



Exploring the experiences of victimisation of the homeless

by

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Dedication

To my parents, Ian and Magdalene Pophaim

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I would like to express my sincere gratitude to:

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Declaration

I, Jean-Paul Pophaim, declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. This dissertation is being submitted in accordance with the requirements for the degree of Masters of Social Science with Specialisation in Criminology at the Department of Criminology, University of the Free State, Bloemfontein, South Africa. I also hereby confirm that this research has not been previously submitted for a qualification at another institution of higher education.



Student Signature

30 January 2019

Date

Table of Contents

	Page
Tables.....	ix
Figures.....	x
Summary.....	xi
Key Terms.....	xii
 Chapter 1: General Orientation and Problem Formulation.....	 1
1.1. Introduction.....	1
1.2. Conceptualisation	3
1.2.1. Homelessness.....	3
1.2.2. Victimisation	4
1.2.3. Victimisation vulnerability	5
1.2.4. Hate Crime	6
1.3. Historical Perspective	8
1.3.1. Ancient times (AD 500 – 1000)	9
1.3.2. The Middle Ages (5 th – 15 th century)	10
1.3.3. The Nineteenth Century (1801 – 1901).....	10
1.3.4. The Twentieth Century (1901 – 2000).....	11
1.3.5. History of homelessness in South Africa.....	12
1.4. Legislative framework.....	12
1.4.1. International legislative framework.....	13
1.4.2. Domestic legislative framework.....	14
1.4.3. The developing hate crime legislation of South Africa.....	16
1.5. Motivation and purpose of the study.....	18
1.5.1. Physiological relevance.....	19
1.5.2. Psychocriminological relevance	21
1.5.3. Sociocriminological relevance.....	23
1.5.4. Criminal Justice relevance	24
1.5.5. Victimological relevance.....	26
1.5.6. Dearth of research	27
1.6. Research objective and aims of the study	28
1.7. Conclusion	28

Chapter 2: Theoretical Perspective	29
2.1. Introduction.....	29
2.2. The victim precipitation theory (1941)	29
2.2.1. Description and application of the victim precipitation theory.....	30
2.2.2. Evaluation	32
2.3. The routine activities approach (1979)	33
2.3.1. Description and application of the routine activities approach.....	33
2.3.2. Evaluation	37
2.4. The opportunity model (1981)	38
2.4.1. Description and application of the opportunity model.....	38
2.4.2. Evaluation	40
2.5. The differential risk model of criminal victimisation (1991).....	41
2.5.1. Description and application of the differential risk model of criminal victimisation	41
2.5.2. Integration: Structural/cultural proneness and the socio-structural perspective.....	46
2.5.3. Evaluation	47
2.6. The labelling theory.....	48
2.6.1. Description and application of key factors.....	48
2.6.2. Evaluation	50
2.7. Conclusion	51
 Chapter 3: Empirical Perspective	 53
3.1. Pathways into homelessness.....	54
3.1.1. Childhood adversity, abuse and trauma	54
3.1.2. Poverty, social exclusion and marginalisation	59
3.1.2.1. Poverty, unemployment and housing challenges.....	60
3.1.2.2. Social exclusion.....	62
3.1.3. Alcohol and substance-induced homelessness.....	66
3.1.4. Physical and mental health challenges.....	68
3.2. Experiences, nature and patterns of homeless victimisation	71
3.2.1. The frequency of homeless victimisation.....	71
3.2.2. Risk factors which increase the victimisation of the homeless	73
3.2.2.1. Lack of shelter as a risk factor for increased victimisation	73

3.2.2.2.	A history of childhood abuse as a risk factor for increased victimisation	74
3.2.2.3.	Demographics such as age, gender, race and 'place of refuge' as risk factors for increased victimisation	74
3.2.2.4.	Social exclusion as a risk factor for increased victimisation.....	76
3.2.2.5.	Alcohol, substance abuse, physical and mental health challenges as risk factors for increased victimisation	76
3.2.3.	Common types of victimisation of the homeless.....	77
3.2.4.	Perpetrator profiles and offender motives of homeless victimisation	78
3.2.5.	Attitudes of the general public towards the homeless population	81
3.2.5.1.	The criminalisation of homelessness	83
3.3.	Impact and consequences of the victimisation of the homeless	85
3.3.1.	Physiological consequences	85
3.3.2.	Psychological consequences	88
3.3.3.	Socioeconomic consequences	90
3.3.4.	Secondary victimisation.....	92
3.4.	Current reduction measures and support systems in place for the homeless	94
3.4.1.	Provision of assistance to the homeless: Shelter and Non-Governmental Organisations (NGO's)	95
3.4.2.	Provision of healthcare services to the homeless.....	96
3.4.3.	Legislative framework: the need for intervention	99
3.5.	A critical assessment of the current hate crime legislation in South Africa: finding a place for homeless victimisation within the existing hate crime framework	101
3.6.	Conclusion	103
	Chapter 4: Research expectations.....	104
4.1.	Research expectation 1: The majority of the participants will report that they have experienced victimisation while being homeless.....	104
4.1.1.	Sub-expectation 1.1: Most of the participants will report experiences of victimisation involving the following types of victimisation.....	105
4.1.1.1.	Verbal victimisation.....	105
4.1.1.2.	Physical victimisation.....	105

4.1.2. Sub-expectation 1.2: Most of the participants will report experiencing some form of sexual victimisation.....	105
4.2. Research expectation 2: The majority of the participants will report the following as risk factors which increased their experiences of victimisation.....	106
4.2.1. Childhood adversity (abuse/trauma).....	106
4.2.2. A devalued social status.....	106
4.2.3. The use/abuse of alcohol.....	106
4.2.4. The use/abuse of illicit substances.....	106
4.2.5. Physical health challenges.....	106
4.2.6. Mental health challenges.....	106
4.2.7. Sub-expectation 2.1: Most of the participants will also report the following demographic characteristics as risk factors which increased their experiences of victimisation.....	106
4.2.7.1. Age as a risk factor.....	106
4.2.7.2. Race as a risk factor.....	106
4.2.7.3. Gender as a risk factor.....	106
4.2.7.4. 'Place of refuge' as a risk factor.....	106
4.3. Research expectation 3: The majority of the participants will report the following as pathways into homelessness.....	108
4.3.1. Childhood adversity (abuse/trauma).....	108
4.3.2. Unemployment.....	108
4.3.3. Family conflict.....	108
4.3.4. Domestic violence.....	108
4.3.5. The use/abuse of alcohol.....	108
4.3.6. The use and abuse of illicit substances.....	108
4.3.7. Physical health challenges.....	108
4.3.8. Mental health challenges.....	108
4.4. Research expectation 4: The majority of the participants will have the perception that they are more vulnerable to victimisation in comparison to the rest of society.....	110
4.5. Research expectation 5: The majority of the participants will report the following as the common perpetrators during their experiences of victimisation	
4.5.1. Members of the general public.....	110

4.5.2. Other homeless people.....	110
4.5.3. Service providers.....	110
4.5.4. Family members	110
4.6. Research expectation 6: The majority of the participants will report the following as the most common places where their experience(s) of victimisation took place.....	111
4.6.1. On the street.....	111
4.6.2. In shelters/centres.....	111
4.7. Research expectation 7: The majority of the participants will have the perception that members of the general public have negative feelings towards members of the homeless population.....	111
4.8. Research expectation 8: The majority of the participants will report the following physiological consequences of homelessness.....	112
4.8.1. Diagnosed with general health problems.....	112
4.8.2. The use/abuse of alcohol.....	112
4.8.3. The use/abuse of illicit substances.....	112
4.8.4. Physical injuries.....	112
4.9. Research expectation 9: The majority of the participants will report the following psychological consequences of being homeless.....	114
4.9.1. Sub-expectation 9.1: Most of the participants will report feelings associated with the following psychological conditions.....	114
4.9.1.1. General feelings of depression.....	114
4.9.1.2. General feelings of anxiety.....	114
4.9.2. Sub-expectation 9.2: Most of the participants will report experiencing the following psychological conditions commonly associated with the experience of victimisation or the experience of any other traumatic event while being homeless.....	114
4.9.2.1. Stress.....	114
4.9.2.2. Fear.....	114
4.9.2.3. Hostility towards others.....	114
4.9.2.4. Insomnia/nightmares.....	114
4.9.2.5. Emotional detachment.....	114
4.9.2.6. Self-destructive behaviour.....	114
4.9.2.7. Social isolation.....	114

4.10. Research expectation 10: The majority of the participants will report the following socioeconomic consequences of homelessness.....	115
4.10.1. Difficulty finding employment.....	115
4.11. Sub-expectation 10.1: Due to the difficulties experienced when attempting to find employment, most of the participants will report the inability to acquire their most basic needs.....	115
4.11.1. Food.....	116
4.11.2. Clothing	116
4.11.3. Shelter	116
4.12. Research expectation 11: The majority of the participants will report experiences of secondary victimisation.....	116
4.12.1. Sub-expectation 11.1: The majority of participants will report negative interactions with members of the local police department when seeking assistance.....	116
4.12.2. Sub-expectation 11.2: The majority of participants will report negative interactions with staff members at local hospitals/clinics.....	116
4.12.3. Sub-expectation 11.3: The majority of participants will report negative interactions with officials from various government sectors.....	117
4.13. Research expectation 12: Besides the use of homeless shelters, the majority of the participant's responses will indicate a low level of societal support available to the homeless.....	118
4.14. Research expectation 13: The majority of the participants will experience homeless shelters positively.....	118
Chapter 5: Research Design	119
5.1. Research methodology.....	119
5.2. Measuring instrument	120
5.2.1. The interview schedule	122
5.3. Pilot study.....	123
5.4. Sampling procedure	123
5.5. Data collection.....	126
5.6. Data analysis.....	128
5.7. Measures to enhance the trustworthiness of the study.....	128
5.8. Ethical considerations.....	130

5.9. Conclusion	131
Chapter 6: Discussion of findings	132
6.1. Discussion of findings with reference to the research expectations ...	132
6.1.1. Research expectation 1.....	132
6.1.1.1. Sub-expectation 1.1. and 1.2.....	133
6.1.2. Research expectation 2.....	137
6.1.2.1. Sub-expectation 2.1.....	141
6.1.3. Research expectation 3.....	144
6.1.4. Research expectation 4.....	149
6.1.5. Research expectation 5.....	150
6.1.6. Research expectation 6.....	153
6.1.7. Research expectation 7.....	154
6.1.8. Research expectation 8.....	158
6.1.9. Research expectation 9.....	161
6.1.9.1. Sub-expectation 9.1.....	161
6.1.9.2. Sub-expectation 9.2.....	162
6.1.10. Research expectation 10.....	166
6.1.10.1. Sub-expectation 10.1.....	167
6.1.11. Research expectation 11.....	171
6.1.11.1. Sub-expectation 11.1.....	171
6.1.11.2. Sub-expectation 11.2.....	173
6.1.11.3. Sub-expectation 11.3.....	175
6.1.12. Research expectation 12.....	178
6.1.13. Research expectation 13.....	180
6.2. Discussion of serendipitous findings.....	183
6.2.1. Requests made by the participants for governmental intervention.....	183
6.3. Conclusion.....	184
Chapter 7: Recommendations and conclusion	186
7.1. Conclusions pertaining to the fulfilment of the aims of this study	186
7.1.1. Conclusions pertaining to the exploration of the experiences of victimisation of the homeless	186

7.1.2. Conclusions pertaining to the exploration of the patterns, nature, impact and consequences of homeless victimisation.....	187
7.1.3. Conclusions pertaining to the exploration of reduction measures and support systems currently in place for the homeless.....	189
7.1.4. Conclusions pertaining to the critical assessment of the current hate crime legislation in South Africa	190
7.2. Limitations of the study	192
7.3. Recommendations for future research.....	193
7.3.1. Understanding homelessness in the South African context.....	193
7.3.2. Emphasising the importance of homeless shelters in the interim	195
7.3.3. Creation and implementation of homeless victimisation reduction strategies.....	195
7.3.4. Creation and implementation of homeless population reduction strategies.....	196
7.3.4.1. The creation of more employment opportunities for the homeless.....	196
7.3.4.2. The provision of affordable and adequate housing for the homeless	197
7.4. Concluding remarks	198
References	199
Appendix 1: Interview Schedule	213
Appendix 2: Information Sheet	220
Appendix 3: Certificate of Consent	223
Appendix 4: Ethical Clearance Approval Letter	224
Appendix 5: Turnitin Originality Report	225

Tables

Table	Page
1. Chronological age distribution of participants in the sample.....	125
2. Gender distribution of participants in the sample.....	126
3. Race group distribution of participants in the sample.....	126
4. Participants' experience of victimisation while being homeless.....	132
5. Common types of victimisation experienced by the participants.....	134
6. Risk factors identified by participants which increased in their experiences of victimisation.....	138
7. Demographic characteristics identified by participants as risk factors for increased experiences of victimisation.....	142
8. Pathways into homelessness identified by participants.....	144
9. Participants' perceptions of their own vulnerability to victimisation in comparison to the rest of society.....	149
10. Common perpetrators in participants' experiences of victimisation.....	151
11. Common places where participants experienced victimisation	153
12. Perception of the feelings held by members of the general public toward the homeless population.....	155
13. Physiological consequences reported by participants.....	158
14. Participants' feelings of depression and anxiety.....	162
15. Additional psychological conditions reported as consequences by the participants.....	162
16. Socioeconomic consequences related to employment reported by participants.....	167
17. Socioeconomic consequences related to the acquisition of the participants basic needs.....	167
18. Participants' interactions with members of the local police department.....	171
19. Participants' interactions with staff members at local hospitals/clinics.....	173
20. Participants' interactions with officials from various government sectors.....	175
21. Support systems available to the homeless which were utilised by the participants.....	178
22. Participants' experience of homeless shelters.....	181

Figures

Figure	Page
1. Domestic legislative framework	15
2. A visual representation of the theoretical explanation for the experiences of homeless victimisation.....	51
3. Type of victimisation experienced most frequently.....	136
4. Frequency at which the common types of victimisation were experienced by the participants.....	136
5. Treatment of participants by the various sources of secondary victimisation....	177

Summary

Despite the contemporary status of South Africa, having gained its democracy over two decades ago, different population groups still live on the margins of society and are burdened by a myriad of social issues and often exposed to adverse conditions of multiple deprivations and victimisation. One such group is the homeless, a so-called 'surplus population' which is frequently viewed as 'disposable' and 'deviant'. These individuals could be viewed as symptom-bearers of prejudice, discrimination and conflict. Although more notorious for their roles as the perpetrators of crime, homeless individuals are frequently the victims of violent acts which are widely overlooked and seldom reported and they often become the targets of identity or hate-based crimes. With a history of discrimination and segregation of certain marginalised groups, researchers have noted that societal conditions within the South African context provide a breeding ground for criminal acts which are motivated by bias towards a certain group of people – particularly the homeless population. Similar biases are held against foreign nationals – this bias is presently a recognised hate crime category in the Hate Crime and Hate Speech Bill of South Africa.

Recent developments on the homelessness front include the incorporation of the status of homelessness under the protection of hate crime legislation in several jurisdictions in the United States. Should South Africa, however, make the necessary efforts to follow this example it could prove to be valuable in terms of policy implications and ultimately the reduction of homeless victimisation. Accordingly, through the use of various victimisation risk models, in conjunction with integrative elements from the socio-structural perspective and also key factors from the most prominent labelling theories, this study was broadly centred around the exploration of the experiences of victimisation of the homeless within the South African context and it explored the nature, patterns, impact and consequences of homelessness and the availability of support systems. This study also included some exploration of the plausibility of including the status of homelessness under the enhanced protection of the developing Hate Crime and Hate Speech Bill of South Africa.

Guided by a qualitative methodological approach, this study pursued an in-depth exploration of homelessness, assessing this global phenomenon on a victimological,

physiological, psychological, legal and social level. A theoretical purposive sample of 17 homeless individuals currently residing in shelters, situated in both Bloemfontein and Kimberley, were included in the study. The findings obtained during the course of this study indicated that a large percentage (76.5%) of homeless individuals who formed part of the research sample experienced some form of victimisation as well as other hardships while on the streets and sometimes, to a lesser, yet significant extent in shelters, usually with very little to no support offered to them. With reference to the causal and consequential factors of homelessness and the experience of victimisation, many experiences documented concurred with the existing literature and theoretical perspectives utilised and evaluated for the purposes of this study. However, there is still a limited understanding of this complex phenomenon and a number of grey areas, indicative of a real need which exists for more research of this nature in contemporary victimological research, especially in the South African context.

Using the recommendations of this study as a guideline for future research, it is envisioned that with a greater understanding of the homeless and their experiences of victimisation, more can be done by prioritising the gaining of control of the frequency of experiences of victimisation among the homeless population. This can be achieved through the development of enhanced protective legislation for the status of homelessness (hate crime legislation) and ultimately the development and implementation of homeless population reduction strategies in order to reduce or eradicate homelessness on a domestic and eventually, a global scale.

Key Terms

Homelessness, victimisation, victimisation vulnerability and hate crime

CHAPTER 1: GENERAL ORIENTATION AND PROBLEM FORMULATION

1.1. Introduction

Homelessness is a growing concern on a global scale, mainly due to the fact that it is far more socially apparent than ever before (Scurfield, Rees & Norman, 2004: 3; Rossi, 1990: 954), yet a study conducted in Britain reported that the true extent of homelessness is hard to ascertain due to the lack of reliable or concrete statistics. The lack of data on the extent of homelessness is believed to be matched by a paucity of data on crimes committed against the homeless, hence the shortage of knowledge and interest in homeless people as the victims of crime in contemporary academia (Scurfield, et al., 2004: 3). Homelessness is a widespread phenomenon and can be witnessed across the world, sometimes more so in wealthy countries (Olufemi, 1998: 223). Globally, the homeless population is estimated to be between 100 million and one billion or more people, depending on how homelessness is defined within the specified area. Within the South African context, the homeless population is estimated to be around 200 000 individuals (Olufemi, 2000: 223, Olufemi, 1998: 223; Rule-Groenewald, Timol, Khalema & Desmond, 2015). To draw focus to the purpose of this study, homeless people are considered to be at high risk for traumatic injuries, and as a result can be seen as part of the most vulnerable group of people in our society, experiencing exceptionally high levels of violence, crime and victimisation. Most of these acts of victimisation are said to be committed by members of the general public, although victimisation by other homeless people is not unheard of. What is of greater concern is the fact that few reports of homeless victimisation exist as most of these acts of victimisation are not reported for various reasons, including a general distrust in the police and/or criminal justice system (Newburn & Rock, 2004: 3). Homeless individuals fall victim to a variety of violent crimes such as rape, murder, assault and even robbery. Murder, for example, was found to be grossly overrepresented among the causes of death of homeless people. In a comparative study conducted by Wright and Weber (1987), it was found that in an average year 1% of all deaths in the United States were as a result of murder but among the homeless population, 26% of all deaths were as a result of murder (Dietz & Wright, 2005: 16). Homeless people are among the most vulnerable in any society, yet there is an absence of the homeless victim from popular consciousness, as well as from the criminal justice system. It was also found that homeless individuals are

13 times more likely than any other member of the general public to become a victim of violent crimes and 47 times more likely to be a victim of theft. However, the literature on the relationship between homelessness and crime tends to focus more on homeless individuals as the perpetrators of crime, rather than the victims of crime (Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3).

From an international perspective, South Africa is a seemingly well-adjusted country, and with its transformative exterior, it may be seen by many as a rather open society which is all-inclusive in terms of the vast differences present among its population. However, with recurrent incidents of prejudice-motivated crimes, this flawless image or perception may not be a true reflection of reality (Nel & Judge, 2008: 19). With a historical background filled with discrimination, segregation and marginalisation of certain groups, researchers have stated that the history of our country sets the scene for hate crimes (Nel & Judge, 2008: 21). As a result, one cannot but postulate that many of these crimes committed against the homeless are motivated by feelings of hate or dislike. According to the generally accepted definition of a hate crime, it is “a criminal act motivated by bias towards a certain group” (Nel & Breen, 2013: 240). This definition falls in line with the type of interactions many South Africans experience or witness on a daily basis with homeless people. They are seen as “dirty”, “criminal” and “bad for business”. Similar biases are held against foreign nationals, which is a recognised hate crime category in South Africa (Nel & Judge, 2008: 21). Several jurisdictions in the United States have recently incorporated the status of homelessness under the protection of its hate crime legislation (Al-Hakim, 2015: 1755). Should South Africa follow this example, it could prove to be valuable in terms of policy implications for the reduction and/or eradication of homeless victimisation. Research of this nature is much needed at a domestic level, where, despite constitutional safeguards many fail to appreciate the importance of treating everyone equally and caring for each and every member of society – regardless of his or her position in that society. The purpose of this study is to conduct an exploration of the experiences of victimisation of the homeless. This exploration is expected to provide a holistic account of homeless victimisation aiding in a better understanding of the phenomenon in terms of its causes, nature, impact and broader consequences. This may advance greater sensitivity for the plight of the homeless

victim, contributing henceforth to the recognition of the victimisation of the homeless as a new category under the developing South African hate crime legislation.

However, it first becomes necessary to identify the key concepts of this study in order to provide appropriate and concise definitions to facilitate a better understanding for both its relevance and meaning for the purposes of this study.

1.2. Conceptualisation

In the following section, the definitions of the key concepts of the study will be provided and operationalised for the purposes of this study.

1.2.1. Homelessness

The term *homelessness* can be defined in various ways, for example, homelessness refers to individuals who do not have access to shelter or have a known residential address. These individuals also lack the ability to obtain a shelter for themselves at any given time and are consequently highly mobile with no fixed place to sleep. They therefore often sleep on the streets, pavements, under bridges, in bushes or next to rivers (Olufemi, 2000: 224; Sadiki, 2016: 7). With South Africa's current socio-economic state, i.e. the increase in poverty, homelessness has now been placed under a broader definitional umbrella. Researchers have extended the definition of homelessness to those who live in informal settlements (housing which qualifies as a shelter but is inadequate) as well as those who live on the streets or pavements (Naidoo, 2010: 129; Olufemi, 1998: 227). Homelessness has also been used to identify an individual's state of detachment from society, which is indicative of an absence of bonds that link individuals to a network of interconnected social structures, resulting in a status of homelessness. Due to this state of detachment, homeless individuals are also socially excluded from viable networks of assistance (Naidoo, 2010: 131; Sadiki, 2016: 7).

The term *homelessness* is also used to define a number of different lifestyles. Due to the fact that every individual leads a unique lifestyle, constructing a consistent and useful definition is therefore a complex undertaking. Homelessness becomes a fluid term when comparing one individual with the next (Makiwane, Tamasane & Schneider, 2010: 40 Sadiki, 2016: 7). It therefore follows that homelessness is a wide over-arching concept that extends far beyond one single group of individuals.

For example, *street children*, which is one of the sub-groups of homelessness dealing specifically with homeless children who are under the age of 18, without adequate shelter and who find refuge on the street (Peacock & Rosenblatt, 2013: 200). For the purposes of this study, *homelessness* will be used to refer to an individual over the age of 18 years, who has no access to an adequate form of shelter, nor the means to acquire a place of residence at any given time. In addition to their lack of shelter, they are currently in a state of detachment from the rest of society, unable to access viable networks of assistance.

1.2.2. Victimisation

Victimisation refers to acts, which could be seen as criminal violation, committed against individuals (Delpont, 2012: 162). Victimisation is also used to refer to any event where an individual, community or institution is damaged, injured or experiences loss in a significant way. Those who are victimised are likely to experience a violation of their basic human rights, along with a significant disruption of their well-being. The experience of victimisation is also said to bring about considerable amounts of physical and/or emotional trauma (Dussich, 2006: 118; Frank, 2007: 2). The process of victimisation isolates an individual (community or institution) who, following the act is known as the *victim*. *Victims*, according to the 1985 Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power are, 'persons who, individually or collectively have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws operative within member states'. Linking this definition to the context of homelessness, *homeless victims* can therefore be seen as those who have been harmed, injured, had their rights violated or experienced poor treatment by society or the systems put in place to assist them, such as the police or the criminal justice system (Department of Justice and Constitutional Development, 2008: 13; Von Hentig, 1948: 386). Victimisation is also defined as an unbalanced interpersonal relationship, one which is abusive, destructive and unfair to the victim and may be direct or threatened physical, emotional, psychological and financial forms of harm (Dlamini, 2015: 2; Frank, 2007: 2; Karmen, 2009: 2). In the current research on the homeless, there is often a sense of blurred lines between homeless victim-offender sequences. Sadiki (2016) shares these sentiments and bases her argument on the

fact that homeless people are often not recognised as victims. With that said, it has to be understood that the victim status of the homeless is not fully acknowledged and as a result the acts of victimisation which the homeless experience, are usually disregarded. Research on homelessness also mainly focuses on the actual or perceived criminality of homeless people and ignores the fact that homeless people are one of the groups which are most frequently victimised in any given society (Sadiki, 2016: 1). For the purposes of this study, *victimisation* will be used to refer to the process where a *victim* is created and includes the ill-treatment, violation of basic human rights, infliction of pain and suffering directed at homeless individuals, of a physical, emotional/psychological and/or a financial nature.

1.2.3. Victimisation Vulnerability

The vulnerability of an individual to victimisation is measured in terms of their capacity to fend off and avoid victimisation (Karmen, 2009: 96). Vulnerability to victimisation can, therefore, be seen as the probability that an individual will experience victimisation, which is said to be dependent on their lifestyle, routine activities, behaviour and also other personal attributes (such as, being homeless, a substance abuser as well as mentally or physically ill/impaired). Homeless individuals, unlike any other member of society are said to be at an increased risk of victimisation (Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3). It has been documented that a number of homeless people have equipped themselves with rather advanced methods of protection against the inherent dangers found on the streets. The lifestyle of a homeless person is frequently characterised by highly adaptive behaviour, which includes activities aiding in their own protection such as being highly mobile throughout the night, sleeping during the day, or sleeping in well-hidden places, such as up in trees or in dumpsters (Dietz & Wright, 2005: 16).

Although some have adapted to life on the streets and as a result have significantly reduced their victimisation vulnerability, this is not always the case for all homeless individuals. Many are in poor health, injured, mentally impaired, impaired due to alcohol or other substance use and as a result are often seen as easy targets and believed to have a greater level of vulnerability to victimisation. Due to the presence of the abovementioned factors, homeless individuals are said to be left with an increased risk of victimisation as well as an impaired level of guardianship. Many

homeless individuals have been reported to have adopted a number of survival strategies, which include, begging, drug dealing and even sex trading (Dietz & Wright, 2005: 16). Even though these activities are seen as survival strategies, they are also commonly associated with an increase in exposure to risk, or in other words, vulnerability to victimisation. These are some of the factors that will be further explored during the course of this study.

According to Van der Hoven and Maree (2005: 56) victimisation vulnerability is dependent on the interaction of six variables, (i) *Precipitation*, which may be seen as actual provocation by the victim, (ii) *Facilitation* refers to instances where, through unconscious negligence, potential victims make the commission of crime against them that much easier, (iii) *Susceptibility* which refers to how having personal attributes can lead one to be perceived as vulnerable to victimisation, (iv) *Opportunity*, which is considered an important requirement for crime to take place and is one of the components of the opportunity model, (v) *Attractiveness of target*, which involves the possible profitability of an offence (value and how much one (the offender) stands to gain), how easy it would be to get away with it and also how well it is protected and lastly, (vi) *Impunity*, refers to the fact that some individuals are easier to victimise than others and in such cases there may also be a greater chance that the perpetrator will get away with it (Van der Hoven & Maree, 2005: 56-57). Other characteristics such as time of day, the number of witnesses present as well as other personal cues are believed to increase the vulnerability, suitability and attractiveness of a potential target. These personal cues include facial expressions (scared or intimidated) and body language, such as nervous fidgeting (Wheeler, Book & Costello, 2009: 636). For the purposes of this study, *victimisation vulnerability* will be used to refer to the probability that a homeless individual will be perceived as a vulnerable, attractive and/or suitable target, by a potential offender. On the basis of specific characteristics and/or attributes present in their lifestyles such as poor mental/physical health or alcohol/substance abusers.

1.2.4. Hate Crime

As with the definition of *homelessness*, *hate crimes* are said to be equally as challenging to define. However, most jurisdictions define hate crimes as any crime motivated in part, or wholly, by bias or prejudice based on the victims' race, ethnicity,

religion, sexual orientation, age or disability, as well as other defining characteristics (Al-Hakim, 2015: 1758-1759). Other sources define a hate crime as any action taken against a person or property, recognised as a criminal offence and is motivated by hatred, bias or prejudice on the basis of the actual or perceived race, ethnicity, gender, religion or sexual orientation of the victim (George, 2009: 105; McLaughlin, 2001: 136; Nel & Breen 2013: 240).

With the recent developments of hate crime legislation, that is the introduction of the new Hate crime and Hate Speech Bill of South Africa (2016), hate crime can thus be conceptualised as an offence where the commission of the act was motivated by prejudice, bias or intolerance towards the victim of the hate crime in question due to one or more of the following characteristics or perceived characteristics held by the victim: race, gender/sex (including intersex), ethnicity or social origin, colour, sexual orientation, religion, belief, culture, language, birth, disability, albinism, HIV status, nationality, occupation or trade (Department of Justice and Constitutional Development, 2016).

Hate crimes can thus be viewed as a criminal offence committed against individuals within a population solely because they identify with that particular group, thus displaying their hatred, intolerance or disapproval of that specific group of people. In the context of homeless victimisation, an example which initiated the inclusion of homeless victimisation under international hate crime legislation was the videotaping of attacks on homeless individuals, whereafter perpetrators uploaded it on to social media, calling it “bum fights”, creating a media frenzy enacting the immediate protection of homeless individuals in Florida (Al-Hakim, 2015: 1761). The main argument associated with hate crimes is that it should be viewed as a separate category of crime. This is due to the fact that the prejudice involved in hate crimes is what differentiates it from common crimes. Unlike the perpetrators of everyday crime, the perpetrators of hate crime specifically seek to demean and dehumanise their victims whom they consider to be different, based on their actual or perceived race, ethnicity, gender, age, sexual orientation, disability, health care, nationality, social origin, religious convictions, culture, language or other characteristics (Nel & Judge, 2008: 20). Hate crimes are crimes of prejudice, one becomes a victim because of who you are or because of the group of people you identify with. From a

critical standpoint, any crime committed against a specific category of people due to any of the abovementioned reasons should fall under the protection of hate crime legislation.

Although it is a relatively new focal point on international agendas, homeless hate crime research has been relatively successful (Al-Hakim, 2015: 1755) (see 1.4.1.). South Africa is yet to develop a link between homeless victimisation and hate crime legislation. Most studies conducted on homelessness in South Africa focus on the criminal component in the lives of homeless people. A study conducted by Sadiki (2016), is one of the most recent efforts directed at understanding the experiences of victimisation among the homeless population in South Africa. According to international developments of homeless hate crime research and legislation, it first becomes necessary to gain a sufficient understanding of the nature and causes of homeless victimisation before any recommendations can be made for its inclusion under the protection of hate crime legislation. This discussion will be furthered in relation to the development of hate crime legislation in South Africa (see 1.4.3). For the purposes of this study, hate crime will be used to refer to the acts of victimisation committed against individuals or groups of individuals solely due to their actual or perceived homeless status in order to display hate, dislike or intolerance towards homeless people.

1.3. Historical Perspective

Like most social issues, homelessness is not a new phenomenon, but rather a recently rediscovered one. Social concern for vagabonds and vagrants, which are terms loosely used to refer to the homeless, has been recorded ever since the Middle Ages, while each change in the economic order created new groups of outcasts and attached new meaning to them (Kutza & Keigher, 1991: 288). Homelessness has been an element of the social landscape for centuries, but over the last two decades there has been a growing concern with the phenomenon of homelessness. Rapid social and political change and the wearing away of the welfare safety net has led to an increase in the frequency at which individuals end up being homeless (Marsh & Kennett, 1999: 1). Over the past few decades, with homelessness clearly increasing, researchers have found it to be a common feature of many societies, past and present. The exponential growth of the homeless

population has been attributed to intense periods of economic strain and is only expected to increase and spread as economic affairs continue to plummet globally (Rossi, 1990: 954). In the following section, a historical account of homelessness, in general, will be provided by looking at the phenomenon within the context of various time periods.

1.3.1. Ancient times (AD 500 – 1000)

Historical accounts of homelessness during this period are not as readily available as one would think. Slavery was a prominent practice during Ancient Times, particularly in Ancient Rome. Slaves were used for a variety of tasks, including agriculture, domestic life and the use of female slaves for sexual purposes (Burks, 2008:2). The majority of these slaves were believed to have been from the poor, homeless population within society (Watson, 2013) Thus, it can be argued that the dearth of information regarding homeless people in ancient times may be due to the fact that the homeless people, as we perceive them today, may have occupied another position in society, i.e. slaves. There are two reasons which may provide a reliable explanation for the lack of literature on homelessness during ancient times. These are:

- (1) The unequal treatment of people or uneven distribution of wealth among members of society was not of any significance and therefore not many people recorded or felt the need to express concerns about this imbalance in society.
- (2) Homeless people may have been absorbed into other groups within the society, such as slaves.

A similar explanation for the absence of the street child phenomenon in ancient writings was offered by Peacock (1994), which states that the phenomenon of street children was virtually unknown during ancient times. This was primarily as a result of an ancient Roman law which provided the father with infinite power over his children. The father possessed the power to decide the fate of his children and this often caused unwanted children to be assassinated or to be sold off as slaves (Peacock, 1994: 138). Drawing from this explanation, one can see that inequality and varying status groups in society (the rich and the poor) were as prominent in ancient

societies as what they are today. Therefore, it is plausible that due to poverty and marginalisation of a certain percentage of the populace, as mentioned above, a homeless population may have existed but was either occupying another group within society or it was not recorded as homelessness per se.

1.3.2. Middle Ages (5th – 15th century)

As mentioned above, there has also been a large part of the population living in less than ideal conditions throughout history. Some of the first accounts of homelessness are dated as far back as the Middle Ages (Philipps, 2012: 5). As the majority of the population were relatively poor, life during the Middle Ages was challenging. Even the 'rich man' from this period had things which he longed for. Almost 20% of the medieval population was destitute and homeless, wandering the roads of Europe looking for work or charity (Nelson, 2001). Similarly, homeless children (i.e. street children) were a more frequent occurrence during the Middle Ages, specifically in the rural areas of Europe. These large numbers were said to be a result of the civil war and famine. Most of these children were reportedly captured and sold off as slaves (Peacock, 1994:138).

1.3.3. The Nineteenth Century (1801 – 1901)

The homeless population of the Colonial Period generally consisted of those who were extremely poor and were usually those who had been displaced for various reasons, e.g. economic depression and population growth. The period between 1865 and 1900 was rocked by several economic depressions which resulted in multitudes of previously employed people becoming part of the homeless population. There was therefore a drastic escalation in the number of homeless individuals (Murphy & Tobin, 2011:35). In 1870, homelessness emerged as a national problem. There was also sufficient evidence to prove that immigration contributed to the increase in homelessness during the period 1865 – 1900 (Murphy & Tobin, 2011: 36). Economic and political disruptions in Europe, and the promise of opportunity in America, brought hundreds and thousands of immigrants to American shores. Unable to find jobs, many of these immigrants ended up homeless (Murphy & Tobin, 2011: 36).

1.3.4. The Twentieth Century (1901 – 2000)

At the beginning of the twentieth century, policies began to focus on homeless men and children in need of care. Men were often immigrants and lived in boarding houses during the winter months until seasonal jobs resumed. In the 1950s the focus shifted to skid row – downtown areas populated by single adult men in cheap single hotel rooms. Policymakers focused on the housing crisis of the new construction and loan programs due to urban renewal which had resulted in residents being displaced. Once these displaced people could no longer pay rent, they often turned to temporary services provided by organisations such as the Salvation Army (National Association of Social Workers, 2011:179). From the mid-1960s to 1970s, the War on Poverty and the Great Society began to illuminate what had been an undisclosed problem and helped American communities realise that it required an urgent public response. Following this much needed public response, it was generally assumed that homelessness had diminished (National Association of Social Workers, 2011:180). At the beginning of the 1980s, homelessness again exploded as a social issue (as it did in the 19th century). Before the public rediscovery of homelessness in the 1980s, it had widely been seen to have been a social problem which was found only in developing countries. However, by the mid-1980s, an increase in housing costs, fluctuations in the labour markets and deinstitutionalisation of people with psychological or developmental disabilities motivated social forces to cry out for a greater response in the form of public policy (Bassuk & Franklin, 1992:67). As the homeless portion of the population of the United States started to increase, the estimated need for sheltered housing rose from 275 000 beds in 1988 to almost 608 000 in 1996 – numbers which could not be supported and as a result led to another upsurge in homeless numbers (National Association of Social Workers, 2011: 180). Historically, homelessness has created a myriad of social challenges that seem to have worsened over time. Researchers state that homelessness in the 21st century is seen as a more multifaceted and entrenched problem than in earlier decades, one exacerbated by new at-risk populations. Researchers further state that far too often the responses to homelessness have simply been more punitive efforts to criminalise homelessness, rather than working towards preventing it (National Association of Social Workers, 2011:182).

1.3.5. History of homelessness in South Africa

Through most of South Africa's history up to democracy (1994), vagrancy and squatting – as the homeless people were referred to – brought about controversial issues which arose when landless black or coloured people moved around the countryside or tried to occupy sectors of unused land. Under the colonial rule, the white population sought to force the indigenous black people to live in designated areas so as to provide whites with a workforce, while preventing the emergence of an excluded and unsettled, migratory black population feared as tramps and vagrants and at the time a potential organised threat against the ruling population. The outcome in terms of street homelessness is not well-known, as no statistics were ever kept on vagrants or on the floating population without shelter (Cross, Seager, Erasmus, Warn & O' Donovan, 2010: 13-14).

By the early twentieth century, the problem of informal settlements and displacement were significant. It was observed that there were many more informal settlers on mainly white-owned land than there were inhabitants of the reserves in Natal, the Orange Free State and the Transvaal. Homelessness occurred as the displacements increased, thereby contributing to a population which was labelled as a crime risk by the greater part of society. The homeless rural vagrants could work voluntarily for white farmers who provided precarious board and lodging in return for labour. From the date of the Cape's Vagrancy and Squatting Act (1878), legislation was passed in all the colonies to try to force the wandering homeless vagrants into resident labourer status. As the numbers of this homeless rural population increased, they gravitated toward nearby towns in search of work to substitute for the land-based livelihoods which they no longer had access to (Cross, et al., 2010: 14).

1.4. Legislative Framework

As with most social issues around the world, there may be an abundance of legislative frameworks or strategies put in place to combat certain social issues, but the practical application or implementation thereof is usually lacking, and as a result, the problem remains at large and tends to worsen over time. The following section will include a discussion of both international and domestic legislative frameworks

aimed at addressing homelessness and will be concluded with a discussion on the development of hate crime legislation within the South African context.

1.4.1. International legislative framework

In a literature study conducted on policies and programs which had been implemented since 1998, the international legislative policy options related to homelessness was referred to as being rather average (Minnerary & Greenhalgh, 2007:646). However, compared to the South African legislation, there have been positive developments on the formulation and implementation of legislation regarding homelessness on the international front. Australian legislation has adopted a human rights-based approach to accommodate the phenomenon of homelessness, incorporating principles of empowerment, equality, dignity and accountability in all stages of legislation, policy design and service delivery. These are aimed at reducing homelessness and ensuring that all homeless people receive adequate support and quality services (Australian Human Rights Commission, 2009:11). The European Union (EU) has been just as active and has implemented strategies in order to eradicate poverty and social exclusion, aiming to provide access to adequate and sanitary housing thereby preventing homelessness and ultimately assisting the most vulnerable (Minnery & Greenhalgh, 2007: 647). However, it is important to note that these strategies were put in place in 2000, to see the eradication of some of the major causes of homelessness by 2010. Despite these valiant efforts, it is clear that no positive results were achieved through the implementation of this policy/program, as homelessness is still a major issue across the European landscape (Foster, 2017).

A more recent attempt at addressing homelessness was initiated by the United Nations (UN). Homelessness and all its related issues have been regarded as a serious enough problem that the UN has called upon all member states to assist in the eradication of homelessness in general by 2030 (UN News Centre, 2016). The UN has made a commitment to its 2030 agenda aimed at eradicating poverty and achieving sustainable development globally. The European Union played an active role in the development of this agenda which comprises 17 Sustainable Development Goals (SDGs), which apply to both developed as well as less developed countries (FEANTSA, 2017). Among the 17 Sustainable Development

Goals (SDGs), three, in particular, can be linked to homelessness: (i) Eradicating poverty in all its forms, (ii) Ensuring healthy lives and promoting well-being for all at all ages and (iii) Making cities and human settlements inclusive, safe, resilient and sustainable (FEANTSA, 2017). Additionally, this initiative points out four strategies that need to be addressed in order to deliver on the 2030 agenda: (i) Strategies to prevent and address homelessness. (ii) Homelessness as a priority for the EU post-2020, (iii) the homeless sector as a key stakeholder, and (iv) indicators on homelessness and housing exclusion (FEANTSA, 2017).

The abovementioned initiatives are among the most significant contributions aimed at addressing and eradicating the phenomenon of homelessness and its related issues. However, the most noteworthy contribution in relation to the purpose of this study is the work done in terms of placing homelessness under the protection of hate crime legislation. Several jurisdictions in the United States, such as Washington and Florida, are among those reported to have placed acts of criminal victimisation committed against the homeless under the protection of their hate crime legislation (Al-Hakim, 2015:1755). Florida was reportedly one of the first to do so in May 2010. The inclusion of homeless victimisation under the protection of hate crime legislation means that perpetrators of crimes against homeless people are eligible for harsher sentences (Al-Hakim, 2015:1761). This exemplary move is most likely among the first of its kind, aiding directly in the protection of the homeless against acts of victimisation. The following discussion will show that South Africa is yet to develop legislation which offers direct protection to homeless individuals who have been victimised.

1.4.2. Domestic legislative framework

With the existing definitions of homelessness in the South African context, many question whether or not the current legislative framework successfully captures the intricacy of the social and economic circumstances as they are experienced by the homeless. This has a direct bearing on how the concept of homelessness is defined within a specified geographical area. It therefore becomes necessary to conceptualise the concept of homelessness in relation to the geographical area in which it will be researched before any recommendations for policy can be made (see 1.2.1). National legislation in South Africa, while not dealing directly or specifically

with homelessness in any one law, does seem to otherwise respond to the social and economic conditions or circumstances of the homeless population (Naidoo, 2010: 132).

There are a number of legislative frameworks which are aimed at directly or indirectly addressing the phenomenon of homelessness in South Africa, for example, the Constitution of the Republic of South Africa, 1996. Very few, if any of these legislative frameworks focus on the homeless as such. In addition to factors such as socioeconomic inequalities, the ineffective implementation of legislative frameworks contributes to the victimisation of a growing population of displaced, destitute and homeless people. It can therefore also be argued that if the current socioeconomic inequalities are rectified and legislative frameworks implemented correctly, the root problem (homelessness) can be reduced or eradicated. Consequently, the size of the population at risk will be reduced and rates at which homeless people experience victimisation could possibly decrease as well. For the purposes of this chapter, these legislative frameworks will only be listed and will be discussed in greater detail during the evaluation of existing literature (see Chapter 3).

The following figure illustrates the existing legislative frameworks aimed at addressing homelessness, either directly or indirectly, within the South Africa context:

Housing Framework	Economic Framework	Psycho-social Framework	Health Framework	Awareness-raising Framework
• National Housing Code (2000) • Housing Act (Act 107 of 1997) • Housing Consumers Protection Measures (Act 95 of 1998). • Gauteng Housing Act (Act 6 of 1998) • Prevention of Illegal Eviction from Unlawful Occupation of Land Act (Act 19 of 1998)	• SMMEs, Broad Based Black Economic Empowerment (from the Department of Trade and Industry). • Municipal LED policies.	• Advisory Board on Social Development Act (Act 3 of 2001) • South African State Agency Act (Act 9 of 2004) • White Paper on Social Welfare. 1997 • Poverty, disabled, alcohol and drug abuse (National Department of Social Development)	• National Health Act (Act 61 of 2003) • Mental Health Care Act (Act 17 of 2002) • HIV and Aids and STI strategic Plan for South Africa 2007-2011 (National Department of Health).	• Chapter 2 of the Constitution of 1996. Bill of Rights. • NGOs (such as Tshwane Homelessness Forum, Tshwane Leadership Foundation)
Local Government Municipal Systems Act (Act 32 of 2000)				

Figure 1: Domestic legislative framework (The Constitution of the Republic of South Africa (Act 108 of 1996)

This section will only serve as a general introduction to the legislative efforts made to deal with homelessness and its related issues. This exploration will look into the most applicable frameworks and critically assess its practical value, its implementation, or rather the lack thereof, and also how it can be combined with reduction measures to address homelessness as well as the experiences of victimisation of the homeless. It therefore also becomes important to mention additional legislative options to assist in the reduction and eradication of homeless victimisation. One such policy option is the inclusion of homeless victimisation under the protection of hate crime legislation in South Africa. Being included under the protection of hate crime legislation could potentially be of value as it may result in enhanced protection for a 'disadvantaged' population, such as homeless people. By putting forward hate crime legislation, the role of police and criminal justice officials is strengthened in holding the perpetrators of hate crimes accountable, and as a result offers a greater deterrent value due to the allocation of harsher than normal sentences, and send a clearer message to society that crimes of this nature will not be tolerated (Al-Hakim, 2015: 1773. Dixon & Gadd, 2012: 25). The following discussion will provide an exposition on the current state of hate crime legislation in South Africa and elaborate on the sentiments discussed previously as to how homeless victimisation can fit under the current hate crime framework as well as the value of such legislative development.

1.4.3. The developing hate crime legislation of South Africa

Although South Africa has a few laws such as the Equality Act, the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPDUA) as well as section 9 of the Constitution which deal with discrimination, experts believe that the existing framework does not deal with hate crimes effectively (Nel & Breen, 2011:33). When developing hate crime legislation one of the important decisions to be made is which of the characteristics such as race, nationality, ethnicity, religion and sexual orientation, just to name a few must be protected. In many countries these characteristics fall under the protection of hate crime legislation (Nel & Breen, 2013: 240). Al – Hakim (2015) reported that some areas in the United States have gone a step further and included the status of homelessness – yet another characteristic of vulnerability – under the protection of hate crime legislation (Al-Hakim, 2015:1756).

Most of the research conducted on hate-motivated crimes focus on a variety of challenges, which include general concerns about the nature of hate crimes, for example, what counts as a hate crime? Which groups, or rather which characteristic or feature ought to be used to determine who ought to be protected by the hate crime legislation? (Al-Hakim, 2015:1756; Nel & Breen, 2011:37). Before the homeless can be included under the protection of South African hate crime legislation, it would be necessary to assess if this applies by adopting similar methods to those used during the inclusion of homeless victimisation in the hate crime legislation of jurisdictions such as Florida and Washington. The main question was: Do the homeless, as an identifiable group fit the category of a group deserving of or needing enhanced protection under hate crime legislation? Which features, if any, do they share with other commonly protected groups? (Al-Hakim, 2015: 1757)

One of the leading responses was that the homeless should be considered analogous to other already protected groups, and thus warrant enhanced protection too (Al-Hakim, 2015:1757). At first glance, one can already see the similarities within the South African context. Current perceptions held against foreign nationals (a recognised hate crime category in South Africa) can be equated to the general perceptions held against the homeless population (Nel & Breen, 2013:240). However, the greater part of this argument is still pure conjecture and research on the nature of homeless victimisation in the South African context is still much needed before the inclusion under hate crime legislation can even be considered. This therefore highlights the importance of this study in the plight of the homeless victim and the possible inclusion of the experiences of victimisation of the homeless under hate crime legislation.

In addition to what has already been stated, the following justification as cited in Al-Hakim (2015:1759) has impacted the movement towards placing homeless victimisation under the protection of international hate crime legislation and this can possibly be transferred to the South African situation: "It has been found that relatively little research has been done on the homeless, least of all research that was theoretically nuanced and methodologically compelling. Although more research is now surfacing much of which confirms poor intuitions about the disproportionate victimisation of the homeless both in absolute and relative terms, less attention has been given to the relationship of hate crime legislation and the homeless".

Al-Hakim (2015:1758) also makes use of the term 'disadvantaged', which includes those who are 'disproportionally vulnerable to a wide and serious range of socially and politically produced harms due to historical, systemic, group-based oppression'. South Africa, with its history of Apartheid, has a number of politically disadvantaged sub-groups, and transferring this term to the South African context can be done with minimal challenges. Homeless people, in terms of their position in society, can and should be considered "disadvantaged". International homeless hate crime pioneers have made use of the term "disadvantaged" in order to justify the inclusion of homelessness under the protection of its hate crime category. Therefore, as a point of departure the current approach used by international jurisdictions may prove useful in terms of promoting a similar movement in order to obtain enhanced protection for the homeless population of South Africa.

1.5. Motivation and purpose of the study

Following the historical exposition of homelessness as a social phenomenon, it is evident that it has existed for several centuries. It therefore becomes important to put this social phenomenon into perspective by offering a discussion on the complexity of this phenomenon and by doing so also providing a further rationale for this study. This study also focuses on the impact areas of homeless victimisation, which include physiological, psychological, sociological, criminal justice and victimological related factors, as well as a discussion on the dearth of research regarding homeless victimisation. Homelessness and all its related issues (insufficient housing, poverty, crime and victimisation) have been regarded as a serious enough problem that the UN has called upon all member states to assist in the eradication of homelessness in general by 2030 (UN News Centre, 2016). Victimisation of the homeless is widely seen as a relatively hidden crime. Crimes are heavily underreported as homeless individuals usually have very little, to no faith, in the police or the criminal justice system (Scurfield, et al., 2004: 4).

Although it is common knowledge that homeless individuals suffer greatly on the streets, few attempts have been made to research this group of people with the hope of finding a way to reduce their experiences of victimisation. Homeless research tends to focus mainly on the criminality of homeless people, while failing to recognise the need for research from a victimological perspective. Additionally, few local

studies have been conducted to understand the risks of having so many people on the street which could potentially become part of this vulnerable victim group, at constant risk of being victimised (Scurfield, et al., 2004:3). There is also very little literature with regards to the follow-up on incidents of homeless victimisation and therefore there is a high probability that nothing or very little will be done about it. To further substantiate the need for research of this nature it should be mentioned that South Africa, having a history of violence and discrimination against politically disadvantaged minority groups, should have been one of the first countries to explore this phenomenon and to categorise it appropriately, as it has done extensively with racial and gender-based hate crime.

1.5.1. Physiological relevance

Popular literature on homelessness has reported that a substantially higher rate of infectious and degenerative diseases, injuries, substance abuse cases and nutritional deficiency may be found among the homeless, more so than in the rest of the population. Some of these problems are highly visible, and as a result, serve as an invitation to street predators. Poor physical health diminishes their ability to defend themselves or to flee a potentially dangerous situation for that matter. Findings of this nature have led researchers to hypothesise and confirm that victimisation is more common among homeless people who are further marginalised by poor health and related physiological issues (Cohen, 1999: 8; Lee & Schreck, 2005: 1061).

There is often a misconception that homeless individuals are homeless because they have a history of alcohol and substance abuse, however, this is not the case with all homeless people as some have ended up on the streets due to other extenuating circumstances. In cases where alcohol and/or substance abuse is not a direct pathway to homelessness, research exists confirming that substance abuse is most likely to appear later on as a consequence of homelessness. As a result of the hardships on the street, homeless people tend to make use of alcohol and other substances as a coping mechanism as well as to numb emotional and physical pain which is the most obvious reason. Since homeless people usually have traumatic pasts, many of them may suffer from a wide variety of psychological problems (see 1.5.2.), such as flashbacks or anxiety attacks and as a result make use of alcohol

and other substances to cope. Drugs and alcohol are also commonly used to induce sleep, especially in the cold winter months and even to suppress hunger. Homeless groups have also been formed through the shared use of alcohol and substance abuse which initiates bonding and a substitution for the lack of social activity many of them experience daily (Philipps, 2012: 10).

As a result of the ongoing physical challenges (hunger or cold weather), trauma and stress, alcohol and substance abuse become a norm in the lives of many homeless people. Substance abuse among the homeless population has also been linked to an increased risk of victimisation. This is seen in one of two ways. Firstly, the procurement of substances can be rather dangerous; rates of victimisation are rather high in these environments. Environments in which substances are sold are likely to be dangerous due to lack of formal social control, exposing individuals to further victimisation. Secondly, similar to that of mental illness, a habitual substance user will usually experience a substantial decrease in their level of vigilance for potentially threatening situations (Couldrey, 2010: 26; Dietz & Wright, 2005: 15).

Being under the influence of substances is commonly associated with impairment, much like symptoms of mental illness. It is said to reduce levels of awareness which increase the vulnerability of the homeless to potential perpetrators. Substance misuse has also been associated with being sexually assaulted and research suggests that drugs and alcohol are frequently used after sexual assault as this is usually used as a way of coping with this distressing, traumatic event. This reason for substance abuse may result in the exacerbation of the risks of victimisation (Couldrey, 2010:26). Regardless of their increased experience of victimisation, homeless individuals who use drugs are less likely than non-drug users to report their victimisation incidents, fearing that they will be prosecuted for their involvement with illicit substances. With that said, acts of victimisation against these individuals are not accounted for, thus the extent of victimisation in this regard, remains flawed. Previous studies have shown that the presence of substance abuse increases the chances of victimisation in the lives of homeless people, yet no intervention measures have been set up (Scurfield, et al., 2004: 4).

Another physiological disadvantage commonly associated with homeless people is frailty. Frailty among vulnerable populations has not been widely researched. The

homeless are faced with the risk factors which contribute to frailty all the time. These risk factors may include poor nutrition, chronic diseases such as hypertension and diabetes, along with the ageing of the population (Salem, Nyamathi, Brecht, Phillips, Montes, Sarkisan & Stein, 2014: 248). Frailty can be seen as a condition which may increase one's level of vulnerability, especially on the street. Frailty can also be associated with general health problems (such as brittle bones, diseases or actual physical disabilities), which may also have an impact on how frequently victimisation is experienced. Although it is not clear to what extent physical disease predates or results from homelessness, it is well established that homeless individuals and more specifically, older homeless persons suffer from substantially more physical illnesses than their non-homeless peers (Cohen, 1999: 8). Increased frailty usually translates to a diminished capacity to fend off and avoid victimisation (Karmen, 2009: 96), thereby increasing vulnerability to victimisation and ultimately leading to more frequent experiences of victimisation of homeless individuals (see 1.2.3.).

1.5.2. Psychocriminological relevance

Reports by Lee and Schreck (2005), regarding the psychological state of homeless individuals, indicate that the experience of childhood abuse and trauma has considerable implications for homeless people later on in life. Childhood trauma such as being abused, neglected, dropping out of school or vagrancy is regarded as a pathway to homelessness (directly and indirectly) and some of these events are serious enough to have long-term effects (Couldrey, 2010: 23; Lee & Schreck, 2005: 1061). The psychological problems which arise from childhood abuse and trauma have been linked to an increase in vulnerability, both of a physical and sexual nature for homeless individuals (Couldrey, 2010: 12). These effects bring about concern as traumatic events are usually upsetting and may consequently lead to negative reactions. These reactions are presumed to be what cuts individuals off from society, leaving them with social skills, educational credentials, and work histories which are all weak. This creates a whole new problem, as it will mean that they are bound to remain on the streets, and the longer they are on the streets the more challenging it becomes to meet basic needs. As a result, they usually adopt the skills necessary (usually dangerous and/or criminal) to survive on the streets (Lee & Schreck, 2005: 1062).

With reference to the previous discussion, it is no surprise that compelling evidence also suggests that the rates of incidence of psychological problems are higher among homeless people than among any other members of the general population (Couldrey, 2010: 25; Cohen, 1999: 8; Moyo, Patel & Ross, 2015: 2). Homeless individuals experiencing psychological distress or those under the constant influence of drugs or alcohol may be at a greater risk of victimisation because of distorted perceptions, poor judgment or other forms of dysfunction that prevents them from sizing up a potentially dangerous situation (Lee & Schreck, 2005: 1061). Researchers have managed to establish a link between homelessness and mental health problems, in a similar manner to that of substance abuse among the homeless. In some cases, substance abuse can even be attributed to the onset of mental health problems among the homeless. For example, the study conducted by Kutza and Keigher (1991) found that, although few homeless people report a history of chronic mental illness, a significant number of them often exhibit psychiatric symptoms or suffer from organic or alcohol-related dementia. Homeless individuals suffering from serious mental illnesses make up a subset of individuals rated among the most vulnerable of all homeless people (Lam & Rosenheck, 1998: 678). The onset of homelessness as well as the ongoing experiences linked to life on the street, function as stressors which result in severe psychological trauma and/or disorders among the homeless. These disorders include, but are not restricted to, anxiety and depression, and although evidence is quite low, schizophrenia and antisocial personality disorders occur as a result of homelessness-induced trauma and stressors (Fischer, 1992: 229; Lam & Rosenheck, 1998: 680; Philippot, Lecocq, Sempoux, Nachtergaele & Galand, 2007: 492).

Although research on homelessness and mental health is said to be lacking, it often portrays homelessness to be synonymous with having complex psychological difficulties, largely due to historical accounts of the deinstitutionalisation of the mentally-ill who were absorbed into homeless populations (National Association of Social Workers, 2011:182). It is also suggested that having mental illnesses whilst being homeless may significantly increase rates of victimisation, as it is said to reduce the individual's level of vigilance in a hazardous environment such as the street, making them less able to identify and avoid danger. This vulnerability to victimisation (see 1.2.3.) amongst homeless individuals with mental difficulties is of

considerable concern, as it is likely that the experience of victimisation will worsen their current psychological state, which could be identified as one of the reasons why suicide rates are extremely high among the homeless population(Couldrey , 2010: 25).

1.5.3. Sociocriminological relevance

South Africa is a historically rich country, well-known for having one of the most intriguing transformation stories across the globe. South Africa has undergone extensive political change, from Apartheid capitalism to a democracy. The aftershock of Apartheid has caused many individuals, most which form part of the homeless population, to remain on the periphery of society. Social issues such as poverty, unemployment and/or social exclusion which stem from Apartheid capitalism are regarded as some of the main causes of homelessness within the South African context. Within the paradigm of social exclusion homeless children for example, have been identified as a homogenous disposed mass which has fallen through the support structures of society (Peacock & Rosenblatt, 2013: 200).

Victimisation is said to be so inextricably linked to homelessness that homelessness itself can be described as a type of victimisation whereby the social structure restricts the lower class from the protection which is enjoyed by the larger society (Fischer, 1992: 229). For example, in a study conducted by Al-Hakim (2015), he refers to a state-based strategy known as “warning-out” which aims to systematically exclude homeless people from the public sphere through social and legal norms (Al-Hakim, 2015: 1759). Homelessness is also defined as an individual’s state of detachment from society, resulting in a lack of meaningful bonds with society and an absence of links with a network of interconnected social support structures (Phiri & Perron, 2012: 167).

According to the Quarterly Labour Force Survey report (2012), South Africa can, sociologically speaking, be seen as a country with a large number of homeless individuals. The report states that in 2012, 70% of people aged between 25 and 34 years were unemployed or poor. It has been established that among those individuals who are unemployed, it is estimated that thousands are currently living on the streets, providing that homelessness, at least on the domestic front, is a challenge that requires urgent intervention (Mathebula & Ross, 2013: 449 - 450).

A concept which homeless individuals can easily relate to is that of disaffiliation which is a term used to refer to the weak bonds which many homeless people have with other people, places and institutions. It has been stated that the average homeless person hardly ever has any form of contact with any relatives. Disaffiliation is frequently seen as one of the many causes of homelessness but at the same time it provides an adequate explanation for victimisation patterns. This includes how the risk of victimisation may be influenced by changes in social, economic, and residential marginality within the homeless population. As a result of the presence of weak bonds, it is further postulated that these isolated members of society (the homeless) usually have fewer protective resources than the average member of society (absence of a capable guardian/guardianship). As a result, these homeless individuals are seen as prime targets for victimisation. If an individual's social ties are only with other homeless people, he or she is easily drawn into a life of drinking, drug abuse or crime thereby increasing the chances of being victimised (Lee & Schreck, 2005: 1060). In particular, disaffiliation, health problems and traumatic events, regardless of their interrelation, are anticipated to result in more frequent homeless episodes and the adoption of risky survival strategies, which in turn could increase vulnerability to victimisation (Lee & Schreck, 2005: 1062).

1.5.4. Criminal Justice relevance

Homeless people are among the most vulnerable groups within any society, yet the concept of the homeless victim is absent from popular consciousness as well as from the criminal justice system (Scurfield, et al., 2004: 2). Homeless people rarely report their experiences of victimisation which could be due to their lack of awareness of their legal rights or their unwillingness to assume victim status. Mostly, though, their experiences go unreported because of a general distrust in the police and the fact that they are hardly recognised as victims by the criminal justice system or often experience further victimisation by the very system which is supposed to protect them (Jasinski, Wesley, Mustaine & Wright, 2005: 86; Kushel, Evans, Perry, Robertson & Moss, 2003: 2492; Scurfield, et al., 2004: 4; Wardhaugh, 2000: 92). Institutionalised secondary victimisation is said to be most apparent within the criminal justice system. At times, this form of victimisation may result in the complete deprivation of basic human rights for victims who form part of certain cultural groups, classes or a particular gender, through the refusal to acknowledge their experience

as one of criminal victimisation (UN Office on Drugs and Crime, 1999:9). This may lead one to think that on the basis of the stigma attached to homeless people, the notion that the criminal justice system victimises people based on their homeless social status could, in fact, be a reality. As mentioned above, existing literature often paints a picture of homeless individuals as the perpetrators of crime and never the victims and as a result a negative image (label) is created of the populace as a whole (Newburn & Rock, 2004:2; Scurfield, et al., 2004:3). Accordingly, as mentioned in the previous discussions, homeless people are often associated with a variety of psychological challenges (see 1.4.2.) (Couldrey, 2010: 26; Cohen, 1999: 8; Dietz & Wright, 2005: 15; Lam & Rosenheck, 1998: 678). All of these challenges linked to the status of homelessness are usually as a result of socially constructed labels, which may also lead the criminal justice system to view homeless people in a similar light and as a result fail to accept their reports of victimisation as credible or worth pursuing. Existing research on the victimisation of homeless people by the criminal justice system in the South African context is currently lacking, thus providing further justification for the importance of the current study.

Available statistics indicate that 49% of homeless people in the New York area have reportedly experienced an incarceration episode at some point in their lives. A study involving 1 426 community-based homeless and marginally housed adults found that 23.1% of the participants in the study had a history of imprisonment. A summary of 20 studies conducted in the 1980s found that depending on the study, 4 to 49% of the homeless population report serving time in prison (Metraux, Roman & Cho, 2007: 7). Homeless people are often thought to be at high risk for re-offending as, after being released from police custody, they usually return to the same environment and are exposed to the exact same conditions. The risk of re-offending is therefore a valid concern. This concern is based on a statement which suggests that housing instability is commonly associated with an increased likelihood of coming into contact with the police and being charged with a criminal offence (Metraux, et al., 2007: 8). A generalised view which is held is that all homeless individuals can be regarded as offenders. The societal label, which results in them being treated unequally, is also held by the criminal justice system and consequentially homeless individuals are always treated the same regardless of individual circumstances. Being homeless, then, within the context of the criminal justice system is usually seen as an

aggravating factor for conviction when homeless people come into conflict with the law. This can be seen as a form of institutional victimisation, as being homeless is not a choice for the majority of homeless people but it is rather due to the unequal distribution of resources among social classes, as a result of a systemic error within South Africa.

1.5.5. Victimological relevance

Societal labels play an important role in the way homeless people are viewed and treated. People are often of the opinion that being homeless automatically makes one an offender. This is evident in the nature of most of the studies involving the homeless. They are predominantly depicted as perpetrators of crime and many fail to see them as the victims (Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3; Roebuck, 2008: 14). This viewpoint is shared by Sadiki (2016), who highlights the need for research on homeless people as victims of crime. Victimisation is also often a precipitating factor for homelessness and living on the street increases the likelihood of victimisation exponentially (Roebuck, 2008: 14). Thus, largely due to their lifestyles, homeless people are more likely to be victims of crime rather than the offenders of crime.

As homeless people are often seen as the perpetrators of crime and due to the minor developments in research on homelessness in South Africa, very little is known about the challenges experienced by homeless people (Makiwane, et al., 2010: 41 Cross, Seager, Erasmus, Ward & O'Donovan, 2016: 6). As such, much more research in this regard is required within the South African context. The denial of the possibility that homeless people can also be victims of crime, results in the absence of programs to assist them when they are in this position. If a problem is not viewed as a problem, it cannot be solved. Therefore, if a homeless person is not regarded as a victim, the problem of the victimisation of the homeless can never be resolved.

1.5.6. Dearth of research

The research problem for this study is formulated on the basis of the dearth of research on this topic. Victimisation of the homeless is a relatively hidden crime, and as a result, the literature on the phenomenon, as well as attempts to reduce or eradicate it, is incomplete and ineffective, at both international and domestic levels (Scurfield, et al., 2004: 4). Although it is common knowledge that homeless individuals suffer greatly on the streets, not much research had been done to demonstrate the gravity of the phenomenon of homeless victimisation. Many studies have focused primarily on homelessness in general or how homeless individuals become involved in criminal activities, instead of exploring their experiences of victimisation (Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3).

South Africa is a country which is well-known for crimes committed against marginal groups within the population, yet no efforts have been made to promote the seriousness of homeless victimisation. A further rationale for the importance of the current study is that although homeless is recognised as a social issue in South Africa, the understanding of the experience of victimisation of the homeless is not regarded as important (Phiri & Perron, 2012: 161-162). Internationally considerable progress has been made in the research on homelessness – to the extent that it has already been included under the protection of hate crime legislation in several jurisdictions in the United States (Al-Hakim, 2015: 1757). Together with this, a justification for its inclusion under hate crime legislation was provided and can be linked to the current gap in South African homeless research. There is a rather limited understanding of homelessness due to a lack of research and lack of compelling studies on the true extent of the victimisation of the homeless. For this reason more research along the lines of disproportionate experiences of victimisation by the homeless population is called for. Another important avenue that has not received much attention is the legislation aimed at addressing homelessness and homeless victimisation, such as a South African based investigation regarding the relationship between hate crime and homeless victimisation (Al-Hakim, 2015: 1759).

1.6. Research objective and aims

The overall objective of this study is to explore the experiences of victimisation of the homeless. Such an exploration refers to the causes, nature, impact and consequences of this phenomenon, which could possibly inform recommendations for redress and reduction. In an attempt to achieve the main objective set out for this study, the following aims have been formulated:

- (i) To explore the experiences of victimisation of the homeless.
- (ii) To explore the patterns, nature, impact and consequences of homeless victimisation.
- (iii) To explore reduction measures and support systems (NGO's) which are currently in place;
- (iv) To critically assess the current hate crime legislation in South Africa.

1.7. Conclusion

Homelessness, in general, has existed for quite some time and is seen as a rather complex topic with many problematic areas which will have to be addressed before the phenomenon can be resolved. The plight of the homeless victim can be seen as one of many problem areas related to homelessness. It has been ignored for centuries and remains a neglected and overlooked topic in contemporary academic ventures. Despite years of transformation, the homeless population of South Africa is still regarded as a 'surplus' population, and as a result remain hidden and misunderstood. The experience of victimisation of the homeless is an over-arching subject, which has an impact on a variety of disciplines. This study, therefore, aims to further explore this phenomenon on a physiological, psychological, legal and social level.

CHAPTER 2: THEORETICAL PERSPECTIVE

In this chapter, the focus will be on the theoretical explanation for the experiences of victimisation of homeless persons. This will be achieved through the evaluation of various victimisation risk models, in conjunction with integrative elements of the socio-structural perspective and also key factors from popular labelling theories which will be linked to the blurred lines phenomenon of victim-offender sequences and how these terms are used interchangeably among the homeless population.

2.1. Introduction

As early as 1937, academics in the field of criminology began to study the relationship between victims and offenders. Through the exploration of this relationship, they attempted to make sense of the lifestyle of the victim, that is, their behaviours as well as their interactions with potential offenders, in an attempt to explain their experiences of victimisation (Dietrich, 2008: 1). This chapter will be based on the tenets presented in various victimological theories, which include the victim precipitation theory, the routine activities approach, the opportunity model and lastly, the differential risk model of criminal victimisation. Due to similarities in its theoretical foundation, the socio-structural perspective will be integrated with the tenth category (structural and cultural proneness to victimisation) of the differential risk model, as put forward by Fattah. Lastly, in an attempt to offer a theoretical explanation of how labels can result in the experience of victimisation of the homeless, the key elements presented in the most prominent labelling theories will be discussed. Casting such a wide theoretical net will allow for a broader explanation of the victimisation of homeless people, thereby creating a comprehensive model which explores the interplay between homeless individuals and potential offenders, integrating the role of various socio-demographic factors (such as race, age, gender and/or socio-economic status) and labels which may influence the experience of victimisation in the lives of homeless people.

2.2. The victim precipitation theory (1941)

The victim precipitation theory is one introduced and popularised through the work of Hans von Hentig, a man also seen as one of the pioneering figures in the initial creation and development of victimology as a separate discipline. In some of his

earlier contributions, Von Hentig spent most of his time trying to explain what made a criminal a criminal. As his focus began to shift to the victims of crime, he started to hypothesise on what exactly made a victim, a victim. As a result, he introduced the victim precipitation theory in 1941, which was directed at explaining violent crimes and how a potential victim may be held accountable for his or her own victimisation. This theory gained popularity in 1948, along with the publication of his book: "The Criminal and His Victim" (Fattah, 2000: 22; Myrstol & Chermack, 2008: 464).

2.2.1. Description and application of the victim precipitation theory

The victim precipitation theory encompasses the principle that a victim who is harmed by crime is directly involved in its occurrence, i.e. they play an active role in their own victimisation. It is for this reason that this theory is considered to be interested in the behaviour of victims and how their interactions or transactions with potential offenders lead to their eventual victimisation (Conklin, 1986:280; Diagle & Muftić, 2016: 2; Myrstol & Chermack, 2008: 464; Von Hentig, 1948: 348). Precipitating behaviour is when a victim behaves in a particular manner towards potential offenders, such as engaging in sexual or drug-related transactions thereby creating an opportunity for victimisation which did not necessarily exist prior to this engagement with the potential offender (Conklin, 1986: 280; Myrstol & Chermack, 2008: 464). Von Hentig also mentions that victims to a certain extent, through certain behaviours, mould and shape the criminal which they later come into contact with (Von Hentig, 1984: 384). The potential offender perceives the victim's behaviour to be facilitating, inviting or tempting and this triggers certain behaviours towards the victim (Conklin, 1986: 280).

Von Hentig proposes that victims engage in behaviours that greatly influence the result of victimisation. Victim precipitation is believed to have three important factors, (1) victim proneness, (2) victim contribution and (3) victim provocation. Victim proneness is defined as the quality that some individuals or groups possess which make them more susceptible to victimisation than other individuals or groups (Myrstol & Chermak, 2008: 465). Research on victim proneness (Reiss, 1980) suggests that some people are more likely to suffer a specific type of victimisation, and more so, if they have experienced said victimisation in the past (Diagle & Muftić, 2016: 77). On an individual level, victim proneness has been associated with certain

demographics, which in turn correlates with certain lifestyles and routine activities (see 2.1.2). This research suggests that certain people are more prone to victimisation based on age, gender or socio-economic status. How much time one spends in dangerous areas as well as the use of alcohol and other substances, may also result in an increase in victimisation (Diagle & Muftić, 2016: 78). Homeless people, who commonly live under the abovementioned conditions, are theoretically more prone to victimisation than members of the general public who generally do not live in these conditions. Homeless people usually spend most of their lives in dangerous areas (the street), at dangerous times (late at night), and most of them use alcohol and other substances which impair vigilance and increase victimisation (see 1.5.1.) (Couldrey, 2010: 26; Dietz & Wright, 2005: 15; Scurfield, et al., 2004: 4).

Victim contribution means that victims may contribute indirectly to their experience of victimisation through negligence (Myrstol & Chermak, 2008: 465). Victim contribution is often used interchangeably with victim facilitation, which suggests that a victim unintentionally makes it easier for an offender to commit a crime against them (Diagle & Muftić, 2016: 2). Their desperation often leads them to blindly engage in transactions and they end up cheated, victimised or, in the worst-case scenario, dead. Behaviours such as begging, drug dealing and sex trade – known as survival strategies – are common in the lives of many homeless people and may, at times, increase the likelihood of victimisation (Dietz & Wright, 2005: 16).

To illustrate the aforesaid, the example of a homeless person who engages in survival sex (sex worker) can be used. In this situation the potential offender perceives the behaviour of the sex worker as facilitating or inviting and insists on receiving sexual favours without payment. Any sexual activity beyond this point can be regarded as forced (rape). Thus, the initial facilitating behaviour, which is offering sexual favours for money, may facilitate aggressive sexual behaviour and can, therefore, be perceived as contributing or facilitating behaviour (Conklin, 1986: 280; Myrstol & Chermack, 2008: 464). This homeless person can also not report the crime as they were engaging in a criminal act before their experience of victimisation. In the discussion on victim proneness, it was mentioned that the use of alcohol and other substances could also contribute to one's own victimisation (Myrstol & Chermak, 2008: 465). Victims could therefore indirectly facilitate their own victimisation in cases where it would not necessarily have taken place.

The final concept is that of victim provocation which explains how a victim can bring about his or her own victimisation by behaving in a particular way (Myrstol & Chermack, 2008: 465). Victim provocation also occurs when a person does something that incites another person to commit an illegal act. Provocation suggests (similar to the concepts of victim proneness and contribution), that without the victim's behaviour, the crime might not have occurred. Provocation, then, most certainly implies blame. In fact, the offender is seen as not at all responsible for his or her actions (Diagle & Muftić, 2016:3). A good example to illustrate provoking behaviour is found in a homeless person who yells out an insult at someone who does not give in to the request for money. The reaction of the insulted individual (verbal or physical) would not have existed if the homeless person had not insulted them. Thus, in accordance with this theory, their initial insult may have had a direct bearing on their experience of victimisation.

2.2.2. Evaluation

The victim precipitation theory is formulated on the premise that even though some victims are not responsible for their victimisation, others are. With that said, this theory acknowledges that victimisation has at least two participants – the offender and the victim – who act and react during and after the act. Identifying cases of victim precipitation does not always have to be negative. It is problematic, however, when it is used to blame the victim while ignoring the offender's role (Diagle & Muftić, 2016: 2). The distinctions between victim precipitation, facilitation and provocation are not always clear-cut. These terms were developed, described, studied and used in somewhat different ways in the mid-1900s by several scholars and may have become outdated over the years (Diagle & Muftic, 2016: 3).

The victim precipitation theory only accounts for victimisation of individuals who actively participate in risky interactions and operate in risky environments. Some homeless people are forced to beg for money or make use of other survival strategies (drug dealing, sex trade), just to get by. There are, however, rare cases where people prefer living on the streets to escape other hardships within their households (poverty, domestic violence or molestation). The victim precipitation theory can be seen as an appropriate theoretical explanation in particular for these individuals, who engage in risky behaviours by choice and as a result, expose

themselves to an increased possibility of victimisation (Myrstol & Chermack, 2008: 467).

2.3. The routine activities approach (1979)

The routine activities approach, which is widely viewed as a “very practical look at crime”, was formulated by Larry Cohen and Marcus Felson in 1979. As it gained popularity, mainly due to the growing interest in the field of victimology and the new ecological crime prevention model, it became one of the major theoretical perspectives of the 1980's. Cohen and Felson's routine activities approach was heavily influenced by the work of Amos Hawley, who was known for his popular theory of human ecology. Hawley also emphasised the significance of routine activities and how it could be regarded as an essential part of everyday life (Williams & McShane, 2014: 193-194).

As the routine activities approach continued its theoretical development, it was combined with the lifestyle/exposure module and presented as the opportunity model, building its theoretical foundation on a similar premise, that is, that the risk of criminal victimisation depends largely on people's lifestyles and routine activities that bring them and/or their property into direct contact with potential offenders in the absence of capable guardians (Meier & Miethe, 1993: 470; Saponaro, 2013: 21). At a later stage, 1991 to be exact, the differential risk model of criminal victimisation was developed, on the basis of what was then regarded as the shortcomings of the routine activities approach (Saponaro, 2013: 22). To aid in the theoretical development, there have been numerous efforts to test the explanatory ability of the routine activities approach. In South Africa, this theoretical approach is particularly popular in explanations for the occurrence of vehicle hijacking and motor vehicle theft (Saponaro, 2013: 21).

2.3.1. Description and application of the routine activities approach

Based on the work of Hawley, Cohen and Felson argued that the opportunities which arise during our engagement in everyday social activities can be seen as the root cause of crime. Cohen and Felson, therefore define routine activities as any common or repeated behaviour which provides people with their basic needs, regardless of their social or cultural backgrounds (Saponaro, 2013: 19).

The routine activities approach is formulated on the basis of three elements, namely: a motivated offender, the suitability of a target and the degree of guardianship. The element of a motivated offender basically means their willingness to commit a crime due to potential material gains. The second element, which is the suitability of a target, includes their visibility, desirability, proximity, accessibility and the vulnerability to potential victimisation. The last element is the degree of guardianship, which is the presence of people and the laws aimed at protecting homeless people from being victimised (Conklin, 1986: 269; Daigle & Muftić, 2016: 26; Lusignan & Marleau, 2010: 308; Saponaro, 2013: 19). These elements are said to generate opportunities for victimisation due to the fact that they contribute to the vulnerability of potential targets. Cohen and Felson go on to explain that an absence of any one of the three elements will, in all likelihood, result in the failure of predatory victimisation. They also state that the presence of these elements does not mean that victimisation will definitely occur, but it does significantly increase its chances (Saponaro, 2013: 19). For application purposes, the terms motivated offender, suitable target and absence of a capable guardian (protection) will be used to explain the experiences of victimisation by the homeless.

I. Motivated offender

Cohen and Felson suggest that society is filled with motivated offenders and, as a result, their motivations need not be explained (Daigle & Muftić, 2016: 26; Saponaro, 2013: 19). A motivated offender, in essence, is someone who is willing to do all it takes to get what s/he wants. Research conducted on homelessness in the United States indicates that some people often target the homeless population to show their resentment towards this particular group of people. This motivation is displayed through, what researchers call 'mission' offences, a term used to describe acts aimed at ridding the world of a particular evil, which homelessness is considered to be part of (Prather, 2010: 13). Offenders of this kind may also be further motivated as it is relatively easy to victimise a homeless individual and escape or avoid prosecution. Homeless people are not known to always report acts of victimisation (Scurfield, et al., 2004: 4). As previously mentioned (see 1.4.4.), homeless people tend to have little faith in the criminal justice system, they do not know their rights or just do not want to assume the role of the victim.

The phenomenon of homeless on homeless crimes is also a rarely visited area of inquiry, mainly due to disinterest in this population. If one were to examine these kinds of crimes it may be assumed that a homeless person will be motivated to commit a crime in order to obtain the desired possession held by another homeless person. Although this does shy away from the objective of this study, it should still be regarded as a relevant part of the experiences of victimisation of the homeless.

II. Suitable target

The suitability of a target is said to depend on how easy it is to access the particular target, how valuable that target may be and what the risk of being prosecuted is if one is caught. Suitability is said to be further enhanced when there is not a capable guardian present (Diagle & Muftić, 2016: 26). There are, according to the routine activities approach, four components which determine whether an offender finds a target suitable, namely: the value, physical visibility and accessibility of the target as well as inertia which refers to the ease with which a target can be acquired (Saponaro, 2013: 19).

Cohen and Felson are also of the opinion that routine activities have a significant impact on the suitability of a target. The reason for this is that a routine pattern of behaviour may lead potential offenders to become accustomed to the potential victim's lifestyle pattern, consequently increasing the probability of victimisation (Saponaro, 2013: 19). The behaviour pattern of homeless people supports this view as they usually have a set pattern of either wandering the streets or else begging at the exact same corner all of the time as they know that is where they normally make the most money. The fact that they are highly visible for the most part and easily accessible makes them relatively easy to victimise. According to the lifestyle/exposure model, the probability of victimisation increases relative to the time one spends out in the public and away from the protection of family members (Saponaro, 2013: 17). Research also reports that perpetrators of homeless victimisation are usually teens and young adults, who target homeless people as part of a thrill-seeking sport, in an attempt to satisfy their own pleasures (Prather, 2010:13). Teenagers and young adults may also deem a homeless individual with large amounts of money (from begging), which can be stolen while engaging in their thrill-seeking behaviour, to be a suitable target. If the premise is that the suitability of

a target is proportional to the absence of a capable guardian, therefore homeless individuals, who are widely regarded as marginalised and powerless groups in society, may be seen as suitable targets for victimisation. This is due to limited policy/protection measures which are in place and this results in the perception that homeless people are easy pickings and in addition to that, the chance that anything will be done to those who victimise them, whether as a form of hate crime or normal ('everyday') crimes, is very slim (Newburn & Rock, 2004:3; Scurfield, et al., 2004: 4).

As mentioned in the discussion of a motivated offender, if homeless on homeless crimes were to be explored, a suitable target can be seen as someone who possesses something that another homeless person requires to survive (money, food, shelter or clothing).

III. Absence of a capable guardian (protection)

Cohen and Felson describe protection as the supervision of people or property by other people, whereby criminal violations are prevented (Saponaro, 2013: 20). Capable guardians can be security systems (or other technological aids), police, neighbours, relatives or friends (Dietz & Wright, 2005: 16; Saponaro, 2013: 20). High rates of substance abuse, psychiatric impairment and long stretches of homelessness are among the factors said to increase vulnerability and impair guardianship among homeless individuals. Older people (non-homeless) are less likely to frequent places where there would be an absence of capable guardians and motivated offenders would be present. This however, cannot be said of older homeless adults, who may, as a result of their lifestyles be around motivated offenders without a capable guardian more often than not (Dietz & Wright, 2005: 16).

Homeless people are usually alone, thus without protection from potential harm. Some homeless people have adapted survival techniques aiding in their protection (such as being more active at night, sleeping during the day or sleeping in safer places and even travelling in groups). Not all homeless people have adopted these lifestyle adaptations, and according to the theoretical premise, will most likely be more vulnerable to victimisation due to the absence of a capable guardian (Dietz & Wright, 2005: 16). Policies and legislative frameworks, however many, tend to focus on homelessness in general, and with its poor implementation rate, the homeless numbers remain high and with a sizeable homeless population, there is a greater

percentage of vulnerable victims, exposed to a number of motivated offenders, usually without a capable guardian, therefore the chances for victimisation are highly probable.

2.3.2. Evaluation

The routine activities approach emphasises primarily predatory crimes, which is well suited to the purposes of this study (Diagle & Muftić, 2016: 26). Although this theory has been used to provide a better understanding of differential victimisation rates, it has not yet been specifically applied to homeless victimisation in the South African context. Advocates of the routine activities approach are, however, of the opinion that due to its dependence on the social context when predicting victimisation, this theory can be quite useful as not many lifestyles and social contexts are as conducive to victimisation as that of homeless individuals (Dietz & Wright, 2005: 16).

The routine activities approach can successfully account for the instances where people are victimised on the basis of their suitability and absence of guardians. It does not, however, account for instances where an offender is defiant and takes a victim by force, regardless of their suitability. This theory also tends to place too much emphasis on the interaction of its three main components and critics have suggested that more emphasis be placed on socio-demographic variables (gender, age, sexual orientation, race and social status) in order to account for variations in lifestyle choices which result in different routine activities for different people (Conklin, 2001: 304). This adjustment is expected to significantly improve the explanatory capacity of this theory. This suggestion also stems from the fact that the reliance on socio-demographics in determining an individual's lifestyle/routine activities and how it can lead to their victimisation is much more important when explaining the occurrence of victimisation than most theorists care to mention. In light of this suggestion, testing is needed to supply direct evidence about people's lifestyles and patterns of behaviour, instead of assuming how people with different social backgrounds or characteristics behave (Conklin, 1986: 270).

The routine activities approach has also been critiqued for its inability to provide an explanation as to what exactly motivates an individual to commit a crime, despite a motivated offender being one of the key components for victimisation to take place. Due to this, many researchers feel that a series of tests need to be launched in order

to provide a more efficient breakdown of the fundamental components which explain victimisation thereby establishing a link between the motivated offender, the suitable target and the absence of a capable guardian – all of which form the theoretical basis of this theoretical perspective (Davis, 2005: 41; Saponaro, 2013: 20).

Some reviews of the routine activities approach are more optimistic due to the significant amount of weight placed on the dynamics of victimisation, which is commonly seen as one of the most important features of a criminal act. Advocates of this approach also believe it has significant prevention potential, mainly due to the fact that, because of the theoretical explanation, potential victims can now take the necessary steps to enhance protection which, according to this approach, will result in the reduction of target suitability and therefore result in a decreased experience of victimisation (Davis, 2005: 42; Saponaro, 2013: 21).

2.4. The opportunity model (1981)

In 1981 Cohen, Kleugel and Land developed a study integrating explanations from the lifestyle/exposure model and the routine activities approach, so as to provide an explanation for the occurrence of predatory victimisation. The three authors acknowledged five factors from earlier models which could be strongly related to opportunities for direct victimisation. These factors include exposure, proximity, guardianship, target attractiveness and properties of specific offences (Meier & Miethe, 1993: 479; Saponaro, 2013: 21). Through the analysis of bivariate and multivariate statistics, the team of Cohen, Kleugel and Land thoroughly examined additional variables, which included demographics such as, income, race and age that could result in the victimisation of an individual. The results of their study confirmed the relationship between demographics and an individual's chances of being victimised (Lusignan & Marleau, 2010: 308).

2.4.1. Description and application of the opportunity model

The following concepts, which increase the possibility for predatory victimisation to occur, form the basis of the argument in the theory of Cohen, Kleugel and Land (1980).

- I. **Exposure** refers to the physical visibility and accessibility of people and objects at any given time or place. The more frequent the contact between victim and

offender, the greater the opportunity to victimise the victim (Cohen, Kleugel & Land, 1980: 507; Saponaro, 2013:21). Homeless people spend most of their lives in rundown parts of the city, which in turn, may increase their level of exposure to the risk of violence (i.e. victimisation). Their contact with potential offenders is said to be a frequent occurrence and as a result of this abnormal rate of exposure, an increase in the experience of victimisation is likely to occur (Dietz & Wright, 2005: 16).

II. Proximity refers to the physical distance between areas where the potential targets of crime are situated and areas where a large population of potential offenders may be found (Cohen, et al., 1980: 507; Meier & Miethe, 1993: 479). Homeless people are usually in close proximity to offenders. Existing literature states that homeless people are predominantly found in rundown parts of cities, areas which are synonymous with potential offenders and high rates of exposure to the risk of violence, both of which are said to increase the rate of victimisation (Dietz & Wright, 2005: 16). With reference to the concentric zone theory (Park & Burgess, 1924), a city is said to have a series of distinct concentric circles radiating outwards from the central business district (CBD) (Williams & McShane, 2014: 49). The concept of proximity in the opportunity model can therefore be related to the experiences of victimisation of the homeless, as they are usually found in parts of the city with many potential offenders, high levels of crime, and as a result experience an abnormal rate of victimisation.

III. Guardianship refers to individuals or objects that may reduce the occurrence of victimisation, just by being present (Cohen, et al., 1980: 508; Saponaro, 2013: 21). It is logical that potential offenders would prefer to target those who are not as heavily guarded. The lack of legal support (policing, laws and legislative frameworks), protecting homeless people in South Africa, make it possible for victimisation to take place more often than in those countries which have established adequate levels of protection for their most vulnerable citizens. This concept is similar to the absence of a capable guardian (see 2.1.2). Within this discussion it becomes clear that certain aspects of the homeless individual's life, such as being isolated or marginalised from society, alcohol and substance abuse and the refusal of police services somewhat eliminates the element of

guardianship. This, leaves homeless people unprotected and in accordance with the victimisation risk models presented in this chapter, highly susceptible to victimisation.

- IV. Target attractiveness** refers to the material or symbolic desirability of individuals or property as targets for potential offenders, which means the greater the target attractiveness, the greater the likelihood of victimisation (Cohen, et al., 1980: 508; Meier & Miethe, 1993: 482). Homeless people are the common targets of thrill-seeking young people who find pleasure in the victimisation of homeless people (Prather, 2010: 13). Similar to the concept of a suitable target (see 2.1.2), homeless people are perceived as attractive targets based on the presence of drugs and alcohol which impairs their level of vigilance of potentially dangerous people and situations, teenagers or young adults who victimise the homeless as part of their thrill-seeking activities may see them as attractive targets due to this impaired vigilance as well as the ease with which they can get away with it (Newburn & Rock, 2004:3; Scurfield, et al., 2004: 4).
- V. Properties of specific offences** refer to the extent to which properties of a crime can limit the actions of a potential offender (Cohen, et al., 1980:508; Saponaro, 2013: 21). This implies that the ease with which the offence can be committed can increase the probability that it will be committed. As discussed with the concept of exposure and proximity, homeless individuals are constantly exposed and are usually in close proximity to potential offenders and crime hot spots. Victims, who are easily accessible, highly exposed to and in close proximity to potential offenders, will almost certainly experience victimisation (Dietz & Wright, 2005: 16; Saponaro, 2013: 21; Williams & McShane, 2014: 49).

2.4.2. Evaluation

Critics believe that this theoretical perspective does not place adequate emphasis on the lifestyle of potential victims, as the main argument of this model is based on the fact that victimisation is increased by exposure and inadequate guardianship, which in essence depends on lifestyles. It has also been suggested that, particularly in the case of violent crimes, that the opportunity model pays closer attention to the

reasons why potential victims and offenders frequent public places (Saponaro, 2013: 22).

The opportunity model may be perceived to be based on the generalisation that one gender is more prone to victimisation than the other and this may be as a result of too little focus on the impact of gender difference on lifestyle (Saponaro, 2013: 22). Homeless men and women are frequently at equal risk of victimisation although there may be slight imbalances with regards to gender differences. When it comes to survival strategies, female homeless individuals may engage in survival sex, whereas male homeless people may not make use of this strategy as much and, as a result, are not exposed to the same level of risk. Thus this theory is mainly flawed with regard to placing too little emphasis on the role of demographics, and how differences in one's lifestyle (as a result of these demographics) may or may not, result in the experience of varied levels of victimisation. Lastly, this theory is also critiqued for not paying attention to the importance of structural variables such as the community context, social inequality and social disorganisation (Saponaro, 2013: 22). This is problematic, especially for the topic of homeless victimisation, as it may fail to account for some of the most crucial experiences of victimisation.

2.5. The differential risk model of criminal victimisation (1991)

The differential risk model of criminal victimisation was introduced by Ezzat Fattah in 1991, in an attempt to integrate the various victimisation risk models into one comprehensive explanatory system. He based this new model on the shortcomings of the lifestyle/exposure model, routine activities approach, the opportunity model and also the Dutch model. Within the theoretical foundation of this theory, Fattah grouped seemingly relevant factors into ten different categories that he believed could influence the risk of criminal victimisation (Fattah, 2000: 30; Saponaro, 2013: 22).

2.5.1. Description and application of the differential risk model of criminal victimisation

The following categories form the basis of Fattah's differential risk model of criminal victimisation (1991), which was theorised to influence the risk of criminal victimisation.

- I. **Opportunities** for victimisation are said to be closely linked to the characteristics, activities and behaviours held by potential targets (people, households or businesses). With his description of opportunities, Fattah suggested that people do not experience victimisation by chance, but rather their experience of victimisation is dependent on the availability of these opportunities (Davis, 2005: 43; Fattah, 1991: 341; 2000: 30; Saponaro, 2012: 22). Looking at the homeless population as a whole, one can postulate that opportunities for victimisation are most likely readily available. As mentioned before (see 2.1.2 & 2.1.3.), homeless people are on the street for most, if not, all of their lives and therefore the opportunity for victimisation is always present. If homeless people have any involvement in the sale of illicit substances or survival sex, it may increase the number of opportunities for the involvement with potential offenders and makes the probability of victimisation that much greater (Couldrey, 2010: 26; Dietz & Wright, 2005: 16; Scurfield, et al., 2004: 4).
- II. **Risk factors** such as target attractiveness, suitability and vulnerability are said to be determinants of victimisation. Fattah, in his discussion of risk factors specifically singles out alcohol as a high victimisation risk factor. He also theorised that where the homeless person consumes alcohol may have an effect on their risk of personal victimisation (Davis, 2005: 43; Fattah, 1991: 342; 2000: 31; Sapanaro, 2013: 22). Through societal labels, homeless individuals are commonly associated with the abuse of alcohol and other substances. As a result of this perceived relationship, it is believed that they, mainly due to their impaired vigilance, render themselves vulnerable to victimisation (Couldrey, 2010: 26; Dietz & Wright, 2005: 15).

Fattah also identifies additional characteristics such as age, gender, the area of residence and absence of guardianship, as risk factors which increase the risk of victimisation (Fattah, 2000: 31; Sapanaro, 2013: 22). When one applies the factor of age to homeless victimisation, elderly homeless people are said to experience victimisation more often than their younger counterparts (Dietz & Wright, 2005: 20). Gender, may be the most difficult of these factors, since many people may feel that all homeless people experience victimisation in more or less the same way. Others, however, may feel that females experience a higher rate of

victimisation as they are less likely to defend themselves and may also be more prone to sexual victimisation than their male counterparts. Area of residence can be defined similarly to the concept of proximity. Homeless people are frequently found in parts of the city where crime and potential offenders are in excess; hence the presence of these factors has been attributed to an increased rate of victimisation by a number of theories (Dietz & Wright, 2005: 16; Williams & McShane, 2014: 49).

- III. **Motivated Offenders.** Fattah believes that both professional and non-professional offenders do not choose their targets at random, but rather strategically according to specific criteria, such as attractiveness, physical visibility, proximity and availability (Davis, 2005: 43; Fattah, 1991: 342; 2000: 31; Saponaro, 2013: 22). Similar to the concept introduced in the routine activities approach (see 2.1.2), the presence of motivated offenders increases the likelihood of individuals becoming victims of crime.
- IV. **Exposure** to potential offenders and high-risk situations and environments might, according to Fattah, increase the risk of criminal victimisation. The level and degree of exposure are determined by socio-demographic variables such as age, gender, marital status, occupation and income. This often results in the variation of lifestyle and routine activities, and, to a certain extent affects the level of exposure as well. Social activities such as drinking in public places also increase victimisation risk (Davis, 2005: 43; Fattah, 1991: 343; 2000: 31; Saponaro, 2013: 22). Similar to the concept introduced in the opportunity model (see 2.1.3), homeless people are exposed to victimisation due to their lifestyles on the streets, which usually include drug and alcohol use.
- V. **Associations,** Similarities between victim and offender populations suggest that differential association is as important to criminal victimisation as it is to crime and delinquency. It follows that people who are in close personal, social or professional contact with potential offenders run a greater risk of being victimised than those who are not (Davis, 2005: 43; Fattah, 1991: 343; 2000: 31; Saponaro, 2013: 23). The concept of associations was first introduced in the lifestyle/exposure model, which proposes that the likelihood of victimisation tends

to increase in the event of similarities in the lifestyles of victims and potential offenders (Fattah, 1991: 343; Saponaro, 2013: 17).

Homeless people who are in frequent contact with drug dealers are at an increased risk of being victimised. Substances may be widely available on the street and are frequently used as a coping mechanism by homeless people. Once a homeless person becomes addicted, they may be drawn into drug sales as a means to pay for their own drug habit. Overcome with the addiction, they may not be able to resist and use the merchandise, and in cases where they are unable to pay for it, victimisation by drug dealers becomes a possibility. Additionally, while selling drugs, a homeless person who is usually physically weaker than your average housed person, may fall victim to robbery or assault by drug users looking to get a quick fix and not having to pay for it.

VI. Dangerous times and places. The risk of victimisation is not evenly distributed over different times or places. However, it is suggested that violent victimisation is most likely to take place more often at night or in the early hours of the morning, over the weekend or on the street (Davis, 2005: 43; Fattah, 1991: 344; 2000: 31; Saponaro, 2013: 23). With reference to the discussion of the opportunity model, (see 2.1.3.) the proximity between crime, potential offenders and victims are common factors which increase the likelihood of victimisation – a statement which can be substantiated with claims made by the popular concentric zone theory (Williams & McShane, 2014: 49). As homeless people are almost always exposed to the factor of dangerous times and places, the assumption is made that they will experience a high rate of victimisation. Some homeless people have adopted certain behaviours such as sleeping during the day in order to be more active at night or even sleeping up in trees just to be less visible to potential offenders in an attempt to counteract this risk of victimisation (Dietz & Wright, 2005: 16).

VII. Dangerous Behaviour. Certain behaviours such as provocation increase the risk of violent victimisation while other behaviours such as negligence and carelessness enhance the chances of property victimisation. There are other dangerous behaviours that place those engaging in them in dangerous situations

where their ability to defend and protect themselves against attacks is greatly reduced (Davis, 2005: 44; Fattah, 1991: 344; 2000: 31; Saponaro, 2013: 23).

VIII. High-Risk Activities also increase the chances of victimisation. These activities could involve the pursuit of fun, which may include deviant and illegal activities. It is also a well-known fact that certain high-risk activities such as sex work, drug dealing, robbery and burglary carry with them a higher than average potential for criminal victimisation (Davis, 2005: 44; Fattah, 1991: 344; 2000: 31; Saponaro, 2013: 23). At times homeless people tend to engage in high-risk activities in order to survive. These high-risk activities such as survival sex, begging or trying to rob someone usually lead to them being victimised.

IX. Defensive/Avoidance Behaviour. Since many risks of criminal victimisation could be easily avoided, people's attitudes to these risks may influence their chances of being victimised. It goes without saying that risk-takers are bound to be victimised more often than risk-avoiders. This also means that fear of crime is an important factor in reducing victimisation since those who are fearful, for example, the elderly, take more precautions against crime, even curtailing their day and night time activities (Davis, 2005: 44; Fattah, 1991: 345; 2000: 31; Saponaro, 2013: 23). Homeless people have been reported to adopt certain adaptations to their lifestyles, such as continuously moving around or sleeping during the day in order to stay awake at night when they need to be more alert to try and avoid or defend themselves against victimisation (Dietz & Wright, 2005: 16). The experience of victimisation of homeless people can be said to be dependent on the effective or ineffective functioning of the abovementioned lifestyle adaptations.

The following section is an integration of Fattah's tenth category from his differential risk model of criminal victimisation and the socio-structural perspective which has a similar basis for the explanation of the experiences of victimisation, particularly for victims who are seen as powerless, vulnerable and marginalised due to their positions in society.

2.5.2. Integration: Structural/Cultural proneness and the socio-structural perspective

In his exposition of structural/cultural proneness, Fattah suggests that a positive relationship exists between powerlessness, deprivation and the rate at which one experiences criminal victimisation. He added that the risk for criminal victimisation may also be enhanced through cultural stigmatisation and marginalisation – processes which assign labels to certain groups – who are hereafter perceived as ‘fair game’ or culturally legitimate victims (Fattah, 1991: 346; 2000: 32; Saponaro, 2013: 23). This is an important concept as homeless people are frequently defined as groups of people who are deprived, poor and marginalised within their respective societies. These are underlying factors that need to be explored in order to gain an in-depth understanding of a homeless individual's experience of victimisation as a result of structural inequalities in any given society.

A similar explanation to that, which Fattah had theorised under his tenth category of structural/cultural proneness, can be found in the macro-level explanation for the experience of victimisation, that is, the socio-structural perspective. The socio-structural perspective defines victimisation as a manifestation of economic power structures in society which cause certain individuals or groups to become powerless and marginalised, much like the homeless. The experience of victimisation is then explained by social pressures placed on the disenfranchised, in terms of their lack of opportunities or relative deprivation. These individuals then, as a result of this powerlessness and marginalisation, often become victims of crime, as alluded to by Fattah in his exposition on structural/cultural proneness (Saponaro, 2013: 23; Schneider, 2001: 459). Homelessness, as previously conceptualised (see 1.2.1.), speaks about people who are detached from society, displaced or groups of disposable people within the greater populace (Naidoo, 2010: 131; Phiri & Perron, 2012: 167). In the South African context, this can be seen in the many individuals who, due to the aftershock of apartheid, have remained on the outskirts of society. Most of these people now form part of the homelessness population of South Africa. Social issues such as poverty, unemployment and/or social exclusion which stem from apartheid capitalism are among the main causes of homelessness within the South African context. This statement then, in accordance with the theoretical foundation from the structural/cultural proneness concept and the socio-structural

perspective indicate that homeless people, due to structural imbalances of power and wealth, can be defined as a disposed mass which has fallen through the support structures in society and as a result are expected to experience high rates of victimisation (Peacock & Rosenblatt, 2013: 200). Additionally, in support of this argument, homelessness is described as a form of victimisation, whereby lower class individuals are excluded from the protection enjoyed by the larger society, due to a number of socio-structural inequalities (Fischer, 1992: 229).

2.5.3. Evaluation

The differential risk model has been criticised for not directing specific focus to the lifestyle of the potential victim, and in the same breath has been complimented for its inclusivity of the most important elements from existing victimological theories. Although the differential risk model can be placed among the more sophisticated theories in victimology, it is still susceptible to criticism. Walklate (2003) (cited in Sadiki, 2016: 67) has offered some critical views in her evaluation of the model. She suggests that the model still reflects the central influences that the concepts stipulated in the model have had on victimology, namely the need to differentiate the victim from others as if there has been some kind of inherent flaw that aided in the individual's victimisation (Sadiki, 2016: 67).

This appraisal is rather contestable, as these factors cannot be regarded as inherent flaws in individuals, as it would most likely apply to everyone in the general public at some point. For example, the opportunity for victimisation may arise due to negligence, like forgetting to lock a door. This cannot be seen as an inherent flaw, as no rational person would intentionally create an opportunity for their own victimisation. The socio-structural perspective is a useful theoretical addition to this discussion, as it is built on a similar premise to that of Fattah's tenth category of structural/cultural proneness to criminal victimisation. These ideas express the true plight of homeless people, as it starts at the core of the phenomenon of homeless victimisation, which is how their initial victimisation starts with their marginalisation and detachment from society.

2.6. The labelling theory

During the early 1960s, a new criminological theory started taking shape. The labelling theory was a derivative of older theories, but asked questions about crime and criminals from a new point of view, one which began to challenge the existing definitions of deviance (Williams & McShane, 2014: 109). The labelling theory can be traced back to the original work of Emile Durkheim, in his book titled *Suicide* (Breault, 1986:640). Durkheim was the first to suggest that the deviant labelling process pleases society's means of controlling behaviour (Breault, 1986: 641). The labelling theory is said to highlight the perpetrator's behaviour as labels often express what society perceives as deviant (Kenney, 2002: 235).

Criminologists associated with the theoretical development of the labelling theory document three influential theorists in the labelling field. Frank Tannenbaum, one of the most renowned labelling theorists, well-known for what he called the "dramatization of evil". With this, he suggested that deviant behaviour was not really a product of maladjustment to the greater society, but rather due to that fact that they have adjusted to a specialised group within society.

Criminal behaviour, according to Tannenbaum, is a result of the conflict which arises between the greater society and the specialised group to which the person has adjusted to - opposing behaviours (Williams & McShane, 2014: 112). From this, it can be surmised that the larger society, that is, the majority usually labels smaller groups in society as deviant when they display behaviour out of their constructed norm. Other theorists such as Howard Becker and Edwin Lemert, whose pioneering work paved the way for the theoretical development of the labelling theory as we know it today, are also among the most popular theorists of the labelling theory (Williams & McShane, 2014: 112).

2.6.1. Description and application of key factors

The first point of this discussion will be how homeless individuals, as a result of labels, become involved in criminal activities and how engaging in criminal behaviours/lifestyles may increase the risk of victimisation.

Most labelling theorists primarily focus on the manner in which labels cause deviance. It is suggested that once an individual is labelled, their behaviour catches

the attention of the rest of society, who continues to label them. This label may then be internalised by the individual, who then accepts the label and adopts a self-concept in line with the label (Burke, 2009: 170; Tannenbaum, 1938: 19-20). Given the aforesaid factors, those who are labelled deviant, have fewer chances of success using conventional means. As their access to conventional avenues are cut-off, the illegal means appear more desirable and easily accessible and this results in their involvement in criminal activities (Burke, 2009: 172; Tannenbaum, 1938: 19-20).

With specific reference to the victimisation risk models, individuals who are involved in or in close proximity to criminal behaviour, may experience victimisation more frequently. Homeless individuals who regard themselves as cut-off from the conventional world (detached from society), may start to make use of unconventional means to survive – drug or sex trade – being the most common, which may result in an increased level of victimisation. This should in no way minimise the seriousness of homeless people's involvement in criminal activities. The discussion merely serves as a means to explore all the possibilities as to why homeless people become involved in criminal activities in the first place, and how their involvement in criminal behaviour can be used to account for their experiences of victimisation.

The labelling theory can also be further applied to homelessness, exploring how labels can cause vulnerable groups to experience an increased rate of victimisation. Individuals who have been labelled become more visible in the sense that people are more aware of them. This awareness often causes them to be watched more closely (Williams & McShane, 2014: 114). According to the concept of exposure (as discussed in the victimisation risk models) this may lead to an increase in victimisation. Similarly, from this discussion, one may postulate that if an individual or group of individuals are labelled as vulnerable, easy pickings, not well-protected, or not likely to report crime, one can expect that people will victimise them more frequently, as the risks associated with victimisation are said to be minimal as can be gathered from the existing label. If a group of individuals are labelled as criminal, the rest of society will also tend to react badly towards them, feelings of hatred, bias, prejudice or intolerance will most likely come to the fore in most interactions between homeless people and members of the general public.

Lastly, labels may also result in cases of victim blaming. Many victims of crime, such as the homeless, are frequently stigmatised (labelled) as 'criminals' and are commonly blamed for their own plight (Kenney, 2002: 242). The process of victim blaming may also have a direct bearing on the amount of attention homeless victims receive, leading to hindrances in terms of victim assistance and support by police and the criminal justice system. Homeless people tend to deal with their experiences of victimisation personally, as it is reported that police and the criminal justice system have created a culture of distrust among the homeless population (Scurfield, et al., 2004: 4). Therefore, one can surmise that the effects of labelling in the victim blaming process, can be linked to the idea that the homeless victim is often not believed to exist due to the preconceived idea that homelessness is synonymous with criminality (Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 2).

2.6.2. Evaluation

The labelling theory tends to place most of its emphasis on societal reactions to crime, and as a result, tends to ignore external factors such as biological and psychological drives. To make up for these shortcomings the victimisation risk models – which highlight victim/offender interactions, how lifestyles are constructed and how this may influence rates of victimisation – have been included in this chapter. Criticism of the conventional application of the labelling theory remains widely available (Williams, 2012: 424). However, for the purposes of the current study criticism needs to be directed at its' applicability in terms explaining the experiences of victimisation of the homeless. From this perspective, it can be said that the labelling theory successfully accounts for the homeless person's involvement in criminal activities. In addition to this, it also accounts for how labelling can increase their vulnerability as well as their treatment by victim support systems in society. Using the labelling theory from a victimological perspective could be useful, as labels directed at marginalised groups may very well be the reason for disproportionate rates of victimisation committed against a specific group of people

The figure below is a summary of the theoretical perspectives discussed in this chapter in relation to the experiences of victimisation of the homeless:

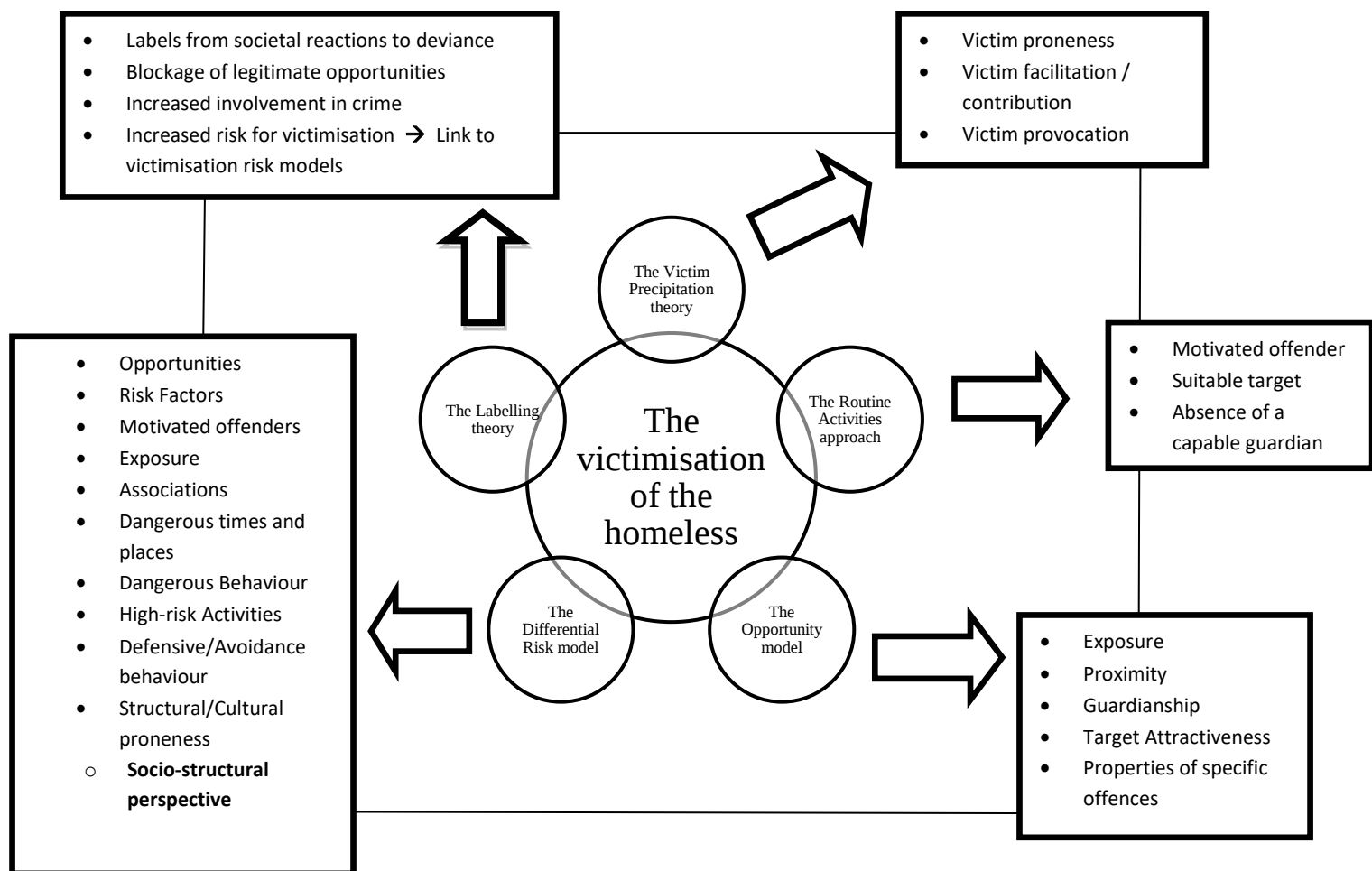


Figure 2: A visual representation of the theoretical explanation for the experiences of homeless victimisation

2.7. Conclusion

With reference to the information presented in this chapter, it is clear that there is a relationship between the experiences of victimisation of the homeless and the interplay between their lifestyles and interactions with potential offenders and other risks found within their immediate environment. With the integration of the socio-structural perspective, it can also be seen that homeless victimisation can occur as a result of socio-structural imbalances, which lead to the predominant victimisation of certain members of society due to perceived or actual, powerlessness, deprivation and marginalisation. The inclusion of the labelling theory also illustrates that, with societal reactions, some individuals have a limited choice when it comes to their

involvement in criminal behaviour, which then in accordance with the purpose of this study and the theoretical foundation laid by the victimisation risk models, consequently, increases the likelihood of victimisation.

CHAPTER 3: EMPIRICAL PERSPECTIVE

Following the theoretical explanation offered in the previous chapter, it becomes important to evaluate the existing body of knowledge on the homeless and their experience of victimisation. The aim of this chapter is to provide an exposition of the most relevant research in relation to the research objective and aims of this study (see 1.6). In order to fully explore the plight of the homeless with regard to aspects such as its causes, legislative support and most importantly, the experience of victimisation, this chapter will be divided into the following sections:

A general overview of the most prominent pathways into homelessness will be provided. Additionally, an exposition of the experiences of victimisation of the homeless exploring the frequency, nature, patterns and types of victimisation will also be discussed. The common description of the most frequently reported perpetrators of homeless victimisation will also be provided, followed by a discussion of the attitudes held toward homeless people by the general public. The complexity of this phenomenon will also be clearly demonstrated in the discussion of the impact and consequences associated with the homeless and their experience of victimisation, as it will be illustrated that the pathways into homelessness cannot be simplistically isolated from the effects thereof (Anderson & Christian, 2003: 15). In this section, the impact and consequences will be sub-divided into physiological, psychological, socioeconomic consequences and also the experience of secondary victimisation due to their position in society. The reduction measures and support systems available for the homeless will also be discussed, exploring the role and function of shelters and Non-governmental Organisations (NGO's) in terms of the level of assistance offered to the homeless. Homeless people, like any other member of society, often need to access healthcare services, as a result, a discussion exploring the process of seeking healthcare assistance as well as the challenges they face when making use of such services will be provided. In line with the lack of support offered to the homeless, a section will also be dedicated to discussing the lack of domestic legislation directed at assisting the homeless (in general and also as the victims of crime), followed by the challenges many homeless people may face when they attempt to report crimes committed against them, which will steer toward the conclusion of this chapter and serve to demonstrate the need

for the enhanced protection of the homeless and provide a basis for the inclusion of the homeless under the developing hate crime legislation of South Africa.

3.1. Pathways into homelessness

As a result of homelessness reaching epidemic proportions in Canada during the 1980s, a number of studies were conducted to explore the various pathways into homelessness with the majority of these focusing primarily on mental illness or substance abuse as the main contributors. The greater part of the existing literature on the pathways into homelessness typically divides and presents these pathways into two broad categories, namely: individual risk factors, such as mental illness or substance abuse and, structural factors, which include, poverty, discrimination and the lack of affordable housing (Chamberlain & Johnson, 2011: 61; Piat, Polvere, Kirst, Voronka, Zabiewicz, Plante, Isaak, Nolin, Nelson & Goering, 2015: 2367). Homelessness often occurs in the context of negative life events and problems. The literature on the pathways, however, is not limited to challenging life events such as childhood adversity, mental illness, substance abuse and poverty. Included in a long list of other factors are factors such as low education and literacy levels, health challenges, such as the presence of Tuberculosis (TB), Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and physical disabilities. Most of these will be addressed in the sections that follow (Bender, Thompson, McManus, Lantry & Flynn, 2007: 26; National Association of Social Workers, 2011: 181; Mago, et al., 2013: 2; Montgomery, Cutuli, Evans-Chase, Treglia & Culane, 2013: 262).

3.1.1. Childhood adversity, abuse and trauma

Most of the existing literature on homeless youth and young adults tends to focus on negative aspects of their lives, such as, troubled childhoods and high-risk outcomes such as substance abuse, mental health challenges and delinquency (Padgett, Smith, Henwood & Tiderington, 2012: 421; Tyler, Kort-Butler & Swendener, 2014: 348). Reports of the experience of childhood abuse and trauma are usually significantly overrepresented within the homeless population in comparison to the general public and these experiences often manifest in the form of abuse, neglect or other traumatic events (Couldrey, 2010: 11; Sadiki, 2016: 35; Wenzel, Leake & Gelberg, 2001: 740). The experience of childhood abuse and trauma has

considerable implications for homeless people as a pathway into homelessness, with serious consequences for childhood development as well as long-term effects, usually still visible in adulthood (Chen, Tyler, Whitbeck & Hoyt, 2004: 2; Young, Shumway, Flentjie & Riley, 2017: 1). Homeless people who have had these negative childhood experiences are often more vulnerable to further victimisation and also have limited psychological resources and coping strategies to protect themselves and to manage their distress. Psychological problems such as depression have been found to further escalate individuals' vulnerability to victimisation (Couldrey, 2010: 12; Heerde & Hemphill, 2016: 266; Sadiki, 2016: 35).

In addition, adverse childhood experiences such as emotional, sexual and/or physical abuse, household dysfunction, parental substance abuse, and neglect, have been shown to predict a multitude of negative outcomes in adulthood, such as, mental illness, addiction, and chronic disease, frequently identified by a number of studies in the context of population-representative samples of the homeless (Couldrey, 2010: 14; Dietz & Wright, 2005: 16; Keeshin & Campbell, 2011: 401; Montgomery, et al., 2013: 262). Homeless females have also been found to be more frequent victims of family violence than male homeless people resulting in abusive partners being one of the leading risk factors for homelessness among women (Dietz & Wright, 2005: 16). Researchers have proposed that interfamilial experiences of childhood maltreatment place an individual at greater risk of becoming homeless. The events and behaviours of life on the street (the use and abuse of illicit substances, alcohol and/or engaging in risky activities) therefore tend to amplify and exacerbate the effects of adverse childhood experiences and the resulting psychological distress often increases the risk of re-victimisation and re-traumatisation. Studies have shown that street youth (closest time period to the experience of adversity or trauma) report particularly high rates of childhood abuse and neglect, many of these by their family. Additionally, it is also reported that homeless individuals with a history of childhood adversity are more likely to engage in deviant behaviours and usually have a higher risk of being criminally victimised (raped, robbed, threatened or assaulted with a weapon) (Mar, Linden, Torchalla, Li & Krausz, 2014: 1000).

A considerable body of epidemiological research supports the view that childhood experiences, especially physical or sexual abuse and inadequate parental care, are

risk factors for negative psychiatric outcomes in adulthood. Meanwhile, additional studies of the homeless have found that adverse experiences during childhood, primarily histories of out-of-home care (foster, group or institutional care) and running away from home are all prevalent within the homeless population. The prevalence of childhood adversity in samples of homeless people, together with the epidemiological literature that links adverse experiences to adult psychiatric status, have led some researchers to speculate that early experiences of adversity may also be risk factors for adult homelessness (Herman, Susser, Struening & Link, 1997: 249).

A study conducted by Herman, et al. (1997), was designed to build on prior research in order to examine the connection between childhood adversity and adult homelessness with more rigour. The researchers employed a national probability sample of former homeless persons and a comparison group of 'never-homeless persons'. In addition, the study used measures of early adversity that more directly assessed a conceptually meaningful set of childhood risks, namely physical and sexual abuse and inadequate parental care. The study yielded some positive results in relation to the objective of the study. Four percent of the sample reported at least one episode of adult lifetime homelessness. Sixteen percent of the sample met the criteria for having experienced lack of care from a parent or parental figure during childhood. Lack of care was significantly more common among women than among men. Twenty-four percent of the sample (29% of women and 17% of men) was classified as having experienced either lack of care or abuse. These figures compared well with data reported in the British study from which the measure for this study was derived; Bifulco and colleagues (in Herman et al., 1997: 251) found that roughly 20% of a representative sample of working-class London mothers experienced lack of care and slightly under one third experienced lack of care or abuse during childhood (this study failed to report such data for men). Physical abuse during childhood was reported by 7% of the sample and childhood sexual abuse was reported by less than 10%, with sexual abuse significantly more common among women (14% in women and 4% in men). Although the accuracy of the national prevalence data on child abuse is disputed, these estimates are similar to much published data in this area. Additionally, the risk factors highlighted in this study tended to overlap. The odds of having been physically abused were sixteen

times greater among youth who experienced lack of care than among those who did not experience lack of care, while the odds of having been sexually abused were three times greater among those with lack of care than among those without. Similarly, the odds of sexual abuse were three times greater among those who were physically abused than among those who were not. The pattern of results remained constant when the strength of the association between each childhood risk factor and lifetime homelessness was assessed while adjusting for the other respective childhood risk factors which were assessed. The risk of homelessness associated with lack of care from both mother and father was not significantly higher than the risk conferred by lack of care from mother alone. The combination of lack of care and either type of abuse was found to significantly increase the risk of homelessness when compared to the risk among subjects with no reported childhood adversity (no lack of care, physical abuse, or sexual abuse). Ultimately, it was found that the presence of any childhood adversity significantly increases the risk of becoming homeless at a later stage in one's life (Herman, et al, 1997: 251).

Among the major shortcomings of existing research when testing the link between adverse childhood experiences and adult homelessness, is that it is largely based on retrospective, rather than longitudinal studies, using exclusively homeless samples or samples of individuals who all reported some sort of childhood adversity. These approaches are limited in their ability to consider alternative pathways, such as individuals who experience high levels of childhood adversity but not homelessness or those who report low levels of adversity in childhood but go on to experience homelessness nonetheless.

The complexity of the relationship between adverse childhood experiences and adult homelessness, along with the limitations of the methods used in the existing literature exploring this relationship, underscores the value of a population-based design that uses probability sampling. This design has been used in 3 of 29 studies, which explored the relationship between adverse childhood experiences and homelessness, which were published between 1990 and 2012. These studies used a limited measure of childhood adversity (out-of-home placement and living in poverty during grade one). Population-representative approaches allow researchers to test for links between childhood experiences and adult outcomes considering the full range of possible outcomes (for example, among those who are homeless and non-

homeless) and characteristics (those with and without a history of active military service) (Montgomery, et al., 2011: 263). Another example is a qualitative study conducted by Hamilton, Poza & Washington (2011) (in Montgomery, et al., 2011: 263) attempting to link childhood abuse and neglect to individuals' decisions to join the military in an effort to escape their family of origin, further linking child abuse and neglect to adult homelessness among the veteran sample selected for the study.

Similarly, a study conducted by Tyler and Schmitz (2013) found that the majority of participants in their sample experienced at least one form of child maltreatment. Physical abuse was the most common type reported by 31 young adults. One individual from their sample, 'Michelle' shared that her biological father pushed her down three flights of concrete stairs. He also broke three pool sticks across her back and also hit her with his fists. Young men from the sample reported similar experiences regarding physical abuse perpetrated by their parents. 'Michael' described his experiences as follows: "My father physically hit me and knocked me around. He also hit me with his hands, and other things, whatever he could get hold of. Two by fours, sticks, about anything. Before he hit me, he would scream, and be verbally abusive". Sexual abuse experiences were also quite extensive and reported by 13 young adults in the sample (Tyler & Schmitz, 2013: 7).

Violence is endemic in the lives of homeless individuals to such an extent that it is a constant feature of their family experiences. Most of the existing research has linked the prevalence of adverse experiences during childhood to homelessness among most samples of homeless adults. Individuals who experience childhood abuse (physical abuse, sexual abuse and/or neglect) are said to be at greater risk of running away in an attempt to escape the negative household environment. However, even if they manage to escape these negative environments, the impact of childhood abuse and trauma is significant, with deleterious consequences to a child's development and long-term effects, which is evident in both adolescence and adulthood. In terms of childhood development, the physical, social and emotional effects are considerable, with research indicating that children who have been abused are likely to have behavioural difficulties, insecure attachment style, poor educational attainment, disturbances in interpersonal relations and social functioning, self-destructive behaviour, difficulties with emotion regulation,

hyperactivity and excessive aggression. Long-term effects of childhood adversity include numerous psychological difficulties, such as depression, anxiety, isolation, learned helplessness, post-traumatic stress disorder (PTSD); borderline personality disorder (BPD), substance misuse; self-harm, suicide ideation, low self-esteem, sexual promiscuity, externalising behaviours such as aggression and self-destructive behaviour, engagement in high risk activities and repeated victimisation. Following the explanation above, it is plausible to conclude that the impact of experiencing childhood abuse and trauma is associated with developing a number of difficulties later on in life, and that homeless people who have these experiences are likely to be highly vulnerable people with limited psychological resources and coping strategies to protect themselves and to manage distress (Couldrey, 2010: 16; Sadiki, 2016: 34; Young, et al., 2017: 2).

3.1.2. Poverty, social exclusion and marginalisation

Homelessness is commonly referred to as the worst form of poverty, one which, dehumanises, marginalises and socially excludes people in a holistic way (Bassuk & Franklin, 1992: 72; Mangayi, 2014: 215). Poverty not only causes homelessness but to a certain extent is characterised by it. Social policies that provide financial and other support to individuals living in poverty have been found to reduce homelessness. A lack of affordable housing, however, often increases the risk of homelessness (Piat, et al., 2015: 2368). Homelessness, poverty and the unequal distribution of power and wealth are inextricably linked, with the causes of poverty being directly linked to the causes of homelessness.

Poverty is both a cause and an effect of marginalisation and homelessness. Poverty, an underlying cause of homelessness, is rooted in the structures of economic, social and political spheres of society. Poverty often disproportionately affects minorities, and as a result discrimination is also identified as a significant structural risk factor, as historically marginalised groups are often overrepresented among the homeless population in several nations (Mashau & Mangoedi, 2015: 1; Piat, et al., 2015: 2368; Sadiki, 2016: 33; Sundin & Baguley, 2014: 183). This is also the case at a domestic level, as the homeless population of South Africa does not only consist of the poorest of the poor, but many homeless South Africans are from marginalised groups, prone to, or already experiencing a degree of social exclusion and

marginalisation (Couldrey, 2010: 11; Mangayi, 2014: 213). Poverty and social exclusion interact with individual vulnerabilities to cause and prolong a life of homelessness. Poverty manifests itself in lack of income, insufficient resources to sustain livelihoods, limited access to education and homelessness (Sadiki, 2016: 33).

Chronic poverty has become an endemic feature of homelessness and is linked to the way the state administers redistributive justice – that is the equitable distribution of public resources among the ‘haves and have-nots’ in a way that minimises inequalities. By allocating resources to the poor, the state is demonstrating its desire to ensure the attainment of a better life for all. Policy formulation is often a precursor to this process. However, street homelessness is indicative of the failure of economic and social welfare policy.

Another area indicative of economic and welfare policy is the feminisation of poverty. This term describes the plight of women who are single parents and are disproportionately poor, and who face many obstacles that undermine family stability. It was also observed that many single-parent families who were ‘living on the edge’ (suffering from poverty) plummeted into homelessness during the 1990s. In addition to poverty, domestic violence has been identified as another risk factor for women and homelessness (Mathiti, 2006: 218-219).

3.1.2.1. Poverty, unemployment and housing challenges

Employment may be seen as a vital measure to reduce homelessness, however, the lack of access to employment contributes to homeless people not being able to meet their basic needs and decreases their chances of survival on the streets (Sadiki, 2016: 32; Steen, Mackenzie & McCormack, 2012: 1). When exploring unemployment as a risk factor for homelessness, it is important to note that, the unemployed face significant odds when attempting to gain access to affordable housing or retaining their homes if they are homeowners. The threat of eviction constantly looms over their heads. Their impoverishment is a signal of the start of a precipitous fall into homelessness. Although the literature from Europe and America suggests that a reduction in the availability of affordable housing has contributed to an increase in homelessness but in most developing countries such as South Africa, the non-availability of housing is seen as a major precursor to homelessness. Even if housing

delivery can be significantly accelerated in an attempt to reduce homelessness, it is important to mention that when housing becomes available, it will most likely still be unaffordable (Dennis, Locke & Khadduri, 2007: 4; Mathiti, 2006: 219).

Homelessness is also often defined as a function of gaining access to adequate housing (Anderson & Christian, 2003: 105; Mago, et al., 2013: 2). The National Coalition for the Homeless in Washington D.C. identified the relationship between foreclosure and homelessness and found that there was a 32% increase in the number of foreclosures between April 2008 and April 2009. Further estimates indicate that 40% of families who face eviction due to foreclosure are renters and seven million households living on very low incomes are at risk of foreclosure. As the numbers of affordable housing units decrease and the numbers of home foreclosures increase, the likelihood of family homelessness will continue to grow. Due to the lack of affordable housing, low-income families struggle to meet higher rent burdens. Renting is one of the most viable options for low-income households, and with the income of such households decreasing due to job loss, the increase in rent rates are hard to keep up with. Increases in rent obligations and the decrease in public housing assistance, along with plummeting income rates, force many people into homelessness or at the very least into an increased risk of becoming homeless (Chamberlain & Johnson, 2011: 62; Prather, 2010: 8).

The same can be said at a domestic level, as homelessness in South Africa can also be linked to the low-income rates among families and consequently, the inability to procure and maintain housing. South Africa has recently been named the most unequal country in the world (World Bank Report, 2018: 42). The following statistics ought to clearly demonstrate this inequality as well as provide evidence for the link between poverty, lack of housing and homelessness in the South African context. A study conducted from 2007 to 2008 by the *Bureau for Market Research* at the University of South Africa found that 75% of South Africa's population earns less than R4000.00 per month (Clark, 2012: 80). South Africa's townships, street children, homeless adults and beggars are some of the most visible indicators of poverty. So too are the statistics. In 2008 for example, 54% of the population was classified as poor, based on a poverty line of R515 per capita per month. Using a higher poverty line of R949, 70% of the population was categorised as poor. A significant percentage of the population is thus dependent on social assistance, with

approximately 12.4 million people who live off government grants. Others do whatever it takes to survive and make ends meet, which may include various criminal activities, such as theft (Clark, 2012: 80).

In an analysis of structural trends in homelessness, globalisation and demographic changes have contributed to the crisis in homelessness on an international scale (Piat, et al., 2015: 2369). Unemployment and unaffordable housing have been linked to globalisation. In many large cities, globalisation has ushered in a new era marked by increased immigration, high unemployment, the rise of a large service sector and commodification or privatisation of social services. Globalisation is a feature of a market economy which negatively impacts the most vulnerable sections of society (Mathiti, 2006: 220). In addition to being linked to poverty or deviance, homelessness is increasingly being viewed as a component or expression of social exclusion, something that is seen as a process by which individuals and groups become isolated from major societal mechanisms providing resources (Minnery & Greenhalgh, 2007: 645; Sikic-Micanovic, 2010: 46)

3.1.2.2. Social exclusion

Social exclusion has emerged as a useful concept for framing the processes that limit the opportunities of marginalised people. For young people who become homeless, social exclusion is experienced across several domains, in terms of access to shelter and housing, employment and a healthy lifestyle, for instance. It is also noticeable in their restricted access to (and movement within) urban spaces and their limited social capital. In most cases, the process of social exclusion begins before street youth become homeless, but it intensifies through their experience of living on the streets. This trajectory of social exclusion is cumulative in nature, making it difficult to escape, particularly when constant exposure to risk compromises health and safety. As an outcome of their homelessness, individuals are typically pushed into places and circumstances that impair their ability to adequately ensure their safety and security and, consequently, increase their risk of criminal victimisation (Gaetz, 2004: 428; Watson, et al., 2016: 97).

Due to poverty, perhaps the most noticeable manifestation of the social exclusion of the homeless is their inability to access and maintain safe, affordable housing. Homeless people tend to spend much of their time moving between shelters, friends'

places, informal settlements and the streets. When they do obtain rental housing, it is often temporary or at the margins of the housing market where accommodation is poorly regulated and may be operated by unscrupulous landlords. Being without secure shelter has a profound impact on a person's ability to exert greater control over his/her life and to develop a lifestyle that allows him/her to eat and sleep with greater consistency, be healthy and maintain employment. For homeless people, it also means that their day-to-day lives are played out in a public environment over which they have limited control and within which their freedom of movement is restricted. They spend a large amount of their time – day and night, all year round – on the sidewalks and streets, and in parks and alleyways. Their 'right' to inhabit many of these public spaces is often called into question. Street youth regularly report being 'kicked out' of street locations and parks by police. Their use of semi-public spaces such as shopping malls is also more constrained than that of most people as they are often denied service or asked to leave by security (Gaetz, 2004: 429). As a result, the concept of social exclusion allows one to extend the tenets of the routine activities theory by exploring the degree to which the personal histories of individuals intersect with certain social, political and economic conditions that restrict people's access to spaces, institutions and practices that reduce risk. Such an account begins with a recognition that is not atypical for marginalised groups and individuals to be socially, economically and spatially separated from the people and places to which other citizens have access within advanced industrial societies. Social exclusion is defined as the process of being shut out, fully or partially, from any of the social, economic, political or cultural systems which determine the social integration of a person in society. Social exclusion may, therefore, be seen as the denial (or non-realisation) of the civil, political, and social rights of citizenship (Gaetz, 2004: 429).

Additionally, lifestyle and routine activities theories, then, suggest that certain social and ecological conditions raise the potential risk of personal victimisation among the homeless, both the increased exposure to potential offenders and/or dangerous situations through a compromised ability to protect or remove themselves from potentially dangerous situations (Gaetz, 2004: 427). The critique of lifestyle and routine activities theories is that, while providing a cogent argument for exploring how everyday behaviour can increase one's exposure to risk, it fails to explain how

victimised persons end up in such circumstances in the first place. The notion of lifestyles implicitly and, in some cases explicitly, suggests that individuals merely choose such environments, activities, or associations and that by making different choices, potential victims could lessen their risk. While not discussing the significance of agency, it should be argued that one must also take account of systemic factors that may profoundly limit choice and how such limitations, in fact, increase the risk of victimisation (Gaetz, 2004: 427).

The risk of close proximity to other offenders cannot be easily reduced by retreating to a protective shelter. The ability of homeless people to disappear behind a secure door if they fear someone is pursuing them is limited. Even when they are tired, ill or under the influence of alcohol or drugs, they cannot recover in a secure environment. The alternative is overcrowded social service environments where their health and safety are also jeopardised. The homeless are thus pushed into marginalised spaces where they are exposed to the ongoing risk of assault and property crime (Gaetz, 2004: 429).

A distinctive feature of homeless lifestyles and indeed, a manifestation of their social exclusion and economic marginalisation is the range of money-making survival strategies they engage in (legal, illegal and quasi-legal), which on one hand, provide income to meet day-to-day needs but, on the other, carry significant risks and dangers. While research on homeless youth conducted by Gaetz and O' Grady (2002), demonstrates that most are not avoiding work and that most do want regular jobs, the vast majority face significant barriers in obtaining and maintaining employment. When they do find work, it is often short-term, dead-end jobs or unregulated work on the margins of the economy. As a result of their exclusion from the formal economy, many homeless people are forced to engage in risky survival strategies, some of them illegal or quasi-legal, including begging, cleaning car windshields and criminal acts such as theft, sex trading and drug dealing. On the streets, then, the survival activities people engage in are a consequence of very limited employment options, inadequate employment support, and the need to meet immediate survival needs (Gaetz, 2004: 30-31; Robinson, 2010:16).

A final manifestation of the social exclusion experienced by the homeless stems from their weak guardianship and the challenges they face in engaging proactively in

practices to improve their safety and avoid crime. The efforts of the homeless to protect themselves are compromised by their limited and restricted access to material resources as well as their weak social capital. Lacking a home to take refuge in immediately limits the safety strategies, such as the purchase and use of security devices and hardware (locks, alarms or security features on doors or windows), homeless people can engage in, in order to create a safer environment for themselves and their possessions. Their involvement in delinquent acts, including illegal or quasi-legal money-making activities, also has an impact on guardianship as it increases the likelihood of negative interactions with the police and of avoidance behaviours. Potential offenders can then contemplate committing acts of robbery or violence against homeless sex workers and beggars, knowing that the victim is less likely to seek the involvement of the police (Gaetz, 2004: 431).

Homelessness and poverty are extreme forms of social exclusion that extend beyond the lack of material necessities. It is estimated that people who are visibly homeless represent a small percentage of the actual number of people who are homeless. People who experience hidden homelessness live temporarily with others but lack immediate permanent housing and remain invisible and further excluded. The socially excluded or those 'different others' remain marginalised in all sectors of life (Mashau & Mangoedi, 2015: 2). This exclusion from social and economic resources reinforces invisibility to the public and policymakers. Social exclusion is the inability to participate fully in the economic, cultural and political aspects of society (Horsell, 2006:215). The experience of social exclusion contributes to diminished quality social supports, high-risk health behaviours and compromised physical and psychological health. The processes that lead to social exclusion within a society have detrimental health outcomes for individuals and populations. This concept of health as a resource includes basic life requirements such as food, shelter, education, political stability and social justice. When social and economic determinants are not fair or just, these determinants are reflected in low levels of education and unemployment, lack of social and community support, and physical, psychological and social health impairments (Steen, et al., 2012: 1; Watson, et al., 2016: 97).

3.1.3. Alcohol and substance-induced homelessness

The causes of homelessness are complex and include both individual/personal, and societal/structural factors. Among the individual factors, substance abuse continues to rank as a leading cause of homelessness (Chamberlain & Johnson, 2011: 65; Fountain, Howes, Marsden, Taylor & Strang, 2003: 245; Heerde & Hemphill, 2016: 468; McCarty, Argerious, Heubner & Lubran, 1991: 1140; Sadiki, 2016: 38). Among the homeless clients assisted by *Health Care for the Homeless* (in the US), more than half of these individuals identified alcohol and drug abuse (illicit or prescription) as a major factor (22%), or the single most important factor (32%), leading to their loss of housing. Additionally, among the earliest studies on pathways into homelessness, conducted by Koegel and Burnam (1987), found that 80% of their sample reported that their alcohol problems preceded their homelessness. The relationship between substance abuse and homelessness is a widely debated matter and it is most likely best described as bidirectional (Heerde & Hemphill, 2016: 278; Johnson & Chamberlain, 2008: 342; McCarty, et al., 1991: 1140; Polcin, 2016: 2; Sadiki, 2016:38). This is due to the fact that although alcohol and drug abuse can increase the risk of homelessness, displacement and the loss of shelter can also increase the use and abuse of alcohol and other illicit substances (McCarty, et al., 1991: 1140). The loss of low-income housing units (specifically, boarding houses), for example, has been reported to have a particular impact on substance-abusing individuals and others who relied on inexpensive housing units as a buffer against living without a conventional place for a home (McCarty, et al., 1991: 1140). Although population samples and geographical locations in studies vary, research consistently shows over a third of individuals who are homeless experience alcohol and drug problems and up to two-thirds have a lifetime history of an alcohol or drug disorder (Chen, et al., 2004: 3; Polcin, 2016: 2).

In most Western contexts, many individuals who experience homelessness are widely perceived to use and abuse alcohol and a range of other illicit substances (Mallet, et al., 2005: 186). This has created a misconception that all homeless individuals abuse substances before and during their homeless episode. However, even though this is not always the case, the truth is that a significant portion of homeless people does in fact struggle with substance abuse. As mentioned, the relationship between homelessness and substance abuse is best defined as being

bidirectional. Substance abusers often become preoccupied with their addictions and due to this, substance abuse can also be associated with poverty, unemployment and homelessness discussed above (see 3.1.2), as addictive disorders have been reported to disrupt family life as well as friendships and can often cause individuals to lose their employment. Consequently, most of these individuals are already struggling to make ends meet and the onset of, or the exacerbation of an existing addiction may cause them to lose their homes (National Coalition for the Homeless, 2009: 1; Sadiki, 2016: 38).

A survey by the United States Conference of Mayors (2008) requested of 25 cities their top three causes of homelessness. Substance abuse was identified as the single most important cause of homelessness for single adults (reported by 68% of cities sampled). Substance abuse was also mentioned by 12% of the cities as one of the top three causes of homelessness for families. Two-thirds of homeless people reported that illicit drugs and/or alcohol were among the major reasons for them becoming homeless (in National Coalition for the Homeless, 2009: 2).

Similarly, when substance abuse among homeless people was examined, prevalence estimates varied across studies. The general finding indicated high rates of intravenous drug use in the homeless people surveyed. Furthermore, it should be noted the majority of available research dictates that homeless people generally use all drug types, whether injected or otherwise administered, more frequently than their home-based peers (Mallet, et al., 2005: 186; Meanwell, 2013:74). Most of the blame for the presence of homelessness generally, and among people with alcohol problems in particular, may be attributed to a decline in the availability of housing for low-income, high problem groups. In this instance, substance abuse is neither the cause nor the consequence of homelessness, but rather a condition that was aggravated by the loss of housing. Alcoholism, drug abuse, and homelessness are clearly interrelated – complicating and exacerbating one another (McCarty, et al., 1991: 1141).

It is often also suggested that homelessness and the use/abuse of illicit substances have similar root causes, namely stresses at home, school and with a range of relationships and institutions. Family conflict, violence and abuse are described as critical factors for both experiences. Numerous studies, both domestically and

internationally, have reported personal substance use as a significant reason for homeless people having left their homes, with frequencies of young people reporting this from 9% to 37%. Of interest is the finding that family conflict, if not family breakdown and/or family violence (physical, emotional or sexual), function more prominently as the primary reason for the decision of young people to leave home (Mallet, et al., 2005: 186).

Existing literature also highlights the lack of knowledge regarding the relationship between the use/abuse of illicit substances among the youth and their pathways into homelessness. Similarly then, to the larger problem of the homeless and their plight as the victims of crime, not enough is known about the interaction between family conflict and the use of illicit substances, either by the young person or his/her family members. It is also necessary to unpack the nature of family conflict associated with homelessness. Without sufficient knowledge of the relationship between the use of illicit substances at an early age and pathways into homelessness, appropriate, early prevention and support services cannot be framed (Mallet, et al., 2005: 186).

3.1.4. Physical and mental health challenges

Among the individual pathways into homelessness, physical and mental health challenges seem to be the focal point of many research efforts. With reference to the existing literature, these challenges appear to be much more prevalent among the homeless in comparison to the housed-population (Crane, Byrne, Fu, Lipmann, Mirabilelli, Rota-Bartelink, Ryan, Shea, Watt & Warnes, 2005: 152; Perry & Craig, 2015: 19). As with most of the preceding pathways, it is often problematic to identify whether physical and mental health challenges cause homelessness or whether they are simply a consequence of being homeless. The general consensus at this stage is that homelessness can be caused by physical and mental health challenges, but homelessness is just as likely to produce new or aggravate existing symptoms of poor physical and mental health (Chambers, Chiu, Scott, Tolomiczenko, Redelmeier, Levinson & Hwang, 2014: 553; Sadiki, 2016: 40). Most of the existing literature tends to place more emphasis on mental health challenges as a pathway to homelessness as information on this perceived link is much more common than that of the causal relationship between physical health challenges and homelessness. This may be due to the fact that historically, deinstitutionalisation, or the release of

mentally ill patients from mental institutions is widely viewed as one of the major contributing factors to the large number of homeless people in areas known for the phenomenon of deinstitutionalisation, such as Canada and the United States (Chambers, et al., 2014: 553; Evans & Forsyth, 2004: 481; Piat, et al., 2015:2367; Sullivan, et al., 2000: 444).

Poor mental health alone is usually not sufficient to function as the sole contributing factor for homelessness but has rather been reported to be the starting point of a chain of events, usually resulting in homelessness. Individuals suffering from mental health challenges usually lack the required capacity to maintain employment, thereby reducing their source of income. Mental health challenges may also isolate individuals from their families, friends and the general public, resulting in fewer coping mechanisms when experiencing turmoil. Mental health challenges not only negatively affect the ability to be resilient and resourceful but it also significantly impairs one's judgement, usually resulting in the increased risk of not only homelessness, but victimisation as well (Chambers, et al., 2014: 553; Lee & Schreck, 2005: 1061; Sadiki, 2016: 40; Rattelade, Farrel, Aubrey, & Klodawsky, 2014: 1607).

The relationship between mental health and homelessness is thus best described as a double-edged sword, with mental health challenges being one of the most common causes of homelessness and the experience of homelessness being a risk factor for the onset of serious mental illnesses. Individuals with severe and persistent mental illness are also expected to experience repeated and prolonged episodes of homelessness more so than other groups who are also homeless. It is estimated that up to one-third of homeless individuals have a serious mental illness, including schizophrenia, depression or bipolar disorder, and that 50% usually suffer from co-occurring substance use disorders (Piat, et al., 2015: 2368; Sadiki, 2016: 40).

The pathways into homelessness are so inextricably linked that an independent discussion, free of a slight overlap is virtually impossible. Childhood abuse and trauma have also been linked to the increased prevalence of physical and mental health challenges in homeless adults. Individuals who have been subjected to childhood abuse and trauma are usually at a greater disadvantage as they are usually more likely to be impacted by poverty, family instability and domestic

violence, and as a result, also develop long lasting mental and physical health challenges (Piat, et al, 2015: 2368).

Although physical health challenges as a pathway into homelessness may be slightly overshadowed by mental health challenges in terms of the information available to substantiate the role it plays as a contributing factor to homelessness, it does however, become clearer that all health-related challenges related to the homeless, physical or mental, to a certain extent develop and affect individuals in a similar way. A physical injury or illness, for example, can start out as a simple health condition but may quickly lead to problems associated with employment due to missing too much time from work, exhausting sick leave, and/or not being able to maintain a regular schedule to perform expected work functions. This is especially true in the case of physically demanding jobs such as construction, manufacturing and other labour-intensive industries (National Health Care for the Homeless Council, 2011: 1).

Losing employment often means getting disconnected from employer-sponsored medical insurance. The lack of both income and health insurance in the face of injury or illness then becomes a downward spiral as there is a lack of funds to pay for healthcare (treatment, medications and/or surgery). Without which one cannot recover to assume duties again. Of the one million personal bankruptcies in 2007, 62% were caused by medical debt. In these situations any savings accumulated are quickly exhausted and relying on friends and family for assistance to help maintain rent/mortgage payments, food, medical care and other basic needs are normally only a short-term solution. Once these personal safety nets are exhausted, there are usually very few options to assist with healthcare or housing. Qualifying for social services income support is usually only possible if there are dependent children in an extremely low-income household. For instance, of the 50 million people who are uninsured in the United States, 27% are people with very low income, and 20% are employed either full-time or part-time (increasing risk of unemployment should illness occur). Ultimately, the loss of housing combined with poor-health, no income and limited personal support leads to homelessness (National Health Care for the Homeless Council, 2011: 1).

Therefore, it is also important to emphasise the significance of all contributing factors, individual or structural, and how they not only render one vulnerable to

victimisation while on the streets but also lead to and prolong the experience of homelessness in more or less the same way. Thus, the best approach to start understanding homelessness and the complex interplay between the various causal and consequential factors is to view them in terms of their interaction and overlap, instead of exploring each individual factor separately (Crane, et al., 2005: 154; Sadiki, 2016: 40).

3.2. Experiences, nature and patterns of homeless victimisation

The general compilation of homeless research suggests that homeless people are at special risk for victimisation and perpetration of crime, and that violence is a common component of life on the streets. The street is often documented as a hostile environment, as people try to survive in tough conditions without a protective shelter, in high crime areas and while frequently engaging in high-risk criminal activities. Being homeless often results in an increased vulnerability to victimisation due to the high prevalence of challenges which ensue from a history of childhood abuse and trauma as well as other factors associated with homelessness, such as, a variety of mental and physical health challenges as well as alcohol and substance abuse (Alam & Akter, 2015: 93; Couldrey, 2010: 12). The sections that follow will consist of existing literature on the experiences, nature and patterns of homeless victimisation, directed at formulating an argument for the need for the enhanced protection of homeless victims under the developing hate crime legislation of South Africa.

3.2.1. The frequency of homeless victimisation

Due to differences in definitions of homelessness and methodological approaches used for data collection, definitive prevalence estimates of homelessness and cases of victimisation are rather challenging to verify (Carpenter-Song, Ferron & Kobylenski, 2016: 41; Heerde & Hemphill, 2016: 266). To overcome this shortcoming and avert any similar challenges in the current study, homelessness has already been conceptualised and operationalised for the purposes of this study (see 1.2.1.). Determining the size of the South African homeless population is a challenge. With no formal census attempts made to quantify the homeless population, the current population estimates are based solely on studies conducted on homelessness (Rule-Groenewald, et al., 2015). Using this strategy to estimate the size of such a hidden and transient population presents its fair share of challenges, for example, studies

which have been conducted in the same geographical area or in close proximity to one another may result in the inclusion of at least one or more individuals on multiple occasions. A similar challenge exists when attempting to determine the true extent of homeless victimisation. Many existing studies report that homeless people, for various reasons, often choose to deal with victimisation themselves, that is, they prefer not to make use of formal assistance mechanisms. Add to this, the fact that they are often not seen as the victims of crime but rather the perpetrators and they also choose not to report crimes due to a level of distrust in the police and criminal justice system (Newburn & Rock, 2014:2-3; Scurfield, et al., 2004: 3; Roebuck, 2008: 14).

However, there appears to be a lack of consensus around this as the frequency of homelessness and the experience of victimisation is often best described as a paradoxical phenomenon. Although there is a lack of consistent information, the high rate of homelessness is considered to be a social issue on a global scale (Montgomery, et al., 2013:262; Scurfield, et al., 2004: 3; Rossi, 1990:954). Likewise, with reference to the rate of victimisation experienced by homeless people, existing research also indicates that homeless people often experience disproportionate levels of victimisation (Alam & Akter, 2015:93; Garland, et al., 2010: 287; Scurfield, et al., 2004: 3). The latter part of this discussion helps form the basis of this study as it is believed that homeless individuals do in fact face an increased risk of experiencing a myriad of social problems including victimisation and violence at elevated rates. The prevalence of violence and victimisation in the homeless population has been estimated to range from 14% to 21%, while approximately one-third of most homeless people report having witnessed a physical attack on another homeless person and as mentioned before, the rate of victimisation is highly incongruent when compared to the general population in which only 2% report experiencing a violent crime (Meinbresse, et al., 2014: 123).

In addition to the literature on the experiences of victimisation of the homeless, the theoretical perspectives discussed in the preceding chapter also provide grounds for justification that homeless people experience a high rate of violence as a joint function of exposure and vulnerability. Additionally, the streets – and to a lesser but still significant extent – shelters are inherently dangerous places and so exposure to

potentially dangerous places and potentially dangerous situations are wide-spread. These factors coupled with their lifestyles, routine activities, risk to criminal victimisation, social status and labels in society make them suggestively more prone to victimisation and violence than members of the general public (Dietz & Wright, 2005:16).

3.2.2. Risk factors which increase the victimisation of the homeless

A recurrent finding while exploring the existing research and evaluating applicable theoretical perspectives of the homeless and their experiences of victimisation is the trend that they are expected to, as well as report on experiencing victimisation at disproportionate rates (Alam & Akter, 2015:93; Dietz & Wright, 2005:16; Garland, et al., 2010: 287; Sadiki, 2016: 40; Scurfield, et al., 2004: 3). In conjunction with the general risk of victimisation associated with being homeless, a variety of additional risk factors have been identified which appear to increase the risk of victimisation of individuals within the homeless population itself. These risk factors include a lack of protective shelter, proximity to high-crime areas, engagement in high-risk activities, a history of victimisation (childhood adversity, abuse and trauma), demographics, such as age and gender, having weak social ties, the prevalence of substance abuse and mental and/or physical health challenges (Kushel, et al., 2003: 2492; Larney, Conroy, Mills, Burns & Teesson, 2009:347; Robinson, 2010:35). From the risk factors which will be discussed below, it should become evident that the risk of victimisation is not uniformly distributed among the homeless population, as a homeless person's level of vulnerability to or experience victimisation is further determined by a variety of other contributing factors (Sadiki, 2016; 41).

3.2.2.1. Lack of shelter as a risk factor for increased victimisation

Conceivably the most obvious risk factor, given the target population of this study, is the lack of a protective shelter. Homeless people lack a safe space – a home – to retreat to if they happen to find themselves in a dangerous situation. Additional risk factors which were identified in the previous theoretical chapter are proximity to high-crime areas and the engagement in high-risk activities (Cohen, et al., 1980: 507; Davis, 2005: 44; Dietz & Wright, 2005: 16; Fattah, 1991: 344; 2000: 31; Meier & Miethe, 1993: 479; Saponaro, 2013: 23; Williams & McShane, 2014: 49; Weschberg,

Lam, Zule, Hall, Middlesteadt & Edwards, 2003: 671). Many homeless people engage in criminal activities such as stealing or selling illicit substances, albeit for survival and this increases their risk for victimisation. Other daily survival strategies such as loitering in public places can also increase the chances of becoming a victim of crime because of exposure to high-risk situations. Research has also identified that the more criminal behaviours homeless people engage in, the greater their risk for violent victimisation (Couldrey, 2010:26; Tyler, et al., 2014: 350; Tyler, Whitbeck & Houyt, 2004:504; Wenzel, Leake & Gelberg : 2001:740).

3.2.2.2. A history of childhood abuse as a risk factor for increased victimisation

Having a history of childhood adversity, abuse and trauma has already been associated with the pathways into homelessness. These are, however, also risk factors which are said to increase the level of victimisation vulnerability among the homeless population. The experience of childhood abuse and trauma is known to leave people, particularly the homeless, with a number of problems, such as substance use disorders and mental or physical health challenges affecting their day-to-day activities. In addition to this, the experience of childhood abuse and trauma can also be linked to an increase in victimisation vulnerability, leaving homeless people defenceless to a certain extent, unable to realise potential dangers, defend themselves or flee from potentially dangerous situations (Couldrey, 2010: 26; Dietz & Wright, 2005: 15; Karmen, 2009: 96; Lee & Schreck, 2005: 1061). In essence, childhood adversity, abuse and trauma are ultimately believed to initiate and prolong experiences of trauma and victimisation among the homeless (Keeshin & Campbell, 2011: 402; Mar et al., 2014: 1000).

3.2.2.3. Demographics such as age, gender, race and 'place of refuge' as risk factors for increased victimisation

The rate at which homeless people experience victimisation also appears to vary in the presence of certain demographics, such as gender, race, age and the place they spend the night (in a shelter or on the street). The rate of victimisation experienced in relation to gender differences among homeless victims Although there is not much research on sexual and physical assault among homeless men, research conducted on victimisation experiences among homeless women suggests that female

homeless people tend to be at higher risk for sexual assault than their male counterparts (Kushel, et al., 2003: 2492; Meanwell, 2012: 73; Rattelade, et al., 2014: 1609; Tyler, Whitbeck & Houyt, 2004: 504). The extent to which experiences of victimisation are influenced by alcohol or drugs in male and female homeless people was also examined and the results indicated that the experience of victimisation among homeless women is commonly associated with illicit substance use, while alcohol as a risk factor was found to be more prevalent among males (Larney, et al., 2009: 347). However, a study conducted by Tyler, et al. (2001), found that although homeless females are inclined to experience a greater rate of sexual violence than males, other sources report that there is virtually no difference in terms of their experiences of physical victimisation (Couldrey, 2010: 20; Kushel, et al., 2003: 2492; Wenzel, Koegel & Gelberg, 2000: 368).

With reference to race and age as risk factors which tend to increase the risk of victimisation among the already at-risk homeless population, it should be noted that these factors are often documented in combination with other demographic factors. For example, young African males, who are less affluent and live in larger cities, are most likely to become victims, due to their perceived lack of power and resources. Young homeless people experience higher rates of victimisation on the streets. Individuals who have deviant lifestyles are at risk of being victimised because much of their contact is with potential offenders. They are also vulnerable to victimisation due to status-specific traits such as being young, male, risk-taking and their association with deviant peers. Young homeless individuals, in general, are also more likely to be targeted in comparison to homeless adults due to their lack of experience on the street and their perceived vulnerability (Sadiki, 2016: 41). A completely opposing view is that older homeless are at higher risk of victimisation due to factors such as frailty and the lack of guardianship (Dietz & Wright, 2005:15; Kutza & Kiegher, 1991: 288). Older homeless people have also been reported to be overrepresented in homeless populations and this along with their increased vulnerability, leads to the fact that they may very well be overrepresented in the homeless victim group as well. Older homeless people are also more exposed than their younger counterparts as they are also less likely to make use of homeless shelters (Kutza & Kiegher, 1991: 289).

3.2.2.4. Social exclusion as a risk factor for increased victimisation

Being homeless is often characterised by weak social ties. Embedded in most definitions of homelessness is the concept that homeless people are often perceived as being socially excluded, marginalised individuals, who are detached from society, unable to make use of any societal networks of assistance (Bassuk & Franklin, 1992: 72; Mangayi, 2014:215; Sadiki, 2016:7; Watson, et al., 2016: 97). Homelessness is sometimes a direct result of familial breakdown or isolation. With the presence of substance abuse disorders, the disruption of social ties is common among homeless people. Mentally and physically challenged people are also often abandoned by their families and the rest of society. Each of these factors have already been discussed at length and tend to contribute greatly towards the weakening of social ties, which in many ways, essentially means that many homeless individuals function in isolation, meaning a lack of guardianship, which from a theoretical point of view, translates to the increased risk of victimisation (Dietz & Wright, 2005:16; Fattah, 2000: 31; Gaetz, 2004: 431; Gomez, Thompson, & Barczyk, 2010: 25; Sapanaro, 2013:22).

3.2.2.5. Alcohol, substance abuse, physical and mental health challenges as risk factors for increased victimisation

Additionally, the presence of substance abuse as well as physical and mental health challenges as risk factors for the increased experience of homeless victimisation, although entirely separate concepts, tend to function in virtually the same way. To avoid repetition, simply put, these factors are known to affect mobility, vigilance and defensive abilities leaving homeless people vulnerable and prone to experience an increased rate of victimisation (Couldrey, 2010:26; Dietz & Wright, 2005:15; Johnson & Fendrich, 2007:211; Sadiki, 2016: 42). Research on the risk factors which increase the vulnerability of the homeless to victimisation, similarly to victimisation of the homeless and homelessness itself, is a neglected area of inquiry. As a result, most of the existing literature does not supply any conclusive findings to substantiate the extent to which these risk factors actually influence rates of victimisation and therefore more research is an inherent requirement in order to validate the speculative relationship between the abovementioned risk factors and homeless victimisation.

3.2.3. Common types of victimisation of the homeless

Additional shortcomings with reference to the current body of knowledge of the homeless and their plight as the victims of crime, both internationally as well as at a domestic level, is that it either lacks substantial evidence entirely, or, the existing information completely contradicts what the other reports. This appears to be the case with regard to the lack of knowledge and understanding of the common types of victimisation experienced by homeless people. This may be due to the fact that homeless people do not fit the profile of the 'ideal' victim and are often blamed for their own victimisation or generally assumed to be perpetrators of crime (Newburn & Rock, 2014: 2-3 Scurfield, et al., 2004: 3; Roebuck, 2008: 14). This usually results in the underreporting of crimes committed against the homeless, resulting in the lack of official/reliable statistics (Sadiki, 2016: 43).

Most of the literature on the types of victimisation experienced by the homeless usually focuses on three broad categories, namely verbal victimisation, physical victimisation and sexual victimisation. Verbal victimisation is often overlooked and perceived to be the least serious type of victimisation that homeless people experience, but contrary to this belief, it has been reported to be the most psychologically damaging relative to its frequency. Homeless people are often verbally abused by members of the general public or medical staff while trying to make use of healthcare services. Their experience of verbal abuse is believed to be as a result of their homeless status or perceived substance abuse (Scurfield, et al., 2004: 5).

Additionally, by relying on previous studies and their findings, the general impression is that homeless people generally experience high rates of either physical or sexual victimisation (occasionally, a combination of the two) which is commonly associated with a history of victimisation and the public nature of their daily lives (Kushel, et al., 2003: 2492; Ledger, 2013: 4; Sadiki, 2016:43; Tyler & Beal, 2010: 101).

Previous research indicates that the experience of physical and sexual victimisation while homeless is a common experience, given the fact that most homeless people are significantly more likely to be a victim of violence than the general public. Additionally, it has also been suggested that homeless females usually experience higher rates of victimisation than homeless males which may be due to their

perceived physical weakness which makes them the more suitable target to potential offenders (Couldrey, 2010: 20; Kushel, et al., 2003: 2492). Theft and physical aggression have been ranked as the most common forms of victimisation experienced by homeless people. Homeless people generally carry all their possessions with them, which makes them even more vulnerable to theft, especially when they fall asleep in public places. In this case, the experience of physical victimisation is often motivated by theft (Sadiki, 2016: 44).

Homeless individuals with a history of sexual abuse are believed to be more likely to be sexually victimised while living on the street. Despite the lack of research for male homeless people, sexual victimisation is usually more prevalent among homeless women. It is common for homeless women to report multiple types of sexual victimisation, including assault by a stranger and someone known to them, during childhood and adolescence. This may also be due to the fact that homeless women are more likely to be associated with the idea of survival sex, therefore, increasing their chances of victimisation. Homeless individuals who associate with individuals who are involved in sex trading often end up engaging in survival sex due to peer pressure as well as the pressure to survive. Homeless women are also at risk of being recruited by 'pimps' or handlers to become sex workers. Engaging in sexual activities and advertising commercial sex services increase the visibility of homeless females on the streets, which in turn heighten their risk of victimisation (Sadiki, 2016: 45). The literature on sexual victimisation and homelessness also indicates that exposure to crime is a useful tool to offer an explanation for the experience of sexual victimisation among homeless people. In other words, engaging in activities such as survival sex and panhandling exposes homeless individuals to a wider variety of people, making them easily visible and accessible to potential offenders, thereby increasing their chances of becoming a victim of sexual victimisation (Sadiki, 2016: 45; Tyler & Beal, 2010: 102).

3.2.4. Perpetrator profiles and offender motives of homeless victimisation

Internationally, research on the victimisation of the homeless far exceeds what has been done at a domestic level. However, there appears to be a significant link between the perpetrators of international hate crime against the homeless and the offender motives documented in local hate crime research (National Coalition for the

Homeless, 2014: 9; Nel, 2007: 65; Nel & Breen, 2013: 248). The purpose of this section is to compare and possibly establish a link between international research on hate crimes against the homeless and the existing offender motive typology of hate crime in the South African context, so as to illustrate the similarities between the experiences of victimisation of the international homeless population and the experiences of victimisation among the already recognised hate crime categories of South Africa. While reviewing the existing literature the following similarities were identified:

I. Thrill-seeking behaviour

Thrill-seekers are defined as those who take advantage of vulnerable and disadvantaged groups in order to satisfy their own pleasures. Thrill-seekers are primarily teenagers and young adults and are seen as the most common perpetrators of violence against homeless people in the United States (Garland, Richards & Cooney, 2010 287; Prather, 2010:13). A study on the perpetrators of hate crimes committed against homeless individuals by the National Coalition for the Homeless (NCH) based in Washington D.C, identify the most common perpetrators of hate crimes against the homeless to be overwhelmingly made up of young males – the youngest was 13 and the oldest was 30 years old (National Coalition for the Homeless, 2014:9). In South Africa, thrill-seeking behaviour is commonly associated with young males who engage in acts of victimisation against vulnerable groups for ‘sport’ or as a means to alleviate boredom. This type of behaviour is commonly associated with offender motives for acts of violence directed at homosexual males (known as ‘gay-bashing’) and race-based crimes, both of which are already included in the South African hate crime legislative framework. Thrill seekers usually commit crimes in groups in which solidarity is strong and peer acceptance is important. This category usually includes youthful offenders who target victims from groups who they regard as inferior (Naidoo, 2016: 39; Nel, 2007: 65; Nel & Breen, 2013: 248).

II. Peer pressure

This motive can also be linked to the profile of the typical perpetrator of victimisation of the homeless, i.e. young males between the ages of 13 and 30 as reported by the National Coalition for the Homeless (2014: 9). Young males in this age group are usually at a stage of self-discovery and use almost every opportunity to show their

prowess and masculinity. As a result they may want to take up a challenge posed by friends as an opportunity to gain respect among their peers, usually by engaging in thrill-seeking behaviours, as discussed above (Nel, 2007: 65; Nel & Breen, 2013: 248).

III. In self-defence, reactive or in response to the victim's actions

This motive relates to 'scapegoating' and is often linked to race-based hate crime, but to an extent, presents certain similarities in relation to the experiences of victimisation of the homeless. Socio-economic conditions contribute to frustration and aggression relating to experiences of ongoing deprivation and poverty. Ethnic minorities and immigrant groupings may be targeted merely on the basis of their perceived difference from the mainstream society, the negative stereotypes of the group they belong to, for challenging accepted norms, or the threat they may pose with regard to competition for resources (Naidoo, 2016: 40; Nel, 2007: 66; Nel & Breen, 2013: 249, Prather, 2010: 13). Similar negative attitudes are held by the general public toward the homeless population. Homeless people are usually negatively stigmatised due to their social status (Alam & Akter, 2015: 97). Many people from the general public are not too keen on having any form of social interaction with homeless people. The reason for the disparate experiences of victimisation among the homeless may therefore very well be similar to the reason behind the victimisation of different racial/ethnic groups which is on the basis of their perceived differences from mainstream society or just due to the fact that they are commonly labelled as 'criminals' and violent behaviour is justified as a form of 'self-defence' ('get them, before they get us' way of thinking). Reactive/defensive hate crime offences are intended to convey a message to outsiders that they are not welcome in the perpetrator's social space. Homeless people often fall victim to such crimes as they are made to feel unwelcome in most social contexts and may also be seen as competition for already limited resources – in very much the same way racial-based hate crimes are acted out. This negative or reactive behaviour is vastly expressed in the criminalisation of homelessness as well as the challenges encountered when the homeless seek legal or healthcare assistance (Mathiti, 2006: 228; Marshall & Bhugra, 1996: 99; Naidoo, 2016: 40; Prather, 2013: 14).

IV. Ideological or mission-driven behaviour

The general acts of victimisation against the homeless are believed to be performed in groups rather than by individuals. However, in contrast, most mission-driven hate crimes are believed to be performed by individual citizens who harbour strong feelings of resentment toward homeless people (Prather, 2010: 13; Scurfield, et al., 2004: 7). This forms part of the final offender motive which is known as ideological or mission-driven behaviour, which usually occurs when the perpetrators view their actions, in this case, victimisation, as contributing to 'cleansing the world of a particular evil' which homeless people are perceived to be part of, thereby preserving their own social norms and beliefs in the process (Naidoo, 2016: 40; Nel, 2007: 65; Nel & Breen, 2013: 248; Prather, 2010: 13). Even though there is a lack of research in this area and more conclusive evidence is required, it appears that the motives of the South African hate crime offender compare well with the nature of hate crimes against the homeless as reported internationally.

3.2.5. Attitudes of the general public towards the homeless population

Attitudes held by the perpetrator towards their victim(s), is an extremely important area of study in both criminology and victimology, yet its importance is frequently overlooked. This attitude is often a crucial component in the motivational process leading to victimisation as well as the decision-making process when selecting a suitable/attractive target. This is largely based on the fact that the choice of a victim is usually defined as a function of their perception of, and attitude toward, that particular victim. When victims and offenders interact, as in the case of rape, the offender's interpretation of the victim's words, gestures, and behaviour depends largely on the opinion and image he/she has of the victim (Fattah, 1991: 133). Attributes such as attractiveness, vulnerability, suitability and appropriateness are neither objective nor absolute. Their importance as factors influencing the choice of a specific victim depends on the personal perceptions of the potential offender as to who is attractive, vulnerable or appropriate. The offender's reaction to the victim's behaviour is determined to a certain extent by the offender's relationship with, and attitude to, that victim. Furthermore, the views the offender has of the victim enable him or her to redefine and rationalise the victimising behaviour, to overcome any

inner restraints, to avoid hurting his or her self-image and to escape post-victimisation feelings of culpability (Fattah, 1991: 133).

Attitudes of the general public toward the homeless population are usually negative. Homeless people are usually labelled negatively due to their social status (Alam & Akter, 2015: 97). Many people from the general public are not interested in sharing any form of social interaction with members of the homeless population. This negativity is vastly expressed in legislation as well as personal attitudes. These attitudes are usually believed to be stimulated by a diminished set of cultural values held by the perpetrator (Dennis, et al., 2007: 5). Negative attitudes are also clearly displayed when homeless people seek legal or healthcare assistance following an experience of victimisation. Members of the police, just like the rest of society, usually harbour negative attitudes towards homeless people. They usually view them as the perpetrators of crime and as a result, occasionally refuse to believe that they have been victimised or, simply blame them for their own victimisation (Alam & Akter, 2015: 97; Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3). Mental health professionals often find it difficult to deal with the multiple complex problems of homeless people who are mentally ill. Many are usually reluctant to work with the homeless, and the perceived dichotomy of the 'deserving' and the 'undeserving' poor has led to negative attitudes. Similarly, the negative image of the homeless which is portrayed by the media usually also affect the way society treats them as well as the quality of services they receive when in need of assistance (Marshall & Bhugra, 1996: 102). Some groups in society, i.e. people of a specific social class, gender or sexual orientation are often the victims of cultural stereotypes. They are seen as disposable, worthless, structurally prone and socially expendable victims and rather than run the risk of secondary victimisation, many refrain from engaging with members of the police or the criminal justice system (Peacock, 2013: 8).

Attitudes constructed by prejudice often render victims of hate crime frequent targets of further victimisation when they turn to service providers for assistance after a hate-based incident, a phenomenon known as secondary victimisation (which will be discussed in greater detail under section 3.3.4.). Negative attitudes and prejudice on the part of the criminal justice officials and health service providers play a role in secondary victimisation, i.e., decision makers de-prioritise victimisation against a

particular group and service providers usually neglect and sometimes even overtly discriminate against, survivors of hate-based crimes (Nel & Breen, 2011: 34).

Conventional society considers deviations from the prescribed norms in a very serious light. Social control is achieved through labelling something as deviant which means that a clear-cut publicised and recognisable threshold between permissible and impermissible behaviour is established. This, therefore, means that deviants are segregated from others to confine deviant practices and self-justifications and thus keep society pure from 'contamination'. Widely considered 'crimes of ignorance', much of this discrimination is perpetuated through prejudice, stereotypes, assumptions and misinformation (Nel & Breen, 2013: 249). This can be demonstrated through a societal process, often referred to as the criminalisation of homelessness.

3.2.5.1. The criminalisation of homelessness

The criminalisation of homelessness is often seen as an extension of the negative attitudes held by society against the homeless population. Historically, homeless people have faced various forms of discrimination, both individually perpetuated and state-based, for example, the criminalisation of activities associated with homelessness, such as loitering or being a 'public menace'. This is a well documented state-based strategy known as 'warning-out' that aims to systematically exclude the homeless from the public sphere through social and legal norms (Al-Hakim, 2015: 1759). Due to their visibility in public spaces, homeless people are subjected to regulations which are interpreted by many as being discriminatory. Some advocates for the rights of the homeless claim that it has become virtually illegal to be homeless. Most societies around the world often describe the homeless as a marginalised population and this increases the risk of victimisation based on their group identification. In addition to an increase in the risk of victimisation, there is a said trend to criminalise this particular vulnerable social group (Prather, 2010: 13).

There are also several extensive prohibitions against the activities of homeless people, which often restrict their ability to carry out even the most basic functions of life, such as, eating, urinating, and sleeping. International public space regulation includes legislation as well as environmental design (park benches with bars to prevent reclining), which results in making homeless people 'visible' and even more

vulnerable to victimisation. It is further argued that the effect of policing homeless people by means of enforcing laws on misdemeanours, results in them being continuously circulated through correctional centres, making it difficult for them to sustain employment or job training. Most importantly, it makes them feel disrespected, despised, and to a large extent, excluded from the community and broader society. The demoralisation is most noticeable among the homeless who have memories or experiences of being treated differently (Novac, et al., 2007: 11). It is important to recognise that one of the consequences of regulating the lives of homeless people – where they can sleep, where they can sit, whether they can occupy public or semi-public places – is that they are often forcibly removed from safer spaces in the city and relegated to spaces which are potentially more dangerous and where they have less control over who they interact with. Homeless people, whether they are working, resting or enjoying social interactions, are continually exposed to potential offenders. The fact that many adopt aggressive and violent behaviours as an adaptive strategy for life on the streets may also increase their likelihood of victimisation (Gaetz, 2004: 429).

The stigma associated with homelessness is partially defined by and definitely augmented by local governments that create laws and regulations which impact the homeless in a negative manner. More specifically, laws against loitering, vagrancy, trespassing and panhandling delimit the legal boundaries within which the homeless seek survival. Laws which prohibit sitting on sidewalks, blocking the way of pedestrians near businesses and urban camping parks are attempts to legislate the homeless out of the public eye. These laws often criminalise homelessness without mentioning the words 'homeless' and 'housing', yet the violation of these laws by homeless people often result in unconstitutional arrests based on their housing status instead of behaviours that are of a criminal nature (Mathiti, 2006: 229; Prather, 2010: 14). Worn clothing, weathered skin and shopping carts become symbols for public distaste. Because homeless people are viewed as undesirable and their presence as threatening to the financial interest of local businesses by discouraging the presence of tourists and middle-class shoppers, the very condition of being homeless becomes criminalised (Evans & Forsyth, 2004: 482). These arbitrary arrests are believed to be attempts by the powerful elites, in order to maintain control over the poor. The enforcement of laws and regulations, which criminalise

homelessness, confirm their status as unwelcome visitors in a number of social spaces. Due to their public visibility, homeless people are often stigmatised more severely than other impoverished people. Therefore, the combination of disproportionate rates of victimisation, marginalisation and stigmatisation may be indicative of the fact that feelings of intolerance, prejudice and hate against the homeless may very well be an increasing component of most social settings (Mathiti, 2006: 229; Prather, 2010: 15).

3.3. Impact and consequences of the victimisation of the homeless

Homelessness is commonly defined as a public health concern associated with a series of negative health outcomes, usually stemming from elevated experiences of physical, sexual and other forms of criminal victimisation. These negative outcomes have been documented to manifest mainly in the form of poor physical and mental health or substance abuse (Bender, et al., 2007: 27; Dietz & Wright, 2005: 15; Mar, et al., 2014: 999). Victims of crime are diverse, and as a result, their responses to criminal victimisation vary widely. Victimisation, regardless of the form it takes, can lead to both short-term emotional difficulties and long-term psychological suffering for victims (Verdun-Jones & Rossiter, 2010: 611).

Research has also shown that experiencing violence can have serious prolonged effects. Physical assault on homeless individuals has the potential to cause physical injuries, the development of various psychological conditions and it can also prolong homelessness, which may require considerable medical treatment which most homeless people are unable to afford. The after-effects of violence also include lower levels of perceived safety and an exacerbation of pre-existing mental health issues (Meinbresse, et al., 2014: 123). For the purposes of this study, this section will discuss the impact and consequences associated with homeless victimisation under four broad headings, namely physiological, psychological and socioeconomic consequences as well as the experience of secondary victimisation as a result of being homeless.

3.3.1. Physiological consequences

The public health implications of homelessness are significant and include syndemic (synergistic epidemic) interactions which exacerbate substance abuse and health

problems, such as the risk of contracting HIV/AIDS or an infection. Mortality rates among homeless persons are more than three times higher than that of the house population and the average life expectancy is as low as 41 – 47 years (Hwang, 2001: 229; National Health Care for the Homeless Council, 2011: 2; O'Reilly, Barror, Hannigan, Scriver, Ruane, MacFarlane, & O'Carroll, 2015: 14; Perry & Craig, 2015: 20; Polcin, 2016: 1). One of the most common and more noticeable consequences of homelessness is the physical injuries suffered by victims. These injuries are usually the first of the consequences to be noticed by others and is said to be one of the easiest to treat (Wallace, 1998: 74).

Research on the general health and experiences of the homeless when seeking healthcare assistance is another neglected area of study, especially in Africa. This information is important for planning health services and, at the same time, it provides insight on the direction of the relationship between health and homelessness. For example, alcoholism may cause people to become homeless because they have lost their employment or been rejected by their family members, but the desperation of being homeless may, in turn, cause them to use and abuse alcohol. There is a growing body of evidence concurring that homelessness should not be regarded as a homogenous health risk but that it is more appropriate to consider homeless people as part of a continuum of risk profiles associated with poverty (Seager & Tamasane, 2010: 63; Williams & Stickley, 2011: 433).

Exposure to the elements directly impact on the health of the homeless as it results in respiratory infections, pneumonia, hypothermia, and skin diseases. Apart from this, however, there are also direct and indirect consequences associated with homelessness. The direct consequences include general diseases, such as, high blood pressure, diabetes, stomach aches, asthma, tuberculosis (TB), hepatitis B and C, flu, arthritis, dental problems, eye infections and also liver and kidney disease which are commonly associated with excessive alcohol consumption and the toxic effects of various narcotics (Hwang, 2001: 230; Martins, 2008: 421; National Health Care for the Homeless Council, 2011: 2; O'Reilly, et al., 2015: 14; Sadiki, 2016: 52; Seagar & Tamasane, 2010: 63). The indirect effects are less prominent in literature, but usually include risky sexual behaviour, multiple sexual partners, sex work and sexual abuse, all of which are said to affect homeless women and youth at disproportionate rates. These indirect effects are also commonly associated with

survival strategies, as some homeless people often trade sex for common basic necessities such as food, shelter or clothing and this can result in a high prevalence of sexually transmitted infections/diseases (STI/Ds) and HIV/AIDS infections. Alcohol and the use and abuse of illicit substances are also linked to violence and unintentional injury – yet another consequence of being homeless (Lohrmann, Botha, Violari & Gray, 2012: 174; Melander & Tyler, 2010: 576; National Health Care for the Homeless Council, 2011: 2; O'Reilly, et al., 2015: 14; Seagar & Tamasane, 2010:63-64; Weschberg, et al., 2003:672). The relationship between HIV/AIDS infection, employment status and homelessness is rather complex. It is well documented that HIV leads to physical as well as psychological (neuropsychological) impairments, potentially leading to decreased job performance and unemployment, with up to 65% of HIV infected individuals unemployed, even in developed countries (Lohrmann, et al., 2012: 174).

Additional health risks homeless people often face include the lack of shelter and the reluctant exposure to cold and damp conditions. Other risks include the lack of access to hygiene facilities, inadequate nutrition, substance abuse, vulnerability to traffic accidents (often when intoxicated) and high levels of violence and abuse (Seager & Tamasane, 2010: 70). Maintaining a healthy diet is difficult in soup kitchens and shelters as the meals are usually high in salt, sugars, and starch (making for cheap, filling meals but usually lacking nutritional value). Behavioural health issues such as alcoholism and substance abuse often develop or are made worse in these challenging situations, especially if there is no solution in sight. Injuries that result from violence or accidents do not always heal properly because bathing, keeping bandages clean and getting sufficient rest to recuperate properly aren't always possible while on the street or in shelters (National Health Care for the Homeless Council, 2011: 2). Substance use, abuse and dependency are widely acknowledged health and social problems among the homeless population and as mentioned previously, commonly associated with the pathways to homelessness. There is a common perception that substance abuse and homelessness are linked, however, with on-going debates regarding the direction of the relationship, there are a number of opinions. In many situations, however, substance abuse is a result of homelessness rather than a cause. People who are homeless often turn to drugs and alcohol to cope with their situations. They use substances in an attempt to attain

temporary relief from their problems. In reality, however, substance dependence only exacerbates their problems and decreases their ability to achieve employment stability and get off the streets. Additionally, some individuals may view drug and alcohol use as necessary to be accepted among the homeless population (Johnson & Frendrich, 2007: 212; Kemp, Neale & Robertson, 2006: 320; National Coalition for the Homeless, 2009: 1; Sadiki, 2016: 53).

Conditions among individuals who are homeless are usually co-occurring, with a complex mix of severe physical, psychological and social problems. High stress, unhealthy and dangerous environments and an inability to control the intake of food, often result in visits to emergency rooms and eventual hospitalisation. This, therefore, tends to worsen the overall health of the individual and thereby prolongs the homelessness (National Health Care for the Homeless Council, 2011:1; Padgett, et al., 2012:422).

3.3.2. Psychological consequences

Most of the psychological consequences associated with homelessness and the experience of victimisation may also result in the exacerbation of the factors discussed as potential pathways of homelessness. These pathways include a history of childhood abuse, substance abuse as well as existing mental and physical health challenges (Alam & Akter, 2015: 93; Couldrey, 2010: 12). As a result of the experiences of victimisation, many victims are often impacted on a psychological level, causing them to resort to the abuse of alcohol and other substances thereby worsening pre-existing or newly developed challenges (Wallace, 1998: 82). A significant portion of homeless people reportedly suffers from a wide range of mental health challenges (Williams & Stickley, 2011: 434). There are still numerous ongoing debates regarding the origin of these challenges. For some individuals, these individuals can often be traced back to events and circumstances prior to their homeless episode. The causes or triggers of psychological challenges for other people are the situational variables while on the street, such as the hardships experienced, substance abuse, victimisation and trauma. Homelessness in and of itself can produce increased anxiety, fear and traumatic stress levels that are sufficient to trigger the onset of a mental illness as well as amplify existing conditions. In most cases, being homeless often increases the duration and

seriousness of mental illness. At the same time, mental illness also increases the likelihood of longer periods of homelessness as well as the likelihood of victimisation. The most common mental disorders among the homeless are schizophrenia, mood disorders such as depression, bipolarity and post-traumatic stress disorder (PTSD) (Chambers, et al., 2014: 553; Lee & Schreck, 2005: 1061; Mar, et al, 2014: 1000; North, Smith & Spitznagel, 1994: 95; Sadiki, 2016: 54; Sundin & Baguley, 2014: 184).

Victim characteristics are also likely to have the greatest impact on psychological responses to criminal victimisation. Characteristics of individual victims that influence their psychological responses to crime include both structural factors such as gender, age, race, sexual orientation, ethnicity, and socioeconomic status as well as individual-level factors such as previous experiences of victimisation and trauma, pre-existing mental illness and social support systems available (Verdun-Jones & Rossiter, 2010: 618). For example, one structural factor which plays a role in determining the psychological impact of victimisation is an individual's socioeconomic status – a condition which reflects education levels, employment status and income. Individuals, who have a low socioeconomic status as determined by factors such as unemployment status, may experience chronic or episodic poverty and homelessness which increase both the risk of victimisation and the psychological distress following the experience of victimisation. Individuals who are homeless report high levels of stress and fear, both on the streets and in shelters, whereas homeless persons who suffer from mental illness and substance use disorders represent an even more vulnerable sub-group within the homeless population. Some scholars have concluded that violent victimisation is so common in the lives of homeless people who are suffering from mental illness that it may, to a certain extent, be considered a norm (Verdun-Jones & Rossiter, 2010: 620). An individual-level factor that has a significant impact on the psychological impact of victimisation on homeless people is the presence of pre-existing mental health challenges. Homeless people with a mental illness are at greater risk of victimisation and trauma than those without mental illness. It was also found that the rate of violent criminal victimisation for individuals with severe mental illness is 2.5 times greater than for the general population. Mentally ill homeless people are also more susceptible to violent victimisation because they are more likely to be impoverished

and homeless. Therefore, as a consequence of being impoverished and homeless, these individuals are also more likely to reside in socially disorganised areas, where victimisation may be a common experience (Verdun-Jones & Rossiter, 2010: 621).

Although international homeless hate crime research has far exceeded efforts made at a domestic level, it is important to note that hate crime research in South Africa indicates that there are several reasons why hate crimes require specialised services and prioritisation in addition to enhanced legislative and policy responses. Hate crimes are treated differently in different countries, not only because of their prevalence, but because of the severe emotional and psychological impact of such crimes, which potentially extends beyond the individual victim to the group to which the individual belongs, or is perceived to belong to. However, treating hate crimes as a separate category of crime is not universally agreed upon. Whilst violent crime victimisation in general carries the risk of psychological distress, studies have indicated that victims of hate crime have distinct needs and may suffer from consistently higher levels of psychological distress (intrusive thoughts, feelings of helplessness, depression, stress, anxiety and anger) than victims of other comparable crimes. Survivors of violent crimes, including hate crimes, are also at risk of developing a variety of mental health problems which also emerge in the existing research on homeless victimisation. These mental health challenges include, schizophrenia, mood disorders such as depression, bipolar and PTSD, as listed above (Chambers, et al., 2014: 553; Lee & Schreck, 2005: 1061; Nel & Breen, 2011: 34; Sadiki, 2016: 54). The psychological consequences of victimisation are vast and cannot be ignored. Regardless of all the variables, international literature on hate crime consistently indicates a higher level of detrimental psychological consequences, often warranting enhanced and prioritised legislative and policy responses (Nel, 2007: 57).

3.3.3. Socioeconomic consequences

With reference to the socioeconomic consequences of homelessness and the plight of this population as victims of crime, it is important to emphasise that victimisation is said to be so inextricably linked to homelessness, that homelessness itself should be seen as a type of victimisation in as much as the social structures prohibit the lower class from the 'spoils' enjoyed by the rest of society (Fischer, 1992: 229).

Homelessness is commonly defined as one of the most severe forms of poverty, a form which is believed to dehumanise, marginalise and socially exclude people (Bassuk & Franklin, 1992: 72; Mangayi, 2014: 215). As such, homelessness tends to sever social ties from the mainstream society. This is usually described as a state of detachment from society and as a result, the homeless cannot access any viable networks of assistance. This means that homeless individuals lack the ability to access adequate housing, education, healthcare, criminal justice or police support as a direct result of their social status (Mathiti, 2006: 215; Prasad, 2012: 74; Sadiki, 2016: 51; Scurfield, et al., 2004: 2). In reaction to their experience of victimisation, many homeless victims – as with victims of hate crimes – also report a loss of faith in societal systems which they feel have failed them (Nel, 2007: 57; Scurfield, et al., 2004: 4).

Conditions among people who are homeless are usually co-occurring, with a complex combination of severe physical, psychological and social problems (National Health Care for the Homeless Council, 2011: 1). Thus, the intricate relationship between the causes, risk factors and consequences of homelessness and the experiences of victimisation cannot be ignored. The physiological and psychological impact of homelessness and the experience of victimisation usually cause a significant degree of harm in terms of their socioeconomic well-being, as these impacts potentially extend far beyond the individual victim. Other individuals from the targeted group may similarly be left feeling isolated, vulnerable, unprotected and intimidated, but so too the victim's larger community experience fear, distrust and renewed conflicts around previous areas of division in the community, resulting in a further division and/or instability (Nel, 2007: 59; Nel & Breen, 2013: 247). Homeless people, in general, are also unable to acquire and maintain employment which is usually as a result of a variety of factors which includes physical and mental health challenges, the use and abuse of alcohol and other illicit substances or merely due to the general distancing from society due to the general bias held against the homeless. Given the current socioeconomic conditions in South Africa – particularly in the lives of the poor, unemployed and homeless – it is highly likely for these socioeconomic circumstances to breed further frustration among individuals which may manifest itself in violence and crime, and indirectly increase the risk of victimisation (Clark, 2012: 81). One of the greatest consequences as a result of

these 'socioeconomic restrictions' is that homeless people cannot acquire some of their basic needs (food, shelter and clothing) and usually remain marginalised unable to escape barriers associated with homelessness such as accessing affordable and safe housing, education, employment, and healthcare and treatment, and consequently, usually remain homeless and vulnerable to victimisation (Heerde & Hemphill, 2016: 266).

3.3.4. Secondary victimisation

Along with the experience of victimisation itself, the process of laying a criminal charge and pursuing a case through the criminal justice system is likely to be a taxing one for the victim. In addition to this, insensitive or other disrespectful or harsh treatment by criminal justice officials may serve as a source of additional distress for victims of crime. Negative treatment of this kind, whether from the police, prosecutors, magistrates, district surgeons or other officials associated with the criminal justice or healthcare system, is referred to as secondary victimisation (Bruce, 2013:100). The risk of secondary victimisation is usually what impacts homeless peoples' perceptions of formal assistance measures. The majority of homeless people have little or no faith in the police and are usually of the opinion that the police discriminate against homeless individuals. Homeless victims also avoid reporting crimes, due to the fear that past transgressions (sex work or substance-related offences) may lead their arrest (Scurfield, et al., 2004: 8). Negative attitudes and prejudice on the part of criminal justice officials and health service providers play a role in secondary victimisation, that is, decision-makers deprioritising hate victimisation and service providers neglecting, and sometimes overtly discriminating against victims of hate crime within the criminal justice system and/or health system. Together with victims of sexual offences such as rape and domestic violence, victims of hate crime on the basis of race and sexual orientation, among others, are particularly susceptible to secondary victimisation (Nel, 2007: 60; Nel & Breen, 2013: 247). As discussed previously (see 3.2.5), attitudes of the general public toward the homeless population are usually negative as the general public may formulate these negative labels on the basis of a homeless persons' social status (Alam & Akter, 2015: 97). Negative attitudes are often seen in most social interactions with members of the general public. These negative attitudes are generally expressed in the criminalisation of homelessness, and also vastly apparent

within legislation as well as the personal attitudes of members of the general public, usually prohibiting the use of otherwise public spaces by homeless people. These negative attitudes are also clearly displayed when homeless people seek legal or healthcare assistance following an experience of victimisation (Alam & Akter, 2015: 97; Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3).

As mentioned above, and in addition to the lack of legislative intervention, homeless people also experience significant challenges when attempting to report crimes committed against them. It should also be noted that no formal legislation exists which is directed at assisting homeless victims of crime. Despite high rates of criminal victimisation, homeless people are also less likely to report victimisation to the police (Sadiki, 2016: 49). The apprehension to report crimes exists due to a lack of awareness of legal rights, unwillingness to assume victim status, the self-classification of incidents as non-crimes, feelings of unworthiness, difficulty in getting evidence and witnesses, cultural constraints against 'grassing' and lack of trust in the criminal justice system. There is resignation among homeless people that the police will not act on crime reports as the homeless victim will be perceived as 'asking for it'. Whilst there are numerous zero-tolerance regulations (criminalisation of homelessness) against rough sleeping and begging, crimes committed against the homeless are not treated as a priority. Despite the increased likelihood of victimisation, homeless substance abusers are even less inclined to report incidents to the police for fear of prosecution (Scurfield, et al., 2004: 4). Homeless people's fear of prosecution is fuelled by the fact that they engage in minor offences such as loitering, disorderly conduct and public drunkenness – offences which are frequently criminalised in many societies. The visibility of such behaviours not only increases the stigma attached to homelessness but also leads to differential treatment by the police, local governments and the criminal justice system (Sadiki, 2016: 49). Rather than report crimes and making use of 'formal mechanism of social control', homeless victims often choose to personally process the residual effects of crime, which could prove to be problematic. In an attempt to forget about the victimisation, high-risk behaviours such as alcohol or illicit substance abuse may be adopted as potential coping strategies and as such, could possibly turn a victim into an offender (Scurfield, et al., 2004: 4). Despite the extent of victimisation in the lives of many homeless people, crimes committed against the homeless therefore remain grossly

under-reported and their experiences remain hidden and misunderstood. By virtue of their status as homeless, homeless individuals are also often blamed for the very crime committed against them (Sadiki, 2016: 51).

Homeless victimisation, as proven on an international scale has many factors which warrant its inclusion under the protection of hate crime legislation – factors which correlate with the existing hate crime framework of South Africa, in which homeless victimisation is not yet a part of (Al-Hakim, 2015: 1759). Homeless victims, as with the other recognised victim categories of hate crime, often experience secondary victimisation. The perceived lack of understanding or insensitivity of criminal justice officials and low prioritisation in government responses regarding the plight of victims contribute to their hesitation to engage the criminal justice system following an experience of victimisation. Too often, when homeless victims report crime to police or while interacting with other criminal justice officials or seeking health services following victimisation, are they labelled ‘criminal’ and tend to experience secondary victimisation or ‘victim-blaming’ (Kenney, 2002: 242; Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3). Secondary victimisation may be the result of adherence to rules and regulations which are not person-centred or, for example, when the affected or injured person is asked what he/she had done to ‘deserve’ the violence or victimisation, thus adding insult to injury (Nel, 2007: 60; Nel & Breen, 2013: 247).

3.4. Current reduction measures and support systems in place for the homeless

With reference to the preceding sections, homeless individuals often face various physiological, psychological, social, economic and/or legal challenges and due to the marginalisation and social exclusion of this population, homeless people usually have smaller social networks and lower levels of social support (Bassuk & Franklin, 1992: 72; Mangayi, 2014: 215; Meinbresse, et al., 2014: 123; Piat, et al., 2015: 2638). Victimisation reduction measures and support systems for the homeless, whether practical or formal legislative options are often poorly implemented or hard to access for most homeless people (Mathiti, 2006: 218; Sadiki, 2016: 55). The following section will explore such reduction measures and support systems currently available to homeless people as well as the challenges they face when attempting to access the various networks of assistance.

3.4.1. Provision of assistance to the homeless: Homeless shelters and Non-Governmental Organisations (NGO's)

The state of homelessness is often characterised by the lack of a protective shelter, in light of this, homeless shelters then, provide a place where one can escape to avoid danger or a shelter where people who have no place else to go gather (Gaetz, 2004: 429; Hurtubise, Babin, & Grimard., 2009: 1; Naidoo, 2010:129; Olufemi, 2000: 224; Sadiki, 2016: 7). With the serious and widespread nature of domestic violence in South Africa, there is an increase in the vulnerability of many women and children to homelessness. However, shelters for abused women often play a significant role in preventing a majority of them ending up without a roof over their heads (Mathiti, 2006: 219). Many shelters also offer a variety of services to their residents, which include, but are not limited to the provision of food, a temporary shelter, support groups, legal assistance, and children's programs. Accordingly, it is often believed that the homeless shelter is what keeps homeless people alive and for many homeless people, shelters are seen as an anchor in their lives, usually assisting through times of great turmoil (Baker, Cook & Norris, 2003: 759; Hurtubise, et al., 2009: 1).

Many shelters and NGO's rely heavily on sponsorships and consequently tend to operate with inadequate funding, which to a certain extent limit services and levels of assistance they are able to offer homeless people. To augment governmental support, shelter directors frequently seek funding from outside sources (sponsorships), but accompanying restrictions limit how shelters are able to expend these funds. For example, some sponsors do not allow shelters to provide services to women who plan to return to their abusers, have addictions, or belong to minority groups. In addition, shelters typically turn away homeless women if they are not currently abused but have been in the past. This situation is ironic, as many women cannot be housed at a battered women's shelter when they leave their abusive partners because many shelters consistently operate at capacity or over capacity. Yet if these same women became homeless while gaining safety, they may become ineligible for shelter housing and community-based services (Baker, et al., 2003: 759). Most of the organisations providing services to the homeless do not see their primary function as health-related, but by addressing the basic needs of food and shelter they clearly contribute to their clients' health. Most formal shelters address

direct health needs by referring to state health centres, such as clinics and day hospitals, treating minor injuries and also skin conditions such as lice and *Sarcoptes scabiei* (scabies), and assisting with the treatment for chronic conditions such as Tuberculosis (TB). There are also often other professionals, such as social workers allocated to most homeless shelters (Seager & Tamasane, 2010: 68).

Homeless shelters also tend to run independently from government departments. As mentioned previously, they not only offer shelter and food but in most cases, homeless shelters are seen as places of meaningful intervention. Some shelters gather information from residents and as a result, are able to target problems and refer to appropriate service providers. Some shelters promote job readiness, through in-house training centres, social enterprises or by employment groups. Others focus on health needs and orient uses towards services that correspond best to their needs (Hurtubise, et al., 2009; 8). However, it becomes difficult to provide these services to all vulnerable segments of the population without adequate governmental support. Resources are depleted quickly and result in the inability to provide a much-needed service to those in need. Shelters can be seen as a stepping stone for government intervention, as many homeless people gather at shelters and can, therefore, be easily reached by the applicable governmental sectors. However, while shelters might afford some reprieve from many dangerous elements of street life they tend to pose various problems of their own. In some shelters, many homeless individuals may be vulnerable to victimisation and violence from other shelter residents. To the extent that some may start to feel that the streets are actually safer than shelters and therefore choose life on the street over the shelter (North et al., 1994: 96). As a result, many homeless people tend to develop a sense of attachment to the streets, which leave them exposed to a variety of dangerous encounters, usually filled with violence and disproportionate experiences of victimisation.

3.4.2. Provision of healthcare services to the homeless

This section represents another challenge related to the support systems available to the homeless population. As was mentioned, homeless people are frequently stigmatised because many people assume that they have problems related to alcohol or other forms of substance abuse and many are labelled mentally ill. There is, however, relatively little data on the health status of the homeless, especially in

Africa. This information is important for planning health services as well as for gaining an understanding regarding the causal relationship between health and homelessness, that is, does homelessness cause health challenges or does health challenges cause homelessness, so as to provide a clear path for intervention (Seager & Tamasane, 2010: 63). Although some homeless people report fairly satisfactory services when seeking healthcare assistance for general ailments or assistance following victimisation, this is not always the case (Meinbriesse, et al., 2014: 129).

The state of homelessness has a significant influence on the health of homeless people. Inadequate shelter, poor access to food, susceptibility to communicable diseases, vulnerability to violence and injuries, contribute to higher rates of morbidity and premature mortality. As was mentioned, homeless people who engage in survival sex are also at an increased risk for HIV/AIDS contraction as well as other sexually transmitted diseases/infections (Seager & Tamasane, 2010: 64). Although the provision of healthcare to homeless people is promulgated in the declaration of basic human rights, which states that “everyone has the right to a standard of living, adequate for the health and well-being of himself and of his family”, homeless people often experience problems when trying to obtain adequate healthcare services (Wenzel & Voce, 2012: 78).

Homeless people seeking adequate healthcare services are inclined to receive poor service and as a result, have unpleasant experiences. Certain inequalities in relation to the availability of healthcare for homeless people have also been identified, indicating that they are often subjected to verbal abuse, treated with less respect, and usually have access to a more circumscribed choice of health providers, during which they are offered poor quality amenities and not immediate attention. The difficulties that many homeless men and women have faced in obtaining access to healthcare have often been viewed by the public and service providers alike as ‘their problem’ or ‘their fault’ (Fisher & Collins, 1993: 32). Stereotypical images, said to reflect the attributes and characteristics of the homeless person, are invoked to justify this assertion and it is suggested that homeless people find it difficult to obtain access to healthcare because they are too smelly, too dirty and often too drunk. In addition to this, they frighten other patients and sometimes staff, they are also too mobile and they do not keep appointments (Fisher & Collins, 1993: 32). Additional

barriers encountered by homeless people, when attempting to access healthcare services, include a lack of finances, cultural barriers due to marginalisation and barriers due to a lack of comprehensive healthcare provision. These barriers could result in a delay in deciding to seek healthcare, a delay in reaching a healthcare facility and/or a delay in receiving adequate healthcare (Sadiki, 2016: 54; Wenzel & Voce, 2012: 78). Individuals who are chronically homeless are also reported to avoid engaging in primary care and mental health services entirely (Meinbriesse, et al., 2014: 131). The fear of intimidation and harassment is real. The panoply of stigmatisation by some sections of the medical fraternity often limits their access to healthcare. This renders homeless individuals vulnerable to various cardiovascular, musculoskeletal, dermatological and mental health diseases. The lack of a home coalesces with the aforementioned factors to create further vulnerabilities (Mathiti, 2006: 220).

Some homeless individuals, who have mental health challenges, do not receive any attention from service providers, as they are usually withdrawn and isolated. Others may refuse services as they often lack insight into their illness because of negative experiences with the system or due to the fact that many homeless people prioritise other basic needs such as food and shelter (Marshall & Bhugra, 1996: 102). Many homeless individuals are willing to accept assistance from mental health service providers but often find the services to be inflexible or inaccessible and unable to meet their multi-dimensional and complex needs. Many mentally-ill homeless people are also occasionally too impaired to deal with the bureaucracy of mental health services. Traditionally, most mental health services are inclined to 'medicalise' homelessness and as a result, have failed to recognise the broad range of needs of the mentally-ill homeless, focusing on their psychiatric needs' and often engendering feelings of humiliation. Assistance has typically been in the form of inpatient treatment, often in crisis situations, with little to no follow-up practices after they have been discharged. Indeed, the tendency may be to discharge the homeless as fast as possible into temporary accommodation so that they do not overcrowd hospitals. Follow-up often consists of outpatient appointments and these are not a priority of the homeless person who is in need of food and shelter. Healthcare services have generally ignored the fact that even overtly psychotic patients may have adapted to

life in hostels and/or the streets and are not in need of acute inpatient care (Marshall & Bhugra, 2007: 102; Martins, 2008: 426 – 427).

Factors related to service utilisation amongst the homeless are also usually poorly understood and little research has been carried out in this area. Higher rates of hospitalisation have been reported amongst homeless women. This may be due to the fact that homeless women are more likely to be admitted to hospitals whereas homeless men in the same situation may be taken to prison (Marshall & Bhugra, 1996: 101). Social support is often associated with a lower likelihood of victimisation which may indicate that prevention programs and interventions that focus on developing and harnessing social or familial support to aid in a reduction in the rate of violence among individuals who are experiencing homelessness can take the form of support groups, risk-factor screening counselling and group education sessions at community events (Meinbriesse, et al., 2014: 131).

3.4.3. Legislative framework: the need for intervention

A common question with reference to legislation is whether or not existing legislative framework captures the complexity of the social and economic circumstances of homelessness. National legislation in South Africa, while not dealing directly and specifically with any form of homelessness in any one statute does otherwise respond, to social and economic conditions or circumstances associated with the homeless, with different types of legislation. The reality of this is that the statutory responses to homelessness, in general, do not appear to fully capture the complexity of this phenomenon as there are no direct formal responses to homelessness or experiences of victimisation (Naidoo, 2010: 132). Perhaps the most common legal reference to the issue of homelessness is in South Africa's Constitution (Act 108 of 1996), which recognises the need to redress past discriminatory practices and neglect related to shelter and social services. Section 26 of the Bill of Rights states that, 'everyone has the right to have access to adequate housing'. This wording, it could be argued, covers the circumstances associated with homelessness. The circumstances covered by section 26 are expanded in South Africa's National Action Plan for the Promotion and Protection of Human Rights, which, strictly speaking, is a policy document which is directly informed by the Constitution of the Republic of South Africa (Act 108 of 1996). This 'Action Plan' covers the special needs of the

homeless (especially children), inherited racial disparities in access to quality of shelter, disparities between rural and urban dwellers and backlogs in moving informally sheltered individuals to more formal housing (Naidoo, 2010: 132).

Homelessness, as discussed above, encompasses various aspects and means much more than just the lack of shelter – it is intimately connected with social and economic conditions. Such conditions, or at least the factors that influence them, are outlined in section 27 of the Constitution (Act 108 of 1996), which states that everyone has the right to access healthcare services, the right to sufficient food and water, the right to social security and social assistance and the right to emergency medical treatment. The Social Assistance Act (Act 103 of 2004) further specifies the state's responsibilities in this area by making provision for 'grant(s)-in-aid' and 'social relief of distress'. The National Health Act (Act 61 of 2003), also specifies the role of national health bodies providing 'social health services', but it is not clear whether such services include those situations alluded to under section 27. This Act does, however, include the homeless, as persons for whom access is acknowledged as being especially difficult (Naidoo, 2010: 132). The Housing Act (Act 107 of 1997 as amended), while not referring to 'homelessness' by name, or even the situation of being 'homeless', includes provisions such as section (1)(e)(iii), where national, provincial and local spheres of government must promote the establishment, development and maintenance of socially and economically viable communities and safe and healthy living conditions to ensure the elimination and prevention of slums and slum conditions (inadequate housing). Sub-section (viii) also states that the government must promote the 'meeting of special housing needs', which generally refer to the needs of the disabled. However, this policy has also been extended to the building of shelters for the temporary accommodation of the homeless (Naidoo, 2010: 133). References have also been made to street children, and, even though this sub-population does not form part of the current study, it should still be mentioned as part of the population as a whole. Legislative options directed at children include the Gauteng Street Children Shelter Act of 1998 administered by its Department of Welfare and Population Development as well as the Children's Act (Act 38 of 2005) which elaborates of section 28 of the Constitution. This is a repetition of section 27 but it makes explicit reference to children as a distinct population group in vulnerable social and economic situations such as

homelessness (Naidoo, 2010: 133). Homelessness and inequality remain major unresolved problems in the South African context despite the protection of the rights to equality (section 9) and access to adequate housing (section 26), afforded by the Constitution (Act 108 of 1996). These rights appear to strengthen the right to human dignity, as documented in section 10 of the Constitution (Act 108 of 1996). The policy framework for homelessness, much like the legislative framework, implements various sectoral interventions (primarily in the Housing and Social Welfare sectors) designed to address the complex social and economic context of the problem. However, it is clear from this shared response that there is a need to improve collaboration and coordination between departments (Naidoo, 2010: 134).

3.5. A critical assessment of the current hate crime legislation in South Africa: finding a place for homeless victimisation within the existing hate crime framework

With reference to the previous discussion, the absence of victim-orientated legislation for the homeless is problematic as this may mean that the members of this vulnerable population remain neglected and unprotected. It is evident that the existing legislation is usually not implemented adequately and does not meet the needs of the homeless. Such negative treatment can also be seen as a violation of their basic constitutional rights, necessitating the need for the special protection of the homeless under the emerging hate crime legislation.

The Hate Crime and Hate Speech Bill (2016), is built on the premise that the Constitution of the Republic of South Africa (Act 108 of 1996), commits the Republic and its people to establishing a society which is based on democratic values of social justice, human dignity, equality and the advancement of human rights and freedom, non-racialism and non-sexism, being cognizant of the fact that section 9 (1) of the Constitution (Act 108 of 1996) provides that everyone is equal before the law and has the rights to equal protection and benefit of the law. Section 9 (3) and (4) of the Constitution (Act 108 of 1996) provides that neither the state nor any person may, directly or indirectly, discriminate unfairly against anyone on one or more grounds. Section 10 of the Constitution (Act 108 of 1996) provides that everyone has inherent dignity and the right to have their dignity respected and protected. The Promotion of Equality and Prevention of Unfair Discrimination Act, 2000, prohibits

unfair discrimination, hate speech and harassment and requires the State to promote the constitutional imperatives enshrined in section 9 of the Constitution (Act 108 of 1996) (Department of Justice and Constitutional Development, 2016).

With reference to the recent developments of the Hate Crime and Hate Speech Bill of South Africa (2016), certain vulnerable victim groups are on the verge of receiving specialised protection against criminal victimisation. In terms of South African hate crime research, the most noteworthy developments are currently in line with the three most well-known forms of hate crime in South Africa, i.e., those hate crimes which are race-based violence, violence against foreign nationals (xenophobia) and violence against members of the LGBTI+ community. However, the Bill has expanded significantly as it is now also directed at protecting the needs of other vulnerable victim groups, which include religion, occupations, age and disability. The lack of empirical data on homelessness in developing countries such as South Africa, generally implies that the greater part of the current discussion lacks an empirical foundation and requires much more research, so as to put forward a well-formulated, substantiated argument for the inclusion of the homeless under hate crime legislation (Tipple & Speak, 2005: 341).

Apartheid South Africa's history with regard to race, racism and institutionalised prejudice and discrimination of minority groups, is well known. Democratic South Africa, however, aspires to be the 'Rainbow Nation'. Its position on hate crime is thus of particular interest. While many countries consider hate crimes priority crimes that justify special measures to give effect to anti-hate crime legislation, this is not yet the case in South Africa (Nel, 2007: 44). Arguing from an Apartheid perspective, the term 'disadvantaged' appears to provide the strongest and most coherent account for explaining the choice of vulnerable groups selected for enhanced protection under hate crime legislation (Al-Hakim, 2015: 1758). Historically, the homeless have faced various forms of discrimination, both individually perpetrated and state-based (criminalisation practices) (Al-Hakim, 2015: 1759). At a domestic level, the homeless can also be considered a disadvantaged group within the South African society, due to their experience of victimisation at disproportionate rates, social exclusion, marginalisation, poverty, unmet basic constitutional rights and the challenges they face when trying to procure adequate legal and healthcare assistance (Alam & Akter, 2015: 93; Bassuk & Franklin, 1992: 72; Garland, et al., 2010: 287; Mangayi, 2014:

215; Meinbriesse, et al., 2014: 129; Naidoo, 2010: 132; Sadiki, 2016: 49; Scurfield, et al., 2004: 3 – 4).

The introduction of the Hate Crimes Bill seeks to broaden the protection afforded to those in society whose constitutional rights have traditionally been restricted. The Hate Crimes Bill not only reaffirms the recognition of, and need to protect the rights of vulnerable groups, such as the homeless, but also seeks to ensure that perpetrators of hate crimes are prosecuted. Whereas the Hate Crime Bill may be flawed in terms of the limited scope of vulnerable groups within the current hate crime framework and also the gap between law and practice, i.e., implementing the hate crime legislation to hate crime cases in South Africa, its positive impact should nevertheless not be ignored. Therefore, by broadening its scope, the emerging hate crime legislation has the potential to extend protection and remedy the deficiencies in previous (existing) legislation effectively and allow for the realisation of every individual's fundamental constitutional right to equality, dignity and security (Bowles, 2017: 22).

3.6. Conclusion

It can therefore be concluded that in terms of the existing literature a complex, yet significant relationship appears to exist between the pathways, risk factors, impact and consequences and the general experiences of victimisation of vulnerable homeless populations. Although there are some compelling arguments in line with the inclusivity of the homeless under the developing South African hate crime legislation, another noticeable deduction is the fact that there are still a number of inconsistencies present which stem from a lack of conclusive and empirical research. This is a challenge which significantly hampers the level of understanding of the homeless and their needs as the victims of crime in South Africa.

CHAPTER 4: RESEARCH EXPECTATIONS

Considering the theoretical and empirical perspectives associated with the experiences of victimisation of the homeless with reference to both international and domestic literature presented in the previous chapter, it is clear that more research on this phenomenon is required to make more reliable and informed conclusions. It therefore becomes necessary to provide personal accounts of the experiences of victimisation of the homeless, so as to gain a better understanding of this phenomenon particularly to initiate further research focusing on harm reduction. The purpose of this chapter is to formulate research expectations based on a review and evaluation of the relevant literature and the applicable theoretical perspectives to aid in the exploration of the phenomenon of homelessness, in order to fulfil the objective and aims of this study (see 1.6.).

4.1. Research expectation 1: The majority of the participants will report that they have experienced victimisation while being homeless

Despite the lack of concrete or reliable information regarding the experiences of victimisation of the homeless, the theoretical perspectives used for this study as well as the available literature indicate that homeless individuals are expected to experience victimisation at disproportionate rates in comparison to members of the general public (Alam & Akter, 2015:93; Garland, et al., 2010: 287; Scurfield, et al., 2004: 3). Concepts such as victim contribution and victim facilitation, which form part of von Hentig's victim precipitation theory, also state that victims of crime often bring about their own victimisation. In the context of homeless individuals, it is suggested that by participating in various survival strategies, such as survival sex/sex work, drug dealing or begging, homeless people directly and indirectly increase the likelihood of victimisation (Conklin, 1986: 280; Dietz & Wright, 2005: 16; Myrstol & Chermack, 2008: 464). Based on the arguments presented in the victimisation risk models, by individuals and cohorts alike, Cohen and Felson (1979), Cohen, Kleugel and Land (1981) and Fattah (1991), homeless people are expected to and often do experience victimisation as a joint function of exposure and vulnerability. Additionally, the streets and to a lesser – but still significant extent – homeless shelters, are inherently dangerous places and so exposure to potentially dangerous places and potentially dangerous individuals is wide-spread. These factors coupled

with their lifestyles, routine activities, risk factors for victimisation, social status and labels in society are therefore expected to make homeless individuals more prone to victimisation and violence than members of the general public (Dietz & Wright, 2005:16).

4.1.1. **Sub-expectation 1.1:** Most of the participants will report experiences of victimisation involving the following types of victimisation:

4.1.1.1. Verbal victimisation

4.1.1.2. Physical victimisation

4.1.2. **Sub-expectation 1.2:** Most of the participants will report experiencing some form of sexual victimisation.

The types of victimisation homeless people experience are challenging to predict or explain from a theoretical point of view. However, the existing literature on homeless victimisation outlines three types of victimisation commonly experienced by the homeless, i.e., verbal victimisation verbal victimisation, physical victimisation and sexual victimisation. Verbal victimisation is often overlooked and perceived to be the least serious type of victimisation that homeless people experience, but contrary to this belief, it has been reported to be the most psychologically damaging relative to its frequency. Homeless people are often verbally abused by members of the general public or medical staff while trying to make use of healthcare services and this verbal abuse is seemingly due to their social status and perceived dependence on alcohol and other illicit substances (Scurfield, et al, 2004: 5).

The homeless also generally experience high rates of either physical or sexual victimisation (occasionally, a combination of the two) which is commonly associated with a history of victimisation as well as the public nature of their daily lives (Kushel, et al., 2003: 2492; Ledger, 2013: 4; Sadiki, 2016: 43; Tyler & Beal, 2010: 101). It has also been suggested that homeless females usually experience higher rates of victimisation than homeless males which may be due to their perceived physical weakness which makes them the more suitable target to potential offenders (Couldrey, 2010: 20; Kushel, et al., 2003: 2492). The experience of physical victimisation among the homeless is also often reported to be motivated by theft (Sadiki, 2016: 44). The literature on sexual victimisation and homelessness also indicates that exposure to crime is used to explain the experience of sexual

victimisation among homeless people. In other words, engaging in activities such as survival sex and panhandling exposes homeless individuals to a wider variety of people, making them easily visible and accessible to potential offenders, therefore, increasing their chances of becoming a victim of sexual victimisation (Sadiki, 2016: 45; Tyler & Beal, 2010: 102).

4.2. Research expectation 2: The majority of the participants will report the following as risk factors which increased their experiences of victimisation:

4.2.1. Childhood adversity (abuse/trauma.

4.2.2. A devalued social status

4.2.3. The use/abuse of alcohol

4.2.4. The use/abuse of illicit substances

4.2.5. Physical health challenges

4.2.6. Mental health challenges

4.2.7. **Sub-expectation 2.1:** Most of the participants will also report the following demographic characteristics as risk factors which increased their experiences of victimisation:

4.2.7.1. Age as a risk factor

4.2.7.2. Race as a risk factor

4.2.7.3. Gender as a risk factor

4.2.7.4. 'Place of refuge' as a risk factor

The concept of victim proneness as outlined in the victim precipitation theory by von Hentig, explains that some people are more likely to suffer specific types of victimisation, and sometimes more so, if they have experienced said victimisation in the past (Diagle & Muftić, 2016: 77). This theoretical viewpoint can be linked to having a history of childhood abuse, as most of the literature demonstrates that homeless people who have experienced an abusive childhood, are more inclined to experience elevated rates of victimisation as an adult (Couldrey, 2010: 12-14; Dietz & Wright, 2005: 16; Heerde & Hemphill, 2016: 266; Keeshin & Campbell, 2011: 401; Montgomery, et al., 2013: 262; Sadiki, 2016: 35).

Homeless individuals with a history of sexual abuse are also believed to be at an increased risk for sexual victimisation while living on the street (Sadiki, 2016: 45).

Victim proneness has also been associated with demographics, which also determines the lifestyles and routine activities of potential victims. This concept suggests that individuals are more prone to victimisation based on their age, gender, socioeconomic status, how much time is spent in dangerous areas as well as the use and abuse of alcohol and other illicit substances (Diagle & Muftić, 2016: 78). With reference to the theoretical perspectives used in this study as well as the existing research on homelessness, certain demographics have also been associated with the increased risk for victimisation. Fattah, in his exposition of the differential risk to criminal victimisation theory, also supports the notion of risk factors and how victims experience an increase in victimisation in the presence of these risk factors (Fattah, 2000: 31; Saponaro, 2013: 22). Risk factors such as target attractiveness, suitability and vulnerability are said to be determinants of victimisation. Fattah also specifically singles out alcohol as a pertinent risk factor for victimisation and as a result it can be theorised that homeless people who consume or abuse alcohol are inclined to experience victimisation (Davis, 2005: 43; Fattah, 1991: 342; 2000:31; Saponaro, 2013: 22). Additionally, the presence of substance abuse as well as physical and/or mental health challenges are also identified as risk factors for the increased experience of victimisation among the homeless. Although these are entirely separate concepts, they tend to function in virtually the same way. These factors, both in theory and practice, are said to affect the mobility, vigilance and defensive abilities leaving homeless people particularly vulnerable and prone to experience an increased rate of victimisation (Couldrey, 2010: 26; Dietz & Wright, 2005: 15; Johnson & Fendrich, 2007: 211; Sadiki, 2016: 42).

Being homeless is often characterised by weak social ties, i.e. a devalued social status. Embedded in most definitions of homelessness, homeless people are often perceived as being poor, socially excluded, marginalised individuals, who are detached from society, unable to make use of any societal networks of assistance (Bassuk & Franklin, 1992: 72; Mangayi, 2014:215; Sadiki, 2016:7; Watson, et al., 2016: 97). Homelessness is sometimes a direct result of familial breakdown or isolation. With the presence of substance abuse disorders, the disruption of social ties is common among homeless people. Mentally and physically challenged people are also often abandoned by their families and the rest of society. Each of these factors often contribute greatly toward the weakening of social ties, which in many

ways, essentially means that many homeless individuals function in isolation, meaning a lack of guardianship, which from a theoretical point of view, results in an increased rate of victimisation (Dietz & Wright, 2005:16; Fattah, 2000: 31; Gaetz, 2004: 431; Gomez, et al., 2010: 25; Sapanaro, 2013: 22).

4.3. Research expectation 3: The majority of the participants will report the following as pathways into homelessness:

- 4.3.1. Childhood adversity (abuse/trauma)
- 4.3.2. Unemployment
- 4.3.3. Family conflict
- 4.3.4. Domestic violence
- 4.3.5. The use/abuse of alcohol
- 4.3.6. The use/abuse of illicit substances
- 4.3.7. Physical health challenges
- 4.3.8. Mental health challenges

Whilst reviewing the existing literature on the causal factors related to homelessness, various pathways into homelessness were identified and discussed (see 3.1). The exploration of these causal factors is also significant for the purposes of this study, as most of the literature illustrates a rather complex and intricate, multidirectional relationship between the causes, risk factors and consequences associated with homelessness and the experiences of victimisation (Heerde & Hemphill, 2016: 278; Johnson & Chamberlain, 2008: 342; McCarty, et al., 1991: 1140; Polcin, 2016: 2). Consequently, it remains a challenge to identify which of these factors came before and which of them were caused by the homelessness episode and thus information of this nature can be considered invaluable in terms of attempting to gain a better understanding of the complexities around the causes, risk factors for victimisation and the consequences of homelessness and the experiences of victimisation.

Adverse childhood experiences such as emotional, sexual and/or physical abuse, household dysfunction, parental substance abuse and neglect have been shown to predict a multitude of negative outcomes in adulthood, including mental illness, addiction and chronic disease – all of which were frequently identified by a number of studies in the context of population-representative samples of the homeless

(Couldrey, 2010: 14; Dietz & Wright, 2005: 16; Keeshin & Campbell, 2011: 401; Montgomery, et al., 2013: 262). It has also been suggested that interfamilial experiences of childhood maltreatment place an individual at greater risk of becoming homeless and subsequently, the events and behaviours of life on the street (the use/abuse of illicit substances, engaging in risky activities such as robbery and sex work) tend to amplify the effects of an adverse childhood, often resulting in more frequent experiences of victimisation while being homeless (Mar, et al., 2014: 1000).

As far as the various pathways into homelessness are concerned, poverty and unemployment seem to be quite prevalent. Homelessness is often characterised by chronic poverty and unemployment. Unemployment usually worsens the effects of poverty, and as result these individuals often struggle to meet their expected cost of living, which usually leads to the inability to afford adequate housing and in the most extreme cases eventually leads to homelessness (Mathiti, 2006: 218 – 219; Piat et al., 2015: 2368). Poverty and unemployment also adds a significant amount of strain on family life and as a result, family conflict and domestic violence are often prevalent factors in poverty stricken homes/families, and as a result domestic violence and family conflict as pathways into homelessness are also generally attached to poverty. Homeless females are considered to be at higher risk for becoming the victims of domestic violence or family conflict, resulting in violent households or abusive partners being one of the leading risk factors for homelessness among women (Dietz & Wright, 2005: 16; Mathiti, 2006: 218).

Alcohol and other illicit substances were also prevalent causal factors in the existing literature, as many consider homelessness to be synonymous with excessive illicit substance and alcohol abuse/use. In fact, among the individual factors associated with the causes of homelessness, alcohol and substance abuse continues to rank above the rest and is seen to be one of the leading causes of homelessness. Alcohol and substance abuse are usually experienced in combination with other factors, and, as a result is not seen as the main reason why an individual ends up homeless (Chamberlain & Johnson, 2011: 65; Fountain, Howes, Marsden, Taylor & Strang, 2003: 245; Heerde & Hemphill, 2016: 468; McCarty, Argerious, Heubner & Lubran, 1991: 1140; Sadiki, 2016: 38). Most of the literature also tends to place more emphasis on mental health challenges, due to a

perceived link and more focus in terms of research, is placed on understanding the relationship between mental health and homelessness (Chambers, et al., 2014: 553; Evans & Forsyth, 2004: 481; Piat, et al., 2015: 2367; Sullivan, et al., 2000: 444). Physical and mental health challenges as pathways into homelessness generally function similarly to poverty, unemployment, illicit substances and alcohol. Affected individuals sometimes experience a state of 'incapacitation' and as a result are unable to work, thus unable to maintain employment, which inevitably leads to unemployment, increasing poverty and homelessness (National Health Care for the Homeless Council, 2011: 1).

4.4. Research expectation 4: The majority of the participants will have the perception that they are more vulnerable to victimisation in comparison to the rest of society.

The literature on victimisation vulnerability along with the discussion for research expectation 1 (see 4.1.), suggests that homeless people often experience victimisation at disproportionate rates and as a result, they are expected to be more vulnerable to victimisation than the rest of society, largely due to the public nature of their lives as well as their involvement in mildly to extremely dangerous survival strategies (Alam & Akter, 2015: 93; Dietz & Wright, 2005: 16; Garland, et al., 2010: 287; Scurfield, et al., 2004: 3). Based on the perception created by the existing research, i.e. homeless people are vulnerable and experience high rates of victimisation, the participants in this sample are expected to feel more vulnerable than the rest of society, largely due to their lifestyles as well as the various other conditions they are exposed to while being homeless.

4.5. Research expectation 5: Research expectation 5: The majority of the participants will report the following as the common perpetrators during their experiences of victimisation:

- 4.5.1. Members of the general public '
- 4.5.2. Other homeless people
- 4.5.3. Service providers
- 4.5.4. Family members

With regards to the victimisation of the homeless, it has become clear that there is not one specific perpetrator profile which is relevant to the victimisation of the homeless. There is however, a firm belief that members of the general public, services providers as well as other members of the homeless population, make up the primary group of perpetrators of homeless victimisation (Newburn & Rock, 2004: 3). Additional perpetrators also include, primarily teenagers and young adults (Garland, et al., 2010: 287; Prather, 2010: 13). A study on the perpetrators of hate crimes committed against homeless individuals by the National Coalition for the Homeless (NCH) based in Washington D.C, identify the most common perpetrators of homeless hate crimes to be overwhelmingly made up of young males, the youngest was 13 and the oldest was 30 years old (National Coalition for the Homeless, 2014: 9).

4.6. Research expectation 6: The majority of the participants will report the following as the most common places where their experience(s) of victimisation took place:

4.6.1. On the street

4.6.2. In shelters/centres

Due to the victimisation vulnerability attached to this population, homeless individuals are expected to be vulnerable in any context they find themselves in. The majority of homeless peoples' experiences of victimisation are expected to primarily take place on the streets, but there are also some reports which indicate that homeless people do experience victimisation in shelters, at police stations and even at hospitals (Dietz & Wright, 2005:16; Meinbriesse, et al., 2014: 129; Scurfield, et al., 2004: 8).

4.7. Research expectation 7: The majority of the participants will have the perception that members of the general public have negative feelings towards members of the homeless population.

The importance of the attitudes held by the perpetrator towards their victim(s) is an extremely important area of study, yet it is often overlooked. Attitudes or perceptions can be considered a crucial component in the motivational process leading to victimisation as well as the decision-making process when selecting a

suitable/attractive target. In most cases, the decision to victimise someone is usually based on their perception of, or attitude towards, that particular victim (Fattah, 1991: 133). According to the labelling theory, which also emphasises the importance of attitudes, the view of correct behaviour by a culture is instilled through the establishment of stigmatised groups (Nel & Breen, 2013: 249). Homeless people are usually seen as soft targets, based on the stereotypical image of homeless people, created by the rest of society. Within the limited scope of the current study, it is also important to identify what the participants' views are regarding the perceptions of the general public toward homeless people. With reference to the existing literature, attitudes of the general public towards the homeless are usually negative. Homeless people are often labelled negatively as a result of their social status (Alam & Akter, 2015: 97). Many people from the general public are generally not interested in sharing any form of social interactions with homeless people. This negativity is repeatedly expressed in different legislation as well as by personal attitudes toward the homeless population (Dennis, et al., 2007: 5). Negative attitudes are also clearly displayed when homeless people seek legal or healthcare assistance following an experience of victimisation. Police, just like the rest of society, usually harbour negative attitudes towards the homeless. Attitudes constructed by prejudice are often linked to hate crime, which relates to the decision to victimise or refuse assistance on the basis of negative perceptions toward a particular group. Various service providers tend to view homeless people in a fixed role, which is usually the perpetrators of crime, and as a result occasionally refuse to believe that they have been victimised or simply blame them for their own victimisation (Alam & Akter, 2015: 97; Nel & Breen, 2011: 34; Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3).

4.8. Research expectation 8: The majority of the participants will report the following physiological consequences of homelessness:

- 4.8.1. Diagnosed with general health problems
- 4.8.2. The use/abuse of alcohol
- 4.8.3. The use/abuse of illicit substances
- 4.8.4. Physical injuries

The public health implications associated with being homeless, that is apart from their experiences of victimisation, usually also include existing substance abuse and health problems. Homeless people are particularly at risk of contracting HIV/AIDS or other infections, largely due to their participation in risky sexual and intravenous drug habits. These sexual health risks are also commonly associated with survival strategies, as some homeless people often trade sex for basic necessities such as, food, shelter, or clothing which can also result in a high prevalence of sexually transmitted infections/diseases (STI/Ds) and HIV/AIDS infections among the homeless population. Alcohol and illicit substance abuse are also linked to violence and unintentional injury, which is widely regarded as yet another consequence of being homeless (Lohrmann, Botha, Violari & Gray, 2012: 174; Melander & Tyler, 2010: 576; National Health Care for the Homeless Council, 2011: 2; O'Reilly, et al., 2015: 14; Seagar & Tamasane, 2010: 63-64; Weschberg, et al., 2003: 672).

Mortality rates among the homeless are also much higher than among members of the general public which is largely due to the exposure of harsh living conditions while on the streets (Hwang, 2001: 229; National Health Care for the Homeless Council, 2011: 2; O'Reilly, Barror, Hannigan, Scriver, Ruane, MacFarlane, & O'Carroll, 2015: 14; Perry & Craig, 2015: 20; Polcin, 2016: 1). As a result of this, homeless people commonly experience respiratory infections, pneumonia, hypothermia and skin diseases, high blood pressure, diabetes, stomach aches, asthma, tuberculosis (TB), hepatitis B and C, flu, arthritis, dental problems, eye infections and also liver and kidney disease which is commonly associated with excessive alcohol consumption and the toxic effects of various narcotics (Hwang, 2001: 230; National Health Care for the Homeless Council, 2011: 2; O'Reilly, et al., 2015: 14; Sadiki, 2016: 52; Seagar & Tamasane, 2010: 63). Homeless people are also faced with additional risks, such as the lack of access to hygiene facilities, inadequate nutrition, substance abuse, vulnerability to traffic accidents (often when intoxicated) and high levels of violence and abuse (Seager & Tamasane, 2010: 70). Maintaining a healthy diet is difficult in soup kitchens and shelters as the meals are usually high in salt, sugars and starch (making for cheap, filling meals but usually lacking nutritional value). Behavioural health issues such as alcoholism and substance abuse often develop or are made worse in these challenging situations, especially if there is no solution in sight. In addition to the physiological

consequences associated with homelessness in general, physical injuries are among the most common and more noticeable consequences experienced by homeless victims of crime. Injuries that result from violence or accidents do not always heal properly because bathing, keeping bandages clean and getting sufficient rest to recuperate properly isn't always possible on the street or in shelters (National Health Care for the Homeless Council, 2011: 2). Substance use, abuse and dependency are widely acknowledged health and social problems among the homeless population as a means to cope with the hardships encountered on the street (Johnson & Frendrich, 2007: 212; Kemp, Neale & Robertson, 2006: 320; National Coalition for the Homeless, 2009: 1; Sadiki, 2016: 53).

4.9. Research expectation 9: The majority of the participants will report the following psychological consequences of being homeless:

4.9.1. Sub-expectation 9.1: Most of the participants will report feelings associated with the following psychological conditions:

4.9.1.1. General feelings of depression

4.9.1.2. General feelings of anxiety

4.9.2. Sub-expectation 9.2: Most of the participants will report experiencing the following psychological conditions commonly associated with the experience of victimisation or the experience of any other traumatic event while being homeless:

4.9.2.1. Stress

4.9.2.2. Fear

4.9.2.3. Hostility towards others

4.9.2.4. Insomnia/nightmares

4.9.2.5. Emotional detachment

4.9.2.6. Self-destructive behaviour

4.9.2.7. Social isolation

Most of the psychological consequences associated with homelessness and the experience of victimisation may result in the exacerbation of existing factors previously identified as pathways into homelessness. These pathways include a history of childhood abuse, substance abuse as well as existing mental and physical

health challenges (Alam & Akter, 2015: 93; Couldrey, 2010: 12). As a result of the experiences of victimisation, many victims are often impacted on a psychological level, causing them to resort to the abuse of alcohol and other substances, which only worsens the development of co-occurring physiological disorders (Wallace, 1998: 82). Homelessness in and of itself can produce increased anxiety, fear and traumatic stress levels which are sufficient triggers for the onset of mental illness as well as the amplification of any existing conditions. In most cases, being homeless often increases the duration and seriousness of mental illness. At the same time, mental illness also increases the likelihood of longer periods of homelessness as well as the likelihood of victimisation. The most common mental disorders among the homeless are schizophrenia, mood disorders such as depression, bipolarity and post-traumatic stress disorder (PTSD) (Chambers, et al., 2014: 553; Lee & Schreck, 2005: 1061; Mar, et al, 2014: 1000; North, et al., 1994: 95; Sadiki, 2016: 54; Sundin & Baguley, 2014: 184). Individuals who are homeless also report high levels of stress and fear, both on the streets and in shelters, whereas homeless persons who suffer from mental illness and substance use disorders represent an even more vulnerable sub-group within the homeless population. Some scholars have concluded that violent victimisation is so common in the lives of homeless people who are suffering from mental illness that it may, to a certain extent, be considered a norm (Verdun-Jones & Rossiter, 2010: 620). Mentally-ill homeless people are also more susceptible to violent victimisation because they are more likely to be impoverished and homeless. Therefore, as a consequence of being impoverished and homeless, these individuals are also more likely to reside in socially disorganised areas where victimisation may be a common experience (Verdun-Jones & Rossiter, 2010: 621).

4.10. Research expectation 10: The majority of the participants will report the following socioeconomic consequences of homelessness:

4.10.1. Difficulty finding employment

4.11. Sub-expectation 10.1: Due to the difficulties experienced when attempting to find employment, most of the participants will report the inability to acquire their most basic needs:

- 4.11.1. Food
- 4.11.2. Clothing
- 4.11.3. Shelter

When considering the socioeconomic consequences of homelessness and the plight of this population as the victims of crime, it is important to emphasise that victimisation is said to be so inextricably linked to homelessness and that homelessness itself should be seen as a type of victimisation, whereby social structures prohibit the lower class from the 'spoils' enjoyed by the rest of society (Fischer, 1992: 229). Homelessness tends to sever social ties from the mainstream society, which is usually described as a state of detachment from society and as a result, the homeless cannot access any viable networks of assistance. This means that homeless individuals lack the ability to access adequate housing, education, healthcare, criminal justice and police support as a direct result of their social status (Mathiti, 2006: 215; Prasad, 2012: 74; Sadiki, 2016: 51; Scurfield, et al., 2004: 2)

In addition to the abovementioned struggles, yet another one of the greatest consequences of being homeless is that many homeless people are unable to acquire some of their most basic needs, such as food, shelter and clothing as a result of the 'socioeconomic restrictions' which usually accompany the condition of homelessness. Homeless individuals often remain on the outskirts of society, unable to escape the barriers associated with homelessness and as such are usually unable to access affordable and safe housing, education, employment and healthcare and, treatment, and consequently, are most likely to remain homeless and vulnerable to victimisation (Heerde & Hemphill, 2016: 266).

4.12. Research expectation 11: The majority of the participants will report experiences of secondary victimisation:

- 4.12.1. **Sub-expectation 11.1:** The majority of participants will report negative interactions with members of the local department when seeking assistance.
- 4.12.2. **Sub-expectation 11.2:** The majority of participants will report negative interactions with staff members at local hospitals/clinics.

4.12.3. Sub-expectation 11.3: The majority of participants will report negative interactions with officials from various government sectors.

In addition to the experience of victimisation, many victims of crime are often met with secondary victimisation while seeking health care assistance or while in the process of laying a criminal charge and pursuing a case through the criminal justice system (Bruce, 2013:100). The risk of secondary victimisation is usually what impacts homeless peoples' perceptions of formal assistance measures. The majority of homeless people have little or no faith in the police and are usually of the opinion that the police discriminate against homeless individuals. Homeless victims also avoid reporting crimes, due to the fear that past transgressions (sex work or substance-related offences) may lead to their arrest (Scurfield, et al., 2004: 8). Homeless people experience a significant number of challenges when attempting to report crimes committed against them. More often than not, when homeless victims report a crime to police, engage with other criminal justice officials or while seeking healthcare assistance following victimisation they are usually labelled 'criminal' and tend to experience secondary victimisation or 'victim-blaming'. As a result, there appears to be a perception among homeless people that the police will not act on crime reports as the homeless victim is frequently perceived as someone who was 'asking for it' (Kenney, 2002: 242; Newburn & Rock, 2004: 2; Sadiki, 2016: 51; Scurfield, et al., 2004: 3-4).

Although some homeless people report fairly satisfactory services when seeking healthcare assistance for general ailments or assistance following victimisation, this is not always the case and in addition to this there remain challenges associated with reporting crimes (Meinbriesse, et al., 2014: 129). Homeless people seeking healthcare services are inclined to receive poor service and, as a result, have unpleasant experiences. Certain inequalities in relation to healthcare availability for homeless people have also been identified, indicating that they are often subjected to verbal abuse, treated with less respect and usually have access to a more circumscribed choice of health providers, where they are often offered poor quality amenities and receive less prompt attention. The difficulties that many homeless men and women face in obtaining access to healthcare are virtually identical to the aforementioned 'victim-blaming' or secondary victimisation cases experienced while reporting crimes committed against them, and many of their conditions are

4.13. Research expectation 12: Besides the use of homeless shelters, the majority of responses by participants will indicate a low level of societal support available to the homeless.

As emphasised throughout this dissertation, homeless individuals often face a myriad of physiological, psychological, social, economic and/or legal challenges due to marginalisation and social exclusion and as a result they usually have smaller social networks and consequently, lower levels of social support (Bassuk & Franklin, 1992: 72; Mangayi, 2014: 215; Meinbresse, et al., 2014: 123; Piat, et al., 2015: 2638). Similarly, victimisation reduction measures and support systems for the homeless, whether practical or formal legislative options, are often poorly implemented or hard to access for most homeless people (Mathiti, 2006: 218; Sadiki, 2016: 55).

4.14. Research expectation 13: The majority of the participants will experience homeless shelters positively.

According to the existing literature on shelter utilisation among the homeless, it is expected that the majority of homeless people who receive assistance and support from shelters will report positive influences and may be less affected than other homeless people who are unable to access formal assistance mechanisms in society. Services offered by shelters are not always restricted to shelter and food but, in most cases, are widely regarded as places of meaningful, life changing intervention. Some shelters gather information from residents and make use thereof to target any problems in order to refer them to the appropriate resources or services. Some shelters also promote job readiness through in-house training centres, social enterprises or by employment groups. Others focus on health needs and orient users towards services that correspond best to their needs (Hurtubise, et al., 2009:8). In addition to services received by shelters or NGO's, some homeless people also report fairly satisfactory services when seeking healthcare assistance for general ailments or assistance following victimisation (Meinbriesse, et al., 2014: 129).

CHAPTER 5: RESEARCH DESIGN

Based on the research expectations presented in the previous chapter and the objective and aims of this study (see 1.6.), it was imperative to select and apply the most appropriate research design in order to facilitate this explorative study. The following chapter aims to offer a description of the research procedures followed and will provide an exposition of the selected methodological approach, the sampling procedure, the use of a pilot study, data collection technique, the data analysis procedure and the ethical considerations.

5.1. Research methodology

The main objective and aims of this study were not centred around formulating generalisations, but rather to gain an in-depth understanding of the unique experiences of victimisation of the homeless participants selected for the purposes of this study. A qualitative research design was therefore deemed the most appropriate methodological approach in order to achieve the objective and aims of this study as it offers a naturalistic platform for conducting research, viewing social life in terms of processes that occur rather than in static terms. In qualitative research, the researcher aims to develop an understanding of phenomenon by examining the ways in which participants experience, perceive and make sense of their lives (Kornbluh, 2015: 397). Qualitative research places great emphasis on gaining a better understanding of various phenomena and seeks to find the answers to questions by examining various social settings (Nieuwenhuis, 2016: 52-53).

This methodology therefore allows for the collection of rich, in-depth data, documenting unique experiences of victimisation of a group of homeless people in order to gain a better understanding of the nature, causes, impact and consequences of homeless victimisation. Additionally, there are not many studies of this nature at a domestic or an international level, since many researchers tend to direct their attention to the criminality of the homeless, instead of their role as the victims of crime (Scurfield, et al., 2004: 4).

The current study can therefore be considered to be exploratory in nature. Exploratory research is often used to investigate an underdeveloped area of inquiry

and to obtain new information. It is also generally used when conducting a preliminary investigation, where the primary objective is to identify key variables in order to gain a better understanding of a particular social phenomenon, community or individual (Babbie, 2016: 90 – 91; Maree & Petersen, 2016: 55; Neuman, 2014: 4-5).

The qualitative research design may also be considered appropriate for the purposes of this study, due to the fact that one of the aims of this study is to introduce the plausibility for a recommendation regarding protective policy for the homeless population under the developing Hate crime framework in South Africa. With that, it becomes necessary to gather reflective data of the experiences of victimisation as it is experienced by homeless people within the selected sample. Using a qualitative design can also be justified by the fact that researchers are increasingly combining theoretical perspectives and a qualitative research design in order to provide an overall orientating lens best suited to studies involving gender, class, race or other marginalised groups, such as the current study. This lens becomes a transformative perspective that shapes the questions asked, informs how data is collected and analysed and also provides a call for action or change (Creswell, 2014: 64).

5.2. Measuring instrument

In order to explore and understand the research expectations formulated in the previous chapter, it was decided to develop and make use of an interview schedule which aided in the collection of data by conducting semi-structured interviews. Due to the nature of this study and also the target population (homeless people), the semi-structured interviews were particularly useful as it allowed for the collection of the unique experiences of victimisation from each participant.

Semi-structured interviews are among the most popular data collection methods in qualitative research and are often used to obtain a comprehensive idea of the participant's beliefs, experiences, perceptions or ideas pertaining to a specific topic. The flexibility of the semi-structured interview also allows the researcher to follow up on interesting, yet relevant factors that may surface during the interview, and as such enables the participants to provide a more holistic, detailed description of their thoughts and feelings (Coetzee, 2015: 114; Jamshed, 2014: 87).

Conducting interviews also allows the researcher to observe participants more closely while certain questions are being asked – this will enable the researcher to make use of extensive probes in order to gather rich and in-depth data (Jamshed, 2014: 87; Neuman, 2014: 217). During the interview process, participants may also occasionally introduce a theme that the researcher initially thought to exclude from the interview schedule but which may prove valuable during the analysis and interpretation of the research findings (Coetzee, 2015: 114).

An additional advantage of an interview also includes a higher response rate, in comparison to other measuring instruments (such as emailing questionnaires and not receiving any feedback). Having stated the advantages associated with the use of interviews, it would be remiss not to mention the disadvantages which researchers should be aware of before the commencement of the interview process. One major disadvantage is interviewer bias, which can be portrayed through appearance, tone of voice and how certain questions are phrased or asked. This disadvantage, however, can easily be averted through the use of a pilot study, by assessing response rates based on the various factors mentioned as part of interviewer bias, and adjusting the interview approach accordingly (Neuman, 2014: 217).

Using an interview schedule in order to conduct the semi-structured interviews can also be seen as appropriate as it avoids the need for participants to complete a set of questions on their own, which in essence compensates for the fact that most of the existing literature portrays the homeless as people who have low education and literacy levels, mental disabilities and who are frequent users of alcohol or illicit substances, which may significantly impact cognitive abilities or thought processes of participants required to participate in a study which depends on the self-administration of a measuring instrument, such as a questionnaire for example (Bender, et al., 2007: 26; National Association of Social Workers, 2011: 181; Mago, et al., 2013: 2; Montgomery, et al., 2013: 262).

On the basis of the brief rationale provided above, it was decided to use a semi-structured interview schedule (see Appendix 1) with predetermined themes to guide the interview without dictating what the participant may or may not say, thus providing the participants the opportunity to make the maximum contribution in terms

of providing accurate descriptions and rich detail regarding their personal experiences of victimisation (Bolderston, 2012: 68).

5.2.1. The interview schedule

Based on the literature and research expectations formulated for the purposes of this study, an interview schedule was developed in order to conduct semi-structured interviews with the selected participants. The interview schedule (see Appendix 1) consists of six sections, based on the research expectations formulated in the previous chapter which have been set in accordance with the aims of this study (see 1.6.):

A. Biographical information

Questions included in this section serve to capture data needed to describe the sample, which includes their age, gender and race group.

B. Introduction/General questions:

This section consists of five questions. The formulation of this section was to establish a level of trust in order for participants to be more at ease during the interview process.

C. Experiences, patterns and nature of victimisation

This section consists of ten questions. Questions formulated here refer to the experiences of victimisation, in an attempt to gain a better understanding of the nature and pattern of these experiences.

D. Impact and consequences

This section consists of four questions. Questions formulated here refer to the impact of victimisation as well as the consequences which may have surfaced as a result of the participants' experiences of victimisation.

E. Reduction measures and Support Systems

This section consists of twelve questions. Questions formulated here refer to the accessibility and perception of assistance mechanisms available (support systems) to the homeless.

F. Conclusion of the interview

This section is the conclusion of the interview and provided the participants with an opportunity to review previous questions as well as add anything else they felt was necessary to complete their unique experiences of victimisation as a homeless person.

5.3. Pilot study

Due to the sensitive nature of this study and adhering to the recommendation made by the Research Ethics committee of the University of the Free State, a pilot study was added to the research procedure followed in order to facilitate the data collection process of the current study. A pilot study can be defined as a small-scale methodological test conducted to prepare for a main study and is intended to ensure that methods or ideas would work in practice (Kim, 2010: 191).

A pilot study was conducted with 5 participants prior to the commencement of the main study, this was done in order to test the feasibility of the selected research methodology, thereby identifying and managing any ambiguities that may exist. This can be commonly identified as one of the key benefits of conducting a pilot study as it provides the researcher the opportunity to test the instrument and make the necessary adjustments and revisions prior to conducting the main study (Bryman, 2008: 247 – 248; Kim, 2010: 191).

After completion of the pilot study, the viability of the interview schedule as a means with which to collect the required data was affirmed, and none of the items on the interview schedule required changing. The data collected during the pilot phase of this study was of a high quality and as a result was added to the data obtained from the final sample.

5.4. Sampling procedure

Due to practical constraints it was not possible to draw a random sample of homeless people across South Africa. Purposive theoretical sampling was used as it allowed for the creation of an operational population, i.e. a population constructed in such a manner that it represents the ideal. Purposive sampling is a popular choice when using a qualitative research design and can be classified under non-probability

sampling techniques. Purposive sampling is a technique which facilitates the selection of a sample based on the knowledge of the research population, its elements and the nature of the research aims. Thus, participants are selected based on the researcher's judgement, the participants' knowledge or experience of a specific phenomenon, as well as the purpose of the study (Babbie & Mouton, 2003: 166; Maree & Pietersen, 2016: 198; Nieuwenhuis, 2016: 85). Participants were therefore selected based on their suitability to the topic and purpose of the study, which was to gain a better understanding of the experiences of victimisation of a group of homeless people.

Since the respective shelters run their daily operations on sponsorships alone, they have a limited amount of space and resources (such as beds and food) available and as a result cannot afford to accommodate large numbers of homeless people at once. As a result of this there were not many potential participants at the time of data collection and as a result, a final sample size of 17 homeless individuals was attainable from both homeless shelters.

Subsequently, the 17 individuals, that is, 5 participants from the pilot study and an additional 12 participants from the main study, who currently reside at the two shelters, were selected to form part of the theoretical purposive sample required for data collection purposes. The participants selected were homeless (currently residing in a homeless shelter), over 18 years of age and both male and female participants were included in the sample. Participants also identified with various race groups. A precise depiction of the composition of the research sample is illustrated in Tables 1, 2 and 3.

Table 1
Chronological age distribution of participants in the sample

Age	Number (N)	Percentage (%)
19	1	5.9
23	1	5.9
24	1	5.9
27	1	5.9
29	2	11.8
30	2	11.8
34	1	5.9
35	1	5.9
37	1	5.9
39	1	5.9
41	1	5.9
50	1	5.9
64	1	5.9
68	1	5.9
69	1	5.9
Total	17	100

The distribution of chronological age among the participants varied greatly. The youngest participant was 19 years of age and the oldest was 69 years old. The average age of the sample was 38.1 years. The majority (64.7%) of the sample was younger than the average age of 38.1 years old, while the remaining 35.3% were older than the average age of the sample.

Table 2
Gender distribution of participants in the sample

Gender	Number (N)	Percentage (%)
Male	4	23.5
Female	13	76.5
Total	17	100

The majority of the participants sampled for this study were female (76.5%), while males represented the minority within the selected sample (23.5%).

Table 3
Race group distribution of participants in the sample

Race group	Number (N)	Percentage (%)
African	3	17.6
White	13	76.5
Coloured	1	5.9
Other	0	0
Total	17	100

The majority of the participants (76.5%) were identified as White, while the remaining participants were divided among the African (17.6%) and Coloured (5.9%) race groups respectively.

5.5. Data collection

Once permission was obtained from the respective shelters, the interview process could commence. The first homeless shelter used is a registered NPO situated in Bloemfontein, in the Free State Province, which provides shelter for the homeless and caters to the needs of women, women with children, men (mainly the partners of the female residents) as well as the elderly and frail persons. The second homeless

shelter is situated in Kimberley, in the Northern Cape Province and primarily provides shelter to adult and elderly male homeless people.

As mentioned previously, participants were required to have the basic ability to understand and speak either English or Afrikaans. Both, male and female homeless people who are currently residing at the respective shelters were selected to participate and they could be from any race group. For ethical reasons, i.e., to be able to provide informed consent independently and also to avoid exposing under age individuals to the sensitive subject matter involved in exploring the experiences of victimisation of the homeless, participants were also required to be older than 18 years. Once the sample was selected, the participants were guided through the information sheet (see Appendix 2), after which each participant signed the certificate of consent, indicating their informed and voluntary participation in the study (see Appendix 3).

At the start of each interview the nature and purpose of the study was explained to each participant and permission to record the interview was also obtained. Those who decided to continue then participated in one-on-one semi-structured interviews (guided by the interview schedule, see Appendix 1) which was completed in a single session. Initially there were 19 potential participants for this study, however, only 17 (including the participants from the pilot study) formed part of the final sample as two participants were excluded from the study for the following reasons: The first individual had to be excluded from the study as he was unable to communicate efficiently – once the interview process commenced, this individual could only answer the first few questions, after which he shared that he has a speech/learning impairment and as a result could not continue due to the fact that he could not understand/answer the remaining questions adequately. Another participant decided to withdraw from the study – while explaining the nature of the study, the individual provided the following reason as to why he would prefer to withdraw from the study – *“I didn’t grow up normal like everyone else, I had many problems – I can tell you in a nutshell and you can use that, but I cannot go too deep into what exactly happened to me. I was molested by my father for many years and I got help from a pastor and psychologists – I’ve closed those wounds that caused me to stay awake crying for many nights when I first got to the shelter – I do not want to think back to any of those events, it hurts too much”*. On the basis of the ethical principles put in place to

guide this study, participants were informed that their participation is completely voluntary and that they could withdraw at any point – without having to explain their discomfort or the reasons behind their withdrawal from the study.

5.6. Data analysis

The interviews conducted for this study were tape-recorded and transcribed verbatim. Subsequently, the data collected was interpreted and analysed in accordance with the research expectations formulated for the purposes of this study. Since the study followed a qualitative methodology, hypothesis testing which requires statistical analysis was not applicable, instead research expectations were formulated in order to assist in the fulfilment of the aims of the study. Furthermore, it was decided that in cases where responses were provided by more than 50% of the participants, it would indicate that the research expectation was supported by the findings. Contrary to this, in cases where responses were provided by less than 50% of participants would indicate that the research expectation was considered not supported. The findings are presented in frequency distribution tables and graphs, in conjunction with personal accounts pertaining to the unique experiences of victimisation of the participants (see Chapter 6). Additionally, due to the methodological strategies employed for the purposes of the study (qualitative - small sample size, no control group), generalisations regarding the research expectations cannot be made, and as a result the findings only account for the experiences of victimisation of the participants involved in this study, it can however, also be used as a point of departure for future further research of this nature.

5.7. Measures to enhance the trustworthiness of the study

Although qualitative research has become increasingly recognised and valued, there remains concern regarding the assessment of the quality of qualitative findings (Kornbluh, 2015: 397; Shenton, 2004: 63). Trustworthiness is to qualitative research what validity and reliability are to quantitative research. This concept is of utmost importance in any qualitative study. Guba (1981) in Nieuwenhuis (2016: 123-125) proposes that credibility, transferability, dependability and confirmability are generally required for trustworthy qualitative research (Cope, 2014:89). These concepts are embedded in the practices outlined below to enhance the trustworthiness of this study.

At one of the shelters used in this study, a participant who also acts as the 'leader' of the shelter noted that residents are checked for any illicit substances and alcohol before entering the premises. No one is allowed to enter under the influence of alcohol or any other illicit substances and once they leave they are not allowed back in. This clause also offered some reassurance as it implied that the participants were clear-minded and their responses could be regarded as credible and trustworthy. Secondly, the use of a pilot study also significantly enhances the credibility and trustworthiness of a study. To address the concept of dependability, the pilot study was conducted, once the interview schedule had been constructed, with five (5) participants in order to detect and manage any potential ambiguities in the line of questioning (Bryman, 2008: 247 – 248; Kim, 2010: 191).

Member checking is also considered crucial for assessing the trustworthiness of qualitative research. Member checks consist of the researcher following up with participants to verify that the findings reflect the participants' intended meanings (Cope, 2014:90; Kornbluh, 2015: 397; Shenton, 2004: 67). Hence, the participants were also afforded the opportunity to share any additional information they felt may have bearing on the study, in relation to the themes explored throughout the interview process. Participants were also afforded the opportunity to return to previous questions and reflect on responses they may feel were not adequately answered or if they wanted to add more detail, they could do so in order to ensure they have expressed themselves adequately.

One final measure to ensure trustworthiness was the collection of data from different sources in order to build coherent justification for themes (Cope, 2014: 90; Creswell, 2014: 252). Methods of data collection can include interviews (and verbatim transcriptions from interviews), observation and notes. Hence, in the current study, methods such as observation, note taking, audio recording and verbatim transcriptions of interviews aided in the assurance of the trustworthiness of the study. For example, with regards to observation, persistent observation allows the researcher to detect certain feelings, emotions or reactions by the participant, i.e. through persistent observation the researcher will also become aware of areas which require probing in order to gain a better understanding of that particular aspect of the experience of the participants (Cope, 2014: 90). Likewise, with regards to audio-recording, notes and verbatim transcriptions, these methods allow the final personal

account reported in the study to be trustworthy as it is consistent with various sources of that particular response. The researcher is able to stop and play audio recordings until the complete personal account has been noted verbatim, and in instances where audio recordings are not clear, notes taken during the interviews can also be used as it will allow for the cross referencing of sentiments shared, so as to fully articulate the participants responses.

5.8. Ethical considerations

Against the backdrop of any research effort involving human participants, ethical considerations are the key to good practice. With reference to the data collection procedure of this study, it was of utmost importance to safeguard each and every participant from potential risk and harm directly resulting from this study. This exploration involved highly sensitive subject matter, commonly associated with the lived experiences of victimisation of the homeless. As such, data was collected with extreme caution and the comfort, safety and integrity of each participant remained a leading priority. Before the interviews could begin, each participant was guided through the information sheet, clearly informing them what the study was all about and what would be required from them if they chose to participate. Additionally, it was also made clear that their participation was completely voluntary, that is free from any deception or the promise of monetary or other forms of compensation. Participants were also informed that they could withdraw from the study at any point if they so choose. Participants were also assured confidentiality of the information they disclosed during the interview as well as anonymity in the presentation of the results. Permission to record the interview was also obtained beforehand. Following this brief discussion, if participants decided to continue, they proceeded to complete a consent form, of which they also received a copy as proof of their participation. Participants were also duly informed about the after-care services available upon the conclusion of this study. Hence, if any participants suffered any form of psychological discomfort or trauma as a direct result of this study, a referring counsellor would be provided for consultation if needed. An application for ethical clearance was submitted to the University of the Free State's Research Ethics Committee, whereby full ethical clearance was granted before the commencement of the data collection process of this study (see Appendix 4).

5.9. Conclusion

Based on the information presented thus far, it can be concluded that the current study has been conducted in accordance with all the relevant guidelines informing the qualitative methodological procedures employed and discussed above. The data collected with the use of the measuring instrument (interview schedule) was analysed and the results thereof are presented in the following chapter.

CHAPTER 6: DISCUSSION OF FINDINGS

The research expectations formulated in Chapter 4 were explored using an interview schedule (see Appendix 1). The findings derived from the interview phase will be discussed in conjunction with the specific research expectations.

6.1. Discussion of findings with reference to the research expectations

This section is an exposition of the research findings in relation to research expectations which have been formulated. The findings are presented in frequency distribution tables, figures and the personal accounts regarding the participants' experiences and perceptions of homelessness and victimisation.

6.1.1. Research expectation 1

This research expectation was based on the assumption that the majority of the participants will report that they have experienced victimisation while being homeless.

Table 4
Participants' experience of victimisation while being homeless

Victimised while being homeless	Number (N)	Percentage (%)
Yes	13	76.5
No	4	23.5
Total	17	100

Table 4 shows that the he majority (76.5%) of the participants have experienced victimisation while being homeless. This research expectation is therefore supported by the research findings as more than 50% of the participants have experienced victimisation while being homeless. The remaining participants in the sample (23.5%) report that they have not yet been exposed to any type of victimisation. Despite the lack of concrete or reliable statistics on the victimisation experiences of the homeless reported throughout this study, the limited data available on this phenomenon portrays the homeless as a particularly vulnerable group of people in

any given society, and as a result are expected to experience victimisation at elevated rates (Alam & Akter, 2015: 93; Garland, et al, 2010: 287; Scurfield, et al, 2004: 3).

The theoretical construction of homeless victimisation, therefore, rests on the joint function of their level of exposure as well as their level of vulnerability. Homeless individuals usually participate in high-risk activities which have been linked to factors which may directly and indirectly increase the likelihood of victimisation. Occasionally these high-risk activities, such as, survival sex, dealing in illicit substances or begging are undertaken to help them survive (Conklin, 1986: 280; Dietz & Wright, 2005: 16; Myrstol & Chermack, 2008: 464). Furthermore, the streets and to a lesser, but still significant extent, homeless shelters are inherently dangerous places where potentially dangerous individuals are widespread. As a result, the homeless, regardless of the context in which they find themselves, are expected to experience high rates of victimisation. Additionally, besides living in tough conditions, mostly without a protective shelter, the high risk of victimisation of the homeless is also consistently aligned with risk factors which are often thought to be synonymous with homelessness, these include factors such as a history of childhood abuse and trauma, mental or physical health challenges and also the use or abuse of alcohol and other illicit substances (Alam & Akter, 2015: 93; Couldrey, 2010: 12). These factors coupled with the lifestyles, routine activities, social statuses and labels attached to the homeless population make them suggestively more prone to victimisation and violence (Dietz & Wright. 2005: 16).

6.1.1.1. Sub-expectation 1.1 and 1.2.

These sub-expectations were formulated based on the assumption that most of the participants would report the following as the common types of victimisation:

- 6.1.1.1. Verbal victimisation
- 6.1.1.2. Physical victimisation
- 6.1.1.3. Sexual victimisation

Table 5
Common types of victimisation experienced by the participants

Common types of victimisation	Number (N)	Percentage %
Verbal	3	23.1
Physical	7	53.8
Sexual	7	53.8

Table 5 refers to the percentage of the sample (76.5%) who previously indicated that they have experienced victimisation while being homeless. Additionally, the responses in Table 5 above, totalled more than 100% as participants were able to provide more than one response with regards to what the most common types of victimisation were in their personal experiences of victimisation. The sub-expectations for physical (53.8%) and sexual (53.8%) victimisation as common types of victimisation are supported by the findings as more than 50% of the participants from the sample who initially indicated that they have experienced victimisation while being homeless. While the sub-expectation for verbal victimisation is not supported by the findings as less than 50% of the participants provided this response.

The findings for this section do not deviate much from the available literature on the common types of victimisation experienced by the homeless. Verbal victimisation was identified as the most overlooked or least serious type of victimisation. As such, not many participants considered verbal attacks as a form of victimisation, as the minority of participants (23.1%) reported being verbally victimised. However, this does not mean it is not a real form of victimisation. There have also been claims that homeless people are often verbally abused by members of the South African Police Service, the general public or medical staff while trying to make use of healthcare services (Scurfield, et al., 2004: 5). Among the participants who experienced verbal victimisation, one participant in particular reported the following:

P8: "Some of the nurses speak ugly to homeless people and others do the best they can".

Homeless individuals are also generally expected to experience high rates of either physical or sexual victimisation, commonly associated with a history of victimisation as well as the public nature of their daily lives (Kushel, et al., 2003: 2492; Ledger, 2013: 4; Sadiki, 2016: 43; Tyler & Beal, 2010: 101). Some of the participants also reported a combination of the types of victimisation, which is best illustrated with the following personal accounts:

P2: "I was raped and sworn at before".

P3: "All of the above. I was abused, assaulted and raped. I ended up in the hospital once. My face was so swollen. You wouldn't even be able to see it was me".

P6: "It was mostly sexual. It happened almost once a week".

P9: "I was raped and hit once – it was another kind of experience".

Additionally, the literature also suggests that female homeless individuals tend to experience higher rates of sexual victimisation than their male counterparts (Couldrey, 2010: 20; Kushel, et al., 2003: 2492). This was also supported by the findings to a certain extent. At a ratio of approximately 3:1, female participants reported more frequent experiences of sexual victimisation than male participants.

Lastly, the experience of physical victimisation among the homeless is also often reported to be motivated by theft (Sadiki, 2016: 44). One participant in particular had the following experience:

P10: "I was with another man near the City Hall in the CBD, and they pulled a knife on us. They wanted bread. They were two, I froze and still had a cellphone in my hand and they took it. If I had fought back, the other one would've stabbed the man I was with".

The participants, who experienced victimisation while being homeless, were also asked which type of victimisation they experienced most frequently. Figure 3 below illustrates their responses graphically:

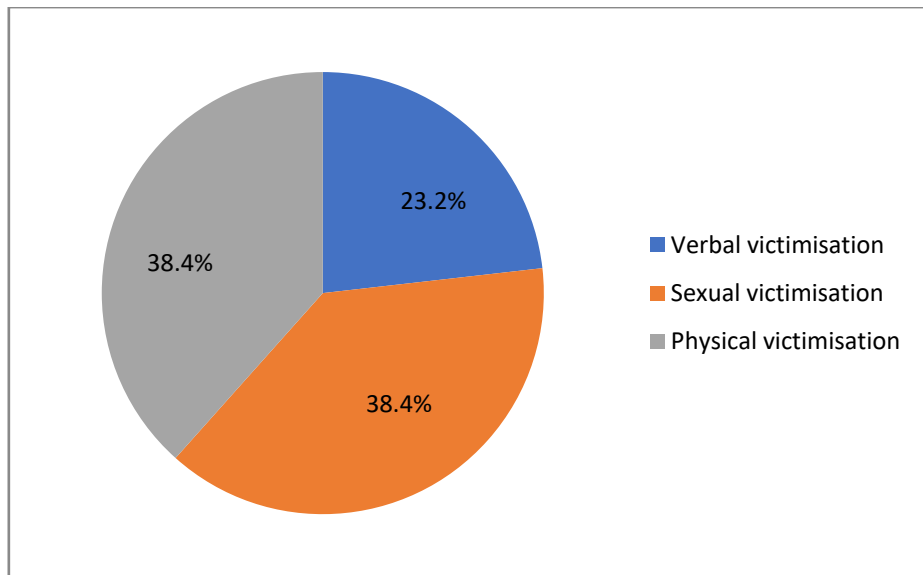


Figure 3: Types of victimisation experienced most frequently by the participants

Amongst those participants who reported experiences of victimisation while being homeless (76.5%), 38.4% reported experiencing victimisation of a sexual nature most frequently, another 38.4% reported that they experienced physical victimisation most frequently, while the remaining 23.2% reported experiencing verbal victimisation the most.

Furthermore, participants also reported on the general frequency at which they experience any of the abovementioned types of victimisation. Their responses are illustrated in Figure 4 below:

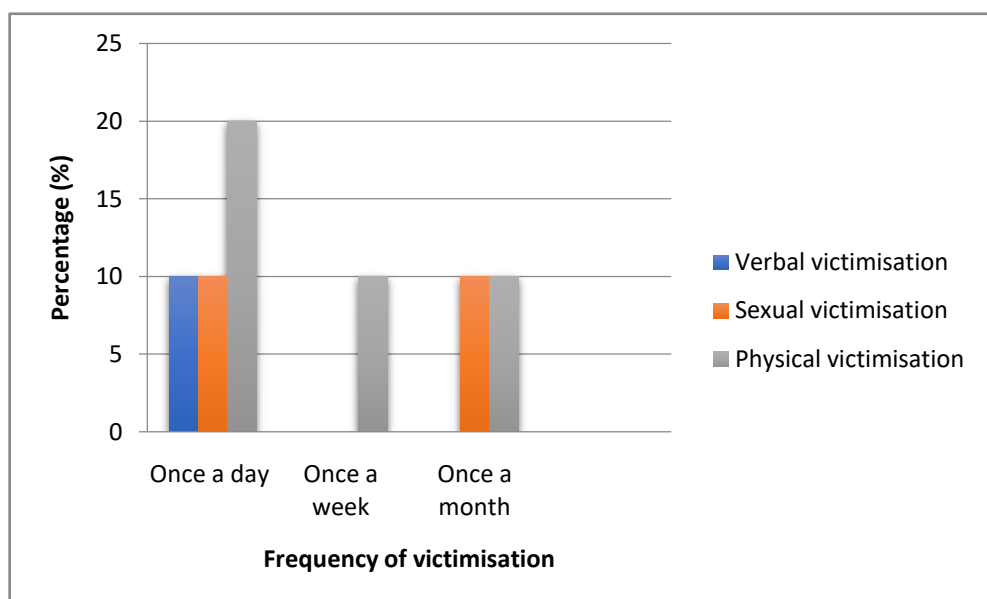


Figure 4: Frequency at which the common types of victimisation were experienced by the participants

Reports on the frequency of the common types of victimisation from the portion of the sample who experienced victimisation while being homeless (76.5%), show that the majority of these participants (40%), experienced victimisation at least once a day (Verbal (10%), Sexual (10%) and Physical (20%)), while only 10% experienced physical victimisation once a week and lastly, 20% of the participants experienced victimisation once a month (Sexual (10%) and Physical (10%)). Consistent data on the frequency of victimisation is as limited as the reports of victimisation in general. However, similarly to the discussion on the experiences of victimisation of the homeless, homeless individuals are reported to experience various forms of victimisation at disproportionately high frequencies (Alam & Akter, 2015: 93; Garland, et al., 2010: 287; Scurfield, et al., 2004: 3). These findings are also consistent with the available literature, as many of the participants indicated that they experience victimisation, from all three categories of victimisation, as frequently as once a day. Below are some of the personal accounts gathered from the interviews regarding the frequency of victimisation.

P2: "It used to happen about once a month. I was abused a lot by the man I was involved with. I was also raped once by a stranger. I can't remember the things he said to me, and I also don't want to think about it, it really hurts when I think about it".

P3: "It happened regularly, if I had to put two and two together, I think the father of my second child got someone to follow me. Because it was the same man who hurt me every time he saw me. He would break a beer bottle or use a knife and keep it on my chest and just said come, come. He used to smell like the stuff he sniffed. He would pull me to the bushes, put me on my back. Sometimes he would use a condom and then he pushed the weapons against my chest and he would do his thing. I just had to lay there and wait until he was done. It would happen once a day, usually at night".

P6: "It was mostly sexual, it happened regularly – I'd say once a week".

6.1.2. Research expectation 2

This expectation is based on the premise that the majority of participants will report the following as risk factors which increased their experiences of victimisation.

- 6.1.2.1. Childhood adversity (abuse/trauma)
- 6.1.2.2. A devalued social status
- 6.1.2.3. The use/abuse of alcohol
- 6.1.2.4. The use/abuse of illicit substances
- 6.1.2.5. Physical health challenges
- 6.1.2.6. Mental health challenges

Table 6
Risk factors identified by participants which increased in their experiences of victimisation

Risk factors identified by participants	Number (N)	Percentage (%)
Unaware of any risk factors	2	15.4
Childhood adversity (abuse/trauma)	6	46.1
A devalued social status	7	53.8
The use/abuse of alcohol	1	7.7
The use/abuse of illicit substances	2	15.4
Physical health challenges	0	0
Mental health challenges	1	7.7

The responses for this section varied greatly among the participants (76.5%) who previously indicated experiencing victimisation while being homeless. Again, responses do not add up to 100% as participants could identify multiple possible risk factors which increased their victimisation. Some of the factors identified in the existing literature were not mentioned, while some new factors were identified by the participants. Almost half of the participants (46.1%) of those who experienced victimisation while being homeless, reported to having a history of childhood

adversity. Two of the participants never had a home or hardly experienced living with their family as they have been in children's centres from a very young age. Others had extremely difficult childhoods, while living with their families. The literature on childhood adversity strongly suggests that individuals who have a history of childhood adversity may be more prone to homelessness and victimisation (Couldrey, 2010: 12-14; Dietz & Wright, 2005: 16; Heerde & Hemphill, 2016: 266; Keeshin & Campbell, 2011: 401; Montgomery, et al., 2013: 262; Sadiki, 2016: 35). These participants indicated experiencing hardships during their childhood, some of which were experiences of victimisation in the shelters/centres where they resided before coming to the current shelter.

P4: "I was homeless since I was young and most of the victimisation took place in the children's centre. I also think it was because I was the quietest and I never really spoke back to anyone".

P14: "I've had many challenges in my life. Many of it started when I was a child. My parents got a divorce and my stepparents were very cruel towards me. I was also very sick as a child, I had a number of big operations, I turned around at death's door so to speak, but God helped me through it. To top it all off, I was also brutally raped. It was very traumatic for me and I still receive treatment to date..... I am so scared to go outside – that something will happen to me again. I hardly ever go out there, I just do things in and around the shelter and wash my own clothing".

It was also found that 53.8% of the participant's who previously indicated that they have experienced victimisation, felt that their experiences were due to the fact that they had a devalued social status in society. This finding can be linked to the information used to formulate this research expectation. Being perceived as poor, socially excluded, detached from society, marginalised and as a result unable to make use of any societal networks of assistance is believed to make homeless individuals particularly vulnerable to victimisation (Bassuk & Franklin, 1992: 72; Mangayi, 2014:215; Sadiki, 2016:7; Watson, et al., 2016: 97).

P5: "Homeless people probably seem easy – they think, I can victimise this person because they are homeless – they don't have a place to stay and those things".

P6: "I really don't know why I was targeted – but I think for other homeless people in general, it could be because they cannot stand up or defend themselves".

P10: "I think it's being at the wrong place at the wrong time – I'd also say many of us may be seen as soft targets – don't have things to defend ourselves with".

P15: "I think it is all about people looking down on us. Most people treat you badly when they find out you are homeless".

The use and abuse of alcohol and illicit substances were among the most prevalent risk factors identified in the existing literature. In his exposition on differential risk of victimisation, Fattah specifically singles out alcohol as a risk factor for victimisation. People who consume alcohol are usually considered to be at high risk for victimisation (Davis, 2005: 43; Fattah, 1991: 342; 2000: 31; Saponaro, 2013: 22). The presence of substance abuse also tends to increase the experience of victimisation among the homeless. It is said to affect mobility, vigilance and defensive abilities among homeless users (Couldrey, 2010: 26; Dietz & Wright, 2005: 15; Johnson & Fendrich, 2007: 211; Sadiki, 2016: 42). Contrary to the information provided above, very few of the participants felt that their experiences of victimisation were due to the presence of illicit substances (15.4%) or alcohol (7.7%).

P9: "I was victimised by someone I used to smoke dagga with – he usually became very aggressive, not sure if he was also homeless".

Most of the participants were not aware of any existing physical and mental health challenges and as a result did not think it qualified as a risk factor for their victimisation. However, P3, shared that she had experienced severe stress and the medication, in her opinion, may have influenced her experience of victimisation. Although all of these factors were not identified by the participants of this study, it is important to mention that theoretically, as well as according to the relevant literature, mental and physical health challenges among the homeless are thought to function similarly to the presence of alcohol and drug use/abuse in that it also affects mobility, vigilance and defensive capabilities, thus increasing the possibility of victimisation (Couldrey, 2010: 26; Dietz & Wright, 2005: 15; Johnson & Fendrich, 2007: 211; Sadiki, 2016: 42). The response of one of the participants, encompassed a number of risk factors which she felt increased her experiences of victimisation:

P3: "I probably walked around in the wrong area, and became involved with the wrong people. I was also probably half confused and I didn't realise that I should stop or drink at a different place. The alcohol made me confused – I even mixed the alcohol with the stress tablets once. I then went to the social worker and she decided no more, and she helped me".

One risk factor which was not as prevalent in the existing literature, and thus not included in the research expectation, came to the fore during two separate interviews, and as such it was decided to include this as one of the risk factors for the increased experience of victimisation of the homeless. Associations with potentially dangerous people (two participants (15.4%) were of the opinion that an increase in victimisation could most likely be attributed to being involved with or around the 'wrong people'.

P8: "Some people walk alone – without thinking where it's safe. Others trust people they shouldn't. People don't have 'criminal written on their foreheads – so anything can happen easily. Also, other people who don't have a place to stay, they like to beg for money or they go ask for work at the wrong places and they may find someone who ends up molesting them or something like that".

P14: "Wrong decisions, associating with the wrong friends, all those things".

The only risk factor supported by the findings is 'a devalued social status', as more than 50% of the participants (53.8%) referred to their social status as the main contributing factor to the increased experience of victimisation. Furthermore, the remaining risk factors listed above are not supported by the research findings as it received a response rate of less than 50%.

6.1.2.1. **Sub-expectation 2.1:** Most of the participants will also report the following demographic characteristics as risk factors which increased their experiences of victimisation:

6.1.2.1.1. Age as a risk factor

6.1.2.1.2. Race as a risk factor

6.1.2.1.3. Gender as a risk factor

6.1.2.1.4. 'Place of refuge' as a risk factor

Table 7

Demographic characteristics identified by participants as risk factors for increased experiences of victimisation

Demographic characteristics as risk factors	Number (N)	Percentage (%)
Age as a risk factor	2	15.4
Race as a risk factor	0	0
Gender as a risk factor	4	30.8
'Place of refuge' as risk factor	2	15.4

The findings presented in Table 7 above, also only apply to the participants (76.5%) who previously reported experiencing victimisation while being homeless. Additionally, the responses above do not add up to 100% as some participants offered multiple answers, while other participants did not present with any response. Based on the sentiments of the various victimisation risk models evaluated for the purposes of this study, certain demographic characteristics have been associated with an increased risk for victimisation. Demographic characteristics often relate to one's lifestyle or routine activities – which can be extended to concepts such as target attractiveness, exposure, suitability or vulnerability – all of which are believed to be determinants of victimisation (Davis, 2005: 43; Fattah, 1991: 342; 2000: 31; Saponaro, 2013: 22). As such, the demographic characteristics as a risk factor for victimisation were also explored. This sub-expectation was not supported by the findings as all of the options received a response rate of less than 50% from the participants. With regards to demographic characteristics as risk factors for increased victimisation, participants only identified age (7.7%), gender (30.8%) and 'place of refuge' (15.4%) as demographic risk factors which may have increased their experiences of victimisation. These responses can be seen in the following personal accounts:

P3: "I probably lived in the wrong area....."

P7: "Women who are homeless are vulnerable – especially to men, because they know you want a way out. I have been offered ways out. Men force you to date them because they will give you money – they will give you a home, even if you don't love them".

P8: "Also, other people who don't have a place to stay are vulnerable on the streets".

P15: "Homeless women and children get targeted a lot".

P17: "Homeless women specifically – we get raped, forced to take drugs and become prostitutes".

Some of the participants (15.4%) indicated that they were unaware of any risk factors that may have contributed to their experience of victimisation. One particular participant had the following to say regarding the reasons behind homeless victimisation:

P11: "I don't know why people target homeless people, because we don't have anything and the little we do have, what do they want to do with it? So, I don't know why homeless people are always the targets".

Furthermore, some of the responses could be linked to other areas of interest already discussed in earlier chapters. Firstly, with reference to the victim precipitation theory (see 2.1.1.), one participant had the following to say about why some homeless people experience victimisation:

P12: "Let me tell you, many homeless people on the streets work at 'eye and steal'. They 'eye' during the day and 'steal' at night. Others use glue (P12 referred to 'them' as 'gomkoppe') and they attack people – they have even attacked people from this shelter. I think they bring it on themselves. They want people to feel sorry for them – but how can someone feel sorry for you if you carrying a glue bottle?"

In terms of the demographic characteristics identified in the existing literature, none of them were supported by the research findings as none of the responses totalled more than 50%

6.1.3. Research expectation 3

This research expectation was formulated on the basis that the majority of the participants will report the following as pathways into homelessness:

- 6.1.3.1. Childhood adversity (abuse/trauma)
- 6.1.3.2. Unemployment
- 6.1.3.3. Family conflict
- 6.1.3.4. Domestic violence
- 6.1.3.5. The use/abuse of alcohol
- 6.1.3.6. The use/abuse of illicit substances
- 6.1.3.7. Physical health challenges
- 6.1.3.8. Mental health challenges

Table 8
Pathways into homelessness identified by participants

Pathways identified by participants	Total (N)	Percentage (%)
Childhood adversity (abuse/trauma)	4	23.5
Unemployment	5	29.4
Family conflict	9	52.9
Domestic violence	7	41.2
The use/abuse of illicit substances	1	5.9
The use/abuse of alcohol	1	5.9
Physical health challenges	1	5.9
Mental health challenges	3	17.6

While reviewing the existing literature, various pathways into homelessness (causes) were identified and discussed (see 3.1). The exploration of these causal factors is also significant for the purposes of this study, as most of the literature illustrates a rather complex and intricate, multidirectional relationship between the causes, risk factors and consequences associated with homelessness and their

experiences of victimisation (Heerde & Hemphill, 2016: 278; Johnson & Chamberlain, 2008: 342; McCarty, et al., 1991: 1140; Polcin, 2016: 2). Consequently, it is rather challenging to identify which of these factors came before and which of them were caused by the homelessness episode, thus information of this nature can be considered invaluable in terms of attempting to gain a better understanding of the complexities around the causes, risk factors for victimisation and the consequences of homelessness and their experiences of victimisation.

With reference to the table above, the most common pathways identified in the existing literature (see 3.1), were confirmed to be pathways among the participants of this study. The majority of the participants also indicated multiple potential pathways (events in their lives) which may have led to them becoming homeless. In relation to the pathways already identified, 23.5% of the participants indicated that they experienced childhood adversity, including abuse and trauma in various aspects of their lives, while growing up. Adverse childhood experiences such as emotional, sexual and/or physical abuse, dysfunctional households, parental substance abuse and neglect have been shown to predict a multitude of negative outcomes in adulthood, including mental illness, addiction and chronic disease, frequently identified by a number of studies in the context of population-representative samples of the homeless (Couldrey, 2010: 14; Dietz & Wright, 2005: 16; Keeshin & Campbell, 2011: 401; Montgomery, et al., 2013: 262). It has also been suggested that interfamilial experiences of childhood maltreatment place an individual at greater risk of becoming homeless and subsequently, the events and behaviours of life on the street (the use and abuse of alcohol and illicit substances and also engaging in risky activities such as robbery and sex work) tend to amplify the effects of an adverse childhood, often resulting in higher experiences of victimisation while being homeless (Mar, et al., 2014: 1000). In conjunction with the discussion above, the following personal accounts from the participants allow for a clearer description regarding the impact childhood adversity can have as a pathway into homelessness:

P14: "I have had many challenges in my life – it started when I was a child. My parents got a divorce and my stepparents were very cruel towards me. I was also

very sick as a child, I had big operations, turned around at death's door so to speak, but God helped me through it."

P15: "Well, I grew up in a house, where my father was permanently drunk. He would assault my mother and we were forced to watch. He started using drugs and through using drugs – he brought a man into our house, this man supplied him with his drugs. The same man also molested me for a year and a few months – I was 9 years old at the time".

P17: "I had a difficult childhood. My parents got divorced when I was very young. My mother got remarried, the man drank alcohol. He also had children who lived with us, and every time he hit one of his children, he felt he had to hit one of my mother's children also. He targeted my youngest brother. My older siblings moved with my father, so I was the only one who could protect my younger brother".

Poverty and unemployment were also prevalent factors regarding the pathways into homelessness in the existing literature. Homelessness is often characterised by chronic poverty and unemployment. Unemployment usually worsens the effects of poverty and as a result these individuals often struggle to meet their expected cost of living, which usually leads to the inability to afford adequate housing and in the most extreme cases eventually leads to homelessness (Mathiti, 2006: 218 – 219; Piat et al., 2015: 2368). Subsequently, 29.4% of the participants reported poverty, usually related to losing employment/unemployment, as one of the causal factors resulting in them becoming homeless:

P7: "I lost my business, it's probably how I managed the money. But my family did not want to support me after I lost my business, I couldn't stay, there was too much abuse, not always physical. The abused me verbally and emotionally, telling me that I was a failure, because I lost my business".

P10: "Family conflict and losing my job. I also experienced trauma – I lost my adoptive father in 2012 – he was murdered. I believe the trauma and family conflict are the reasons why I lost my job and how I ended up homeless".

P15: "The economy is not good, many people that end up in these places can't find work. It's was unbelievable to see, while we were still in Johannesburg – there are hundreds of shelters for people who can't find work. It's very sad actually. The main causes are usually poverty and unemployment".

The use/abuse of alcohol and other illicit substances were also prevalent causal factors in the existing literature as many consider homelessness to be synonymous with excessive alcohol and illicit substance use/abuse. In fact, among the individual factors associated with the causes of homelessness, the use and abuse of alcohol and other substances continues to rank above the rest as one of the leading causes of homelessness. Alcohol and substance abuse are usually experienced in combination with other factors and as a result are not always seen as the main reasons for an individual ending up homeless (Chamberlain & Johnson, 2011: 65; Fountain, Howes, Marsden, Taylor & Strang, 2003: 245; Heerde & Hemphill, 2016: 468; McCarty, Argerious, Heubner & Lubran, 1991: 1140; Sadiki, 2016: 38). Contrary to this, amongst the pathways identified by the participants of this study, alcohol (5.9%) and illicit substances (5.9%) were least considered in terms of potential pathways.

With regards to physical and mental health challenges, most researchers tend to place more emphasis on mental health due the fact that homelessness is often perceived to be synonymous with a variety of mental health challenges (Chambers, et al., 2014: 553; Evans & Forsyth, 2004: 481; Piat, et al., 2015: 2367; Sullivan, et al., 2000: 444). However, physical and mental health challenges, as pathways into homelessness, generally function similarly to poverty, unemployment and the use and abuse of alcohol and other illicit substances. Affected individuals tend to experience a state of 'incapacitation' and as a result are unable to work and thus unable to maintain employment which inevitably leads to unemployment, increasing poverty and homelessness (National Health Care for the Homeless Council, 2011: 1). Below are some of the personal accounts of participant's describing how mental and physical health challenges served as pathways into homelessness:

P11: "After my wife passed away, it just became too difficult to carry on with everything. It's too expensive to rent a flat just for yourself. When my wife passed

away, I was employed – we worked together actually. I decided to resign because the atmosphere was the same when she wasn't there anymore. I did some work for a courier company, but it just didn't work out".

P12: "I experienced an injury on duty while running a gardening services – I was not able to work anymore. After the gardening services, I lived in Old Main Road and then the owners of the building sold it to government pensioners, I had to move out and then I came to the shelter".

Family conflict (52.9%) and domestic violence (41.2%) were the leading pathways identified by the participants. Accordingly, domestic violence and family conflict are also frequently ranked among the major contributing factors of homelessness. Homeless females in particular are portrayed as the more frequent victims of family conflict and domestic violence in comparison to homeless males. Additionally, domestic violence and family conflict as pathways into homelessness are generally attached to poverty and as a result are commonly identified as the leading causal factors for homelessness among women, and to a lesser extent men (Dietz & Wright, 2005: 16; Mathiti, 2006: 218).

P2: "I was involved with a man, he smoked dagga and he used to give me blue eyes, he also took my son away and I would say that the reason why I ended up here is because of all the abuse".

P5: "As I said, it's because of family problems, things just didn't work out while living with them".

P10: "Family conflict and losing my job. I also experienced trauma – I lost my adoptive father in 2012 – he was murdered. I believe the trauma and family conflict are the reasons why I lost my job and how I ended up homeless".

In terms of the pathways into homelessness, the only pathway supported by the research findings is family conflict (52.9%). The rest of the pathways, no matter how significant, cannot be considered as they received response rates below 50% by the participants.

6.1.4. Research expectation 4

This research expectation was formulated on the basis that the majority of the participants will have the perception that they are more vulnerable to victimisation in comparison to the rest of society.

Table 9

Participants' perception of their own vulnerability to victimisation in comparison to the rest of society

Participants more vulnerable than the rest of society	Number (N)	Percentage (%)
Yes	7	41.2
No	9	52.9
Not sure	1	5.9
Total	17	100

Based on the previous discussions on victimisation vulnerability along with the discussion for research expectation 1 (see 6.1.1), it is often suggested that homeless people experience victimisation at disproportionate rates as they are expected to be more vulnerable to victimisation than the rest of society, largely due to the public nature of their lives as well as their involvement in mildly to extremely dangerous survival strategies (Alam & Akter, 2015: 93; Dietz & Wright, 2005: 16; Garland, et al., 2010:287; Scurfield, et al., 2004: 3). When the participants were asked whether or not they thought they were more vulnerable to victimisation than non-homeless people, the majority of the participants (52.9%) answered 'no', while 41.2% answered 'yes' and only 1 participant (5.9%) said that s/he were 'not sure' whether homeless people are more vulnerable than others in society.

P7: "It's because of the need that you have – you are at a point where you will sacrifice yourself, you will sacrifice yourself to survive – you do things that you wouldn't necessarily do".

P5: "Homeless people are more vulnerable. It's because some look as if they can't defend themselves, people see them and think I can go for that person, it looks easy".

P10: "I think both are the same, they can assault you in your home – no matter how safe you feel – it has already been proven".

P11: "I think those on the street are more vulnerable, they can't find help, that's why they stay on the streets and they also have nowhere else to go".

This research expectation is not supported by the research findings as it received a response rate of less than 50% of participants (41.2%) who felt that homeless people are more vulnerable in comparison to the rest of the members in society.

6.1.5. Research expectation 5

This research expectation was formulated on the basis that the majority of the participants will report the following as the common perpetrators in their experiences of victimisation:

- 6.1.5.1. Members of the general public ‘
- 6.1.5.2. Other homeless people
- 6.1.5.3. Service providers
- 6.1.5.4. Family members

Table 10
Common perpetrators in the participants' experiences of victimisation

Common perpetrators	Number (N)	Percentage (%)
Members of the general public	5	29.4
Other homeless people	5	29.4
Service providers	1	5.9
Family members	3	17.6

The responses for this section do not add up to 100% as participants provided multiple answers in some cases, while other participants did not present any response. There is not one clear perpetrator profile for homeless victimisation. However, upon the review of the relevant literature, there appears to be a potential link between the general perpetrators of homeless victimisation and the offender motives for hate crimes at a domestic level.

However, based on the responses received, it is apparent that more research is required in order to link these offender motives discussed previously (see 3.2.4) to the common perpetrators identified by the participants of the current study. This would imply that a representative sample from each 'common perpetrator' group will have to provide insight regarding why they victimise members of the homeless population. However, for the purposes of the current study, the responses related to this line of questioning indicated that the most common perpetrators were members of the general public (29.4%) as well as other homeless people (29.4%). This finding corresponds with the literature as it is believed that the majority of the acts of the victimisation of the homeless are in fact committed by members of the general public.

The findings presented in the table above also support the fact that although many are not aware of this, homeless on homeless violence and victimisation is in fact a reality (Newburn & Rock, 2004: 3). Additionally, 5.9% of the sample identified

service providers as the perpetrators in their experiences of victimisation and 17.6% indicated that family members could also be responsible for victimisation. Below are some of the personal accounts from the participants which can be linked to the discussion above:

P5: "It was people who worked the centre that raped me"

P10: "I feel anywhere where there are street children – could be dangerous".

P3: "Family and strangers too – the man who raped me, I didn't know him. I even fell pregnant – didn't have an abortion but I decided to put the child up for adoption – I couldn't keep the child because it would be a constant reminder of the rape. My social worker told me about a couple that wanted the child, but couldn't have one, so I decided here my chance to do good, and the child is doing well and is better off".

P8: "For me, outside, there's people we think are 'boemelaars' but they aren't. They come and ask you for food at the gate of the shelter and the same people you help at the gate – when you in the street – are the ones who talk ugly to you or try something".

P9: "It was the person I smoked dagga with, he usually became very aggressive – not sure if he was also homeless".

P11: "These street children, no one else. Especially those on glue, tik and whatever else".

P15: "Members of the general public and even other homeless people. We often victimise others. Because we are down and out we take it out on other people inside and outside the shelter. So, I would say, homeless people are victimised by service providers, people that's supposed to help us, other homeless people and members of the general public".

Although the findings illustrate that most of the common perpetrators identified in the existing literature were in fact the perpetrators in some of the participants' experiences of victimisation. This expectation is not supported by the findings as none of the common perpetrators listed received a response rate of more than 50%.

6.1.6. Research expectation 6

This research expectation was formulated on the basis that the majority of the participants report the following as the most common places where their experience(s) of victimisation took place:

6.1.6.1. On the street

6.1.6.2. In shelters/centres

Table 11
Common places where participants experienced victimisation

Common places of victimisation	Number (N)	Percentage (%)
On the street	7	41.2
In shelters/centres	2	11.8
Other	2	11.8

The responses in this section do not add up to 100% as some participants provided multiple responses, while other participants did not present with any response. With reference to the existing literature, homeless individuals are expected to be vulnerable in any context they find themselves in. Victimisation is expected to take place primarily on the streets, yet there are also some reports which indicate that homeless people do experience victimisation in shelters, at police stations and even at hospitals (Dietz & Wright, 2005:16; Meinbriesse, et al., 2014: 129; Scurfield, et al., 2004: 8). The findings presented in the table above indicate the places where the participants experienced victimisation most often – which many of them considered to be among the most dangerous places for homeless people. Most of the participants (41.2%) selected the street as the place where they were

victimised the most, while an equal number of participants (11.8%) indicated that shelters as well as the 'other' category – identified by participants as in the veld or bushes – could be regarded as the most common places of victimisation.

P2: "I was raped in the bushes once."

P3: "Hilton, an area in Bloemfontein, and while I was struggling to find a place to live and living in my family's backyard – and the few times I was attacked in the bushes".

With reference to victimisation at shelters/centres, *P4 as well as P6, stated "at the children's centre" and "most of my experiences were at the centre, yes, the adult centre before coming to this shelter".*

P8: "I think mostly on the street, they check to see how many cars drive past or how many people are around you. When it's quiet and at night, it's more dangerous".

Although many of the participants identified common places of victimisation, consistent with those identified in the literature, this expectation is not supported by the research findings as none of the options listed above received a response rate of more than 50% from the participants.

6.1.7. Research expectation 7

This research expectation was formulated on the basis that the majority of the participants will have the perception that members of the general public have negative feelings towards members of the homeless population.

Table 12

Perception of the feelings held by members of the general public toward the homeless population

Perception of feelings	Number (N)	Percentage (%)
Positive feelings	2	11.8
Negative feelings	9	52.9
Not sure	6	35.3
Total	17	100

The importance of the attitudes held by the perpetrator towards their victim(s) is an extremely important area of study, yet it is often overlooked. Attitudes or perceptions can be considered a crucial component in the motivational process leading to victimisation as well as the decision-making process when selecting a suitable/attractive target. In most cases, the decision to victimise someone is usually based on their perception of, or attitude towards, that particular victim (Fattah, 1991: 133). According to the labelling theory, which emphasises the importance of attitudes, the view of correct behaviour by a specific culture is usually instilled through the establishment of stigmatised groups – such as the homeless population in this case (Nel & Breen, 2013: 249). Based on the stereotypical image of homeless people, created by society, homeless people are often seen as soft targets. Within the limited scope of the current study, it was also important to identify what the participants' views are regarding the perceptions of the general public toward homeless people.

With reference to the existing literature, attitudes of the general public towards the homeless are usually negative. Homeless people are often labelled negatively as a result of their social status and many people from the general public are generally not interested in any form of social interaction with homeless people (Alam & Akter, 2015: 97). This negativity is vastly expressed in legislation as well as personal attitudes (Dennis, et al., 2007: 5). Negative attitudes are also clearly displayed when homeless people seek legal or healthcare assistance following an experience

of victimisation. Police, just like the rest of society, usually harbour negative attitudes towards the homeless. Attitudes constructed by prejudice are often linked to hate crime, which relates to the decision to victimise or refuse assistance on the basis of negative perceptions toward a particular group. Various service providers tend to view homeless people in a fixed role, which is usually the perpetrators of crime, and as a result occasionally refuse to believe that they have been victimised or simply blame them for their own victimisation – as discussed with reference to secondary victimisation (see 6.1.13.) (Alam & Akter, 2015: 97; Nel & Breen, 2011: 34; Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3).

The findings of this section indicate that the participants' responses appear to correspond with the literature on the perception of homeless people held by members of the general public, as the majority of the participants (52.9%) felt that members of the general public view homeless people in a negative light. However, in order to formulate a more substantive conclusion in this regard, for future research of this, the perceptions of members of the general public should be cross referenced with the findings presented above, in order to determine whether or not the perceptions of the general public toward homeless people, actually corresponds with the existing literature. Below are the personal accounts provided by the participants regarding how they feel members of the general public view homeless people:

P1: "Some people think it's a joke. How can I say, I think it's a grudge that they have against you as a person. They don't understand that it's not like that. A homeless shelter is not a place that's dirty, I am clean and I keep the place I live in clean. Many people cannot believe that shelters are clean. Many people think shelters are dirty and uncomfortable and all that. But for me it's not the case. You can see for yourself, the place is clean".

P3: "I think they feel very negative towards us. It took me very long before I was directed to the shelter. After my overdose, my social worker helped me to get here. All the doors I knocked on before seemed to be the wrong doors".

P7: “Losers, I’ve seen other homeless people being victimised before. Some think we associated with drug dealing – even though we are not”.

P11: “The people out there don’t leave you alone. The few belongings that you have, they won’t see it as this is his belongings, leave it alone, they’ll just take it. Especially those who use glue (“die wat vol gom is”). I also believe you get some good and bad people. I read in the newspaper about a journalist who went to the rich areas, close to the mall and begged for money. No one knew he was a journalist, he did it just to find out how it feels to beg for money at a robot or stop street, between cars or whatever. He said himself, there are good people who will give something and there are others who will just roll up their windows or look away, you know? It’s very tough on the streets”.

P14: “I went to visit my brother once, and I praised the shelter and spoke good things about this place – it is the most wonderful place for me. There were a few people there and looked at me and said yes, but the people that go to shelters are washouts. I got so angry and I told them, you find decent people in shelters, even more so than there outside. They tried to convince me, but I told them they are making a big mistake and they shouldn’t judge people”.

P17: “Most people think because you are homeless, and you live in a shelter, that you use drugs, alcohol and that you sell yourself for money (sexually). They think that’s why you live in a shelter, because you are too useless to physically go out and work to make a living”.

However, not all of the participants felt that the general public generally harbour negative feelings towards homeless people with 11.8% of the sample believing that members of the general public may, in fact, feel positively towards homeless people and often want to help:

P11: “I think you’ll find some people that have a good heart, that will give you something – like a church for example, soup kitchens that give food once a week”.

P8: “I think they become heartsore, they will want you to find work, so you can go out on your own. I think people do care a lot”.

The remaining 35.3% of the participants did not have an answer to the question. This research expectation is supported by the research findings as more than 50% of the participants (52.9%) held the perception that members of the general public do, in fact, harbour negative feelings towards homeless people.

6.1.8. Research expectation 8

This research expectation was formulated based on the assumption that the participants will report the following physiological consequences commonly associated with homelessness:

- 6.1.8.1. Diagnosed with general health problems
- 6.1.8.2. The use/abuse of alcohol
- 6.1.8.3. The use/abuse of illicit substances
- 6.1.8.4. Physical injuries

Table 13
Physiological consequences reported by participants

Physiological consequences of participants	Number (N)	Percentage (%)
Diagnosed with general health problems	1	5.9
The use/abuse of alcohol	4	23.5
The use/abuse of illicit substances	3	17.6
Physical injuries	6	35.3

The responses presented in Table 8 above do not add up to 100% as participants were able to select more than one ‘consequence’, while others did not present with a response for this section.

There are a number public health implications associated with being homeless (regardless of whether or not victimisation is present). Homeless people, as a result of their participation in risky sexual behaviour and intravenous drug use, are considered to be at risk of contracting HIV/AIDS and other life threatening infections. These sexual health risks, although not prevalent among the participants of this study, are also commonly associated with survival strategies, used in some cases to procure basic needs such as food, water, clothing or shelter (Lohrmann, et al., 2012: 174; Melander & Tyler, 2010: 576; National Health Care for the Homeless Council, 2011: 2; O'Reilly, et al., 2015: 14; Seagar & Tamasane, 2010:63-64; Weschberg, et al., 2003:672).

P3: "I was on the street for about 4 – 5 years and carried on with alcohol in between. I knew what I was doing was wrong and my children were suffering. The situation at home was just unbearable after my mother died, I had to leave. I used to beg for money or do 'that', yes. I did people's washing or did people's hair to earn some money".

The majority of the participants did not visit hospitals very often and as a result many of them did not have any conclusive knowledge about pre-existing general health problems, i.e., they were unable to differentiate between conditions they had before becoming homeless and physiological conditions they developed as a result of being homeless or experiencing victimisation. The literature also states that homelessness usually causes or often intensifies a wide range of physiological conditions, such as respiratory infections, pneumonia, skin diseases, diabetes, stomach aches, eye infections and also liver and kidney diseases, often linked to excessive alcohol/narcotic consumption (Hwang, 2001: 230; National Health Care for the Homeless Council, 2011: 2; O'Reilly, et al., 2015: 14; Sadiki, 2016:52; Seagar & Tamasane, 2010: 63).

One participant however, shared that she had diabetes for years (inherited from her parents), but her condition has never worsened as a result of being homeless as she still seeks and receives treatment in order to keep her condition under control:

P5: "Not as a result of being homeless, I've always been a diabetic and still receive treatment to date".

Homeless people with physical injuries due to violence or victimisation usually do not heal properly because bathing and getting proper rest and recuperation is not always possible on the streets or in shelters (National Health Care for the Homeless Council, 2011: 2). Therefore, in most cases homeless people are unable to recover from physiological conditions, regardless of its origin:

P12: “I worked for a woman, who worked at a hospital in West End..... The doctors there also said they give certain medications to homeless people but their conditions never really improve – because of the things they take in between”.

In addition to the physiological consequences associated with homelessness in general, physical injuries are among the most common and more noticeable consequences among the homeless, as well as those individuals who experience victimisation (National Healthcare for the Homeless Council, 2011: 2). Below are some of the personal experiences of victimisation of the participants which result in physical injuries:

P3: “I was taken to hospital after that guy hit me. I had a lot of injuries. I still have problems with my eyes, but do not receive treatment for it. It is still painful under my cheekbones”.

P9: “Once I got bottles from someone to go and sell and once I walked through the veld, they hit me behind my head with a rock – I had to go to the doctor”.

P14: “I was severely raped. It was very traumatic for me. I still receive treatment to date”.

Homelessness and the experience of victimisation have also been linked to the use/abuse of alcohol and other illicit substances. Many of the participants were hesitant to indicate drug or alcohol use as a pathway into homelessness, yet many of them mentioned it as a consequence, or a means to cope/survive. Most of the participants also stated that the use/abuse of alcohol and other illicit substances became a means to cope with the psychological consequences (see 6.1.4) of homelessness as well as of their experiences of victimisation.

P3: “I tried to cope daily – but it just got so bad – I felt hurt, it still hurts inside and my body couldn’t handle it anymore. I didn’t have a husband, boyfriend or family to help

me. Whenever I went to my father for help, he just hurt me more. I was alone most of the time, I used alcohol and also took the stress tablets, once I took the two together and tried to kill myself, I took an overdose when I felt it was getting too much and I just couldn't go on".

P7: "I never used alcohol or drugs regularly before. But being in this situation before the shelter I saw myself changing. As I said you lose yourself, your identity. Socially, you start socialising with people you wouldn't socialise with before, and because you want to belong- I ended up trying alcohol and for many years I haven't. Because I needed a place to stay – I didn't want to not belong with the crowd".

P8: "I know my friend, I mentioned before, used alcohol – I think she wanted to forget about her situation".

P9: "The thoughts get blocked by the drugs – sometimes you are confused. At times sexual activities, violence, threats happen while under the influence of these drugs".

P13: "Definitely drugs and alcohol. When you drink or use something, you don't know what's happening around you and you don't know what you doing. You hurt people around you and your health is affected at the end of the day. It's dangerous for yourself and others around you, but it helps".

Although the participants did identify physiological consequences as a result of being homeless, this research expectation is not supported by the research findings as less than 50% of the participants reported experiencing the physiological consequences listed in Table 8.

6.1.9. Research expectation 9

This research expectation was formulated on the premise that the majority of the participants will report the following psychological consequences commonly associated with homelessness.

6.1.9.1. Sub-expectation 9.1: Most of the participants will report feelings associated with the following psychological conditions:

6.1.9.1.1. General feelings of depression

6.1.9.1.2. General feelings of anxiety

Table 14
Participants' feelings of depression and anxiety

Feelings of participants	Number (N)	Percentage (%)
Feelings of depression	7	41.2
Feelings of anxiety	2	11.8

6.1.9.2. **Sub-expectation 9.2:** Most of the participants will report experiencing the following psychological conditions associated with the experience of victimisation or the experience of any other traumatic event(s) while being homeless:

6.1.9.2.1. Stress

6.1.9.2.2. Fear

6.1.9.2.3. Hostility towards others

6.1.9.2.4. Insomnia/nightmares

6.1.9.2.5. Emotional detachment

6.1.9.2.6. Self-destructive behaviour

6.1.9.2.7. Social isolation

Table 15
Additional psychological consequences reported by participants

Additional psychological consequences	Number (N)	Percentage (%)
Fear	1	5.9
Hostility towards others	2	11.8
Insomnia	1	5.9
Emotional detachment	6	35.3
Social isolation	5	29.4

The findings presented in Tables 14 and 15 respectively, do not add up to 100% as participants provided multiple responses in some cases, while others did not have a response for this section. Psychological consequences may stem from any of the aforementioned common types of victimisation. Most of the time psychological consequences are the least visible and are often ignored with the result that they take the longest to heal. Homelessness is often portrayed to be synonymous with, not only the use/abuse of alcohol and illicit substances, but also a variety of mental health challenges. It was therefore expected that many of the participants in this study would have developed some form of psychological challenges, either as a result of being homeless and/or their experiences of victimisation. The table above constitutes the most prominent psychological consequences identified in the existing literature. Homelessness is believed to generate a high degree of stress and anxiety, as well as amplify existing psychological conditions. The relationship between mental health and homelessness, much like the rest of the causal/consequential factors discussed previously, has a rather complex dynamic and there is no real conclusion in terms of whether homelessness causes mental health challenges, and vice versa. The existing literature suggests that the most common mental health challenges include schizophrenia, depression, bipolarity and post-traumatic stress disorder (PTSD) – which generally includes hostility, emotional detachment and isolation (Chambers, et al., 2014: 553; Lee & Schreck, 2005: 1061; Mar, et al, 2014: 1000; North, et al., 1994: 95; Sadiki, 2016: 54; Sundin & Baguley, 2014:184).

From the findings above, it is also evident that the participants in this study have experienced significant psychological consequences as a result of being homeless or due to their experiences of victimisation. One participant, in particular, kept referring back to her experience of victimisation and felt that as a result of her sexual assault and now her age, she was fearful of what might happen to her if she were to leave the shelter. In relation to the findings, very few participants responded to experiencing stress, fear or insomnia/nightmares as a result of being homeless as well as due to any experiences of victimisation. Each of these options was only selected by one participant respectively, thus only representing 5.9% of the total sample. The literature however, was not completely in support of this, as it was expected that homeless people, in general, usually report higher levels of anxiety, fear and stress while on the streets and even while residing in shelters (Verdun-

Jones & Rossiter, 2010: 620). Below are personal accounts collected from the interviews which are indicative of experiences of stress, fear and insomnia/nightmares:

P2: "There was a time I couldn't go on anymore, I went to the clinic and asked for something for stress, they didn't want to give me anything without a script, but I begged the nurse and she gave me some tablets".

P13: "Once I was with a friend, looking for a place to stay and her uncle forced us to go and sell drugs to Nigerians and told us if we didn't do it, he would sell us to the Nigerians. We were so scared, we just did it. We later went to the police and they helped us. It was traumatic and I struggled with it for long, I even had nightmares about it".

P14: "I was severely raped. It was very traumatic for me. I still receive treatment to date..... Here in the shelter I feel secure, how can I say, I feel safe, because I am old and I can't be on my own out there. I am old and defenceless. I am so scared to go outside, scared that something will happen to me again".

Participants also reported episodes of hostility as a result of the psychological consequences of being homeless, as well as the experiences of victimisation. A total of 11.8% reported being hostile towards others.

P6: "I held it back the whole time – I kept it in for a while, to the point where I no longer could. I became hostile towards my friends at the centre and everyone around me. I then asked them to take me to see a psychologist. She asked me what exactly happened, how it happened and how I felt about it. She told me that I shouldn't blame myself for what happened – because I blamed myself for what had happened. I said it was my fault that it happened, and she told me I must never think of it like that".

P15: "I always treated other people badly because of my situation. I was at a point – if I feel you looking down on me, then I would go off on you. I was always on the back foot when I felt threatened".

Furthermore, participants also indicated experiencing emotional detachment (46.1%) as well as social isolation (38.5%) as a result of being homeless and also experiencing victimisation. Homeless people generally feel as if they are being targeted by, or rejected by the rest of society and the result, according to the literature is, that members from the targeted group are usually left feeling isolated, vulnerable, unprotected and intimidated (Nel, 2007: 59; Nel & Breen, 2013: 247).

P1: "I felt very withdrawn, I felt isolated, hurt and all those things".

P7: "You feel as if you don't belong – especially when the abuse comes from your family. You feel very lost, you are confused – there is a lot of confusion. It's a hopeless situation not to belong anywhere. Especially in my case – I studied, I had a business, you understand? Those things gave me an identity – and when you lose everything, you feel as if you have lost your identity. You are not who you are anymore".

Additionally, as a result of what appears to be emotional detachment, when presented with an opportunity to go and live with family again, P14 refused. In this case, it would seem as if this participant developed a sense of attachment to the shelter and the people who reside there. *P14: "My brother, who lives in Edenvale told me I am welcome to move in with them anytime, but I can't. Here in the shelter I feel secure, how can I say, I am safe. Because I am old and I cannot be out there on my own. I am old and defenceless. Even though my family wants to support me, I prefer to stay at the shelter".*

Lastly, the literature used to formulate this expectation also reports that homeless people are also expected to develop psychological conditions such as bipolar disorder, anxiety and depression as a result of homelessness or their experience of victimisation (Chambers, et al., 2014: 553; Lee & Schreck, 2005: 1061; Mar, et al, 2014: 1000; North, et al., 1994: 95; Sadiki, 2016: 54; Sundin & Baguley, 2014:184). Due to the inability to clinically diagnose any of these conditions, the following responses from participants were categorised as 'general feelings of anxiety' (11.8%) and 'general feelings of depression' (41.2%). In relation to the 'general feelings of anxiety', based on observation alone, one participant was extremely

fidgety and during his interview, two participants engaged in an argument in the adjoining room, in response to this he immediately closed his ears and began rocking back and forth – as if in severe distress. P9, described feeling “as if you are being squeezed, trying to get passed it, trying to block out these thoughts”. P9 also kept making reference to an analogy of being a sprout that could not grow, with everything that happened to him being the main reason why he cannot get out of his current social predicament.

P3 stated that “I felt depressed and I was also on medication for stress. It actually took a lot away from me, it’s as if my heart is missing one piece. A piece of me is missing – I am not complete”.

For some homeless people, suicide ideation may become a reality. The impact of being homeless, as well as the ongoing experience of victimisation, can become unbearable (psychologically). In relation to this, *P17 stated that “sometimes it feels as if it would be easier to just take your own life, instead of going on”.*

In some instances it also became apparent that psychological stability may be a deciding factor of how negatively homelessness or the experiences of victimisation could affect an individual. When asked if she has ever been diagnosed with a mental or physical condition, P7’s response was *“No, psychologically I feel very strong. I was also a life coach before becoming homeless, so I feel my training also helped me. I’ve been in situations where I thought that, if it was not me, I would’ve lost it mentally – but it’s because of the knowledge that I have – I can support myself”.*

The sub-expectations above are not supported by the research findings as none of the two receive a response rate of more than 50% for any of the psychological conditions listed and discussed above.

6.1.10. Research expectation 10

This research expectation was formulated on the basis that the majority of the participants will report having difficulty finding employment as a result of the socioeconomic consequences commonly associated with homelessness.

Table 16
Socioeconomic consequences related to employment reported by participants

Socioeconomic consequences related to employment	Number (N)	Percentage (%)
Difficulty finding employment	13	76.5
Have not attempted to find employment	4	23.5
Total	17	100

6.1.10.1. **Sub-expectation 10.1:** Due to the difficulties experienced when attempting to find employment, most of the participants will report the inability to acquire their most basic needs:

6.1.10.2. Food

6.1.10.3. Clothing

6.1.10.4. Shelter

Table 17
Socioeconomic consequences related to the acquisition of the participants' basic needs

Socioeconomic consequences related to acquisition of basic needs	Number (N)	Percentage (%)
Inability to acquire basic needs	11	64.7
No response	6	35.3
Total	17	100

Based on the discussions throughout this dissertation, it also becomes evident that homelessness and the experiences of victimisation among this vulnerable group are complex and interrelated phenomenon. As a result, there are many overlapping areas, such as the psychological consequences discussed above (social isolation and emotional detachment) and how that can be linked to the socioeconomic consequences of homelessness and the experiences of victimisation. Homelessness is seen as one of the most severe forms of poverty, one which dehumanises, marginalises and socially excludes people from the rest of society (Bassuk & Franklin, 1992: 72; Mangayi, 2014: 215). As a result, homeless people's social ties to society are severed and as a result they are therefore denied access to many networks of assistance (support systems) which are readily available to the rest of society. This deprivation of social resources is usually attributed to their social status (Mathiti, 2006: 215; Prasad, 2012: 74; Sadiki, 2016: 51; Scurfield, et al, 2004: 2).

The majority (76.5%) of participants reported that they find it extremely difficult to find employment, while the remaining 23.5% who answered the question had not made an attempt to find employment at this point. Some of the participants also explained that employers usually change their attitudes towards them upon learning that they are homeless. These findings therefore appear to concur with the existing literature used to formulate this research expectation. Socioeconomic consequences can also be related to how social structures prohibit homeless people from accessing certain 'spoils' which are supposed to be available to society as a whole. The literature proposes that homeless people are denied access to these 'spoils', which include, but are not limited to education, healthcare, housing, criminal justice and police support as a direct result of their social status (Mathiti, 2006: 215; Prasad, 2012: 74; Sadiki, 2016: 51; Scurfield, et al., 2004: 2). The responses from participants were indicative of prejudice motivated attempts to deny them a fair opportunity at employment due to their social status (i.e. being homeless).

P7: "I have never been employed full-time since losing my business, funding is a major issue – because of my situation. I've realised that many people don't feel safe to employ me. I was an entrepreneur and I lost my business. I think they also refuse to help me because of my current social and credit status".

P9: "I could never really find work. While on the streets I used to beg for money and then I found a place to buy cheap 'icy's' and I would sell that to make some more money".

P13: "I had a bad experience while looking for work. I went to one place to find out if they had a job for me, and he greeted and was very friendly, until I told him that I live in a shelter. It was as if I threw ice cold water over him. He became quiet all of a sudden and told me to give him a few minutes. When he got back, his attitude changed completely and he said sorry we don't have anything available for you at the moment. Before I told him where I live, he spoke to me as if there was work available, it hurt me a lot, it felt as if he looked at me as if I was less than other people".

P15: "When people find out that you're homeless at a job interview, they look at you as if the devil sent you. They treat you differently as soon as they find out you are homeless and that you live in a shelter".

P8 also shared that "I didn't share much with the people I worked with. Someone once told me not to tell people I am homeless or that I live in a shelter, as these people may start to take advantage of me. Only my manager knew because the address of the shelter was on my CV".

Some of the participants currently receive old age pensions – this means that many of them cannot work and as a result cannot earn any additional income. P12 stated that *"people cannot treat you differently because you are homeless, or because you live in a shelter. With a pension of only R1690 per month, where else can you stay"*.

The findings also indicate that the participants are currently highly dependent on the shelter for the provision of their basic needs, i.e., if they were not in a shelter, it would be challenging to acquire these basic needs. Many participants (64.7%) indicated that the shelter provides them with food, shelter, clothing and blankets which according to the literature are among the items many homeless people struggle to acquire on their own. The remaining participants (35.3%), did not answer the question. As socioeconomic consequences are considered to be one of the greatest consequences associated with being homeless in that many people are unable to acquire their most basic needs, such as food, shelter and clothing, as a

result of the 'socioeconomic restrictions' attached to being homeless, these findings therefore correspond with the literature provided in the previous discussions. Homeless individuals often remain on the outskirts of society, unable to access affordable and safe housing, education, employment, healthcare and treatment and are consequently most and consequently are most likely to remain homeless and vulnerable to victimisation (Heerde & Hemphill, 2016: 266).

P2: "The shelter has given me everything. They even threw me a baby shower. They provide nappies, dummies, bottles and clothing, you name it. My child and I don't need anything – the shelter gives me everything I need, without them I would have nothing".

P8: "I help cook for the shelter, so everyone gets food. There are other things that are handed out, like if we don't have clothing – there's clothing in the storeroom, even toiletries. So no one can really see you're from a shelter if you go out. Some of the clothes that come from other people are still in a good condition. I think you have to dress properly to go out, otherwise people won't take you seriously if you are not dressed properly".

The shelter even provides educational opportunities for its residents, something which they are unable to obtain while on the street, as P6 stated that *"since I arrived, the shelter has been good to me. I recently attended a class, it was very interesting and now I can learn how to start my own business"*.

P7: "There are also programs I enjoy – the sewing program and other stuff – like there's arts involved so you are able to learn and think. For me it's a new skill, and I can implement these skills in my new business ventures – they even teach us how to bake. I actually always wanted to bake for the community – and here I am learning to do it, so it is adding value".

The main research expectation in relation to the socioeconomic consequences experienced as a result of being homeless is supported by the research findings as more than 50% of the participants (76.5%), indicated that they experience difficulty when attempting to find employment. Additionally, the sub-expectation for this section is also supported by the research findings as more than 50% of the

participants (64.7%) indicated that they also experience difficulty when attempting to acquire their basic needs.

Many of the challenges faced by homeless people, in terms of making use of societal resources, such as, employment, healthcare or assistance from the police/criminal justice system can also be considered a form of secondary victimisation which will be discussed in the following section.

6.1.11. Research expectation 11

This research expectation was formulated on the basis that the majority of the participants will report experiences of secondary victimisation:

- 6.1.11.1. **Sub-expectation 11.1:** The majority of participants will report negative interactions with members of the local police departments when seeking assistance.

Table 18

Participants' interactions with members of the local police department

Interactions with police	Number (N)	Percentage (%)
Positive	5	29.4
Negative	7	41.2
No interaction	5	29.4
Total	17	100

Although some of the participants report positive interactions with police (29.4%) and others have not had any interactions with members of the local police (29.4%), as expected the majority of participants (41.2%) describe their experiences with members of the local police as being 'negative'. This finding, i.e. the ill-treatment of homeless people by police officers is supported by the existing literature. The risk of secondary victimisation is believed to hinder homeless people's willingness to make use of formal assistance measures of support, such as the police. This factor, could in all likelihood account for the lack of interaction between the police and the current

sample (Scurfield, et al. 2004: 8). Individuals who face secondary victimisation are usually met by insensitive or disrespectful officials who are expected to offer them support or assistance following a victimisation episode (Bruce, 2013: 100). As a result, homeless people generally have little to no faith in the police and are usually of the opinion that the police discriminate against the homeless, during interactions where they are in need of some sort of assistance. The negative attitudes and prejudice against homeless people tend to make them more susceptible to secondary victimisation (Alam & Akter, 2015: 97). Homeless people are often portrayed as the perpetrators of crime, and as a result many of the support systems intended to offer assistance do not acknowledge the fact that they can also assume the role of the victim in a particular criminal interaction. Below are some of the personal accounts, provided by participants with reference to their negative interactions with members of the police, indicative of the existence of some degree of secondary victimisation in the lives of homeless individuals in the current sample:

P7: "It was my first encounter with them, they look at you and make you feel worse. They even laugh at your story. I don't know, that was my experience – like, when they ask you where you come from – are you crazy – such things. I went there for clearance because the shelter needed proof that I don't have a criminal record – so they wanted to hear my story and laughed at it".

P13: "In my own experience, they were rude to me, asked me what I am doing on the street so late at night and they said I should rather just solve my own problems, I came there on my own so I should just leave".

P14: "The police also victimise homeless people, not all of them, some help, but they also make it worse, they can even try to use you. They are supposed to protect us, but they don't always do that. They don't prevent anything, they just react when it's too late".

P15: "Some police look down on homeless people, they like saying it's our fault, we were looking for it. When we hiked from Durban, we went to the police station for a place to sleep, they refused. I thought to myself, if not here, then where can we find a safe place to spend the night".

In the existing literature, the positive interactions which some homeless people have with the police, is not prevalent. Below are a few of the personal accounts provided by participants' regarding their positive interactions with the police:

P3: "I think they really did their job in my case, the man who raped me ran away and they found him. The case was opened at the hospital and they asked if I wanted to open a case – I said I'll rather leave it in God's hands – at least they never blamed me for getting raped".

P4: "I feel good about the police, they were the people who helped me when I was victimised at the children's centre".

P12: "I think they help, they are also sometimes fighting a losing battle. There are too little police, maybe underpaid too. Do you think if you were underpaid and ill-treated, you would put your life at risk? I wouldn't do it. If they see a fight – maybe they will help".

6.1.11.2. Sub-expectation 11.2: The majority of participants will report negative interactions with staff members at local hospitals/clinics.

Table 19
Participants' interactions with staff members at local hospitals/clinics

Interactions with staff at hospitals/clinics	Number (N)	Percentage (%)
Positive	5	29.4
Negative	3	17.6
No interaction	9	53.0
Total	17	100

The treatment of homeless individuals when seeking healthcare services, remains of great concern. There are, however, a select few who report fairly satisfactory services when seeking healthcare assistance, either for the treatment of general ailments or following an experience of victimisation, but this is not always the case

(Meinbriesse, et al., 2014: 129). The different experiences with regards to healthcare services is clearly illustrated by the findings of this study, as participants provided mixed responses in terms of their experiences with staff at local hospitals and clinics. With reference to the table above, some participants did not have any interactions with staff at local hospitals or clinics (17.6%). Although all the participants did not provide a response for this section, it would appear that most of the participants have positive perceptions regarding hospitals or clinics (29.4%). A response provided by one participant corresponds with the mixed viewpoint mentioned above. When asked about experiences while seeking healthcare services, *P10 was impartial and reported that: "There will be people that will help, and again others that won't".*

P5: "I am a diabetic, and so far they have never refused to help me, they also never treated me differently, but maybe the hospitals in Bloemfontein are unique". This response can be described as completely contradictory to the existing literature, although as mentioned in Meinbriesse (2014: 129), most homeless individuals should report satisfactory assistance when seeking healthcare assistance. However, this was an isolated finding, as the majority of the existing literature used to formulate this research expectation discusses the treatment of the homeless on the basis of the societal perception of these individuals. As such, homeless people are expected to receive poor service and as a result have unpleasant experiences in most cases. The main challenge faced by the majority of homeless people, when dealing with healthcare providers, is that they are treated as though the health issue is their fault or problem (Fisher & Collins, 1992: 32). The ill-treatment of homeless individuals by healthcare service providers, as well as the challenges they face when attempting to make use of these services, rests on the stereotypical image which suggests that homeless people are often perceived as too smelly, dirty and often too drunk (Fisher & Collins, 1992: 32). The expected ill-treatment of homeless persons is illustrated by the following response:

P8: "People I know of were raped at the hospitals and even babies were stolen. For me, neatness and security is a problem. Some of the nurses speak ugly to you and others don't".

With reference to the discussion above and despite some evidence of the negative treatment of the group of homeless participants in this study, this research expectation is not supported as there was not a significant amount of participant responses i.e., at least 50% which indicated negative experiences with members of the respective service providers.

6.1.11.3. **Sub-expectation 11.3:** The majority of participants will report negative interactions with officials from various government sectors.

Table 20
Participants' interactions with officials from various government sectors

Interactions with government officials	Number (N)	Percentage (%)
Positive	4	23.5
Negative	6	35.3
No interaction	7	41.2
Total	17	100

Social workers were particularly popular, among participants, in terms of governmental assistance they are aware of. The interactions between the participants and members from local government sectors were diverse. Some of the participants approached certain departments in order to acquire funding to start up their businesses, while others went for assistance regarding the custody of their children. With reference to the experiences of secondary victimisation, governmental issues are not very prevalent in the existing literature. However, on the basis of some of the responses given by the participants during the interview process, it would appear that some of them have been exposed to institutional victimisation, in that on some level there is a refusal of service to homeless individuals. The literature does however indicate that homelessness in and of itself should be considered a form of victimisation, where society can be regarded as the perpetrator. Thus, while seeking assistance at various governmental sectors, these individuals are indeed victims and any refusal of services beyond this point can be

regarded and justified as a form of secondary victimisation (Fischer, 1992: 229). For this section, participants were asked whether or not they feel that the government (criminal justice system, welfare) offers any assistance, which in most cases resulted in a discussion regarding their interactions with members from local government sectors:

P3: "Of course yes, they give us child grants. It's not much, but I do appreciate it. My social worker also helped me a lot".

P8: "I went to them myself because I struggled to get funding to go and study. So they helped me, my business is also open but I am just waiting for the funds. It just depends what you want from them. The only problem is the government won't come to us, we must go to them".

With reference to the existing literature, positive interactions with potential sources of secondary victimisation were not as widespread. Similarly to the discussions above, the personal accounts documenting negative interactions with government officials provided below are more in line with the existing literature used to formulate this research expectation. Having said that, homeless individuals seeking assistance are often met by a lack of understanding, insensitive responses by service providers and low prioritisation in government responses, challenges often linked to victims of recognised hate crime categories (Nel, 2007: 60; Nel & Breen, 2013: 247).

Too often when homeless individuals are seeking assistance, be that to report a crime, assistance from healthcare services or other sectors of government (housing, welfare or the criminal justice system), they are usually labelled 'criminal' and tend to experience secondary victimisation or 'victim-blaming' (Kenney, 2002: 242; Newburn & Rock, 2004: 2; Scurfield, et al., 2004: 3). Examples of low prioritisation responses can be seen in the following personal accounts:

P11: "I haven't actually seen a social worker or something here before. They usually come and drop stuff off – but never come inside to do a follow up or anything".

P12: "They say they help, but social workers don't come here that often".

P13: "The government doesn't help at all. They make themselves rich and they don't care about the rest of us who are struggling".

P15: “They don’t help with the homeless problem, they don’t help the shelters – I don’t know what they are doing with the money. It’s unbelievable how little they do, it’s pathetic. When you go to these places, it’s as if you don’t have any rights. The police or to the welfare, most places just refuse to help us and just chase us away”.

Figure 5 below illustrates (graphically), the treatment of the participants by potential sources of secondary victimisation:

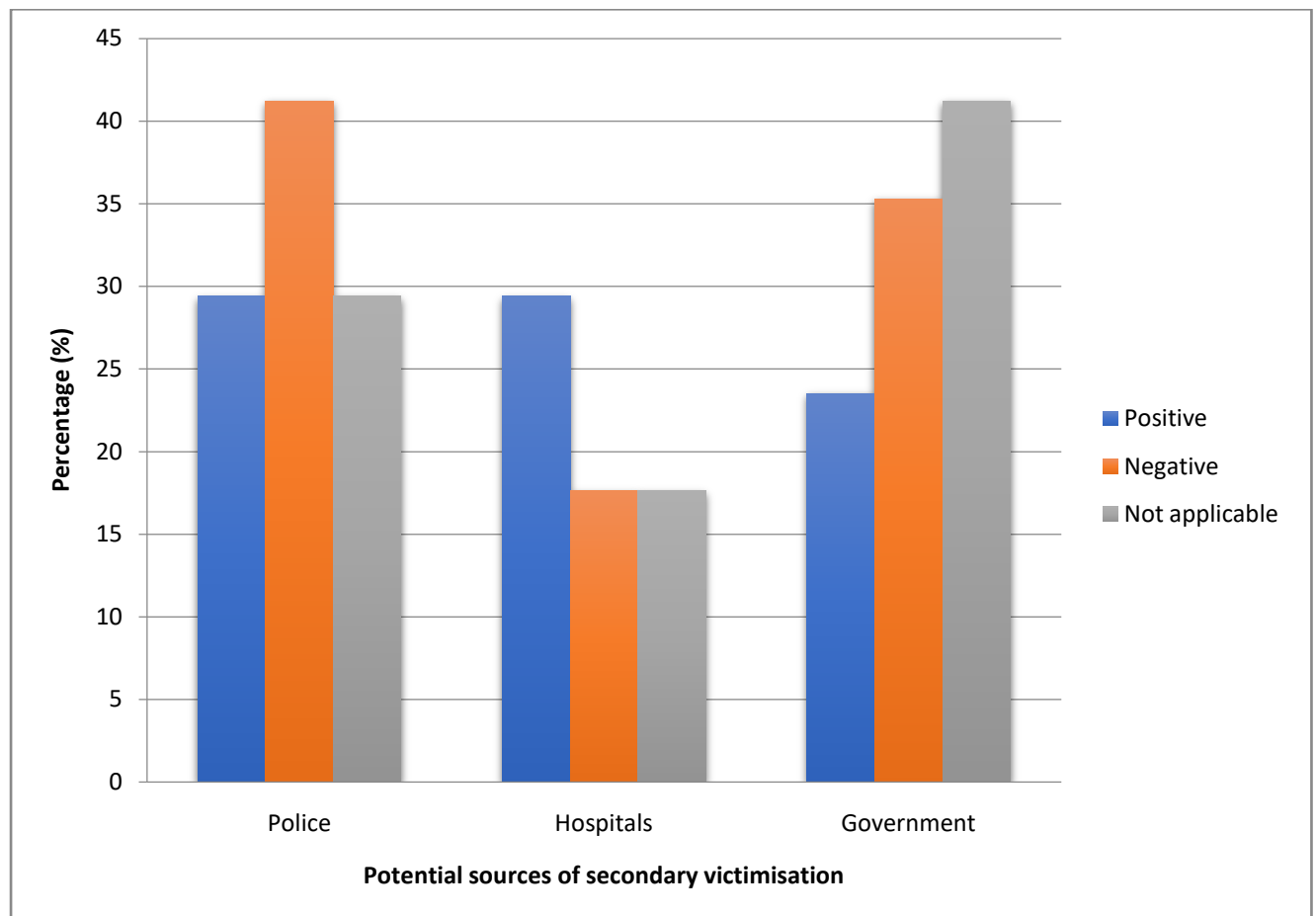


Figure 5: Treatment of participants by the various sources of secondary victimisation

With reference to the figure above, it is clearly illustrated that the majority of participants in most cases have not had any form of contact with the aforementioned potential sources of secondary victimisation. However, the figure above also illustrates that these interactions are mostly negative which creates the impression that other homeless people who did not form part of this study, may very well be exposed to secondary victimisation.

As was the case with most, if not all, of the aforementioned categories of secondary victimisation, the existing literature as well as the findings of the current study demonstrate diverse viewpoints and experiences from participants, which indicates that more generalised research is required in order to formulate a conclusive argument on whether or not homeless individuals do in fact experience secondary victimisation from the various sectors in society identified and discussed above.

6.1.12. Research expectation 12

This research expectation was formulated on the basis that, besides the use of homeless shelters, the majority of the participant's responses will indicate a low level of societal support available to the homeless.

Table 21

Support systems available to the homeless which were utilised by the participants

Support systems used	Number (N)	Percentage (%)
Churches	2	11.8
Police stations	3	17.6
Family/Friends	2	11.8
Shelters	17	100
Hospitals	2	11.8
Other service providers (counsellors, government institutions, social workers)	7	23.5

As emphasised throughout this chapter, homeless individuals often face a myriad of physiological, psychological, social, economic and/or legal challenges due to marginalisation and social exclusion and as a result they usually have smaller social networks and consequently, lower levels of social support (Bassuk & Franklin, 1992: 72; Mangayi, 2014: 215; Meinbresse, et al., 2014: 123; Piat, et al.,

2015: 2638). Similarly, victimisation reduction measures and support systems for the homeless, whether practical or formal legislative options, are often poorly implemented or hard to access for most homeless people (Mathiti, 2006: 218; Sadiki, 2016: 55). These findings can therefore be used to assist governmental sectors dealing with the provision of assistance to homeless people in general as well as in cases where they have experienced victimisation by identifying what the most popular/well-known support systems are among the homeless, evaluating the level of assistance received there and then intervening by reinforcing the services, in order to ensure that they are always able to assist homeless people in need.

With reference to the findings above, 100% of the participants identified shelters as one of the primary support systems available to homeless people, however, this is not always the case as not all homeless people know about shelters, and not all of them want to make use of shelters. *P11* stated that “I don’t know of anything besides the shelter, some people probably don’t want the help anyways – for them it’s probably nicer on the streets”.

With reference to the additional support systems listed in the table above, 11.8% of the participants identified hospitals, churches and family/friends as possible support systems for homeless people. Furthermore, despite the negative perception of police officers provided by some of the participants in the previous section (see 6.1.13.1) 17.6% identified police stations as another support system for homeless people in need of assistance. Lastly, a combination of service providers was identified which included, but was not limited to, counsellors, government institutions and social workers, and for the most part, multiple support systems were identified, whether they were assisted successfully or not. Below are some of the personal accounts provided by participants to substantiate the assistance received by a combination of service providers:

P1: “I went straight to the police station and they brought me and my husband to the shelter”.

P3: “Nothing besides the shelter and the social worker, she supported me a lot – she sometimes gave me money to feed my children. My aunty and cousin also gave me food when I went there once”.

P10: “The Salvation Army helps, not sure what all they do. I think the Methodist church gives food, not too sure about a place to stay. Sometimes the police help homeless people too. In my case, my mother sent me to Yonder, the social worker there told me about this shelter, so I came here”.

P12: “Yonder used to give food to homeless people at the civic centre – until they attacked him. That guy doesn’t want to go back there because of the attack – those homeless people around there aren’t interested in bread and soup”.

One participant (P7), for example, went through all of the available support systems identified in the table above:

P7: “I went to the church I belonged to, they didn’t help much, they said they don’t have resources. They took my CV and it’s been years now – they said we will help you find a job, but years went by now. I tried getting help from my friends, even government institutions, I’ve went – but because of my financial status and status at the credit bureau and stuff – they couldn’t help me. Even though I have a business idea, no one is willing to fund me. The shelter was one of the places that could help me”.

This research expectation is supported by the research findings as all of the support systems, besides homeless shelters (where participants were sampled) participants indicated low levels of assistance from other support systems, i.e., had a response rate of less than 50%.

6.1.13. Research expectation 13

This research expectation was formulated on the basis that the majority of the participants will experience homeless shelters positively.

Table 22
Participants' experience of homeless shelters

Experience of homeless shelters	Number (N)	Percentage (%)
Positive	15	88.2
Negative	2	11.8
Total	17	100

With reference to the final research expectation, based on the available literature, it was expected that the majority of the participants would report positive feelings towards the respective shelters. This was in fact the case as a majority of the participants (88.2%) had positive feelings toward the shelter in which they currently reside. Many participants felt very strongly about the role the shelter will/is playing in their recovery:

P5: "It's a very safe place for women. It's very nice living here".

P7: "I feel good, because it is now giving me hope – for the fact that it is now giving me space to think, because I don't have to worry about food, because that's what I needed, I needed a place where I can relax my mind and be able to think, an environment where I can think. Because I know that I have a way out – I just needed some peace and some place where I don't have to worry about food because that's what was distracting me, especially with my son as well. In the place I stayed previously, there was also the threat of, they going to throw you out – so I was not able to focus. So I needed a place like this – its giving me peace – sense of stability just to think".

P10: "Good, it's much better than the street".

P13: "People can't really call this a shelter. It's more a home of love and hope. We receive a lot of religious guidance here. We are like one big family – something many people on the outside don't realise".

However, there was an exception. Two participants from the sample had neutral to negative feelings about the shelter and/or the people living there:

P3: "I don't have a problem with the shelter itself, but I do have a problem with a few people. In the room where I live, there's a woman who has been living here for about 9 years and she took my 1 year old the other day and threw her out of the way – she even had a blue mark because of this. And when my children are playing – she always tramps on their fingers and toes, always looking for trouble with them. She doesn't follow any of the rules – she hangs her clothing and underwear anywhere, she also does funny things in the bathroom in front of the children".

P11: "It's an adjustment - I mean to live with so many different people, different characters/personalities and moods. It works on you – emotionally, your behaviour towards others is affected. A person just has to adjust to it".

When asked: What has the shelter done for you thus far? P11 shared the following: *"Nothing really, all they've done is provided me with a place to stay".*

Many shelters for abused women play a significant role in preventing a majority of them ending up without a roof over their heads (Mathiti, 2006: 19). Many of the female participants come from situations of domestic violence and would have ended up homeless if they were not able to reside at the current shelter. Many shelters also offer a variety of services to their residents, which include, but are not limited to the provision of food, usually temporary shelter, support groups, legal assistance and other programs. Accordingly, it is often believed that homeless shelters are what keeps homeless people alive and for many homeless people, the shelter is seen as an anchor in the lives, usually one of the only things offering them great assistance through troubled times (Baker, et al., 2003: 759; Hurtubise, et al., 2009: 1). The services offered and the assistance provided for homeless people was evident when participants were asked – *'Please explain what the shelter has done for you thus far':*

P1: “The Christian Revival Group, employment readiness programme, the indaba – we also have a market day coming up. The shelter has really helped me a lot, to try and get back on my feet”.

P3: “I have shelter, my children are safe, we have food, a warm bed and blankets. We can bath and other than that we do our duties and do our part. But if it wasn’t for this place – me and my children would be out on the street”.

P9: “The shelter has given me a place to stay. I clean my room and keep it neat. Also it helps you get your behaviour in order”.

P13: “The shelter helps with entrepreneurship skills. They teach us how to make things and market the product or business, which will help a lot in the future”.

This research expectation is supported by the research findings as more than 50% of the participants (88.2%) have reported experienced homeless shelters positively.

6.2. Discussion of serendipitous findings

Due to the qualitative nature of this study (i.e. explorative), the following section is a presentation of the additional findings which emerged during the data collection phase.

6.2.1. Requests made by the participants for government intervention

Participants were also asked what they would like the government to do for them and other homeless people. Below are a few of their responses:

P1: “I would like them to support the shelter more, with things such as money for electricity, food and all those things”.

P3: “Not much, I think maybe just to help people who are still on the street – who don’t have anywhere to go. Those that stand at the robots. Mostly people on the streets, maybe us at the shelter to, but I’m not sure”.

P9: "If they can all come together, like to find out where homeless people are and drive around and pick them up. Take them to hospitals or find out where they come from".

P11: "Maybe open more shelters – to help more people. They can increase funding for shelters or pension amounts".

P13: "The shelter depends a lot on sponsorships, the government doesn't help at all. It would help if we can get help with electricity, food, blankets and things like that. Just to be able to more people who now have to stay on the street".

P14: "I think they can help shelters financially, to be able to take in more people. Many places are so full, they can't take more people. Some shelters have to close because they don't have funds. I feel the government should provide money so more homeless people can be helped".

The personal accounts documented in this section reaffirm the arguments made regarding the importance of homeless shelters in the lives of many of the participants in this study (see 6.1.13.). Many of the participants felt that direct financial support (an increase in grants and monthly pension) was the most essential contribution government sectors could make, while many of the responses also included the desire for more support for shelters, in order to equip these meaningful sectors with sufficient resources so as to extend their reach and assist more homeless people across South Africa.

6.3. Conclusion

This chapter was a discussion of the findings obtained during the interview phase in relation to the research expectations which were formulated with the goal of fulfilling the objective and aims of this study. The findings were also discussed in relation to the theory and literature integrated in each research expectation regarding the experiences of victimisation of the homeless. Additional findings, independent of the research expectations formulated, but which may be of some significance with regard to the fulfilment of the objectives and aims of this study were also discussed. Although some of the main and sub research expectations were not supported by

the findings presented in this chapter, it should not be disregarded for future research on the experiences of victimisation of the homeless as these findings only apply to the participants who formed part of the current study and cannot be generalised to the broader homeless population of South Africa.

CHAPTER 7: RECOMMENDATIONS AND CONCLUSION

On the basis of the findings presented in the previous chapter, it becomes possible to determine the extent to which the aims of this study (see 1.6.) have been fulfilled. In conjunction with the limitations of this study and the findings presented in the previous chapter, recommendations for further research can be formulated. These recommendations will be based on the shortcomings which were identified as the gaps in the existing body of knowledge, as well as possible focal points directed at understanding the complex phenomenon of homelessness as well as the experiences of victimisation of this vulnerable population.

7.1. Conclusions pertaining to the fulfilment of the aims of this study

The following discussion is an evaluation of the realisation of the aims of this study, followed by guidelines for future research to expand on research of this nature.

7.1.1. Conclusion pertaining to the exploration of the experiences of victimisation of the homeless

The first aim of this study entailed an exploration of the experiences of victimisation of the homeless. The existing research and theoretical perspectives used in this study were used to formulate a specific research expectation which formed the basis for the argument that homeless individuals are expected to experience victimisation at elevated rates (Alam & Akter, 2015: 93; Garland, et al., 2010: 287; Scurfield, et al., 2004: 3). The experiences of victimisation of the homeless has proven to be based on the nature of a homeless individuals lifestyle, the level of exposure to certain high risk situations as well as the level of vulnerability to victimisation. Increased exposure and vulnerability among the homeless is generally believed to be based on the participation by homeless individuals in potentially dangerous activities, often referred to as survival strategies – including begging, survival sex or the dealing of illicit substances (Conklin, 1986: 280; Dietz & Wright, 2005: 16; Myrstol & Chermack, 2008: 464). The findings of this study, supported by the existing literature and theoretical perspectives, were indicative of high levels of victimisation within the lives of the homeless participants from the research sample. With 76.5% of the participants indicating that they have experienced some form of victimisation while

being homeless and the remaining 23.5% indicating that they have not been victimised since becoming homeless. Among the 23.5% of participants who have not experienced victimisation while being homeless, many indicated that they have not been on the streets for much of their lives, that is, upon becoming homeless they immediately went to the shelter in which they currently reside. Additionally, some of these participants also shared that they experienced victimisation and violence prior to becoming homeless (identified as pathways into homelessness). Given the evaluation of the findings associated with the exploration of the experiences of victimisation of the homeless, the first research aim was realised.

7.1.2. Conclusion pertaining to the exploration of the patterns, nature, impact and consequences of homeless victimisation

The second aim entailed an exploration of the nature, patterns, impact and consequences of homeless victimisation. Although it was an inherent requirement to document the unique experiences of victimisation of each participant, it was also expected that some similarities would arise in some of the discussions concerning the nature, patterns, impact and consequences of homeless victimisation. With reference to the existing literature, specific research expectations were formulated and explored within the research sample. This aim was explored through the evaluation of the common types of victimisation experienced by the participants in comparison to the most prevalent types of victimisation identified in the literature. Amongst the 76.5% who reported experiences of victimisation while being homeless, most, if not all, reported experiencing at least one type of victimisation (verbal, physical or sexual), and in some cases participants reported experiencing a combination of these common types of victimisation. Participants were also asked to identify which of the common types of victimisation they experienced the most. Physical victimisation (38.4%) and sexual victimisation (38.4%) constituted the majority of the experiences. Additionally, on the basis of the frequency of the types of victimisation, physical victimisation was ranked the highest (20%) of all possible types of victimisation. Participants were also requested to identify possible risk factors which may have led to their experiences of victimisation. The risk factors which were identified correspond with most of the prominent risk factors in the literature. An additional risk factor, which was not initially included in the list of potential risk factors – associations with dangerous people (23.1%) – was also

identified as a risk factor which increased the rate of victimisation among the participants. Among the risk factors initially included in the study, the majority of the participants indicated that a devalued social status (53.8%) and childhood adversity (46.1%) were the pertinent risk factors which increased their experiences of victimisation.

As far as the fulfilment of the second aim of this study is concerned, additional meaningful and relevant findings were found in relation to the nature and patterns associated with the victimisation of the homeless. Firstly, participants were asked to share their views regarding the general public's feelings toward homeless people. This can also be linked to the nature of the victimisation as mentioned previously as the perceptions of the perpetrator about the victim creates a general idea of why the victim was targeted in the first place. The negative attitudes discussed in the findings, according to the existing literature, could very well be one of the primary motivating factors behind homeless victimisation. Attitudes or perceptions can be considered a crucial component in the motivational process leading to victimisation as well as the decision-making process when selecting a suitable/attractive target. In most cases, the decision to victimise someone is usually based on their perception or attitude towards, that particular victim (Fattah, 1991: 133). Therefore, as stated in the literature, as well as in the perceptions of the participants, the attitudes of the general public towards the homeless are usually perceived to be negative (52.9%). Homeless people are often labelled negatively as a result of their social status and this can often be seen in the frequency at which they experience victimisation (Alam & Akter, 2015: 97). Secondly, the identification of common perpetrators is also significant in terms of the nature and patterns, and can also be linked to the previous discussion regarding the causal factors of victimisation, stemming from negative attitudes towards the homeless as well as the most common types of victimisation experienced. In this regard, the participants identified members of the general public (29.4%) and other homeless people (29.4%) as the most common perpetrators in their experiences of victimisation. In addition to the common perpetrators, participants were also asked to identify where most of their victimisation took place, i.e. what they considered to be the most common places where they experienced victimisation. The responses were more or less in line with the existing literature, as

the majority (41.2%) indicated that the streets were the most dangerous, as that is where most of their victimisation took place.

With reference to literature on the consequences of homelessness and their experiences of victimisation, homelessness in and of itself is considered a form of victimisation (Fischer, 1992: 229). Subsequently, the impact and consequences were evaluated on the basis of homelessness in general as well as additional experiences of victimisation. The findings regarding the impact and consequences demonstrate that each participant experienced victimisation differently. Despite the fact that some of the consequences could not be clinically diagnosed as part of the findings of the current study, there were cases where it was possible to report that participants did in fact have poorer mental or physical health as a result of being homeless and/or the experiences of victimisation. Although the participants briefly alluded to physiological and psychological consequences, the most prevalent factors identified by participants were more focused on socioeconomic consequences as well as the experience of secondary victimisation. They were more concerned by the fact that they had to depend on the shelter and how they were treated while seeking assistance. The participants were hesitant to share traumatic and hurtful experiences, and as such, this could also account for the minimal reports regarding the physiological and psychological consequences. Given the evaluation of the findings associated with the exploration of the nature, patterns, impact and consequences of homeless victimisation, the second research aim was realised.

7.1.3. Conclusion pertaining to the exploration of reduction measures and support systems currently in place for the homeless

With reference to the existing literature, homeless people experience a myriad of challenges when seeking assistance or support. The findings of this study also demonstrate that there is not an extensive wealth of knowledge among homeless people in terms of where they can go for assistance and the few places they do know of often do not want to or cannot assist. The majority of the participants made use or attempted to make use of the most basic assistance mechanism available to them, which includes family, friends, hospitals/clinics, police and homeless shelters. Based on the participants' responses, many of them sought assistance at hospitals/clinics, police and shelters although it appeared that all of the participants

(100%) were mainly successful at the respective homeless shelters. The findings of this study also demonstrate that shelters are significant role players in the lives of many homeless people as they offer (in most cases) and also provide participants with their basic needs which they would be unable to acquire otherwise. One significant finding in particular, is the fact that even though the participants of this study made use of different support systems, there was a relatively low assistance rate among all support systems (churches, police, family/friends, hospitals and also other service providers from various government sectors), besides homeless shelters. Therefore, the need to acknowledge/emphasise the importance of shelters will also be discussed as a recommendation for further research (see 7.3.2).

Reduction measures in terms of homelessness, in general are lacking for the most part. However, it should be noted that this is currently changing. Although there have not been significant documented changes to the homeless population size, larger South African cities such as Johannesburg and Cape Town are taking positive steps towards assisting in the reduction of homelessness. With a lack of manpower, contemporary research and also resources, South African homeless people remain largely misunderstood and as a result under-supported. With reference to formal legislative support, homeless people in South Africa are not viewed as a specialised victim group and as such many of the crimes are treated as everyday crimes. In most cases the homeless do not receive the minimum standard of attention afforded to everyday criminal cases, largely due to their inferior and marginalised position in society. Furthermore, it also becomes increasingly important to move towards the pioneering work done for homelessness on an international level, which is to provide them with enhanced protection as a new category under the developing Hate Crime and Hate Speech Bill of South Africa. Given the evaluation of the findings associated with the exploration of reduction measures and support systems currently in place for the homeless, the third research aim was realised.

7.1.4. Conclusion pertaining to the critical assessment of the current hate crime legislation in South Africa

Based on the literature, there appears to be significant similarities – both at a domestic and international level – between the hate crime typologies and the experiences of victimisation of the homeless. However, in order to formulate a

conclusive motivation for the inclusion of the status of homelessness under the developing hate crime legislation, a population-representative sample as well as a civic component comprised of the perspectives of members of the general public, police, hospital employees and shelter managers is required.

In terms of the contribution of this current study to the motivation required for the inclusion of the status of homelessness under the developing Hate Crime and Hate Speech Bill, there were a significant number of findings indicative of the degrading treatment of the participants on the basis of their actual or perceived social status. Firstly, a devalued social status as a risk factor for victimisation can be considered the most significant finding in relation to the possibility of the inclusion of the status of homelessness as a new hate crime category, as 53.8% of the participants were of the opinion that their devalued social status was one of the risk factors which increased their experiences of victimisation.

Participants also indicated feeling 'disadvantaged', which is another concept that is often linked to hate crime (Al-Hakim, 2015: 1758). The majority of participants experienced challenges – either from police, hospitals (to a lesser extent) or local government sections – while seeking employment or assistance. They are 'disadvantaged' in the sense that they are unable to access resources intended for everyone in society, regardless of the social position in that society.

Based on the findings mentioned above it is not possible to provide a conclusive motivation at this stage, but with more research it could become easier to formulate the required motivation to include the status of homelessness under the developing Hate Crime and Hate Speech Bill. On the basis of feeling disadvantaged, marginalised and vulnerable due to a devalued social status, the general treatment of the participants in this study can be best described as a violation of their basic human rights. Another aspect that makes this a convincing argument is that many of the experiences of victimisation as well as problematic interactions with police, government officials or staff at hospitals/clinics are often motivated by prejudice, i.e. the refusal of assistance due to their social status.

Therefore, based on the aforementioned information, the plausibility of this inclusion in the South African context is a worthwhile exploration, as the Hate Crime and Hate Speech Bill of South Africa (2016), is built on the premise that the Constitution of

South Africa (Act 108 of 1996) commits the Republic and its people to establish a society that is based on democratic values of social justice, human dignity, equality, inclusivity and the advancement of human rights and freedom for all. With such an assessment in can be concluded that the fourth and final aim of the study was realised.

7.2. Limitations of the study

The primary limitation of this study is that the findings cannot be generalised due to the fact that a qualitative methodological approach was followed (small sample size, absence of a control group and the non-random sampling technique used). However, due to the rich and in-depth data gathered, this study is able to inform further victimological homeless research efforts within the South African context. Due to the sensitive nature of this topic it was not easy for participants to fully disclose each and every experience of victimisation. Some individuals who were approached to participate in the study, decided not to do so mainly as a result of the nature and sensitivity of the topics discussed in the study. However, those who participated were able to share some of their personal experiences, which allowed for the collection of useful data, indicative that there is indeed, a need for research of this nature in contemporary victimological endeavours.

This study was among the first contemporary local studies portraying the homeless as a marginal victim group which could be considered as one of the vulnerable groups in need of enhanced protection under the developing Hate Crime and Hate Speech Bill of South Africa. To inform this view, international sources, cross-referenced with the limited body of local knowledge on homeless people as victims as well as the level of inclusivity of the Hate Crime and Hate Speech Bill, formed the basis of many arguments. Additionally, local resources on homeless hate crimes do not exist and some of the local resources on the homeless as victims of crime are outdated. Although it was envisioned that this study would be all-inclusive with regards to most of the major demographic characteristics – participants were required to be over the age of 18 and were required to have the ability to communicate in either English or Afrikaans – in order to be selected for this study. Largely due to practical constraints, these restrictions may have resulted in the exclusion of a large portion of the homeless population, i.e., young, non-

English/Afrikaans speakers, who do not frequent homeless shelters – who could also contribute and provide insight and a greater level of understanding regarding their own experiences of homelessness and victimisation.

The limitations discussed above will be addressed as recommendations to inform and improve further research of this nature in the following section.

7.3. Recommendations for future research

Within the context of the current exploration, the phenomenon of homelessness as well as their plight as the victims of crime, has proven to be a rather intricate, complex and overarching topic. As such, the current study has identified a number of 'grey areas' in the current body of knowledge along with a unique set of findings which can be used to facilitate and improve future research. This section will consist of a list of guidelines for future research on the basis of the limitations and findings of this study in conjunction with recommendations for reducing homelessness in South Africa as put forward by Mlauzi (2018).

7.3.1. Understanding homelessness within the South African context

The challenge of understanding homelessness starts at the foundation of this phenomenon. There are a number of definitional challenges attached to the concept of homelessness (see 1.2.1) and many stakeholders believe that this is one of the main reasons behind the low-prioritisation of the needs of homeless individuals, in general, as well as when they are victims of crime. An in-depth understanding of homelessness extends beyond the lack of shelter, as it also refers to a lack of access to socioeconomic resources such as access to employment opportunities, health services and education which are essential for human survival. By taking into account the multiple dimensions of homelessness, it becomes apparent that the various components of homelessness are neither linear nor uniform. The most common occurrence of homelessness is the most visible manifestation of increasing poverty and socio-economic challenges. People who are impoverished are usually unable to acquire basic needs such as food, housing, education or healthcare and the inability to acquire or pay for these basic needs often lead to homelessness (Mlauzi, 2018).

Although it is not possible to formulate any generalisations using the findings of the current study, one can clearly see the need for more research of this nature in contemporary South Africa due to the rich, and in-depth data collected from this sample of homeless individuals. There are also clear discrepancies and gaps in the current body of knowledge which will have to be systematically addressed, in order to add value and provide a more advanced understanding of this complex phenomenon. Any future research efforts should be guided by mixed method approaches in order to generate more knowledge regarding homelessness and homeless victimisation. Additionally, future research endeavours should also consist of a multi-disciplinary team of researchers, each equipped with the specialised skills needed to address each and every facet of homelessness as well as their experiences of victimisation.

This will also allow for an increased level of participant safety and comfort – the more qualified/skilled the team of researchers are, the deeper the exploration can be into certain areas of an individual's life. Once there is a sufficient amount of South African based victimological research on homelessness, a more comprehensive assessment of the plausibility of homelessness as a new hate crime category in South Africa – which goes beyond a superficial assessment using a mixture of domestic and international literature – can be conducted. Future research should also be conducted with a broader scope in mind. It is furthermore recommended that future research should include more sophisticated research methods, the use of bigger samples, be conducted across various geographical areas and should also be all-inclusive and in no way limited to specific sub-sets, determined by age, social class, race, gender, sexual orientation or language. Research efforts should also focus on understanding the intricate multidirectional relationship between the causes, risk factors and consequences identified in the literature as well as the findings of the current study. Additionally, in order to fully understand homelessness, it is also imperative to come to the realisation that although there may be some similarities, everyone experiences victimisation differently. It is, therefore important to note that solutions cannot be uniform or constant but should always be as flexible and far-reaching as possible (Mlauzi, 2018). Once a greater understanding of the unique challenges homeless people face is obtained, reduction strategies can be appropriately constructed and resources can be distributed more effectively.

7.3.2. Emphasising the importance of homeless shelters in the interim

Even though the challenges of understanding homelessness, creating and implementing victimisation reduction measures, creation of jobs, provision of adequate and affordable housing and creation and implementation of homeless population reduction strategies, exist to some extent, it becomes necessary to note that more emphasis should be placed on the significant role homeless shelters play in the survival and recovery potential of each homeless individual they assist. Based on the findings of the study and also the supporting literature, homeless shelters tend to run independently from government bodies. As mentioned previously, they not only offer shelter and food but, in most cases, are seen as places of meaningful intervention. Some shelters gather information from residents to be able to target problems to refer them to the appropriate resources or services. Some shelters promote job readiness, through in-house training centres, social enterprises or by employment groups. Others focus on health needs and orient users towards services that correspond best to their needs (Hurtubise, et al., 2009:8). However, it becomes difficult to provide these services to all vulnerable segments of the population without adequate governmental support. Resources are quickly exhausted and result in the inability to provide much-needed services to many who only have the shelter as an anchor in their lives. Shelters can, and should, therefore be seen as a stepping stone for government intervention. Many homeless people gather at shelters and can thus easily be reached by the appropriate sectors of government.

7.3.3. Creation and implementation of homeless victimisation reduction measures

The successful creation and implementation of homeless victimisation reduction rests on the in-depth understanding of homelessness and the needs of the homeless as victims of crime (see 7.3.1.). Homelessness cannot be solved overnight and it is therefore important to realise that, while attempting to reduce homelessness, there are still a number of vulnerable people at risk of victimisation. Therefore, it should also become a priority to develop short term strategies to reduce the experiences of victimisation, until such time that homelessness can be reduce or eradicated in its entirety.

Victimisation reduction measures can be implemented in one of two ways. Firstly, by creating a platform for homeless people to report their experiences of victimisation and receive adequate assistance, thus acknowledging the fact that they can be the victims of crime and provide them with the same standard of assistance as any other member of society. Secondly, is to conduct more research in relation to the current study thereby increasing the existing body of knowledge required, to provide a substantive motivation for the inclusion of the status of homelessness under the protection of the developing Hate Crime and Hate Speech Bill of South Africa. In addition to the individual vulnerabilities leading to homelessness the following measures are recommended to assist in the reduction of the homeless population in general.

7.3.4. Creation and implementation of homeless population reduction measures

The successful creation and implementation of homeless population reduction measures also rest on the in-depth understanding of homelessness (see 7.3.1). The existing literature highlights two measures which can aid in the reduction of homelessness, namely the creation of more employment opportunities and affordable and adequate housing for the homeless.

7.3.4.1. The creation of more employment opportunities for the homeless

According to the existing literature, employment is seen as a vital measure to reduce homelessness. Mlauzi (2018) suggests that in order to effectively address poverty and homelessness, more secure jobs with a decent salary are required in order for people to have a chance of transitioning out of homelessness. However, this will be problematic in the current socioeconomic climate, both internationally as well as at a domestic level. Homeless individuals often lack certain educational necessities for certain jobs and some have been in conflict with the law which makes it more challenging to acquire a secure job which also pays well (Sadiki, 2016: 32; Steen, et al., 2012: 1). In order to address these concerns, additional resources could be invested in promoting job-readiness programmes offered in some organisations and homeless shelters. Additionally, government intervention, through the promotion of transitional and subsidised employment, career programmes and social enterprises

built-in social support for people facing high barriers to employment, will also be an inherent requirement (Mlauzi, 2018).

Among the primary causal factors of homelessness, it is believed that poverty and unemployment account for the majority of homelessness cases (Bassuk & Franklin, 1992: 72; Mangayi, 2014: 215). Therefore, through the creation of more employment opportunities which are attainable by homeless individuals, homeless people can start to function independently, resulting in them having the ability to acquire basic needs such as food, clothing, education and adequate housing without any further assistance.

7.3.4.2. The provision of affordable and adequate housing for the homeless

Homelessness is also defined as the inability to gain access to adequate and affordable housing (Anderson & Christian, 2003: 105; Mago, et al., 2013: 2). Therefore, the solution to the problem appears to be rather simple, as it would imply that by making affordable and adequate housing available to the homeless, would in essence, significantly reduce the current homeless population. However, it is also suggested that even if housing delivery can be significantly accelerated in an attempt to reduce homelessness, the reality is that when housing eventually becomes available, it will most likely still be unaffordable to many homeless individuals (Dennis, et al., 2007: 4; Mathiti, 2006: 219).

The true challenge therefore lies in the provision of attainable employment, followed by the development of an assisted housing programme whereby affordable, secure and adequate housing options are allocated to low income individuals in an attempt to reduce homelessness. Permanent housing should be a central goal when dealing with homelessness. By introducing an assisted housing programme, the number of homeless individuals can be reduced significantly, thereby breaking the cycle of homelessness as well as minimising experiences of homeless victimisation (Mlauzi, 2018).

7.4. Concluding Remarks

Although ending homelessness cannot guarantee the end of other social challenges such as poverty, unemployment or the ongoing demand for affordable and adequate housing, it does, however, offer a chance to make meaningful contributions to ensure a life of dignity for the homeless and the progressive realisation of basic human rights. Through its completion, this study has provided new insight into the phenomenon of homelessness as well as the experiences of victimisation by the homeless, as the findings of the study negate a number of stereotypical barriers in relation to the image of the homeless perpetuated by the existing literature as well as the rest of society in general. Based on the uniqueness of the data collected from the participants, it is also evident that there are many complexities and intricacies attached to research of this nature, indicative of the fact that there is still a lot to be done before any noticeable results can be achieved. In addition to strengthening the current body of knowledge, ending homelessness and the experiences of victimisation by the homeless will require a concerted, intersectional effort by a number of stakeholders, which includes but is not limited to, researchers, community members, social welfare and criminal justice sectors of governmental agencies and other independent organisations dealing specifically with social issues such as homelessness.

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Appendix 1

INTERVIEW SCHEDULE NO. _____

Exploring the experiences of the homeless

Interviews will be centred around the:

- (i) Experiences of homeless victimisation
- (ii) Patterns and nature of victimisation
- (iii) Impact and consequences related to homeless victimisation
- (iv) Reduction measures and support systems currently in place to assist the homeless

A. Biographical information

Name/Pseudonym:

Age:

Gender:

M		F	
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Race group:

African	White	Coloured	Indian	Asian
Other (please specify):				

B. Introduction/General questions:

1. How long have you been staying in the shelter?

Notes

2. What happened before you joined the shelter?

Notes



3. Before coming to the shelter where would you usually spend the night?

Notes

4. What do you think caused you to become homeless?

Notes

5. How do you feel members of the general public view the homeless?

Notes

C. Experiences, patterns and nature of victimisation

1. Have you ever been victimised while being homeless?

Yes		No	
-----	--	----	--

2. What are the most common types of victimisation you experienced?

Verbal victimisation	
Sexual victimisation	
Physical victimisation	
Other:	



3. On average how often did you experience victimisation?

Once a day	
More than once a day	(Please specify):
Once a week	
More than once a week	(Please specify):
Once a month	
More than once a month	(Please specify):

4. Which one of the abovementioned types of victimisation did you experience the most?

Notes

5. Why do you think you are targeted?

Notes

6. Do you think you are more vulnerable to victimisation than people who do not live on the street?

Yes		No	
-----	--	----	--



7. Why do you think so?

Notes

8. During your experiences of victimisation who usually victimises you the most?

Notes

9. Where does most of the victimisation take place?

Notes

10. Any other places?

Notes

D. Impact and consequences

1. How do you feel after being victimised?

Notes



2. How do you usually cope after you experience some form of victimisation?

Notes

3. How would you describe the impact of your experiences of victimisation?

Notes

4. Have you ever been diagnosed with a mental or physical condition?

Notes

E. Reduction measures and Support systems

1. Is there any support available for homeless people that you know of?

Notes

2. Where do you normally go to for help?

Notes



3. How do you feel about hospitals?

Notes

4. What are your views of police officers?

Notes

5. Please explain

Notes

6. Why do you think you experience difficulties in getting employed?

Notes

7. If you have been employed before, do you mind sharing your experience?

Notes



8. How do you feel about the shelter?

Notes

9. Please explain what the shelter has done for you thus far.

Notes

10. Do you think the government (criminal justice system, welfare) offers any assistance to homeless people?

Notes

11. How would you like the government (CJS, welfare) to support you and others in your position?

Notes

12. Please explain.

Notes



F. Conclusion of the interview

1. Is there any additional information you would like to share?

Notes

Thank you for your time.



Appendix 2

Section 1: Informed consent sheet

Thank you for showing interest in participating in this research study. This document is to ensure that you are fully informed before making the decision to participate in this study. It is therefore requested that you read this document carefully to make sure an informed decision is made.

Title of the study: Exploring the experiences of victimisation of the homeless

Researcher: Jean-Paul Pophaim

Research supervisor: Professor. R. Peacock

Referring counsellor: Ms. Herma Foster

You have been selected to participate in this study, undertaken in order to explore the experiences of victimisation of the homeless. You have been approached because homeless victimisation is a rather serious problem and first hand experiences will be the best way to highlight the true nature and extent of the problem. The information needed for this study can only be given by those who have lived and presently have to live through such experiences. For the abovementioned reasons it is kindly requested that you consider taking part in this study.

Please bear in mind that your decision to participate is completely voluntary and you are under no obligation to participate in this study. Thus, you may refuse to participate without any penalties. If you choose to participate, you may also refuse to answer any question(s) that may cause discomfort or bring up bad memories, even though answering all of the questions will lead to a clearer documentation of victimisation experiences, your level of comfort comes first. Additionally, you may also withdraw from the study at any time and further involvement in the study will be terminated immediately.

This study will follow a qualitative research methodology, and aims to explore the experiences of homeless victimisation by making use of interviews and documenting the personal accounts of the research participants. The purpose of the study is to explore the experiences of homeless victimisation. By doing this, the nature, causes,



impact and consequences of homeless victimisation can be better understood. This will then facilitate the main aim of that study, which is to provide a blueprint for more research on this topic. The findings of this study will be documented in the form of a student paper in fulfilment of a degree, after which it may be published in a single or a series of articles.

Findings from this study will also be used to create a greater awareness regarding the phenomenon and also stimulate future research in this under-researched area. Therefore, the following research aims are of central importance in guiding this study:

- (v) To explore the experiences of victimisation of a group of homeless individuals.
- (vi) To explore the patterns, nature, impact and consequences of homeless victimisation.
- (vii) To explore reduction measure and support systems (Non-Governmental Organisations) currently in place.

If you agree to participate in this study, it will be required of you to sit for an interview, in which you will be requested to disclose some of your personal experiences of victimisation (to the point where you feel comfortable). Participation in this study will take approximately 30 minutes to an hour. By agreeing to participate you will also agree to allow the interview to be tape-recorded by the researcher. You may request to review a question so as to clear up any uncertainties and make sure your views are correctly expressed.

A primary requirement of this study is to disclose your personal experiences. As a result you may be exposed to mild emotional distress/discomfort and risks along those lines. It is due to this that you may withdraw at any time you feel uncomfortable. Participants will be exposed to no other forms of harm, besides the mild emotional discomfort mentioned above. This study will maintain each and every participant's right to anonymity and confidentiality. Your name will never appear in any version of this study, instead aliases (pseudonyms) and/or a numbering system will be used. Information that can be linked to your identity will also not be published. Consent forms will be kept safe and will be destroyed once the study is completed.



Compensation information has already been finalised with the centre manager. There will be no additional monetary compensation attached to participation in this study. There are also no direct benefits of being a part of this study. However, having the opportunity to share your experiences may assist to internally process these events.

Participating in this study will also help create a better understanding of the victimisation of homeless people, thus stimulating future research on a similar topic.

Yours sincerely,

Jean-Paul Pophaim (Researcher)

This study has the support and backing of the University's Department of Criminology and formal ethical clearance from the Faculty of the Humanities Ethics Committee (Clearance number **UFS-HSD 2016/1211** dated **21 Nov-2017 – 21 Nov-2018**).



Appendix 3

Section 2: Certificate of Consent

Please fill in the required information. Please be sure to **keep** a copy of the consent form as evidence of participation.

Study: **Exploring the experiences of victimisation of the homeless**

Researcher: **Jean-Paul Pophaim**

Signing this section of the form indicates that you have voluntarily decided to be a research participant for this study. Providing your signature means that you fully understand every point as discussed above.

Participant's Name (print): _____

Participant's Signature: _____ **Date:** _____

Researcher's Signature: _____ **Date:** _____

For any further enquires please feel free to request that the shelter contact me



Appendix 4



Faculty of the Humanities

21-Nov-2017

Dear Mr Pophaim

Ethics Clearance: Exploring the experiences of victimisation of the homeless

Principal Investigator: Mr Jean-Paul Pophaim

Department: Criminology (Bloemfontein Campus)

APPLICATION FOR EXTENSION APPROVED

With reference to your application for extension for ethical clearance with the Faculty of the Humanities, I am pleased to inform you on behalf of the Research Ethics Committee of the faculty that you have been granted extension from 21-Nov-2017 to 21-Nov-2018 with the assumption that there are no major changes with regards to the study.

Your ethical clearance number, to be used in all correspondence is: UFS-HSD2016/1211

Should you require more time to complete this research, please apply for an extension again.

We request that any changes that may take place during the course of your research project be submitted to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting the application for extension. We wish you every success with your research.

Yours Sincerely

Prof. Robert Peacock

Chair: Research Ethics Committee

Faculty of the Humanities

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Appendix 5

Exploring the experiences of victimisation of the homeless

ORIGINALITY REPORT

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SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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