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From: **Amy Turk** <amyt@downtownwomenscenter.org>

Date: Thu, Mar 2, 2017 at 10:01 AM

Subject: Women's Homelessness Discussion - Homelessness + Poverty Committee 3/8/17

To: Clerk.CPS@lacity.org

Cc: annem@downtownwomenscenter.org, Rachel Kassenbrock <rachelk@downtownwomenscenter.org>, Louise MBELLA <frenchyparisfrance@gmail.com>

Dear City Clerk,

Jack Reef with the Office of the Chief Legislative Analyst requested that we submit the full Downtown Women's Needs Assessment to the City Clerk so that it can be posted in the City's Council File Management System in advance of the March 8th Homelessness and Poverty Committee meeting. Please find the materials attached to this email.

Please let me know if you have any additional questions.

Thank you,

Amy Turk, LCSW

Chief Program Officer

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DOWNTOWN WOMEN'S CENTER



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March 2, 2017

Re: Post to the City's Council File Management System

Dear Los Angeles City Homelessness and Poverty Committee:

I write to request that the City Clerk post the attached full Downtown Women's Needs Assessment and PowerPoint Slides (CF 15-1138-S19) in advance of the Homelessness and Poverty Committee meeting on March 8, 2017. A presentation regarding the Downtown Women's Needs Assessment is slated for the Committee meeting on March 8th.

Please let me know you if you need any additional information.

Thank you,

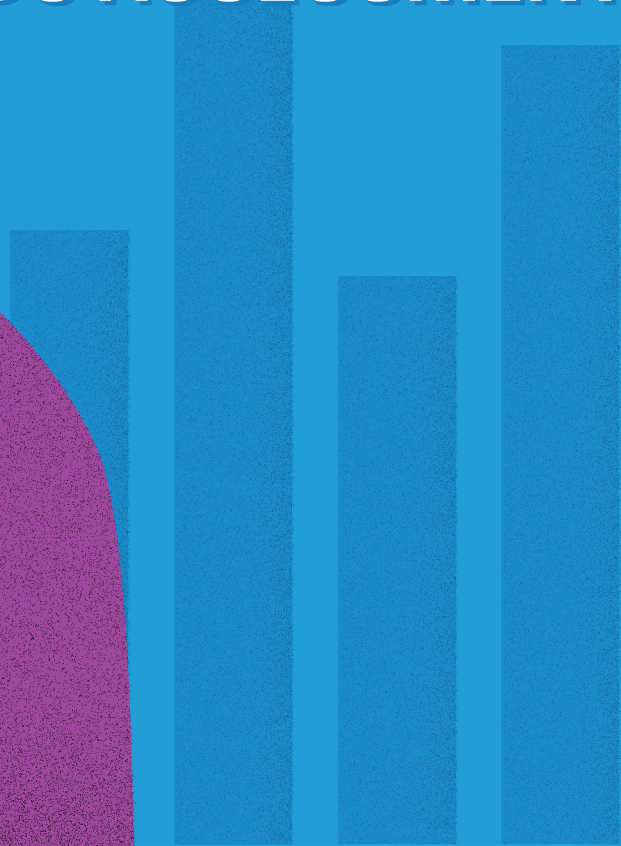
Amy Turk, Chief Program Officer

Downtown Women's Center

DOWNTOWN WOMEN'S ACTION COALITION

2016

DOWNTOWN WOMEN'S
NEEDS ASSESSMENT





INTRODUCTION

THE 2016 DOWNTOWN WOMEN'S NEEDS ASSESSMENT IS A COMMUNITY-BASED RESEARCH PROJECT, AND THE SIXTH IN A SERIES OF COMPREHENSIVE SURVEYS ON THE NEEDS, CHARACTERISTICS, AND CONDITIONS FACING HOMELESS AND EXTREMELY LOW-INCOME WOMEN LIVING IN DOWNTOWN LOS ANGELES.



Since 2001, the Downtown Women's Action Coalition (DWAC) has administered 1,687 surveys, providing crucial demographic information, population trends, and indicators of need for service providers, policy makers, and the general public.

This report includes longitudinal analysis of past surveys, along with conclusions from the 371 surveys collected in 2016. Information gathered from the surveys is split into five main sections: **Demographics, Housing, Healthcare, Violence Against Women,** and **Community Resources.**

The Action Agenda in the final section presents solutions to some of the most pressing issues facing women in downtown Los Angeles. Additionally, each section of the report highlights existing programs and solutions that have proven effective in addressing poverty and ending homelessness for women.

HISTORY

The Downtown Women's Action Coalition (DWAC) was founded in April of 2001, when downtown Los Angeles residents and service providers learned of the imminent closure of Skid Row's largest emergency shelter program for women. Community members and service providers united to seek immediate relief for the growing needs of homeless and extremely low-income women.

Though initially the coalition existed as a response to the lack of emergency services for homeless women in Skid Row, DWAC's founding members soon determined that in order to address the complex issues and obstacles faced by all women in the community, an in-depth Needs Assessment was required. Every three years since 2001, DWAC has conducted this survey with the goal of better informing all those working to improve the health and safety of women living downtown. The Needs Assessment has been utilized to identify gaps in service provision and opportunities to better meet the short- and long-term needs of this population.

Since its origin during the construction of the nineteenth-century Pacific Northwest railroads, Skid Row has provided services and housing for men; as Skid Row became known for its supply of affordable housing and emergency services, the number of women and families in the area has dramatically increased. Despite

the growing demand (especially since the late 1970s), the past five Needs Assessments have confirmed that the availability of women-centered services could not accommodate the entirety of the rapidly growing population. To this day, even as policies and services are adapting to understand the unique intersecting factors that cause and perpetuate women's homelessness, additional housing, healthcare, and supportive services for women are still greatly needed.

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

The intent of this most recent report is to provide a detailed analysis of the changing experiences of women in the downtown area through contextual data collected over the last 15 years and Community Profiles of women involved in DWAC, as well as a case-by-case overview of the innovative programs and services currently being implemented in the community.

METHODOLOGY



“EVERY THREE YEARS SINCE 2001, DWAC HAS CONDUCTED THIS SURVEY WITH THE GOAL OF BETTER INFORMING ALL THOSE WORKING TO IMPROVE THE HEALTH AND SAFETY OF WOMEN LIVING DOWNTOWN.”

SURVEY DEVELOPMENT

The Needs Assessment was administered over the course of a single day by trained volunteers at 12 sites throughout Skid Row. In a previously convened sub-committee of DWAC with residents from the Skid Row Community and representatives from the Downtown Women’s Center, Los Angeles Community Action Network, Los Angeles Center for Law and Justice, and the University of Southern California, the assessment tool was modified from its previous format to incorporate feedback from the community. In addition to preserving questions from past assessments, the committee created additional questions in an effort to gather information inclusive of the LBGT community, as well as more information on women with disabilities, mental illness, and/or histories of trauma.

The survey instrument contained three qualifying questions to ensure respondents belonged to the target population and to eliminate duplication. The survey comprised 44 multiple-choice questions, each with an optional fill-in “other” answer, divided into four sections: Demographics, Access, Services, and Safety. For certain responses, respondents were asked follow-up questions, and the final question invited respondents to share any additional thoughts, observations, or recommendations they had about housing and services in downtown LA. The full survey can be found online.

Prior to the survey date of March 12, 2016, the survey was presented to a small test group of community residents, reviewed by DWAC members, finalized, and translated into Spanish.

DATA COLLECTION

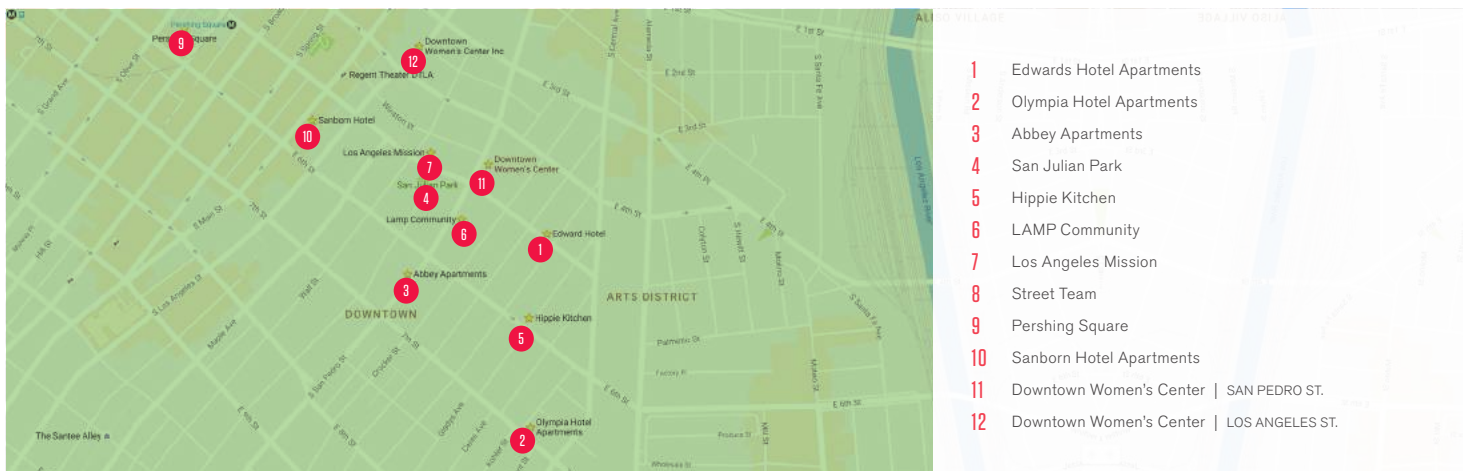
DWAC recruited volunteers from the downtown community and from among regular volunteers at partner agencies. Volunteers were invited to attend a survey administration training session that provided general information about homelessness, context about the specific issues homeless women face, definitions of relevant terms, and protocol for administering the surveys.

Volunteer team leaders were also identified in this session. Prior to the survey date, volunteer outreach teams encouraged the community to participate. Surveys were administered from 9:30 a.m. to 12:00 p.m. on Saturday, March 12, 2016. Data collection consisted of individual, face-to-face interviews. Respondents were informed that their participation was voluntary and that they could decline to answer any question or terminate the survey at any time. Respondents were also offered a \$5 gift card to a fast food restaurant as an incentive for participation.

The survey was conducted in English or Spanish and lasted approximately 20-30 minutes. Responses were self-reported by each respondent; no additional verification of answers was requested. Participants were not asked if they had participated in prior Needs Assessments.

After the Needs Assessment was administered, debrief meetings with survey volunteers, DWAC members, service providers, and researchers from the University of Southern California generated insight about the data collection process, themes that they observed in speaking with the women before and after the survey, and volunteers' recommendations. After the data was analyzed, DWAC members hosted four focus groups with Skid Row community members on the topics of trauma and violence, housing vouchers, shelter conditions, and emergency room visits. Insight from these groups is included within this report to provide context for the survey data.

SURVEY SITES



SURVEY ANALYSIS

The data considered here are self-reported responses from a convenient sample of 371 women aged 20 to 85 who participated in a survey conducted in downtown Los Angeles, California, designed to examine the needs of women who experienced or are experiencing homelessness. Women were eligible to participate if they met the following criteria: (1) ability to speak and/or read in English or Spanish, and (2) were living in downtown Los Angeles, central city east, or the Skid Row area. Women were approached and invited to participate in the study by 109 trained volunteers.

Univariate analyses were conducted to derive descriptive statistics for the sample. Bivariate analyses were conducted to examine subgroup differences on relevant outcomes. All analyses were performed with Stata 13.0 using data from participants who had complete information for all variables included in the analytic model.

DEMOGRAPHICS

THIS YEAR'S NEEDS ASSESSMENT DEMOGRAPHIC DATA SHOWS WOMEN IN SKID ROW ARE FAR MORE LIKELY TO BE OLDER AND AFRICAN-AMERICAN THAN WOMEN IN LA COUNTY, SUGGESTING THESE GROUPS EXPERIENCE HOMELESSNESS AND EXTREME POVERTY AT DISPROPORTIONATELY HIGH LEVELS.

AGE

The 2016 survey results show there continues to be a demographic shift toward older women in Skid Row. More than half of all survey respondents (60.2%) were age 51 and over, a nearly 8% increase from 2013 (52.4%), and a 13% increase from 2010 (47%).

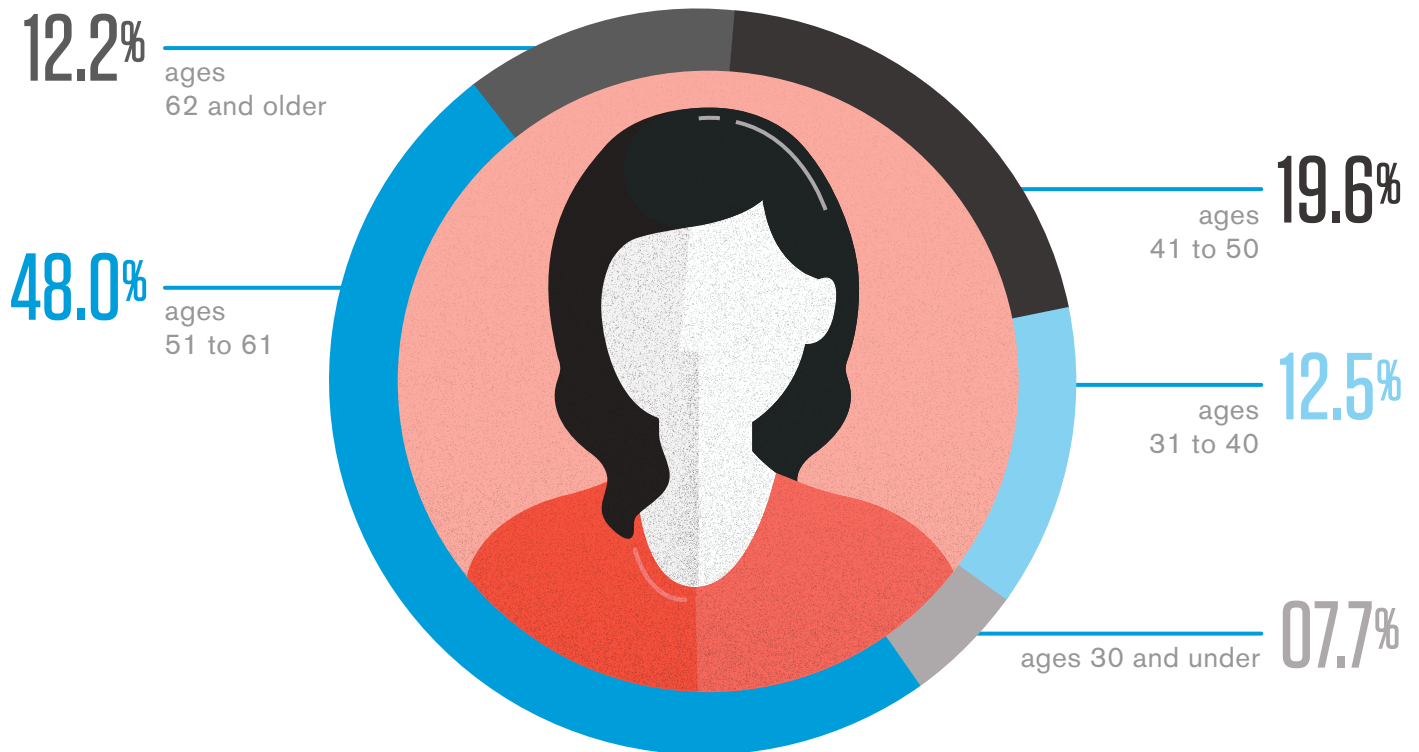
Older women reported having poorer health than in previous years. Sixty-two percent (62.2%) of women aged 51 and older reported their health as being “fair” or “poor,” a notable increase from 50% of women age 51 and over in 2013. The majority of women surveyed who were over age 50 also live with significant health issues. Sixty-five percent (64.7%) reported having a psychiatric or mental health disability (compared with 62.6% of women under 50), and 65.6% live with an ambulatory disability (compared with 43.9% of women under 50). These numbers reinforce the need for more specialized care and services for this increasingly older population as well as accessible facilities and agencies.¹

This age group's poor health is likely compounded by the fact that more than half of women age 50 and older do not sleep most frequently in permanent housing – 32% reported sleeping most frequently in shelters, and 28.1% most frequently sleeping on the street. Another contributing factor in the overall age increase is the aging of women who are experiencing chronic homelessness:² 61.4% of women aged 50 and older have been homeless longer than one year, compared with 12.1% of women under age 30. The longer an individual is homeless, the more likely it is that they do not have access to healthcare, neglect their health maintenance, or are exposed to harmful living conditions.

CHRONIC HOMELESSNESS

A chronically homeless individual as defined by the Department of Housing and Urban Development is “a homeless individual with a disability who has been homeless continuously for at least 12 months or on at least four separate occasions in the last three years where the combined occasions must total at least 12 months.”

2016 SURVEY RESULTS BY AGE

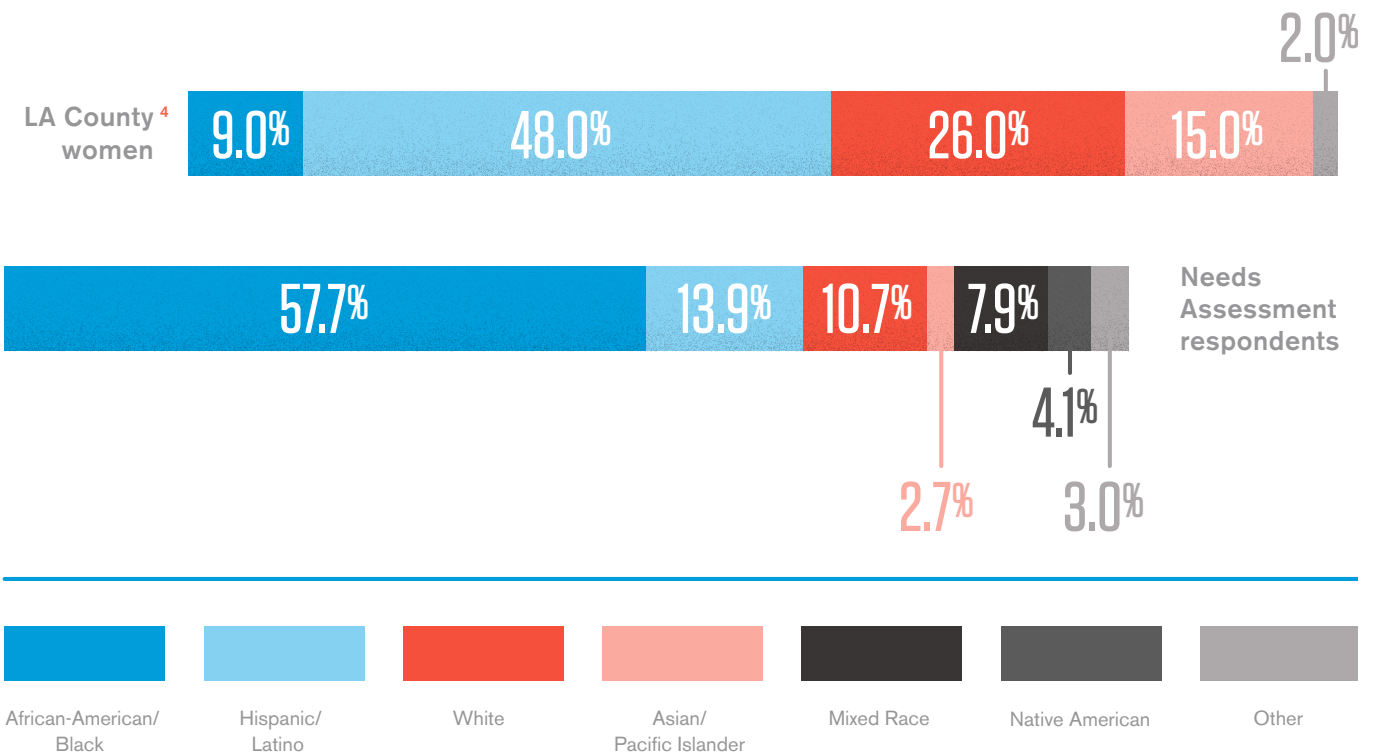


1 Research on this topic shows older adults experiencing homelessness are more likely to experience serious health complications at a younger age. A lack of consistent healthcare and housing often causes homeless adults in their 50s and 60s to develop health conditions not typically seen in average housed populations until their 70s or 80s. [*Health Home Connect: Improving the Health of Homeless Aging Individuals Through the Coordinated Entry System and the Affordable Care Act,* Downtown Women's Center. February 2015.]

2 The federal definition of “chronic homelessness” refers to an individual with a disability who has been homeless continuously for at least 12 months or on at least four separate occasions in the last three years. For the purposes of this survey, we use the term “chronically homeless” to refer to an individual who has experienced homelessness for at least 12 continuous months or on at least four separate occasions in the last three years, regardless of whether the individual lives with a disability.

RACE & ETHNICITY

As has been the case since the Needs Assessment's inception in 2001, racial demographics in 2016 continue to show African-American or black women are significantly overrepresented in the homeless population of downtown Los Angeles. Census data from 2014 shows 8.7%³ of women in Los Angeles County are African-American, yet African-American women comprised 57.7% of 2016 Needs Assessment survey respondents. Of those women, 32% reported they sleep most regularly on the streets – a lower rate than that of Latina women (39.6%) but higher than that of White women (28.2%).



Troublingly, African-American women surveyed were far more likely to experience chronic homelessness and to face violence than their Latina and White counterparts; 38.9% of African-American respondents reported being homeless for longer than one year at some point in their lifetime, compared with 29.2% of Latina respondents and 26.3% of White respondents. Moreover, 23.4% of African-American women surveyed reported being homeless more than four times over the last three years – a significant contrast to 6.1% of White women. African-American

INSTITUTIONALIZED RACISM

Demographic trends for African-American women demonstrate the long-term effects of institutionalized racism. Factors such as the wage gap as well as discrimination in housing and employment opportunities leave African-American women far more likely to remain homeless longer and living in extreme poverty.⁵

women were also more likely to experience violence: 37.7% had faced sexual assault, domestic violence, or interpersonal violence within the last year, compared with 25% of Latina respondents and 27.3% of White respondents.

Of women surveyed, 13.9% identified as Latina. Latina respondents were more likely than any other group to report their physical health as “poor” (34.8%), compared with 20% of African-American respondents and 21.6% of White respondents. Latina respondents were also far more likely to prefer women-only services – 61.2% said they’d prefer to access services in a women-only environment, compared with 34.2% of African-American respondents and 41% of White respondents. This suggests Latina respondents may face particular barriers when trying to access healthcare and services.

Of the 371 surveys conducted, 15 were conducted in Spanish (4% of the total). Volunteers who administered surveys in Spanish noted that Spanish-speaking respondents reflected on the difficulty of accessing services. Immigrant women face complex challenges, including language barriers when asking for help, and, for undocumented women, ineligibility for public benefits or avoiding seeking help for fear of deportation.⁶ Given this, cultural competency and multilingual services are crucial.

3 Table B01001 and B01001B, American Fact Finder, United States Census Bureau. July 16, 2016. http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_B01001B&prodType=table

4 “Report on the Status of Women in LA County 2016,” Commissioned by the Los Angeles County Commission on Women, Prepared by Mount Saint Mary’s University. March 31, 2016. <http://laccw.lacounty.gov/LinkClick.aspx?fileticket=iZfSTtdj4c%3d&portalid=10>

5 The wage gap still persists in the United States. As of 2016, women in the United States who work full time, year-round are typically only paid 79 cents to every dollar their male counterparts earned. The wage gap disproportionately affects women of color: African-American women only earn 60 cents to every dollar earned by a White man, and Latina women earn only 55 cents. This inequality translates to thousands of dollars lost each year which, in turn, puts women – particularly women of color – at a severe economic disadvantage. [“The Wage Gap: The Who, the Why, and the What to Do,” National Women’s Law Center. April 2016. <https://nwlc.org/wp-content/uploads/2016/04/The-Wage-Gap-The-Who-How-Why-and-What-to-Do-1.pdf>]

6 “Immigrants a Largely Hidden Segment of LA’s Homeless Population,” Southern California Public Radio. July 14, 2016. <http://www.scpr.org/news/2016/07/14/62582/immigrants-a-largely-hidden-segment-of-la-s-homele/>



COMMUNITY PROFILE: SUZETTE SHAW

POET/SKID ROW RESIDENT
DWAC CO-CHAIR

“People tend to stereotype what poverty, homelessness, and especially mental illness look like. I myself am a 52-year-old woman who is part of the debacle of the middle class. I lived in a million-dollar neighborhood before I ended up homeless. I’m a former certified case manager with the state of Arizona welfare program, someone who has family, but I lost my job and was on food stamps for the first time in my life at 47. Eventually, I lost my home and inevitably ended up in Skid Row. I lost my whole sense of purpose, yet what I’ve gone through is not altogether different from the experiences of many of the women I’ve met while here in Skid Row.

I do not believe we place enough value on the needs of women overall, but especially when it comes to the Skid Row community. I have been very intentional about speaking out about my own journey; I didn’t come to Skid Row to be an advocate, nevertheless, I ended up advocating here. We cannot talk about equality and empowerment while we are enforcing inequities.”

PROYECTO PASTORAL

For more than 30 years, Proyecto Pastoral at Dolores Mission has been empowering the marginalized community of Boyle Heights through education, leadership training, and service projects. Most recently, the rising number of immigrant workers and women experiencing homelessness has led Dolores Mission to open a women-only shelter that accommodates Spanish-speakers. This program also supports the often overlooked undocumented immigrant homeless population, as it is more difficult to access services without identification.

THE LGBTQA COMMUNITY

Fifteen percent (15.4%) of this year's survey participants reported their sexual orientation as gay or lesbian, bisexual, or "other." Eight percent (7.8%) of respondents reported their gender identity as transgender, gender queer/androgynous, or "other." In the U.S., 14% of homeless individuals identify as lesbian, gay, or bisexual, while 3% identify as transgender.

The National Coalition for the Homeless states that LGBTQA individuals face a distinctive set of challenges stemming largely from social stigma, discrimination, and familial rejection, putting the community at a higher risk of violence, abuse, and exploitation compared with their heterosexual peers.⁷ This is especially applicable to the transgender community, where the proportion of people who have experienced homelessness and housing insecurity is startlingly high; one in five trans individuals has experienced homelessness at some time in their lives, and when trying to rent or buy a home, one in five transgender people in the U.S. has been refused a home or apartment. More than one in ten trans individuals has been evicted because of their gender identity.⁸

What's more, transgender women experiencing homelessness face disproportionate challenges when seeking emergency shelter; from being turned away, to being assigned the wrong gender upon entry, to experiencing an alarmingly high rate of violence and sexual assault,⁹ trans women have few options when it comes to safe spaces and culturally competent services to meet their needs, especially in the Skid Row area. The LGBTQA community (and especially

LGBTQA women) is one of the most under-researched groups within the wider homeless population, and more disaggregated data must be made available in order to better serve this population.

EDUCATION, INCOME AND BENEFITS

EDUCATION

Nearly two-thirds (64.7%) of survey respondents graduated from high school or completed their GED requirements – a slight decrease from 71.5% in 2013, but a significant increase from the 31.8% of survey respondents who had completed high school or their GED in 2010. More than one-third (36.1%) of survey respondents completed some college. Though these results show higher education does not preclude homelessness, the women surveyed reported lower education levels than those of LA County women. Eleven percent (11.8%) of survey respondents are college graduates (compared to 19% of LA County women), and 2.2% completed postgraduate work (compared to 9% of LA County women).¹⁰ Several women surveyed noted they would benefit from better access to education, with 15.9% of respondents listing educational programs as a most-needed resource to improve the downtown community.

INCOME AND BENEFITS

The majority of women surveyed (88%) reported having at least one source of income, including public benefits, which is comparable to the number of respondents who received at least one of those in 2013. Of women surveyed in 2016 who reported having at least one source of income, 89.6% of respondents receive General Relief, Supplemental Security Income (SSI), and/or CalFresh (Food Stamps).¹¹

Though the majority of respondents have some form of regular income, few reported making money from employment. Just 4.1% of survey respondents reported “work, on the books” and 6.6% listed “work, off the books” as sources of income. Furthermore, nearly half of all respondents (49.7%) reported a loss of income at some point in their lifetimes; more than one-third of those women (33.4%) reported a loss of income over the last year. This data reflects a need for improved job readiness programs in the Skid Row area, as do the women surveyed; of 147 women who responded to



COMMUNITY PROFILE: ABIGAIL MALECKI

COMMUNITY ADVOCATE

“It’s not really safe on the streets, but especially not for the transgender community. People are trying to kill us off because we are not who they think we should be, even though we are actually who we believe we are supposed to be. We need to make it safer for the LGBT community and especially for the trans community through more protection and more police officers patrolling Skid Row.

However, the police need more sensitivity training so that trans women and men can be assigned to spaces that align with their identity, and be better protected against rape and murder. There also needs to be more community workshops in order for people to understand the LGBT community and what we go through. Most importantly, talk to the LGBT community and find out what resources they could use and what they believe is needed in order to help them achieve their goals.”

⁷ “LGBT Homelessness,” National Coalition for the Homeless. July 27, 2016. <http://nationalhomeless.org/issues/lgbt>

⁸ “A Blueprint for Equality: Housing and Homelessness,” National Center for Transgender Equality. 2015. <http://www.transequality.org/issues/resources/a-blueprint-for-equality-housing-and-homelessness-2015>

⁹ Almost three quarters (72 percent) of LGBTQ homicide victims are transgender women, and more than two-thirds (67 percent) are transgender women of color. “The Anti-Violence Project.” August 10, 2016.

¹⁰ “Sex by Age by Educational Attainment for the Population 18 Years and Over, Table B15001,” U.S. Census Bureau. July 13, 2016. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

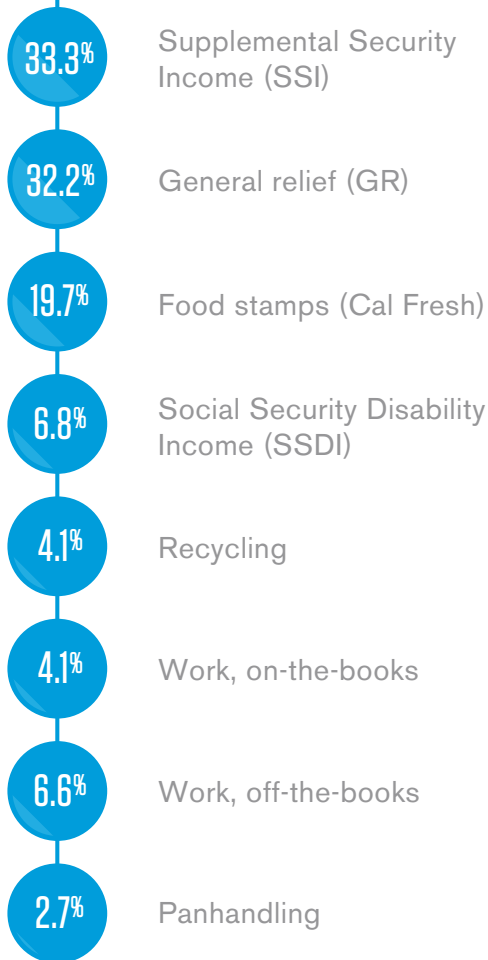
¹¹ **Supplemental Security Income** is a U.S. government program that provides financial support of \$733 per month (\$8,796 annually) for anyone who is blind, lives with a disability, or over the age of 65 and has a limited income. “Understanding Supplemental Security Income SSI Application Process and Applicants’ Rights,” U.S. Social Security Administration. 2016. <https://www.ssa.gov/ssi/text-apply-ussi.htm>

General Relief (GR) is a program funded by the County that provides financial assistance to adults with extremely limited income who are not eligible for federal or state programs. The maximum monthly income is \$221 per month for nine out of 12 months, an amount that has not increased since GR was introduced in 1989. “State General Assistance Are Weakening Despite Increased Need,” Center on Budget and Policy Priorities. July 9, 2015. <http://www.cbpp.org/research/family-income-support/state-general-assistance-programs-are-weakening-despite-increased>.

CalFresh (Food Stamps), federally known as the Supplemental Nutrition Assistance Program (SNAP), is a U.S. government program that provides U.S. citizens and lawfully-present immigrants who meet certain criteria with monthly food budget of up to \$194 per month for a household of one. “Policy Basics: Introduction to the Supplemental Nutrition Assistance Program,” Center on Budget and Policy Priorities. March 24, 2016. <http://www.cbpp.org/research/policy-basics-introduction-to-the-supplemental-nutrition-assistance-program-snap>

SOURCES OF INCOME

THE MAJORITY OF WOMEN SURVEYED REPORTED HAVING AT LEAST ONE SOURCE OF INCOME.



*These sources are not mutually exclusive.

an open-ended question about seeking employment, 25.9% listed job training as the most-needed resource to help them find jobs.

Though SSI was the most common reported source of income (33.3% of respondents were receiving it), 81.5% of women reported having a disability (hearing, vision, cognitive, ambulatory, or psychiatric disability), showing there continues to be an under-enrollment in the SSI program. The application process for benefits such as SSI can be complicated as well as time-consuming; in turn, many individuals experiencing homelessness begin the process only after stabilization in housing.¹²

UNACCOMPANIED WOMEN

This year's survey results show the majority of women in Skid Row are unaccompanied by children. Under one-third of survey respondents (31.5%) had children under age 18. Of these women, the majority (77.7%) were not currently living with children. Survey respondents who did not live with their children were more likely to sleep most frequently on the streets or in shelters than those who live with their children. Forty-eight percent (48.1%) of women who do not live with their children reported sleeping most frequently on the streets compared to 20.8% of women who do live with their children. Additionally, a smaller proportion of women unaccompanied by children reported sleeping most frequently in permanent housing (19% compared to 37.5%), or shelters (32.9% compared to 41.7%) than their counterparts who do live with their children. This data suggests

CASE STUDY

CHRYSALIS

Founded in 1984, Chrysalis provides transitional jobs, job readiness programs, and support for homeless and low-income individuals. With an emphasis on self-sufficiency, their core curriculum helps those historically excluded from the job market find and retain employment. Targeted services allow women to focus on their specific job skills and gain confidence in entering the job market; for example, the Women's Empowerment Program brings together participants and mentors in a supportive environment to focus on building self-esteem, interview skills, healthy living habits, and other topics to make a stronger impact on women seeking to change their lives through work.

UNACCOMPANIED WOMEN

An unaccompanied woman is a woman experiencing homelessness who is unaccompanied by children or other family members and does not qualify for services and public benefits that families qualify for, such as family shelters and CalWORKS.

women with children may have broader access to shelter and housing than unaccompanied women. It also reflects a need for specific resources and services for unaccompanied women.

Twenty percent (19.8%) of women surveyed reported ever having an interaction with the Department of Children and Family Services (DCFS), and 17.2% said they experienced a change in their children's custody at some point in their lifetime. Women experiencing homelessness can lose custody of their children for a variety of reasons, such as a lack of available housing, extreme poverty leading to inability to financially support children, serving time in jail or prison, and/or mental illness. Improved benefits for women, as well as increased access to housing and mental and physical health services, would help these women better care for their children and maintain custody.¹³ Women also pointed to a lack of family services in the downtown community: 11.6% of survey respondents listed child care services as a need.

FEMALE VETERANS

Thirteen (3.6%) of the survey respondents served in the Armed Forces, none of whom are currently receiving services from the VA. The number of women veterans who receive healthcare from the VA has nearly tripled since September 11, 2001, but because the VA still serves primarily men, women veterans have had difficulty accessing the services they need.¹⁴

The Downtown Women's Center's Veterans Program is the only veterans program in the Skid Row neighborhood that works exclusively with veteran women and

their children. It offers supportive housing in the form of HUD-VASH vouchers, housing location assistance and landlord engagement, ongoing case management from homelessness to housing, and home visits.

In 2016, the Los Angeles Homeless Services Authority (LAHSA) Homeless Count report showed significant decreases¹⁵ in veterans experiencing homelessness in Los Angeles City and County. Data for City Council District 14, where Skid Row is located, showed a 38% reduction in women veterans' homelessness.

¹² In early 2016, Los Angeles City and County each released comprehensive plans to end homelessness, which include strategies to better identify individuals experiencing homelessness, enroll them in benefits such as SSI and General Relief, and, in turn, connect them with permanent supportive housing.

¹³ In 2016, California passed the "No Place Like Home" initiative, a plan to tackle homelessness across the state. The initiative includes funding for "Bringing Families Home," a pilot program that funds supportive housing and services for families. Programs like these that include supportive housing, increased benefits, and reunification services for families will help women care for children from whom they've been separated.

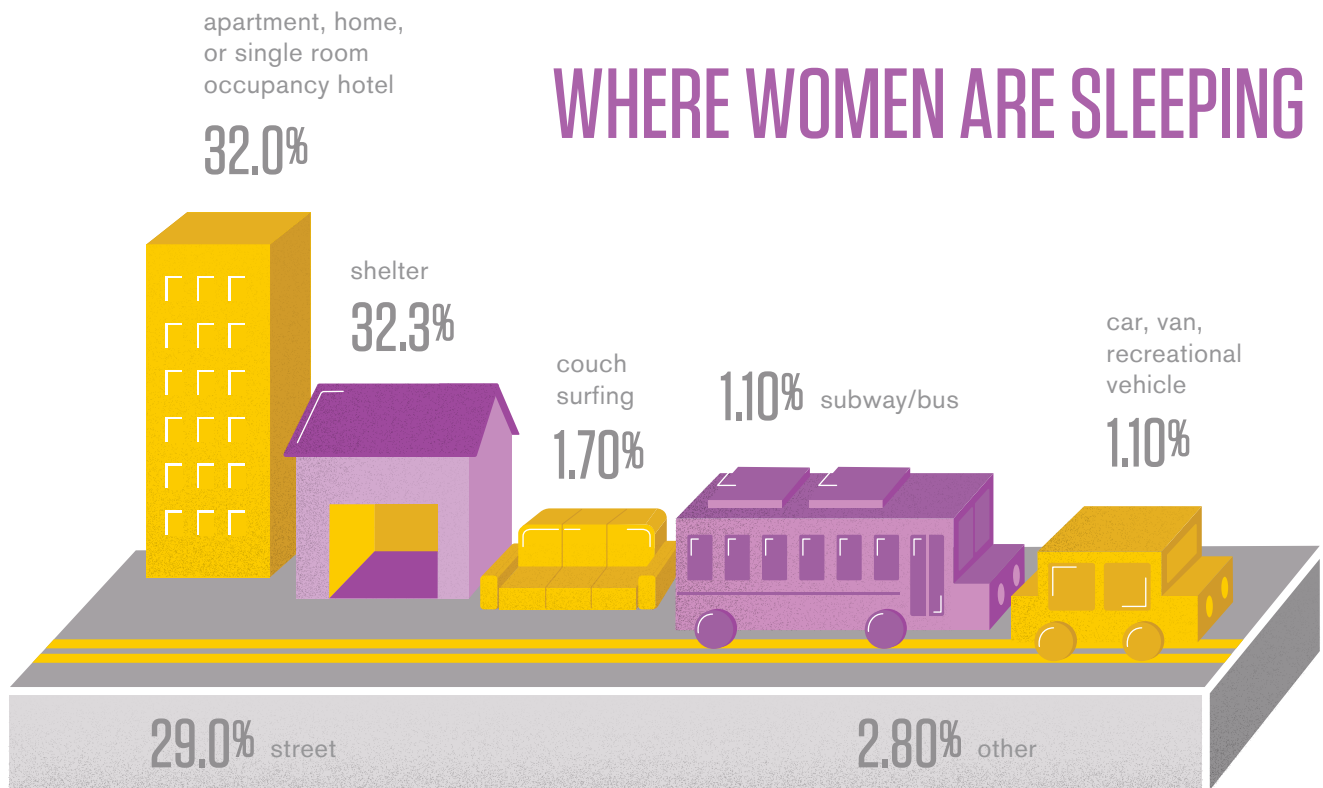
¹⁴ In recent years, VA hospitals across the United States have made an effort to better accommodate women veterans and provide gender-specific health services. ["VA Working to Make Female Veterans More Welcome, Visible," Southern California Public Radio. July 11, 2016. <http://www.scpr.org/news/2016/07/11/62418/va-working-to-make-female-veterans-more-welcome-vi/>]

¹⁵ "2016 Homeless Count Results," Los Angeles Homeless Services Authority. May 4, 2016. <https://documents.lahsa.org/Communication/2016/2016HomelessCountResultsRelease.pdf>

HOUSING

IN 2016, THE LOS ANGELES HOMELESS SERVICES AUTHORITY (LAHSA) HOMELESS COUNT REPORT FOUND THERE ARE AN ESTIMATED 46,874 INDIVIDUALS, **14,461 OF THEM WOMEN**, EXPERIENCING HOMELESSNESS ON A GIVEN NIGHT IN LOS ANGELES COUNTY — A 5.7% INCREASE FROM 2015.

WHERE WOMEN ARE SLEEPING



¹ "Homeless Count Results," Los Angeles Homeless Services Authority, May 10, 2016. <https://documents.lahsa.org/Planning/homelesscount/2016/factsheet/2016-HC-Results.pdf>

² "America's Rental Housing," Joint Center for Housing Studies of Harvard University, December 9, 2015. <http://www.jchs.harvard.edu/americas-rental-housing>

The increase in individuals experiencing homelessness in LA County has disproportionately affected women. Since 2013, the number of women experiencing homelessness has increased by a staggering 55%. Furthermore, women comprise 61% of the overall homeless population increase since 2013.¹

The increase is largely a result of a lack of affordable, accessible housing for women. Housing has been listed as the most-needed resource to improve the downtown community in every Needs Assessment survey since 2001. Nearly two-thirds of respondents (72.7%) listed it as a need this year, and 73.1% listed it as the most-needed resource in 2013.

This year's survey data shows women who lack housing are far more likely to experience violence (interpersonal violence, domestic violence, and sexual assault), and worse overall wellness outcomes than their counterparts who sleep most frequently in permanent housing. Specifically, 40.3% of respondents who are unhoused reported experiencing some form of violence in the last 12 months compared to 22.2% of respondents who are housed.

LACK OF AND LOSS OF AFFORDABLE HOUSING

With over 60% of its population living in rental housing, Los Angeles is a city of renters. However, as demonstrated by the fact that 58.5% of LA renters cannot afford their rents,² housing policies and practices in LA have not favored its majority population, and homelessness has soared consistently with the price of rent.

In August 2014, UCLA published a study identifying Los Angeles as the least affordable city in the country.³ The study followed rent and income trends over four decades and concluded that the lowest-income residents in LA are also the most "severely rent-burdened."⁴ According to the study, approximately 80% of Los Angeles' lowest income renter households are severely rent-burdened, including over 250,000 households paying over 90% of incomes toward rent. To add to this concern, LA is purging the affordable units it currently has. By 2021, the City of Los Angeles is expected to lose over 15,000

³ "Impacts of the Widening Divide, Los Angeles at the Forefront of the Rent Burden Crisis," UCLA Luskin School of Public Affairs. August 2014. https://issuu.com/csiucla/docs/ziman_2014-08w/1

⁴ Rent burden is defined as the percentage of household income above the federal 30% affordability threshold spent on housing. Severe rent burden is defined as the percentage of household income above 50% spent on housing.

⁵ "Out of Reach 2016," The National Low Income Housing Coalition. May 2016. http://niihc.org/sites/default/files/oor/OOR_2016.pdf

⁶ "LA rents: Vacancy rate falls to 2.7 percent as area's rental market tightens further," Southern California Public Radio. January 28, 2016. <http://www.scpr.org/news/2016/01/28/57103/la-apartments-rental-vacancy-rate-fall-to-27/>

RISING RENTS

The average rent for a two-bedroom apartment in LA County is \$1,728 per month, and a working family would need to earn \$33 per hour (or \$69,120 annually) to afford average rent in Los Angeles.⁵ While government housing vouchers that subsidize rental costs are available, these are becoming less effective due to rapidly increasing rents and a lack of available housing. In the last few years, rents have increased far above baseline federal voucher caps and in 2015, the LA metro area's rental vacancy rate dropped from 3.8% to 2.7%.⁶

TWO-BEDROOM APT.

\$1,728 RENT PER MONTH

A working family would need to earn \$33 per hour (or \$69,120 annually) to afford average rent in Los Angeles.

units of covenanted affordable housing units, adding to the approximately 100 units of rent-stabilized units removed from the market by a state law called the “Ellis Act”⁷ every month.

ADDRESSING CHRONIC HOMELESSNESS

Of women surveyed who are currently experiencing homelessness, 58% indicated they had experienced chronic homelessness, meaning they had ever been homeless longer than one year and/or four or more times in a three-year period.

Because they are more vulnerable to the negative impacts of living unhoused for longer periods of time, women who are chronically homeless are far more likely to report worse overall health outcomes. Among respondents who had experienced chronic homelessness, 59.1% reported having “fair” or “poor” health, compared to 47.9% of their counterparts who’d experienced shorter lengths of homelessness.

Similar disparities are noted in other health domains such as mental health, dental, vision, and hearing. Twenty-eight percent (28.2%) of women who had been homeless longer than one year and 25% of women who had been homeless four or more times in three years ranked their physical health as “poor.” By contrast, 18% of women who had been homeless between one and 12 months reported poor physical health.

Women who had experienced chronic homelessness were also far more likely to have experienced violence. Forty-two percent (41.5%) of women who had been homeless one year or longer within their lifetime had also experienced sexual assault, compared to 35.9% of women who had ever been homeless less than a year and 35.9% of women who had ever experienced homelessness for less than one month. These statistics reflect an alarming correlation between length of homelessness and likelihood of having experienced sexual assault, and reinforce that the longer a woman is homeless, the more vulnerable she is to violence.

HOUSING FIRST

is a low-barrier entry model that prioritizes providing permanent housing to individuals experiencing homelessness as quickly as possible without preconditions, and then following up with voluntary supportive services and treatment on an as-needed basis.⁸

SHELTER CONDITIONS

Of all respondents, most women (76.1%) had slept in an emergency shelter at some point. This percentage has risen 14.1% since 2010, and 33.5% since 2007, showing that over time, an increasing number of women must rely on emergency shelter when experiencing homelessness. Shelter beds and emergency shelter also ranked second on the list of most-needed services to improve the down-town community, with 68% of women listing it as a need.

Nearly one-third of survey respondents (32.3%) reported sleeping most frequently in shelters, yet many women also reported feeling unwelcome and unsafe in shelters. Of women who said they’d experienced emergency shelter or transitional housing, 30.3% reported that shelter staff made them feel unwelcome, and 30.9% said shelter staff did not treat them with respect. Nearly one-third (31.3%) reported feeling unsafe in the shelter. Disturbingly, of women who sleep most frequently in shelters, 35% have experienced physical or sexual violence within the last year.

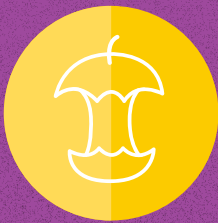
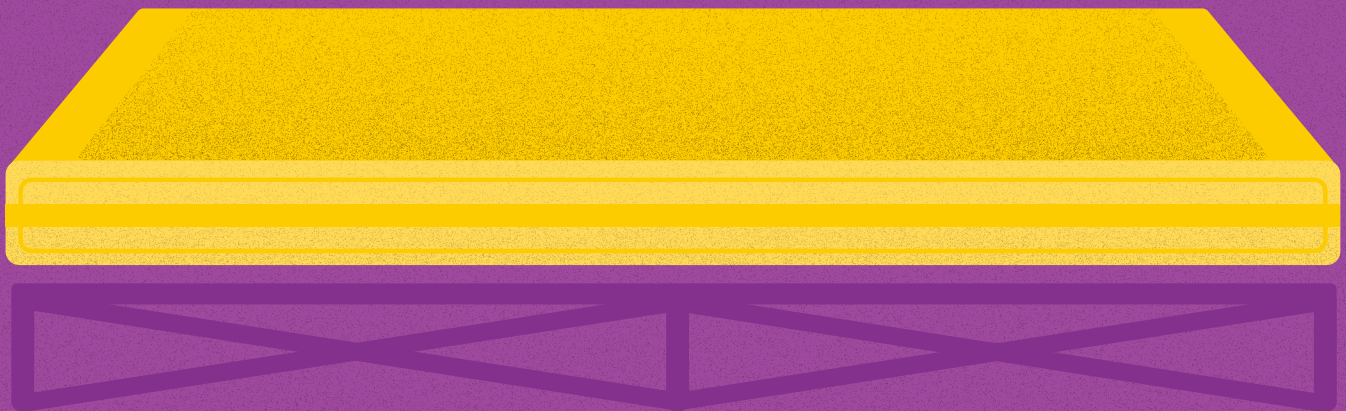
⁷ The Ellis Act is a provision enacted in 1985 that provides landlords in California with a way to remove rental units from rental housing use if the landlord plans to demolish the property or permanently exit the rental housing market. [“Removal From Rental Market: Property Owner,” Los Angeles Housing and Community Investment Department. July 2016. <http://hcidla.lacity.org/Removal-From-Rental-Market---Renters>]

SHELTER CONDITIONS

31.3% reported feeling unsafe in the shelter.

30.9% said shelter staff did not treat them with respect.

30.3% reported that shelter staff made them feel unwelcome.



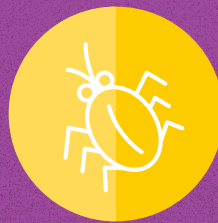
44.3%

reported the food in the shelter was not nutritious.



36.2%

said restrooms were not easily accessible during the night.



31.3%

reported bedbugs or other pest infestations.



26.4%

said the shelter was filthy.



COMMUNITY PROFILE: LOUISE MBELLA "SINAI" (FRENCHY)

COMMUNITY ADVOCATE / ORGANIZER
DWAC CO-CHAIR & FORMER DWAC SECRETARY
LEGAL AID FOUNDATION OF LOS ANGELES (LAFLA)
BOARD DIRECTOR

"I went to many shelters but eventually I ended up entering a shelter program for women at the Union Rescue Mission. That program really helped me transition from living in a shelter to having my own home; I was provided with my own bed and a small storage unit where I was able to store my clothes and other personal belongings. While I was residing at the Union Rescue Mission, I was able to advocate with the Downtown Women's Action Coalition. It gave me stability and a sense of belonging. There is a miracle in stability.

In my own house again, I felt safer, but the transition from a shelter to housing can cause additional trauma, as well as trigger survivor trauma; you need support to maintain your emotional and mental balance while processing your experiences, and ultimately to maintain your housing. Housing follow-up teams, post-housing crisis prevention programs, and permanent supportive housing retention staff are absolutely necessary as Next and Best Practices in our quest to house homeless people and keep Los Angeles housed. Obtaining housing is essential, but maintaining housing with a balance and healthy mind is vital. It just saves lives."

Many women who had experienced emergency shelter also cited poor living conditions. Forty-four percent (44.3%) reported the food in the shelter was not nutritious, and more than one-third of respondents (36.2%) said restrooms were not easily accessible during the night. Several women also noted a severe lack of cleanliness and potential health hazards in their living spaces: more than one-quarter of women surveyed (26.4%) said the shelter was filthy, and nearly one-third (31.3%), reported bedbugs or other pest infestations.

These alarming statistics reinforce the need for drastic improvements to the shelter system, including clean and safe living conditions, increased gender-specific facilities and services for women who have experienced trauma, and access to long-term solutions to help women transition out of emergency shelters and into permanent housing.⁹

HOUSING AND WELLBEING

Studies have shown housing to be an effective and cost-efficient health intervention, especially when meeting the needs of older women and women experiencing chronic homelessness, who sometimes live with health complications not typically seen in younger housed populations.

The negative health impacts of living unhoused are made startlingly clear by early mortality rates: In the United States, people without homes have a life expectancy 30 years shorter than that of the typical housed population.¹⁰ An additional study conducted in Toronto showed women experiencing homelessness age 18-44 were 10 times more likely to die prematurely than women in the general population.¹¹

Placing individuals experiencing homelessness in permanent housing also decreases public costs.¹² These reductions are reflected in the 2016 survey data, which shows women in housing are more likely to report better health than women who are unhoused. Eighteen percent (18.2%) of women who were in permanent housing rated their health as "poor," compared to 24.3% who were unhoused.

There was also a striking difference in mental health ratings: 28.7% of unhoused women ranked their mental health as "poor," nearly double the percentage of housed women who described their mental health as "poor" (15.7%).

HOUSING FOR HEALTH

The Housing for Health program (part of LA County's Department of Health Services) aims to reduce public health costs incurred by long and costly emergency room visits and increased physical health problems due to living on the street, by creating more housing opportunities for homeless individuals. The Housing for Health program funds the creation of permanent supportive housing through nonprofit-owned buildings, master-leased privately owned buildings, and units rented from private landlords.¹³ In LA County, funding is expected to provide housing subsidies for at least 10,000 people over five years.

“PLACING INDIVIDUALS EXPERIENCING HOMELESSNESS IN PERMANENT HOUSING ALSO DECREASES PUBLIC COSTS.”

Although the data points to housing as an initial health intervention, it also demonstrates that ending homelessness does not stop at housing. After women are housed, they still need access to health treatment to work through the aftermath of homelessness. Twenty-two percent (21.8%) of women who slept most frequently in their own apartment, home, or a single-resident occupancy (SRO) rated their health “very good” or “excellent,” compared to 20.9% who slept most frequently in emergency shelters and 15.2% who slept most frequently on the streets. Importantly, the fact that more than half (56.4%) of women who are in housing still rated their health as “fair” or “poor” reflects a need for ongoing treatment.

In addition to better overall health, women in permanent housing reported a better quality of life than women who are unhoused. More than half (54.1%) said they have a social support network of family and friends, compared with 42.9% of women who are unhoused. Women in housing were also less likely to have had an interaction with a police officer within the last year (25.6% compared to 37.3% of unhoused women) and less likely to have abused drugs or alcohol within the last year (27.3% compared to 34.2% of unhoused women). Women in housing are also less likely to experience violence; 22.2% of women in housing reported experiencing domestic or interpersonal violence within the last year, compared to 40.3% of women who are unhoused.

⁹ Los Angeles County's Homeless Initiative, a comprehensive plan to address homelessness released in early 2016, includes a strategy to strengthen the tie between temporary services, such as shelters, and permanent solutions. Ideally, this effort will lead to a decrease in the number of women who sleep most frequently in shelters and transitional housing and an increase in women who reside in permanent housing. [“Draft Recommended Strategies to Combat Homelessness,” County of Los Angeles Homeless Initiative. January 2016. <http://priorities.lacounty.gov/wp-content/uploads/2016/01/Draft-Recommendations.pdf>]

¹⁰ “Council Responds to JAMA Homeless Mortality Report,” National Health Care for the Homeless Council. January 2013. <https://www.nhchc.org/2013/01/council-responds-to-jama-homeless-mortality-report/>

¹¹ “Risk of Death Among Homeless Women: A Cohort Study and Review of the Literature.” Canadian Medical Association. April 13, 2004.

¹² In Los Angeles County, the typical public cost for residents in supportive housing is \$605 per month. The typical public cost for similar individuals who are currently homeless is \$2,897, an amount five times greater than their counterparts who are housed. Most of these cost savings result from reductions in health care costs – 69% of the savings for supportive housing residents are in reduced costs for hospitals, emergency rooms, clinics, mental health, and public health. [“Where We Sleep: The Costs of Housing and Homelessness in Los Angeles,” Economic Roundtable, November 1, 2009. <http://economicrt.org/publication/where-we-sleep/>]

¹³ “Department of Health Services – Housing for Health,” Los Angeles County Department of Health Services. July 16, 2016. <http://dhs.lacounty.gov/wps/portal/dhs/housingforhealth>



54.1%

25.6%

27.3%

22.2%

WOMEN
WHO ARE
HOUSED vs.

42.9%

Have a social support network

37.3%

Had interactions with police in the last year

34.2%

Abused drugs or alcohol in the last year

40.3%

Experienced domestic violence or interpersonal violence in last year

WOMEN WHO ARE UNHOUSED



HEALTHCARE

CONSISTENT WITH PREVIOUS NEEDS ASSESSMENT SURVEYS, THIS YEAR'S RESULTS SHOW HEALTH CONTINUES TO BE A TOP CONCERN AMONG WOMEN IN SKID ROW. HEALTHCARE, INCLUDING MEDICAL, MENTAL HEALTH, DENTAL CARE, VISION, AND HEARING, RANKED THIRD ON THE LIST OF RESOURCES MOST NEEDED TO IMPROVE THE DOWNTOWN COMMUNITY.

This year's survey results show encouraging trends. More women than ever have medical coverage or health insurance (86.2%, up from 79.2% in 2013), and only 5.6% said they did not go anywhere for healthcare. The spike in number of women surveyed who have health insurance is a direct result of changes made through the Affordable Care Act (ACA),¹ which significantly expanded its Medi-Cal program in 2013 prior to the program's official launch in 2014.²

Of the 13.9% of women who reported abnormal mammogram or Pap smear results within the last year, 67.6% were able to receive follow-up treatment. Though this percentage denotes a clear need for improvement in women's health services, it is a notable increase from 36.7% who were able to access follow-up treatment in 2013.

Forty-two percent (41.9%) of women surveyed reported having "poor" or "fair" hearing. Of those women, 61.9% were arrested, received a citation, or were detained on the streets by police within the last 12 months, compared to just 15.9% of women who reported "excellent" or "very good" hearing. This 46% difference depicts a clear link between arrest/citation history and lack of hearing ability, suggesting these women may not have been able to hear officers' instructions and therefore were not able to follow them. Training police officers how to recognize when an individual has poor hearing ability and how to better communicate with them could reduce the number of women experiencing homelessness who receive arrests or citations.

¹ A 2015 survey by the Kaiser Foundation found 68% of previously uninsured adult Californians gained coverage since the ACA's inception on January 1, 2014, up from 58% after the first enrollment period in Spring 2014. Most previously uninsured Californians (34%) registered through Medi-Cal, a 25% increase from the first enrollment period. ["California's Previously Uninsured After the ACA's Second Open Enrollment Period," The Henry J. Kaiser Family Foundation, <http://kff.org/health-reform/report/californias-previously-uninsured-after-the-acas-second-open-enrollment-period/>]

² The Kaiser Foundation reported a significant increase in benefits and improved quality of care among homeless individuals between 2013 and 2014 as a result of California's Medi-Cal expansion. <http://kff.org/uninsured/issue-brief/early-impacts-of-the-medicaid-expansion-for-the-homeless-population>

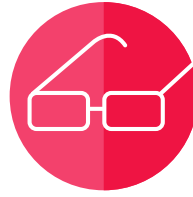
REPORTED HEALTH RANKINGS



PHYSICAL



DENTAL



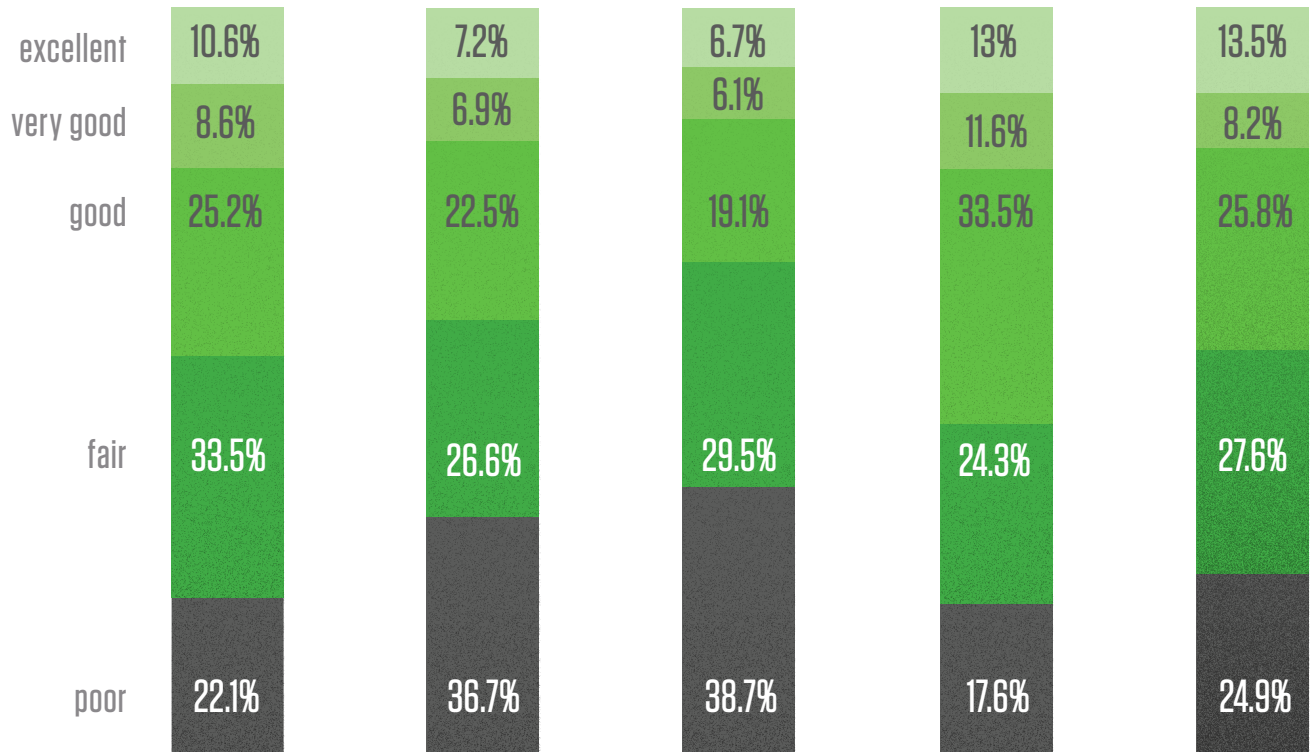
VISION



HEARING



MENTAL HEALTH



CASE STUDY

SCALE PROJECT

Spreading Community Accelerators through Learning and Evaluation (SCALE) is the first community-based initiative of 100 Million Healthier Lives, a project of the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI). SCALE seeks to equip communities with skills and resources to accelerate their health improvement journey, fostering the spread of good ideas between communities through the development of relationships, peer to peer networks, and formative evaluation. Locally, the SCALE project brings together representatives from the Skid Row community, including the Downtown Women's Center, L.A. Care Health Plan, JWCH Institute, Inc., the USC School of Social Work, United Homeless Healthcare Partners, and the Los Angeles Central Providers Collaborative, to improve chronic disease management for homeless and low-income women.



55.6%

of women reported their physical health as being “fair” or “poor” in 2016.

42.3%

of women reported their physical health as being “fair” or “poor” in 2013.

Though the number of survey respondents with health coverage has increased significantly and women reported improved access to treatment, survey respondents' physical and mental health has slightly worsened. More than half of women surveyed (55.6%) reported their physical health as being “fair” or “poor,” a nearly 14% increase from 42.3% in 2013. This negative shift demonstrates that as women age, their health worsens. It also suggests that though insurance and healthcare access rates have improved, women are still lacking in care that treats the whole person, not just specific ailments. Health clinics focusing on various aspects of a woman's lifestyle and health history in addition to her symptoms can help provide more well-rounded care that addresses and reduces causes of poor health rather than just easing the symptoms.

ADDICTION AND RECOVERY

Twenty-eight percent (28.4%) of women surveyed were in recovery from drug or alcohol abuse or dependence at some point during the last year. Of those, 61% of women were unhoused, sleeping either in night-to-night shelters or on the streets. This finding further demonstrates the need for Housing First models through which women can attain housing without barriers or requirements.³

Women who have experienced trauma at some point in their lives are far more likely to engage in substance use. Forty-four percent (43.9%) have abused or been dependent on drugs or alcohol at some point in their lives; of those women, 64.2% have used or been dependent on drugs or alcohol within the last year. Of women surveyed who had used substances in the last year, 100% had experienced trauma at some point in their lifetimes, and more than half (53.8%) experienced trauma in the last 12 months.⁴

**“OF WOMEN SURVEYED WHO
HAVE USED SUBSTANCES
IN THE LAST YEAR, 100% HAVE
EXPERIENCED TRAUMA.”**

MISCONCEPTIONS OF HOMELESSNESS

It is a common misconception that drug and/or alcohol abuse is a major cause of homelessness. This prevalent stereotype neglects the various circumstances that cause homelessness, such as extreme poverty and a shortage of affordable housing. In research published by the University of California, San Francisco, substance abuse was shown to be a result of individuals experiencing homelessness, rather than the cause of their homelessness.⁵ For women, alcohol and drug use may be a coping mechanism for unresolved trauma and/or experiences while living on the streets and in shelters.⁶

MENTAL HEALTH

This year's survey results depict an ongoing gap in mental health services. Though the number of women with health insurance has increased, mental health outcomes have worsened slightly, suggesting many women are still unable to get the mental health treatment they need. Nearly fifty-three percent (52.5%) of survey respondents reported "fair" or "poor" mental health, a 6.2% increase from 2013. Mental healthcare was among the top three resources listed to improve the community, with 23.9% of respondents listing it as a need.

Mental illness may be a contributing factor to homelessness, but the survey results show mental health issues also arise as a result of homelessness. For example, research shows individuals may develop Post-Traumatic Stress Disorder (PTSD) after experiencing the trauma of homelessness.⁷ Women who'd recently

experienced chronic homelessness were more likely to report fair or poor mental health than did women who had not experienced chronic homelessness. Thirty-three percent (32.8%) of women who'd ever been homeless one year or longer and 32.8% of women who'd been homeless at least four times within a three-year period rated their mental health as "poor," compared with 22.4% of women who'd ever been homeless between one and 12 months and 12.9% of women who had ever been homeless for less than one month. These findings underscore the association between length of homelessness and mental health. Women in housing were also less likely than women experiencing homelessness to report poor mental health (15.7% compared with 28.7%), showing a correlation between living with mental illness and living without shelter.

³ According to the National Alliance to End Homelessness, Housing First "prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues." ["Fact Sheet: Housing First," National Alliance to End Homelessness. April 2016. <http://www.endhomelessness.org/page/-/files/2016-04-26%20Housing%20First%20Fact%20Sheet.pdf>]

⁴ National research shows people develop substance abuse problems to attempt to self-medicate the distressing after-effects of trauma exposure. A study of adolescents found that teens who had experienced sexual abuse or assault were three times more likely to report past or current substance abuse than those without a history of trauma. ["Making the Connection: Trauma and Substance Abuse," The National Child Traumatic Stress Network. June 2008. http://www.nctsn.org/sites/default/files/assets/pdfs/SAToolkit_1.pdf]

⁵ "Risk Factors for Stimulant Use Among Homeless and Unstably Housed Adult Women," U.S. National Library of Medicine, National Institutes of Health. May 27, 2015. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4510017/>

⁶ "Making the Connection: Trauma and Substance Abuse," The National Child Traumatic Stress Network. June 2008. http://www.nctsn.org/sites/default/files/assets/pdfs/SAToolkit_1.pdf

⁷ "Addressing Post-Traumatic Stress Disorder Caused by Homelessness," National Alliance to End Homelessness. August 8, 2016. http://www.endhomelessness.org/page/-/files/PTSDcausedbyHomelessness_final.pdf

REPORTED MENTAL HEALTH: HOUSED / UNHOUSED



HEALTH IMPACTS OF HOMELESSNESS

Homelessness takes a clear toll on physical health as well as mental health. The negative health impacts of living unhoused are made startlingly clear by early mortality rates, which research shows are up to nine times to those of the general public.⁸ In the United States, people without homes have a life expectancy 30 years shorter than that of the typical housed population.⁹

A majority of women (65.3%) noted they'd experienced physical health problems within the last year. General poor health is partly a result of a lack of preventative care and inadequate access to regular sleep and nourishment; nearly half (43.9%) of all women said they were always worried about having enough money to buy nutritious meals, and 46.8% said they worried about having enough money to pay for basics.

Women who struggle with urgent necessities such as food and shelter are less able to spend time pursuing healthcare at a clinic or hospital, which can be time-consuming as well as confusing. As a result, conditions

that may start off as minor can worsen over time if not treated properly and consistently. Due to a lack of consistent, patient-centered care or accessible clinics and treatment options, women experiencing homelessness must often rely on the ER for primary care. Nearly three-quarters (72.8%) of women reported having visited the ER between one and three times within the last year. According to a post-survey focus group, the ER can be a triggering place for women experiencing homelessness. Some survey respondents indicated feelings of discrimination based on staff's assumption of their homelessness. Some survey respondents indicated hospital staff and/or healthcare providers suggested their reported symptoms were results of alcohol consumption or substance abuse, when those activities were not shared. And some survey respondents reported having been asked to leave before receiving proper care. The participants of the focus group also noted poor, sometimes dangerous conditions within the hospitals, such as bug infestations in food and bedding.

Length of homelessness has a clear negative impact on physical health. Chronically homeless women were more likely to report poor physical health – 29.2% of women who had ever been homeless longer than one year rated their physical health as “poor,” compared to 17% who had been homeless between one and twelve months.

More than three-quarters of women surveyed (81.5%) reported having some kind of mental or physical disability, reflecting the need for accessible services in the downtown community. Living with a disability makes navigating services more difficult or impossible and leaves women more vulnerable to attack; of the women who had experienced sexual assault in the last 12 months, 86.3% reported living with a disability.



**“IN THE UNITED STATES,
PEOPLE WITHOUT HOMES
HAVE A LIFE EXPECTANCY
30 YEARS
SHORTER THAN THAT OF THE
TYPICAL HOUSED POPULATION.”**

⁸ “Hard to Reach Populations: Innovative Strategies to Engage Homeless Members,” Resources for Integrated Care, Resources for Plans and Providers for Medicare-Medicaid Integration. August 8, 2016. <https://www.resourcesforintegratedcare.com/>

⁹ “Council Responds to JAMA Homeless Mortality Report,” National Health Care for the Homeless Council. January 2013. <https://www.nhchc.org/2013/01/council-responds-to-jama-homeless-mortality-report/>

COMMUNITY PROFILE: DENISE SMITH

DOWNTOWN WOMEN’S CENTER HEALTH CENTER PEER LEADER

“Skid Row has a lot of resources for healthcare. The problem is women don’t take advantage of it, because they’re also dealing with mental illness and drug addiction. If you have a mental illness or an addiction, you’re not going to be able to respond to what’s offered to you. How could you? You’re not well.

I was on a sidewalk corner [in Skid Row] for over fifteen years, picking up something off the ground, trying to smoke it. I’ve been there, and I didn’t want to look at myself. That’s the bondage that keeps you from growing.

We need more women’s groups and awareness groups, safe places for somebody who’s been there to get up and talk about the nitty gritty stuff. We also need to provide education about smoking. People talk about diabetes and high blood pressure, but nobody talks about COPD [chronic obstructive pulmonary disease], which I have, and lung diseases. Smoking causes problems, and you smoke a lot as a coping mechanism. I thank God I had the chance to learn, because I’m not out there with a pipe in my mouth today. I have a chance.”

VIOLENCE AGAINST WOMEN

NATIONAL RESEARCH SHOWS THAT DOMESTIC VIOLENCE IS ONE OF THE MAIN DRIVERS INTO HOMELESSNESS FOR WOMEN.¹ WHEN WOMEN LEAVE THEIR HOMES TO ESCAPE A VIOLENT ENVIRONMENT, THEY OFTEN HAVE NOWHERE ELSE TO TURN. DUE TO A LACK OF SAFE, AFFORDABLE HOUSING OPTIONS, THESE WOMEN ARE OFTEN FORCED TO CHOOSE BETWEEN REMAINING WITH THEIR ABUSER OR BECOMING HOMELESS.²

Since the Needs Assessment was launched in 2001, each survey's results have demonstrated that women experiencing extreme poverty or homelessness are disproportionately more likely to have survived physical or sexual violence in their lifetime. More than half (55%) of survey respondents had experienced domestic abuse. Women surveyed had experienced sexual assault at a rate nearly twice that of the general population; 19.3% of women in the United States have experienced sexual assault in their lifetimes.³ By contrast, 39.4% of women surveyed experienced sexual assault at some point in their lives.

This year's survey results show women experiencing homelessness face appalling levels of violence. What's more, for many women, this violence is not just one instance, but rather an ongoing reality. Nearly half of all respondents (46.9%) had experienced violence within the last 12 months. More specifically, 34.3% of respondents reported

¹ "Domestic Violence," National Alliance to End Homelessness. July 2016. http://www.endhomelessness.org/pages/domestic_violence

² "Domestic Violence and Homelessness," ACLU Women's Rights Project. July 2016. <https://www.aclu.org/sites/default/files/pdfs/dvhomelessness032106.pdf>

³ "National Data on Intimate Partner Violence, Sexual Violence, and Stalking," Center for Disease Control and Prevention. July 2016. <https://www.cdc.gov/violenceprevention/pdf/nisvs-fact-sheet-2014.pdf>

WOMEN'S EXPERIENCES OF VIOLENCE

39.4%

are survivors of **SEXUAL ASSAULT**

55.0%

are survivors of **DOMESTIC ABUSE**

67.5%

are survivors of **CHILD ABUSE**

90.8%

have experienced **PHYSICAL
OR SEXUAL VIOLENCE**
in their lifetime.

experiencing domestic violence or sexual assault in the last 12 months. Of those who experienced violence in the last 12 months, nearly half (47.2%) had experienced violence at least four times in the last year.

The data also reflect a persistent and severe lack of resources for women who have survived violence. This year, more than half of survey respondents (54.3%) reported not receiving services to deal with the after-effects of trauma. This statistic reflects a persistent and severe lack of resources for women who have survived violence; in 2013, 42.3% were unable to access trauma recovery services. In 2010, a shocking 72% said they had not been offered services to help deal with the after-effects of violence.

A staggering two-thirds of this year's survey respondents (67.5%) had experienced child abuse at some point in their lifetimes, a more than 20% increase from 2013. Child abuse can lead to long-term impacts; research shows that of every three individuals who survive child abuse, two will go on to experience sexual abuse later in life.⁴

Research shows that violence against women is consistently underreported globally.⁵ The reasons a woman may not report violence vary, and could include fear of further attacks from her assailant or a desire to avoid the stigma sometimes associated with surviving sexual violence. Therefore, though the numbers included in this report are high, they could potentially be higher.

COMMUNITY PROFILE: CRISTINA ALVAREZ

DOWNTOWN WOMEN'S CENTER PARTICIPANT

"After my brother attacked me, I couldn't go to work. I couldn't go back home anymore. I wasn't used to sleeping in my car, and I felt so scattered. It displaced me. I'm from Los Angeles, but I didn't immediately come to Skid Row — I was staying with a family member who was being harassed, and ultimately, I had to leave. Despite seeking help and working with my lawyer, I've yet to see justice come out of it, which has made me lose faith in the criminal justice system.

I think that we should have a trauma center in downtown Los Angeles. I've been listening to some women talk about their experiences with violence and how they didn't know that such places like domestic violence groups and women's groups existed. We need to provide more safe spaces for women, and for the sake of future generations, we need to look at this issue carefully and improve."

"THE DATA ALSO REFLECTS A PERSISTENT AND SEVERE LACK OF RESOURCES FOR WOMEN WHO HAVE SURVIVED VIOLENCE."

⁴ "Sexual Revictimization: A Review of the Empirical Literature," U.S. National Library of Medicine, National Institutes of Health. April 2005. <http://www.ncbi.nlm.nih.gov/pubmed/15753196>

⁵ "Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries." The American Journal of Epidemiology. December 12, 2012. <http://aje.oxfordjournals.org/content/early/2013/12/12/aje.kwt295.abstract>

⁶ **Human Trafficking** is the illegal movement of people, typically for the purposes of forced labor or commercial sexual exploitation. It is legally defined as the recruitment, transportation, transfer, harboring or receipt of person, by means of the threat or use of force or other forms of coercion, of abduction, or fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. ["Human Trafficking," National Institute of Justice. July 2016. <http://www.nij.gov/topics/crime/human-trafficking/pages/welcome.aspx>]

⁷ "Homelessness, Survival Sex, and Human Trafficking: As Experienced by the Covenant House of New York." National Alliance to End Homelessness. May 2013. <http://www.endhomelessness.org/page/-/files/Covenant%20House%20Fordham%20University%20Trafficking%20Report.pdf>

SAFETY IN SHELTERS AND ON THE STREETS

Unsurprisingly, women who reported sleeping most frequently in shelters or on the street were more likely to experience violence than women who slept most frequently in permanent housing. Of women who reported sleeping most frequently in a shelter or on the street, more than one-third (40.3%) had experienced sexual or physical violence within the last year, compared with 22.2% of women who were in housing. As outlined in the Housing section of this report, many women said they feel unsafe in shelters and experience high rates of violence. Women who reported sleeping most frequently on the streets fared even worse; 41% have experienced domestic violence, and 27.3% have experienced sexual assault within the last 12 months.



EXPLOITATION OF WOMEN

This year's survey results show that the women surveyed were susceptible to exploitation and, in some cases, felt pressured to exchange sex for basic needs. Of women surveyed, 19.8% reported trading sex for money, alcohol or drugs, shelter, food, or other goods. There is likelihood this is an underreported number – of the 371 women surveyed, 31.7% checked the option “not applicable” or declined to answer, suggesting some respondents may have felt the need to perform a sexual favor in exchange for basic needs but did not feel comfortable indicating so in the survey. Of women who reported they had engaged in survival sex, a distressing 72.1% said they'd experienced domestic violence or sexual assault as a result.

Twenty-eight survey respondents (8.9%) were survivors of human trafficking, the illegal movement of people for the purpose of forced labor or sexual exploitation.⁶ Of those

SURVIVAL SEX

is the act of trading sex acts to meet the most basic needs for survival, including food and shelter.⁷ Often, women who have no other resources feel survival sex is their only option.

**“WE NEED TO PROVIDE
MORE SAFE SPACES FOR WOMEN,
AND FOR THE SAKE OF FUTURE GENERATIONS,
WE NEED TO LOOK
AT THIS ISSUE CAREFULLY
AND IMPROVE.”**

CRISTINA ALVAREZ

**DOWNTOWN WOMEN'S
CENTER PARTICIPANT**

women, 44.8% experienced human trafficking within last year.⁸ California is one of the top three states (along with Florida and Texas) most affected by human trafficking in the United States.⁹ Additionally, human trafficking disproportionately affects women. Of the 682 human trafficking cases reported in 2016 through June 30, nearly 88% (87.5%) involved women victims.¹⁰

Women experiencing homelessness also face exploitation within the system intended to protect them. Just over one-third (33.6%) of women who reported having a police interaction within the last year, and although half of women (51.4%) reported their interaction was to seek help from the police, 13.3% said they'd experienced an inappropriate or abusive interaction with an officer, such as excessive use of force or sexual harassment. This statistic highlights the need for Trauma-Informed Care training for city departments like the Los Angeles Police Department (LAPD) who work regularly with vulnerable populations. It is also critical to ensure LAPD officers understand gender competency standards and are held accountable for abuses of power.

CASE STUDY

TRAUMA RECOVERY CENTER

More than 7 in 10 homeless women are survivors of incidents of violence, and even for those who are not, homelessness is a traumatic experience. With this in mind, in 2015 the Downtown Women's Center and Peace Over Violence partnered to create the first Trauma Recovery Center in downtown Los Angeles. The Trauma Recovery Center offers survivors of violent crime emotional support, information, compassion, accompaniment, referral, and advocacy services. Survivors are provided assistance applying to the California Victim Compensation Program; referrals for food, shelter, and housing services; medication support services; access to therapy, community trainings, and more.

TRAUMA-INFORMED CARE

is an approach to care that "realizes the widespread impact of trauma and understands potential paths to recovery, recognizes signs and symptoms of trauma, responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."¹¹ This approach is rooted in asking an individual, "What happened to you?" rather than, "What is wrong with you?"¹²

⁸ In July 2014, Los Angeles County District Attorney Jackie Lacey appointed the District Attorney (DA) office's first Human Trafficking Unit to combat all forms of human trafficking. In one year, the DA office nearly tripled the number of human trafficking cases filed, going from 28 in 2013 to 75 in 2014. This unit will hopefully lead to reductions in human trafficking among women experiencing homelessness.

⁹ "Report on the Status of Women in Los Angeles County," Los Angeles County Commission for Women. March 2016. <http://laccw.lacounty.gov/LinkClick.aspx?fileticket=iZfSTldj4c%3D&portalid=10>

¹⁰ "California," National Human Trafficking Resource Center. September 2016. <https://traffickingresourcecenter.org/state/california>

¹¹ "Trauma-Informed Approach and Trauma-Specific Interventions," Substance Abuse and Mental Health Services Administration. July 2016. <http://www.samhsa.gov/nctic/trauma-interventions>

¹² Bloom, S. L. and Farragher, B. (2010), "Destroying Sanctuary: The Crisis in Human Service Delivery Systems." New York: Oxford University Press.

COMMUNITY RESOURCES

THOUGH THIS YEAR'S SURVEY RESULTS HIGHLIGHTED SEVERAL AREAS WHERE SERVICE IMPROVEMENTS ARE NEEDED, RESPONDENTS IDENTIFIED SOME ENCOURAGING TRENDS AS WELL.

SANITATION

A high percentage of respondents said they had difficulty accessing urgent hygiene services when necessary. Thirty-five percent (34.8%) of women reported that finding a safe and clean shower is “very difficult.” More than half the women surveyed (55.2%) said finding a clean and safe restroom is “very difficult.” By contrast, just 15.6% reported finding a safe and clean restroom is not difficult at all, pointing to a severe need for sanitation services across the community. Research from the community reinforces this need; in 2013, the Los Angeles Community Action Network conducted 147 visits to restrooms in Skid Row and deemed only 32% of restrooms to be in service, clean, and stocked with supplies. Far more often, restrooms were dirty and toilets had no water or toilet paper.¹ These conditions leave individuals experiencing homelessness with few safe restroom options which, in turn, contributes to the public health crisis in Skid Row.

¹ “The Dirty Divide in Downtown Los Angeles: A Call for Public Health Equity in Skid Row,” Los Angeles Community Action Network. April 2013.

TOP 5

resources that have
MOST IMPROVED
the downtown community



40.7%

Availability of shelter beds or emergency beds



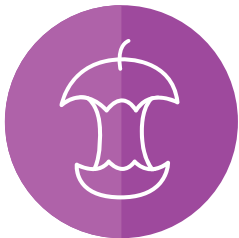
39.5%

Access to public transportation



38.9%

Affordability of housing



38.6%

Availability of free, low-cost foods



24.3%

Social services are available

TOP 5

resources that are
MOST NEEDED TO IMPROVE
the downtown community



72.7%

Housing



41.8%

Mental and physical healthcare



32.1%

Shelter beds or emergency beds



20.5%

Employment and training opportunities



17.8%

Educational programs

CITY AND COUNTY PLANS

2016 has been a landmark year for homelessness policy in Los Angeles. Earlier this year, the City and County each released comprehensive plans to address the issues. The plans include long-term strategies to end homelessness, such as expanding outreach to individuals experiencing homelessness, providing stronger links between temporary housing and permanent solutions, and strengthening the Coordinated Entry System. Service providers across Los Angeles were thrilled to see the plans grounded in nationally recognized models in critical areas such as housing, health and supportive services, social enterprise, and workforce development. The City of Los Angeles also approved an historic budget to implement its plan — \$138 million for the 2016-2017 fiscal year — an amount four times greater than that of the previous year's budget.²

Especially momentous in the City of Los Angeles' Comprehensive Homeless Plan, which, in response to the Downtown Women's Center's and the Los Angeles City Domestic Violence Task Force's advocacy efforts, are two strategies specifically including women and addressing their unique needs. Strategy 9K, entitled "Women's Homelessness — Domestic Violence," addresses women's higher likelihood of having survived trauma as well as the need for supportive housing and Trauma-Informed Care.³ The strategy also calls for more research on women experiencing homelessness and domestic violence survivors, due to the scarcity of information currently available. Strategy 9L, "Women's Homelessness — Workforce Development," notes women's specific job training needs and calls for expanding employment services for women. The inclusion of these two strategies will hopefully lead to a reduction in women's homelessness and an improvement in the trends outlined in this year's survey.

POLICING

Though the percentage of arrests and citations reported in 2016 has gone down slightly since 2013, the majority of police interactions reported were negative, reinforcing the need for improved relationships between law enforcement officers and Skid Row residents. However, to accomplish this, ending the criminalization of women experiencing homelessness for quality of life offenses, such as sitting or sleeping on the sidewalk, is vital. These arrests and citations can be expensive and time consuming and, in turn, push women further into poverty and away from permanent housing rather than improving community safety. Just over one-third of survey respondents (33.6%) had had a police interaction within the last year. Of those women, 33.3% received a citation (compared to 36.5% in 2013), and 40% were arrested (compared to 43.8% in 2013). Just half of the women (51.4%) who'd had a police interaction said the interaction was because they'd sought help from a police officer.

Recently, we have seen efforts to improve the relationship between the LAPD and the Skid Row community, which has historically been strained. The Los Angeles City and County plans include funding for LAPD officers to receive training in Trauma-Informed Care. Also, in 2016, LAPD officers made a commitment to show "compassion and empathy" toward individuals experiencing homelessness.⁴ Ideally, these endeavors will lead to a reduction in arrests and citations and improved relationships between Skid Row residents and law enforcement. However, to accomplish this, ending the criminalization of women experiencing homelessness for quality of life offenses, such as sitting or sleeping on the sidewalk, is vital. These arrests and citations can be expensive and time consuming and, in turn, push women further into poverty and away from permanent housing rather than improving community safety.

CASE STUDY

SKID ROW DESIGN COLLECTIVE

The Skid Row Design Collective is a resident-driven neighborhood vision for a vibrant and safe Skid Row. The project engages Skid Row residents and activists to design and plan solutions to not only enhance, but empower the community. The Skid Row Design Collective stemmed from another community organization called Our Skid Row, a project of the Skid Row Housing Trust. In 2015, Our Skid Row and other local organizations, including DWAC, collected feedback from countless community residents to create a detailed map highlighting the community's priorities for a brighter and safer Skid Row. The Skid Row Design Collective now uses the map, which includes recommendations for physical improvements and new community programs, to plan its next steps and communicate its objectives to the City.

ADVOCACY FOR WOMEN

There is still a significant dearth of public data and research on women's homelessness. However, grassroots efforts like the Downtown Women's Action Coalition (DWAC) are working to ensure low-income and homeless women have a voice in the decisions that impact them and that their needs are addressed. Since the group was formed in 2001, DWAC has achieved several key successes.⁵ Throughout its existence, other community organizations have used DWAC's work and research to improve resources and services for women in the downtown community.⁶

In 2016, the Downtown Women's Center launched its first Advocates Program, a program for women with lived homelessness experience who want to share their stories to affect social change. The women in the pilot program completed trainings on public speaking, how to engage in lobby visits with elected officials, and how to be an effective storyteller. Throughout the year, they have provided public comment at City Council meetings, spoken with journalists from national publications, and met with elected officials to advocate for better services and resources for women experiencing homelessness. In turn, these women have become strong, confident advocates for themselves and for the thousands of women currently experiencing homelessness in Los Angeles.

2 "Mayor Garcetti Signs \$8.76 Billion Budget With Record Investment in Housing, Services for Homeless Angelenos." June 2, 2016. <http://www.lamayor.org/mayor-garcetti-signs-876-billion-budget-record-investment-housing-services-homeless-angelenos>

3 "Strategy 9K," Comprehensive Homeless Strategy, City of Los Angeles. March 21, 2016. http://clkrep.lacity.org/onlinedocs/2015/15-1138-s1_misc_03-21-2016.pdf

4 "LAPD Officers to Show 'Compassion and Empathy' Toward Homeless People," Los Angeles Times. June 21, 2016. <http://www.latimes.com/local/lanow/la-me-ln-lapd-homeless-policy-20160621-snap-story.html>

5 In the summer of 2001, DWAC conducted and published its first Downtown Women's Needs Assessment survey and report, a project which has expanded with each subsequent release every three years since the first report. In 2005, DWAC launched the "7 out of 10" campaign, which found that seven out of 10 women in downtown Los Angeles had experienced violence in their lifetimes. In 2011 and 2012, DWAC contributed data and personal testimonies to the UN Special Rapporteur on Adequate Housing. This, in turn, led to connections between domestic violence and homelessness being highlighted in the international UN publication, "Women and the Right to Adequate Housing." For more examples, see "Downtown Women's Action Coalition Timeline" in the 2013 Downtown Women's Needs Assessment Survey.

6 Some of these improvements include the expansion of the Los Angeles Community Action Network's legal clinic to include a family law attorney, access to Planned Parenthood in Skid Row, and the LA County Department of Public Health's expansion of immunizations, flu shots, and other health programs targeted toward women.



COMMUNITY PROFILE: SILVIA HERNANDEZ

COMMUNITY ADVOCATE, LA COMMUNITY
ACTION NETWORK MEMBER, DWAC MEMBER

"The resources specifically for women in Skid Row are very limited. The services and agencies are there, but they're not customized for the needs of women. Women are experiencing violence, rape, illness... We need emergency response teams and community-based services where a woman can walk in, have her needs identified, and be referred for housing services immediately.

We definitely need more advocacy in the field. We also need the help of people from the community, the leaders from the community, the peers from the community, because they are experts. Collaboration and coordination between agencies and community leaders is crucial. There cannot be any conflict of interest; the only interest should be the people."

ACTION AGENDA

The data presented in this report demonstrate that the characteristics and vulnerabilities of women experiencing homelessness are unique, and thus require specific attention and services. To end homelessness for women, we must recognize single, adult women as a distinct subpopulation within the broader homeless population.¹

A woman experiencing homelessness in Los Angeles currently enters a service system designed by and for the majority. These services often fail to appropriately address a woman's higher likelihood of having survived violence, her unique healthcare or job-training needs, or the ways in which her goals for her future may differ from those of a man.

Below is the Downtown Women's Action Coalition's Action Agenda (DWAC) for effectively addressing the needs of women experiencing homelessness. Implementing these recommendations in critical areas such as housing, health, violence against women, community resources, and data is key in reducing the number of women experiencing homelessness in downtown Los Angeles. DWAC's Action Agenda will serve as the coalition's platform for the coming years, as we continue our efforts to end women's homelessness for good.

DATA

We must develop an ongoing system to disaggregate data about Los Angeles's homeless population by gender, and fund new research projects to determine the resources needed to meet women's unique service needs.

- Provide access to existing government data, including data captured in HUD's Homeless Management Information System (HMIS), about LGBTQA women experiencing homelessness.
- Support and fund community-based and community-led research to better understand the services LGBTQA women access and identify gaps.
- Indicate gender in the Department of Housing and Urban Development (HUD)'s Point-In-Time count so this data can help determine how many shelter beds are needed for women in Skid Row.

¹ The reasons for homelessness are different for women than they are for men. According to recent research conducted by Dr. Harmony Rhoades and Dr. Suzanne Wenzel at the USC Suzanne Dworak-Peck School of Social Work, women most commonly list their physical health as the most important reason for becoming homeless, whereas men most commonly list job-related reasons. Additionally, women are much more likely than men to report domestic violence as the most important reason they became homeless. Because their causes of homelessness are different, women experiencing homelessness will in turn have service needs different from those of men experiencing homelessness. ["Differences Between Men and Women Moving Into Supportive Housing in Los Angeles," USC Suzanne Dworak-Peck School of Social Work. March 2016.]

HOUSING

There is an urgent need for more housing for women experiencing homelessness. More affordable and supportive housing units must be specified for very-low income (VLI) and extremely-low income (ELI) women.² It is imperative that government, service providers and housing programs that address the needs of women in Skid Row ascribe to a Housing First model.

- Fund the City's Affordable Housing Trust Fund and Permanent Supportive Housing Trust Fund at a minimum of \$100 million annually each and ensure that permanent supportive housing and Extremely Low Income (ELI) housing are prioritized.
- Help prevent women from becoming homeless by:
 - increasing access to eviction prevention legal services for individuals in low-income or subsidized housing;
 - reducing rent burden and limiting Ellis Act evictions;
 - expanding tenants' rights under the Rent Stabilization Ordinance;³
 - protecting existing rent stabilized, public and subsidized housing.
- Ensure all permanent supportive housing developments are consistent with the Housing-First model. Designate permanent supportive housing units specifically for women who have experienced chronic homelessness.
- Improve ties between service providers and public housing authorities to ensure women who have applied or would like to apply for affordable housing are housed.
- Include gender, and gender paired with the experience of violence/trauma, as weighted factors in vulnerability scoring for individuals entered into the Coordinated Entry System.⁴

TEMPORARY SHELTERS

The only way to end homelessness for women is to provide more permanent housing; however, the reality remains that many women will continue to reside in temporary shelters until housing is available. In the interim, women surveyed reported shelter service needs that must be met immediately.

- Ensure shelters are open 24 hours per day to women experiencing homelessness.
- Require shelter staff to be adequately trained in addressing the unique traumas women experiencing homelessness face.
- Ensure regulatory agencies, such as the Los Angeles Homeless Services Authority (LAHSA) and the Department of Mental Health, enforce existing regulations and monitor shelter conditions across Los Angeles County
- Prohibit publicly funded shelters from accepting rent or public assistance, such as General Relief or Food Stamps, from shelter participants in exchange for their stay. All money management programs must be voluntary and may not be required as a condition of accessing shelter.

² The Department of Housing and Urban Development (HUD) defines Very-Low Income (VLI) as 50% of the median family income for the area, subject to adjustments for areas with especially high or low incomes. Extremely Low-Income (ELI) defines households that do not exceed the higher of the Federal Poverty Level or 30 percent of Area Median Income. ["HUD Releases 2015 Income Limits," National Low Income Housing Coalition. March 16, 2015. <http://nlihc.org/article/hud-releases-2015-income-limits>]

³ The Rent Stabilization Ordinance (RSO) was established in 1979 "as a way to protect tenants from excessive rent increases while providing landlords a reasonable return on their investments." Generally, the RSO applies to any multi-family rental property built on or before October 1, 1978. ["RSO Overview," Los Angeles Community Investment Department. August 24, 2016. <http://hcidla.lacity.org/RSO-Overview>]

⁴ The Coordinated Entry System is a system that engages and connects single adults experiencing homelessness in Los Angeles County with housing optimal for their needs. It links together existing programs to create a no-wrong-door system for housing. ["Coordinated Entry System," United Way of Greater Los Angeles. May 31, 2016. http://ceslosangeles.weebly.com/uploads/1/2/2/1/1221685/ces_overview_and_contacts_05.31.16.pdf]

HEALTH

This year's survey points to a need for an institutional shift in both our healthcare system and within homeless services to provide more individualized and consistent care for women experiencing homelessness.

- Provide medical services to address the self-identified health needs of Skid Row's aging population of women, including: hearing impairment, vision, mental health, and chronic health conditions.
- Ensure mental health services in Skid Row are meeting women's self-reported mental health needs. Provide trainings for service providers and workers in Skid Row to ensure they are equipped to assist a woman in mental health crisis.
- Require all shelters, permanent supportive housing developments, and homeless service providers to partner with a medical clinic and staff, and connect women with a dedicated case manager who provides physical and mental health supports, including access to information about health insurance.
- Provide resources for a trusted healthcare provider to run a mobile health clinic in Skid Row dedicated exclusively to primary and emergency care for unhoused women, with the eventual goal of keeping the clinic open 24 hours each day.
- Provide access to healthcare services in Skid Row to accommodate women living with physical or intellectual disabilities.

VIOLENCE AGAINST WOMEN

Since the Needs Assessment launch in 2001, violence against women has been one of the most persistent, ongoing factors affecting women in Skid Row. The staggeringly high prevalence of intimate personal violence is the most distinguishing difference between women and men experiencing homelessness.

- Require all homeless service providers who receive public funding to be trained in Trauma-Informed Care, including cultural and gender competency, and enforce standards for practicing trauma-informed best practices.⁵
- Prioritize training City and County employees to be trauma-informed and to know how to connect women experiencing trauma and survivors with recovery services.
- Create and promote "Safety Zones" in Skid Row that include violence prevention resources for women.⁶
- Provide more single-gender permanent housing and shelters for women who are experiencing and/or are recent survivors of violence in downtown Los Angeles.
- Ensure programs such as Victim Compensation⁷ include a "fast track" method to help women find services and housing immediately rather than increasing their vulnerability after experiencing violence.

COMMUNITY RESOURCES

To improve living conditions for women who are currently homeless in Skid Row, we must provide adequate access to restrooms and showers as well as ensure law enforcement are practicing harm reduction and not criminalizing homelessness.

- Invest in mobile bathrooms and showers staffed by professionals 24 hours each day.
- Increase access to public restrooms and make them available when service providers are closed for the day. Ensure existing public restrooms are fully stocked and clean.
- Repeal ordinances that criminalize women experiencing homelessness, such as Los Angeles Municipal Code (LAMC) 41.18(d)⁸ and LAMC 56.11.⁹ Prioritize mandatory training for law enforcement officers in how to provide compassionate care to women experiencing homelessness.
- Prioritize developing more locally and federally-funded programs such as LA:RISE¹⁰ that specifically address hard-to-reach populations such as women experiencing homelessness and low-income women. Ensure these programs are designed to meet this population's job readiness needs, regardless of their age, whether or not they have a disability, employment history or skill level.
- Ensure providers practice cultural competency and offer multilingual services to assist immigrant women or non-native English speakers who face numerous challenges in accessing services.

⁵ When implemented throughout service delivery, TIC leads to more long-term health and housing outcomes for trauma survivors. [Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings, 2010.]

⁶ provide individuals experiencing homelessness with water, food, and a shady place to sit and rest. Members of the collective spoke with community members about what they'd like a safety zone to include and recorded their feedback to incorporate in future Safety Zone projects.

⁷ The California Victim Compensation Board can help pay bills and expenses that result from certain violent crimes. ["The California Victim Compensation Board," CalVCP. August 19, 2016. <http://vcgcb.ca.gov/victims/>]

⁸ LAMC 41.18 (d) prohibits anyone from standing or sitting on streets, sidewalks, or other public thoroughfares. "Chapter IV: Public Welfare," American Legal Publishing Corporation. August 24, 2016. [http://library.amlegal.com/nxt/gateway.dll/California/lamc/municipalcode/chapterivpublicwelfare?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:lamc_ca\\$anc=JD_41.18](http://library.amlegal.com/nxt/gateway.dll/California/lamc/municipalcode/chapterivpublicwelfare?f=templates$fn=default.htm$3.0$vid=amlegal:lamc_ca$anc=JD_41.18).

⁹ Designed to regulate storage of personal property in public areas, LAMC 56.11 limits how many personal belongings individuals experiencing homelessness can keep with them on public streets and restricts when tents and encampments can be set up on sidewalks. "Ordinance Number 56.11," Los Angeles Office of the City Clerk. January 22, 2016. http://clkrep.lacity.org/onlinedocs/2014/14-1656-S1_misc_01-22-2016.pdf

¹⁰ LA:RISE (Los Angeles Regional Initiative for Social Enterprise) is a project funded by the U.S. Department of Labor to help people with significant job barriers, such as disconnected youth and individuals with a history of homelessness or incarceration, to receive training and permanent job placements. "LA:RISE Jobs Initiative Brings 500 Jobs & Support Services to Angelenos," Los Angeles Economic & Workforce Development Department. August 19, 2016. <http://www.ewddlacity.com/index.php/about-ewdd/news-2/156-la-rise-jobs-initiative-brings-500-jobs-support-services-to-angelenos>

ACKNOWLEDGMENTS

The Downtown Women's Action Coalition (DWAC) thanks the women of Los Angeles's Skid Row who participated in this survey. It is thanks to their courage in sharing their stories that we are able to highlight the needs in our community and determine next steps in addressing them.

DWAC also thanks the more than 100 volunteers who made this project possible, from administering surveys to analyzing results. Thank you to the Downtown Women's Center and the Los Angeles Community Action Network for the countless staff hours put into writing and editing this report. A special thank you to the students and faculty at the USC Suzanne Dworak-Peck School of Social Work who devoted their time, passion, and skills to conducting data entry and analysis.

Lastly, thank you to the readers who will use the information in this report to work with and advocate on behalf of women in Skid Row.

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WHAT WILL

YOU

DO TO END

HOMELESSNESS

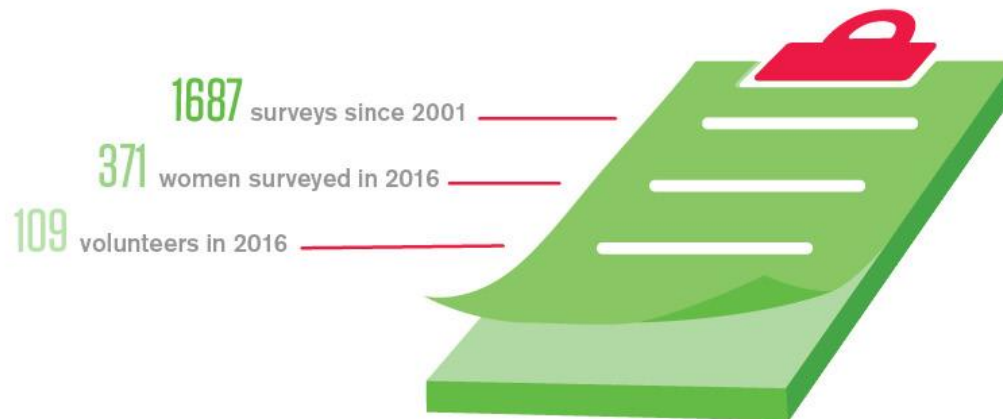
FOR WOMEN?

DOWNTOWN WOMEN'S ACTION COALITION

Downtown Women's Needs Assessment 2016
www.DowntownWomensCenter.org/NeedsAssessment

INTRODUCTION

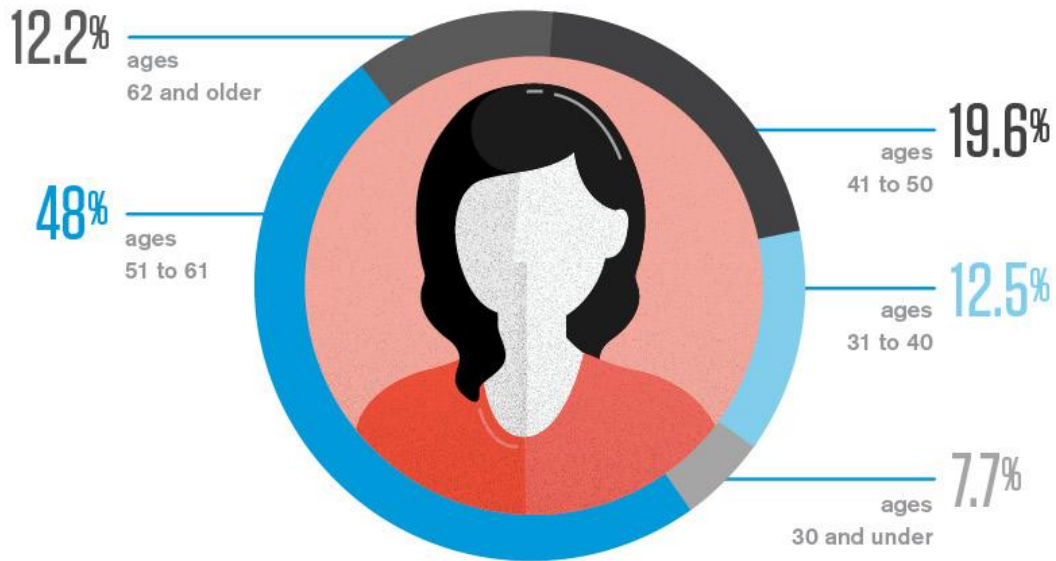
THE 2016 DOWNTOWN WOMEN'S NEEDS ASSESSMENT IS A COMMUNITY-BASED RESEARCH PROJECT, AND THE SIXTH IN A SERIES OF COMPREHENSIVE SURVEYS ON THE NEEDS, CHARACTERISTICS, AND CONDITIONS FACING HOMELESS AND EXTREMELY LOW-INCOME WOMEN LIVING IN DOWNTOWN LOS ANGELES.



“EVERY THREE YEARS SINCE 2001, DWAC HAS CONDUCTED THIS SURVEY WITH THE GOAL OF BETTER INFORMING ALL THOSE WORKING TO IMPROVE THE HEALTH AND SAFETY OF WOMEN LIVING DOWNTOWN.”

AGE

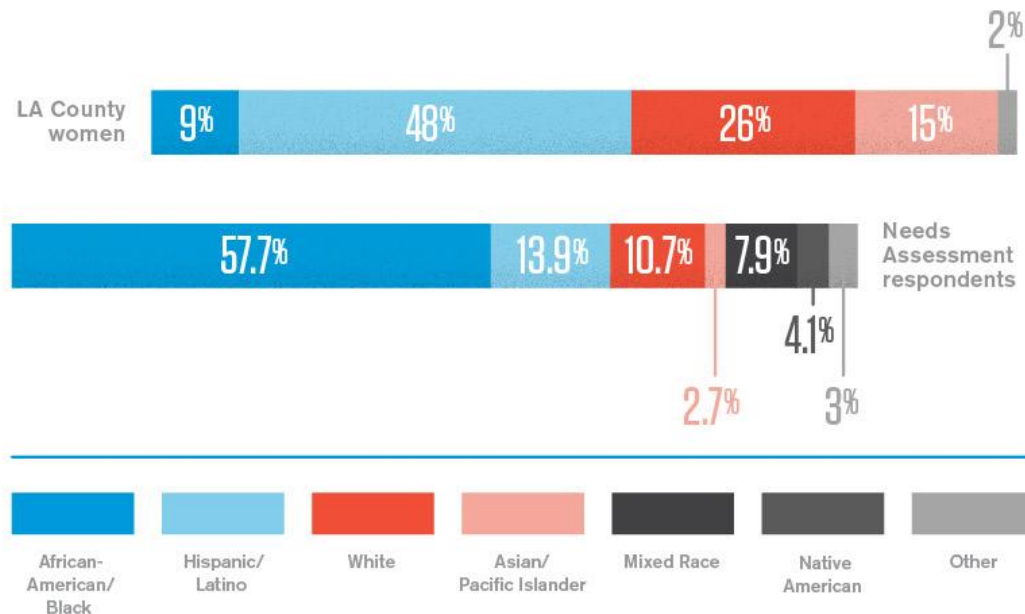
DEMOGRAPHIC DATA SHOWS WOMEN IN SKID ROW ARE FAR MORE LIKELY TO BE OLDER AND AFRICAN-AMERICAN THAN WOMEN IN LA COUNTY, SUGGESTING THESE GROUPS EXPERIENCE HOMELESSNESS AND EXTREME POVERTY AT DISPROPORTIONATELY HIGH LEVELS.



SOLUTIONS: Demographics data shows the need for culturally competent services that target older women, and the impact of institutionalized racism as a factor causing homelessness.

RACE & ETHNICITY

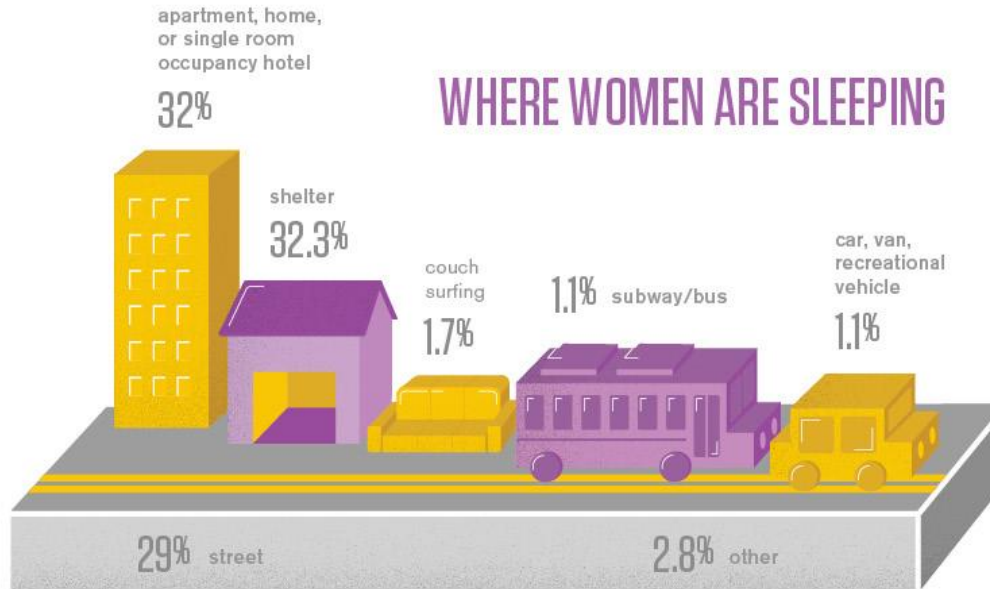
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SOLUTIONS: We need for culturally competent services that target older women and the impact of institutionalized racism as a factor causing homelessness.

HOUSING

A LACK OF AFFORDABLE, ACCESSIBLE HOUSING FOR WOMEN IS ONE OF THE MAJOR CAUSES OF THE 55% INCREASE IN LA COUNTY WOMEN EXPERIENCING HOMELESSNESS; 73% OF SURVEY RESPONDENTS LISTED HOUSING AS THE MOST-NEEDED RESOURCE TO IMPROVE THE DOWNTOWN COMMUNITY.



SOLUTIONS: More affordable and supportive housing units must be created and specified for very-low income and extremely-low income women in order to eliminate one of the major causes of homelessness.

HEALTHCARE

MORE WOMEN THAN EVER HAVE MEDICAL COVERAGE OR HEALTH INSURANCE (86.2%); HOWEVER, DESPITE IMPROVED ACCESS TO TREATMENT, SURVEY RESPONDENTS' PHYSICAL AND MENTAL HEALTH HAS WORSENEDED.



55.6%

of women reported their physical health as being "fair" or "poor" in 2016.

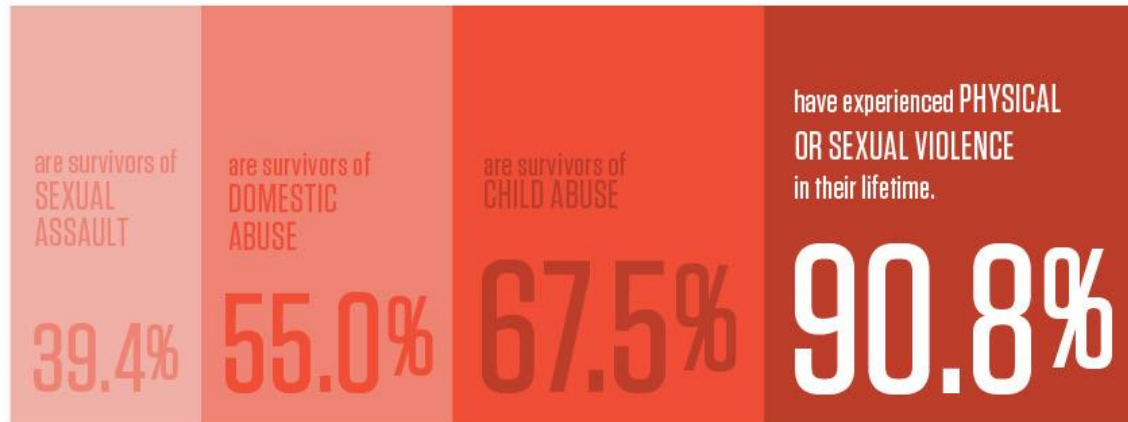
42.3%

of women reported their physical health as being "fair" or "poor" in 2013.

SOLUTIONS: The survey data demonstrates that as women age, their health worsens, and points to a need for healthcare that treats the whole person, not just specific ailments.

VIOLENCE AGAINST WOMEN

THE PERSISTENTLY HIGH RATE OF INTIMATE PARTNER VIOLENCE IS ONE OF THE MOST DISTINGUISHING DIFFERENCES BETWEEN WOMEN AND MEN EXPERIENCING HOMELESSNESS.



SOLUTIONS: Prioritizing Trauma-Informed Care training for service providers, implementing "Safety Zones," and advocating for more single-gender housing and shelters are all part of DWAC's commitment to women's safety in Skid Row.

COMMUNITY RESOURCES

WOMEN IDENTIFIED THE TOP FIVE RESOURCES THEY THINK ARE MOST NEEDED TO IMPROVE THE DOWNTOWN COMMUNITY.



SOLUTIONS: You can support agencies in Skid Row by donating money, time, or in-kind goods. Learn more at: DowntownWomensCenter.org/NeedsAssessment.

DOWNTOWN WOMEN'S CENTER



442 South San Pedro Street
Los Angeles, California 90013
T: 213.680.0600 | F: 213.680.0844
www.DowntownWomensCenter.org

March 2, 2017

Re: Post to the City's Council File Management System

Dear Los Angeles City Homelessness and Poverty Committee:

I write to request that the City Clerk post the attached full Downtown Women's Needs Assessment and PowerPoint Slides (CF 15-1138-S19) in advance of the Homelessness and Poverty Committee meeting on March 8, 2017. A presentation regarding the Downtown Women's Needs Assessment is slated for the Committee meeting on March 8th.

Please let me know you if you need any additional information.

Thank you,

Amy Turk, Chief Program Officer

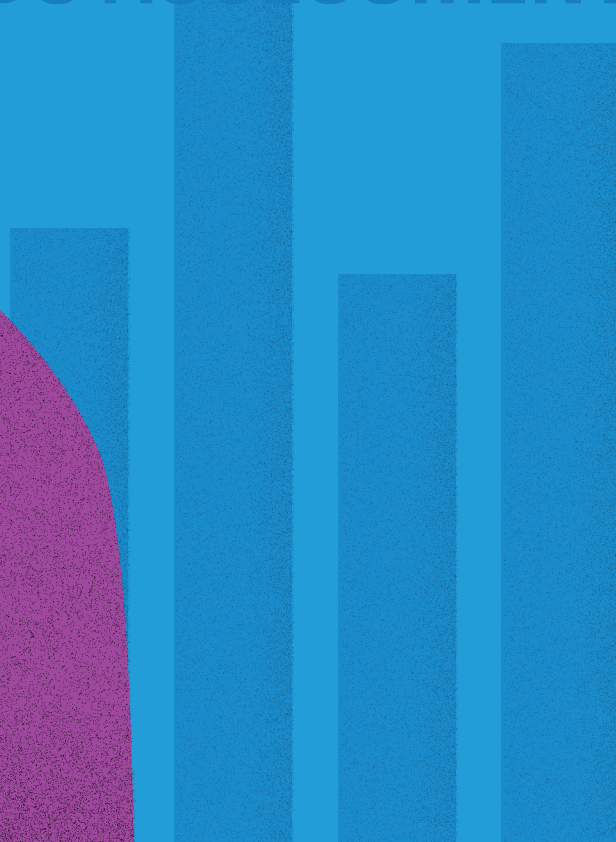
Downtown Women's Center



DOWNTOWN WOMEN'S ACTION COALITION

2016

DOWNTOWN WOMEN'S NEEDS ASSESSMENT





INTRODUCTION

THE 2016 DOWNTOWN WOMEN'S NEEDS ASSESSMENT IS A COMMUNITY-BASED RESEARCH PROJECT, AND THE SIXTH IN A SERIES OF COMPREHENSIVE SURVEYS ON THE NEEDS, CHARACTERISTICS, AND CONDITIONS FACING HOMELESS AND EXTREMELY LOW-INCOME WOMEN LIVING IN DOWNTOWN LOS ANGELES.



Since 2001, the Downtown Women's Action Coalition (DWAC) has administered 1,687 surveys, providing crucial demographic information, population trends, and indicators of need for service providers, policy makers, and the general public.

This report includes longitudinal analysis of past surveys, along with conclusions from the 371 surveys collected in 2016. Information gathered from the surveys is split into five main sections: **Demographics, Housing, Healthcare, Violence Against Women,** and **Community Resources.**

The Action Agenda in the final section presents solutions to some of the most pressing issues facing women in downtown Los Angeles. Additionally, each section of the report highlights existing programs and solutions that have proven effective in addressing poverty and ending homelessness for women.

HISTORY

The Downtown Women's Action Coalition (DWAC) was founded in April of 2001, when downtown Los Angeles residents and service providers learned of the imminent closure of Skid Row's largest emergency shelter program for women. Community members and service providers united to seek immediate relief for the growing needs of homeless and extremely low-income women.

Though initially the coalition existed as a response to the lack of emergency services for homeless women in Skid Row, DWAC's founding members soon determined that in order to address the complex issues and obstacles faced by all women in the community, an in-depth Needs Assessment was required. Every three years since 2001, DWAC has conducted this survey with the goal of better informing all those working to improve the health and safety of women living downtown. The Needs Assessment has been utilized to identify gaps in service provision and opportunities to better meet the short- and long-term needs of this population.

Since its origin during the construction of the nineteenth-century Pacific Northwest railroads, Skid Row has provided services and housing for men; as Skid Row became known for its supply of affordable housing and emergency services, the number of women and families in the area has dramatically increased. Despite

the growing demand (especially since the late 1970s), the past five Needs Assessments have confirmed that the availability of women-centered services could not accommodate the entirety of the rapidly growing population. To this day, even as policies and services are adapting to understand the unique intersecting factors that cause and perpetuate women's homelessness, additional housing, healthcare, and supportive services for women are still greatly needed.

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

The intent of this most recent report is to provide a detailed analysis of the changing experiences of women in the downtown area through contextual data collected over the last 15 years and Community Profiles of women involved in DWAC, as well as a case-by-case overview of the innovative programs and services currently being implemented in the community.

METHODOLOGY



“EVERY THREE YEARS SINCE 2001, DWAC HAS CONDUCTED THIS SURVEY WITH THE GOAL OF BETTER INFORMING ALL THOSE WORKING TO IMPROVE THE HEALTH AND SAFETY OF WOMEN LIVING DOWNTOWN.”

SURVEY DEVELOPMENT

The Needs Assessment was administered over the course of a single day by trained volunteers at 12 sites throughout Skid Row. In a previously convened sub-committee of DWAC with residents from the Skid Row Community and representatives from the Downtown Women’s Center, Los Angeles Community Action Network, Los Angeles Center for Law and Justice, and the University of Southern California, the assessment tool was modified from its previous format to incorporate feedback from the community. In addition to preserving questions from past assessments, the committee created additional questions in an effort to gather information inclusive of the LBGT community, as well as more information on women with disabilities, mental illness, and/or histories of trauma.

The survey instrument contained three qualifying questions to ensure respondents belonged to the target population and to eliminate duplication. The survey comprised 44 multiple-choice questions, each with an optional fill-in “other” answer, divided into four sections: Demographics, Access, Services, and Safety. For certain responses, respondents were asked follow-up questions, and the final question invited respondents to share any additional thoughts, observations, or recommendations they had about housing and services in downtown LA. The full survey can be found online.

Prior to the survey date of March 12, 2016, the survey was presented to a small test group of community residents, reviewed by DWAC members, finalized, and translated into Spanish.

DATA COLLECTION

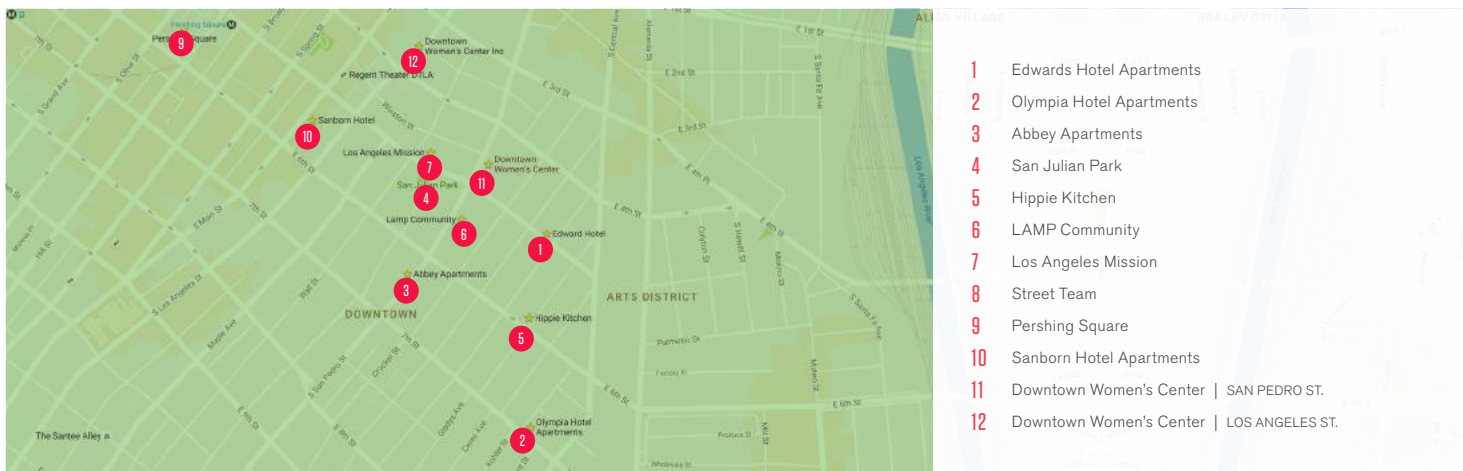
DWAC recruited volunteers from the downtown community and from among regular volunteers at partner agencies. Volunteers were invited to attend a survey administration training session that provided general information about homelessness, context about the specific issues homeless women face, definitions of relevant terms, and protocol for administering the surveys.

Volunteer team leaders were also identified in this session. Prior to the survey date, volunteer outreach teams encouraged the community to participate. Surveys were administered from 9:30 a.m. to 12:00 p.m. on Saturday, March 12, 2016. Data collection consisted of individual, face-to-face interviews. Respondents were informed that their participation was voluntary and that they could decline to answer any question or terminate the survey at any time. Respondents were also offered a \$5 gift card to a fast food restaurant as an incentive for participation.

The survey was conducted in English or Spanish and lasted approximately 20-30 minutes. Responses were self-reported by each respondent; no additional verification of answers was requested. Participants were not asked if they had participated in prior Needs Assessments.

After the Needs Assessment was administered, debrief meetings with survey volunteers, DWAC members, service providers, and researchers from the University of Southern California generated insight about the data collection process, themes that they observed in speaking with the women before and after the survey, and volunteers' recommendations. After the data was analyzed, DWAC members hosted four focus groups with Skid Row community members on the topics of trauma and violence, housing vouchers, shelter conditions, and emergency room visits. Insight from these groups is included within this report to provide context for the survey data.

SURVEY SITES



SURVEY ANALYSIS

The data considered here are self-reported responses from a convenient sample of 371 women aged 20 to 85 who participated in a survey conducted in downtown Los Angeles, California, designed to examine the needs of women who experienced or are experiencing homelessness. Women were eligible to participate if they met the following criteria: (1) ability to speak and/or read in English or Spanish, and (2) were living in downtown Los Angeles, central city east, or the Skid Row area. Women were approached and invited to participate in the study by 109 trained volunteers.

Univariate analyses were conducted to derive descriptive statistics for the sample. Bivariate analyses were conducted to examine subgroup differences on relevant outcomes. All analyses were performed with Stata 13.0 using data from participants who had complete information for all variables included in the analytic model.

DEMOGRAPHICS

THIS YEAR'S NEEDS ASSESSMENT DEMOGRAPHIC DATA SHOWS WOMEN IN SKID ROW ARE FAR MORE LIKELY TO BE OLDER AND AFRICAN-AMERICAN THAN WOMEN IN LA COUNTY, SUGGESTING THESE GROUPS EXPERIENCE HOMELESSNESS AND EXTREME POVERTY AT DISPROPORTIONATELY HIGH LEVELS.

AGE

The 2016 survey results show there continues to be a demographic shift toward older women in Skid Row. More than half of all survey respondents (60.2%) were age 51 and over, a nearly 8% increase from 2013 (52.4%), and a 13% increase from 2010 (47%).

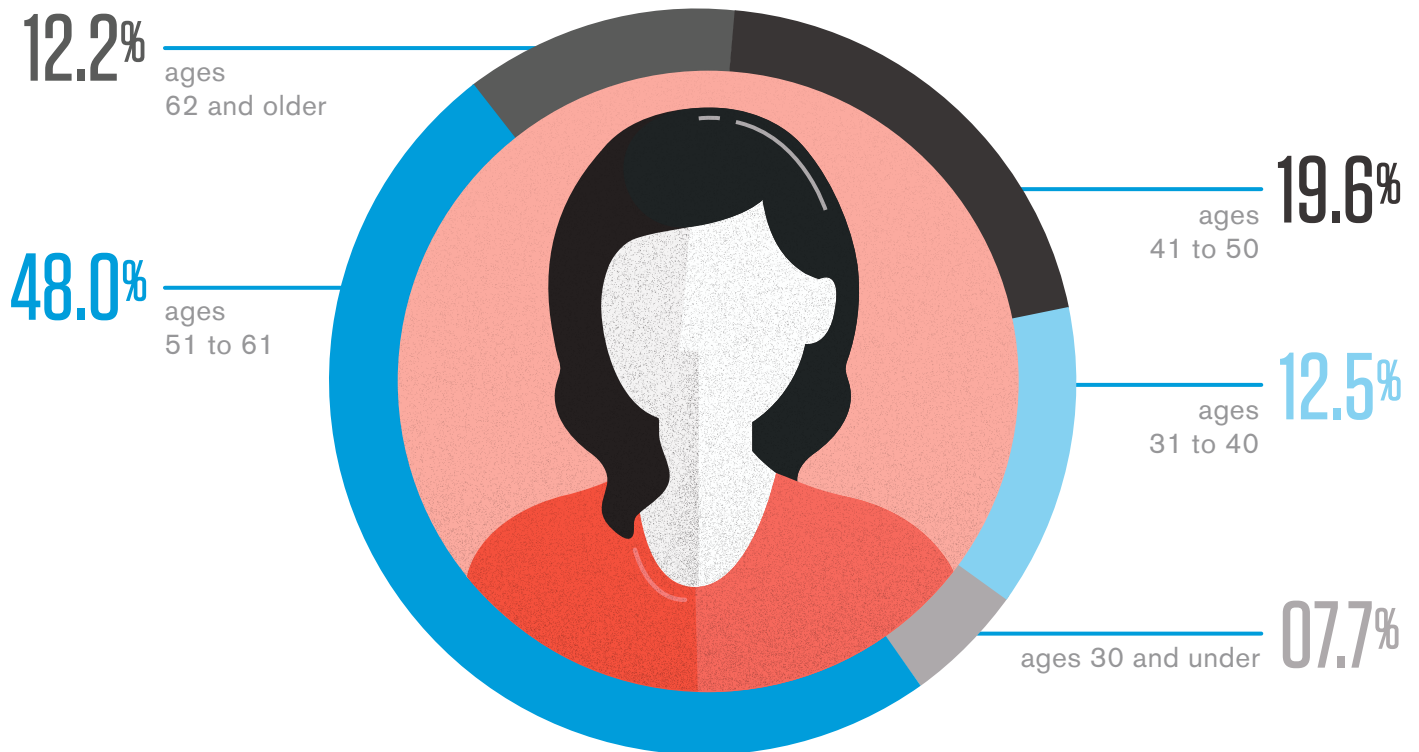
Older women reported having poorer health than in previous years. Sixty-two percent (62.2%) of women aged 51 and older reported their health as being “fair” or “poor,” a notable increase from 50% of women age 51 and over in 2013. The majority of women surveyed who were over age 50 also live with significant health issues. Sixty-five percent (64.7%) reported having a psychiatric or mental health disability (compared with 62.6% of women under 50), and 65.6% live with an ambulatory disability (compared with 43.9% of women under 50). These numbers reinforce the need for more specialized care and services for this increasingly older population as well as accessible facilities and agencies.¹

This age group's poor health is likely compounded by the fact that more than half of women age 50 and older do not sleep most frequently in permanent housing – 32% reported sleeping most frequently in shelters, and 28.1% most frequently sleeping on the street. Another contributing factor in the overall age increase is the aging of women who are experiencing chronic homelessness:² 61.4% of women aged 50 and older have been homeless longer than one year, compared with 12.1% of women under age 30. The longer an individual is homeless, the more likely it is that they do not have access to healthcare, neglect their health maintenance, or are exposed to harmful living conditions.

CHRONIC HOMELESSNESS

A chronically homeless individual as defined by the Department of Housing and Urban Development is “a homeless individual with a disability who has been homeless continuously for at least 12 months or on at least four separate occasions in the last three years where the combined occasions must total at least 12 months.”

2016 SURVEY RESULTS BY AGE

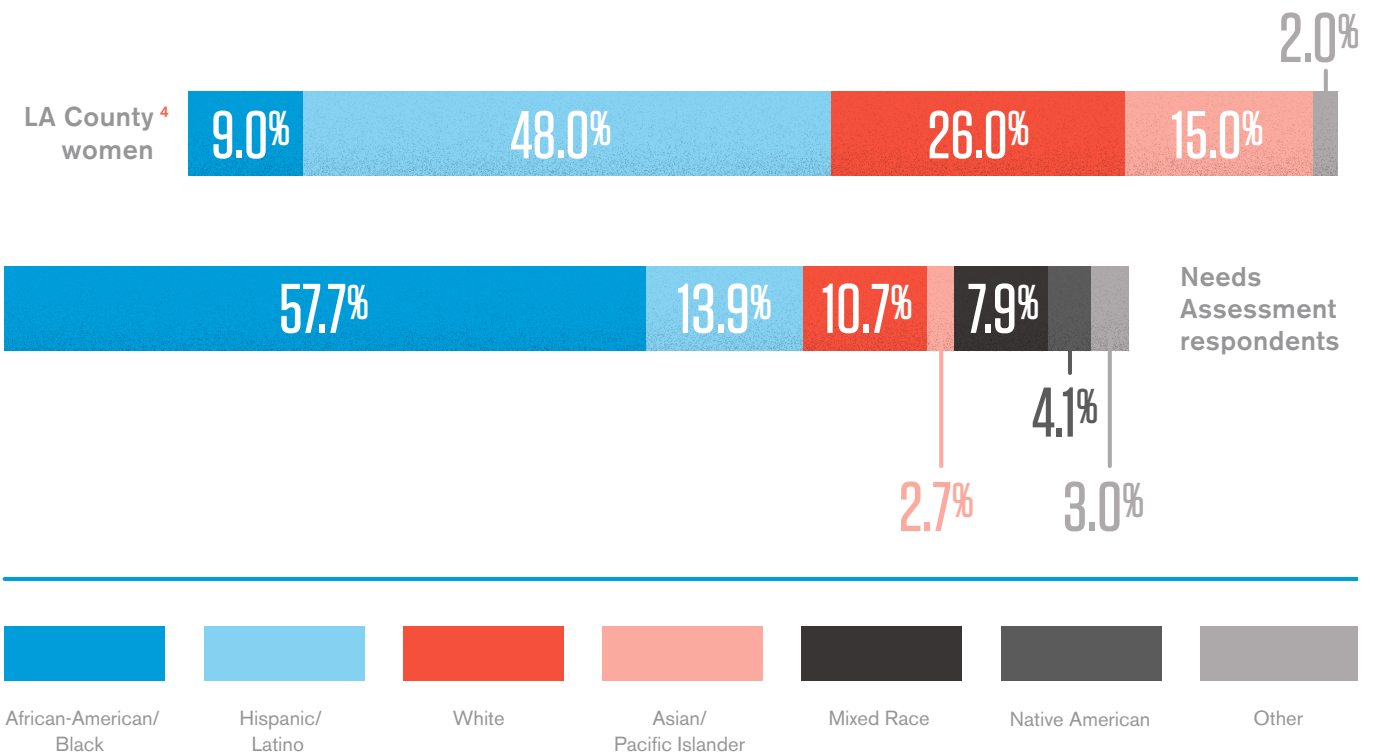


1 Research on this topic shows older adults experiencing homelessness are more likely to experience serious health complications at a younger age. A lack of consistent healthcare and housing often causes homeless adults in their 50s and 60s to develop health conditions not typically seen in average housed populations until their 70s or 80s. [*Health Home Connect: Improving the Health of Homeless Aging Individuals Through the Coordinated Entry System and the Affordable Care Act,* Downtown Women's Center. February 2015.]

2 The federal definition of “chronic homelessness” refers to an individual with a disability who has been homeless continuously for at least 12 months or on at least four separate occasions in the last three years. For the purposes of this survey, we use the term “chronically homeless” to refer to an individual who has experienced homelessness for at least 12 continuous months or on at least four separate occasions in the last three years, regardless of whether the individual lives with a disability.

RACE & ETHNICITY

As has been the case since the Needs Assessment's inception in 2001, racial demographics in 2016 continue to show African-American or black women are significantly overrepresented in the homeless population of downtown Los Angeles. Census data from 2014 shows 8.7%³ of women in Los Angeles County are African-American, yet African-American women comprised 57.7% of 2016 Needs Assessment survey respondents. Of those women, 32% reported they sleep most regularly on the streets – a lower rate than that of Latina women (39.6%) but higher than that of White women (28.2%).



Troublingly, African-American women surveyed were far more likely to experience chronic homelessness and to face violence than their Latina and White counterparts; 38.9% of African-American respondents reported being homeless for longer than one year at some point in their lifetime, compared with 29.2% of Latina respondents and 26.3% of White respondents. Moreover, 23.4% of African-American women surveyed reported being homeless more than four times over the last three years – a significant contrast to 6.1% of White women. African-American

INSTITUTIONALIZED RACISM

Demographic trends for African-American women demonstrate the long-term effects of institutionalized racism. Factors such as the wage gap as well as discrimination in housing and employment opportunities leave African-American women far more likely to remain homeless longer and living in extreme poverty.⁵

women were also more likely to experience violence: 37.7% had faced sexual assault, domestic violence, or interpersonal violence within the last year, compared with 25% of Latina respondents and 27.3% of White respondents.

Of women surveyed, 13.9% identified as Latina. Latina respondents were more likely than any other group to report their physical health as “poor” (34.8%), compared with 20% of African-American respondents and 21.6% of White respondents. Latina respondents were also far more likely to prefer women-only services – 61.2% said they’d prefer to access services in a women-only environment, compared with 34.2% of African-American respondents and 41% of White respondents. This suggests Latina respondents may face particular barriers when trying to access healthcare and services.

Of the 371 surveys conducted, 15 were conducted in Spanish (4% of the total). Volunteers who administered surveys in Spanish noted that Spanish-speaking respondents reflected on the difficulty of accessing services. Immigrant women face complex challenges, including language barriers when asking for help, and, for undocumented women, ineligibility for public benefits or avoiding seeking help for fear of deportation.⁶ Given this, cultural competency and multilingual services are crucial.

3 Table B01001 and B01001B, American Fact Finder, United States Census Bureau. July 16, 2016. http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_B01001B&prodType=table

4 “Report on the Status of Women in LA County 2016,” Commissioned by the Los Angeles County Commission on Women, Prepared by Mount Saint Mary’s University. March 31, 2016. <http://laccw.lacounty.gov/LinkClick.aspx?fileticket=iZfSTtdj4c%3d&portalid=10>

5 The wage gap still persists in the United States. As of 2016, women in the United States who work full time, year-round are typically only paid 79 cents to every dollar their male counterparts earned. The wage gap disproportionately affects women of color: African-American women only earn 60 cents to every dollar earned by a White man, and Latina women earn only 55 cents. This inequality translates to thousands of dollars lost each year which, in turn, puts women – particularly women of color – at a severe economic disadvantage. [“The Wage Gap: The Who, the Why, and the What to Do,” National Women’s Law Center. April 2016. <https://nwlc.org/wp-content/uploads/2016/04/The-Wage-Gap-The-Who-How-Why-and-What-to-Do-1.pdf>]

6 “Immigrants a Largely Hidden Segment of LA’s Homeless Population,” Southern California Public Radio. July 14, 2016. <http://www.scpr.org/news/2016/07/14/62582/immigrants-a-largely-hidden-segment-of-la-s-homele/>



COMMUNITY PROFILE: SUZETTE SHAW

POET/SKID ROW RESIDENT
DWAC CO-CHAIR

“People tend to stereotype what poverty, homelessness, and especially mental illness look like. I myself am a 52-year-old woman who is part of the debacle of the middle class. I lived in a million-dollar neighborhood before I ended up homeless. I’m a former certified case manager with the state of Arizona welfare program, someone who has family, but I lost my job and was on food stamps for the first time in my life at 47. Eventually, I lost my home and inevitably ended up in Skid Row. I lost my whole sense of purpose, yet what I’ve gone through is not altogether different from the experiences of many of the women I’ve met while here in Skid Row.

I do not believe we place enough value on the needs of women overall, but especially when it comes to the Skid Row community. I have been very intentional about speaking out about my own journey; I didn’t come to Skid Row to be an advocate, nevertheless, I ended up advocating here. We cannot talk about equality and empowerment while we are enforcing inequities.”

PROYECTO PASTORAL

For more than 30 years, Proyecto Pastoral at Dolores Mission has been empowering the marginalized community of Boyle Heights through education, leadership training, and service projects. Most recently, the rising number of immigrant workers and women experiencing homelessness has led Dolores Mission to open a women-only shelter that accommodates Spanish-speakers. This program also supports the often overlooked undocumented immigrant homeless population, as it is more difficult to access services without identification.

THE LGBTQA COMMUNITY

Fifteen percent (15.4%) of this year's survey participants reported their sexual orientation as gay or lesbian, bisexual, or "other." Eight percent (7.8%) of respondents reported their gender identity as transgender, gender queer/androgynous, or "other." In the U.S., 14% of homeless individuals identify as lesbian, gay, or bisexual, while 3% identify as transgender.

The National Coalition for the Homeless states that LGBTQA individuals face a distinctive set of challenges stemming largely from social stigma, discrimination, and familial rejection, putting the community at a higher risk of violence, abuse, and exploitation compared with their heterosexual peers.⁷ This is especially applicable to the transgender community, where the proportion of people who have experienced homelessness and housing insecurity is startlingly high; one in five trans individuals has experienced homelessness at some time in their lives, and when trying to rent or buy a home, one in five transgender people in the U.S. has been refused a home or apartment. More than one in ten trans individuals has been evicted because of their gender identity.⁸

What's more, transgender women experiencing homelessness face disproportionate challenges when seeking emergency shelter; from being turned away, to being assigned the wrong gender upon entry, to experiencing an alarmingly high rate of violence and sexual assault,⁹ trans women have few options when it comes to safe spaces and culturally competent services to meet their needs, especially in the Skid Row area. The LGBTQA community (and especially

LGBTQA women) is one of the most under-researched groups within the wider homeless population, and more disaggregated data must be made available in order to better serve this population.

EDUCATION, INCOME AND BENEFITS

EDUCATION

Nearly two-thirds (64.7%) of survey respondents graduated from high school or completed their GED requirements – a slight decrease from 71.5% in 2013, but a significant increase from the 31.8% of survey respondents who had completed high school or their GED in 2010. More than one-third (36.1%) of survey respondents completed some college. Though these results show higher education does not preclude homelessness, the women surveyed reported lower education levels than those of LA County women. Eleven percent (11.8%) of survey respondents are college graduates (compared to 19% of LA County women), and 2.2% completed postgraduate work (compared to 9% of LA County women).¹⁰ Several women surveyed noted they would benefit from better access to education, with 15.9% of respondents listing educational programs as a most-needed resource to improve the downtown community.

INCOME AND BENEFITS

The majority of women surveyed (88%) reported having at least one source of income, including public benefits, which is comparable to the number of respondents who received at least one of those in 2013. Of women surveyed in 2016 who reported having at least one source of income, 89.6% of respondents receive General Relief, Supplemental Security Income (SSI), and/or CalFresh (Food Stamps).¹¹

Though the majority of respondents have some form of regular income, few reported making money from employment. Just 4.1% of survey respondents reported “work, on the books” and 6.6% listed “work, off the books” as sources of income. Furthermore, nearly half of all respondents (49.7%) reported a loss of income at some point in their lifetimes; more than one-third of those women (33.4%) reported a loss of income over the last year. This data reflects a need for improved job readiness programs in the Skid Row area, as do the women surveyed; of 147 women who responded to



COMMUNITY PROFILE: ABIGAIL MALECKI

COMMUNITY ADVOCATE

“It’s not really safe on the streets, but especially not for the transgender community. People are trying to kill us off because we are not who they think we should be, even though we are actually who we believe we are supposed to be. We need to make it safer for the LGBT community and especially for the trans community through more protection and more police officers patrolling Skid Row.

However, the police need more sensitivity training so that trans women and men can be assigned to spaces that align with their identity, and be better protected against rape and murder. There also needs to be more community workshops in order for people to understand the LGBT community and what we go through. Most importantly, talk to the LGBT community and find out what resources they could use and what they believe is needed in order to help them achieve their goals.”

⁷ “LGBT Homelessness,” National Coalition for the Homeless. July 27, 2016. <http://nationalhomeless.org/issues/lgbt>

⁸ “A Blueprint for Equality: Housing and Homelessness,” National Center for Transgender Equality. 2015. <http://www.transequality.org/issues/resources/a-blueprint-for-equality-housing-and-homelessness-2015>

⁹ Almost three quarters (72 percent) of LGBTQ homicide victims are transgender women, and more than two-thirds (67 percent) are transgender women of color. “The Anti-Violence Project.” August 10, 2016.

¹⁰ “Sex by Age by Educational Attainment for the Population 18 Years and Over, Table B15001,” U.S. Census Bureau. July 13, 2016. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

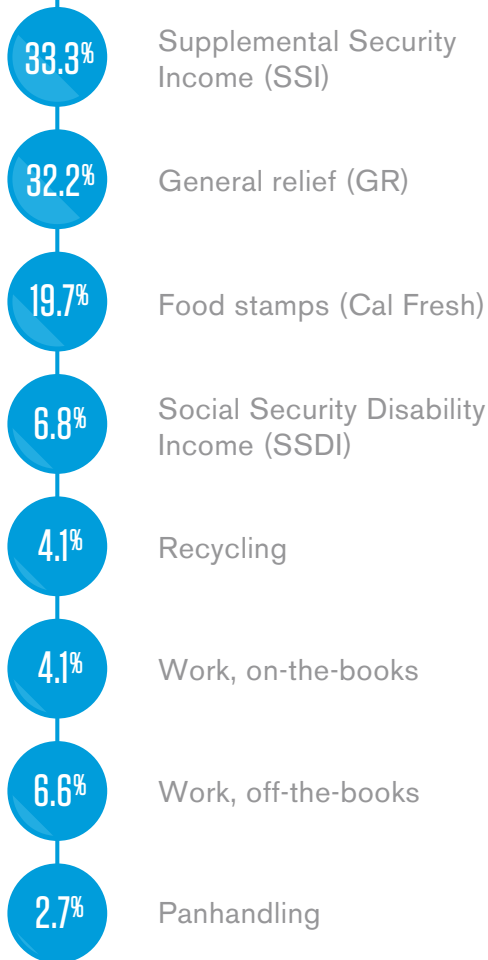
¹¹ **Supplemental Security Income** is a U.S. government program that provides financial support of \$733 per month (\$8,796 annually) for anyone who is blind, lives with a disability, or over the age of 65 and has a limited income. “Understanding Supplemental Security Income SSI Application Process and Applicants’ Rights,” U.S. Social Security Administration. 2016. <https://www.ssa.gov/ssi/text-apply-ussi.htm>

General Relief (GR) is a program funded by the County that provides financial assistance to adults with extremely limited income who are not eligible for federal or state programs. The maximum monthly income is \$221 per month for nine out of 12 months, an amount that has not increased since GR was introduced in 1989. “State General Assistance Are Weakening Despite Increased Need,” Center on Budget and Policy Priorities. July 9, 2015. <http://www.cbpp.org/research/family-income-support/state-general-assistance-programs-are-weakening-despite-increased>.

CalFresh (Food Stamps), federally known as the Supplemental Nutrition Assistance Program (SNAP), is a U.S. government program that provides U.S. citizens and lawfully-present immigrants who meet certain criteria with monthly food budget of up to \$194 per month for a household of one. “Policy Basics: Introduction to the Supplemental Nutrition Assistance Program,” Center on Budget and Policy Priorities. March 24, 2016. <http://www.cbpp.org/research/policy-basics-introduction-to-the-supplemental-nutrition-assistance-program-snap>

SOURCES OF INCOME

THE MAJORITY OF WOMEN SURVEYED REPORTED HAVING AT LEAST ONE SOURCE OF INCOME.



*These sources are not mutually exclusive.

an open-ended question about seeking employment, 25.9% listed job training as the most-needed resource to help them find jobs.

Though SSI was the most common reported source of income (33.3% of respondents were receiving it), 81.5% of women reported having a disability (hearing, vision, cognitive, ambulatory, or psychiatric disability), showing there continues to be an under-enrollment in the SSI program. The application process for benefits such as SSI can be complicated as well as time-consuming; in turn, many individuals experiencing homelessness begin the process only after stabilization in housing.¹²

UNACCOMPANIED WOMEN

This year's survey results show the majority of women in Skid Row are unaccompanied by children. Under one-third of survey respondents (31.5%) had children under age 18. Of these women, the majority (77.7%) were not currently living with children. Survey respondents who did not live with their children were more likely to sleep most frequently on the streets or in shelters than those who live with their children. Forty-eight percent (48.1%) of women who do not live with their children reported sleeping most frequently on the streets compared to 20.8% of women who do live with their children. Additionally, a smaller proportion of women unaccompanied by children reported sleeping most frequently in permanent housing (19% compared to 37.5%), or shelters (32.9% compared to 41.7%) than their counterparts who do live with their children. This data suggests

CASE STUDY

CHRYSALIS

Founded in 1984, Chrysalis provides transitional jobs, job readiness programs, and support for homeless and low-income individuals. With an emphasis on self-sufficiency, their core curriculum helps those historically excluded from the job market find and retain employment. Targeted services allow women to focus on their specific job skills and gain confidence in entering the job market; for example, the Women's Empowerment Program brings together participants and mentors in a supportive environment to focus on building self-esteem, interview skills, healthy living habits, and other topics to make a stronger impact on women seeking to change their lives through work.

UNACCOMPANIED WOMEN

An unaccompanied woman is a woman experiencing homelessness who is unaccompanied by children or other family members and does not qualify for services and public benefits that families qualify for, such as family shelters and CalWORKS.

women with children may have broader access to shelter and housing than unaccompanied women. It also reflects a need for specific resources and services for unaccompanied women.

Twenty percent (19.8%) of women surveyed reported ever having an interaction with the Department of Children and Family Services (DCFS), and 17.2% said they experienced a change in their children's custody at some point in their lifetime. Women experiencing homelessness can lose custody of their children for a variety of reasons, such as a lack of available housing, extreme poverty leading to inability to financially support children, serving time in jail or prison, and/or mental illness. Improved benefits for women, as well as increased access to housing and mental and physical health services, would help these women better care for their children and maintain custody.¹³ Women also pointed to a lack of family services in the downtown community: 11.6% of survey respondents listed child care services as a need.

FEMALE VETERANS

Thirteen (3.6%) of the survey respondents served in the Armed Forces, none of whom are currently receiving services from the VA. The number of women veterans who receive healthcare from the VA has nearly tripled since September 11, 2001, but because the VA still serves primarily men, women veterans have had difficulty accessing the services they need.¹⁴

The Downtown Women's Center's Veterans Program is the only veterans program in the Skid Row neighborhood that works exclusively with veteran women and

their children. It offers supportive housing in the form of HUD-VASH vouchers, housing location assistance and landlord engagement, ongoing case management from homelessness to housing, and home visits.

In 2016, the Los Angeles Homeless Services Authority (LAHSA) Homeless Count report showed significant decreases¹⁵ in veterans experiencing homelessness in Los Angeles City and County. Data for City Council District 14, where Skid Row is located, showed a 38% reduction in women veterans' homelessness.

¹² In early 2016, Los Angeles City and County each released comprehensive plans to end homelessness, which include strategies to better identify individuals experiencing homelessness, enroll them in benefits such as SSI and General Relief, and, in turn, connect them with permanent supportive housing.

¹³ In 2016, California passed the "No Place Like Home" initiative, a plan to tackle homelessness across the state. The initiative includes funding for "Bringing Families Home," a pilot program that funds supportive housing and services for families. Programs like these that include supportive housing, increased benefits, and reunification services for families will help women care for children from whom they've been separated.

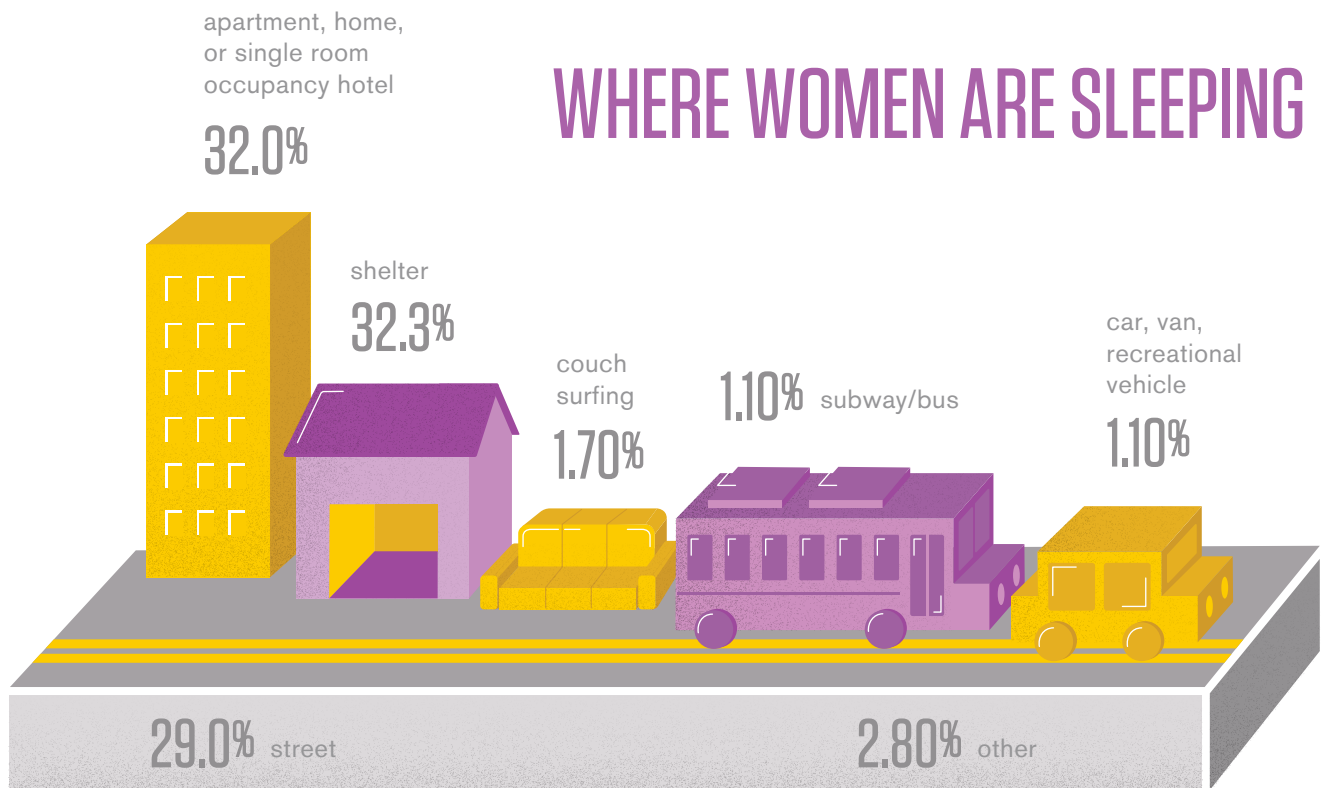
¹⁴ In recent years, VA hospitals across the United States have made an effort to better accommodate women veterans and provide gender-specific health services. ["VA Working to Make Female Veterans More Welcome, Visible," Southern California Public Radio. July 11, 2016. <http://www.scpr.org/news/2016/07/11/62418/va-working-to-make-female-veterans-more-welcome-vi/>]

¹⁵ "2016 Homeless Count Results," Los Angeles Homeless Services Authority. May 4, 2016. <https://documents.lahsa.org/Communication/2016/2016HomelessCountResultsRelease.pdf>

HOUSING

IN 2016, THE LOS ANGELES HOMELESS SERVICES AUTHORITY (LAHSA) HOMELESS COUNT REPORT FOUND THERE ARE AN ESTIMATED 46,874 INDIVIDUALS, **14,461 OF THEM WOMEN**, EXPERIENCING HOMELESSNESS ON A GIVEN NIGHT IN LOS ANGELES COUNTY — A 5.7% INCREASE FROM 2015.

WHERE WOMEN ARE SLEEPING



¹ "Homeless Count Results," Los Angeles Homeless Services Authority, May 10, 2016. <https://documents.lahsa.org/Planning/homelesscount/2016/factsheet/2016-HC-Results.pdf>

² "America's Rental Housing," Joint Center for Housing Studies of Harvard University, December 9, 2015. <http://www.jchs.harvard.edu/americas-rental-housing>

The increase in individuals experiencing homelessness in LA County has disproportionately affected women. Since 2013, the number of women experiencing homelessness has increased by a staggering 55%. Furthermore, women comprise 61% of the overall homeless population increase since 2013.¹

The increase is largely a result of a lack of affordable, accessible housing for women. Housing has been listed as the most-needed resource to improve the downtown community in every Needs Assessment survey since 2001. Nearly two-thirds of respondents (72.7%) listed it as a need this year, and 73.1% listed it as the most-needed resource in 2013.

This year's survey data shows women who lack housing are far more likely to experience violence (interpersonal violence, domestic violence, and sexual assault), and worse overall wellness outcomes than their counterparts who sleep most frequently in permanent housing. Specifically, 40.3% of respondents who are unhoused reported experiencing some form of violence in the last 12 months compared to 22.2% of respondents who are housed.

LACK OF AND LOSS OF AFFORDABLE HOUSING

With over 60% of its population living in rental housing, Los Angeles is a city of renters. However, as demonstrated by the fact that 58.5% of LA renters cannot afford their rents,² housing policies and practices in LA have not favored its majority population, and homelessness has soared consistently with the price of rent.

In August 2014, UCLA published a study identifying Los Angeles as the least affordable city in the country.³ The study followed rent and income trends over four decades and concluded that the lowest-income residents in LA are also the most "severely rent-burdened."⁴ According to the study, approximately 80% of Los Angeles' lowest income renter households are severely rent-burdened, including over 250,000 households paying over 90% of incomes toward rent. To add to this concern, LA is purging the affordable units it currently has. By 2021, the City of Los Angeles is expected to lose over 15,000

³ "Impacts of the Widening Divide, Los Angeles at the Forefront of the Rent Burden Crisis," UCLA Luskin School of Public Affairs. August 2014. https://issuu.com/csiucla/docs/ziman_2014-08w/1

⁴ Rent burden is defined as the percentage of household income above the federal 30% affordability threshold spent on housing. Severe rent burden is defined as the percentage of household income above 50% spent on housing.

⁵ "Out of Reach 2016," The National Low Income Housing Coalition. May 2016. http://niihc.org/sites/default/files/oor/OOR_2016.pdf

⁶ "LA rents: Vacancy rate falls to 2.7 percent as area's rental market tightens further," Southern California Public Radio. January 28, 2016. <http://www.scpr.org/news/2016/01/28/57103/la-apartments-rental-vacancy-rate-fall-to-27/>

RISING RENTS

The average rent for a two-bedroom apartment in LA County is \$1,728 per month, and a working family would need to earn \$33 per hour (or \$69,120 annually) to afford average rent in Los Angeles.⁵ While government housing vouchers that subsidize rental costs are available, these are becoming less effective due to rapidly increasing rents and a lack of available housing. In the last few years, rents have increased far above baseline federal voucher caps and in 2015, the LA metro area's rental vacancy rate dropped from 3.8% to 2.7%.⁶

TWO-BEDROOM APT.

\$1,728 RENT PER MONTH

A working family would need to earn \$33 per hour (or \$69,120 annually) to afford average rent in Los Angeles.

units of covenanted affordable housing units, adding to the approximately 100 units of rent-stabilized units removed from the market by a state law called the “Ellis Act”⁷ every month.

ADDRESSING CHRONIC HOMELESSNESS

Of women surveyed who are currently experiencing homelessness, 58% indicated they had experienced chronic homelessness, meaning they had ever been homeless longer than one year and/or four or more times in a three-year period.

Because they are more vulnerable to the negative impacts of living unhoused for longer periods of time, women who are chronically homeless are far more likely to report worse overall health outcomes. Among respondents who had experienced chronic homelessness, 59.1% reported having “fair” or “poor” health, compared to 47.9% of their counterparts who’d experienced shorter lengths of homelessness.

Similar disparities are noted in other health domains such as mental health, dental, vision, and hearing. Twenty-eight percent (28.2%) of women who had been homeless longer than one year and 25% of women who had been homeless four or more times in three years ranked their physical health as “poor.” By contrast, 18% of women who had been homeless between one and 12 months reported poor physical health.

Women who had experienced chronic homelessness were also far more likely to have experienced violence. Forty-two percent (41.5%) of women who had been homeless one year or longer within their lifetime had also experienced sexual assault, compared to 35.9% of women who had ever been homeless less than a year and 35.9% of women who had ever experienced homelessness for less than one month. These statistics reflect an alarming correlation between length of homelessness and likelihood of having experienced sexual assault, and reinforce that the longer a woman is homeless, the more vulnerable she is to violence.

HOUSING FIRST

is a low-barrier entry model that prioritizes providing permanent housing to individuals experiencing homelessness as quickly as possible without preconditions, and then following up with voluntary supportive services and treatment on an as-needed basis.⁸

SHELTER CONDITIONS

Of all respondents, most women (76.1%) had slept in an emergency shelter at some point. This percentage has risen 14.1% since 2010, and 33.5% since 2007, showing that over time, an increasing number of women must rely on emergency shelter when experiencing homelessness. Shelter beds and emergency shelter also ranked second on the list of most-needed services to improve the down-town community, with 68% of women listing it as a need.

Nearly one-third of survey respondents (32.3%) reported sleeping most frequently in shelters, yet many women also reported feeling unwelcome and unsafe in shelters. Of women who said they’d experienced emergency shelter or transitional housing, 30.3% reported that shelter staff made them feel unwelcome, and 30.9% said shelter staff did not treat them with respect. Nearly one-third (31.3%) reported feeling unsafe in the shelter. Disturbingly, of women who sleep most frequently in shelters, 35% have experienced physical or sexual violence within the last year.

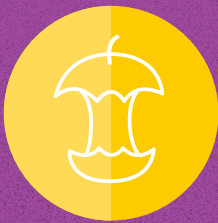
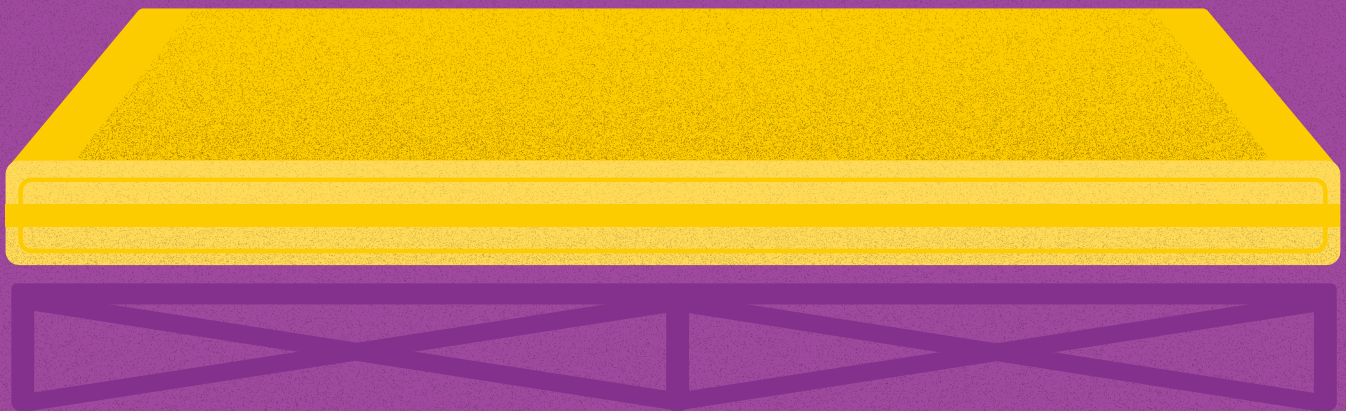
⁷ The Ellis Act is a provision enacted in 1985 that provides landlords in California with a way to remove rental units from rental housing use if the landlord plans to demolish the property or permanently exit the rental housing market. [“Removal From Rental Market: Property Owner,” Los Angeles Housing and Community Investment Department. July 2016. <http://hcidla.lacity.org/Removal-From-Rental-Market---Renters>]

SHELTER CONDITIONS

31.3% reported feeling unsafe in the shelter.

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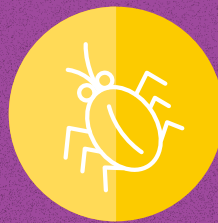
44.3%

reported the food in the shelter was not nutritious.



36.2%

said restrooms were not easily accessible during the night.



31.3%

reported bedbugs or other pest infestations.



26.4%

said the shelter was filthy.



COMMUNITY PROFILE: LOUISE MBELLA "SINAI" (FRENCHY)

COMMUNITY ADVOCATE / ORGANIZER
DWAC CO-CHAIR & FORMER DWAC SECRETARY
LEGAL AID FOUNDATION OF LOS ANGELES (LAFLA)
BOARD DIRECTOR

"I went to many shelters but eventually I ended up entering a shelter program for women at the Union Rescue Mission. That program really helped me transition from living in a shelter to having my own home; I was provided with my own bed and a small storage unit where I was able to store my clothes and other personal belongings. While I was residing at the Union Rescue Mission, I was able to advocate with the Downtown Women's Action Coalition. It gave me stability and a sense of belonging. There is a miracle in stability.

In my own house again, I felt safer, but the transition from a shelter to housing can cause additional trauma, as well as trigger survivor trauma; you need support to maintain your emotional and mental balance while processing your experiences, and ultimately to maintain your housing. Housing follow-up teams, post-housing crisis prevention programs, and permanent supportive housing retention staff are absolutely necessary as Next and Best Practices in our quest to house homeless people and keep Los Angeles housed. Obtaining housing is essential, but maintaining housing with a balance and healthy mind is vital. It just saves lives."

Many women who had experienced emergency shelter also cited poor living conditions. Forty-four percent (44.3%) reported the food in the shelter was not nutritious, and more than one-third of respondents (36.2%) said restrooms were not easily accessible during the night. Several women also noted a severe lack of cleanliness and potential health hazards in their living spaces: more than one-quarter of women surveyed (26.4%) said the shelter was filthy, and nearly one-third (31.3%), reported bedbugs or other pest infestations.

These alarming statistics reinforce the need for drastic improvements to the shelter system, including clean and safe living conditions, increased gender-specific facilities and services for women who have experienced trauma, and access to long-term solutions to help women transition out of emergency shelters and into permanent housing.⁹

HOUSING AND WELLBEING

Studies have shown housing to be an effective and cost-efficient health intervention, especially when meeting the needs of older women and women experiencing chronic homelessness, who sometimes live with health complications not typically seen in younger housed populations.

The negative health impacts of living unhoused are made startlingly clear by early mortality rates: In the United States, people without homes have a life expectancy 30 years shorter than that of the typical housed population.¹⁰ An additional study conducted in Toronto showed women experiencing homelessness age 18-44 were 10 times more likely to die prematurely than women in the general population.¹¹

Placing individuals experiencing homelessness in permanent housing also decreases public costs.¹² These reductions are reflected in the 2016 survey data, which shows women in housing are more likely to report better health than women who are unhoused. Eighteen percent (18.2%) of women who were in permanent housing rated their health as "poor," compared to 24.3% who were unhoused.

There was also a striking difference in mental health ratings: 28.7% of unhoused women ranked their mental health as "poor," nearly double the percentage of housed women who described their mental health as "poor" (15.7%).

HOUSING FOR HEALTH

The Housing for Health program (part of LA County's Department of Health Services) aims to reduce public health costs incurred by long and costly emergency room visits and increased physical health problems due to living on the street, by creating more housing opportunities for homeless individuals. The Housing for Health program funds the creation of permanent supportive housing through nonprofit-owned buildings, master-leased privately owned buildings, and units rented from private landlords.¹³ In LA County, funding is expected to provide housing subsidies for at least 10,000 people over five years.

“PLACING INDIVIDUALS EXPERIENCING HOMELESSNESS IN PERMANENT HOUSING ALSO DECREASES PUBLIC COSTS.”

Although the data points to housing as an initial health intervention, it also demonstrates that ending homelessness does not stop at housing. After women are housed, they still need access to health treatment to work through the aftermath of homelessness. Twenty-two percent (21.8%) of women who slept most frequently in their own apartment, home, or a single-resident occupancy (SRO) rated their health “very good” or “excellent,” compared to 20.9% who slept most frequently in emergency shelters and 15.2% who slept most frequently on the streets. Importantly, the fact that more than half (56.4%) of women who are in housing still rated their health as “fair” or “poor” reflects a need for ongoing treatment.

In addition to better overall health, women in permanent housing reported a better quality of life than women who are unhoused. More than half (54.1%) said they have a social support network of family and friends, compared with 42.9% of women who are unhoused. Women in housing were also less likely to have had an interaction with a police officer within the last year (25.6% compared to 37.3% of unhoused women) and less likely to have abused drugs or alcohol within the last year (27.3% compared to 34.2% of unhoused women). Women in housing are also less likely to experience violence; 22.2% of women in housing reported experiencing domestic or interpersonal violence within the last year, compared to 40.3% of women who are unhoused.

⁹ Los Angeles County's Homeless Initiative, a comprehensive plan to address homelessness released in early 2016, includes a strategy to strengthen the tie between temporary services, such as shelters, and permanent solutions. Ideally, this effort will lead to a decrease in the number of women who sleep most frequently in shelters and transitional housing and an increase in women who reside in permanent housing. [“Draft Recommended Strategies to Combat Homelessness,” County of Los Angeles Homeless Initiative. January 2016. <http://priorities.lacounty.gov/wp-content/uploads/2016/01/Draft-Recommendations.pdf>]

¹⁰ “Council Responds to JAMA Homeless Mortality Report,” National Health Care for the Homeless Council. January 2013. <https://www.nhchc.org/2013/01/council-responds-to-jama-homeless-mortality-report/>

¹¹ “Risk of Death Among Homeless Women: A Cohort Study and Review of the Literature.” Canadian Medical Association. April 13, 2004.

¹² In Los Angeles County, the typical public cost for residents in supportive housing is \$605 per month. The typical public cost for similar individuals who are currently homeless is \$2,897, an amount five times greater than their counterparts who are housed. Most of these cost savings result from reductions in health care costs – 69% of the savings for supportive housing residents are in reduced costs for hospitals, emergency rooms, clinics, mental health, and public health. [“Where We Sleep: The Costs of Housing and Homelessness in Los Angeles,” Economic Roundtable, November 1, 2009. <http://economicrt.org/publication/where-we-sleep/>]

¹³ “Department of Health Services – Housing for Health,” Los Angeles County Department of Health Services. July 16, 2016. <http://dhs.lacounty.gov/wps/portal/dhs/housingforhealth>



54.1%

25.6%

27.3%

22.2%

WOMEN
WHO ARE
HOUSED vs.

42.9%

Have a social support network

37.3%

Had interactions with police in the last year

34.2%

Abused drugs or alcohol in the last year

40.3%

Experienced domestic violence or interpersonal violence in last year

WOMEN WHO ARE UNHOUSED



HEALTHCARE

CONSISTENT WITH PREVIOUS NEEDS ASSESSMENT SURVEYS, THIS YEAR'S RESULTS SHOW HEALTH CONTINUES TO BE A TOP CONCERN AMONG WOMEN IN SKID ROW. HEALTHCARE, INCLUDING MEDICAL, MENTAL HEALTH, DENTAL CARE, VISION, AND HEARING, RANKED THIRD ON THE LIST OF RESOURCES MOST NEEDED TO IMPROVE THE DOWNTOWN COMMUNITY.

This year's survey results show encouraging trends. More women than ever have medical coverage or health insurance (86.2%, up from 79.2% in 2013), and only 5.6% said they did not go anywhere for healthcare. The spike in number of women surveyed who have health insurance is a direct result of changes made through the Affordable Care Act (ACA),¹ which significantly expanded its Medi-Cal program in 2013 prior to the program's official launch in 2014.²

Of the 13.9% of women who reported abnormal mammogram or Pap smear results within the last year, 67.6% were able to receive follow-up treatment. Though this percentage denotes a clear need for improvement in women's health services, it is a notable increase from 36.7% who were able to access follow-up treatment in 2013.

Forty-two percent (41.9%) of women surveyed reported having "poor" or "fair" hearing. Of those women, 61.9% were arrested, received a citation, or were detained on the streets by police within the last 12 months, compared to just 15.9% of women who reported "excellent" or "very good" hearing. This 46% difference depicts a clear link between arrest/citation history and lack of hearing ability, suggesting these women may not have been able to hear officers' instructions and therefore were not able to follow them. Training police officers how to recognize when an individual has poor hearing ability and how to better communicate with them could reduce the number of women experiencing homelessness who receive arrests or citations.

¹ A 2015 survey by the Kaiser Foundation found 68% of previously uninsured adult Californians gained coverage since the ACA's inception on January 1, 2014, up from 58% after the first enrollment period in Spring 2014. Most previously uninsured Californians (34%) registered through Medi-Cal, a 25% increase from the first enrollment period. ["California's Previously Uninsured After the ACA's Second Open Enrollment Period," The Henry J. Kaiser Family Foundation, <http://kff.org/health-reform/report/californias-previously-uninsured-after-the-acas-second-open-enrollment-period/>]

² The Kaiser Foundation reported a significant increase in benefits and improved quality of care among homeless individuals between 2013 and 2014 as a result of California's Medi-Cal expansion. <http://kff.org/uninsured/issue-brief/early-impacts-of-the-medicaid-expansion-for-the-homeless-population>

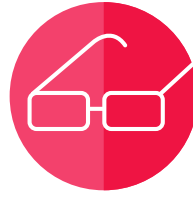
REPORTED HEALTH RANKINGS



PHYSICAL



DENTAL



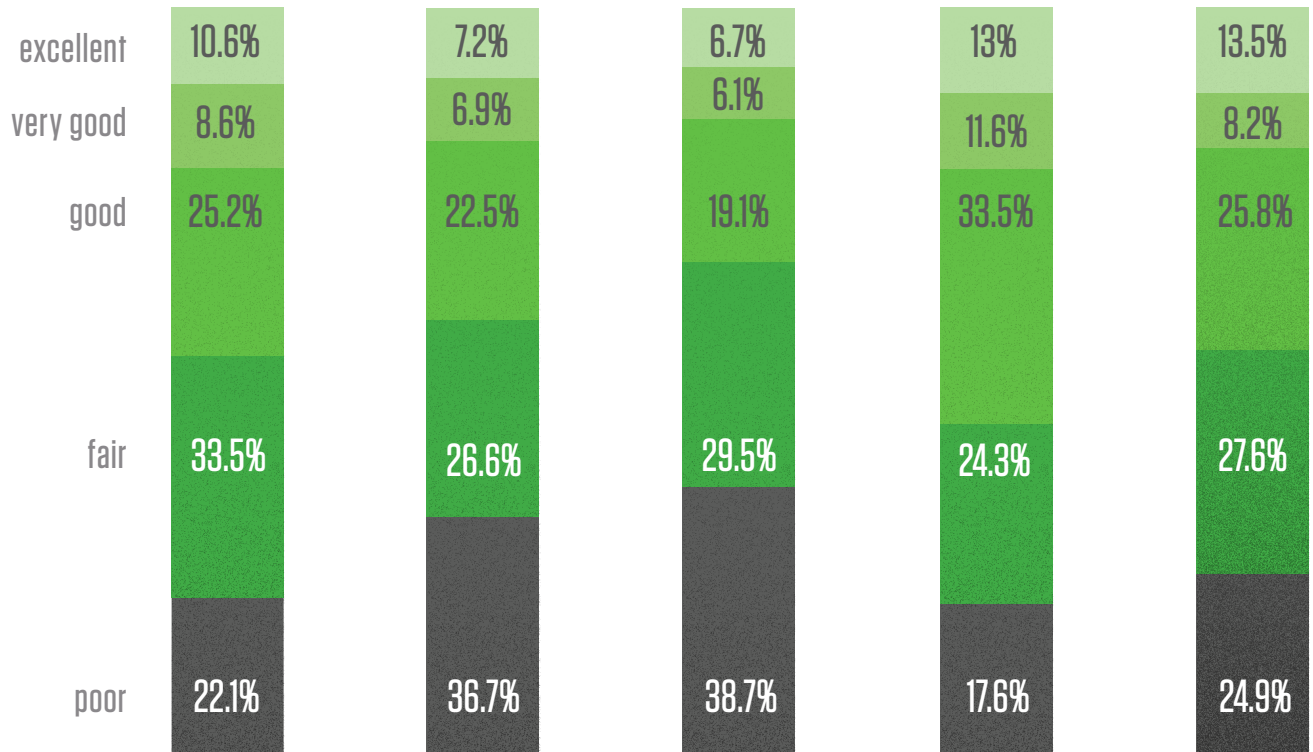
VISION



HEARING



MENTAL HEALTH



CASE STUDY

SCALE PROJECT

Spreading Community Accelerators through Learning and Evaluation (SCALE) is the first community-based initiative of 100 Million Healthier Lives, a project of the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI). SCALE seeks to equip communities with skills and resources to accelerate their health improvement journey, fostering the spread of good ideas between communities through the development of relationships, peer to peer networks, and formative evaluation. Locally, the SCALE project brings together representatives from the Skid Row community, including the Downtown Women's Center, L.A. Care Health Plan, JWCH Institute, Inc., the USC School of Social Work, United Homeless Healthcare Partners, and the Los Angeles Central Providers Collaborative, to improve chronic disease management for homeless and low-income women.



55.6%

of women reported their physical health as being “fair” or “poor” in 2016.

42.3%

of women reported their physical health as being “fair” or “poor” in 2013.

Though the number of survey respondents with health coverage has increased significantly and women reported improved access to treatment, survey respondents' physical and mental health has slightly worsened. More than half of women surveyed (55.6%) reported their physical health as being “fair” or “poor,” a nearly 14% increase from 42.3% in 2013. This negative shift demonstrates that as women age, their health worsens. It also suggests that though insurance and healthcare access rates have improved, women are still lacking in care that treats the whole person, not just specific ailments. Health clinics focusing on various aspects of a woman's lifestyle and health history in addition to her symptoms can help provide more well-rounded care that addresses and reduces causes of poor health rather than just easing the symptoms.

ADDICTION AND RECOVERY

Twenty-eight percent (28.4%) of women surveyed were in recovery from drug or alcohol abuse or dependence at some point during the last year. Of those, 61% of women were unhoused, sleeping either in night-to-night shelters or on the streets. This finding further demonstrates the need for Housing First models through which women can attain housing without barriers or requirements.³

Women who have experienced trauma at some point in their lives are far more likely to engage in substance use. Forty-four percent (43.9%) have abused or been dependent on drugs or alcohol at some point in their lives; of those women, 64.2% have used or been dependent on drugs or alcohol within the last year. Of women surveyed who had used substances in the last year, 100% had experienced trauma at some point in their lifetimes, and more than half (53.8%) experienced trauma in the last 12 months.⁴

**“OF WOMEN SURVEYED WHO
HAVE USED SUBSTANCES
IN THE LAST YEAR, 100% HAVE
EXPERIENCED TRAUMA.”**

MISCONCEPTIONS OF HOMELESSNESS

It is a common misconception that drug and/or alcohol abuse is a major cause of homelessness. This prevalent stereotype neglects the various circumstances that cause homelessness, such as extreme poverty and a shortage of affordable housing. In research published by the University of California, San Francisco, substance abuse was shown to be a result of individuals experiencing homelessness, rather than the cause of their homelessness.⁵ For women, alcohol and drug use may be a coping mechanism for unresolved trauma and/or experiences while living on the streets and in shelters.⁶

MENTAL HEALTH

This year's survey results depict an ongoing gap in mental health services. Though the number of women with health insurance has increased, mental health outcomes have worsened slightly, suggesting many women are still unable to get the mental health treatment they need. Nearly fifty-three percent (52.5%) of survey respondents reported "fair" or "poor" mental health, a 6.2% increase from 2013. Mental healthcare was among the top three resources listed to improve the community, with 23.9% of respondents listing it as a need.

Mental illness may be a contributing factor to homelessness, but the survey results show mental health issues also arise as a result of homelessness. For example, research shows individuals may develop Post-Traumatic Stress Disorder (PTSD) after experiencing the trauma of homelessness.⁷ Women who'd recently

experienced chronic homelessness were more likely to report fair or poor mental health than did women who had not experienced chronic homelessness. Thirty-three percent (32.8%) of women who'd ever been homeless one year or longer and 32.8% of women who'd been homeless at least four times within a three-year period rated their mental health as "poor," compared with 22.4% of women who'd ever been homeless between one and 12 months and 12.9% of women who had ever been homeless for less than one month. These findings underscore the association between length of homelessness and mental health. Women in housing were also less likely than women experiencing homelessness to report poor mental health (15.7% compared with 28.7%), showing a correlation between living with mental illness and living without shelter.

³ According to the National Alliance to End Homelessness, Housing First "prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues." ["Fact Sheet: Housing First," National Alliance to End Homelessness. April 2016. <http://www.endhomelessness.org/page/-/files/2016-04-26%20Housing%20First%20Fact%20Sheet.pdf>]

⁴ National research shows people develop substance abuse problems to attempt to self-medicate the distressing after-effects of trauma exposure. A study of adolescents found that teens who had experienced sexual abuse or assault were three times more likely to report past or current substance abuse than those without a history of trauma. ["Making the Connection: Trauma and Substance Abuse," The National Child Traumatic Stress Network. June 2008. http://www.nctsn.org/sites/default/files/assets/pdfs/SAToolkit_1.pdf]

⁵ "Risk Factors for Stimulant Use Among Homeless and Unstably Housed Adult Women," U.S. National Library of Medicine, National Institutes of Health. May 27, 2015. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4510017/>

⁶ "Making the Connection: Trauma and Substance Abuse," The National Child Traumatic Stress Network. June 2008. http://www.nctsn.org/sites/default/files/assets/pdfs/SAToolkit_1.pdf

⁷ "Addressing Post-Traumatic Stress Disorder Caused by Homelessness," National Alliance to End Homelessness. August 8, 2016. http://www.endhomelessness.org/page/-/files/PTSDcausedbyHomelessness_final.pdf

REPORTED MENTAL HEALTH: HOUSED / UNHOUSED



HEALTH IMPACTS OF HOMELESSNESS

Homelessness takes a clear toll on physical health as well as mental health. The negative health impacts of living unhoused are made startlingly clear by early mortality rates, which research shows are up to nine times to those of the general public.⁸ In the United States, people without homes have a life expectancy 30 years shorter than that of the typical housed population.⁹

A majority of women (65.3%) noted they'd experienced physical health problems within the last year. General poor health is partly a result of a lack of preventative care and inadequate access to regular sleep and nourishment; nearly half (43.9%) of all women said they were always worried about having enough money to buy nutritious meals, and 46.8% said they worried about having enough money to pay for basics.

Women who struggle with urgent necessities such as food and shelter are less able to spend time pursuing healthcare at a clinic or hospital, which can be time-consuming as well as confusing. As a result, conditions

that may start off as minor can worsen over time if not treated properly and consistently. Due to a lack of consistent, patient-centered care or accessible clinics and treatment options, women experiencing homelessness must often rely on the ER for primary care. Nearly three-quarters (72.8%) of women reported having visited the ER between one and three times within the last year. According to a post-survey focus group, the ER can be a triggering place for women experiencing homelessness. Some survey respondents indicated feelings of discrimination based on staff's assumption of their homelessness. Some survey respondents indicated hospital staff and/or healthcare providers suggested their reported symptoms were results of alcohol consumption or substance abuse, when those activities were not shared. And some survey respondents reported having been asked to leave before receiving proper care. The participants of the focus group also noted poor, sometimes dangerous conditions within the hospitals, such as bug infestations in food and bedding.

Length of homelessness has a clear negative impact on physical health. Chronically homeless women were more likely to report poor physical health – 29.2% of women who had ever been homeless longer than one year rated their physical health as “poor,” compared to 17% who had been homeless between one and twelve months.

More than three-quarters of women surveyed (81.5%) reported having some kind of mental or physical disability, reflecting the need for accessible services in the downtown community. Living with a disability makes navigating services more difficult or impossible and leaves women more vulnerable to attack; of the women who had experienced sexual assault in the last 12 months, 86.3% reported living with a disability.

**“IN THE UNITED STATES,
PEOPLE WITHOUT HOMES
HAVE A LIFE EXPECTANCY
30 YEARS
SHORTER THAN THAT OF THE
TYPICAL HOUSED POPULATION.”**

⁸ “Hard to Reach Populations: Innovative Strategies to Engage Homeless Members,” Resources for Integrated Care, Resources for Plans and Providers for Medicare-Medicaid Integration. August 8, 2016. <https://www.resourcesforintegratedcare.com/>

⁹ “Council Responds to JAMA Homeless Mortality Report,” National Health Care for the Homeless Council. January 2013. <https://www.nhchc.org/2013/01/council-responds-to-jama-homeless-mortality-report/>



COMMUNITY PROFILE: DENISE SMITH

DOWNTOWN WOMEN’S CENTER HEALTH CENTER PEER LEADER

“Skid Row has a lot of resources for healthcare. The problem is women don’t take advantage of it, because they’re also dealing with mental illness and drug addiction. If you have a mental illness or an addiction, you’re not going to be able to respond to what’s offered to you. How could you? You’re not well.

I was on a sidewalk corner [in Skid Row] for over fifteen years, picking up something off the ground, trying to smoke it. I’ve been there, and I didn’t want to look at myself. That’s the bondage that keeps you from growing.

We need more women’s groups and awareness groups, safe places for somebody who’s been there to get up and talk about the nitty gritty stuff. We also need to provide education about smoking. People talk about diabetes and high blood pressure, but nobody talks about COPD [chronic obstructive pulmonary disease], which I have, and lung diseases. Smoking causes problems, and you smoke a lot as a coping mechanism. I thank God I had the chance to learn, because I’m not out there with a pipe in my mouth today. I have a chance.”

VIOLENCE AGAINST WOMEN

NATIONAL RESEARCH SHOWS THAT DOMESTIC VIOLENCE IS ONE OF THE MAIN DRIVERS INTO HOMELESSNESS FOR WOMEN.¹ WHEN WOMEN LEAVE THEIR HOMES TO ESCAPE A VIOLENT ENVIRONMENT, THEY OFTEN HAVE NOWHERE ELSE TO TURN. DUE TO A LACK OF SAFE, AFFORDABLE HOUSING OPTIONS, THESE WOMEN ARE OFTEN FORCED TO CHOOSE BETWEEN REMAINING WITH THEIR ABUSER OR BECOMING HOMELESS.²

Since the Needs Assessment was launched in 2001, each survey's results have demonstrated that women experiencing extreme poverty or homelessness are disproportionately more likely to have survived physical or sexual violence in their lifetime. More than half (55%) of survey respondents had experienced domestic abuse. Women surveyed had experienced sexual assault at a rate nearly twice that of the general population; 19.3% of women in the United States have experienced sexual assault in their lifetimes.³ By contrast, 39.4% of women surveyed experienced sexual assault at some point in their lives.

This year's survey results show women experiencing homelessness face appalling levels of violence. What's more, for many women, this violence is not just one instance, but rather an ongoing reality. Nearly half of all respondents (46.9%) had experienced violence within the last 12 months. More specifically, 34.3% of respondents reported

¹ "Domestic Violence," National Alliance to End Homelessness. July 2016. http://www.endhomelessness.org/pages/domestic_violence

² "Domestic Violence and Homelessness," ACLU Women's Rights Project. July 2016. <https://www.aclu.org/sites/default/files/pdfs/dvhomelessness032106.pdf>

³ "National Data on Intimate Partner Violence, Sexual Violence, and Stalking," Center for Disease Control and Prevention. July 2016. <https://www.cdc.gov/violenceprevention/pdf/nisvs-fact-sheet-2014.pdf>

WOMEN'S EXPERIENCES OF VIOLENCE

39.4%

are survivors of **SEXUAL ASSAULT**

55.0%

are survivors of **DOMESTIC ABUSE**

67.5%

are survivors of **CHILD ABUSE**

90.8%

have experienced **PHYSICAL
OR SEXUAL VIOLENCE**
in their lifetime.

experiencing domestic violence or sexual assault in the last 12 months. Of those who experienced violence in the last 12 months, nearly half (47.2%) had experienced violence at least four times in the last year.

The data also reflect a persistent and severe lack of resources for women who have survived violence. This year, more than half of survey respondents (54.3%) reported not receiving services to deal with the after-effects of trauma. This statistic reflects a persistent and severe lack of resources for women who have survived violence; in 2013, 42.3% were unable to access trauma recovery services. In 2010, a shocking 72% said they had not been offered services to help deal with the after-effects of violence.

A staggering two-thirds of this year's survey respondents (67.5%) had experienced child abuse at some point in their lifetimes, a more than 20% increase from 2013. Child abuse can lead to long-term impacts; research shows that of every three individuals who survive child abuse, two will go on to experience sexual abuse later in life.⁴

Research shows that violence against women is consistently underreported globally.⁵ The reasons a woman may not report violence vary, and could include fear of further attacks from her assailant or a desire to avoid the stigma sometimes associated with surviving sexual violence. Therefore, though the numbers included in this report are high, they could potentially be higher.

COMMUNITY PROFILE: CRISTINA ALVAREZ

DOWNTOWN WOMEN'S CENTER PARTICIPANT

"After my brother attacked me, I couldn't go to work. I couldn't go back home anymore. I wasn't used to sleeping in my car, and I felt so scattered. It displaced me. I'm from Los Angeles, but I didn't immediately come to Skid Row — I was staying with a family member who was being harassed, and ultimately, I had to leave. Despite seeking help and working with my lawyer, I've yet to see justice come out of it, which has made me lose faith in the criminal justice system.

I think that we should have a trauma center in downtown Los Angeles. I've been listening to some women talk about their experiences with violence and how they didn't know that such places like domestic violence groups and women's groups existed. We need to provide more safe spaces for women, and for the sake of future generations, we need to look at this issue carefully and improve."

"THE DATA ALSO REFLECTS A PERSISTENT AND SEVERE LACK OF RESOURCES FOR WOMEN WHO HAVE SURVIVED VIOLENCE."

⁴ "Sexual Revictimization: A Review of the Empirical Literature," U.S. National Library of Medicine, National Institutes of Health. April 2005. <http://www.ncbi.nlm.nih.gov/pubmed/15753196>

⁵ "Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries." The American Journal of Epidemiology. December 12, 2012. <http://aje.oxfordjournals.org/content/early/2013/12/12/aje.kwt295.abstract>

⁶ **Human Trafficking** is the illegal movement of people, typically for the purposes of forced labor or commercial sexual exploitation. It is legally defined as the recruitment, transportation, transfer, harboring or receipt of person, by means of the threat or use of force or other forms of coercion, of abduction, or fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. ["Human Trafficking," National Institute of Justice. July 2016. <http://www.nij.gov/topics/crime/human-trafficking/pages/welcome.aspx>]

⁷ "Homelessness, Survival Sex, and Human Trafficking: As Experienced by the Covenant House of New York." National Alliance to End Homelessness. May 2013. <http://www.endhomelessness.org/page/-/files/Covenant%20House%20Fordham%20University%20Trafficking%20Report.pdf>

SAFETY IN SHELTERS AND ON THE STREETS

Unsurprisingly, women who reported sleeping most frequently in shelters or on the street were more likely to experience violence than women who slept most frequently in permanent housing. Of women who reported sleeping most frequently in a shelter or on the street, more than one-third (40.3%) had experienced sexual or physical violence within the last year, compared with 22.2% of women who were in housing. As outlined in the Housing section of this report, many women said they feel unsafe in shelters and experience high rates of violence. Women who reported sleeping most frequently on the streets fared even worse; 41% have experienced domestic violence, and 27.3% have experienced sexual assault within the last 12 months.



EXPLOITATION OF WOMEN

This year's survey results show that the women surveyed were susceptible to exploitation and, in some cases, felt pressured to exchange sex for basic needs. Of women surveyed, 19.8% reported trading sex for money, alcohol or drugs, shelter, food, or other goods. There is likelihood this is an underreported number – of the 371 women surveyed, 31.7% checked the option “not applicable” or declined to answer, suggesting some respondents may have felt the need to perform a sexual favor in exchange for basic needs but did not feel comfortable indicating so in the survey. Of women who reported they had engaged in survival sex, a distressing 72.1% said they'd experienced domestic violence or sexual assault as a result.

Twenty-eight survey respondents (8.9%) were survivors of human trafficking, the illegal movement of people for the purpose of forced labor or sexual exploitation.⁶ Of those

SURVIVAL SEX

is the act of trading sex acts to meet the most basic needs for survival, including food and shelter.⁷ Often, women who have no other resources feel survival sex is their only option.

**“WE NEED TO PROVIDE
MORE SAFE SPACES FOR WOMEN,
AND FOR THE SAKE OF FUTURE GENERATIONS,
WE NEED TO LOOK
AT THIS ISSUE CAREFULLY
AND IMPROVE.”**

CRISTINA ALVAREZ

**DOWNTOWN WOMEN'S
CENTER PARTICIPANT**

women, 44.8% experienced human trafficking within last year.⁸ California is one of the top three states (along with Florida and Texas) most affected by human trafficking in the United States.⁹ Additionally, human trafficking disproportionately affects women. Of the 682 human trafficking cases reported in 2016 through June 30, nearly 88% (87.5%) involved women victims.¹⁰

Women experiencing homelessness also face exploitation within the system intended to protect them. Just over one-third (33.6%) of women who reported having a police interaction within the last year, and although half of women (51.4%) reported their interaction was to seek help from the police, 13.3% said they'd experienced an inappropriate or abusive interaction with an officer, such as excessive use of force or sexual harassment. This statistic highlights the need for Trauma-Informed Care training for city departments like the Los Angeles Police Department (LAPD) who work regularly with vulnerable populations. It is also critical to ensure LAPD officers understand gender competency standards and are held accountable for abuses of power.

CASE STUDY

TRAUMA RECOVERY CENTER

More than 7 in 10 homeless women are survivors of incidents of violence, and even for those who are not, homelessness is a traumatic experience. With this in mind, in 2015 the Downtown Women's Center and Peace Over Violence partnered to create the first Trauma Recovery Center in downtown Los Angeles. The Trauma Recovery Center offers survivors of violent crime emotional support, information, compassion, accompaniment, referral, and advocacy services. Survivors are provided assistance applying to the California Victim Compensation Program; referrals for food, shelter, and housing services; medication support services; access to therapy, community trainings, and more.

TRAUMA-INFORMED CARE

is an approach to care that "realizes the widespread impact of trauma and understands potential paths to recovery, recognizes signs and symptoms of trauma, responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."¹¹ This approach is rooted in asking an individual, "What happened to you?" rather than, "What is wrong with you?"¹²

⁸ In July 2014, Los Angeles County District Attorney Jackie Lacey appointed the District Attorney (DA) office's first Human Trafficking Unit to combat all forms of human trafficking. In one year, the DA office nearly tripled the number of human trafficking cases filed, going from 28 in 2013 to 75 in 2014. This unit will hopefully lead to reductions in human trafficking among women experiencing homelessness.

⁹ "Report on the Status of Women in Los Angeles County," Los Angeles County Commission for Women. March 2016. <http://laccw.lacounty.gov/LinkClick.aspx?fileticket=iZfSTldj4c%3D&portalid=10>

¹⁰ "California," National Human Trafficking Resource Center. September 2016. <https://traffickingresourcecenter.org/state/california>

¹¹ "Trauma-Informed Approach and Trauma-Specific Interventions," Substance Abuse and Mental Health Services Administration. July 2016. <http://www.samhsa.gov/nctic/trauma-interventions>

¹² Bloom, S. L. and Farragher, B. (2010), "Destroying Sanctuary: The Crisis in Human Service Delivery Systems." New York: Oxford University Press.

COMMUNITY RESOURCES

THOUGH THIS YEAR'S SURVEY RESULTS HIGHLIGHTED SEVERAL AREAS WHERE SERVICE IMPROVEMENTS ARE NEEDED, RESPONDENTS IDENTIFIED SOME ENCOURAGING TRENDS AS WELL.

SANITATION

A high percentage of respondents said they had difficulty accessing urgent hygiene services when necessary. Thirty-five percent (34.8%) of women reported that finding a safe and clean shower is “very difficult.” More than half the women surveyed (55.2%) said finding a clean and safe restroom is “very difficult.” By contrast, just 15.6% reported finding a safe and clean restroom is not difficult at all, pointing to a severe need for sanitation services across the community. Research from the community reinforces this need; in 2013, the Los Angeles Community Action Network conducted 147 visits to restrooms in Skid Row and deemed only 32% of restrooms to be in service, clean, and stocked with supplies. Far more often, restrooms were dirty and toilets had no water or toilet paper.¹ These conditions leave individuals experiencing homelessness with few safe restroom options which, in turn, contributes to the public health crisis in Skid Row.

¹ “The Dirty Divide in Downtown Los Angeles: A Call for Public Health Equity in Skid Row,” Los Angeles Community Action Network. April 2013.

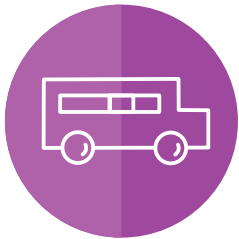
TOP 5

resources that have
MOST IMPROVED
the downtown community



40.7%

Availability of shelter beds or emergency beds



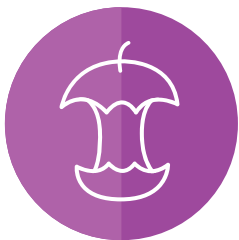
39.5%

Access to public transportation



38.9%

Affordability of housing



38.6%

Availability of free, low-cost foods



24.3%

Social services are available

TOP 5

resources that are
MOST NEEDED TO IMPROVE
the downtown community



72.7%

Housing



41.8%

Mental and physical healthcare



32.1%

Shelter beds or emergency beds



20.5%

Employment and training opportunities



17.8%

Educational programs

CITY AND COUNTY PLANS

2016 has been a landmark year for homelessness policy in Los Angeles. Earlier this year, the City and County each released comprehensive plans to address the issues. The plans include long-term strategies to end homelessness, such as expanding outreach to individuals experiencing homelessness, providing stronger links between temporary housing and permanent solutions, and strengthening the Coordinated Entry System. Service providers across Los Angeles were thrilled to see the plans grounded in nationally recognized models in critical areas such as housing, health and supportive services, social enterprise, and workforce development. The City of Los Angeles also approved an historic budget to implement its plan — \$138 million for the 2016-2017 fiscal year — an amount four times greater than that of the previous year's budget.²

Especially momentous in the City of Los Angeles' Comprehensive Homeless Plan, which, in response to the Downtown Women's Center's and the Los Angeles City Domestic Violence Task Force's advocacy efforts, are two strategies specifically including women and addressing their unique needs. Strategy 9K, entitled "Women's Homelessness — Domestic Violence," addresses women's higher likelihood of having survived trauma as well as the need for supportive housing and Trauma-Informed Care.³ The strategy also calls for more research on women experiencing homelessness and domestic violence survivors, due to the scarcity of information currently available. Strategy 9L, "Women's Homelessness — Workforce Development," notes women's specific job training needs and calls for expanding employment services for women. The inclusion of these two strategies will hopefully lead to a reduction in women's homelessness and an improvement in the trends outlined in this year's survey.

POLICING

Though the percentage of arrests and citations reported in 2016 has gone down slightly since 2013, the majority of police interactions reported were negative, reinforcing the need for improved relationships between law enforcement officers and Skid Row residents. However, to accomplish this, ending the criminalization of women experiencing homelessness for quality of life offenses, such as sitting or sleeping on the sidewalk, is vital. These arrests and citations can be expensive and time consuming and, in turn, push women further into poverty and away from permanent housing rather than improving community safety. Just over one-third of survey respondents (33.6%) had had a police interaction within the last year. Of those women, 33.3% received a citation (compared to 36.5% in 2013), and 40% were arrested (compared to 43.8% in 2013). Just half of the women (51.4%) who'd had a police interaction said the interaction was because they'd sought help from a police officer.

Recently, we have seen efforts to improve the relationship between the LAPD and the Skid Row community, which has historically been strained. The Los Angeles City and County plans include funding for LAPD officers to receive training in Trauma-Informed Care. Also, in 2016, LAPD officers made a commitment to show "compassion and empathy" toward individuals experiencing homelessness.⁴ Ideally, these endeavors will lead to a reduction in arrests and citations and improved relationships between Skid Row residents and law enforcement. However, to accomplish this, ending the criminalization of women experiencing homelessness for quality of life offenses, such as sitting or sleeping on the sidewalk, is vital. These arrests and citations can be expensive and time consuming and, in turn, push women further into poverty and away from permanent housing rather than improving community safety.

CASE STUDY

SKID ROW DESIGN COLLECTIVE

The Skid Row Design Collective is a resident-driven neighborhood vision for a vibrant and safe Skid Row. The project engages Skid Row residents and activists to design and plan solutions to not only enhance, but empower the community. The Skid Row Design Collective stemmed from another community organization called Our Skid Row, a project of the Skid Row Housing Trust. In 2015, Our Skid Row and other local organizations, including DWAC, collected feedback from countless community residents to create a detailed map highlighting the community's priorities for a brighter and safer Skid Row. The Skid Row Design Collective now uses the map, which includes recommendations for physical improvements and new community programs, to plan its next steps and communicate its objectives to the City.

ADVOCACY FOR WOMEN

There is still a significant dearth of public data and research on women's homelessness. However, grassroots efforts like the Downtown Women's Action Coalition (DWAC) are working to ensure low-income and homeless women have a voice in the decisions that impact them and that their needs are addressed. Since the group was formed in 2001, DWAC has achieved several key successes.⁵ Throughout its existence, other community organizations have used DWAC's work and research to improve resources and services for women in the downtown community.⁶

In 2016, the Downtown Women's Center launched its first Advocates Program, a program for women with lived homelessness experience who want to share their stories to affect social change. The women in the pilot program completed trainings on public speaking, how to engage in lobby visits with elected officials, and how to be an effective storyteller. Throughout the year, they have provided public comment at City Council meetings, spoken with journalists from national publications, and met with elected officials to advocate for better services and resources for women experiencing homelessness. In turn, these women have become strong, confident advocates for themselves and for the thousands of women currently experiencing homelessness in Los Angeles.

2 "Mayor Garcetti Signs \$8.76 Billion Budget With Record Investment in Housing, Services for Homeless Angelenos." June 2, 2016. <http://www.lamayor.org/mayor-garcetti-signs-876-billion-budget-record-investment-housing-services-homeless-angelenos>

3 "Strategy 9K," Comprehensive Homeless Strategy, City of Los Angeles. March 21, 2016. http://clkrep.lacity.org/onlinedocs/2015/15-1138-s1_misc_03-21-2016.pdf

4 "LAPD Officers to Show 'Compassion and Empathy' Toward Homeless People," Los Angeles Times. June 21, 2016. <http://www.latimes.com/local/lanow/la-me-ln-lapd-homeless-policy-20160621-snap-story.html>

5 In the summer of 2001, DWAC conducted and published its first Downtown Women's Needs Assessment survey and report, a project which has expanded with each subsequent release every three years since the first report. In 2005, DWAC launched the "7 out of 10" campaign, which found that seven out of 10 women in downtown Los Angeles had experienced violence in their lifetimes. In 2011 and 2012, DWAC contributed data and personal testimonies to the UN Special Rapporteur on Adequate Housing. This, in turn, led to connections between domestic violence and homelessness being highlighted in the international UN publication, "Women and the Right to Adequate Housing." For more examples, see "Downtown Women's Action Coalition Timeline" in the 2013 Downtown Women's Needs Assessment Survey.

6 Some of these improvements include the expansion of the Los Angeles Community Action Network's legal clinic to include a family law attorney, access to Planned Parenthood in Skid Row, and the LA County Department of Public Health's expansion of immunizations, flu shots, and other health programs targeted toward women.



COMMUNITY PROFILE: SILVIA HERNANDEZ

COMMUNITY ADVOCATE, LA COMMUNITY
ACTION NETWORK MEMBER, DWAC MEMBER

"The resources specifically for women in Skid Row are very limited. The services and agencies are there, but they're not customized for the needs of women. Women are experiencing violence, rape, illness... We need emergency response teams and community-based services where a woman can walk in, have her needs identified, and be referred for housing services immediately.

We definitely need more advocacy in the field. We also need the help of people from the community, the leaders from the community, the peers from the community, because they are experts. Collaboration and coordination between agencies and community leaders is crucial. There cannot be any conflict of interest; the only interest should be the people."

ACTION AGENDA

The data presented in this report demonstrate that the characteristics and vulnerabilities of women experiencing homelessness are unique, and thus require specific attention and services. To end homelessness for women, we must recognize single, adult women as a distinct subpopulation within the broader homeless population.¹

A woman experiencing homelessness in Los Angeles currently enters a service system designed by and for the majority. These services often fail to appropriately address a woman's higher likelihood of having survived violence, her unique healthcare or job-training needs, or the ways in which her goals for her future may differ from those of a man.

Below is the Downtown Women's Action Coalition's Action Agenda (DWAC) for effectively addressing the needs of women experiencing homelessness. Implementing these recommendations in critical areas such as housing, health, violence against women, community resources, and data is key in reducing the number of women experiencing homelessness in downtown Los Angeles. DWAC's Action Agenda will serve as the coalition's platform for the coming years, as we continue our efforts to end women's homelessness for good.

DATA

We must develop an ongoing system to disaggregate data about Los Angeles's homeless population by gender, and fund new research projects to determine the resources needed to meet women's unique service needs.

- Provide access to existing government data, including data captured in HUD's Homeless Management Information System (HMIS), about LGBTQA women experiencing homelessness.
- Support and fund community-based and community-led research to better understand the services LGBTQA women access and identify gaps.
- Indicate gender in the Department of Housing and Urban Development (HUD)'s Point-In-Time count so this data can help determine how many shelter beds are needed for women in Skid Row.

¹ The reasons for homelessness are different for women than they are for men. According to recent research conducted by Dr. Harmony Rhoades and Dr. Suzanne Wenzel at the USC Suzanne Dworak-Peck School of Social Work, women most commonly list their physical health as the most important reason for becoming homeless, whereas men most commonly list job-related reasons. Additionally, women are much more likely than men to report domestic violence as the most important reason they became homeless. Because their causes of homelessness are different, women experiencing homelessness will in turn have service needs different from those of men experiencing homelessness. ["Differences Between Men and Women Moving Into Supportive Housing in Los Angeles," USC Suzanne Dworak-Peck School of Social Work. March 2016.]

HOUSING

There is an urgent need for more housing for women experiencing homelessness. More affordable and supportive housing units must be specified for very-low income (VLI) and extremely-low income (ELI) women.² It is imperative that government, service providers and housing programs that address the needs of women in Skid Row ascribe to a Housing First model.

- Fund the City's Affordable Housing Trust Fund and Permanent Supportive Housing Trust Fund at a minimum of \$100 million annually each and ensure that permanent supportive housing and Extremely Low Income (ELI) housing are prioritized.
- Help prevent women from becoming homeless by:
 - increasing access to eviction prevention legal services for individuals in low-income or subsidized housing;
 - reducing rent burden and limiting Ellis Act evictions;
 - expanding tenants' rights under the Rent Stabilization Ordinance;³
 - protecting existing rent stabilized, public and subsidized housing.
- Ensure all permanent supportive housing developments are consistent with the Housing-First model. Designate permanent supportive housing units specifically for women who have experienced chronic homelessness.
- Improve ties between service providers and public housing authorities to ensure women who have applied or would like to apply for affordable housing are housed.
- Include gender, and gender paired with the experience of violence/trauma, as weighted factors in vulnerability scoring for individuals entered into the Coordinated Entry System.⁴

TEMPORARY SHELTERS

The only way to end homelessness for women is to provide more permanent housing; however, the reality remains that many women will continue to reside in temporary shelters until housing is available. In the interim, women surveyed reported shelter service needs that must be met immediately.

- Ensure shelters are open 24 hours per day to women experiencing homelessness.
- Require shelter staff to be adequately trained in addressing the unique traumas women experiencing homelessness face.
- Ensure regulatory agencies, such as the Los Angeles Homeless Services Authority (LAHSA) and the Department of Mental Health, enforce existing regulations and monitor shelter conditions across Los Angeles County
- Prohibit publicly funded shelters from accepting rent or public assistance, such as General Relief or Food Stamps, from shelter participants in exchange for their stay. All money management programs must be voluntary and may not be required as a condition of accessing shelter.

² The Department of Housing and Urban Development (HUD) defines Very-Low Income (VLI) as 50% of the median family income for the area, subject to adjustments for areas with especially high or low incomes. Extremely Low-Income (ELI) defines households that do not exceed the higher of the Federal Poverty Level or 30 percent of Area Median Income. ["HUD Releases 2015 Income Limits," National Low Income Housing Coalition. March 16, 2015. <http://nlihc.org/article/hud-releases-2015-income-limits>]

³ The Rent Stabilization Ordinance (RSO) was established in 1979 "as a way to protect tenants from excessive rent increases while providing landlords a reasonable return on their investments." Generally, the RSO applies to any multi-family rental property built on or before October 1, 1978. ["RSO Overview," Los Angeles Community Investment Department. August 24, 2016. <http://hcidla.lacity.org/RSO-Overview>]

⁴ The Coordinated Entry System is a system that engages and connects single adults experiencing homelessness in Los Angeles County with housing optimal for their needs. It links together existing programs to create a no-wrong-door system for housing. ["Coordinated Entry System," United Way of Greater Los Angeles. May 31, 2016. http://ceslosangeles.weebly.com/uploads/1/2/2/1/1221685/ces_overview_and_contacts_05.31.16.pdf]

HEALTH

This year's survey points to a need for an institutional shift in both our healthcare system and within homeless services to provide more individualized and consistent care for women experiencing homelessness.

- Provide medical services to address the self-identified health needs of Skid Row's aging population of women, including: hearing impairment, vision, mental health, and chronic health conditions.
- Ensure mental health services in Skid Row are meeting women's self-reported mental health needs. Provide trainings for service providers and workers in Skid Row to ensure they are equipped to assist a woman in mental health crisis.
- Require all shelters, permanent supportive housing developments, and homeless service providers to partner with a medical clinic and staff, and connect women with a dedicated case manager who provides physical and mental health supports, including access to information about health insurance.
- Provide resources for a trusted healthcare provider to run a mobile health clinic in Skid Row dedicated exclusively to primary and emergency care for unhoused women, with the eventual goal of keeping the clinic open 24 hours each day.
- Provide access to healthcare services in Skid Row to accommodate women living with physical or intellectual disabilities.

VIOLENCE AGAINST WOMEN

Since the Needs Assessment launch in 2001, violence against women has been one of the most persistent, ongoing factors affecting women in Skid Row. The staggeringly high prevalence of intimate personal violence is the most distinguishing difference between women and men experiencing homelessness.

- Require all homeless service providers who receive public funding to be trained in Trauma-Informed Care, including cultural and gender competency, and enforce standards for practicing trauma-informed best practices.⁵
- Prioritize training City and County employees to be trauma-informed and to know how to connect women experiencing trauma and survivors with recovery services.
- Create and promote "Safety Zones" in Skid Row that include violence prevention resources for women.⁶
- Provide more single-gender permanent housing and shelters for women who are experiencing and/or are recent survivors of violence in downtown Los Angeles.
- Ensure programs such as Victim Compensation⁷ include a "fast track" method to help women find services and housing immediately rather than increasing their vulnerability after experiencing violence.

COMMUNITY RESOURCES

To improve living conditions for women who are currently homeless in Skid Row, we must provide adequate access to restrooms and showers as well as ensure law enforcement are practicing harm reduction and not criminalizing homelessness.

- Invest in mobile bathrooms and showers staffed by professionals 24 hours each day.
- Increase access to public restrooms and make them available when service providers are closed for the day. Ensure existing public restrooms are fully stocked and clean.
- Repeal ordinances that criminalize women experiencing homelessness, such as Los Angeles Municipal Code (LAMC) 41.18(d)⁸ and LAMC 56.11.⁹ Prioritize mandatory training for law enforcement officers in how to provide compassionate care to women experiencing homelessness.
- Prioritize developing more locally and federally-funded programs such as LA:RISE¹⁰ that specifically address hard-to-reach populations such as women experiencing homelessness and low-income women. Ensure these programs are designed to meet this population's job readiness needs, regardless of their age, whether or not they have a disability, employment history or skill level.
- Ensure providers practice cultural competency and offer multilingual services to assist immigrant women or non-native English speakers who face numerous challenges in accessing services.

⁵ When implemented throughout service delivery, TIC leads to more long-term health and housing outcomes for trauma survivors. [Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings, 2010.]

⁶ provide individuals experiencing homelessness with water, food, and a shady place to sit and rest. Members of the collective spoke with community members about what they'd like a safety zone to include and recorded their feedback to incorporate in future Safety Zone projects.

⁷ The California Victim Compensation Board can help pay bills and expenses that result from certain violent crimes. ["The California Victim Compensation Board," CalVCP. August 19, 2016. <http://vcgcb.ca.gov/victims/>]

⁸ LAMC 41.18 (d) prohibits anyone from standing or sitting on streets, sidewalks, or other public thoroughfares. "Chapter IV: Public Welfare," American Legal Publishing Corporation. August 24, 2016. [http://library.amlegal.com/nxt/gateway.dll/California/lamc/municipalcode/chapterivpublicwelfare?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:lamc_ca\\$anc=JD_41.18](http://library.amlegal.com/nxt/gateway.dll/California/lamc/municipalcode/chapterivpublicwelfare?f=templates$fn=default.htm$3.0$vid=amlegal:lamc_ca$anc=JD_41.18).

⁹ Designed to regulate storage of personal property in public areas, LAMC 56.11 limits how many personal belongings individuals experiencing homelessness can keep with them on public streets and restricts when tents and encampments can be set up on sidewalks. "Ordinance Number 56.11," Los Angeles Office of the City Clerk. January 22, 2016. http://clkrep.lacity.org/onlinedocs/2014/14-1656-S1_misc_01-22-2016.pdf

¹⁰ LA:RISE (Los Angeles Regional Initiative for Social Enterprise) is a project funded by the U.S. Department of Labor to help people with significant job barriers, such as disconnected youth and individuals with a history of homelessness or incarceration, to receive training and permanent job placements. "LA:RISE Jobs Initiative Brings 500 Jobs & Support Services to Angelenos," Los Angeles Economic & Workforce Development Department. August 19, 2016. <http://www.ewddlacity.com/index.php/about-ewdd/news-2/156-la-rise-jobs-initiative-brings-500-jobs-support-services-to-angelenos>

ACKNOWLEDGMENTS

The Downtown Women's Action Coalition (DWAC) thanks the women of Los Angeles's Skid Row who participated in this survey. It is thanks to their courage in sharing their stories that we are able to highlight the needs in our community and determine next steps in addressing them.

DWAC also thanks the more than 100 volunteers who made this project possible, from administering surveys to analyzing results. Thank you to the Downtown Women's Center and the Los Angeles Community Action Network for the countless staff hours put into writing and editing this report. A special thank you to the students and faculty at the USC Suzanne Dworak-Peck School of Social Work who devoted their time, passion, and skills to conducting data entry and analysis.

Lastly, thank you to the readers who will use the information in this report to work with and advocate on behalf of women in Skid Row.

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WHAT WILL

YOU

DO TO END

HOMELESSNESS

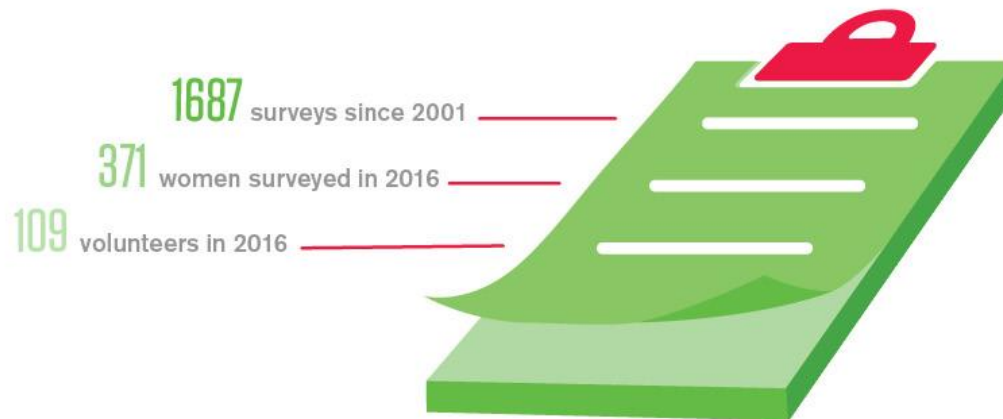
FOR WOMEN?

DOWNTOWN WOMEN'S ACTION COALITION

Downtown Women's Needs Assessment 2016
www.DowntownWomensCenter.org/NeedsAssessment

INTRODUCTION

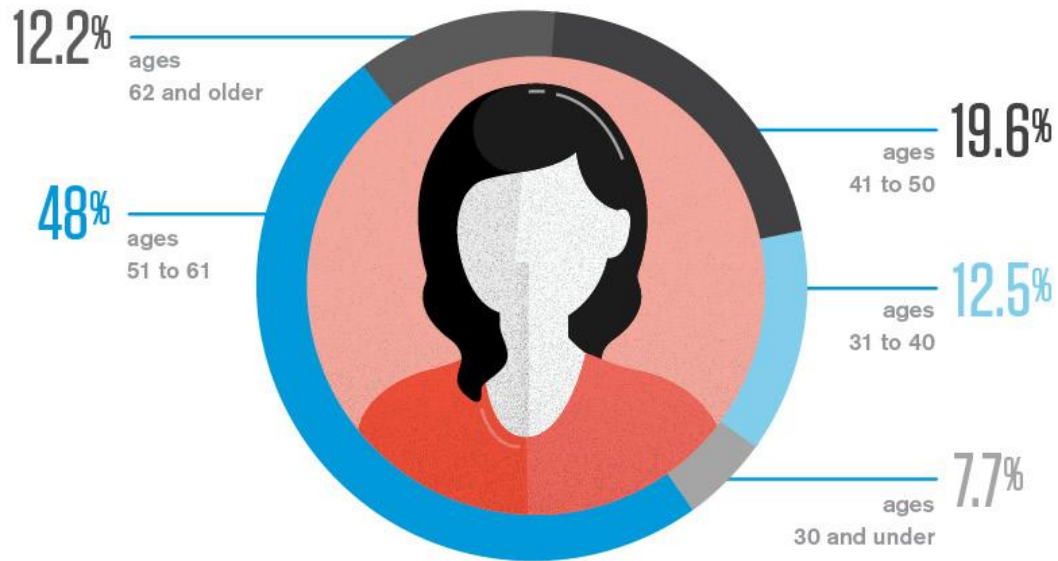
THE 2016 DOWNTOWN WOMEN'S NEEDS ASSESSMENT IS A COMMUNITY-BASED RESEARCH PROJECT, AND THE SIXTH IN A SERIES OF COMPREHENSIVE SURVEYS ON THE NEEDS, CHARACTERISTICS, AND CONDITIONS FACING HOMELESS AND EXTREMELY LOW-INCOME WOMEN LIVING IN DOWNTOWN LOS ANGELES.



“EVERY THREE YEARS SINCE 2001, DWAC HAS CONDUCTED THIS SURVEY WITH THE GOAL OF BETTER INFORMING ALL THOSE WORKING TO IMPROVE THE HEALTH AND SAFETY OF WOMEN LIVING DOWNTOWN.”

AGE

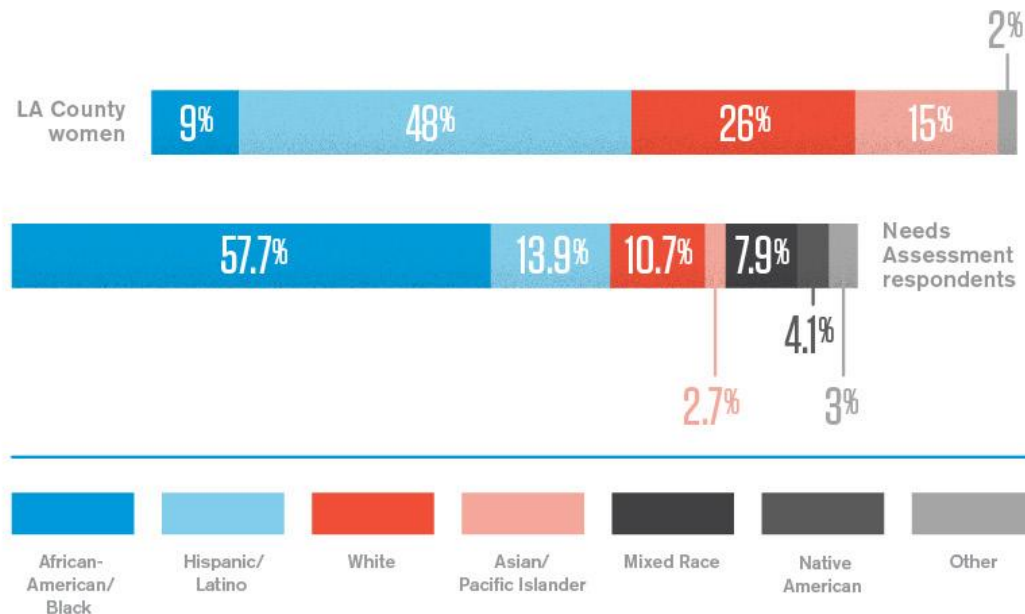
DEMOGRAPHIC DATA SHOWS WOMEN IN SKID ROW ARE FAR MORE LIKELY TO BE OLDER AND AFRICAN-AMERICAN THAN WOMEN IN LA COUNTY, SUGGESTING THESE GROUPS EXPERIENCE HOMELESSNESS AND EXTREME POVERTY AT DISPROPORTIONATELY HIGH LEVELS.



SOLUTIONS: Demographics data shows the need for culturally competent services that target older women, and the impact of institutionalized racism as a factor causing homelessness.

RACE & ETHNICITY

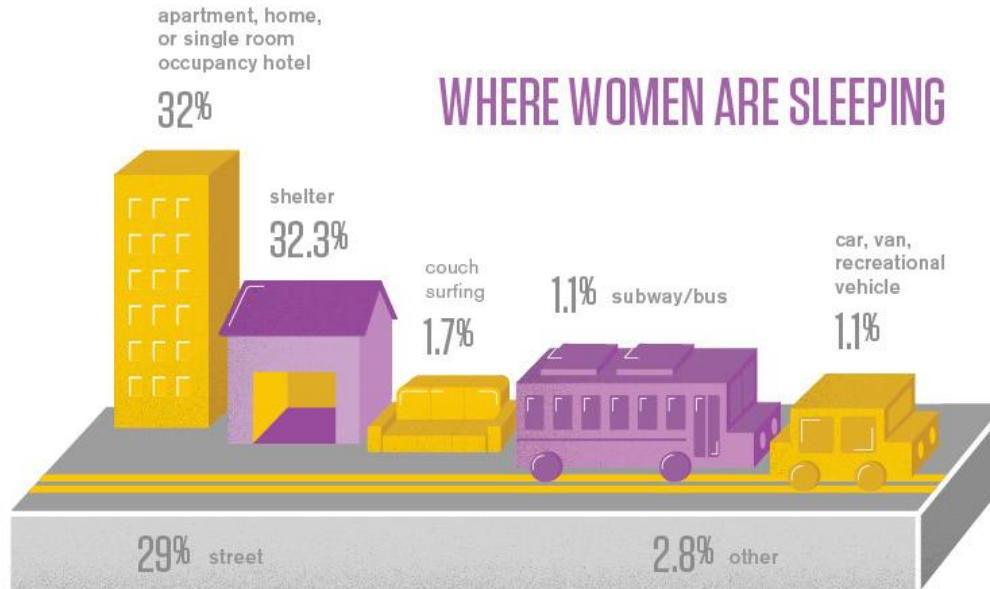
DEMOGRAPHIC DATA SHOWS WOMEN IN SKID ROW ARE FAR MORE LIKELY TO BE OLDER AND AFRICAN-AMERICAN THAN WOMEN IN LA COUNTY, SUGGESTING THESE GROUPS EXPERIENCE HOMELESSNESS AND EXTREME POVERTY AT DISPROPORTIONATELY HIGH LEVELS.



SOLUTIONS: We need for culturally competent services that target older women and the impact of institutionalized racism as a factor causing homelessness.

HOUSING

A LACK OF AFFORDABLE, ACCESSIBLE HOUSING FOR WOMEN IS ONE OF THE MAJOR CAUSES OF THE 55% INCREASE IN LA COUNTY WOMEN EXPERIENCING HOMELESSNESS; 73% OF SURVEY RESPONDENTS LISTED HOUSING AS THE MOST-NEEDED RESOURCE TO IMPROVE THE DOWNTOWN COMMUNITY.



SOLUTIONS: More affordable and supportive housing units must be created and specified for very-low income and extremely-low income women in order to eliminate one of the major causes of homelessness.

HEALTHCARE

MORE WOMEN THAN EVER HAVE MEDICAL COVERAGE OR HEALTH INSURANCE (86.2%); HOWEVER, DESPITE IMPROVED ACCESS TO TREATMENT, SURVEY RESPONDENTS' PHYSICAL AND MENTAL HEALTH HAS WORSENERD.



55.6%

of women reported their physical health as being "fair" or "poor" in 2016.

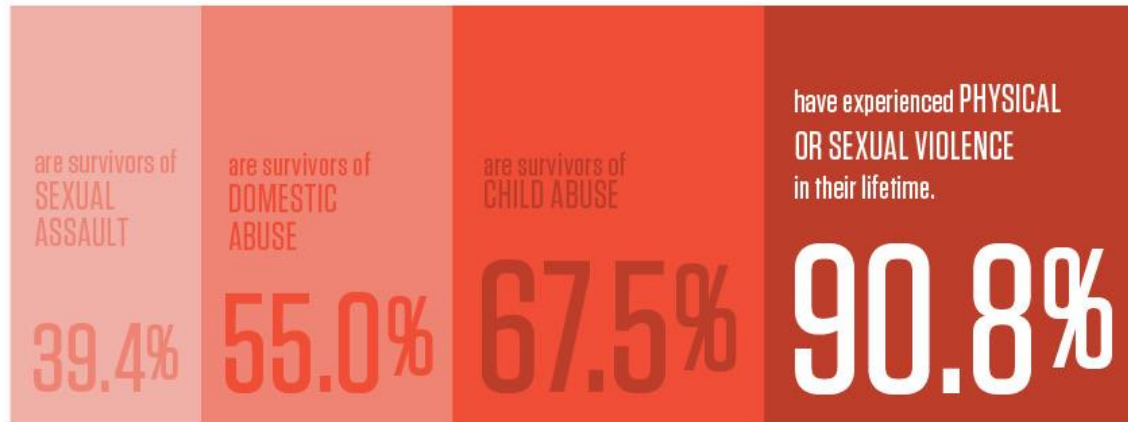
42.3%

of women reported their physical health as being "fair" or "poor" in 2013.

SOLUTIONS: The survey data demonstrates that as women age, their health worsens, and points to a need for healthcare that treats the whole person, not just specific ailments.

VIOLENCE AGAINST WOMEN

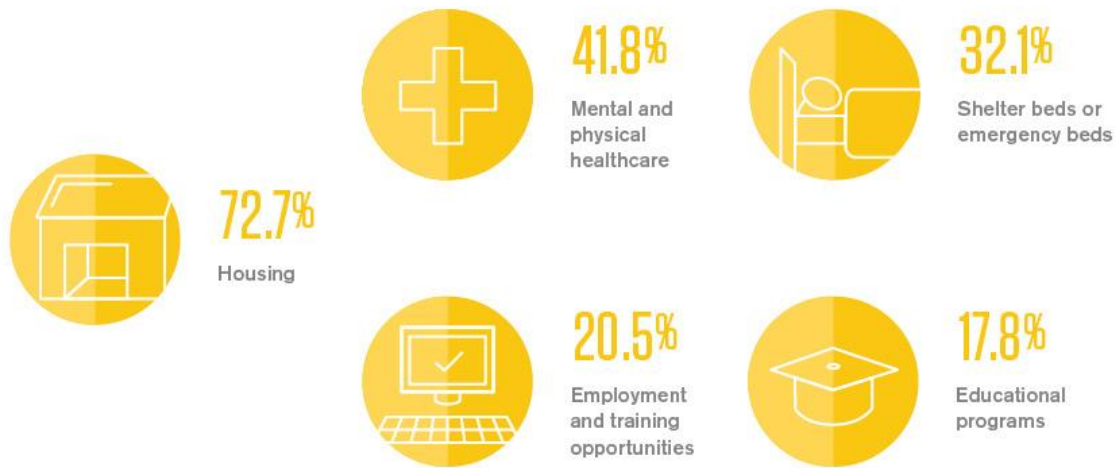
THE PERSISTENTLY HIGH RATE OF INTIMATE PARTNER VIOLENCE IS ONE OF THE MOST DISTINGUISHING DIFFERENCES BETWEEN WOMEN AND MEN EXPERIENCING HOMELESSNESS.



SOLUTIONS: Prioritizing Trauma-Informed Care training for service providers, implementing "Safety Zones," and advocating for more single-gender housing and shelters are all part of DWAC's commitment to women's safety in Skid Row.

COMMUNITY RESOURCES

WOMEN IDENTIFIED THE TOP FIVE RESOURCES THEY THINK ARE MOST NEEDED TO IMPROVE THE DOWNTOWN COMMUNITY.



SOLUTIONS: You can support agencies in Skid Row by donating money, time, or in-kind goods. Learn more at: DowntownWomensCenter.org/NeedsAssessment.