

DOWNTOWN WOMEN'S ACTION COALITION



2013 DOWNTOWN WOMEN'S NEEDS ASSESSMENT

INTRODUCTION

THE 2013

DOWNTOWN WOMEN'S NEEDS ASSESSMENT,

a community-based research project, is the fifth in a series of surveys focusing on the needs, characteristics, and conditions facing homeless and other very low-income women living in downtown Los Angeles. Since 2001, the Downtown Women's Action Coalition (DWAC) has administered 1,316 surveys, providing helpful 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 324 surveys collected in 2013. Information gathered from the surveys is split into five main sections: **DEMOGRAPHICS, HOUSING, HEALTHCARE, VIOLENCE AGAINST WOMEN, AND COMMUNITY RESOURCES.**

Recommendations in the final section present 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. In the face of imminent closures of emergency shelter programs for women, downtown Los Angeles residents and local service providers united to seek immediate relief for the growing needs of homeless and extremely low-income women.

In its first year, DWAC also launched a survey to assess the greatest needs for women living downtown, to bet-

ter inform service providers and the residents working to improve their own community.

Every three years since 2001, DWAC has conducted the Needs Assessment, interviewing hundreds of women about the real challenges and successes they experience living in downtown Los Angeles. These surveys have been invaluable in identifying gaps in service provision and opportunities to better meet the short- and long-term needs of this population.



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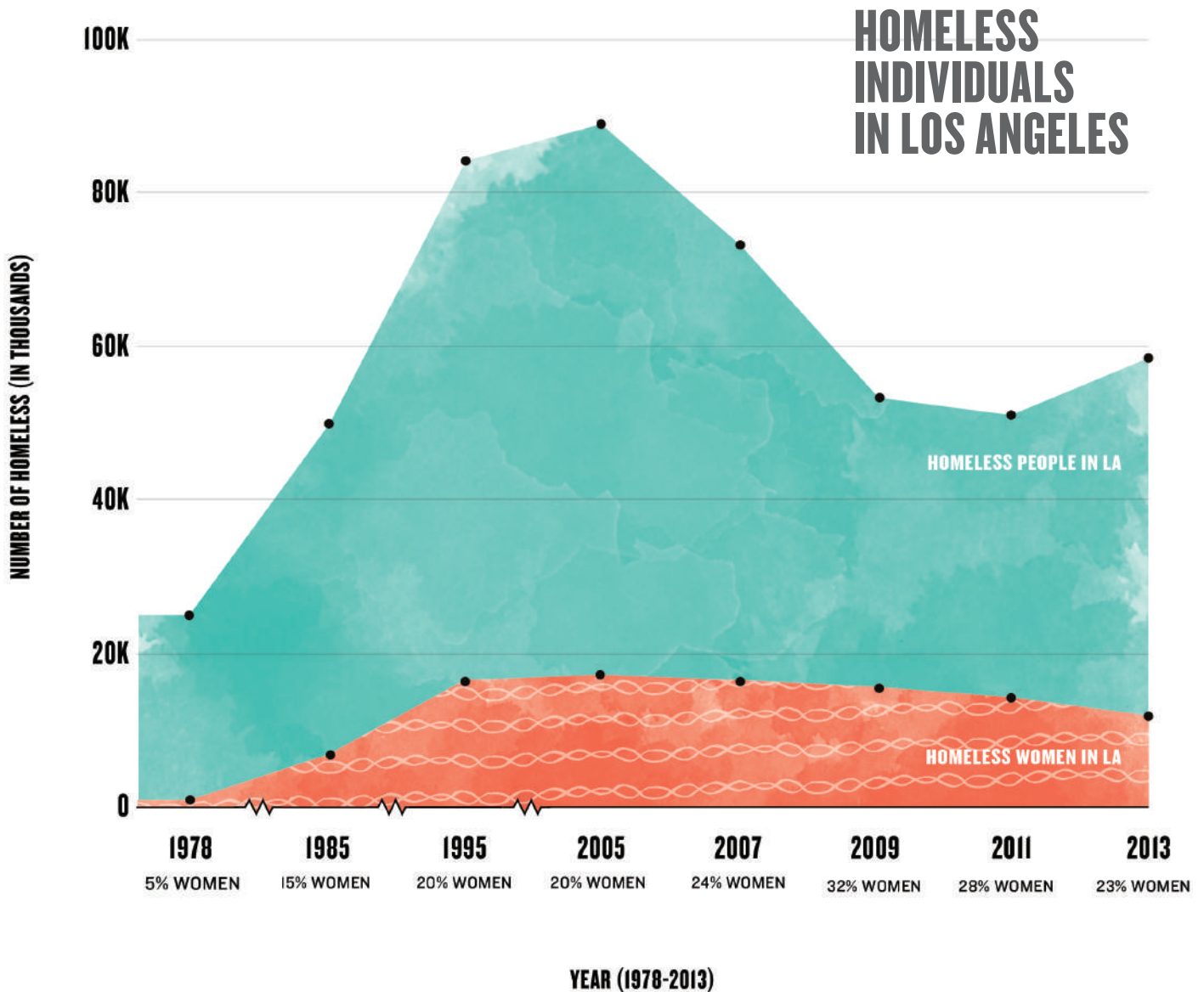
Historically, Skid Row was designed to meet the needs of single, adult men. The Needs Assessment has repeatedly demonstrated the demand for women-centered services, provided by staff who understand the multiple intersecting factors that cause and perpetuate women's homelessness. Since the late 1970s, the presence of women on Skid Row has increased steadily, and policies and services are still adapting to understand and meet the unique challenges that women face. Additionally, demand for high-quality

healthcare and affordable housing have both outpaced the supply, and additional services are still very much in need.

Past Needs Assessments have stimulated conversations and initiatives to maximize support and empowerment for women on Skid Row. Each report has not only illuminated disparities in service provision, but has also offered recommendations and tools for advocates, leaders, policy makers, community members, and students who

are invested in creating meaningful changes for the residents of downtown Los Angeles.

With this newest report, DWAC's intention is to bring the issues to life through Community Profiles of women in the downtown area, provide context through key moments in Skid Row history, and offer inspiration by highlighting innovative projects and services being modeled within the community.



SOURCE: LOS ANGELES HOMELESS SERVICES AUTHORITY HOMELESS COUNTS (2005 - 2013) AND VARIOUS SOURCES

A total of **324 surveys** were administered and collected by **86 trained volunteers**.

SURVEY DEVELOPMENT

The Needs Assessment was administered over the course of a single day by trained volunteers at nine sites throughout Skid Row. The assessment tool was developed by a sub-committee of DWAC, with representatives from Chrysalis, Downtown Women's Center, Lamp Community, Los Angeles Community Action Network, Los Angeles County Department of Public Health, Los Angeles Mission, and SRO Housing Corporation. In addition to preserving questions from past assessments, the committee created additional questions to gather information about policy and service changes in the Skid Row area since the last survey was administered in 2010.

The survey instrument contained three qualifying questions to ensure respondents belonged to the target population and to eliminate duplication. The survey comprised 40 multiple-choice questions, each with an optional fill-in "other" answer. For select responses, respondents were asked follow-up questions, and the final question invited respondents to share any additional thoughts they had about services or challenges in the downtown LA community. The full survey and list of survey sites can be found in Appendices I and II.

Prior to the survey date of November 16, 2013, 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 two separate survey administration training sessions that provided general information about homelessness, context about the specific issues homeless women face, definitions of relevant terms, and protocol for administering the surveys.

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, November 16, 2013. 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 gift of women's care products 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, additional qualitative data was gathered through an online survey and two focus group meetings

for volunteer surveyors, consisting of Skid Row residents, DWAC members, and service providers. Insight from these groups about the data collection process, themes that they observed in speaking with the women before and after the survey, and volunteers' recommendations are included within this report to provide context for the survey data.

SURVEY ANALYSIS

A total of 325 surveys were administered and collected by 86 trained volunteers. Survey data were entered through a Google Documents form and exported for analysis. One survey was discarded as an ineligible respondent. Although 324 surveys were analyzed, the total sample size varies for some questions based on respondent eligibility and decisions to opt out of specific questions.

Data were analyzed using frequency distributions and other basic statistical analysis, including comparing results across subcategories of women based on demographic information such as race, age, and length of homelessness.



DEMOGRAPHICS

Demographic data gathered from the Needs Assessment helps to paint the picture of women's homelessness in downtown Los Angeles.

When compared to census data for LA County, these numbers show that women on Skid Row are disproportionately more likely to be women of color and that the median age continues to rise.

WHAT CAUSES WOMEN'S HOMELESSNESS?

There are various factors that cause women's homelessness in the United States. These include domestic violence, lack of affordable housing, job loss and unemployment, lack of a social support network, mental illness, physical disability, and substance abuse/drug addiction.

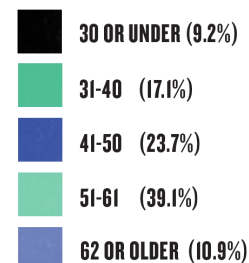
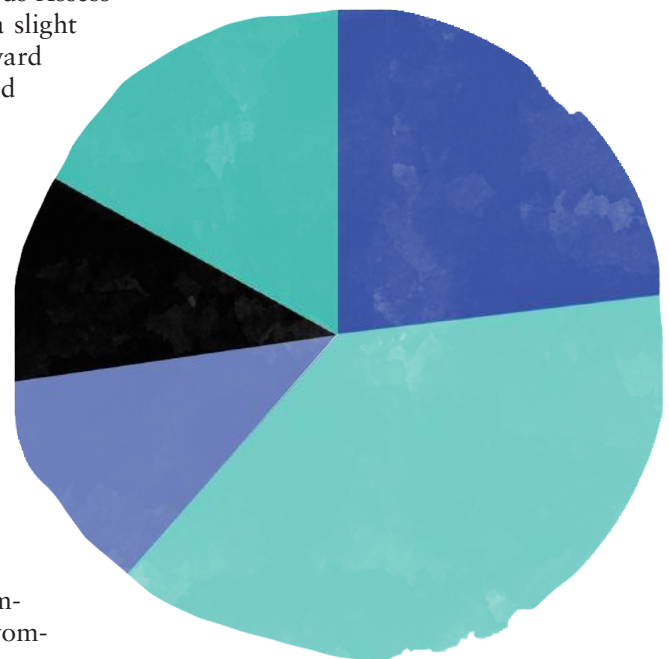
There are also intersecting issues such as sexism, racism, ageism, and extreme poverty that are the basis for many of the direct causes of homelessness mentioned above.

Service providers in Skid Row, such as the Downtown Women's Center, work with women to address these factors and help them get back on their feet.

AGE

IN THE YEARS SINCE THE LAUNCH of the Needs Assessment, there has been a slight demographic shift toward older women on Skid Row, as reflected in the increase in mean and median ages, as well as in the growing percentages of women who are 51 and older.

Older women reported having poorer health: 50.0% of women 51 and older rated their physical health as "fair" or "poor," compared to 30.3% of women under 50. Older women surveyed reported worse vision, dental health, and mental health, and were more likely than women under 50 to have a disability (73.0% compared to 54.6%). The growing number of older women living in Skid Row emphasizes the need for aging-related services, as well as accessible facilities and agencies.



AGING IN SKID ROW

Survey respondents included four women in their 70s and one who was 81. One large factor in the age shift has been the aging of women who have lived in Skid Row for years; 28.1% of women over age 51 reported being homeless for 5 or more years.

Another factor that is less obvious at first glance is the continual arrival of newly homeless older women, who have lost housing as a result of the death of a spouse or estrangement from adult children; 21.5% of women aged 51 or older reported being on the streets for less than a year.

COMMUNITY PROFILE

Bertha W.

65-year-old Bertha retired as a nursing assistant to move in with her daughter's family and care for her newborn grandson. After a falling out with her son-in-law, she fled the home in a hurry with no place to go.

Living on the streets took an immense toll on Bertha's health. Her legs were painfully swollen from being on her feet all day and walking long distances. She slept outside a church for months until she came to Skid Row where she found stability, first through temporary shelter, and then through permanent supportive housing. Passionate about cooking, she keeps herself busy by helping to prepare and serve meals to other homeless women in Skid Row.



RACE & ETHNICITY

A LARGE MAJORITY OF WOMEN surveyed (85.4%) were born in the United States; an additional 6.5% were from Mexico or Canada, and 4.6% were born in other Latin American countries. The number of women surveyed who were born outside of the United States exceeded 10% for the first time since 2001. The increase in the number of immigrant women on Skid Row underscores the need for multilingual services. Undocumented women face particular challenges in accessing services if they lack identification papers or do not meet federal qualifications for programs.

Racial demographics show that African-American women have been consistently overrepresented in the homeless population. According to 2012 census data, African-Americans make up 9.9% of LA County's total population of women, but African-American women are 57.4% of the population who responded to the Needs Assessment. Among the surveyed population, African-American women also made up the majority of women sleeping most frequently in shelters (60.7%) and in the streets (40.6%).

The number of Latina women on Skid Row has also risen over time. *[See Appendix I for full racial demographics over time.]* Additionally, Latinas reported lower graduation rates—46.5% of Latinas surveyed completed high school or completed their GED, compared to 71.5% of the total group. Perhaps most troubling, among Latinas, 32.6% reported sleeping on the street, as compared to 22.3% for all other ethnic groups.

Demographic trends for African-American women and Latinas underscore the long-term effects of structural racism; over time, discrimination in education, housing access, and wages and employment opportunities leave these groups more vulnerable to poverty and homelessness.

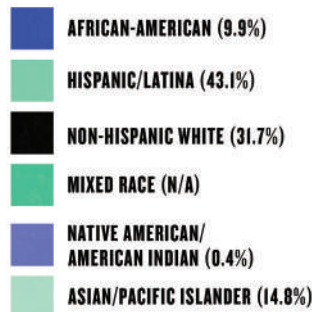
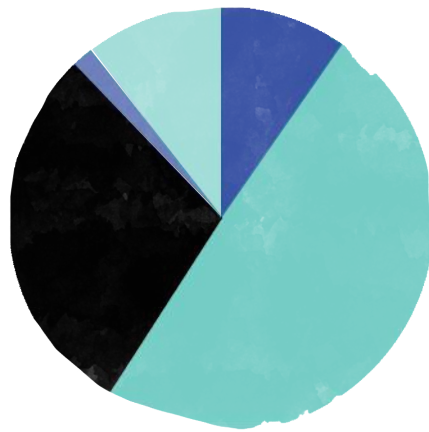
RACE & THE WAGE GAP

In 2012, the gender pay gap was at 23%, meaning that for every dollar that men made, women were earning only 77 cents. Single women are even more adversely affected by the wage gap than married women. Single women earn only 78.8% of what married women earn, and only 57 cents for every dollar that married males earn.²

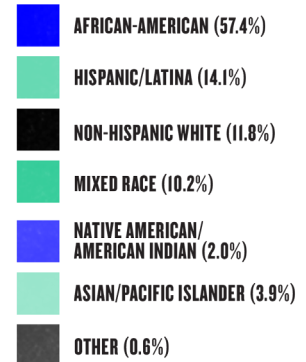
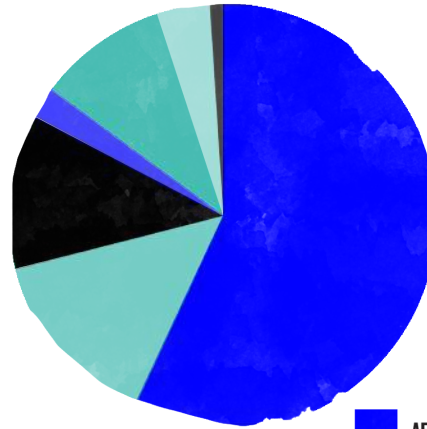
These gaps rise dramatically when broken down by race: Whereas white women earn 78 cents to every white man's dollar, African-American women earn 64 cents, and Latinas earn only 53 cents.³

Over time, earning gaps place women—and particularly women of color—at a significant economic disadvantage.





*Adds up to more than 100% because the Census does not consider "Hispanic" to be a separate racial category.



EDUCATION, INCOME & BENEFITS

EDUCATION

More than two-thirds (71.5%) of survey respondents graduated from high school or completed their GED. This is the first year that the number of respondents who did not complete high school has dropped below 30%, which may also indicate the success of GED programming offered by service agencies in partnership with tutoring programs, the Los Angeles Unified School District, and the LA Public Library's adult literacy program.

However, the data also show that higher education does not make individuals immune from homelessness; 7.6% of those surveyed have college degrees, and an additional 2.3% completed post-graduate work.

INCOME

More than 99% of respondents reported having at least one source of

income, the highest percentage since the first Needs Assessment in 2001. However, the many women surveyed are receiving General Relief and living off of only \$220 per month, an amount that has not increased since the inception of GR in the 1980s. The data also reflect the widespread and long-term impact of 2009's Great Recession and the resulting increasing unemployment rates and cuts to public benefits: 33.0% of respondents experienced a loss of income in the last year, up from 28.1% in 2010 (which in turn was an increase from 19.8% in 2007).

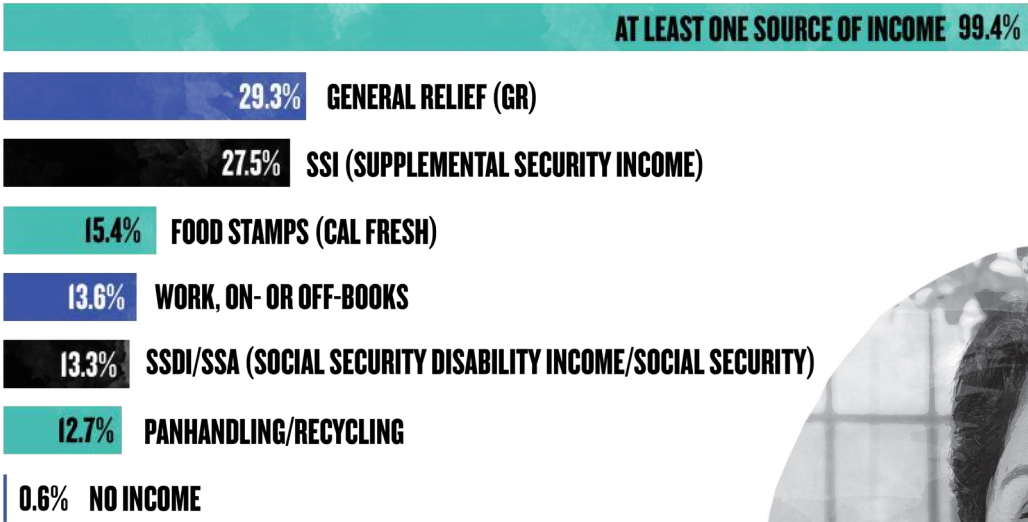
Although it is promising to see increased enrollment in benefits, 65.8% of respondents reported having a disability, showing an under-enrollment in SSI benefits. The process to get SSI is very time-consuming, and many homeless individuals do not begin the process until after stabilization in housing. A variety

of Los Angeles County programs and housing providers are working to enroll General Relief recipients in SSI as soon as possible after housing.

Women also pointed to the need for vocational education and employment opportunities downtown; in 2010, respondents cited the lack of employment opportunities as a major factor both in causing homelessness and in keeping them homeless. It is heartening to see the percent of women who receive income from full- or part-time work beginning to climb⁵, though job opportunities are still in high demand.

For more, see Employment Opportunities under Community Resources.

INCOME SOURCES



For longitudinal survey results of income and benefits, see Appendix 1.

GLOSSARY

Supplemental Security Income provides support (\$8,529 annually in 2013)⁴ for anyone who is age 65 or older, blind, or disabled and who has limited income and resources and is a U.S. citizen or national.

WOMEN VETERANS

Only 7 of the women surveyed had served in the Armed Forces. However, the percent of women veterans within the homeless population is expected to rise, as veteran homelessness is often the result of post-traumatic stress disorder or loss of benefits that manifests several years after the termination of military service.

Homeless service agencies have also found that a significant number of women veterans do not disclose their status if they were dishonorably discharged as a result of sexual assault. In many cases, their dismissal from the military caused compounding trauma after an incident of violence. Other women may not consider themselves veterans if they did not participate in combat. Accordingly, service providers have implemented programs to identify and assist veterans, including appealing discharge status and applying for benefits.



COMMUNITY PROFILE

Laura E.

At 23, Laura joined the NAVY and from day one suffered through sexual harassment that never abated during her four years of service. She was stationed aboard an aircraft carrier, and became traumatized after the rape of a woman in her department. In an effort to feel safe, she only slept a few hours at a time with her boots on as a measure of protection.

“I never put it together. I always thought that the post-traumatic thing was for people who had been on the field or had seen war—but the fact is that what I went through was very severe and affected me.”

After leaving the NAVY, Laura had a great job but was still living paycheck to paycheck, staying with relatives, and was struggling to be independent due to her bouts of depression. Today, thanks to counseling and veteran services for women on Skid Row, she is finding stability, and is actively looking for housing for herself and her one-year-old daughter.

HOUSING

Since the Needs Assessment was launched in 2001, the survey has overwhelmingly indicated the lack of accessible, affordable housing as the greatest barrier to ending homelessness.

ADDITIONALLY, in every Needs Assessment conducted, housing has ranked as the most needed resource to improve the downtown community. In 2013, 73.1% of respondents listed it as the most-needed resource.

For women in particular, lack of housing can lead to increased vulner-

ability and lower health outcomes—23.3% of women living on the streets had experienced sexual assault in the last year, and 47.9% had experienced domestic violence.

For the full list of greatest needs, see Community Resources on page 18.

ADDRESSING CHRONIC HOMELESSNESS

ACCORDING TO THE US DEPARTMENT OF HOUSING and Urban Development's most recent data, there are 14,840 chronically homeless individuals in LA County, of whom 92.0% are unsheltered.¹² In our survey, the number of women who spent five years or more on the street rose from about a quarter in 2001 to a peak of almost 40% in 2010. In this year's survey, almost a third (32.6%) of women reported having spent five or more years on the street; of those, 11 had been homeless for more than 20 years.

Women who have been homeless for five or more years are far more likely to rank their physical and mental health as poor, to have negative interactions with the police, and to experience violence. In LA County, several campaigns have successfully focused on housing the most vulnerable and most chronically homeless individuals yet the need still far outweighs the supply of available housing.

"I was stationed by Gladys Park, and the people I talked to were most interested in a safe place to live, especially at night."

VOLUNTEER SURVEYOR

PROJECT 50

Campaigns to target the most chronically homeless women are having an impact. In 2007, LA County launched Project 50, a pilot program to identify and house those most at risk of dying on the street. Protecting the most vulnerable individuals also proves cost-effective: "In the first year, those housed spent a combined 150 fewer days as hospital inpatients and 600 fewer days in jail, cutting jail and medical costs by over \$550,000."¹³

GLOSSARY

The federal government defines a **chronically homelessness person** as an individual with a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three years.¹¹

REMOVING BARRIERS TO HOUSING

OVERALL, THE VAST SHORTAGE of available low-income housing presents a huge challenge: When asked to name their greatest barrier to securing housing, 31.5% of women cited a lack of income, and another 28.7% of women cited long waitlists.⁸ It is thus critical that efforts to end homelessness

“It’s tough for married couples. They don’t allow married couples to stay together or allow their children to be with them. There’s no safe place for pregnant women.”

SURVEY RESPONDENT

39, on the streets for 8 months

ness take into account the significant need to expand the affordable housing stock as well as the barriers that women face when attempting to secure housing.

Additional barriers can prevent women from accessing even the limited housing that is available. These barriers include: lack of documentation required to qualify for housing; dif-

ficulty accessing information about available housing; and inability to find housing that accommodated children or families, people with disabilities, trans women,⁹ or people with past or current substance use issues.

Adult women with families face particular challenges in finding housing that accommodates a male partner or their children; four of the women surveyed lost custody of their children after becoming homeless.

Programs with strict requirements prior to housing can exacerbate the length of homelessness or cost of services by mandating therapy or services before individuals or families are allowed to move in. In some cases, these services are unnecessary, and in others, sobriety as a precondition to housing can cause individuals to cycle back into homelessness if they are forced to exit or restart the program.

Conversely, housing-first programs help remove some of these barriers by allowing people with mental health or substance use issues to access consistent support in a stable environment, without the threat of a return to homelessness.

AFFORDABLE & LOW-INCOME HOUSING

Unsurprisingly, a lack of affordable housing contributes directly to homelessness. The National Low Income Housing Coalition found that for every 100 extremely low-income households, only 30 affordable units are available. In both rural and urban America, **over half of all renters (53%) pay more than 30% of their income for housing,**⁶ forcing them to stretch the remainder to meet the rising cost of living. An unexpected life event like a medical emergency or loss of income can be enough to push an individual or family onto the streets.

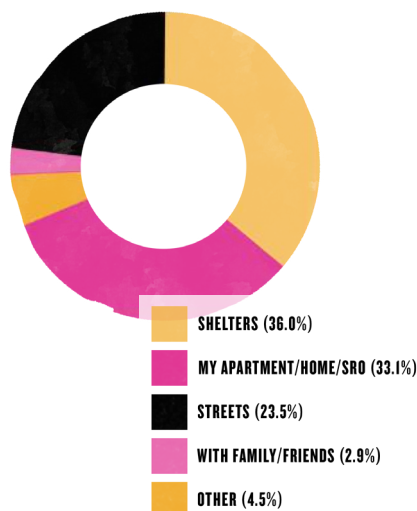
In California from 2000 to 2012, median rent rose over 20% while income declined by 8%. More recently, the loss of federal, state, and bond funds for affordable housing—from \$2.5 billion in fiscal year 2007 to just over \$500k in fiscal year 2012—have further exacerbated the problem. In LA County, that leaves a shortage of more than 376,000 low-income housing units.⁷

In addition to making individuals much more vulnerable to become newly homeless, the lack of affordable housing also prolongs homelessness, even for those who are able to regain income or overcome other barriers. More often, the lack of housing options creates a cycle of compounding issues and new traumas.

HOME FOR GOOD

Collaboration can lead to solutions for the entire community. In 2013, as part of the Home for Good campaign, United Way of Greater Los Angeles joined with Community Solutions and the Rapid Results Institute to streamline access to housing for the most vulnerable individuals. Over the course of 100 days, two teams worked to house 100 people throughout downtown Los Angeles, using a universal assessment, a housing inventory tracking tool, and the newly developed Coordinated Entry System. The pilot program has since been expanded across Los Angeles County.

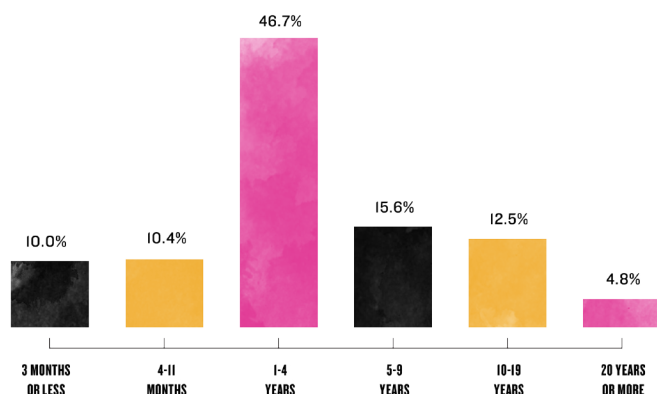
WHERE DO YOU CURRENTLY SLEEP MOST FREQUENTLY?



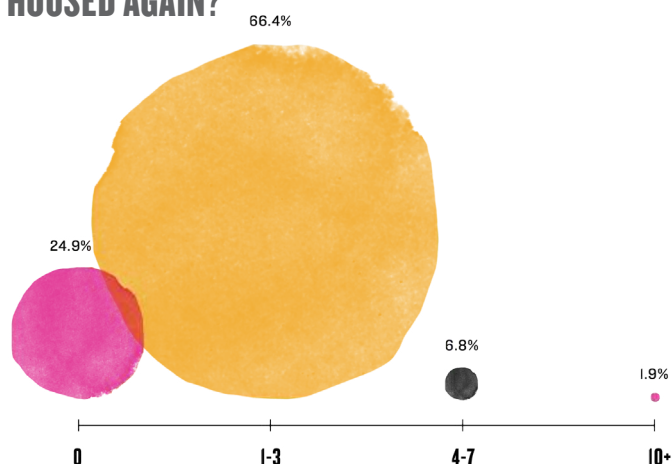
GLOSSARY

Housing-First is a model centered on providing housing as quickly as possible, without time limits or preconditions such as mandated therapy. Individuals sign standard leases and are provided with services on a voluntary and as-needed basis.¹⁰

TOTAL LENGTH OF TIME ON THE STREETS OR IN SHELTERS



IN THE PAST THREE YEARS, HOW MANY SEPARATE TIMES HAVE YOU BEEN HOMELESS & THEN HOUSED AGAIN?



WOMEN IN HOUSING

WHEN COMPARED TO WOMEN staying on the streets or in shelters, women who stated that they sleep most frequently in their own apartment, home, or a single resident occupancy (SRO) unit have better overall health and wellness outcomes.

The higher health insurance enrollment of women in housing indicates that the stability of having an apartment allows formerly homeless women to access resources and manage their own care.

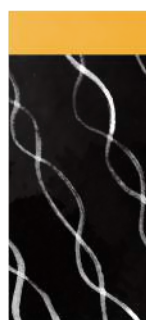
Women in housing report a much better quality of life and thus understand the need to increase housing downtown for their community—73% ranked housing as the greatest need, consistent with the group as a whole.

COMMUNITY PROFILE

Brandy D.

Brandy began to lose her vision after more than 25 years as a nursing assistant. No longer able to work, and with her savings gone from the 2008 financial crisis, she came to Skid Row to access social services. A caregiver all her life, she never thought she would end up needing help herself. It was through the supportive services she found at the Downtown Women's Center that Brandy was able to obtain Supplemental Security Income (SSI), access to mental health care, and ultimately her own apartment to call home.

HOUSING LEADS TO STABILITY



86.4%
have health insurance



74.8%
have a support network of family and friends



85.4%
report having enough to eat

DOWNTOWN WOMEN'S ACTION CENTER



1

DWAC was formed in April 2001, when a large group of community stakeholders came together to respond to the threatened closure of the largest women's emergency shelter program in the community. Within three months, the coalition was successful in securing emergency funding for a replacement shelter program from the Los Angeles Homeless Services Authority (LAHSA) which met the short-term need, but also highlighted the need for an ongoing voice advocating for women living in Skid Row.

2

In the summer of 2001, DWAC conducted the first-ever Downtown Women's Needs Assessment, a community-based research project documenting the characteristics, needs, and resources/lack of resources for women living in and near the Skid Row community. DWAC has updated and expanded this research project every three years since that time, with this 2013 report as the most recent.

3

In May 2002, DWAC launched its signature event, Women's Day in the Park, which has been held annually through 2014. The event was created and continues as a day to honor homeless and low-income residents of downtown and celebrate, relax, exercise, get pampered, eat and dance together. Over 200 women attend each year.

4

In 2002-2003, DWAC stood firmly against redevelopment plans and projects that would have displaced thousands of low-income residents of downtown and successfully promoted the Share the Wealth Platform for equitable development which called for: no displacement, increased affordable housing, local hiring, wealth building opportunities, and increased green space.

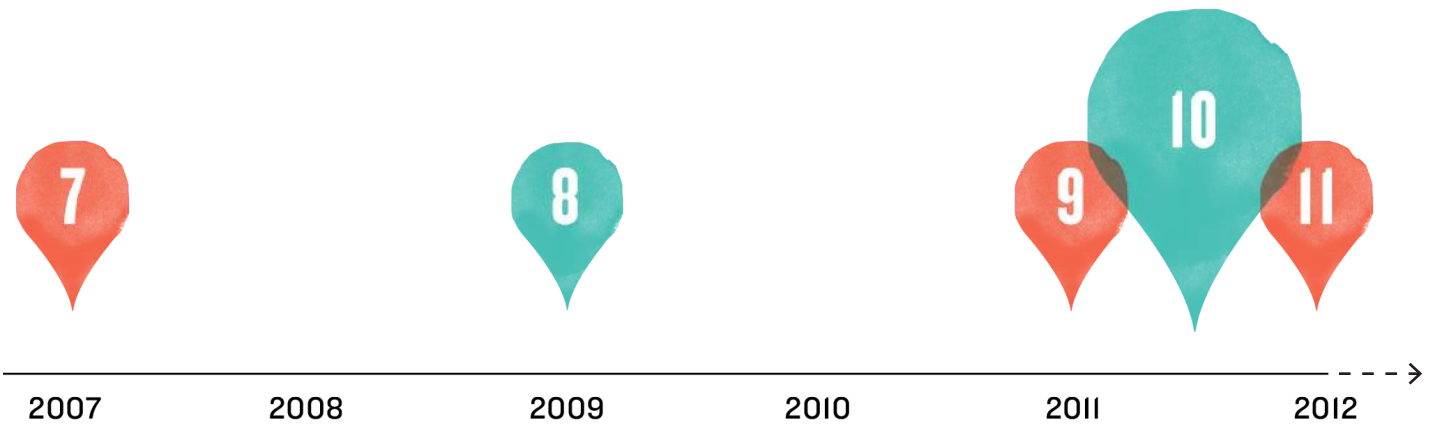
5

In 2005, DWAC launched the "7 out of 10" campaign finding that 7 of 10 women living downtown had experienced significant violence in their lifetimes. DWAC held the first-ever Take Back the Night and White Ribbon Day awareness events in Skid Row and has continued them annually until the present. Peer-education sessions on violence reduction were created and implemented, and LAHSA changed its funding guidelines to explicitly account for measures that ensured women's safety.

6

In October 2006, DWAC held its first Downtown Women's Summit to create a forum for women leaders to share with and learn from each other. A number of common themes and principles emerged from the dialogue, which DWAC members reviewed and streamlined into its five principles for equity: 1) Solidarity; 2) Indigenous Assets and Expertise; 3) Recognizing and Undoing Power and Privilege; 4) Eliminating Violence Against Women; and 5) Women-Specific, Strength-Based Service Delivery.

TION COALITION TIMELINE



7

In 2007, DWAC created a Women's History Project to educate the community about women who have contributed to our society in the past and present, with a specific focus on low-income leaders currently contributing to making history in Skid Row.

8

In 2009, DWAC was one of the lead local partners working with the national Human Rights Watch to bring attention to the Los Angeles Police Department's unacceptable rape kit backlog, and to ensure policies and procedures to eliminate and prevent future backlogs.

9

In 2011, DWAC responded to a pressing health concern in the community – massive bed bug infestation – by holding a series of community trainings for landlords, service providers and residents on how to eliminate bed bugs as well as one-on-one outreach and education with residents in infested buildings.

10

In 2011-2012, DWAC contributed data and stories to the UN Special Rapporteur on Adequate Housing, resulting in the linkages between domestic violence and homelessness being highlighted in the international United Nations publication, "Women and the Right to Adequate Housing." In fact, a photo of the DWAC Chairperson at the time, Deborah Burton, was featured on the cover.

11

Throughout DWAC'S history, member organizations have utilized this research and other community engagements to enhance services and infrastructure for women living in downtown LA: This includes the addition of a family law attorney in LA CAN's legal clinic; the expansion of the Downtown Women's Center, which houses the only women's health clinic in the community; LA County Department of Public Health's increased immunizations, flu shots and other health access programs specifically targeted for women; Planned Parenthood's expanded reach into Skid Row; and many others.

HEALTHCARE

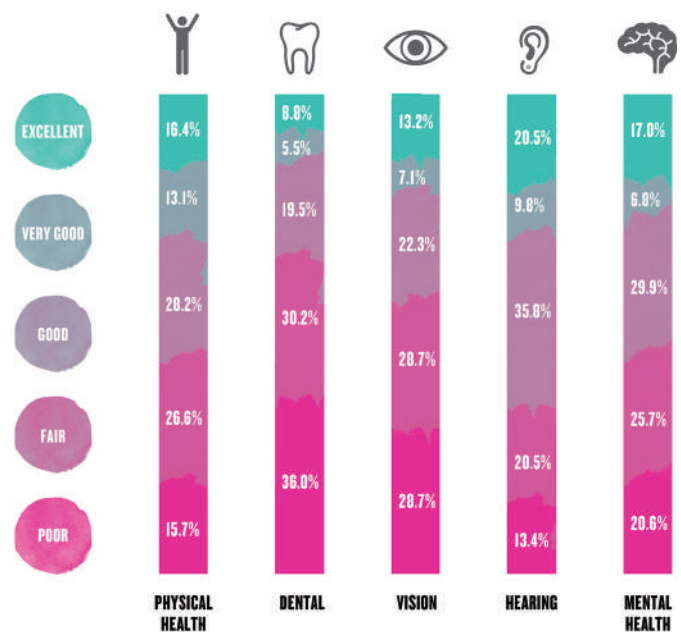
Healthcare, including medical, mental health and dental care, ranked second on the list of most-needed resources to improve the downtown community, with 44.8% of respondents marking it as a need.

There were some positive trends compared to past results: 79.2% of women have medical coverage or health insurance, and the number of women who reported their health as “fair” or “poor” dropped from 54.7% in 2010 to 42.3% in 2013.

WHILE THESE GAINS ARE promising, there is still much improvement needed, and services to support follow-up and ongoing care are lacking. Almost one-third of women have had difficulty filling a prescription in the past year, and 63.3% of women with abnormal Pap smears or mammograms were not able to get follow-up treatment. These numbers are particularly troubling as the homeless population ages – the Office on Women’s Health recommends bi-annual mammograms for women over 50, but without proper follow-up care, these tests do little more than inform a woman that something may be wrong.

Public health concerns around Skid Row also focus on fears of tuberculosis epidemics; 93.5% of women surveyed had received a TB test in the last year.¹⁴

On a positive note, the implementation of the Affordable Care Act has dramatically lowered barriers in obtaining Medi-Cal, and we are optimistic that health outcomes will improve in coming years.



HEALTHY WAY LA

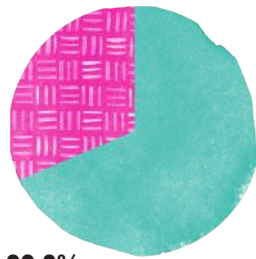
Starting in 2012, service providers across Skid Row took major steps to increase homeless individuals’ health coverage by enrolling uninsured participants in Healthy Way LA, Los Angeles’ intermediary healthcare coverage. With the implementation of the Affordable Care Act on January 1, 2014, all of these individuals were automatically rolled into Medi-Cal.

SUBSTANCE USE AND RECOVERY

In the past year, 26.8% of women surveyed were in recovery for drug or alcohol abuse. Of those women, 62.2% had used drugs or alcohol in the past year, while the rest had not used substances in the past year. Of all women surveyed, 25.9% reported drug use in the last year.

LONG-TERM HEALTH IMPACTS OF HOMELESSNESS

AGING AND CHRONICALLY homeless women may also require more specialized care to manage complications that arise from a lack of preventive care. Even basic nourishment is not always available; almost one in four women (24.4%) responded that they did not have enough to eat every day, and just over half (55.3%) have access to five or more servings of fruit each day. For women struggling to seek food and shelter, pursuing primary care in a complicated and confusing healthcare system can become an unmanageable undertaking.



33.2%
have not been able to
fill a prescription in the
past year.

The long-term effects of homelessness negatively affect health outcomes — 20.2% of women who had been homeless for five or more years rated their health as “poor,” and 23.4% as “fair”. According to the National Health Care for the Homeless Council, individuals experienc-

ing homelessness are “three to four times more likely to die prematurely than their housed counterparts, and experience an average life expectancy as low as 41 years.”¹⁵

Dental care is particularly difficult for homeless individuals. Years of neglect mean that chronically homeless women often require extensive dental procedures with multiple visits. A full two-thirds of women (66.2%) surveyed ranked their dental health as fair or poor. In these cases, free one-day dental clinics, a common solution offered for uninsured and low-income communities, are not adequate to meet the needs of those who may require surgery. Often, tooth extraction is used as the best available solution given limited resources.



2/3 OF WOMEN

with abnormal pap smears or
mammograms were not able
to get follow-up treatment.

MENTAL HEALTH AND DISABILITIES

ALTHOUGH PHYSICAL HEALTH outcomes have improved slightly, the survey reflected an ongoing gap in mental health services. In their lifetimes, 64.1% of the women surveyed have received mental health treatment; women have noted in past surveys difficulty accessing mental health services, lack of proper storage for their medications, and ongoing barriers caused by their mental health issues.

Often, mental illness is a factor in contributing to homelessness, but studies have also found mental health issues arising after homelessness, including trauma-related disorders such as PTSD. Additionally, shame and stigmas surrounding mental illness may prevent women from seeking treatment—creating another barrier to accessing many housing programs. Chronically homeless women were more likely to rate their mental health as “poor” than women who were homeless 4 years or less (27.7% compared to 17.0%), reflecting the potential long-term damaging effects of living unsheltered.

Of the women surveyed, 65.8% reported having a disability, with an additional 5.4% marking “not sure,” suggesting that they may not have been able to receive a diagnosis or treatment. In addition to making it more difficult to navigate the streets and access transportation, disabilities also leave women more vulnerable—of the women surveyed who have experienced sexual assault, 73.0% had a disability.

COMMUNITY PROFILE

Vikki V.

For nearly five years, Vikki lived in a park in a constant state of paranoia and fear. Diagnosed with schizophrenia, she had little to no access to medical services until her health reached a critical point. With the help of a local transitional shelter, she was ultimately referred to the Downtown Women's Center for housing and medical services. The moment Vikki moved in to her new apartment, she received the critical wraparound services she needed to stabilize in housing and health. She enrolled in Medi-Cal, and visits her primary doctor and psychiatrist on-site at the Downtown Women's Center medical clinic.



WOMEN-ONLY MEDICAL CARE

In 2010, the Downtown Women's Center partnered with JWCH to open Skid Row's only women-only medical and mental health clinic, offering primary care, behavioral health, women's specialty health, including services for trans women, and holistic wellness services.

VIOLENCE AGAINST WOMEN

More than two-thirds of the women surveyed had experienced child abuse, domestic violence, or sexual assault—and 77 women were survivors of all three.

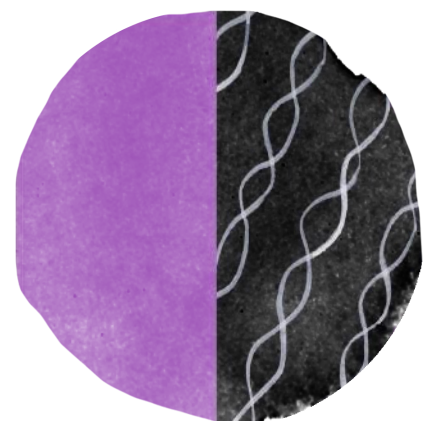
Nationwide, 18% of women have experienced sexual assault; the homeless women surveyed experienced assault at over 2.5 times that rate (50.0%).¹⁶

ACCORDING TO THE WORLD HEALTH ORGANIZATION, victims of sexual assault are 6 times more likely to suffer from PTSD, 13 times more likely to abuse alcohol, and 26 times more likely to abuse drugs. The disproportionate number of abuse victims on Skid Row illustrates the damaging after-effects and long-term impact of violence against women: Of the 203 survivors surveyed this year, 38.4% came directly to the Skid Row community after experiencing domestic violence or sexual assault, and within that group, only 57.7% stated they were offered services to deal with the after-effects of violence.¹⁷

60.9%
have experienced
domestic abuse



50.0%
have experienced
sexual assault



40.1%
have experienced
child abuse



14.5%
have experienced sexual assault
in the last year



GLOSSARY

Women living on the streets may engage in **survival sex**, trading sex acts to meet their most basic needs for survival, including food and shelter. Often, survival sex may seem like the only available option for a woman with no other resources.

THE CYCLE OF VIOLENCE

COMMUNITY SOLUTIONS TO HOMELESSNESS

extend beyond providing housing and services for those already on the streets. Homelessness prevention requires understanding and addressing the root causes of homelessness, through early interventions to divert women from having to rely on the shelter system and the streets.

Interrupting violence prevents women and children from later having to flee dangerous situations. Of the 116 women who were abused as children, 94.8% also experienced sexual assault, domestic violence, or both as adults—only six of these women did not report re-victimization later in life. Outreach for child abuse victims and adequate community support are necessary to prevent individuals from repeated abusive relationships.

EXPLOITATION IN SKID ROW

Over the course of their lives, a distressing 31.5% of women have felt the need to perform a sexual favor in exchange for food, protection, cash, or other needs—including 14.2% who felt they needed to do so to obtain housing.

ALTHOUGH THE SURVEY DID not ask whether women actually engaged in sexual favors in exchange for services, the perceived pressure highlights the exploitation of homeless and extremely low-income women.

Women who became homeless after losing income or a change in family structure may find themselves alone and exposed on the streets, and for those who became homeless after fleeing from violence or sexual assault, re-victimization may compound the trauma from which they fled. In both cases, the threat of violence and exploitation can lead to deep feelings of isolation and distrust.

Of the almost one-third (31.7%) of women who had interactions with police in the last year, 10.4% reported that these incidences included inap-

propriate or abusive interactions, such as use of force or sexual harassment. Thus, it is crucial that service providers understand patterns of abuse and be aware of power dynamics at play in their interactions, as well as advocate to ensure that those working with vulnerable populations are held accountable.

High incidence rates of violence also highlight the need for service agencies that serve only women. Of the full group of homeless women surveyed, 59.8% preferred services in a women-only environment.¹⁸ Members of the focus groups commented that this number may have been underreported; when they posed the question, several respondents seemed to misunderstand, responding that men deserved access to services, too.

“There’s a cycle of treatment and attack; I’m healing from past issues and then walking outside and getting attacked again. The recovery can only happen when women are in a safe and protected space.”

VOLUNTEER SURVEYOR & DOWNTOWN RESIDENT



COMMUNITY PROFILE

Janine B.

Janine was planning an extravagant 50th birthday celebration, until she woke up one day and could not move. Due to her illness, she lost her job, and ultimately her apartment. Her state of homelessness brought her to Skid Row where she celebrated her birthday without a home to call her own. Never one to stay inactive, Janine persevered and

“The women of the downtown community deserve every good thing in life and I love being a part of an organization that is trying to provide life’s best. Our voices need to be heard.”

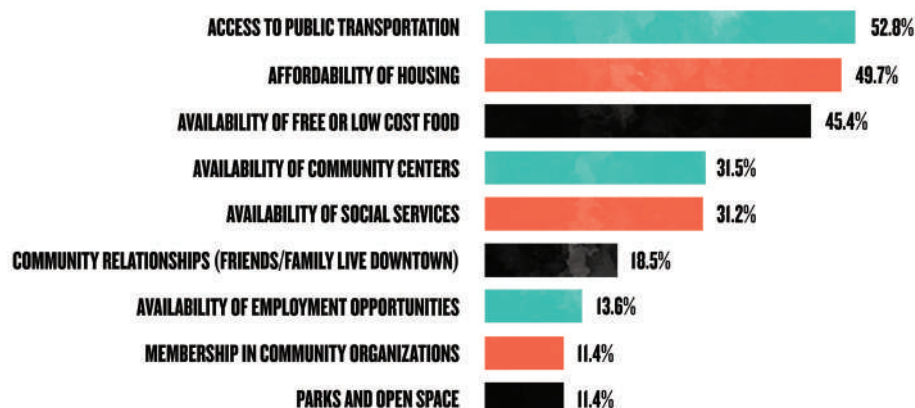
found permanent supportive housing in her new community of Skid Row. Even as she worked on improving her health, she joined the Downtown Women’s Action Coalition to advocate for women’s rights and end violence against women.

COMMUNITY RESOURCES

In addition to highlighting top priorities for service improvements, the Needs Assessment also seeks to identify positive aspects of the downtown community.

Survey respondents noted several encouraging trends in the community, as well as offered suggestions to further expand available resources to meet the needs of women.

IN YOUR OPINION, WHAT ARE THE TOP THREE ASSETS OR STRENGTHS OF THE DOWNTOWN COMMUNITY?



COMMUNITY PROFILE

Deborah B.

COMMUNITY STRENGTHS & ASSETS

ACCESS TO PUBLIC transportation and a variety of services remains important for those without cars and with limited resources. Homeless individuals often have to travel to several agencies to manage their basic needs, access services, and apply for housing. In the most recent survey, respondents indicated that the availability of social services, food, public transportation, and community organizations and centers were among the area's top assets.

In our focus groups, several women commented on the strong sense of community downtown. More than two-thirds of women surveyed reported having a support system of

family or friends, a strong indicator of personal stability and an improvement from previous years – in 2004, 71.6% of women reported that they felt lonely sometimes or quite often.

Formal and informal networks such as peer advisory groups, substance use support groups, neighbors, and friend groups offer women a sense of stability and a means to break out of the isolation of homelessness. Women are also seeking ways to support one another—47.5% of respondents said they wanted to volunteer in a community organization, and 33.6% wanted to participate in public or peer education about issues in the community.

Deborah has been a resident of the Skid Row community for the past 14 years. She understands the devastation of being a homeless woman, but also the empowerment of being an advocate and an activist on Skid Row thanks to the Los Angeles Community Action Network (LACAN). Working as an organizer with LACAN for the past 10 years and in stable housing, Deborah is an active member of her community to ensure the rights of women in Skid Row.

"In my community there are both housed and unhoused women, and we experience harassment by many police officers. I wanted and needed to lend my voice to the Needs Assessment survey to bring to light to this harassment and criminalization that happened to me and is happening with too many of us."

EMPLOYMENT OPPORTUNITIES

EMPLOYMENT AND TRAINING opportunities has climbed up the list of most-needed resources downtown, starting at 22.4% in 2001, increasing to almost a third in 2010, and reaching 43.8% in 2013. Computer classes and educational opportunities also ranked high on a list of activities women would like to see offered in local parks, community centers, and service centers.

While some jobs have become available (13.6% consider employment opportunities an asset downtown), the need continues to outpace growth.

COMMUNITY HEALTH AND SAFETY

COMMUNITY HEALTH

The final question of the survey was included to ensure that all participants had the chance to express any additional insight they had into the experience of women in downtown Los Angeles. In these responses, women repeatedly brought up concerns about community safety and health, especially the lack of bathrooms and street cleaning services.

Efforts to clean Skid Row have included expensive power-washing treatments and efforts to remove trash from the streets; however, many residents have reported feeling harassed and complained that police are removing their private property, including documents and identification that they need to apply for housing and

“I advocate for educational and vocational programs to be offered in the Skid Row Community. It’s very important that women in the downtown Skid Row community make a stand and educate themselves to have a brighter future.”

SURVEY RESPONDENT 29,
homeless for 5 years

benefits.¹⁹ At the same time, a lack of publicly available bathrooms ensures that public health will remain a problem: less than 30% of survey respondents said that they never have a problem finding a safe and clean restroom or shower, and 41.7% said that it was often or always a problem. For menstruating women, securing feminine hygiene products provides an additional challenge every month.

SAFETY AND POLICING

The relationship between law enforcement and residents of Skid Row has long been a contentious one. Survey respondents noted that they need police protection to prevent violence against them, but have also reported feeling harassed by police officers. Almost a third of women (31.7%) had

CHRYSLIS ENTERPRISES

Various agencies on Skid Row offer job-training and job placement for homeless and formerly homeless individuals. Chrysalis Enterprises has provided transitional jobs since 1991, offering on-the-job training and wages to participants, who work in street maintenance and facilities management, often within their own neighborhoods. The social enterprise model should be supported and expanded to promote community-based products and services, and employ those that have been historically excluded from the employment market.

interactions with the police in the past year; of those, 43.8% were arrested,²⁰ 36.5% received citations, and 14.6% were held in custody.

In 2006, the Los Angeles Police Department (LAPD) adopted the Safer Cities Initiative with the goal of reducing crime on Skid Row. Subsequent ticketing and arrests for low-level infractions such as jaywalking and littering had disastrous effects on homeless women who became disqualified for housing programs. Since the initiative was implemented, the number of women selecting “legal assistance” as a top-needed resource has increased steadily, rising from 6.7% in 2004 to 18.1% in 2007, to 31.8% in 2013.

RESOURCES FOR FAMILIES

OVER A QUARTER OF WOMEN (28.7%) have children under the age of 18; of those, only 40 women (46.5%) responded that all or some of their children are currently in their custody.²¹

Reasons for loss of custody varied: In some cases, women had their children removed because of substance use or neglect. However, other reasons for

removing children included lack of adequate housing, mental illness, and inability to support children financially – all factors that are tied to poverty and access to resources.²²

With increased benefits for women with children and an expansion of mental health services, many of these women would be able to properly care for their children. Further,

many women expressed the need for family services downtown, including parenting classes, children’s activities (22.5%), family recreation opportunities, and parks (12%) – many women with grandchildren commented that it was difficult to spend time with them because of lack of parking in Skid Row, strict visitation rules, and the overall sense that the neighborhood is unsafe for children.

RECOMMENDATIONS

A. PREVENTING HOMELESSNESS

EXPAND LOW-INCOME & AFFORDABLE HOUSING OPTIONS

- The Downtown Women's Action Coalition believes that housing is a human right. Further, the lack of low-rent options contributes to the overall poverty of more than a quarter of LA County residents²³. Increasing affordable and low-income housing in every community, including all downtown communities, will provide resources for women and families, eliminating one of the major causes of homelessness.
- Prioritize the reallocation of funding to build low-income housing, as well as mandate that new housing complexes include affordable and low-income units.
- *At a federal level*, direct funding toward the Department of Housing and Urban Development.²⁴
- *At the state-wide level*, support legislation that generates investment in safe and affordable single-family homes to serve those most in need of housing.
- *At the local level*, identify and implement new, dedicated funding sources for low-income housing, with a priority for those most in need.
- *At the local level*, provide legal assistance for women and families, advocating for expanded housing options, and assisting with housing applications.

PROVIDE COMMUNITY INTERVENTIONS FOR VIOLENCE

Community interventions to prevent violence include identifying contexts for violence and providing resources such as anger management and self-defense classes, as well as strategies to address “societal-level influences,” factors “such as gender inequality, religious or cultural belief systems, societal norms, and economic or social policies.”²⁵

- Advocate not on behalf of but *with* marginalized groups to promote and implement community-based solutions to violence prevention and other responses to violence.
- Promote awareness of systemic inequalities that disadvantage women, people of color, people with disabilities, and transgender, queer, and gender non-conforming people.

- Increase education about the dynamics of domestic and sexual violence, healthy relationships and identifying the warning signs of abuse.
- Disseminate information in safe spaces about resources that offer support and protection for victims.
- Support women in becoming economically self-sufficient.
- Provide trainings to workers in our communities to recognize signs of abuse and steps to provide follow-up support or reporting, if needed.
- Prioritize women as vulnerable due to unsafe streets as related to the Coordinated Entry System and voucher dissemination.
- Provide more single sex housing and mental health services for victims of abuse.

INCREASE PERMANENT SUPPORTIVE HOUSING

Permanent supportive housing is ideal for people with disabilities and mental health issues, who may not be able to maintain housing without on-site support services.

- Promote housing-first principles to ensure that all individuals have access to supportive care, counseling, substance use recovery, job and life skills, and health services.
- Co-locate housing and services to ensure that residents can regain and maintain personal stability and stay housed.

B. ADDRESSING HEALTH NEEDS

PROVIDE TRAUMA-INFORMED, WOMEN-CENTERED CARE & PATIENT NAVIGATION SERVICES

Because homeless women face unique medical needs and compounding medical and behavioral health needs, it is important for service providers to offer women-only health services, with a trauma-informed care service model.

- Continue to ensure that all clients are enrolled in healthcare, and provide health insurance maintenance, patient navigation, and education.
- Ensure accessibility of follow-up care, in light of the survey results about abnormal Pap smears and mammograms.
- Offer programs addressing aging and end-of-life issues, with an understanding of the additional health risks associated with prolonged homelessness.
- Expand community-based mental health services and support mechanisms, including street outreach, community crisis outreach, and education efforts around treatment and medication.

- Provide therapeutic solutions in conjunction with effective treatment, in a variety of different forms to meet the needs of the community.
- Public policy makers and service providers must also identify funding and treatment options for people who do not qualify for healthcare because of their immigration status.

PROVIDE SAFE & CLEAN PUBLIC BATHROOMS AND SHOWERS

An overwhelming majority of women reported not being able to access clean, safe bathrooms and showers.

- Increase access to existing public bathrooms, particularly when service agencies are closed, and provide funding to install additional accessible bathrooms and showers across Skid Row available 24 hours a day.
- Provide sanitary products at nonprofit and government agencies serving low-income individuals.



CRITICAL-TIME INTERVENTION AT THE DOWNTOWN WOMEN'S CENTER

The Downtown Women's Center offers intensive case management services to help formerly homeless residents maintain housing in the long-term. In 2010, DWC was selected as the first pilot program to conduct Critical Time Intervention in Los Angeles. The model guides residents toward personal stability by improving their health, cultivating self-esteem, connecting them with resources, and building support networks. Of the original 80 clients who received CTI services through DWC, 100% maintained housing as of 2014; DWC staff have shared findings and best practices at 16 national and statewide housing conferences.

C. IMPROVING OUTCOMES FOR HOMELESS WOMEN

DECRIMINALIZE HOMELESSNESS, POVERTY, AND MENTAL ILLNESS

The Downtown Women's Action Coalition opposes "quality of life" legislation and enforcement practices that seek to criminalize the effects of poverty and homelessness in the name of protecting neighborhood safety. Outright criminalization of poverty further intensifies the cycle of institutionalization and disenfranchisement, and these policies seek to displace and sanitize the visible effects of poverty while doing nothing to address its root causes.²⁹

- Police officers should work respectfully with homeless individuals, expand use of LAPD SMART teams specially trained to deal with people with mental illnesses, and issue citations and arrests as a last resort and only for serious violations.
- Expand community-based mental health services and service-enriched housing and reduce the number of mentally ill individuals being arrested and incarcerated in Downtown LA.

IDENTIFY OPPORTUNITIES FOR COLLABORATION ON SKID ROW

- Increase communication across Skid Row agencies, including identifying and sharing best practices in service provision.
- Support collaborations and campaigns such as Home for Good and the Coordinated Entry System, to streamline service delivery to clients.
- As appropriate, share information about individual clients across service providers to better provide services. Cross-refer clients to fill gaps in programming.

PROVIDE TRAINING AND EMPLOYMENT OPPORTUNITIES

Training and employment programs for women seeking to re-enter the workforce need to be designed with flexibility and appropriate for varied backgrounds, including specific programs for women who have never earned a traditional income and/or have disabilities that might have prevented them from obtaining full-time jobs.

- Create more opportunities for homeless and low-income women, including expanded and more targeted job training programs and local hiring requirements.
- Encourage and fund education efforts by service providers and business owners to dismantle stereotypes about homelessness and a perceived lack of interest in seeking employment.
- Provide classes to prepare women to manage their finances, pay rent, cook nutritious meals, and maintain housing. Particularly for women who have cycled through institutions, these classes provide necessary skills to ensure stability over time.

"There should be uniformity of information awareness among all the various organizations working in Skid Row. Staff should know ALL resources available (not just through their organization) so that they could better disseminate information to Skid Row residents. There should be ACTIVE dispersion of information, as some Skid Row residents are too mentally incapacitated to seek help on their own accord."

SURVEY RESPONDENT 47, homeless for 5 years

D. COMMUNITY ADVOCACY OPPORTUNITIES

PROVIDE COMMUNITY EDUCATION OPPORTUNITIES

Truly ending homelessness will require more than solutions for those who have already ended up on the streets. Service providers, leaders, and policy makers must educate the public about the root causes of poverty and systemic inequality that lead to the marginalization of groups and individuals and implement policy changes that address these conditions.

- Encourage advocacy among community members and stakeholders by participating in city council and county supervisor meetings, and opposing "quality of life" measures that criminalize poverty.
- Increase education about mental illness and poverty to dispel myths and reduce stigmas.
- Promote civic engagement opportunities across Skid Row to engage communities in working to improve the lives of extremely low-income and homeless women.

ENDNOTES

- ¹ “The Top 10 Facts About the Wage Gap,” Center for American Progress, <http://www.americanprogress.org/issues/labor/news/2012/04/16/11391/the-top-10-facts-about-the-wage-gap/>
- ² “The Simple Truth,” American Association of University Women, <http://www.aauw.org/files/2014/03/The-Simple-Truth.pdf>
- ³ “Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level,” Los Angeles County Department of Public Health Office of Women’s Health and Office of Health Assessment and Epidemiology, http://www.publichealth.la-county.gov/ha/docs/2011LACHS/WHI2013/WHI_2013s.pdf
- ⁴ The percent of women earning income from full- or part-time work went from of 10.4% in 2001 to 9.1% in 2007 and a low of 4.3% in 2010, but is now 13.6%.
- ⁵ SSI benefits for 2014 were increased to \$8,657.26, or \$721.44 per month. [“Understanding Supplemental Social Security Income SSI Eligibility Requirements,” Social Security Administration, <http://www.ssa.gov/ssi/text-eligibility-ussi.htm>; “SSI Federal Payment Amounts For 2014,” Social Security Administration, <http://www.ssa.gov/OACT/cola/SSI.html>]
- ⁶ “2007–2013 PIT Counts by CoC,” OneCPD Resource Exchange, <https://www.onecpd.info/resource/3031/pit-and-hic-data-since-2007/>
- ⁷ “Los Angeles’ Project 50,” Community Solutions, <http://cmtysolutions.org/projects/los-angeles-project-50>
- ⁸ “Defining Chronic Homelessness: A Technical Guide for HUD Programs,” Office of Community Planning and Development, US Department of Housing and Urban Development, <https://www.onecpd.info/resources/documents/DefiningChronicHomeless.pdf>
- ⁹ On a positive note, there has been a drop by nearly 10 percentage points (from 64.7% to 54.3%) in respondents who listed being unable to find/secure affordable housing in the previous year.
- ¹⁰ The lack of housing for trans women is particularly troubling considering the disproportionate amount of LGBTQ individuals who become homeless. In 2012, the Williams Institute released findings from a survey of 354 agencies that serve homeless youth and found that 40% of clients identified as LGBT. [“Serving Our Youth,” The Williams Institute, <http://williamsinstitute.law.ucla.edu/headlines/lgbt-homeless-youth/>]
- ¹¹ “Out of Reach 2013,” National Low Income Housing Coalition, http://nlihc.org/sites/default/files/oor/2013_OOR_Introduction.pdf
- ¹² “How California’s Housing Market is Failing to Meet the Needs of Low-Income Households,” California Housing Partnership Corporation, <http://chpc.net/dnld/CHPCHousingNeedReport020814FINAL.pdf>
- ¹³ National Alliance to End Homelessness, http://www.endhomelessness.org/pages/housing_first
- ¹⁴ 14.5% declined to respond to the question, higher than other opt-out rates
- ¹⁵ “Homeless and Health: What’s the Connection?” National Health Care for the Homeless Council, http://www.nhchc.org/wp-content/uploads/2011/09/Hln_health_factsheet_Jan10.pdf
- ¹⁶ “National Intimate Partner and Sexual Violence Survey 2010 Summary Report,” Center for Disease Control, http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf
- ¹⁷ Overall, this is a modest improvement – in 2010, only 28% of women were offered services to deal with violence.
- ¹⁸ A full 88.4% of women who preferred services in a woman-only environment were survivors of violence (107 had experienced DV, 88 had experienced sexual assault, and 78 had experienced child abuse; 53 had experienced all three).
- ¹⁹ The New York Times reported in September 2012 that the Ninth Circuit Court upheld a lower court’s injunction against the city’s seizing of private property, as it violated the Fourth and Fourteenth Amendments. “[T]he city seized identification papers, family photographs and other personal belongings of homeless people, when they left their things momentarily as they stepped away to eat, shower, use a bathroom or tend to some other need. City employees took the property away to destroy it, sometimes after owners had returned and pleaded to get their possessions back.” [“The Constitution on Skid Row,” New York Times, <http://www.nytimes.com/2012/09/09/opinion/sunday/the-constitution-on-skid-row.html>] More recently, the city has proposed adding storage facilities downtown to accommodate the needs of homeless individuals with few other options to protect their private property. [“L.A. budget official proposes \$3.7-million skid row cleanup plan,” Los Angeles Times, <http://articles.latimes.com/2014/apr/07/local/la-me-skid-row-20140408>]
- ²⁰ This number reflects arrests for 12.9% of total survey respondents, which is down from 22.6% in 2010.
- ²¹ Because this survey was administered on a weekend, largely in areas with services for adults, we believe that our results under-represent the needs of women with children in their custody, who are less likely to be in Skid Row outside of school hours. In past years, between 30 and 39% of respondents had children under 18, with 21.6 to 46.4% having some or all of their children in their custody.
- ²² Neglect is defined as: “Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child’s health, welfare, or safety.” Child Protective Services note that “[p]overty and/or homelessness do not constitute negligent treatment or maltreatment in and of themselves.” [“Child Protective Services: Guidance for Mandated Reporters,” WA State Department of Social & Health Services, <http://dshs.wa.gov/pdf/ca/MandatedReporterTraining.pdf>]
- ²³ The Southern California Association of Nonprofit Housing applied the California Poverty Measure, which “accounts for cost of living, including housing, and government assistance, [and] LA County has 26.9% of its population living in poverty – the most of any county in the state.” [“Webinar: How California’s Housing Market is Failing to Meet the Needs of Low-Income Households,” Southern California Association of Nonprofit Housing.]
- ²⁴ Cuts to HUD’s budget in 2013 threatened an 140,000 households of being denied Section 8 vouchers. [“Sequestration Could Deny Rental Assistance to 140,000 Low-Income Families,” Center on Budget and Policy Priorities, <http://www.cbpp.org/cms/?fa=view&id=3945>]
- ²⁵ “Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA),” Centers for Disease Control and Prevention, <http://www.cdc.gov/violenceprevention/delta/index.html#concepts>
- ²⁶ Over the years, Needs Assessments surveys have found that between 11% and 24% of homeless women spent some time in the foster care system. In describing barriers to housing, many women noted the lack of resources for women with children. In particular, older teenage boys may be barred from agencies that serve victims of domestic violence. [“Are the Hurdles Too High? To be Young, Male and Homeless in America,” Youth Today, http://www.youthtoday.org/view_article.cfm?article_id=6334]

ACKNOWLEDGMENTS

The Downtown Women's Action Coalition (DWAC) thanks the women of Los Angeles' Skid Row who participated in the survey and shared their stories. Thanks to them, we are able to highlight the needs of our community and offer recommendations to support the women living in Skid Row.

DWAC also thanks the more than 80 volunteers who dedicated their time and skills to this project, from administering surveys, data entry, focus groups, graphic design, and so much more.

Lastly, a special thank you to the readers who will take this information and use it to work with and advocate for the women living in Skid Row.

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Downtown Women's Action Coalition
DOWNTOWN WOMEN'S NEEDS ASSESSMENT 2013

www.dwcweb.org/needsassessment
