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# Navigating Adversity: Homelessness, Victimisation and Systemic Barriers

Jean-Paul Pophaim [1*]

1 Department of Criminology, University of the Free State, Bloemfontein, South Africa.

*Corresponding Author: Jean-Paul Pophaim, Email: PophaimJ@ufs.ac.za


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**Abstract**
The relationship between homelessness, violence and crime is often depicted as closely intertwined, however the specific nature and extent of victimisation in the lives of people experiencing homelessness remains significantly under-researched. This is particularly true in South Africa where scant and small-scaled research dominates exploring vulnerability to victimisation among homeless populations, resulting in a large contextual gap, minimising the consideration and prioritisation in mainstream legislation, policy and subsequent interventions. The present study aimed to determine the experience of victimisation and service needs of individuals by employing a survey research design with a quantitative approach, a questionnaire was used to collect data from 150 individuals, which allowed for the extraction of descriptive statistics and personal accounts to illustrate the lived experiences of respondents. The identification of unique pathways into homelessness allowed for the improved understanding of the prevalent root causes that could potentially manifest and present itself as risk factors, altering the level of vulnerability among the exposed individuals. The results revealed that a substantial proportion of the sample had experienced victimisation (59.7%). Furthermore, through an emancipatory and empowering approach, the paper incorporates valuable personal accounts from respondents based on their lived experiences facing homelessness, victimisation and the barriers they may encounter with regards to access to services.
**Keywords**
Homelessness, adversity, victimisation, vulnerability, risk factors, systemic barriers

## Introduction

Homelessness represents one of the most widespread, profound, and enduring manifestations of rising inequality, which is a significant contributor to the broader societal malaise often associated with this phenomenon. Drawing on reports from the United Nations (2005) and the World Economic Forum (2021), the global homelessness population is currently situated between 100 and 150 million people, with as many as 1.5 to 1.8 billion people currently residing in egregious and inadequate housing conditions, perpetually at risk of absolute or chronic homelessness (Awad, 2023; Homeless World Cup Foundation, 2022; Olufemi, 1998, 2000; United Nations, 2025). In South Africa, there are no official estimates that fully document the true nature and extent of homelessness. Consequently, researchers and policymakers primarily depend on unofficial and voluntary estimates produced by individuals and organisations (Obioha, 2022). In the late 1990's, it was estimated that there were three million people experiencing homelessness, and in 2000, approximately 8 million informally housed individuals, which is most likely a reflection of the application of broad definitions, the lack of homogeneity in the homeless population, and the many pathways into homelessness (Makiwane et al., 2010; Olufemi, 2000). The Human Sciences Research Council (HSRC) provided estimates on the South African homeless population, which placed it between 100,000 to 200,000 individuals (Cross et al., 2010). These figures have since set the precedent and have subsequently been widely cited in several academic and policy publications (Desmond et al., 2017; Obioha, 2022; Pophaim, 2021; Rule-Groenewald et al., 2015; Stonehouse et al., 2023; Tenai & Mbewu, 2020). Notably, both global and local population estimates remain widely contested and are considered stark underestimations, as many experts are of the opinion that the accuracy needs to be tested because conclusions in homelessness research are often based on assumptions, largely due to the high mobility of people experiencing homelessness (Awad, 2023; De Beer & Vally, 2021; Tenai & Mbewu, 2020). The obstacles associated with counting people experiencing homelessness, are characterised by several definitional challenges and the fact that the homeless are considered a 'hard-to-count' population (De Beer & Vally, 2021; Pophaim & Peacock, 2021). Within these opaque parameters, the 2022 South African Census reported a combined total of 55 719 people experiencing homelessness (Statistics South Africa, 2023), which is still considered a significant underestimation considering prior estimates, the fact that only roofless and shelter-based persons were counted, the current dire socioeconomic condition, and the sheer visibility of poverty and street homelessness in South Africa.

Although homelessness is primarily the visible manifestation of being without shelter, it is often exclusively defined as an individual who does not have access to shelter, services, and basic needs (Obioha, 2022). Such reductive definitions are inadequate, as homelessness is a far more complex and harmful experience that defies the simplistic extant definitions and categorisation (De Beer & Vally, 2021; Mahlangu & Kgadima, 2021; Tenai & Mbewu, 2020). Homelessness is arguably one of the most complex concepts to define, with very little consistency and universality in both its understanding and application across various contexts, regions, and countries (Frazer & Kroll, 2022; Obioha,

2022). In the absence of a universal definition, different governments and organisations apply different understandings of homelessness, which, by default, impacts the level, type, and quality of interventions, as well as who is eligible for support (Obioha, 2022). Importantly, the experience of homelessness is not fully captured without a definition that considers factors beyond the deprivation of physical shelter (United Nations, 2025). By reducing the matter to a lack of shelter, any policy and intervention that stems from a narrow definition will not only perpetuate dominant views of homogeneity but also fail to establish a realistic baseline and reflect a clear understanding of what homelessness entails (De Beer & Vally, 2021; Sadiki & Steyn, 2021). To counter the significant shortcoming, the leading proposition is that a single definition may be inappropriate, and to respond to this, a range of definitions may be needed (Kriel, 2017; Tenai & Mbewu, 2020).

With a considerable dearth of local research at the forefront (Pophaim & Peacock, 2021; Pophaim, 2021; Sadiki & Steyn, 2021), the notion of the homeless victim continues to evade inclusion in mainstream definitions, frameworks, and academic discourse. This is largely due to the fact that it falls outside of the socially constructed interpretation of the 'ideal' victim, resulting in insufficient attention and acknowledgment for the plight of the homeless victim, thereby significantly excluding certain individuals and hampering the application of mainstream frameworks and the development of inclusive and protective responses (Pophaim & Peacock, 2021; Pophaim, 2021; Scurfield et al., 2004). To better understand homelessness, pathway research is a critical source of information with regard to the onset of homelessness, the experiences they may have to endure, which often prolongs the episode, and most importantly, it assists in determining what could potentially serve as viable pathways out of homelessness.

As with many other factors associated with experiencing homelessness, there is no single pathway, and each individual presents with a unique factor or combination of factors that shape their developmental trajectory toward the onset of homelessness (Desmond et al., 2017). Most pathway research tends to be rather isolated and limited in scope, as it mainly focuses on one category of pathways, while failing to demonstrate the complex interaction and inextricable link between the various factors (Piat et al., 2015). Several local reports (Moloi, 2025; Mthembu et al., 2025; Pophaim & Peacock, 2021; Statistics South Africa, 2023; Tenai & Mbewu, 2020), highlight the common pathways associated with homelessness, which include unemployment, poverty, mental and physical health challenges, childhood adversity, family dysfunction and abuse and other more systemic factors such as apartheid capitalism, poorly implemented policies and housing insecurity. A valuable consideration lies in the importance of understanding how these factors shape the experience of homelessness, not only as initial causes, but how it is expressed and the negative outcomes that manifest as a result of their exposure to shared risk factors for both homelessness and victimisation (Charlton & Rubin, 2021; Tong et al., 2021). Homelessness, by its very nature, should be regarded as a form of extreme victimisation, which constitutes a *prima facie* violation by subjecting affected individuals to gross human rights violations, encompassed by the denial of their basic human and constitutional rights (United Nations, 2025). The experience of homelessness

is fraught with complex, interrelated pathways which, amongst others, determine causality and influence experiences within the homelessness episode (Pophaim & Peacock, 2021). Violence and crime are daily challenges, and as risk factors, these pathways often render a person experiencing homelessness particularly susceptible to criminal involvement and vulnerable to harassment, discrimination, stigmatisation, exploitation, and victimisation (Tenai & Mbewu, 2020). The criminal component of homelessness is often overemphasised, and as such, the population is overly criminalised and regarded as problematic, subjected to a variety of punitive measures that further ostracise and perpetuate their vulnerability, marginality, and social exclusion (Hopkins et al., 2024; Owadally & Grundy, 2023; Pophaim, 2021). The dearth of local research on homelessness and its related conditions (Pophaim & Peacock, 2021; Pophaim, 2021; Sadiki & Steyn, 2021), is considered a major hindrance in the development of inclusive and protective evidence-based policy and interventions.

While offering only a preliminary examination, notable South African studies on homelessness, consistently reveal the presence of a circular definition, which highlights homelessness as an extreme form of victimisation and, at the same time, recognises victimisation as a high-risk outcome commonly associated with experiencing homelessness. In 2016, Sadiki reported on experiences among rural and urban homeless persons, revealing that 52.9% (n=70) of the sample reported experiencing victimisation, with a higher percentage from the urban sample (n=24; 60.0%). In 2019, Pophaim reported on the experiences of 17 homeless individuals, revealing that 13 participants (76.5%) experienced victimisation since becoming homeless. More recently, Mthembu (2023), among 17 homeless individuals, found similar proportions of extreme physical abuse and violence (58.0%), verbal harassment (29.0%), property theft and damage (24.0%), and sexual harassment (12.0%). Building on these findings, the current study aims to determine the trends of victimisation in the context of a larger sample, while offering a holistic perspective of the interplay between pathways, risk factors, and inevitable negative outcomes related to homelessness. In terms of vulnerability, it is generally accepted that the homeless should be categorised as having an absolute sense of vulnerability and defencelessness by virtue of being overly exposed to proximal risks (De Beer & Vally, 2021; Pophaim, 2021). Compared to members of the general public, prominent research, albeit dated, reports that people experiencing homelessness are 13 times more likely to experience violent crime and 47 times more likely to be a victim of theft (Scurfield et al., 2004). Additional research confirms this disparity, as violent victimisation among the homeless was estimated to range between 14 and 21% in comparison to 2% of the general public (Meinbresse et al., 2014). An interesting comparison can be drawn with regards to the latest local trends reported in the Victim of Crimes Survey (2023/24), which indicates that over a 5-year period, 2.8 million individuals experienced theft of personal property, 1.1 million individuals experienced street robbery, 700 000 individuals experienced consumer fraud, 650 000 individuals experienced assault, 287 000 individuals experienced hijacking, and 116 000 individuals experienced a sexual offence. Although the report does cite a concern regarding underreporting and an increase in most categories (Maluleke, 2024), the percentages of

victimisation (4.64 to 0.19%) are comparatively low when considering a population size of 63.21 million people.

Based on these experiences, an additional concern that remains unresolved is the lack of inclusive and protective responses to homelessness in South Africa (Pophaim, 2021). Among the many challenges faced by people experiencing homelessness, their inability to navigate mainstream systems contribute to their persistence of their vulnerability (De Beer & Vally, 2021). Accordingly, any intervention directed at addressing homelessness should be cognisant of the persistent threat of vulnerability to victimisation, to develop mechanisms that both address and overcome such vulnerability (De Beer & Vally, 2021). The current study aims to provide justification for the consideration of vulnerability and the contextualisation of the experiences of victimisation within the homelessness policy domain and beyond.

Another crippling effect of a heightened vulnerability and ineffective policies is the presence of a variety of systemic barriers related to the provision and accessibility of services among people experiencing homelessness. A common misconception, fuelled by the neoliberalist notion of *responsibilisation*, which shifts social responsibility to the individual, perpetuates the idea that homelessness is a choice (Weng & Clark, 2018). It reduces homelessness to an issue of personal mismanagement, implying that if an individual ends up homeless, it is due to their own resistance or inability to engage in behaviours that lead to productivity (Weng & Clark, 2018). However, not much is known about the patterns of service use, shortage of services, and compounding systemic barriers confronting the homeless, especially within the post-victimisation context. As a result, it is essential to investigate the patterns of access and engagement with services for the duration of a homelessness episode to determine the nature and extent of potential systemic barriers. Through this approach, it can be determined to what extent stigma and negative stereotypes define the interaction between client and service provider and whether this has an impact on service delivery and the willingness to seek and utilize services (Weng & Clark, 2018). With this information, it becomes possible to facilitate the foundational elements to support the creation of holistic, inclusive, anti-oppressive responses in both policy and practice.

## Methods

The study aimed to determine the experiences of victimisation and service needs of individuals experiencing homelessness. Guided by a survey research design with a quantitative approach, a questionnaire was utilised to collect from 150 respondents. Personal accounts, from open-ended questions, were used in conjunction with the descriptive statistics to illustrate the lived experiences of the respondents. Due to the transient, mobile, and elusive nature commonly attributed to the homeless population, location sampling was used, which is a popular sampling choice for hard-to-reach sample populations (Schepers et al., 2017). Shelters and service centres in Bloemfontein (Free State) and Cape Town (Western Cape), South Africa, were approached to act as a central space where the researcher could identify and recruit respondents when they are there to make use of the various essential services offered by the respective organisations The

inclusion criteria were that individuals had to be 18 years or older, could communicate in English and were currently homeless, previously homeless, or seeking shelter assistance while on the verge of homelessness.

The questionnaire consisted of 100 questions (dichotomous, scale, and open-ended questions) that were divided into four sections: biographical information, information related to the onset and experience of homelessness, experiences of victimisation (childhood and during active homelessness), access to services and treatment by service providers, and lastly, service needs following victimisation. Before the main data collection phase, the researcher conducted a pilot study with ten respondents to test the questions and make any changes if necessary. The respondents, with the researcher present, had no problems understanding and providing answers for the questions; therefore, no revisions were necessary. The research sites were a place where respondents felt comfortable and safe, and it was easy to see that they are open and trusting to anyone who is introduced to them by the service providers who they engage with daily. Accordingly, the researcher proceeded to build an acceptable level of rapport with prospective respondents to ensure that they are comfortable and felt safe to engage and provide rich information related to their lived experiences.

At the Bloemfontein site, respondents were approached on days they would come for Bible study or for those who wanted to make use of the shower facilities. At the Cape Town site, clients who came to make use of essential services and those who came to attend programmes were approached and recruited for the study. Respondents were informed about the purpose of the study, after which informed consent was obtained before each questionnaire was completed. Respondents were informed that participation was completely voluntary, with no direct benefits. They could refuse to answer questions that made them feel uncomfortable, and they could withdraw at any point in time, without any consequences. The respondents were allowed to read through the information document and ask the researcher questions, if anything was unclear. The researcher would pause and allow respondents to compose themselves in cases where questions made them emotional. One participant started to participate but decided halfway through that she wanted to discontinue, due to the nature of the questions about childhood adversity. The respondent stated that the information provided thus far could be used, but she would prefer not to talk about her childhood or her time on the street. After explaining the nature of the study to a few prospective respondents, they also decided that they would rather not participate as they were not comfortable talking about their experiences. The withdrawal and refusal rate for the study was relatively low (n=5).

The data gathering methods allowed for the collection of complete and comprehensive information, and potential developmental/educational/literacy challenges were averted by actively facilitating the completion of each questionnaire where required. In survey research, respondents often venture into storytelling to motivate their responses, which was true and extremely important to most of the respondents. Even in cases of dichotomous questions, respondents felt the need to explain and share a story to justify their response. To capture the narrative responses shared by respondents, a voice-recorder was used, and where respondents were not

comfortable with the use of a recorder, extensive notes were made to ensure that the entire statement of the respondent was documented verbatim. During the recruitment process, while obtaining informed consent, prospective respondents were informed that the information obtained during the data collection phase would be anonymised, using numbers or pseudonyms, and would be used in this format, to present the findings of the study. They were also informed that the deidentified responses would be reflected in this way in all subsequent reports, publications, and conference papers, to protect their identities and maintain confidentiality. By providing written informed consent, respondents agreed to participate voluntarily and formally consented to the use of the information they shared under these strict ethical conditions. The inclusion of this flexible element allowed respondents to feel heard, as many expressed that the freedom to talk and share their experiences was therapeutic. Additionally, the personal accounts from the open-ended questions enriched the study by amplifying the voices of people experiencing homelessness and addressed a primary shortcoming of survey research by providing in-depth insights to inform more targeted and nuanced interventions.

The questionnaires were completed based on what made the respondents feel comfortable. The researcher acted as a facilitator in cases where respondents felt that they preferred to complete the questionnaires themselves (self-administered), which empowered respondents to know that they were able to contribute independently. In cases where respondents were not able to complete the questionnaire (either because they did not understand or had literacy issues), the researcher would treat it as a face-to-face interview and read each question with the respondent. For those who requested to complete the questionnaires on their own, the researcher would go through the document to make sure that all questions were answered before the session was concluded.

The data was analysed using the Statistical Package for Social Sciences (IBM SPSS (v29.0.0.0 (241)). The responses were captured in SPSS, and an analysis was run to provide descriptive statistics for questions relevant to the aim of the study. The data and set variables were checked, and data cleaning was performed to ensure that there were no missing data. The data are presented in nested frequency distribution tables to illustrate the results. In addition to the ethical considerations described above, the study adhered to the standard ethical considerations that ought to be considered when gathering information from human subjects, namely gatekeepers' access, informed consent, voluntary participation, no harm and deceptive practices, confidentiality and as part of the study's ethical protocol, all respondents were informed in advance of their right to withdraw at any point and of the availability of debriefing and counselling support. In the case of the respondent, mentioned above, who became visibly distressed when responding to questions related to childhood adversity and their experiences of the street, the researcher immediately intervened and reiterated the option to withdraw, which the respondent chose to exercise. Additionally, referral for debriefing and/or counselling support was offered to the respondent at this point, however, the declined formal services and indicated a preference to process this experience within their existing recovery support group at the organisation where data collection took place. To ensure confidentiality, questionnaires were assigned numbers, and pseudonyms were allocated

for the purposes of presenting selected responses to the open-ended items provided. All information and consent forms containing personal information were stored in hard copy in a secure location. Full ethical approval was provided by the University of the Free States' General/Human Ethics Committee (GHREC) with ethical clearance number UFS-HSD2023/1848.

A total of 150 respondents participated in the survey, the sample was diverse, and the majority was made up of persons from Cape Town (n=121; 80.66%). To align with the focus of the study, emphasis will be placed on factors that are dynamic and modifiable (situational and spatial, cumulative, individualistic, criminogenic, and other contextual factors) within a policy space, instead of static demographic characteristics. Therefore, it was decided to only present the relevant demographic traits as part of the sample description, which could be used to draw comparisons at a later stage. In terms of gender, males constituted the majority (n = 98; 65.3%) while females were less represented (n=52; 34.7%) (see Table 1). The skewed gender-representation aligns with the 2022 South African Homelessness Census, which revealed that males made up 70.1% of the population, compared to females who were at 29.9% (Statistics South Africa, 2023). The respondents' ages ranged from 18 to 74 years old, with an average age of 35.6 years (standard deviation 7.8 years). The language profile included five of the 12 official languages, with English being the highest ranked in the sample. With reference to the population group (race), the sample does not reflect the national population profile of people experiencing homelessness. 'Coloured'[1] (n=110; 73.3%), was substantially higher than the other population groups recorded in the study, which is understandable given the groups' representation in Cape Town (35.0%) (City of Cape Town, 2023), where the majority of the sample was drawn. In terms of nationality, the vast majority were South African citizens. Most respondents were single, and the majority completed secondary school grades.

**Table 1:**

*Sample Description*

| | **n** | **%** |
|---|---|---|
| Gender | | |
| Male | 98 | 65.3 |
| Female | 52 | 34.7 |
| Age (per 5-year category) | | |
| 18 – 22 | 8 | 5.3 |
| 23 – 27 | 12 | 8.0 |
| 28 – 32 | 24 | 16.0 |
| 33 – 37 | 45 | 30.0 |
| 38 – 42 | 42 | 28.0 |
| 43 – 47 | 10 | 6.7 |
| 48 – 52 | 6 | 4.0 |

[1] Denotes persons from a mixed-race heritage in South Africa

| | | |
|---|---|---|
| ≥53 | 3 | 2.0 |
| Language | | |
| English | 81 | 54.0 |
| Afrikaans | 39 | 26.0 |
| Sesotho | 15 | 10.0 |
| isiXhosa | 11 | 7.3 |
| Setswana | 4 | 2.7 |
| Population group | | |
| Coloured | 110 | 73.3 |
| African | 34 | 22.7 |
| White | 5 | 3.3 |
| Indian | 1 | 0.7 |
| Nationality | | |
| South African | 149 | 99.3 |
| Non-South African | 1 | 0.7 |
| Relationship status | | |
| Single | 136 | 90.7 |
| Married | 7 | 4.7 |
| Divorced | 5 | 3.3 |
| Separated | 1 | 0.7 |
| Widowed | 1 | 0.7 |
| Highest level of education | | |
| Primary education | 13 | 8.7 |
| Secondary education | 123 | 82.6 |
| Tertiary education | 13 | 8.7 |

## Results

The following section presents the results of the survey, which includes the various pathways and prominent factors identified within the context of the respondent's lived experiences as an individual at risk of, previously, or currently experiencing homelessness. The results further expand on the service usage experiences and barriers encountered by respondents. Where the data for open-ended responses are provided, it should be noted that the examples are merely illustrative and not proportionally weighed, therefore, the n-values and percentages are not consistently included.

### Experiential Definition of Homelessness

In constructing an experiential definition of homelessness, there was a high level of reporting on all factors provided on the 'generic' checklist (Table 2). Struggles with substance abuse and unemployment were recorded as the most prevalent factors (n=120; 80.5%), followed by feelings of hopelessness and loss of identity and dignity (n=114; 76.5%).

**Table 2**

*Factors that Define the Respondent's Homelessness Experience*

| | n | % |
|---|---|---|
| Struggles with substance abuse | 120 | 80.5 |
| Unemployment and poverty | 120 | 80.5 |
| Feelings of hopelessness | 114 | 76.5 |
| Loss of identity and dignity | 114 | 76.5 |
| Disconnection from the community, family, and friends | 113 | 75.8 |
| Lack of stable housing | 112 | 75.2 |
| Isolation and loneliness | 105 | 70.5 |
| Lack of access to basic needs | 103 | 69.1 |
| Insecurity and fear | 102 | 68.5 |
| Feels excluded, like an outsider, hated by society. | 96 | 64.4 |
| Barriers to education and employment | 85 | 57.0 |
| Invisible to society | 84 | 56.4 |
| Limited access to services | 82 | 55.0 |
| Struggles with mental and physical health | 66 | 44.3 |

**Pathways Into Homelessness**

Pathways into homelessness represent the reasons or causes of homelessness. Table 3 presents these most prevalent causes, with alcohol/substance use (n = 102; 69.8%) featuring as the main pathway, followed by employment (n = 79; 53.0%) and family conditions (n = 64; 43.0%).

**Table 3.**

*Pathways into Homelessness*[2]

| | n | % |
|---|---|---|
| Alcohol/Substance use | 104 | 69.8 |
| Unemployment | 79 | 53.0 |
| Domestic/Family conditions | 64 | 43.0 |
| Childhood adversity | 51 | 34.2 |
| Parental death/abandonment | 51 | 34.2 |
| Poverty | 41 | 27.5 |
| Lack of housing | 40 | 26.8 |
| Incarceration | 13 | 8.7 |
| Mental health challenges | 10 | 6.7 |
| Physical health challenges | 4 | 2.7 |

[2] Respondents were able to indicate more than one pathway; the percentages represent the total number of responses and not the total number of respondents.

## Risk factors for Victimisation

The following section reports on the results related to elements within the lives of the respondents' that could potentially influence their vulnerability to stigmatisation, discrimination, harassment, exploitation, and/or victimisation.

### *Situational and Spatial Vulnerabilities*

Situational and spatial vulnerabilities refer to elements related to the respondent's current 'residential' status, level of sociality, sense of community, and places where they feel/felt safe and unsafe. The places reported on are elucidated using through open-ended responses. Most respondents are currently shelter-based (n=87; 58.0%), with a smaller proportion still on the street (n=24; 16.0%) and back home (n=20; 13.3%). With regards to their level of sociality, most of the respondents spend their time alone or with a group of people (n=58; 38.9%, respectively). More than half of the sample reported feeling a sense of community, where they seek refuge/reside (n=77; 54.2%).

**Table 4.**

*Situational and Spatial Factors Identified by Respondents*

| | **n** | **%** |
|---|---|---|
| **Current 'residential' status:** | | |
| *Shelter* | 87 | 58.0 |
| *Street* | 24 | 16.0 |
| *Back home* | 20 | 13.3 |
| *Transitional shelter* | 18 | 12.0 |
| *Safe house* | 1 | 0.7 |
| **Time spent:** | | |
| *Alone* | 58 | 38.9 |
| *With a group of people (more than two people).* | 58 | 38.9 |
| *With another person (two people only).* | 33 | 22.1 |
| Sense of community | 77 | 54.2 |

In response to the open-ended questions, respondents provided a variety of places where they feel/felt the safest, which broadly included public and semi-public places such as the gardens[3], shopping centres and garages[4]; service-linked spaces such as shelters, churches, and transitional homes; social spaces such as with friends, family, and group affiliations (gangsterism), and some mentioned private spaces such as at home, in tents, or alone and hidden. Due to the nature of homelessness, some reported that they never really cared about safety, as mentioned by R30: "*…I never really cared about safety, mainly drugs*".

When asked where they feel/felt unsafe, the respondents mainly mentioned criminal related contexts, such as while selling drugs, gang zones (turf wars and enemy territory), and at drug houses/dens. While others identified specific danger prone areas or

[3] Refers to a public or city park or botanical gardens.
[4] Refers to a petrol or gas stations.

activities, such as on the street, under a bridge, in the city centre, traveling to different parts of the city, and being around strangers or the police. One response in particular, is illustrative of the daunting nature of homelessness, R62: "*everywhere, to live like this is not safe*".

### *Socioeconomic and Coping Vulnerabilities*

Socioeconomic and coping vulnerabilities are defined by the respondent's employment status and the nature of the activities they would engage in to find food and money, which was further elucidated through open-ended responses. Most of the respondents were unemployed (n = 101; 67.3%) or had piece jobs[5] (n = 29; 19.3%), while the remaining respondents indicated having contract employment (n=11; 7.3%) or being permanently employed (n=6; 4.0%). Very few respondents selected other (n=3; 2.0%), which provided or currently provides sustenance during their respective homelessness episodes.

The following open-ended responses provides contexts for the type of activities the respondents engaged in, which includes piece jobs such as packing, parking and guarding cars, cleaning houses and yards, washing cars and taxis, plaiting and cutting hair, working in shops and running errands, and being a messenger for shop owners. The street-based strategies included begging, 'skarreling'[6] and scratching in refuse bins. The respondents reported to engaging in informal trading and recycling scrap and even selling some of their personal belongings (valuable items), while it was mostly retrospectively reported, some respondents shared that they would often engage in criminal or high-risk activities such as gangsterism, sex work, robbing people, stealing, shoplifting, and breaking into houses. The vast majority reported to rely heavily on social and institutional support, which includes support from family and friends, government grants, some had boyfriends that provided for them, while on the street, shelters, soup kitchens, service centres, and the church.

Some of the respondents provided more detail regarding how they would find food or obtain money on the street, as reported by R34: "…*I used to sell copper in large amounts, but money was never a problem to support my addiction, the gang used to provide*" and R124: "*Selling items, stealing, robbing, soup kitchens, begging, manipulation and so many other things*".

### *Cumulative, Social or Relational, Individualistic, and Criminogenic Vulnerabilities*

The following section includes cumulative risk factors, such as Adverse Childhood Experiences (ACEs), social or relational vulnerabilities, which refers to their contact with relatives. Individual-level factors included health status, presence of challenges, and the presence and frequency of alcohol consumption and substance use. Lastly, the presence of criminogenic factors that lead to their arrest and/or incarceration, as well as the nature of their criminal engagements, which resulted in an arrest or incarceration. Most of the respondents experienced some sort of adversity during their childhood years (n=132;

[5] Refers to informal and odd jobs
[6] Refers to the set of survival strategies used and often includes begging and scavenging.

86.6%). The greater proportion of the respondents perceived their health status as 'good' (n=59; 39.3%). More respondents indicated that they use substances (n=119; 79.3%), with the highest frequency being multiple times a day (n=87;73.1%), compared to those who reported consuming alcohol (n=83; 55.3%) A high proportion of the sample had been arrested (n=114;76.0%), more than once (n=47; 41.2%) compared to a lesser proportion who have been incarcerated (n=70;47.3%) at least once (n=27; 38.6%).

**Table 5.**

*ACEs, Family Contact, Health, Substance Use and Criminal Justice Involvement*

| | N | % |
|---|---|---|
| ACEs | 132 | 88.6 |
| Contact with relatives | 111 | 74.0 |
| Health status: | | |
| Excellent | 42 | 28.0 |
| Good | 59 | 39.3 |
| Average | 37 | 24.7 |
| Below average | 12 | 8.0 |
| Physical health challenges | 66 | 44.0 |
| Mental health challenges | 22 | 14.7 |
| Alcohol consumption | 83 | 55.3 |
| Frequency of consumption | | |
| At least once a day | 12 | 14.6 |
| Multiple times a day | 7 | 8.4 |
| Once a week | 33 | 40.2 |
| Multiple times a week | 11 | 13.4 |
| Once a month | 14 | 17.1 |
| Multiple times a month (not weekly or daily) | 4 | 4.9 |
| Infrequent consumption | 2 | 2.4 |
| Substance use | 119 | 79.3 |
| Frequency of use | | |
| At least once a day | 18 | 15.0 |
| Multiple times a day | 87 | 73.1 |
| Once a week | 7 | 5.8 |
| Multiple times a week | 4 | 3.3 |
| Once a month | 3 | 2.5 |
| Multiple times a month (not weekly or daily) | 0 | 0 |
| Infrequent use | 0 | 0 |
| Arrested | 114 | 76.0 |
| Frequency of arrests | | |
| Once | 24 | 21.1 |
| More than once | 47 | 41.2 |
| More than five times | 43 | 37.7 |
| Incarcerated | 70 | 47.3 |

| | | |
|---|---|---|
| Frequency of incarceration | | |
| Once | 27 | 38.6 |
| More than once | 24 | 34.3 |
| More than five times | 19 | 27.2 |

The nature of the criminal activities varied appreciably and included which can be broadly clustered as interpersonal crimes: murder and attempted murder, rape, assault with intent to do grievous bodily harm (GBH), common assault and intimidation, domestic violence and gangsterism (turf wars and fights). Economic offences: armed robbery, hijacking and motor vehicle theft, housebreaking, shoplifting, possession of stolen property, cable theft, drug dealing, sex work (including public indecency), trespassing and vandalism, outstanding fines and loitering. Substance-related offences: possession of drugs, drunk and driving (linked to hijacking offence), high and under the influence in public and other offences related to the violation of coronavirus disease of 2019 (COVID-19) lockdown regulation, disturbing the peace and possession of firearms, ammunition and dangerous weapons.

### *Contextual Vulnerabilities*

The following section reports on context specific, interconnected vulnerabilities commonly associated with homelessness. The results indicate that the majority of respondents consider themselves vulnerable (n=83;55.7%) with high feelings of discrimination (n=111;74.5%). The respondents show a limited amount of knowledge and awareness about their rights (n=66; 44.3%) and the existence of by-laws (n=53;35.6%). While many of them report to know where to go for assistance, post victimisation (n=100; 67.1%), only a few feel that there are enough support services available (n=46;30.9%). Notably, perceptions related to the acknowledgement of their constitutional rights (n=37; 24.8%), sufficient protection (n=23; 15.4%), and general empathy (n=19; 12.8%) were considerably low.

**Table. 6**

*Vulnerability, Discrimination and Support*

| | **n** | **%** |
|---|---|---|
| **Perceptions of vulnerability:** | | |
| *Vulnerable* | 83 | 55.7 |
| *Neutral* | 35 | 23.5 |
| *Not vulnerable* | 31 | 20.8 |
| Feelings of discrimination | 111 | 74.5 |
| Knowledge on where to go post-victimisation | 100 | 67.1 |
| Comfortable and safe to access services | 92 | 62.2 |
| Information and knowledge about rights | 66 | 44.3 |
| Awareness of existing by-laws | 53 | 35.6 |
| Enough support services post-victimisation | 46 | 30.9 |
| Respect and acknowledgment of constitutional rights | 37 | 24.8 |
| Enough protection for the homeless | 23 | 15.4 |

| | | |
|---|---|---|
| Perspectives on general empathy | 19 | 12.8 |

***Prevalence and Trends of Victimisation Experienced by Respondents***

Central to the focus of the current paper, more than half of the respondents confirmed that they had been victimised while experiencing homelessness (n=89; 59.7%). The types of victimisation differed considerably, with physical (n=64; 43.0%) being the most prevalent typology. Nearly one in four respondents indicated that they experienced victimisation daily (n=21; 23.9%).

**Table 7**

*Experiences of Victimisation*[7]

| | **n** | **%** |
|---|---|---|
| Experiences of victimisation | 89 | 59.7 |
| **Types of victimisation:** | | |
| *Physical* | 64 | 43.0 |
| *Verbal* | 58 | 38.9 |
| *Multiple victimisation* | 41 | 27.5 |
| *Sexual* | 14 | 9.4 |
| *Other* | 1 | 0.7 |
| **Frequency of victimisation:** | | |
| *Daily* | 21 | 23.6 |
| *Multiple times a day* | 8 | 9.0 |
| *Weekly* | 19 | 21.3 |
| *Multiple times a week* | 6 | 6.7 |
| *Monthly* | 5 | 5.6 |
| *Multiple times a month (not weekly or daily)* | 9 | 10.1 |
| *Occasional/Infrequent* | 21 | 23.6 |

For additional insight with regards to victimisation experiences, with a series of open-ended questions, respondents were requested to share information that could contribute to the development of a perpetrator profile for their experiences of physical, sexual, and verbal victimisation. Additionally, they were asked how they felt afterwards, if they told anyone or asked for help, how they coped, and if they adopted any risk avoidance strategies after experiencing victimisation. For this line of questioning, the response rate was somewhat limited, which was largely due to the degree of reluctance to re-engage with traumatic experiences and risk having the associated negative feelings resurface. Physical victimisation (n=65) by males (n=58), as the most frequent perpetrator; perpetrators were usually older than the victims (n=36), most frequently identified with the 'coloured' population group (n=32) and were mostly romantic partners (or exes) of the victims (n=15). With regards to sexual victimisation (n=13), all the perpetrators were male (n=13), mostly older than the victims (n=9), from the 'Coloured' population group

[7] [7] Respondents could select more than one option to demonstrate the type of victimisation they experienced (therefore, responses do not equal 100%)

(n=9), and have a romantic history with the victim (boyfriend, ex-boyfriend, or a child's father) (n=4). Verbal victimisation (n=48), males were the most common perpetrators (n=37), older than the victim (n=31). and identified with the 'coloured' (n=28) population group. Most of the perpetrators of verbal victimisation were from the community, family, friends, or an acquaintance of the victim (n=13)

**Table. 8**

*Perpetrator Profile*[8]

| **Physical Victimisation (n = 65)** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Gender | **n** | Age | **n** | Population Group | **N** | Relation to you | **n** |
| Male | 58 | Older | 36 | Coloured | 32 | Romantic partners (including exes) | 15 |
| Female | 2 | Younger | 9 | African | 12 | Gang related | 14 |
| Male & Female | 2 | Same age | 3 | | | Community, family, friends and acquaintances | 14 |
| | | Young & Old | 6 | | | Strangers/No relation | 13 |
| | | | | | | Security/Law enforcement/Police | 3 |
| | | | | | | Another homeless person | 2 |
| | | | | | | Clients (sex work) | 1 |
| **Sexual Victimisation (n = 13)** | | | | | | | |
| Gender | **n** | Age | **n** | Population Group | **n** | Relation to you | **n** |
| Male | 13 | Older | 9 | Coloured | 9 | Romantic partners (including exes) | 4 |
| | | Younger | 1 | African | 2 | Strangers/no relation | 3 |
| | | Young & Old | 1 | | | Friend/acquaintance | 2 |
| | | Same age | 1 | | | Gang related | 2 |
| | | | | | | Clients (sex work) | 1 |
| | | | | | | Drug dealer | 1 |
| **Verbal Victimisation (n = 48)** | | | | | | | |
| Gender | **n** | Age | **n** | Population Group | **n** | Relation to you | **n** |

[8] Responses in table 8 to not equal the total n-value as some respondents did not provide information, while those who did provided additional information.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Male | 37 | Older | 31 | Coloured | 28 | Community, family, friends and acquaintances | 13 |
| Male & female | 7 | Younger | 6 | African | 7 | Romantic partners (including exes) | 12 |
| Female | 4 | Young & Old | 6 | White | 1 | Stranger/No relation | 7 |
| | | Same age | 2 | | | None identified | 6 |
| | | | | | | Gangsters | 3 |
| | | | | | | Another homeless person | 2 |
| | | | | | | Clients (sex work) | 1 |
| | | | | | | Law enforcement and police | 1 |

Respondents who experienced victimisation (n=89; 59.7%) were asked how they felt after the experience, a range of responses were provided (n=80), which can be broadly categorised under anger, aggression and frustration; sadness, numbness and feelings of hopelessness (including suicidal ideation); fear, vulnerability and insecurity; pain, betrayal, violated and guilty and other forms of emotional responses, such as R38 who said "*I felt like a criminal*". Among those who provided responses (n=80), some respondents simply indicated yes (n=35) or no (n=44), and one respondent (R129) stated that "*I was the lesser person. I had nowhere to go*". The support mechanisms included the police, shelters, rehabilitation centres, hospitals, case workers, family, friends, and gang associates. Some of the respondents received formal assistance, R29 "*…the police arrested them*", while others did not, R113 "*yes, I went to the police, but they did nothing*". The respondents who did not tell anyone, or ask for help also mentioned feelings of fear, guilt, and embarrassment. Coping mechanisms identified (n=77) mainly included alcohol and drug use (n=37), reaching out to family (n=1), turned to religion (n=3), resorted to acceptance and avoidance (n=22) as communicated by R3: "*…told myself it's part of life on the street*" and R124: "*…part of the lifestyle, life of survival*". Others resorted to retaliation or joined a gang for protection (n=2) as reported by R123: "*...I became affiliated with the American gang*", while others started going for therapy and the shelter or joined programmes to cope. Some respondents did not cope at all, such as R95 "*…not so well, just keeping a happy face for my kids*".

Respondents were requested to share whether they adopted any risk avoidance strategies, post victimisation (n=71). A few of the respondents reported to doing nothing (n=14), R134 stated that "*…I am too afraid to leave him*", in response to how she could possibly reduce her experiences of victimisation and R92 reported that he "*…dealt with it and just got used to it*". Some indicated that they tried to hide away, move, or simply avoid the perpetrator(s) (n= 7), as reported by R135 "*…I tried to avoid them. When it's war, it's hard*" [gang fights] and R128 "*…avoided them and that places. Just for a little bit*". Other

respondents reported more advanced strategies that involved becoming more selective, vigilant, and observant (n=7), such as, R114 "*…once I found a proper sleeping spot, it became easier*"; R35 "*…woke up earlier, hid my belongings and move to a different area*" and R21 "*…leave the drugs, when you have to walk*". Others resorted to seeking assistance from service providers (n=4), which included going to a shelter, counselling, law enforcement, and the police.

In addition, some respondents adopted negative strategies, including, substance use, robbing people (crime), retaliation and defiance (n=10), illustrated by R124 "*…I became the 'ice-queen', men couldn't touch me anymore*"; R59 "*…they tried but I always defended myself*" and R123 "*…I became affiliated with the American gang* [protection]". Some victimisation experiences had a more personal component, where the perpetrator(s) were the partners of the victims. In such instances, respondents reported to 'break up' with the perpetrator to reduce exposure to victimisation (n=4). In line with some of the positive shifts (n=3), R90 stated that she "*…decided to change my life*"; R112 "*…I tried to get out of the gang, I even burnt the tattoo out while I was high*" and R27 stopped *'selling herself'* and moved in with her partner. The remaining two responses did not fit into any of the categories, R111 stated that getting away from the risk was challenging "*…I ran my own gang, so it was difficult to leave,*" and R110 "*…I tried doing everything they asked of me, but it was never enough*" [referring to the hostile living conditions while at risk of becoming homeless].

Respondents were asked who they thought victimised people experiencing homelessness the most (n=98), the responses included intra-group violence (n=21), as reported by R119 "*…homeless victimises homeless*" and R25 "*…homeless bully one another*". Other common perpetrators include law enforcement/security guards/police (n=30) and gangsters (n=30), as reported by R3 "*…gangsters are the most dangerous*" and R9 "*…gangsters like the BTKs* [Born to Kill[9]], *they have no mercy*". Some of the respondents categorised their perpetrators as authority figures or those who are privileged and wealthy (n=13), with specific reference to family members, shop owners, and members of the general public and the community (n=21). The remaining responses included drug dealers, people who do not care, understand or are ignorant about what homelessness entails or those who are arrogant toward people experiencing homelessness (n=10), as reported by R84: "*…people who think they are better than you and think we can do nothing, because we have nothing*" and R64"*…people that doesn't know what we go through*". Another respondent who was victimised by her clients (sex work), R27 simply said "*…men*" and R37 "*…anyone, the homeless are desperate*".

The main reasons why others target people experiencing homelessness were revealed to be related to the lack of protection, vulnerability, and exposure to gangsters (n = 58). The following responses reflect each element of the theme in terms of the lack of protection: R131 expressed that people experiencing homelessness are the "*…most vulnerable, no protection or home to lock the door*"; and R43: "*…no protection, we have nowhere else to go*". Vulnerability: R65 "*because we are so vulnerable*" and R35 "*…we can't really complain, don't know our rights, and we are easy targets with some property from skarreling*".

[9] South African street gang

Exposure to gangs, R33 "*…gangs skarrel and prey on the vulnerable, easy targets*"; R125 "*…we are on the street, where they come looking for trouble. I was always alone, and they were always a lot*" and R102 "*…they think you got money, from begging*".

The next set of reasons relate to the perception and treatment of the homeless, rooted in prejudice, social exclusion, stigma, discrimination, and misconceptions, which can be reflected through the following personal accounts. R34 "*…some are weak, don't know their rights, police don't like you, due to gang affiliation, and they make you wash vans*"; R91 "*…they see us as less. We've got nothing. You can do whatever you want with us*"; R69 "*…I don't think they target us. I think it's because they are not well informed*" and one simple response from R29 "*…because we are homeless*". Some respondents provided justification related to precipitative activities they engage in, ranging from begging to more serious activities such as being deceitful and committing crime. R64"*…the way we think and how we throw ourselves away. Drugs and gangsterism*"; R36 "*…push away people that cares for us*" and R26 "*…they hurt me for revenge*". Lastly, with reference to intragroup violence (n=5) respondents reported that it was mainly about survival, as evidenced in the following responses, R130: "*…survival of the fittest, weak and vulnerable, homeless have to fight for survival* [for food and where to sleep]" and R128 "*…when you are new on the street…they also hurt* [you]".

**Service Use, Accessibility, and Systemic Barriers Among People Experiencing Homelessness**

Roughly one in three respondents received government support (n=44; 29.5%), while slightly more than two thirds expressed positive feelings towards shelters (n=106; 71.1%). The majority of respondents reported that they will not report victimisation to the police (n=74; 49.7%), which was met with critically low feelings of safety (n=28; 18.9%) and disproportionately high knowledge (n=100; 67.1%) and experiences (n=82; 55.0%) of ill-treatment and victimisation by the police. While the majority of respondents attempted to access health care (n=114; 76.5%), a relatively similar proportion, reported opposing views of easy access (n=69; 46.3) and challenging to access (n=50; 33.6%). Unlike with SAPS, although respondents reported low feelings of safety at healthcare service providers (n=39; 26.4%) and equally low levels of having knowledge of (n=43; 28.9%) and personal experience (n=30; 20.1%) of ill-treatment and victimisation were reported.

**Table 9:**

*Service Use and Barriers*

| | **n** | **%** |
|---|---|---|
| Social support services | | |
| *Government support* | 44 | 29.5 |
| *Government interaction* | 54 | 36.2 |
| *Feelings of safety (social welfare)* | 87 | 58.4 |
| Feelings towards shelters | | |
| *Negative* | 6 | 4.0 |
| *Neutral* | 37 | 24.7 |

| | | |
|---|---|---|
| *Positive* | 106 | 71.1 |
| Legal, protective and safety services | | |
| Likelihood of reporting victimisation to SAPS: | | |
| *Very likely to report victimisation* | 38 | 25.5 |
| *Not sure if they will report* | 37 | 24.8 |
| *Will not report at all* | 74 | 49.7 |
| Feelings of safety (SAPS) | 28 | 18.9 |
| Knowledge of ill-treatment and victimisation (SAPS) | 100 | 67.1 |
| Personal experience of ill-treatment and victimisation (SAPS) | 82 | 55.0 |
| Health care services | | |
| Attempted to access healthcare | 114 | 76.5 |
| Degree of accessibility: | | |
| *Easy to access* | 69 | 46.3 |
| *Neutral (depends on the circumstances)* | 30 | 20.1 |
| *Challenging to access* | 50 | 33.6 |
| Feelings of safety (Health care services) | 39 | 26.4 |
| Knowledge of ill-treatment and victimisation (Health care services) | 43 | 28.9 |
| Personal experience of ill-treatment and victimisation (Health care services) | 30 | 20.1 |

Building on the evidence provided by the descriptive statistics in Table 9, the following personal accounts assist in contextualising the nature of the engagements between various service providers and the respondents, thereby offering deeper insight into their individual experiences. With reference to the nature of interactions with the government (departments/officials), in line with the minimal support and interactions reports, respondents provided both positive and negative accounts, which can be seen in the responses by R33 "*…I've been to home affairs, social welfare (SASSA), they helped me*" and R15 "*…I asked social workers for help with a place to stay, they never came back to me*". The respondents were requested to reflect on their perceptions of police offices and in line with the low responses regarding the respondent's willingness to report victimisation, feelings of safety and high levels of witnessing and experiencing victimisation by the SAPS, there was once again a mixture of positive and negative perceptions, as reported by R39 "*…they are good at doing their jobs. Yes, there corrupted ones, but I never had a bad experience with any of them*" and R92"*…I believe they are like a gang themselves. They f*** you up and say it's their job. Take your stuff*". To gain a better understanding of the initial responses, respondents were requested to elaborate on the reasons for reporting and not reporting victimisation, which was captured in the responses received by R13 "*…I trust them, I will open a case. They caught the boy that raped me*" and R131 "*no they usually laughed at me when I asked for help. Thought I was crazy*", respectively.

To expand on the nature of the experiences, respondents were requested to provide examples of both negative experiences with the police, which can be seen in the responses by R124: "*…I was at a guy in Grassy Park. The police saw me, stopped the van, picked me and up with the drugs. They took me to a secluded place and forced me to have sex with him*" and R91:

*they won't move people nicely; they just start hitting people. Break tents and structures, take belongings"*. In addition to this, positive experiences included R127*"…sleeping at the police station and they would come to us. Talk to us, give food, and encouraged us to go to shelters"* and R35*"they tried to help me with my addiction. Allow you to sleep in the cells if you feel unsafe. One officer used to buy us cold drinks"*. Similarly, respondents were requested to provide examples of negative experiences with healthcare services providers, which was captured by the responses received by R130: *"…some of them think it's their hospital. Shout and chase people away, one even said yho*[10] *you stink"* and R72: *"…they made me feel humiliated. They take your dignity, pride, and self-worth"*. In addition to the negative experiences, examples of positive experiences can be seen in the responses by R125*"…I was shot in my back on the street, it was painful, but they helped me at the public hospital"* and R123: *"…they were the only people to help me even though I was homeless"*.

Lastly, to better understand the nature of discrimination among people experiencing homelessness and service providers, the respondents were requested to provide examples of interactions that were rooted in discrimination while seeking assistance, which was captured by responses such as R149 *"…just the fact that they know I am homeless, I can see that they don't want to help me*" and R117: *"…I was coming home but didn't have much money and I was begging. There was a lot of judgement. The one said, get yourself home, the way you got here. I didn't feel worthy"*. In contrast to experiences of discrimination, respondents were requested to provide examples of interactions that could be considered normal, without the experience of feelings of discrimination, which was captured in responses such as R91: *"…people treated me normally"* and R75: *"…I came to U-turn*[11] *service centre I was helped immediately, was treated with dignity"*.

Moving beyond traditional proxy-based needs assessments of vulnerable and marginalised groups, the study incorporates personal accounts related to the respondent's identification of service needs and ways in which service delivery can be improved. When asked what can be done to improve post-victimisation services, some of the most insightful responses included R134 *"…awareness. Make sure we know where to go and don't just give handouts, help us";* R127: *"…they need to get the information to the homeless. Very little of us know about it"* and R71 *"…not advertised well. It needs to be spread like the popular brands. People should be more open, help the homeless People who do the work needs to be sensitive and spiritually in check*". With reference to the specific needs, post-victimisation, the following responses capture generally reported needs, R124*"…safe space, a place to heal, medical attention and someone to talk to and understand";* R68 *"…I think people who are going through trauma really needs counselling and a strong support system"* and R63 *"…legal assistance, knowledge and influence to ask for help"*.

When asked about their immediate safety needs, the following responses were particularly illustrative R124: *"…more shelters and services, like transitional homes. Find out more about the persons journey, before pushing them through the system";* R71 *"…places like U-turn. Shelter and to feel part of something. Outside of this persona and no stigma"* and R59

[10] Used to express a strong emotional reaction, in this instance it is used to express shock or disgust in the appearance of R130, which was experienced during an interaction with a healthcare provider.
[11] Cape Town (South Africa) based organisation, assisting people experiencing homelessness.

*"…build safe places that can lock, for people to sleep, who can't find shelter. Safety from the drug dealers, they are like animals when they smoke".* Lastly, before concluding, the respondents were requested to provide any additional comments they may have related to the subject matter covered during the survey process and the following insightful comments emerged, R130 *"…charity is dangerous. The more you give the less people can do for themselves. We need skills and help out of this. To uplift ourselves";* R92 *"…use ex-homeless people to come up with stuff. Not someone who assumes they know"; R*39 *"…treat the homeless equally because homelessness isn't a house thing, it a belonging issue" and* R3 *"…people on the street have different problems, ages and mindsets. People need to talk to us to understand".*

## Discussion

The following discussion considers the findings in relation to the broader aim of the study, which was to determine the experiences of victimisation and service needs of people experiencing homelessness. By contextualising the data, the discussion highlights the value of nuanced information on the vast, yet complex experiences of homelessness. By unpacking and attaching meaning to the data, the findings hold significant implications for the improved understanding of homelessness and demonstrates how the patterns that emerged from the study can be used to inform theory, policy development, practice, and future research. The findings demonstrate that homelessness is indeed context-bound and that it defies the use of singular definitions (De Beer & Vally, 2021; Mahlangu & Kgadima, 2021; Tenai & Mbewu, 2020). The majority of the responses provided regarding the definition of homelessness indicate that respondents are emotionally attuned to their homelessness experience, with struggles with 'substance abuse' and 'unemployment and poverty' being the most prominent factors in their constructions of an experiential definition of homelessness. Interestingly, emotive responses associated with the experience, including 'feelings of hopelessness', 'loss of identity and dignity' and the 'disconnection from the community, family and friends' were prioritised above the more structural factors such as the 'lack of housing' and 'limited access to services', that would otherwise take precedence, in the context of a more universal or standardised definitions of homelessness. The findings demonstrate that defining homelessness using a single definition may be inappropriate and that a range of definitions, reflective of the individuals experience, may be more suitable to underpin interventions and policy development (Kriel, 2017; Tenai & Mbewu, 2020). With this finding, it becomes possible to advocate for the use of an experiential definition to adopt more individualised approaches with tailor-made interventions and outcomes.

In a similar vein, pathways are another priority area towards the improved understanding of where the respondent's homeless journey began, which will aid in the development of evidenced-based solutions to address homelessness holistically. As with the experience of homelessness, pathways into homelessness differ considerably from one person to another, meaning that there is no single pathway responsible for the onset of homelessness. Different individuals report a variety of combinations that shape their trajectories, which often lead to complexities in identifying viable pathways out of homelessness (Desmond et al., 2017). The findings confirm this, as the respondents

expressed experiencing the interplay and interrelated nature of the various pathways, which is further evidenced by the fact that many of them selected multiple pathways to try and explain their individualised combinations and trajectories. Most of the respondents demonstrated the inextricable link between individual and structural factors (Piat et al., 2015) and described the onset of homelessness as a 'domino effect', meaning that if one of these factors were to emerge, it would eventually lead to a culmination of several other factors which would inevitably lead to homelessness. The findings again demonstrate that the individuals experience should be acknowledged, as the systemic, political, or structural lens through which homelessness is viewed often fails to account for and prioritise the individual level pathways. The respondents identified alcohol and substance abuse as the leading pathway, followed by unemployment, which was usually because of their addiction. The findings further reflect the fractured, fragmented, and unequal condition of a contemporary South African society, placing domestic/family conditions, childhood adversity, and parental death/abandonment in the top five pathways into homelessness. Most of these familial challenges led to the use of alcohol and substances to cope (Tenai & Mbewu, 2020), which were considered the actual reasons for homelessness, although preceded by other obstacles. With most of the emphasis on individual level factors, the lack of housing was surprisingly situated in the lower percentile range, which goes against the dominant perspective of homelessness and its portrayal in mainstream definitions.

Poverty was an interesting factor to observe in the context of the study, as it is mostly placed alongside unemployment as one of the main characteristics of homelessness (Pophaim & Peacock, 2021). Upon reflection, many respondents shared that people experiencing homelessness (particularly in Cape Town) are extremely resilient and resourceful and often do not struggle to find money or food while on the streets. Some respondents had strong gang affiliations which meant that their monetary needs were taken care of, albeit to a limited extent, and mostly to secure their drug of choice. Most of the respondents shared this sentiment and reported that their primary concern was to find a means to obtain their drug of choice, and once this was achieved, poverty and many other problems became irrelevant. Based on the relationship between mental and physical health and homelessness (Pophaim & Peacock, 2021), it is important to note the considerably low response rate on both mental and physical health challenges as pathways into homelessness. Many factors may have contributed to the low response rate, including, the absence of these factors in the current sample, the lack of knowledge regarding their own health status (prevalence of undiagnosed conditions), or that they are unwilling to disclose their health status due to the associated stigma.

Although the precise risk factors are not always clearly understood, homelessness is believed to increase vulnerability to violent victimisation, which may be due to the constant exposure to shared risk factors for both homelessness and victimisation, compounded by the dangerous contexts in which they often find themselves (Charlton & Rubin, 2021; Meinbresse et al., 2014; Tong et al., 2021). It was therefore important to explore the manifestation of the unique risk factors in the context of the experiences of victimisation of the current sample. Optimistically, most of the risk factors identified are

modifiable, meaning they can be countered through intervention and a considerable amount of support to avert ongoing experiences of victimisation. Consequently, local policies are largely ineffective in addressing the victimisation of people experiencing homelessness (Pophaim, 2025), and they usually fall outside of the scope of mainstream interventions for vulnerable victims (Pophaim & Peacock, 2021). Victimisation vulnerability is often influenced by aspects related to routine activities, lifestyle or behavioural patterns, and usually function in combination with several other personal and contextual factors (Pophaim, 2022a). With reference to situational and spatial vulnerabilities, the findings demonstrate a concerning level of dependency and potential institutionalisation as most of respondents are currently shelter-based. Although being temporarily sheltered does considerably increase their level of safety, compared to being on the street, the inevitable request to leave remains a reality, and with the risk of learned dependency from prolonged institutionalisation, sustainable reintegration may never be possible, leading to an endless cycle of homelessness. Most of the respondents are usually alone or with a group of people and feel a sense of community in the areas they reside, or seek refuge. These factors are strong predictors for both protection and victimisation and would ultimately depend on the context and the manner in which these factors manifest. For example, being alone in a dangerous area could increase vulnerability to victimisation and conversely, being alone in a safe space could significantly reduce one's vulnerability to victimisation. Furthermore, socioeconomic determinants for victimisation are equally important as they would predict the level of engagement in a variety of survival strategies and subsequent exposure to danger. Most of the respondents were unemployed and reported to engage in a variety of activities to earn money or find food, indicative of a variety of potentially risky or dangerous situations that could increase the likelihood of victimisation.

A rather concerning finding was the high prevalence of ACEs, which was reported by more than three quarters of the sample. However, based on the nature of ACEs, it is expected that homeless populations will report high levels of adversity during their childhood (Pophaim, 2022b). Research on ACEs and homelessness consistently place adversity at the forefront of high levels of vulnerability and repeated experiences of victimisation (Pophaim, 2022b). The cyclical nature of risk factors associated with homelessness underscores ACEs as a precursor to several negative outcomes discussed in the context of the risks associated with the current sample. ACEs have been identified as the cause for many developmental, social, physical, and psychological challenges, all of which can be aligned with the heightened risk of vulnerability among an already vulnerable population such as the homeless (Pophaim, 2022b). Based on the nature of ACEs, alcohol and substance abuse, as a by-product of adversity in combination with other contextual factors is another prominent risk factor for victimisation (Pophaim, 2022a). With high frequencies of alcohol consumption and substance use present in the sample, higher levels of vulnerability are to be expected. The bi-directional nature of these factors can be observed (Pophaim & Peacock, 2021), as it has been positively identified, in the current study, as both a prominent pathway into homelessness and a pertinent risk factor for victimisation. Although the presence of mental and physical

health, as a risk factor, was not that prevalent in the study, it is worthwhile to mention how health-related factors can potentially prolong homelessness and increase the likelihood of victimisation (Wentzel & Voce, 2012). The personal nature of the findings demonstrates that the global view that homelessness is mainly a structural problem (Hopkins et al., 2024), may not be entirely accurate and thereby provides further justification for the acknowledgment, integration, and equal prioritisation of individual factors, alongside the already included systemic/structural factors, in the development of policies and interventions aimed at addressing homelessness.

Intriguing findings emerged regarding the contextual risk factors, which are informed and guided by the individual perceptions that predict how the respondents navigate a life of homelessness. The perceptions of vulnerability were particularly high, as more than half of the sample indicated that they felt vulnerable as a person experiencing homelessness. Logically, due to the exposed nature of homelessness, the world is experienced as an unsafe place for many people living on the streets, and as a result, they report a higher level of fear of crime, compared to members of the general public (Sadiki & Steyn, 2021). This can be linked back to feelings of safety in specific spaces, where respondents identified several areas where they felt safe, while unfortunately resulting in an over-reliance on shelters and organisations to ensure their feelings of safety. The quality of information and knowledge about rights was another concerning finding, as less than half of the sample could confidently report that they had sufficient information and knowledge about their rights. The extent of their knowledge appeared to be linked to individual experiences, as many of them referred to rights at arrest, but could not recall any of their other basic human and constitutional rights. The limited knowledge reflects the belief that people experiencing homelessness only enjoy four out of 27 rights compared to the rest of society, the denial of these constitutional rights are driven by various barriers, including their socioeconomic situation, infringement due to both government inaction and action (Perrier, 2021). The most contemporary example of the gross infringement of the rights of people experiencing homelessness can be observed in the punitive and criminalising practices dominantly associated with the management of homeless populations (Owadally & Grundy, 2023). Unfortunately, even though these practices are widely accepted, initiated, and considered to be the most effective, due to the somewhat immediate results. Most of the respondents were unaware of the existing by-laws, meaning that they are being managed and potentially prosecuted on the basis of adaptive or instinctual behaviour they have adopted to survive, which has been deemed irregular and unlawful by unrealistic mainstream standards.

The adoption of these practices further exacerbates the extent of their vulnerability and perpetuates the strained experience of homelessness by ostracising and solidifying the already problematic barriers between people experiencing homelessness and service providers (Hopkins et al., 2024). Central to the aim of the current study and based on the plethora of risk factors to victimisation identified in the study, the findings reveal a notably high percentage of victimisation experiences. With more than half of sample reporting that they have experienced victimisation, the finding remains consistent with the previously cited international and local studies, confirming that at least half of a

particular sample would have experienced victimisation at some point during their homelessness episode (Meinbresse et al., 2014; Mthembu, 2023; Pophaim, 2019; Sadiki, 2016; Scurfield et al., 2004). Of equal concern, underreporting, for a variety of reasons can be considered a potential limitation regarding the accuracy of the data, which implies that victimisation rates could be much higher. Additionally, as observed in the current study, people experiencing homelessness tend to normalise and accept negative outcomes, such as experiences of victimisation and many reduce it to being 'part of the lifestyle', which does not warrant any immediate attention or further action. To further unpack the problematic nature of repeated experiences of victimisation, many of the respondents reported problematic consequences with relatively no level of urgency to seek assistance. The finding implies that there are many victimised and continuously vulnerable individuals on the periphery of society unable to access viable means of assistance. It has been documented that some individuals experiencing homelessness do adapt to life on the streets and adopt survival strategies to reduce their vulnerability to victimisation (Pophaim, 2022a). In the current study, these survival strategies translate to the level of risk avoidance reported, post-victimisation. Unfortunately, due to their circumstances and various intersections between homelessness and other societal subcultures, such as gangsterism, many respondents either accepted their situation or could not incorporate any fool proof risk avoidance strategies; therefore, victimisation was sometimes unavoidable.

To further complicate the nature of victimisation among people experiencing homelessness, the findings demonstrate that although the perpetrators were mostly male and older than the victims, constructing a standardised perpetrator profile seems unlikely, echoing the sentiment in response to the question of *who is most likely to hurt people experiencing homelessness?* by R37 "*…anyone, the homeless are desperate*". Therefore, it is of great concern that, based on their exposure and absolute sense of vulnerability and defencelessness (De Beer & Vally, 2021), the homeless can become victims at any time, at the hands of any perpetrator. Based on the perceptions and personal accounts of the respondents, the underlying motives for most of the offences reflect feelings of prejudice, discrimination, and stigma in conjunction to the idea that the homeless are easy or soft targets who cannot do much to defend or garner attention following their victimisation (Pophaim, 2021). The finding warrants serious consideration and inclusion of people experiencing homelessness as one of the vulnerable victim groups in South Africa, which could lead to the inclusion and protection under various victim-centred imperatives, including, but not limited to, the Service Charter for Victims of Crime in South Africa, the Promotion of Equality and Prevention of Unfair Discrimination Act (4 of 2000) and the Prevention and Combatting of Hate Crimes and Hate Speech Act (16 of 2023).

In terms of addressing homelessness in South Africa, the government remains notably absent, evidenced by the lack of clarity regarding the relevant custodians of homelessness, resources, and funding and absent, poorly implemented, and largely ineffective policy responses on a national, provincial, and municipal level (Powell et al., 2021). The findings support this notion as respondents' interaction with government departments and officials were extremely low. The feelings of safety reported were

primarily associated with shelter access and the services provided by non-governmental entities, who generally fill the void in relation to service provision, such as health care services for the homeless (Heese et al., 2021). The limited interaction between respondents and the government included isolated incidents were the Department of Social Development assisted with shelter placement, or the Department of Home affairs assisted with identity documents. As with most of the other service providers, the experiences were still rather divided, with reports of both positive and negative experiences.

With reference to their contact with service providers, interaction between police and people experiencing homelessness seems inevitable. The findings concerningly support the notion of a negative relationship between police, security, law enforcement, and people experiencing homelessness. More than half of the sample witnessed or personally experienced ill-treatment and victimisation by the police. There were relatively low accounts regarding feelings of comfort and safety when accessing the services of the police. Moreover, slightly less than half of the sample indicated that they will not report victimisation to the police at all. In terms of the open-ended responses, there were some respondents who reported that they do trust the police and have been assisted positively, but the overwhelming majority has been negatively affected during interactions with police, security, and law enforcement. Similarly, it is well documented that the homeless experience problems to access adequate healthcare and when they manage to access available services, they might be subjected to substandard care and poor treatment (Heese et al., 2021, p.165; Wentzel & Voce, 2012, p.78). The findings provide marginally contradictory views, as just under half reported that gaining access was easy, with a relatively similar number of respondents reporting that it is challenging to access. In relation to the treatment received at healthcare institutions, people experiencing homelessness are often reported to be treated with less respect and have access to limited options, a poorer level of care, and less prompt attention, and are often subjected to verbal abuse (Wentzel & Voce, 2012). Again, the findings do not fully support the notion as, on the one hand, there were lower feelings of comfort and safety, but equally low levels of witnessing or personally experiencing victimisation when seeking healthcare. This was supported by the open-ended responses highlighting positive and negative experiences alike. Despite the presence of negative experiences, it is reassuring to see that some respondents do feel comfortable and safe accessing a variety of services, which indicates that experiences would be context specific and differ considerably on a case for case basis.

Some of the respondents reported on the impact of financial constraints, especially when they had to travel to clinics or public hospitals. In such situations, respondents were confronted by a 'survival conundrum' and often had to choose between traveling to access healthcare or staying close to the shelter to gain access for the night with the promise of a shower and a meal. The implications of the barriers identified could result in delays in seeking, accessing, and receiving required healthcare interventions (Wentzel & Voce, 2012). Consequently, these delays can have detrimental and longer-term effects, increasing individuals' vulnerability to victimisation and prolonging the duration of their homelessness episode. Of particular concern are the barriers to healthcare services.

Respondents who had been incarcerated described easier access to healthcare through the Department of Correctional Services (DCS), while serving their sentence, yet faced substantial challenges accessing services once on the street. This contrast underscores how systemic neglect and inconsistent service provision can exacerbate existing health challenges. Furthermore, the nature of interactions between people experiencing homelessness and services providers reflects broader societal attitudes, often shaped by negative stereotypes.

These perceptions contribute to a lack of empathy and appropriate support, ultimately hindering efforts to address this persistent social phenomenon. The findings highlight the urgent need for intervention – not only to improve services but also to shift the mindset that leaves people experiencing homelessness to survive through instinct, resilience, and perceived agency alone. Continued disregard for their circumstances risks rending policy and interventions obsolete (Meinbresse et al., 2014). Based on the nature of the findings, it is important to extend the conversation to relevant stakeholders to determine to what extent the negative stereotypes and stigma have shaped the social construction of services and their subsequent delivery (Weng & Clark, 2018). Furthermore, the personal barriers such as the fear of child custody issues, stigmatisation, and unwanted contact with the criminal justice system due to their own involvement in illegal activities would have to be addressed to facilitate improved service usage (Stonehouse et al., 2023). The invaluable data obtained from the open-ended questions, explicitly underscores the significance and advocates for the promotion of inclusivity and the realisation that beneficiaries should be the main source of information, when it comes to decision-making that has bearing on their own safety and well-being, in the creation of sustainable pathways out of homelessness.

**Limitations**

Based on the nature and scope of the current exploration, the limited time and resources available for data collection resulted in the sampling of specific locations and populations. The findings were presented in cross-sectional data, which significantly limits the ability to make broader causal inferences or observe changes over time that may have been possible with a longitudinal study. The use of descriptive statistics adequately presented the findings in fulfilment of the broader aim of the study, however, there was a notable limitation in the application of varied statistical analyses and a wealth of useful information that was not reported on as part of the current paper.

While the current study has pointedly exceeded the sample size of most of the existing local studies focusing on homelessness and victimisation, it was revealed that generalisability and studies of this nature may never coincide, given the complex and unique nature of each individual's experience. In hindsight, the importance of continuous and rigorous, national level research similar in scope should be highlighted, focusing on the holistic development of an individual's life course and experiences of victimisation. Such research will promote the contextualisation of the plight and subsequent inclusion of the homeless victim in mainstream victim-centred legislation, policies, and interventions.

## Conclusion

Within the scope of the current exploration, the paper highlights the importance of widening the lens through which homelessness is perceived and subsequently addressed in theory and practice. The study revealed that homelessness is, indeed, much more than a housing problem and that solutions cannot be reduced to simplistic and superficial pathways out of homelessness. People experiencing homelessness often endure a variety of personal and complex traumas that need to be acknowledged as a major part of their journey toward rebuilding their lives. Considering the dynamic nature of homelessness and its entrenched association with other complex societal subsystems, such as gang subcultures, alcohol and substance dependency, and victimisation – it remains crucial to maintain a comprehensive understanding of the plight of people experiencing homelessness and how it is often exacerbated by a host of interrelated factors. While in the same vein, prolonged by the 'distancing effect', which manifests through processes of ostracism, marginalisation and social exclusion – further detaching destitute individuals from mainstream society and limiting access to viable networks of assistance and sustainable pathways out of homelessness.

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