

# Identifying Issues, Challenges, and Best Practices in Surveying Hard-to-Reach Group Quarters Populations in Domestic Violence Shelters

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## Introduction

This research was carried out as part of a study for the U.S. Census Bureau designed to develop the most feasible method to evaluate the accuracy of the census count in the type of living arrangement known as “group quarters”, defined as places where people live or stay, in a group living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents<sup>1</sup>. Group quarters can include, but are not limited to, federal detention centers, residential treatment centers, college/university student housing, group homes for adult women, and military barracks. Research described here employed an ethnographic approach to assist the Census Bureau in identifying and analyzing social, cultural and economic factors that may affect its ability to accurately enumerate individuals staying in emergency shelters and transitional housing facilities for women who have experienced domestic violence.

The three facilities covered in this research vary considerably in size and character, although all cater to women and their children escaping situations of domestic violence. “New Directions” is a longer-term transitional housing facility in a large midwestern town, with a maximum capacity of 120 resident women and children. The second, “Emergency Shelter”, is a residential facility that temporarily houses women and their children fleeing violence at home. It is located quite close to New Directions, with which it frequently coordinates activities, and has a maximum capacity of approximately 20 women and children. The third, “Safe Harbor”, is a longer-term transitional housing facility in a major midwestern city and has a capacity of 144 resident women and children.

Two central research questions informed the study: [1] what aspects of residents’ lives complicate or encourage their willingness to complete the Census or other forms fully and accurately? [2] What are the characteristics of residents’ living arrangements prior to, during, and after their stay in domestic violence facilities? Findings reported here draw upon 136 total hours of participant observation at the three facilities, twelve semi-structured interviews, observations of the 2010 decennial Census at one facility, and compilation of an alternate Census roster at New Directions and Safe Harbor, the two transitional housing facilities.

## Literature Review

Individuals who do not have a fixed residential address can be difficult to reach for research or other purposes, such as Census enumeration. Indeed, many researchers have noted that inaccurate statistical measurement of transient or otherwise marginalized populations can have serious consequences for society at large<sup>2</sup>. Yet anthropologists and other social scientists working with communities that seek to remain anonymous often note the great lengths individuals go to in order to keep their identities hidden. In fact, a considerable body of research by social scientists details the considerable efforts that

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<sup>1</sup> U.S. Census Bureau. (2010). Census Group Quarters Definitions and Code List. Signed Internal Memorandum, U.S. Census Bureau, September 17, 2009.

<sup>2</sup> Bell, R. & M. Cohen, eds. (2009). *Panel on Coverage Evaluation and Correlation Bias in the 2010 Census*. Washington, D.C.: National Research Council

homeless, drug addicted or otherwise marginalized individuals sometimes undertake to avoid state surveillance of any kind.<sup>3</sup>

Domestic violence facilities are unique because many residents housed in them wish to remain anonymous out of fear of their abusers or other conditions that resulted in their stay<sup>4</sup>. Fear of an abuser or other sources of threat might play a role in women's decision-making processes with respect to completing Census or other forms fully and accurately, as the trauma they have undergone may have seriously eroded their trust in any form of authority<sup>5</sup>. Indeed, such women may be concerned that efforts to enumerate or otherwise gather information about them could be motivated by instrumental concerns, such as surveillance or punishment by law enforcement officials, including deportation<sup>6</sup>. Serious trust issues are at work for female victim-survivors of abuse, who are at greater risk of sexual exploitation and homelessness<sup>7</sup>.

Women residents in domestic violence facilities experience enormous socioeconomic difficulties that influence their behaviors and beliefs, making them grant a low priority to activities such as completing the Census or other forms that offer little in the way of immediate and readily identifiable benefits. These include financial worries<sup>8</sup>, fears about children's futures<sup>9</sup>. Some women may also worry that self-identifying on a form as a domestic violence facility resident may jeopardize their work prospects or ability to obtain public assistance in the future<sup>10</sup>. Although this fear may not reflect the reality of policy and procedures related to obtaining low wage work or public assistance, some women nonetheless fear public exposure of their history of abuse.

Women living in domestic violence facilities may also fear forced separation from their children by those in positions of authority, particularly if they are addicted to

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<sup>3</sup> Adler, P (1993). *Wheeling and Dealing: An Ethnography of an Upper Level Drug Dealing and Smuggling Community*. New York: Columbia University Press; Bourgois, P. (2009). *Righteous Dope Fiend*. Berkeley: University of California Press; Liebow, E. (1995). *Tell Them Who I Am: The Lives of Homeless Women*. New York: Penguin; Spradley, J. (1999). *You Owe Yourself a Drink: An Ethnography of Urban Nomads*. Long Grove, Ill.: Waveland Press; Venkatesh, S. (2006). *Off the Books: The Underground Economy of the Urban Poor*. Cambridge, MA.: Harvard University Press

<sup>4</sup> Wingwood, G. et al. (2000). Adverse Consequences of Intimate Partner Abuse Among Women in Non-Urban Domestic Violence Shelters. *American Journal of Preventative Medicine* 19(4): 270-275.

<sup>5</sup> Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books; Raphael, J. (2004). *Listening to Olivia: Violence, Poverty and Prostitution*. Chicago: Northeastern University Press.

<sup>6</sup> Chang, I. (2000). *Disposable Domestics: Immigrant Women Workers in the Global Economy*. London: South End Press; Hondagneu-Sotelo, Pierrette. (2001). *Domestica: Immigrant Workers, Cleaning and Caring in the Shadows of Affluence*. Berkeley: University of California Press.

<sup>7</sup> Baker, C. et al. (2003). Domestic Violence and Housing Problems: A Contextual Analysis of Women's Help-Seeking, Received Informal Support and Formal System Response. *Violence Against Women* 9(7): 754-783; Browne, A & S. Bassuk. (1997). Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample. *American Journal of Orthopsychiatry* 67(2): 261-278; Browne, A. (1998). Responding to the Needs of Low-Income and Homeless Women Who are Survivors of Family Violence. *Journal of the American Women's Association* 53(2): 57-64; Jasinki, J. et al. (2010). *Hard Lives, Mean Streets: Violence in the Lives of Homeless Women*. Chicago: Northeastern University Press; Kushel, M. et al. (2003). No Door to Lock: Victimization among Homeless and Marginally Housed Persons. *Archives of Internal Medicine* 163 (20): 2492-2499.

<sup>8</sup> Holloway, S. et al. (2001). *Through My Own Eyes: Single Mothers and the Cultures of Poverty*. Cambridge, MA.: Harvard University Press.

<sup>9</sup> Connolly, D. (2000). *Homeless Mothers: Face to Face with Women in Poverty*. Minneapolis: University of Minnesota Press; Krane, J. & L. Davies. (2002). Sisterhood is Not Enough: The Invisibility of Mothering in Shelter Practice with Battered Women. *Affilia* 17(2): 167-190

<sup>10</sup> Brandwein, R (1999). Family Violence, Women and Welfare. Pp. 3-16. In Brandwein, R., ed. *Battered Women, Children and Welfare Reform: The Ties That Bind*. Thousand Oaks, CA.: Sage Publications.

drugs or alcohol<sup>11</sup>. This belief, like those regarding low wage work and welfare benefits, is rooted in women's life experiences of marginalization by authority figures rather than in actual policies and practices. Such women particularly fear that individuals in positions of power, particularly those in the Department of Family and Social Services, may separate them from their children due to their history of involvement with an abusive man. Scholarly literature clearly documents the way that such beliefs stem, at least in part, from the permanent state of anxiety and heightened fear experienced by many domestic violence facility residents, as for many, "experiences with rape, incest and child abuse had long-term effects on their ability to trust others, to feel safe"<sup>12</sup>.

This kind of suspicion of authority is compounded for women from minority or migrant communities with a history of government disenfranchisement<sup>13</sup> and for women with addiction or substance abuse problems or mental illness<sup>14</sup>. Social science researchers have noted the frequency with which constant stress, trauma, and deprivation can lead to mental illness and, in turn, how variably such conditions are diagnosed, or change diagnosis, with inadequate medical care<sup>15</sup>.

Social science research also indicates that the organizational philosophies evinced by individual domestic violence facilities directly impact the services and treatment that residents receive. The first domestic violence shelters began to appear in the 1970s, when violence against women was an issue dealt with almost exclusively by the feminist movement. This initial activist orientation is in sharp contrast to the high degree of government involvement prevalent in shelters today in the form of both funding and regulations<sup>16</sup>. These differences manifest themselves along a continuum ranging from feminist empowerment models that stress individual decision-making to more regimented, authoritarian structures, and the impacts of these very different philosophical orientations have been well documented.<sup>17</sup>

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<sup>11</sup> Litzke, C. (2004). Social Construction of Motherhood and Mothers on Drugs: Implications for Treatment, Policy and Practice. *Journal of Feminist Family Therapy* 16(4): 43-59.

<sup>12</sup> Rivera, L. (2008). *Laboring to Learn: Women's Literacy and Poverty in the Post-Welfare Era*. Urbana-Champaign: University of Illinois Press, p. 54.

<sup>13</sup> Abraham, M. (2000). *Speaking the Unspeakable: Marital Violence among South Asian Immigrants in the United States*. New Brunswick, N.J.: Rutgers University Press; Kanuha, V. (1996). Domestic Violence, Racism and the Battered Women's Movement in the United States. Pp. 34-52 in Edleson, J & Z. Eisikovits, eds. *Future Interventions with Battered Women and Their Families*. Thousand Oaks, CA: Sage Publications; Richie, B. (2000). "A Black Feminist Reflection on the Anti-Violence Movement." *Signs* 25: 1133-1137; West, C. (2002). Battered, Black, and Blue: An Overview of Violence in the Lives of Black Women. *Women and Therapy* 25(3/4): 5-27.

<sup>14</sup> Braitein, P. et al. (2003). *Sexual Violence among a Cohort of Injection Drug Users*. *Social Science & Medicine* 57(3): 561-569; Fals-Stewart, W. et al. (2003). Intimate Partner Violence and Substance Use: A Longitudinal Day-to-Day Examination. *Addictive Behaviors* 28(9): 1555-1574; Fowler, D. & M. Faulkner. (2006). Substance Abuse Among Female Survivors of Domestic Violence Residing at Shelters. *Alcoholism: Clinical & Experimental Research* 32: 367; Fischbach, R. & B. Herbert. (1997). Domestic Violence and Mental Health: Correlates and Conundrums within and Across Cultures. *Social Science & Medicine* 45(8): 1161-1176

<sup>15</sup> Campbell, J. & L. Lewandowski. (1997). Mental and Physical Health Effects of Intimate Partner Violence on Women and Children. *Psychiatric Clinics of North America* 20(2): 353-374; Ratner, P. (1993). The Incidence of Wife Abuse and Mental Health Status in Abused Wives in Edmonton, Alberta. *Canadian Journal of Public Health* 84: 246-249; Silva, C. et al. (1997). Symptoms of Post-Traumatic Stress Disorder in Abused Women in a Primary Care Setting. *Journal of Women's Health* 6: 543-552.

<sup>16</sup> Rothenberg, B. (2003). "We Don't Have Time for Social Change": Cultural Compromise and the Battered Woman Syndrome. *Gender & Society* 17(5): 771-787; Schechter, S. (1996). The Battered Women's Movement in the United States: New Directions for Institutional Reform. Pp. 53-66 in Edleson, J & Z. Eiskovits, eds. *Future Interventions with Battered Women and Their Families*. Thousand Oaks, CA: Sage Publications

<sup>17</sup> Kendrick, K. (1998). Producing the Battered Woman: Shelter Politics and the Power of Feminist Voice. Pp. 151-173 in Naples, Nancy, ed. *Community Activism and Feminist Politics: Organizing Across Race, Class and Gender*. London: Routledge; Mann,

## Findings

The research revealed five key themes regarding the social dynamics most likely to impact the decision-making processes of residents in domestic violence facilities with respect to the Census. These include the: [1] complexity of individual residence identities; [2] legal restrictions on resident confidentiality and the release of information; [3] trust issues and the emotionally fraught facility environment; [4] Census contact and social services fatigue; [4] facility culture; [5] restricted access to accurate administrative records. These key themes are described in greater depth below.

### *Complexity of Individual Residence Identities*

Residence identity is complex at best among women and their children at all three facilities. For many such women, patterns of serial temporary residence or multiple residences combine with abusive relationships to make them lifelong potential candidates for residence in domestic violence facilities. For instance, one woman had been to Emergency Shelter ten times in two years, and another woman who was a “new” resident at New Directions had actually lived there ten years ago. This combines with the high degree of shuffling that goes on when service providers try to accommodate as many needy individuals as possible. Facility staff members La Tanya and Sarah were particularly good at coordinating such moves; in one instance they moved a woman from Emergency Shelter to New Directions so as to make room for a woman and her baby who needed space in Emergency Shelter. One of the consequences of such shuffling is that staff members often know more than residents do about their own future living arrangements. For example, Cherisse and her daughter Micky announced during one of my observations at Emergency Shelter: “Guess what, everybody? I just found out that we’re moving to New Directions in two days! Isn’t that an improvement?” I had known about the move from conversations amongst staff members the week before, but Cherisse had only been notified of her move two days in advance. This is symptomatic of the pervasive climate at such facilities in which staff members have intimate familiarity with the lives of residents while residents know relatively little about staff.

This complex residence identity is compounded by the frequency with which women experience the cyclical nature of life with an abusive partner, a move into a precarious housing situation with friends or family, followed by residence in a domestic violence facility. During one of my observations at New Directions, Jolene spent most of one morning waiting to speak with a staff member about moving with her four children back to Mississippi, where she lived with her parents before she “ran away” with a man to the midwestern town home to New Directions. Jolene then left this man due to his abusive behavior and moved herself and four children aged 4 to 16 into an apartment above a garage owned by the mother of her oldest daughter’s boyfriend. Jolene explained, “She’s been real good to us, but things are getting kinda cramped.” She described spending as much time outside as possible, rolling trucks down the paved driveway with her youngest child to keep him occupied. She fed her family largely with free eggs from the chickens that lived in the backyard. “So tonight we’re having bacon and scrambled eggs, and tomorrow we’ll have fried eggs,” she joked by way of keeping

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R. (2002). Emotionality and Social Activism: A Case Study of a Community Development Effort to Establish a Shelter for Women in Ontario. *Journal of Contemporary Ethnography* 31(3): 251-284; Markowitz, L. & K. Tice. (2002). Paradoxes of Professionalization: Parallel Dilemmas in Women’s Organizations in the Americas. *Gender & Society* 16(6): 941-958; Ogle, R. & J. Baer. (2003). Addressing the Service Linkage Problem: Increasing Substance Abuse Treatment Engagement Using Personalized Feedback Interventions in Heavy-Using Female Domestic Violence Shelter Residents. *Journal of Interpersonal Violence* 18(11): 1311-1324; Riger, S. et al. (2002). *Evaluating Services for Survivors of Domestic Violence and Sexual Assault*. Thousand Oaks, CA.: Sage Publications; Rodriguez, N. 1988 “Transcending Bureaucracy: Feminist Politics at a Shelter for Battered Women.” *Gender & Society* 2(2): 214-227.

her spirits up as we waited. Jolene finally left New Directions after a thirty minute meeting with the staff member, asking sadly as she opened the door, “So I guess I just keep calling back and checking every month, right?” Several months later Jolene came in on a Tuesday for another scheduled meeting with the staff member and told me, “We’ve been all packed up since last Thursday because we were supposed to move in on Friday, but now it won’t be until next week, so I’m finally here to finish all the paperwork.” Unbeknownst to her at that time, Jolene’s move was delayed another two weeks by an outbreak of bedbugs that infested the apartment she was meant to move into.

Staff members at New Directions make a concerted effort to make the environment home-like for their residents. Leftover donated gifts from Christmas and new donations are saved and wrapped as birthday gifts for residents’ children, and yet even those who wish to see the facility as their home must frequently confront obstacles to doing so by the frequency with which residents are locked out of the building when staff members change the building’s entry code. The older children at New Directions have a long-standing game in which they try to guess the code and then share it with each other. Each time the code becomes public knowledge among the children, staff members must change it to ensure that no unauthorized individuals are able to obtain access to the building. Annie, the New Directions volunteer coordinator and former facility resident, summarized how this process of being made to feel less important than others takes place in small ways: “When I lived here it used to bother me so much when I came home from work and after being so tired and with all my problems, the staff or volunteers had taken all the parking spots in the back. It really made me feel that this wasn’t my home.” These indices of privilege are clearly obvious to the residents.

Perhaps because of this profound disconnection between their residence identity and their notion of “home”, many women in all three facilities struggled to maintain at least some connections to biological family members or fictive kin living outside the facilities. These family relationships can be complicated by a woman’s need to protect her children from an abusive or mentally ill spouse. For example, Sarah, a resident of Safe Harbor, was five months pregnant with her abuser’s child and she felt it was very important for him to choose the child’s middle name. She explained, “We’re a family, the problem is just that I can’t be with him right now because it’s not safe for the baby.”

It is not surprising, then, that children living in such facilities can be considered to have higher rates of multiple residences than their peers living outside these facilities, particularly in instances where another party has joint custody. Grandparents, fathers, and sometimes even aunts or uncles frequently come to New Directions to take children away for visits of two nights or more, making it difficult to determine the children’s primary residence under any reasonable rule. During one of my observations at New Directions, a resident entered an older adolescent girl’s name into the visitor’s book and introduced her to me as her daughter. The girl immediately said, “I’m your adopted daughter, you have to tell them that because you know it’s gonna make a huge difference” and rolled her eyes. This significantly underscores how residents and their kin are keenly aware of the pervasive surveillance governing residents’ family and other relationships.

This incongruence between actual place of residence and individual notions of home is further complicated by the high degree of overlap between residency in domestic violence facilities and other facilities targeted toward populations in need. For some of the women living at the three facilities, their next place of residence may well have been jail or prison, particularly for drug users or those with child abuse or neglect cases before the courts. Both of these phenomena are inseparable from women’s experiences in violent relationships, in which some women opt for self-medication with drugs or alcohol despite the negative consequences for themselves and their children. Women might move from a short-term domestic violence facility like Emergency Shelter, designed for just a

few nights' housing, to a detox center, to live with friends or relatives, to longer-term transitional housing unit, or to a homeless shelter, all within a space of just a few days. When I was still seeking research access to facilities, I met jointly with the directors of Emergency Shelter and Sharon's Place, a homeless shelter. Both directors immediately drew my attention to the overlap between the populations housed in each facility, as well as to the fact that residents of their facilities frequently have no fixed address even though they are not "homeless" in any conventional sense of the term. In a revealing statement worth quoting at length, the director of Sharon's Place explained:

I have a DV [domestic violence] survivor, who is experiencing homelessness, who is from [a neighboring] county because there is no shelter there. She had an infection that needed treatment and [the neighboring] county said, "she hasn't been here in 30 days, so she's not a resident." This kind of thing will skew the census data, because dislocated residents are being foisted upon us, so you'll get accurate numbers but they won't reflect the actual origin of their displacement. No funder will say that they are residents of [this community], but their bodies are here. We take women from everywhere, because a woman experiencing DV sometimes needs to be relocated. The state assigns our shelter counties, so [our shelter] is assigned three counties. As long as the compensation lasts, we can apply for them. As long as the women are from this service area they're covered, we can apply for [funding for] them. As long as the women are from this service area they're covered, but not if they are from the outside. In our shelter we have women from all over the state. Sharon's Place has a ten day limit, but no one will be turned away...Family abandonment and abuse are both major causes of homelessness, so I think that there is a lot of overlap between DV victims and homelessness...I can promise you, though, shelter directors lie about where people come from, because they have to in order to keep their funding.

Some women who would prefer to stay in a temporary domestic violence facility sometimes end up in homeless shelters when there is no space available, although the staff at Emergency Shelter try to keep this from happening because difficulties that women might face in living in a mixed sex facility. This is particularly significant due to the low numbers of single-sex homeless shelters catering to women and their children. In fact, staying in a homeless shelter is often not even a possibility for women with children, because most Midwestern homeless shelters will not take in children, who must be placed with friends or relatives instead. For example, Loretta had been a resident for two weeks at Sharon's Place when I began my observations there. She spent considerable amounts of time rearranging photos of her twin infants in a small plastic album. One of the infants had a hole in his throat and required permanent attachment to an oxygen machine. Loretta's twins were living with an aunt while Loretta slept in the homeless shelter with the twins' father, who her family had forbidden from their home because of his drug use and abusive behavior. As a notable exception, Loretta preferred staying in the shelter with her boyfriend rather than with her children and family or in a longer-term transitional housing facility.

Indeed, a small but significant minority of women fleeing violence in their home chose to stay in a homeless shelter rather than in what they regarded as the more intrusive environment of domestic violence facilities. One freezing winter night at Sharon's Place I met Ella, a woman in her early forties with long blonde hair and a face full of worry lines. As we stood talking in the dark waiting for a student volunteer to come unlock the door to the shelter, Ella explained, "We have all kinds of women here. Some can't work because of disability. I'm here because I live with my sons and they're crazier than me. I think a lot of women become homeless because of abuse. One woman is here because of a dispute, and she left on her own."

This type of fluidity also works in the opposite direction, as some homeless women would prefer to stay in a domestic violence facility like Emergency Shelter but do not meet the criteria of abuse necessary in order to sleep there. This posed a serious ethical dilemma for Emergency Shelter staff members, one of whom noted, “We don’t take homeless women and they’re very hard to turn down. We try to let homeless women stay for two or three days on the couch if there is nowhere else for them to go, or sometimes people will drop off a mentally ill woman at midnight and we’ll let her stay until 9am, but she’ll have to go in the morning because we need to keep beds open for women in danger.” Her statement is notable given the considerable body of literature documenting the correlation between poverty and residential impermanence<sup>18</sup> or fluid household composition.

Notably, I did not encounter a single individual who characterized any of the three facilities as “home” in their discussions. This is due in part to what sociologist Sandra Enos, in her work on how women prisoners struggle to maintain their roles as mothers and family members against “the dominant family ideology”, a set of exclusionary social norms that do not reflect the life realities of many poor or otherwise marginalized families. In this normative framework, a male household head ensures the family’s economic self-sufficiency, that family relations are harmonious, and that all members of the nuclear family live together<sup>19</sup>. Like the women prisoners in Enos’ work, women residents in domestic violence facilities also struggle with this dominant ideology, making them even less likely to identify the facility as their primary place of residence even when this is the case.

#### *Legal Restrictions on Resident Confidentiality and the Release of Information*

Resident confidentiality is paramount at domestic violence facilities, and this concern is sometimes extreme enough to prove counterproductive for staff members and residents. For example, if a resident at New Directions casually asks a staff member if she has seen another resident that day, the staff member is rule-bound to reply, “I can’t confirm or deny whether she lives here”, even if the residents live next door to one another and are close friends. This need to protect resident confidentiality is especially frustrating to social service providers and to children’s teachers, who frequently call the facility with urgent requests to speak to a resident, only to be met with an inability to confirm or deny their residence there. A related example can be found in the requirement for residents at all three facilities to sign a waiver regarding the release of information every fifteen days. One of the first things new residents must do at Emergency Shelter is sign a form reading, “This is a confidential program for women in danger and by signing this you agree to never disclose the names of women and children staying in shelter or using shelter services.”

These legal concerns regarding confidentiality can prevent the Census enumerator from accessing administrative records, speaking directly to residents, or providing the Census form to residents in person. When I requested administrative records from Emergency Shelter in order to conduct an alternate census (to be used for a matching exercise by the Census Bureau) during my observations, director Chloe was initially adamant that it was illegal to release such information. Chloe insisted that the 199 Violence Against Women Act (VAWA) and the shelter’s obligation to protect residents’ confidentiality legally prohibited them from releasing this information. She explained, “This is how federal agencies always do it, they work at cross-purposes. They want us to protect the women with the VAWA, but then they ask us for our records. I

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<sup>18</sup> Edin, K. & M. Kefalas. (2007). *Promises I Can Keep: Why Poor Women Put Motherhood Before Marriage*. Berkeley: University of California Press;

<sup>19</sup> Enos, S. (2001). *Mothering from the Inside: Parenting in a Women’s Prison*. Albany: SUNY Press, p. 23

don't know how many batterers there are in the Census Bureau. I don't know how this data will be used." Chloe later changed her mind when I assured her that the Census Bureau was legally obligated to protect such Title 13 data and that providing it would allow for future improved enumerations of populations like those at Emergency Shelter. Nonetheless, she demonstrated an impressive resolve in initially refusing me access to the administrative records, insisting at one point that "I will go to federal prison before I give anybody those records. And then you can come visit me there." The compromise we reached involved Chloe's provision of residents' birthdates, room numbers, race, ethnicity and number of children, which proved adequate for the construction of an alternate roster through my observations.

New Directions also provided this limited amount of resident information after learning that Emergency Shelter director Chloe had consented to providing it as well. Safe Harbor director Juanita refused access to records citing the same 1994 VAWA provisions mentioned by Chloe. These legal concerns about confidentiality are further compounded by residents' past trauma and the emotionally charged environment of everyday life in domestic violence facilities.

#### *Trust Issues and the Emotionally Fraught Facility Environment*

There are pervasive trust issues among staff and residents at domestic violence facilities. As New Directions staff member Clarissa put it, "women here will always see any kind of authority as a source of threat, even if that authority is in the form of a Census badge." Residents and staff members at domestic violence facilities have unfortunately learned from experience that individuals arrested on domestic battery charges can only be held in police custody for twelve hours, after which the prosecutor's office decides whether or not to file charges. I encountered residents at all three facilities who described the inability of police and courts to protect them from their abusers as a major source of mistrust. I also observed a number of resident children who were visibly afraid of uniformed police officers, which they associated with the removal of their father from the family unit. In one case that particularly terrified Safe Harbor residents, a local judge awarded full child custody to a man who had just been released from a hospital for the criminally insane for shooting his wife, the children's mother, in the face. The judge's reasoning was that the mother was recovering from her addiction to painkillers, which she had begun taking in order to care for her children following the surgery to reconstruct the damage to her face.

Most domestic violence facilities feature an environment of near-constant activity, which leaves staff members with very little time to concentrate on any single task for very long. The pervasive state of anxiety characterizing these facilities stems from multiple factors, including, understaffing due to budgetary limitations, the need to complete the minutiae of various state and federal grants, often with very little notice or ability to prepare, the high frequency of sudden crises in residents' daily lives, and, above all, acute staff awareness that all residents have been the target of life-threatening violence and that their abusers could arrive at the facility at any time and place everyone in danger. This last concern necessitates policies that either forbids visitors entirely, as is the case at short-term domestic violence facilities such as Emergency Shelter, or that staff members at longer-term transitional facilities ensure that no visitors have a criminal record of violent offenses.

This omnipresent threat of violence informs almost all interactions at domestic violence facilities. At New Directions and Safe Harbor, staff had access to a two-columned list featuring every resident's first name along with the name or names of men who had previously charged with or accused of crimes against her, including rape, assault, or battery. Staff members frequently express significant frustration when residents attempt to reconcile with their abuser, especially since such reunions often take



place within viewing distance of the front office's windows. "Sometimes you'll see them across the street because they're trying to reconcile with their abuser", New Directions staff member Clarissa explained, "but they [the men] can't come in here once they've abused, because then we're enabling the abuse." As part of the facility's philosophy of self-empowerment and individual decision-making, residents are not forbidden from meeting with their abusers outside the facility.

In this work environment, staff members must rotate shifts at the reception desk so that someone is always available to answer the phone and the securely locked main entrance door. I always sat in the reception desk area near the staff member on duty during my observations, and often marveled at staff members' abilities to focus upon effectively responding to calls from women in crisis while surrounded by donated items piled on top of the reception desk, and the constant hum of staff members' discussing intimate details of residents' lives in the office behind the reception desk. On a typical day such conversations, which take on a casual tone due to habituation to this subject matter, revolve around residents' experiences with sexual abuse, domestic violence, and child abuse. These often end with disturbing assessments such as "she's on the edge, I don't know what is going to happen to her." The office phones ring constantly and residents frequently strike up conversations with staff members whenever they are not on the phone. The most common subjects of discussion among residents include children, plans to move into permanent housing, women's difficulties in obtaining social services, and, for some women, their progress in abstaining from substance abuse.

#### *Census Contact and Social Services Fatigue*

In both my semi-structured interviews and the informal conversations I overheard between staff members during my participant observation, all staff members at the three domestic violence facilities in my study characterized their experiences with the 2010 Census enumeration as negative despite their desire to cooperate. Emergency Shelter director Chloe explained that part of her staff's frustration stemmed from the fact that her facility's contacts with the Census had not been what she termed "meaningful and singular". She laughed in an exasperated manner as she contrasted what, in her view, should be a simple exercise with her actual experience of the 2010 enumeration, noting that such, in practice, a streamlined experience would translate into something like the following:

...somebody comes once, hands you the forms, tells you what you're supposed to do and knows what you are supposed to do and what your special circumstances are and goes away, you know? We collect them, they come back and take them or we mail them or whatever it is and whatever has to be done- it just seemed like all these multiple people, all of whom had different notions of what was supposed to happen and very little knowledge of us. I mean, we had somebody [a Census worker] who I had this endless conversation with because he didn't think that he could come here, and no matter how many times I said to him, "we let men in the building", he had to go on and on and on and on about it... and he'd say, "well, I'll go talk to my supervisor" and I'd say, "you don't have to talk to your supervisor, if you come to this building, I will let you in." And he wouldn't come. So that was another worthless conversation that I had because then somebody else was sent. And it was a waste of my time.

The kind of frustration Chloe evinced was compounded by a pre-existing culture of mistrust toward government agencies at domestic violence facilities. New Directions facility manager Tyler characterized this wariness when he noted, "you want to trust and believe the government is going to protect that information...[but] there's enough corruption that you see and hear about that believing that is only going to carry so much weight versus what you hear and see."

Prior to the Census enumeration, staff at all three facilities expressed concerns about how to protect residents who were also undocumented migrants, who feared both their abuser and the threat of deportation. Staff members were notably worried that the Census Bureau would report the presence of the undocumented to the Department of Homeland Security. Additionally, staff and residents at domestic violence facilities indicated that they felt less inclined to complete the Census form or have contact with Census workers, including the enumerator, due to social services fatigue, a condition brought on by the constant need for residents and staff to complete forms and answer questions as a condition of service provision. The environment at most domestic violence facilities features a constant flow of social service providers, as well as residents traveling to offices that refuse to accept forms via email or fax. Most residents (and the staff who assist them) find it exhausting to keep up with all of the various social service agency forms that need to be submitted, inspections that need to be endured or undertaken in order to have basic accommodations for themselves and their children, all while maintaining or searching for low wage work and caring for several dependent children. For many such women, the Census form has a low priority in the hierarchy of urgent tasks that need to be completed in order to ensure their family's survival.

#### *Facility Culture*

The guiding philosophy at each facility varied considerably, from the feminist empowerment model stressing individual decision-making at New Directions to the more regimented, authoritarian structure of Safe Harbor. Facility directors who advocate a more laissez-faire and less interventionist approach to managing residents are typically old enough to remember the late 1970s, when violence against women was still an activist issue addressed largely by the feminist movement. This is quite different from some of their younger contemporaries, who began their careers already accustomed to the professionalization of social services and increased government involvement in and regulation of what was formerly an exclusively activist domain. The organizational philosophy at New Directions and Emergency Shelter is staff members oft-repeated phrase, "staff do not know what is best for clients, because they don't have to deal with the consequences." On the opposite side of the spectrum, the philosophy of more highly structured facilities like Safe Harbor assumes that residents need help and guidance because their lives are in such an unsettled state. In such facilities, breathalyzers, drug tests, and other punitive regulations are common, and can make residents feel suspect or even criminalized. In a rather typical example, a Safe Harbor staff member handed a young resident a form to bring to a social services office to petition for financial support from the city despite her former home's location in another county. The resident, whose arm was in cast, said, "Can't you send it there?" to which the staff member firmly replied, "I can give you a bus ticket. They need to meet with you in person and they'll ask you some questions and you'll either get approved or denied. If you're approved, they'll start paying us from the day they meet you and that's one more day that we're not losing money from your room and board." Staff frequently make it very clear to residents that that their ability to stay at Safe Harbor is a privilege that must be earned.

Although domestic violence occurs across the socioeconomic spectrum, domestic violence-oriented facilities typically house a particular socioeconomic demographic. Residents at such facilities are generally poorer, less formally educated and have fewer resources to draw upon than their more privileged peers, who can access social networks, savings and credit if they are faced with violence in the home. Safe Harbor's annual administrative statistics, which covered several hundred female residents served each year, clearly illustrate the poverty that frames the lives of women in such facilities: 65% of women had an annual income of less than \$5,000, 14% earned from \$5,000 to \$10,000 in a year, and 17% earned more than \$10,000 annually, with the remaining 4% earning

nothing at all. Although similar administrative statistics were unavailable for New Directions and Emergency Shelter, my participant observation findings indicate that the vast majority of women in these facilities relied upon low wage work or Temporary Assistance to Needy Families (TANF) benefits to support themselves and their children, making them almost entirely dependent upon the facility.

#### *Restricted Access to Accurate Administrative Records*

Many women in both short- and long-term domestic violence facilities are from other towns, cities, counties, states or countries, as there is an elaborate network of both clandestine and publically known domestic violence facilities across North America that function like an “underground railroad” to hide women and protect them and their children from abusers. Emergency Shelter director Chloe noted that residents’ origins are not always accurately reflected in administrative records because directors of such facilities are dependent upon county or state funding and thus need to demonstrate that they receive only a limited number of non-residents. Although I did not find this to be the case at New Directions or Emergency Shelter when I used these facilities’ administrative records to conduct an independent count of residents, it is not inconceivable that the privilege of confidentiality regarding administrative records could be misused by directors who “over-count” the number of local residents in order to receive more money from local donors and government.

In both my semi-structured interviews and the informal conversations I overheard between staff members during my participant observation, all staff members at the three domestic violence facilities in my study characterized their experiences with the 2010 Census enumeration as negative despite their desire to cooperate. Emergency Shelter director Chloe explained that part of her staff’s frustration stemmed from the fact that her facility’s contacts with the Census had not been what she termed “meaningful and singular”. She laughed in an exasperated manner as she contrasted what, in her view, should be a simple exercise with her actual experience of the 2010 enumeration, noting that such, in practice, a streamlined experience would translate into something like the following: “...somebody comes once, hands you the forms, tells you what you’re supposed to do and knows what you are supposed to do and what your special circumstances are and goes away, you know? We collect them, they come back and take them or we mail them or whatever it is and whatever has to be done, instead of wasting our time.” The kind of frustration Chloe evinced was compounded by a pre-existing culture of mistrust toward government agencies at domestic violence facilities. New Directions facility manager Tyler characterized this wariness when he noted, “you want to trust and believe the government is going to protect that information...[but] there’s enough corruption that you see and hear about that believing that is only going to carry so much weight versus what you hear and see.”

#### **Discussion**

There are approximately 2,000 domestic violence facilities in the United States<sup>20</sup>, all of which are united via their membership in state coalitions against domestic violence as well as the National Network to End Domestic Violence (NNEDV). In its fourth annual “census” of these facilities, the NNEDV determined that, in a 24 period, 48,350 individuals used their services, including crisis phone calls counseling, and shelter<sup>21</sup>. The NNEDV maintains the most comprehensive list of domestic violence facilities, which is

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<sup>20</sup> Iyengar, R. & L. Sabik. (2009). The Dangerous Shortage of Domestic Violence Services. *Health Affairs* 28: 1052-1065.

<sup>21</sup> National Network to End Domestic Violence (NNEDV) 2009a *Domestic Violence Counts 2009: A 24 Hour Census of Domestic Violence Shelters and Services*. Washington, D.C.: National Network to End Domestic Violence. Available online at: [http://www.nnedv.org/docs/Census/DVCounts2009/DVCounts09\\_Report\\_BW.pdf](http://www.nnedv.org/docs/Census/DVCounts2009/DVCounts09_Report_BW.pdf)

accessible through its website and its office in Washington D.C.<sup>22</sup>. Such coordination is a relatively recent development in the United States stemming from the passage of several federal laws that changed the funding and organizational structures of domestic violence facilities, with the federal funding allocation responsibilities delegated to state coalitions. The greatest change involved increased centralization, including eligibility for federal funding through the Family Violence Prevention Services Act, the Victims of Crime Act, and the VAWA<sup>23</sup>.

I recommend that the Census Bureau make use of this relatively recent state and nationwide coordination to improve its enumeration of domestic violence facilities. The NNEDV's list of domestic violence facilities could be used in conjunction with the Census Bureau's records to ensure that the true nature of these facilities is recorded. Failing to do so is problematic for several reasons: [1] it renders those women and their children who are in fact fleeing violence in the home, invisible by misclassifying them as "group home" residents; [2] it obscures the frequency of domestic violence in the U.S. by undercounting the number of women who are actually living in domestic violence facilities; [3] such undercounting dramatically impacts researchers and funding agencies that look to the Census Bureau's statistics for accurate information on population demographics such as the number of women in these facilities. The national trend in domestic violence services increasingly focuses on a more holistic approach that recognizes that victim-survivors also have long-term housing needs in addition to the necessity of short-term emergency shelters<sup>24</sup>. This trend is likely to continue, making it all the more important that this issue be clarified prior to the next decennial Census enumeration.

Findings strongly suggest that all communications between facilities and the Census must be streamlined in order to facilitate their participations, as the Census points of contact clearly felt frustrated by being asked the same information by two or more Census workers. "We have life and death issues to deal with here," one Census point of contact explained, "the Census has all kinds of taxpayer resources and should really have their act together better than this." Findings also indicate that future Census enumerations at domestic violence facilities could best succeed via the modified, limited use of administrative records.

The level of concern regarding the protection of resident confidentiality at domestic facilities makes it highly unlikely that such facilities will release complete administrative records to the Census Bureau. Facilities should have the option to disclose as much or as little information as possible, as the amount of information they are willing to provide to the Census Bureau will vary based upon their organizational philosophy. Self-enumeration by staff members at domestic violence facilities would remove the need to request residents, many of whom have social services fatigue due to the large numbers of forms they must complete as a condition of receiving services, to provide yet more information about themselves. It would also reduce the possibility of resident non-compliance and indicating, even if only in partial form due to concerns about respecting residents' confidentiality, the number of individuals in residence. Streamlining the Census enumeration process and placing the enumeration in the hands of staff members will help to achieve a more accurate count.

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<sup>22</sup> National Network to End Domestic Violence (NNEDV) 2009b *U.S. State and Territorial Coalitions*. Washington, D.C.: National Network to End Domestic. Available online at <http://www.nnedv.org/resources/coalitions.html>

<sup>23</sup> Iyengar & Sabik 2009, p. 1053

<sup>24</sup> Menard, Anne. (2001). Domestic Violence and Housing: Key Policy and Program Challenges. *Violence Against Women* 7(6): 707-721.