

# **Downtown Women's Needs Assessment**

## **Findings and Recommendations**

**A report of the**

**Downtown Women's Action Coalition**

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Prepared by:

Becky Dennison  
Shelter Partnership, Inc.  
523 W. Sixth Street, Suite 616  
Los Angeles, CA 90014  
(213) 688-2188  
[www.shelterpartnership.org](http://www.shelterpartnership.org)

Rickey Mantley  
Los Angeles Community Action Network  
548 S. Spring Street, Suite 335  
Los Angeles, CA 90013  
(213) 629-2128

Anisa Mendizabal  
Downtown Women's Center  
325 S. Los Angeles Street  
Los Angeles, CA 90013  
(213) 680-0600  
[www.dwcweb.org](http://www.dwcweb.org)

Pete White  
Los Angeles Coalition to End Hunger and Homelessness  
548 S. Spring Street, Suite 339  
Los Angeles, CA 90013  
(213) 439-1070  
[www.lacehh.org](http://www.lacehh.org)

*“If you are down here, you’re supposed to be invisible. People see you, but they don’t really see. Women being interviewed were being seen and listened to, having their opinions and special needs heard.”*

Anonymous Downtown Resident and Survey Day Volunteer

*“That day I felt like I was doing something worthwhile—it felt good to get out of bed in the morning! I felt good about myself and about being part of the community. The whole experience was meaningful—it was experiencing first-hand the things I learned and talked about 30 years ago in my college classes. It was an opportunity for personal growth and for seeing all I had in common with other women, other human beings.”*

Marion, Downtown Resident and Survey Day Volunteer

*“I’d like to participate in more events like the Downtown Women’s Needs Assessment. Being a volunteer brought a connection between myself and the participants. The experience touched me. Being a mom myself, I found it overwhelming, especially talking with the families. Hopefully it will help restructure the services to really build up our community.”*

Thurstina, Downtown Resident and Survey Day Volunteer

## **Acknowledgements**

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We acknowledge the commitment and professionalism of the survey volunteers who devoted their time and enthusiasm to this project. Additionally, we recognize the many organizations involved with the project that donated staff time, gifts for respondents, resources for volunteer stipends, lunch for volunteers, and space at their sites. This project was an excellent example of community spirit and action generated by broad and diverse participation.

The artwork on the cover was created by Michelle Engler (1948 – 1999), a resident of the Downtown Women's Center whose spirit and activism is reflected in this project.

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## **Downtown Women’s Action Coalition Participating Agencies**

Alcoholism Center for Women  
AltaMed Health Services  
Beyond Shelter  
BID Action  
County of Los Angeles Sheriff’s Department  
Downtown Women’s Center  
Fred Jordan Mission  
Good Shepherd Center  
Hayward Hotel  
Homeless Health Care Los Angeles  
LAMP  
Los Angeles Community Action Network  
Los Angeles Coalition to End Hunger and Homelessness  
Los Angeles Mission  
Midnight Mission  
Para Los Niños  
Prototypes  
Shelter Partnership  
Skid Row Development Corporation/Transition House  
Skid Row Housing Trust  
SRO Housing Corporation  
St. Vincent’s Cardinal Manning Center  
Union Rescue Mission  
United Coalition East Prevention Project  
UCLA Substance Abuse Program  
Veteran’s Administration  
Volunteers of America  
Weingart Center Association

*Note: The opinions, conclusions and recommendations in this report represent those of the authors and do not necessarily reflect the views of the participating agencies.*

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## I. EXECUTIVE SUMMARY

### Background

There is currently a crisis for women in the Skid Row/Central City East area of downtown Los Angeles due to the lack of both emergency and affordable, permanent housing throughout Los Angeles County. The number of homeless single women and families living in Skid Row has dramatically increased in the past several years, with a daily influx of new families. Many women are coming to Skid Row as a last resort because it is the only area in Los Angeles with 24-hour emergency housing and services, although the area is extremely dangerous for women and unsuitable for young children. In addition, Skid Row is one of the few areas with a stable supply of affordable housing, although revitalization efforts and gentrification now threaten the affordable housing stock.

Formed in April 2001, the Downtown Women's Action Coalition (DWAC) consists of service providers, advocates, and downtown residents whose goals are to improve current housing and services for women and increase the resources available for women's housing and service programs. After successfully obtaining funding for a collaborative effort to provide emergency shelter and support services, DWAC determined that a thorough needs assessment was imperative in order to adequately address the many complex problems that women face downtown. It was this realization that led to the planning, design, and execution of the Downtown Women's Needs Assessment.

The purpose of the Downtown Women's Needs Assessment was *not* to verify or disprove social theories concerning the causes of homelessness. Similarly, the project's goal was *not* to determine root causes or contributing factors to homelessness among the individual survey respondents (though some such information can be inferred from the data). The survey was designed to identify the current needs and characteristics of women living downtown in order to assist the downtown community in designing housing and service programs appropriate for women's needs and to increase resources for new women's programs.

A sub-committee of DWAC, with representatives from the Downtown Women's Center, Los Angeles Coalition to End Hunger and Homelessness, Los Angeles Community Action Network, Shelter Partnership, and SRO Housing Corporation, was formed to plan and facilitate the needs assessment. The "For Women Only" needs assessment survey was conducted on Saturday, July 14, 2001. With the help of 60 volunteers, over 400 women residents of the Skid Row/Central City East community, both homeless and housed, were interviewed. Women were eager to participate and excited to share their feelings, needs, and concerns. The presence of the volunteers in the community and the intent of the project prompted overwhelmingly positive reactions from Skid Row residents, both men and women.

## Primary Findings

### *Demographics*

The women surveyed ranged in age from 14 to 79 years and the median age was 44 years. The largest number of respondents identified as African American (62.9%), with the next largest categories being non-Hispanic white (12.7%) and Hispanic/Latina (10.9%). The majority of women (67.9%) had at least a high school education or General Equivalency Degree (GED).

Most of the women (85.2%) had at least one source of income or public benefits; the most common sources were General Relief, Food Stamps, and Supplemental Security Income (SSI).

### *Homelessness and Housing*

The majority of women (59.3%) had been homeless for one year or more during their lifetimes, with 25.7 percent experiencing homelessness for five years or more. The median length of time that women had lived downtown was two years.

Housing patterns of the women were largely unstable, both over the past year and in the past month. Most women (81.9%) had slept in two or more places during the past year and 70.9% had experienced homelessness in that time. During the past month, 56.7% of the women had been homeless, according to the places they reported that they had usually slept. Additionally, about one-third of the women (29.9%) had usually stayed in a hotel, motel, or SRO paid for with their own money during the past month.

### *Social Isolation*

Over half of the women (58.1%) had no family or friends currently living in the downtown area. While the large majority of women reported that they had the opportunity to confide in someone about important issues in their lives, 15.7 percent did not have anyone to fill this role.

Many of the women (39.0%) had children under the age of 18; however, only 38.4 percent of these women had current legal custody. Of those with legal custody, about two-thirds (63.2%) had their children currently staying with them downtown.

### *Health Status*

A significant percentage (42.2%) of the women reported physical health problems during the past year and 28.9 percent reported a permanent physical disability. Approximately one-third (32.3%) of the women received a prescription for medication during the past year that they could not fill.

The large majority of women reported they had a Pap smear (93.6%) and/or a mammogram (68.6%). Of the women who had one or both of these procedures, the majority had them recently.

The majority of women had been tested for HIV (88.3%) and other sexually transmitted diseases (82.0%). Of those tested for HIV, 3.4 percent reported an HIV positive status. Of those tested for other sexually transmitted diseases (STDs), 37.4 percent reported incidence of an STD other than HIV.

One-quarter (24.9%) of the respondents reported drug or alcohol abuse during the past year, and slightly more (28.9%) reported being in recovery from drug or alcohol abuse. Just over one-third (34.5%) of the women reported substance abuse, recovery, or both.

A significant portion of women (40.5%) was affected by mental illness (reported experiencing mental illness in the past year and/or reported taking medication for a mental health problem). About one-quarter (23.3%) of the women reporting mental illness were not currently taking medication.

#### *Acts of Violence against Women*

The majority of women (58.5%) reported that they had been victims of domestic violence during their lifetimes. Among lifetime victims, 40.7 percent experienced domestic violence during the past year.

Similarly, the majority of women (51.0%) reported that they had been victims of sexual assault during their lifetimes. Among lifetime victims, 30.8% experienced sexual assault during the past year.

Over one-third (35.2%) of the women were victims of child abuse. Additionally, 21.5 percent of respondents reported they had been expected to perform a sexual favor in exchange for housing, a form of sexual intimidation and exploitation.

#### *Differences in Women's Characteristics Based on Experiences of Homelessness and Living Downtown*

Based on the hypothesis that challenging situations are exacerbated by episodes of homelessness and living downtown, several characteristics associated with women's unique challenges were analyzed. Comparisons were made between the following groups: women who had been homeless for more than one year in their lifetimes versus those who had been homeless for less than one year, women who had experienced homelessness during the past year versus those who had not, and women who had lived on Skid Row for a total two years or more versus those who had lived on Skid Row for less than two years. The results were very consistent across all comparisons and showed that homelessness and living on Skid Row were correlated with unique challenges and dangerous situations faced by women.

Women who had been homeless for one year or more, had experienced homelessness during the past year, or had lived on Skid Row for two years or more were more likely to be physically disabled or to have experienced physical health problems over the past year than the comparison groups. They were also substantially more likely to have mental health issues.

Women who had been homeless or lived on Skid Row for longer times or had been recently homeless were more likely to have experienced domestic violence or sexual assault during the past year than other women. They were also more likely to have been expected to exchange a sexual favor for housing.

Additionally, women who had been homeless for one year or more, had experienced homelessness during the past year, or had lived on Skid Row for two years or more were more likely to have spent time in prison, jail, or a halfway house during the past year than women in the comparison groups.

### *Housing and Service Needs*

Over 80 percent of women reported that they would take advantage of affordable, permanent housing outside of the downtown area, dental care, and/or medical care if offered that day. Over half of the women would take advantage of each of the following: employment and training programs, emergency housing, general counseling services, legal assistance, affordable permanent housing in the downtown area, HIV testing and treatment, and mental health care.

The women were also asked to report the top three types of housing and services most needed by all women living downtown. Emergency housing was the overwhelming priority, with 46.6 percent of the women indicating this as a need, followed by affordable housing in the downtown area and medical care.

The majority of women (63.8%) reported that if new emergency, transitional, or permanent housing were to be developed for women, it should be located in areas of Los Angeles outside of downtown. Additionally, if new housing were developed, 44.0 percent reported that housing for single women would best meet their needs, followed by housing for families (34.8%) and housing for couples (20.4%).

Approximately one-third (31.3%) of the women reported that the treatment that they had received from staff at Skid Row housing and service agencies was average, followed by good (21.6%) and very good (19.1%). However, a noteworthy percentage of women rated their treatment as poor (14.5%) or very poor (10.7%).

## Recommendations

Based on the needs assessment data and other relevant information, the following recommendations are intended to improve current housing and services for women and increase resources for needed housing and service programs.

- 1a. Set aside a portion of the City of Los Angeles' \$100 million Housing Trust Fund for housing for homeless women. This new housing should be located throughout the City of Los Angeles and should be designed to address the specific needs and characteristics of women.
- 1b. Evaluate existing permanent housing building design and capacity to house women and increase the number of units available for women. Agencies that fund permanent housing should investigate the gender discrepancy and consider changes to program guidelines.
- 1c. Build the capacity of organizations currently providing emergency or transitional housing and/or supportive services specifically for women to develop permanent housing or establish partnerships with permanent housing developers.
  
- 2a. Increase the number of emergency housing beds for women using federal, state, and local sources of funding. Housing should be located throughout the City and County of Los Angeles and operated by organizations with the resources and expertise to serve women.
- 2b. Design and operate emergency shelter in facilities appropriate for homeless women, with 24-hour access and linkages to supportive services such as counseling, medical care, childcare, and transportation. All Requests for Proposals (RFPs) for emergency housing should be revised to include methods for meeting the needs and ensuring the safety of women.
- 2c. Develop a means of communication, via Internet or Intranet, between emergency housing and service providers to foster timely and accessible information about bed availability.
  
- 3a. Domestic violence shelter and counseling providers should provide outreach services in the downtown area and develop strong linkages with emergency and transitional housing providers in the area.
- 3b. Domestic violence shelter and service providers should expand counseling services to non-recent victims of domestic violence, enhance services to address issues associated with sexual assault, and consider admitting residents that have been victims of domestic violence during the past year. Funding agencies should consider developing an innovative domestic violence program specifically for the population of women living downtown.
- 3c. All organizations that serve homeless women should develop expertise in the areas of domestic violence and sexual assault, attempt to identify victims of domestic violence and sexual assault, provide needed counseling or make appropriate referrals to these services, and implement

- domestic violence and sexual assault prevention programs. The Westside Domestic Violence Network's cross-training model should be investigated and duplicated, as appropriate.
- 3d. Develop partnerships with the Los Angeles County Sheriff's Department and the Los Angeles Police Department to improve placements for domestic violence and/or sexual assault victims into appropriate facilities.
  - 4a. Improve communication and coordination between downtown housing and service agencies and the Los Angeles County Department of Mental Health (DMH) in order to improve access to mental health treatment and other DMH programs, including linking eligible women to the AB 2034 Program.
  - 4b. Continue to provide substance abuse treatment and recovery services, both residential and outpatient, at a variety of sites downtown. Employ staff with substance abuse expertise and attempt to engage women in services. Consider developing high-tolerance housing programs for women who are active substance users, as this is a current gap in housing downtown.
  - 4c. Create Safe Havens to meet the needs of mentally ill and dually diagnosed women not being served by traditional, low-tolerance programs in the area.
  - 5a. Increase the number of emergency, transitional, and permanent housing units for women, both downtown and throughout the City and County of Los Angeles, and actively assist women in accessing units.
  - 5b. Educate women on issues related to sexual intimidation and violence and develop social support systems.
  - 5c. Continue effective STD testing, prevention, and treatment programs.
  - 6a. Support and implement policies and programs in mainstream systems that close the "front door" to homelessness for youth and young adults, such as implementing child abuse prevention programs, avoiding foster care placements when possible, increasing resources for and improving access to parenting and anger management courses, assisting intact families to retain permanent housing, and expanding and improving emancipated foster care programs.
  - 6b. Enhance programming in homeless programs to ensure child safety and development and counsel young women on issues related to child trauma.
  - 7a. Develop and enhance programs that foster community, provide case management as a means of social support, initiate women's support groups, and assist women to reconnect with children and other family members when possible.
  - 7b. Increase resources for and improve access to legal services that can assist women in custody-related issues.

- 8a. Utilize assessment tools and develop service plans that identify and address the characteristics associated with homelessness and living on Skid Row.
- 8b. Investigate and address high incarceration rates and the correlation between being homeless or living downtown and being incarcerated. Develop partnerships with the LAPD and Sheriff's Department to better meet the needs of homeless women. Support the Sheriff's casework and placement services for homeless people being released from jail.
- 8c. Utilize the Homeless Court to assist eligible women in expunging their criminal records.
  
- 9a. Support and implement policies and programs in mainstream systems that close the "front door" to homelessness, such as eviction prevention, rental assistance, diversion programs, streamlined public assistance, and others.
- 9b. Utilize assessment tools and develop service plans that identify and address the characteristics associated with different lengths of homelessness.
  
- 10a. Increase resources for and improve access to health care and prescriptions, including formal referral processes and follow-up services.
- 10b. Investigate women's health screening and STD testing and outreach programs and duplicate successful programs to effectively treat other health conditions.
  
- 11a. Investigate reasons for low participation rates in public benefits programs.
- 11b. Increase coordination between downtown housing and service agencies and DPSS, including outreach by DPSS at downtown sites.
  
- 12a. Identify all local providers of dental care, medical care, employment and training programs, general counseling services and legal assistance. Increase outreach and coordination between providers so women can receive formal, effective referrals for existing services.
- 12b. Increase resources available and hire staff with counseling and legal expertise.
  
- 13. Conduct further analysis and research on the needs and characteristics of specific groups of women, including women with children, women who are mentally ill, women over the age of 50, and women who have experienced domestic violence.
  
- 14. Initiate and sustain a broad campaign to increase resources for housing and services for women and improve current housing and services, including engaging relevant stakeholders and prompting policy debates and responses to the crisis for women living downtown.

## II. INTRODUCTION

There is currently a crisis for women in the Skid Row/Central City East<sup>1</sup> area of downtown Los Angeles due to the lack of both emergency and affordable, permanent housing throughout Los Angeles County. The number of homeless single women and families living in Skid Row has dramatically increased in the past several years, with a daily influx of new families. Many women are coming to Skid Row as a last resort because it is the only area in Los Angeles with 24-hour emergency housing and services, although the area is extremely dangerous for women and unsuitable for young children. In addition, Skid Row is one of the few areas with a stable supply of affordable housing, although revitalization efforts and gentrification now threaten the affordable housing stock.

In April 2001, downtown residents and service providers learned of the imminent closure of the Union Rescue Mission's single women's emergency shelter program, the largest provider of emergency shelter to single women on Skid Row. The organization was experiencing financial difficulties due to an increase in the number of families with children served. The program closing left service providers struggling to identify emergency alternatives for the many women without shelter. The closing of the Union Rescue Mission's program, combined with the recent explosion of women and women with children living on Skid Row, led to the formation of an emergency coalition, now called the Downtown Women's Action Coalition.

The Downtown Women's Action Coalition (DWAC) consists of service providers, advocates, and downtown residents whose initial focus was to seek immediate emergency relief for homeless single women. After successfully obtaining funding for a collaborative effort to provide emergency shelter and support services, DWAC determined that a thorough needs assessment was imperative in order to adequately address the many complex problems that all women face downtown. It was this realization that led to the planning, design and execution of the Downtown Women's Needs Assessment project.

The "For Women Only" needs assessment survey was conducted on Saturday, July 14, 2001. The survey was designed to identify the needs and characteristics of women living downtown in order to assist the downtown community in designing housing and service programs appropriate for women's needs and to increase resources for new women's programs. With the help of 60 volunteers, over 400 women residents of the Skid Row/Central City East community, both homeless and housed, were interviewed. Women were eager to participate and excited to share their feelings, needs, and concerns. The presence of the volunteers in the community and the intent of the project prompted overwhelmingly positive reactions from Skid Row residents, both men and women.

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<sup>1</sup> Skid Row, also known as Central City East or, more loosely, downtown, is located between 3<sup>rd</sup> and 7<sup>th</sup> streets and Main and Alameda streets in Downtown Los Angeles.

### **III. BACKGROUND INFORMATION**

#### **A. Factors Contributing to Homelessness among Women**

The U.S. Conference of Mayors and/or the U.S. Department of Housing and Urban Development cite the following root causes of homelessness for both men and women: poverty; lack of affordable housing; substance abuse, mental illness, and the lack of needed services; changes in the labor market; low paying jobs; domestic violence; changes and cuts in public assistance programs; changes in family structure; and chronic health problems and lack of access to affordable health care. Some of these commonly accepted root causes, such as domestic violence, disproportionately affect women. Homeless women have most likely experienced at least one of these potential contributing factors, although it is important to note that there are as many individual causes of homelessness as there are individual homeless women. Women also face challenges, different from those faced by men, that increase their risk of becoming homeless. Additional factors identified in the literature that uniquely contribute to homelessness among women include: feminization of poverty; social inequity; incidence of trauma; and compounded problems or issues.

The term “feminization of poverty” includes such factors as gender inequity among poor and low-income persons, wage inequity by gender and the over-representation of women in low-wage jobs, and lack of access to affordable childcare. Two out of three adults living in poverty in the United States are women<sup>2</sup>. Most of these women are not currently homeless, but poor and low-income people are at greater risk of homelessness due, in part, to the fact that increases in work wages and public benefits have not kept pace with the increase in living expenses over the last several decades<sup>3</sup>. Additionally, a multitude of studies show that the average woman earns less than a man in the same or similar job and women are more likely than men to work in low-wage employment sectors. Lastly, women in the United States are the primary caregivers to children and the lack of access to affordable childcare is one of many barriers to full-time employment with opportunities for upward mobility.

Social inequity is common to all women in the United States; however, homeless women may experience the challenges associated with inequity to a greater degree than women who are not homeless. Historically, sexism has contributed to social inequity between genders by, among other things, limiting women’s access to education, housing, and career opportunities, including positions of corporate and/or governmental power. Since a disproportionate number of homeless people are African-American, many homeless women experience inequity due to both sexism and racism. Although the women’s and civil rights movements have increased opportunities for women and people of color, the effects of race, gender, and class remain strong and complex. While it is well beyond the

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<sup>2</sup> Stoner, Madeline. Inventing a Non-Homeless Future: A Public Policy Agenda for Preventing Homelessness. 1989.

<sup>3</sup> National Alliance to End Homelessness. “Facts about Homelessness in the United States.” 2001.

scope of this report to explore these effects, the resulting inequity is relevant to the unique experiences and challenges faced by homeless women.

Research has shown that interpersonal violence, such as domestic violence and sexual assault or molestation, is highly correlated with residential instability<sup>4</sup>. Although sexual assault and domestic violence affect both men and women, women are more likely to experience these incidences of trauma. An estimated one in three women will experience some form of sexual assault in her lifetime, as a child, adult, or both<sup>5</sup>. A woman is more likely to be assaulted, injured, raped, or killed by a male partner than any other type of assailant<sup>6</sup>.

Approximately 95 percent of those who experience domestic violence are women<sup>7</sup>. Women who experience domestic violence often become homeless for a variety of reasons<sup>8</sup>. Women at all economic levels often find themselves cut off from all financial resources when they flee abusers, thereby leaving them with virtually nothing; however, low-income women fleeing domestic violence are much more likely to become homeless than women with adequate financial resources. Additionally, abusers often sabotage their victims' employment efforts, leaving victims without financial independence. Lastly, abusers often isolate their victims by insisting that they end relationships with friends and family, causing the victim to have little or no support structure and no place to stay when leaving an abusive situation.

Women who are homeless have often managed one or more of the difficult and traumatic life circumstances described above prior to becoming homeless. These situations are likely to become unmanageable with the onset of additional unexpected and/or expensive life situations. Often, it is the incidence of one event that appears to "cause" homelessness, but these events must be viewed in combination with other life experiences and the precarious housing situations of low-income people. Overall, the causes of homelessness are complex and interdependent, and the effects of each are often very different for men and women.

## **B. Characteristics of Homeless Women**

Approximately 32 percent of homeless people in the United States are women and about 23 percent of single homeless adults<sup>9</sup> are women. Although there is not a substantial amount of research specifically about homeless women or gender differences in the homeless population, research has identified some common characteristics of homeless

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<sup>4</sup> Bassuk, Ellen L., et al. "Multiply Homeless Families: The Insidious Impact of Violence." *Housing Policy Debate*. 2001.

<sup>5</sup> Buchwald, Emilie, et al. *Transforming a Rape Culture*. 1993.

<sup>6</sup> Shelter Partnership. "A Report on Domestic Violence Shelters in the City and the County of Los Angeles." 1997.

<sup>7</sup> Ibid.

<sup>8</sup> Regional Task Force on the Homeless, San Diego. 2001.

<sup>9</sup> Interagency Council on the Homeless. "Homelessness: Programs and the People They Serve." 1999. Single homeless adults are defined as individuals age 17 and over who are not currently accompanied by children under the age of 18.

women and characteristics unique from those of homeless men. Nationally, homeless women tend to be younger than homeless men, less likely to work, less likely to have a drug or alcohol problem, and more likely to have a mental health problem<sup>10</sup>. Research also indicates that approximately half of all homeless women have experienced domestic violence<sup>11</sup>. In fact, a recent study found that 22 percent of homeless mothers left their last place of residence because of domestic violence<sup>12</sup>.

Many homeless women have experiences of chronic health issues and poor overall health status. Furthermore, their living environment and lack of resources affect the severity of their problems. Some common chronic physical health problems that homeless women experience are hypertension, gastrointestinal problems, arthritis and other musculoskeletal disorders, chronic obstructive pulmonary disease, peripheral vascular disease, and dental problems<sup>13</sup>.

Other physical health issues, such as sexually transmitted diseases, HIV/AIDS, and genitourinary problems, are of particular importance to the population. Although women comprise only 9 percent of the total AIDS cases in Los Angeles County, a study of low-income people living with HIV/AIDS showed that women made up approximately 20 percent of this population<sup>14</sup>. The same study also identified that 75 percent of the women living with HIV/AIDS had been homeless at some point in their lives, compared to 62 percent of men.

Homeless women are at high risk of mental health and substance abuse problems. Compared to other low-income women, homeless women report higher stress levels<sup>15</sup>. Moreover, lifetime rates of post-traumatic stress disorder, substance abuse, and major depression are more prevalent among homeless women than other low-income women<sup>16</sup>. Among homeless women, research suggests that single homeless women suffer from higher rates of schizophrenia, bipolar disorder and substance use disorders than homeless mothers accompanied by children<sup>17</sup>.

Research on both homeless individuals and families shows that one major difference between the homeless and the housed is the presence of social support from families and friends<sup>18</sup>. Homeless people generally have fewer friends and relatives in the area in

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<sup>10</sup> Interagency Council on the Homeless. "Homelessness: Programs and the People they Serve." 1999.

<sup>11</sup> Zorza, Joan. "Women Battering: A Major Cause of Homelessness." *Clearinghouse Review*. 1991.

<sup>12</sup> Homes for the Homeless. "Ten Cities 1997-1998: A Snapshot of Family Homelessness Across America." 1998.

<sup>13</sup> McMurray-Avila M. "Organizing Health Services for Homeless People: A Practical Guide." 1997.

<sup>14</sup> Shelter Partnership, Inc. "A Report on Housing for Persons Living with HIV/AIDS in the City and the County of Los Angeles." 1999.

<sup>15</sup> Banyard, V.L. et al. "Surviving Poverty: Stress and Coping in the Lives of Housed and Homeless Mothers." *American Journal of Orthopsychiatry*. 1998.

<sup>16</sup> Bassuk E.L., et al. "Prevalence of Mental Health and Substance Use Disorders among Homeless and Low-Income Housed Mothers." *American Journal of Psychiatry*. 1998.

<sup>17</sup> Buckner J., et al. "Mental Health Issues Affecting Homeless Women: Implications for Intervention." *American Journal of Orthopsychiatry*. 1993.

<sup>18</sup> The Stanford Center for the Study of Families, Children and Youth. "The Stanford Studies of Homeless Families, Children and Youth." 1991.

which they live and also have less reliable support from their families than other low-income people. Although research on social supports and social isolation does not specifically focus on women, most homeless families are headed by women.

As with the causes of homelessness, many homeless women are affected by one or more of these common characteristics. Additionally, the unique causes of homelessness and characteristics of homeless women are often inter-related. The purpose of the Downtown Women's Needs Assessment was *not* to verify or disprove social theories concerning the causes of homelessness. Similarly, the project's goal was *not* to determine root causes or contributing factors to homelessness among the individual survey respondents (though some such information can be inferred from the data). Rather, the purpose of the survey was to determine the current characteristics and most immediate needs of women living downtown, most of whom are currently homeless or have experienced homelessness, in order to identify and implement appropriate short and long-term recommendations.

### **III. METHODOLOGY**

#### **A. Planning and Design**

A sub-committee of DWAC, with representatives from the Downtown Women’s Center, Los Angeles Coalition to End Hunger and Homelessness, Los Angeles Community Action Network, Shelter Partnership, and SRO Housing Corporation, was formed to plan and facilitate the needs assessment. Due to time and resource constraints, the assessment consisted of a one-day survey, designed to identify the needs and characteristics of homeless and housed women living downtown. After evaluating relevant research and needs assessment tools, as well as the group’s knowledge of the unique conditions for women on Skid Row, the sub-committee created the “For Women Only” survey instrument. The survey instrument contained three qualifying questions, 33 closed-ended questions, with additional sub-questions in some cases, and one open-ended question (see Appendix A). The questions were tested to read at a 5<sup>th</sup> grade level to help ensure clarity and comprehension for women with a wide range of education. The instrument was tested on a small group of community residents, presented to the full Coalition for feedback, finalized, and translated into Spanish. The sub-committee also solicited volunteers to administer the surveys, trained volunteers, identified and prepared survey sites, conducted outreach to service providers and residents, planned and coordinated the survey day, and provided small stipends for volunteers who were downtown residents.

#### **B. Site Selection**

Sites were selected for the Downtown Women’s Need Assessment to cover areas with heavy traffic patterns and encompass the full geography of Skid Row. High traffic areas were essential to completing a large number of surveys because of the three-hour period of time allocated to administer the survey. The sites selected and used for this survey were: 1) Downtown Women’s Center, 2) Midnight Mission, 3) Weingart Center, 4) San Julian Park, 5) Union Rescue Mission, 6) VOA Drop-in-Center, 7) LAMP Laundry, 8) Gladys Park, 9) Fred Jordan Mission, 10) Hayward Hotel, and 11) Historic Core Business Improvement District office (see Appendix B).

Sites were also selected based on their accessibility to women not seeking services to encourage participation by all women living in the area. In general, volunteers were stationed on the sidewalk in front of the site or in an area visible from the street. At the Union Rescue Mission and the VOA Drop-In Center, the only two sites where volunteers were located inside the facility, the areas were accessible to all interested women and there were no facility or program barriers to participating in the survey. In addition, several volunteers walked the streets in the area, distributing informational flyers and speaking to women about the purpose of the survey and how to participate.

All of the considerations in site selection were intended to assist in gathering data representative of all women living in the area.

### **C. Data Collection**

Two survey administration training sessions were conducted for volunteers. The volunteers for survey administration were all women, including women who live in the community, service providers, and other interested women from throughout Los Angeles. The training consisted of general information about homelessness, sensitivity to issues homeless women may be confronting, definitions of relevant terms, and review of survey questions and protocol. Special emphasis was given to the importance of gathering accurate and unbiased data and a considerable amount of time was allocated to demonstrating how to administer an objective and professional survey. The data show no evidence of significant variance in the findings attributable to volunteer bias.

The surveys were completed from 9:00 a.m. to 12:00 p.m. on Saturday, July 14, 2001. The data collection procedure consisted of an individual, face-to-face, written survey with each respondent. A number of procedures were implemented to encourage participation and protect the respondent's rights during the survey process. It was made clear to prospective respondents that the survey was totally voluntary, they could terminate the survey at any time, and they could decline to answer any question throughout the survey process. Respondents were also offered a gift of women's care products as an incentive for participation.

The survey was conducted in English and Spanish (by fluent Spanish-speaking volunteers) and lasted approximately 20-30 minutes, depending on the length of responses given. Responses were completely based on the opinion of the respondent, no verification of answers was requested. A total of 409 surveys were administered and collected by 44 trained volunteers. Volunteers reported that, in general, the participants were extremely appreciative that people cared about their situations and were comfortable and open in their responses.

### **D. Data Analysis**

The survey data were cleaned and entered into SPSS for statistical analysis. Of the 409 completed surveys, 10 were discarded due to ineligible respondents, incomplete surveys, and volunteer notes about the lack of coherence of the respondent. Although 399 surveys were analyzed, the total sample size for each question varies due to questions that respondents chose not to answer and sub-questions that did not apply to every respondent.

Data were analyzed using frequency distributions and cross-tabulations. In some cases, variables were created or computed using raw survey data. For example, while the survey instrument collected date of birth, exact age and age ranges of the population proved to be of more interest and were therefore created. Another example is the two survey questions regarding mental illness and substance abuse, respectively. These responses were combined and analyzed to report the most accurate number of women affected by these conditions.

## **IV. CHARACTERISTICS OF WOMEN LIVING DOWNTOWN**

### **A. Demographics**

#### Age

The women surveyed ranged in age from 14 to 79 years. The age range with the largest number of women was between 41 and 50 years of age (36.1%), followed by age 31 to 40 (26.3%), age 51 to 60 (22.8%), age 30 or less (11.1%), and 61 and over (3.7%). Both the mean and median age was 44 years.

#### Race/Ethnicity

The largest number of respondents identified as African American (62.9%), followed by non-Hispanic white (12.7%), Hispanic/Latina (10.9%), Multi-Racial/Ethnic (7.9%), Native American/American Indian (3.6%), Asian or Pacific Islander (1.5%), and Other (0.5%).

#### Education

The majority of women had at least a high school education or a General Equivalency Degree (GED). Only 32.1 percent of women had completed grade 11 or lower, with 36.4 percent high school graduates or GED recipients, 23.2 percent completing some college, and 8.3 percent college graduates.

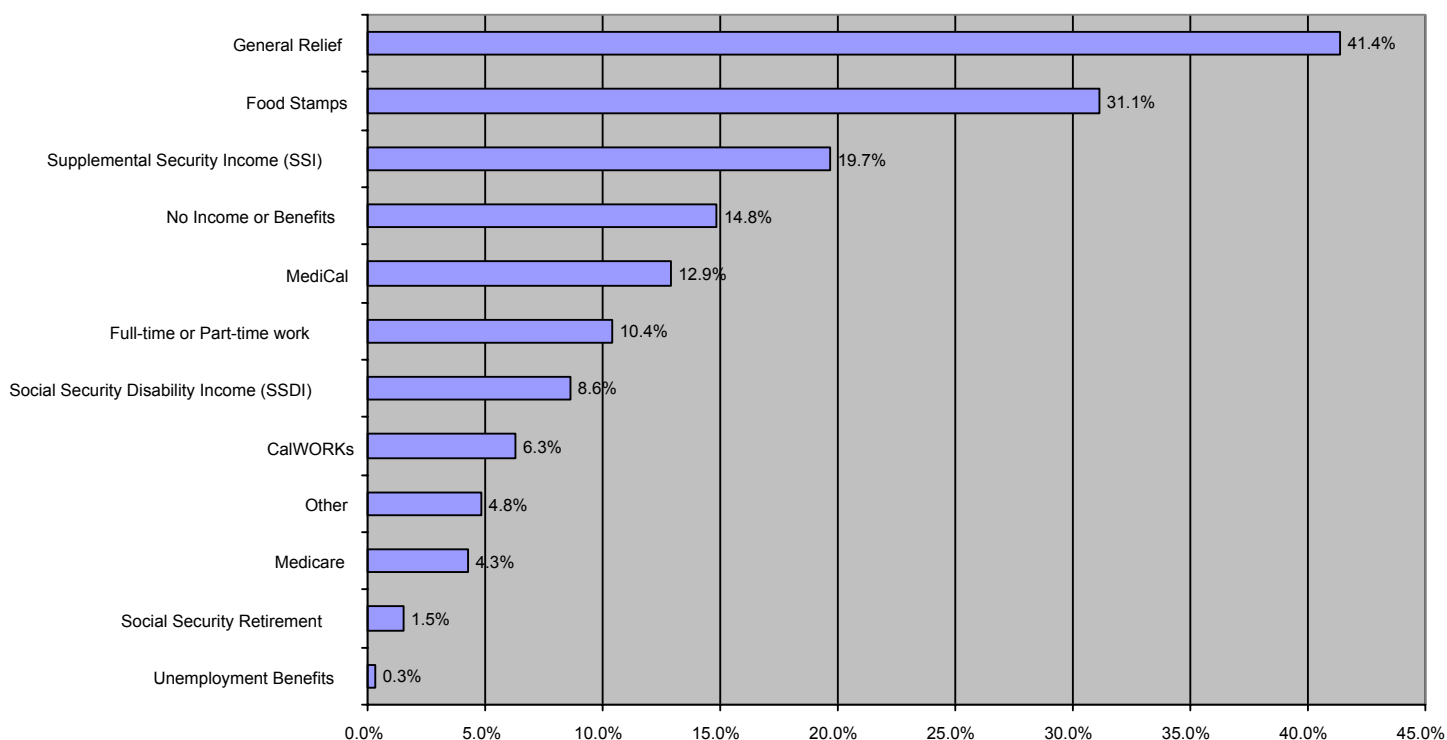
#### Current Income and Benefits

The large majority of women (85.2%) reported at least one current source of income and/or public benefits (see Figure 1), with 14.8 percent reporting no income or benefits of any kind. Income or benefits reported by at least ten percent of respondents included: General Relief (41.4%), Food Stamps (31.1%), Supplemental Security Income (19.7%), Medi-Cal (12.9%), and full-time or part-time work (10.4%). Also, 6.3 percent of the women reported receiving CalWORKs, a public benefit program available only to women with children in their legal custody.

Almost half of the women (47.7%) received either General Relief (GR) or CalWORKs benefits. However, of these women, only 60.4% also received Food Stamps, although both GR and CalWORKs recipients are generally eligible for Food Stamps.

Additionally, 20.4 percent of respondents reported a loss of government benefits at some point during the past year.

**Figure 1: Current Income and Benefits**



Note: Percentages do not add to 100% because respondents could choose more than one answer.

## Other Demographics

A small group of women was comprised of United States veterans (7.6%). A somewhat larger group was currently on probation or parole (12.6%). A notable percentage of women had spent time in foster care during their lifetimes (17.4%).

## **B. Homelessness and Housing**

### History of Homelessness and Living Downtown

The total length of time that women had lived downtown varied greatly, from one day to forty-five years. The median length of time was two years and the mean was approximately four and one-half years.

The majority of women (59.3%) had been homeless for one year or more during their lifetimes, with 25.7 percent experiencing homelessness for five years or more. However, many women (20.5%) had been homeless for only three months or less during their lifetimes (see Table 1).

<b>Table 1: Total Time Spent Homeless in Lifetime</b>		
	<b>Frequency</b>	<b>Percent</b>
None	23	5.8
Less than 3 months	81	20.5
4 - 11 months	57	14.4
1 - 4 years	133	33.6
5 - 9 years	55	13.9
10 or more years	47	11.8
Total	396	100

### Recent Homelessness and Housing

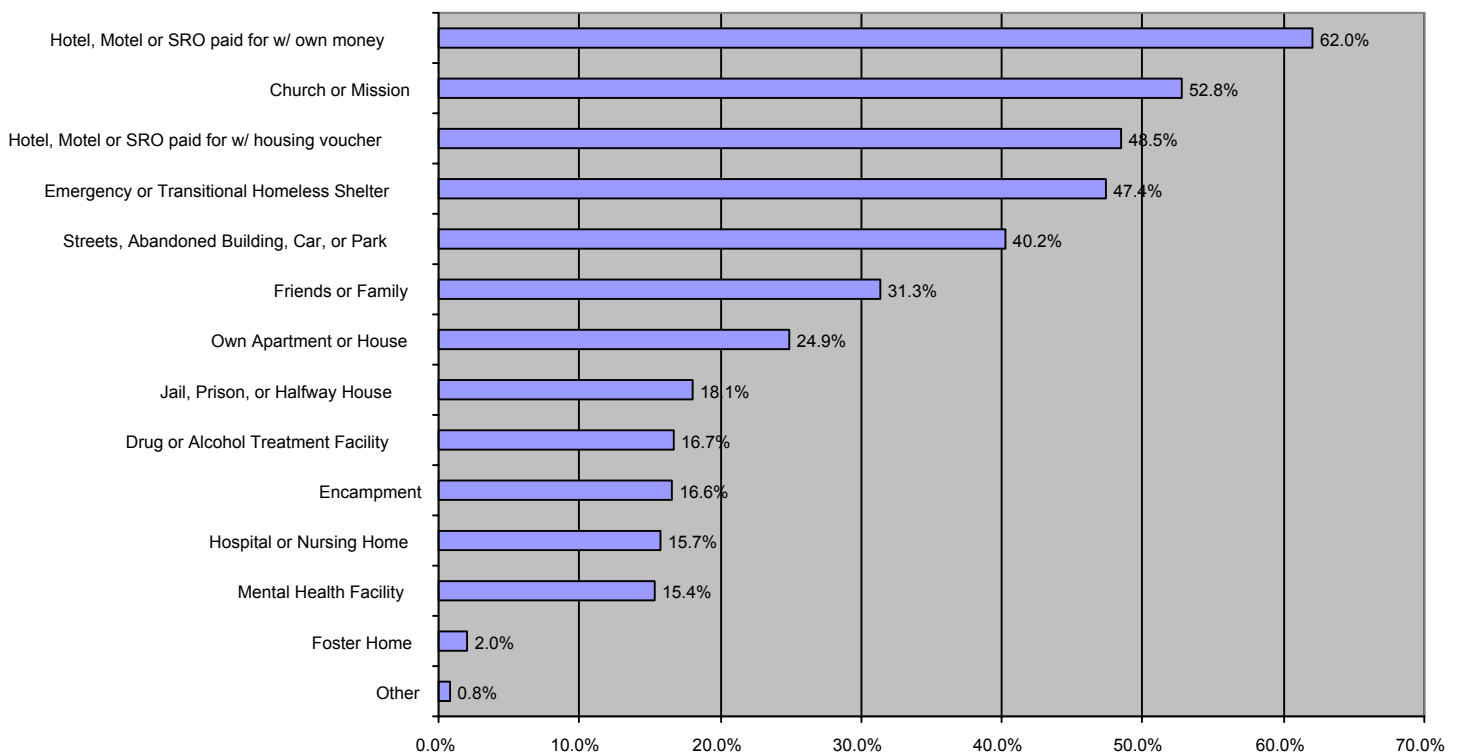
In the previous month, the places where women usually stayed were generally unstable (see Table 2). The majority of women (56.7%) were usually homeless, by federal definition<sup>19</sup>, in the past month. However, the usual housing situation reported by the largest group of women (29.9%) was a hotel, motel, or SRO paid for with their own money, indicating a significant group that may be living in permanent housing (it is unclear whether these women are renting SRO rooms under a long-term lease or in short-term, transitional agreements).

<b>Table 2: Place Usually Slept during Past Month</b>		
	<b>Frequency</b>	<b>Percent</b>
<b><i>Homeless (by Federal Definition)</i></b>	<b>206</b>	<b>56.7</b>
Streets, Abandoned Building, Car, or Park	53	14.6
Encampment	9	2.5
Church or Mission	44	12.1
Emergency or Transitional Homeless Shelter	43	11.8
Hotel, Motel or SRO paid for w/ housing voucher	57	15.7
<b><i>Stable or Semi-Stable Housing</i></b>	<b>140</b>	<b>38.4</b>
Hotel, Motel or SRO paid for w/ own money	109	29.9
Own Apartment or House	19	5.2
Friends or Family	12	3.3
<b><i>Institutions</i></b>	<b>16</b>	<b>4.4</b>
Jail, Prison, or Halfway House	2	0.5
Hospital or Nursing Home	0	0
Drug or Alcohol Treatment Facility	11	3
Mental Health Facility	3	0.8
Foster Home	0	0
<b><i>Other</i></b>	<b>2</b>	<b>0.5</b>
Total	364	100

<sup>19</sup> The Federal definition of a homeless person, established in the Stewart B. McKinney Homeless Assistance Act of 1987, is an individual who lacks a fixed, regular, and adequate nighttime residence or an individual whose primary nighttime residence is a temporary shelter or place not ordinarily used as a regular sleeping accommodation for human beings.

Housing patterns of the women were also largely unstable over the past year, with 70.9 percent reporting that they had experienced homelessness and 62.1 percent reporting that they were unable to find or secure affordable housing during the past year. Additionally, most women (81.9%) had slept in two or more different places over the past year. As shown in Figure 2, places that at least 40 percent of respondents had slept during the past year include: a hotel, motel or SRO paid for with own money (62.0%); church or mission (52.8%); a hotel, motel or SRO paid for with a housing voucher (48.5%); emergency or transitional homeless shelter (47.4%); and the streets, abandoned building, car, or park (40.2%).

**Figure 2: Places Slept during Past Year**



Note: Percentages do not add to 100% because respondents could choose more than one answer.

## C. Social Isolation

### Factors Contributing to Social Isolation

The women reported a variety of factors that contributed to social isolation. The majority of women (58.1%) had no family or friends, including husbands, unmarried partners, and children of any age, currently living in the downtown area. Additionally, in the past year, 29.0 percent of women had experienced a change in family structure, including divorce, death, and changes in children’s custody, and 21.9 percent had lost a job. While the majority of women reported that they had the opportunity to confide in someone about

important issues in their lives (see Table 3), 15.7 percent did not have anyone to fill this role.

	<b>Frequency</b>	<b>Percent</b>
Friend	188	47.5
Family Member	161	40.8
Counselor, Social Worker, Case Manager, or Other Professional	156	39.5
Clergy	80	20.2
Other	17	4.3
None of the above/I do not have anyone to confide in	62	15.7

Note: Percentages do not add to 100% because respondents could choose more than one answer.

### Children under Age 18

Many of the women living downtown (39.0%) had children under the age of 18 (see Table 4); however, the majority had lost custody of their children. Only 38.4 percent of women with minor children had current legal custody. Of those with legal custody, just 63.2 percent had their children currently staying with them downtown, indicating that many women had made alternative arrangements for the care of their children.

	<b>Frequency</b>	<b>Percent</b>
Women with Children under Age 18	154	39.0
Of Women with Children, Had Legal Custody of All or Some of their Children	58	38.4
Of Women with Legal Custody, Had Children Currently Staying with Them	31	63.2

## **D. Health Status**

### General Health Issues

The women, overall, had serious health issues. A significant percentage (42.2%) of the women reported physical health problems during the past year and 28.9 percent reported a permanent physical disability. Approximately one-third (32.3%) of the women received a prescription for medication during the past year that they could not fill.

### Women's Health Issues

The large majority of women reported they had a Pap smear (93.6%) and/or a mammogram (68.6%), two important and effective cancer-screening procedures. Although the percent reporting mammograms was significantly lower, women generally are not offered mammograms until age 40. Of the women who had one or both of these procedures, the majority had them recently (see Table 5).

<b>Table 5: Women's Health Examinations</b>		
	<b>Frequency</b>	<b>Percent</b>
Have Had a Mammogram	269	68.6
<i>Year of Most Recent Mammogram</i>	--	--
1999 or Earlier	78	29.4
2000	99	37.4
2001	88	33.2
Have Had a Pap Smear	368	93.6
<i>Year of Most Recent Pap Smear</i>	--	--
1999 or Earlier	92	25.4
2000	117	32.3
2001	153	42.3
Have received treatment for abnormal mammogram or Pap smear	66	17.6

### Sexually Transmitted Diseases

As with cancer screening, the majority of women had been tested for HIV (88.3%) and other sexually transmitted diseases (82.0%). Of those tested for HIV, 3.4 percent reported an HIV positive status. Of those tested for other sexually transmitted diseases (STDs), 37.4 percent reported incidence of an STD other than HIV. The large majority of those reporting incidence of an STD (95.6%) had received treatment for the STD.

### Substance Abuse

One-quarter (24.9%) of the respondents reported drug or alcohol abuse during the past year, and slightly more (28.9%) reported being in recovery from drug or alcohol abuse. However, these groups were not mutually exclusive, with many women reporting both abuse and recovery during the past year. Just over one-third (34.5%) of the women reported substance abuse, recovery, or both.

### Mental Health

A significant portion of women (40.5%) was affected by mental illness. Mental illness was identified in two separate survey questions, with approximately one-third of the women reporting mental illness in each question (32.4% had experienced mental illness in the past year and 33.2% reported taking medication for a mental health problem). However, these populations were not exactly the same. Only 76.2 percent of those who were taking medication also reported experiencing mental illness. It is possible that the remaining 23.8 percent did not feel they had experienced mental illness because their illness was controlled by medication. Whatever the reason for the discrepancy, when both questions are combined, 40.5 percent of women reported mental health problems (either experiencing mental illness, taking medication for mental health problems, or both). Also notable is that 23.3 percent of the women reporting mental illness were not currently taking medication.

## E. Acts of Violence Against Women

Most of the women had experienced violence and traumatic incidences during their lifetimes. Over one-third (35.2%) of the women were victims of child abuse. Additionally, 21.5 percent of respondents reported they had been expected to perform a sexual favor in exchange for housing. Although the survey did not include information about whether women actually engaged in sexual favors in exchange for housing, the expectation alone is a form of sexual intimidation and exploitation, possibly induced by the lack of housing available to women.

### Domestic Violence

The majority of women surveyed (58.5%) reported that they had been victims of domestic violence during their lifetimes. Most of the women had experienced domestic violence as an adult (90.0%), with 31.9 percent reporting domestic violence both as an adult and a child (see Table 6). Among lifetime victims, 40.7 percent experienced domestic violence during the past year (23.6% of the total respondents had experienced domestic violence in the past year).

	<b>Frequency</b>	<b>Percent</b>
Experienced domestic violence during past year	94	23.6
Experienced domestic violence during lifetime	231	58.5
<i>Age experienced domestic violence</i>	--	--
Before age 18 (as a child)	21	10.0
Age 18 or older (as an adult)	122	58.1
Both (as a child and an adult)	67	31.9

### Sexual Assault

Similarly, the majority of women (51.0%) reported that they had been victims of sexual assault during their lifetimes (see Table 7). The majority of the women had been victims of sexual assault as an adult (66.7%), with 33.9 percent reporting sexual assault both as an adult and a child. In contrast to experiences of domestic violence, a significant portion of victims of sexual assault reported that the assault was experienced as a child only (33.3%). Among lifetime victims, 30.8% experienced sexual assault during the past year (15.6% of the total respondents had experienced sexual assault in the past year).

	<b>Frequency</b>	<b>Percent</b>
Experienced sexual assault during past year	62	15.6
Experienced sexual assault during lifetime	201	51
<i>Age experienced sexual assault</i>	--	--
Before age 18 (as a child)	63	33.3
Age 18 or older (as an adult)	62	32.8
Both (as a child and an adult)	64	33.9

## **V. DIFFERENCES IN WOMEN’S CHARACTERISTICS BASED ON EXPERIENCES OF HOMELESSNESS AND LIVING DOWNTOWN**

This needs assessment was conducted because of the assumption that women living downtown face unique challenges and more dangerous situations than men. These challenges increase for certain groups of women, including those who are mentally ill, victims of domestic violence, older women, women with children, and those who are homeless and often living on the street. It is beyond the scope of this needs assessment to analyze the unique characteristics and needs of each of these subgroups. Therefore, the focus of this section is homelessness and its interaction with certain characteristics, since the experience of homelessness at some point in their lives is common to the majority of women surveyed.

Based on the hypothesis that challenging situations are exacerbated by episodes of homelessness and living downtown, several characteristics associated with women’s unique challenges were analyzed. This analysis is not meant to address cause and effect, in other words whether the experience of homelessness causes these characteristics or vice versa. However, in addressing women’s needs, it is important to be aware of the differences and, when the differences are statistically significant, note that the characteristics are not independent and the results would likely repeat if other similar women were surveyed.

### **A. Women Who Had Been Homeless for One Year or More in Their Lifetimes**

Table 8 shows the differences in characteristics between women who had been homeless for one year or more in their lifetimes and those who had been homeless for less than one year.

#### Health Status

Women who had been homeless for one year or more were significantly more likely to be physically disabled or to have experienced physical health problems over the past year than women who had been homeless for less than one year. They were also substantially more likely to have experienced mental illness over the past year or to have been taking medication for a mental health problem.

#### Acts of Violence against Women

Women who had been homeless for one year or more were slightly more likely to have also experienced domestic violence during the past year and significantly more likely to have experienced sexual assault during the past year than other women. They were also substantially more likely to have been expected to exchange a sexual favor for housing.

## Incarceration

Women who had been homeless for one year or more were much more likely to have spent time in prison, jail, or a halfway house during the past year than women who had been homeless for less than one year.

	Women who had been homeless one year or more	Women who had been homeless for less than one year
Permanent Physical Disability***	35.3%	20.0%
Physical Health Problems During the Past Year***	51.9%	28.1%
Experienced Mental Illness During the Past Year**	36.6%	26.3%
Currently Taking Medication for a Mental Health Problem*	36.2%	28.7%
Experienced Domestic Violence During the Past Year	26.0%	20.6%
Experienced Sexual Assault During the Past Year***	20.4%	8.8%
Was Expected to Exchange a Sexual Favor for Housing***	28.9%	10.3%
Spent Time in Prison, Jail or a Halfway House in the Past Year***	22.2%	12.2%

\*\*\* Statistically significant at a 99 percent confidence level.

\*\* Statistically significant at a 95 percent confidence level.

\* Statistically significant at a 90 percent confidence level.

## **B. Women Who Experienced Homelessness During the Past Year**

Table 9 demonstrates the differences in characteristics between women who experienced homelessness during the past year and women who were not homeless during the past year.

### Health Status

Women who had been homeless in the past year were more likely to be physically disabled and slightly more likely to have experienced physical health problems over the past year than women who had not been homeless. They were slightly more likely to have experienced mental illness over the past year or to have been taking medication for a mental health problem.

### Acts of Violence Against Women

Women who had been homeless in the past year were significantly more likely to have also experienced domestic violence or sexual assault during the past year than other women. They were also more likely to have been expected to exchange a sexual favor for housing.

## Incarceration

Women who had been homeless during the past year were significantly more likely to have spent time in prison, jail, or a halfway house during the past year than women who had not been homeless.

**Table 9: Cross-Tabulation of Characteristics of Women Who Had Been Homeless in the Past Year vs. Women Who Had Not Been Homeless**

	Women who had been homeless during the past year	Women who had not been homeless during the past year
Permanent Physical Disability***	33.3%	18.1%
Physical Health Problems During the Past Year	43.3%	39.7%
Experienced Mental Illness During the Past Year	34.0%	28.4%
Currently Taking Medication for a Mental Health Problem	33.7%	31.3%
Experienced Domestic Violence During the Past Year***	28.0%	12.9%
Experienced Sexual Assault During the Past Year**	18.1%	9.5%
Was Expected to Exchange a Sexual Favor for Housing*	23.7%	15.9%
Spent Time in Prison, Jail or a Halfway House in the Past Year**	20.9%	11.4%

\*\*\* Statistically significant at a 99 percent confidence level.

\*\* Statistically significant at a 95 percent confidence level.

\* Statistically significant at a 90 percent confidence level.

### C. Women Who Had Lived Downtown for Two Years or More

Table 10 shows the differences in characteristics between women who had lived downtown for a total two years or more and those who had lived downtown for less than two years.

#### Health Status

Women who had lived downtown for two years or more were not more likely to be physically disabled, but were more likely to have experienced physical health problems over the past year than women who had lived downtown for less than two years. They were significantly more likely to have experienced mental illness over the past year or to have been taking medication for a mental health problem.

#### Acts of Violence against Women

Women who had lived downtown for two years or more were less likely to have also experienced domestic violence during the past year, but significantly more likely to have experienced sexual assault during the past year than other women. They were also more likely to have been expected to exchange a sexual favor for housing.

#### Incarceration

Women who had lived downtown for two years or more were substantially more likely to have spent time in prison, jail, or a halfway house during the past year than women who had lived downtown for less than two years.

**Table 10: Cross-Tabulation of Characteristics of Women Who Had Lived Downtown for Two Years or More vs. Women Who Had Lived Downtown for Less Than Two Years**

	Women who had lived downtown for two years or more	Women who had lived downtown for less than two years
Permanent Physical Disability	29.1%	28.6%
Physical Health Problems During the Past Year*	46.1%	38.0%
Experienced Mental Illness During the Past Year**	37.4%	27.1%
Currently Taking Medication for a Mental Health Problem**	38.6%	27.4%
Experienced Domestic Violence During the Past Year*	20.4%	27.1%
Experienced Sexual Assault During the Past Year**	19.4%	11.5%
Was Expected to Exchange a Sexual Favor for Housing*	24.4%	18.4%
Spent Time in Prison, Jail or a Halfway House in the Past Year**	22.3%	13.4%

\*\*\* Statistically significant at a 99 percent confidence level.

\*\* Statistically significant at a 95 percent confidence level.

\* Statistically significant at a 90 percent confidence level.

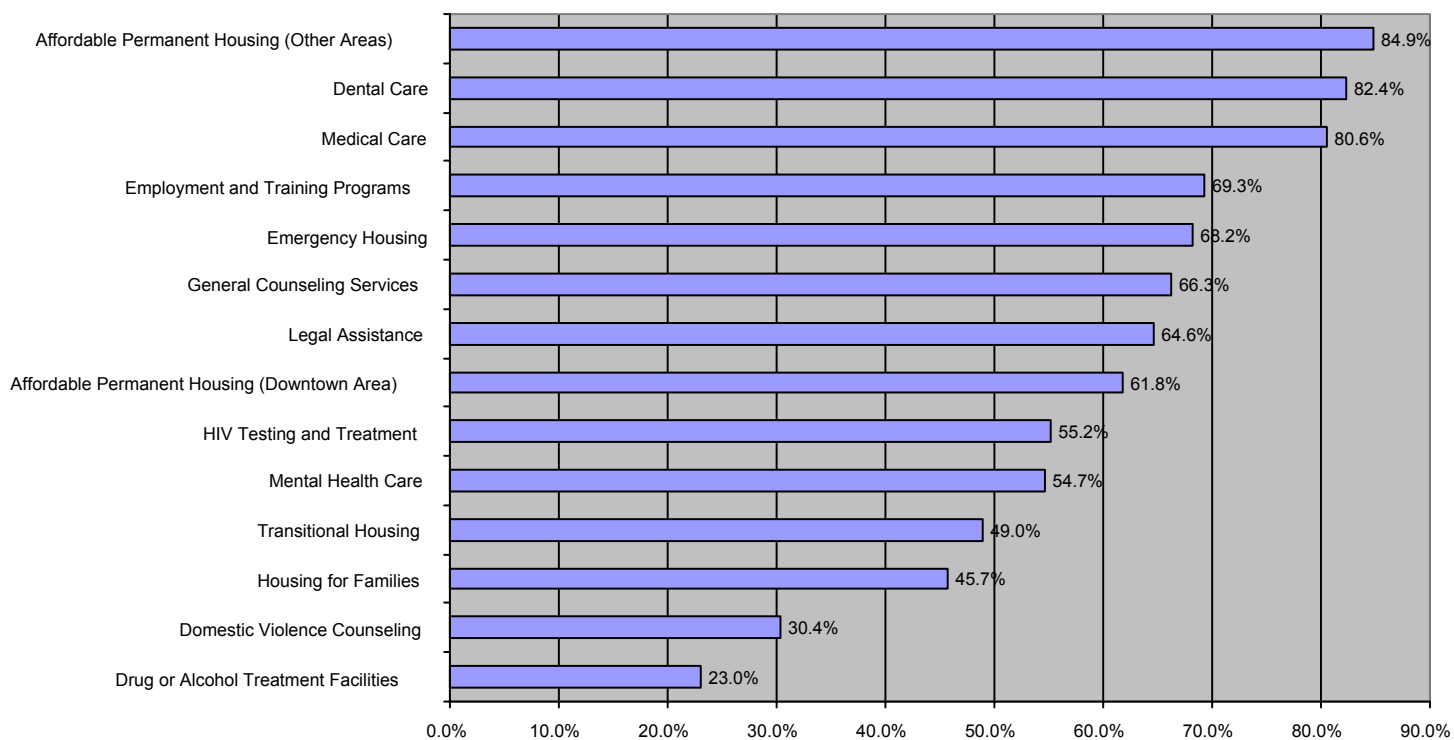
The above cross-analysis shows that homelessness and living on Skid Row were generally correlated with unique challenges and dangerous situations faced by women. The results were consistent using three different indicators of homelessness and/or length of time living on Skid Row. Although causation cannot be established, women who were homeless and/or lived on Skid Row for longer times were more likely to experience trauma, danger, and other severe life challenges than other women.

## VI. HOUSING AND SERVICE NEEDS AND PRIORITIES

The full population of women surveyed reported a large number of housing and service needs and indicated that they would be willing to take advantage of many services if offered (see Figure 3). Over 80 percent of women reported that they would take advantage of affordable, permanent housing outside of the downtown area, dental care, and/or medical care if offered that day. Of the types of housing and services about which the women were asked to indicate whether they would take advantage, over half of the women would take advantage of 10 of the 14 services. Almost half of the women (49.0%) would take advantage of transitional housing if offered. The three remaining types of housing and services were expected to have lower affirmative response rates since they were targeted toward a specific group of women: housing for families (45.7%), domestic violence counseling (30.5%), and drug or alcohol treatment facilities (23.0%).

Note: Percentages do not add to 100% because respondents could choose more than one answer.

**Figure 3: Housing and Services that Respondents Would Take Advantage of if Offered TODAY**



The women were also asked to report the top three types of housing and services, not in ranked order, most needed by women living downtown (see Table 11). Emergency housing was the overwhelming priority, with 46.6 percent of the women indicating this as a need, with affordable housing in the downtown area (31.3%) and medical care (31.0%) other top choices. It is important to note that the information on need and priority were collected on the same housing and service choices, but the information cannot be directly compared. Figure 3 reports information on individual need and Table 11 reports information on the

needs and priorities of all women living downtown, as perceived by each individual respondent.

	<b>Frequency</b>	<b>Percent</b>
Emergency Housing	162	46.6
Affordable Permanent Housing in the Downtown Area	109	31.3
Medical Care	108	31.0
Affordable Permanent Housing Other Areas in Los Angeles	99	28.4
Employment and Training Programs	78	22.4
Drug or Alcohol Treatment Facilities	71	20.4
Housing for Families	59	17.0
Transitional Housing	44	12.6
Mental Health Care	41	11.8
Dental Care	39	11.2
General Counseling Services	29	8.3
Domestic Violence Counseling	28	8.0
Legal Assistance	26	7.5
HIV Testing and Treatment	17	4.9

Note: Percentages do not add to 100% because respondents could choose up to three types of housing and services.

Emergency, transitional, and affordable, permanent housing were each indicated as a significant individual need (with 49% or more needing each type), with emergency and permanent housing also being a highly prioritized group need. The majority of women (63.8%) reported that if new emergency, transitional, or permanent housing were to be developed for women, it should be located in areas of Los Angeles outside of downtown. Additionally, if new housing were developed, there was a fairly equal distribution of the type or size of unit that would best meet the needs of women living downtown (see Table 12).

	<b>Frequency</b>	<b>Percent</b>
Units for Single Women	168	44.0
Units for Families	133	34.8
Units for Couples	78	20.4
Other (chose more than one)	3	0.8
Total	382	100

The women were asked to rate the treatment that they had received from staff at Skid Row housing and service agencies. The rating by the largest percentage of women (31.3%) was average, followed by good (21.6%) and very good (19.1%). However, a noteworthy percentage of women rated their treatment as poor (14.5%) or very poor (10.7%). Although this question does not directly address need, it is possible that the treatment received by the women either fosters or inhibits access to services, and indirectly affects the ability of the housing and service community to address their needs.

Finally, the women were asked to share any additional comments about existing housing and services for women downtown or suggestions for improving housing and services. The comments of the survey participants further emphasized the needs identified in the previous survey questions and focused on three main areas: safe and affordable housing, medical care, and appropriate services.

An overwhelming number of women expressed the desire for safe and affordable housing for a variety of family types. The women surveyed said that they wanted housing both downtown and away from the downtown area. They pointed out that the needs of women with children and married or cohabiting couples should be included in any comprehensive plan to address this issue. One woman commented, "Housing (is) needed for women and separate bathing and housing (is needed) for families." Another said, "(There) should be (housing) units available at (a) reasonable price. Permanent housing should be available as long as you can pay the rent and it shouldn't be taken away for any reason other than an inability to pay. No unreasonable rental increases." Another respondent pointedly added, "Housing outside of downtown is very important, (but) there should also be more housing downtown for females." One woman made clear in her final comments that, "(I) do not like being separated (from my spouse); do not want me and my man separated; do not want to lose him. This is what happens to a lot of us." A final comment offered by a significant portion of the women was, "Get children off the street."

Health care facilities and programs on Skid Row that account for the special needs and medical problems of women was another notable area of concern about which nearly all the respondents commented. One survey participant said, "Staff (at service-provider programs, downtown health clinics) need better first aid/ CPR training. People should be quarantined for contagious diseases." Another woman expressed the desire to "see (programs) screen better for mental (health) issues and refer (women) to mental health clinics." Another respondent said, "(We) need to prevent drug abuse on the streets," and one woman commented, "Open some of the vacant buildings downtown and staff these places with doctors."

Many of the women expressed opinions about the lack of basic services, such as job training, referrals to appropriate social service agencies, rape counseling, and dealing with the issues of sexual harassment or assault, and the lack of services designed especially for women. One woman said, "Programs (on Skid Row) don't offer any services, no case management, no real help for women, just church, bed, and food." Another woman commented, "It's difficult to get services. They need more facilities." One woman felt strongly, "Agencies need better training for people skills. Some agencies blackmail those who are in need for exchange for a place to stay." Lastly, another participant talked about, "racism, disrespectful and rude personnel, lack of professionalism. People (in some programs) facilitate prejudice by race, class, and religion."

## VII. CONCLUSIONS AND RECOMMENDATIONS

The following conclusions and recommendations are drawn from the needs assessment data and other information and are intended to advance two of the goals of the project: improve current housing and services for women and increase resources for needed programs.

While the proposed recommendations are intended to address the crisis of women who are currently homeless and/or living downtown, they also identify means of closing the “front door” to, or preventing, homelessness. This entails drastically increasing the safe and affordable housing stock; preventing first-time homelessness through an integrated systems approach (housing, social services, and financial assistance); and establishing adequate support measures to ensure that formerly homeless women can maintain permanent housing. Implementation of adequate support measures includes services such as transportation, childcare, violence prevention, food and other household items, counseling, legal services, empowerment, and social support. In conjunction with these recommendations, the community must continue to actively work to eliminate social inequity by gender and the feminization of poverty through direct action and partnerships with women’s organizations.

### *Conclusion 1:*

Affordable, permanent housing is an unmet need for women living in the downtown area. The large majority of women would take advantage of permanent housing, both downtown and in other areas of the City of Los Angeles, if offered and it was ranked very high in the overall needs of women living downtown. Single room occupancy (SRO) hotels are the main source of permanent housing in the downtown area and largely accommodate men. Design issues, such as shared bathrooms, limit the number of affordable SRO units appropriate for women.

### *Recommendations:*

- 1a. Set aside a portion of the City of Los Angeles’ \$100 million Housing Trust Fund for housing for homeless women. This new housing should be located throughout the City of Los Angeles and should be designed to address the specific needs and characteristics of women.  
**Directed to:** City of Los Angeles Mayor’s Office, Los Angeles City Council, City of Los Angeles Housing Department (LAHD).
- 1b. Evaluate existing permanent housing building design and capacity to house women and increase the number of units available for women. Agencies that fund permanent housing should investigate the gender discrepancy and consider changes to program guidelines.  
**Directed to:** Downtown housing providers, LAHSA, Housing Authority of the City of Los Angeles (HACLA), Housing Authority of the County of Los Angeles (HACoLA), Los Angeles County Community Development Commission (CDC), LAHD.

- 1c. Build the capacity of organizations currently providing emergency or transitional housing and/or supportive services specifically for women to develop permanent housing or establish partnerships with permanent housing developers. Any new housing should be located throughout the City and County of Los Angeles, including projects downtown.  
**Directed to:** All housing and service providers, LAHSA, Local Initiatives Support Corporation (LISC) and other capacity-building organizations.

*Conclusion 2:*

Emergency housing with voluntary supportive services is a significant unmet need for women in the downtown area. The majority of women would take advantage of emergency housing if offered and it was ranked as the highest overall need of women living downtown. There are only 155 emergency beds<sup>20</sup> in the downtown area for single women with no other qualifying characteristics (e.g., domestic violence, mental illness), excluding emergency housing vouchers distributed by DPSS and other social service agencies. Although emergency housing is a short-term solution to homelessness, it is necessary to alleviate the current crisis of women living on the streets downtown.

*Recommendations:*

- 2a. Increase the number of emergency housing beds for women using federal, state, and local sources of funding. Housing should be located throughout the City and County of Los Angeles and operated by organizations with the resources and expertise to serve women. Two possible options are to extend the Winter Shelter Program to a year-round program and explore public-private partnerships with privately-owned SROs to utilize some of their units for emergency housing.  
**Directed to:** City of Los Angeles Mayor's Office, Los Angeles City Council, Los Angeles County Board of Supervisors, Los Angeles Homeless Services Authority (LAHSA), Emergency Food and Shelter Program (EFSP) Local Board, Los Angeles County Department of Public and Social Services (DPSS), Downtown housing and service providers.
- 2b. Design and operate emergency shelter in facilities appropriate for homeless women, with 24-hour access and linkages to supportive services such as counseling, medical care, childcare, and transportation. All Requests for Proposals (RFPs) for emergency housing should be revised to include methods for meeting the needs and ensuring the safety of women.  
**Directed to:** LAHSA, EFSP Local Board, DPSS, Downtown housing and service providers.
- 2c. Develop a means of communication, via Internet or Intranet, between emergency housing and service providers to foster timely and accessible information about bed availability.  
**Directed to:** LAHSA, InfoLine, Downtown Women's Action Coalition.

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<sup>20</sup> Shelter Partnership, Inc. "Short-Term Housing Directory of Los Angeles County." 2000. (Supplemented by telephone survey.)

### *Conclusion 3:*

Domestic violence, sexual assault and other types of violence, both recent experiences and lifetime histories, are extremely prevalent among women living downtown. Domestic violence and sexual assault are strongly correlated, with the large majority of women having experienced domestic violence also being victims of sexual assault.

### *Recommendations:*

- 3a. Domestic violence shelter and counseling providers should provide outreach services in the downtown area and develop strong linkages with emergency and transitional housing providers in the area.  
**Directed to:** Domestic violence community, Downtown housing and service providers.
- 3b. Domestic violence shelter and service providers should expand counseling services to non-recent victims of domestic violence, enhance services to address issues associated with sexual assault, and consider admitting residents that have been victims of domestic violence during the past year. Funding agencies should consider developing an innovative domestic violence program specifically for the population of women living downtown.  
**Directed to:** Domestic violence community, CDD, Office of Criminal Justice Planning.
- 3c. All organizations that serve homeless women should develop expertise in the areas of domestic violence and sexual assault, attempt to identify victims of domestic violence and sexual assault, provide needed counseling or make appropriate referrals to these services, and implement domestic violence and sexual assault prevention programs. The Westside Domestic Violence Network's cross-training model should be investigated and duplicated, as appropriate.  
**Directed to:** Domestic violence community, sexual assault community, CDD, Downtown housing and service providers.
- 3d. Develop partnerships with the Los Angeles County Sheriff's Department and the Los Angeles Police Department to improve placements for domestic violence and/or sexual assault victims into appropriate facilities.  
**Directed to:** Domestic violence community, sexual assault community, Los Angeles Police Department (LAPD), Los Angeles County Sheriff's Department, Downtown Women's Action Coalition.

### *Conclusion 4:*

Substance abuse and mental illness are serious conditions that affect large portions of the population. Many of the women are current substance abusers, living with untreated mental illness, and/or are dually diagnosed. Mental health and substance abuse services, at a variety of levels and utilizing different philosophies, are imperative to addressing the needs of women living downtown. However, it is important to note that contrary to accepted opinion, the data show that women living downtown are not any more likely to be mentally ill or substance abusers than other homeless people in the County or the nation<sup>21</sup>.

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<sup>21</sup> Numerous national and local studies estimate that between 19 – 45% of homeless people have mental health problems and between 31 – 50% have substance abuse issues.

*Recommendations:*

- 4a. Improve communication and coordination between downtown housing and service agencies and the Los Angeles County Department of Mental Health (DMH) in order to improve access to mental health treatment and other DMH programs, including linking eligible women to the AB 2034 Program<sup>22</sup>.  
**Directed to:** Downtown housing and service providers, DMH.
- 4b. Continue to provide substance abuse treatment and recovery services, both residential and outpatient, at a variety of sites downtown. Employ staff with substance abuse expertise and attempt to engage women in services. Consider developing high-tolerance housing programs for women who are active substance users, as this is a current gap in housing downtown.  
**Directed to:** Downtown housing and service providers, Los Angeles County Department of Health Services (DHS), Alcohol and Drug Program Administration (ADPA).
- 4c. Create Safe Havens<sup>23</sup> to meet the needs of mentally ill and dually diagnosed women not being served by traditional, low-tolerance programs in the area.  
**Directed to:** LAHSA, EFSP Local Board, DMH.

*Conclusion 5:*

Many women have experienced sexual intimidation and exploitation when seeking housing through expectations of sexual favors in exchange for housing. Women who have recently experienced homelessness, have been homeless for one year or more, and/or have lived on Skid Row for two years or more are more likely to have been expected to exchange sexual favors for housing, indicating that the experience of homelessness and living downtown puts women in desperate and dangerous situations when seeking housing.

*Recommendations:*

- 5a. Increase the number of emergency, transitional, and permanent housing units for women, both downtown and throughout the City and County of Los Angeles, and actively assist women in accessing units.  
**Directed to:** City of Los Angeles Mayor's Office, Los Angeles City Council, Los Angeles County Board of Supervisors, LAHSA, LAHD, CDC, Downtown housing and service providers.
- 5b. Educate women on issues related to sexual intimidation and violence and develop social support systems.  
**Directed to:** Downtown Women's Action Coalition, Downtown housing and service providers.
- 5c. Continue effective STD testing, prevention, and treatment programs.  
**Directed to:** Health care and STD testing and prevention organizations.

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<sup>22</sup> The AB 2034 Program is an integrated services program, including outreach, intensive case management, and housing placement, for adults with severe mental illness who are homeless or at-risk of homelessness.

<sup>23</sup> According to the HUD Continuum of Care Application, a Safe Haven is a form of supportive housing in which a structure, or a clearly identifiable portion of a structure, meets the following criteria: 1) serves hard-to-reach homeless persons who have severe mental illness, are on the streets, and have been unable or unwilling to participate in supportive services; 2) provides 24-hour residence for an unspecified duration; 3) provides private or semiprivate accommodations; and 4) has overnight occupancy limited to 25 persons. A safe haven may also provide supportive services to eligible persons who are not residents on a drop-in basis. Safe havens do not require participation in services and referrals as a condition of occupancy.

*Conclusion 6:*

Many women living downtown experienced severe trauma as children, including child abuse, sexual assault, and domestic violence. Additionally, a disproportionate number of women spent time in foster care.

*Recommendations:*

- 6a. Support and implement policies and programs in mainstream systems that close the “front door” to homelessness for youth and young adults, such as implementing child abuse prevention programs, avoiding foster care placements when possible, increasing resources for and improving access to parenting and anger management courses, assisting intact families to retain permanent housing, and expanding and improving emancipated foster care programs.  
**Directed to:** Los Angeles County Department of Children and Family Services (DCFS); DPSS; DMH; Policy, research and advocacy organizations.
- 6b. Enhance programming in homeless programs to ensure child safety and development and counsel young women on issues related to child trauma.  
**Directed to:** LAHSA, Los Angeles County Proposition 10 Commission, Downtown housing and service providers.

*Conclusion 7:*

Most women are isolated from their friends and family, including their minor children. Many of the women who are perceived and served as “single women” are actually parents of minor children, but have either lost custody or have children living with other caregivers.

*Recommendations:*

- 7a. Develop and enhance programs that foster community, provide case management as a means of social support, initiate women’s support groups, and assist women to reconnect with children and other family members when possible.  
**Directed to:** Downtown housing and service providers, Downtown Women’s Action Coalition, LAHSA, DCFS, DPSS.
- 7b. Increase resources for and improve access to legal services that can assist women in custody-related issues.  
**Directed to:** CSS, legal services providers, Downtown Women’s Action Coalition.

*Conclusion 8:*

Being homeless and the length of time spent homeless or living downtown are associated with women's health status, experiences of violence and trauma, and incarceration rates. Although causation cannot be established, the incidence of health problems, mental health problems, violence, and incarceration increases when a woman has recently been homeless, has been homeless for one year or more in her lifetime, and/or has lived on Skid Row for two years or more, again indicating that the experience of homelessness and living downtown puts women in desperate and dangerous situations.

*Recommendations:*

- 8a. Utilize assessment tools and develop service plans that identify and address the characteristics associated with homelessness and living on Skid Row. Refer to sections regarding health, mental health, and domestic violence and sexual assault for recommendations on appropriate services.  
**Directed to:** Downtown housing and service providers.
- 8b. Investigate and address high incarceration rates and the correlation between being homeless or living downtown and being incarcerated. Develop partnerships with the LAPD and Sheriff's Department to better meet the needs of homeless women. Support the Sheriff's casework and placement services for homeless people being released from jail.  
**Directed to:** LAPD, Los Angeles County Sheriff's Department, Downtown Women's Action Coalition.
- 8c. Utilize the Homeless Court to assist eligible women in expunging their criminal records.  
**Directed to:** Downtown housing and service providers, legal service providers, Los Angeles Superior Court.

*Conclusion 9:*

The population of women living downtown is not solely comprised of chronically homeless women. Many women, especially women with children, have recently lived in independent housing situations.

*Recommendations:*

- 9a. Support and implement policies and programs in mainstream systems that close the "front door" to homelessness, such as eviction prevention, rental assistance, diversion programs, streamlined public assistance, and others.  
**Directed to:** LAHSA; EFSP Local Board; DPSS; DCFS; Policy, research, and advocacy organizations.
- 9b. Utilize assessment tools and develop service plans that identify and address the characteristics associated with different lengths of homelessness.  
**Directed to:** Downtown housing and service providers.

*Conclusion 10:*

Many women living downtown are experiencing physical health problems and need access to medical care and prescription medication. However, most women have recently undergone women's health screenings and STD testing.

*Recommendations:*

- 10a. Increase resources for and improve access to health care and prescriptions, including formal referral processes and follow-up services.  
**Directed to:** DHS, Downtown Women’s Action Coalition, Downtown housing and service providers.
- 10b. Investigate women’s health screening and STD testing and outreach programs and duplicate successful programs to effectively treat other health conditions.  
**Directed to:** DHS, health care and STD testing and prevention organizations, Downtown Women’s Action Coalition.

*Conclusion 11:*

Women living downtown may not be receiving all public benefits for which they are eligible. Food stamp receipt is low among General Relief and CalWORKs recipients and only 60 percent of women accompanied by children currently receive CalWORKs.

*Recommendations:*

- 11a. Investigate reasons for low participation rates.  
**Directed to:** DPSS; Downtown Women’s Action Coalition; Policy, research and advocacy organizations.
- 11b. Increase coordination between downtown housing and service agencies and DPSS, including outreach by DPSS at downtown sites.  
**Directed to:** Downtown housing and service providers, DPSS.

*Conclusion 12:*

The survey results demonstrate a willingness to participate in services, particularly dental care, medical care, employment and training programs, general counseling services and legal assistance, indicating that women living downtown are not service-resistant.

*Recommendations:*

- 12a. Identify all local providers of dental care, medical care, employment and training programs, general counseling services and legal assistance. Increase outreach and coordination between providers so women can receive formal, effective referrals for existing services.  
**Directed to:** Downtown Women’s Action Coalition, Downtown housing and service providers.
- 12b. Increase resources available and hire staff with counseling and legal expertise.  
**Directed to:** LAHSA, Downtown housing and service providers, Los Angeles County Department of Community and Senior Services (CSS), City of Los Angeles Community Development Department (CDD).

*Conclusion 13:*

Preliminary analysis of the data indicates that additional groups of women have unique characteristics that are important to service provision and future program design. For example:

- Over half of the women with children have arrived on Skid Row during 2001, in comparison with about one-quarter of other women, and these families are more likely to have experienced homelessness and a change in family structure during the past year.
- Women who are mentally ill are more likely to have experienced domestic violence or sexual assault during their lifetimes, more likely to have been expected to exchange a sexual favor in exchange for housing, and more likely to be over age 50.
- Women who are over 50 years of age are more likely to have experienced physical health problems during the past year and to have a physical disability.
- Women who have experienced domestic violence in their lifetimes are more likely to have children under age 18, more likely to have experienced mental illness, substance abuse, or sexual assault in the past year, and significantly more likely to have been a victim of child abuse.

*Recommendation:*

13. Conduct further analysis and research on the needs and characteristics of these specific groups of women.

**Directed to:** Policy, advocacy and research organizations.

*Conclusion 14:*

Women living downtown clearly face a severe housing crisis as well as dangerous situations and histories of trauma that compound their current crisis.

*Recommendation:*

14. Initiate and sustain a broad campaign to increase resources for housing and services for women and improve current housing and services, including engaging relevant stakeholders and prompting policy debates and responses to the crisis for women living downtown.

**Directed to:** Policy, advocacy and research organizations; LAHSA; Downtown Women's Action Coalition.

## **VIII. APPENDICES**

Appendix A: Survey Instrument

**Downtown Women’s Needs Assessment Survey**

Interviewer’s Name: _____
Site/Region: _____

***Interviewer:***

- *We are conducting a survey of women today. We represent the Women’s Steering Committee, a group of downtown service providers and residents that is working to increase and improve housing and services for women in the downtown area.*
- *We feel that there is a severe shortage of housing and other service programs that meet the unique needs of women. We will use the results of the survey to try to convince service providers to design programs sensitive to the needs of women and to try to convince government agencies and elected officials to increase funding and resources for women downtown.*
- *The survey will take about 10 - 20 minutes and is completely confidential. I will not ask your name. If you’d like to receive the results of the survey, I can put your name and contact number on a separate sheet of paper.*
- *Some of the questions are very personal. You do not have to answer any questions that make you uncomfortable. We have a small gift for helping us out and completing a survey. We also have a flyer with all of the existing services for women in this area, which you can take whether you complete a survey or not.*
- *Would you like to participate? Is there a place you’d like to sit that is somewhat private?*

***If they say no, ask if they would be willing to tell us whether they are currently homeless. Record this information on your “Declined to Participate” list.***

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Qualifying Questions

Do you live in the Downtown/Central City East/Skid Row area?    **Yes**                      **No**  
**If no, do not continue with survey.**

Have you already completed this survey today?                      **Yes**                      **No**  
**If yes, do not continue with survey.**

What is your gender?                      **Man**                      Woman                      Transgender  
**If man, do not continue with survey.**

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***Begin survey on next page.***

A. What is your date of birth?

Month/Day/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

B. Which best describes your race/ethnicity?

1. African American
2. Asian or Pacific Islander
3. Caucasian/White (Non-Hispanic)
4. Hispanic/Latino
5. Native American/American Indian
6. Multi-Racial/Ethnic
7. Other, please specify: \_\_\_\_\_

C. When did you first come to this area (downtown/CC East/Skid Row)? Year: \_\_\_\_\_

D. How long have you lived in the Skid Row area in total? Years: \_\_\_\_\_ Months: \_\_\_\_\_

E. Adding together all the different times that you have experienced homelessness in your lifetime, how much time have you spent being homeless?

1. None
2. Less than 3 months
3. 4 to 11 months
4. 1 to 4 years
5. 5 to 9 years
6. 10 or more years

F. Overall, how would you rate the treatment you have received from the staff of the various missions, shelters, and social service agencies of the Skid Row area?

1. Very Good
2. Good
3. Average
4. Poor
5. Very poor
6. No opinion/Have not received services in the area

G. Do you have the opportunity to confide in any of the following people about issues that are important in your life (i.e. living situation, relationships, traumatic incidents)?

*(Circle all that apply)*

1. Family member
1. Friend
2. Clergy (religious official such as a minister, rabbi, etc.)
3. Counselor, social worker, case manager, or other professional
4. Other, specify: \_\_\_\_\_
5. None of the above/I do not have anyone to confide in

H. Do you have any family or friends currently staying downtown? 1. **Yes** 0. No

- H1. **If yes, who?** Husband 1. Yes 0. No
- H2. Unmarried partner (boyfriend or girlfriend) 1. Yes 0. No
- H3. Children 1. Yes 0. No
- H4. Other \_\_\_\_\_

I. Do you have children under the age of 18? 1. **Yes** 0. No

- I1. **If yes, are they currently in your legal custody?** 1. **Yes** 0. No 2. **Some**
- I2. **If yes or some, how many are currently living/staying with you?** \_\_\_\_\_

J. In the past year, have you slept in any of the following places?

- 1. On the streets, in an abandoned building, car, park .....Y N
- 2. Encampment ..... Y N
- 3. Church or mission ..... Y N
- 4. Emergency or transitional homeless shelter ..... Y N
- 5. A hotel, motel or SRO paid for with an emergency housing voucher ..... Y N
- 6. Your own rented room in a hotel, motel or SRO ..... Y N
- 7. Your own apartment or house..... Y N
- 8. With friends or family..... Y N
- 9. Jail, prison, or halfway house ..... Y N
- 10. Hospital or nursing home ..... Y N
- 11. Drug or alcohol treatment facility ..... Y N
- 12. Mental health facility ..... Y N
- 13. A foster home ..... Y N
- 14. Other, please specify: \_\_\_\_\_

**K. Of these places you've been staying over the past year, where have you usually slept during the past month?** (interviewer: circle the number of the category above – allow only one answer)

L. What type of income and/or benefits do you receive? (Read each category and circle the number of all that apply.)

- 1. Full-time or part-time work, specify monthly income: \_\_\_\_\_
- 2. CalWORKs
- 3. Food Stamps
- 4. General Relief (GR)
- 5. MediCal
- 6. Medicare
- 7. Social Security Disability Income (SSDI)
- 8. Social Security Retirement
- 9. Supplemental Security Income (SSI)
- 10. Unemployment Benefits
- 11. Other, specify source: \_\_\_\_\_

M. In the past year, have you experienced any of the following? (*Read each category and circle the number of all that apply*)

1. Homelessness
2. Unable to find/secure affordable housing
3. Change in family structure (i.e. divorce, death, separation, children's custody change, etc.)
4. Domestic violence
5. Drug and/or alcohol abuse
6. Recovery from drug and/or alcohol addiction
7. Loss of government benefits
8. Sexual assault
9. Loss of job
10. Mental illness
11. Permanent physical disability
12. Physical health problems (i.e. heart problems, difficulty breathing or walking)
13. Other, specify: \_\_\_\_\_

N. If offered to you today, would you take advantage of any of the following housing or services?

- |   |   |   |
|---|---|---|
| 1. Emergency housing .....  | Y | N |
| 2. Transitional housing .....                                       | Y | N |
| 3. Drug or alcohol treatment facilities .....                       | Y | N |
| 4. Housing for families .....                                       | Y | N |
| 5. Affordable permanent housing in the downtown area .....          | Y | N |
| 6. Affordable permanent housing in other areas in Los Angeles ..... | Y | N |
| 7. Medical care .....   | Y | N |
| 8. Dental care .....  | Y | N |
| 9. Mental health care .....   | Y | N |
| 10. HIV testing and treatment .....                                 | Y | N |
| 11. Domestic violence counseling .....                              | Y | N |
| 12. General counseling services .....                               | Y | N |
| 13. Employment and training programs .....                          | Y | N |
| 14. Legal assistance .....  | Y | N |
| 15. Other, specify: _____   |   |   |

O. **Of the above housing and services, which do you think are most needed by women in the downtown area? Choose up to three.** (*Circle the numbers that apply*)

**Interviewer:** *The next section of questions are very personal and some are related to traumatic events that many women experience. Your answers will not be shared with anyone. Government agencies and housing providers will only see the total results of the survey, not individual responses. Also please remember, you can tell me that you do not want to answer any question that makes you uncomfortable.*

P. In your lifetime, have you ever been a victim of domestic violence? 1. **Yes** 0. No

P1. **If yes**, when? 1. Before the age of 18 (as a minor)

P2. 2. Age 18 or older (as an adult)

P2. 3. Both (as a minor and as an adult)

Q. In your lifetime, have you ever been a victim of sexual assault? 1. **Yes** 0. No

Q1. **If yes**, when? 1. Before the age of 18 (as a minor)

Q2. 2. Age 18 or older (as an adult)

Q3. 3. Both (as a minor and as an adult)

R. Were you a victim of child abuse (before age 18)? 1. Yes 0. No

S. In the past year, have you had any prescription for medication that you could not fill?

1. Yes 0. No

T. Do you currently take medication for a mental health problem? 1. Yes 0. No

U. When was the last time you had a mammogram? 1. Year: \_\_\_\_\_ or 0. Never

V. When was the last time you had a pap smear? 1. Year: \_\_\_\_\_ or 0. Never

W. Have you ever received medical treatment for an abnormal mammogram or pap smear?

1. Yes 0. No

X. Have you ever been expected to perform a sexual favor in exchange for one or more nights of housing?

1. Yes 0. No

Y. When was the last time you had an HIV test? 1. Year: \_\_\_\_\_ or 0. Never

Z. Are you HIV positive? 1. Yes 0. No 2. Don't know

AA. When was the last time you were tested for other sexually transmitted diseases (i.e. gonorrhea, chlamydia, syphilis, herpes, etc.)? 1. **Year:** \_\_\_\_\_ or 0. Never

AA1. Have you ever had a sexually transmitted disease (STD) besides HIV?

1. **Yes** 0. No 2. Don't know

AA2. **If yes**, did you receive medical treatment for the STD? 1. Yes 0. No

BB. Have you ever served in the U.S. Armed Forces? 1. Yes 0. No

CC. Are you on probation or parole? 1. Yes 0. No

