



RESEARCH REPORT

# Los Angeles County Women's Needs Assessment

## Findings from the 2022 Survey of Women Experiencing Homelessness

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## ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.

Urban's Metropolitan Housing and Communities Policy Center conducts research and offers evidence-based solutions that improve lives and strengthen communities. We have pioneered innovative research methods to produce more reliable, nuanced investigations of vulnerable populations. Our rigorous methods give policy researchers more effective tools and policymakers more confidence to act. Our researchers in the Ending Homelessness practice area are dedicated to working with communities to document peoples' and communities' experiences with homelessness, testing programs to end homelessness, and evaluating interventions and community-wide strategies to end homelessness.



## ABOUT THE HUB FOR URBAN INITIATIVES

The Hub for Urban Initiatives is a nonprofit organization located in Los Angeles County with expertise in community-based participatory research. Our initiatives promote research, direct resources, and shape planning and policy. Meticulous in our approach, we have assisted Continuums of Care (CoCs) to plan and execute homeless counts required by the HUD, needs assessments, and housing and homelessness strategic plans for many jurisdictions throughout California. Urban Initiatives is focused on identifying solutions through planning and policy analysis and implementation to help communities end the homelessness experience of persons languishing on the streets.

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# Acknowledgments

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The authors would like to thank all of the women who participated in this project, specifically the women experiencing homelessness who participated in listening sessions in the spring of 2022 and the nearly 600 women who completed surveys in the fall of 2022. The authors would also like to give heartfelt thanks to the members of the Steering Committee, including women with lived experiences of homelessness and those who operate programs that help women daily, who guided this work throughout the duration of the project (a full list of Steering Committee members is available in appendix A). We would also like to thank Downtown Women’s Center staff, particularly Amy Turk, Michelle Berry, Cynthia Riggall, Myong Kim, Lorena Sanchez, and Itzel Perez; staff from the Los Angeles County Homeless Initiative, particularly Rowena Magana; and the members of the Advisory Committee who provided input and feedback during project implementation (a full list of Advisory Committee members is available in appendix A). We would also like to thank the members of the Los Angeles Homeless Services Authority (LAHSA) Lived Experience Advisory Board, the Los Angeles County Black People Experiencing Homelessness (BPEH) Implementation Steering Committee, the Homelessness Policy Research Institute (HPRI) based out of the Sol Price Social Innovation Center at the University of Southern California, and the Domestic Violence Homeless Services Coalition (DVHSC) for their feedback on report findings.

In addition to the women who contributed to this year’s women’s needs assessment, the authors would like to thank the countless women who contributed to prior needs assessments that built the foundation for this work. In the seven prior needs assessments, countless women—particularly women who have dedicated their advocacy work in Skid Row, such as Suzette Shaw, Silvia Hernandez, Denise Smith, Louise Mbella, and FOCC, have completed surveys, administered surveys, and shared results with policymakers and programs in Los Angeles and nationally. This project would not have been possible without their original contributions.

Additionally, the authors would like to thank all of the organizations that hosted survey data collection and the volunteers who helped administer surveys. A full list of the organizations that participated as host sites for the survey is included in appendix B.

Finally, the authors would like to thank Timothy Triplett, principal research associate and senior survey methodologist at the Urban Institute, for his technical guidance throughout the project and his review and comments on the report; Will Curran-Groome for his code review and support with statistical analyses; Madeline Brown and the Urban Institute's Sexual and Gender Equity (SAGE) Affinity Group for support of the data cleaning and analysis of the gender identity and sexual orientation data; and Irene Koo for editing and formatting this report.



The Downtown Women's Center (DWC) is the only organization in Los Angeles focused exclusively on serving and empowering women experiencing homelessness and formerly homeless women. DWC envisions a Los Angeles with every woman housed and on a path to personal stability. Its mission is to end homelessness for women in greater Los Angeles through housing, wellness, employment, and advocacy. DWC provides women with access to basic needs and resources, housing and supportive services, community-based housing services, health and wellness services, job readiness and employment training, and advocacy training. DWC also participates in public education and research and evaluation, such as prior women's needs assessments.



**County of Los Angeles**  
**Homeless**  
**Initiative**

The Los Angeles Homeless Initiative is the central coordinating body for the county's effort to expand and enhance services for people experiencing homelessness or people at risk of losing their homes. The

Homeless Initiative was created by the Los Angeles County Board of Supervisors in August 2015 and administers and manages Measure H, a voter-approved sales tax dedicated to ending homelessness. The Homeless Initiative develops the spending plan for Measure H and other county resources and directs, oversees, and evaluates the strategies approved by the Board of Supervisors to address and prevent homelessness.

# Forewords

## Rewriting the Narrative for Women Experiencing Homelessness: A Foreword by Supervisor Hilda L. Solis

I am honored to write a foreword for the inaugural Los Angeles County Women’s Needs Assessment. This landmark report, initiated by the Los Angeles County Board of Supervisors and spearheaded by the Downtown Women’s Center, represents a growing collaboration between elected officials, community leaders, and experts to better track and address the needs of women experiencing homelessness. At a time when women make up one of the most vulnerable and growing populations experiencing homelessness in Los Angeles, the report is a sobering reflection of the crisis and a road map to facilitate tangible change. We must recognize the myriad ways, both incremental and transformative, through which we can reshape our society’s trajectory.

Throughout my career, I have witnessed firsthand the power that stems from collaboration and purposeful action. When we unite under a shared vision, change becomes possible. I’m proud to have put forth a motion in 2020, passed unanimously by the Board of Supervisors, to designate unaccompanied women as a unique homeless subpopulation in the county’s annual point-in-time count, making Los Angeles only the second county in the country to recognize the distinct needs of unaccompanied women experiencing homelessness. The same motion identified the need for a women’s needs assessment and concrete policy actions to support women experiencing homelessness.

In 2021, I authored a motion to implement Downtown Women’s Center’s Every Woman Housed Action Plan. The innovative plan integrated learnings from trauma-informed care and COVID-era programming to shelter women and families in Skid Row through a multitiered approach of outreach, short-term interventions, and long-term solutions. To date, the plan has housed nearly 200 women and continues to serve another 330 through interim shelter and mobile outreach teams. This program’s impact proves that evidence-based strategies end homelessness.

The 2022 Los Angeles County Women’s Needs Assessment is a testament to our capacity to make a lasting impact on the lives of women in our community. Together, we can create a more equitable and just society where all women can thrive. In this pivotal moment, we have a unique chance to shape the future. Let us seize this opportunity to stand together as advocates, leaders, and catalysts for change. We can rewrite the narrative for women experiencing homelessness, offering them a pathway to stability and dignity.

—Supervisor Hilda L. Solis, Los Angeles County Supervisor, First District

# Reshaping the Future of Women's Homelessness

Since our founding by Jill Halverson in 1978, Downtown Women's Center (DWC) has been at the forefront of pioneering solutions to women's homelessness that maintain dignity and foster empowerment. We have consistently strived to create a haven for women in need, offering wraparound services and support to help them regain stability and independence. Our commitment to innovation and compassion has driven us to constantly evolve and adapt to the changing landscape of homelessness.

One of the defining moments in our journey was the creation of the women's needs assessment in 2001 in collaboration with the Downtown Women's Action Coalition (DWAC) to advocate for women in the Downtown Los Angeles Skid Row community. This initiative, updated every three years since, aims to provide a comprehensive understanding of the specific needs and experiences of unhoused women. It paves the way for tailored interventions, targeted policies, and informed advocacy, ensuring that our efforts resonate with the very women we seek to serve.

It is with great pride and anticipation that we present the 2022 Los Angeles County Women's Needs Assessment, the first of its kind to expand beyond Skid Row and the city. This report is a testament to the tremendous progress we have made in understanding the complex factors that contribute to women's homelessness. It will reshape homeless and emergency services for women, with implications that extend far beyond our beloved county of Los Angeles.

For DWC, the message is clear: housing is not just a basic human right but a lifesaving intervention. Our legacy as the first provider of permanent supportive housing for women in the country stands as a testament to the life-altering impact of stable, safe, and dignified housing. Through our on-site and community-based housing programs, we have witnessed firsthand the profound difference that a place to call home can make in the lives of women overcoming homelessness and histories of trauma.

Los Angeles and California have a tremendous role to play in this transformative process. With the passage of the 2022 HELP (Homeless Equity for Left Behind Populations) Act, a bill co-sponsored by DWC, the California Partnership to End Domestic Violence, and Rainbow Services, we have an unprecedented opportunity to create lasting change and secure the well-being of our most vulnerable community members. The data and insights from this report can serve as a powerful catalyst for progressive action, guiding policymakers, service providers, and advocates in the pursuit of effective solutions.

As we delve into the pages of this report, let us remember that behind every data point lies a story of a mom, sister, friend, partner, or daughter. Let us recommit ourselves to the mission of ending women's homelessness, and let us use this report as a guide to shape a future where every woman has access to safe and affordable housing.

I extend my deepest gratitude to the dedicated staff, volunteers, supporters, and the women themselves who have made this report and our ongoing work possible. It is through your unwavering commitment that we have been able to create a community where homelessness is no longer an insurmountable challenge, but a shared responsibility. We have the power to uplift, advocate, and transform the lives of women. Let's use it.

—Amy Turk, LCSW, CEO, Downtown Women's Center

## Addressing Women's Homelessness: Empowering Change through Inclusive Policies

What will it take to end homelessness for women? Homelessness among women is a complex issue that is often overlooked and poorly understood in broader policy discussions about homelessness. With more than 14,000 unaccompanied women experiencing homelessness in Los Angeles County—75 percent of whom are unsheltered, per the 2022 Greater Los Angeles Homeless Count—we must recognize that women face distinct and multifaceted challenges that demand urgent attention. By delving into the nuances of unaccompanied women experiencing homelessness, the 2022 Los Angeles County Women's Needs Assessment aims to shed light on the systemic factors contributing to their vulnerability and present comprehensive strategies to address the needs of this unique population.

This landmark report, produced in partnership with the Hub for Urban Initiatives, Urban Institute, Downtown Women's Center, Los Angeles County Homeless Initiative, and more than 600 women across Los Angeles County with lived experiences of homelessness, is the first of its kind and presents a blueprint for how we can formulate policies for women with intricate histories of trauma. As a diverse and multidisciplinary group of homelessness experts, we have worked tirelessly to understand the multiple dimensions of women's homelessness. Our discussions and collaborative efforts have sought to unveil the underlying causes, such as domestic violence, gender-based discrimination, poverty, mental health issues, and the interplay of these factors. By recognizing these root causes, we can develop targeted solutions that meet the specific needs of homeless women, fostering their empowerment and enabling them to regain control of their lives.

This report is not only an amalgamation of data and statistics, but also an embodiment of the stories, struggles, and resilience of women experiencing homelessness. Their narratives have served as the driving force behind our work, reminding us of the urgency to create policy frameworks that prioritize their safety, dignity, and well-being.

We recognize that meaningful change requires a holistic approach rooted in collaboration and inclusivity. This report endeavors to offer recommendations that reflect the collective wisdom of diverse stakeholders, including researchers, service providers, policymakers, and most importantly, women with lived experiences of homelessness. By amplifying the voices of women who have faced homelessness, we aim to ensure that their perspectives are at the forefront of policy development and implementation.

We firmly believe that ending women's homelessness requires a paradigm shift—a departure from traditional approaches and the embrace of innovative, gender-responsive policies. It is our hope that this foundational work will serve as a foundation for future research, encouraging policymakers and communities to adopt evidence-based strategies that address the intersecting challenges faced by unhoused women.

As we embark on this transformative journey, we acknowledge that the path ahead may be challenging. However, we are heartened by the collective commitment to social justice and equity demonstrated by the individuals and organizations working tirelessly in the field of homelessness. Together, we can create a future where women experiencing homelessness are offered the support, resources, and opportunities necessary to rebuild their lives and thrive.

We extend our heartfelt gratitude to all those who have contributed to this report, whether through their expertise, research, or personal experiences. We also express our gratitude to the wider community for their unwavering support and dedication to ending women's homelessness. May this report serve as a catalyst for change, inspiring policymakers, advocates, and community leaders to work collaboratively toward a society where every woman has a safe and secure place to call home.

Sincerely,

The Steering Committee and Advisory Board

May 2023

## Signing Steering Committee Members

Cristina Cortes, Los Angeles City Community  
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Allyson Crosby, LAHSA

Tiffany Duvernay-Smith, LAHSA LEAB

Iajhiah Giraud, LAHSA

Tyana Haywood, Lived Expertise

Najwa Jones, The Women's Room

Elizabeth Lee, Safe Place for Youth

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Shari Weaver, Harbor interfaith

Nancy Wilcox, South Bay Homeless Coalition

Jeri Wingo, Lived Expertise

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Gabriella Lewis, National Alliance of Trauma  
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Veronica Lewis, HOPICS & BPEH Strategic  
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Colleen Murphy, LeSar Development  
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Chanel Smith, Los Angeles County Women and  
Girls Initiative

# Establishing a Baseline from which to Measure Progress

The 2022 Los Angeles County Women's Needs Assessment is the largest study focused exclusively on unaccompanied women experiencing homelessness in the nation. It documents critical information about women's experiences of homelessness in Los Angeles County. In doing so, it provides a countywide baseline from which to measure progress on addressing homelessness among unaccompanied women.

Our work in this study highlights unaccompanied women's unique needs and vulnerabilities. One of our most pressing findings from this study is that homelessness presents considerable and substantial peril for women and that safety concerns are a significant barrier to shelter and success in permanent housing. The data collected show that high rates of victimization and experiences of trauma are both a cause of homelessness and a common feature of women's experiences of homelessness. Additionally, women's concerns about safety were among the biggest barriers to housing and most commonly cited reasons for women exiting permanent housing situations. Unaccompanied women need and deserve safety—both in the crisis response system and in permanent housing placements.

This study also provides important data about what systemic barriers women face when seeking housing and services, what women want in a homelessness crisis response, and what women need in permanent housing. Unaccompanied women face similar housing struggles as other people and households with extremely low incomes: namely, struggling to find affordable housing and long waiting lists for assistance. Women want affordable housing that provides them with safety and privacy. Understanding the hurdles women face in securing housing and their needs and preferences can help inform policies, strategies, and activities to remove barriers to housing and services.

As researchers, we believe in the power of contextual evidence and data-driven solutions. The findings of this study show a path forward to the progress that women enduring homelessness desperately need. This study's findings, while important to understand the status quo, are only a starting point. Action is needed to change the dangerous realities of women experiencing homelessness in Los Angeles County and across the country. Universal housing assistance and services targeted to meet the unique needs of individual women should be a top priority for policymakers and advocates across the country.

It has been our joy and honor to work on the Los Angeles County Women's Need Assessment. Behind our findings and takeaways are real people and grandmothers, mothers, aunts, daughters, and sisters. We want to thank all the women who made this study possible, particularly those who participated in surveys and listening sessions, the volunteers who administered surveys, and the

Steering and Advisory Committee members. We also want to particularly thank our partners, the Downtown Women's Center and Homeless Initiative of the Los Angeles County CEO's Office, as well as the agencies and service providers who hosted survey events and helped ensure that we had great coverage and representation of women across Los Angeles County.

Samantha Batko, Urban Institute  
Co-Principal Investigator

Sofia Herrera, Hub for Urban Initiatives  
Co-Principal Investigator

# Executive Summary

On any given night in 2022, there were more than 14,000 women experiencing homelessness as individuals—meaning they were seeking services without partners or children—in the Los Angeles City and County Continuum of Care. Nearly 600 women experiencing homelessness participated in the Los Angeles County Women’s Needs Assessment survey in the fall of 2022. This report documents the findings from this survey, including women’s characteristics, their experiences of homelessness and experiences within the homelessness response system, and their access to and interactions with other mainstream systems. It also identifies the barriers and challenges women face in accessing housing, the services they need, what women want in housing, and interim responses while waiting for housing. Based on these findings, we make policy and programmatic recommendations for local practitioners and policymakers as well as state and federal policymakers.

## Background

Women experiencing homelessness as individuals—those who are not accompanied by or seeking services with a partner, children, or other dependents—are a growing population in Los Angeles County and nationally. In Los Angeles County, these women make up 68 percent of all women experiencing homelessness and 20 percent of all individuals experiencing homelessness. Prior research has highlighted the challenges and negative outcomes that women experiencing homelessness face. In recognition of the growing population of women experiencing homelessness and their needs, the City and County of Los Angeles passed resolutions naming women a unique subpopulation of people experiencing homelessness, and the County Homelessness Initiative, in partnership with the Downtown Women’s Center (DWC), engaged the Urban Institute and the Hub for Urban Initiatives to conduct the first countywide women’s needs assessment. DWC had conducted seven prior needs assessments that focused on women in Skid Row and, in 2019, women in the City of Los Angeles. (See box ES.1 for additional details on the research design and implementation of the Los Angeles Women’s Needs Assessment.)

From October to December 2022, nearly 600 women experiencing homelessness across every Service Planning Area (SPA) in Los Angeles completed a 30–45 minute, 78-question survey, which sought to answer the following primary research questions:

- What are the characteristics of unaccompanied women experiencing homelessness in Los Angeles County?
- What are the experiences of unaccompanied women experiencing homelessness in Los Angeles County with homeless services?
- What are the experiences of unaccompanied women experiencing homelessness in Los Angeles County with other service systems?
- What do unaccompanied women experiencing homelessness in Los Angeles County want in housing?
- In the absence of housing, what do unaccompanied women experiencing homelessness in Los Angeles County want in shelters and other emergency assistance?

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#### BOX ES.1

### **Understanding the Design and Implementation of the 2022 Los Angeles County Women’s Needs Assessment**

The Los Angeles County Women’s Needs Assessment was designed as a sequential exploratory mixed-methods, community-engaged research project. In spring 2022, DWC convened Steering and Advisory Committees to help guide the project from March 2022 to June 2023. The committee members comprised policymakers and service providers, as well as women with lived experiences of homelessness. Research team members and DWC and LA County Homeless Initiative staff regularly convened with these committees to solicit input and feedback on research design decisions. Throughout the spring, the research team also held listening sessions with nearly 100 women experiencing homelessness in all eight Service Planning Areas (SPAs) in Los Angeles. These listening sessions, along with input from the Steering and Advisory Committees, guided the research team’s revisions to the survey instrument used in prior women’s needs assessments.

In fall 2022, volunteers administered the redesigned, 78-question survey instrument in all eight SPAs between October 24 and December 9, 2022. Surveys were administered in English and Spanish at recruited service provider sites. In spring 2023, both during and after analysis of the survey data, the research team conducted data walks with the Steering and Advisory Committees and several other stakeholder groups to help interpret and contextualize findings from the survey analysis. In particular, these data walks provided input into our policy and practice recommendations.

## Women’s Experiences of Homelessness

Most women experienced multiple episodes of homelessness, with more than half of women (57.3 percent) reporting at least one prior episode of homelessness before their current episode at the time of the survey. More than 80 percent of women have experienced lifetime lengths of homelessness greater than a year, with more than half of those individuals experiencing lifetime homelessness for longer than five years.

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*I’ve been homeless at least four times in the last eight years. This time was the longest I’ve been homeless over [a] year.*

*—2022 Los Angeles County Women’s Needs Assessment listening session participant*

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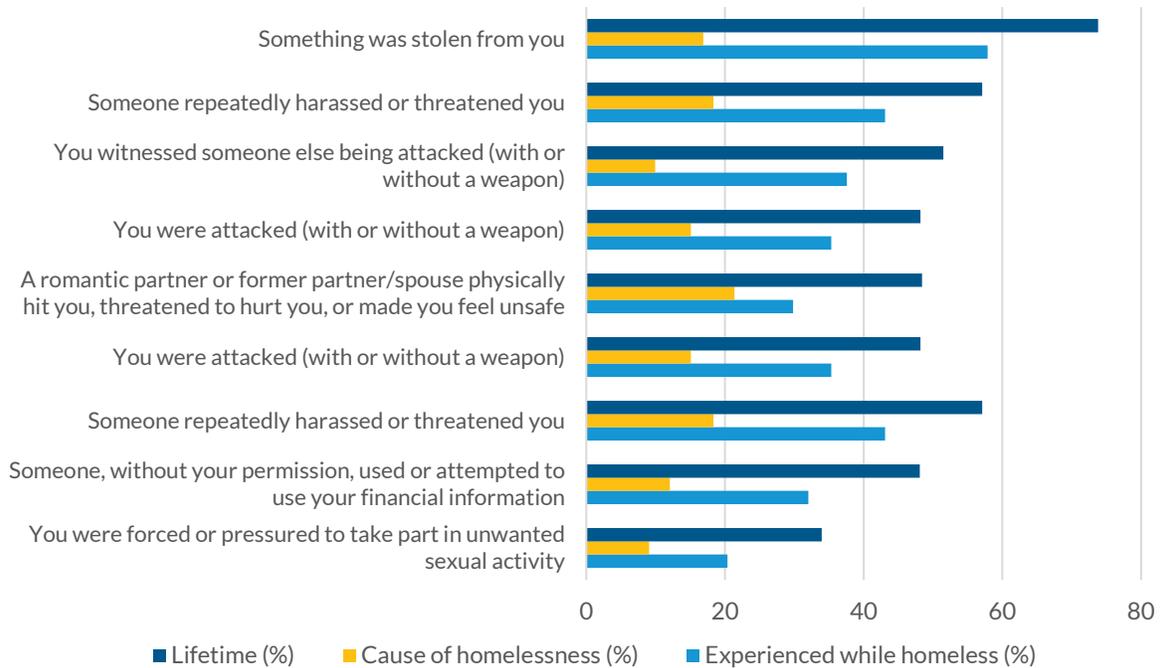
Nearly 70 percent of women most often slept in unsheltered locations, including on the streets (40.2 percent); in cars, vans, or RVs (23.2 percent); on beaches or riverbeds (3.5 percent); and on public transportation (2.1 percent). Among women who most often slept in sheltered locations, they reported sleeping in short-term, temporary, or transitional housing (20.8 percent) or in hotels or motels (2.1 percent). About 7 percent of women reported most often sleeping in a different type of situation, with couch surfing cited as the most common example (6.3 percent).

More than 90 percent of women experienced some form of victimization in their lifetime, including having something stolen (73.8 percent), being repeatedly harassed or threatened (57.1 percent), and being threatened, physically hit, or made to feel unsafe by a romantic partner (48.4 percent). For women with lifetime experiences of victimization, experiencing threats or violence from a romantic partner was the type of victimization most likely to cause their experience of homelessness (21.4 percent of all women and 44.2 percent of women who reported lifetime experiences). While experiencing homelessness, 57.9 percent of women had something stolen from them; 43.1 percent were repeatedly harassed or threatened; 37.6 and 35.3 percent witnessed an attack or were attacked themselves, respectively; and 20.4 percent were forced to take part in unwanted sexual activity (figure ES.1).

FIGURE ES.1

### Victimization Histories of Women Experiencing Homelessness

Findings from the 2022 Los Angeles County Women's Needs Assessment Survey



Source: Los Angeles County Women's Needs Assessment weighted survey data.

Notes: Unweighted N = 563.

## Women's Barriers to Housing and Services

Women reported significant barriers to exiting homelessness and securing housing. The most frequently reported barriers to permanent housing were lack of housing that women could afford (63.1 percent) and long waiting lists to access vouchers or public housing (55.9 percent).

Without being able to access housing and exit homelessness, women need the crisis response system, including access to shelter and other services, to keep them safe. Unfortunately, women reported significant barriers to accessing or using shelters as well. The most frequently reported barrier was feeling unsafe, with more than half of women citing this concern. Other commonly cited barriers included lack of available spots in shelters (45.8 percent), concerns about privacy (45.4 percent), and lack of shelter options that meet the needs and preferences of respondents (42.8 percent). Only 5.4 percent of women reported that they faced no barriers in accessing or using shelters.

Of note, Black and African American women were more likely to be concerned about the way they would be treated by shelter staff compared with non-Hispanic white women, Hispanic and Latina women, and women of two or more races. And cisgender women were significantly more likely to report facing no barriers to using shelters than were transgender and nonbinary individuals.

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## BOX ES.2

### Understanding the Diverse Characteristics of Women Experiencing Homelessness

- Women experiencing homelessness as individuals ranged in age from 18 to 83 years old. Most women were middle age or older (59 percent were between ages 40 and 64), but 13 percent were between ages 18 to 24. On average, women were about 32 years old when they first experienced homelessness.
  - Thirty-four percent of women identified as Hispanic or Latina, 31.6 percent identified as Black or African American, and 21.7 percent identified as white. Black women are particularly overrepresented among women experiencing homelessness (more than 3.5 times their share of the general population).
  - Nearly 95 percent of individuals identified specifically as women, and 3.7 percent identified as a gender other than exclusively a woman or man, such as nonbinary or gender fluid; 7.7 percent identified as transgender. About three-quarters of women described their sexual orientation as straight, with nearly 20 percent identifying as bisexual, lesbian, gay, queer, or another sexual orientation.
  - All women were seeking services unattached to a partner or spouse, but 51.4 percent of women had experienced a separation from a partner or spouse in their lifetime. While all survey participants were currently unaccompanied, meaning they were seeking services or housing by themselves, nearly 55 percent of women experiencing homelessness had children and 1.4 percent were pregnant.
  - Sixty-seven percent of the women had an educational attainment at the high school level or beyond. Nearly 30 percent of women experiencing homelessness were working for pay, trading goods or services with others, or both. Among those not currently working, two-thirds identified as having a disability.
  - In total, 61 percent of women had a disability, and most women reported their health as fair or poor, with dental health being rated the poorest. Additionally, more than half (51.3 percent) of women experiencing homelessness felt that they did not have a social support network.
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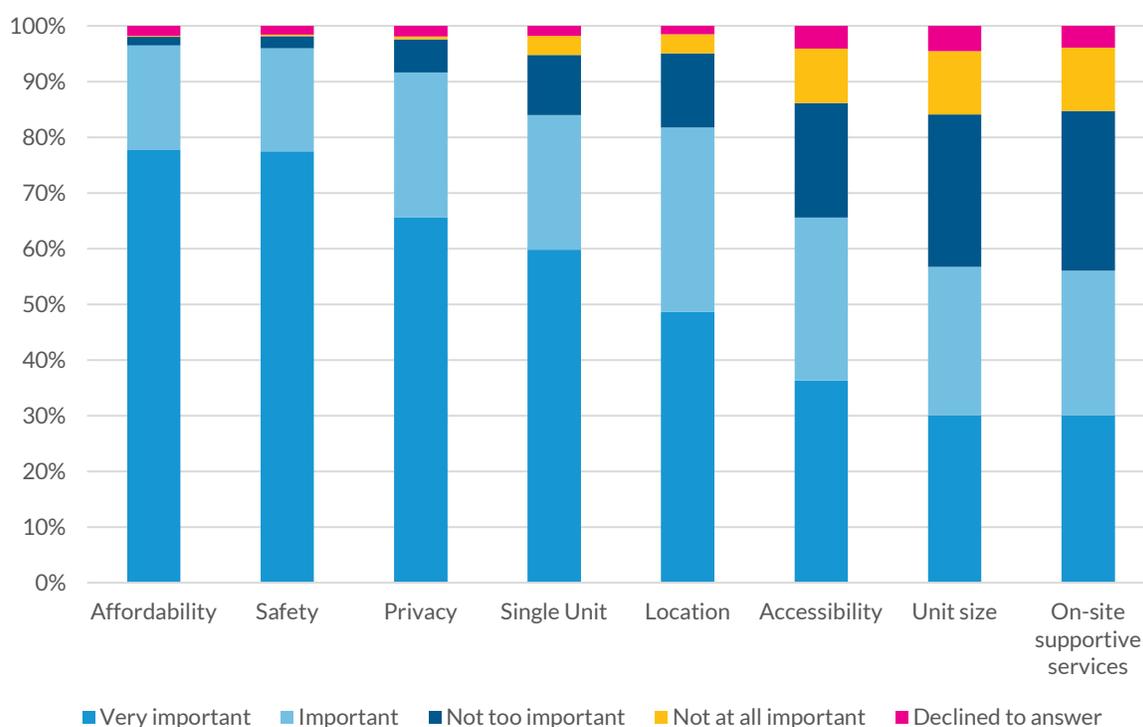
## What Women Want in Housing

When asked what they wanted in housing, women were very clear that their highest priorities were affordability, safety, and privacy (figure ES.2). While not prioritized as highly as the top three, women also expressed a desire for a single rather than shared housing unit and emphasized the importance of location. In listening sessions, this emphasis on location included a desire for safety in their new neighborhood as well as access to transportation, family, work, and doctors for health appointments.

FIGURE ES.2

### Women’s Housing Preferences

Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey



Source: Weighted survey data.

Notes: Unweighted N = 570.

## What Women Want in the Crisis Response System

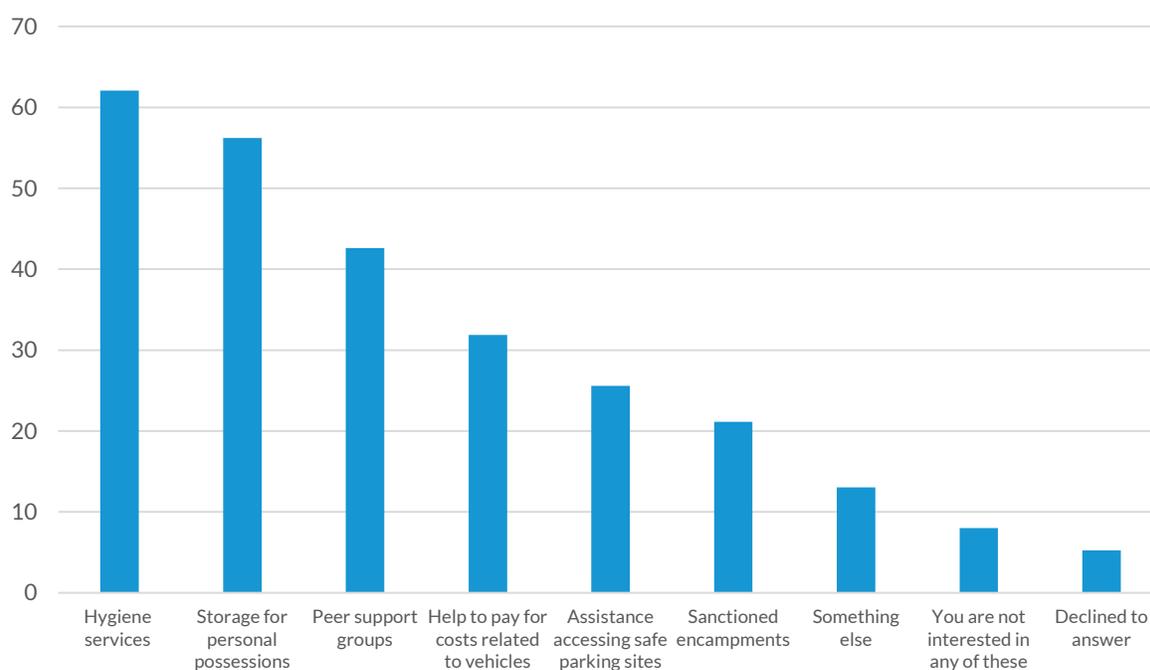
In the absence of permanent housing, people experiencing homelessness need safe shelter. When asked about their preferences regarding gender-restricted shelters and housing services, more than 40 percent of women had a preference for women-only shelters and housing services. The survey also

asked what other services women would be interested in while they waited for transitional or temporary housing (such as emergency shelters, bridge housing, or interim housing). Women were most interested in hygiene services, such as showers and laundry (62.1 percent), and access to storage for their possessions (56.2 percent) (figure ES.3). These findings are consistent with other challenges women identified, with 74.7 percent of women citing difficulties maintaining their possessions and 70 percent of women reporting that it was difficult to find a bathroom when they were experiencing homelessness. In both instances, it was significantly more difficult for women in unsheltered situations to navigate these hurdles.

**FIGURE ES.3**

**Women’s Crisis Response Preferences**

*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



**Source:** Weighted survey data

**Notes:** Unweighted N = 570.

## Recommendations and Conclusion

Survey findings, listening sessions, and data walks with community stakeholders revealed key areas for policy and programmatic work to improve outcomes for women experiencing homelessness.

- **Support efforts to collect data on and tailor services to women experiencing homelessness as individuals.** With three-quarters of women experiencing homelessness in Los Angeles County living in unsheltered locations, and with homelessness among women increasing nationally, collecting data on women's experiences, needs, and preferences will be critical to designing and implementing strategies to effectively end homelessness.
- **Fund housing assistance at a level needed to house all women experiencing homelessness.** Women identified a lack of affordable housing and long waiting lists for housing assistance as their primary barriers to permanent housing. Additionally, women in listening sessions described not being prioritized for housing in coordinated entry. A universal voucher approach would provide a path forward to ending homelessness for all women.
- **Prioritize safety throughout the homelessness response system.** Women indicated that the most common barrier to shelter was concern about their safety and reported unacceptably high rates of victimization while experiencing homelessness. Prioritizing women's physical and emotional safety will require developing and implementing programs and policies that recognize the unique needs and preferences of women.
- **Provide dignity in the absence of housing. Seventy percent of women reported that it was difficult to find a bathroom, and 60 percent reported difficulty finding a shower when they needed one.** In the absence of housing, ensuring that women have dignified access to bathrooms, showers, and storage of possessions is particularly important. Dignity in services also requires removing barriers that prevent access to services and shelter, such as systemic racism and discrimination.
- **Encourage programmatic response accountability when it comes to ensuring equitable outcomes for historically marginalized groups, particularly Black, Hispanic/Latina, Indigenous, and other women of color, as well as LGBTQ+ individuals.** Black and African American women were more likely to be concerned about the way they would be treated by shelter staff than were women of other races and ethnicities, and nonbinary and transgender individuals were more likely to report barriers to shelter than were cisgender women. In addition to tracking outcomes and understanding the experiences of historically marginalized groups in programs, service providers and programs should consider that women's needs may vary based on a variety of characteristics, their individual histories, and where they may be in their life cycle.

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### BOX ES.3

#### **Thank You from the Authors**

The authors would like to thank all the women who participated in this project, specifically the women experiencing homelessness who participated in listening sessions in the spring of 2022 and the nearly 600 women who completed surveys in the fall of 2022. The authors would also like to give heartfelt thanks to the members of the Steering Committee, including women with lived experiences of homelessness and those who operate programs that help women daily, who guided this work throughout the duration of the project. We would also like to thank the members of the Los Angeles Homeless Services Authority (LAHSA) Lived Experience Advisory Board, Los Angeles County Black People Experiencing Homelessness (BPEH) Implementation Steering Committee, the Homelessness Policy Research Institute (HPRI) based out of the Sol Price Social Innovation Center at the University of Southern California, and the Domestic Violence Homeless Services Coalition (DVHSC) for their feedback on report findings.

Finally, the authors would like to thank all the organizations that hosted survey data collection and volunteers who helped administer surveys. This project would have been impossible without their contributions of time and energy.

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# Los Angeles County Women’s Needs Assessment

On any given night in 2022, there were more than 14,000 women experiencing homelessness as individuals—meaning they were seeking services without partners or children—in the Los Angeles City and County Continuum of Care.<sup>1</sup> These women account for 1 out of every 5 individuals experiencing homelessness in the Los Angeles City and County Continuum of Care, and their numbers are growing. In the fall of 2022, nearly 600 women<sup>2</sup> completed surveys as part of the first countywide Los Angeles Women’s Needs Assessment. The survey focused on understanding the characteristics of women experiencing homelessness, their experiences in the homelessness response system, their experiences with other systems, their preferences in housing, and, in the absence of housing, their needs from the homelessness response system. In this report, we summarize women’s responses to the survey and provide policy and program recommendations based on those findings.

## Introduction

In 2020, both the City and County of Los Angeles County identified “unaccompanied” women experiencing homelessness as a unique subpopulation among people experiencing homelessness in Los Angeles.<sup>3</sup> The term “unaccompanied women” refers to individuals who identify as women who are not accompanied by or seeking services with a partner, children, or other dependents. At the time of this designation in 2020, there were an estimated 13,569 unaccompanied women experiencing homelessness on any given night in Los Angeles—80 percent of them unsheltered (LAHSA 2020). By January 2022, that number had grown by 6 percent to 14,403, and women accounted for 1 in 5 (21 percent) of all individuals experiencing homelessness in the Los Angeles City and County Continuum of Care (LAHSA 2022).<sup>4</sup>

This increase in the number of women experiencing homelessness occurred within the context of increased homelessness in Los Angeles County as well as across the nation. Across the United States, homelessness has increased since 2016, driven by a 19 percent increase from 2016 to 2022 among people experiencing homelessness as individuals—more than half of whom lived in unsheltered situations in 2022 (de Sousa et al. 2022). Between 2015 and 2019, the share of the population of individuals enduring unsheltered homelessness across the United States who identified as women or transgender individuals increased by 3 percentage points, from 26 percent of unsheltered individuals

(39,681 people) in 2015 to 29 percent (56,789 people) in 2019 (Batko, Oneto, and Shroyer 2020). And from 2020 to 2022, both the number and percentage of women experiencing homelessness as individuals increased at a faster rate than for men: 6 percent (or an increase of 6,837 women) compared with 1 percent (3,663 men) (de Sousa et al. 2022). Similar trends have been observed in Los Angeles County: from 2019 to 2020, there was a 13 percent increase in homelessness, followed by a 4.1 percent increase from 2020 to 2022. Women seeking services as individuals accounted for one-third of that increase from 2020 to 2022—an increase of 834 women out of an overall increase of 2,675 individuals (LAHSA 2020; LAHSA 2022).

Prior research has documented the challenges and negative outcomes women experiencing homelessness face (Phipps et al. 2019). Moreover, women enduring unsheltered homelessness—the vast majority of women experiencing homelessness in Los Angeles County—face more risks than do men experiencing homelessness and sheltered women. For example, women experiencing unsheltered homelessness are more likely than men living in unsheltered situations to be violently attacked (Montgomery, Szymkowiak, and Culhane 2017; Rountree, Hess, and Lyke 2019). Additionally, women enduring unsheltered homelessness are more likely to report poor mental and physical health, have a higher risk of premature death, and have chronic medical conditions than their sheltered counterparts (Nyamathi, Leake, and Gelberg 2000; Montgomery, Szymkowiak, and Culhane 2017). It is clear that women experiencing homelessness as individuals are a growing subpopulation and a particularly vulnerable group. In Los Angeles, where 80 percent of women in this situation are unsheltered, it is especially important to understand their experiences, needs, and preferences to inform responsive policy and program design.

In response to the growing number of women experiencing homelessness and a desire to highlight the unique needs of women, the Downtown Women’s Center (DWC) has conducted a women’s needs assessment every three years since 2001. These needs assessments consisted of surveys intended to identify gaps in service provision and opportunities to meet the short- and long-term needs of unaccompanied women. Starting in 2001, the surveys were initially targeted only to women in Skid Row. In 2019, the needs assessment expanded to include women experiencing homelessness across the City of Los Angeles.

Previous DWC needs assessment reports have repeatedly demonstrated the demand for women-centered services provided by staff who understand the multiple intersecting reasons that cause and perpetuate unaccompanied women's homelessness. Each report has shed light on disparities in service provision and provided recommendations based on the needs and preferences of unhoused, unaccompanied women. These findings have been used to shape policy, inform program service

delivery, and develop initiatives prioritizing women's safety, support, and empowerment (DWAC 2016; DWC 2019).

## **2022 Los Angeles County Women's Needs Assessment**

After both the City and the County of Los Angeles passed resolutions recognizing unaccompanied women as a unique subpopulation in 2020, the County Board of Supervisors instructed the County's Chief Executive Office to conduct the first countywide women's needs assessment, and the County of Los Angeles Homeless Initiative funded the Los Angeles County Women's Needs Assessment in partnership with DWC. DWC and the Los Angeles County Homeless Initiative engaged the Urban Institute and the Hub for Urban Initiatives to implement this expanded needs assessment.

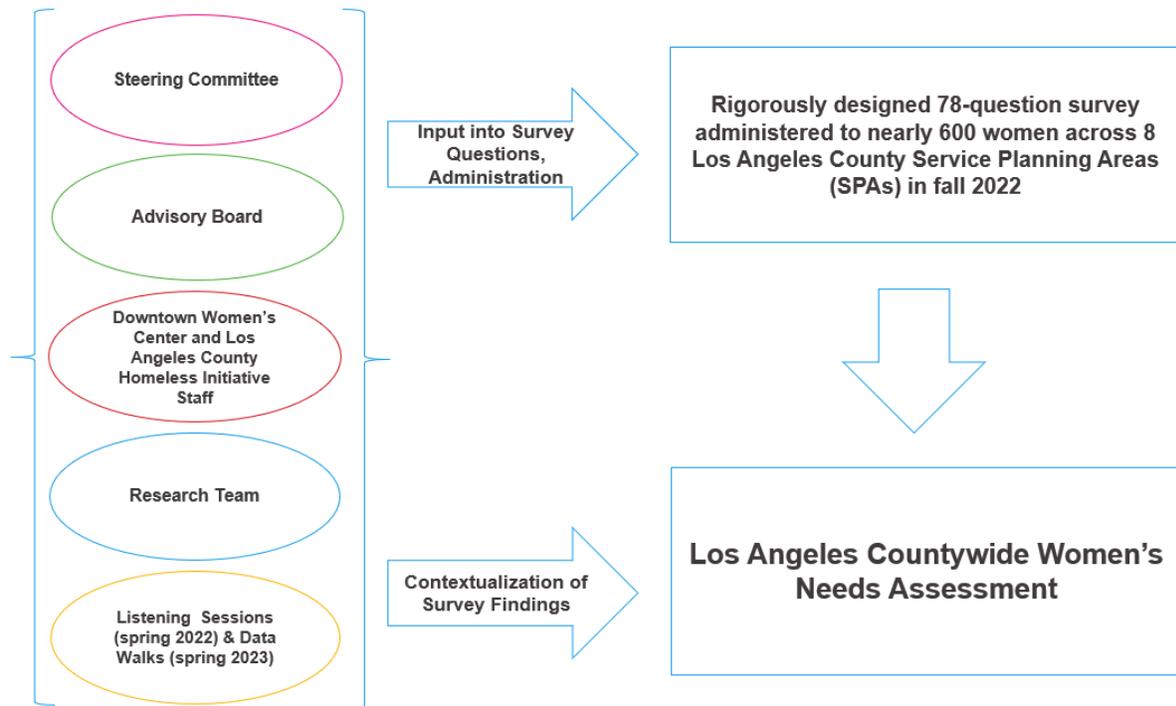
While the Los Angeles County Women's Needs Assessment builds on previous efforts, it also establishes a new baseline for women experiencing homelessness in Los Angeles County. This is the first needs assessment conducted countywide across all eight Service Planning Areas (SPAs)<sup>5</sup> and reflects the research team's efforts to ensure a representative sample of unaccompanied women across the county. It is also the first needs assessment conducted since the onset of the COVID-19 pandemic.

The Los Angeles County Women's Needs Assessment was designed as a sequential exploratory mixed-methods, community-engaged research project (figure 1). In spring 2022, DWC convened Steering and Advisory Committees to help guide the project. Research team members and DWC and LA County Homeless Initiative staff regularly convened with these committees to solicit input and feedback on research design decisions. Also in spring 2022, the research team held listening sessions with nearly 100 women experiencing homelessness in all eight SPAs in Los Angeles. These listening sessions, along with input from the Steering and Advisory Committees, guided the research team's revisions to the survey instrument used in prior women's needs assessments. In fall 2022, volunteers administered the redesigned 78-question survey instrument in all eight SPAs between October 24 and December 9, 2022. In spring 2023, the research team conducted a series of data walks with the Steering and Advisory Committees and a number of other Los Angeles County stakeholders, including people with lived experience of homelessness, to help interpret and contextualize findings from the survey analysis.

FIGURE 1

### Los Angeles County Women’s Needs Assessment Research Design

*Sequential exploratory mixed-methods, community-engaged survey design and analysis process*



Source: Los Angeles County Women’s Needs Assessment research design.

### RESEARCH QUESTIONS

The Los Angeles County Women’s Needs Assessment aims to highlight the hardships, service needs, and access and barriers to housing that unaccompanied women experience on the streets to inform policy and service delivery. The primary research questions for the Los Angeles County Women’s Needs Assessment are as follows:

- What are the characteristics of unaccompanied women experiencing homelessness in Los Angeles County?
- What are the experiences of unaccompanied women experiencing homelessness in Los Angeles County with homeless services?
- What are the experiences of unaccompanied women experiencing homelessness in Los Angeles County with other service systems?

- What do unaccompanied women experiencing homelessness in Los Angeles County want in housing?
- In the absence of housing, what do unaccompanied women experiencing homelessness in Los Angeles County want in shelter and other emergency assistance?

## STEERING AND ADVISORY COMMITTEES

The research team applied a community-engaged approach to intentionally elevate the voices of unaccompanied women experiencing homelessness—particularly women of color and LGBTQ+ women, who are overrepresented among people experiencing homelessness overall and among women experiencing homelessness—as well as to seek input from providers and policymakers at all stages of the research process. To that end, DWC convened Steering and Advisory Committees to ensure their representation in each phase and every aspect of the research project. The Steering Committee comprised women with lived experiences of homelessness and women in professional roles (some of whom also had lived experience) who served women in the community. The Advisory Committee comprised women who participated in countywide policy development and in the implementation of policies and programs for women experiencing homelessness.

DWC and the research team met monthly with the Steering Committee to solicit ongoing input on all project components. Steering Committee members participated in planning the spring 2022 listening sessions with women experiencing homelessness in each SPA, including by helping identify recruiting and hosting agencies, reviewing listening session procedures and protocols, and participating in a co-analysis exercise of the listening session findings. Steering Committee members also provided input on the refinement and development of survey questions, identified key questions of interest for subgroup analysis, contextualized findings, and informed program and policy recommendations. The Advisory Board met on an ad hoc basis to provide feedback on critical and milestone moments throughout the project, including reacting to listening session findings, finalizing survey questions, and contextualizing findings and informing policy recommendations.

## METHODS

The research team applied a sequential exploratory mixed-methods design in two phases. Phase I implemented a qualitative approach through listening sessions to inform Phase II survey work. Phase II involved a quantitative approach that included refinement, development, administration, and analysis of a survey of needs. All project components and protocols were approved by the Institutional Review Board at the Urban Institute in Washington, DC.

### ***Phase I: Listening Sessions***

In Phase I, the research team employed community-based methods to work collaboratively with critical stakeholders and women experiencing homelessness in Los Angeles County through the Steering Committee and a series of listening sessions. Listening sessions or interviews were conducted in all eight SPAs to inform the survey tool and provide additional context for eventual findings from the needs assessment. The listening sessions were essential to ensuring that the research and survey design incorporated the diverse perspectives of women with current or prior lived experiences of homelessness.

Over two weeks in the spring of 2022, the research team coordinated with service providers throughout Los Angeles County and conducted nine in-person listening sessions with 88 women experiencing homelessness or women who had been housed recently (since 2020) in seven SPAs. The research team conducted an additional four virtual interviews in the eighth SPA, where they had been unable to hold an in-person listening session because of a COVID-19 outbreak.<sup>6</sup>

Analyses of the listening sessions identified many important themes that provide a glimpse into the participants' experiences (Batko et al. 2022) as well as provided information to refine and further develop the survey tool used in prior women's needs assessments. The conversations yielded takeaways and priorities for survey development, such as identifying women's needs and preferences for permanent housing and shelter and their preferences in the absence of housing and shelter; prioritizing questions of victimization; exploring women's perceptions on trauma-informed care in service delivery; learning about women's experiences with the Coordinated Entry System (CES); expanding questions on systems and law enforcement involvement; including questions on sense of community and belonging; and rethinking questions about health.

### ***Phase II: Survey Design, Administration, and Analysis***

The project's second phase involved refining the survey, administering the survey to women experiencing homelessness across Los Angeles County, and conducting analyses to identify main findings and inform program and policy recommendations.

After incorporating takeaways from the listening sessions and the Steering Committee, the final survey took between 30 and 45 minutes to complete and included 78 questions across seven domains: (1) demographics, (2) homelessness and housing history, (3) experiences with the homelessness response system, (4) victimization and safety, (5) health, (6) interactions with other systems, and (7) employment and income. Much consideration was given to placement and phrasing of the questions so

the survey could be administered face to face in a trauma-informed manner (e.g., emphasizing participant choice, control, and safety throughout the survey).

Following the translation of the survey into Spanish, the researchers conducted cognitive testing for both the English and Spanish versions to understand how well questions of interest performed when asked of survey participants in both languages. Finally, the survey was programmed in Qualtrics in both languages for administration via computer, tablet, or smartphone. The research team tested both language versions in Qualtrics to ensure survey functionality. The team also developed a paper version of the survey in both English and Spanish for cases where online administration was not possible.

### ***Survey Sampling Strategy***

The researchers estimated the number of unaccompanied women in each SPA based on unaccompanied women numbers in the 2022 Greater Los Angeles point-in-time count (LAHSA 2022); data from three Continuums of Care that count separately but are inside the borders of Los Angeles County (Glendale, Long Beach, and Pasadena); and the distribution of overall homelessness across SPAs. The team targeted a minimum sample size of 50 respondents in each SPA, which meant reaching out to approximately 5 percent of women experiencing homelessness in all SPAs, including the SPAs with the smallest estimated population of women experiencing homelessness. To calculate a sample size in each SPA, researchers increased the sample sizes proportionally from 50, based on the size of the unaccompanied women's population in each SPA (table 1). The research team aimed to oversample people who identified as LGBTQ+, particularly those who identified as transgender and nonbinary, and partnered with service agencies that provide tailored services to these populations to serve as host sites for survey administration.

TABLE 1

**Los Angeles County Women’s Needs Assessment Sampling Strategy**

*SPA-by-SPA estimates of women experiencing homelessness and sample size targets*

Service Planning Area	Estimated number of women experiencing homelessness	Target N	Target N as a percentage of estimated population	Share of total target N
SPA 1	1,000	50	5.0%	6.6%
SPA 2	2,200	110	5.0%	14.5%
SPA 3	1,150	55	4.8%	7.2%
SPA 4	3,950	195	4.9%	25.7%
SPA 5	1,000	50	5.0%	6.6%
SPA 6	3,250	160	4.9%	21.1%
SPA 7	1,050	50	4.8%	6.6%
SPA 8	1,800	90	5.0%	11.8%
Total	15,400	760	5.3%	100%

**Sources:** LASHA and Glendale, Long Beach, and Pasadena 2022 point-in-time count data.

**Notes:** SPA = Service Planning Area. Geographic boundaries of each SPA can be found at “Los Angeles County Service Planning Areas,” Los Angeles Children’s Planning Council, August 2002, [http://publichealth.lacounty.gov/cardio/docs/2012-08-01%20SPA%20Map%20with%20cities\\_all.pdf](http://publichealth.lacounty.gov/cardio/docs/2012-08-01%20SPA%20Map%20with%20cities_all.pdf) (PDF).

**Survey Administration Procedures**

The survey was conducted from October 24, 2022, to December 9, 2022, across all eight SPAs in Los Angeles County. Volunteers administered the surveys at more than 40 social service provider sites (appendix B) and, in some instances, on the streets through coordination with social service agencies. Service providers invited potentially eligible participants who came to their sites via flyers and word of mouth. To be eligible, participants were required to (1) identify as a woman and/or a nonbinary or transgender individual; (2) be at least 18 years of age at the time of the survey; (3) be experiencing homelessness at the time of the survey; (4) be seeking services as an individual at the time of the survey; and (5) not have participated in the survey previously during the data collection period. The survey interview generally took 30 to 45 minutes to complete, depending on the participants’ responses. Each eligible participant received a \$25 Visa debit card as a token of appreciation, even if they were unable to complete the full survey.

One-hundred-twenty-four community volunteers administered the survey face to face at service provider sites. The overwhelming majority (93 percent) of volunteers self-identified as women. While there were volunteers with lived experience of homelessness, only three identified themselves as such to the volunteer coordinators. All people administering the survey were required to participate in a one-hour training with the research team on human subject protections and survey procedures, including the rights of human research participants (including confidentiality, how to obtain informed

consent, when to stop an interview, and how to connect people with key staff in the event of special circumstances); how to approach and interview potential participants; how to properly ask the survey questions; and how to enter responses into the online survey platform (Qualtrics). The research team also released a recorded training for volunteers' access throughout the survey period and provided an 800 number to call in the event of questions or incidents in the field. In addition to volunteers coming onsite to agency locations, some of the service providers' staff also administered the survey on an ongoing basis during the data collection period in order to meet at least 70 percent of the sample goal for their area. These service provider staff members were also required to take the training.

While the majority of surveys were entered using the online version of the survey, a small number of paper surveys were completed by volunteers because of internet accessibility issues or problems with the Qualtrics platform at the time of surveying. In these instances, a member of the research team or a DWC staff member manually entered each paper survey into Qualtrics and subsequently destroyed the paper copy.

### ***Survey Responses and Data Cleaning***

In total, Qualtrics recorded 688 staff and volunteer approaches of potentially eligible individuals for participation in the survey. Of this number, there were 81 records in Qualtrics of people who started the survey but were either ineligible or did not complete the survey screening. In addition, there were four records in Qualtrics in which a person was approached but declined to participate in the screener and three instances of a language barrier that prevented administration of the survey. In total, there were 600 individual responses recorded as eligible to participate in the survey.

Data cleaning procedures first involved removing responses that were recorded as ineligible, not fully screened, or did not provide consent and identifying and removing duplicates (the research team found 12 duplicate responses). When responses were conducted by the same volunteer on the same day and all responses were identical, the research team considered this a duplicate response. In some instances, responses were not exact but were similar enough to warrant concerns about duplication; in these instances, the research team confirmed with the volunteer that it was in fact a duplicate response. Volunteers described instances where the online platform malfunctioned in some way and the volunteer restarted the survey with a participant. Two additional responses were among women who were found eligible during the screening process but declined to participate. At the conclusion of this data cleaning process, the final sample size was 586 participants (table 2).

TABLE 2

Los Angeles County Women’s Needs Assessment Response Data

SPA-by-SPA responses

Service Planning Area (SPA)	Number of responses before data cleaning	Number of responses after data cleaning	Target N	Final responses as share of total target N
SPA 1	40	40	50	80%
SPA 2	84	80	110	73%
SPA 3	40	40	55	73%
SPA 4	162	157	195	81%
SPA 5	42	41	50	82%
SPA 6	101	99	160	62%
SPA 7	37	36	50	72%
SPA 8	94	93	90	103%
<b>Total</b>	<b>600</b>	<b>586</b>	<b>760</b>	<b>77%</b>

Source: Survey response data downloaded from Qualtrics.

Notes: Fourteen responses were removed during the data cleaning process: 12 were duplicate responses and 2 were women who were found eligible during the screening process but declined to participate in the survey.

Next, the team removed unusable open-ended data (e.g., symbols instead of numbers or words), categorized "other" responses for variables that offered this option (when possible), and examined and resolved outlier responses. For four questions, outlier responses were capped at the 98th percentile: number of children ages 18 or older, number of children younger than 18, earned income, and income from benefits. Next, the researchers checked for logical data construction on specific variables, such as checking that duration of the current episode of homelessness was not longer than lifetime homelessness. When they found discrepancies, the researchers prioritized current episode of homelessness over lifetime homelessness estimates and then aligned both.

**Weighting and Bias Considerations**

In order to achieve a more representative sample of survey respondents and in preparation for data analysis, the researchers constructed weights for the survey sample (N = 586) using the 2022 Greater Los Angeles Homeless Count estimates for unaccompanied women as the population control totals in the county (LAHSA 2022). To construct the weights, the researchers examined differences between the survey sample and the control totals across demographic factors and ran a correlation analysis between a selection of questions from across each domain of the survey to observe whether there were key demographic (race, ethnicity, age, and sexual orientation) and geographic (SPA where the survey was taken) variables that correlated with survey responses (see appendix C for additional details on weighting analyses). Following these preliminary analyses, the research team determined that the

primary differences between the survey sample and the control totals related to sheltered/unsheltered status and whether a woman was experiencing chronic homelessness. In the point-in-time count, the proportion of unaccompanied women who were experiencing unsheltered homelessness was 75 percent, and 45 percent of women were experiencing chronic homelessness. In the survey sample, 43 percent of women were experiencing unsheltered homelessness and 34 percent of women were experiencing chronic homelessness. Additionally, in the analysis of key demographics and geographic factors with a sample of survey questions, only sheltered/unsheltered status and whether a woman was experiencing chronic homelessness correlated with survey responses.

Weighting adjustments based on chronic homelessness status and sheltered/unsheltered status were as follows:

- Confirmed experiencing chronic homelessness = 1.32
- Confirmed not experiencing chronic homelessness = 0.75
- Undetermined chronic homelessness status (missing data on at least one question when constructing the chronic homelessness status variable) = 1
- Location where you usually stay was unsheltered = 1.57
- Location where you usually stay was sheltered = 0.49
- Other (or unknown) sheltered status = 1

The final survey weight is a multiplier of chronic homelessness and sheltered/unsheltered statuses. So, the final survey weight adjusts for the potential bias in our sample due to the undersampling of women usually staying in unsheltered locations and women experiencing chronic homelessness (appendix C).

### ***Analysis***

The research team analyzed the survey in R Studio, using the *srvyr* package. To start, the analysis script was written for the full county analysis. A technical reviewer reviewed this script before any subgroup analyses. Following approval of the script for the full county, the research team conducted subgroup analyses including (1) SPA level, (2) sheltered and unsheltered, (3) race and ethnicity, (4) gender identity and sexual orientation, (5) age groups, (6) race and ethnicity and sheltered and unsheltered effects, and (7) gender identity and sexual orientation and sheltered and unsheltered effects. Subgroup analyses included generating frequency tables and conducting independent t-tests on variables of interest to better understand differences among subgroups. In some instances, when cell sizes for subgroups were

too small to power the test (i.e., under 40), categories were aggregated. (These instances are described below.) Taking into consideration the lack of previous data on unaccompanied women and the exploratory nature of this project, the significance level was set at 0.1. The research team felt that a higher significance level would provide opportunities to identify specific topics in need of further study.

The researchers also conducted virtual “data walks” with key stakeholders in Los Angeles County, including people with lived experiences of homelessness, researchers with expertise in the field of homelessness, and practitioners and policymakers. These data walks were conducted with preexisting advisory and policymaking groups that meet on a regular basis to discuss a multitude of local homelessness policy and practice concerns in Los Angeles County. The research team met with the following groups: (1) the Women’s Needs Assessment Steering and Advisory Committees, (2) the Homelessness Policy Research Institute based out of the Sol Price Center for Social Innovation at the University of Southern California, (3) the Black People Experiencing Homelessness (BPEH) Implementation Steering Committee through the Los Angeles County CEO’s Office, (4) the Los Angeles Homeless Services Authority Lived Experience Advisory Board, and (5) the Domestic Violence Homeless Services Coalition. The researchers used this time to solicit feedback on key methodological and analysis decisions, share critical findings with community stakeholders, co-analyze and contextualize findings, and gain input on policy and program recommendations. This report reflects the input and recommendations from the participating constituents.

### ***Limitations***

There are several key limitations to keep in mind when interpreting the survey findings:

- **Survey respondents were in some way connected to service providers.** While 43 percent of survey respondents (before weighting) reported usually staying in an unsheltered location and the research team weighted for sheltered status, it is likely that women who were unsheltered and participated in the survey are not representative of the women who are unsheltered but did not participate in the survey, particularly in relation to service provider connection.
- **Volunteers administered the survey.** There is a possibility that volunteers misinterpreted or did not understand survey response options or women’s answers. In these instances, it is possible that responses were recorded incorrectly or not recorded at all.
- **Some surveys were administered by program staff.** In some instances, program staff were the volunteers administering surveys. In these instances, it is possible that women’s responses were influenced by having the survey administered by a person associated with the services

they receive. Women were assured in the consent process that their answers would not affect their services, but it is still possible that women felt uncomfortable sharing their experiences fully.

- **Survey respondents all spoke English or Spanish.** The survey was only available in English and Spanish, meaning that women who did not speak one of those two languages were unable to participate. We only recorded one instance of this occurring, but it is possible that women who did not speak either language were never recorded as a nonresponse for language. It is also possible that there were instances in which a participant spoke Spanish, but there was no volunteer available to administer the survey in Spanish. We recorded two instances of this occurring; however, it is possible that there were additional women who would have been eligible and interested in taking the survey but were not approached because there was not a volunteer available who spoke the language.
- **Some racial and gender identity and sexual orientation groups are too small to be representative.** There were several instances in which the number of respondents in specific racial or gender identity and sexual orientation groups was too small to analyze and present findings on independently. In these instances, the research team decided to collapse groups. We recognize this diminishes the unique experiences of those groups. We note throughout the report when we were required to collapse groups for analysis purposes.
- **Women with specific challenges may have been unable to complete the survey.** Women experiencing homelessness with severe mental health challenges and/or who are actively using substances may have been less likely to participate in the survey. Women with these challenges may be less likely to be engaged with service providers or less likely to have been approached by volunteer survey administrators. Additionally, the survey had a two-step informed consent process that a potential survey participant would have to navigate with a volunteer in order to agree to participate.

## Characteristics of Unaccompanied Women Experiencing Homelessness

The survey captured information on demographics; education, employment, and income; and health statuses of women experiencing homelessness in Los Angeles County. These domains provide us with

important information about the unique situations and needs of women who are experiencing homelessness and can help identify groups of women who may need additional or specialized services.

## Demographics

Women were asked demographic questions including their age, race and ethnicity, and gender identity and sexual orientation, as well as questions regarding their relationship history and whether they had children.

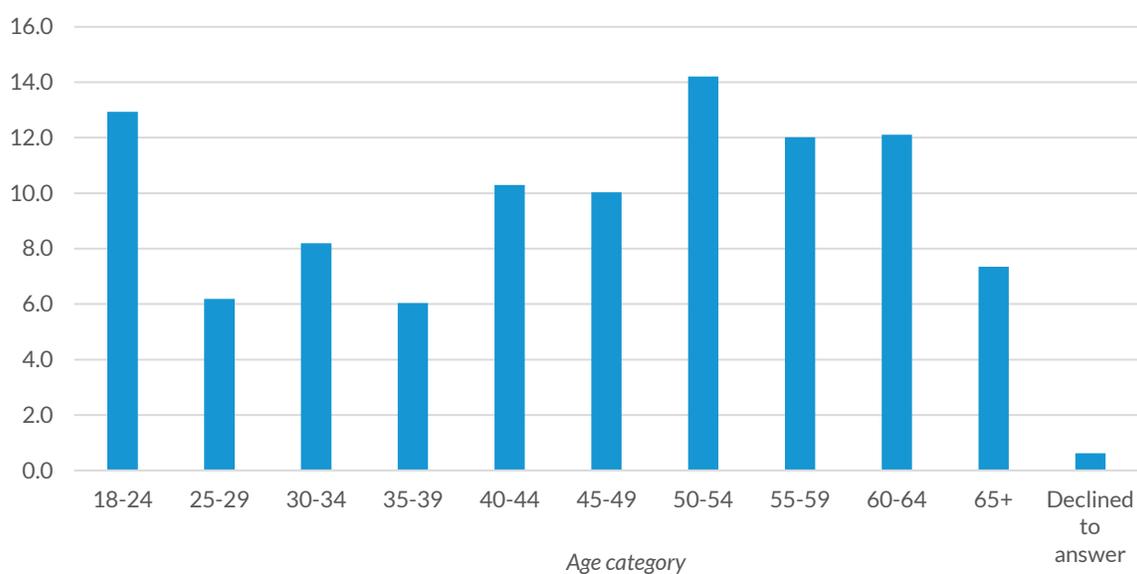
### AGE

Women experiencing homelessness as individuals ranged in age from 18 to 83 years old. The average age of women was 45.4, and the median age was 47 (figure 2). The majority of women were middle-aged or older (59 percent were between the ages of 40 and 64), but 13 percent were ages 18 to 24.

FIGURE 2

### Age of Women at the Time of Survey Participation

Findings from the 2022 Los Angeles County Women's Needs Assessment Survey



Source: Weighted survey data.

Notes: Unweighted N = 586.

While we did not capture age data as part of the listening sessions, age results are consistent with the observations of data collection teams that participated in the listening sessions conducted in spring 2022, with the majority of the women participating in listening sessions being middle-aged or older.

## RACE AND ETHNICITY

In the survey, race and ethnicity were asked as two separate questions, and women were able to select “all that apply” for their identified race(s). Women who selected two or more races were considered to identify as “two or more races.”

Considering race and ethnicity separately, 34.5 percent of women identified as Black or African American, 32.6 percent of women identified as white, and 10.7 percent of women identified as two or more races. Women also identified as Asian or Asian American (2.1 percent); American Indian, Alaskan Native, or Indigenous (1.4 percent); Native Hawaiian or Pacific Islander (1.2 percent); or another race not specified (3.2 percent). Of the 12.3 percent of women who did not respond to the race question, 9.8 percent identified as Hispanic or Latina.<sup>7</sup> Thirty-four percent of women identified as Hispanic or Latina. See box 1 for a discussion of overrepresentation of women of color among women experiencing homelessness.

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### BOX 1

#### Overrepresentation of Women of Color among Women Experiencing Homelessness

It is important to note that specific groups of women of color are dramatically overrepresented among women experiencing homelessness. Based on our survey data, the populations of Black or African American women and women of two or more races experiencing homelessness are more than 3.5 and 2 times that of Black or African American people and people of two or more races in the general population of Los Angeles County, respectively.

Of note, LAHSA’s point-in-time count estimates also indicate that Alaskan Native or Indigenous women are also overrepresented (more than two times their share of the general population), but we did not observe the same overrepresentation among women in our survey sample.

**Sources:** “Quick Fact Sheet for Los Angeles County, CA,” US Census Bureau, <https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia/HSG010222>, accessed June 1, 2023; 2022 Los Angeles County Women’s Needs Assessment Survey data; LAHSA 2022 point-in-time count estimates.

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To create data comparable to the point-in-time count categories, the research team also examined race and ethnicity as a combined variable in which women who identified as Hispanic or Latina were only considered to be Hispanic or Latina, rather than an additional self-identified race. With this combined variable, 34 percent of women identified as Hispanic or Latina, 31.6 percent identified as Black or African American, and 21.7 percent of women identified as white (table 3). In addition to aligning with the point-in-time count categories, this category also better reflects potential differences

in the experiences of women who identify as Hispanic white versus non-Hispanic white. See box 2 for a discussion of race and ethnicity subgroup analyses.

**TABLE 3**

**Comparison of Weighted Race and Ethnicity and Greater Los Angeles County Homeless County Data**  
*Combined race and ethnicity data for women*

	Percentage (%)	
	Weighted	2022 point-in-time count
<b>Race</b>		
American Indian, Alaska Native, or Indigenous	.79	2
Asian or Asian American	1.71	1
Black or African American	31.63	27
Hispanic/Latina	34.03	39
Native Hawaiian or Pacific Islanders	.70	0
White	21.66	28
Two or more races/Mixed or multiple races	7.15	3
Other	1.31	N/A
Unknown	.61	N/A
Declined to answer	.41	N/A

**Sources:** 2022 Los Angeles County Women’s Needs Assessment Data; 2022 Greater Los Angeles County Homeless County data for unaccompanied women.

**Notes:** The 2022 Greater Los Angeles County Homeless Count data combines race and ethnicity into a single category. Hispanic or Latina women were categorized as Hispanic or Latina, regardless of whether another race was chosen. The Homeless Count data do not include three categories (other, unknown, declined to answer) that were included in the current work.



*A health leader provides education to a resident in permanent supportive housing. (Kimberly Quitzon)*

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## BOX 2

### Analyzing Data on Race and Ethnicity for the Los Angeles County Women's Needs Assessment

For full-county descriptive analysis, we use the combined race and ethnicity variable described above. However, for significance testing within subgroups (e.g., sheltered status, age, gender identity), individual cell sizes for some racial categories were too small to have enough power for significance testing. For these subgroup analyses, we combined the following responses into a single race category: Asian and Asian American; American Indian, Alaskan Native, or Indigenous; and Native Hawaiian or Pacific Islander.

The research team decided on the previously described categories to account for the differences in Hispanic and non-Hispanic whites, as well as to identify subgroup-level race differences that can provide a baseline for future, more targeted research with increased sample sizes for racial subgroups where differences emerged. The research team recognizes and acknowledges the limitations and concerns of aggregating racial categories, as people with differing racial identities have distinct experiences, needs, and preferences. However, this decision was made in an effort to ensure the inclusion of these groups in statistical analyses, in which they otherwise would not have been meaningfully included.

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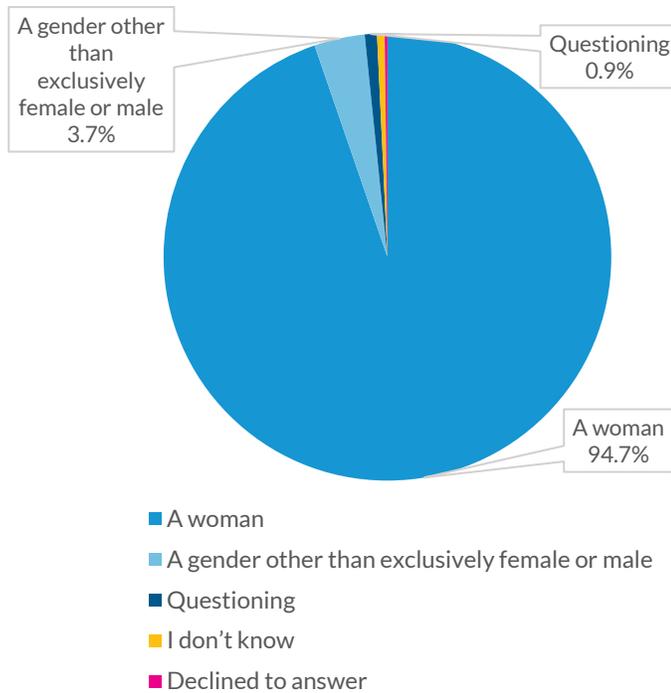
## GENDER IDENTITY AND SEXUAL ORIENTATION

The survey eligibility criteria intentionally included individuals who identified as women and other nonmale gender identities, such as nonbinary, gender fluid, and transgender. There were several survey questions intended to capture information about respondents' gender identity and sexual orientation, including what gender a respondent identified with, whether or not they considered themselves transgender, and what their sexual orientation was. Nearly 95 percent of individuals eligible for the survey identified specifically as women, and 3.7 percent identified as a gender other than exclusively a woman or man, such as nonbinary or gender fluid (figure 3). In a separate question, 7.7 percent of people identified as transgender.

FIGURE 3

**Self-Reported Gender Identity at the Time of Survey Participation**

*Findings from the 2022 Los Angeles County Women's Needs Assessment Survey*



Source: Weighted survey data.

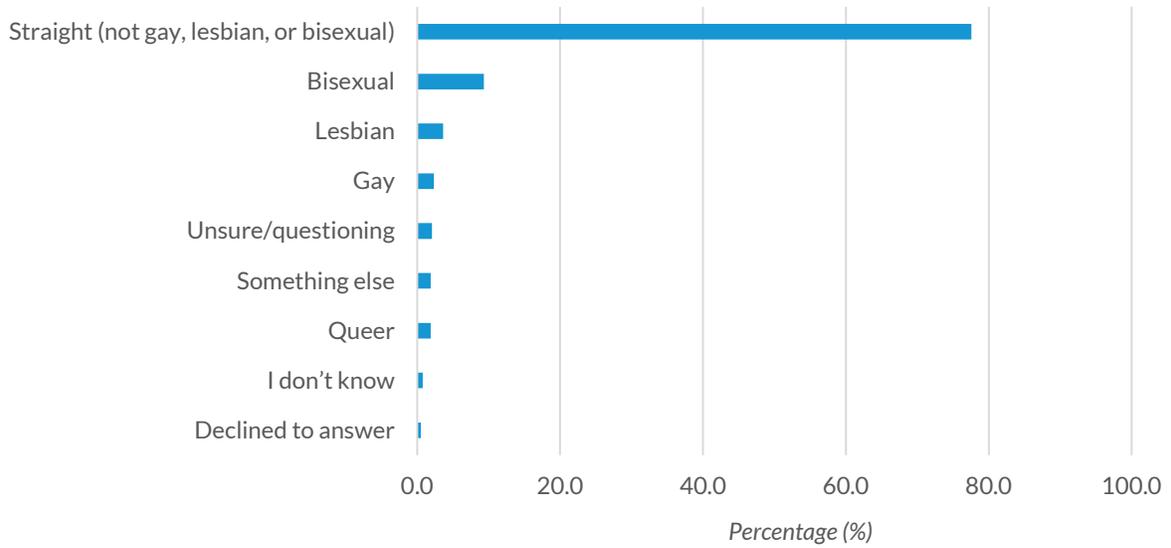
Notes: Unweighted N = 586.

About three-quarters of women described their sexual orientation as straight (not gay, lesbian, or bisexual), with nearly 20 percent identifying as bisexual, lesbian, gay, queer, or another sexual orientation (figure 4). Transgender and nonbinary individuals were significantly more likely to identify as lesbian, gay, bisexual, or queer than were cisgender women (62.8 percent versus 16.5 percent,  $p < .05$ ).

**FIGURE 4**

**Sexual Orientation at the Time of Survey Participation**

*Findings from the 2022 Los Angeles County Women's Needs Assessment Survey*



**Source:** Weighted survey data.

**Notes:** Unweighted N = 586.



*A peer health leader at Downtown Women's Center. (Kimberly Quitzon)*

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### BOX 3

#### Analyzing Subgroup Data on Gender Identity and Sexual Orientation for the Los Angeles County Women's Needs Assessment

For full-county descriptive analysis, we used distinct gender identity and sexual orientation categories. However, for significance testing between subgroups (e.g., sheltered status, age, race and ethnicity), we had statistical power-related concerns for being able to examine individuals who did not identify as exclusively male or female and those who identified as transgender separately, as well as being able to examine distinct sexual orientations (e.g., queer, bisexual, lesbian) separately.

For subgroup significance testing, we created a gender identity variable, which combined responses of individuals who did not identify as exclusively male or female with those who identified as transgender. We also created a sexual orientation variable, which combined responses including gay, lesbian, bisexual, queer, and something else (e.g., asexual or pansexual). The research team recognizes and acknowledges the limitations and concerns with aggregating gender identity and sexual orientation responses, as different populations have distinct experiences, preferences, and needs. However, the research team decided that having enough statistical power was essential to identify differences in the needs, preferences, and experiences in homelessness response and interactions with other systems among people with marginalized sexual orientations or gender identities compared with those of cisgender women and straight-identifying people. These differences and specific identified needs provide important insights for program and policy recommendations.

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#### RELATIONSHIP HISTORY

All women were seeking services unattached to a partner or spouse, but 51.4 percent of women experienced separation from a partner or spouse in their lifetime and 30 percent experienced divorce (some women experienced both divorce and separation in their lifetime, as survey respondents could select all responses that applied). In listening sessions, women described experiences consistent with this finding, including divorce or separation from abusive partners, divorce following other traumatic instances such as the loss of a child, and death of a partner. In many instances, women described these experiences as precipitating their entry into homelessness.

#### PARENTAL STATUS

While all survey participants were currently unaccompanied, meaning they were seeking services or housing by themselves, nearly 55 percent of women experiencing homelessness had children and 1.4 percent were pregnant. Among women with children over the age of 18, the median number was two children over the age of 18, and the mean number of children was 2.9. Among women with children under the age of 18, both the mean and median number of children under the age of 18 was two.

These findings were consistent with observations during the listening sessions in 2022. Many women described having children over the age of 18 who were not experiencing homelessness with them. In a small number of instances, women were experiencing homelessness as a direct result of the loss of an adult child. Listening session participants also described no longer having custody of minor children. In numerous instances, women were visibly upset when discussing the loss of custody of their children.

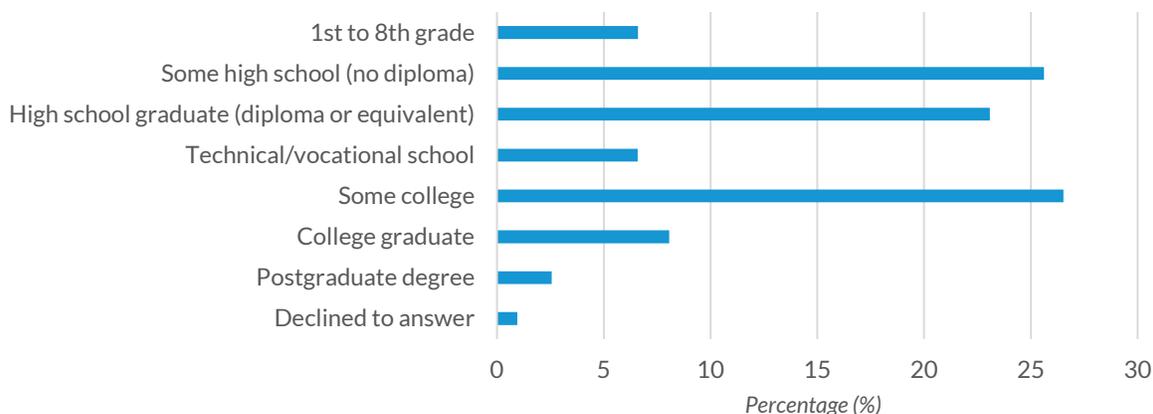
### VETERAN STATUS

Only 1.5 percent of women served in the US military. Among those veterans, nearly 70 percent were not currently receiving benefits or services from the US Department of Veterans Affairs (VA), with more than half of respondents reporting that this was because they did not qualify for VA benefits or programs (39.1 percent). It is important to note that the number of veterans that participated in the survey is so low that this is likely not a generalizable finding.

### Education

Sixty-seven percent of women had an educational attainment at the high school level or beyond (figure 5): 23 percent had a high school diploma or equivalent, 6.6 percent had technical or vocational education, 26.5 percent had some college, 8.1 percent had a college degree, and 2.6 percent had postgraduate education. Only 25.6 percent of the women had some high school-level education but no diploma, and 6.6 had an education between the first and eighth grade.

**FIGURE 5**  
**Highest Level of Education Attained at the Time of Survey Participation**  
*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



Source: Weighted survey data.

Notes: Unweighted N = 583.

## Employment and Income

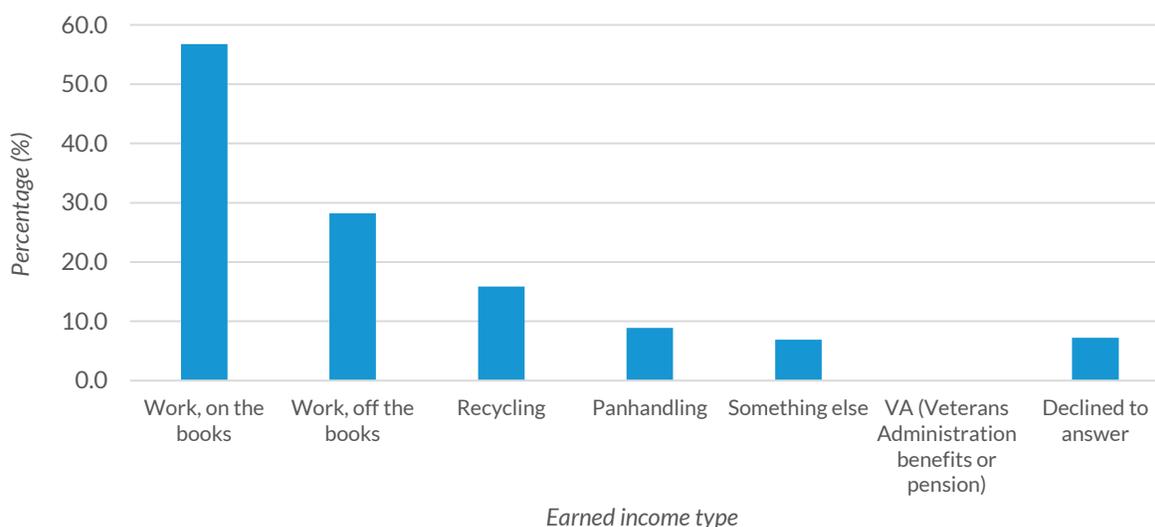
Seventy-one percent of women experiencing homelessness received income from varying sources, including employment and benefits. Nearly 30 percent of women experiencing homelessness were working for pay, trading goods or services with others, or both (figure 6). Among those not currently working or in a trade-type arrangement (69 percent), two-thirds self-identified as having a disability.

Among women with earned incomes, the median amount of monthly earned income was \$1,000, with an average income of \$1,186. The most common form of earned income was work “on the books” (56.8 percent). Women also reported receiving income “off the books” (28.2 percent) or from other sources such as recycling (15.9 percent), panhandling (8.9 percent), and other forms of income (6.9 percent). Among women receiving benefits, the median amount of estimated monthly benefits received was \$500, with an average of \$829.

FIGURE 6

### Women’s Sources of Earned Income by Type

Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey



Source: Weighted survey data

Notes: Unweighted N = 113.

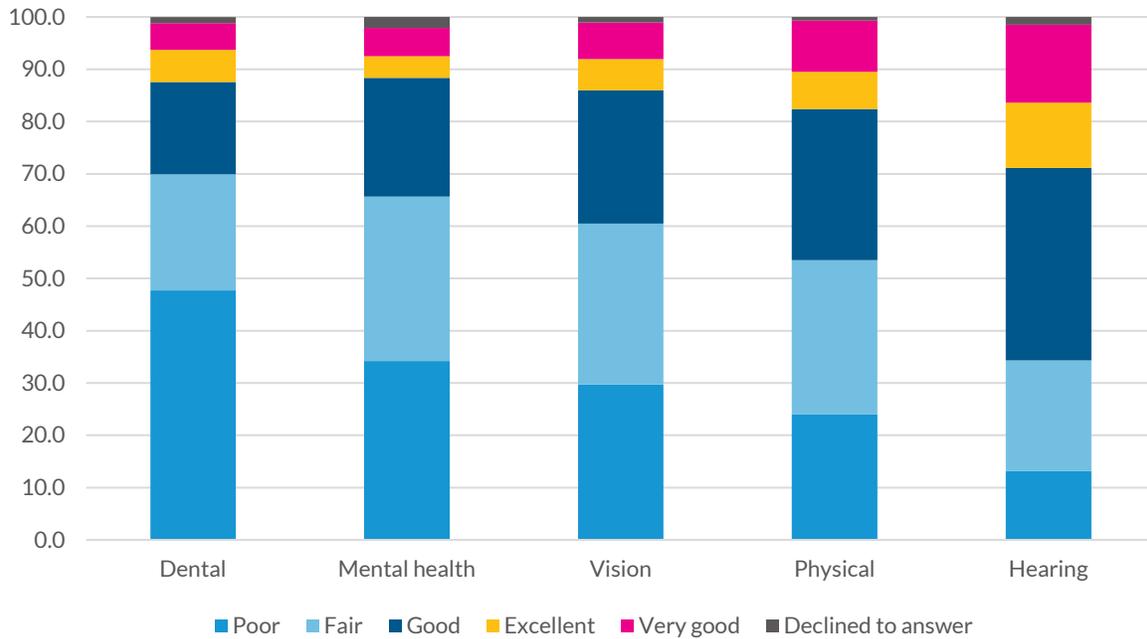
## Health and Well-Being

Women rated their health across multiple domains, including physical health, dental, vision, hearing, and mental health. Across these different health domains, most women reported their health as fair or poor, with dental health being rated the poorest (figure 7).

FIGURE 7

**Self-Reported Quality of Women’s Physical, Mental, Dental, Vision, and Hearing Health**

*Findings from the 2022 Los Angeles Women’s Needs Assessment Survey*



Source: Weighted survey data.

Notes: Unweighted N = 552.

In addition to their physical, dental, vision, hearing, and mental health, women were asked about their disability status. Sixty-one percent of women had a disability. While there was some variation of disability prevalence by sheltered status—69 percent of women who usually stay in sheltered situations reported a disability, compared with 60.7 percent of unsheltered women and 49.8 percent of women who usually couch surf—these differences were not statistically significant ( $p=.16$  and  $p=.19$ , respectively).

With respect to overall well-being, women were asked whether they had a social support network, which has been shown to be a protective factor for people experiencing homelessness (Bassuk et al. 1997; Brown-Young 2006; Caton 2005). More than half (51.3 percent) of women experiencing homelessness felt that they did not have a social support network. In listening sessions, women readily expressed their desire and need for social connectedness and talked about wanting peer support groups offered in shelter and housing locations.

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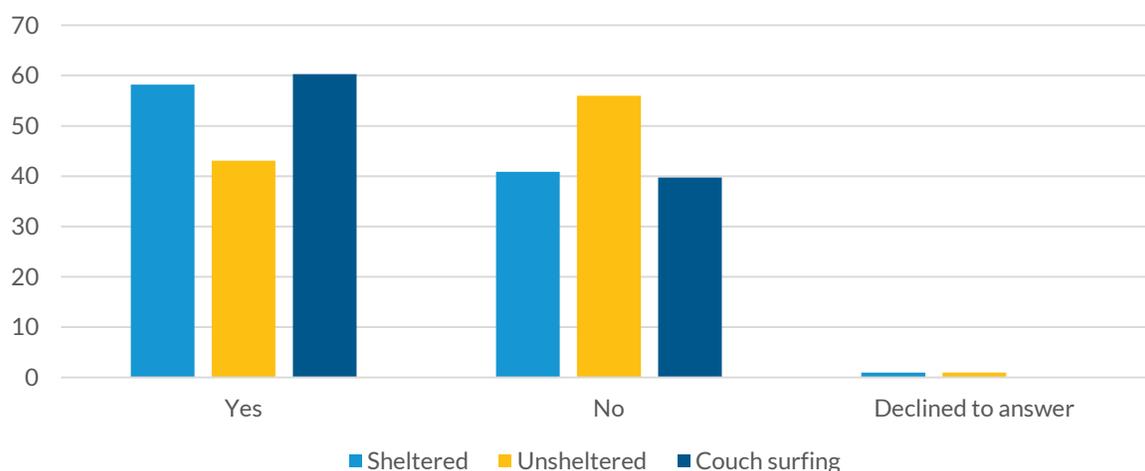
*I think we should do activities like group meetings...Because you know, we have to express yourself. You have to say what you went through. You have to scream, you have to share. And when you think you are the only one, but you will be surprised that you are not the only one. Sharing groups for women.*

*—2022 Los Angeles County Women’s Needs Assessment listening session participant*

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Women who most often stay in unsheltered situations were less likely than sheltered women to have a support network (43.1 percent versus 58.2 percent,  $p < .1$ ) (figure 8). Transgender and nonbinary individuals were significantly more likely to feel that they did not have a support network compared with cisgender women (38.9 percent versus 48.7 percent,  $p < .05$ ), but there were no significant differences between LGBTQ+ and straight women (45.2 percent versus 48.6 percent,  $p = .44$ ). There were also significant differences in access to a social network by race and ethnicity: Asians and Asian Americans, Indigenous and Native Alaskans, and Native Hawaiians and Pacific Islanders (71 percent) reported significantly more perceived social support compared with non-Hispanic white (43.2 percent), Black and African American (51 percent), and Hispanic and Latina (44.5 percent) women ( $p < .1$ ).

**FIGURE 8**  
**Women’s Self-Reported Access to a Support Network, by Sheltered Status**  
*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



**Source:** Weighted survey data.

**Notes:** Unweighted N = 564. Responses to the question, “Do you feel like you have a social support network (for example, friends, family, or other people you can turn to in times of need or in a crisis)?”

# Experiences of Homelessness

The survey captured information on women's living situations before experiencing homelessness; episodes and durations of homelessness; use of services within the homelessness response system; and experiences of trauma and victimization within their lifetimes, as a cause of homelessness and while experiencing homelessness. These data provide important information about how women experience the current response to homelessness in Los Angeles County, how they feel about the services they are provided, and the extent to which those services are responsive to their needs and keep them safe.

## Episodes and Durations of Homelessness

The survey captured information about women's first experiences of homelessness, how many times women have experienced homelessness in their lifetimes, and how long they have been experiencing homelessness.

### FIRST EPISODE OF HOMELESSNESS

On average, women were nearly 32 years old when they first experienced homelessness. Guided by our understanding of when people are most likely to experience homelessness (at birth and at life transitions), we conducted subsequent analyses to identify the average age of women's first episode of homelessness within three age categories: 13 and under (8.9 percent of respondents), ages 14 to 24 (33.8 percent), and 25 or older (57.2 percent). Among women who first experienced homelessness as a child, the median age of first-time homelessness was 10 years old (average of 8.5 years old). For women who first experienced homelessness in their teenage or emerging adulthood years, the median age of homelessness was 18 years old (average of 18.5 years old). And for women who first experienced homelessness as an adult, the median age was 45 years old (average of 44 years old).

These reports are consistent with what we heard from women in listening sessions, with a number of women reporting having experienced homelessness within their families as children; when becoming an early adult, such as after aging out of foster care or exiting juvenile detention; and becoming homeless for the first time as older adults.

Before becoming homeless for the first time, the majority of women experiencing homelessness in Los Angeles County (80 percent) lived in Los Angeles (63 percent) or Southern California (17 percent). Less than 20 percent of women were from elsewhere in California (4.1 percent) or from outside of the state (15.2 percent).

## NUMBER OF EPISODES

Most women reported experiencing multiple episodes of homelessness. More than half of women (57.3 percent) had at least one prior episode of homelessness before their current episode. In stark contrast, more than two-thirds (66.6 percent) of women over the age of 65 were currently experiencing their first episode of homelessness. Older women were significantly more likely to be experiencing their first episode of homelessness compared with younger women (ages 18 to 24, 25 to 29, and 30 to 34;  $p < .05$ ) and middle-aged women (ages 40 to 44, 45 to 49, and 50 to 54;  $p < .05$ ).

There were no significant differences in rates of first-time homelessness between sheltered and unsheltered women (45.8 percent versus 41.8 percent,  $p = .42$ ), but women who reported most often staying in shelters were more likely to be experiencing their first episode of homelessness than women who usually stayed in couch surfing situations (30.1 percent,  $p < .1$ ).

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*I've been homeless at least four times in the last eight years. This time was the longest, I've been homeless over [a] year.*

*—2022 Los Angeles County Women's Needs Assessment listening session participant*

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In listening sessions, many women explained that they had experienced multiple episodes of homelessness over their lifetimes. In some instances, women had exited homelessness only to find themselves living in an unsafe situation and ultimately returning to homelessness; others felt they did not have the necessary supports in place to maintain their housing permanently.

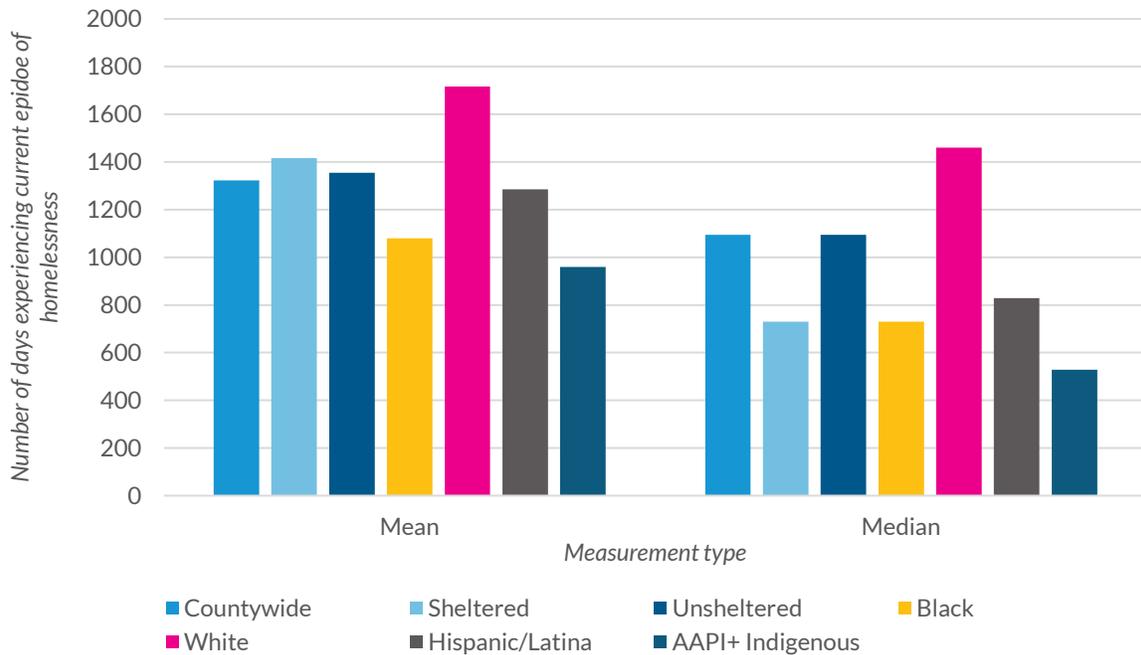
## LENGTH OF HOMELESSNESS

Women experienced long periods of homelessness both throughout their lifetimes and during their current episodes of homelessness. More than 80 percent of women experienced lifetime lengths of homelessness over a year, with more than half of those individuals experiencing lifetime homelessness for longer than five years. The median length of a current episode of homelessness among women was three years. The long periods of homelessness reported by women were consistent with listening session findings, where women described experiencing homelessness for longer than they expected, with some sharing that they thought they would be experiencing homelessness for a few months—not years.

**FIGURE 9**

**Duration of Women’s Current Homelessness Episode**

*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



**Source:** Weighted survey data.

**Notes:** Unweighted N = 505.

There were statistically significant differences in length of current episode of homelessness between people staying in sheltered situations and couch surfing situations (1416.5 days versus 732.8 days,  $p < .01$ ) and women staying in unsheltered situations and couch surfing situations (1355.1 days versus 732.8 days,  $p < .05$ ). There were also significant differences in length of current episode of homelessness between white women (1716.1 days) and Black and African American women (1079.5 days,  $p < .05$ ); Hispanic/Latina women (1285.5 days,  $p < .05$ ); and Asian American and Pacific Islander (AAPI) and Indigenous women (959.9 days,  $p < .1$ ). Women who usually stayed in couch surfing or other situations reported, on average, significantly fewer days of current homelessness (732.8 days) compared with women who usually stayed in sheltered situations (1416.5 days,  $p < .01$ ), and women who usually stayed in unsheltered situations (1355.1 days,  $p < .05$ ); however, there were no significant differences in length of current homelessness episode between women who usually stayed in sheltered situations and those who usually stayed in unsheltered situations ( $p = .74$ ). White women were significantly more likely to have lifetime experiences of homelessness between 10 and 20 years than were Black women (20.4 percent versus 7.4 percent,  $p < .05$ ).

## Use of Homelessness Response Services

The survey captured information about where women stayed most often and have stayed previously, where women sought services, and whether women believed service providers were understanding and empathetic.

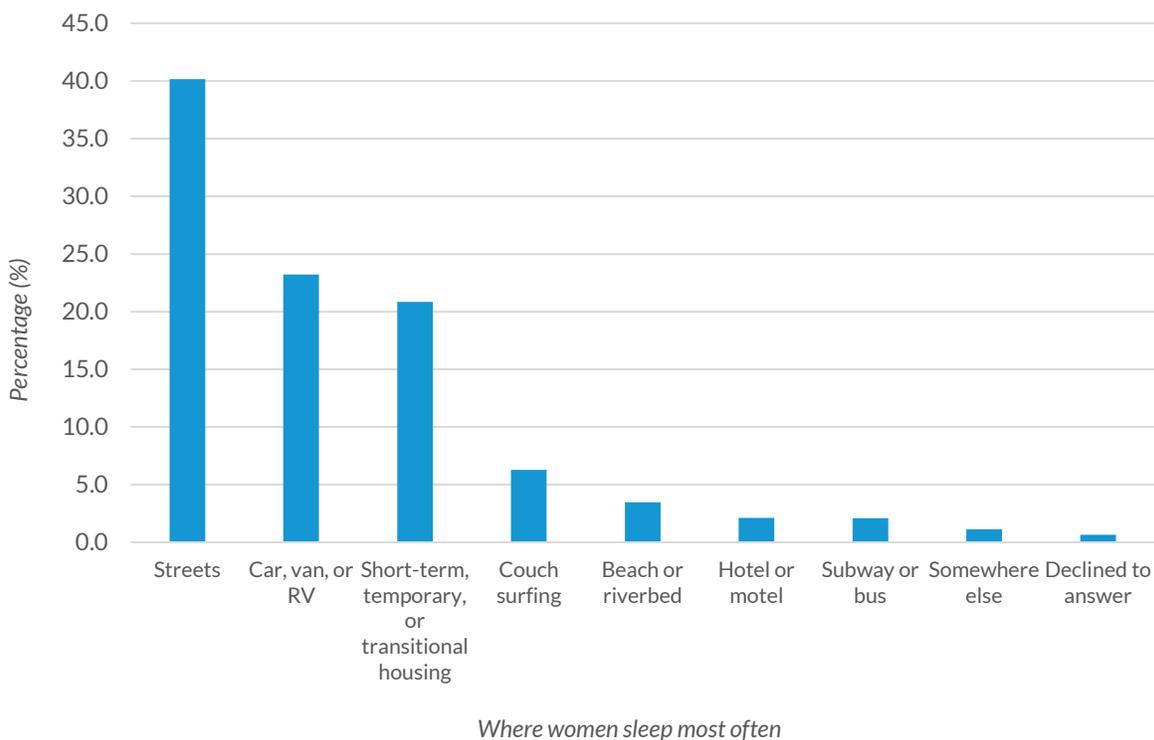
### WOMEN MOST OFTEN SLEPT IN UNSHELTERED LOCATIONS

Nearly 70 percent of women most often slept in unsheltered locations, including on the streets (40.2 percent); in cars, vans, or RVs (23.2 percent); on beaches or riverbeds (3.5 percent); and on public transportation (2.1 percent). Among women who most often slept in sheltered locations, most reported sleeping in short-term, temporary, or transitional housing (20.8 percent) or hotels or motels (2.1 percent). About 7 percent of women reported most often sleeping in a different type of situation—namely, couch surfing (6.3 percent).

FIGURE 10

### Where Women Experiencing Homelessness Sleep Most Often

Findings from the 2022 Los Angeles County Women's Needs Assessment Survey



Source: Weighted survey data.

Notes: Unweighted N = 581.

Straight women were significantly more likely to be unsheltered than LGBTQ+ women (by 7.4 percentage points,  $p < .05$ ). This is an interesting finding, given that Los Angeles County's point-in-time count estimates do not show this difference. Our results could be related to the type of service organizations we intentionally recruited to ensure that we captured the experiences of LGBTQ+ women.

#### **WOMEN HAVE EXPERIENCED VARIOUS HOUSING AND LIVING SITUATIONS OVER THE COURSE OF THEIR EXPERIENCES OF HOMELESSNESS**

Over the entirety of women's experiences of homelessness, women have stayed in various places, including unsheltered locations such as on the streets (66.8 percent); in a car, van, or RV (57.7 percent); with family and friends, such as couch surfing (52 percent); or in a hotel or motel (51.2 percent). Within the past year, the places where women most frequently stayed were the streets (50.7 percent); in a car, van, or RV (36.1 percent); and short-term, temporary, or transitional housing (33 percent).

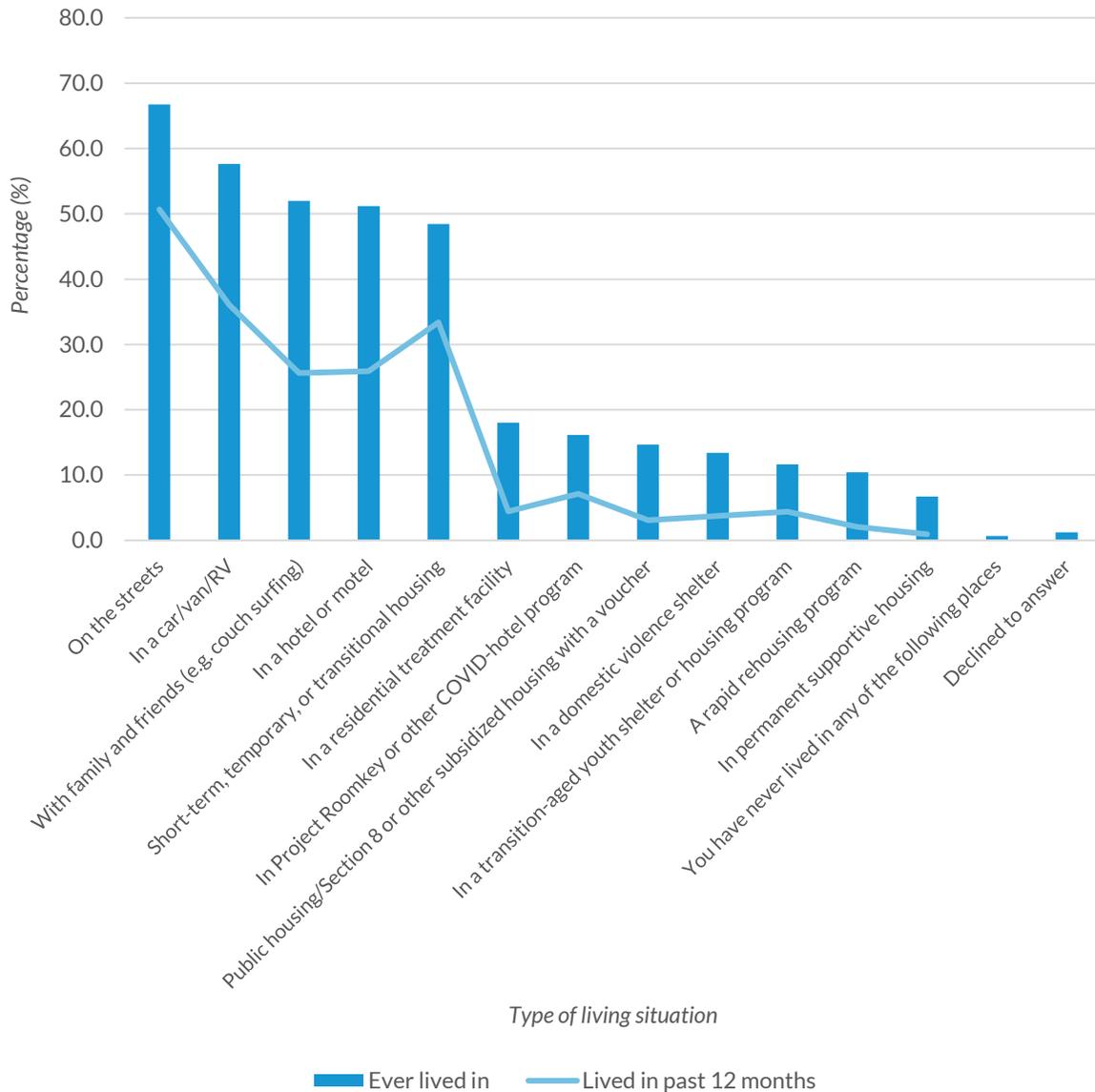
Women also expressed that they had previously lived in places designed to meet the needs of a specific experience or population at some point in their lives. For example, 11.6 percent had lived in a transition-age youth shelter or housing program, 13.4 percent had lived in a domestic violence shelter, and 18 percent had lived in a residential treatment facility. Additionally, 16.2 percent had stayed in Project Roomkey or another COVID-hotel reported program.

Some women previously lived in subsidized housing programs. Fifteen percent lived in some form of subsidized housing (including public housing and Section 8), 10.5 percent had previously been a part of a rapid rehousing program, and 6.7 percent of women had previously lived in permanent supportive housing. Figure 11 illustrates women's prior housing and living situations over their lifetimes, as well as their past-year situations.

**FIGURE 11**

**Where Women Have Lived while Experiencing Homelessness, in Their Lifetimes and in the Last 12 Months**

*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



**Source:** Weighted survey data

**Notes:** Unweighted N = 581.

**MOST WOMEN SOUGHT SERVICES IN ONE SERVICE PLANNING AREA**

Women were asked where they typically received services (i.e., the SPAs in which they utilized services). Most women described receiving services in a single SPA (84.9 percent). Nearly 10 percent of

women received services in two SPAs, and an additional 5 percent had received services in three or more SPAs throughout the county.

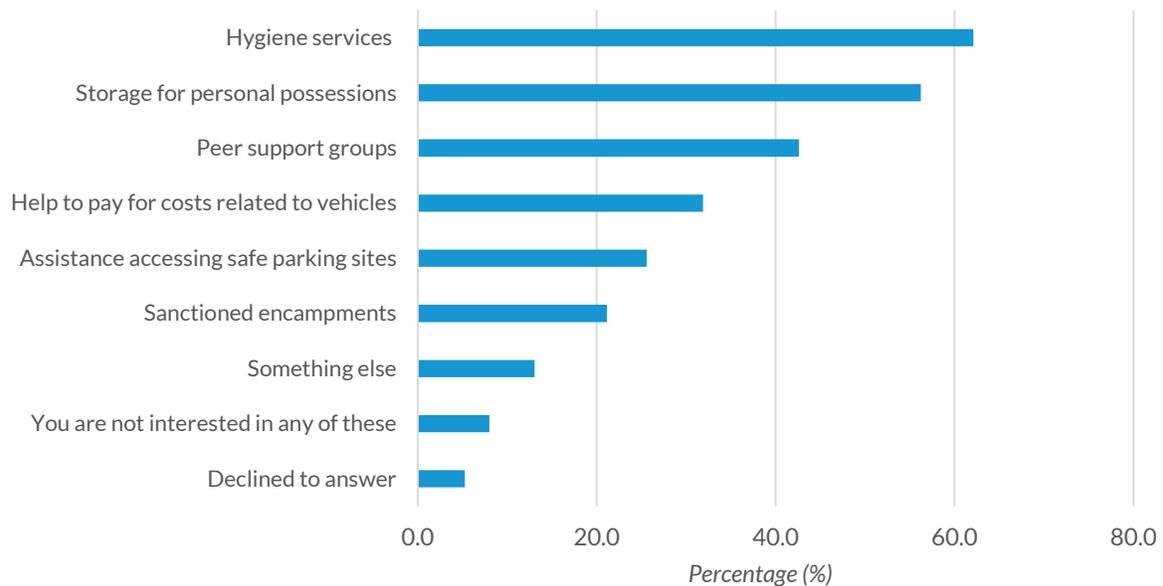
### ENGAGEMENT BY OUTREACH TEAMS WAS COMMON

Among women who slept in unsheltered situations within the past 12 months, nearly two-thirds (65.4 percent) had been engaged by a street outreach worker or case manager. Of those who had been engaged by outreach workers, they shared that the outreach workers or case managers had assisted them in accessing a variety of services (figure 12).

FIGURE 12

#### Services Women were Offered through Outreach Worker Engagement

Findings from the 2022 Los Angeles County Women's Needs Assessment Survey



Source: Weighted survey data.

Notes: Unweighted N = 210. Includes only women who had been engaged by an outreach team,

### Challenges Women Face and Barriers to Housing and Services

The survey highlighted key challenges women face in exiting homelessness as well as barriers to receiving services that they face within the homelessness response system.

## WOMEN FACED SIGNIFICANT BARRIERS IN ACCESSING AND RETAINING PERMANENT HOUSING

Housing is the solution to homelessness, and women frequently reported barriers in exiting homelessness into permanent housing (figure 13). The most frequently reported barriers to accessing permanent housing was lack of housing that women could afford (63.1 percent) and long waiting lists to access vouchers or public housing (55.9 percent). Other homelessness response system-related barriers included lack of case management services to help connect to housing (42.4 percent); being assessed by coordinated entry and referred, but still waiting for housing (29.1 percent); not having been assessed by the coordinated entry system yet (18.9 percent); or not qualifying for housing because they are not chronically homeless or disabled (16.2 percent). Women also described challenges accessing the private rental market, including not knowing how to search for units using a computer or the internet (26.1 percent), not being able to find a landlord willing to take a voucher (19.7), having a prior eviction history (16.5 percent), or having a criminal legal or incarceration history (15.9 percent).

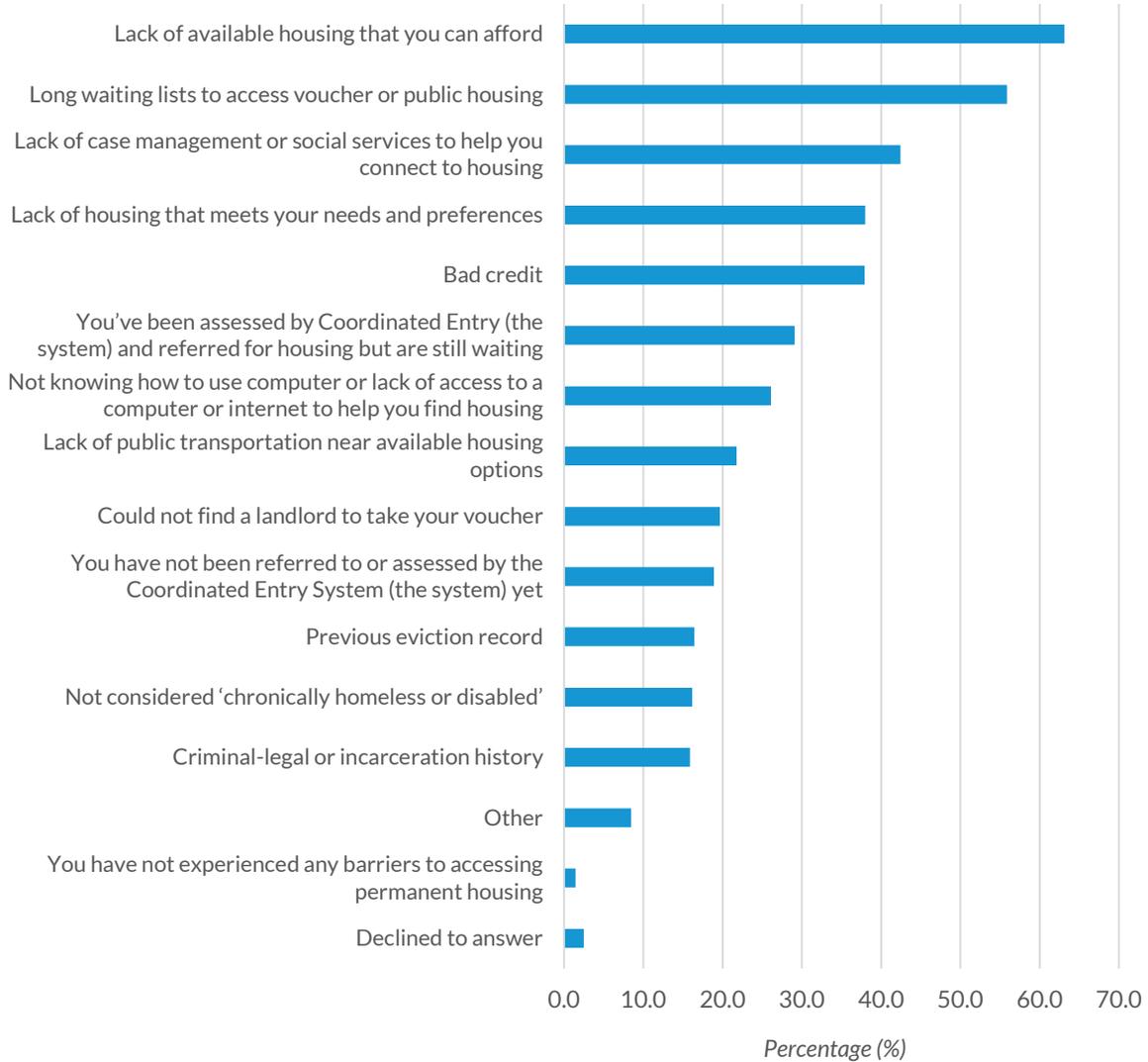


*A woman permanently housed in an apartment by Downtown Women's Center. (Downtown Women's Center)*

FIGURE 13

**Barriers to Permanent Housing**

*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



Source: Weighted survey data.

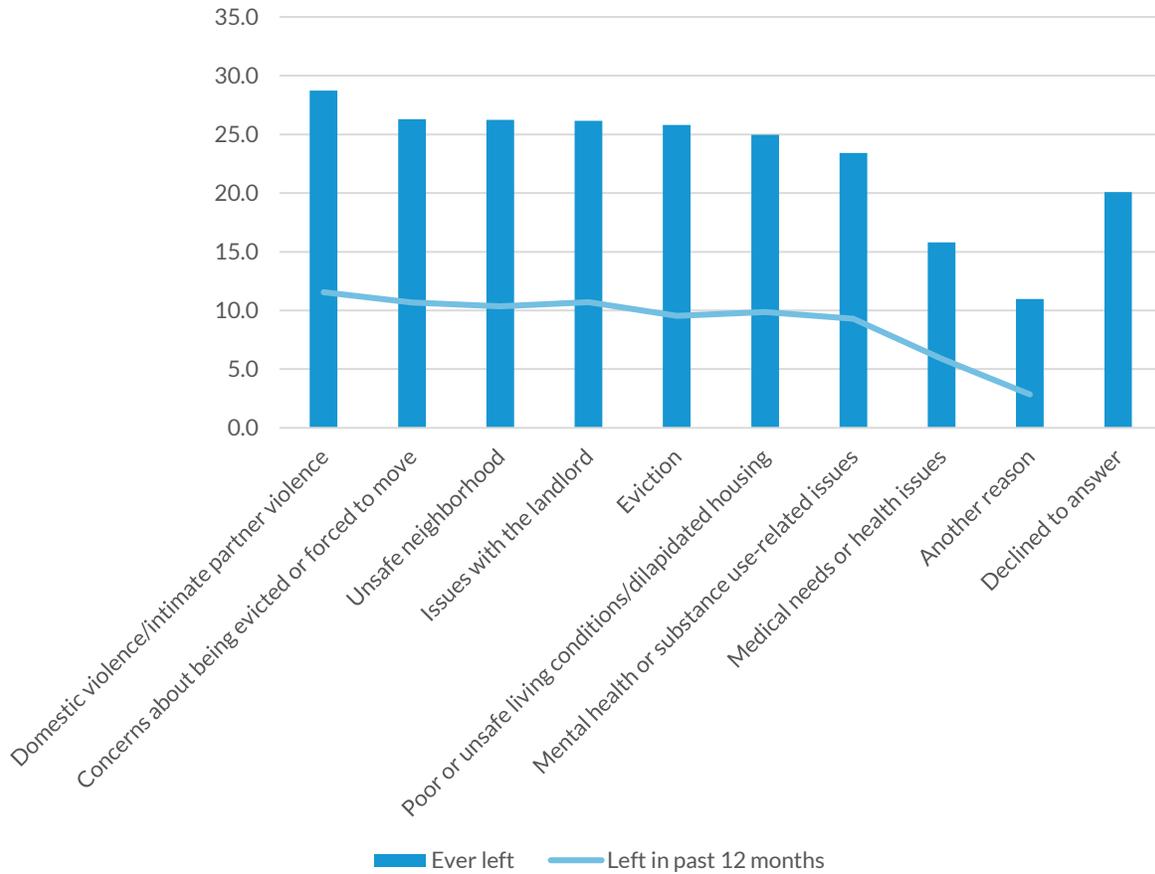
Notes: Unweighted N = 570.

Even after securing housing, women faced challenges in retaining permanent housing. The most commonly listed reason for leaving a prior housing placement was domestic or intimate partner violence (28.9 percent) (box 5). Women also reported leaving permanent housing because of concerns about being evicted or forced to move (26.3 percent), an unsafe neighborhood (26.2 percent), issues with landlords (26.2 percent), and poor or unsafe living conditions (25 percent). Figure 14 depicts women’s reasons for leaving permanent housing at any time and within the last 12 months.

FIGURE 14

**Reasons Women Left Permanent Housing**

*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



Source: Weighted survey data.

Notes: Unweighted N = 569.

These findings were consistent with what we heard from women in listening sessions. Women were aware that there was neither enough housing assistance for every woman experiencing homelessness nor sufficient housing stock to meet all women’s needs or preferences. In the listening sessions, women described not receiving housing because they did not meet the prioritization criteria of experiencing chronic homelessness or having a disability. Women also described competition for the scarce number of housing units available and pressure to accept a unit when shown because of it also being shown to many other people. Women also described how some housing options did not meet their preferences and needs, such as housing that lacked essential items (e.g., appliances and furniture) or housing that did not meeting their needs in terms of access to employment, transportation, health care services, and family.

---

*I cannot pay for a regular apartment. They are \$1,500 and up. I only get \$1,100 to pay for housing or HUD [housing], but they never give it to me. You've got to wait 5 to 10 years. I'll probably be dead by then.*

*—2022 Los Angeles County Women's Needs Assessment listening session participant*

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#### WOMEN FACED SIGNIFICANT BARRIERS TO ACCESSING AND USING SHELTERS

Women reported significant barriers to accessing or using shelters in the absence of permanent housing solutions (figure 15). The most frequently reported barrier to using or accessing shelters was concerns about feeling unsafe, with more than half of women (53.6 percent) naming these concerns. Other commonly cited barriers included lack of available spots in shelters (45.8 percent), concerns about privacy (45.4 percent), and lack of shelter options that meet the needs and preferences of respondents (42.8 percent). Only 5.4 percent of women reported that they faced no barriers to accessing or using shelters.

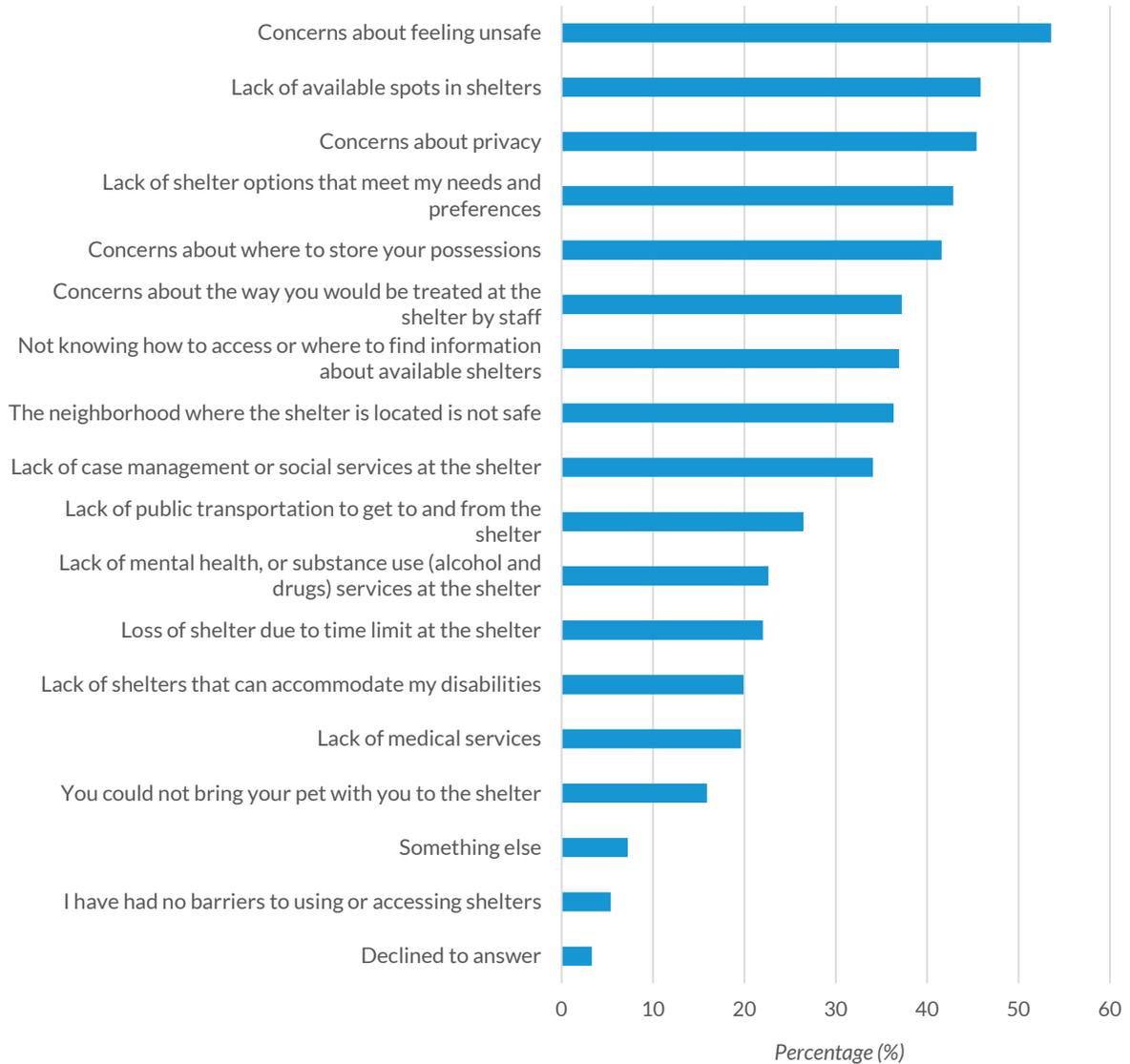


*Women participate in a services group at Downtown Women's Center. (Kimberly Quitzon)*

FIGURE 15

**Barriers to Accessing and Using Shelter**

*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



Source: Weighted survey data.

Notes: Unweighted N = 570.

This was consistent with what we heard from women during listening sessions. Women described avoiding shelters and choosing to sleep outside in an attempt to protect themselves from theft and violence. Multiple women had stories about specific incidences of assault or theft of their own or other women’s belongings by shelter staff or other residents.

While most women reported facing at least one barrier to accessing and using shelters, there were significant differences in the types of barriers experienced. For example, there were significant racial differences in the frequency of women who reported concerns about the way they would be treated by shelter staff. Black and African American women were significantly more likely to report concerns about treatment when compared with non-Hispanic white women (42.5 percent versus 25.8 percent,  $p < .1$ ) and Hispanic and Latina women (42.5 percent versus 31.3 percent,  $p < .05$ ), however were significantly less likely to report concerns compared with women of two or more races (42.5 percent versus 67.9 percent,  $p < .05$ ). There were no statistically significant differences in concerns about treatment by shelter staff between LGBTQ+ and straight women (42.6 percent and 35.5 percent,  $p = .15$ ) or transgender and nonbinary individuals and cisgender women (48.8 percent and 35.4 percent,  $p = .21$ ), but cisgender women were significantly more likely to report facing no barriers to shelter compared with transgender and nonbinary individuals (6 percent versus 1.2 percent,  $p < 0.1$ ). It is possible that our site selection of service organizations that specifically serve LGBTQ+ individuals resulted in these findings and/or that our sample sizes were not large enough to produce a statistically significant result. Cisgender women were significantly more likely to cite not being able to bring their pet as a barrier to accessing shelter compared with transgender women and nonbinary individuals (16.7 percent versus 5.6 percent,  $p < .05$ ).

There were also significant knowledge gaps in terms of knowing how or where to find information about available shelters. Transgender and nonbinary individuals were more likely to report this as a barrier to finding shelter compared with cisgender women (44.7 percent versus 35.7 percent,  $p < .05$ ). Similarly, there were significant differences between LGBTQ+ women (46.2 percent) and straight women (34.4 percent) in knowing how to access and find information about shelters ( $p < .05$ ).

#### ONLY ABOUT HALF OF WOMEN BELIEVE COMMUNITY SERVICE PROVIDERS ARE UNDERSTANDING

Fifty-four percent of women felt that providers of community services are understanding and empathetic of their situations and histories. About one-third (32 percent) felt that they were not, and nearly 13 percent reported that they did not know. There were no significant differences in feelings around provider empathy between those who primarily stayed in sheltered, unsheltered, and couch surfing situations.

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*I've seen homelessness break some people...not getting the help that they need with service providers...it is hard getting rejected from them when you really need the help. There are some programs that have made me feel they didn't really want to do some help.*

*—2022 Los Angeles County Women's Needs Assessment listening session participant*

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In listening sessions, women described similar, and sometimes more negative, themes. They spoke of rules or lack of rules that deterred them from using the shelters. Women described strict rules that were unevenly applied in programs, staff who were disrespectful and sometimes threatening, and instances of being physically searched and having their belongings searched. On the other hand, some women also spoke of shelters with very few or nonexistent rules that made them feel unsafe during their stay. In some instances, program staff and program security guards were described as the perpetrators of assaults and other traumatic experiences. For example, women described being treated differently than men by security guards in mixed-gender shelter programs. Some women also experienced differential treatment as a result of engaging in sex work (box 4).

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#### **BOX 4**

#### **Differential Treatment for Women Who Had Received Money, Goods, or a Place to Stay in Exchange for Consensual Sexual Acts or Companionship**

Some women's survey responses reflected differential treatment. About 1 in 10 women (10.6 percent) had received money, goods, or a place to stay in exchange for consensual sexual acts or companionship within the past year. Among them, 30.8 percent felt that their housing providers were aware of how they got by. Of these women, 61 percent reported being treated differently because they engaged in sex work. There were significant differences between women who engaged in sex work in the past year by sheltered status, with women who usually stayed in couch surfing or other situations engaging in sex work more frequently in the past year than women living in sheltered situations (16.1 percent versus 7.9 percent,  $p < .1$ ). There were no significant differences in reported sex work between sheltered and unsheltered women (7.9 percent versus 11.1 percent,  $p = .39$ ) or between unsheltered women and women who usually couch surfed (11.1 percent versus 16.1 percent,  $p = .36$ ). LGBTQ+ women and transgender and nonbinary individuals were more likely to have received money, goods, or a place to stay in exchange for consensual sexual acts or companionship within the past year compared with straight women (22.2 percent versus 7.8 percent,  $p < .05$ ) and cisgender women (28 percent versus 9.1 percent,  $p < .05$ ), respectively.

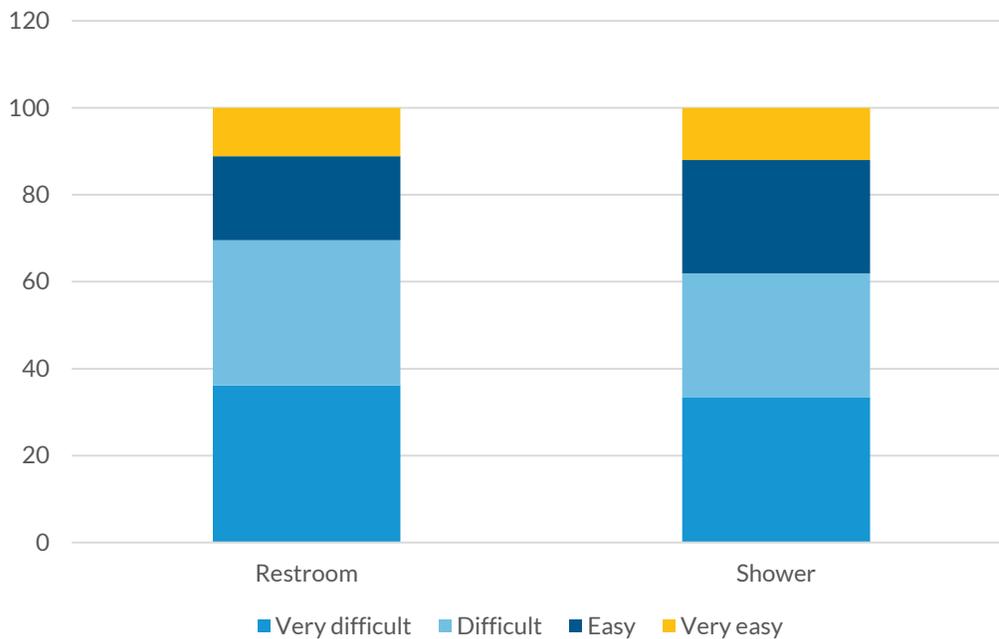
## LOCATING HYGIENE SERVICES WAS DIFFICULT

Locating safe and clean restrooms and showers was also a challenge for most women. Nearly 70 percent reported difficulty in finding a restroom, with more than half saying it was very difficult (36.2 percent). Additionally, more than 60 percent of women said it was difficult to find a shower when they needed it, with more than half saying it was very difficult (33.5 percent). Restroom accessibility differed by sheltered status, with significant differences in those who had difficulty finding a restroom between sheltered and unsheltered women (19.2 percent versus 37.2 percent,  $p < .05$ ) as well as between sheltered women and women who usually couch surf (19.2 percent versus 43.2 percent). Transgender and nonbinary individuals also had difficulty locating restrooms and showers; they were significantly less likely to report that it was very easy to locate a bathroom (7.3 percent versus 11.6 percent,  $p < .1$ ) or shower (8.2 percent versus 12.5 percent,  $p < .05$ ) compared with cisgender women. There were also significant differences between Black (28.9 percent) and white women (39 percent,  $p < .1$ ) in terms of difficulty finding a restroom and difficulty locating a shower (22.3 percent versus 38.2 percent,  $p < .05$ ). See figure 16 for further details on these differences in access to hygiene.

**FIGURE 16**

### Difficulty Accessing Clean Restrooms and Showers

*Findings from the 2022 Los Angeles County Women's Needs Assessment Survey*



Source: Weighted survey data.

Notes: Unweighted Ns = 559 (restrooms); 558 (showers).

## ACCESSING STORAGE WAS CHALLENGING

Maintaining and/or storing personal possessions was a challenge for most women, with nearly three-quarters having difficulties (26.3 percent indicated that it was “difficult”, while 48.4 percent indicated that it was “very difficult”). Difficulty accessing storage differed significantly by sheltered status; unsheltered women more frequently reported finding it very difficult to maintain or store their possessions (53.9 percent) compared with women who stayed in sheltered situations (35.2 percent,  $p < .05$ ) and women who stayed in couch surfing or other situations (40.7 percent,  $p < .05$ ).

## Safety and Victimization

One of the most extensive changes to the 2022 women’s needs assessment survey in comparison with earlier surveys was an expansion in the type of data collected on women’s histories of victimization in their lifetimes, as causes of homelessness, and while experiencing homelessness. These changes were a direct result of the clear theme that emerged from listening sessions indicating that women often had long histories of trauma and victimization, both before and during their experiences of homelessness. Survey results confirmed and provided additional nuance to those listening session findings.

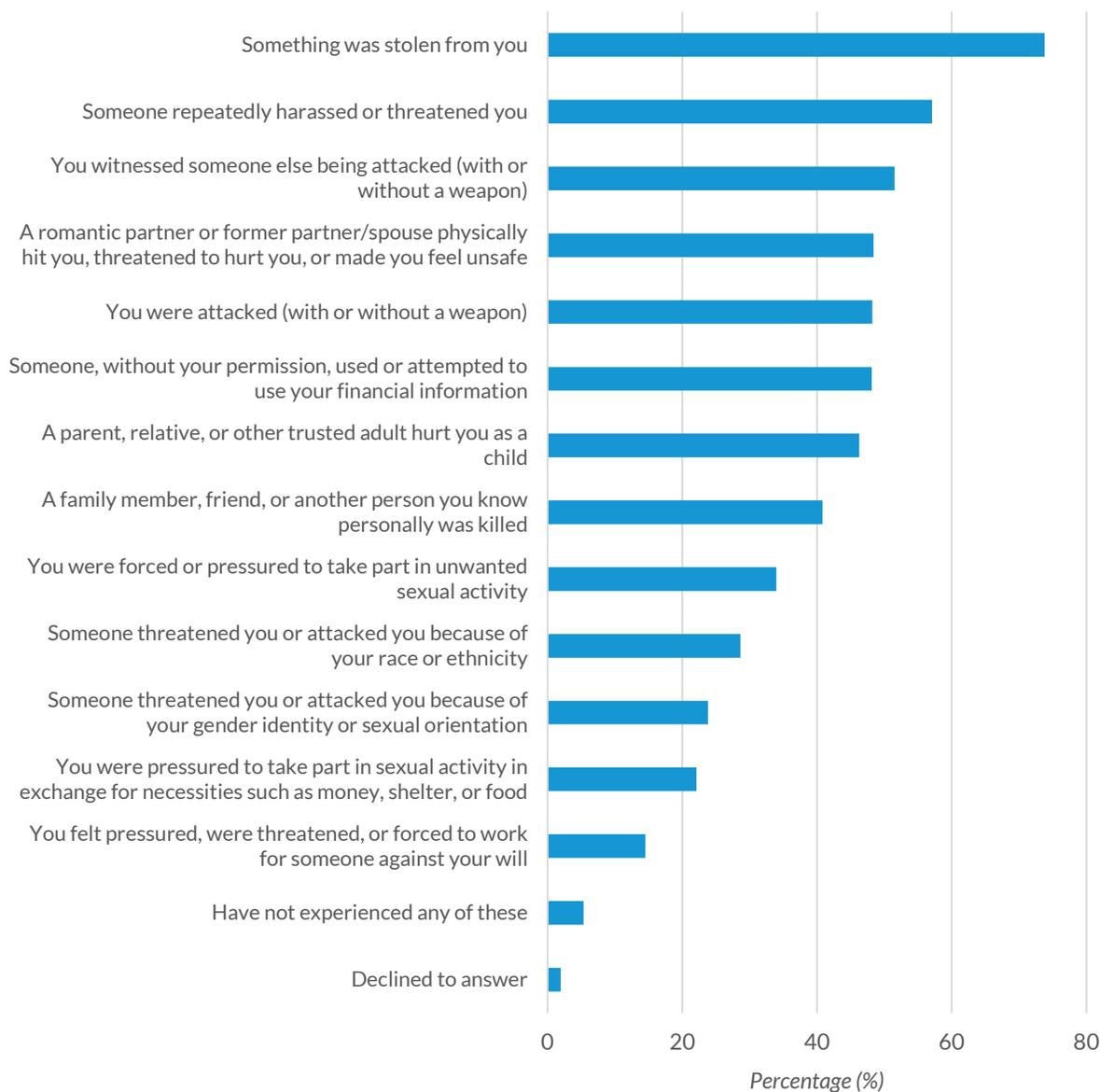
## WOMEN EXPERIENCED MULTIPLE FORMS OF VICTIMIZATION

More than 90 percent of women had experienced some form of victimization in their lifetimes. The most frequently cited forms of victimization included having something stolen (73.8 percent); being repeatedly harassed or threatened (57.1 percent); being threatened, physically hit, or made to feel unsafe by a romantic partner (48.4 percent); and experiencing financial victimization (48.1 percent). Figure 18 describes lifetime and past-year prevalence of victimization experiences among women.

FIGURE 17

**Lifetime Victimization Experiences among Women Experiencing Homelessness**

*Findings from the 2022 Los Angeles County Women's Needs Assessment Survey*



Source: Weighted survey data.

Notes: Unweighted N = 563.

Overall, lifetime prevalence rates of most forms of victimization were similar between those living in unsheltered, sheltered, and other shelter situations (mostly couch surfing), and there were no significant differences in any forms of lifetime victimization between these three subgroups.

Transgender and nonbinary individuals and LGBTQ+ women were significantly more likely to have been

threatened or attacked because of their gender identity or sexual orientation compared with cisgender women (65.1 percent versus 19.3 percent,  $p < .01$ ) and straight women (53.6 percent versus 16.1 percent,  $p < .01$ ).

#### WOMEN REPORTED VICTIMIZATION EXPERIENCES AS CAUSES OF HOMELESSNESS

Women identified several forms of victimization as a cause of their homelessness. Among them were intimate partner violence (21.4 percent), having something stolen (16.8 percent), being attacked with or without a weapon (15.2 percent), someone using their financial information without their permission (12 percent), being forced or pressured to take part in unwanted sexual activity (9.1 percent), being threatened verbally or physically attacked due to their race or ethnicity (7.0 percent), and being threatened verbally or physically attacked due to their gender identity or sexual orientation (6.9 percent) (figure 18). See box 5 for a discussion of the intersection of domestic violence and homelessness.

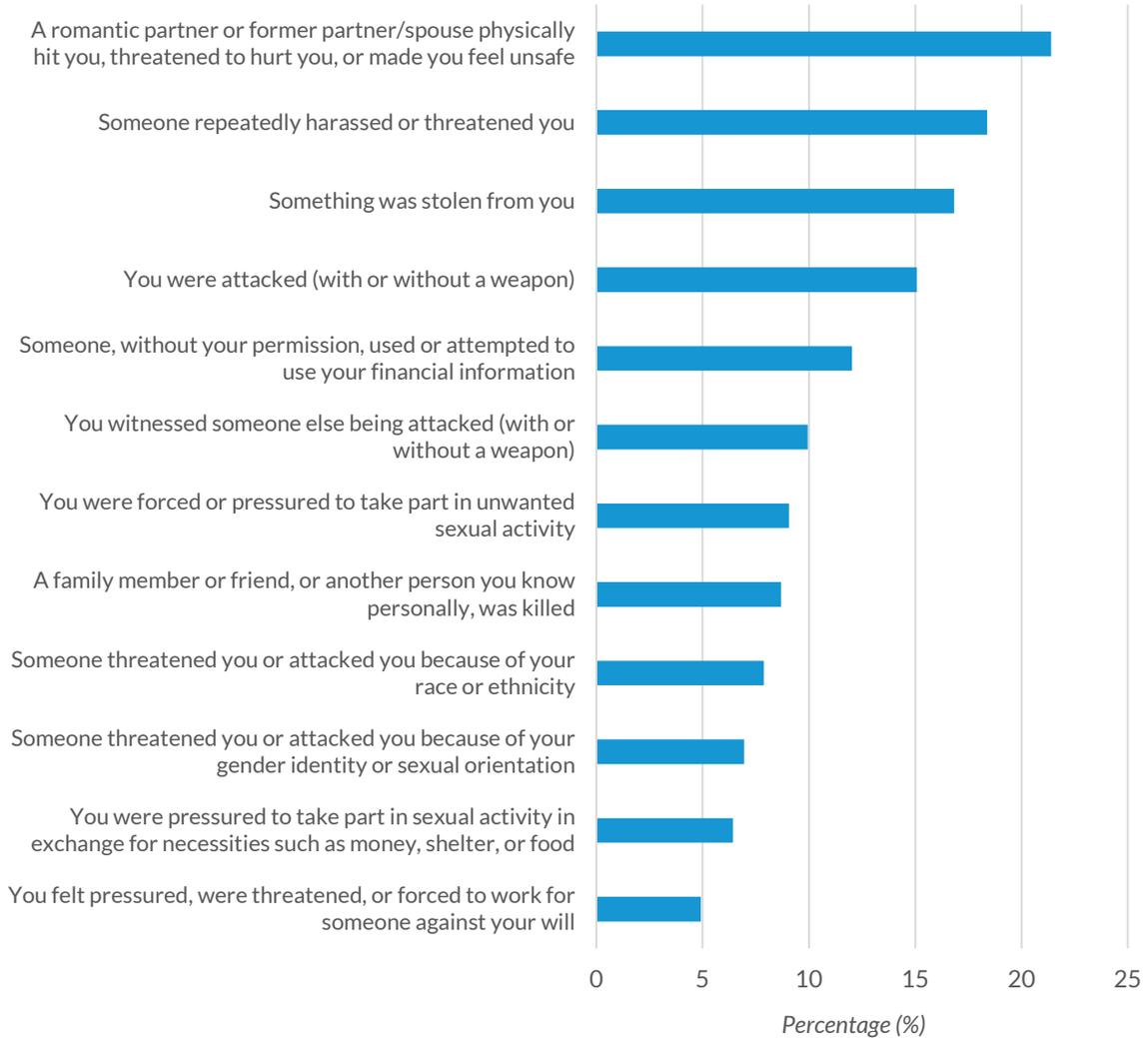


*A volunteer dance therapist leads a weekly health class at Downtown Women's Center. (Kimberly Quitzon)*

FIGURE 18

**Victimization Experiences as Causes of Homelessness**

*Findings from the 2022 Los Angeles County Women's Needs Assessment Survey*



**Source:** Weighted survey data.

**Notes:** Unweighted Ns = 257 (domestic violence); 304 (repeatedly harassed); 401 (something stolen); 259 (was attacked); 261 (fraud or scam); 275 (witnessed an attack); 180 (unwanted sexual activity); 224 (murder of someone known); 158 (race victimization); 130 (sexual orientation or gender identity victimization); 119 (sexual activity in exchange for necessities); 78 (forced or pressured to work for someone).

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## BOX 5

### The Intersection of Homelessness and Domestic Violence

Among women who have experienced different forms of victimization in their lifetimes, intimate partner violence emerged as a leading cause of homelessness. In general, 48.4 percent of the women had experienced intimate partner violence in their lifetime, and within this group, nearly half (44.2 percent) acknowledged that intimate partner violence was a cause of their homelessness (figure 18). Additionally, women were asked if they had left permanent housing for reasons related to living conditions, eviction, health and behavioral health, domestic violence, and safety. More than a quarter of women (28.7 percent) reported leaving permanent housing because of domestic or interpersonal violence. This was the most commonly cited reason for leaving a prior permanent housing placement.

---

### WOMEN REPORTED HIGH RATES OF VICTIMIZATION WHILE EXPERIENCING HOMELESSNESS

While experiencing homelessness, 57.9 percent of women had something stolen from them; 43.1 percent were repeatedly harassed or threatened; 37.6 and 35.3 percent witnessed an attack or were attacked themselves, respectively; and 20.4 percent were forced to take part in unwanted sexual activity (figure 19). There were significant differences in victimization experiences between women who primarily stayed in sheltered versus unsheltered locations, with unsheltered women being more likely to have experienced being attacked with or without a weapon (58.6 percent versus 78 percent,  $p < .05$ ); witnessing an attack (63.4 percent versus 76.9 percent,  $p < .05$ ); being threatened or hit by a partner or former partner (52 percent versus 65 percent,  $p < .05$ ); or being attacked because of their race or ethnicity (62.2 percent versus 77.4 percent,  $p < .05$ ). In addition, white women were more likely to personally know someone who had been killed compared with Hispanic/Latina ( $p < .05$ ) and multiracial women ( $p < .1$ ).

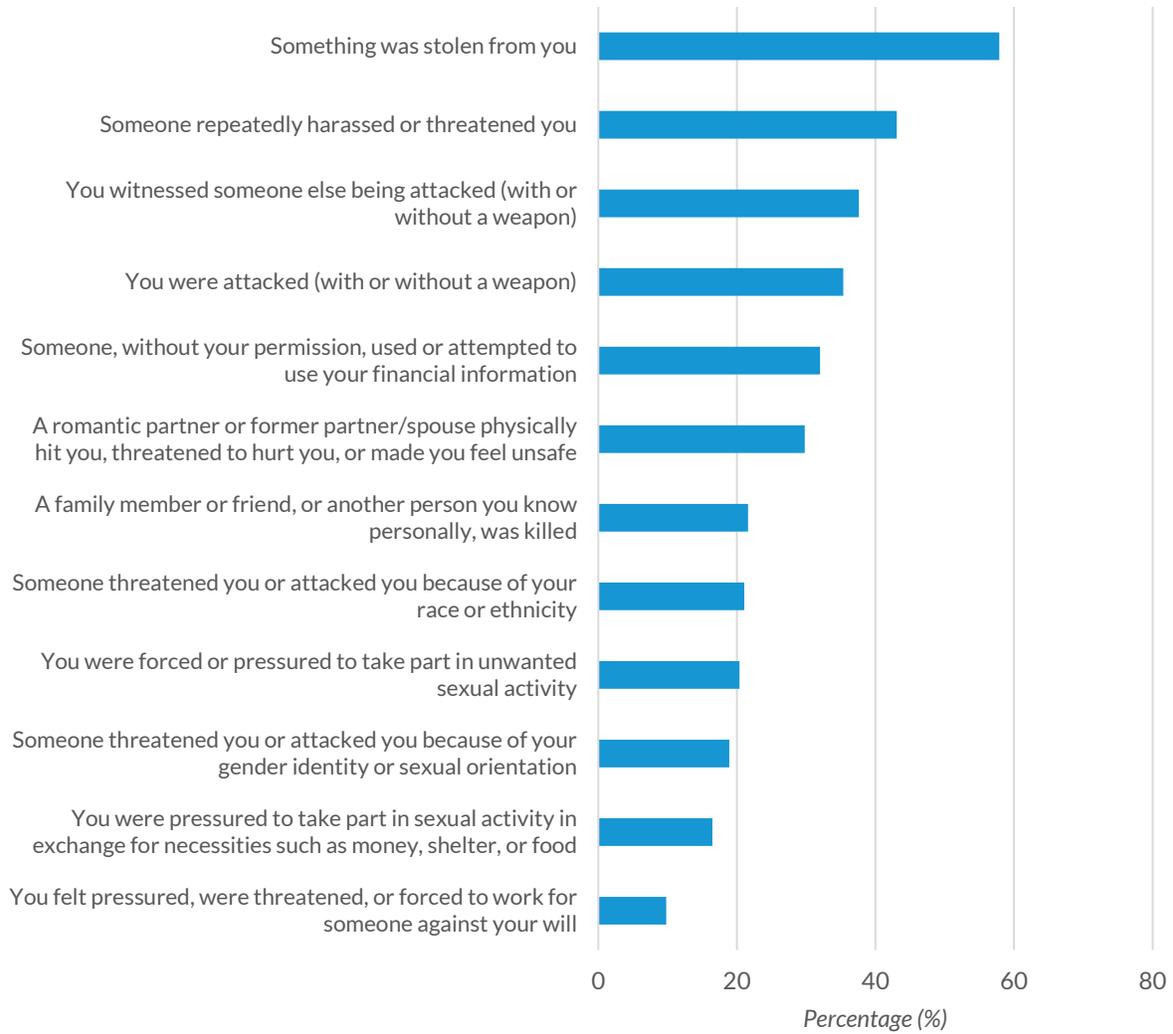
There were also significant differences in victimization experiences while experiencing homelessness between transgender and nonbinary individuals and cisgender women as well as between LGBTQ+ and straight women. Transgender and nonbinary individuals were significantly more likely to experience being repeatedly harassed or threatened (90.4 percent versus 72.7 percent,  $p < .05$ ); attacked with or without a weapon (89.7 percent versus 70.5 percent,  $p < .1$ ); being threatened or hit by a partner or former partner (81.2 percent versus 59.1 percent,  $p < .1$ ); being forced to participate in unwanted sexual activity (82.3 percent versus 57.2 percent,  $p < .05$ ); or being attacked because of their race or ethnicity (91.1 percent versus 71.3 percent,  $p < .05$ ) or gender identity or sexual orientation (92.6 percent versus 74.4 percent,  $p < .05$ ). Similarly, LGBTQ+ women were significantly more likely to experience being attacked with or without a weapon (83.5 percent versus 69.1 percent,  $p < .1$ ),

witnessing an attack (82 percent versus 69.4 percent,  $p < .1$ ), or being forced to take part in unwanted sexual activity (77.3 percent versus 51.2 percent,  $p < .05$ ) or sexual activity in exchange for necessities (88.9 percent versus 67.1 percent,  $p < .05$ ) than straight women.

**FIGURE 19**

**Victimization while Experiencing Homelessness**

*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



**Source:** Weighted survey data.

**Notes:** Unweighted Ns = 401 (something stolen); 304 (repeatedly harassed); 275 (witnessed an attack); 259 (was attacked); 261 (fraud or scam); 257 (domestic violence); 224 (murder of someone known); 158 (race victimization); 180 (unwanted sexual activity); 130 (sexual orientation or gender identity victimization); 119 (sexual activity in exchange for necessities); 78 (forced or pressured to work for someone).

These findings across questions on victimization are consistent with what we heard from women during listening sessions. Women described long and complex histories of trauma and victimization, including domestic and interpersonal violence, both before experiencing homelessness and while experiencing homelessness (see box 5 for more information on the intersection of domestic violence and homelessness). Additionally, women described harrowing stories of witnessing attacks and being attacked themselves in both sheltered and unsheltered situations, as well as arming themselves to protect themselves in unsheltered situations. Women also described instances of having personal items and financial information stolen from them. The perpetrators of these offenses included people the women knew well, people in the general public, other people experiencing homelessness, service provider staff and security, and, in isolated stories, law enforcement officials.

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*What I have done and what other women I know have done, in order to stay safe on these streets, [is] you have to sleep at a park where kids play with parents and stay up all night.  
—2022 Los Angeles County Women’s Needs Assessment listening session participant*

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## Experiences with Other Systems

Outside of the homelessness response system, the survey asked women to share information about their interactions with various systems throughout their lifetimes, including public benefits systems, health systems, child welfare systems, and criminal legal systems.

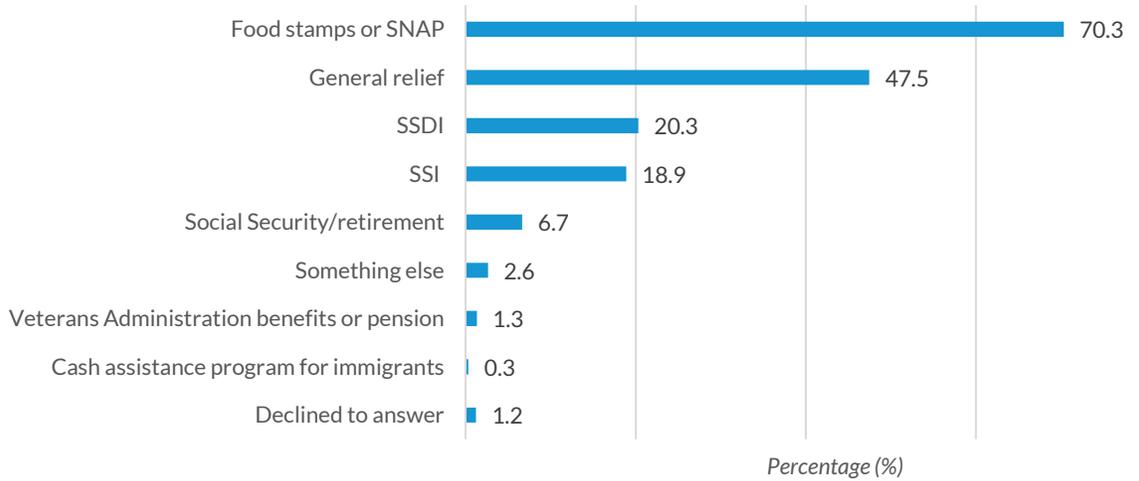
### Public Benefits

Women received a variety of public benefits, from financial assistance to health insurance. Women reported receiving financial support from a variety of benefit sources in the previous six months, including General Relief, Supplemental Security Income, Social Security Disability Insurance, food stamps (or the Supplemental Nutrition Assistance Program), and Social Security or retirement benefits (figure 20).

FIGURE 20

**Types of Benefits Women Received in the Six Months Before the Survey**

*Findings from the 2022 Los Angeles County Women's Needs Assessment Survey*



Source: Weighted survey data.

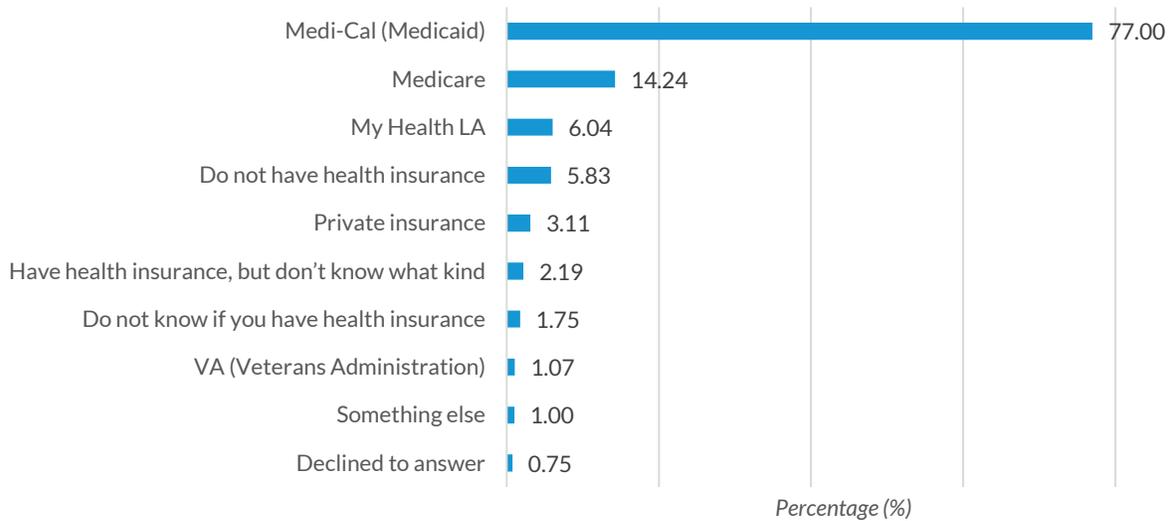
Notes: Unweighted N = 338. SSDI = Social Security Disability Insurance. SSI = Supplemental Security Income.

Additionally, the vast majority of women reported that they currently had at least one form of health insurance, with more than three-quarters (77 percent) receiving Medi-Cal, California's Medicaid program (figure 21).

FIGURE 21

**Health Insurance Coverage among Women Experiencing Homelessness**

*Findings from the 2022 Los Angeles County Women's Needs Assessment Survey*



Source: Weighted survey data.

Notes: Unweighted N = 552.

## Health Systems

Women were asked about their participation in a variety of health services, ranging from primary physical health care to preventative care utilization to mental health and substance use services.

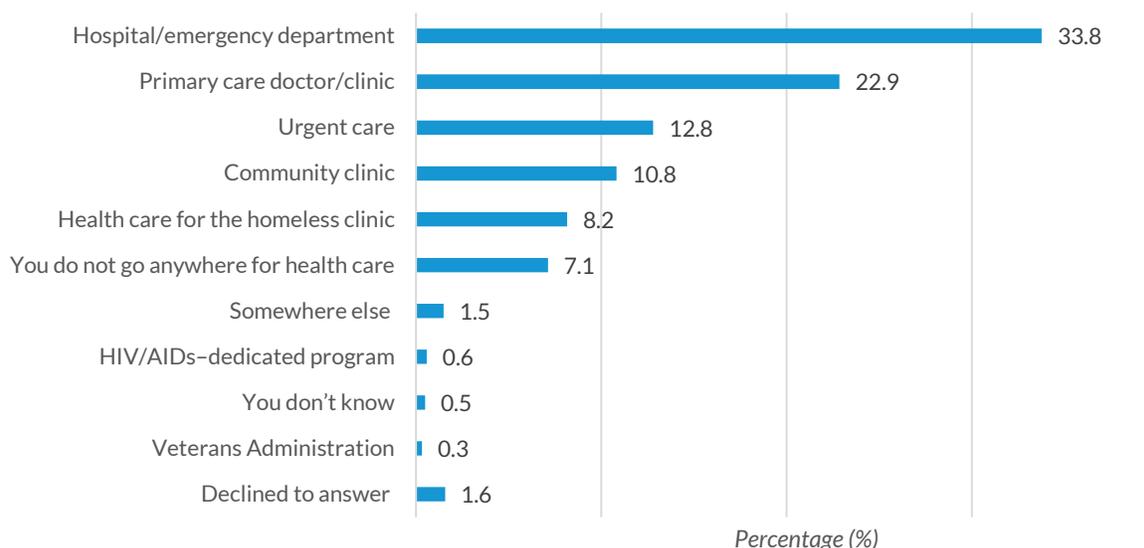
### WOMEN USUALLY RECEIVED HEALTH CARE IN HOSPITALS AND PRIMARY CARE CLINICS

When asked where they usually received health care, women most frequently reported using hospitals, including emergency departments (33.8 percent) and primary care clinics (22.9 percent). More than 7 percent of participants shared that they did not go anywhere for health care (figure 22).

FIGURE 22

#### Women's Usual Source of Health Care

Findings from the 2022 Los Angeles County Women's Needs Assessment Survey



Source: Weighted survey data.

Notes: Weighted N = 552.

Despite women's stated reliance on hospitals for health care, most women were not high utilizers of emergency departments or inpatient hospitalization. In the past 12 months, nearly a third (32.3 percent) of women did not use the emergency department at all, and 27.3 percent used the emergency department only one or two times. Less than 10 percent of participants reported using the emergency department six or more times over the past year. Among those who used the emergency department in the past year, the most common reason was sudden pain or a physical health emergency (41 percent). Similarly, the majority of women (60.1 percent) reported no hospitalizations within the past year. Among those who reported a hospitalization (27.6 percent), most (20.9 percent) had been hospitalized

only one or two times; only 3.3 percent of women reported four or more hospitalizations within the past year. There were significant differences in the number of emergency department visits in the past 12 months by sheltered status, with sheltered women visiting the emergency department, on average, more frequently than women who most frequently staying in unsheltered locations (M=3.6 visits versus 2.4 visits,  $p<.1$ ). Cisgender women, on average, had a higher number of past-year emergency department visits than transgender and nonbinary individuals (M=2.8 visits versus 2 visits,  $p<.1$ ). Black women used the emergency department significantly more than white women, going an average of 3.1 times in the past year compared with 2 times ( $p<.1$ ). And, on average, women between the ages of 35–39 and 40–44 used the emergency department more often (M=5.3 and 4, respectively) when compared with women ages 18 to 24 (M=1.9,  $p<.1$ ), 25 to 29 (M=1.7,  $p<.05$ ), 30 to 34 (M=2.3,  $p<.1$ ), 45 to 49 (M=1.5,  $p<.05$ ), 60 to 64 (M=1.7,  $p<.05$ ), and women 65 years old or older (M=2.4,  $p<.1$ ). There were no significant differences between straight and LGBTQ+ women in the number of past-year emergency department visits.

Among those who had inpatient hospitalizations within the last year, nearly 30 percent reported receiving no care coordination from a doctor after discharge. The most common forms of care coordination provided after hospital discharge were follow-up appointments with a doctor (38.8 percent), a treatment plan (25 percent), and placement into emergency shelter or interim/bridge housing (21.1 percent).

#### MANY WOMEN RECEIVED PREVENTATIVE AND REPRODUCTIVE HEALTH CARE

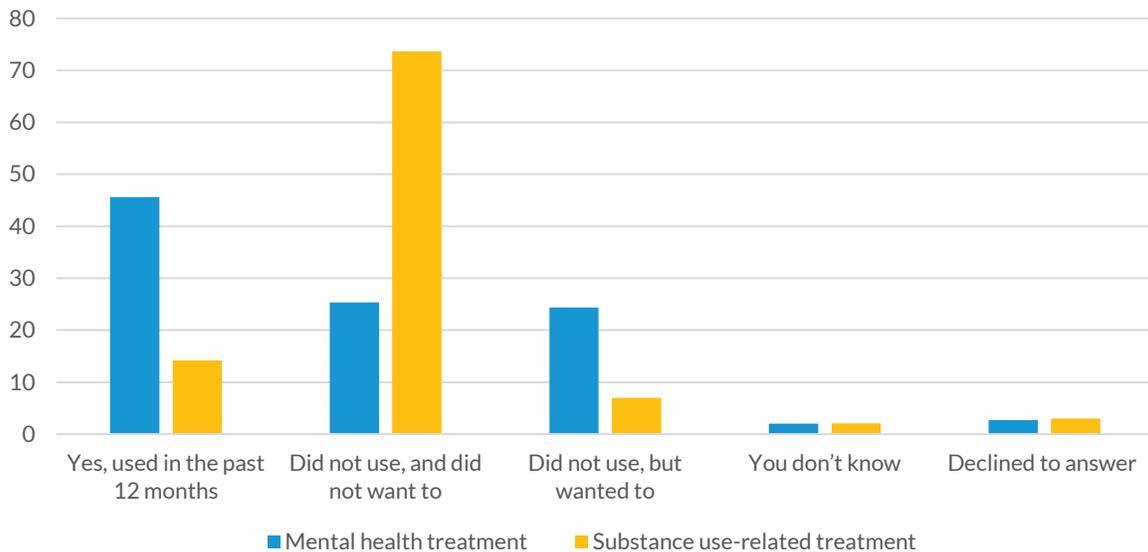
Nearly two-thirds (65.2 percent) reported receiving a variety of preventative and reproductive-related health care services in the last year. For example, 43.5 percent of women said they had an annual physical exam. In addition, women also reported receiving pap smears (31.8 percent) and mammograms (21.6 percent). Women also received a variety of sexual and reproductive health-related services. For example, more than 30 percent of women received sexually transmitted infection testing and services in the last year, and others received contraceptive (11.2 percent), pregnancy or prenatal (4.1 percent), or abortion services (1.9 percent). While many women did receive at least one of these services in the past year, we note that nearly one-third (31.1 percent) of women shared they did not receive any of these services. Additionally, not all of these services (e.g., mammograms or pregnancy or prenatal services) would be appropriate for all women to receive.

**MENTAL HEALTH TREATMENT WAS MORE COMMONLY USED AND MORE FREQUENTLY WANTED THAN SUBSTANCE USE-RELATED TREATMENT**

Almost half (45.6 percent) of women received treatment for mental health problems in the last year, with an additional 24.4 percent reporting they had not received these services but wanted to. Only 14.2 percent of women received treatment for alcohol or drug-related issues in the last year, with an additional 7 percent reporting they had wanted to but had not received them. Nearly three-quarters (73.7 percent) of women reported not using and not wanting substance use-related treatment (figure 23).

When asked about specific services that they were interested in using, nearly half of women (48.1 percent) reported wanting to use outpatient mental health treatment. More than a quarter of women (27 percent) were interested in peer or community services, including Alcoholics Anonymous or Narcotics Anonymous. While many reported use or interest in at least one of these services, 30 percent of women were not interested in using any behavioral health-related services (figure 23). We note that while survey questions asked specifically about service use or interest in service use, we did not collect information about potential need for mental health or substance use-related services.

**FIGURE 23**  
**Mental Health and Substance Use Utilization and Need, Prior 12 Months**  
*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



**Source:** Weighted survey data.  
**Notes:** Unweighted N = 551.

All women were asked if they had accessed or used services related to safe use or consumption of substances in the past year. Nearly 60 percent of women said they had not accessed or used any of these services. Despite women being assured that survey participation and individual answers would not have an effect on their services or assistance, it is possible that the administration of surveys at service provider sites may have suppressed affirmative responses to this question, as women may have feared reporting substance use. We also note that the question asked about access to or services used did not differentiate between women who used and women who did not use drugs or alcohol, as all women were asked if they had ever received treatment for alcohol or drug related issues; this does not differentiate between women who use drugs or alcohol who would benefit from safe use or consumption services and women who do not use drugs or alcohol and would have no need for these services. Among women who used these services, access to new glass pipes for smoking (16.7 percent) and Narcan or naloxone (14.3 percent) were most frequently used.

## **Child Protective Services and Foster Care**

Women were asked about their experiences with child protective services and foster care across their lifetimes.

### **MOST WOMEN DID NOT INTERACT WITH CHILD WELFARE SYSTEMS AS CHILDREN**

Nearly two-thirds (65.6 percent) of women reported no involvement with children welfare systems, including child protective services or foster care, as children. Among those who did have interactions with these systems as a child, there were significant differences by race and ethnicity, with white women having significantly lower rates of interaction (20.4 percent) compared with Black or African American (35.6 percent,  $p < .1$ ), Hispanic or Latina (36.2 percent,  $p < .05$ ), and Indigenous or Native American women (43.1 percent,  $p < .05$ ).

### **AS PARENTS, MOST WOMEN HAD INTERACTIONS WITH CHILD PROTECTIVE SERVICES**

Among women who had children (unweighted  $N = 301$ ), more than half (52 percent) had an interaction with child protective services as a parent. Of these women, 20.7 percent reported that they had an interaction within the past 12 months. There were no statistically significant differences in child welfare system interactions by parents' races and ethnicities.

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*I became homeless with my children but lost them due to CPS [child protective services] trying to do the hotel-motel thing. I [now] have a CPS case and can't get my children back without my own place, but I can't get my own place. The government [CPS] is so involved in all of this—why aren't they helping these women who need places with them and their children to get housing?*

*—2022 Los Angeles County Women's Needs Assessment listening session participant*

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## **Criminal Legal Systems**

Women were asked about their interactions with law enforcement and whether or not they had spent time incarcerated in jail or prison.

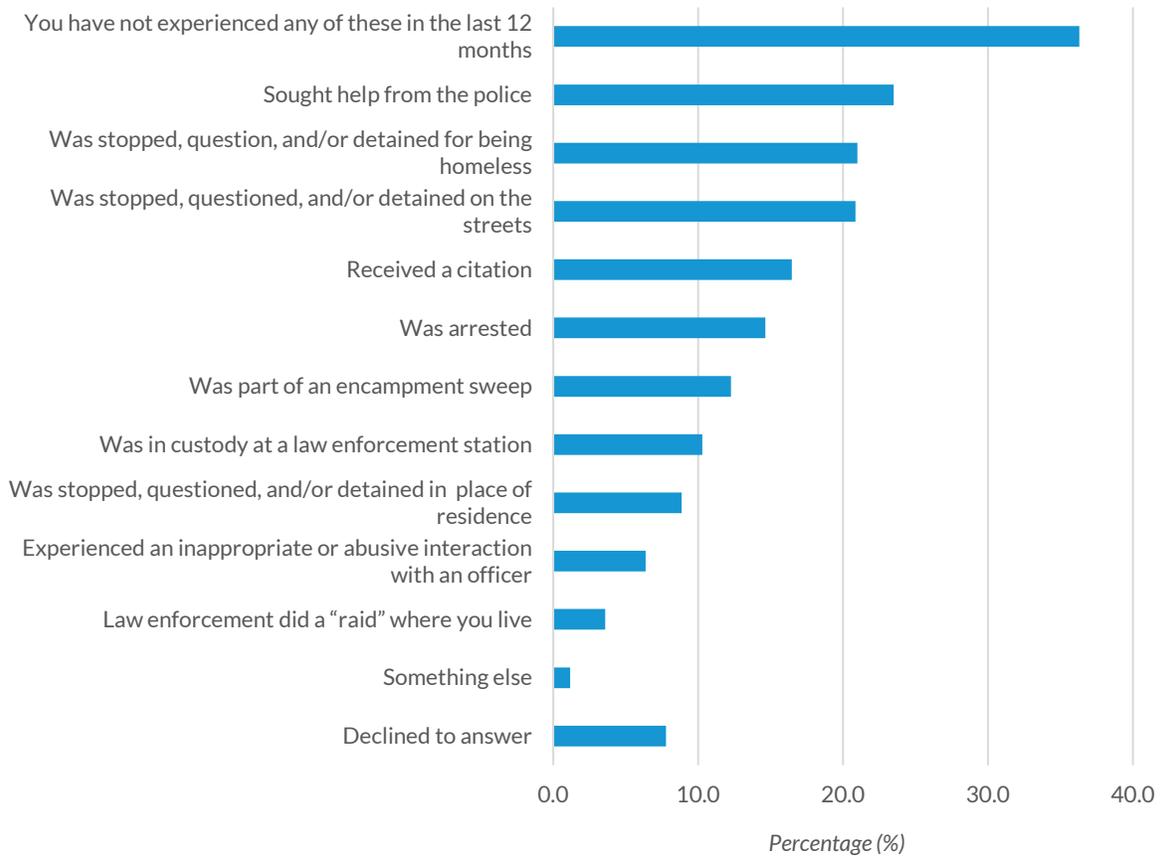
### **MORE THAN HALF OF WOMEN HAD INTERACTIONS WITH LAW ENFORCEMENT IN THE LAST YEAR**

Nearly 56 percent of women had an interaction with law enforcement officers in the past year. Among those who had interactions, the most reported type of interaction was seeking help from the police (23.5 percent). While seeking help was the most common form of law enforcement interaction reported, women also experienced a variety of negative interactions. For example, 21 percent of women reported that they were stopped, questioned, or detained for being homeless, and 20.9 percent reported that they were stopped, questioned, or detained for being on the streets. Other forms of law enforcement interactions are shown in figure 24.

FIGURE 24

**Interactions with Law Enforcement in the 12 Months Before the Survey**

*Findings from the 2022 Los Angeles County Women's Needs Assessment Survey*



Source: Weighted survey data.

Notes: Unweighted N = 549.

**MORE THAN HALF OF WOMEN REPORTED SERVING TIME IN JAIL, AND NEARLY 1 IN 5 SERVED TIME IN PRISON**

More than half of women had served time in jail (50.5 percent). Within this group, there were no significant differences between sheltered and unsheltered women ( $p=.42$ ). Transgender and nonbinary individuals were significantly less likely to report having served time in jail compared with cisgender women (40.2 percent versus 51.5 percent,  $p<.05$ ). There were no significant differences in jail experiences between women who primarily stayed in sheltered, unsheltered, and couch surfing situations, nor were there significant differences by race and ethnicity of women. Among those who had served time in jail, nearly a quarter (24.7 percent) lost their housing or shelter because of their incarceration.

Nearly 1 in 5 women (18.8 percent) reported serving time in prison. Among those who had served time in prison, 40 percent reported losing their housing or shelter because of their prison stay. When transitioning out of prison, 20.7 percent of women reported receiving assistance, and among those who did not receive any assistance, 60 percent reported wanting or needing assistance transitioning out of prison.

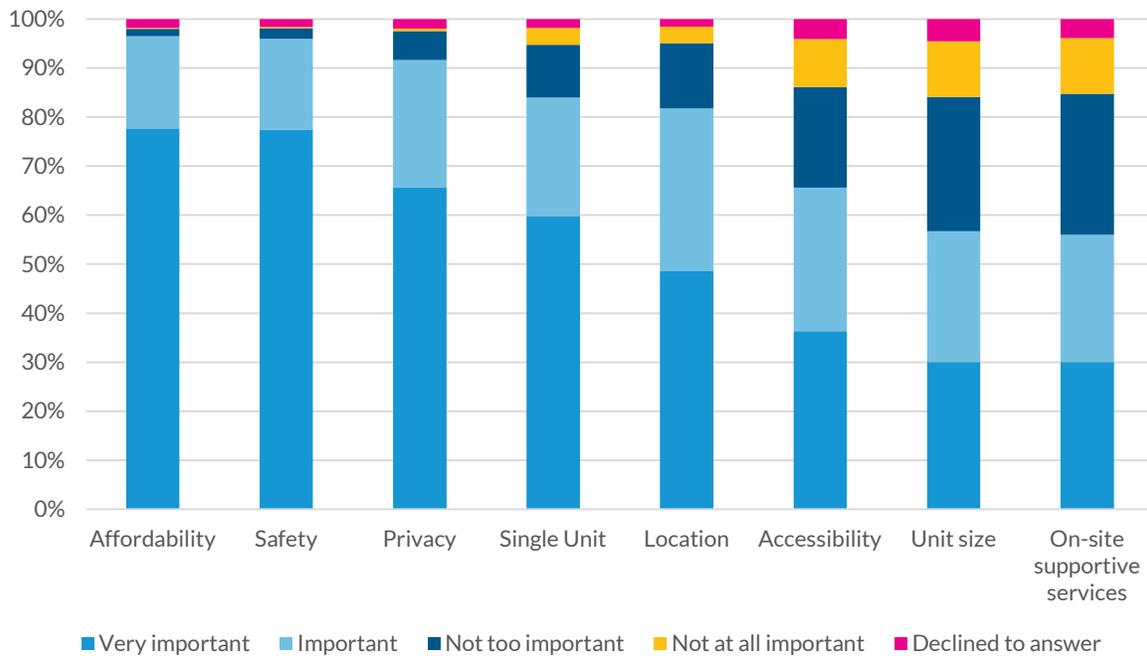
## What Women Want in Housing

Women were asked to rank the importance of various permanent housing characteristics, including location, privacy, safety, having a single unit, affordability, having access to on-site supportive services, and the unit size/number of rooms. Of these, women ranked affordability and safety as most important, followed by privacy (figure 25). While not prioritized as highly as the top three characteristics, women also expressed their desire for a single unit and emphasized the importance of location. On-site supportive services and unit size were ranked least important.

FIGURE 25

### Women’s Preferences in Permanent Housing

Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey



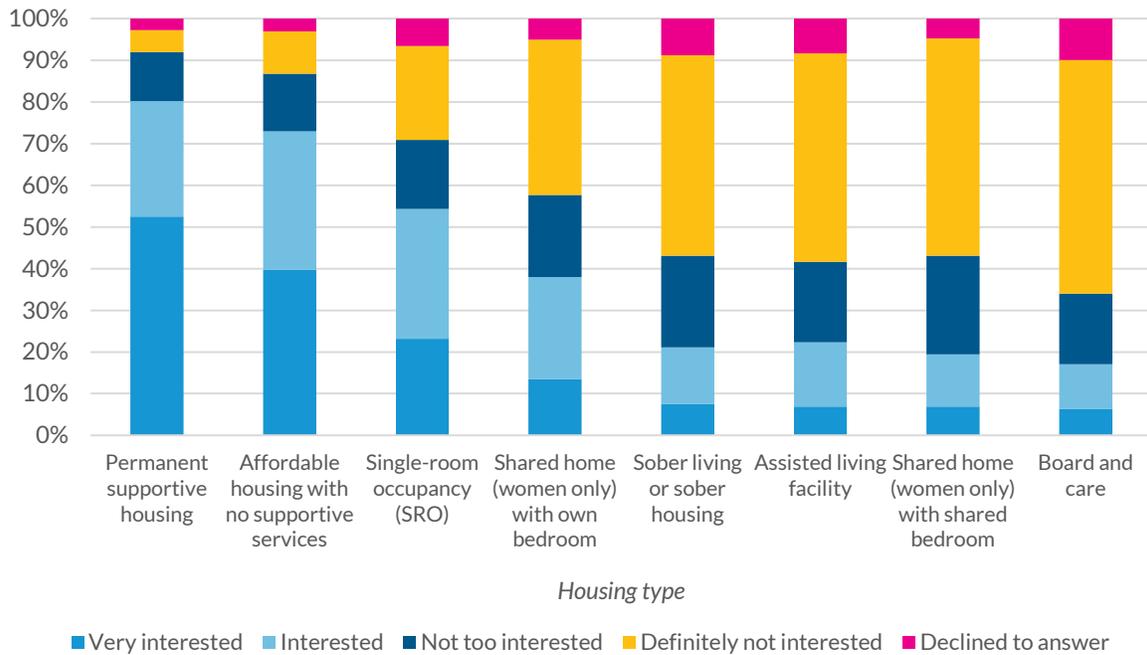
Source: Weighted survey data.

Notes: Weighted N = 570.

These findings are consistent with what we heard from women in listening sessions, who shared that they wanted safe, affordable, and private housing situations. Women readily noted that they were not afforded these in prior housing situations, which they felt indicated a limitation of the currently available offerings.

Women were also asked to rank their interest levels in various types of permanent housing options, including permanent supportive housing, shared women-only housing with shared bedrooms, shared women-only housing with private bedrooms, affordable housing without supportive services, single-room occupancies, sober living/housing, assisted living facilities, and board and care. Of these, women were most interested in permanent supportive housing and affordable housing with no on-site supportive services and least interested in shared housing with shared rooms and sober living/housing. Overall interest levels for each type of permanent housing option are detailed in figure 26.

**FIGURE 26**  
**Women’s Interest in Permanent Housing Options**  
*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



**Source:** Weighted survey data.  
**Notes:** Unweighted N = 570.

Of note, a prominent theme that emerged through the listening sessions was women’s lack of interest in shared housing, which aligned with the survey findings. Women expressed that they

preferred private units over shared spaces, describing prior negative experiences in shared living situations, such as feeling unsafe or having things stolen.

---

*Apart from the safety, which is important, [I want] a place that is going to be like a refuge to rest and not worry that a person is going to harass me, bully me, be misunderstood. A place where you can have people visit you and accept you.*

*—2022 Los Angeles County Women’s Needs Assessment listening session participant*

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## What Women Want in the Crisis Response System

In the absence of permanent housing, women were also asked which services would be the most important or of greatest interest to them in the crisis response system.

In particular, more than 40 percent of women indicated a preference for women-only shelters and housing services. Women were also asked what other services they would be interested in while waiting for transitional or temporary housing (i.e., emergency shelter, bridge housing, or interim housing). Women were most interested in hygiene services such as access to showers and laundry (62.1 percent) and storage for their possessions (56.2 percent) (figure 27).

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*Shelter, but why should I live with a stranger? When I am asleep, I don't know what they might do, rob me, kill me or do something to me?!*

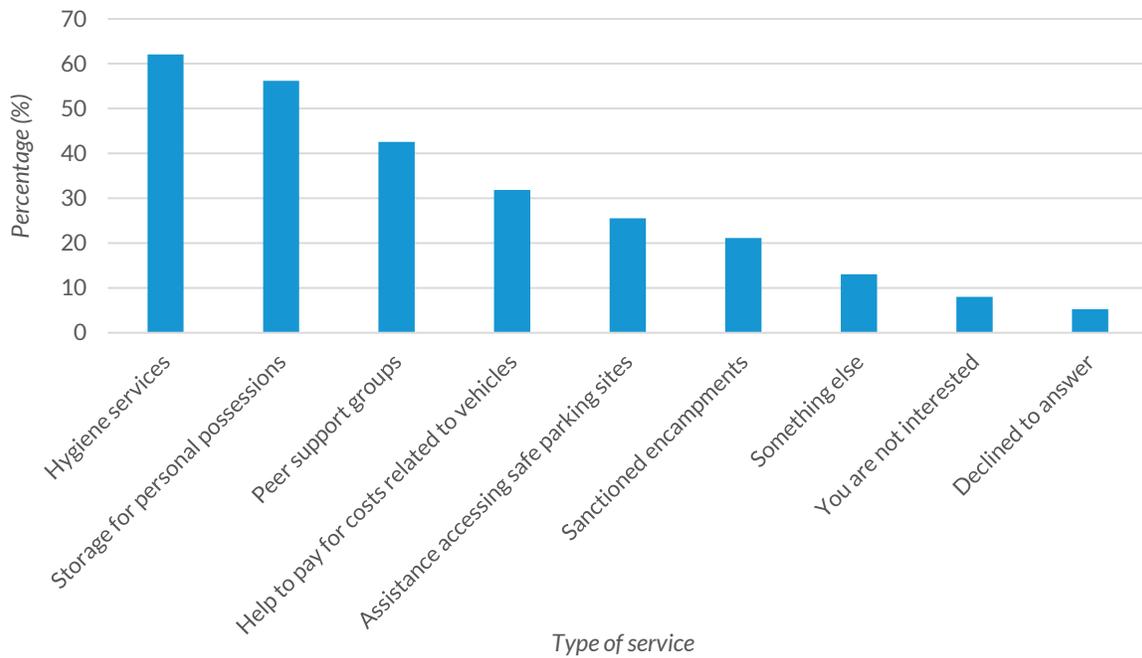
*—2022 Los Angeles County Women’s Needs Assessment listening session participant*

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FIGURE 27

**Women’s Preferences in Crisis Response, in Addition to Shelter or Temporary Housing**

*Findings from the 2022 Los Angeles County Women’s Needs Assessment Survey*



Source: Weighted survey data.

Notes: Unweighted N = 570.

This was consistent with our listening session findings, during which women expressed an interest in increased access to essential hygiene-related services as well as better access to information about how and where to access these resources.

## Recommendations

Survey findings, listening sessions, and data walks with community stakeholders revealed key areas for policy and programmatic work to improve outcomes for women experiencing homelessness. This list is not exhaustive but prioritizes the items that would most dramatically improve women’s lives.

## Support Efforts to Collect Data on and Tailor Strategies to Unaccompanied Women as a Unique Subpopulation

This study and other research, including prior women's needs assessments, show that women face significant challenges in obtaining permanent housing and accessing homeless assistance - and failing to access these supports can lead to experiences of trauma – and victimization. Prior research has indicated that these rates of trauma and victimization are high for women, particularly women residing in unsheltered locations (Phipps et al. 2019; Montgomery, Szymkowiak, and Culhane, 2017; Rountree, Hess, and Lyke 2019).

With three-quarters of women experiencing homelessness in Los Angeles living in unsheltered locations and with homelessness among women increasing nationally, collecting data on women's experiences, needs, and preferences and trends in the number of women experiencing homelessness will be critical to designing and implementing strategies that will effectively end women's homelessness and enable tracking of progress toward that goal. In their annual reporting, the US Department of Housing and Urban Development should track trends in homelessness among women experiencing homelessness as individuals and maximize the data available to help policymakers and service providers understand those trends and the risks women face.

Women with lived experiences of homelessness and professionals giving feedback on data from this study acknowledged the need for inclusive future research and data collection. They emphasized the importance of embedding this data collection in program operations but acknowledged the burden this creates for providers. They were inclined toward mixed-methods research that tells the story of women experiencing homelessness alongside the data—“putting a face to the numbers”—in addition to quantitative approaches that provide necessary empirical evidence to affect and effect programmatic and policy changes.

Additionally, even this large-scale survey was unable to capture large enough sample sizes of key subgroups of women experiencing homelessness to allow for statistically significant findings on differences between subgroups, including Indigenous women, Asian and Asian American women, and different sexual orientations among women. Additionally, this report only captured information from English- and Spanish-speaking women. These are important limitations to the findings of this study, and future research should consider ways of capturing the unique experiences of these women.

## **Fund Housing Assistance at a Level Needed to House All Women, Reduce Barriers to Private Market, and Support Women in Housing**

Housing women is protecting women. Given that women described significant instances of victimization while experiencing homelessness—more than two-thirds of women witnessed an attack or were attacked themselves, and 1 in 5 were forced to take part in unwanted sexual activity—housing women should be a high priority for policymakers across the country.

Women identified a lack of affordable housing and long waiting lists for housing assistance as their primary barriers to permanent housing. A universal voucher approach provides a clear path forward to ending homelessness for all women, not just women who get to the top of priority lists. Additionally, women should have pathways to permanent housing at any stage during their homelessness, including bypassing the shelter system and accessing safety through permanent housing as soon as possible, even if they are in an unsheltered situation. Women in listening sessions described not being prioritized for housing in coordinated entry. Similar to analyses currently being conducted by jurisdictions on race and ethnicity, jurisdictions should analyze coordinated entry data and referral data to ensure that women are not excluded from housing on the basis of gender.

It is likely that women experiencing homelessness would need more than access to a housing voucher alone. Women face several challenges accessing the private rental market, including not being able to find a landlord willing to take a voucher (19.7 percent), prior eviction history (16.5 percent), or criminal legal or incarceration history (15.9 percent). There are a number of strategies that could help people more effectively access the private market, including but not limited to landlord incentives and master leasing, which has shown promise in Los Angeles in helping people who are most excluded from the private market gain access to units (Batko et al. 2022). And, efforts to legally prevent landlord discrimination through fair chance laws and the “ban the box” movement are public policy efforts that would support women’s improved access to the private market.

Finally, women reported exiting housing as a result of domestic violence, safety concerns, risk of eviction, and conflict with landlords. Women need a variety of supports to remain permanently housed, including supportive and legal services and more access to programs that provide flexible funding through short-term rent and utility payments. Additionally, more and sustained funding in permanent supportive housing would provide women with mental and physical health care, social supports, and facility safety needs. For various reasons, some women also expressed a desire to leave public housing and permanent supportive housing. For those ready and interested in moving on from subsidized and supportive housing, policies and funding should support “Moving On” programs that provide housing

assistance in the form of time-limited, and transitional supportive services for women who have moved into housing that is otherwise not subsidized. Further, more information and access to legal supports to prevent eviction is needed, including ensuring that programs are adhering to the rights of survivors through legal provisions to renters through the Violence Against Women Act.

## **Prioritize Safety Throughout the Homelessness Response System and in Housing Placements**

Women indicated that the most common barrier to shelter was concerns about safety and reported safety as one of their two highest priorities in permanent housing. When women reported leaving permanent housing, the most commonly cited reason was safety. Additionally, women in unsheltered locations reported higher rates of physical and sexual assault than did women in sheltered situations. Throughout the listening sessions, women emphasized the importance of safety in every aspect of their lives, describing assaults in shelters and in unsheltered situations, concerns about being able to access a restroom, and a loss of autonomy or control over their own safety as a direct result of experiencing homelessness.

Prioritizing women's physical and emotional safety will require developing and implementing programs and policies that recognize the unique needs and preferences of women. A primary example is providing women with safe shelter and housing options, such as creating women-only spaces and noncongregate shelter and interim housing options that allow women more privacy. Additionally, programs could consider ways to maintain a security presence that allows women to feel secure and also comfortable. Some women suggested aligning the gender of security guards with that of program. But a stakeholder who participated in data walks shared that some women had told their program that they wanted male security guards whose larger physical presence created a feeling of security. This stakeholder emphasized the importance of all security staff—regardless of gender—being trained in trauma informed care and de-escalation skills.

With most women in Los Angeles County currently unsheltered and with women experiencing unsheltered homelessness reporting higher rates of physical and sexual assault than women in sheltered settings, making shelters safer and more accessible to women is a top priority. However, women in listening sessions described intentionally staying out of shelters and opting to stay in unsheltered settings for safety reasons, indicating that keeping women safe in unsheltered locations is also a significant priority. One way to help keep women safe in unsheltered settings is to facilitate access to safe parking: 25.6 percent of women indicated this as a service they would be interested in

while waiting for housing, and, 31.9 percent of women indicated that help paying for costs of vehicles would be helpful. These could include registration and insurance fees, which women in listening sessions noted was a barrier to accessing safe parking.

Programs and policies should pay particular attention to the intersection of domestic violence and homelessness. Recognizing the high rates of domestic violence and assault experienced by women, all programs for people experiencing homelessness—and not just domestic violence-specific services—should meet the standard of care for domestic violence survivors and have qualified staff and appropriate programming with protocols in place to assess and address the needs of women who are unsheltered, sheltered, or in supportive housing. Policymakers should ensure that housing resources made available through the homeless services continuums of care are also made available to survivors of gender-based violence using domestic violence systems of care.

Attending to the safety needs of women will also help address the safety needs of all people experiencing homelessness. For this reason, it is equally important to embed, foster, and fund a trauma-informed care culture at all levels of the homelessness response system and to implement guiding principles for providing services and care and measurable goals for working with women.

## **Provide Dignity in the Absence of Housing**

In our survey and listening sessions, women underlined the importance of dignity as it related to their experiences of homelessness. They yearned for a sense of acknowledgment and connectedness, noting a desire for services that saw and recognized their essence as human beings throughout their interactions with programs and systems.

Similar to providing safety, supporting women’s dignity involves developing shelter or interim housing that meets women’s needs, which could include a number of the recommendations above that would also address safety concerns.

In the absence of housing or shelter, this also means ensuring that women have dignified access to hygiene facilities and supplies, specifically including bathrooms and showers. Seventy percent and 60 percent of women described not being able to access safe, clean bathrooms and showers, respectively. In our listening sessions, participants also underlined specific vulnerabilities that women in unsheltered situations face with respect to bathrooms, such as challenges during menstruation. They spoke of the need for more safe and reliable places and services to accommodate their most basic needs and

preserve their self-respect and dignity. In addition to hygiene facilities and supplies, women also underscored their need for access to storage for their possessions.

Dignity also promotes respectful treatment and meaningful assistance from staff. In our listening sessions, women were vocal about their need to be treated with respect and empathy, particularly in relation to receiving meaningful resources and assistance. With only 54 percent of women saying that providers of community services are understanding and empathetic of their situation and history and approximately one-third explicitly saying they are not understanding and empathetic, it is clear that services are falling short of meeting women's needs in this regard. Ensuring dignity in services requires removing barriers that prevent women's access to services and shelter, minimizing intrusive and unnecessary physical searches of women's bodies and their belongings, and reducing the need for intrusive and repetitive assessments.

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*Case managers are in need of empathy. They need to be empathic [sic]. Training and book knowledge does not make up for basic empathy.*

*—Steering Committee member*

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## **Ensure Programmatic Response Meets Individual Women's Unique Needs and Is Accountable for Outcomes for Historically Marginalized Groups**

The implementation and practice of dignity in the homelessness response system goes hand in hand with eliminating racial and social disparities in assistance and services delivered by the homelessness response system and services delivered in outreach and shelter settings. Survey findings tell us that Black or African American women were more concerned with how they would be treated in shelter than were women of other races and ethnicities. Transgender and nonbinary individuals were also more likely to experience barriers to shelter. Additionally, our survey and listening sessions point to key areas for programmatic attention where women of different ages or with different health needs may require additional areas of support.

Therefore, given our findings, programmatic responses and service delivery should consider that women's needs may vary based on a variety of characteristics, including but not limited to their race and ethnicity, gender identity and sexual orientation, where they are in their life cycle, and their history of victimization and trauma. Recommendations include:

- **Meet women where they are at in their life journey and path toward housing.** In our data walks, Black women emphasized the importance of staff meeting women where they are as their journey toward housing begins.
- **Empower autonomy and choice in housing.** As part of dignity in services, women advocates and stakeholders looking at our data walks highlighted the importance of women's rights to autonomy and choice in housing. In these stakeholders' opinion, a majority of Black women in particular are often referred to housing in Skid Row as their only option. Black women in listening sessions also described experiencing racial discrimination and sometimes being called racial slurs while searching for housing, underscoring the efforts needed to ensure that Black women have autonomy and choice in housing.
- **Ensure that shelter and services are provided in a welcoming, empathetic, and gender-affirming way.** Across all service types, disparities in perceptions of barriers to shelter or perceptions of differential treatment by service staff can be indicative of bias in program design and/or staff. Programs should engage in participatory design activities and actively solicit feedback from participants to monitor disparities in experiences and opportunities to improve the quality of services for all people.
- **Recognize women's unique needs with respect to their ages and developmental stages.** While the majority of women in the survey and listening sessions were middle-aged and older women who needed physical and mental health services associated with those life stages, programs should also recognize the distinct needs of young women, particularly with respect to their education and employment. This may also require considering family reunification in multiple ways. Older women, for example, may be focused on reunifying with their adult children and accessing supports to age in place once housed, whereas younger women may need support while working toward reunification with their minor children.
- **Prioritize access to and delivery of quality and culturally responsive mental health services.** Our survey found that an overwhelming majority of women had received treatment for mental health problems in the last year or had not received treatment but wanted to. Additionally, about half of the women expressed an interest in outpatient mental health services. In listening sessions and in the survey, women also expressed great interest in peer support groups.
- **Support women in accessing health care, particularly dental services.** Most of the women had health insurance but were accessing services primarily through emergency departments. Their utilization of health services may be hindered by health systems that are complex to navigate, but women in the listening sessions also described previous traumatic experiences with the

health system and being discriminated against as a result of their housing status. While we did not collect data on the extent of women’s access to gender-affirming medical services, this is certainly an area that warrants further exploration.

## Conclusion

The 2022 Los Angeles County Women’s Needs Assessment sets an important new baseline for addressing homelessness among unaccompanied women. This study, the largest and most rigorous analysis of women’s homelessness in Los Angeles County, highlights critically important policy and programmatic issues facing the county in its efforts to address homelessness. In addition, this study provides a road map for jurisdictions across the nation for understanding and addressing homelessness among women.

One in five individuals experiencing homelessness in Los Angeles County is an unaccompanied woman, and these women face numerous challenges including barriers to shelter, barriers to housing, and experiences of victimization and trauma. Most women experiencing homelessness in Los Angeles County have multiple episodes of homelessness and lifetime experiences of homelessness lasting longer than a year. Most women are unsheltered and most frequently sleep on the streets or in vehicles. While experiencing homelessness, women struggle to access many important services, including shelter. The most commonly listed barriers to shelter included concerns about safety in shelter and lack of available shelter. Women also face barriers to permanent housing that otherwise would end their homelessness. The most common barriers to housing were a lack of housing that women could afford and long waiting lists for housing assistance. While experiencing homelessness, women also frequently face incidents of victimization: more than half of women had something stolen from them, nearly half were repeatedly harassed or threatened, and more than one in three were physically attacked.

The 2022 Los Angeles County Women’s Needs Assessment survey results also point to meaningful opportunities to help women experiencing homelessness. Women identified safety as a top priority across all levels of the homelessness response system, from shelter and crisis response to permanent housing. Additionally, women expressed the desire for a mix of program types, such as single and mixed-gender programming, affordable housing without services, and permanent supportive housing.

In addition to setting a new baseline for unaccompanied women in Los Angeles County, this report can start informing a research agenda that expands the evidence for working with women. This study provides important information about what women want, yet more exploration is needed to understand

how to effectively implement what women want in housing and services. For example, it is important to determine essential components of successful housing or shelter programs with unaccompanied women in mind. Do certain types of shelter or housing programs lead to better outcomes for unaccompanied women? Similarly, it would be helpful to understand the specific characteristics, needs, resources, services, and pathways to housing for distinct subgroups, as well as how their unique needs might inform targeted services. Equally important is operationalizing safety and dignity as components of service delivery that can be theoretically and empirically validated. Our stakeholders also emphasized the importance of putting a face to the data and strongly endorsed community-engaged, mixed-methods designs where qualitative approaches can help expand and explain quantitative results or outcomes.

This report is an important step toward better understanding unaccompanied women's experiences of homelessness in Los Angeles County. Nevertheless, there are important limitations to this study, and future research should consider ways of addressing these limitations. For example, this report only captured information from English- and Spanish-speaking women. Additionally, response rates among important racial and ethnic subgroups who are overrepresented among people experiencing homelessness, specifically Indigenous persons, were not large enough to analyze as unique subgroups. This was also the case for subgroups of women of various sexual orientations as well as transgender and nonbinary individuals. Future research should consider ways of capturing the unique experiences of these women.

# Appendix A. Steering and Advisory Committee Member Lists

The research team, the Downtown Women’s Center, and the Los Angeles Homeless Initiative would like to thank all of the members of the Steering and Advisory Committees.

## Steering Committee Members

Cristina Cortes (Los Angeles City Community Investment for Families Department)

Allyson Crosby (LAHSA)

Tiffany Duvernay-Smith (LAHSA LEAB)

Iajhiah Giraud (LAHSA)

Irene Gonzales (Lived Expertise)

Tyana Haywood (Lived Expertise)

Najwa Jones (Friends In Deed, The Women's Room)

Elizabeth Lee (Safe Place for Youth)

Hazel Lopez (The People Concern)

Dr. Farrah Mirzaee, HOPICS

Ericka Letrice Newsome (Lived Expertise)

Tracey Reed (DHS HFH)

Lucia Sanchez (Lived Expertise)

Soma Snakeoil (The Sidewalk Project)

Elvia Valdes (Good Shepherd Center)

Sieglinde von Deffner (DHS HFH)

Shari Weaver (Harbor Interfaith Services)

Nancy Wilcox (South Bay Coalition to End Homelessness)

Jeri Wingo (Lived Expertise)

## Advisory Committee Members

Dr. Susie Baldwin (DPH)

Ellen Eidem (DPH)

Julie Friedman (Iris Cantor-UCLA)

La Tina Jackson (DMH)

Erika Lee (Venice Community Housing)

Gabriella Lewis (National Alliance of Trauma Recovery Centers)

Veronica Lewis (HOPICS & BPEH Strategic Implementation Committee)

Colleen Murphy (LeSar Development Consultants)

Chanel Smith (Women and Girls Initiative)

# Appendix B. Survey Host Site Organizations

The research team, the Downtown Women’s Center, and the Los Angeles Homeless Initiative would like to thank all of the organizations who hosted survey data collection and the volunteers who helped administer surveys:

8th St. Interim Housing	Home at Last Community Development Corporation, The Lotus
Alexandria House	
Antelope Valley Health Center	Home at Last Community Development Corporation, Matrix
Antelope Valley Hope the Mission	Homeless Outreach Program Integrated Care System (HOPICS), A Bridge Home JD’s Place
Ascencia, Glendale Continuum of Care	
Bridge to Home	Homeless Outreach Program Integrated Care System (HOPICS), Access Center Broadway
City of Hawthorne	
Downtown Women’s Center, Day Center	Homeless Outreach Program Integrated Care System (HOPICS), CD8 Navigation Center
Downtown Women’s Center, Interim Housing	Homeless Outreach Program Integrated Care System (HOPICS), Women’s Treatment Program
Fathers and Mothers Who Care	
Friends In Deed, Street Outreach & Housing team, City of Pasadena Continuum of Care	Hope the Mission, The Alexandria Park Tiny Home Village
Friends In Deed, The Women’s Room, City of Pasadena Continuum of Care Good Shepherd Center, Hawkes Residence	Hope the Mission, The Arroyo Seco Tiny Home Village
Good Shepherd Center, Languille Shelter	Hope the Mission, The Reseda Tiny Home Village
Harbor Interfaith Services	
Home at Last Community Development Corporation, Avalon	Hope the Mission, The Trebek Center Jovenes, Los Padrinos Bridge Housing/Mariposa Emergency Shelter

LA Family Housing, The Arroyo	The People Concern, Daybreak Cloverfield
LA Family Housing, The Willows	The People Concern, Kensington Campus
Long Beach Continuum of Care	The People Concern, The Village
Los Angeles County Department of Mental Health, Augustus F. Hawkins Mental Health Center	The Salvation Army, Bell Shelter
Los Angeles LGBT Center	The Salvation Army, San Fernando Valley Corps
People Assisting the Homeless (PATH)	The Salvation Army, Southeast Communities Service Center
Rainbow Services	The Sidewalk Project
Safe Parking LA	Torrance "3290" Pallet Shelter
Safe Place for Youth (SPY)	Union Station Homeless Services, Adult Center
San Pedro "A Bridge Home" Shelter	Union Station Homeless Services, El Monte Project Homekey
South Bay Coalition to End Homelessness	Valley Oasis
St. Joseph Center, Homeless Service Center	Watts Labor Community Action Committee (WLCAC), Homeless Access Center
St. Margaret's Center	Whittier First Day, Project Homekey
The Los Angeles Mission, Anne Douglas Center for Women	

# Appendix C. Weighting Analysis

TABLE C.1

## Weighted and Unweighted Response Rates by Race

Responses before and after weighting for the question, "Which race(s) do you identify as? Select all that apply."

	Percentage (%)	
	Unweighted	Weighted
<b>Race</b>		
American Indian, Alaska Native, or Indigenous	1.37	1.43
Asian or Asian American	2.39	2.12
Black or African American	34.98	34.53
Native Hawaiian or Pacific Islanders	1.19	1.16
White	30.72	32.61
Two or more races	11.09	10.70
Other	3.75	3.24
No race selected	10.24	9.78
Unknown	1.71	1.91
Declined to answer	2.56	2.52

**Notes:** Respondents were able to choose multiple races. In instances where respondents selected more than one race, these responses were reclassified as "two or more races."

TABLE C.2

## Weighted and Unweighted Response Rates by Ethnicity

Responses before and after weighting for the question, "Are you Hispanic or Latino?"

	Percentage (%)	
	Unweighted	Weighted
<b>Ethnicity</b>		
Hispanic or Latino	33.96	34.04
Non-Hispanic or Latino	63.82	63.78
Declined to answer	2.22	2.20

**Notes:** Respondents were able to choose multiple races. In instances where respondents selected more than one race, their responses were reclassified as "two or more races."

TABLE C.3

**Comparison of Weighted Race and Ethnicity and Greater Los Angeles County Homeless County Data**  
*Combined race and ethnicity data for women*

	Percentage (%)	
	Weighted	2022 point-in-time count
<b>Race</b>		
American Indian, Alaska Native, or Indigenous	.79	2
Asian or Asian American	1.71	1
Black or African American	31.63	27
Hispanic/Latino	34.03	39
Native Hawaiian or Pacific Islanders	.70	0
White	21.66	28
Two or more races/Mixed or multiple races	7.15	3
Other	1.31	N/A
Unknown	.61	N/A
Declined to answer	.41	N/A

**Source:** The 2022 Greater Los Angeles County Homeless County data for unaccompanied women

**Notes:** The 2022 Greater Los Angeles County Homeless Count data combine race and ethnicity into a single category. Hispanic or Latino women were categorized as Hispanic or Latino, regardless of whether another race was chosen. The Homeless Count data does not include three categories (other, unknown, declined to answer) that were included in the current work.

# Notes

- <sup>1</sup> This number represents the number of women experiencing homelessness as individuals (meaning not accompanied by children) in the Los Angeles Continuum of Care, as estimated by the Los Angeles Homeless Services Authority. There are an additional three Continuums of Care in the Los Angeles County geography (Glendale, Long Beach, and Pasadena), but the estimate here does not include the estimates from those communities.
- <sup>2</sup> Throughout this report, the term “women” is used to describe survey respondents in total. The survey eligibility criteria intentionally also included individuals who identify as women and other nonmale gender identities, such as nonbinary or gender fluid and transgender. For the purposes of the report, the use of women to include these women and not diminish the unique experiences of nonbinary, gender fluid, or transgender individuals. In instances where there are unique, significant differences in these women’s experiences, we make note of them.
- <sup>3</sup> City News Service, “LA says ‘unaccompanied’ homeless women need services and resources geared to them,” *Los Angeles Daily News*, November 25, 2020, <https://www.dailynews.com/2020/11/25/la-says-unaccompanied-homeless-women-need-services-and-resources-geared-to-them/> (city); Hilda L. Solis and Kathryn Barger, “Addressing the Needs of Unaccompanied Women Experiencing Homelessness: Motion by Supervisors Hilda L. Solis and Kathryn Barger,” September 29, 2020, <https://file.lacounty.gov/SDSInter/bos/supdocs/149243.pdf>.
- <sup>4</sup> These data represent the estimated numbers of women experiencing homelessness as individuals in the Los Angeles Continuum of Care, as estimated by the Los Angeles Homeless Services Authority. There are an additional three Continuums of Care in the Los Angeles County geography (Glendale, Long Beach, and Pasadena), but the estimate here does not include the estimates from those communities.
- <sup>5</sup> Service Planning Areas (SPAs) are specific geographic regions within Los Angeles County that allow specific regions to develop and provide more relevant services targeted to the specific needs of residents in each SPA. A map of the Service Planning Areas can be found at “Los Angeles County Service Planning Areas,” Los Angeles Children’s Planning Council, August 2002, [http://publichealth.lacounty.gov/cardio/docs/2012-08-01%20SPA%20Map%20with%20cities\\_all.pdf](http://publichealth.lacounty.gov/cardio/docs/2012-08-01%20SPA%20Map%20with%20cities_all.pdf) (PDF).
- <sup>6</sup> For full listening session methods and findings, see Batko et al. 2022.
- <sup>7</sup> Throughout this report, we use the terms “Hispanic or Latina” as an ethnic identifier, as these terms align with terms presented in Los Angeles’ point-in-time count and were the terms used on the survey. The authors acknowledge this may not be the preferred identifier, and we remain committed to employing inclusive language whenever possible.

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