



Los Angeles County Women's Needs Assessment

Listening Session Findings

Samantha Batko, Lynden Bond, and Kaela Girod
URBAN INSTITUTE

Sofia Herrera
HUB FOR URBAN INITIATIVES

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In 2020, the City and County of Los Angeles recognized that unhoused, unaccompanied women are a distinct, vulnerable group of people experiencing homelessness who require unique policies, solutions, and services. Since 2001, the Downtown Women's Center (DWC) has conducted the Women's Needs Assessment (WNA) every three years to survey the the needs and characteristics of women experiencing homelessness in Los Angeles as well as the conditions they face. Funded by the Los Angeles County Homeless Initiative, the 2022 Women's Needs Assessment will be the first conducted countywide. DWC and the Homeless Initiative engaged the Urban Institute, in partnership with the Hub for Urban Initiatives, to conduct this expanded assessment. The research team is applying a mixed-methods, community-based approach to intentionally elevate the voices of unaccompanied women experiencing homelessness. As part of this approach, the research team conducted listening sessions with women across the county. This brief contains the findings from those listening sessions, including women's experiences within the homelessness response system and what they are looking for in housing and homeless services.

Background

In 2020, the City and County of Los Angeles recognized that unhoused, unaccompanied women are a distinct vulnerable subpopulation of people who experience homelessness who require unique services, policies, and solutions to house them. Before the COVID-19 pandemic, the 2020 Greater Los Angeles Homeless Count found that women represented 32 percent of adults experiencing homelessness in Los Angeles County, with 80 percent enduring unsheltered homelessness (LAHSA 2020). Unaccompanied women enduring unsheltered homelessness are especially vulnerable, as they are more likely to experience a violent attack than men; they are also at greater risk of experiencing poor mental and physical health than are women experiencing homelessness in a shelter (Montgomery, Szymkowiak, and Culhane 2017; Rountree, Hess, and Lyke 2019; Nyamathi, Leake, and Gelberg 2000). Additionally, experiences of domestic violence or interpersonal violence are especially prevalent among unaccompanied women, at a rate of 48 percent (LAHSA 2020). Racial disparities also exist among this population: in 2020, 31 percent of unaccompanied women experiencing homelessness were Black or African American, although they constituted only 9 percent of the county's total population (LAHSA 2020; Herrera and Colletti 2020).

Since 2001, DWC has conducted the WNA every three years in order to survey the needs, characteristics, and conditions faced by women experiencing homelessness in Los Angeles. Initially targeting only those in Skid Row, the needs assessment expanded in 2019 to include women residing across the city and county. The Los Angeles Homeless Initiative is funding the 2022 WNA, the first that will be conducted countywide. DWC and the Los Angeles Homeless Initiative engaged the Urban Institute and the Hub for Urban Initiatives to implement this expanded needs assessment.

Project Overview

The goal of the eighth WNA is 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. This needs assessment will also capture information about the effects of the pandemic on women and their experiences receiving services, since it is the first WNA to be conducted since the start of the pandemic. The research team aimed to build and expand on previous needs assessments conducted by DWC by relying on women's lived experiences to identify their needs, revising the existing survey, expanding the survey geography, and increasing the rigor of the survey design and implementation. This project uses a mixed-methods, community-based approach to intentionally elevate the voices of unaccompanied women experiencing homelessness, including LGBTQ+ women and women of color who are disproportionately represented in the unhoused population.

This project consists of two phases: refining the existing survey tool and then conducting the needs assessment. The first phase involved using community-based methods to work collaboratively with women experiencing homelessness and other key stakeholders in Los Angeles to inform the design of the survey tool. During this phase, the research team met virtually every month with a Steering Committee comprising stakeholders from agencies in each of the eight service planning areas (SPAs)

and women with lived experience. The Steering Committee participated in planning for listening sessions with women experiencing homelessness in each SPA, including by helping brainstorm recruiting agencies, reviewing listening session procedures and protocols, and participating in a co-analysis exercise of listening session findings. The research team facilitated the in-person listening sessions with women who were currently experiencing or had recently experienced homelessness in each SPA. The research activities around the listening sessions focused on collecting data to inform and ensure the refinement and further development of a survey tool that adequately reflects the narratives and priorities of women experiencing homelessness. The second phase of the project involves administering the survey to women experiencing homelessness across Los Angeles County in partnership with community agencies and volunteers in each SPA. The research team—in partnership with the Steering Committee and other key stakeholders in Los Angeles, including DWC and staff from the Los Angeles Homeless Initiative—will then analyze and contextualize the findings.

Listening Sessions Overview

The listening sessions were integral to ensuring that the research design for the needs assessment incorporated the diverse perspectives of women with current or prior lived experiences of homelessness. They were designed to provide women with a safe space to express what they wished Los Angeles County and policymakers to know about their daily experiences. Through the listening sessions, the research team aimed to 1) learn more about the needs and narratives of women experiencing homelessness; 2) identify any modifications, if appropriate, to the current needs assessment survey tool; and 3) gather information to contextualize the findings of the needs assessment survey.

These listening sessions centered on the following key research questions:

- What housing challenges do women in Los Angeles face?
- What community resources have women accessed, and which resources have been most useful?
- What services and supports exist? How are they working?
- How have gender-based trauma and violence affected women's experiences of homelessness?
- How have racism, sexism, and other systemic issues affected women's experiences of homelessness?
- What impact has the pandemic had on the current community of unhoused women and women with extremely low incomes in Los Angeles?
- What are the gaps in support women are experiencing?
- What types of housing or services are women most interested in?

The research team conducted nine listening sessions over the course of two weeks, from April 26 to May 5, 2022, and coordinated with homeless services providers in all eight SPAs of Los Angeles County

to find host sites for the listening sessions and recruit participants. Providers aimed to recruit between 8 and 10 participants for each session; however, the number of participants ranged from 5 to 16 per session (see table 1 for SPA-level details). The participants were women experiencing homelessness at the time of the session or women who had recently been housed since 2020. The majority of participants were women who were sheltered; women who were recently housed were present but were a minority. Each participant received a \$40 gift card to thank them for their participation in the session. The research team held at least one listening session in each SPA, except for SPA 7, because of scheduling conflicts with sites and a site that went into lockdown during a COVID-19 outbreak. Consequently, the research team conducted one-on-one phone interviews with women in SPA 7 in the two weeks immediately following the listening sessions.

TABLE 1

Listening Session Participants for the Los Angeles 2022 Women’s Needs Assessment

	Current Housing Statuses Included			Targeted Special Populations	
	Number of Women	Sheltered	Unsheltered	Bilingual (Spanish-English)	LGBTQ+
SPA 1	10	✓	✓		
SPA 2	16	✓			
SPA 2	5	✓			✓
SPA 3	10		✓		
SPA 4	10	✓	✓		
SPA 4	7	✓	✓	✓	
SPA 5	14	✓			
SPA 6	7	✓			
SPA 7*	4	✓			
SPA 8	9	✓			

Note: The research team conducted interviews from April 26 to May 5, 2022. Some listening sessions also included participants who were recently (2020 to present) permanently housed. Women in SPA 7 were interviewed virtually one on one, as opposed to participating in a listening session, due to a COVID-19 quarantine at the planned listening session site.

The research team followed comprehensive protocols for the sessions aimed at minimizing the risk of COVID-19. Each member of the research team conducted at-home rapid COVID-19 tests 24 hours before each session and immediately before entering the site. Participants were screened for COVID-19 before joining the session. The team hosted listening sessions outside, and facilitators and participants wore masks throughout the sessions. The research team also minimized close interactions with participants by not requiring participants to sign consent forms and delivering all consent documentation and thank you payments at the same time. With consent from participants, the research team recorded all sessions to verify the accuracy of notes taken during the session by a research team member.

Overarching Themes

Six overarching themes emerged from the listening sessions across SPAs. These overarching themes related to how the women felt about themselves; how their experiences of homelessness affected them; and how they felt about the systems, programs, and staff that were intended to help them. In particular, these themes served as a throughline for the challenges and setbacks women faced in navigating various systems and programs, as well as what women described as wanting or needing from a system that would help them leave homelessness permanently.

Dignity is Essential

The women who participated in the listening sessions highly valued both their sense of personal dignity and being treated with dignity in their interactions with various systems and programs. Although participants had diverse backgrounds and varying experiences with respect to the amount of time they had experienced homelessness and where they were residing, this theme consistently rose to the top in every listening session.

Women often described traumatic experiences in programs and with staff and systems that often did not solve their problems. What they expressed wanting instead was respectful treatment from program staff, including being treated with empathy and understanding and receiving meaningful assistance. We witnessed women taking care of one another with empathy and understanding during the sessions and offering and sharing tangible resources. They were not only offering support, but also often sharing resources that other women had not heard of from program staff. Women highly valued the support and respect afforded to them by their peers.

When women did identify programs and services that treated them with dignity and respect, they spoke of these programs with fondness and gratitude; however, when co-analyzing findings with the WNA Steering Committee, the group noted that treating women right should be the norm, not the exception.

We get excited when a program treats women right, but we shouldn't be just happy about this. Programs should treat women right. It should be the norm.

—Steering Committee member

Women also described gaining a sense of control from being able to maintain their personal dignity by keeping their bodies and hair clean. Women across SPAs described not wanting to “look homeless” or be associated with the stigma they perceived as attached to their housing status, particularly when

presenting themselves to people outside of the homelessness system such as family members or prospective employers or landlords.

Homelessness Engenders a Loss of Power

Women shared stories characterized by a sense of loss of power, autonomy, and agency, even when they were in housing programs. In particular, they described having little control or power over their own safety. Women identified this loss of control over their own safety in nearly all homeless and housing situations, from living in unsheltered situations to staying in shelters to being placed in unsafe housing. When unsheltered or when living in vehicles, women described instances of being assaulted or witnessing assaults that demonstrated to them their inability to protect themselves. In shelters, women described witnessing assaults and having personal items stolen from them. Even after securing housing, often housing provided by a program, women described unsafe living situations and conflicts with abusive landlords that they had no power to resolve other than to leave—which many did, reentering homelessness after a housing placement.

Skid Row was a place that was not livable...the owner of the building was a drug dealer. I was living in there with all those drugs, and I'm supposed to live in there with that?

—Listening session participant

In addition to a loss of control over their own safety, women reported feeling that they had little control over their daily lives. They shared stories of strict shelter rules or spending their time traveling from one service provider to another based on when specific services were available. Women also recounted program staff searching their and other women's belongings or bodies. They also expressed having very little choice in the housing assistance, housing unit, or housing location they were offered.

Women Amass Complex Histories of Trauma Before and During Homelessness

One of the most striking themes that emerged from the listening sessions was the long and often complex histories of traumatic experiences women faced both prior to and while experiencing homelessness. For some women, traumatic experiences were the precipitating cause of homelessness. Numerous women described experiencing homelessness as the direct result of fleeing intimate partner violence, while other women shared the sudden loss of a partner or child. Women also shared how they experienced other superimposed traumatic stressors, such as losing the support of significant or close family members—for example, losing the support of family members who believed or supported an abusive partner—or experiencing the immediate loss of income or financial support as a result of the traumatic event. During the listening sessions, multiple women became visibly upset when describing

the events that precipitated their entry into homelessness, demonstrating that the effects of these traumatic events remain very tangible—even, in some cases, after several years.

Regardless of their housing status at the time of the listening sessions, participants described enduring or witnessing significant traumatic events while experiencing homelessness. In each listening session, multiple women—if not every woman—made a statement about the violence they faced or continue to experience. The nature of these traumatic experiences ranged from theft, to stalking, to physical or sexual assault, to murder. It is important to note that the perpetrators of these traumatic experiences varied. They included people in the general public, other people experiencing homelessness, other women where women were housed, landlords of units where women were placed, program staff, staff in medical facilities, and, in isolated instances, police.

Women described taking steps to protect themselves from theft and violence, including by avoiding shelters and choosing to sleep outside, which they often viewed as safer. Other strategies included sleeping during the day instead of at night; in public spaces such as laundromats or parks where families might be; or in encampments or other group settings, such as near other vehicles, that they perceived as providing potential protection. One woman described sleeping with a knife to be able to protect herself while sleeping outside; another recounted neglecting her hygiene and personal care in an attempt to appear unattractive to potential predators. While women made these decisions and took steps to protect themselves, they shared that having to protect themselves and remain on alert day after day became a traumatic experience in itself that took a toll on their health and emotional well-being.

Women Endure Homelessness for Longer than They Expect

Women consistently expressed that they did not expect to be experiencing homelessness for as long as they had. The participants had varying experiences of homelessness: some women described entering into homelessness somewhat recently, but most women had experienced homelessness multiple times and for much longer periods. The longest reported period among the participants was 39 years.

Regardless of how long they had experienced homelessness, the women expressed that they had been in this situation for longer than they had expected. Throughout the listening sessions, women described the ways in which the systems and programs that are intended to service them contributed to longer experiences of homelessness, including long delays during coordinated entry processes, longer than expected shelter stays, and housing options that did not meet their needs.

This shelter is only supposed to be a 90-day program. They are supposed to tell you what is going on. They're supposed to help you out with the paperwork, everything...but I'm still here.
—Listening session participant

Women also expressed that their homelessness experiences led to a personal loss of time. The participants described losing track of time or finding little meaning on a day-to-day basis. In one listening session, a woman shared that the shelter she was in did not have clocks on the walls, so a whole day could go by without being aware of the time.

Women Understood the Value and Limitations of Housing and Services

The women were participating in or had previously participated in available housing and services programs in Los Angeles. They described programs that provided for basic needs such as food, showers, shelter, housing, and other services and expressed that they needed and appreciated these types of programs. Yet the majority of these programs were often not provided at the scale needed or were not designed in ways to meet the women's needs. For example, the participants described receiving services that were only open at limited times or a few days of the week and lacking access to personal hygiene facilities. Women were aware of policies that prioritized certain individuals—including those with mental health conditions or disabilities—and how these policies limited access to certain services for women without these qualifying conditions and experiences. On top of the lack of resources, women recounted the lack of coordination among available services, forcing them to build a complete package of services across several organizations just to meet their basic food and hygiene needs. Their descriptions suggest that nearly all agencies were too underresourced to meet the needs they were attempting to address.

Women also shared stories about housing and services that were not high quality or did not fully meet their needs. These included housing placements that were unsafe, did not provide privacy, or were in locations that did not enable them to maintain their employment, remain connected with family, or get to their doctors' offices easily. They sometimes described these negative service experiences as making them feel unsafe or wary of seeking services again.

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 felt they didn't really want to do some help.

—Listening session participant

Systems and Programs Designed without a Gender Lens

Although women did not directly cite the lack of a gender lens in housing and services delivery, they consistently described the need for more shelter and housing programs designed specifically for women without children. Participants perceived that being a single woman was a disadvantage in the system, as there is more programming available for men and women with children. Moreover, they believed that men (and women with children, in some instances) were more likely to be able to access housing and services programs as a result of the system's prioritization policies. In addition, they cited the need for more attention to safety and gender-specific needs within the full homelessness response system. Women highlighted prioritizing safety across the different potential places they might live, including in shelters, hotels, group living situations, and personal housing placements.

BOX 1

COVID-19 Presented Challenges and Opportunities for Women

The pandemic affected all aspects of society and presented many challenges for the homeless services system. For some women, COVID-19 was the direct precipitating cause of their homelessness. Women explained that the deaths of family members or job losses caused them to lose their housing. Most of the women we spoke with had been experiencing homelessness before the pandemic and observed both positive and negative changes in programming, particularly around shelter. Women observed that the pandemic brought more order and structure in shelters that they found comforting; women in one SPA felt that this created a greater sense of safety. At the same time, some women recounted that it became harder to find a bed in shelters and that the lockdowns felt confining.

The homelessness system responded to the crisis accordingly, but the implemented measures also had implications for women experiencing homelessness. During the pandemic, some women were able to obtain shelter through Project Roomkey, and they described mixed experiences in those programs. At the time of the listening sessions, some women reported that these programs were winding down and emphasized how they subsequently lost shelter. Some women also shared that their open cases within the system and housing searches were delayed as a result of the pandemic. Although we did not explicitly ask women about their perceptions of vaccination, a small number of women commented on needing transportation help to get to vaccination sites.

Women's Experiences of Homelessness and with Systems

In addition to the overarching themes, women shared detailed testimonies of the causes of homelessness for themselves and for other women, the amount of time they had experienced homelessness, and the services and systems women use. The participants explained the challenges associated with accessing and making use of the current array of services available to people experiencing homelessness, as well as what women need and want from systems, programs, and staff.

Causes and Durations of Homelessness Experiences

Women identified both structural and individual level factors as causes of homelessness for themselves or for women they knew. Structural factors included the lack of affordable housing, trouble finding jobs that pay living wages, aging out of foster care, and immigration issues. Individual factors women frequently noted included fleeing interpersonal and/or intimate partner violence, loss of family members or partners, loss of income, and eviction and landlord difficulties. Multiple women stressed that people on a fixed income, such as Supplemental Security Income recipients, are unable to afford housing on their income payments alone. A few women also cited the pandemic as a direct reason for their homelessness, whether because of the death of a loved one or a job loss that ultimately led them to lose their housing.

One of the reasons homelessness happened for me was health. I became sick, it was difficult for me to work, my health started deteriorating. I was going through perimenopause, my work became less and less. I ended up on disability, and it wasn't enough to cover rent today.
—Listening session participant

Women consistently shared that they or women they knew tended to experience homelessness for great lengths of time, including multiple episodes of homelessness over their lifetimes. Among older women, we identified two unique experiences that were prevalent across listening sessions: for some, they had experienced homelessness their “entire adult lives,” whether as a single episode or across multiple distinct episodes of homelessness. Others had recently become homeless as older adults after shocks such as a divorce, job loss, death of a partner or spouse, or physical health challenges. In general, younger women tended to have experienced homelessness for less time than their older counterparts, but some had already been homeless for long periods. For example, one younger woman shared that she first experienced homelessness when she was an early teenager after fleeing her foster care placement.

Some women reported exiting homelessness for housing only to find themselves in housing that was unsafe; others recalled that they did not have supports in place to stay housed and ultimately

returned to homelessness. Returning to homelessness after being housed was not out of the realm of possibility for most women, with one participant saying, “You can be housed for four to five years, then you end up right back here.” One woman said that she was housed three times over the past 10 years and returned to homelessness for various reasons, including issues with a partner, substance use, and credit issues. Another explained that she had experienced homelessness four separate times over the past eight years for various reasons but was concerned about not being able to find housing again due to her chronic health condition.

Homelessness Experiences and Services and Systems Used

By virtue of recruiting for the listening sessions in coordination with service providers, and with the majority of sessions hosted at service provider sites, participants were engaged in services to varying extents. The majority of the women we spoke with were sheltered at the time of participation. In certain SPAs (namely, SPAs 1, 3, and 4), the groups included women who were experiencing unsheltered homelessness at the time of the listening session. Those women still engaged with services at various locations and among numerous service providers. Women reported using a variety of services while experiencing homelessness, such as homeless-specific services, health services (including mental health services), and services related to criminal-legal involvement.

WOMEN MOST FREQUENTLY INTERACTED WITH THE HOMELESS SERVICES SYSTEM

Participants commonly discussed their experiences related to service use, specifically with housing and shelter, across the listening sessions. Most women who were sheltered said they stayed in congregate facilities, with a few expressing that they had been able to access hotel rooms during the pandemic. Women generally expressed that congregate shelter facilities were unsafe and undesirable places to stay. Multiple women recounted incidents of assault or theft of their or other women’s belongings by staff and/or other residents. Across listening sessions, women also described negative experiences they had with security staff at shelters and programs, with one woman noting that the security staff were selling drugs at the shelter. Women also expressed concern around hygiene and sanitation at the shelters.

Furthermore, upon hearing about the services other women received while in shelter and other shelters’ policies, the women wondered about different programming and rules between shelters regarding the quality of activities and services and whether funding differed by site. Some also felt that rules were unevenly applied or that there were too many rules while staying in shelter. Overall, women felt that shelters lacked needed resources (see box 2 for additional information on resources in shelter).

There are night shelters that are out in parking lots, and there is security. Those are very helpful because one can sleep there [since] there is security. Many do not like to go to shelters because there is no security. You couldn't for even a week, because it is bad.

—Listening session participant

Numerous women indicated they preferred sleeping outside to staying in shelter as a result of their and other women's experiences. Women enduring unsheltered homelessness cited a wide variety of places they had stayed, such as laundromats, convenience stores, hospitals, and other locations with 24-hour service. They described sleeping outside on the streets, in the desert, under bridges or freeways, at bus stops and metro stations, and on buses and subways. Women also described sleeping in vehicles and tents when unsheltered, with some choosing to stay around others in safe parking sites or in encampments. Some women staying in encampments commented on sweeps and how they often disrupted the community bonds and relationships developed with their support and safety networks.

Regardless of location, women expressed a conscious decisionmaking process when choosing where to sleep, when to sleep, and who to be around. For example, one woman described her decisionmaking as, "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."

BOX 2

Women's Comparison of Resources in Shelter versus Prison

Several participants made unfavorable comparisons between shelter and prison. In one session, a woman described shelter as "worse than prison," which was met with widespread agreement from the group. In this instance, the woman was commenting on the quality of life in shelter, including the lack of structure, loss of time, and types of activities and services available. In another session, a woman who had previously spent time incarcerated noted that, inside prison, women can access institutional resources such as medical and dental care, skills training, counseling, and college-level education, but they are unable to access these resources through the homeless services system. Women in that group quickly and fully agreed with her expressed sentiments. Overall, women seemed to be making the point that shelters, while intended to help people, were not as well-resourced as prisons, which are designed to incarcerate people for committing crimes.

WOMEN INTERACTED WITH LAW ENFORCEMENT SYSTEMS

For the most part, women did not consider law enforcement to be a resource for them in times of need. Women felt that their calls often went ignored and that law enforcement officers showed bias against

people experiencing homelessness. One participant stated, “If you're homeless with a bag, you're done in LA.”

I've seen a whole lot with officers volunteering with the women's center, but women will be in their tent screaming for help, and the police will do nothing right there. Staff and security have seen it too.

—Listening session participant

Some women recounted harassment by law enforcement through opportunistic policing, such as running names to screen for active warrants while people waited in line to receive services. As one woman said, “If you complain about the cops, bad enough as it is, they’ll find a way to throw you in jail, you broke the law somehow. They are horrific, horrific.” One woman said she had been “arrested more times than [she] can count” and that officers routinely conducted warrant searches for no reason.

In addition, participants shared one or two instances of harassment by individual members of law enforcement toward specific women, including reports of sexual propositioning by officers. Despite this, women expressed more concern and reported experiencing more harassment from security guards in retail stores, institutions, or other buildings than from law enforcement officers.

WOMEN INTERACTED WITH HEALTH CARE SYSTEMS

Women spoke about seeking services or assistance at hospitals, including medical care and, sometimes, a place to spend the night. However, their experiences were mixed when it came to the treatment and care they received. Most women reported that they were on Medicaid or Medicare, which allowed them to access health services as needed. Some women described suffering traumatic experiences, particularly at the hands of security officers or guards. Multiple women shared experiences of being assisted by medical staff and then escorted or forced out of the facilities—and, at times, physically hurt.

I was in the hospital, and the doctor said that they'd keep me there for the night and I could see a social worker in the morning. I went to sleep at 7. At 12, security woke me up and said I had to leave...He woke me up at 12 at night and dragged me out of the bed to the parking lot, my clothes came off [shows burns or bruises over arms].

—Listening session participant

SEXISM AND RACISM WHILE EXPERIENCING HOMELESSNESS

The research team asked the women in each listening session about their experiences of racism while experiencing homelessness. Few women reported specific instances of explicit racism; the women who did—particularly Black women—reported being called racial slurs and experiencing racial discrimination when it came to securing housing. Although few women described experiencing racism while homeless, many quickly identified the impacts of widespread societal racism. They also frequently reported instances of discrimination; however, they ascribed this to their housing status rather than their race or ethnicity.

Racism and sexism and homelessness is a big issue. You're in a category that no one wants, you're treated without any humanity.

—Listening session participant

Women expressed their perception that their gender played a role in their experiences and potential exposure to violence or trauma. For example, some women noted that they were unable to relieve themselves or use the bathroom discreetly—unlike men—which made them feel exposed and vulnerable. Similarly, women described having to make choices about where to stay and sleep based on who was around and how safe they felt as a woman in that space. For those in shelters, women described the security guards treating them differently than the men.

Challenges Women Face Navigating Systems

The women we interviewed talked about the challenges they encountered when trying to access resources, services, and housing and when interacting with systems at large. Women candidly shared scenarios they had lived or observed and spoke to the hurdles they experienced in finding meaningful resources to access housing and other services.

LACK OF COORDINATED RESOURCES FOR EMERGENT NEEDS

Most women felt that information on essential resources was not readily available and that access to these resources was not well coordinated. They shared that their search for basic information on resources was arduous and time-consuming. A common theme for women across SPAs was that it was difficult to find information in one place for their region—for example, a flyer detailing essential resources (such as food, shelter, clothing, where to go to charge a phone, etc.) that could be placed at different visible locations such as churches, libraries, and other social service organizations. In addition, participants shared that while information was often available online, not all women had access to it—particularly women living on the streets—due to limited phone service or Wi-Fi access, inability to

charge their phones, or having their phones stolen. Having access to a working telephone was also essential to staying connected to services offered by the system.

My cell phone is my life and my lifeline, but if you don't have it because people keep stealing it, if you don't have internet, you can't find things.

—Listening session participant

Women found that program staff were not always as knowledgeable or up to date regarding the services or resources they could access or from which they could benefit. They also noted that certain resources or services might be easier or harder to access depending on where they are located in the county. Across SPAs, women consistently shared that their most reliable source of information regarding resources and services was other women in their exact circumstances. As previously noted, upon hearing that other participants wanted to know where services were located, women in several listening sessions networked and shared information on the spot, helping one another and correcting misinformation among themselves.

They should give more resources and information so you don't have to depend on [case managers]. And everyone you ask gives a different answer.

—Listening session participant

An undercurrent to these observations was that the system did not have sufficient resources to meet the needs of all people, creating a scenario requiring coordination of services. To meet their basic needs, women had to rely on multiple agencies because no one agency had the resources to fully serve them. Women also observed the lack of systemic knowledge across staff about services coordination because of high personnel turnover. Participants commented on changes in program staff and case managers and explained that this affected the continuity and consistency of their services and housing searches. One woman pleaded, “Stop changing case workers. I’ve had four already...We have people who are on the streets and there is no case managers.”

WOMEN ARE NOT PRIORITIZED IN A COMPETITIVE HOUSING PLACEMENT SYSTEM

Women were acutely aware that there are not enough housing resources to serve everyone in the system. They largely felt that housing was elusive because of prioritization criteria they did not meet.

Participants explicitly discussed their perception that the homeless services system mainly prioritizes people with severe disabilities for housing and services. Women who did not have a disability felt that they had to have a mental health challenge or another disorder to receive attention in the system. Therefore, they had to "play the part" to access housing and resources. One woman said, "If you play crazy, you get housing faster." Another woman noted that in order to qualify for housing, she needed a "housing score" to determine her level of need. Women were also aware that one of the ways a service provider would prioritize them for housing was if they had been homeless for a long period of time—essentially requiring women to experience long episodes of homelessness and potentially significant traumatic experiences in order to qualify for help. They recognized that it was essential to be in the Coordinated Entry System (CES) but also felt that they had no guarantee of securing housing by staying in the process over the short or long term. Women also described long waits to get through the CES process, often waiting several weeks to months for initial meetings and then experiencing similarly long gaps between meetings; they also mentioned frequent changes or turnover among the staff helping them navigate the process.

Part of it is the slowness. I'm with this case worker. I've known her over six to seven weeks. I've only gone to two meetings and the second one is tomorrow. I'm not even in the system yet. And I'm thinking, how many months can I live in my car? They let you get an extension after six months [safe parking], but after a year, I can't be there. I'm not even in the system. And I can't get on waiting lists. I don't know how fast they are going to move along.

—Listening session participant

Women were keenly aware of the limited housing stock within their reach and the many steps required to secure a unit. Some said that programs expected them to look for housing themselves, while other women independently took it upon themselves to look for units. Housing navigators engaged some women and showed them units available for rent; however, the participants often felt that those units were not of decent quality. In addition, participants recognized the high competition for scarce units and felt pressured to take a unit they had seen upon realizing it was also being shown to multiple peers. Still, many women found that after relaying the information to their housing specialist, the specialist would ultimately award the unit to another interested party, leaving the women unhoused.

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.

—Listening session participant

HOUSING OPTIONS DID NOT MEET WOMEN'S NEEDS OR PREFERENCES

Even women who qualified for and received housing assistance opportunities, such as a Section 8 Housing Choice Voucher, experienced delays in finding a unit in Los Angeles's tight housing market. Women discussed challenges with obtaining extensions on their housing search period to prevent losing that assistance as they continued to search for a unit. For women who found housing, it often came at the cost of uprooting themselves. For example, available housing units may not meet their needs in terms of proximity and access to employment, transportation, or health care services and family. For some women, the housing units were inconveniently located and lacked essential items such as appliances and furniture; some described situations where it was unclear if the units had been inspected; and others described ultimately leaving the housing in which they were placed and returning to homelessness.

Why are they sending you far when your job is just down the street? I have family in LA.

—Listening session participant

What Women Need and Want

The women participating in the listening sessions also had an opportunity to identify the specific services and resources that they needed and wanted, from services that they needed more of to services that do not currently exist. First and foremost, unaccompanied women experiencing homelessness made clear that they want to be treated with dignity, consideration, and respect. When relating their daily experiences with staff at programs, women recounted instances of disrespect and a lack of empathy; they often repeated their desire to be treated with respect and consideration. Additionally, participants spoke in clear terms about what they were looking for in housing, shelter, and services in the absence of permanent housing and community.

Women Want Safe, Affordable, and Private Housing

A consistent refrain from women in every SPA was that they wanted safe, affordable housing, describing their wish for quality buildings and private units that are clean, safe, and functional. One woman described that she wants “a normal neighborhood. I don't want to be different from anybody else. I don't want anyone to say, that's the homeless housing.” Location was also important—women wanted housing close to family members, doctors, and their places of employment.

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.

—Listening session participant

Most women across SPAs also expressed a desire for privacy and having their own housing units. The majority of participants did not want shared housing, shared common areas, or the roommates that come along with this type of living situation. Some women relayed prior negative experiences in shared housing, such as having items stolen or feeling unsafe with their assigned roommates, and some women with complex trauma histories said that roommates bullied them and thus triggered their symptoms.

Women Need Immediate Help with Emergent Needs

In the absence of housing, women expressed the need for access to information and resources that could help them meet immediate, urgent needs such as shelter, safety, and personal hygiene. Their most pressing concerns were safety and access to shelter. Women felt that there were not enough shelters for women and expressed a desire for women-only shelters. When considering shelter conditions, they were most concerned about their safety and a balanced approach to rules and regulations, but disagreed about how to approach that challenge. Some women suggested the need for more structure, rules, and screening to ensure safety, while others believed that shelters are already too restrictive in their many rules and regulations (such as limiting the number of personal belongings allowed in shelters and barring visitation opportunities).

In the absence of housing or safe shelter, women stayed in unsheltered locations and therefore needed access to essential services. They frequently raised their desire for better access to information on available resources and spoke to the need for more coordinated and centralized access to resources that are not just identified and promoted on the internet. Women believed that flyers posted regularly at convenient locations would allow them to readily find necessary resources such as food, clothing,

shelter, showers, housing, and case management. Participants also wanted access to feminine hygiene products and discussed the challenges they face when they have their period.

A small number of women who were experiencing homelessness in their vehicles highlighted an example of a simple, programmatic barrier that is challenging for women to overcome but has the potential to greatly increase the number of women in safe environments. Among the small number of women who had vehicles and an interest in accessing safe parking sites, some did not have the resources to keep their registrations current—a requirement to access a safe parking site. Participants cited help with securing this necessary documentation as a needed service that would immediately affect their safety.

At that parking, you got to have registration under your name, you have to have insurance. And you don't have any money! Mainly my money goes to gas, all of it. That is why I'm getting free food here and there—wherever I can.
—Listening session participant

Women Would Benefit from Improved Case Management and a Trauma-Informed Approach to Services

As previously noted, women expressed the need for better case management, including more respect from staff, empathetic interactions, and less staff turnover. While somewhat sympathetic toward staff, particularly new program staff, their comments suggested that case managers should undergo more extensive onboarding training, especially because they frequently did not know what steps to take. One woman stated, “I think the caseworkers at the shelters need to have more resources to get housing. When I’ve asked what’s next, they say they don’t know.” In addition, some women felt that the caseworkers did not properly conduct their initial intake, purportedly affecting their case management plan. The women understood that case managers carry heavy loads. They were aware of the high ratio of clients to case managers and wondered whether this could change. These suggestions additionally point to the need for widespread adoption of a trauma-informed approach. For instance, the women felt that case managers should understand mental health disorders, how these disorders present, and how to help women manage them. Steering Committee members also highlighted the importance of cultural diversity training.

It's the worker who is actually working with the heart. It's like doctors or a teacher. Ideally, they're into like helping you. And organizations also.

—Listening session participant

Women Strongly Desired Community, Social Connection, and a Sense of Belonging

Our research team found that women distinctly wanted privacy and their own housing units. Yet they also yearned for a sense of community and belonging. The desire for social connection became especially evident when the women got together for the listening sessions. Without knowing one another, women across different SPAs suggested the creation of what we call “safe circles,” or groups for women. They described wanting some form of a vetted and prescreened support group of compatible women where they could share resources and support one another in their journeys. Trust and safety were big concerns for participants, and both are important considerations for the future of these groups. The women felt that such groups could potentially provide meaningful space for peer interaction and understanding as well as opportunities to create social connections and reduce social isolation. Another suggestion was creating community kitchens in housing or shelters where women could come together to cook meals.

I'd like women-empowering-women groups. Some women don't care that they're there, and others are trying to survive, so they should have a group for women so that they can know who is who.

—Listening session participant

Conclusion

Through listening sessions and co-analysis with members of the Women’s Needs Assessment project Steering Committee, we identified key themes related to unaccompanied women’s experiences with homelessness and their access to and use of various services and systems. Across sessions, the women spoke about the importance of dignity, how homelessness engenders a loss of power, their cumulative traumatic experiences before and during episodes of homelessness, and experiencing homelessness for longer than they expected. When women spoke of the services they sought and used, they understood and recognized the value and limitations of housing and other services and reflected on the lack of a gender lens in the available programs.

The listening sessions provided an opportunity for us to learn directly from unaccompanied women about their experiences of homelessness, use of services, and what they are looking for in housing. The findings from these listening sessions provided valuable context, content, and support for the survey phase of the forthcoming 2022 Los Angeles County Women’s Needs Assessment. The findings can also provide immediate insights to service providers, policymakers, and other key stakeholders about the experiences, needs, and preferences of unaccompanied women in Los Angeles County.

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About the Authors

Samantha Batko is a principal research associate in the Metropolitan Housing and Communities Policy Center at the Urban Institute, where her research focuses on homelessness, housing instability, housing assistance, and supportive services. She has expertise in several US Department of Housing and Urban Development homelessness programs, including homelessness prevention, emergency shelter, rapid re-housing, and permanent supportive housing. She is currently the principle investigator of an evaluation of Tipping Point Community's Chronic Homelessness Initiative in San Francisco, an evaluation of Hamilton County's FUSE permanent supportive housing project, development of the Emergency Rental Assistance Priority Index and targeting tool, a study of COVID-19 homelessness responses, and a study on the monetary and nonmonetary value of ending homelessness. Her other current projects include the US Department Housing and Urban Development's Pay for Success permanent supportive housing demonstration evaluation, US Department of Labor's Homeless Veteran Reintegration Program evaluation, and an evaluation of New Jersey's Keeping Families Together program. Before joining Urban, Batko spent 12 years at the National Alliance to End Homelessness, where she developed expertise in homelessness and housing policy, research, and technical assistance.

Sofia Herrera is the director of research, planning, and policy at the Hub for Urban Initiatives, a nonprofit consulting entity in Pasadena, California. In addition, she holds a courtesy faculty appointment as a research associate professor at the Fuller Graduate School of Psychology in Pasadena, California. Dr. Herrera's work has focused on homelessness over the years through a participatory action research lens, and she has conducted numerous homeless counts and co-written reports for several jurisdictions in California that were later used for planning and policy. In 2018, she also completed a needs assessment of women experiencing homelessness for a program working exclusively with unaccompanied women in Service Planning Area (SPA) 3 of Los Angeles County. In addition, Dr. Herrera is a co-founder of One in Four, a group formed by academics and nonprofit service organizations working on expanding the evidence to address the needs of unaccompanied women experiencing homelessness in the United States. Since 2016, Dr. Herrera has chaired the Greater Los Angeles Homeless Count Advisory Board at the Los Angeles Homeless Services Authority. She is also a research committee member and past grantee of the Homelessness Policy Research Institute at the Sol Price Social Innovation Center of the University of Southern California.

Lynden Bond is a research associate at the Metropolitan Housing and Communities Policy Center at the Urban Institute. Lynden is a licensed social worker whose direct practice and research has focused on housing, housing insecurity, and homelessness. Before joining Urban, Lynden worked as clinical supervisor in a homeless outreach program and in a permanent supportive housing program. She is passionate about and committed to using community-empowered methods and partnering with people with lived expertise in research. Bond holds a PhD in social work from New York University.

Kaela Girod is a research assistant in the Metropolitan Housing and Communities Policy Center. Her research interests include housing affordability, homelessness, and immigration. Girod graduated from Grinnell College, earning a BA in economics and Spanish with a concentration in Latin American studies.

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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.



500 L'Enfant Plaza SW
Washington, DC 20024
www.urban.org

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