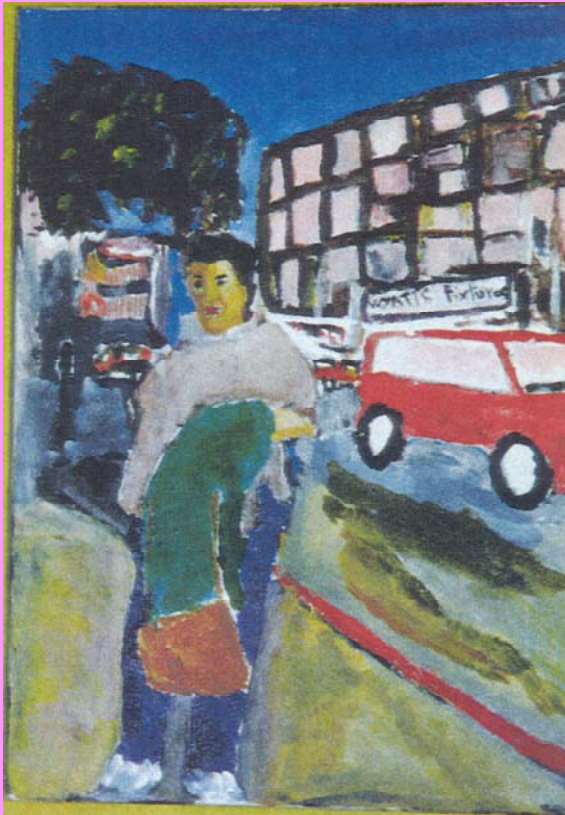


MANY STRUGGLES, FEW OPTIONS:



**Findings &
Recommendations
from the
2004 Downtown Women's
Needs Assessment**

**Downtown Women's Action Coalition
Los Angeles, California
January 2005**

Acknowledgements

The Downtown Women's Action Coalition extends deep appreciation to the women residents of downtown Los Angeles who shared their stories and gave voice to the needs of their community. Without the welcoming spirit and active participation of the women being interviewed, this community-based research project would not have been possible.

We acknowledge the commitment and professionalism of the survey volunteers who devoted their time and enthusiasm to this project. Additionally, we recognize the many organizations involved with the project that donated staff time, gifts for respondents, resources for volunteer stipends, lunch for volunteers, and space for interviews at their sites. Like our first Needs Assessment project in 2001, this project continued the culture of community spirit and action generated by broad and diverse participation.

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

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**Downtown Women's Action Coalition
Needs Assessment Project
Participating Organizations**

Central City Church of the Nazarene
Downtown Women's Center
Glendale YWCA Domestic Violence Program
Hayward Hotel
Homeless Health Care Los Angeles
Huntington Hotel
LAMP Community
Los Angeles Community Action Network
Los Angeles Homeless Services Authority
Midnight Mission
P.A.L.S. Behavior Management Day Program
Salvation Army Safe Harbor
S.A.Y. Yes! Center for Youth Development
Shelter Partnership
Skid Row Housing Trust
SRO Housing Corporation
St. Vincent's Cardinal Manning Center
United Coalition East Prevention Project
Volunteers of America
Women's Care Cottage

Note: The above named organizations supported this project in a variety of ways, including dedicated staff time, participation in DWAC planning meetings, gifts for respondents, resources for volunteer stipends, lunch for volunteers, and space for interviews at their sites. The opinions, conclusions and recommendations in this report do not necessarily reflect the views of all of the participating agencies.

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I. EXECUTIVE SUMMARY

The Skid Row/Central City East area of downtown Los Angeles continues to grapple with a severe crisis due to three interrelated trends: 1) the continually growing number of women and children in the area; 2) the shortage of both emergency and affordable, permanent housing within the downtown community and throughout Los Angeles County; and 3) the lack of political will locally, regionally and nationally to expand resources for affordable housing and supportive housing to a level that would address the great need. **The number of homeless single women and families living in Skid Row has dramatically increased in the past several years, but housing and services have not expanded nearly enough to serve the growing need.**

The Downtown Women's Action Coalition (DWAC), formed in 2001, consists of service providers, advocates, and downtown residents whose initial focus was to seek immediate emergency relief for homeless single women but, since that time, has been working collaboratively to promote both short and long-term changes to improve the health and safety of women living downtown. DWAC conducted an initial Needs Assessment in 2001 and members decided to conduct an updated and expanded needs assessment in the spring of 2004.

Research specific to homelessness among women and families is scarce. Research commonly cites the root causes of homelessness among men and women as: poverty; lack of affordable housing; substance abuse, mental illness, and the lack of needed services; changes in the labor market; low paying jobs; domestic violence; changes and cuts in public assistance programs; changes in family structure; and chronic health problems and lack of access to affordable health care. Some of these commonly accepted root causes, such as domestic violence, disproportionately affect women. Additional factors identified in the literature that uniquely contribute to homelessness among women include: feminization of poverty; social inequity; incidence of trauma; and compounded problems or issues. **Homeless women are also much more likely to have children in their care than are homeless men.**

The purposes of this Needs Assessment project are: 1) to provide much needed community-based research on the issues of women and children; 2) to determine the current characteristics and most immediate needs of women living downtown, most of whom are currently homeless or have experienced homelessness; 3) to explore the reasons that women are moving to the downtown area in unprecedented numbers; and 4) to identify and implement appropriate short and long-term recommendations to improve conditions for women living in the Skid Row/Central City East community. The information collected, documented, and distributed will help inform the entire Los Angeles community about the crisis facing women and families in our community and will, hopefully, spark much-needed action by policy makers and citizens alike.

Primary Findings

Demographics

The women surveyed ranged in age from 19 to 80 years and the median age was 45 years. The largest number of respondents identified as African American (60.2%), with the next largest categories being non-Hispanic white (13.6%) and Hispanic/Latina (11.4%). The

majority of women (63.8%) had at least a high school education or General Equivalency Degree (GED). Most of the women (84.0%) had at least one source of income or public benefits; the most common sources were General Relief, Food Stamps, and Supplemental Security Income (SSI).

Housing Issues and Community Stability

Most respondents lived in neighboring communities prior to moving to downtown. **Almost half (46.1%) moved to the Skid Row community from another neighborhood within the City of Los Angeles.** Almost three-quarters (72.1%) moved to Skid Row from a city within Los Angeles County.

The majority of women (62.8%) had been homeless for one year or more during their lifetimes, with 23.7 percent experiencing homelessness for five years or more.

Housing patterns of the women were largely unstable, both over the past year and in the past month. Most women (84.3%) had slept in two or more places during the past year and 77.0 percent had experienced homelessness in that time. During the past month, 62.4% of the women had been homeless, according to the places they reported that they had usually slept. Additionally, about one-third of the women (33.2%) had usually stayed in a hotel, motel, or SRO paid for with their own money during the past month.

Although individual housing patterns were generally unstable, long-term residence within the community is quite stable. The median length of time that women had lived downtown was two years and the majority of women (61.1%) have not moved away from the Skid Row community since they first arrived.

A significant percentage (17.1%) of respondents reported that they had been arrested during the past year and 21.4 percent had slept in jail, prison or a halfway house during the past year. One-quarter (25.4%) of respondents had received a ticket or citation in the past year. Over one-third of women (39.9%) reported interaction with law enforcement in at least one of these three categories (arrest, incarceration, or ticket/citation).

Women with Children

Many of the women living downtown (39.8%) had children under the age of 18. However, the majority had lost custody of their children. **Only 46.4 percent of all women with minor children had current legal custody.** Of those with legal custody, 72.5 percent had their children currently staying with them downtown, indicating that some women had made alternative arrangements for the care of their children while living downtown. This group of women had generally experienced homelessness for less time than the full population surveyed, but over half (55.3%) experienced homelessness for more than one year.

Community Health

The large majority of women reported they had a Pap smear (96.0%) and/or a mammogram (72.3%). Of the women who had one or both of these procedures, the majority had them recently.

The large majority of women had been tested for HIV (91.2%) and other sexually transmitted diseases (75.2%). Of those tested for HIV, 3.3 percent reported an HIV positive status. Of those tested for other sexually transmitted diseases (STDs), 24.9 percent reported incidence of an STD other than HIV.

Just under one-fifth (17.9%) of the respondents reported drug or alcohol abuse during the past year, and slightly more (23.0%) reported being in recovery from drug or alcohol abuse. About one-third (32.8%) of the women reported substance abuse, recovery, or both.

A significant portion of women (36.0%) was affected by mental illness (reported experiencing mental illness in the past year and/or reported taking medication for a mental health problem).

A significant percentage (37.3%) of the women reported physical health problems during the past year and 23.8 percent reported a permanent physical disability. Just less than one-third (27.3%) of the women received a prescription for medication during the past year that they could not fill.

Over half of the women (58.5%) had no family or friends currently living in the downtown area. Over one-third of women (36.4%) reported that they find themselves lonely quite often. While the large majority of women reported that they had the opportunity to confide in someone about important issues in their lives, 20.2 percent did not have anyone to fill this role.

Acts of Violence against Women

The majority of women (55.4%) reported that they had been victims of domestic violence during their lifetimes. Among lifetime victims, 34.3 percent experienced domestic violence during the past year. Among those who had experienced domestic violence in the past year, 57.8 percent became homeless due to fleeing the situation.

Similarly, about half of women (50.8%) reported that they had been victims of sexual assault during their lifetimes. Among lifetime victims, 25.2% experienced sexual assault during the past year.

Over one-third (35.0%) of the women were victims of child abuse. **Additionally, 31.2 percent of respondents reported they had been expected to perform a sexual favor in exchange for housing, protection, cash or other needs, a form of sexual intimidation and exploitation.**

Housing and Service Needs and Priorities

Over 75 percent of women reported that they would take advantage of affordable, permanent housing outside of the downtown area, dental care, and/or medical care if offered that day.

The women were also asked to report the top three types of housing and services most needed by all women living downtown. Emergency housing was the overwhelming priority, with 41.7 percent of the women indicating this as a need, followed by affordable housing in the downtown area and affordable housing in other areas of Los Angeles.

The great need for housing was supported in the qualitative data as well. Housing was the topic most commonly expressed in an open-ended survey question and a focus group. Most women responded that they need housing immediately and that long waiting lists to obtain much-needed housing served as a major impediment to establishing basic stability in their lives.

Barriers to Accessing Housing and Services

Although the needs of women are substantial and women expressed willingness to access services if offered, access to and utilization of services are limited. The most commonly reported barriers (expressed by at least 30% of respondents) to accessing housing and services were waiting lists, services needed are not available, housing is not affordable, environment is not safe or welcoming for women, and long lines.

Qualitative data provided further information about barriers to accessing housing and services. Women felt that many service providers need to expand current hours of operation, especially releasing women and children from programs in the early morning and not allowing them back inside until late in the evening hours. Poor and/or insensitive treatment of women was also frequently identified by respondents and women felt they had to accept the offensive treatment in exchange for much-needed services.

Additionally, women felt that a barrier to accessing services was that there were simply a host of services missing in the Skid Row community that were desperately needed.

Based on my own personal experience and on what women told me in the interviews, it is difficult to find decent affordable housing in this area. Women with children face even greater challenges: only one mission and a couple of hotels take women with children in and that's only a short-term or emergency basis. It's hard getting out of Skid Row. I wish elected officials and people who have funds understand that no woman wants to be here. For a homeless mother it's almost impossible find a job to become self-sufficient since she is caring for children and has no resources or permanent address. We are not asking for charity but we need your help so that we can help ourselves.

Deborah Burton, LA CAN, downtown resident, and Survey Day participant and volunteer

Recommendations

The recommendations made in DWAC's 2001 Needs Assessment Report to address the needs of women living downtown were extensive and somewhat overwhelming, due to the size and complexity of the problems identified. The following recommendations reflect only our highest priorities, as identified by survey participants and a wider group of community stakeholders. By limiting our recommendations, it is hoped that concrete action steps can be identified and undertaken quickly by appropriate organizations, public agencies, and others. These recommendations should not be viewed in isolation, as they are intended to fit into an integrated systems approach to prevent and end homelessness as well as the broader movement to eliminate social inequity by gender and the feminization of poverty.

Housing

1. **Immediately and drastically increase safe, affordable permanent housing options for women and families** throughout Los Angeles City and County. This includes:
 - a. Adopt a Housing-First model for Los Angeles that immediately moves women and families (and other homeless people) into permanent, supportive housing.
 - b. Create set-asides within all public affordable housing finance sources for formerly homeless and/or extremely low-income people to increase new development for these populations.
 - c. Modify the definition of chronic homelessness so that associated funding does not exclude people accompanied by children, and therefore inherently discriminate against homeless women who are more likely to be accompanied by children.
 - d. Create new sources of subsidies and stipends to help women and families move immediately into housing.
2. Educate housing developers, as well as public and private funding sources, regarding the need for supportive housing for homeless and extremely low-income women and families and facilitate partnerships with supportive service providers to increase the number of housing developers targeting this population.

Community Health and Violence

3. Create a community-specific, integrated system of care that **recognizes and addresses the level of violence and trauma** experienced by women, including:
 - a. Develop and institute a uniform screening tool for all housing and service providers in the community to assess trauma and incorporate appropriate treatment and intervention services.
 - b. Eliminate the apparent exclusion of homeless women from the traditional domestic violence shelter system.
 - c. Ensure that community health clinics comply with the State law requiring health care providers to develop and implement domestic violence screening protocol and, within their protocol, promote universal screening.

- d. Secure funding for the development of a community-based model to identify and close current gaps in responses to domestic violence and to reduce the incidence of violence against women living in Central City East/Skid Row.
4. Identify new resources for health care in the Skid Row community and ensure that set-asides are created for specialty health services for women, including follow-up care for health issues identified through screenings, birth control, and sexual assault and domestic violence intervention and counseling.

Increasing Community Stability

5. Greatly increase **homeless prevention** using a variety of interventions, including:
 - a. Preserve and improve all existing affordable housing, both within the community and region-wide.
 - b. Increase enforcement and penalties against landlords who illegally evict people and/or force people out of housing because of extreme slum conditions.
 - c. Identify and secure multiple sources of public and private funding to provide resources for rent subsidies on an emergency basis.
 - d. Investigate models of linking subsidies and/or other housing supports to neighborhood building activities and community involvement.
 - e. Develop funding sources and programs to provide in-home and community-based services that assist people in maintaining their housing.
6. Evaluate and improve our system of emergency and transitional housing to ensure that program rules and procedures do not unnecessarily promote community instability.

Service Enhancement to Meet the Needs of Women and Families

7. Develop, implement, and promote community-wide training models to **develop expertise** on issues facing women living downtown and create incentives for participation.
8. **Reduce incidence of abuse of power, discrimination, and other insensitive treatment in our community that re-traumatizes and demeans women** (and others) by:
 - a. Educating community residents about the intended purpose of Los Angeles Homeless Services Authority's grievance procedures to create accountability to the people being served in programs.
 - b. Facilitating a series of community-wide forums on power dynamics at play in the community in order to create dialogue, reach a collective understanding, and get broad organizational commitments to end intentional and unintentional incidences of abuse.

II. Introduction

The Skid Row/Central City East¹ area of downtown Los Angeles continues to grapple with a severe crisis due to three interrelated trends: 1) the continually growing number of women and children in the area; 2) the shortage of both emergency and affordable, permanent housing within the downtown community and throughout Los Angeles County; and 3) the lack of political will locally, regionally and nationally to expand resources for affordable housing and supportive housing to a level that would address the great need. The number of homeless single women and families living in Skid Row has dramatically increased in the past several years, but housing and services have not expanded nearly enough to serve the growing need. Many women come to Skid Row as a last resort because it has been viewed for decades as one of the few areas with a stable supply of affordable housing. However, much of the immediately accessible housing is in residential hotels – generally one-room units in extreme slum conditions – and these types of housing units are now threatened by gentrification efforts, with at least 250 units lost in just the past year.

The Downtown Women's Needs Assessment, a community-based research project, has its roots in happenings and demographic changes in downtown beginning in 2001. In April 2001, downtown residents and service providers learned of the imminent closure of the Union Rescue Mission's single women's emergency shelter program, the largest provider of emergency shelter to single women on Skid Row. The closing of the Union Rescue Mission's program, combined with the explosion of women and families living on Skid Row, led to the formation of the Downtown Women's Action Coalition (DWAC). DWAC consists of service providers, advocates, and downtown residents whose initial focus was to seek immediate emergency relief for homeless single women but, since that time, has been working collaboratively to promote both short and long-term changes to improve the health and safety of women living downtown.

DWAC conducted an initial Needs Assessment in 2001. Through wide distribution of the assessment and advocacy efforts by DWAC members, we were able to garner many new resources, including funding for the development of a women's respite center and a new County health program targeting women residents of Skid Row. DWAC members decided to conduct an updated and expanded needs assessment in the spring of 2004. We intend to use the survey results to inform our own collaborative projects and also to advocate for policy changes and new resources to benefit women and families.

As the Executive Director of a local provider serving homeless women, I was surprised to learn how many women would prefer to find housing outside of the downtown area. The women we interviewed in 2004 were younger and many more had children compared to those we met just three years ago in 2001. This project has given us the opportunity to really listen to and understand the needs of women. Now that we have heard their voices, we must establish programs and find solutions that truly benefit women in the community.

Lisa Watson, Downtown Women's Center, Survey Day volunteer

The 2004 Needs Assessment project was designed to collect updated data about the needs and characteristics of women living downtown, as well as expand our data collection to include topics such as previous place of residence, contributing factors causing women to move downtown, and barriers for women in accessing services. With the help of over 70 volunteers, 268 homeless and extremely low-income women residents of the Skid Row/Central City East community, both homeless and housed, were interviewed. As was the case in 2001, women were eager to participate and happy to share their feelings, needs, and concerns. The information collected, documented, and distributed will help inform the entire Los Angeles community about the crisis facing women and families in our community and will, hopefully, spark much-needed action by policy makers and citizens alike.

III. BACKGROUND INFORMATION

DWAC's 2001 Needs Assessment² contained a literature review summarizing relevant research on factors contributing to homelessness among women and general characteristics of homeless women and, therefore, a full literature review is not included in this report.

In general, however, research specific to homelessness among women and families is scarce. Research commonly cites the root causes of homelessness among men and women as: poverty; lack of affordable housing; substance abuse, mental illness, and the lack of needed services; changes in the labor market; low paying jobs; domestic violence; changes and cuts in public assistance programs; changes in family structure; and chronic health problems and lack of access to affordable health

care. Some of these commonly accepted root causes, such as domestic violence, disproportionately affect women. Additional factors identified in the literature that uniquely contribute to homelessness among women include: feminization of poverty³; social inequity; incidence of trauma; and compounded problems or issues. Homeless women are also much more likely to have children in their care than are homeless men.

Since 2001, there have been several pieces of research that add to the dialogue about homeless and extremely low-income women and families living in the downtown area. Key findings include:

- ▶ In 2004, from a study of 27 cities including Los Angeles, the U.S. Conference of Mayors⁴ reported:
 - ❖ The leading cause of homelessness is a lack of affordable housing.
 - ❖ On average, there was an increase in demand during 2004 for both emergency shelter and emergency food services.
 - ❖ An average of 23 percent of requests for emergency shelter by all homeless people go unmet; among homeless families, 32 percent of requests for shelter are unmet.
 - ❖ 56 percent of participating cities reported that families may have to break up in order to be sheltered.
 - ❖ Single men comprised 41 percent of the homeless population, single women 14 percent, families with children 40 percent, and unaccompanied youth 5 percent.

I never believed that I would ever find myself in similar situations to what women who lived downtown suffered with every day. I always passed through and hoped I would never have to live in such conditions. But, "never say never." Tragedies often make our lives turn for the worst. What I discovered in doing the surveys was that I can relate to many of the women who live in my community in ways I never imagined.

Linda Valverde, LA CAN, downtown resident, Land Survey Day volunteer and participant

- ▶ The University of Southern California released a report⁵ in 2003 with the following findings:
 - ❖ There are at least 700 homeless children living in or adjacent to Skid Row, including those living in four major welfare hotels.
 - ❖ Many of the parents of homeless children suffer from mental illness and other health problems that require on-going medical attention.
 - ❖ During the year prior to the release of the study, demand for emergency shelter assistance grew 10 percent in Los Angeles.

- ▶ The University of Southern California's Center for Religion and Civic Culture also released a study⁶ in 2003 that reported the drastic increase of women and children living in the central Census Block Group in Skid Row: between 1990 and 2000 the percentage of children living in the area increased from 1 to 15 percent and the percentage of women increased from 17.7 to 32.2 percent (note: the census numbers are commonly thought to significantly undercount homeless people).

- ▶ In 2004, a report prepared by the Economic Roundtable⁷ for the Los Angeles Homeless Services Authority found:
 - ❖ Overall, there are slightly more men than women among Los Angeles County's homeless population (52% men, 48% women); however, women outnumber males significantly among people age 18 to 29.
 - ❖ Twenty percent of the homeless population in Los Angeles County has been homeless for one year or more.
 - ❖ Over 40 percent of all homeless people reported earned income from employment in the 2000 census.
 - ❖ Among all homeless welfare recipients (estimated as 85% of total homeless population), 35 percent were children.

In addition to research released since our original Needs Assessment report was released in 2001, there have been significant policy decisions and resource allocations affecting women and children living in the downtown area. Two key decisions were:

- ▶ During 2003 and 2004, the Los Angeles Homeless Services Authority extended the winter shelter program to a year-round program, a much needed increase in emergency shelter beds. (Note: Due to extreme community resistance to homeless shelters, some programs have not secured sites and are not yet in operation.) For the first time in this program, 100 shelter beds were designated specifically for single women. However, families with children **are not served** by this program (with the exception of a very limited number of hotel vouchers).

- ▶ In 2003, the United States Interagency Council on Homelessness announced a multi-agency initiative to end chronic homelessness⁸ in the United States and released \$60 million in new funding. A collaborative of organizations in the Skid Row community were awarded funding for new, permanent housing for chronically homeless people (both men and women). However, the definition of chronically homeless **excludes** individuals with children in their custody.

The information reported in this section is intended to give some context to the data and recommendations presented in this report, not to provide a complete overview of research and policy decisions related to homelessness and homeless women and children. The 2004 Downtown Women's Needs Assessment project was not intended to verify or disprove social theories or other research concerning the causes of homelessness, nor was the 2001 project. Rather, the purpose of the survey was to determine the current characteristics and most immediate needs of women living downtown, most of whom are currently homeless or have experienced homelessness, as well as begin to explore the reasons that women are moving to the downtown area in unprecedented numbers. The results were also used to identify and implement appropriate short and long-term recommendations to improve conditions for women living in the Skid Row/Central City East community [see Section IV].

IV. METHODOLOGY

A. Planning and Design

As with the original Needs Assessment project in 2001, a sub-committee of DWAC, with representatives from the Downtown Women's Center, Los Angeles Community Action Network, and SRO Housing Corporation, was formed to plan and facilitate the 2004 updated and expanded needs assessment. The 2004 assessment followed a similar format as the original: a one-day survey conducted by trained volunteers at eleven sites throughout Skid Row, designed to identify the needs and characteristics of homeless and housed women living downtown.

In designing the 2004 project, the goals were both to provide comparison data to the 2001 survey and to expand the survey by gathering new data relating to recent changes or developments occurring on Skid Row, most notably in the alarming rise of homeless women and their families accessing services. To that end, two focus groups were conducted to explore topic areas being considered for inclusion in the updated survey instrument. In the first focus group, a diverse group of women residents were invited to discuss living arrangements prior to moving to Skid Row, service accessibility, and other questions relating to housing patterns (see Appendix A). The second focus group was conducted among DWAC members (both downtown residents and service-providers) to determine what trends had been observed in the neighborhood since 2001 and what information agencies needed to better serve women.

After evaluating the 2001 survey instrument and other needs assessment tools, conducting focus groups, reviewing recent literature, and incorporating the group's knowledge of the unique conditions for women on Skid Row, the sub-committee created the 2004 "For Women Only" survey instrument. The survey instrument contained 20 new questions and, in some cases, the response categories in the original questions were modified to reflect community changes. The survey instrument was reviewed by researchers and professors in the fields of public health, psychology and social work at the University of California, Los Angeles and the University of Southern California, then finalized.

The survey instrument (see Appendix B) contained three qualifying questions to determine gender and residence in the target community, as well as prevent duplication; 53 closed-ended questions, with additional sub-questions in some cases; and one open-ended question. The instrument was tested on a small group of community residents, presented to the full Coalition for feedback, finalized, and translated into Spanish. The sub-committee also solicited volunteers to administer the surveys, trained volunteers, identified and prepared survey sites, conducted outreach to service providers and residents, planned and coordinated the survey day, and provided small stipends for volunteers who were downtown residents.

B. Site Selection

Sites were selected for the Downtown Women's Need Assessment to cover areas with heavy traffic patterns and encompass the full geography of Skid Row. High traffic areas were essential to completing a large number of surveys because of the short period of time allocated to administer the survey. The sites selected and used for this survey were: 1) Downtown Women's Center; 2) Midnight Mission; 3) Los Angeles Community Action Network; 4) James Wood Center; 5) VOA Drop-in-Center; 6) LAMP Laundry; 7) Gladys Park; 8) Central City Church of the Nazarene; 9) Hayward Hotel; 10) Safe Harbor; and 11) Huntington Hotel (see Appendix C).

Sites were also selected based on their accessibility to women who do not generally access services to encourage participation by all women living in the area. In general, volunteers were stationed on the sidewalk in front of the site or in an area visible from the street and were trained to approach women in friendly ways to invite their participation. At the VOA Drop-In Center and the James Wood Center, the only sites where volunteers were located inside the facility, the areas where interviews were conducted was accessible to all interested women and there were no facility or program barriers to participating in the survey. In addition, teams of roving outreach volunteers walked the streets in the area, distributing informational flyers, speaking to women about the purpose of the survey and how to participate, and assisting interested participants in locating the nearest survey site.

All of the considerations in site selection were intended to assist in gathering data representative of all women living in the area, although there was no attempt to ensure the sample of women surveyed was statistically representative.

C. Data Collection

Two survey administration training sessions were conducted for volunteers. The volunteers for survey administration were all women, including women who live in the community, service providers, and other interested women from throughout Los Angeles. The training consisted of general information about homelessness, sensitivity to issues homeless women may be confronting, definitions of relevant terms, and review of survey questions and protocol. Special emphasis was given to the importance of gathering accurate and unbiased data and a considerable amount of time was allocated to demonstrating how to administer an objective and professional survey.

Interviewing women living in Skid Row was an intense, emotional, and powerful experience. I've lived in the community for years, but never had the chance to hear everyone's story in this way.

Maria Varela, downtown resident and Survey Day volunteer and participant

Volunteers for the roving outreach teams were oriented to their roles as well. Many attended the training for survey administration volunteers and others were provided an orientation session on the morning of the survey day.

These teams were comprised mostly of male residents of the Skid Row neighborhood and elsewhere in Los Angeles. Additionally, one volunteer with expertise in domestic violence intervention was available to assist interviewers if survey participants reported recent incidence of domestic violence. This volunteer provided crisis counseling and referrals to four survey participants.

The surveys were completed from 9:30 a.m. to 12:00 p.m. on Saturday, July 24, 2004. The data collection procedure consisted of an individual, face-to-face, written survey with each respondent. A number of procedures were implemented to encourage participation and protect the respondent's rights during the survey process. It was made clear to prospective respondents that the survey was totally voluntary, they could terminate the survey at any time, and they could decline to answer any question throughout the survey process. Respondents were also offered a gift of women's care products as an incentive for participation. Juice and water were also provided to participants during the interview.

The survey was conducted in English and Spanish (by fluent Spanish-speaking volunteers) and lasted approximately 30-45 minutes, depending on the length of responses given. Responses were completely based on the opinion of the respondent, no verification of answers was requested. A total of 268 surveys were administered and collected by 62 trained volunteers. No attempt was made to determine whether 2004 participants had also participated in 2001. However, 55 percent of respondents had first arrived in the Skid Row community in 2001 or later, so it is likely that many respondents were first-time participants.

A debriefing and lunch were offered to interested volunteers at the end of survey administration. As they had in 2001, volunteers reported extremely positive results in their roles as interviews and noted that, in general, the participants were extremely appreciative that people cared about their situations, had many opinions to share and were candid in their responses.

D. Data Analysis

The survey data were cleaned and entered into SPSS for statistical analysis. Of the 268 completed surveys, 4 were discarded due to ineligible respondents, incomplete surveys, and volunteer notes about the lack of coherence of the respondent. Although 264 surveys were analyzed, the total sample size for each question varies due to questions that respondents chose not to answer and sub-questions that did not apply to every respondent.

Data were analyzed using frequency distributions and other basic statistical analysis. In some cases, variables were created or computed using raw survey data. For example, while the survey instrument collected date of birth, exact age and age ranges of the population proved to be of more interest and were therefore created. In other cases, certain subgroups of survey respondents were analyzed separately when it appeared that needs or characteristics were unique to the subgroup (i.e. women with children in their custody).

V. DATA ANALYSIS AND PRESENTATION

There are many reasons to improve the downtown area. In a place where there are so many homeless children, there should be more care for kids, such as Head Start programs. The women who have been battered, sometimes to the point of mental illness, also need more help so that they are not further taken advantage of by other men. Care for women in this area must be prioritized.

Anonymous Downtown Resident and Survey Participant

A. Demographics

Age

The women surveyed ranged in age from 19 to 80 years. The age range with the largest number of women was between 41 and 50 years of age (36.3%), followed by age 51 to 60 (23.2%), age 31 to 40 (22.4%), age 30 or less (12.4%), and 61 and over (5.8%). The mean and median age were very similar, at 44 and 45 years respectively.

Place of Birth

The large majority of respondents (92.3%) were born in the United States, and 4.2 percent were born in Mexico. A significant percentage of United States-born women's place of birth was California (44.4%), with the remaining born in a wide range of states. Of those born in California, 66.3 percent were born in the City of Los Angeles.

Race/Ethnicity

The largest number of respondents identified as African American (60.2%), followed by non-Hispanic white (13.6%), Hispanic/Latina (11.4%), Multi-Racial/Ethnic (8.0%), Native American/American Indian (4.5%), Asian or Pacific Islander (0.8%), and Other (1.5%).

Education

The majority of women had at least a high school education or a General Equivalency Degree (GED). Only 36.2 percent of women had completed grade 11 or lower, with 27.2 percent high school graduates or GED recipients, 25.7 percent completing some college, and 10.9 percent college graduates.

Current Income and Benefits

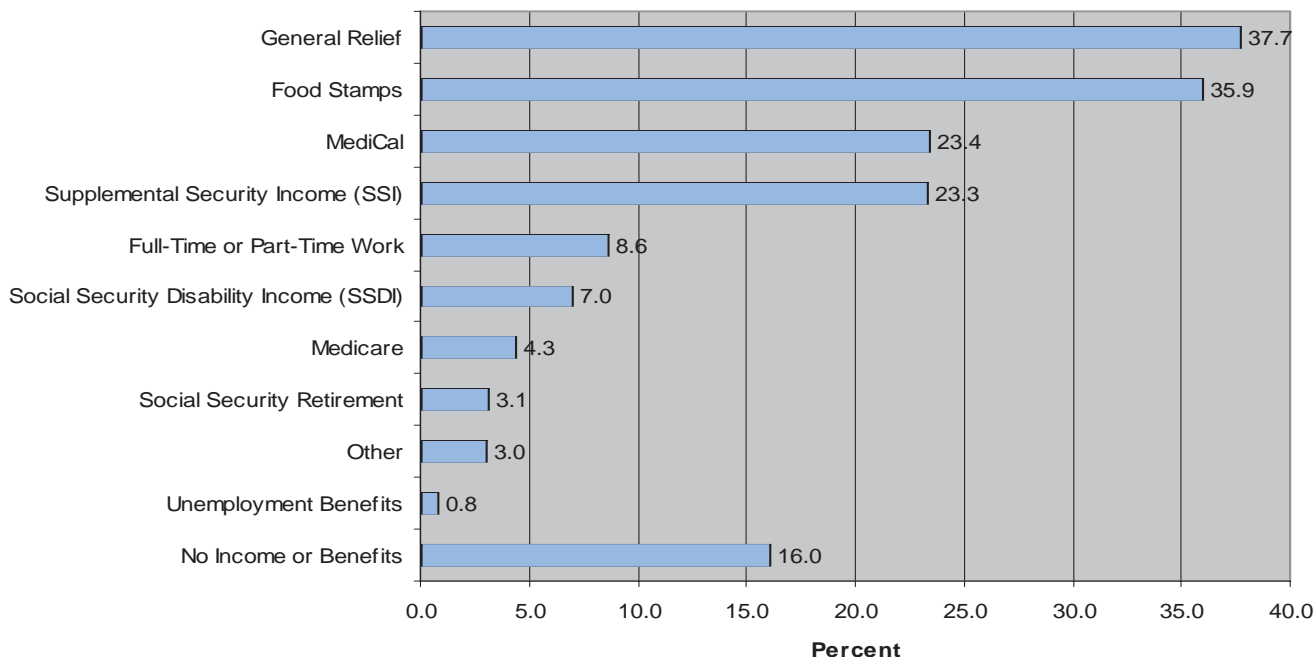
The large majority of women (84.0%) reported at least one current source of income and/or public benefits (see Figure 1), with 16.0 percent reporting no income or benefits of any kind. The median income was \$221 per month and the mean was \$401 per month. The minimum monthly income reported was zero and the maximum \$2,000.

Income or benefits reported by at least ten percent of respondents included: General Relief (37.7%), Food Stamps (35.9%), Medi-Cal (23.4%), and Supplemental Security Income (23.3%). See Figure 1 for all reported income and benefits. Also, 8.4 percent of the women reported receiving CalWORKs, a public benefit program available only to women with children in their legal custody (See section C for income and benefits specific to women and children).

Notably, only 8.6 percent of women reported income from part-time or full-time work. This figure is incredibly low (as cited in Section II: Background Information, over 40% of homeless people in Los Angeles County reported income from work), and is slightly lower than the 10.4 percent who reported working in 2001.

Almost half of the women (46.1%) received either General Relief (GR) or CalWORKs benefits. However, of these women, just 69.5% also received Food Stamps, although both GR and CalWORKs recipients are generally eligible for Food Stamps. Though the Food Stamp recipient rate appears low in comparison to assumed eligibility, the rate is almost 10% higher than reported in 2001 (possibly due to increased outreach by community-based organizations and the Los Angeles County Department of Public Social Services in response to the 2001 report).

Figure 1: Current Income and Benefits



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

Additionally, 13.1 percent of respondents reported a loss of government benefits at some point during the past year and 8.5 percent were currently on a public benefits sanction. About one-quarter (24.3%) reported a barrier to obtaining public benefits, but the specific barriers varied widely.

Other Demographics

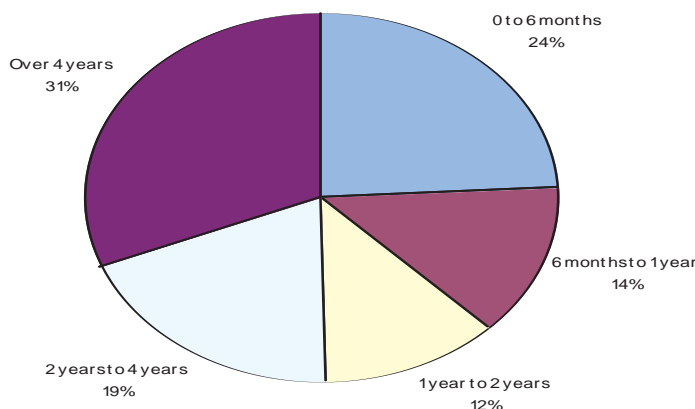
A very small group of women was comprised of United States veterans (1.9%). A notable percentage of women had spent time in foster care during their lifetimes (14.6%).

B. Housing Issues and Community Stability

History of Living in the Downtown Community

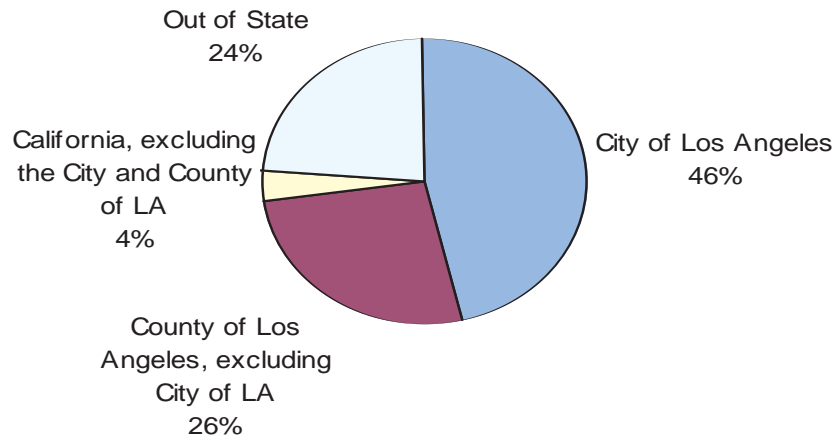
Contrary to the commonly-accepted description of Skid Row/Central City East as a transitory community, women have often stayed for lengthy periods in the community. The total length of time that women had lived downtown varied greatly, from one week to twenty-nine years. The median length of time was two years and the mean was approximately four and one-half years. About a third of the women (31.0%) had lived in the community for more than four years. Figure 2 shows the variation in the amount of time women had lived downtown.

Figure 2: Total Time Spent Living Downtown



Most respondents lived in neighboring communities prior to moving downtown. Almost three-quarters (72.1%) of respondents moved to Central City East/Skid Row from a city within Los Angeles County. Of those that moved to the community from within Los Angeles County, 64.0 percent moved from another neighborhood in the City of Los Angeles. Almost half (46.1%) of total respondents moved to the Skid Row community from another neighborhood within the City of Los Angeles. Only 2 respondents (<1%) came downtown directly from prison. Figure 3 demonstrates the predominance of Los Angeles City and County in communities of origin.

Figure 3: Previous Community of Residence



The most common reasons given for moving downtown included: shelter and services (27.9%); affordable housing (16.8%); became too expensive to survive in previous neighborhood, including evictions (15.6%); and fleeing a domestic violence situation (9.5%).

Only 38.9 percent of respondents had moved away from Central City East/Skid Row since they first arrived. Among those who had moved away at least one time, almost half (47.4%) moved to other neighborhoods within the City of Los Angeles. An additional 40.0% moved to other cities in Southern California (within Los Angeles, Orange, Riverside and San Bernadino Counties). A small percentage (12.6%) moved out of state.

The reasons given for moving away from Skid Row varied widely, with the most common reason being reunification with family members outside of downtown (28.3%). Other reasons included finding permanent housing or shelter, securing a job, and not liking the area. Only one respondent left to go to a domestic violence shelter.

History of Homelessness

The majority of women (62.8%) had been homeless for one year or more during their lifetimes, with 23.7 percent experiencing homelessness for five years or more [see Table 1]. As cited in the Background Information section, among all homeless people in Los Angeles County, only 20 percent have been homeless for one year or more.

Table 1: Total Time Spent Homeless in Lifetime		
	Number of Respondents	Percent
None	19	7.3
Less than 3 months	35	13.4
4 - 11 months	43	16.5
1 - 4 years	102	39.1
5 - 9 years	29	11.1
10 or more years	33	12.6
Total	261	100

Recent Homelessness and Housing

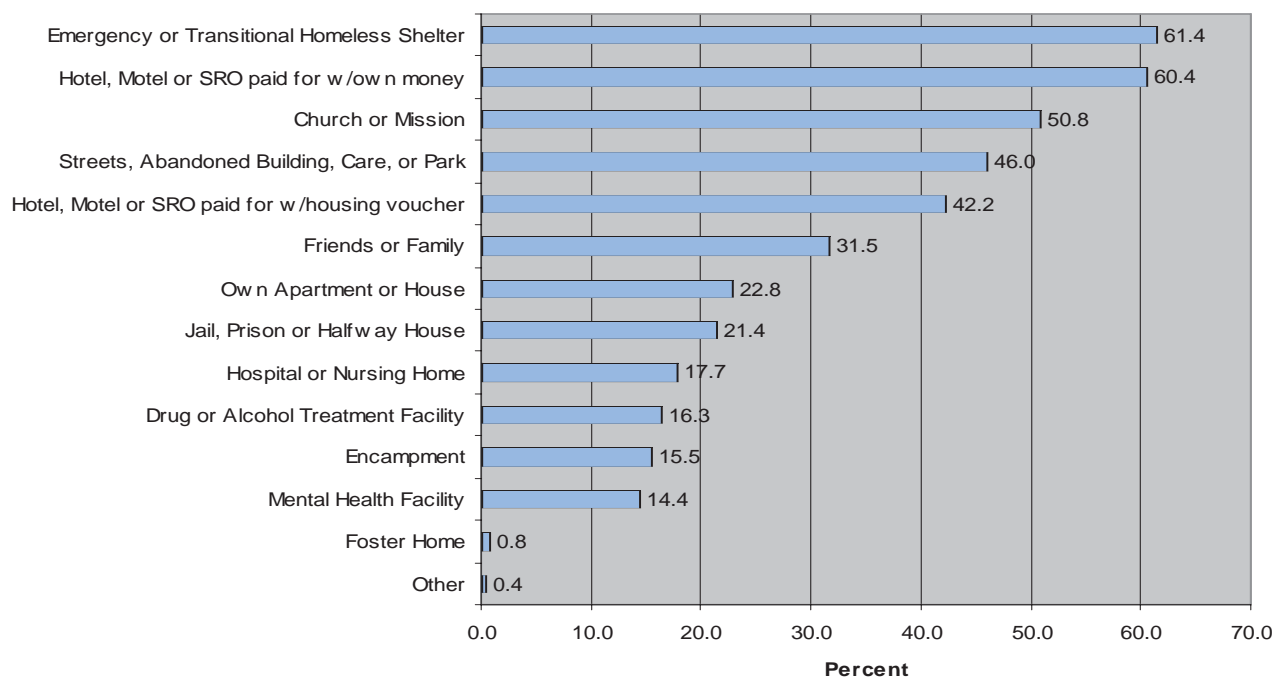
In the previous month, the places where women usually stayed were generally unstable (see Table 2). The majority of women (62.4%) were usually homeless, by federal definition⁹, in the past month. However, the usual housing situation reported by the largest group of women (29.3%) was a hotel, motel, or SRO paid for with their own money, indicating a significant group that may be living in stable, permanent housing (it is unclear whether these women are renting SRO rooms under a long-term lease or in short-term, month-to-month type agreements).

Table 2: Place Usually Slept During Past Month		
	Number of Respondents	Percent
Homeless [by Federal Definition]	143	62.4
Streets, Abandoned Building, Car, or Park	29	12.7
Encampment	4	1.7
Church or Mission	25	10.9
Emergency or Transitional Homeless Shelter	61	26.6
Hotel, Motel or SRO paid for w/housing voucher	24	10.5
Stable or Semi-Stable Housing	76	33.2
Hotel, Motel or SRO paid for w/ own money	67	29.3
Own apartment or house	4	1.7
Friends or Family	5	2.2
Institutions	10	4.4
Jail, Prison or Halfway House	1	0.4
Hospital or Nursing Home	1	0.4
Drug or Alcohol Treatment Facility	7	3.1
Mental Health Facility	1	0.4
Foster Home	0	0
Total	229	100

About half (50.5%) of those women usually living in a hotel, motel, or SRO lived in non-profit owned hotels with subsidized rents (the remaining half lived in privately-owned SRO and residential hotels). Although many women were accessing subsidized housing in the downtown area, only 8.7 percent of respondents had ever received a City-wide Section 8 housing voucher¹⁰. Of those who had received a housing voucher, about two-thirds (66.7%) had been able to use their voucher to obtain housing, but just 19.0 percent still had possession of their voucher.

As shown in Figure 4, places that at least 40 percent of respondents had slept during the past year include: emergency or transitional homeless shelter (61.4%); a hotel, motel or SRO paid for with own money (60.4%); church or mission (50.8%); the streets, abandoned building, car, or park (46.0%); and a hotel, motel or SRO paid for with a housing voucher (42.2%).

Figure 4: Places Slept During Past Year



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

Overall housing patterns of the women were largely unstable over the past year, with 77.0 percent reporting that they had experienced homelessness and 61.9 percent reporting that they were unable to find or secure affordable housing during the past year. Most women (84.3%) had slept in two or more different places over the past year and over half (52.4%) had slept in four or more places. Additionally, almost two-thirds of respondents (64.6%) had been evicted at some point in their past and, of those, 30.8 percent had been evicted in the past year.

Although individual housing patterns are generally unstable, long-term residence within the community shows more stability since the majority of women (61.1%) have not left the Central City East community since they first arrived. In addition, half (50.0%) of the women surveyed have lived in the community for two years or more.

Interaction with Law Enforcement

A significant percentage (17.1%) of respondents reported that they had been arrested during the past year and 21.4 percent had slept in jail, prison or a halfway house during the past year, further adding to housing and community instability. One-quarter (25.4%) of respondents had received a ticket or citation in the past year. Over one-third of women (39.9%) reported interaction with law enforcement in at least one of these three categories (arrest, incarceration, or ticket/citation). A significant group was currently on probation or parole (17.5%). Table 3 shows the most common reasons for citations among those who received them in the past year. Of those who received tickets/citations, 62.1 percent received a fine and the majority of those fined (69.4%) were not able to pay the fine.

Table 3: Reasons for Tickets and Citations Received		
	Number of Respondents	Percent
Jaywalking	24	39.3
Sitting, sleeping or blocking the sidewalk (41.18d)	18	29.5
Shopping Cart Violation	8	13.1
Public transportation/fare violations	7	11.5
Other	27	44.3

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

C. Women with Children: Demographics, Housing Issues and Community Stability

Many of the women living downtown (39.8%) had children under the age of 18. Among women under the age of 50, a significantly higher percentage (53.6%) had children under the age of 18. However, the majority had lost custody of their children. Only 46.4 percent of all women with minor children had current legal custody. Of those with legal custody, 72.5 percent had their children currently staying with them downtown, indicating that some women had made alternative arrangements for the care of their children while living downtown (see Table 4).

Table 4: Children Under Age 18		
	Number of Respondents	Percent
Women with Children under Age 18	103	39.8
Of Women with Children, Had Legal Custody of All or Some of their Children	46	46.4
Of Women with Legal Custody, Had Children Currently Staying with Them	29	72.5

Note: Percentages were calculated from the total respondents in each question, not all respondents answered follow-up questions.

Women with children in their current legal custody had fairly low rates of receiving public benefits and child support. Table 5 shows the rates for both groups of women with legal custody of at least some of their children: those with and without their children staying with them downtown.

Table 5: Income and Benefits for Women with Legal Custody of Children		
	Percent (Women with children staying with them downtown)	Percent (Women without children staying with them downtown)
CalWorks	57.1	50.0
Healthy Families Benefits	14.3	11.4
Women, Infants and Children Benefits	14.3	9.1
Child Support	7.1	4.5

Women with children staying with them downtown had generally lived in the downtown community for less time than the full population surveyed. The median length of time living downtown was 8 months and the mean was approximately 2 and one-half years (in comparison to 2 years and 4 ½ years, respectively, for all women surveyed). Additionally, this group of women had generally experienced homeless for less time than the full population surveyed, but over half (55.3%) experienced homelessness for more than one year.

D. Community Health

Women's Health Issues

The large majority of women reported they had a Pap smear (96.0%) and/or a mammogram (72.3%) during their lifetime, two important and effective cancer-screening procedures. Of the women who had one or both of these procedures, the majority had them within the past two years (see Table 6). Although the percent reporting mammograms was significantly lower, women generally are not offered mammograms until age 40. Of those age 40 and over, 85.4 percent reported having a mammogram.

Over one-quarter (26.7%) had access to birth control methods other than condoms and an additional one-quarter (28.4%) reported that they did not have access to birth control.

	Number of Respondents	Percent
Have Had a Mammogram	183	72.3
<i>Year of Most Recent Mammogram</i>	--	--
2002 or Earlier	69	37.7
2003	63	34.4
2004	51	27.9
Have had a Pap Smear	243	96.0
<i>Year of Most Recent Pap Smear</i>	--	--
2001 or Earlier	68	28.0
2003	81	33.3
2004	94	38.7
Have received treatment for abnormal mammogram or Pap Smear	51	19.8

Note: Percentages were calculated from the total respondents in each question, not all respondents answered follow-up questions.

Sexually Transmitted and Other Communicable Diseases

As with cancer screening, the majority of women had been tested for HIV (91.2%) and other sexually transmitted diseases (75.2%). Of those tested for HIV, 3.3 percent reported an HIV positive status and 7.2 percent did not know their status. Of those tested for other sexually transmitted diseases (STDs), 24.9 percent reported incidence of an STD other than HIV and 2.2 percent did not know.

The large majority of women had also been tested for Tuberculosis (94.7%) and Hepatitis C (66.7%). Of those tested for Tuberculosis (TB), 4.7 percent reported that they had TB and 2.3 percent did not know their status. Of those tested for Hepatitis C, 11.3 percent reported that they had Hepatitis C and 6.7 percent did not know.

The majority of those reporting incidence of HIV, TB, Hepatitis C or another STD (71.8%) had received medical treatment for the condition. This leaves a significant percentage of women (28.2%) with sexually transmitted and other communicable diseases that have not received treatment. In addition, almost one-third of women (32.8%) reported that they did not have access to an adequate supply of condoms.

Substance Abuse

Just under one-fifth (17.9%) of the respondents reported drug or alcohol abuse during the past year, and slightly more (23.0%) reported being in recovery from drug or alcohol abuse. However, these groups were not mutually exclusive, with many women reporting both abuse and recovery during the past year. Just over one-quarter (27.2%) of the women reported substance abuse, recovery, or both.

Mental Health

A significant portion of women (36.0%) was affected by mental illness, as identified by a positive response to at least one of two separate survey questions: 30.2 percent experienced mental illness in the past year and 23.3 percent reported taking medication for a mental health problem. For those who were taking medication, 20.7 percent required refrigeration for their medication and 38.5 percent of those needing refrigeration did not have access to it.

Only 79.0 percent of those who were taking medication also reported experiencing mental illness. It is possible that the remaining 21.0 percent did not feel they had experienced mental illness because their illness was controlled by medication. Also notable is that 16.9 percent of the women reporting mental illness were not currently taking medication.

General Health Issues

The women, overall, had serious health issues. A significant percentage (37.3%) of the women reported physical health problems during the past year and 23.8 percent reported a permanent physical disability. About half (48.8%) had a primary care physician whom they can see regularly.

Over half of the women (53.7%) surveyed were currently taking medication. More than one-quarter (27.3%) of the women received a prescription for medication during the past year that they could not fill.

Social Isolation

The women reported a variety of factors that contributed to social isolation. The majority of women (58.5%) had no family or friends, including husbands, unmarried partners, and children of any age, currently living in the downtown area. Additionally, in the past year, 31.3 percent of women had experienced a change in family structure, including divorce, death, and changes in children's custody, and 13.2 percent had lost a job. Over one-third of women (36.4%) reported that they find themselves lonely quite often and an additional one-third (35.2%) are sometimes

lonely. While the majority of women reported that they had the opportunity to confide in someone about important issues in their lives (see Table 7), 20.2 percent did not have anyone to fill this role.

Table 7: Opportunity to Confide in Others About Important Issues:

	Number of Respondents	Percent
Friend	144	55.8
Counselor, Social Worker, Case Manager, or other Professional	118	45.7
Family Member	117	45.3
Clergy	66	25.6
Other	18	7.0
None of the Above/ I do not have anyone to confide in	52	20.2

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

An additional possible contributing factor to social isolation is that many of the women living downtown had children under the age of 18, but the large majority of these women had lost custody of their children and/or did not have their children currently staying with them downtown.

E. Acts of Violence Against Women

Most of the women had experienced violence and traumatic incidences during their lifetimes. Over one-third (35.0%) of the women were victims of child abuse. Additionally, 31.2 percent of respondents reported they had been expected to perform a sexual favor in exchange for housing, food, protection, cash or other needs. Although the survey did not include information about whether women actually engaged in sexual favors in exchange for housing, the expectation alone is a form of sexual intimidation and exploitation, possibly induced by the lack of housing and resources available to women.

Domestic Violence

The majority of women surveyed (55.4%) reported that they had been victims of domestic violence during their lifetimes. Most of the women had experienced domestic violence as an adult (86.6%), with 30.7 percent reporting domestic violence both as an adult and a child (see Table 8). Among lifetime victims, 34.3 percent experienced domestic violence during the past year (19.4% of the total respondents had experienced domestic violence in the past year).

Table 8: Incidence of Domestic Violence		
	Number of Respondents	Percent
Experienced domestic violence during past year	49	19.4
Experienced domestic violence during lifetime	143	55.4
<i>Age experienced domestic violence</i>		
Before age 18 [as a child]	17	13.4
Age 18 or older [as an adult]	71	55.9
Both [as a child and an adult]	39	30.7

Note: Percentages were calculated from the total respondents in each question, not all respondents answered follow-up questions.

Among the women who had experienced domestic violence during the past year, 57.8 percent became homeless because they were fleeing domestic violence. Table 9 shows additional characteristics of the women who became homeless. Among women who came directly downtown after fleeing domestic violence, about half (45.5%) were not referred to the area by anyone. The others were referred by a fairly equal distribution of law enforcement, family or friends, or other service providers.

Table 9: Domestic Violence and Homelessness		
	Number of Respondents	Percent
Experienced domestic violence during past year	49	19.4 (of total)
Became homeless due to fleeing domestic violence	27	57.8
Became homeless due to domestic violence in the past 30 days	6	22.2
Came directly downtown after fleeing the domestic violence situation	20	74.1

Note: Percentages were calculated from the total respondents in each question, not all respondents answered follow-up questions.

Sexual Assault

Similarly, about half of the respondents (50.8%) reported that they had been victims of sexual assault during their lifetimes (see Table 10). The majority of the women had been victims of sexual assault as an adult (68.9%), with 33.6 percent reporting sexual assault both as an adult and a child. In contrast to experiences of domestic violence, a significant portion of victims of sexual assault reported that the assault was experienced as a child only (31.0%). Among lifetime victims, 25.2% experienced sexual assault during the past year (13.1% of the total respondents had experienced sexual assault in the past year).

	Number of Respondents	Percent
Experienced sexual assault during past year	33	13.1
Experienced sexual assault during lifetime	131	50.8
<i>Age experienced sexual assault</i>	--	--
Before age 18 (as a child)	36	31.0
Age 18 or older (as an adult)	41	35.4
Both (as a child and an adult)	39	33.6

Note: Percentages were calculated from the total respondents in each question, not all respondents answered follow-up questions.

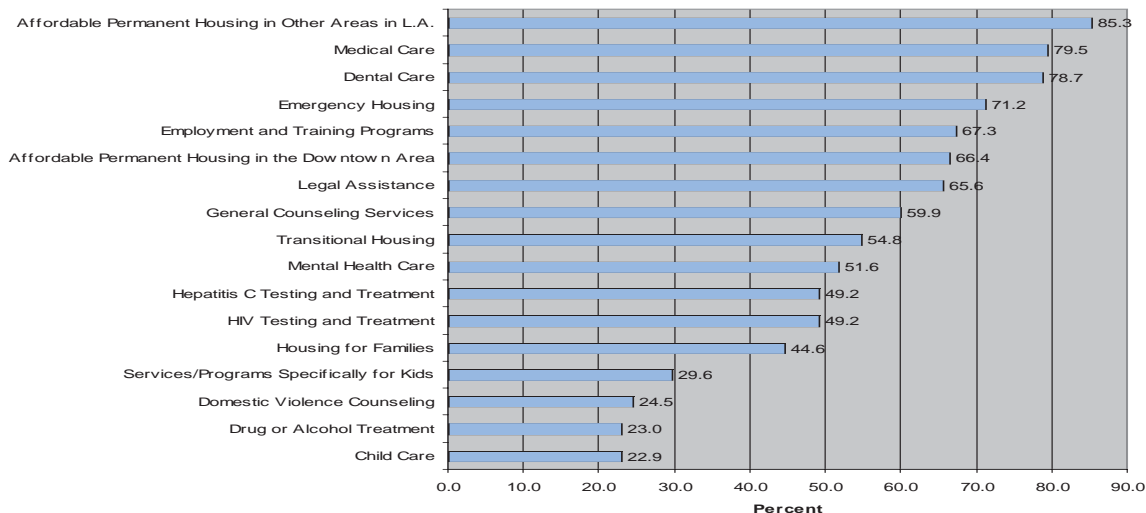
F. Housing and Service Needs and Priorities

We desperately need services for homeless women in our community. In the downtown area, most centers that provide housing assistance focus on men. Women have been left out. Now we are seeing more and more homeless women with children. The Skid Row area is not a healthy or safe environment for women or children.

Connie Tyson, Volunteers of America Drop-In Center

The full population of women surveyed reported a large number of housing and service needs and indicated that they would be willing to take advantage of many services if offered (see Figure 5). Over 75 percent of women reported that they would take advantage of affordable, permanent housing outside of the downtown area, dental care, and/or medical care if offered that day. Of the types of housing and services about which the women were asked to indicate whether they would take advantage, over half of the women would take advantage of 10 of the 17 services.

Figure 5: Housing and Services Respondents Would Take Advantage of if Offered TODAY



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

The women were also asked to report the top three types of housing and services, not in ranked order, most needed by women living downtown (see Table 11). Emergency housing was the overwhelming priority, as it was in 2001, with 41.7 percent of the women indicating this as a need, with affordable housing in the downtown area (35.0%) and other areas of Los Angeles (33.6%) being the other top choices. It is important to note that the information on need and priority were collected on the same housing and service choices, but the information cannot be directly compared. Figure 6 reports information on individual need and Table 11 reports information on the needs and priorities of all women living downtown, as perceived by each individual respondent.

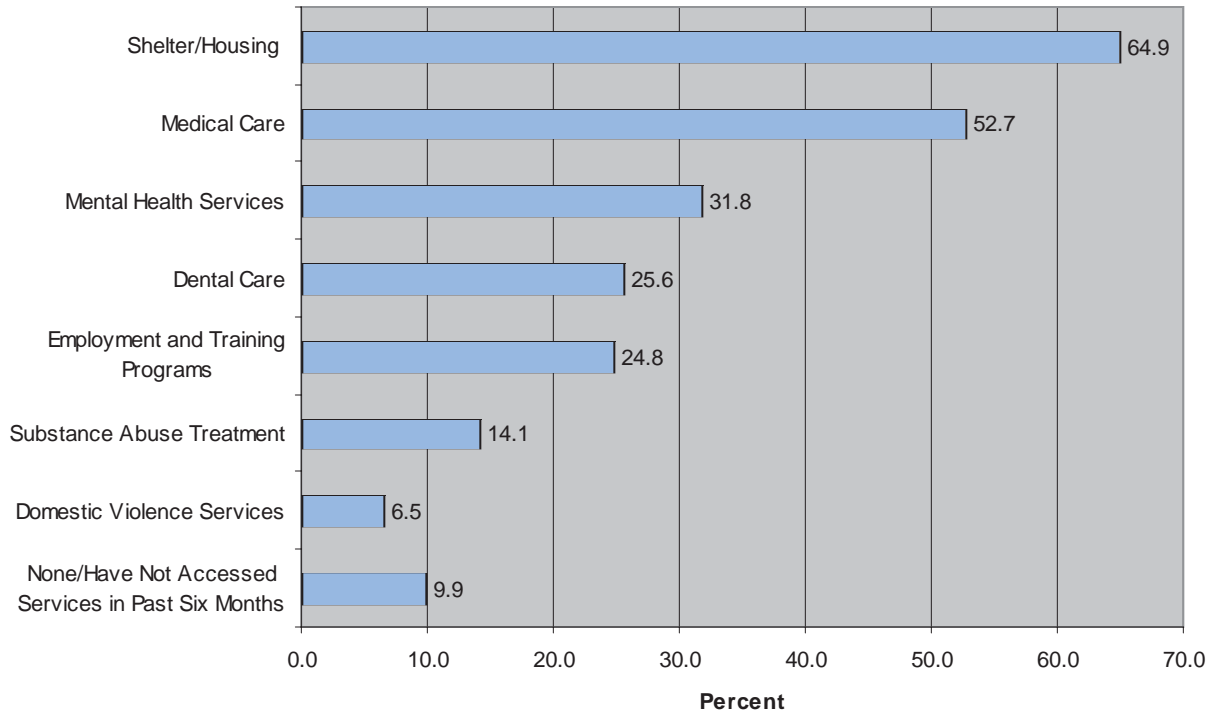
Table 11: Housing and Services MOST Needed by Women Living Downtown		
	Number of Respondents	Percent
Emergency Housing	93	41.7
Affordable Permanent Housing in the Downtown Area	78	35.0
Affordable Permanent Housing Other Areas in Los Angeles	75	33.6
Medical Care	65	29.1
Housing for Families	52	23.3
Transitional Housing	44	19.7
Drug or Alcohol Treatment Facilities	42	18.8
Child Care	37	16.6
Employment and Training Programs	30	13.5
Mental Health Care	19	8.5
Services/Programs specifically for Kids	16	7.2
General Counseling Services	16	7.2
Legal Assistance	15	6.7
Dental Care	14	6.3
Domestic Violence Counseling	11	4.9
HIV Testing and Treatment	11	4.9
Hepatitis C Testing and Treatment	1	0.4

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

As in 2001, housing emerged as the priority need in the community. Emergency, transitional, and affordable, permanent housing were each indicated as a significant individual need (with 55-85% of respondents needing each type), with emergency and permanent housing also being the highest prioritized group needs. The majority of women (58.9%) reported that if new emergency, transitional, or permanent housing were to be developed for women, it should be located in areas of Los Angeles outside of downtown.

Although the needs of women are substantial and, as Figure 5 shows, women are willing to access services if offered, access to services is limited. In the past six months, women reported fairly low utilization rates of housing and services. Only shelter/housing (64.9%) and medical care (52.7%) were accessed by at least half of the respondents. Figure 6 shows reported rates of utilization.

Figure 6: Housing and Services Accessed in Past Six Months

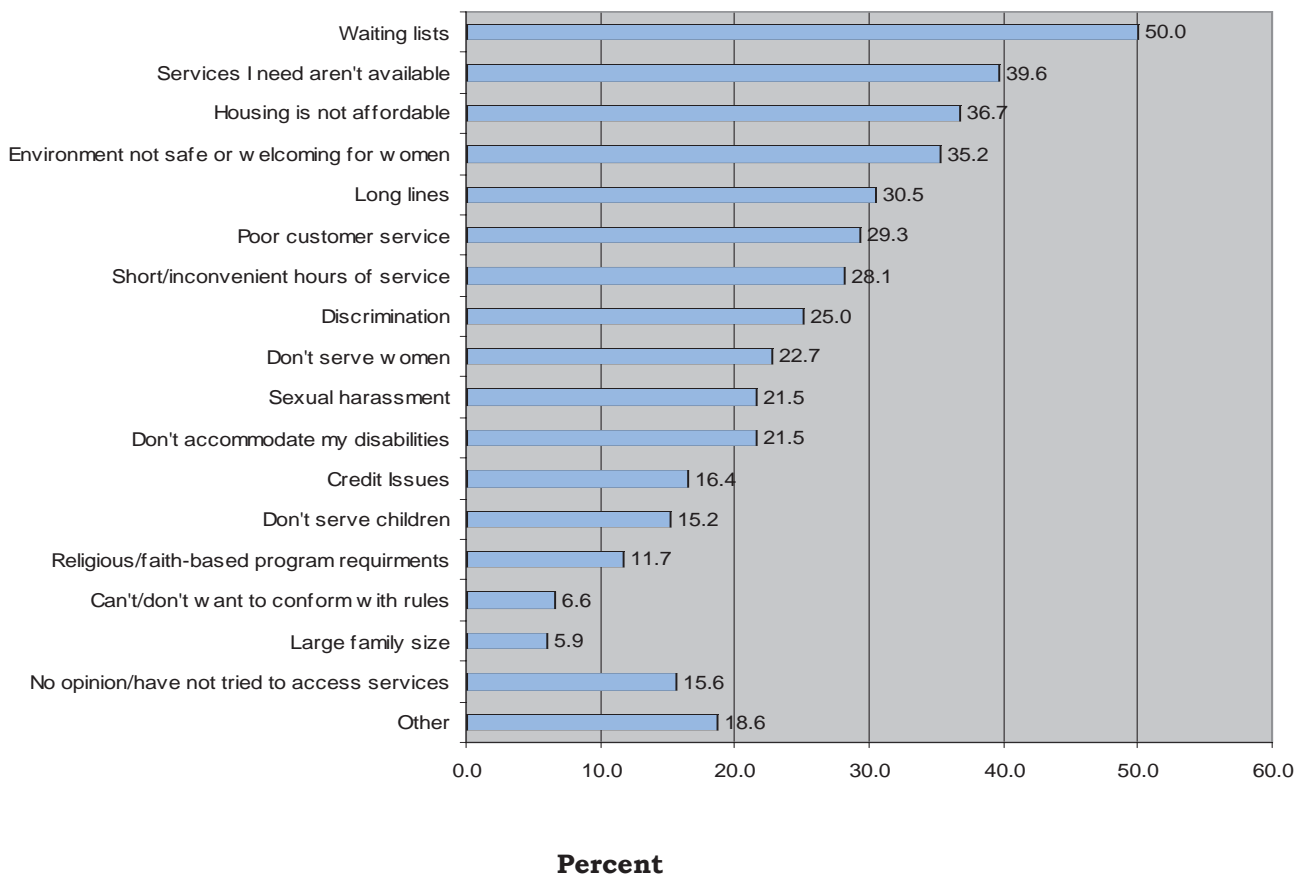


Note: Percentages do not add to 100% because respondents could choose more than one answer.

G. Barriers to Accessing Housing and Services

The respondents reported a wide range of barriers to accessing housing and services (see Figure 7). The barriers reported by at least 30 percent of respondents were: waiting lists (50.0%); services the respondent needs aren’t available (39.6%); housing is not affordable (36.7%); environment is not safe or welcoming for women (35.2%); and long lines (30.5%). The barriers most commonly reported reflect similar themes as the needs expressed: affordable housing, immediate access to services, and services designed to meet women’s needs.

Figure 7: Barriers to Accessing Housing and Services



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

The women were asked to rate the treatment that they had received from staff at Skid Row housing and service agencies. The rating by the largest percentage of women (28.3%) was average, followed by very good (26.8%) and good (21.1%). A smaller percentage of women rated their treatment as poor (9.1%) or very poor (7.6%), with 7.2 percent having no opinion. Although this question does not directly address barriers to service, it is possible that the treatment received by the women either fosters or inhibits access to services, and indirectly affects the ability of the housing and service community to address their needs. The Qualitative Data Summary in the following section addresses this issue in more detail.

H. Qualitative Data Summary

In designing the 2004 Women’s Needs Assessment, it was imperative that we captured rich narrative data to supplement the quantitative data collected in the surveys. Opportunities were developed for respondents to share their insights, differences and their own individual perspectives in more detail than could be achieved in closed-ended survey questions. While there are a multitude of methods to collect qualitative data, we utilized only two: 1) focus groups, and 2) an open-ended question on the survey instrument (number 54).

The following is a summary of both the responses given in the open-ended survey question about housing and service needs or priorities and the responses given in the focus group conducted among women residents prior to the survey. Emerging themes were identified by the number of times they reappeared within the responses in the focus group and open-ended questions, and whether the themes were supported by the quantitative data as well. The qualitative data is presented in four categories based on investigation of these emerging themes: 1) Housing, 2) Service Enhancement, 3) Community Stability, and 4) Community Health and Violence. There were also sub-categories across and within topic areas that make the relationships between housing, service enhancements, community stability and community health/violence appear highly interrelated.

Housing

Housing, as a broad category, was the topic most commonly expressed, with 61 total narrative responses given. Table 12 shows the four emerging themes identified in the responses.

Table 12: Emerging Themes related to Housing

- | |
|--|
| <ul style="list-style-type: none"> A. Preference for Housing-First models B. Great need for affordable housing, both in the downtown community as well as outside the immediate area C. Need to build, or find, available affordable housing faster D. Access to the Section 8 program is needed to meet the immense needs of families, which would require major overhaul of the program. |
|--|

Most women responded that they need housing immediately and that long waiting lists to obtain much-needed housing served as a major impediment to establishing basic stability in their lives. In addition, many women expressed a need for significantly more housing available to them, both within and outside of the downtown area. Women felt that their affordable housing options were very limited, which leads to accepting housing in areas that would otherwise be unacceptable to them. They also felt that the rents being charged in their housing or housing options available to them were far too expensive and that it was imperative that subsidies be created to assist them in securing stable housing.

Addressing housing development issues, many women felt that there needs to be a strong push to develop more housing and that this needs to happen quickly. There was a sense of urgency expressed verbally and made clear in the interviewer records of comments.

They observed the many vacant buildings and parking lots that are present in the downtown area and felt that these should be converted into many types of housing options for women and families. The list of conversion possibilities included family housing, Single Room Occupancy dwellings, transitional housing and emergency shelters specifically for women.

Women that were both surveyed and/or attended the focus group felt that the Section 8 program needed to be overhauled to meet the immense needs of families. Women acknowledged that there were many problems associated with the Section 8 program, including multi-year waiting lists and the recent freeze on Section 8 vouchers. The host of Section 8 problems was one of many experiences shared by women that point to the need to create a multitude of types of affordable housing, as well as a better Section 8 housing program.

Service Enhancement

Topics related to the need for service enhancements within downtown housing and service programs were the second most common category, with 51 total narrative responses given. Based on the responses given, five emerging themes were created and are presented in Table 13.

Table 13: Emerging Themes related to Service Enhancement

- | |
|--|
| <ul style="list-style-type: none"> A. Need more services for children B. Poor and/or insensitive treatment of women by service providers and others C. Lack of services and/or limited hours of operation for services specific to the needs of women D. Need for transportation to access services E. Need services for pregnant women |
|--|

Respondents in this category felt that there was a great need for children’s services in the downtown area. Respondents repeatedly commented on the need for more childcare facilities, recreational programs, access to parks and play areas, as well as after-school activities devoted to the health and safety of downtown’s youngest residents.

Women also felt that many service providers need to expand current hours of operation. One theme that constantly emerged was the fact that children and women were released from programs in the early morning and not let back in the programs until late in the evening hours, without regard to their safety. In addition, there weren’t alternative services available in the downtown area during the daytime hours so they were often caught up in the “daily shuffle” of navigating the ups and downs of the Skid Row community.

Poor and/or insensitive treatment of women and the lack of services available specifically for women were topics that were frequently identified by respondents. Numerous women felt that service providers oftentimes looked down on them. Even more disturbing to the women was the offensive treatment that they felt they had to accept in exchange for much-needed services. It seems that those who thought services were unacceptable (just over 15% of respondents in the quantitative question) were over-represented in the

qualitative data, but they expressed their feelings very profoundly and strongly about the ways that poor and disrespectful service provision affects their lives and their well-being.

Additionally, women felt that there were a host of services missing in the Skid Row community that were desperately needed. These services included, but were not limited to, domestic violence services, counseling, computer access or training, access to laundry services, 24-hour places for women to go, transportation assistance (usually medical related), supermarkets, services for pregnant women, and mental health services.

Community Stability

Community Stability was the third most common response category, with a total of 29 narrative responses. Table 14 shows the five emerging themes in this category.

Table 14: Emerging Themes related to Community Stability
<ul style="list-style-type: none"> A. The Skid Row community is <u>not</u> a transient community B. Shelter/housing insecurity in the community is often exacerbated by slumlords’ violations of tenant rights and service providers’ program designs C. Housing insecurity is prevalent D. Evictions and consequences E. Economic insecurity and lack of jobs

The responses of many women who participated in both the survey and focus group clearly conveyed the idea that residence in the Skid Row community is long-term or “permanent.” Scores of respondents stated that they had lived in the community for multiple years (between 1 and 19) and that they had never moved away. There were a wide range of reasons given for staying in the community; some were reasons of personal choice but many others were related to the lack of opportunity for housing outside the area. A general comment that was repeated in the focus group was that it just wasn’t possible to survive financially in other neighborhoods.

The reasons that were expressed related to limited opportunities to leave the area were mostly fueled by economic disparities. For example, one woman stated, “eighteen dollar [\$18] per hour jobs just don’t exist anymore, we can’t even get a minimum wage job;” while another woman voiced the opinion, “I only get money for some of my kids because of welfare reform and it’s not enough money to survive.” Women also expressed that jobs and job opportunities were greatly needed in order to create a measure of stability in their lives. It was evident in the qualitative responses that there was a common feeling that Skid Row lacked jobs and employment services that were specifically intended for women.

Many other respondents felt that much of the housing insecurity that women experience stems from requirements established by either slumlords or housing program designs. The qualitative voices of women painted a picture that was “gypsy-like,” with many women living in multiple places within the past twelve months, unable to build the foundation needed to secure long-term stability. Respondents expressed in a multitude of ways that there was a severe lack of affordable housing available to them, making it hard to end their housing instability.

Respondents stated on numerous occasions that evictions were a major element that forced women into unstable housing situations. Evictions also serve as a major barrier for anyone that is trying to secure new housing. One woman had this to say about evictions, “stop making it difficult for individuals who have been evicted to move into new housing;” while another pleaded, “people are trying, can you please give us a second chance? Stop protecting only the property owners.”

Respondents often reported “evictions” that occurred within the Skid Row community that were actually the result of illegal measures (including being locked out of residential hotel rooms) and ultimately contribute to immense community instability. Slumlords in residential hotels have historically illegally evicted hundreds of tenants per year, who are then immediately homeless for unknown periods of time. In addition, service programs “put out” clients that cannot or do not follow program rules, often with little notice (although program rules are often necessary). The combination of practices that cause women to lose housing with little or no notice contribute to housing insecurity and instability within the community.

Community Health and Violence

Community Health and Violence was the fourth most common category, with a total of 20 narrative responses. Table 15 shows the emerging themes within this category.

Table 15: Emerging Themes related to Community Health and Violence
<ul style="list-style-type: none"> A. Prevalent sale and use of drugs B. General safety issues C. Domestic violence

Respondents felt that the prevalent sale and use of illegal drugs undermined the overall health and safety in the Skid Row community. One respondent stated, “downtown is dangerous for women, we are scared!” Another respondent said, “something needs to be done about how drug users are just using right out in the open.” The overall theme that surfaced is that drug sales and use create both a perception and reality of an unsafe and violent community.

Another commonly-shared perspective was that downtown is in great need of measures that make it a more safe community, beyond solely decreasing drug sales and use. More concretely, women felt that current deteriorated physical conditions of the Skid Row community were not conducive to the needs of residents, especially women and families. One woman shared simply, “paint buildings and clean-up streets so that downtown would be an acceptable place for women with children in an emergency.” It was repeated over and over again that the overall physical environment downtown did not promote health or healthy lifestyles. It was suggested that the physical environment had the effect of further perpetuating undesirable behaviors and injurious outcomes.

Lastly, focus group respondents shared more information about their experiences of domestic violence and situations they have observed in the downtown community. Women reported becoming homeless due to fleeing domestic violence as one contributing

factor to their moving downtown (although there were, generally, a number of factors that led to moving downtown). Additionally, women who had not personally experienced domestic violence shared stories of women they have met and/or befriended in shelters and hotels in the downtown area. These stories shared the common theme that it is incredibly difficult to maneuver the system of care in the downtown area when you are experiencing the trauma of recently fleeing a violent situation.

VI. CONCLUSIONS AND RECOMMENDATIONS

The recommendations made in the 2001 Needs Assessment Report to address the needs of women living downtown were extensive and somewhat overwhelming, due to the size and complexity of the problems identified. The following recommendations reflect only our highest priorities, as identified by survey participants and a wider group of community stakeholders. By limiting our recommendations, it is hoped that concrete action steps can be identified and undertaken quickly by appropriate organizations, public agencies, and others. We recognize, however, that there are a multitude of conclusions and recommendations that could be gleaned from the data presented. The following recommendations should not be viewed in isolation, as they are intended to fit into an integrated systems approach to prevent and end homelessness as well as the broader movement to eliminate social inequity by gender and the feminization of poverty.

The most pressing issue regarding women and children is the lack of will to meet their needs - to really look at the political and economic climate that has created the circumstances that they are forced to endure. I'm happy to be a part of the Downtown Women's Action Coalition, to be a part of a group with the courage and commitment to address the issues surrounding women and children in our community.

Leslie Croom, United Coalition East
Prevention Project

The following conclusions and recommendations are drawn from the needs assessment data, both qualitative and quantitative, and are grouped into four interrelated categories: Housing, Community Health and Violence, Community Stability/Instability, and Service Enhancements.

A. Housing

Throughout many sections of the data, housing emerges as the clear unmet need and priority for women living downtown. Over 60 percent of women surveyed were currently homeless and over 60 percent had been homeless for one year or more during their lifetimes. Affordable, permanent housing was identified as a significant unmet need for women and families living in the downtown area. The large majority of women would take advantage of permanent housing if offered. Barriers to accessing housing included lack of affordability and waiting lists.

The data strongly support the need to immediately increase production of safe, affordable, permanent housing for homeless and extremely low-income women and families. We believe, and other research supports, that housing with supportive services on-site or nearby is the crucial first step in ending homelessness.

Recommendations:

1. Immediately and drastically increase safe, affordable permanent housing options for women and families throughout Los Angeles City and County. This includes:
 - a. Adopt a Housing-First model for Los Angeles that immediately moves women and families (and other homeless people) into permanent, supportive housing.
City and County of Los Angeles
 - b. Create set-asides within all public affordable housing finance sources for formerly homeless and/or extremely low-income people to increase new development for these populations.
City and County of Los Angeles, State of California, Federal Government
 - c. Modify the definition of chronic homelessness so that associated funding does not exclude people accompanied by children, and therefore inherently discriminate against homeless women who are more likely to be accompanied by children.
Federal Government
 - d. Create new sources of subsidies and stipends to help women and families move immediately into housing.
City and County of Los Angeles, State of California, Federal Government

2. Educate housing developers, as well as public and private funding sources, regarding the need for supportive housing for homeless and extremely low-income women and families and facilitate partnerships with supportive service providers to increase the number of housing developers targeting this population.
Downtown Women's Action Coalition, Los Angeles Homeless Services Authority, Corporation for Supportive Housing, local elected officials

B. Community Health and Violence

The needs assessment captures the devastating trauma women in the Skid Row area experience daily in their lives. It reinforces what you see walking through the streets, what you hear anecdotally from women and what providers encounter in their work. The results of the in-depth interviews drive home the fact that the struggle of women is very different from that of men. The findings should compel us to develop services that meet the specific needs of women and children.

Danielle Noble, SRO Housing Corporation

is not clear whether these screenings have led to necessary follow-up care. For example, over one-quarter of women who reported incidence of HIV, TB, Hepatitis C or another STD had not received treatment for their condition.

While the data reveal a variety of important health and mental health issues facing women downtown, the level of violence against women is so pervasive that we feel it is the greatest health issue facing women in the Skid Row/Central City East community. The acts of violence experienced by significant percentages of women, both recently and throughout women's lifetimes, are domestic violence, sexual assault, child abuse, and expectations of sex in exchange for housing and other basic needs ("survival sex"). In addition, the deep trauma that results from these acts is often negatively reinforced by conditions in our specific community, including the condition of homelessness, disrespectful and/or insensitive treatment in service sites, and the continued violence experienced within the community.

Recommendations:

3. Create a community-specific, integrated system of care that recognizes and addresses the level of violence and trauma experienced by women, including:
 - a. Develop and institute a uniform screening tool for all housing and service providers in the community to assess trauma and incorporate appropriate treatment and intervention services. *Downtown Women's Action Coalition, Los Angeles Homeless Services Authority*
 - b. Eliminate the apparent exclusion of homeless women from the traditional domestic violence shelter system. *Public funding sources for domestic violence services, domestic violence service providers*

- c. Ensure that community health clinics comply with the State law mandating health care providers to establish and adopt written domestic violence screening protocol and, within this protocol, promote universal screening.
Health care funders & providers, Downtown Women's Action Coalition
 - d. Secure funding for the development of a community-based model to identify and close current gaps in responses to domestic violence and to reduce the incidence of violence against women living in Central City East/Skid Row.
Downtown Women's Action Coalition, Los Angeles Police Department, health care providers, domestic violence service providers, Los Angeles Homeless Services Authority
4. Identify new resources for health care in the Skid Row community and ensure that set-asides are created for specialty health services for women, including follow-up care for health issues identified through screenings, birth control, and sexual assault and domestic violence intervention and counseling.
Public and private health care funding sources

C. Increasing Community Stability

Although long-term residence within the Central City East/Skid Row community is prevalent, housing instability within the community is extremely common. Homelessness, both current and during the past year, was experienced by the large majority of respondents. Most women had lived in multiple places over the past year. Lastly, women often lose their housing immediately, either through illegal "lock-outs" by slumlords or because of emergency and transitional housing program procedures.

Recommendations:

- 5. Greatly increase homeless prevention using a variety of interventions, including:
 - a. Preserve and improve all existing affordable housing, both within the community and region-wide.
City and County of Los Angeles & affordable housing developers
 - b. Increase enforcement and penalties against landlords who illegally evict people and/or force people out of housing because of extreme slum conditions.
Los Angeles City Attorney, Slum Housing Task Force
 - c. Identify and secure multiple sources of public and private funding to provide resources for rent subsidies on an emergency basis.
City and County of Los Angeles
 - d. Investigate models of linking subsidies and/or other housing supports to neighborhood building activities and community involvement.
Downtown Women's Action Coalition, community based organizations throughout Los Angeles County
 - e. Develop funding sources and programs to provide in-home and community-based services that assist people in maintaining their housing.
City and County of Los Angeles, Corporation for Supportive Housing

6. Evaluate and improve our system of emergency and transitional housing to ensure that program rules and procedures do not promote community instability.

Downtown Women's Action Coalition, Los Angeles Homeless Services Authority

D. Service Enhancement to Meet the Needs of Women and Families

It is well-known that housing and services in the Central City East/Skid Row community were designed for single men, who comprised the large majority of the population for decades. Many housing and service providers have incorporated changes over the past several years, in part through the collaborative work of the Downtown Women's Action Coalition. However, overall, the community has not been able to respond to the changing population and specific needs and conditions of women and families for a variety of reasons, including funding constraints and lack of training and expertise. It is crucial that our housing and service programs immediately incorporate needed changes to effectively and appropriately serve women and families.

Recommendations:

7. Develop, implement, and promote community-wide training models to develop expertise on issues facing women living downtown and create incentives for participation.
Downtown Women's Action Coalition
8. Reduce incidence of abuse of power, discrimination, and other insensitive treatment in our community that re-traumatizes and demeans women (and others) by:
 - a. Educating community residents about the intended purpose of Los Angeles Homeless Services Authority's grievance procedures to create accountability to the people being served in programs.
Downtown Women's Action Coalition
 - b. Facilitating a series of community-wide forums on power dynamics at play in the community in order to create dialogue, reach a collective understanding, and get broad organizational commitments to end intentional and unintentional incidences of abuse.
Downtown Women's Action Coalition, Los Angeles Homeless Services Authority, local elected officials

End Notes:

- ¹ Skid Row, also known as Central City East or, more loosely, downtown, is located between 3rd and 7th streets and Spring and Alameda streets in Downtown Los Angeles. Skid Row/Central City East/downtown are used interchangeably in this report to describe our target community.
- ² Dennison, Becky, Mantley, Rickey, Mendizabal, Anisa, and White, Pete. "Downtown Women's Needs Assessment: Findings and Recommendations." November 2001.
- ³ The term "feminization of poverty" includes such factors as gender inequity among poor and low-income persons, wage inequity by gender and the over-representation of women in low-wage jobs, and lack of access to affordable childcare.
- ⁴ United States Conference of Mayors. "Sodexo USA Hunger and Homelessness Survey 2004." December 2004.
- ⁵ Cousineau, Michael R., Dr.PH, Nocella, Kiki, Cross, Tracy A., and Jefferson, Maria-Estrella. "The Health and Mental Health Status and Access to Care for the Homeless Adults and Children in Central Los Angeles." June 2003.
- ⁶ Dyrness, Grace Roberts, Spoto, Peter, and Thompson, Mia. "Crisis on the Streets: Homeless Women and Children in Los Angeles. A Feasibility Study for the Union Rescue Mission." December 2003.
- ⁷ Flaming, Daniel, Burns, Patrick, and Haydamack, Brent. "Homeless in Los Angeles: Final Research Report." September 2004.
- ⁸ A chronically homeless person is defined as an accompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more; or has had at least four episodes of homelessness in the past three years.
- ⁹ The Federal definition of a homeless person, established in the Stewart B. McKinney Homeless Assistance Act of 1987, is an individual who lacks a fixed, regular, and adequate nighttime residence or an individual whose primary nighttime residence is a temporary shelter or place not ordinarily used as a regular sleeping accommodation for human beings.
- ¹⁰ Section 8 is a mainstream federal housing subsidy program which allows participants to pay approximately 30% of their income in rent for a government-approved apartment and rent level and have the remaining rent subsidized. Currently in Los Angeles, waiting lists for access to the program are years-long or closed completely.

Appendices

APPENDIX A: FOCUS GROUP QUESTIONS

Downtown Women's Needs Assessment Focus Group conducted on May 13, 2004 9 participants

A. Introductions and Ground Rules

B. Questions

1. Where do you currently live/stay?
2. When did you first come to the Skid Row area?
3. Prior to your first time living in Skid Row, where did you live?
In what city/community? In an apartment, house, shelter or other?
4. What are some of the main reasons you first moved/came to Skid Row?
5. Have you moved away from Skid Row since you first arrived?
 - a. If yes, why did you leave?
 - b. Where did you go?
 - c. What was your living situation (apartment, shelter, other)?
 - d. Why did you return?
6. What do you think are the main reasons for more women and families living in Skid Row than in the past?

APPENDIX B: SURVEY INSTRUMENT

Downtown Women’s Needs Assessment Survey 2004

Interviewer’s Name: _____
Site/Region: _____

- *We are conducting a survey of women today. We represent the Downtown Women’s Action Coalition, a group of downtown service providers and residents that is working to increase and improve housing and services for women in the downtown area.*
- *We have a small gift for helping us out and completing a survey. We also have a flyer with all of the existing services for women in this area, which you can take whether you complete a survey or not.*
- *The survey will take about 15-25 minutes and is completely confidential. I will not ask your name. If you’d like to receive the results of the survey, I can put your name and contact number on a separate sheet of paper.*
- *Some of the questions are very personal. You do not have to answer any questions that make you uncomfortable, just let me know if you do not wish to answer.*
- *We know that there is a severe shortage of housing and other service programs that meet the unique needs of women. We will use the results of the survey to try to convince service providers to design programs sensitive to the needs of women and to try to convince government agencies and elected officials to increase funding and resources for women downtown.*
- *Would you like to participate? Is there a place you’d like to sit that is somewhat private?*

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

Qualifying Questions

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

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

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

Begin survey on next page.

1. What is your date of birth? Month/Day/Year: _____/_____/_____

2. What is your place of birth?

_____ City, _____ State, _____ Country

3. Which best describes your race/ethnicity? (Allow only ONE answer)

- a. African American
- b. Asian or Pacific Islander
- c. Caucasian/White (Non-Hispanic)
- d. Hispanic/Latino
- e. Native American/American Indian
- f. Multi-Racial/Ethnic
- g. Other, please specify: _____

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

5. Prior to coming to Skid Row for the first time, where did you live?

_____ City, _____ State

5A. **If City is Los Angeles**, Which neighborhood?: _____

6. What was the MAIN reason you first moved downtown? (Interviewer: Read all answers and ask participant to choose ONE that best fits their situation)

- a. Affordable housing
- b. Convenient to public transportation
- c. Fleeing a domestic violence situation
- d. Friends and/or family in the area
- e. Good schools
- f. It became too expensive to survive in my previous neighborhood
- g. Job opportunities
- h. Shelter and/or services
- i. Other: _____

7. How long have you lived in the Skid Row area in total? Years: _____ Months: _____
(Interviewer – check Question 4 for consistency)

8. Have you moved away from the Skid Row community since you first arrived? 1. **Yes** 2. No
If yes,

8A. Where did you go the most recent time you left?

_____ Neighborhood, _____ City, _____ State

8B. What was the MAIN reason you moved away from Skid Row? (Allow only ONE answer)

- 1. I found permanent housing outside of downtown
- 2. I found shelter with a service provider outside of downtown
- 3. I reunited with family members outside of downtown
- 4. I went to a domestic violence shelter
- 5. Other: _____

9. Adding together all the different times that you have experienced homelessness in your lifetime, how much time have you spent being homeless?
- a. None
 - b. Less than 3 months
 - c. 4 to 11 months
 - d. 1 to 4 years
 - e. 5 to 9 years
 - f. 10 or more years

10. In the past year, have you slept in any of the following places? (*Read and answer each category*)

- | | | |
|--|----------|----------|
| a. On the streets, in an abandoned building, car or other vehicle, park | Y | N |
| b. Encampment | Y | N |
| c. Church or mission | Y | N |
| d. Emergency or transitional homeless shelter | Y | N |
| e. A hotel, motel or SRO paid for with an emergency housing voucher ... | Y | N |
| f. Your own rented room in a hotel, motel or SRO | Y | N |
| g. Your own apartment or house | Y | N |
| h. With friends or family | Y | N |
| i. Jail, prison, or halfway house | Y | N |
| j. Hospital or nursing home | Y | N |
| k. Drug or alcohol treatment facility | Y | N |
| l. Mental health facility | Y | N |
| m. A foster home | Y | N |
| n. Other, please specify: _____ | | |

11. Of these places you've been staying over the past year, in what kind of place have you usually slept during the past month? (*Interviewer: circle the number of the category above – allow only one answer*)

11A. If answer to (11) is (e) or (f), what is the name of the hotel? _____

12. What is your current monthly rent?

- a. None
- b. \$1 - \$100
- c. \$101 - \$200
- d. \$201 - \$300
- e. \$301 - \$500
- f. \$500 - \$700
- g. \$701 or greater

13. Within your housing unit or in the building in which you currently live, do you have access to any of the following? (*Circle all that apply*)

- a. Hotplate
- b. Kitchen
- c. Microwave
- d. Refrigerator
- e. Other kitchen/cooking amenities

13A. **If yes to any of the above**, do you use the amenities at least 3 days a week?

1. Yes 0. No

14. Have you ever been evicted? 1. **Yes** 0. No

If yes,

14A. How many times have you been evicted in your lifetime? _____

14B. Have you been evicted in the past year? 1. **Yes** 0. No

14B-2. **If yes**, were you evicted from a hotel located in the downtown area? 1. Yes 0. No

15. In the past six months, have you accessed any of the following services in the downtown area or in other communities? (*Circle all that apply*)

- a. Dental care
- b. Domestic violence services
- c. Employment and training programs
- d. Medical care
- e. Mental health services
- f. Shelter/Housing
- g. Substance abuse treatment
- h. Other: _____
- i. None/I have not accessed services in the past six months

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

- a. Very Good
- b. Good
- c. Average
- d. Poor
- e. Very poor
- f. No opinion/Have not received services in the area

17. Have you experienced any of the following barriers to accessing housing or services in the downtown/Skid Row community? (Circle all that apply)

- a. Credit issues, including bankruptcy or eviction
- b. Discrimination
- c. Environment is not safe or welcoming for women
- d. Housing is not affordable for me/my family
- e. I can't or don't want to conform with the rules
- f. Large family size
- g. Long lines
- h. Poor customer service
- i. Programs do not accommodate my disabilities
- j. Programs do not serve children
- k. Programs do not serve women
- l. Religious/faith-based program requirements
- m. Services that I need are not available
- n. Sexual harassment
- o. Short and/or inconvenient hours of service
- p. Waiting lists
- q. Other: _____
- r. No opinion/I have not tried to access housing or services downtown

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

- a. Family member
- b. Friend
- c. Clergy (religious official such as a minister, rabbi, etc.)
- d. Counselor, social worker, case manager, or other professional
- e. Other, specify: _____
- f. None of the above/I do not have anyone to confide in

19. Do you have any family or friends currently staying downtown?	1. Yes	0. No
If yes, who?		
19A. Husband	1. Yes	0. No
19B. Unmarried partner (boyfriend or girlfriend)	1. Yes	0. No
19C. Children	1. Yes	0. No
19D. Parent	1. Yes	0. No
19E. Other Family Member	1. Yes	0. No
19F. Friend(s)	1. Yes	0. No
19G. Other _____		

20. How often do you find yourself feeling lonely? (Circle only one answer)

1. Quite Often 2. Sometimes 3. Almost Never

21. Do you have children under the age of 18? 1. **Yes** 0. **No**
If yes,
 21A. Are you receiving any of the following benefits? (*Circle all that apply*)
 a. CalWORKs (welfare)
 b. Child Support
 c. Healthy Families Benefits
 d. Women, Infants, and Children Benefits (WIC)
 21B. Are your children currently in your legal custody? 1. **Yes** 0. **No** 2. **Some**
 21C. **If yes or some**, how many are currently living/staying with you? _____

Interviewer – If at least 1 child is with them, please ask if they are interested in participating in a focus group to identify issues specific to women and children. If so, give them the focus group flyer.

22. What type of income and/or benefits do you receive? (*Read each category and circle the number of all that apply.*)
- a. Full-time or part-time work
 - b. Food Stamps
 - c. General Relief (GR)
 - d. MediCal
 - e. Medicare
 - f. Section 8 Rental Assistance (of any type)
 - g. Social Security Disability Income (SSDI)
 - h. Social Security Retirement
 - i. Supplemental Security Income (SSI)
 - j. Unemployment Benefits
 - k. Other, specify source: _____
 - l. I currently do not have any source of income or benefits

23. What is your total monthly cash income? \$ _____

24. Do you have any of the following barriers to obtaining public benefits? (*Read each category and circle the number of all that apply.*)
- a. I am currently on a public benefits sanction
 - b. I previously received a public benefits sanction and have not re-applied
 - c. I was terminated from benefits because I was in jail or prison
 - d. My immigration status prevents me from receiving some public benefits
 - e. I choose to obtain income “under the table” rather than apply for public benefits
 - f. Other: _____
 - g. None of the above

25. Have you ever received a Section 8 Housing Voucher that could be used City-wide? **1. Yes** 0. **No**
If yes,
 25A. In what year did you receive your voucher? _____
 25B. Were you able to use your voucher to obtain housing? 1. **Yes** 0. **No**
 25C. Do you still have possession of your housing voucher? 1. **Yes** **0. No**
 25C-1. **If no**, what month and year did you lose your voucher? _____, _____

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

- a. Homelessness (i.e. living in a shelter, transitional program, on the street, in a car, etc.)
- b. Unable to find/secure affordable housing
- c. Change in family structure (i.e. divorce, death, separation, children's custody change, etc.)
- d. Domestic violence**
- e. Drug and/or alcohol abuse
- f. Recovery from drug and/or alcohol addiction
- g. Arrest
- h. Loss of government benefits
- i. Sexual assault
- j. Loss of job
- k. Mental illness
- l. Permanent physical disability
- m. Physical health problems (i.e. heart problems, difficulty breathing or walking)
- n. Other, specify: _____

26A. **If yes to (d)**, did you become homeless because you were fleeing domestic violence? **1. Yes** 0. No

If yes,

26A-1. Was this in the past 30 days? 1. Yes 0. No

(Interviewer: If yes, please ask your site coordinator for assistance)

26A-2. After experiencing and/or fleeing the domestic violence situation, did you come directly to the downtown area? **1. Yes** 0. No

26A-2A. **If yes**, who referred you to this area?

- 1. Law Enforcement
- 2. Family/Friends
- 3. Domestic Violence Hotline or Shelter
- 4. Another service provider or service hotline
- 5. Medical provider
- 6. No one
- 7. Other: _____

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

- | | | |
|---|---|---|
| a. Emergency housing | Y | N |
| b. Transitional housing | Y | N |
| c. Drug or alcohol treatment | Y | N |
| d. Housing for families | Y | N |
| e. Affordable permanent housing in the downtown area | Y | N |
| f. Affordable permanent housing in other areas in Los Angeles | Y | N |
| g. Child care | Y | N |
| h. Services/programs specifically for kids..... | Y | N |
| i. Medical care | Y | N |
| j. Dental care | Y | N |
| k. Mental health care | Y | N |
| l. HIV testing and treatment | Y | N |
| m. Hepatitis C testing and treatment | Y | N |
| n. Domestic violence counseling | Y | N |
| o. General counseling services | Y | N |
| p. Employment and training programs | Y | N |
| q. Legal assistance | Y | N |
| r. Other, specify: _____ | | |

28. Are you currently receiving any of these services? (*Interviewer: Read back through the list in question 27 and circle the letter of all that apply*)

29. Of these housing and services, which do you think are most needed by women in the downtown area? Choose up to three. (*Circle the actual words of up to three choices in the list in Question 27*)

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

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

- 30A. **If yes**, when? 1. Before the age of 18 (as a minor)
30B. 2. Age 18 or older (as an adult)
30C. 3. Both (as a minor and as an adult)

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

- 31A. **If yes**, when? 1. Before the age of 18 (as a minor)
31B. 2. Age 18 or older (as an adult)
31C. 3. Both (as a minor and as an adult)

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

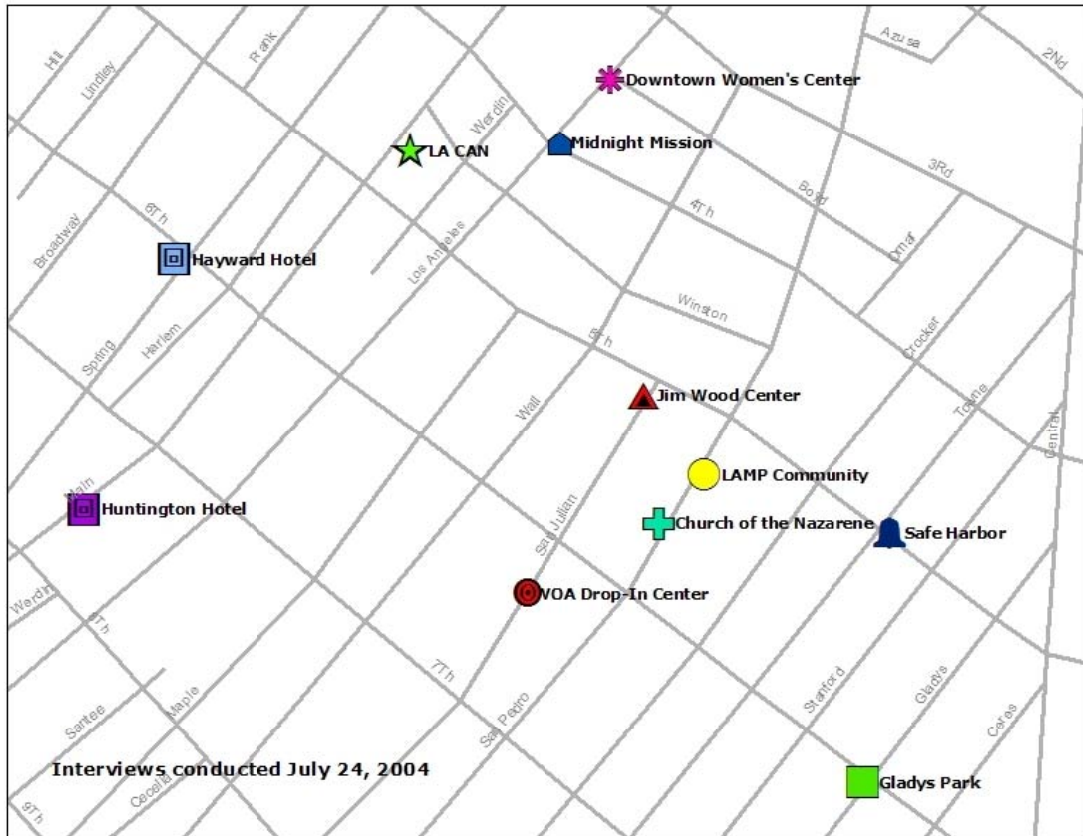
33. In the past year, have you had any prescription for medication that you could not fill?
1. Yes 0. No

34. Do you have a primary care physician whom you can see regularly? 1. Yes 0. No

35. Do you currently take medication? **1. Yes** 0. No
If yes,
35A. Does this include medication for a mental health problem? 1. Yes 0. No
35B. Does your medication require refrigeration? **1. Yes** 0. No
35B-2 **If yes,** do you have access to a refrigerator where you can store your medication?
1. Yes 0. No
36. When was the last time you had a mammogram? 1. Year: _____ or 0. Never
37. When was the last time you had a pap smear? 1. Year: _____ or 0. Never
38. Do you have access to an adequate supply of condoms? 1. Yes 0. No 2. Not needed/applicable
39. Do you have access to birth control methods other than condoms?
1. Yes 0. No 2. Not needed/applicable
40. Have you ever received medical treatment for an abnormal mammogram or pap smear?
1. Yes 0. No
41. Have you ever been expected to perform a sexual favor in exchange for any of the following?
(circle all that apply)
a. One or more nights of housing
b. Food
c. Protection
d. Cash
e. Other, specify: _____
f. None of the above
42. When was the last time you had an HIV test? **1. Year:** _____ or 0. Never
If have had a test,
42B. Are you HIV positive? 1. Yes 0. No 2. Don't know
43. When was the last time you were tested for Tuberculosis (TB)? **1. Year:** _____ or 0. Never
If have had a test,
43B. Do you have TB? (or exposure to TB?) 1. Yes 0. No 2. Don't know
44. When was the last time you were tested for Hepatitis C? **1. Year:** _____ or 0. Never
If have had a test,
44B. Do you have Hepatitis C? 1. Yes 0. No 2. Don't know
45. When was the last time you were tested for other sexually transmitted diseases (i.e. gonorrhea, chlamydia, syphilis, herpes, etc.)? **1. Year:** _____ or 0. Never
If have had a test,
45B. Have you ever had a sexually transmitted disease (STD) besides HIV?
1. Yes 0. No 2. Don't know
46. Have you received medical treatment for HIV, TB, Hepatitis C or another STD? 1. Yes 0. No

APPENDIX C: MAP OF SURVEY SITES

Downtown Women's Needs Assessment Survey 2004



Survey Locations	
	Church of the Nazarene, 559 S. San Pedro St
	Downtown Women's Center, 325 S. Los Angeles St
	Gladys Park, E. 6th St & Gladys St
	Hayward Hotel, 206 W. 6th St
	Huntington Hotel, 752 S. Main St
	Jim Wood Center, 400 E. 5th St
	LA CAN, 456 S. Main St
	LAMP Community, 526 S. San Pedro St
	Midnight Mission, 396 S. Los Angeles St
	Safe Harbor, 721 E. 5th St
	VOA Drop-In Center, 628 San Julian St

Map by Film Bridge LA