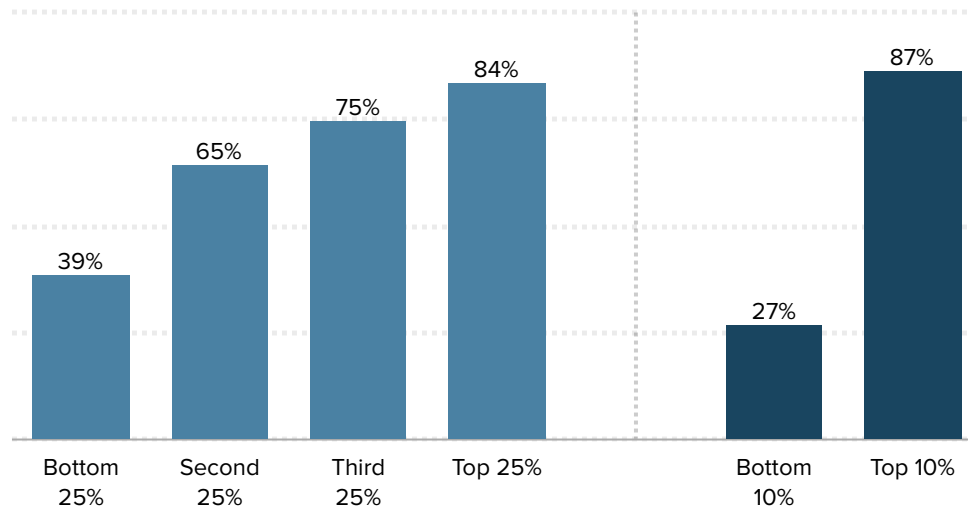
Evidence also shows that men benefit disproportionately from incentive pay (Albanesi, Olivetti, and Prados 2015). Female executives receive a lower share of incentive pay relative to their male counterparts, and this difference accounts for 93 percent of the gender gap in total pay (Albanesi, Olivetti, and Prados 2015). Performance pay also disproportionately rewards male executives. Researchers found that every \$1 million increase in firm value generates a \$17,150 increase in firm-specific wealth for male executives, but only a \$1,670 increase for their female counterparts (Albanesi, Olivetti, and Prados 2015). This research suggests that women are hurt by incentive pay at the top of the earnings spectrum in two ways: (1) women are less likely to be rewarded using incentive pay when they are in high-ranking managerial positions, and (2) they are less likely to reach those commanding heights of the economy where they would receive more of their pay through an incentive-based structure.

Is there a gender gap in other forms of worker compensation, such as health

Figure R

Low-wage workers are less likely to have access to paid sick days

Percent of private industry workers with access to paid sick days, by wage group, 2016



Source: Bureau of Labor Statistics' National Compensation Survey--Employee Benefits in the United States, July 2016 (Table 6)

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insurance, paid sick leave, and retirement benefits?

Only 60 percent of men and 62 percent of women have access to paid sick days (Williams and Gault 2014). Although there doesn't appear to be an overall gender gap in paid sick time, Hispanic women are less likely than men to have access to paid sick time; 49 percent of Latinas lack such a benefit. Two disproportionately female groups, low-wage workers and part-time workers, are also less likely to have paid sick leave than their higher wage and full-time counterparts (BLS 2015; **Figure R**).

Women are less likely than men to receive health insurance through their own job. In 2015, 34 percent of women had employer-provided health insurance, compared with 43 percent of men (KFF 2016).

However, men's and women's overall participation rates in employer retirement plans are about the same, despite the fact that, as of 2012, women were slightly more likely than men to work for employers that offered retirement plans. The equal participation rate is due to a gap in eligibility that limits women's participation (Brown et al.).

But equal participation does not mean equal retirement security. Because of their care responsibilities, women are more likely to move in and out of the workforce. This weakens their earnings power, and as a result, women have less retirement wealth than men, both

in traditional pensions and employer savings accounts such as 401(k)s. In 2010, women's income from defined-benefit employer pensions was about 33 percent less than men's (Brown et al.). And an analysis of 3 million participants in money manager Vanguard's fund showed that the median amount accumulated in defined-contribution retirement accounts (i.e., 401(k)s and the like) was 34 percent less for women than for men (Brown et al.).

Women age 65 and older are 80 percent more likely than their male counterparts to be living in poverty (Brown et al.). And widowed women are twice as likely as widowed men to be living below the poverty line (Brown et al.).

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About the authors

Elise Gould, senior economist, joined EPI in 2003. Her research areas include wages, poverty, economic mobility, and health care. She is a co-author of *The State of Working America, 12th Edition*. In the past, she has authored a chapter on health in *The State of Working America 2008/09*; co-authored a book on health insurance coverage in retirement; published in venues such as *The Chronicle of Higher Education*, *Challenge Magazine*, and *Tax Notes*; and written for academic journals including *Health Economics*, *Health Affairs*, *Journal of Aging and Social Policy*, *Risk Management & Insurance Review*, *Environmental Health Perspectives*, and *International Journal of Health Services*. She holds a master's in public affairs from the University of Texas at Austin and a Ph.D. in economics from the University of Wisconsin at Madison.

Jessica Schieder joined EPI in 2015. As a research assistant, she supports the research of EPI's economists on topics such as the labor market, wage trends, executive compensation, and inequality. Prior to joining EPI, Jessica worked at the Center for Effective Government (formerly OMB Watch) as a revenue and spending policies analyst, where she examined how budget and tax policy decisions impact working families. She holds a bachelor's degree in international political economy from Georgetown University.

Kathleen Geier is a Chicago-based writer and researcher. She has written for *The Nation*, *The New Republic*, *The Baffler*, *Washington Monthly*, and other publications.

Endnotes

1. Wages here refers to the hourly wages of all wage and salary workers between 18 and 64 years old. Throughout we use wage gap and pay gap interchangeably to refer to the wage gap.

2. The typical woman (or man) referred to here and throughout is the median female (or male) worker.
3. Unless otherwise specified, the EPI analyses throughout this piece use data on hourly wages of all workers, not just full-time workers. Technically, this is an adjusted gender wage gap measure because the weekly or annual gender wage gap would allow hours of work to differ. An hourly wage gap will not capture the direct effect of differences in hours or weeks worked, but it will capture the indirect effect of wage differences due to the effect of hours on hourly wages. This limited adjustment allows us to compare women's and men's wages without assuming that women, who still shoulder a disproportionate amount of responsibilities at home, would be able or willing to work as many hours as their male counterparts. Examining this "raw" gap, we hope to have a more thorough conversation about the ways a large basket of factors interact and create the wage gap women experience when they cash their paychecks. Of course, our answers to questions about the wage gap also draw on the work of other researchers, who may use different measures. Claudia Goldin for example uses earnings of full-time full-year workers.
4. While there is no fatherhood penalty in the data, there is evidence that fathers who take leave are punished as well (Bertrand, Goldin, and Katz 2009).
5. The median is the value you get if you take a set of numbers, arrange them from highest to lowest, and choose the number that is exactly in the middle. Technically, the median hourly wage is an adjusted gender wage gap measure because the weekly or annual gender wage gap would allow hours of work to differ. For details on the methodology used, see the "Documentation" section of the Economic Policy Institute's State of Working America Data Library (epi.org/data/).
6. The regression-based gap is based on average wages and controls for gender, race and ethnicity, education, experience, and geographic division. The log of the hourly wage is the dependent variable.
7. Economic Policy Institute (EPI) analysis of CPS ORG hourly wage data for workers age 18 to 64 using a simple weighted regression model with only a gender control variable.
8. Here education is measured on a mutually exclusive five-point scale: workers who have less than a high school diploma, those who have completed high school but no further schooling, those who have some college experience but have not earned a college degree, those who have earned a college degree, and those with advanced degrees.
9. Here we add in controls for major industry category, detailed occupation (four digit), and full-time status.
10. Blau and Kahn's modified model includes controls for education, experience, race/ethnicity, region, and metropolitan area residence. Their more fully specified model adds in a series of industry, occupation, and union coverage dummy variables.
11. For our purposes, parents are those with children under age 18.
12. Women and men are limited in these comparisons to individuals between ages 25 and 54. Children are defined as under age 18.
13. EPI analysis of CPS ORG data by 532 occupation categories averaged 2011–2015.
14. Using female weights gives a lower share of 58 percent. Using female weights would mean you would move men out of their occupations.

15. Nontraditional occupations are defined by the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (as well as preceding legislation) as “occupations or fields of work, including careers in computer science, technology, and other current and emerging high skill occupations, for which individuals from one gender comprise less than 25 percent of the individuals employed in each such occupation or field of work.”
16. Median weekly earnings for full-time wage and salary workers.

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