

Short Communication

Pathways to Homelessness, Voices of Women in Los Angeles

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Abstract

Aim: To document women's reasons for their homeless status and to identify resource needs.

Method: Forty-seven homeless women residing in a downtown women's day center on Skid Row, Los Angeles, CA filled out a 37-item self-administered questionnaire. Data gathered included demographics, health status, homeless status (how long homeless), as well as qualitative data on reasons contributing to homelessness, resources available and resource needs. Information on select aspects of women's lives, such as domestic violence, substance abuse and preference for housing and social services was collected. Statistical analysis assessed selected differences among categorical and continuous data. Qualitative data were recorded verbatim, coded and analyzed using comparative analysis.

Results: Over fifty-six percent (56.5%), of women reported experiencing homelessness for the first time. The median age when homelessness first occurred was 38 years and the average amount of time respondents were unsheltered was 365 days. One-half of women were single. The most common areas to sleep were at faith-based shelters (38.3%), and on the streets (23.4%). The primary reason for homeless status was financial, followed by fears of violence and drug and alcohol use by self, spouse, or others in the household. Women reported difficulty accessing basic services including restrooms, showers, clothing, food, and water. Resource needs included financial, housing, and social support.

Conclusion: Homeless women in Los Angeles account for 32% of the 50,000-60,000 homeless individuals reported on any given night. Participating women in our study report financial loss, violence and substance abuse by self or others in the household that contributed to their homeless status. Targeted resources for women are needed to stem the path to homelessness.

INTRODUCTION

The number of unsheltered adults and youth has continued to climb in communities and are surging in recent years. The City and County of Los Angeles report the largest number homeless individuals in the country [1] accounting for about 41,300 people, a number that may be a significant underestimate due to the difficulties associated with locating this population. A point-in-time count (PIT), in 2020 estimated there are 16% more individuals sleeping on the street in Los Angeles than in 2019, with 32% of the homeless being women [2]. Homeless women have been disproportionately impacted resulting in a 41% increase in numbers between PIT counts from 2013 and 2019 [3].

Data gathered in this study provide a voice for women to share their experiences in their path to homelessness. Unsheltered women in living in the Los Angeles neighborhood of Skid Row report the impact of financial loss, violence and use of drugs and alcohol that contributed to their homeless status.

METHODS

Women 18 years and older were recruited from a downtown women's center on Skid Row. Inclusion criteria included: (a) age 18-88 years, (b) female, and (c) experiencing homelessness in Los Angeles County. Institutional Review Board (IRB), approval

was obtained from the University of California, Los Angeles. Participants were consented prior to their enrollment into the study. Each participant was carefully told that their enrollment in the study was voluntary, that healthcare services were not contingent upon their participation, and that they did not have to answer any questions that they did not want to or found uncomfortable to answer. Study incentives took the form of backpacks that contained various personal care items and socks.

Forty-seven participants self-administered a 37-item questionnaire that gathered demographics, health status, homeless status (how long homeless), reasons contributing to homelessness, resources, and resource needs. The questionnaire took approximately 30 minutes to complete. Researchers administered the questionnaire to one participant who requested assistance.

For continuous variables, missing observations were imputed with an average score for that variable. For no/yes categorical variables, missing observations were treated as 0 (or "No" answers), so percentages may reflect an underestimate. For the variable "race", categories are not mutually exclusive, so they were treated as separate binary variables. Kruskal-Wallis chi-squared tests assessed statistical differences among categorical data and ANOVA methods used for normally distributed

continuous variables reported on the findings. Qualitative data were recorded in writing, coded, and analyzed using comparative analysis.

RESULTS

More than fifty percent (56.5%), of women reported experiencing homelessness for the first time. The median age when homelessness first occurred was 38 years. The median amount of time respondents was unsheltered was 365 days, with a mean of 1004 days. In terms of race, 38.3% identified as Black, 25.5% reported being more than one race, 21.3% identified as White, American Indians/Alaska Natives made up 4.2%, and Asian Indians accounted for 2.1% of the sample. Those with Hispanic/Latina ethnicity made up 38.3% of the respondents. A small number (8.5%), did not report a racial background.

Educational attainment was heterogeneous with 14.9% not finishing high school, 27.7% finished high school/GED, and 31.9% had some college. Just over half (51.1%), reported being single. The median income was \$414 per month. The most common employment status was "on disability" at 34%, followed by "looking for work" at 24.3%.

The most common area reported to sleep was at faith-based shelters (38.3%), and 57.4% reported difficulty accessing basic services including restrooms, showers, storage, clothing, food, and water.

Those reporting a long-term or chronic physical condition made up 61.7% of our sample though there is little association of this health state and loss of housing.

An analysis of the quantitative data found a significant association with problem drug/ alcohol use as reason for loss of housing ($p=0.03$), and trending association ($p=0.06$), with mental health issues. The listing of mental health problems was large with few responses per category, so all responses in this category were collapsed into a variable called mental health issues. The qualitative responses listed three primary reasons for homeless status: financial, fear of violence, and drug and alcohol use by self, spouse, or others in the household. Financial problems were reported to be due to divorce, loss of a job, or loss of family support. Fear of violence and drug and alcohol use by self, spouse or others in the household were substantial reasons for the pathway to homelessness. Household violence was described as abuse by parents and/or spouse/significant other. Fueled by drugs and alcohol, household violence contributed to overwhelming fear, prompting many women to flee into homelessness. Several women noted that although they also were users of drugs and alcohol, and it was the fear of violence in the household that prompted them to be homeless.

Resource needs reported by homeless women included financial, housing, and social support. Women described difficulty accessing basic services including restrooms, showers, clothing, food, and water. Women reported difficulty accessing basic services including restrooms, showers, clothing, food, and water.

DISCUSSION

When compared to the general population, homeless women experience higher mortality rates, mental disorders, substance

Table 1: Homeless Status of Women.

Variable	Count	%
First time homeless	26	55.3
Age at first time homeless :		
median	38 yrs	
mean	35.47 yrs	
# of days homeless :		
median	365 days	
mean	1004 days	
Usual place of sleep :		
Church shelter	18	38.3
Camp out	6	12.8
Under bridge	3	6.4
Friend's	2	4.3
Street	7	14.9
Other	11	23.4

abuse, and rates of victimization [4]. This study found that more than 55% of women were recently unsheltered (defined as homeless for less than one year), and are first-time homeless individuals. A larger homeless survey of both males and females found that two-thirds of recently unsheltered people are first time homeless [5]. The senior population increased by 20% between 2019 and 2020. More worrisome, the number of unhoused women is expected to only to climb - providing the impetus to focus attention on women who are at risk for homelessness.

The pathway to homeless was reported to be due to monetary loss, violence and alcohol and drug abuse by self, spouse and among family members. This finding is supported by a study that reported substance use as associated with longer periods of homelessness [6] and is a substantial barrier to existing homelessness [7]. Domestic violence, reported to be a leading cause for homelessness among women and intimate partner violence has been tied higher rates of emotional distress, suicidality, and diminished self-reported health [8]. A needs assessment conducted by the Los Angeles reports that 55% have experienced state or interpersonal violence or sexual assault [3].

Data gained from this study is important to develop needed policies to stem the flow of women into homeless status (Table 1). Homeless mitigation strategies, with particular emphasis on women who experience household violence and substance abuse require targeted interventions. The need for improved access to basic living needs, such as affordable housing and a safe environment is highlighted as a requirement to improve the health and environment of unsheltered women.

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