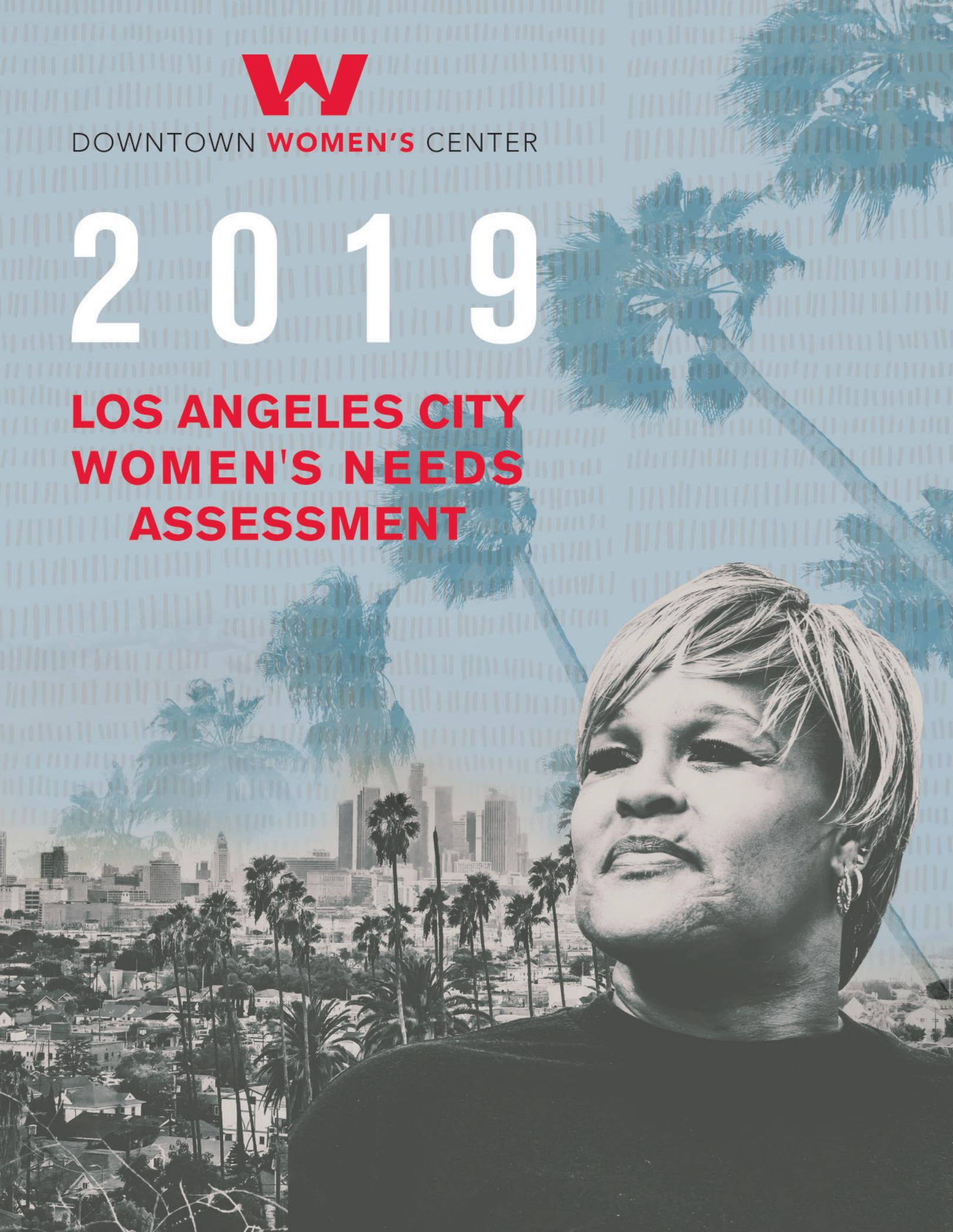




DOWNTOWN **WOMEN'S** CENTER

2019

**LOS ANGELES CITY  
WOMEN'S NEEDS  
ASSESSMENT**



# Introduction



**The 2019 Los Angeles Women's Needs Assessment is a community-based research project developed in partnership with unsheltered women in the City of Los Angeles. Expanding on the legacy of six past projects documenting the demographics, needs, and conditions of homeless and low-income women in downtown Los Angeles, this project now includes women from a broader geographic swath of the city.**

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In the past few years, Los Angeles has experienced a dramatic surge in homelessness, expanding beyond Skid Row to every neighborhood in the city. As homelessness has increased, there has been a disproportionate impact on women; from 2013 to 2019, there was a 41% increase in homeless women.<sup>1</sup> With more women than ever experiencing homelessness for the first time, the Downtown Women's Center (DWC) sought to understand city-wide needs that homeless and extremely low-income women face.

DWC brought together homeless women and partner agencies to develop an updated survey tool, determine survey areas, and interview women experiencing homelessness. The survey was also updated to incorporate questions about policies and programs implemented in recent years, and includes multiple LA County Service Program Areas (SPAs) within the city. The 2019 Needs Assessment encompasses responses from 305 women across six SPAs (Metro LA, West, South, East, South Bay, and San Fernando Valley). Of the surveys, 46% were administered in Metro LA (SPA 4) which includes the Skid Row community that was covered in previous Needs Assessments.

Information gathered from the surveys and presented in this report is divided into five main sections:

- Demographics
- Housing
- Healthcare
- Violence Against Women
- Community Resources

The final section of this report, the **Action Agenda**, offers policy and community recommendations to address some of the most pressing issues that homeless and low-income women face, including recommendations to expand access to affordable housing, a crucial need to prevent further women from entering homelessness.

This report features anecdotes of women experiencing homelessness and the nuances of how they are navigating their specific situations. Also included are excerpts and anecdotes from focus group conversations and partner meetings that DWC convened during the survey creation process; preliminary data was shared with homeless and formerly homeless women, homeless services, and domestic violence service providers. These conversations included community-generated recommendations around policy, as well as discussions about existing programs and solutions that have proven effective in addressing poverty and ending homelessness for women.

Because this Needs Assessment expanded the geographical area covered, longitudinal analysis is limited to comparisons between this year's results for SPA 4 and the full data from past reports. Other comparisons are presented between demographics, needs, and conditions; the shift in population surveyed should be taken into account.

Past Needs Assessments have sparked the formation of initiatives prioritizing the support, safety, and empowerment of women in Skid Row. Each report provides tools and recommendations, serving as a resource freely available to service providers, advocates, policy makers, community members, and students invested in creating meaningful changes with and for the residents of downtown Los Angeles.

Please see Appendix A for a detailed methodology of this survey and report.

**18,331** WOMEN

EXPERIENCING HOMELESSNESS IN LOS ANGELES COUNTY



**58,936**

INDIVIDUALS AND FAMILIES ARE HOMELESS EACH NIGHT IN LOS ANGELES COUNTY



**10,845**

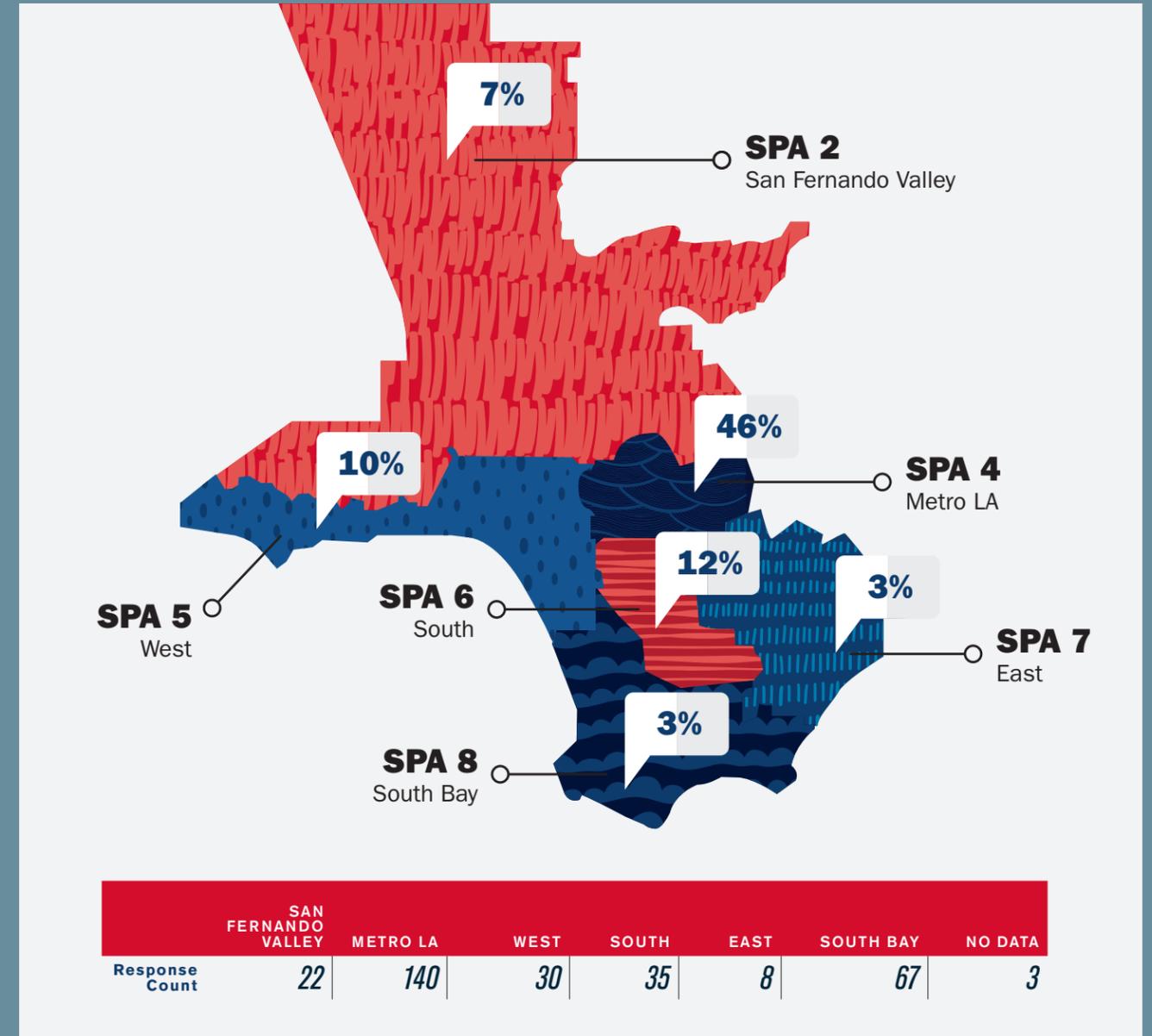
WOMEN EXPERIENCING HOMELESSNESS IN THE CITY OF LOS ANGELES



**41%**

THE INCREASE OF WOMEN'S HOMELESSNESS FROM 2013 TO 2019 IN LOS ANGELES COUNTY

Los Angeles Homeless Services Authority (LAHSA), 2019 GREATER LOS ANGELES HOMELESS COUNT



ZIP CODES SURVEYED

90003	6	90031	6	90291	29
90012	4	90033	5	90605	1
90013	93	90037	17	90650	1
90014	6	90041	3	90710	3
90023	1	90042	12	90731	26
90024	1	90047	8	90744	35
90026	8	90061	4	90745	2
90028	8	90275	1	91605	22

# Demographics

The data reflects two troubling trends — first, that women experiencing homelessness are facing multiple barriers to regain housing, leading to chronic homelessness, and second, that more and more women are becoming homeless for the first time.

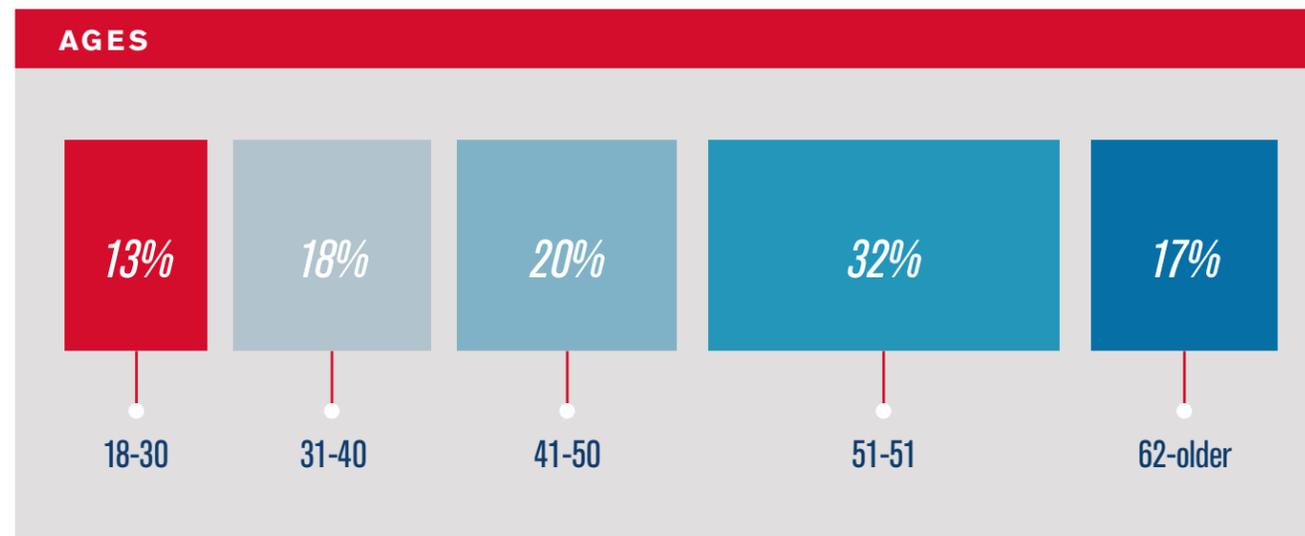
As in past surveys, a majority of participants were chronically homeless — that is, they have either experienced homelessness more than four times in a three-year period, or have been homeless for more than a year consecutively. Almost half of the women surveyed were also homeless for the first time, and 79 of the 305 women had become homeless in the past year.

## Age

Past Needs Assessments found a steady upward trend in the ages of homeless women, showing that chronically homeless women were remaining homeless over longer periods of time. With the expanded geographic scope of this assessment, along with the increase in newly homeless unaccompanied women, the demographics of this year's participants reflect a broader age range.

signs of growth. However, in this year's results, the category of women aged 62 and older also increased, suggesting that some of the women previously counted in that category also continued to age. In SPA 4, the service area including Skid Row, where past surveys were administered, women aged 51 or older were 50.7% of those surveyed.

In 2019, for the first time, the number of respondents age 51 and older has decreased (48.9% in 2019, compared to 60.2% in 2016 and 52.4% in 2013); in past surveys, this age demographic showed the most



# Different types of homelessness

**Chronic homelessness describes people who have experienced homelessness for at least a year — or more than four times in the past three years — while living with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.**

Newly homeless individuals are people who have become homeless within the last year. First-time homeless individuals are people who are experiencing homelessness for the first time. Note: because of the overlapping definitions, these categories are not mutually exclusive; 106 of the 150 women experiencing homelessness for the first time are also chronically homeless.

A joint report from the University of Southern California and the Los Angeles Homeless Services Authority (LAHSA) found that according to the 2019 Homeless Count, 23% of unsheltered adults are newly homeless, while chronic homelessness also increased by 17% from 2018 to 2019. The study noted that these two populations “have differing demographic characteristics and experiences, demonstrating the complexity of providing services and ending homelessness in Los Angeles County.”<sup>2</sup>

The data in the 2019 Needs Assessment reflect these trends as well as show the unique challenges chronically homeless women face — 41.3% of chronically homeless women sleep most frequently on the streets, and 33.3% sleep most frequently in shelters. These women are also more likely to have experienced sexual violence; 42.2% had been sexually assaulted in their lifetimes, and 26.7% had experienced sexual assault in the last year.

## AGE DEMOGRAPHICS OVER TIME

In 2019, for the first time, the number of respondents age 51 and older has decreased (48.9% in 2019, compared to 60.2% in 2016 and 52.4% in 2013)

YEAR	% OF WOMEN SURVEYED AGED 51 AND OVER	AVERAGE AGE (MEAN)
2001	26.5%	44
2004	29.0%	44
2007	36.1%	47
2010	47.0%	48
2013	52.4%	48
2016	60.2%	50
2019	48.9%	48

The average age of homeless women who completed the survey was 48; this lower number also reflects a significant increase in participation from homeless women ages 30 and under. The average age of women in SPA 4 was only slightly higher, at 49.

Past reports have reflected that older women were more likely to experience chronic homelessness. In 2016, 61.4% of women who were 51 or older reported having been homeless for longer than a year, compared with 12.1% of women under age 30. This year's data reflected an increase in younger women who had experienced homelessness four or more times in a three-year period: almost a quarter of women ages 18-30 (22.5%) and ages 31-40 (24.1%), compared to 17.7% of the total population surveyed.

Women aged 18-40 also made up more than a third (36.7%) of newly homeless women, suggesting that there are two trends occurring: older, chronically homeless women continue to age (20.0% of women in SPA 4 were aged 62 or older, compared to 12.2% of the women in the 2016 Needs Assessment), and more younger women are becoming newly homeless. Approaches to resolving homelessness must take the unique needs of each group into account.

Older women face unique challenges in accessing services, and face health issues specific to aging,

which are often exacerbated by the stress and unstable conditions of being unhoused or living in extreme poverty. Older women were more likely to rate their physical health as fair or poor (65.1%) than the total population (55.1%). Additionally, 80 of the 150 women experiencing homelessness for the first time were 51 or older, and 30 of these women were at least 62 years old, indicating that more resources must be dedicated to preventing homelessness for older women.

Of the newly homeless women, the majority were women of color; 24.1% were Black women, and 35.4% were Latina. Younger women were also more likely as an age demographic to be newly homeless; nearly a third of women surveyed who were between the ages of 18 and 30 (30.0%) and 31 and 40 (32.7%) had become homeless in the last year.

**48**

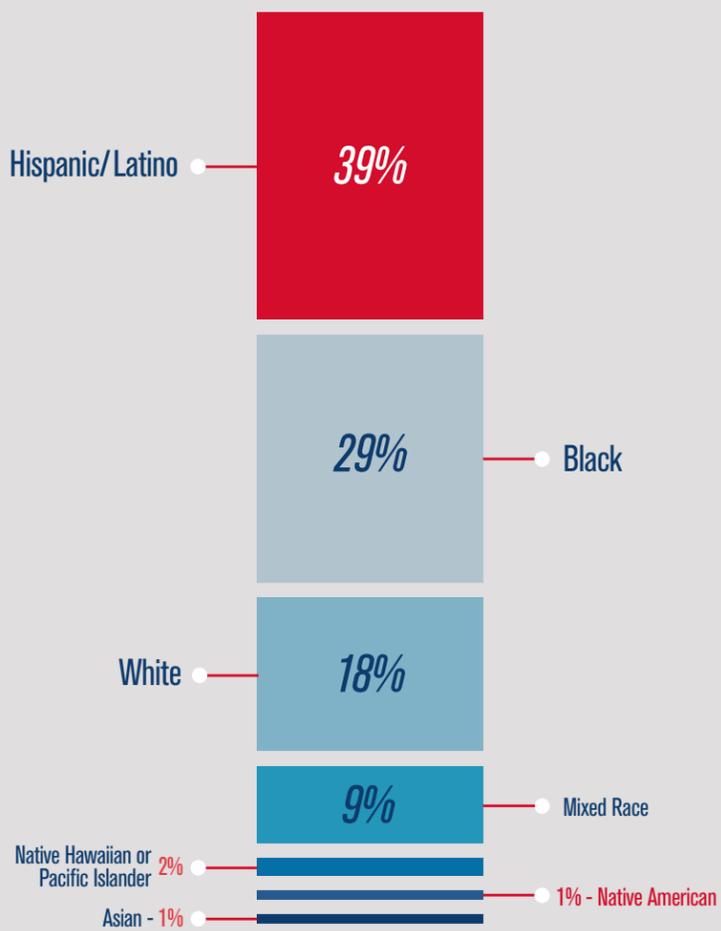
**THE AVERAGE AGE OF HOMELESS WOMEN WHO COMPLETED THE SURVEY**

**“I have no sob story; I only look up. I wouldn’t take anything back — what is done is done. Skid Row has been a home to me, and it has allowed me to keep standing and to have strength and courage. It all gets better.”**

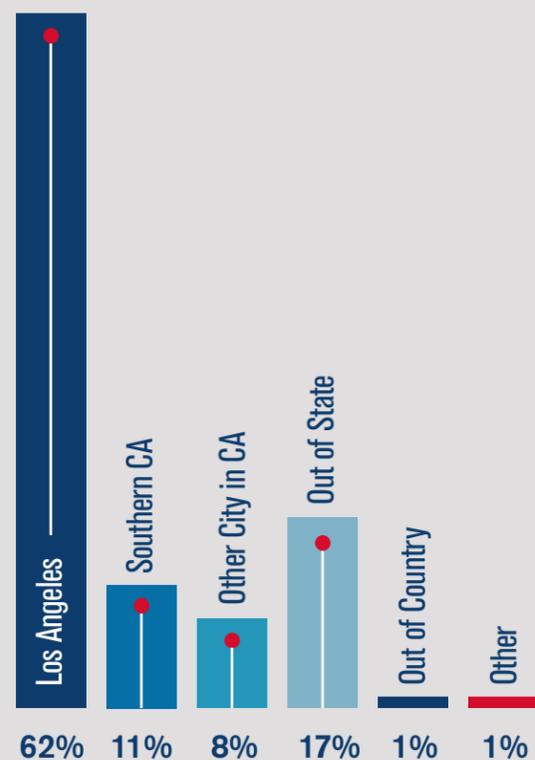
**— Focc**



## Racial Demographics



## Residence prior to homelessness



## Education



## Race

Since the inception of the Downtown Women's Needs Assessment report, data has shown that African-American and Black women are over-represented in homelessness in Los Angeles. Though Black people make up 9.0% of the population of LA County, Black women account for 28.7% of those surveyed in this assessment, and 39.7% of women who participated in Skid Row.<sup>3</sup>

In past surveys, Black women have consistently been the largest racial demographic of women surveyed, reflecting the long-term effects of institutional racism on Black women's access to housing and economic stability. Comprehensive solutions for ending women's homelessness must include dismantling racism and addressing racial disparities, such as the racialized wage gap and housing discrimination. Additional information can be found in the 2018 Los Angeles Homeless Services Authority's "Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness."<sup>4</sup>

Of women surveyed, 39% identified as Hispanic/Latinx. In focus group conversations, service providers and homeless women emphasized the need for multi-lingual staff to make housing, case management, and other programs accessible to all women.

Women of color were more likely to experience chronic homelessness, though the overall rate of 76.3% was high in itself: 80.0% of Latinx women, 78.6% of Black women, and 67.3% of white women reported being chronically homeless.

## Women with Children

This survey documented the needs and experiences of unaccompanied adult women, meaning those who have children were not currently living with them. The majority of women surveyed (64%) reported having children, with about half (48%) having children over the age of 18. On average, women surveyed had 2.8 children.

One quarter of respondents had interacted with the Department of Children and Family Services in their lifetime, though these interactions could also have included their own childhoods.

## Education

Education level varied among the women surveyed; almost half (47%) had completed at least some college education, and an additional 23% had a high school diploma or equivalent. About a third of women surveyed (30%) had not completed high school.

In focus groups, women who had completed college or post-graduate work have described not being able to find work that fits their education background because they lacked permanent housing. In the survey, 58% of women reported a lack of housing as a barrier to finding and/or retaining employment.



**"I was born in Tijuana and raised as a toddler in South Central. At an early age, I started running away from a dysfunctional home. My life was filled with struggle...no school or basics of life. More places that help homeless women are needed, more motivational speakers, more self-esteem classes... more help."**

**—Alma**

## LGBTQ Women

LGBTQ women experience homelessness at disproportionately high rates. Transgender women often face specific challenges in accessing shelters, including being denied services, facing hostile staff and being misgendered, or being referred to programs designated for men.

LGBTQ women were also significantly more likely to be chronically homeless — 83.3% of those surveyed were chronically homeless. Additionally, these women were more likely to have been homeless at least four times in the last three years; 31.0% compared to 17.7% of the total population. Though they make up only 13.8% of those surveyed, they represent almost a quarter of those who are chronically homeless (24.1%).

LGBTQ women were also more likely than average to have experienced sexual assault or sexual violence in the last 12 months: 35.7% of LGBTQ women compared to 27.0% of the general population for sexual assault, and 52.4% compared to 37.2% for domestic violence.

*Note: Other gender minorities, including transgender men and nonbinary people assigned female at birth, would benefit from health services designed to serve the needs of people assigned female at birth. Because this survey was designed to measure the needs of women, it does not reflect health needs around these populations, who may also need access to Pap smears and mammograms, services that may be more available in “women only” health settings, which do not always feel welcoming to transgender men and nonbinary people.*

**“There aren’t many places you can go and be accepted as a transgender woman. The Downtown Women’s Center allowed me to be me. When you come here they have all these opportunities. It is a blessing.”**

**—Momo**

## Employment and Income

Most survey participants (80%) receive at least some form of income or support, often through a mix of benefits and work. In terms of employment status, 11% were working in at least a part-time or a temporary capacity, while 26% were unemployed and actively looking for work.

Just over a third (36%) of survey respondents are disabled or on disability; the specific requirements of disability benefits often prevent disabled people from working, as receiving supplemental income jeopardizes their access to health insurance. The high percentage of older women surveyed may also account for the 23% of women who are unemployed and not actively looking for work. As noted above, 58% of women cited a lack of housing as a barrier to employment, and 36% also noted access to showers/hygiene care as another barrier.

The most common form of income reported was General Relief (43%), followed by Social Security Income (29%). Additionally, 32% receive CalFresh, a food assistance resource. Of those surveyed, 85% were currently receiving benefits or had received them in the past. It is important to note that though benefits are helpful in providing basic income, 22.8% of women reported having been unable to apply for benefits before, 42.1% had been denied benefits before, and 39.8% have had their benefits terminated in their lifetime. The process of submitting and maintaining paperwork for benefits can be time-consuming and confusing, a process exacerbated by the difficulties many women face in storing belongings. Many homeless individuals have lost their identification and other important documents during sanitation sweeps or otherwise have had their belongings taken away or stolen.

*Note: This survey asked if participants had experienced sex trafficking and past reports have tracked women’s engagement in survival sex — exchanging sex for goods, safety, and/or housing. However, voluntary sex work was not listed as an income option, though it is a common form of income for women experiencing homelessness.*

### INCOME SOURCES

General Relief	43%
CalFresh	32%
Supplemental Security Income (SSI)	29%
Social Security Disability Insurance (SSDI)	11%
Work on the books	7%
Recycling	7%
Panhandling	6%
Social Security/Retirement	4%
Work off the books	3%
Supplemental Nutrition Assistance Program (SNAP)	2%
CalWORKS	2%
Pension	2%
Veteran’s benefit or pension	1%

### EMPLOYMENT STATUS

Seasonal work (recurring temporary work)	1%
Temporary work (limited contract work)	1%
Unemployment (student)	2%
Self-employed	2%
Full-time (30+ hours)	2%
Part-time (29 hours or less)	5%
Retired	9%
Unemployed (not actively looking)	23%
Unemployed (actively looking)	26%
Disabled or on disability	36%



**There isn't a county in the U.S. where people who earn minimum wage can afford housing** — Los Angeles is horrendous. Domestic violence led me directly to homelessness at the age of 55. It was an indescribable, humiliating experience. Today, I am in permanent supportive housing and pay 30% of my income to rent. I am employed part-time and feel like a member of society again.

—Susan Kolkowicz



# Housing

Across LA City and County, there has been a dramatic increase in homelessness, a direct result of rising rents and a decrease in affordable housing stock. As reflected in the Demographics section of this report, women experiencing homelessness comprise both aging, chronically homeless women and newly homeless women who have lost access to housing within the last year.

Since the inception of the Needs Assessment, housing has ranked as the number one needed resource for homeless and extremely low-income women in the downtown area. In 2019, with the expanded geographic scope, housing still topped the list of needed resources, underscoring the need for affordable housing and homeless services in every neighborhood. Across the city and county of Los Angeles, rent increases, evictions, and stagnant wages are pushing families and individuals into homelessness, with a disproportionate impact on women.

Though new affordable housing units are being developed at a historic pace, the City of Los Angeles Women's Housing Gap Analysis found that nearly 70% of low-income women are severely rent-burdened.<sup>5</sup> These women are at significant risk of entering homelessness, and without drastic interventions around rent control, increased access to affordable housing, increased access to gainful employment, and eviction

prevention measures, women's homelessness will continue to rise.

As in past years, the 2019 survey data reflects increased risks for women who are unhoused — these women are more likely to experience violence, report lower health outcomes, and face more barriers in accessing services than extremely low-income women who are in permanent housing. Regardless of current living situation, the vast majority of women surveyed (80.3%) reported that they had lived on the streets in their lifetime; and 74.7% reported living on the streets within the past year.



**82%**

**OF WOMEN SAID HOUSING WAS THE HARDEST RESOURCE TO ACCESS**



## The Need for Affordable Housing

As in previous years, when choosing from a list of resources needed to improve their community, women were most likely to choose housing (73%); additionally, 82% of respondents indicated that housing was among the hardest resources to access. The frequency with which women named affordable housing across SPAs also indicates a need for expanded affordable housing across Los Angeles.

The City of Los Angeles Women's Housing Gap Analysis demonstrates that rent burden impacts a greater percentage of women than men.<sup>6</sup> Solutions to women's homelessness must include preventing new instances of homelessness alongside comprehensive support in connecting homeless women to existing housing resources. Almost a third of women surveyed (32.1%) had been evicted from their housing in their lifetimes, and 18.2% had been evicted in the past year.

Once women lose housing, they face additional problems related to being unhoused. Specific efforts to ensure that they are rapidly rehoused, and that there are fewer barriers to gaining housing, are important to end the cycle of homelessness. Strict policies on housing resources can add to instability; 36.8% of those surveyed had lost shelter due to time limits, and 32.9% had experienced this in the past year. Housing providers who utilize time limits generally impose them with the expectation that women will be able to find more permanent housing during the time period, a policy designed to encourage women to leave shelters. However, in the many cases where women are not able to secure housing, women may end up back on the streets — or left with no other options but staying in or returning to abusive households.

## Barriers to Housing

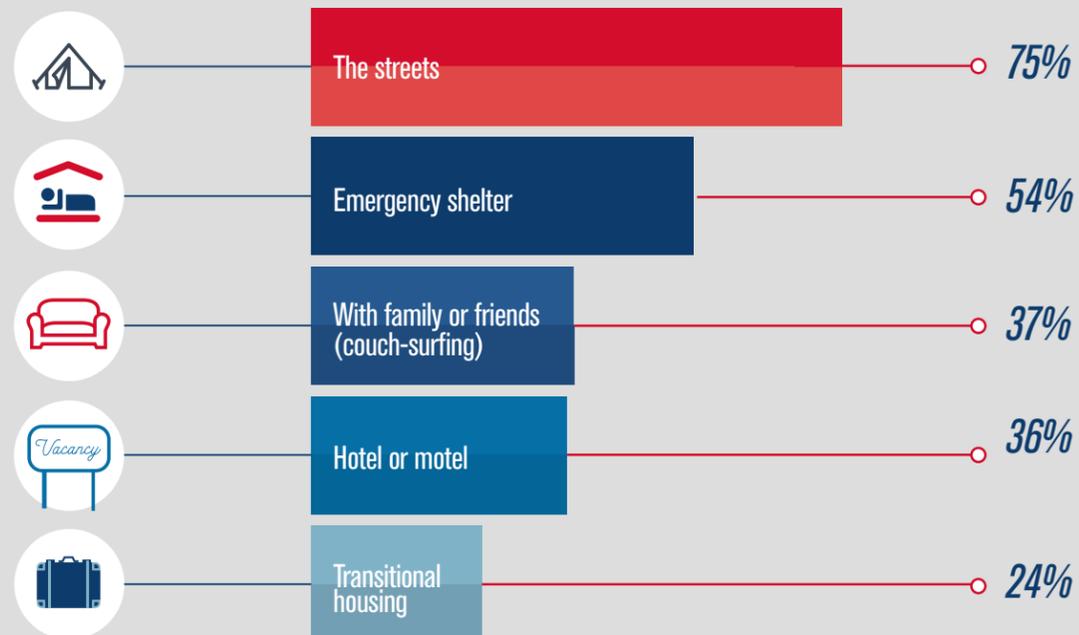
The largest barriers to housing remain lack of housing and housing affordability, which 66% of women named as a problem, and lack of case management, which 41% of women named. Half of women named the lack of shelter (including lack of shelter beds, waiting lists, and time limits) as a barrier to accessing shelters.

The location of shelters and affordable housing also impacts whether women are able and willing to access them: as shown in the tables below, factors such as the availability of free, low-cost and/or nutritious food, community relationships, and access to community resources are all factors that women consider. If women are able to find a shelter bed but must travel for hours on public transit to access friends, family, meals, and other services, they are less likely to choose these housing options. Further, 21.8% of women identified lack of public transportation as a barrier for either accessing permanent housing, and 25.3% identified it as a barrier to accessing shelters.

Women who are reliant on public transportation and accessing services across neighborhoods, may spend their entire day navigating homelessness: traveling to a case management appointment in the morning, waiting in line for meals or other services, traveling to another location to learn about or apply for housing opportunities, then waiting in line for a shelter spot or risk not having a place to sleep at night.

Case management can be supportive in helping women to navigate these systems, but 29.1% of women note that a lack of those services also impact access to shelters. Less than half of women (45.3%) surveyed were in the coordinated entry system (CES), with a slightly higher rate in SPA 4 (51.5%). An additional quarter of women didn't know if they were in CES (25.6%), suggesting a need for greater education about this resource as well.

### WHERE WOMEN SLEEP



### BARRIERS TO ACCESSING PERMANENT HOUSING

Lack of Housing and Housing Affordability	66%	Lack of Medical Services	17%
Lack of Case Management Services	41%	Lack of Computer Classes/Internet Access	17%
Lack of Social Services	28%	Community Relationships (Friends/Family Nearby)	16%
Lack of Shelters (e.g. Spots, Time Limits, Waitlists)	26%	Educational Opportunities	14%
Lack of Public Transportation	22%	Lack of Community Centers	14%
Availability of Free, Low-Cost, and/or Nutritious Food & Drinks	21%	Lack of Substance Abuse Services	13%
Lack of Employment Training Opportunities	21%	I don't know	8%
Lack of Mental Health Services	20%	Declined to answer	2%
Other	19%		

## Addressing Chronic Homelessness

Although the lack of affordable housing in Los Angeles impacts people of all backgrounds, the conditions of women's homelessness require targeted solutions to meet the specific needs of different populations. Of the 305 women surveyed in 2019, 225 (73.8%) reported that they were chronically homeless.

Chronically homeless women are more likely to report negative health outcomes and to have had additional negative life events. From focus groups and direct testimonials, women reported high incidence of violence and poor health due to the lingering effects of trauma, as well as the vulnerability of being unhoused. That is, women who have experienced domestic violence and sexual assault are more likely to become homeless, and the state of homelessness in itself is also a risk factor for first-time or further violence. Women who reported most often sleeping on the streets were more likely to have experienced domestic violence (45.0%) and sexual assault (45.6%) in the last year than the general population.

Of the chronically homeless women surveyed, 50.7% had experienced domestic violence in their lifetimes, compared to 49.5% of the total survey population; 42.2% had experienced sexual assault in their lifetimes, compared to 39.3% for the total population. Housing for chronically homeless women should include connection to trauma-informed services that offer access to holistic health care and address the emotional, physical, and mental health impacts of violence.

## Shelter Access and Conditions

In their lifetimes, two-thirds (65.9%) of participants had accessed an emergency shelter, and 54% had done so in the past year. The City of Los Angeles Women's Housing Gap Analysis noted a need for additional shelter beds: in 2018, there were 2,435 more unsheltered individual women experiencing homelessness than existing shelter beds in programs serving individual women.

Women reported a wide range of experiences with shelters. Some women report that shelters are clean and safe, while others told stories of dirty, hostile environments, where they fear staff retaliation.

About half of survey respondents reported feeling that staff treated them with respect and made them feel comfortable, in safe, clean shelters. However, a third of women reported having difficulty accessing restrooms at night, and a quarter of respondents reported that staff did not treat them with respect (27%), shelters were uncomfortable (26%), infested with bedbugs (24%), or left women feeling unsafe (23%).

Citywide, the disparity in conditions, as well as the spread out locations of shelters, can be a barrier for women who hope to access shelter beds but are unsure of policies, practices, and whether they are able to guarantee their safety in any given situation.

## Invisible Homelessness

Very few women in the entire sample indicated sleeping frequently in cars (6%), transit vehicles (3%), and couches (5%). Additionally, only 10 women in the entire sample indicated that they frequently slept in an apartment/home/single room occupancy hotel. This was consistent with only 22% of the respondents having lived in affordable housing in their lifetime, and even fewer having lived in affordable housing within the last year (9%). However, because of the survey methodology, it is likely that women experiencing homelessness in these ways are most likely to be undercounted. Undocumented women are also likely to be undercounted, as they may be avoiding use of public services out of fear of triggering immigration enforcement or deportation proceedings.

In focus groups, women mentioned not being able to access services if they didn't "look homeless." The double edge of the stigma of homelessness means that women who may not "look" homeless, are able to consistently access showers, or have a higher education level may be turned away from services, while those who have less access to resources face discrimination for their appearance and may also be barred from services or given worse treatment.

These stigmas also carry over into policy implications; while efforts to house the most vulnerable women have had an impact on chronic homelessness, those who are newly homeless and/or fleeing domestic violence may find that their situations are not perceived as dire enough to meet qualifications for specific housing and service providers.



**I had been fired from work, detained twice, evicted, and homeless for 5 years. Scared to be in a shelter — I lived in my car, a garage, motels, and couch surfed. Support groups... brought healing, awareness, housing, and forgiveness.**

**—Tiffany**



**At 22, I was homeless and a mother of three... no stability and was suffering with thoughts of suicide. My healing journey began with the help of the faith community. Fourteen years after I placed my name on a HUD housing list, my name came up. We were given housing and mental health services.**

**—LaRae Cantley**



## HOUSING FIRST

Housing First is a low-barrier entry model that prioritizes providing permanent housing to individuals experiencing homelessness as quickly as possible without preconditions, and then following up with voluntary supportive services and treatment on an as-needed basis. Of the 75 respondents who indicated being in recovery from drug abuse, 81% identified housing as a resource they needed to remain in recovery.



# Healthcare

Access to medical services continues to be a problem for homeless women, and the long-term effects on health are clear. More than half of respondents rated their health as “fair” or “poor” for four out of the five self-reported health items (physical health, dental, vision, and mental health, every indicator but hearing). Dental health had the lowest overall ratings, with 70.2% of women rating their dental health as “fair” or “poor.”

From the total sample, one in four women experiencing homelessness rated their own physical health as “poor.” Those who were ages 41 and older were more likely to rate their physical health as poor than younger age groups. People who indicated sleeping more frequently in shelters were less likely to rate their physical and mental health as “poor” (19% and 21%, respectively) compared to those who slept on the streets (33% and 35%). Notably, women who had experienced domestic violence were more likely to rate their mental health as poor (37%) than those who had not (17%).

Lack of adequate health care may itself also be a cause of homelessness; 56.6% of women reported having physical health problems in their lifetimes, and recent studies have shown that nearly two-thirds of Americans filing for bankruptcy cited medical reasons, either from high medical bills or loss of work.<sup>7</sup>

A California Policy Lab report found that “unsheltered people were more than four times as likely as sheltered people to report that physical health conditions contributed to loss of housing — 46% compared to 11%. For mental health, 50% of unsheltered people reported that these issues contributed to their loss of housing, compared to 17% of sheltered individuals.”<sup>8</sup>

These experiences are particularly acute for unsheltered women. In a subsequent California Policy Lab report, it was noted that there are, “stark differences between people who are unsheltered and people who are sheltered. Unsheltered people — especially unsheltered women — report profoundly greater health challenges, higher rates of experiences of violence and trauma, and longer lengths of homelessness than people who are staying in shelters.” Of women across the nation who have taken an

assessment tool known as the VI-SPDAT, the report noted that 80% of women without shelter attributed their cause of homelessness to abuse and/or trauma as compared to 38% of men and 34% of sheltered women.<sup>9</sup>

Most disturbingly, the mortality rate for homeless individuals in Los Angeles County is on the rise: in October 2019, the Los Angeles County Department of Public Health reported that the death rate, when adjusted for the total homeless population, had increased by a third from 2013 to 2018. (Actual deaths were reported as 536 in 2013 and 1,047 in 2018.) The study also found that the general population has an average age at death of 73, and the homeless average at death was 51. The Public Health Department reported that leading causes of death were overdose, heart disease, traffic injuries, homicide, and suicide.<sup>10</sup>

**51** YEARS OLD

AVERAGE AGE OF DEATH  
FOR THE HOMELESS POPULATION

**73** YEARS OLD

AVERAGE AGE OF DEATH  
FOR THE GENERAL POPULATION

“

I was homeless on the streets of Los Angeles for 5 years. It was a long sinking path that began in childhood. For a long time, I felt like gum on bottom of someone’s shoe. I no longer allow my past to define me.

**I define my past.**

—Millie Brown



## Health Insurance and Access to Health Care

Since the passage of the Affordable Care Act in 2010, there has been an upward trend of homeless women reporting that they have health insurance. In this year's survey, 256 women, or 84.2% reported having health insurance (an additional eight women didn't know or preferred not to answer). Medi-Cal was the most common form of insurance with 75.9%, while another 10.0% had access to Medi-Care.

However, data has consistently shown that even with these higher insurance enrollment rates, homeless women are still not accessing primary care physicians for preventive care, or at least not in a significant way that prevents emergency room usage. Of those surveyed, 192 women (63.2%) had visited the emergency room in the past 12 months. Reasons for visiting the ER included sudden pain (40.8%), mental health (9.4%),

and routine care (4.2%), with a large "Other" category (39.3%).

When asked where they went for healthcare, 43.6% of women selected the hospital, and 45.0% selected the clinic. Further, survey respondents noted the need for better coordination between healthcare and homelessness service providers. Upon being discharged from hospitals, one-third of women did not receive any follow-up care coordination. Only 35.2% of those women said they were able to get a follow-up from a doctor, and another 30.9% had knowledge of a treatment plan. Only 15 women said that they got help getting placed in housing as part of post-care services.

## Mental Health and Disabilities

As with other demographics, data showed that women who experience marginalization are more likely to experience homelessness, be vulnerable to violence and discrimination, and to face additional barriers in navigating homelessness and accessing housing.

A high percentage of women surveyed are disabled and/or experience mental health issues. For example, 40.7% of those surveyed noted that they have an ambulatory disability. In focus groups and community conversations, several women mentioned that shelter beds can be inaccessible if only top bunks are available; if a woman cannot access that bed, she is left with no bed for the night. Women also have difficulty storing walkers and other assistive devices in shelters that are not adequately prepared to house disabled women.

Of the women surveyed, 59.7% of women rated their mental health as fair or poor. Women may also label their experiences in different ways; for example, though 164 women (54.9%) replied "yes" to having a mental health or psychiatric disability, 193 (63.5%) replied that they had received treatment for mental health issues. Some women may experience the impacts of ableism and issues related to mental health without

identifying as disabled or legally meeting requirements for disability benefits.

Increasing accessibility from a disability justice perspective for all forms of housing and homelessness-related services allows for all women to benefit, whether they identify as disabled or not.



**59.7%**

**OF WOMEN RATED THEIR MENTAL HEALTH AS FAIR OR POOR**

## Substance Use

Of the women surveyed, 77 (25.3%) noted being in recovery from substance abuse. Across the whole sample and in SPA 4, approximately 48% of respondents revealed that they had dealt with drug or alcohol abuse in their lifetime. In the last year, 39% of respondents in SPA 4 noted experiencing drug or alcohol abuse, compared to 35% for the entire sample (35%).

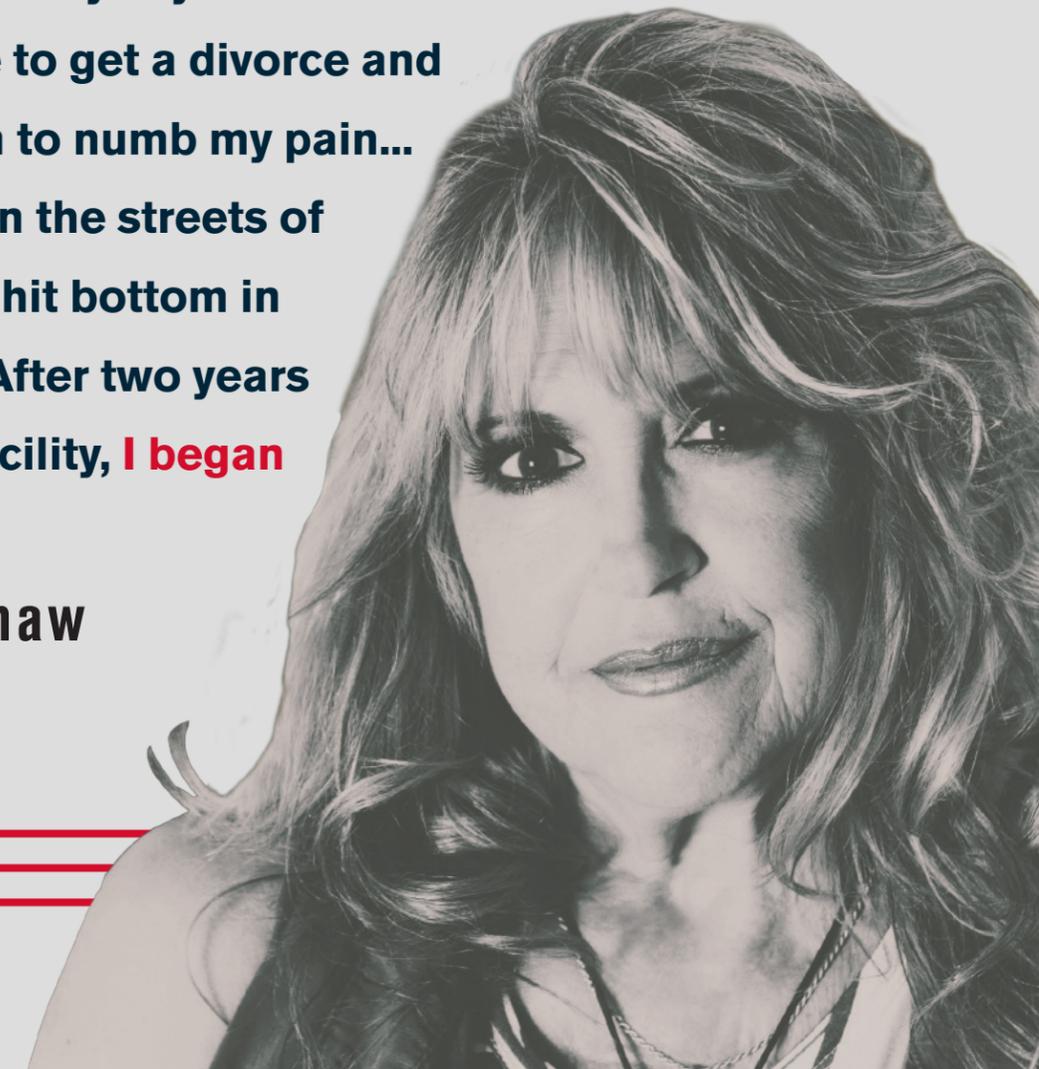
Of the respondents who indicated being in recovery from drug abuse, 81% identified housing as a resource needed to remain in recovery, a best practice that is upheld in the "housing first" model employed by permanent supportive housing providers. Housing-first service providers offer housing without time limits or preconditions such as sobriety, without

which individuals may cycle continuously into homelessness, making it harder to maintain their recovery. In focus groups, service providers named a need for increased sober-living housing for individuals who complete residential treatment for substance use. The next most commonly cited resources needed for women to remain in recovery were "more substance abuse treatment options" and "mental health therapy options," with 44% of respondents citing both responses.

The Public Health report on homeless mortality found that homeless individuals are at a higher risk of death from substance use: "From 2016 to 2018, the overdose death rate was 26 times higher among the homeless than among the general population."<sup>11</sup>

**"I was a middle class housewife living in Orange County. My abusive husband drove me to get a divorce and then to alcoholism to numb my pain... I ended up living on the streets of West Hollywood. I hit bottom in 2006, I was done. After two years in a sober living facility, I began a new life."**

**—Pamela Crenshaw**



# Violence Against Women

Unaccompanied homeless women face specific dangers in navigating shelters and life on the streets. One in four women (25.7%) reported that in the past 12 months, they had “always” or “often” experienced violence; when women who “sometimes” experienced violence are added in, that figure jumps to 60.2%. In the same time period, 43.6% of women had been a victim of a crime, and 27.0% had experienced sexual assault, highlighting the particular vulnerability and trauma that women face in navigating homelessness.

## Sexual, Domestic, and Interpersonal Violence

Nearly half of the women in the sample indicated experiencing domestic or interpersonal violence in their lifetime, and more than a third (36.1%) had experienced this type of violence within the past year. As noted in the section about chronic homelessness, experiences of violence tend to be highly correlated with homelessness and vice versa; past trauma can lead to loss of housing and more difficulty in accessing resources, while a lack of stable housing also increases women’s vulnerability to violence.

Unfortunately, age is not a protective factor; 34 women aged 51 and older had experienced sexual assault in the last year.

Women who experience intimate partner violence may also have extremely limited financial resources or lack access to identification or other documents,

as many abusive partners maintain control through financial abuse. Emergency support for women leaving these situations must take these experiences and needs into account.

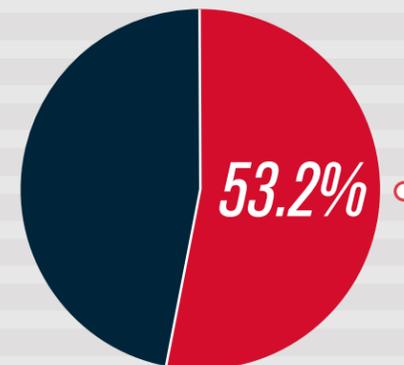
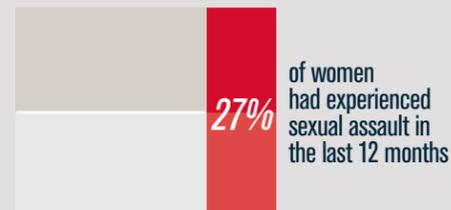
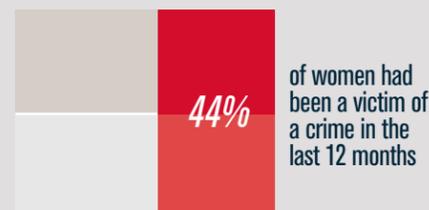
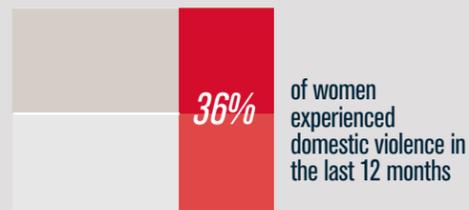
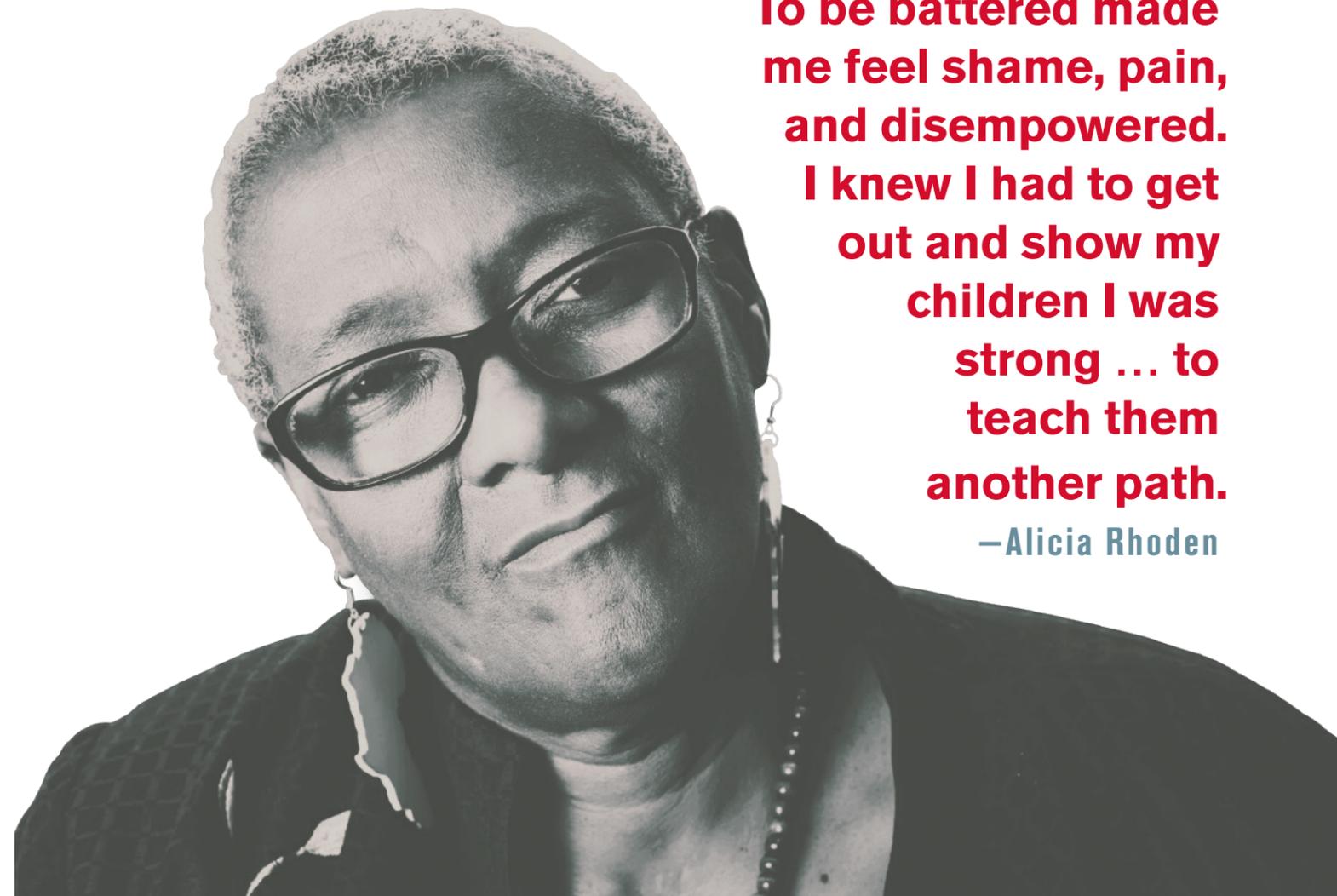
Women were also surveyed about their experiences with human trafficking. In their lifetimes, 14.2% of women in SPA 4 had been victims or survivors of trafficking, compared to 9.6% of the total population. In the past year, 9.7% of women in SPA 4 had been trafficked, compared to 6.8% of the total population. Trafficking also has long-term impacts on wellness and stability; of the 27 women who had experienced human trafficking in their lifetimes, 23 were chronically homeless. (There was no distinction made between forced sex work and other forms of labor trafficking.)



I was married and a victim of domestic violence. I experienced homelessness for four years with my children with nowhere to stay other than shelter to shelter.

To be battered made me feel shame, pain, and disempowered. I knew I had to get out and show my children I was strong ... to teach them another path.

—Alicia Rhoden



of women experienced domestic or interpersonal violence in their lifetime

## The Criminalization of Poverty

Homeless individuals are more likely to be involved with the criminal justice system, and interactions with police, jail, and prison also increase the likelihood that individuals will have difficulty accessing housing and resources based on restrictions from service providers and housing regulations.

In this year’s survey, 41.0% of women reported having interacted with the police. One in four had received a citation, one in five had been arrested, and one in five had been made to feel like a criminal for being unhoused. In focus groups and community conversations, women stated that being treated like a criminal made them less likely to approach police for support if they needed assistance or were the victim of crimes. They requested additional training for police about the stigmas around homelessness, domestic violence, and trauma.

Citations for “quality of life” crimes can limit housing options for women, and additional citations for being homeless may lead to fines that unhoused women have no way of paying, creating an additional cycle of problems that they must overcome to exit homelessness. The “Action Agenda” section of this report includes recommendations to address the criminalization of homelessness and poverty, which can prolong women’s homelessness while also reducing their trust in public agencies

	Experienced domestic violence in their lifetime	Experienced domestic violence in the last year	Experienced sexual abuse in their lifetime	Experienced sexual abuse in the last year
Entire survey population	53.2%	37.2%	42.6%	27.0%
Women sleeping most frequently on the streets	53.5%	42.2%	44.0%	31.0%
Women sleeping most frequently in shelters	44.3%	31.1%	38.7%	26.4%
Chronically homeless women	50.7%	35.1%	42.2%	26.7%
First-time homeless women	42.0%	29.3%	29.3%	18.0%
Newly homeless women	51.9%	41.8%	36.7%	30.4%
LGBTQ women	57.1%	52.4%	57.1%	35.7%
Women who have experienced human trafficking	74.1%	48.2%	85.2%	55.6%

## NIMBYism and Violence Against the Homeless

A disturbing recent trend in Los Angeles — and in other parts of the country — has been the increasing acceptance of virulent language targeting the homeless, as well as encouragement of harassment and policing of homeless individuals who are sleeping or camping in residential neighborhoods.

In the past year, homeless individuals and service agencies have reported targeted attacks on homeless encampments, including physical violence, incendiary devices being thrown from vehicles, and attempts to set tents on fire.<sup>12</sup>

Even outside of direct violence, many neighborhoods have turned to anti-homeless design to push homeless individuals out of their neighborhoods, including actions like fencing off grassy areas and public sidewalks, planting spiky plants along open areas, and

installing large objects such as planters to prevent the pitching of tents. On social media, residents are complaining about the lack of shelter options, sharing tactics to intimidate homeless individuals, encouraging one another to make homeless residents uncomfortable, and criticizing anyone who offers assistance.

Throughout 2018 and 2019, neighborhoods across Los Angeles turned out to argue against the placement of Bridge Housing shelters and permanent supportive housing in their communities, a clear example of “NIMBYism” (Not In My Backyard). Anti-homeless organizing included public protests and bringing children to testify against shelters in city council meetings.



# Community Resources

Overall, as noted in previous sections, women reported housing and shelters as the greatest needs to improve their communities. Beyond those basic needs, women also selected from a list of other resources that would improve their communities. At least one in five women selected each of the following: mental health care (28.2%); homeless services available at night (24.6%); restrooms and showers (23.9%); employment and training opportunities (21.6%); access to affordable, healthy foods (21.3%); and health care (20.3%).

Only 26.3% of women reported that they could always or often access resources after 5 p.m., leaving them vulnerable and without many options for a large portion of the day. Additionally, a huge majority of women reported difficulties accessing bathrooms and showers that were clean and safe.

Undocumented women may face specific challenges in navigating homeless and domestic violence services or avoid agencies altogether because of lack of identification or fear of deportation. In 2017, the *Los Angeles Times* reported a decline in reports of domestic violence, which “crisis professionals say is driven by a fear that interacting with police or entering a courthouse could make immigrants easy targets for deportation.”<sup>13</sup> In community meetings, service providers reported that Immigration and Custom Enforcement officers had made repeated attempts to enter their premises without warrants for specific individuals.

Homeless women also reported stress from a lack of income: 88.8% responded that they always, often, or sometimes find it hard to pay for basics (compared to only 7% said they were “never” stressed or worried). Women who had experienced domestic violence or sexual assault in the past year were slightly more likely to report being stressed about not being able to pay for basics (94.6% and 95.0%, compared to 91.2% of the total population). Black women reported

this stress at slightly higher rates than average (96.5%), while Latinx and White women were slightly less likely than average to report this stress (88.7%, 90.4%). Beyond being able to afford basics, access to these supplies is also limited; many women reported that they consistently have difficulty accessing inexpensive or free healthy, nutritious food.

## Social Support and Social Isolation

One of the key factors in maintaining housing is social support. Only about half of the women responded “yes” to having a social support network (49.5%, with a slightly higher rate of 51.5% in SPA 4).

Women aged 51 and older were least likely to report having a social support network, at 40.3%, compared to 65.0% of the women aged 18 to 30. Newly homeless women were slightly more likely to have a support network, with 51.9% responding yes. This is most likely because they may still have contact with social support from their communities prior to becoming homeless.

As a follow-up to the survey, the Downtown Women’s Center hosted a meeting with the Domestic Violence Homeless Services Coalition, including women with direct experience of homelessness and domestic violence. In small and large group conversations,

# Needed Resources



**28%**  
Mental health care



**21%**  
Employment and training opportunities



**24%**  
Homeless services available at night



**21%**  
Access to affordable, healthy foods



**23%**  
Restrooms and showers



**20%**  
Health care



**73%**  
Housing



**37%**  
Preferred accessing services in women-only environments

these women noted that it felt unjust that they were forced to leave their communities when they were not the ones who experienced harm. Women who are uprooted from their neighborhoods may have a harder time regaining stability, connecting with others, and building supportive communities. Seven of 10 (71.0%) women also reported that they find it difficult to store personal possessions, meaning that once they leave housing, their entire lives may be completely uprooted.

## Trauma-informed Care

In a study of 64,000 homeless individuals, conducted from 2015 to 2017 across 15 states, California Policy Lab found that “80% of unsheltered women reporting experiences with abuse and trauma caused their current spell of homelessness compared to 34% of sheltered women and 38% of unsheltered men.”<sup>14</sup>

Results from the 2019 Needs Assessment also showed a great need for trauma-informed care and services; 40% indicated that housing resources did not understand their trauma history. This was closely followed by 35% of respondents reporting that street outreach/case management service providers also do not understand their trauma history.

Women who attempt to access services that do not understand, let alone meet, their needs may be discouraged from returning and will stop accessing needed resources. Additionally, strict rules and policies may exacerbate the problems of homelessness — without consistent transportation options, a woman may spend an entire day traveling to access a service only to find that she does not meet requirements or have the correct documentation.

Services designed with an understanding of trauma-informed care offer a deeper understanding of the levels and types of trauma that any participant may have experienced. They may offer increased flexibility, a continuum of services, and staff who have had additional training to navigate trauma responses and specific types of traumatic events. Service providers have also been looking to build trauma-informed systems, where entire organizations are designed to understand trauma, address environments and actions that may impact access to services, and evidence-based interventions used to treat trauma-related symptoms and disorders.

## Access to Basic Resources

The women surveyed also indicated that hygiene resources were not widely or readily available for women experiencing homelessness. About a third of respondents reported that it is “always” difficult for them to find a safe and clean restroom (34.8%) and shower (38.5%).

Very few women reported that they never had an issue accessing these basic necessities: 81.5% expressed that it was “always,” “often,” or “sometimes” difficult to find safe and clean restrooms (compared to 82.5% in SPA 4). For showers, 75.7% women reported the same difficulties around access (77.0% in SPA 4).

Women also had difficulty accessing resources at night. Only 16.1% of respondents said they could “always” receive the resources they needed after 5 p.m., whereas 43.8% said they could “never” access such resources. Specifically, women reported most needing health care services (28%) and homeless services (25%) at night.

## TRAUMA-INFORMED CARE

Trauma-informed care refers to a program, organization, or system that: realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.



**As a Skid Row resident now for seven years with no other place to go, I had to find and make a way out of no way. My trials became my testimony, and my testimony has fueled my advocacy. Ultimately, this is about our journey, our struggles, our pain, our trauma — and more importantly, it is about our healing.**

**—Suzette Shaw**



# Action Agenda

**The data collected in the 2019 Needs Assessment reflects the specific needs and vulnerabilities of women experiencing homelessness — highlighting the importance of services and solutions that are created with an understanding of how best to support homeless women. Ending homelessness requires that every individual have access to resources that are truly responsive to their unique needs and histories; by gathering data about single, adult women, the Downtown Women’s Center hopes to ensure that solutions keep this diverse population in mind.**

In Los Angeles and beyond, solutions to women’s homelessness must also ensure that more women are not entering homelessness each year. Comprehensive social security nets; equitable access to affordable housing; universal access to resources and income; combating intimate partner violence, sexual assault, and trafficking; and trauma-informed communities are all part of a web of solutions.

The data also reflects a need for co-located services that support the needs of adult women in every community, so that women in crisis are not forced to leave their home communities and support networks to receive fragmented care from agencies spread across the city.



## Data

Existing data gathered about homelessness should be disaggregated by gender and other demographics to better meet the needs of homeless women, as well as to deepen understanding of how underserved groups may be further marginalized in their experiences of homelessness.

- Indicate gender in the Department of Housing and Urban Development (HUD)’s Point-In-Time count to determine how many shelter beds and housing units are needed for women.
- Provide access to existing government data, including data captured in HUD’s Homeless Management Information System (HMIS) about LGBTQIA+ women experiencing homelessness.
- Include gender, and gender paired with the experience of violence/trauma, as weighted factors in vulnerability scoring for individuals entered into the Coordinated Entry System.
- Increase research on the impacts of violence and trauma on mental health, as well as the link between gender-based violence and experiences of homelessness.
- Track and share the specific needs of disabled women experiencing homelessness. Disabled women are experiencing homelessness at disproportionately higher rates; better data collection can offer evidence of the need to ensure that all services, shelters, and housing are physically accessible.

## Housing

In Los Angeles and across the country, we are experiencing an urgent need for increased access to affordable, accessible housing in every neighborhood. Providing more housing will not only offer opportunities for women experiencing homelessness, but also prevent new women from becoming homeless for the first time.

- Develop new permanent supportive housing units, consistent with the Housing First model, to help break the cycle of homelessness. Ensure that adequate units are designated to meet the needs of disabled women and women who have experienced chronic homelessness and trauma.
- Support rapid rehousing and flexible funding for women exiting situations of intimate partner violence, and offer rent assistance for at least the first six months of housing.
- Provide support to women who are separated from their children, reunifying with their children, and women who have lost their children, including women who have different family compositions (e.g. grandchildren removed from custody and LGBTQIA+ family structures).
- Consider establishing a local policy to ensure proportional allocation of all resources, including interim and permanent housing resources.

### Prevent new instances of women’s homelessness

- Combat federal policies that would allow housing discrimination, such as the weakening of disparate impact, which is used to combat practices that appear neutral but have a disproportionate negative impact on protected groups.<sup>15</sup>
- Increase education and multilingual resources about tenants’ rights in all communities.
- Provide education about new city-wide rent control measures and banning Ellis Act evictions in Los Angeles.
- Provide publicly funded eviction prevention legal services in low-income communities and subsidized housing.
- Protect existing rent-stabilized housing.
- Increase the number of affordable housing units in every new development, with strict income and rent thresholds to make these units truly economically accessible.

## Health

Women experiencing homelessness have disproportionately higher gaps in medical and preventive care. Health care services must provide comprehensive care with a trauma-informed lens, as well as understand the specific health needs of disabled and mentally ill women.

- Create policies and practices for follow-up care and discharge from emergency rooms for patients experiencing homelessness, including connection to housing services and clear plans or affordable, accessible medical aftercare.
- Combat federal attempts to erase transgender protections from sex discrimination policy, as well as broader efforts to undermine civil rights legislation and policies based on sex. Ensure transgender people have access to adequate healthcare and housing.
- Oppose efforts by the U.S. Department of Health and Human Services to limit the application of Section 1557, which prohibits discrimination based on race, color, national origin, sex, age, and disability in health programs and activities receiving federal financial assistance.<sup>16</sup>

### Increase Accessibility

- Increase access to preventive care and primary care physicians, including exploring mobile clinics and expanded trauma-informed women's-only health services in every neighborhood.
- Offer comprehensive, trauma-informed medical care for women engaged in sex work, with specific services tailored for reproductive health and harm reduction. Ensure that staff are able to distinguish between voluntary sex work and trafficking and offer appropriate, respectful medical care.
- Enhance access to Medi-Cal Health Homes and Whole Person Care 1115 Waiver programs for women.
- Increase access to dental care.
- Include comprehensive mental health services and referrals to counseling as part of case management and service provision.

## Violence Against Women

Women experiencing homelessness are often at greater risk of violence. Many also experienced intimate partner violence and/or child abuse prior to becoming homeless. Gender-based violence is both a cause of women's homelessness and an increased threat for women who are displaced from their housing.

- Ensure that funding for addressing violence against women is used for violence prevention methods, including community-based resources for building healthy relationships, identifying signs of abusive dynamics and relationships, and education regarding available services.
- Expand funding for services to implement the Domestic Violence Housing First Model, providing flexible funding and mobile services to prevent and end homelessness for survivors.
- Eliminate "failure to protect" policies and legislation that criminalize women with children for experiencing intimate partner violence.

### Training, Education, and Resources

- Increase training for first responders to recognize and address intimate partner violence and offer resources for survivors and/or victims.
- Provide mandatory training for all homeless service providers on trauma-informed care, with a specific lens on gender-based violence and the long-term impacts of intimate partner violence.
- Ensure that resources for gender-based violence are inclusive of LGBTQIA+ experiences, including acknowledging that people of all genders can cause or experience violence.
- Increase understanding and awareness about financial abuse as a form of intimate partner violence and control. Provide financial resources for women leaving these situations, including credit repair and access to income sources.
- Increase public awareness of the impact of trauma and access to resources to decrease isolation and stigma.

## Community Resources

Women experiencing homelessness must have access to basic needs on a daily basis, in safe, clean facilities staffed by compassionate, culturally competent advocates.

- Hire staff with experience of homelessness in direct service, administrative, and program roles, and include women with experience of homelessness in decision-making roles such as board membership.
- Design services and agencies with a holistic understanding of the experiences of women navigating homelessness, including trauma histories, and experiences with violence, racism, and disabilities. Ensure staff have ongoing training and consultation regarding safety planning, human trafficking, domestic violence, and gender and sexual diversity.
- Support prevention by improving access to affordable permanent housing, eviction prevention measures, and gainful employment.
- Provide free TAP cards to homeless individuals, as Metro has eliminated bus tokens.

### Crisis, Interim, and Bridge Housing

- Decrease barriers to entry for shelters.
- Make shelter environments more welcoming by employing staff with an understanding of Trauma-Informed Care, ensuring lighting adds to security, providing access to safe outdoor space, allowing service animals, and including comfortable community spaces.
- Ensure that shelters include an adequate number of accessible beds for disabled women, including support to transfer from wheelchairs and power chairs to beds, accessible restrooms and showers, and storage for walkers and other mobility aids next to designated beds.
- Train shelter staff to prevent illegal warrantless searches of their facilities by Immigration and Customs Enforcement and clearly communicate between service providers which shelters are safest for undocumented women experiencing homelessness.
- Prohibit publicly funded shelters from accepting rent or public assistance, such as General Relief or Food Stamps, from shelter participants in exchange for their stay.

### Safe Spaces

- Provide trash cans and voluntary trash removal around known encampments. Cease sanitation sweeps that destroy tents and possessions of homeless individuals.
- Offer 24-hour access to safe, clean restrooms and showers.
- Decriminalize poverty and homelessness, including eliminating citations for "quality of life" crimes such as sleeping on the sidewalk or in a car.
- Increase "safe sleeping" lots for individuals living in their cars to park overnight.
- Continue to strengthen programs in public libraries to connect homeless individuals with case management and housing referrals.
- Expand the number of city-wide cooling centers and winter shelters, and publicize these locations in advance of inclement weather. Create default parameters for when these centers will operate, with temperature minimums and maximums, and any time there is rain.
- Mandate that businesses with restrooms available for customers cannot enforce restrictions on restroom usage.

### Training, Education, and Resources

- Create training for all homeless service providers about the causes and unique traumas involved in women's homelessness, including resources for partner referrals as needed.
- Provide trainings for City and County staff, as well as first responders on intimate partner violence and trauma-informed care; cultural humility; gender and LGBTQIA+ equity; and power, privilege, and oppression.
- Provide tailored programs for older women to decrease social isolation.
- Remove barriers to resources for undocumented women and ensure the safety of undocumented clients with data protection policies and trainings on immigrants' rights for staff and clients.

# Survey Methodology

## Survey Design

The majority of the questions asked in the 2019 Needs Assessment Survey were taken from previous needs assessments to allow for comparison with previous surveys. The survey focused on women experiencing homelessness, including questions about their demographic characteristics, housing, income, health, safety, violence, and access to resources and services. These questions consisted of mainly closed-ended questions. These included “Yes” or “No” questions, pre-defined multiple response options, and Likert scale opinion questions (i.e.: strongly agree, agree, strongly disagree).

A full list of questions and response options can be found at [www.DowntownWomensCenter.org](http://www.DowntownWomensCenter.org). The survey was created and administered using Qualtrics survey software. Additionally, the 2019 survey expanded the geographic scope of the 2016 report to include six Los Angeles County Service Program Areas (SPAs) within the city of Los Angeles. SPAs were determined by zip codes entered by the survey administrator.

## Data Collection

Service provider staff and volunteers administered the survey on tablets and cell phones through the Qualtrics offline mobile app. Teams surveyed areas across multiple Service Planning Areas (SPAs) in the City of Los Angeles; many survey sites were coordinated with homeless services providers. Surveys were also conducted on Homeless Connect Days, monthly events held in different geographic locations in Los Angeles County that bring social services to local homeless and low-income populations. Surveys were also administered on streets with well-known concentrations of people experiencing homelessness.

The survey was administered in both English and Spanish. A separate Spanish survey was translated from the original survey and conducted by fluent Spanish speakers. Participants were considered eligible to take the survey if they were experiencing homelessness, unaccompanied (living without a partner or children), over the age of 18, and self-identifying as female. A total of 305 responses were collected from eligible participants. Those who participated in the survey were given a gift card as compensation for their time.

## Data Analysis

Descriptive statistics and cross tabulations were the primary method for analysis. Questions that had missing responses were coded as nonresponses. Descriptive statistics were calculated by using the total responses for each question as the denominator, rather than the total sample (n=305). For each table created, the total responses are indicated by the “n” value for that question.

Cross tabulations were conducted along key variables of interest to pull out subpopulation trends. Corresponding responses for each subgroup (i.e. health rating, service access) were calculated as descriptive statistics. These subgroups included calculations for SPA 4/Skid Row, SPA 8, age, newly homeless, chronically homeless, domestic violence experience, sexual assault experience, and race.

Subgroup analysis was used to further clarify data in previous Needs Assessment reports. LGBTQ+ populations were also included in the subgroup analysis, however the various groups were aggregated to a sexual minority category (Identified as Gay, Lesbian, Bisexual, Unsure, and Other) because of the small sample size. Subgroups with fewer than 30 observations were not used in the subgroup/cross tabulation analysis.



## Endnotes

- 1 A homeless Point In Time count by the Los Angeles Homeless Services Authority (LAHSA) counted 12,449 women in 2013, 14,461 women in 2016, and 18,331 in 2019.
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- 10 Janey Rountree, Nathan Hess, And Austin Lyke: “Health Conditions Among Unsheltered Adults in the U.S.” October 2019. <https://www.capolicylab.org/wp-content/uploads/2019/10/Health-Conditions-Among-Unsheltered-Adults-in-the-U.S.pdf>
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- 12 Carla Green, “I try not to sleep’: vigilante attacks on LA’s homeless said to increase.” The Guardian. October 2019. <https://www.theguardian.com/us-news/2019/oct/03/i-try-not-to-sleep-at-attacks-on-homeless-in-los-angeles-increase-over-past-year>
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- 15 Fight for Housing Justice, “Fair Housing Is Under Attack.” <https://www.fightforhousingjustice.org/why-this-matters>
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# Acknowledgments

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# Individual Action Items and Advocacy Guidelines

## 01

**ACKNOWLEDGE** people experiencing homelessness.

Have conversations with unhoused neighbors and offer to be a support person if they experience violence from other members of the community. If an unhoused person must call the police, offer to be present to ensure that they are receiving fair treatment.

## 02

**ENGAGE** your neighbors and family members in conversation

about the causes of women's homelessness — as well as the existence of proven, evidence-based solutions such as permanent supportive housing. Identify and point out prejudice against homeless individuals, as well as myths and stereotypes, such as the idea that "homeless people want to stay homeless."

## 03

**ATTEND** neighborhood council meetings and push back on

anti-homeless language and policies from other community members. Engage community advocates with lived experience of homelessness to discuss services and success stories.

## 04

**ENCOURAGE** supportive conversations with friends and

family about mental health and preventive care, healthy relationships, intimate partner violence, and domestic violence, including offering resources as needed.

## 05

**VOLUNTEER** at a homeless service or victims service agency.

Learn where local cooling centers and winter shelters are, and spread information about these resources.

## 06

**DONATE** financially or give your gently used items to your local

homeless service or victim service agency.



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Every woman housed

[www.downtownwomenscenter.org](http://www.downtownwomenscenter.org)