

The experiences of homeless people as victims of crime in urban and rural settings

Lufuno Sadiki

Experiences of homeless people as victims of crime in urban
and rural settings

by

Lufuno Sadiki

A dissertation submitted in fulfilment of the requirements for the
degree

MA (Criminology)

in the Department of Social Work and Criminology

at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

Supervisor: Dr F Steyn

October 2016

DECLARATION

I, Lufuno Sadiki, hereby declare that the thesis '*Homeless people's experiences of victimisation in urban and rural settings*' in fulfilment of the degree MA (Criminology) at the University of Pretoria is my own independent work and has not previously been submitted for a degree at another university. In addition, I declare that all sources that I have used or quoted have been indicated and acknowledged.

Lufuno Sadiki

Date

ACKNOWLEDGEMENTS

I would like to express my sincere appreciation to the following people:

- The survey respondents who shared their experiences, fears and their world with me.
- My sincere gratitude to New Outreach Centre, Tshwane Leadership Foundation Centre, Night Church and POPUP for granting permission to interview respondents who frequented their centres.
- A heartfelt thank you to my supervisor, Dr F Steyn, for his insight, advice, support, for always encouraging me to think independently and for setting an example of excellence as a supervisor, researcher and lecturer.
- My sincere gratitude to my parents, Ndanganeni and Olive Sadiki and my siblings, Mashau and Rotondwa Sadiki, for their love, continuous support, encouragement and guidance.
- I will always be grateful to my grandparents, David Hlengani and Grace Jeleni and Hilda Sadiki, for their incomparable love, support and for instilling confidence and determination within me.
- A special word of thanks to Dzivhuluwani Mavhungu, for your encouragement, support and assistance with my dissertation. Your friendship is invaluable.
- To my family, friends and colleagues, your unwavering faith in my abilities has been humbling and has given me the push I needed to complete my thesis.
- Most of all, I would like to thank my Heavenly Father, for giving me strength, hope and courage to keep on going when my own strength was depleted and for being an ever present help in my time of need.

I dedicate this thesis to my grandfather, David Hlengani Jeleni.

ABSTRACT

Homeless people are among the most vulnerable people in society, suffering from acute levels of poverty, social exclusion and violence. Homeless people are often seen as a cause of crime; however, they are in fact more likely to be victims of crime rather than perpetrators. Much of the violence experienced by homeless people is committed by members of the public and such incidences generally go unreported. This study set out to determine the nature and extent of victimisation experienced by homeless people living in Pretoria (Gauteng) and the rural areas surrounding Thohoyandou (Limpopo).

The study was descriptive in nature with an exploratory element. Data was collected by means of structured questionnaire administered through face-to-face survey methods. Snowball sampling was used to interview 40 urban and 30 rural homeless people. Data was analysed using the Statistical Package for the Social Sciences (v23), which allowed for descriptive and inferential analyses between the two settings.

The mean age of respondents was 34.9 years (standard deviation 8.1 years). The vast majority of the respondents were males (95.7%) and African (92.9%) who had been chronically homeless (71.4%). The main reasons for being homeless were due to unemployment (48.0%), being an illegal immigrant (17.7%) and family breakdown (11.4%). Almost half of respondents felt unsafe while living on the streets (45.7%) and feared becoming a victim of crime in the next year (57.1%). The greater proportion of respondents (52.9%) had been victimised since becoming homeless, reporting physical assault (35.1%), grievous bodily harm (10.8%), verbal abuse (5.4%) and theft (70.2%). Statistically significant differences ($p < 0.05$; $r > -0.36$) featured between urban and rural homeless people in terms of, among others, fear of assault, theft and harassment. The study further reports on victimisation of homeless people in terms of location, perpetrator characteristics, reporting and responses to victimisation.

Homeless people were victimised more than the general population and were mostly victims of physical assault and theft. Homeless people were more likely to retaliate physically than report their victimisation to the police because they did not trust the police. Considering the results of the study and the literature review, intervention to end homelessness and assist homeless people should focus on providing homeless people with necessary skills to find employment, mediate the relationship between homeless people and the police and strategies should be developed that reunites homeless people with their families.

TABLE OF CONTENTS

DECLARATION

ACKNOWLEDGEMENTS

ABSTRACT

Chapter 1: Background and purpose of the study.....	1
1.1. Introduction.....	1
1.2. Origin of the study.....	2
1.3. Research rationale.....	3
1.4. Aim and objectives.....	4
1.5. Value of research.....	5
1.6. Overview of the research methods.....	6
1.7. Definition of key concepts	7
1.8. Layout and structure of the study	8
1.9. Summary	9
Chapter 2: Literature review	10
2.1. Introduction.....	10
2.2. Understanding homelessness.....	10
2.2.1. United States of America.....	12
2.2.2. The European Union	15
2.2.3. Australia	17
2.2.4. Canada	18
2.2.5. Republic of South Africa	19
2.3. Challenges in determining the extent of homelessness and victimisation.....	21
2.4. Demographic characteristics of homeless people	26

2.4.1.	Age, gender and race of homeless people	26
2.4.2.	Family homelessness, families and marital status	29
2.4.3.	Education	30
2.5.	Factors contributing to homelessness	31
2.5.1.	Poverty and unemployment	32
2.5.2.	Childhood adversity, violence and breakdown of the family	34
2.5.3.	Substance abuse and dependency	38
2.5.4.	Mental and physical health problems	39
2.6.	Risk factors for victimisation of homeless people	40
2.6.1.	Demographic characteristics	41
2.6.2.	Weak social ties	42
2.6.3.	Substance abuse	42
2.6.4.	Mental health	43
2.7.	Types of victimisation experienced by the homeless	43
2.7.1.	Physical assault and theft	44
2.7.2.	Sexual victimisation	45
2.8.	Gender differences in risk and survival strategies	46
2.9.	Perpetrators of offences against the homeless	48
2.10.	Reporting of crimes against homeless people	49
2.11.	The health and wellbeing of homeless people	51
2.11.1.	General health problems and sexual diseases	52
2.11.2.	Substance abuse	53
2.11.3.	Mental illness and disorders	53
2.11.4.	Mortality among homeless people	54
2.11.5.	Access to health care	54
12.1.	Lack of policy Intervention	55

2.12.1.	The right to adequate housing and government responses.....	57
2.12.2.	The City of Tshwane’s response to homelessness	58
2.13	Summary	59
Chapter 3: Theoretical framework.....		60
3.1.	Introduction.....	60
3.2.	Routine activity theory.....	61
3.3.	Lifestyle exposure theory	63
3.4.	Deviant place theory	65
3.5.	Differential risk model of victimisation	66
3.6.	Extended control balance theory.....	68
3.7.	Integrated model.....	69
3.8.	Summary	71
Chapter 4: Research methods.....		72
4.1.	Introduction.....	72
4.2.	Research approach and purpose	72
4.3.	Type of research.....	73
4.4.	Research design.....	74
4.5.	Research methods.....	75
4.5.1.	Study population and sampling.....	75
4.5.2.	Data collection instrument and method.....	77
4.5.3.	Measurement quality	81
4.5.4.	Data management and analysis	83
4.6.	Pilot study	83

4.7.	Ethical considerations	84
4.8.	Limitations and challenges	86
4.9.	Summary	87
Chapter 5: Empirical results		89
5.1.	Introduction	89
5.2.	Biographic and background information	89
5.3.	Becoming homeless and dynamics associated with homelessness	92
5.4.	Respondents' feelings of safety	97
5.5.	Experiences of abuse and victimisation	103
5.6.	Summary	118
6.1. Introduction.....		119
6.2.	Characteristics of homeless people	119
6.3.	Factors influencing homeless persons' vulnerability to victimisation.....	122
6.4.	Nature and extent of victimisation among homeless persons.....	124
6.5.	Responses of the homeless to criminal victimisation.....	126
6.6.	Experiences of the homeless with regard to the criminal justice system.....	126
6.7.	Theoretical framework	127
6.8.	Recommendations	129
6.9.	Conclusion	130
References.....		132

LIST OF TABLES

Table 1: ETHOS definition of homelessness.....	16
Table 2: Biographic and background information of respondents.....	90
Table 3: Type of employment prior to homelessness (urban/rural)	94
Table 4: Reasons for being homeless (urban/rural)	95
Table 5: Areas where respondents feel most safe and unsafe (urban/rural)	100
Table 6: Respondents' concern about types of victimisation.....	101
Table 7: Knowledge of other homeless persons' victimisation (urban/rural).....	105
Table 8: Respondents' experiences of physical assault (urban/rural).....	107
Table 9: Respondents' experiences of theft (urban/rural).....	109
Table 10: Grievous Bodily Harm (urban/rural).....	110
Table 11: Verbal Abuse (urban/rural).....	112

LIST OF FIGURES

Figure 1: Current age and age when first homeless (%)	92
Figure 2: Age when first homeless (urban/rural) (%).....	93
Figure 3: Employment prior to homelessness (urban/rural) (%)	93
Figure 4: How do earn a living while on the streets (urban/rural) (%).....	95
Figure 5: Where respondents sleep (urban/rural) (%)	96
Figure 6: Time (days) spent with other homeless people (urban/rural) (%)	96
Figure 7: Time (nights) spent with other homeless people (urban/rural) (%)	97
Figure 8: Feelings of safety while being homeless/on the street (urban/rural) (%)	98
Figure 9: Time of day respondents feel most safe (urban/rural) (%).....	98
Figure 10: Time of day respondents feel most unsafe (urban/rural) (%).....	99
Figure 11: Reasons for not feeling safe (urban/rural) (%)	101

Figure 12: Likelihood of being victimised in the next year (urban/rural) (%)	102
Figure 13: Family history of respondents (urban/rural) (%)	103
Figure 14: Types of abuse respondents suffered while young (%).....	104
Figure 15: Perpetrators of the abuse against respondents (urban/rural) (%).....	104
Figure 16: How well did you cope after the victimisation (urban/rural) (%)	112
Figure 17: Methods used to prevent victimisation (urban/rural) (%)	113
Figure 18: How often are you harassed by the police (urban/rural) (%)	114
Figure 19: Experience/counter with the police (urban/rural) (%).....	114
Figure 20: How often respondents are trouble with the law (urban/rural) (%).....	115
Figure 21: Respondents' rating of their physical health (%)	116
Figure 22: Respondents' rating of their mental health (%)	116
Figure 23: Type of health problems (%).....	117
Figure 24: Nature of contact with families (urban/rural) (%)	117
Figure 25: Reason still homeless (urban/rural) (%).....	118

DIAGRAM

Diagram 1: Integrated model of victimisation among rural and urban homeless people... 71

APPENDICES

Appendix A: Questionnaire	132
Appendix B: Informed consent	169
Appendix B: Approval letters	171



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Chapter 1: Background and purpose of the study

1.1. Introduction

Homes are the anchors of human life, whether they are permanent or temporary, located in one place or are transported from place to place, are owned or rented, or are in planned communities or informal settlements (Olufemi, 2002:455). There has been extensive documentation on the dangers and hardships faced by homeless people in society. The fundamental vulnerability of being without a home, is greatly exacerbated by day-to-day threats to the physical and psychological well-being of individuals who experience homelessness (Garland, Richards & Cooney, 2010:287; Olufemi, 2002:455). Although homelessness is not new, there is consensus that the number of homeless people has risen in the last decade (Olufemi, 2002:455). Homelessness is multidimensional, which involves deprivation such as physiological, emotional, territorial and spiritual (Somerville, 2013:384). Despite a growth in homelessness research in South Africa, very little is known about the difficulties experienced by homeless people, due to the fact that homeless people are an elusive group (Makiwane, Tamasane & Schneider, 2010:41; Cross, Seager, Erasmus, Ward & O'Donovan, 2010:6).

Homeless people frequently experience numerous complex psychological difficulties, and being homeless is often associated with a variety of disadvantages, including exposure to victimisation, poor health, high prevalence of substance use disorders, antisocial and aggressive behaviour (Evans & Forsyth, 2004:481-482). Homeless people experience limited work opportunities, constrained access to health care, and consistent negative attitudes from the general public (Evans & Forsyth, 2004:481-482). Available literature tends to focus on the real or alleged criminal involvement of the homeless, while ignoring the fact that homeless people are victimised more often than any other group (Newburn & Rock, 2004:2; Kinsella, 2012:126; Garland et al., 2010:287). Homeless people are more likely to be a victim of crime than the general population (Kushel et al., 2003:2494; Newburn & Rock, 2004:2). Homelessness is an important social problem, yet there is insufficient local information detailing homeless people's experiences of violence and victimisation (Kushel, Evans, Perry, Robertson & Moss 2003:2494; Newburn & Rock, 2004:2).

Homeless people are at risk of criminal victimisation because of the public nature of their daily lives (Kinsella, 2012:128). In addition to location, the personal resources homeless people have while living on the streets and their manner of adaptation greatly affect their vulnerability. Homeless people are not only victimised by the general public but also by their

homeless peers, although this appears to occur to a lesser extent due to sense of solidarity (Snow & Anderson, 1993:106). Crimes committed against the homeless are overwhelmingly underreported. This is often due to the fact that homeless people not being aware of their rights, reluctance to be labelled a victim, difficulty in accessing evidence and witnesses, and a lack of confidence in the police (Wardhaugh, 2000:92).

Victimisation experienced by the homeless varies in nature and extent (Kushel et al., 2003:2494; Lee & Schreck, 2005:1056). Homeless people differ in terms of socio-economic status and other dimensions of marginality that are relevant to victimisation, and thus not all homeless people are equally likely to be victimised (Lee & Schreck, 2005:1057). Challenges inherent in studying the homeless population involve the difficulty of measuring and defining homelessness, as well as limitations of official homeless statistics. Victimisation and violence are common experiences for homeless people. The hostile environment of the streets and shelters increases the possibility of falling victim to crime (Kushel et al., 2003:2495). Victimisation and violence amongst the homeless are complex matters and the repercussions are detrimental in terms of psychological trauma, re-victimisation, retaliation or further perpetration of violence (Kushel et al., 2003:2495).

Homelessness poses serious threats to the well-being of the men and women who experience its deprivation. In addition to obvious risks such as exposure to the elements and poor nutrition, homelessness poses high rates of long-lasting and acute health problems (National Coalition for the Homeless, 2006:1). Homelessness increases risk of mortality (Morrison, 2009:1; Nusselder, Slockers, Krol, Slockers, Looman & Beeck, 2013:1). Sadly, the burden of homelessness has fallen disproportionately on marginalised communities, affecting their most vulnerable members whose life chances, quality of life and life expectancies are already compromised by poverty, prejudice, mental illness, substance abuse and other disabilities. Marginality among the homeless is demonstrated in ways that highlight people's struggle to exercise control over their daily lives (Kushel et al., 2003:2495; Lee & Schreck, 2005:1056).

1.2. Origin of the study

The present study is a response to the limited knowledge of homeless people as victims of crime in South Africa. Even though there is reports of frequent experiences of violence occurring both prior to and whilst homeless, there is little documentation or wider policy acknowledgement of homeless people as victims of crime. Homeless persons have always been neglected as victims of crime, justified on the grounds that homeless people are more

often perpetrators of crime than victims of crime. Their neglect has led to limited information about their victimisation experiences, responses and needs (Kushel et al., 2003:2493, Newburn & Rock, 2004:2).

Experiences of victimisation and violence are prevalent within homeless people's lives, and, for some homeless persons, victimisation begins in childhood (Chen, Tyler, Whitbeck & Hoyt, 2004:17). Victimisation, in its broadest sense, is often the cause of homelessness and also an outcome of homelessness. Victimisation is so indistinguishably linked to homelessness that homelessness can be defined as a type of victimisation (Kushel et al., 2003:2493). Victimisation appears to be embedded in homelessness, arising from patterns of behaviour deeply rooted in virtually every aspect of social life, but perhaps most noticeable in disadvantaged populations, where homeless people fare the worst. Victimisation is widespread and its effects devastating and often long lasting, resulting in deeply embedded patterns of behaviour. Victimisation has been shown to directly cause homelessness through incidents that propel individuals onto the street. A chain of events, at times beginning in childhood, renders individuals unable to cope with the demands of adult life, thus making them susceptible to becoming and remaining homeless.

1.3. Research rationale

Homeless individuals' daily realities are characterised by a lack of walls, doors and other physical barriers, and repeatedly being ignored and not viewed as human beings. They are often not recognised as members of society, which leads to social isolation and victimisation (Newburn & Rock, 2005:8). The vulnerabilities of the homeless population are often complex, and negatively associated with sleeping rough and begging, resulting in homeless people being seen less as victims and more as a public nuisance (Newburn & Rock, 2005:9; Robinson, 2010:1). The ambiguity that accompanies the image of homeless people is reflected in tentative public policies and services, where visible homelessness and associated negative behaviour become highlighted as a critical social problem (Newburn & Rock, 2005:9).

As mentioned, homeless people are amongst the most vulnerable people in our society, experiencing high levels of poverty and social exclusion, and are victimised at disproportionately higher rates than the general public (Newburn & Rock, 2005:6; Garland, et al., 2010:287). Majority of the violence experienced by homeless people is, alarmingly, committed by members of the public, and generally goes unreported. Homeless people are frequently perceived as perpetrators of crime; however, as argued above, they are in fact

more likely to be victims of crime rather than perpetrators. Lack of acknowledgement of homeless people as victims of crime perpetuates beliefs and stereotypes that homeless people are deserving of the victimisation they experience. This is apparent in the active perpetration of violent crimes against the homeless (Robinson, 2010:2). Lack of official statistics on the victimisation of homeless people, demonstrated by the exclusion of homeless people from national crime surveys, further perpetuates these stereotypes. (Scurfield, Baker & Anderson, 2004:1; Robinson, 2010:2). In South Africa, homeless individuals and those being housed in temporary shelters are excluded from crime surveys. The Victims of Crime Survey excludes individuals residing in quarters, hospitals, old age homes, student residences and shelters for homeless people (Statistics SA, 2015:1). As a result, information is not available about the dynamics of crime and victimisation from the perspective of the homeless (Scurfield et al., 2004:1).

Homeless people's reluctance to report victimisation due to lack of trust in the criminal justice system and health agents only serves to cyclically perpetuate their silence and thus contributing to the limited available statistics (Newburn & Rock, 2005:27; Robertson, 2010:2). In the public domain homeless people are seen as a threat, despite the fact that, homeless people unexpectedly report random members of the community as the main perpetrators of violent crime against them. Homeless people have historically been victimised at higher rates than those with the physical and emotional resources to defend themselves against violent crime (Newburn & Rock, 2005:8). Available data and analytical research on homeless people as victims of crime in South Africa is limited, it is for these reasons that the researcher set out to generate insight into the experiences of homeless people as victims of crime in South African settings. Therefore, the research question of the proposed study is: What is the nature and extent of victimisation experienced by the homeless in urban and rural settings?

1.4. Aim and objectives

The aim of the study is to explore and describe the experiences of homeless people as victims of crime in urban and rural settings. In pursuit of this aim, the objectives of the study are to determine and describe:

- The background characteristics of homeless people, e.g. biographic information and reasons for and duration of homelessness.
- Factors that shape the vulnerability of the homeless to victimisation.
- The frequency, sources and impact of victimisation among the homeless.

- Responses of the homeless to criminal victimisation.
- Experiences of the homeless with regard to the criminal justice system.

1.5. Value of research

Studying homeless persons as victims of crime will enable a better understanding of the victimisation risks among homeless people. Homeless people are often neglected, misunderstood and marginalised, not only by the general public but also by government programmes, policies and health care services. Insight into homeless people's demographic profile, the nature and extent of their homelessness, and causes of homelessness and victimisation will provide a clearer picture of the experiences of homeless people. Homelessness and victimisation require consideration of the important intersections between gender, race, age and structural disadvantage. Homeless people are often situated within further segments of marginalisation and disadvantage, which ultimately provides further contexts for both amplifying and constraining victimisation. Although not much research has been done on homeless people in the Criminology domain, victimisation theories have provided explanations for the victimisation of homeless people as well as offering explanations for the variations in victimisation risk.

The current research study is linked to the Pathways Out of Homelessness research study, which is conducted in collaboration with the Tshwane Homelessness Forum, the City of Tshwane, the University of Pretoria, and the University of South Africa. The purpose of the Pathways Out of Homelessness research study is to generate a deeper awareness and understanding of the realities, complexities and challenges of homelessness through case studies. The study also aims to share experiences of homeless people and to provide input in addressing homelessness by making policy recommendations and proposing strategies for preventing and/or reducing homelessness. Although the research study on pathways out of homelessness makes no mention of the victimisation of homeless people, it does however, provide insight into the lived experiences of homeless people. The Pathways Out of Homelessness research study acknowledges the importance of developing a comprehensive definition of homelessness, as well the importance of developing a coherent homelessness policy and strategy at regional and national government levels. The value of the present study in practice rests with the results feeding into and complementing the policy endeavours of the Pathways Out of Homelessness research study.

Homelessness is a complex and misunderstood problem in South Africa. The researcher envisaged that the results from the current study will shed some light on this phenomenon.

The majority of studies on homelessness focus on the root causes of homelessness, the relationship between mental health illness and homelessness, and homeless people and crime. Little or no attention is paid to the victimisation of homelessness people. Even more alarming is the lack of acknowledgement of homeless people as victims of crime.

It is the researcher's opinion that this study will add to the limited body of knowledge pertaining to the victimisation of homeless individuals. The strength of this study lies in the sole inclusion of homeless individuals who sleep on the streets, as many studies focus on individuals who make use of shelters that eliminate the unsheltered or hidden homeless population. An important strength of the study is the ability to make comparisons between homeless people in urban and rural settings. This research has provided an opportunity to explore the victimisation of homeless individuals in rural settings, rather than solely focusing on urban homeless individuals.

1.6. Overview of the research methods

Although the research methods of the present study are discussed in substantial detail in Chapter 3, a brief overview is warranted as part of the introductory chapter. A quantitative research approach was used for this study. A quantitative data approach is the systematic empirical investigation of a social phenomenon, which safeguards against biases and ensures control for alternative explanations (Burns & Grove, 2005:23). The research approach chosen ensured that the information gathered was measurable, and depicted the nature and extent of victimisation experienced by the homeless population in urban and rural settings (Burns & Grove, 2005:24). The study was descriptive in nature with an exploratory element. Basic research was carried out, mainly to increase the understanding of victimisation experiences of homeless people, the frequency of their victimisation, and whether they are likely to report their victimisation (Booth et al., 2008:59; Blanche et al., 2006:45). A cross-sectional survey was selected as the research design. Owing to the fact that the homeless population have no fixed residential address or identification information to constitute a framework from which to randomly select them, a non-probability sampling method was selected. A snowball sampling method was used to interview 40 urban and 30 rural homeless people. Data were analysed using the Statistical Package for the Social Sciences (v23), which allowed for descriptive and inferential analyses between the two settings.

1.7. Definition of key concepts

Defining the term homelessness is a greatly contested matter, due to the fact that the meaning of home and homelessness varies across countries. Often homelessness reflects a political orientation rather than the reality of deprivation (Tripple & Speak, 2005:337; Makiwane, Tamasane & Schneider, 2010:39). However, there is consensus among researchers that how homelessness is defined determines how homelessness is measured (Tripple & Speak, 2005: 337). The following concepts feature pertinently in the present study:

A homeless person is defined as an individual who has no form of shelter or known residential address and continuously moves around with no place to sleep (StatsSA, 2011:12). Homeless people often sleep on street pavements, under bridges, in bushes, or next to rivers or spruits, and are socially excluded from viable networks of assistance (Pathways Out of Homelessness, 2015:5). Olufemi (2000:224) defines the homeless as individuals who have no real homes, live in bad housing, sleep on pavements, and lack basic and personal necessities. In the current study, a homeless person is referred to as any individual who sleeps on the street and has no form of shelter, including an informal dwelling.

An urban area is an area that has a high population density, a built-up environment and is characterised by economic activity (StatsSA, 2011:21). An urban area can be defined by one or more of the following: administrative criteria or political margins, a threshold population size, population density and economic activity. An urban area is characterised by pavements, lighting and drainage systems (Unicef, 2012:10). For the purpose of this study, an urban area is a human settlement characterised by high population density, vast built infrastructure and concentrated economic activity.

A rural area is any area that is not classified as urban and includes traditional areas, commercial farms and informal settlements. (StatsSA, 2011:19). Rural areas are defined as large and isolated areas located out of towns with a low population density (Olufemi, 2000:224). In the current study, a rural area will be referred to as any area not included within an urban area, located outside of town, characterised by low population density and limited infrastructure.

A victim is any person who has experienced physical or emotional harm, economic loss or has had his or her property damaged as a result of an act or an omission that contravenes

the criminal law (National Policy Guidelines for Victim Empowerment, 2007:3). A victim is an individual against whom a crime has been committed (National Crime Victim Law Institute, 2011:1). In the current study, a victim will be referred to as any individual who, as a direct result of an act or omission, suffers physical or emotional harm, loss, or damage to property.

Meadows (2007:23) defines victimisation as the unwarranted singling out of an individual or a grouping to subject them to crime, exploitation, unfair treatment or other wrong. A distinction is made between primary and secondary victimisation. Primary victimisation refers to the individual victim who is harmed in a face-to-face offence, is threatened or who has property stolen or damaged (Meadows, 2007:23). Davis and Snyman (2005:102) define secondary victimisation as negative behaviours, attitudes and insensitive responses towards victims of crime by social and legal service providers. In the current study, victimisation will be defined as an act that results in the singling out, exploitation and unfair treatment of an individual.

According to the World Health Organization (2002:5), violence is the use of physical force or power that intentionally threatens or inflicts physical or psychological harm, injury, mal-development, deprivation and death on oneself or others. Barak (2003: 26) defines violence as any action that results in physical or non-physical harm to one or more persons. In the current study, violence is defined as the use of power or force that may cause physical or psychological harm to others.

1.8. Layout and structure of the study

Chapter 1: In the introductory chapter, the background to the events surrounding the study is discussed, after which the justification for the study is explained. In addition, the aim and objectives are laid out, and key concepts of the study are defined.

Chapter 2: The existing evidence pertaining to the victimisation experiences of homeless people is presented. This includes a discussion on the conceptualisation of homelessness, demographic profiles, nature of victimisation, perpetrators, interventions and health issues pertaining to the homeless. Relevant theoretical perspectives are also outlined in Chapter 2.

Chapter 3: The third chapter explores theoretical understandings of the risk and vulnerabilities associated with victimisation in homeless populations. Among others, the routine activity, lifestyle exposure and deviant place theories will be discussed and an integrated theoretical model will be presented.

Chapter 4: The research methods chapter provides the scientific methodology that guided the study. The research approach, research design and the research strategy are explained, in addition to the sampling procedure, data collection, data analysis, validity and reliability, ethical considerations and limitations of the study.

Chapter 5: This chapter focuses on the quantitative analysis and the interpretation of the data collected. Different types of charts, graphs and tables are used to present the data collected in a manner that is self-explanatory.

Chapter 6: In the last chapter, the results are discussed against the backdrop of the aim and objectives, literature, evidence and theory. This is followed by recommendations and the limitations of the study.

1.9. Summary

Violence, threats, intimidation and abuse by the public are common experiences among homeless population. Not only are the homeless unprotected, their very identity often makes them a target of ill-treatment by members of the public. Homeless people experience the world as an unsafe place (Kinsella, 2012:1250). Theirs is a world of exposure to frequent, often never-ending abuse, and one in which they are denied respect. The high levels of victimisation and the failure of formal agencies to provide protection are clear indications of the denial of homeless people as victims of crime, and equally so of the denial of the rights usually associated with full citizenship (Kinsella, 2012:1250). Homelessness is multidimensional: it does not just refer to a lack of shelter or a lack of a roof over one's head, but involves deprivation across a number of dimensions (Somerville, 2013:384). Homelessness can be explained in terms of a specific combination of structural factors (unemployment) and individual vulnerabilities (mental illness). Structural factors create circumstances conducive for homelessness to occur, and individual vulnerabilities determine the likelihood of becoming homeless. Homeless people are social beings with peculiar stories living in specific environments and relating to the environment in the best way they know how (Somerville, 2013:409). In the next chapter, literature relevant to the aims and objectives of the study will be discussed to portray the harsh realities associated with becoming homeless and living on the street.

Chapter 2: Literature review

2.1. Introduction

In the following chapter, a review of literature relevant to the aim and objectives of the current study will be discussed. The conceptualisation of homelessness in developed and developing countries will be explored in order to better understand homelessness. The demographics of homeless people, and factors contributing to homelessness, will be described. The nature and extent of victimisation experienced by homeless people, which includes factors, types and perpetrators, will be conceptualised and described. A brief literature on the general health and well-being of the homeless will be explored, and, lastly, government interventions to prevent and effectively deal with homelessness will be discussed. A summary is provided of each main section of the literature review.

2.2. Understanding homelessness

Homelessness is a term with vast meanings and involves a wide range of experiences. Homelessness is often equated with a lack of a house or shelter (Lee, Tyler & Wright, 2010:2). Defining the term homelessness is a greatly contested matter and varies across countries, often reflecting dogmatic orientations rather than the reality of deprivation (Olufemi, 2002:456; Tipple & Speak, 2005:350). All definitions of homelessness can be interpreted in different ways and reflect different purposes, values, ideologies and political agendas (Olufemi, 2002:456). The changing status of those who are homeless creates challenges in reaching a conclusive definition of homelessness. Homelessness is a life situation that may be temporary, periodic, or more or less permanent. No agreement exists on what exactly constitutes homelessness, thus making it difficult to arrive at a universal and precise definition of the phenomenon (Tipple & Speak, 2005:337; Anderson & Christian, 2003:106; Amore, Baer and Howden-Chapman, 2011:21). Definitions developed by local government agencies tend to minimise the homeless population and only focus on individuals who are publicly visible (Amore et al., 2011:21). The difficulty of defining homelessness impacts on the ability of governments to adequately and appropriately respond to homelessness (Edgar & Meert, 2005:7).

Homelessness is a politically sensitive subject because how it is defined determines who will be counted as homeless, and who will eventually receive financial or other support (Springer, 2000:476; Mackenzie, 2012:25). Policies developed to address homelessness can only be effective and workable if they are based on a clear definition and understanding

of homelessness (UN- United Nations Centre for Human Settlements, 2000:477; Minnery & Greenhalgh, 2007:641; Naidoo, 2010:131). Furthermore, the manner in which homelessness is defined has important policy implications (Tosi, 2010:221). The definition of homelessness influences the extent of the phenomenon and it also circumscribes the possible solutions (Echenberg & Jensen, 2012:1).

A continuum of homelessness has been proposed in order to reflect variations inherent in defining the term (Edgar, Meert & Doherty, 2004:5). At one extreme end of the continuum, a homeless person is defined in terms of absence of shelter, which is a fairly restrictive and narrow definition of homelessness (Edgar et al., 2004:5). The term homeless is exclusively used to define people living on the street and in shelters. At the other extreme, a broader and more inclusive definition has been proposed, such as that adopted by the United Nations (Edgar et al., 2004:5). According to this definition, a homeless person is not only someone without a home, but can equally be someone without access to shelter that meets the basic criteria considered essential for health and human and social development.

The United Nations (1998:50) defines the homeless population as:

Households without a shelter that would fall within the scope of living quarters. They carry their few possessions with them sleeping in the streets, in doorways or on piers, or in any other space, on a more or less random basis.

The UN definition of homelessness presents a policy and cultural definition of homelessness (Edgar et al., 2004:5). The UN definition is accommodation-oriented and has been criticised because it defines homelessness as not having a house, resulting in the definition not taking into account the different realities of homelessness in every country (Edgar et al., 2004:5).

According to the Canadian Homelessness Research Network (2010:1), the United States of America, Australia, and European countries regard homelessness as a socio-economic challenge. These countries have developed advanced responses to homelessness and have had to struggle with defining homelessness in a manner that promotes policy development (Canadian Homelessness Research Network, 2010:1). To gain a better understanding of homelessness, it is important to conceptualise homelessness in particular contexts. The following section investigates the diverse definitions of homelessness across the abovementioned countries, followed by an exploration of how homelessness is defined in South Africa.

2.2.1. United States of America

The definition of homelessness in the United States is closely related to policy development (MacKenzie, 2012:28-29). The Stewart B. McKinney Homeless Assistance Act, which was later renamed the McKinney-Vento Assistance Act 1987, was the first comprehensive legislation passed by Congress to address the growing concerns of individuals experiencing homelessness.

The McKinney Act 1987 Section 103 defines the term “homeless” or “homeless individual or homeless person” as:

- (1) An individual who lacks a fixed, regular, and adequate night-time residence; and*
- (2) An individual who has a primary night-time residence, that is:*
 - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);*
 - (b) An institution that provides a temporary residence for individuals intended to be institutionalised; or*
 - (c) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.*

The definition is centred on absolute homelessness and evolved to include a broader scope, taking into account people considered to be at risk of being homeless (Edgar & Meert, 2005:6; Canadian Homeless Research Network, 2010:2). However, the category of risk is difficult to address, because the inclusion of people who are at risk of losing their houses broadens the scope of homelessness and limits resources available to address the problem (Canadian Homeless Research Network, 2010:2). There was an ongoing desire to narrow the definition in order to make preventing and fighting homelessness easier. A narrow definition of homelessness was due to the fact that the USA was battling growing homelessness and instead focused on making available, emergency services for people absolutely without shelter (Canadian Homeless Research Network, 2010:2).

In the year 2000, the US launched a ten-year plan to end homelessness (National Alliance to End Homelessness, 2000:2). The focus was on implementing measurable targets and outcomes to eliminate homelessness. To succeed in ending homelessness, there was a need to develop and improve the definition of homelessness (Canadian Homeless Research

Network, 2010:3). The ten-year time frame also led to a focus on helping people move out of homelessness, instead of just providing emergency services. The ten-year plan highlighted the challenges of defining homelessness as a chronic problem, which was supported by researchers Dennis Culhane and Randall Kuhn (1998:210). Culhane and Kuhn did extensive research on homelessness and developed a typology which defined homelessness as transitional, chronic and episodic. Transitional homelessness refers to individuals who make use of shelters for a limited period of time due to unforeseen circumstances such as unemployment, natural disasters and family breakdown (Culhane & Kuhn, 1998:211). Chronic homelessness refers to individuals who experience long term homelessness. Chronic homeless individuals are often an older population, have been unemployed for longer period and suffer from a variety of health and mental problems. Episodic homelessness refers to people who drift in and out of homelessness. They tend to be younger and are most likely to suffer physical, mental health and substance abuse problems (Culhane & Kuhn, 1998:211; Canadian Homeless Research Network, 2010:3).

Building on the plan of 2000, a new ten-year plan was developed, which shifted the focus from that of chronic homelessness to that of preventing homelessness. The new preventative focus included those in danger of becoming homeless within the definition of homelessness. An important part of the new legislation was the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, which replaced the McKinney Homeless Act of 1987 (MacKenzie, 2012:28; Canadian Homeless Research Network, 2012:4).

The HEARTH Act of 2009 defines homeless individuals as follows:

- (1) An individual or family who lacks a fixed, regular and adequate night time residence;*
- (2) An individual or family with a primary night time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;*
- (3) An individual or family living in a supervised publicly or privately operated shelter designed to provide temporary living arrangements;*
- (4) An individual who resides in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;*
- (5) An individual or family who-*

- (A) *Will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programmes for low-income individuals or by charitable organisations;*
- (B) *Has no subsequent residence identified; and*
- (C) *Lacks the resources to support networks needed to obtain other permanent housing and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.*

The definition of the HEARTH Act of 2009 is very detailed and includes individuals who are at risk of being homeless, due to the new policy focus on prevention of homelessness. A definition that becomes too broad becomes problematic when the resources available are limited. A broader definition of homelessness becomes too inclusive and limits resources available to effectively eliminate homelessness. It is argued that not all people deemed to be at risk of becoming homeless end up homeless and if they do, they rarely use the services that are available (Canadian Homeless Research Network, 2010: 5-6).

In 2012, the U.S Department of Housing and Urban Development (HUD) implemented a new definition of homelessness, which was published in the Federal Register. The new definition defines homelessness in three broad categories (HUD Federal Policy Brief, 2012:1):

- *People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution.*
- *People who are losing their primary night time residence, which may include a motel or hotel or a doubled up situation, within 14 days, and lack resources or support networks to remain in housing.*
- *Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing.*

The USA has for a very long time used a literal definition of homelessness (MacKenzie, 2012:29). Federal policy has been at the forefront of defining homelessness, with various departments working together to end homelessness. Recent attempts to define homelessness have widened the scope of the official definition by adopting a broader definition (MacKenzie, 2012:29).

2.2.2. The European Union

Defining homelessness in Europe is a daunting task, given that 27 states form part of the European Union (EU). In comparison to how homelessness is defined in other countries, Europe's definition of homelessness is considered one of the best formulated definitions (Canadian Homeless Research Network 2010:13). Europe's efforts to define and address homelessness has been challenging, given the differences in policies, social welfare provisions as well as the socio-economic status of the various states. European Federation of Organisations Working with the Homeless (FEANTSA) and the European Observatory on Homelessness have been instrumental in the development of a common definition of homelessness (Canadian Homeless Research Network 2010:13). The European Observatory on Homelessness and FEANTSA, under the coordination of Edgar, Doherty and Meert, established a common definition of homelessness in Europe known as ETHOS (European Typology on Homelessness) (García & Brändle, 2014:192; Canadian Homeless Research Network 2010:13; MacKenzie, 2012:30).

ETHOS which was established in 2005, became the commonly used definition of homelessness (FEANTSA, 2006:1; Edgar, 2012:219; Busch-Geertsema, 2010:20). It identifies four different types of homelessness, namely rooflessness, houselessness, living in insecure housing and inadequate housing (FEANTSA, 2007:7-8; Garcia & Brandle, 2014:192; Canadian Homeless Research Network, 2010:13; Edgar et al., 2003:4; MacKenzie, 2012:30). The conceptual framework of ETHOS takes into consideration the housing status of the person, individual failings and deviance. ETHOS views homelessness as a form of social exclusion (Edgar & Meert, 2004:10; Canadian Homeless Research Network, 2010:13). Social exclusion implies being detached from participating socially, politically, economically and religiously within the society which is fundamental to social integration of individuals and families. People who are socially excluded are often socially, economically and spatially marginalised and separated from the people and places that other citizens have access to within their communities. ETHOS describes homelessness as the worst form of social exclusion (Canadian Homeless Research Network, 2010:13). The definition can be best understood by observing Table 1.

Table 1: ETHOS definition of homelessness

		Conceptual category	Physical domain	Legal domain	Social domain
Homelessness	1	Rooflessness	No dwelling place	No legal title to space for exclusive possession	No private and safe personal space for social relations
	2	Houselessness	Has a place to live, fit for habitation	No legal title to space for exclusive possession	No private and safe personal space for social relations
Housing exclusion	3	Insecure and inadequate housing	Has a place to live, not secure and unfit for habitation	No security of tenure	Has space for social relations
	4	Inadequate housing and social isolation within a legally occupied dwelling	Inadequate dwelling, unfit for habitation	Has legal title and/or security of tenure	No private and safe personal space for social relations
	5	Inadequate housing (secure housing)	Inadequate dwelling (dwelling unfit for habitation)	Has legal title and/or security of tenure	Has space for social relations
	6	Insecure housing (adequate housing)	Has a place to live	No security of tenure	Has space for social relations
	7	Social isolation within a secure and adequate context	Has a place to live	Has a legal title and/or security of tenure	No private and safe personal space for social relations

Source: ETHOS typology developed by FEANTSA (2007)

ETHOS is both a definition and a classification of homelessness, proposing how the homeless population should be counted. ETHOS has offered European researchers a

thoroughly conceptualised definition of homelessness, thus facilitating the process of conducting research on the homeless population (Amore et al., 2011:21). The ETHOS approach provides a tool for measuring homelessness in Europe (Amore et al., 2011:21; Busch-Geertsema, 2010:21). ETHOS reflects different pathways into homelessness and emphasise the dynamic nature of the process of homelessness (Edgar, 2009:22).

2.2.3. Australia

Prior to 2008, Australia had no official definition of homelessness (Australian Bureau of Statistics [ABS], 2012:9; Chamberlain, 2014:6). Following the decision to develop an official definition of homelessness, the ABS reviewed national and international definitions as well as methodology used by Chamberlain and Mackenzie in conceptualising homelessness (ABS, 2012:10). The ABS has further drawn on research on notions of homelessness by the European Typology of Homelessness and Housing Exclusion (ETHOS) (ABS, 2012:16). The ABS adopted the following definition in consultation with the ABS Homelessness Statistics Reference Group (ABS, 2012:6):

When a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement

- *Is in a dwelling that is inadequate; or*
- *has no tenure, or if their initial tenure is short and not extendable; or*
- *does not allow them to have control of, and access to space for social relations.*

The definition adopted by the ABS is centred on adequacy of the dwelling, security of tenure in the dwelling, as well as control of and access to space for social relations (ABS, 2012:7). Australia's definition of homelessness is a cultural definition that takes into account the various circumstances of people who are homeless (Chamberlain & MacKenzie, 2012:32, ABS, 2012:9).

The Australian classification of homelessness, as adopted by a number of researchers and service providers, identified three particular forms of homelessness (Chamberlain & MacKenzie, 2003:1; Chamberlain & MacKenzie, 2009:7; ABS, 2012:38; Chamberlain, 2014:5-6):

- Primary homelessness refers to individuals who are living on the streets, parks and in deteriorating buildings. Primary homelessness defines homelessness as the same as being roofless.

- Secondary homelessness includes individuals who are in transition, shifting between various forms of temporary shelter. Secondary homelessness includes people temporarily living with either family members or friends.
- Tertiary homelessness comprises individuals living in solitary quarters on a long-term basis without a sense of belonging and security.

The three classifications separate the varied types of homelessness and attempt to capture the complexities of homelessness in order to encapsulate variability and movement in the understanding of homelessness. Across the three categories, it is evident that homeless people often move back and forth between primary, secondary and tertiary homelessness.

2.2.4. Canada

In 2010 the Canadian Homeless Research Network reported that Canada had already started experiencing increased homelessness 10 years before then. This increase was attributed to, among other factors, the restructuring of the economy which widened the gap between the rich and the poor (Canadian Homeless Research Network 2010:18). Canada has never had a standardised definition of homelessness, which is largely attributed to the fact that homelessness in Canada is a relatively new phenomenon and policy development on the matter has lagged behind (Canadian Homeless Research Network 2010:19). There have been numerous attempts to define homelessness, with contributions from David Hulchanski, who is a leading researcher on housing and homelessness in Canada. Hulchanski (2009:7) has argued that a better understanding of homelessness is needed. Homelessness highlights a socio-economic challenge within societies and is not merely a description of a group of individuals and their problems (Canadian Homeless Research Network 2010:19). The Homeless Hub's definition of homelessness echoes Hulchanski's (2009:7) by also focusing on housing, income and support systems, but defines homelessness within the context of poverty. Homelessness is considered an extreme form of poverty, characterised by the inadequate housing, unemployment, lack of access to decent health care and limited social support. The Homeless Hub defines homeless people as those who are absolutely homeless, shelter dwellers, the hidden homeless, and others who are at risk of being homeless (Canadian Homeless Research Network, 2010:19-20).

In 2012, the Canadian Homeless Research Network released a new Canadian definition of homelessness (2012:1):

Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.

The Canadian definition of homelessness highlights the broad spectrum of circumstances that homeless people find themselves in. The definitions take into account the homeless population that is unsheltered or staying in shelters, but also those who temporarily stay with acquaintances, friends or family.

2.2.5. Republic of South Africa

As with many developing and developed countries, South Africa has the daunting challenge of defining and dealing with homelessness. South Africa has adopted a broad definition of homelessness that includes both an absence and poor quality of shelter. A number of researchers have contributed to a broader definition, the most notable being Olufemi. In Olufemi's research (2002:455), homelessness is defined as including those living in squatter/shack housing and those living on the streets or pavements. Aliber, Du Toit, Langa, Msibi, Parthab, Roberts and Thaba (2004:4) as researchers attempted to define homelessness in South Africa, noting that homeless is a term used to describe the many individuals who are in informal squatter settlements. A number of researchers in South Africa utilise a broader definition of homelessness, which not only means an absence of shelter but also a presence of poor quality shelter (Naidoo, 2010:132). The use of a broader definition of homelessness brings about a number of complexities, including the question of who gets counted as homeless (Naidoo, 2010:132).

In order to understand the homelessness challenge in South Africa, it is important to differentiate the homeless from the community of urban poor living in inadequate shelter such as hostels, backyard shacks, garages and outbuildings (Naidoo, 2010:131). South Africa has a large presence of shack resident population among the poor, which raises questions whether street homelessness relates to housing provisions or not (Cross, Seager, Erasmus, Ward & O'Donocan, 2010:16). The street homeless and the shack population significantly differ from each other, particularly in relation to access to housing options and in many ways they are contrary to each other.

In South Africa, the informal self-build shelter is a norm. However, the shack population can be differentiated from the street homeless population on the following grounds (Cross et al., 2010:16-17):

- The street homeless are unable to make significant use of self-build shelter options.
- The street homeless are predominantly unskilled single men and older youth who have lost all contact with their families.
- The shack population areas are high in demand by work seekers and are relatively expensive for the street homeless.
- The shack population individuals are better connected to their families and often comprise small family units or migrant workers.
- The majority of the shack population are employed in low paying jobs, which allows them to afford informal settlements.
- Unlike the street homeless, people living in shack settlements participate in normal society because they are less severely excluded than the street homeless, who remain adrift from society.
- The street homeless are a small group that differ from the shack population in terms of access to employment and government benefits.

Statistics South Africa (2011:80) defines informal settlements as an unplanned settlement on land which has not been surveyed or proclaimed as residential, consisting mainly of informal dwellings (i.e., shacks). The National Housing Code's Informal Settlement Upgrading Programme (2009:11) identifies informal settlements on the basis of illegality and informality, inappropriate locations, restricted public and private sector investment, poverty and vulnerability, and social stress.

In summary, the varying definitions of homelessness acknowledge that a lack of adequate housing constitutes broader challenges that negatively impact on the quality of life of individuals and families, thus affecting emotional ties, access to services, protecting personal property and securing physical safety. The concept of homelessness is one that varies greatly and often reflects different social, political and economic ideologies. The notion of homelessness remains elusive on the basis that homelessness is a socially constructed concept, which may take on different conceptualisations depending on the cultural and socio-economic contexts of decision-makers.

2.3. Challenges in determining the extent of homelessness and victimisation

Despite homelessness being pervasive, there are no statistics on homeless people (Okumu, 2005:24, European Observatory on Homelessness, 2012:67). Obtaining an accurate picture of the extent of homelessness is nearly impossible because of the transient and hidden nature of homeless people (Okumu, 2005:2; Edgar & Meert, 2005:9), the lack of an accepted definition of the term homelessness, and because official statistics only include individuals formally acknowledged as homeless by local authorities (Scurfield, Baker & Anderson, 2004:1; Karabanow & Kidd, 2014:14). The problem of establishing reliable census figures for policy purposes is compounded by the fact that the homeless population is constantly changing; new people become homeless and some homeless people return to secure accommodation, therefore the number of homeless people constantly increases and decreases. It is also common for homeless people to move between different forms of temporary accommodation within the same city (Chamberlain & MacKenzie, 2006:24; Okumu, 2005:24-25; Chamberlain & MacKenzie, 2009:11; Edgar & Meert, 2005:9). The failure to obtain an accurate picture of the extent of homelessness is further exacerbated by the exclusion of homeless people from national crime surveys, which inform crime prevention and policy (Scurfield et al., 2004:1). The absence of reliable statistics about homeless people and their situation of homelessness makes it difficult to understand, define, interpret, and address the problem adequately and coherently (Okumu, 2005:24).

It is nearly impossible to obtain statistics on the homeless population due to the fact that this population lacks permanent address or fixed location (Echenberg & Jensen, 2012:3). Measuring homelessness poses significant methodological challenges that result in a lack of precise statistics depicting the extent of homelessness (HUD, 2004:3). Counting errors are common when attempting to enumerate the homeless population. Often, homeless people are either undercounted or overcounted. Consideration of these errors is crucial when attempting to establish the number of homeless people (Chamberlain & Mackenzie, 2009:4). Counting the homeless is expensive and time consuming, resulting in most governments not even attempting to do so. Different countries measure the homeless population in different ways, and these largely depend on the definition of homelessness used (Chamberlain & Mackenzie, 2009:12; Vakii-Zad, 2006:145).

Collecting data on the number of homeless people, their characteristics and service needs is a crucial component in planning and developing programmes and policies to end homelessness (European Observatory on Homelessness, 2012:5). Data collected on

homeless people can help service providers to understand changes and trends among homeless populations and allocate resources that will cater to the specific needs of the homeless population, and are useful for planning, reporting and raising public awareness (HUD, 2004:3).

Enumerating homeless people is important because numbers are stable, objective, standardised and provide spatially portable facts. Enumeration provides less room for interpretation and miscommunication (Jocoy, 2012:399). It is important to count homeless people in order to understand the causes of homelessness, to design effective responses, and to track progress in reducing homelessness. However, the problem with enumerating the homeless lies in the transient understanding of homelessness, which confounds numerical measurement. Faith in numbers diminishes when the interpretation of the meaning of the numbers and the actions taken in response to them are ambiguous and variable (Jocoy, 2012:399).

Due to the difficulties inherent in measuring homelessness, no attempt to enumerate this group can be complete. In addition, enumerating homeless people only reveals an estimate of the population at that given time, as it does not determine the number of people who may experience homelessness in a month or a year (Echenberg & Jensen, 2008:4). Due to the significant methodological challenges in measuring the homeless population, there are no precise statistics on the extent of homelessness. Often researchers and policy-makers rely on what they can measure. Basic research on counting homeless people often employs primarily cross-sectional survey methods to estimate the number of homeless in a specific country, region, city or locality (Vakii-Zad, 2006:145).

According to the European Observatory on Homelessness (EOH, 2012:67), homeless people do not necessarily live in accessible or officially recognised places, creating some difficulties for register-based systems that centre on a physical address. Homeless people are very mobile, and do not remain in one place for a long time (EOH, 2012:67; Chamberlain & Mackenzie, 2006:12). Even though some homeless people may remain in the same geographical area, they may move between several locations (EOH, 2012:67). For some individuals, homelessness is a transitional state, thus meaning that those individuals will not be detected unless their state of homelessness is occurring when a census is taking place (EOH, 2012:67).

The European Union (EU) attempted to introduce a standardised method of counting the homeless for the first time in the 2011 European census (EOH, 2012:5), by regulating that all member states had to cover homelessness. The 2011 census presented a potentially important opportunity to collect consistent and comparable data on homelessness and was the first attempt at a national level to enumerate and estimate the extent of homelessness in Europe (EOH, 2012:6). The EU set out guidelines on how to define homelessness in order to ensure that all member states counted homelessness in a consistent manner (EOH, 2012:7). The guidelines set out by the EU were limited, and 15 member states included in the research did not follow the guidelines. Only Poland followed the guidelines by counting both rough sleepers and those who were temporarily homeless.

The US HUD has established minimum standards and methodologies for conducting sheltered and unsheltered point-in-time counts for homeless individuals (HUD, 2014:3). The standards set out by the HUD also provide guidelines for planning, executing and analysing data collected on the homeless (HUD, 2014:3). The HUD encourages two methods for obtaining point-in-time counts of homeless individuals (Hopper, Shinn, Laska, Meisner & Wanderling, 2008:1438). The first method involves counting people in public places. The second method requires screening individuals who make use of certain services in order to determine whether they are homeless or not. The point-in-time count helps local government and their non-profit organisation partners to more effectively allocate resources and services necessary to meet the needs of the homeless population (HUD, 2014:3).

Every two years since 2003, during the last week of January, volunteers in various US cities and counties gather to count the number of people experiencing homelessness (Jocoy, 2012:399). Social justice activists were the first to quantify homeless people in the 1970s in the United States as a means of drawing attention to homelessness as a social problem and advocating for government intervention. As government intervention to address homelessness became institutionalised, so did the quantification of homeless people (Jocoy, 2012:388).

Despite the visibility of homelessness in Canada, there are no accurate national statistics on the size of the homeless population (Echenberg & Jensen, 2008:3). Statistics Canada assessed that the feasibility of conducting a census on homeless people at a national level would cost about \$10 million. Statistics Canada employs various methods to count the homeless population. One proxy for establishing the size of Canada's homeless population includes taking into account the capacity of the shelter system in the country. Information

relating to the capacity of homeless shelters is collected by the Homeless Individuals and Families Information System (HIFIS) initiative. HIFIS is part of the federal government's Homelessness Partnership Strategy (HPS). HIFIS maintains a national database on all organisations that provide services to the homeless population (Echenberg & Jensen, 2008:4; Employment and Social Development Canada, 2006). Statistics Canada also collects data on the shelter system, and makes use of data that have been collected by municipal and/or non-governmental organisations in their attempt to enumerate the homeless population in various cities (Echenberg & Jensen, 2008:4).

Chamberlain and MacKenzie (2009), in partnership with the ABS, began the project 'counting the homeless', which produces reports on the national homeless population in Australia. The ABS uses the cultural definition of homelessness to enumerate the homeless population on census night. As mentioned, the definition used by the ABS distinguishes between primary, secondary and tertiary homelessness (Chamberlain & MacKenzie, 2009:4; ABS, 2012:38). Primary homelessness refers to people living on the streets; individuals who have no conventional accommodation. Secondary homelessness describes individuals who frequently move from one form of shelter to another. During census night, individuals staying in emergency or transitional accommodation are considered part of this category (Chamberlain & MacKenzie, 2006:4; ABS, 2012:38). Tertiary homelessness refers to people who live in boarding houses on a medium to long-term basis. Residents of private boarding houses are homeless because their accommodation does not have the characteristics identified in the minimum community standard (Chamberlain & MacKenzie, 2009:4; ABS, 2012:38).

The varying definitions used to define the homeless make it difficult to enumerate homelessness in South Africa. Statistics South Africa (2001) described this difficulty when counting homeless people in the 2001 census. No published data appear to be available from this census on the size of the street homeless population, although Statistics South Africa reports that the homeless were counted (Naidoo, 2010:131; Statistics SA, 2001). Statistics South Africa officials said that 11 391 homeless persons were listed on their database, but acknowledged that there were on the ground difficulties with counting homeless people (Statistics SA, 2001). The 2011 census count started off by giving special attention to homeless people and special institutions (Statistics SA, 2012:1). After the census enumeration, a post-enumeration survey (PES) was conducted. A PES is an independent survey that is conducted in order to evaluate the coverage and content errors of the census. The main aim of the PES was to collect data that would be compared to the

census data in order to determine how many people may have been missed or counted more than once (Statistics SA, 2012:3). The PES assists in identifying coverage and content errors. Homeless individuals were excluded from the PES sample. Due to homeless people's exclusion from the PES, data collected on homeless people are often inaccurate and full of errors (Statistics SA, 2012:5).

Statistics South Africa conducts a countrywide household-based victim survey that generates information about the dynamics of crime from the perspectives of victims. It focuses on people's perceptions and experiences of crime, as well as individual views regarding their access to, and the effectiveness of, the police and criminal justice services (Statistics SA, 2015:1). The victim survey only targets private households, residences and worker hostels in the nine provinces, thereby excluding individuals living in quarters, old age homes, hospitals and prisons. The survey thus does not include homeless individuals, nor does it include individuals being housed temporarily in shelters (Statistics SA, 2015:1). Sample surveys are based exclusively on enumerations of persons living in dwelling units. By this definition, homeless persons cannot be included in the surveys, especially those who live on the streets (Statistics SA, 2012: 13).

Since 2010, Statistics South Africa has annually released reports on the social profile of vulnerable groups. The information is published to analyse and explore changes in the situations of vulnerable people in the country. This survey is executed by Statistics South Africa on behalf of government to determine the level of development in the country on a regular basis, and the performance of programmes and projects (Statistics SA, 2013:1). The South African government has come up with various strategies and efforts that go towards identifying vulnerable groups and developing legislation and programmes to support them. The report focuses on broad areas such as household characteristics, living arrangements, vulnerability to hunger, access to health care, poverty, housing and access to basic services. The latest survey was conducted between 2002 and 2012 and makes no mention of homeless people (Statistics SA, 2013:1).

In summary, it is inherently challenging to count a population that lacks a permanent address or fixed location. Measuring homeless people poses significant methodological challenges and impacts on the ability of government to adequately and appropriately respond to homelessness. A key difficulty in measuring homelessness is that it is not a static experience; homeless people move between different living conditions, and, in many cases,

homelessness is a temporary condition. Furthermore, it is impossible to enumerate homelessness if it is not properly defined.

2.4. Demographic characteristics of homeless people

Homeless people have various demographic backgrounds that influence their underlying determinants of homelessness. In recent years, there has been a shift in the demographics of the homeless population, with more women, children and families experiencing homelessness (Meanwell, 2012:72). The following discussion reflects on the demographic characteristics of people who find themselves homeless. Demographic information such as age, gender, race, family homelessness, families, marital status and education of homeless people will be discussed in order to gain a more comprehensive understanding of the experience of homelessness.

2.4.1. Age, gender and race of homeless people

In a study conducted by the National Coalition for Homeless People (NCH), children under the age of 18 accounted for 39% of the homeless population (NCH, 2007:2). Every year the New York City (NYC) Department of Homeless Services and Human Resources Administration and NYC Stats conduct a yearly census on the number of homeless people on the streets. In August 2016, the census recorded 9 227 homeless males and 3 748 homeless females (NYC Department of Homeless Services, 2016:1). In its 2013/14 survey of 25 cities, the US Conference of Mayors found that the number of homeless people increased across the 25 cities. In January 2014, there was a total of 578 424 known homeless people in the USA, of whom 63% were individuals and 37% were homeless with their families (HUD, 2014:1). Two thirds of the homeless people were over the age of 24, nearly one quarter was under the age of 18, and the remaining 10% were between 18 and 24 years of age (US Conference of Mayors, 2014:23; HUD, 2014:6)

In its 2004 survey of 27 cities, the US Conference of Mayors (2004:4) found that, in general, the homeless population comprised 49% African-American, 35% Caucasian, 13% Hispanic, 2% Native American and 1% Asian homeless persons. Single homeless adults are more likely to be male than female. Single males comprised 41% of the homeless population and single women represented only 14%. In January 2013, 610 042 people were homeless in the United States (HUD, 2013:1). In the same year, the Department of Housing and Development requested communities to provide estimates of homelessness in three age ranges, namely under 18, 18 to 24 years, and 25 years and older. Compared to data

obtained in 2012, homelessness on a single night declined by 4%. According to the 2013 Annual Homeless Assessment Report to Congress (HUD, 2013:8), 20 states experienced increases between 2012 and 2013 in relation to the number of homeless people in those states.

A point-in-time count of homeless people was conducted in Portland, Gresham and Multnomah County. The aim of the point-in-time count, conducted on 28 January 2015, was to provide a snapshot of the individuals and families experiencing homelessness (HUD, 2015:5). The count revealed 3 801 homeless people, of whom 31% were females, 7% were individuals younger than 24 years of age, and 41% were people of colour. The number of homeless people increased from 15% in 2013 to 31% in 2015. People of colour consisted of American Indian, Asian, African American, Hispanic and Native Hawaiian. Of the people of colour, 24% were African American, which increased from 20% in 2013 (HUD, 2015:6). The gender distribution of the overall homeless population was disproportionately male, with 64% male and 36% females. The majority of the homeless population were adults between the ages of 25 and 54. Ten percent of the homeless population was under the age of 18, 8% between the ages 18 to 24, while the remaining 19% were 55 and older (HUD, 2015:6). A 23% increase was recorded in the proportion of homeless persons older than 55 years. The homeless population over the age of 55 accounted for 19% of the overall homeless population in 2015, compared to 13% in 2013 (HUD, 2015:6).

Crawley, Kane, Atkinson-Plato, Hamilton, Dobson and Watson (2013:674) conducted a pilot study in Canada on 44 homeless individuals in order to describe the health, housing and service needs of hidden homeless individuals. Their ages ranged from 15 to 69 years of age. Half of the respondents (50%) were first homeless between the ages of 14 and 18 years, and the other half were first homeless when they were 19 years and older (Crawley et al., 2013:676). The majority of the respondents (82.4%) were Caucasian, 3% were Aboriginal and the remaining 5.8% were black (Crawley et al., 2013:676). In a community survey on substance use among 389 homeless people, Fountain, Howes, Marsden, Taylor and Strang (2003:245) found that 81% of respondents were male and 19% were female, with an average age of 31.10. A third of respondents (33%) were aged between 25 and under, 74% were aged 35 and under, and 5% were aged 50 and older.

Mushair Ali (2014:61), in an attempt to describe the socio-economic status and demographic profile of homeless people in Ethiopia, conducted a research study in Bahir Dar city of the Amhara region. The study had three objectives: to identify demographic characteristics of

homeless people, assess socio-economic conditions of the homeless population and to describe problems faced by homeless people in the study area (Ali, 2014:62). The sample consisted of 120 homeless people. Of the sample, 20% were below the ages of 7, 19% were between the ages of 7 and 14, 37% were between the ages of 15 and 44, 20% were between the ages of 45 and 59 and the last age group, age 60 and above, accounted for 3% of the total sample. Of the age group 15 to 44, 50% of the homeless population sampled were males and 35% were females (Ali, 2014:62).

In South Africa, the Human Sciences Research Council (HSRC) carried out a multidisciplinary homeless survey between 2005 and 2008 to examine the relationship between demographic factors and the phenomenon of homelessness (Kok, Cross & Roux, 2010:21). The aim of the study was to develop a profile of the adult street homeless populations in the northern parts of South Africa (Kok et al., 2010:21). The study included samples from urban and rural areas, with Limpopo, Mpumalanga and Gauteng forming part of the urban population. The adult sample included 940 adults, with the majority of the adults, 678, coming from Gauteng. Fourteen percent of the adult respondents sampled in the study were non-South Africans (Kok et al., 2010:31). Mpumalanga and Limpopo were considered feeder areas for the metro homeless population concentrated in Gauteng. In the study, 125 adults were interviewed in the secondary cities, 82 in the small towns, and 55 in rural areas, comprising farms and former homelands. Of all the respondents included in the survey, 814 (87%) were adult males and 126 (13%) were female homeless persons (Kok et al., 2010:25). The bulk of the male street homeless population was between the ages of 25 and 44, with females ranging between the ages of 18 and 44. Therefore, the street homeless population is young, comprising mainly older children, and adults of working age (Kok et al., 2010:27). Fourteen percent of the respondents sampled in the study were non-South Africans (Kok et al., 2010:31).

Makiwane, Tamasane and Schenider (2010:41) conducted an exploratory study on 30 homeless people in two urban areas, namely Tshwane Metropolitan area (Pretoria) and Rustenburg. The study explored the various pathways into homelessness and the social structures that are persistent in the homeless population (Makiwane et al., 2010:41). In each area, 15 homeless people were interviewed. Of the 30 homeless people interviewed, 22 were males and 8 were females (Makiwane et al., 2010:41). In a study by Evans and Forsyth (2004:486), the sample consisted of 30 male respondents and 12 female respondents, of whom 24 were white and 18 were black. Their ages ranged from 28 to 58 years (Evans & Forsyth, 2004:486). Mohamed (2008) conducted a survey on Durban's homeless individuals

in order to understand the reasons for their homelessness. A total of 358 individuals were included in the survey; 74.3% male and 25.6% female, and 54% of the participants were 30 years or younger (Mohamed, 2008:4).

Lohrmann, Botha, Violari and Gray (2012:174) conducted a study on HIV and the urban homeless in Johannesburg with the aim of providing more information on the prevalence of HIV and risk factors among the homeless population residing in the inner city. The cross-sectional survey included 136 homeless respondents, of whom 76% were males and the remaining 24% were females. In a study conducted by Olufemi (2000) involving 635 homeless people in inner city Johannesburg, 366 (58%) were men and 269 (42%) were women (Olufemi, 2000:227). The vast majority (86%) of the homeless individuals were African, followed by 9% coloured, 3% white and 2% Indian (Olufemi, 2000:227).

The lower proportion of homeless females could be a consequence of the very difficult living conditions for women on the street. The prevalence and experience of homelessness is partly influenced by the gender of the homeless individuals (Evans & Forsyth, 2004:483). This is due to the diverse structural locations of men and women in the broader economic context. Women are less likely to experience homelessness because women are more likely to have family connections than men (Evans & Forsyth, 2004:483). Homeless women differ from their male counterparts on the basis that they are usually younger, more likely to be of a racial or ethnic minority, and more likely to be homeless with their children.

2.4.2. Family homelessness, families and marital status

Family homelessness is one of the fastest growing segments of the homelessness population. It is a multifaceted and misunderstood social problem. According to the HUD 2015 Annual Homeless Assessment Report, 206 286 people in families with children were homeless on a single night in 2015, making up 36% of all homeless people counted (HUD, 2015:28). Of the 208 286 homeless families, 20 462 homeless families were counted in unsheltered locations (HUD, 2015:28). Almost three in five (60%) of the homeless people in families were under 18 years of age. Only 6% (13 105) of the homeless people in families were chronically homeless (HUD, 2015:29).

In its 2005 survey of 24 American cities, the US Conference of Mayors (2005:94) found that families with children comprised 33% of the homeless population. These proportions are likely to be higher in rural areas. Research indicates that families, single mothers and children make up the largest group of people who are homeless in rural areas (National Coalition for the Homeless, 2007:2).

From the study conducted by Evans and Forsyth (2004:486), of the 42 homeless people included in the study, 66% of the respondents had children, even though none of them were living with their children while homeless. Roughly half (53%) had never been married, 24% were divorced, 7% were separated, 14% were currently married and 2% were widowed (Evans & Forsyth, 2004:486). Results from the HSRC survey revealed that a large majority of the homeless adult respondents (70%) had never been married. Almost one eighth of the respondents indicated that they were married, 5% were partnered, 3% were separated, 7% divorced and 3% were widowed (Kok et al., 2010:29). The HSRC survey also revealed that more than 61% of the adult respondents had children, but only one eighth of those children were living with them at the time of the survey (Kok et al., 2010:29). Among the homeless women in Olufemi's study in Johannesburg, 67% were single, 10% were either divorced or widowed, and 5% were separated. Of the 67% who were single, 60% were single mothers, while 40% did not have children. Single homeless adults are more likely to be male than female (Olufemi, 2000:227).

2.4.3. Education

In the study conducted by Crawley et al. (2013:676), 58.8% of respondents had less than a high school diploma, 35.4% had a high school diploma and only 5.8% had a college or university diploma. Research by Makiwane et al. (2010:42) showed that of the 30 respondents, seven had no schooling, ten had between Grade 1 and Grade 9, and 13 homeless people had reached a level of education between Grade 10 and Grade 12. Levels of education were similar in both sample populations (Pretoria and Rustenburg), that is, moderate to low levels of education. From the 120 homeless people included in the study conducted by Ali (2014:65), 80% had no previous schooling.

In summary, the prevalence and experience of homelessness is partly influenced by the gender of the homeless individuals. The street homeless population predominantly consists of young African male adults, with comparatively few women. Women are less likely to experience homelessness because they are more likely to have family connections than men. The homeless individuals are predominantly between the ages of 20 and 30 years and have not completed high school.

2.5. Factors contributing to homelessness

In order to conceptualise the causes of homelessness, Anderson and Christian (2003:105) noted that it is important to examine homelessness as a means of gaining access to adequate and affordable housing. The causes of homelessness are varied, thus there is no single cause that renders individuals homeless (Hyde, 2005:180; Echenberg & Jensen, 2012:6). The reasons why homeless people become homeless are multifaceted and complex, and homelessness is best understood as an event or sequence of events, or an episode (Hyde, 2005:180; Somerville, 2013:389-390; Williams & Stickley, 2011, 433). Pathways to homelessness not only refer to the route of an individual or household into homelessness, but also their experiences of homelessness and their route out of homelessness into secure housing (Somerville, 2013:389-390). Homelessness is the result of interaction between socio-structural causes and individual factors (Anderson & Christian, 2003:111; Piat, Polvere, Kirst, Voronka, Zabkiewicz, Plante, Isaak, Nolin, Nelson & Goering, 2014:2367; Fitzpatrick, 2005:2; Sullivan, Burnam & Koegel, 2000:444; Crane, Bryne, Fu, Lipmann, Mirabeli, Ryan, Shea, Warnes & Watt, 2004:152), as well as the final stage in a series of prolonged crises and mixed opportunities. The structural factors are economic and societal issues that affect opportunities and social environments. Structural factors include a lack of adequate housing, unemployment, poverty, social exclusion and lack of access to affordable houses (The Homeless Hub, 2013:13; Shinn, 2010:20; Crane et al., 2004:152-153). Individual factors refer to personal circumstances and may include traumatic events, familial conflict, poor physical and mental health, and substance abuse (The Homeless Hub, 2013:13; Nooe & Patterson, 2010:113). Homelessness is thus seen as the result of structural and individual factors that render an individual incapable of coping with adverse life events (Crane et al., 2004:152-153).

In South Africa, explanations of homelessness range from the structural causes of apartheid to post-apartheid influences, uncoordinated planning and a lack of coherent socio-economic policies and programmes. The causes are also political, social and economic in nature (Olufemi, 2001:3; Moyo, Patel & Ross, 2015:2; Cross et al., 2010:17). Apartheid policy was characterised by limited affordable urban housing for the poor, as residential segregation led to a limitation in the supply of cheap and affordable urban housing for the poor (Olufemi, 2000:229). Olufemi (2002:455) further observed that several social and economic factors have aggravated the risk of homelessness, notably poverty, non-affordability of rent, unemployment, family disintegration, physical abuse, lack of skills, partial education or no education at all, and violence. The changing demographic pattern of households in South

Africa is another vital cause of street homelessness. The ever changing composition of households, childless couples, elderly people living alone and single parents has had an impact on family structures (Olufemi, 2000:229).

Between 2005 and 2006 a study was conducted by the HSRC to investigate the numerous aspects of street homelessness. The sample consisted of 1 245 people, including 940 adults of whom 147 were female, 1 098 were male and 305 were children (Cross & Seager, 2010:145). Three common pathways to homelessness in South Africa emerged (Cross & Seager, 2010: 148):

- Loss of a person's prior economic position. According to this common pathway, individuals lose either their housing or their jobs and as a result become unsheltered. Efforts are made by the individuals to re-enter normal housed society. Those who are unable to re-enter the normal housed society eventually find themselves on the streets.
- Inability to secure an initial foothold in the economy. In this pathway, individuals leave home to find work but fail to do so. In conditions of poverty, unsustainable dependency and lack of alternatives these individuals believe that their families cannot support them and thus they do not return home.
- Displaced youth and children without alternative shelter options. This pathway includes individuals who become homeless as a result of escaping dysfunctional families or are pushed out of their homes by adversity.

The causes of homelessness require a more detailed discussion on the various factors that render individuals homeless. The following sections explore the main contributors to homelessness, although the reader should keep in mind that these factors cannot be discussed in isolation, given the multi-faceted nature of homelessness. Therefore, some overlap in the arguments is unavoidable.

2.5.1. Poverty and unemployment

Although there are numerous studies that document the characteristics of homeless people as unemployed individuals, there is minimal research that addresses the relationship between homelessness and unemployment (Steen, MacKenzie and McCormack, 2012:2). Employment is a fundamental pathway to ending homelessness. Although unemployment may lead to homelessness, not all homeless people are unemployed (Steen et al., 2012:8). 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 (Steen et al., 2012:7).

Despite the notions of Steen et al. (2012:2), homelessness, poverty and the unequal distribution of power and wealth are inextricably connected (Daly, 1996:27), with the causes of poverty being directly linked to the causes of street homelessness (Kellet & Moore, 2003:123; Olufemi, 2000:228; Tipple & Speak, 2005:351; Makiwane et al., 2010:39; Sharam & Hulse, 2014:294). Poverty is both a cause and an effect of marginalisation and street homelessness (Olufemi, 2000:223; Sharam & Hulse, 2014:294). Poverty is an underlying cause of street homelessness, being rooted in the structures of economic, social and political policies (Olufemi & Olufemi, 2003:7). Poverty disproportionately affects minorities, resulting in them being overly presented in the homeless population (Shinn, 2010:20). Poverty and social exclusion interact with individual vulnerabilities to produce and maintain homelessness (Shinn, 2010:20). Poverty manifests itself in lack of income, insufficient resources to sustain livelihoods, limited access to education, and homelessness (Olufemi, 2000:223).

Mander (2008:4) conducted a study of homeless people in Delhi, Chennai, Patna and Madurai for the Planning Commission of India and documented the lived experiences of urban homeless men, women, boys and girls from the four cities. The sample included 340 individuals from all four cities (Delhi 93, Chennai 80, Madurai 82, Patna 85). Of all the reasons cited for homelessness, 51.1% of the respondents cited poverty, unemployment and the need to send money home as the reason why they were homeless (Mander, 2008:7-9).

In the study conducted by Crane et al. (2005:156), the sample included 122 respondents from Boston, 131 from England and 124 from Melbourne. Two thirds of the respondents had worked for most of their adult lives. Twenty-three percent of the Boston respondents were employed when they became homeless. One in two respondents reported that unemployment contributed to them becoming homeless (Crane et al., 2005:157). Unemployment rates reported among homeless people are relatively higher than those of the general population. The lack of financial resources because of unemployment may significantly contribute to homelessness (Steen et al., 2012:15). Homelessness is a complex and multidimensional problem. The lack of access to employment contributes to homeless people not having sufficient and sustained income to meet their basic needs. Crane et al. (2005:157) concluded that unemployment in itself did not create homelessness, but that unemployment often resulted from factors such as depression, death of a loved one, mental illness, and substance abuse, thus leading to unemployment. Individuals become homeless

due to financial difficulties. These difficulties take on various forms, such as loss of employment and the collapse of small businesses (Chamberlain & Johnson, 2011:5).

In a study conducted by Olufemi (2000:229) in the Johannesburg inner city, the roots of street homelessness were quite broad and varied, with poverty and unemployment cited as a major cause of street homelessness. Of the 635 homeless people interviewed (58% men and 42% women), 97% of the women cited poverty as the main reason for their homeless status. Homeless individuals experience a lack of opportunity and marginalisation from the social environment in terms of perceived advantages such as education, employment and income. Low income or unemployment and a poor education are causal pathways to homelessness. Poverty excludes the homeless from their fundamental rights to decent housing (Olufemi, 2000:231). Employment opportunities for homeless people are limited due to their low level of education attained (Merten, 2016:1).

In the 2010 HRSC study, 14% were non-South African citizens who were homeless as a result of being unable to enter the formal job market due to a lack of documentation (Kok et al., 2010:35). Some of the homeless in South Africa are immigrants and refugees from other African countries who head to urban areas in search of employment, and end up homeless when they are unsuccessful.

2.5.2. Childhood adversity, violence and breakdown of the family

Violence is endemic to the lives of homeless individuals to such an extent that it is a constant feature of their family experiences (Cutuli, Montgomery, Evans-Chase & Culhane, 2014:1; Hyde, 2005:172; Olufemi & Olufemi, 2003:7). Research on homelessness has found high rates of adverse experiences during childhood (Sundin & Baguley, 2014:190). Childhood abuse and trauma directly and indirectly cause homelessness (Chen, Tyler, Whitbeck & Hoyt, 2004:17). Childhood adversity is significantly associated with homelessness among homeless adults (Shelton, Taylor, Bonner & Bree, 2009:470; Cutuli et al., 2014:1 & Culhane, 2014:1; Padget, Smith, Henwood & Tiderington, 2012:421; Sundin & Baguley, 2015:190). Individuals who experience childhood abuse (physical abuse, sexual abuse and/or neglect) are at a greater risk of running away to escape a negative home environment (Melander & Tyler, 2010:576; Chen et al., 2004:17; Echenberg & Jensen, 2012:2; Hyde, 2005: 173). Among runaway youth a link has been made between abuse and homelessness. Many young individuals who run away do so because of physical and/or sexual abuse in their homes (Munoz, Panadero, Santos and Quiroga, 2005:35; Padget et al., 2012:421; Sundin & Baguley, 2015:190). Homeless women interviewed in inner Sydney

reported extraordinary high levels of violence in their families of origin, with 65% of the women stating that they had been physically abused within the family (Larney, Conroy, Mills, Burns & Teesson, 2009:347). Half of the women respondents reported being sexually abused, the majority by their fathers or stepfathers (Larney et al., 2009:347).

Hyde (2005:171) interviewed 74 homeless adults to explore why they left their homes and ended up on the streets. Almost three in five (59%) and 50% of the respondents cited physical abuse and familial conflict respectively as reasons for becoming homeless (Hyde, 2005:175). Mothers in single parent households were perpetrators of physical abuse, and stepfathers were perpetrators of sexual abuse. One in three participants (30%) attributed both the abuse and familial conflict to a parent's substance abuse (Hyde, 2005:175). Homeless adolescents who have experienced childhood abuse frequently report that they were abused by their caregivers, which presents limited options for escaping the abuse. In a study conducted by Chen et al. (2004:2) on homeless young people, the rates of caregiver violence were high, with 77% reporting being pushed, shoved or grabbed. Participants cited child abuse as a reason for being homeless. A similar pattern was evident among homeless people who experienced sexual abuse. Chen et al. (2004:2) found that sexual abuse significantly influences adolescents' decisions to leave home, with those who specifically experienced sexual abuse often leaving home at an earlier age.

Homeless people's experience with victimisation often begins in childhood, in the form of abuse and trauma. Childhood abuse and trauma are significantly overrepresented among the homeless population in comparison to the general population (Chen et al., 2004:17; Melander & Tyler, 2010:576). The impact of childhood trauma is significant, with serious consequences for children's development as well as longer term effects (Cutuli et al., 2014:1). Homeless people who have had these experiences are more vulnerable to further victimisation. Such victims 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 (Chen et al., 2004:17).

The effects of abuse are long-lasting and damaging, due to the fact that abuse sets a destructive chain of events and behaviours in motion. This chain of events places homeless individuals at risk of further victimisation through a pattern of increased antisocial behaviour and deviant subsistence strategies on the streets. In a study conducted by Jasinski, Wesely, Mustaine and Florida (2005:60) involving 737 homeless women, 49.8% experienced severe

childhood violence. For the women in this study, childhood experiences were significantly related to their experience of homelessness. Women who experienced severe childhood violence were on average three years younger than men who didn't experience childhood trauma when they first became homeless, and were frequently homeless for longer periods of time (Jasinski et al., 2005:60).

The majority of homeless people report having experienced childhood adversity, such as poor relations with parents, neglect and sexual abuse (Shelton, Taylor, Bonner & Van den Bree, 2009:465). Family violence is largely experienced by youth. While family violence occurs in all social and economic groups, the risk of child abuse, wife abuse and elder abuse is greater among those who are economically disadvantaged (Novac, 2007:4). Keeshin and Campbell (2011:404) conducted a study to identify incidents of self-reported physical and sexual abuse among homeless youth. The study included a sample of 64 homeless youth between the ages of 18 and 23, who filled out a questionnaire. Of the sample, 67% were males and 33% were females, and the majority (84%) of participants reported physical and or sexual abuse (95% females and 79% males) (Keeshin & Campbell, 2011:404). Gwadz, Nish, Leonard and Strauss (2007:122) interviewed 85 homeless youth in order to describe patterns of traumatic events and post-traumatic stress disorder (PTSD), with an emphasis on gender differences. Almost all the participants (85.9%) experienced at least one traumatic event (Gwadz et al., 2007:122). Experiences of physical assault were more common among males, while females were more often sexually abused. Three quarters of the females in the sample had experienced multiple types of sexual victimisation (Gwadz et al., 2007:122).

In the study conducted by Makiwane et al. (2010:42), 16 of the 30 interviewees reported having had a poorly functioning family structure during childhood. Nine of the interviewees reported having had a difficult upbringing as youngsters. These individuals were either raised by single parents or by close relatives. Unfortunately, escaping physical and sexual abuse at home frequently means exposure to the unpredictable and hostile conditions of homelessness. Often homeless people encounter violence on the street that is consistent with their previous experiences of violence at home. Often leaving home may exacerbate victimisation on the streets (Makiwane et al., 2010:42). According to Lee and Schreck (2005:1062), the longer people with a troubled past (traumatic experiences, history of substance abuse) are on the streets, the harder it is for them to fulfil their basic needs.

A primary cause of homelessness for women is domestic violence (Murray, 2009:10; Zugazaga, 2004:651). Research suggests that half of homeless women fled abusive

situations (Melander & Tyler, 2010:576; Chen et al., 2004:17; Echenberg & Jensen, 2012:2). The scarcity of shelters available to women, relative to the number of women who are abused annually, supports this statement (Evans & Forsyth, 2004:484). Homeless women who cite domestic violence as their route into homelessness frequently have a complex history of childhood abuse (Murray, 2009:9; Goodman, Fels & Glenn, 2006:5), which then increases their risk of re-victimisation (Evans & Forsyth, 2004:484). Evans and Forsyth (2004:484) found that women were most likely to report becoming homeless as a result of domestic violence, whereas men were more likely to report becoming homeless as a result of unemployment, alcohol abuse and release from prison. In relation to domestic violence, marital disruption was identified as a risk factor for becoming homeless. In their study, 8 out of 30 men and 4 out of 12 women attributed their homelessness to the breakup of their marriage (Evans & Forsyth, 2004:487).

The prevalence of physical abuse as a child, sexual abuse as a child, domestic violence and sexual assault was high among the women included in Zugazaga's (2004:651) study on the stressful life event experiences of homeless adults. Both single women and women with children were more likely than men to have experienced events associated with violence. The Department of Housing and Urban Development's 2012 Continuum of Care Homeless Assistance Program point-in-time count reported that the largest subpopulation of homeless persons in Washington State were victims of domestic violence (2012:14). Violence against women is a leading cause of homelessness, as some domestic violence survivors, particularly those with limited resources, become homeless after fleeing from an abusive relationship (Tischler, Rademeyer & Vostanis 2007:249).

The Institute for Children and Poverty made use of data from the Fragile Families and Child Wellbeing (FFCW) to study the exposure of intimate partner violence among children experiencing homelessness or residential instability. The FFCW sample included 4 898 children born in 20 large cities between 1998 and 2000. A follow-up was conducted between 2007 and 2009. Of the mothers of the children included in the sample, over one third (36.9%) reported both physical and sexual abuse, compared to 26.8% of residentially stable mothers (Institute for Children and Poverty, 2010:3). The study also reported that being homeless and experiencing poverty increased the likelihood of mothers experiencing intimate partner violence. Living in poverty and experiencing homelessness increased a mother's probability of being abused by 35% for physical and sexual abuse, by 44% for physical abuse and by 63% for sexual abuse (Institute for Children and Poverty, 2010:3).

In a study of 230 homeless women in Florida, homeless women cited victimisation or abuse as their reason for becoming homeless (Pyles, 2006:222). Domestic violence is present at all socio-economic levels, but it is much more frequent and severe among women living in poverty (Pyles, 2006:222; Stainbrook & Hornik, 2006:54). In a study conducted by Baker, Cook and Norris (2003:754), 110 women who had experienced domestic violence were sampled into the study in order to examine housing problems and homelessness after separation. Of the women who separated from their partners, 78% reported becoming homeless after the separation (Baker et al., 2003:754).

Using the structural choice theory, Garland et al. (2010:285) aimed to discover the determinants of future victimisation by exploring self-reported differences in criminality and victimisation among the homeless population. A sample of 105 homeless individuals was collected to investigate factors related to past and current victimisation. Of the 105 homeless individuals, 29% reported being abused before becoming homeless and another 27% of the respondents reported suffering sexual abuse (Garland et al., 2010:285).

2.5.3. Substance abuse and dependency

Substance abuse is regarded as a major cause of homelessness (Nooe & Patterson, 2010:118; Shelton et al., 2009:470). It is widely believed that a link exists between homelessness and substance abuse, but there is considerable debate about the direction of the relationship between the two (Shelton et al., 2009:470). Addictive disorders disrupt family and friend relationships and often cause people to lose their jobs. A survey conducted by the US Conference of Mayors (2008:2) reported that 12% of the 25 cities surveyed mentioned substance abuse as the main cause of homelessness among families. Johnson and Chamberlain (2008:342) provide two models for understanding the link between homelessness and substance abuse. The first model indicates substance abuse as a risk factor for homelessness, whereas the second model suggests that homelessness induces substance use (Johnson & Chamberlain, 2008:342). For the purpose of this section, only the former will be discussed.

The debate is whether substance abuse is a cause or consequence of homelessness. Johnson and Chamberlain (2008:342) drew a large sample of 4 291 homeless people to investigate whether substance abuse normally proceeds or follows homelessness. Forty-three percent of the sample had substance abuse problems, with the most common type of drug being heroin, followed by alcohol and prescription drugs (Johnson & Chamberlain, 2008:342). From the sample, 15% had substance abuse problems prior to becoming

homeless for the first time. Three substance abuse pathways were identified. Firstly, there is a break from the mainstream labour market. This stage is characterised by people's changing relationship with the labour market (Chamberlain, 2008:342). Increased substance abuse leads to an individual's inability to work, thus leading to job loss. The second pathway is characterised by changes to existing social networks and social support. Individuals who lose social support are vulnerable to homelessness. The final pathway is characterised by the formation of new networks. These networks were dominated by others with substance abuse problems (Chamberlain, 2008:342).

According to Johnson and Fendrich (2007:212), there are two models for understanding the relationship between substance abuse and homelessness, namely the social selection and social adaptation models. According to the social selection model, individuals who use substances drift into homelessness as their addiction leads to the gradual exhaustion of their social and economic resources (Johnson & Fendrich, 2007:212). Substance abuse thus places individuals at increased risk of homelessness. Social adaptation models suggest that substance use is an adaptation to the homeless condition. Abuse of substances is a means of adapting to life on the streets and may be a learned method of coping with the stress of being homeless. However, substance abuse predates the first episode of homelessness in at least two thirds of all cases (Johnson & Fendrich, 2007:212).

Fountain et al., (2003:245), using a community survey, administered a structured questionnaire to 389 homeless people with the aim of determining the link between homelessness and drug and alcohol use. When asked about alcohol and drug use in the last month, 83% had used alcohol in the last month while only 4% had used drugs (Fountain et al., 2003:247). Since first becoming homeless, 48% of the sample had been continuously homeless, citing drug use (29%), alcohol use (12%) and financial difficulties (29%). Fountain et al. (2003:251-252) found that 63% of homeless people currently or recently sleeping rough in London cited drug or alcohol use as a reason for becoming homeless, and 47% reported this as a major reason. Johnson and Chamberlain (2008: 342) found that out of a sample of 4 291 homeless individuals, 43% had had substance abuse problems. Of these, one third had substance abuse problems before they became homeless.

2.5.4. Mental and physical health problems

The physical and mental health of homeless people is more pronounced among the homeless than among the general population (Perry & Craig, 2015:21; Sullivan, Burnam & Koegel 2000:444; Rees, 2009:17). Homelessness is likely to produce and aggravate

symptoms of mental illness (Moyo et al., 2015:1). Homelessness and mental illness are interdependent variables in that one can cause the other and vice versa (Moyo et al., 2015:2). Mental illness may be a contributing factor to homelessness in some individuals, but not in and of itself (Philippot, Lecocq, Sempoux, Nachtergaele Garland, 2007:494; Shelton et al., 2009:470). Poor mental health alone is not a sufficient cause of homelessness (Sullivan et al., 2000:444).

Individuals with poor mental health lack the personal capacity to sustain employment, thus reducing their income (Jenkins, Baingana, McDaid and Atun, 2011:88; Shelton et al., 2009:470). Delusions and hallucinations may isolate the individuals from their families, friends and the general public, leaving them with fewer coping resources in times of trouble. Mental illness impairs an individual's ability to be resilient and resourceful and also clouds one's judgement, thus increasing the risk of homelessness. Poor mental health also prolongs homelessness (Chambers, Chiu, Scott, Tolomiczenko, Redelmeier, Levinson & Hwang, 2014:554; Zabkiewicz, Patterson & Wright, 2014:6). Homelessness and mental health appear to have a two-way relationship, with mental illness causing homelessness and homelessness exacerbating mental illness.

In summary, it is evident that the causes of homelessness have often focused on the individual versus the structural causal factors. Homelessness is often perceived as the result of interacting structural and individual factors, occurring when people experience negative or major life events and lack the ability to cope, or lack the resources to compete in the housing and employment markets. However, pathways into homelessness may be due less to individual attributes and more to transitions, resources and life events. Poverty, unemployment, a lack of affordable housing and mental illness are potential causes of homelessness. Although there is growing evidence that early childhood experiences predispose abused individuals to becoming homeless as adults, there is also evidence that adverse events occurring during adult life can precipitate homelessness. Childhood adversity is significantly associated with homelessness among adults. There is still an ongoing debate about the direction of the relationship between substance abuse, mental illness and homelessness. Substance abuse and mental illness are seen as both a cause and consequence of homelessness.

2.6. Risk factors for victimisation of homeless people

There has been extensive documentation on the dangers and hardships faced by homeless people (Garland, Richards & Cooney, 2010:287). Living on the street or in shelters is

characterised by day-to-day threats to a person's physical and psychological well-being. Homeless persons are extremely vulnerable to victimisation (Garland et al., 2010:287; Larney et al., 2009:347; Couldrey, 2010:11). The rate at which homeless persons are victimised is disproportionately high compared to the general public (Newburn & Rock, 2004:8; Larney et al., 2009:347; Rattelade, Farrell, Aubry & Klodawsky, 2014:1607; Lee & Schreck, 2004:1074; Heslin, Robinson, Baker & Gelberg, 2007:203). Literature on the homeless reports that anywhere from one quarter to over half of homeless individuals had been victimised since becoming homeless (Garland et al., 2010:287). The focus of discussion is more often the real or perceived involvement of the homeless in crime, rather than the fact that homeless people are more often victims of crime than housed people (Newburn & Rock, 2004:8; Legler, 2013:6). Risk of victimisation is not uniformly distributed among the homeless population; people's levels of vulnerability influence whether they are likely to be victimised or not. Various factors contribute to homeless people falling victim to crime; these are discussed below. The risk factors are often enmeshed and cannot easily be isolated, hence there is some duplication of variables and arguments.

2.6.1. Demographic characteristics

Victimisation varies tremendously by sex, age, race, income and place where the homeless person sleeps at night, whether in a shelter or on the streets. Persons who are male, younger, African, less affluent and live in large cities are most likely to become victims, due to their perceived lack of power and resources (Lee & Schreck, 2005:1059; Truman & Rand, 2009:4). Young homeless people experience higher rates of victimisation on the streets (Tyler, Whitbeck, Hoyt & Cauce, 2004:504). Individuals who have deviant lifestyles are at risk of being victimised because much of their contact is with other offenders (Tyler et al., 2004: 504; Lee & Schreck, 2005:1059). They are also vulnerable to victimisation due to status-specific traits such as being young, male and risk taking, and their association with deviant peers (Lee & Schreck, 2005:1059; Truman & Rand, 2009:4). Young homeless individuals are more likely to be targeted than homeless adults due to their lack of experience on the streets and their perceived vulnerability (Bender, DePrince, Begun, Hathaway, Haffejee & Schau, 2016:2; Lee & Schreck, 2005:1060). The longer a woman stays homeless and lives in unsheltered situations, the higher her risk of victimisation (Wenzel et al., 2001:740).

Demographic variables indirectly influence victimisation, as they shape individuals' daily activities (Lee & Schreck, 2005:1058; Uludag, Colvin, Hussey & Eng, 2009:270). Activities that take place outside of conventional housing units increase the risk of victimisation (Lee &

Schreck, 2005:1059). There is a significant association between the personal and lifestyle characteristics of homeless individuals and the levels of victimisation they experience. Rates of victimisation among men exceed those among women in all categories except sexual assault (Heslin et al., 2007:203; Wenzel, Koegel & Gelberg, 2000:368, Truman & Rand, 2009:4). The difference in rates of victimisation potentially derives from men's greater exposure to risk, such as rough sleeping and being intoxicated. Males appear to be more at risk of physical assault and theft, particularly when in male-only hostels, and females are more at risk of sexual victimisation (Kushel, Evans, Perry, Robertson & Moss 2003: 2493).

2.6.2. Weak social ties

Homeless people often have weak social connections to people, places and institutions (Lee & Schreck, 2005:1060; Hawkins & Abrams, 2007:2033). In addition, homeless people hardly keep in touch with their family members. Homelessness makes it hard for the homeless to maintain contact with their family members (Grenier, Barken, Sussman, Rothwell & Lavoie, 2013:3). The absence of ties to conventional society often contributes to the fact that most homeless people move frequently. The more isolated and mobile homeless people are, the more likely it is that they will have few, if any, protective resources, thus making them easy targets for victimisation (Lee & Schreck, 2005:1060). Homeless people without social and organisational ties are likely to spend more time in public spaces, thus elevating their risk of victimisation. Furthermore, if an individual's social ties are only to other homeless people, the risk of engaging in substance abuse or crime is higher, thus increasing the chances of being victimised (Lee & Schreck, 2005:1060).

2.6.3. Substance abuse

Homeless people engage in specific behaviours as a form of adapting to life on the streets (Bender, Thompson, McManus, Launty & Flynn, 2007:37). These activities include substance abuse, survival sex and gang activities. Individuals experiencing various mental problems and who engage in a subsistence lifestyle are at greater risk of victimisation because of distorted perceptions, poor judgement and other forms of dysfunction. Being under the influence of substances reduces a person's level of awareness of threat, thus increasing vulnerability to victimisation (Lee & Schreck, 2005:1061).

Substance abuse, in particular alcohol abuse, often provides a temporary escape from the harsh world of living on the streets and is a way of coping with distressing and traumatic events (Wenzel et al., 2000:369). Individuals who are under the influence of substances are

often victims of sexual and physical assault. Individuals who abuse substances are more likely to visit deviant areas populated by drug dealers, which could result in those homeless individuals being physically assaulted, mugged or threatened with a weapon (Novac et al., 2006:15). Substance abuse and being associated with deviant peers directly affect levels of criminal victimisation experienced by the homeless. Homeless people with substance abuse problems are more prone to lashing out in a violent manner when they are under the influence of substances, making them easy targets for retaliation (Lee & Schreck, 2005:1061). Individuals who have experienced traumatic life events can be socialised into deviance through participation in drugs, sex or criminal subcultures, which increases their exposure to violence (Lee & Schreck, 2005:1062).

2.6.4. Mental health

Poor mental health exacerbates the risk of victimisation (Heslin, 2007:203; Larney et al., 2009:347; Wenzel et al., 2000:369). According to the study conducted by Larney et al. (2009:350) on 106 individuals, participants with a mental health disorder were 3.1 times more likely to be victimised than other homeless people. Health conditions qualify as both distal and proximate determinants of victimisation (Lee & Schreck, 2005:1075). Poor health decreases one's ability to fight or flee when assaulted, and impairs one's ability to identify risk (Heslin, 2007:203; Larney, 2009:350). Homeless people with a history of mental illness might be less aware of possible risks, and if they are victimised, they are more likely to displace that experience on to others through violence or aggression (Lee & Schreck, 2005:1075).

2.7. Types of victimisation experienced by the homeless

As one of the most vulnerable populations in our society, homeless people are at risk of criminal victimisation because of the public nature of their daily lives (Kinsella, 2012:128). In addition to location, the personal resources homeless people have while living on the streets and their manner of adaptation greatly affects their vulnerability. Knowledge and understanding of homeless individuals as victims of crime are, at best, sketchy. This is primarily due to the fact that homeless individuals fall outside of the ideal victim profile and are more likely to be blamed for their own victimisation; consequently, they are more likely than the general population to avoid reporting a crime to official authorities (Corteen, Morley, Taylor & Turner, 2015).

2.7.1. Physical assault and theft

The most common form of victimisation that homeless people report are theft and physical aggression. Homeless people often carry all their possessions with them, which makes them more vulnerable to theft, especially when they fall asleep in public places (Novac et al., 2006:15). Physical assault is often motivated by theft. A study that compared the experiences of homeless youth and adults in Toronto found that 69% of homeless youth said they had been physically assaulted in the previous year, compared to 39% of homeless adults (Whitbeck, Hoyt, Yoder & Cauce, 2001:2). The survey respondents described instances of being assaulted by security guards in shopping centres, and beaten with nightsticks by police officers (Whitbeck et al., 2001:2). Of the 105 participants interviewed by Garland et al. (2010:293), approximately 32% of the respondents reported being a victim since becoming homeless: 34 participants reporting being victimised after becoming homeless, 15 of the respondents reported being assaulted or threatened with violence, while 15 reported property crimes committed against them.

From a study of 57 homeless youth and homeless people in Toronto conducted by Novac et al. (2006:10), 28 had been physically assaulted during the previous year, with the assault usually taking place on the streets; 16 of the respondents reported that they had been assaulted more than once. More than four in five (85%) of the respondents had some of their belongings stolen and 17 had been threatened or attacked (Novac et al., 2006:11). Newburn and Rock (2004:11) found that, among 336 respondents, 67% had had their property stolen, but that rough sleepers are more likely to be victims of crime against the person than of crimes against property (Novac et al., 2006:15).

In the study conducted by Evans and Forsyth (2004: 483), the subjects focused on victimisation in terms of loss of property and physical victimisation. There were similarities and differences in the type of victimisation experienced by men and women. Both men and women were victims of theft. Nine out of 12 women and 24 out of the 30 males in the study reported having belongings stolen from them (Evans & Forsyth, 2004:483). Lee and Schreck (2005:1055) report that the majority of violent confrontations among homeless individuals are the result of protecting themselves or their property from harm. Theft and violence are not only rife in shelters, but also in the best staffed facilities.

2.7.2. Sexual victimisation

Individuals with a history of sexual abuse are more likely to be victimised on the street (Tyler et al., 2000:247). Sexual victimisation is prevalent among homeless women (Wenzel et al., 2000:368; Heslin et al., 2007:203; Larney et al., 2009:347). It is common for homeless women to have experienced multiple types of sexual victimisation, including assault by a stranger and someone known to them, both during childhood and adolescence (Goodman, Fels & Glenn, 2006:1).

Due to the fact that homeless women are desperate for shelter and food, many engage in survival sex, thus increasing their chances of victimisation (Wenzel et al., 2000:376, 381). Homeless individuals who associate with individuals who sell sex often end up engaging in sex trade due to peer pressure and the pressure to survive. Homeless women are at risk of being recruited by pimps to become prostitutes. Engaging in sexual activities and advertising commercial sex services increase the visibility of homeless females on the streets, which in turn heightens their risk of victimisation (Tyler et al., 2000:245). Covenant House New York (CHNY), New York's largest provider of services for homeless youth, sampled 174 youth between 18 and 23 years in order to describe the relationship between homelessness, survival sex and human trafficking (CHNY, 2013:5). CHNY (2013:5) found that 48% of the participants had engaged in survival sex in exchange for shelter.

In their research study to examine which risk factors are associated with specific forms of victimisation, Tyler and Beal (2010:111) found that exposure to crime was useful when explaining sexual victimisation among homeless young adults. Homeless individuals who panhandle, and those with friends who engaged in sex trade, experienced more sexual victimisation (Tyler & Beal, 2010:111; Wenzel et al., 2001:1199-1200). Engaging in activities such as survival strategies and panhandling exposes homeless individuals to a wider variety of people, making them easily visible and accessible to potential offenders, thus increasing their chances of being a victim of sexual assault. Homeless people with an unattractive physical appearance experienced greater sexual victimisation, as perpetrators see them as easy targets who are less likely to suffer negative outcomes (Tyler & Beal, 2010:111). However, according to Tyler et al. (2004:507), homeless people with a well-kept physical appearance are more likely to become victims of sexual assault because their appearance may meet the needs and motives of a potential sexual offender. Heslin et al. (2007:214) support Tyler et al. (2004:507), stating that an unconventional appearance increases risk of physical assault and reduces risk of sexual assault. In a sample of 235 homeless youth and

adults, 57 of the respondents reported being sexually abused during the previous year (Novac et al., 2006:10). The respondents revealed that the perpetrator was a stranger (Novac et al., 2006:10). Of the 105 participants interviewed by Garland et al. (2010:293), approximately 27% reported suffering sexual abuse at some point in their lives.

2.8. Gender differences in risk and survival strategies

A complex relationship exists between victim and perpetrator, where victims are perpetrators and perpetrators are also victims. The direction is vague for victimisation and perpetration of violence, so it is unclear if being victimised predates being a perpetrator of violence. It would appear that the relationship is complex and that it is unlikely to be linear. Research exploring the dual role of victim and perpetrator in homeless adults is limited. A study by Weschberg, Lam, Zule, Hall, Middlestead and Edwards (2003:669-700) explored this dual role within a sample of homeless African American women who used crack cocaine. The sample included 683 out-of-treatment African American women. They found that the women had dual roles as both victims and perpetrators of violence within the community. When compared to women crack users who were housed, homeless women felt more threatened. It seems likely that living in the dangerous environment of the streets, coupled with histories of victimisation, that the women experienced high levels of fear and engaged in violence to protect themselves (Weschberg et al., 2003:669). The authors suggest that using crack cocaine has been shown to make people feel on edge and on guard, and may result in perceiving others as overly hostile (Weschberg et al., 2003:700).

Wenzel, Leake and Gelberg (2001:739) investigated risk factors for major victimisation among women. In their study they identified four characteristics: severity of homelessness, social and family characteristics, survival strategies and drug abuse or dependence. With regards to the severity of homelessness, the longer a woman stays homeless and lives in unsheltered situations, the higher the risk of victimisation (Wenzel et al., 2001:740). Women who spend more time in exposed locations or in higher crime areas such as the streets, or in close proximity to subsistence services for homeless persons, would be at higher risk of experiencing violence. Women often engage in economic survival behaviours that place them at risk of victimisation. Such activities are associated with a higher probability of experiencing physical or sexual assault. Problems with substance abuse increase exposure to criminal environments, thus increasing people's vulnerability to victimisation. There appears to be a bidirectional relationship between substance abuse and physical assault. Substance use increases the risk of later assault, and assault increases the risk of future substance abuse (Wenzel et al., 2001:741).

Gender plays a role in the survival strategies developed by homeless people seeking to reduce their risk of victimisation. Huey and Berndt (2008:178) conducted a study to examine the survival strategies developed by 16 homeless women seeking to reduce their risk of victimisation. From the study, four strategies were identified. The first strategy is the femininity simulacrum, which refers to a set of behaviours socially defined as female, including girlishness, flirtatiousness and/or materialism (Huey & Berndt, 2008:178). Femininity is particularly useful in homeless women's interaction with males and the police, especially with males who could function as protectors of vulnerable homeless women. The street poses various dangers and risks for homeless women, and because they fear victimisation, many homeless women enter into an exclusive partnership with a man. Homeless women are more likely to compete over available males, rather than looking out for each other. Although femininity simulacrum offers protective advantages it is problematic in the sense that females without male protectors are likely to draw the attention of potential victimisers (Huey & Berndt, 2008:187).

The second strategy is identified as the masculinity simulacrum, which is defined as a set of behaviours socially defined as male. This set of behaviours includes assertiveness, toughness, fearlessness and/or repression of emotions other than anger. Among the homeless population, there are women who exhibit a masculine set of behaviours in their speech, demeanour and dress code in order to prevent victimisation (Huey & Berndt, 2008:188). From the study, the majority of women consciously chose this strategy as a means of surviving in a space where women are seen as vulnerable and where masculine displays of aggression are socially acceptable and frequently rewarded (Huey & Berndt, 2009:191).

The third strategy is genderlessness, which is an attempt at hiding elements associated with gender. Homeless women believe that if they are unable or unwilling to seek a male companion, or meet the demands of the masculinity simulacrum, a possible solution lies in the cultivation of invisibility. It is believed that homeless women can prevent their victimisation by making themselves less visible and thus less of a target for attack (Huey & Berndt, 2008:189). Homeless women achieve invisibility through conscious choices they make about their appearance. Homeless women either disguise themselves or simply isolate themselves by avoiding attention. Although this strategy may be somewhat effective in preventing victimisation, it results in isolation (Huey & Berndt, 2008:189).

The final strategy is passing, whereby heterosexual women display elements of homosexuality only when approached by men. This strategy is a combination of masculine simulacrum or genderlessness. The aim of the strategy is to send a message that a woman is not sexually interested in men, and can pose a serious risk to women because it may leave them open to physical and sexual assaults, motivated by hate crime against a perceived sexual identity (Huey & Berndt, 2008:190).

2.9. Perpetrators of offences against the homeless

Most common perpetrators of crimes against the homeless are young men under the age of 30 (NCH, 2014:4). The National Coalition for the Homeless (NCH) in the USA conducted research from 1999 to 2013 to document hate crimes and violence committed against homeless people. The study reported 1 437 acts of violence against homeless individuals, and 375 of the victims died as a result of the attacks (NCH, 2014:9). According to the study, perpetrators of crimes against the homeless have overwhelmingly (93% of the time) been young men. Furthermore, in the past 15 years, 82% of the perpetrators were under the age of 30, while in 2013, 37% of the perpetrators were between the ages of 20 and 29 years (NCH, 2014: 9). Similarly, research by the NCH (2012:7) shows that the most common perpetrators of acts against the homeless are young men, with 80% of perpetrators being males under the age of 25. In 2010, nearly half of the perpetrators were under the age of twenty, with the youngest known perpetrator just nine years of age (NCH, 2012:17). Research by Scurfield et al. (2006:7) found that males were more likely to be perpetrators of crimes against the homeless and that groups rather than individuals carried out the bulk of victimisation.

Tyler et al. (2004:505) conducted a study on 372 homeless youth (203 males and 169 females) in Seattle to examine the likelihood of females and males being sexually victimised after becoming homeless. Of the total sample, 23% of the females had experienced sexual victimisation at least once since becoming homeless, with the perpetrator being a male acquaintance (41%). The second most frequent perpetrator was a male stranger (34%), followed by a male friend (23%). Almost all of the perpetrators (98%) of female sexual victimisation were men (Tyler et al., 2004:511). Eleven percent of males reported being sexually victimised once since becoming homeless and reported that 56% of the perpetrators were strangers. Acquaintances were reported as the second most common perpetrator, followed by friends, who accounted for 12%. Nearly a quarter (29%) of all sexual perpetrations against young men were committed by females, but the majority of sexual victimisers of homeless males were male (Tyler et al., 2004:512). Amongst the females, age

was a significant predictor of stranger sexual victimisation. The older a woman was, the more likely (72%) she was to be sexually victimised by a stranger (Tyler et al., 2004:512), and the earlier a young woman ran away from home, the more likely she was to be sexually victimised by a stranger. Females who reported higher rates of drug use were also more likely to have been sexually victimised by a stranger (Tyler et al., 2004:513). Females who traded in sex were almost five times more likely to have been sexually victimised by a known assailant. The results for males revealed that survival sex and grooming were both positively associated with stranger sexual victimisation. Males who sold sex were six times more likely to have been sexually victimised by a stranger, while young men with a well-kept physical appearance were one and a half times more likely to have been victimised by an unknown assailant. Tyler et al. (2004:515) found that homeless people who traded sex were likely to be sexually victimised by different assailants. For females, the perpetrator was more likely to be a known assailant, whereas for males, the perpetrator was more likely unknown (Tyler et al., 2004:515).

2.10. Reporting of crimes against homeless people

Despite high rates of criminal victimisation in homeless populations, they are less likely to report victimisation to the police (Scurfield et al., 2006:3; Novac et al., 2006:9; Lee & Schreck, 2005:1056; Evans & Forsyth, 2004:482). Homeless people rarely report their victimisation (Jasinski, Wesely, Mustaine & Wright, 2005:96), potentially due to the fact that they are hardly recognised by the criminal justice system and are often further victimised by the very system that is supposed to protect them (Wardhaugh, 2000:92; Kushel et al., 2003:2492). Other causes of underreporting include 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, and a lack of trust in the criminal justice system (Kushel et al., 2003:2492). While numerous countries have zero tolerance policies against rough sleeping and begging, crimes committed against the homeless are not perceived as a priority (Novac et al., 2006:1). 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 that are criminalised. The visibility of such behaviours not only increases the stigma attached to homelessness but also leads to differential treatment by the police, courts and local government (Lee & Schreck, 2005:1075).

To probe the frequency of homeless people as victims of crime and harassment, Novac et al. (2006:3) conducted a study of a sample of 57 homeless youth and adults. From the

sample, 41 of the respondents had been victimised but only eight of the 41 had reported the crime to the police. Respondents reported that they did not trust the police to protect them or be fair. Two thirds (66%) reported that they believed that the police would be biased against them, while more than half (53%) believed that the police would not care about their victimisation, and one third (32%) believed that the police would be ineffective in their response to the victimisation. One quarter (26%) of respondents reported that the person who victimised them was a police officer (Novac et al., 2006:9).

Instead of reporting crimes, victims often deal with them personally rather than following a formal route, which potentially turns victim into offender. Huey and Quiroutte (2009:279) stated that there are three significant factors for failure to report victimisation among the homeless, namely distrust of the police, the police practice of checking victims for outstanding warrants, and a normative code within street-based communities that prohibits individuals reporting to authorities. Homeless people have little confidence or any in the ability of the police, thus individuals with less confidence that something will be done, are less likely to report victimisation (Huey & Quiroutte, 2009:279). The homeless mostly perceive the police and the criminal justice system as agents of control and not of protection. Often homeless people do not seek redress from law enforcement, having observed and/or experienced that the police are less responsive to the needs of the homeless than those of the general population. Nevertheless, the more serious or violent crimes are, the more likely they are to be reported (Novac et al., 2006:2). Homeless people often accuse police officers of attempting to control their behaviour by the overuse of tickets for offences related to their lifestyles: consuming alcohol in a public place, urinating in public, and frequent arrests for offences related to survival, such as shoplifting. Homeless people fail to report crimes to the police because they often regard the police as an enemy. In fact, reports of police harassment against the homeless are rife (Huey, 2012:9).

It is obvious that life on the streets is conducive to victimisation, but ironic that shelters themselves do not necessarily offer safety and security. In a study conducted by Huey and Quiroutte (2009:278), 51 homeless people were interviewed with the aim of examining an anti-snitching code and the homeless' attitudes towards reporting. The majority of the homeless stated that they would not report an offence to the police under any circumstances. Reasons for not reporting included fear or distrust of the police, the belief that nothing would be done, the inability to recall details of the crime, and concerns over outstanding warrants (Huey & Quiroutte, 2009:285). Twenty-eight out of the 51 homeless cited the possibility of being branded a snitch as a reason why they themselves would not

report criminal victimisation. Being labelled as a snitch results in social isolation and further victimisation. Snitching is associated with harsh retaliation, fear and intimidation. From the study conducted by Huey and Quiroutte (2009:287), gender seems to play a role in reporting. Homeless women and children were seen as a weaker social group and were thus exempted from being labelled a snitch for reporting victimisation (Huey & Quiroutte, 2009: 288).

Of the 57 sampled homeless youth and adults in the study by Novac et al. (2006:5), 22 reported that they had been stopped at least once by the police. During the previous month alone, half of the respondents had been stopped by the police and five had been stopped more than five times. When asked to describe their personal contact with the police, 33 of the 57 respondents (58%) characterised the encounter as negative, frequently suggesting that the police abused their power. Twenty-four of the respondents had been assaulted by the police. The assault ranged from being harshly pushed, to serious violence causing physical harm. Only 11% of the respondents said that they were treated fairly by the police (Novac et al., 2006:5).

Homeless people are frequently subjected to violence and harassment by strangers. Despite the extent of victimisation in the lives of the homeless, crimes against the homeless are grossly under-reported, thus their victimisation remains under the radar. By virtue of their status as homeless, homeless individuals are often blamed for the very crimes perpetrated against them.

2.11. The health and wellbeing of homeless people

Homelessness has a significant negative effect on the well-being and dignity of homeless people. Despite the high level of health burdens amongst homeless people, they are amongst the population with the poorest access to health care (Prasad, 2012:74). Homelessness is characterised by a lack of access to basic human needs such as safe drinking water, sanitation, and safe and adequate food, all of which are necessary for their survival and comfort (Prasad, 2012:74; Olufemi, 1999:483; Coles, Chan, Collins, Humpris, Richards, Williams & Freeman, 2011:108).

Poor health is very common among homeless people, surpassed in importance only by a lack of shelter and the need for food (Martins, 2008:420; Shelton et al., 2009:465). The proportion of homeless people reporting themselves to be in poor health is always significantly higher than among the general population (Shelton et al., 2008:420). Homeless

people have higher rates of affective and anxiety disorders, and substance abuse is particularly elevated.

2.11.1. General health problems and sexual diseases

In South Africa, there is limited research on the health status and health care experiences of homeless people. The most notable research on the health status of homeless people in South Africa was conducted by Olufemi almost two decades ago. Although outdated, the findings still provide a glimpse into the health status of homeless people. Olufemi's research (1999:483) targeted 100 homeless women in Johannesburg's inner city with the aim of eliciting information about the health risks and diseases that the homeless women were exposed to in their everyday life. The street homeless women interviewed mentioned that they often contracted the following general diseases: tuberculosis, stomach aches, asthma, flu, pneumonia, headaches, arthritis, dental problems and eye infections (Olufemi, 1999:490). Sexually transmitted diseases were very common among street homeless women as a result of engaging in survival sex.

Seager and Tamasane (2010:64) conducted research in Cape Town and Johannesburg with the aim of exploring the health characteristics of homeless adults and children in South African urban areas. The specific objectives of the research project were to assess risk behaviours for sexually transmitted infections, including HIV, alcohol and other substance abuse, mental illness, violence and disability, and to quantify self-reported health problems for homeless adults and children. Homeless people living on the streets or in homeless shelters in Cape Town and Johannesburg were invited to participate in focus group of 10-16 people in order to explore experiences of homelessness and health. The focus group participants ranged in age from 12 to 73 years (Seager & Tamasane, 2010:64). The results from the study indicated that the most common health problems experienced were HIV/AIDS, sexually transmitted diseases (STIs) and tuberculosis (TB). Skin diseases and malnutrition were also reported to be common. Other risks mentioned were lack of access to hygiene facilities, inadequate nutrition, substance abuse, sexually risky behaviour, vulnerability to traffic accidents and a high level of violence (Seager & Tamasane, 2010:64). The survey conducted by Seager and Tamasane (2010) confirmed some of the earlier findings by Olufemi (1999), specifically findings on sexually transmitted diseases and substance abuse.

2.11.2. Substance abuse

Substance use, abuse and dependency are widely acknowledged health and social problems among the homeless populations and, as discussed before, are associated with the aetiology of homelessness (Johnson & Fendrich, 2007:211). There is a common perception that substance abuse and homelessness are interlinked; however, there is considerable contention about the direction of the relationship (Kemp, Nrale & Robertson, 2006:320; Johnson & Chamberlain, 2008:342). The widespread consumption of and dependence on substances place homeless people at increased risk of experiencing debilitating physical and mental problems (Johnson & Fendrich, 2007:211). Substance use and abuse serve as a barrier to exiting homelessness, contribute to the depletion of social resources, and can lead to involvement in other illegal activities (Johnson & Fendrich, 2007:211). Substance abuse among homeless individuals is not a static condition, but is influenced by variables such as mental illness and availability of treatment. In an Australian study conducted by Teesson, Hodder and Buhrich (2003:467), homeless people were six times more likely to have a drug use problem and 33 times more likely to have an opiate use disorder compared to the general population in Australia.

2.11.3. Mental illness and disorders

A significant percentage of homeless people who are homeless suffer from a range of mental illness and disorders (Gaetz, 2004:31). The causes of such mental health challenges for people who are homeless are often traced to events and circumstances prior to their homelessness and situational variables such as hardships experienced, substance abuse, victimisation and trauma (Gaetz, 2004:31). People with untreated serious mental illness comprise approximately one third of the total homeless people, and the proportion of homeless people diagnosed with mental health problems is nearly double that of the general population (Homeless Link, 2014:5).

Mental illness predisposes people to homelessness, while in others homelessness is a cause or trigger of mental illness (Shiple & Tempelmeyer, 2012:414; Mental Health Council of Australia, 2009:22). Homelessness in and of itself can produce stress levels that are sufficient to trigger the onset of a mental illness (Shiple & Tempelmeyer, 2012:414). In most cases, being homeless often increases the duration and seriousness of mental illness. At the same time, mental illness increases the likelihood of longer periods of homelessness. The most common mental disorders are schizophrenia, mood disorders such as depression, and

bipolar and post-traumatic stress disorders. The vast majority of these mental illnesses had a concurrent substance disorder (Shiple & Tempelmeyer, 2012:413).

2.11.4. Mortality among homeless people

Homeless people have a greatly increased risk of death compared to the general population (Hwang, 2001:230). Street homelessness has always been associated with high-risk illness and diseases, due to poor living and housing conditions that expose them to different kinds of infectious diseases that spread rapidly because of overcrowding in shelters and unhygienic living environments. These illnesses and diseases take different forms at different stages and, if not attended to, often lead to premature ageing or even death (Olufemi, 1999:491). Homeless men and women die at a significantly higher rate than their counterparts in the general population (Nusselder, Sloekers, Krol, Sloekers, Looman and Beeck, 2010:1; Cheung & Hwang, 2004:1243).

Nusselder et al. (2010:1) conducted a 10-year cohort study with the aim of comparing the mortality patterns among homeless adults to the general population in the Netherlands. The study was conducted between 2001 and 2010. The sample consisted of 2 096 individuals over the age of 20 years, comprising 1 846 males and 250 females. In total, 265 homeless persons (232 males and 33 females) died during the follow-up period. The study found that the homeless men and women had a 3.5 higher mortality rate than the general population (Nusselder et al., 2010:3).

2.11.5. Access to health care

Being homeless is difficult enough, but accessing health care while homeless is even more difficult (Wentzel & Voce, 2012:78). Homeless people experience many barriers to accessing health care services, including a lack of finances, the inability to make or keep appointments, the state of public hospitals, and the lack of continued care due to homeless people's transience (Frankish et al., 2005:26; Wentzel & Voce, 2012:78).

Barriers to accessing health care result in delays in deciding to seek healthcare, delays in reaching a healthcare facility, and/or delays in receiving adequate healthcare. Perhaps worse than poor health itself are the health care service providers' attitudes towards homeless people (Frankish et al., 2005:26). Often health providers view homeless people as misusing the system and this attitude creates a barrier for homeless people when trying to access health care (Martins, 2008:429). Martins (2008:420-427) conducted a study to

examine homeless people's health care experiences in a free clinic with a sample of 15 participants. For many of the homeless people interviewed, access to basic health care was lacking. Four significant barriers to receiving health care are noted:

- Social triaging refers to sorting access to health care according to homeless people's ability to pay. Without money, homeless people hardly have access to health care services (Martins, 2008:426).
- Being labelled and stigmatised permeates homeless people's health care encounters. Labelling affects and influences the perceptions and reactions of service providers when treating homeless people (Darbyshire, Muir-Cochrane, Fereday, Jureidini & Drummond, 2006:555).
- Being treated with disrespect. Homeless people wanting to access healthcare services are often treated with disrespect. The treatment that homeless people receive from healthcare staff members has a crucial impact on their willingness to seek health care, which ultimately has a negative effect on their health (Hudson, Nyamathi & Sweat, 2008:1280; Martins, 2008:427; Ensign & Panke, 2002:169).
- Feeling invisible to health providers. Homeless people report that they were hardly noticed, often ignored or invisible in the health care system. This further reinforces homeless people's lack of self-worth and low self-esteem (Martins, 2008: 428).

In summary, there is a need for better awareness of the health needs of the homeless and training for health professionals. Health factors contribute to people becoming homeless, and some illnesses associated with poor living conditions appear to be more common among the homeless. Homeless people are exposed to hazardous environments because they lack decent housing and often lack access to health care facilities. Accessibility and affordability of health care; nutritional status; access to information, education and employment; freedom from poverty and violence; and participation, autonomy and empowerment are key to improving the health of homeless people.

2.12. Lack of policy Intervention

People who are homeless face substantial and persistent risk of violence and victimisation, yet much of their experience remains invisible (Kushel et al. 2003:2492; Newburn & Rock, 2005:8). Problematically, violent victimisation of homeless individuals still receives limited acknowledgment within policy development and academic research, despite the fact that existing studies consistently document that people experiencing homelessness report a disproportionate level of victimisation (Kushel et al. 2003:2492; Newburn & Rock, 2004:9).

Informal settlements, shack dwellings, hostel dwellings, land building invasions and inner-city slums are visible manifestations of the lack of adequate housing in South Africa (Olufemi & Reeves, 2004:72). This manifestation of the housing crisis is perpetuated by economic and political forces. Olufemi and Reeves (2004:72) stated that South Africa's housing policy places much emphasis on home ownership. Delivering houses and providing housing subsidy mechanisms are actions put in place to improve the conditions of shack dwellers in the informal settlements, rather than of the street homeless. The lack of recognition of the street homeless arises as a separate issue in development planning and housing policies (Olufemi & Reeves, 2004:72).

Varying definitions make it difficult for governments to deal effectively with homelessness and implement policies (Springer, 2000:476; Mackenzie, 2012:25; Minnery & Greenhalgh, 2007:641-642). Government responses to homelessness are largely determined by the way in which they view homelessness. Government often tends to view homelessness as either a social dependency or as a lack of affordable housing (Du Toit, 2010:113-114). A vague conceptualisation of homelessness presents difficulties for estimating the scale of policy interventions needed (Naidoo, 2010:131). A lack of consensus on the definition of homelessness results in a lack of consensus among policy makers, researchers, local authorities and voluntary organisations with regards to appropriate policies to address homelessness (Toro, 2007:462-463). As argued earlier in the present chapter, the definitions of homelessness have important implications for the quantification of the phenomenon and resulting policy reactions (Naidoo, 2010:131; Tayob, 2014:8; Minnery & Greenhalgh, 2007:641-642).

One of the most critical questions that needs to be addressed is whether homelessness is merely a lack of housing, or whether other factors play a role (Cross et al., 2010:144). Internationally, various kinds of housing provision have been the most advocated solutions to street homelessness, but it has been almost impossible for the South African government to implement a similar approach, given the many uncertainties about the nature and size of the homeless population (Cross et al., 2010:144). To alleviate homelessness, legislation and interventions are needed to address delivery of the social wage, improving access to livelihoods and shelter options, and enlisting the help of stakeholders (Cross et al., 2010:144). To prevent new street homeless people, interventions need to address the effects of unemployment on the family. Policies and legislation to address homelessness do

not appear to take into account the multiple reasons why individuals become homeless (Cross et al., 2010:144).

2.12.1. The right to adequate housing and government responses

The right to adequate housing is widely acknowledged as one of the most important basic human rights. The right to a home is seen as a basic humanitarian principle, and is recognised in the Universal Declaration of Human Rights (UN, 1948: 50):

Everyone has a right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Section 26 of South Africa's Constitution enshrines the right of all people to have access to adequate housing. The Constitution makes it the responsibility of the state to take reasonable legislative and other means within its available resources to achieve the progressive realisation of this right. Since 1994, government has developed numerous policies to ensure that the right to adequate housing is enjoyed by many. Policies developed include the Reconstruction and Development Programme (RDP) of 1994, the Growth, Employment and Redistribution (GEAR) Strategy of 1996, the Accelerated and Shared Growth Initiative-South Africa (ASGI-SA) of 2005, and the Housing Act 107 of 1997. South Africa's current housing policy is rooted in the 1994 Housing White Paper, which was published in December 1994 and contains the fundamental principles of government's strategy to achieve this housing vision (National Housing Policy and Subsidy Programmes, 2010:38). The Housing Act 107 of 1997 (amended by Acts 28 and 60 of 1999 and Act 4 of 2001) is the primary housing legislation in South Africa. The Act provides guidelines for housing development, sets out the functions of all government spheres in respect of housing development, and outlines the basis for financing national housing programmes.

The RDP programme was developed to alleviate poverty and social inequality and to address the immense socio-economic problems brought about by apartheid. The RDP provides, among others, subsidised houses to families lacking proper houses, especially those living in informal settlements and shacks (African National Congress, 1994; Government Gazette, Notice No.1954 of 1994).

The Departments of Human Settlement, Housing and Social Development are responsible for the provision of shelter in cases of dire poverty (Cross & Seager, 2010:143-144). Shelter programmes have had clear benefits, and transitional housing has also been introduced as a measure to reduce homelessness. Nevertheless, attempts to provide access to housing have not been able to draw in all of the street homeless (Cross & Seager, 2010:143-144). The extent to which homeless people have the necessary documentation to access social grants is not known. In addition, it is thought that the homeless are excluded from such support because they do not have a fixed residential address and identity documents. Homelessness means more than just a lack of shelter. It is a direct reflection of an individual's social and economic standing (Cross et al., 2010:143-144).

2.12.2. The City of Tshwane's response to homelessness

Homelessness is an unstructured category in South Africa due to the fact that a large number of people are living in informal structures or shelters (Aliber, 2002:12). These structures are unsuitable for human living but still could be regarded as homes because they symbolise a place of retreat and are located within a recognisable settlement structure and social network (Aliber, 2002:12). Homeless people in the inner cities are individuals who have fallen out of the social network, are typically unemployed, and often have social, health and psychological problems. Street homelessness in the cities appears to be on the rise, and does not only affect the well-being of the homeless, but also of the public in general (Du Toit, 2010:2).

Due to the increase in homeless people in inner cities, it is important to ask how municipalities are responding to homelessness, what policies they have in place to address and prevent homelessness, and what factors influence their responses (Du Toit, 2010:2). In response to this, the City of Tshwane formulated a homelessness policy that was formally adopted in 2013 (City of Tshwane Policy on Homelessness, 2013:29). The purpose of the policy is to ensure the effective implementation of integrated mechanisms to address and prevent homelessness. According to the policy, homeless people are regarded as those who are living on the streets, who have fallen outside of a feasible social network and have no access to shelter at a given time and place. The objective of local government is not only to promote social and economic development, but also to promote a safe and healthy environment. Sadly, no national policy exists to deal with homelessness (City of Tshwane policy on homelessness, 2013:29).

In summary, the varying definitions of what constitute homelessness impedes on government's ability to develop policies to deal with homelessness. The definitions of homelessness have important implications for the quantification of the phenomenon and affects how government respond to homelessness. Of the housing policies discussed in this section, none addresses the needs of the homeless. In addition, despite literature documenting the victimisation of homeless people, limited policies exist to address the victimisation of homeless people. To progressively realise the right to adequate housing involves more focus on the minimum essentials for the poor, or those living in desperate conditions, like homeless people. Homelessness is a versatile phenomenon requiring a holistic response, including social interventions pertaining to health, education, skills, and survival strategies.

2.13. Summary

In the present chapter, a review of relevant literature was provided. An understanding of what the concept "homelessness" entails was provided, which included the conceptualisation of homelessness in different countries. The demographics characteristics of homeless people were discussed, followed by a discussion on the factors contributing to homelessness, exploring both individual and structural factors that contribute to becoming homelessness. A range of factors are associated with the victimisation of homeless people were presented as well as an outline of the factors that lead to victimisation among homeless people (including demographics and weak social ties). Furthermore, the nature and frequency of victimisation experienced by homeless people was explored. The health and well-being of homeless people strongly shapes their experiences while on the street. Lastly, the chapter explored and describe how conceptualisations of homelessness affect interventions, as well as lack of policy interventions to address the victimisation of homeless people. In Chapter 3 the focus will be placed on theories pertaining to victimisation of homeless people. An exposition and evaluation of these theories will be provided which guided the development of a theoretical integrated model.

Chapter 3: Theoretical framework

3.1. Introduction

This study is concerned with homeless people becoming victims of crime after becoming homeless. The theoretical framework consists of Victimological theories to explain the victimisation of homeless people in rural and urban settings. A theory is a set of highly organised interrelated statements and logical constructions that explain how two or more events or factors are related to one another. Theories are used for problem solving and attempt to describe, predict, explain and control the subject matter under study (Curran & Renzetti, 1994:2; Winfree, 2003:3). Theories begin with a set of concepts or a conceptual scheme (Homans, 1964:952). They cannot always be observed directly, but should be validated or rebutted by empirical findings. Based on how relationships between two events or factors are formulated, theories can either be simple or multifaceted (Burke, 2013:8). Theories not only provide a framework for us to interpret the meanings of observed patterns, but they help us to determine when these patterns are meaningful and when they are not (Burke; 2013:8). Theories are useful tools that help us understand and explain the world around us. It is important for a theory to be considered scientific. For a theory to be considered scientific, it must have logical integrity and must be empirically verifiable (Curran & Renzetti, 1994:3; Moyer, 2001:3). Schmallegger (2004:84) states that a theory should provide an understanding of a phenomenon, be supported by observations, and stand up to continued scrutiny.

The routine activity theory, lifestyle exposure theory, deviant place theory, differential risk model of victimisation and extended control balance theory are all useful and applicable in understanding and explaining how and why homeless people become victims of crime. These theories disregard the causes of criminal motivation and focuses on how the lifestyles and activities of individuals in their everyday lives are linked to differential exposure to dangerous places and people, which creates the likelihood for crime opportunities and increased victimisation (Meier & Miethe, 1993:470). The routine activity theory was developed to describe the variation in crime rates over time, whereas the lifestyle exposure theory was intended to account for differential risks of victimisation among different social groups (Davis & Snyman, 2009:45). The differential risk model theory was developed as a result of the shortcomings of the routine activity and lifestyle exposure theories. The extended control balance theory has been added to account for the perceived lack of control that renders homeless people vulnerable to victimisation. The theories show an overlap

regarding several assumptions and tenets, which will facilitate the eventual development of an integrated theory to explain victimisation of the homeless in urban and rural settings.

3.2. Routine activity theory

Routine activity theory is useful in explaining high victimisation rates among homeless people, both in rural and urban areas. The theory was developed by Cohen and Felson (1979:588). Cohen and Felson were of the view that both criminal motivation and the supply of potential offenders are constant, that is, there is a never ending supply of individuals who are ready, willing and able to engage in predatory crime (Winfree, 2003:42). Routine activity theory is based on two fundamental propositions. Firstly, routine activities create criminal opportunity structures by increasing the frequency and intensity of contacts between potential offenders and suitable targets. Secondly, the subjective value of a target and its level of guardianship determine the choice of a particular victim by an offender (Cohen & Felson, 1979:558). Both structural aspects of specific environmental contexts (proximity and exposure of offenders to potential victims) and choice (target attractiveness and perceived level of guardianship) are important for understanding the occurrence of criminal events (Cohen & Felson, 1979:588; Roelofse, 2011:335).

Cohen and Felson (1979:588) assumed that predatory crime depends upon the coincidence of (1) a motivated offender, (2) a suitable target, and (3) absence of a capable guardian. The authors later on stipulated that target suitability has four dimensions. These four dimensions are important when trying to explain the victimisation of homeless people (Winfree, 2003:42). The four dimensions are:

- Exposure

Exposure refers to the visibility and physical accessibility of the target. Individuals' socio-demographic variables, such as age, gender and marital status, often influence their level and degree of exposure to victimisation. Victimisation takes place when a motivated offender comes into contact with a potential victim. The more frequently this contact takes place, the greater the opportunity to victimise the victim (Cohen, Kleugel and Land, 1981:510). Exposure to criminal opportunity represents accessibility to victimisation. Individuals who abuse substances may also increase their exposure to criminality and their level of vulnerability.

- Proximity to crime

Proximity to crime refers to the physical distance between areas where potential offenders are found and where potential targets of crime reside (Felson and Cohen, 1980:392). Individuals who live in high crime areas are more likely to come into contact with offenders, which then increases their risk of victimisation (Felson and Cohen, 1980:392). The likelihood of victimisation is closely related to the amount of time an individual spends on the streets, especially at night (Tyler & Beal, 2010:103).

- Capable guardian

Capable guardian refers to the ability of a person or an object to prevent violations from occurring. The concept guardianship may involve physical dimensions, like locks on doors, as well as companionship (Felson & Cohen, 1980:392). According to this theme of the routine activity theory, a crime will occur when motivated offenders come into contact with suitable targets in the absence of capable guardianship. Guardianship is an important element with regards to victimisation because guardianship increases the costs for the potential offender. Increasing costs for the potential offender thus decreases the opportunity for victimisation. If guardianship is decreased, illegal predatory acts are likely to increase (Tyler & Beal, 2010:103).

- Target attractiveness

Target attractiveness has two dimensions, namely the desirability of people and objects, as well as the perceived ability of potential victims to offer resistance. Target attractiveness refers to persons or objects that are selected by the offender because they have particular value (Cohen et al., 1981:509). A victim's attractiveness to an offender may involve material value such as money, or may be associated with a victim's vulnerability and in turn decreased likelihood to resist victimisation (Garland et al., 2010:289). Risk of victimisation is not uniformly distributed among the homeless population, as some people are more vulnerable to victimisation than others. Individuals who appear to offer little or no resistance by virtue of physical disability, intoxication, advanced age and high visibility are most likely to be victimised. With regards to physical features, males with an unkempt appearance may be considered a more attractive target by a potential offender (Garland et al., 2010:289).

Routine activity theory argues that most behaviour is repetitive and predictable, thus victimisation is an outcome of daily activity that exposes appealing and poorly guarded targets to potential offenders.

The routine activity theory is not without criticism and limitations. Cohen and Felson (1979:605) emphasised that the same factors that allow an individual to fully experience and enjoy life may very well be the same factors that increase victimisation. Such an assumption places the blame on the victim and may motivate the victim to change his/her lifestyle (Cohen & Felson 1979:605). In addition, violent crimes such as physical and sexual abuse cannot be explained using the routine activity theory, due to the fact that violent crimes are often committed by individuals known to the victim (Peacock, 2013:20). The theory appears to account for street crimes such as stranger assaults, rather than providing an explanation for violent offences or motive driven offences (Finkelhor & Asdigan, 1996:4). Garofalo (1987:27) and Kennedy and Silverman (1988:17) agree that the routine activity theory does not provide an explanation of what motivates an individual to commit crime. Hernandez and Fisher (2012:11) criticised the routine activity theory on the basis of three notions: reliance on proxy measures, theoretical indeterminacy among concepts, and the use of broadly defined measures that fail to capture crime-specific dynamics. Prior to victimisation, the potential offender first observes the routine activities of the potential victim, which increases the victim's chance of being victimised, an important aspect which the routine activity theory fails to acknowledge (Dastile, 2004:111). Another important aspect that the routine theory fails to take into consideration is the role of demographic variables, such as gender (Vito & Holmes, 1994:146).

3.3. Lifestyle exposure theory

The lifestyle exposure theory was developed by Hindelang, Gottfredson and Garofalo (1978). According to the lifestyle exposure theory, the possibility of victimisation depends on the lifestyle and routine activities of a person. Therefore, people with a high-risk lifestyle increase their chances of victimisation (Hindelang et al., 1978:251). Lifestyle exposure theory is very similar to the routine activity theory in that both theories ignore the sources of criminal motivation, and attribute victimisation to the lifestyle and activities of individuals. Lifestyle exposure theory was developed to account for differential risks of victimisation among different societal groups (Tyler & Beal, 2010:102; Hindelang et al., 1978:251).

According to the lifestyle exposure theory, those whose lifestyles increase criminal exposure are more likely to become victims of crime. Behaviours such as going out late at night, association with younger men, residing in cities and being homeless increase the chances of falling victim to crime (Hindelang et al., 1978:251). Those who choose high-risk lifestyles, including taking drugs, drinking and participating in criminal activities, run a much higher risk

of becoming victims. Also, the longer someone is exposed to street life, the greater their chances of being victimised (Hindelang et al., 1978:251).

Hindelang, Gottfredson and Garofalo (1978:246) suggested eight propositions on exposure to victimisation that may be linked to a particular lifestyle:

1. The probability of personal victimisation is directly related to the amount of time an individual spends in a public place.
2. The probability of someone being in a public place at night varies as a function of lifestyle.
3. Social contact and interaction occur most frequently among individuals with a similar lifestyle.
4. The likelihood of victimisation depends on the extent to which the individual has similar demographic features as those of the offender.
5. The percentage of time that individuals spend with non-family members varies as a function of lifestyle.
6. The probability of personal victimisation increases as a function of the percentage of time that an individual spends with non-family members.
7. Variation in lifestyle is related to variations in the ability of individuals to isolate themselves from people with criminal characteristics.
8. Variation in lifestyle is associated with variation in the desirability and vulnerability of the person as a target for personal victimisation, as well as the ease with which victimisation may take place.

As with most theories, the lifestyle exposure theory contains some shortfalls. According to Walklate (1989:13), the lifestyle exposure theory fails to take into account certain activities that individuals perform routinely, without being aware that they are taking part in those activities, as it places much emphasis on routines that are measurable. Thus it omits that which is taken for granted (Walklate, 1989:13). Additionally, Walklate (1989:12) criticised the theory's focus on victimisation taking place as a result of the amount of time spent in public places, and not taking into account the fact that most victimisation takes place within victims' private or personal spaces, thus limiting the lifestyle exposure theory (1989:12). According to Barkan (1997:104), lifestyle exposure theory is not applicable to violent crimes that take place within the home. Garofalo (1987) suggests three main weaknesses in the lifestyle exposure model. Firstly, the lifestyle exposure model suggests hypotheses which are true by definition, but trivial, because an individual can only be victimised if s/he goes out into the streets and thus exposes him/herself to victimisation and crime. The second criticism of the

model is based on the fact that the concept of theory is not rigorously defined, and is thus vague. Thirdly, Garofalo (1987) mentioned that the model is insufficient for policy implications. Garofalo (1987) believed that since victims sometimes precipitate or provoke crimes committed against them, their actions immediately preceding their victimisation may also be relevant to the criminal event. In this regard, Grobbelaar (1986:12) emphasised that more attention should be paid to the relationship between offenders and victims. Meier and Miethe (1993:459) levelled five criticisms against the theory: inadequate attention to variation by type of crime, compartmentalised thinking, poor links between theory and data, inadequate measures of key concepts, and a failure to specify clearly functional relationships between sets of variables.

3.4. Deviant place theory

The third theory that is applicable to explaining the victimisation of homeless people is the deviant place theory. According to deviant place theory, individuals become victims of crime when they are exposed to dangerous places (Siegel, 2010:72). Individuals who reside in areas that are socially disorganised and characterised by high crime rates have a greater chance of being victimised, regardless of their own behaviour or lifestyle. The more often victims visit dangerous places, the more likely it is that they will be exposed to crime and violence (Siegel, 2010:72). Neighbourhood crime levels, then, may be more important in determining the chances of victimisation than individual characteristics. Deviant places are poor, densely populated and highly transient neighbourhoods. Personal victimisation is associated with the amount of time spent in public places, especially at night (Siegel, 2010:72). Moreover, the deviant place theory suggests that taking safety precautions in these areas may be of little use, since it is the neighbourhood, and not the lifestyle choices, that affect victimisation (Siegel, 2010:72). The deviant place theory discusses the fact that crime flourishes in certain places and the odds of victimisation increase when people live in high crime areas. The behaviour of the victim has very little influence over the criminal act and being victimised, rather, neighbourhood characteristics affect the chances of victimisation.

The assumptions of the deviant place theory corroborate important tenets of the concentric zone model, which suggests that in cities the social structure extends outwards from the central business district, with lower classes living closer to the city centre. City centres are often characterised by high levels of criminality (Brown et al., 2007:304). Deviant places include poor, densely populated areas, highly transient neighbourhoods, and commercial areas with residential property in close proximity.

A few criticisms and limitations have been levied against the deviant place theory. Early attempts to understand the relationship between crime and place took a macro approach, focusing on the characteristics of the physical space or area, and neglecting the role of opportunity in offending and victimisation (Eck & Weisburd, 1995:2). The deviant place theory is critiqued for its emphasis on the larger social environment (macro approach) and for disregarding a micro approach that examines the places themselves. Eck and Weisburd (1995:3) argued that a crime place theory is incomplete if the theory does not explain why offenders select certain individuals (target attractiveness) and what types of routine activities of victims contribute to their victimisation. This is an area completely neglected by deviant place theory, which argues that the behaviour of the victim has very little influence over the criminal act and being victimised. The deviant place theory only takes into account crimes that take place in poor, densely populated areas, highly transient neighbourhoods, and commercial areas with residential property in close proximity, and disregards crimes that take place in rural and suburban areas (Bouffard & Muftić, 2006:56; Holmes, Painter & Smith, 2015:3).

3.5. Differential risk model of victimisation

Ezzat Fattah (2000:30) developed the differential risk model of victimisation to compensate for the shortcomings of the lifestyle exposure theory, the routine activity theory and the opportunity model. The differential risk model of victimisation consists of ten categories that could render individuals vulnerable to victimisation (Fattah, 2000:30-31; Davis, 2005:43-45):

- **Opportunities:** Criminal victimisation does not happen by chance; criminals seek opportunities to commit crime and victimise. Opportunities are related to the characteristics of potential targets as well as the activities and behaviour of individuals. The absence of a guardian is an important opportunity factor.
- **Risk factors:** Attractiveness, vulnerability, suitability, socio-demographic characteristics (age and gender), area of residence, absence of guardianship and alcohol abuse are identified as risk factors for victimisation.
- **Motivated offenders:** Fattah postulates that victimisation is dependent on the number of motivated offenders in a specific area. People living in a densely populated, poorly integrated environment with a great number of young males have a greater chance of being victimised than individuals who live in less densely populated areas with older residents.

- Exposure: The risk of victimisation increases when a person comes into contact with a potential offender and high risk environments and situations. The level and degree of exposure to victimisation is determined by the victim's socio-demographic variables, which also determine an individual's lifestyle.
- Associations: Association refers to personal, social or professional contact with potential offenders. The closer the association, the greater the risk of being victimised.
- Dangerous times and places: Activity patterns of individuals influence their risk of victimisation. Violent crimes are more likely to take place at night and in the early hours of the morning, over the weekends, on the street, or in secluded public places.
- Dangerous behaviour: In certain instances, behavioural factors such as negligence, ignorance and provocation may influence and increase one's risk for personal victimisation.
- High-risk activities: People in high-risk occupations such as police, correctional officials, nurses and security guards, and those who participate in unlawful activities like sex work and engage in illegal trade such as firearms and drugs, are at higher risk of victimisation because it leads those individuals into dangerous places at dangerous times. According to Zhang, Welte and Wieczorek (2001:133), individuals who have high-risk lifestyles have a much higher chance of victimisation than those who do not.
- Defensive or avoidance behaviour: Attitudes towards risk may influence the chances of being victimised. Risk takers are more often victimised than risk avoiders, while fear of crime may reduce the risk of victimisation because precautions are taken.
- Structural/cultural proneness: There is a relationship between powerlessness, deprivation and frequency of criminal victimisation. Minority groups or members of powerless groups are more likely to be victimised, since they are viewed as legitimate victims by members of dominant or conventional groups.

Walklate (2003:126), in her appraisal of the more sophisticated model, emphasised the fact that it still reflects the central influence 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 (Walklate, 2003:126). The limitation of this theory is that it differentiates the victim from others by either personal or behavioural characteristics. Thus the blame for victimisation is solely placed on the victim (Walklate, 2003:126).

3.6. Extended control balance theory

The extended control balance theory was originally developed by Tittle in order to explain all forms of deviant behaviour (Tittle, 1995:124). Control consists of two elements, that is, the degree of control one can exercise over others and the degree of control one is subjected to, which influences both the probability and the type of deviant behaviour.

Being controlled and being able to control are two continuous variables and, if balanced, the individual will be inclined to conform, whereas if the control ratio is not balanced, the individual will shift to deviant behaviour. Control deficit is when an individual is subjected to more control than s/he can exercise. Control deficit occurs when one's impulses and desires are limited by other people's ability to control or penalise one's behaviour, while a control surplus occurs when the degree of control one can exercise over others is in excess (Siegel, 2004:310). Individuals usually turn to three types of behaviour in order to restore balance when they experience control deficit, namely predation (individual turns to violence), defiance (individual challenges the control but refrains from violence) and submission (the individual accepts the control and passively obeys the demands of others). The control deficits that individuals experience interact with their desire for autonomy in a way that generates feelings of humiliation. As a result of deficit control, individuals become passive, withdrawn and submissive. Tittle (1995:179) noted that control deficits sensitise people to environmental reminders of their subordinate positions, regardless of, or in addition to, the usually operative motivators of action. Individuals with control deficits have a less-than-normal capacity to overcome individuals with control surpluses, and as such are less likely to engage in protective behaviours. The inability to exert influence over things that adversely affect individuals' lives likely breeds apprehension, apathy or despair (Bandura, 1997:2). Individuals with control surpluses are able to exercise more control than the amount of control that they are subjected to. Individuals with control surpluses are likely to be at risk of victimisation, for reasons that have nothing to do with weakness and/or resistance (Piquero & Hickman (2003:286). Individuals with control surpluses place themselves at risk of victimisation as a result of their desire to extend their control (Piquero & Hickman (2003:286).

Piquero and Hickman (2003:286) extended Tittle's control balance to account for victimisation, and found that their formulation supports the notion that the control balance theory can predict victimisation. The two authors established that control balances are also positively associated with the probability of victimisation. According to the authors, if there is a control deficit, the individual will be rendered weak, due to his or her inability to exercise

control. The individual will become passive, submissive and therefore vulnerable to victimisation. Thus, as control deficit increases, so too does the vulnerability to victimisation (Piquero & Hickman, 2003:286). Piquero and Hickman's (2003:295) extension of the control balance theory led to two main findings. Firstly, younger individuals are more likely to be victimised as they spend a good deal of time on the streets and spend time in places and situations that place them at a high risk of victimisation. Secondly, control surpluses and deficits were positively associated with the probability of victimisation. While both types of control imbalance produce deviance, the nature of control imbalance affects the type of victimisation that is likely to result (Brown, Esben & Geis, 2004:436).

It is within the notion of victim precipitation that control balance theory relates to victimisation. A control deficit may result in passive precipitation, resulting in the individual transmitting social cues that he or she is weak, thus appearing as an easy target to a potential offender. The likelihood of victimisation will increase as control deficit increases, and victimisation will decrease as control balance is achieved (Piquero & Hickman, 2003:286).

The extended control balance theory is not able to explain victimisation that takes place when the victim is not there, such as theft. According to Piquero and Hickman (2003:296), it could be that theft is not a strong enough offense or victimisation for the theory to explain it. Another limitation of the theory is the inability of the theory to measure guardianship (Piquero & Hickman, 2003:296).

3.7. Integrated model

The five major theoretical perspectives in victimology discussed above guided the development of the model used in the present study. Due to the fact that these theories address some of the risk factors separately, it was necessary to formulate the integrated model of victimisation of homeless people. The integrated approach combines the concepts and propositions from the routine activity theory, lifestyle exposure model, deviant place theory, differential risk model of victimisation and extended control balance theory into a new model in order to explain victimisation (Brown et al., 2010:358; Tibbets, 2014:195; Meier & Meithe, 1994:62). The lifestyle exposure theory and the deviant place theory had to be adapted to accommodate the victimisation of homeless people living in rural areas, given the lifestyle model's emphasis on living in highly urbanised environments, and the deviant place theory's focus on social disorganisation in dense population settings. Nevertheless, there are

many dangerous places in rural areas, for example informal places of entertainment such as shebeens and illegal taverns.

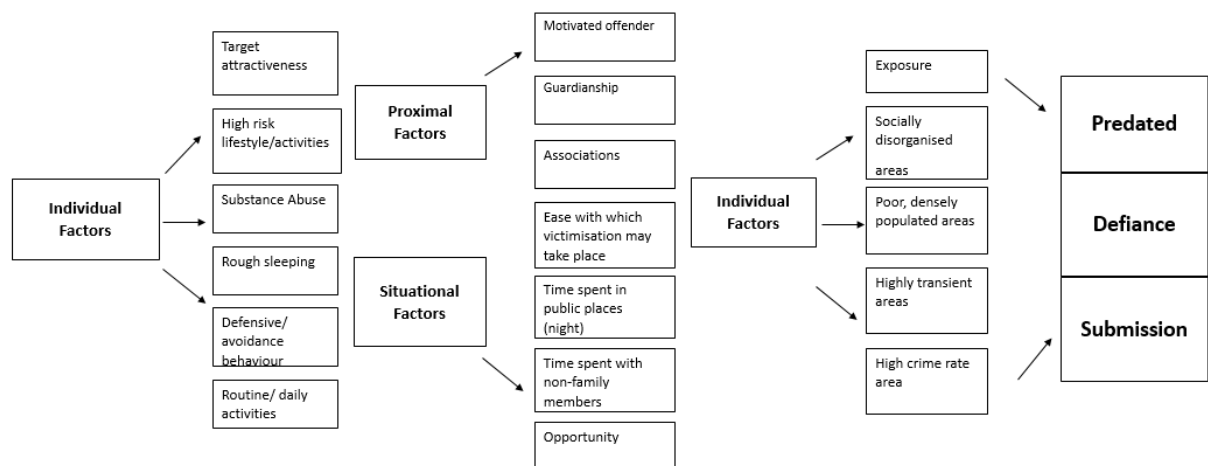
The variables from the abovementioned theories share basic assumptions about human behaviour and factors that influence the likelihood of being victimised (Meier & Miethe, 1993: 466). The integrated model of the victimisation of homeless people in urban and rural settings is based on the assumption that various individual risk factors (as specified by the routine activity and lifestyle exposure theories), situational risk factors and proximal factors (as specified by the differential risk model of victimisation) as well as environmental risk factors (specified by deviant place theory) interact to render homeless people vulnerable to victimisation (extended control balance theory). It also aims to show victim-offender overlap in order to display multiple levels of analysis, instead of relying on a uni-modal explanation of victimisation. The point of departure of this model is that the convergence in time and space between the motivated and the potential victim, in the absence of capable guardians residing in highly disorganised areas, could provide an opportunity for homeless persons to be victimised. The integrated model highlights that physical proximity to motivated offenders, exposure to high risk environments, target attractiveness and the absence of guardianship are critical factors that increase the potential of criminal victimisation, as are an individual's lifestyle, the amount of time spent with non-family members, the amount of time spent in areas characterised by high crime rates, as well as the ease with which victimisation may take place. Lifestyles and associations increase one's exposure to risky situations, thus increasing one's chances of victimisation (Meier & Meithe, 1993:466). Proximity and exposure are situational and proximal factors that pattern the nature of social interaction and predispose individuals to riskier situations (Meier & Meithe, 1993:475). Exposure to crime is measured in terms of an individual's daily activity and the amount of time spent in public spaces/places (Meier & Meithe, 1993:485). The inability of an individual to exercise control over his or her environment thus leads to victimisation.

The integration of the abovementioned theories is based on the interaction between individual and situational risk factors (as specified by the routine activity theory, lifestyle exposure theory and differential risk model of victimisation) and environmental factors (as specified in deviant place theory), which are beyond the control of the individual (specified by extended control balance theory).

The integrated model assumes the following:

- Routine activity, which translates into individual lifestyles, creates opportunity for criminal victimisation by influencing the likelihood that an individual will come into contact with potential offenders.
- Time spent with non-family members and in public places increases victimisation. As a result of being on the street, homeless people are isolated from their families.
- Living in poor, densely populated areas, highly transient and socially disorganised neighbourhoods, increases victimisation.
- The inability of an individual to exercise control leads to victimisation.

Diagram 1: Integrated model of victimisation among rural and urban homeless people



3.8. Summary

Homeless people are especially at risk of criminal victimisation because of the public nature of their daily lives. In addition to location, the manner in which these homeless individuals adapt to street life also affects their vulnerability. A key feature of all five theories discussed above is that the situations that homeless people encounter in their daily lives influence their chances of victimisation. It is not merely personal characteristics that play a role in victimisation; situational and structural factors also contribute to victimisation. Homeless individuals are victimised not necessarily as a result of what they do, but as a result of where they live. Homeless adults increase their proximity to potential offenders and increase their risk of sexual and physical victimisation because they spend most of their time on the streets.

Chapter 4: Research methods

4.1. Introduction

The following chapter focuses on the research methods applied in this study. This includes the research approach used, as well as the research design and strategy. Moreover, the sampling procedure, data collection, data analysis, validity and reliability, and ethical considerations will be discussed. Lastly, the limitations of the methods used will be identified.

4.2. Research approach and purpose

A quantitative research methodology was used for this project, for a number of reasons. Firstly, the research was concerned with describing the concepts of homelessness and victimisation and the relationships between the two concepts; for example, whether homeless persons in urban settings experience higher levels of victimisation compared to those in rural settings (Burns & Grove, 2005:22). Secondly, the nature of the main objective of the research, namely to investigate the relationships between homelessness and victimisation, called for precise measurement of victimisation experiences among the homeless, in urban and rural settings (Burns & Grove, 2005:22). Thirdly, the research pursued an explicitly stated objective, which was formulated at the start of the research process, and which guided the research process (Burns & Grove, 2005:22). Finally, considerations of convenience with regards to data gathering and analysis, time and cost also influenced the decision to adopt a quantitative research approach (Burns & Grove, 2005:22).

A quantitative data approach is the systematic empirical investigation of a social phenomenon. A quantitative research approach safeguards against biases and ensures control for alternative explanations (Burns & Grove, 2005:23). Quantitative strategies enabled the researcher to generate information data that were measurable and depicted the nature and extent of victimisation among the homeless population in urban and rural settings, in order to produce new knowledge or validate existing knowledge. Quantitative research ensured that the data collected were measurable and verifiable (Burns & Grove, 2005:24).

The study was descriptive in nature with an exploratory element. Exploratory studies aim to discover or establish the existence of a specific phenomenon, especially a phenomenon that

is little known (Kumar, 2014:13; Blanche, Durrheim & Painter, 2006:44). An exploratory study was applicable due to the fact that there are relatively limited, if any, earlier studies that contain information regarding the experiences of the homeless as victims of crime, as previous research has almost exclusively dealt with homeless people as perpetrators of crime. An exploratory study was used to determine whether victimisation among the homeless exists or not, and, if so, the differences in how urban and rural homeless individuals experience victimisation. The focus was to gain insight and familiarity with the subject matter (Kumar, 2014:13; Blanche et al., 2006:44). A descriptive study describes the existence of a phenomenon with the aim of uncovering new facts and meanings, such as those pertaining to the victimisation of the homeless. For instance, this might include the transient nature of homelessness, which is underrepresented in local research, and the lack of reporting among the homeless, which is a result of perceiving their victimisation as a minor event (Blanche et al., 2006:44). Descriptive research refers to the characteristics of a population, and focuses on the how and why questions (Neuman 2006:23; Ruben & Babbie, 2005:125). The key purpose of this study was to determine the nature and extent of victimisation among homeless persons in rural and urban settings through the collection of data which would provide an account or description of the homeless individuals. (Kumar, 2014:13). While there is a limited body of knowledge regarding the victimisation of homeless people in urban areas, little is known about the victimisation of homeless people in rural areas.

4.3. Type of research

Pure research was carried out in this study, mainly to examine victimisation experiences of homeless people, the frequency of their victimisation, and whether they are likely to report their victimisation – in other words, to better understand victimisation as experienced by homeless individuals (Booth et al., 2008:59; Blanche et al., 2006:45). The research was guided by the researcher's interest in gaining more knowledge about homeless people's experiences; but purely for the sake of learning and understanding, and not for application purposes (Booth et al., 2008:59; Blanche et al., 2006:45). The study was not undertaken in order to yield immediate commercial benefits, but rather to uncover fundamental knowledge about the victimisation of homeless people in urban and rural settings (Booth et al., 2008:59; Blanche et al., 2006:45). It was important to gain insight and expand on what is already known about homeless people as victims of crime in order to refute or support existing theories. By explaining homeless people's experiences of victimisation in more detail, new information can be generated.

The study therefore aims to gain insight into, and further expand on, existing knowledge about the homeless as victims of crime, but to also compare the experiences of victimisation between the homeless in urban settings and those in rural settings (Booth et al., 2008:59).

4.4. Research design

A survey research method was used to obtain data from the selected sample. Surveys entail the administration of questionnaires to a sample of respondents selected from a specific population (Babbie & Mouton, 2003:265). The surveys were particularly useful in describing the characteristics of the homeless population, as they made sampling feasible and provided greater flexibility during data analysis (Babbie & Mouton, 2003:263). Taking into consideration the aim of the intended study, namely to describe and explain the characteristics and victimisation experiences of the homeless population, surveys were entirely appropriate for the study as they produced information that is inherently statistical in nature (Neuman, 2011:309; Babbie, 2007:276). The strategy was considered appropriate, given the number of homeless people targeted and the numerous variables included in the instrument (Maree & Pietersen, 2007a:155; Creswell, 2009:12; Neuman, 2011:309). Surveys allowed the researcher to quickly gain some general details about homeless people and enabled the researcher to ask a number of questions at once, thereby measuring many variables (Neuman, 2011:309; Babbie, 2007:276). Surveys were the best available data collection method as they are very flexible; moreover, the homeless population is one that is too large to be observed directly (Babbie & Mouton, 2003: 232; Babbie, 2007:276).

A cross-sectional survey was conducted. Cross-sectional surveys, also known as one-shot or status studies, were selected for the current study in order to determine the frequency of victimisation among the homeless population (Kumar, 2014:134). Cross-sectional surveys allowed the researcher to determine the prevalence of victimisation among the homeless, as well as to obtain an overall picture of this vulnerable group (Kumar, 2014:134). Because the study intended to discover the prevalence of violence and victimisation within the homeless population, cross-sectional research design was a suitable research tool, as it also enabled the researcher to determine differences in experiences of victimisation among rural and urban homeless respondents. This cross-sectional study involved only one contact with the study population, and was comparatively cheap to undertake and easy to analyse. The main disadvantage of cross-sectional studies is that they cannot measure change on their own (Kumar, 2005:93); however, determining change was not an objective of this research study.

4.5. Research methods

The study population and sampling strategy, and data collection instrument and methods are discussed below.

4.5.1. Study population and sampling

Sampling is the process applied to select a segment of a population to study. It can also be viewed as a subset of measurements drawn specifically from a population in order to be included in the study (Niewenhuis, 2007:78; De Vos, Strydom, Fouché & Delport, 2011:223-224). The study population consisted of homeless people living in urban and rural areas. The urban sample was obtained from inner city Pretoria (Tshwane metropolitan municipality) and the rural sample from the Vhembe district, Thohoyandou, in Limpopo. A non-probability sampling approach was utilised on the basis that the homeless population is unlisted. Homeless people do not have a fixed residential address or similar identification information to constitute a framework from which to randomly select them (Kumar, 2014:242; Babbie, 2007:183). Babbie (2008, 203-206) is of the opinion that non-probability sampling is effective when the number of participants in a population is either unknown, or when participants cannot be individually identified. The advantages of non-probability sampling include the minimal exploitation of resources and thus cost, as well as the ease with which sampling can be undertaken. An important drawback of non-probability sampling, however, is that findings cannot be generalised to the broader study population, because respondents are not randomly selected (Babbie, 2008: 203-206). Nevertheless, this study was not primarily concerned with the generalisation of results, but rather to determine differences in the experience of violence and victimisation between homeless people in urban and rural settings.

A snowball sampling method was selected for this study, as there was no knowledge of the sampling frame, and access to homeless people was limited (Babbie & Mouton, 2003:166; Kumar, 2014:244). Snowball sampling is a form of sampling used to collect data on the few members of a target population who can be located, and then to ask those individuals to help locate other members of that population (Babbie & Mouton, 2003:167; De Vos et al., 2011:393; Babbie, 2008:205; Babbie, 2007:184-185; Blanche et al., 2006:45; Kumar, 2014:244). Snowball sampling was chosen because it held certain advantages. Firstly, it allowed the researcher to reach populations that are often difficult to sample when using other sampling methods. Secondly, the process was cost-effective, and the technique needed little planning and a smaller workforce, compared to other sampling techniques

(Babbie, 2008:205). Because this procedure results in samples with questionable representativeness, it was used primarily for exploratory purposes: to discover or establish the victimisation of homeless people and to determine if there are differences in experiences of victimisation between urban and rural respondents (Babbie & Mouton, 2003:167). The disadvantages of snowball sampling are that the researcher has little control over the sampling method, and sampling bias may occur. Criteria for inclusion in the study were:

- Adult status (i.e. above 18 years of age).
- Not having a home (even an informal dwelling).
- Being homeless for at least six months (to allow for immersion in the reality of being homeless).
- Respondents could be of any sex or population group.

The researcher accessed respondents via various non-governmental and government organisations that deal with homeless individuals. With regards to respondents from urban settings, the researcher approached New Outreach Centre, Tshwane Leadership Foundation (Akanani), Salvokop, Night Church, and individuals sleeping outside the United Nations Building in Pretoria Central. The New Outreach Centre is a non-denominational Christian association established with the aim of feeding the hungry and providing shelter to the homeless. The researcher was able to interview a total of 15 respondents at the centre. Akanani is a sub-organisation of the Tshwane Leadership Foundation that exclusively caters for homeless men. Every morning, from 9am to 10am, homeless men gather at Akanani for breakfast and morning devotion. The researcher attended two sessions conducted by Akanani, and was able to interview 13 respondents. During the sessions the researcher assisted with serving breakfast and was told by the respondents where to locate other homeless individuals, for instance at Salvokop and Night Church in Arcadia. People Upliftment Programme (POPUP) is an organisation that conducts a feeding programme at Salvokop every Monday to Thursday. The researcher went to Salvokop and obtained permission from POPUP to interview the homeless individuals who benefited from the feeding programme. What was interesting to note was that most individuals at Salvokop were also at Akanani earlier that morning. The researcher was able to interview five respondents at Salvokop.

Volunteers working at Akanani referred the researcher to four families sleeping outside the United Nations Building in Pretoria Central. The four families (three Congolese and one Somali) have been sleeping outside this building for more than a year. The researcher was able to interview all four homeless families. The families were included in the research study

on the basis that they met the criteria for inclusion. The families were of adult status, had no home, and had been homeless for more than a year.

The researcher was also able to interview homeless people who made use of facilities offered by the Night Church in Arcadia, opposite the Sheraton Hotel. The church opens its doors to homeless individuals every night from 6pm to 9pm. The homeless are offered an opportunity to shower and cook. No permission was required from the Night Church as the researcher found homeless people waiting outside and was able to interview four respondents. To ensure the safety of the researcher, she was accompanied to Salvokop and the Night Church by a worker from Akanani, who stayed with her throughout the interviews. In total, the researcher was able to interview 41 respondents from urban settings. However one of the respondents from the New Outreach Centre did not complete the interview and thus only results from 40 respondents were recorded.

Obtaining respondents from rural settings proved to be very challenging and time consuming, as there are hardly any organisations that cater for homeless people in rural areas, and those are largely populated by non-South African citizens. The researcher approached the Department of Social Work at the University of Venda for help in locating respondents. It took two weeks to locate and interview the rural respondents, compared to the five days it took to locate and interview urban respondents. The researcher was directed to various public places where homeless people slept and gathered, and was able to locate six homeless people sleeping at the Thohoyandou taxi rank. The six respondents referred the researcher to other public places where homeless people slept during the night. One of the areas mentioned was JJ Motors. Thirteen respondents were interviewed at the store. The last area the respondent was referred to was the Sibasa taxi rank, where eleven respondents were interviewed. The interviews with the rural respondents took place in the evenings, as rural homeless people were not easily visible during the day. To ensure the safety of the researcher, she was accompanied at all times. The researcher was able to interview 30 respondents in total, dwelling in open public places in rural settings. All the respondents included in the study were referred by previously interviewed respondents.

4.5.2. Data collection instrument and method

The data were collected by means of a structured questionnaire. The aim of a questionnaire is to obtain facts and opinions about a certain phenomenon from people who are informed about a specific research topic (De Vos et al., 2011:187; Babbie & Mouton, 2011:233; Babbie, 2007:246). The questionnaire was developed by doing a thorough review of the

literature on victimisation of the homeless, as well as drawing on existing instruments relating to the phenomenon that are available in the public domain. The questionnaire was divided into different sections so as to simplify the process of analysing the data collected (Delpont, 2005:172). A further rationale for the format of the questionnaire was the high illiteracy rate among the homeless people interviewed, which made using a self-administered questionnaire impossible (Babbie, 2008:308-309). The questionnaire was divided into four sections:

	Themes	Questions used
A	Biographical background	Gender, age, background characteristics.
B	Homelessness	Age when the individual became homeless, reasons for being homeless, and duration of homelessness.
C	Victimisation	Current victimisation of homeless people, most importantly if they had been victimised while homeless, the type of victimisation they had experienced, the frequency of the victimisation, and time and place of the victimisation.
D	Health status	Overall health status, frequency of physical illnesses, use of health facilities and encounters with health care service providers.

Rather than asking respondents to read questionnaires and enter their own answers, the interviewer asked the questions and also recorded the respondents' answers (Babbie & Mouton, 2003:249). The questionnaire contained closed-ended questions. In closed-ended questions participants are required to select one or two responses from a list provided by the researcher (Delpont, 2005:179; Neuman, 2011:323). Close-ended questions provide ready-made categories within which respondents reply to the questions asked by the researcher. This helps to ensure that the researcher obtains the information s/he needs, and the responses are also easier to analyse (Kumar, 2014:186; Neuman, 2011:325; De Vos et al., 2011:198). There are two requirements with regards to close-ended questions, namely that the response categories should be exhaustive and mutually exclusive. The former entails that all possible responses that can be expected are included, and the latter means that participants are limited to selecting only one response (Whitley, 2002: 345; Maxfield & Babbie, 2001:250).

The question below serves an example of a closed-ended question in the questionnaire:

How safe do you feel while being homeless/on the streets	Very safe	
	Safe	
	Neither safe nor unsafe	
	Unsafe	
	Very unsafe	

Closed-ended questions provide greater uniformity of responses and ease the process of computer analysis (Babbie & Mouton, 2003:233).

The questionnaire included various closed-ended response formats. The first was a checklist where all possible answers to a question were provided in a list and the respondent was requested to choose (or check) more than one possible answer (Kumar, 2014:184).

The question below serves an example of a checklist question in the questionnaire:

Reasons for being homeless	Violence	
	Drugs and alcohol	
	Unemployment	
	Mental health problems	
	Gambling	
	Having been imprisoned	
	Breakdown of the family	
	Abuse/neglect as a child	
	Incarceration	

The second format used in the questionnaire was dichotomous questions. Dichotomous questions are useful for obtaining factual information, as respondents are only presented with two alternatives (De Vos, 2011:198).

The question below serves an example of a dichotomous question in the questionnaire:

Do you know any homeless persons who have been victimised/became a victim of crime?	Yes	
	No	

Thirdly, the questionnaire contained scales, i.e. a number of statements or questions that are rated by the respondents. They have to indicate how strongly they agree or disagree with a particular statement or question (Blanche, 2006:489).

The question below serves an example of a scale question in the questionnaire:

How satisfied are you with the health care?	Very satisfied	
	Satisfied	
	Average	
	Dissatisfied	
	Very dissatisfied	

The last format utilised in the questionnaire was contingency questions. Contingency questions are the questions used in survey research that are only intended for some respondents. For example, only those respondents who answered yes to making use of health services were asked the contingency question (Babbie, 2008:280).

The question below serves an example of a contingency question in the questionnaire:

Do you make use of health services for your health problem(s)?	Yes	
	No	

If yes, where do you go for health care?	Clinic	
	Hospital	
	Private care	

Traditional healer	
--------------------	--

The questionnaire included 'other' responses. The answers given for 'other' were categorised and then coded. It was important to include an 'other' category in order to ensure that nothing important was omitted. To avoid the possibility of bias that might result from listing only responses that the researcher is interested in, the researcher provided an exhaustive and mutually exclusive list of responses for the respondents to choose from (Kumar, 2014:186). The structured questionnaire ensured that each interview was presented in the same manner, as questions were presented in the same order to ensure reliability, eliminate interviewer bias, and ensured comparisons between rural and urban respondents (Babbie, 2008:308-309).

The structured questionnaire was administered by means of face-to-face interviews (Babbie, 2008:308). Structured interviews provide uniform information and require fewer interviewing skills (Kumar, 2014:178). The face-to-face interview allowed the researcher to obtain complex and sensitive information from the respondents, as this method gave the researcher an opportunity to prepare the respondents beforehand for sensitive questions and provide clarity on complex questions (Kumar, 2014:182; Babbie & Mouton, 2003:250). Although expensive and time consuming (Kumar, 2014:182), the face-to-face survey was selected on the basis that it has a high response rate and is an ideal tool for gathering information among homeless people, due to the low levels of literacy among this population (Babbie & Mouton, 2003:250; Kumar, 2014:182). It also enabled the researcher to establish a rapport with the respondents (Kumar, 2014:182; Neuman, 2011:339; Leedy & Ormrod, 2010:128). The personal style of face-to-face interviewing allowed the researcher to make sense of vague answers, as well as to correctly adhere to contingency questions (Kumar, 2014:182). Face-to-face interviewing offered the researcher a high degree of control over the data collection process and environment.

4.5.3. Measurement quality

Ensuring that the data are valid and reliable is a continuous process in research. A lack of validity and reliability can lead to a study being thrown into dispute and criticised, and regarded as worthless in the eyes of other researchers. Validity and reliability go hand-in-hand with each other (Hagan, 2005: 272). An important consequence of a lack of validity and reliability is not only that research is being criticised, but that further research on the same phenomena is being compromised (Neuman, 2011:208).

Validity determines whether the research truly measures that which it was intended to measure, or how truthful the research results are (Blanche et al., 2006:147; Babbie & Mouton, 2003:122). In this study the researcher ensured validity by employing two methods, namely face validity and content validity. Face validity simply asks the question: at face value, does the measuring instrument appear to measure what is supposed to be measured? Victimization of homeless people is what the researcher intended to measure, therefore the researcher asked questions about victimisation in order to ensure validity at face value (Bachman & Schutt, 2012:93). Content validity examines the content of an instrument. The content of the questions should provide a valid measurement of the nature and extent of victimisation among homeless people (Maxfield & Babbie, 2001:119; Babbie & Mouton, 2003:123). Content validity was strengthened by paying specific attention to the way in which previous studies phrased questions about victimisation.

Reliability is demonstrated when there is a consistent and stable replication of the findings on a repeated measurement (Hagan, 2005:280; Maxfield & Babbie, 2001:116; Blanche et al., 2006:152). The following procedures were followed to enhance the reliability of the instrument (Delpont & Roestenburg, 2011:177; Neuman, 2012:211):

- The researcher increased the number of items regarding important variables. Different questions and sub-questions were posed to ensure that the real scope of victimisation among homeless people was recorded.
- Items that were unclear, short, double barred and ambiguous were removed from the questionnaire.
- The researcher ensured that questions contained in the questionnaire were simple and understandable and that the interview took place in a setting that was comfortable and private for the respondents.
- A pilot study was conducted in order to improve reliability.
- Multiple indicators were used for each variable. For example, to locate homeless people the researcher considered the different places where homeless people reside or spend most of their time. If the researcher had only considered the CBD, she would have missed some homeless people who were on the outskirts of the CBD. Multiple indicator measures tend to be more stable than single item measures.
- The researcher was the only interviewer. This resulted in instructions being followed in a standardised fashion, as well as consistency in scoring procedures.

4.5.4. Data management and analysis

Quantitative data analysis is regarded as the technique by which data are converted to numerical data for the purpose of statistical analysis. The purpose of data analysis is to reduce data to an intangible and interpretable form, so that the relations of research problems can be studied and tested and conclusions drawn (De Vos et al., 2011:249). David Royse (2008:318) likens the process of quantitative data analysis to the process of translation in that the researcher produces a meaningful picture that is drawn from the raw data.

The first step in the process of data management involved data coding, i.e., transforming the data from one form to another (Blanche et al., 2006:189). Data management commenced with the coding of responses according to a coding list, especially bearing in mind categories for the open-ended answers. Coding is simply the assignment of numerical values to responses (Hagan, 2005:322). Code sheets are useful in that they provide both a guide and a record of how the responses gathered from the questionnaire are to be coded (De Vos et al., 2011:252). Once coded in a standardised manner, the data were entered in MS Excel, using a pre-formatted spread sheet representing the various questions of the questionnaire (Blanche et al., 2006:191). The data set was exported to version 21.0 of the Statistical Package for the Social Sciences (SPSS), which allowed for the necessary univariate and bivariate analyses to be undertaken. In addition to descriptive data depicting the results of the survey as a whole as well as per urban/rural divide, analysis also entailed statistical comparisons between the two sub-populations to determine any meaningful variations in experiences of victimisation. To this end, non-parametric tests were done, due to the fact that respondents were selected non-randomly. More specifically, Pearson's chi-square, Fisher's exact and Mann-Whitney *U* tests were used to determine any significant differences. The survey results will be presented in tables and figures to allow for easy interpretation.

4.6. Pilot study

A pilot study is a mini-version of a full-scale study, or a trial run done in preparation for the complete study. It is also referred to as a 'feasibility' study. To ensure that the data gathering method and instrument were appropriate, relevant and error-free, the questionnaire was administered to six respondents, three urban and three rural homeless persons. A pilot study ensured that the research methodology chosen was appropriate for the proposed study. The pilot study revealed no major issues, and only four questions were rephrased. Question 58 and question 34 were rephrased in a manner that demonstrated that the questions were

contingency questions; only those respondents who answered yes to the previous question were required to answer the next question. Question 32 was changed into a checklist question rather than a yes and no question. With regards to question 17, reasons for being homeless, incarceration was added as another reason for being homeless.

4.7. Ethical considerations

When conducting social research, it is unavoidable that some sort of intrusion will take place with regard to the subjects being studied. Due to the nature of this research study, ethical considerations were of the utmost importance. Ethical considerations acknowledge the respondent's right to take part in a study, or not. Ethical guidelines set standards, and form a basis against which researchers can assess their work (De Vos et al., 2011:114).

The following ethical issues were considered:

- Avoidance of harm

The fundamental ethical rule of social research is to ensure that minimal or no harm is inflicted on the participants, either physically or emotionally (Kumar, 2014:286). The researcher had an ethical obligation to protect participants within all possible reasonable limits from any form of harm that might emerge from the research project. Emotional harm is more difficult to predict and detect, and often has far reaching consequences for respondents (Babbie 2007:27; De Vos et al., 2011:115). The researcher informed the participants prior to their participation in the research study about the potential impact of the research project. Another important aspect that was considered was the harm that the researcher could be subjected to. Due to the nature of the research, and the fact that the researcher had to interview homeless individuals in public places, potential risks to the researcher were assessed during the planning phase of the study, and measures were taken to minimise such risks (De Vos et al., 2011:116). The measures included the researcher always being accompanied when interviewing respondents and conducting interviews in open public places.

- Voluntary participation

Ethical principles for research require that the participants agree to the research prior to commencement of the research project (Gadd, Karstedt & Messner, 2012:502). The principle of voluntary participation requires that participants are not coerced into participating in the research study. Any participation in a research study should be completely voluntary.

Respondents were informed prior to participation that they were allowed to stop participating at any time (Gadd et al., 2012:502).

- Informed consent

It is unethical to collect information from participants without their permission. The principle of informed consent requires a voluntary, un-coerced decision made by a sufficiently competent person after all information regarding the research study has been given, and careful deliberation and consideration has taken place (Blanche et al., 2006:72; Kumar, 2014:285). Informed consent also means that the subjects are aware of the information needed, why the information is needed, their role in the research process, and how the research process will directly or indirectly affect them (Kumar, 2014:285). Respondents were required to give consent to participate prior to their involvement in the study's activities by signing a consent form (Babbie, 2007:64). The researcher not only acquired informed consent from the respondents, but also from the different shelters and welfare initiatives that facilitated in identifying respondents, particularly from Akanani and POPUP (Gadd et al., 2012: 502).

Clear information regarding the purpose of the study was communicated to the respondents to ensure voluntary participation. It was crucial, due to the nature of the information required, to reassure respondents that information obtained would be dealt with professionally and confidentially. The possible risks to the respondent were explained. Care was taken to ensure that no deception occurred in the study (Creswell, 2007:141-142) and to avoid any psychological harm. The respondents were given the contact details of a social worker after the study had been completed.

- Violation of privacy/anonymity/confidentiality

Confidentiality refers to the way in which information is handled. It can also be viewed as an agreement between persons that limits others' access to private information. Confidentiality implies that only the researcher knows the identity of the participants. Confidentiality is regarded as privileged information (Babbie, 2007:65). Anonymity refers to a situation where no one, including the researcher, knows the identity of the participants (Babbie, 2007:64). Confidentiality places a strong obligation on the researcher not to make known the identity of the participants (De Vos, 2011:119-120). The respondents were ensured of confidentiality and anonymity. None of the participants' names, or any information that could be traced

back to them, were recorded. Only the setting of respondents was recorded, in order to distinguish whether they were from an urban or a rural setting (De Vos, 2011:119-120).

- Debriefing of respondents

Debriefing the respondents simply means discussing the experiences of respondents in relation to the survey done, to ensure the participants recover from the experience of being involved in the research without lasting harm (Bachman & Schut, 2012:58; De Vos, 2011:122). After the interview was conducted, the researcher rectified any misconceptions that the respondents may have had (De Vos, 2011:122). As protection from harm is an important element in ethics, it was crucial that respondents were debriefed and comfortable after the survey was completed. From the debriefing, it was evident that none of the respondents had suffered any harm, physical or psychological. However, given the sensitive nature of the questions asked, respondents were given the contact details of a social worker to ensure that if the respondents experienced any psychological harm after the study had been concluded, they would have the necessary assistance to help them cope.

Limitations and challenges

Certain limitations were identified in the present study's research methods. Since the study applied non-probability sampling, the results cannot be generalised. The sampling method selected, snowball sampling, meant that the researcher had little control over the sampling method, and sampling bias could occur. The selected data collection method, namely the face-to-face interview, lacked anonymity, thus respondents did not fully divulge all information. The face-to-face interview was also time consuming, owing to the fact that the majority of the homeless respondents interviewed were illiterate.

The greatest challenge the researcher experienced was finding homeless people in rural settings to form part of the study. There are no shelters or organisations that exclusively deal with homeless people in rural areas. Even when the researcher was able to find a few individuals to interview, most of the respondents couldn't refer other homeless individuals. Another challenge was the language barrier. The researcher had to translate most of the questions in order for the respondents to understand them, as most of the respondents only understood African languages. Three participants who had initially agreed to be interviewed

ended up changing their minds as a result of the time the interviewer spent interviewing other respondents. The three commented that the interview required more time than they had anticipated, and as a result refused to be interviewed.

During an interview with one respondent at the New Out Reach centre, the researcher was verbally assaulted. The respondent became agitated and started verbally attacking the researcher. Throughout the ordeal, the researcher was able to remain calm and was assisted by the leaders of the centre to calm the respondent, who later continued with the interview. It was later recognised that the respondent was under the influence of substances during the interview, and became agitated by the questions relating to his childhood and victimisation. This respondent's questionnaire was not included in the data set.

The researcher identified the following limitations in the current study:

- As a result of limited studies on the victimisation of homeless individuals within the South African context, the researcher had to rely extensively on international sources.
- Due to limited research conducted on homeless people in South Africa, the researcher had to use various dated literature sources.
- The current study was cross-sectional and descriptive in nature. Generalising the findings beyond the study was not possible due to the fact that homeless populations vary from one geographical location to another and change over time.
- The majority of the respondents were mostly African and male. This could be seen as a limitation because of the limited demographic representation of the sample.
- The use of a small, unrepresentative sample and the high rates of illiteracy among surveyed homeless respondents.

4.8. Summary

In this chapter the researcher provided a detailed discussion of methodological procedures that were executed in the study. The research employed quantitative research methodology. Basic research was carried out and the research purpose was descriptive with an exploratory element. Respondents were selected by means of non-probability sampling method using the snow ball sampling technique. A face-to-face survey was used as method of data collection as it was an ideal tool for gathering information due to the low levels of literacy among the homeless population. Data was analysed using the Statistical Package for the Social Sciences (v23). Validity was ensured by employing face and content validity while reliability was ensured by increasing the number of items regarding important

variables, removing items that were unclear, double barred and ambiguous and, lastly, by conducting a pilot study. This was followed by a discussion on the ethical considerations that were adhered to throughout the research. Lastly, limitations relating to the research methods used were outlined. Results from the interviews will be discussed in the following chapter, Chapter 5.

Chapter 5: Empirical results

5.1. Introduction

This chapter focuses on the analysis and presentation of the data gathered from the homeless respondents. The results are numerically depicted in tables and figures. The data was collected by means of a structured questionnaire. The literature review, as well as the aim and the objectives of the study guided the formulation of the questionnaire that was used in the survey. As indicated in Chapter 4, the questionnaire was divided into 4 sections and the results will be presented according to these sections. Section A covered the age of respondents, their sex, population group, nationality as well as the participant's marital status. Section B, which relates to homelessness, entailed questions on the participants current age as well as age at which they became homeless, reasons for being homeless, employment prior to homelessness and duration of homelessness.

Section C consists of information on the participants' previous and current victimisation. In addition, data pertaining to the nature, type and perpetrators of victimisation are depicted. Section D dealt with respondents overall health status, use of health facilities, why they were still homeless, whether they want to leave the streets and, if so, the assistance they need. Since the results are comparative in nature, the results are presented in separate table columns (alongside a column that indicates the total n-values and percentages. Similarly, data from the urban and rural respondents are clearly differentiated in figures. The results provide a detailed description of the experiences of victimisation among homeless people and matters related to their wellbeing.

5.2. Biographic and background information

The study consisted of 70 respondents, 40 from the urban area and 30 from the rural area (Table 2). Almost a quarter of respondents (n=17; 24.3%) were between the ages of 31-35. The vast majority were African (n=65; 92.9%) and male (n=67; 95.7%). Roughly two-thirds (n=27; 67.5%) of urban respondents were 35 years or younger, while 63.3% (n=19) of rural respondents were 36 years and older. More than two in five of respondents (n=18; 45.0% urban respondents and n=14; 46.7% rural respondents) were homeless for 1-2 years and the majority of respondents (n=33; 82.5%) from the urban sample were chronically homeless. More than two-thirds of respondents (n=50; 71.4%) indicated their marital status as single and roughly two in five (n=26; 37.1%) stated that they were raised by both parents.



Table 2: Biographic and background information of respondents

	Total		Urban		Rural		Z	p	r
	n	%	n	%	n	%			
Age:									
≤20	3	4.3	3	7.5	-	-	-2.818	0.005	-0.33
21-25	4	5.7	3	7.5	1	1.4			
26-30	14	20.0	10	25.0	4	13.3			
31-35	17	24.3	11	27.5	6	19.9			
36-40	15	21.4	7	17.5	8	26.7			
41-45	10	14.3	4	10.0	6	20.0			
≥46	7	10.0	2	5.0	5	16.6			
Sex:									
Female	3	4.3	3	7.5	-	-	-1.522	0.128	-
Male	67	95.7	37	92.5	30	100			
Nationality:									
South African	52	74.3	26	65.0	26	86.7	-2.038	0.042	-0.24
Non South African	18	25.7	14	35.0	4	13.3			
Population group:									
African	65	92.9	37	92.5	28	93.3	-0.213	0.832	-
Coloured	2	2.9	-	-	2	6.7			
White	3	4.3	3	7.5	-	-			
Marital status:									
Single	50	71.4	28	70.0	22	73.3	-0.150	0.881	-
Married	13	18.6	6	15.0	7	23.3			
Partnered	3	4.3	3	7.5	-	-			
Divorced	2	2.9	2	5.0	-	-			
Widowed	1	1.4	-	-	1	3.3			
Separated	1	1.4	1	2.5	-	-			
Raised by:									
Both parents	26	37.1	18	45.0	8	37.1	-1.329	0.184	-
Mother only	26	37.1	12	30.0	14	46.7			
Grandparents	8	11.4	4	10.0	4	13.3			
Relatives	5	7.1	1	2.5	4	13.3			
Father only	4	5.7	4	10.0	-	-			
Sister	1	1.4	1	2.5	-	-			

Table 2 continued

	Total		Urban		Rural		Z	p	r
	n	%	n	%	n	%			
Highest education:									
No schooling	4	5.7	2	5.0	2	5.7	-2.874	0.004	-0.34
Grade 7	21	30.0	6	15.0	15	50.0			
Grade 7- Grade 9	20	28.6	13	32.5	7	23.3			
Grade 12	19	27.1	15	37.5	4	21.4			
Diploma	4	5.7	2	5.0	2	6.7			
Degree	2	2.9	2	5.0	-	-			
Duration homeless:									
Less than 4weeks	1	1.4	1	2.5	-	-	-3.276	0.001	-0.39
Less than 6 months	16	22.9	4	10.0	12	40.0			
1-2 years	32	45.7	18	45.0	14	46.7			
3-5 years	12	17.1	8	20.0	4	13.3			
6-10 years	5	7.1	5	12.5	-	-			
More than 10 years	4	5.7	4	10.0	-	-			
Whether continuously homeless:									
Yes	50	71.4	33	82.5	17	56.7	-2.351	0.019	-0.28
No	20	28.6	7	17.5	13	43.3			

The Mann-Whitney *U* test showed that:

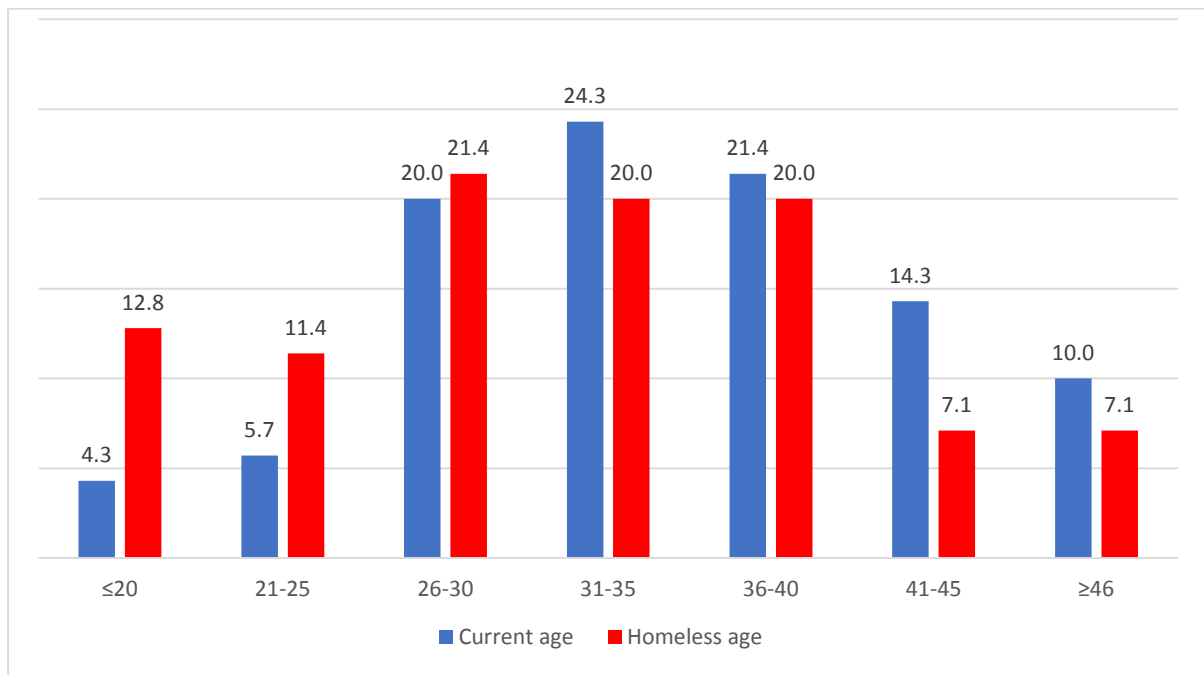
- A weak to medium effect size ($r=-0.24$) featured in the nationality of urban and rural respondents. A third of urban respondents ($n=14$; 35.0%) were non-South African compared to roughly one in eight rural respondents ($n=4$; 13.3%).
- A medium effect size ($r=-0.34$) was found regarding the highest education level of urban and rural respondents. Half of the rural respondents ($n=15$; 50.0%) achieved Grade 7 while nearly half of urban respondents ($n=19$; 47.5%) achieved Grade 12 or higher.
- A medium to strong effect size ($r=-0.39$) was recorded in terms of the duration respondents have been homeless. Two in four urban respondents ($n=17$; 42.5%) have been homeless for more than three years compared to only 13.3% ($n=4$) of the rural respondents.

- A medium effect size ($r=-0.28$) prevailed in terms of respondents having been continuously homeless. The majority of urban respondents ($n=33$; 82.5%) were continuously homeless compared to roughly half of rural respondents ($n=17$; 56.7%).

5.3. Becoming homeless and dynamics associated with homelessness

Figure 1 shows the respondents' current age and the age at which they became homeless. The ages of respondents ranged from younger than 20 to older than 46. The current age of the greater proportion of respondents ($n=14$; 24.3%) was between 31-35 and roughly one in five respondents ($n=15$; 21.4%) became homeless between the ages of 26-30 years. One in five respondents ($n=17$; 24.2%) became homeless before the age of 25 years.

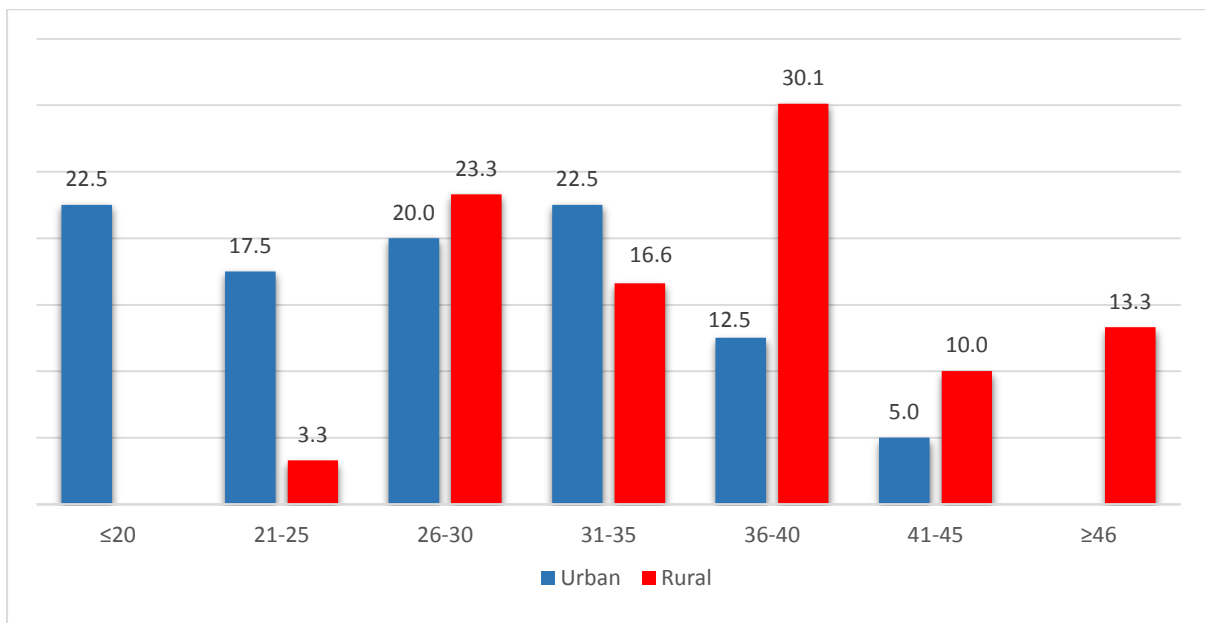
Figure 1: Current age and age when first homeless (%)



The mean current age of respondents was 34.9 years and the mean for the age when they became homeless was 31.7 years. The Mann-Whitney U test showed a medium effect size ($p=0.005$; $r=-0.33$) prevailed regarding the ages of urban and rural respondents.

Two in five respondents ($n=17$; 40.0%) from the urban sample became homeless before the age of 25, while less than a third of respondents ($n=12$; 30.1%) from the rural sample became homeless after the age of 36. These results are likely to correlate with the current age of respondents (see Table 2).

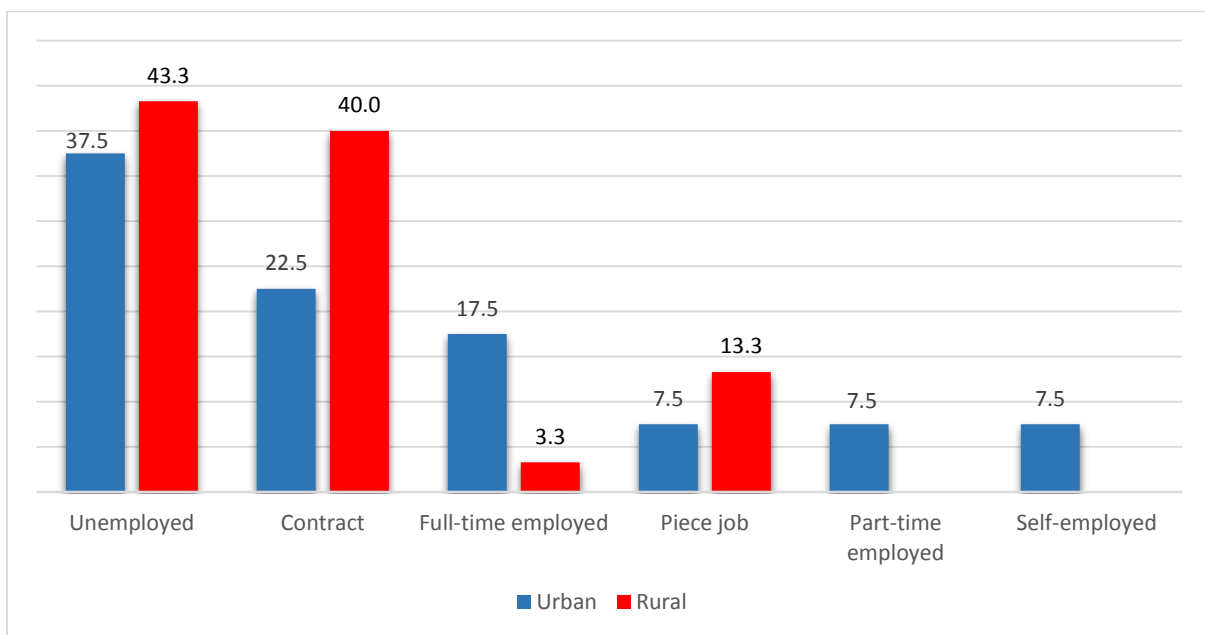
Figure 2: Age when first homeless (urban/rural) (%)



With regards to the age when urban and rural respondents first became homeless, the difference was statistically significant ($p < 0.001$) with a strong effect size ($r = -0.48$). As Figure 2 indicates, rural respondents appear to become homeless at an older age.

Roughly two in five urban ($n = 15$; 37.5%) and rural ($n = 13$; 43.3%) respondents were unemployed prior to becoming homeless (Figure 3). Two in five ($n = 12$; 40.0%) rural and nearly a quarter ($n = 9$; 22.5%) of the urban respondents had contract work.

Figure 3: Employment prior to homelessness (urban/rural) (%)



Respondents provided a wide range of types of employment they had prior to becoming homeless. Their responses were categorised into different themes (Table 3). Due to the large number of empty cells, low n-values and the number of categories (particularly in the urban column), the Mann-Whitney *U* test could not be performed. Nevertheless, a third of respondents (n=13; 32.1%) who were employed prior to becoming homeless worked in the construction sector.

Table 3: Type of employment prior to homelessness (urban/rural)

	Total		Urban		Rural	
	n	%	n	%	n	%
Construction	13	32.1	7	28	6	37.5
Security guard	4	9.8	2	8.0	2	12.5
Farm worker	3	7.3	-	-	3	18.8
Warden	2	4.9	2	8.0	-	-
Military	2	4.9	2	8.0	-	-
Painter	2	4.9	1	4.0	1	6.3
Gardner	2	4.9	-	-	2	12.5
Road worker	1	2.4	-	-	1	6.3
Domestic worker	1	2.4	1	4.0	-	-
IT & security	1	2.4	1	4.0	-	-
Plumbing	1	2.4	1	4.0	-	-
Teacher	1	2.4	1	4.0	-	-
Clothing store assistant	1	2.4	1	4.0	-	-
Sales agent	1	2.4	1	4.0	-	-
Food server	1	2.4	1	4.0	-	-
Waiter	1	2.4	1	4.0	-	-
Stock admin clerk	1	2.4	1	4.0	-	-
Artist	1	2.4	1	4.0	-	-
Furniture assistance store	1	2.4	1	4.0	-	-
Baker	1	2.4	-	-	1	6.3

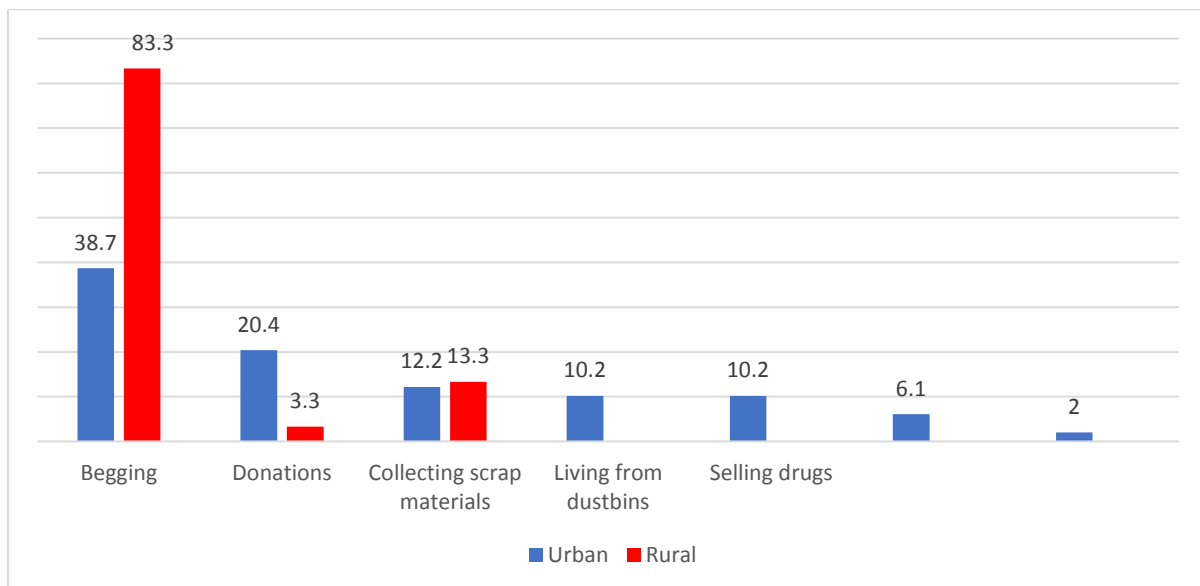
Respondents reported many factors that contributed to their homelessness (Table 4). As a result of the large number of categories and low n-values in some instances, the Mann-Whitney *U* test could not be performed. Unemployment was the factor that contributed most to homelessness (n=38; 48.0%) followed by being an illegal immigrant (n=14; 17.7%) and breakdown of family ties (n=9; 11.4%).

Table 4: Reasons for being homeless (urban/rural)

	Total		Urban		Rural	
	n	%	n	%	n	%
Unemployment	38	48.0	20	43.5	18	54.5
Illegal immigrant/seeking asylum	14	17.7	8	17.4	6	18.2
Breakdown of the family	9	11.4	9	19.6	-	-
Imprisonment	7	8.9	1	2.1	6	18.2
Drugs and alcohol	6	7.6	5	10.9	1	3
Violence	2	2.5	2	4.3	-	-
Abuse/neglect as a child	1	1.3	1	2.1	-	-
Can't afford to pay rent	1	1.3	-	-	1	3
Xenophobic attacks	1	1.3	-	-	1	3

The majority of rural respondents (n=25; 83.3%) earned a living through piece jobs (Figure 4). Very few of the urban (n=6: 12.2%) and rural respondents (n=4; 3.3%) begged on the street. Only urban respondents earned a living by collecting scraps (n=5; 10.2%), living from dustbins (n=3; 6.1%), received donations (n=5; 10.2%) and by selling drugs (n=1; 2.0%). Similar to the table above, the Mann-Whitney *U* test could not be performed.

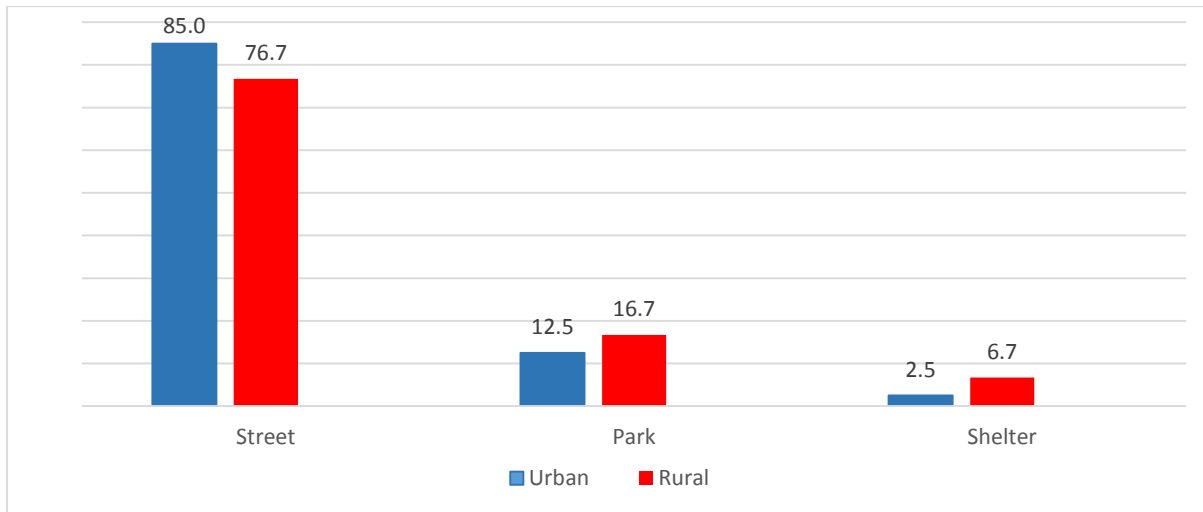
Figure 4: How do earn a living while on the streets (urban/rural) (%)



The results of where respondents slept most of the time and where they slept the night before being interviewed were exactly the same, and were therefore combined in Figure 5. The majority of respondents (n=57; 81.4%) slept on the street (85.0% urban respondents

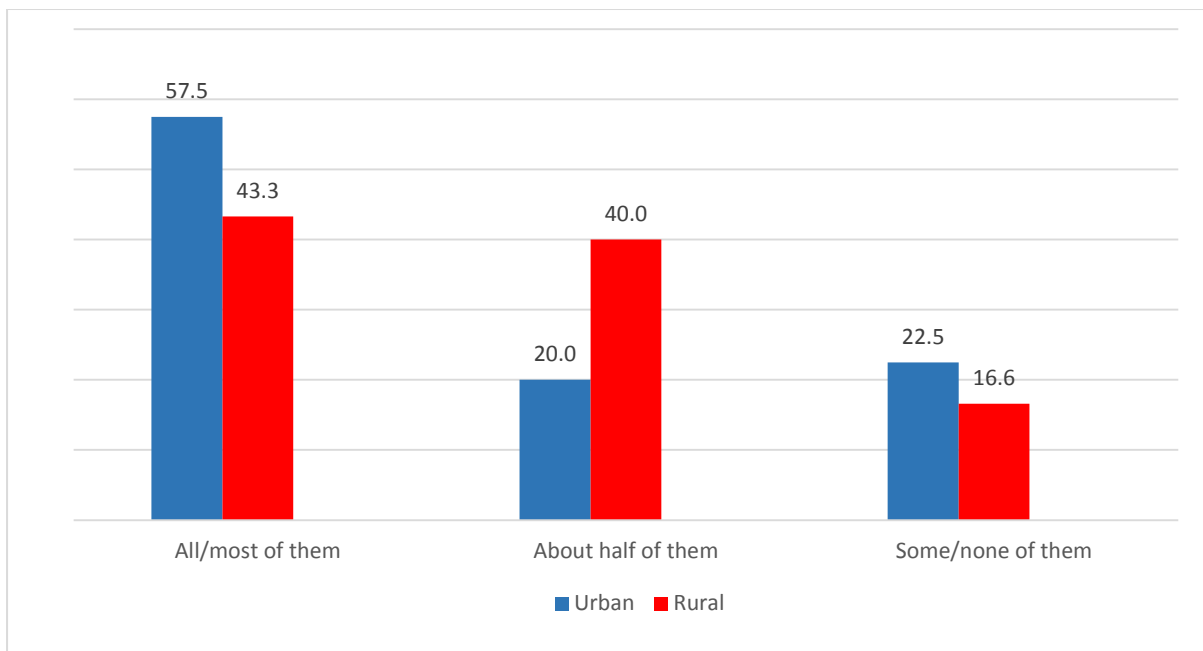
and 76.7% rural respondents). Very few urban (n=1; 2.5%) and rural (n=2; 6.7%) respondents slept at a shelter.

Figure 5: Where respondents sleep (urban/rural) (%)



There was no statistical difference (in terms of rural versus urban settings) with regard to where respondents slept most of the time and where they slept the night before ($p=0.965$). More than half (n=23; 57.5%) of the urban and two in five (n=13; 43.3%) of the rural respondents spent most of their days with other homeless people (Figure 6).

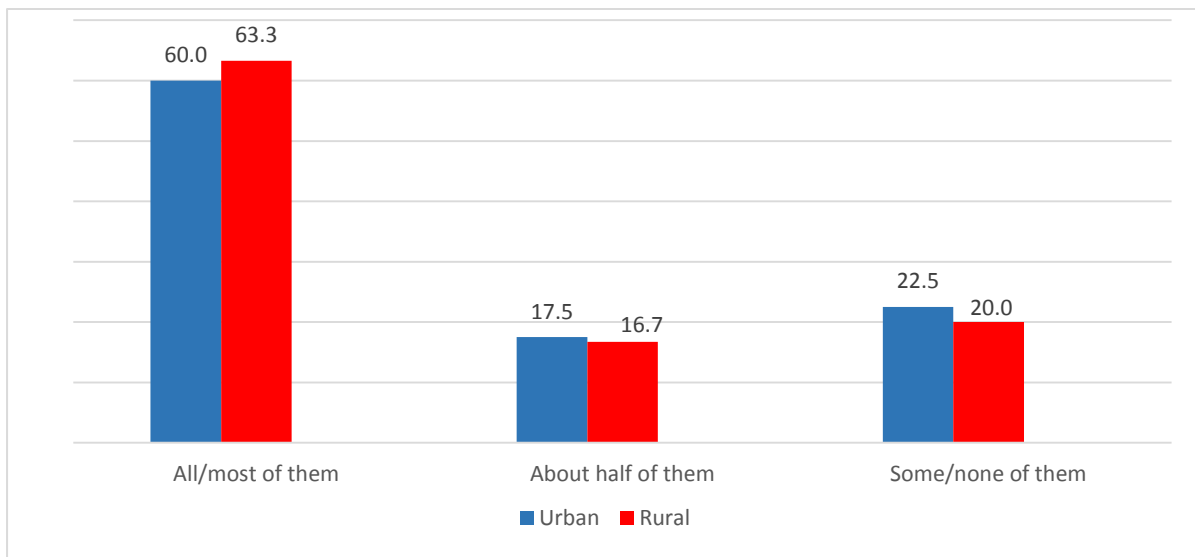
Figure 6: Time (days) spent with other homeless people (urban/rural) (%)



There was no statistical difference between the urban and rural settings and the time respondents spent with other homeless people ($p=0.965$) (Figure 5).

A small proportion of urban ($n=7$; 17.5%) and rural ($n=5$; 16.7%) respondents spend about half of their nights with other homeless people (Figure 7).

Figure 7: Time (nights) spent with other homeless people (urban/rural) (%)

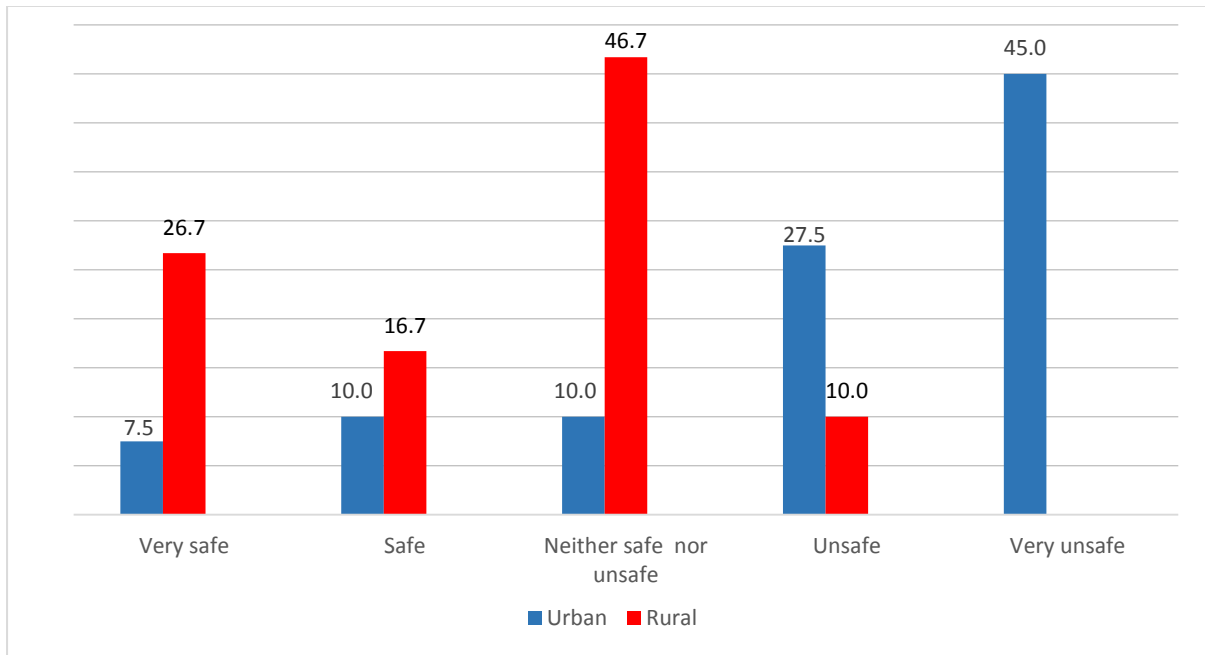


No statistical significance prevailed between urban and rural settings and the time (nights) respondents spend with other homeless people ($p=0.777$) (Figure 7).

5.4. Respondents' feelings of safety

Nearly two in five urban respondents felt "very unsafe" ($n=18$; 45.0%) while being homeless/on the street compared to none of the rural respondents who opted for that category. Half of the rural respondents ($n=14$; 46.7%) felt neither safe nor unsafe and one in four rural respondents ($n=8$; 26.7%) felt very safe while homeless on the street.

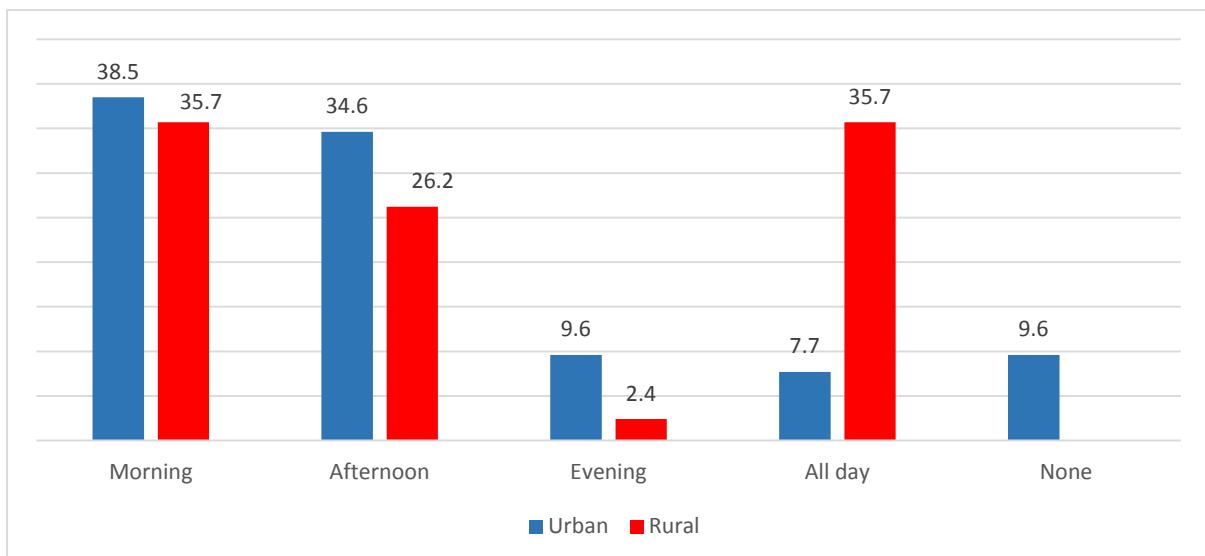
Figure 8: Feelings of safety while being homeless/on the street (urban/rural) (%)



There was a statistically significant difference ($p < 0.001$) with a large effect size ($r = -0.56$) between how safe urban and rural respondents feel while being homeless/on the street, with urban respondents feeling more unsafe (Figure 8).

More than a third of respondents ($n = 15$; 35.7%) from the rural sample felt safe in the morning (Figure 9). Almost two in five respondents ($n = 20$; 38.5%) from the urban sample felt safe in the morning. Nearly one in ten ($n = 5$; 9.6%) of respondents from the urban sample felt safe none of the time.

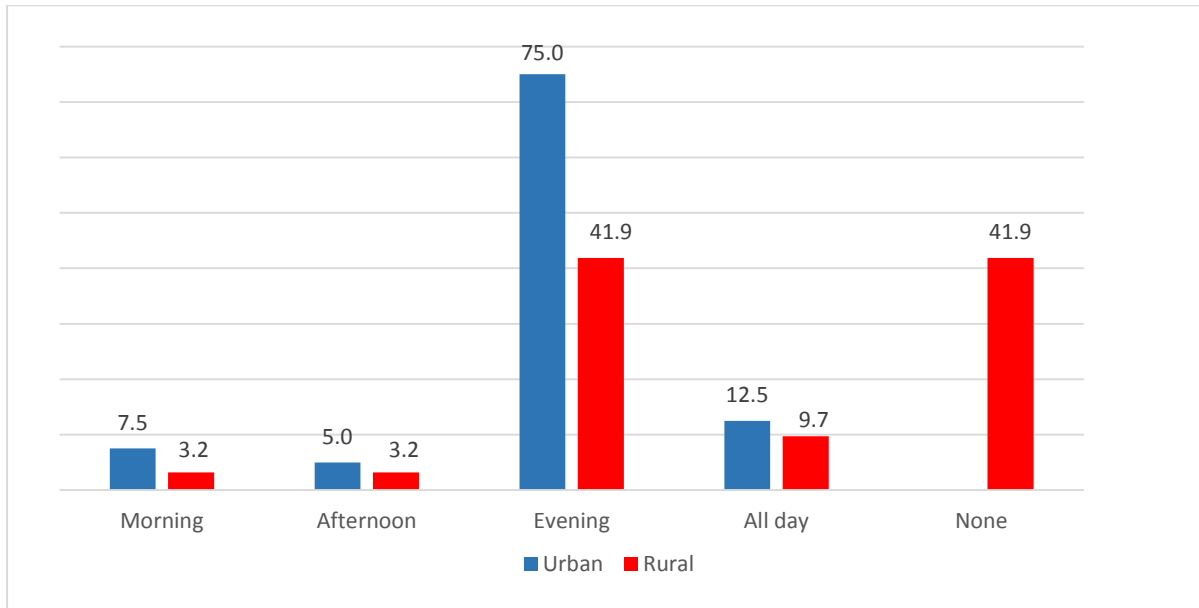
Figure 9: Time of day respondents feel most safe (urban/rural) (%)



There was no statistically significance difference with regards to the time of day respondents felt safe ($p=0.563$) (Figure 9).

Three quarters of respondents ($n=30$; 75.0%) from the urban sample compared to two in five rural respondents ($n=13$; 41.9%) felt unsafe in the evening (Figure 10).

Figure 10: Time of day respondents feel most unsafe (urban/rural) (%)



The time of day urban and rural respondents feel most safe showed a significant difference ($p<0.001$) with a strong effect size ($r=-0.47$) (Figure 9).

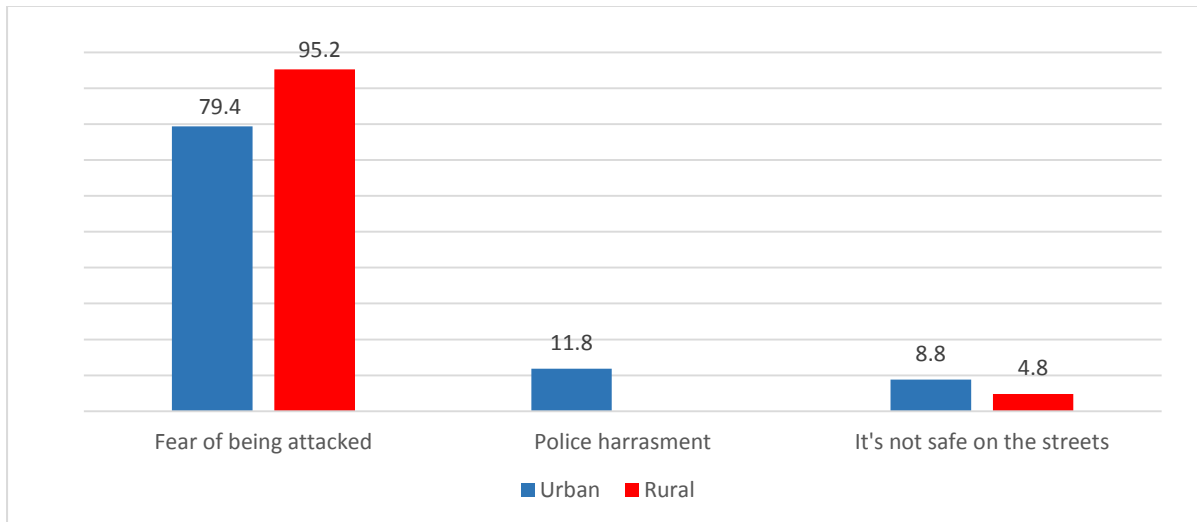
More than a quarter ($n=19$; 27.1%) of respondents felt safe near public places while a quarter of respondents ($n=18$; 26.1%) felt safe nowhere (Table 6). Two in five respondents ($n=12$; 40.0%) from the rural sample and 12.5% ($n=5$) respondents from the urban sample felt safe in all places. Due to the large number of categories and low n-values, the Mann-Whitney U test could not be performed.

Table 5: Areas where respondents feel most safe and unsafe (urban/rural)

	Total		Urban		Rural	
	n	%	n	%	n	%
Place you feel most safe?						
Near public places	19	27.1	7	17.5	12	40.0
Everywhere	17	24.3	5	12.5	12	40.0
Where you sleep	17	24.3	15	37.5	2	6.7
Feel safe in most places	5	7.1	2	5.0	3	10.0
Night of church	3	4.3	3	7.5	-	-
Park	3	4.3	3	7.5	-	-
Church square	1	1.4	1	2.5	-	-
Akanani	1	1.4	1	2.5	-	-
Where I sleep	1	1.4	1	2.5	-	-
UN building	1	1.4	1	2.5	-	-
Shelter	1	1.4	-	-	1	3.3
When in a group	1	1.4	1	2.5	-	-
Place you feel most unsafe?						
None	18	26.1	6	15.4	12	40.0
Everywhere	9	13.0	8	20.5	1	3.3
Drinking places	8	11.6	1	2.6	7	23.3
Where I sleep	6	8.7	4	10.3	2	6.7
Under bridges	5	7.2	3	7.7	2	23.3
Park	5	7.2	5	12.8	-	-
Taxi rank	4	5.8	-	-	4	13.3
Places where not known	4	5.8	3	7.7	1	3.3
Streets	4	5.8	4	10.3	-	-
Pretoria Central	3	4.3	3	7.7	-	-
When alone	2	2.9	2	5.1	-	-
Public places	1	1.4	-	-	1	3.3

The vast majority of rural respondents (n=20; 95.2%) and three-quarters (n=25; 73.5%) of urban respondents feared being attacked (Figure 11).

Figure 11: Reasons for not feeling safe (urban/rural) (%)



There was no statistical significance with regards to reasons for not feeling safe ($p=0.928$) (Figure 10).

Nearly three quarters of respondents ($n=50$; 71.4%) were concerned about being robbed and two-thirds ($n=45$; 67.1%) feared being assaulted (Table 6). The majority of respondents ($n=35$; 87.5%) were concerned about being threatened/harassed and more than two-thirds ($n=28$; 70.0%) of respondents feared being attacked.

Table 6: Respondents' concern about types of victimisation

	Total		Urban		Rural		Z	p	r
	n	%	n	%	n	%			
Robbery:									
Concerned	50	71.4	28	70.0	22	73.3	-1.029	0.304	-
Neither	9	12.9	2	5.0	7	23.3			
Not concerned	11	15.7	10	25.0	1	3.3			
Being attacked:									
Concerned	47	67.1	28	70.0	19	63.3	-2.071	0.038	-0.24
Neither	13	18.6	4	10.0	9	30.0			
Not concerned	10	14.2	8	20	2	6.7			
Goods stolen:									
Concerned	38	54.3	30	75.0	8	26.7	-3.485	0.001	-0.41
Neither	20	28.6	2	5.0	18	60.0			
Not concerned	12	17.1	8	20.0	4	13.3			

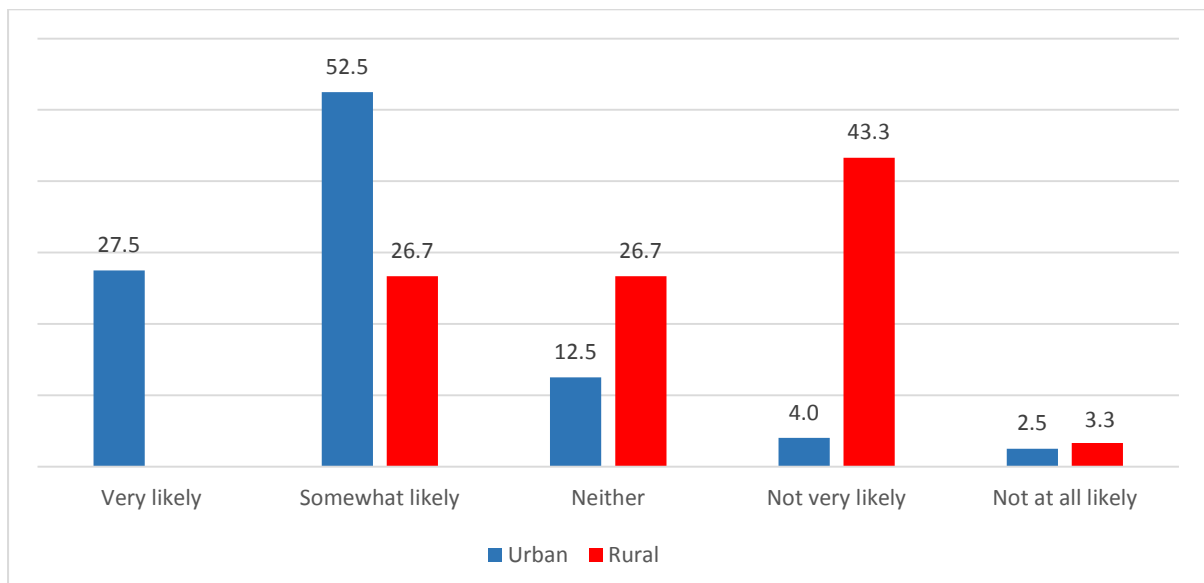
Table 6 continued

	Total		Urban		Rural		Z	p	r
	n	%	n	%	n	%			
Threatened/harassed:									
Concerned	44	62.8	35	87.5	9	30.0	-4.342	0.001	-0.51
Neither	17	24.3	-	-	17	56.7			
Not concerned	9	12.9	5	12.5	4	13.3			

Respondents from the rural sample were significantly less concerned regarding: assault ($p=0.38$; $r=-0.24$); theft ($p<0.001$; $r=-0.41$) and being harassed ($p<0.001$; $r=-0.51$) (Table 6).

A quarter of respondents ($n=8$; 26.7%) from the rural sample reported that it was “somewhat likely” that they will fall victim to crime in the next year. Slightly more than a quarter of urban respondents ($n=11$; 27.5%) stated “very likely” to victimisation in the next year (Figure 12).

Figure 12: Likelihood of being victimised in the next year (urban/rural) (%)

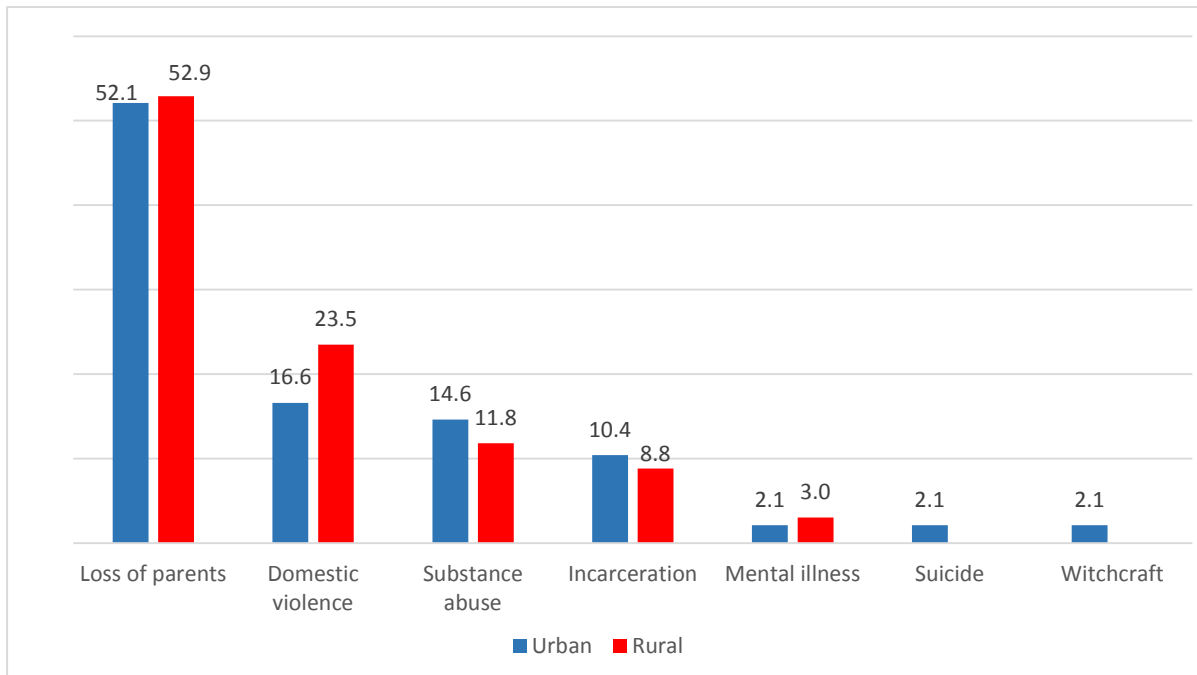


How likely respondents thought they would become victims of crime in the next year showed a statistically significant difference ($p<0.001$) with a strong effect size ($r=-0.56$) (Figure 12). Half of the urban respondents ($n=21$; 52.5%) stated that it was “somewhat likely” that they would become victims of crime in the next year compared to two in five rural respondents ($n=13$; 43.3%) who indicated “not very likely”.

5.5. Experiences of abuse and victimisation

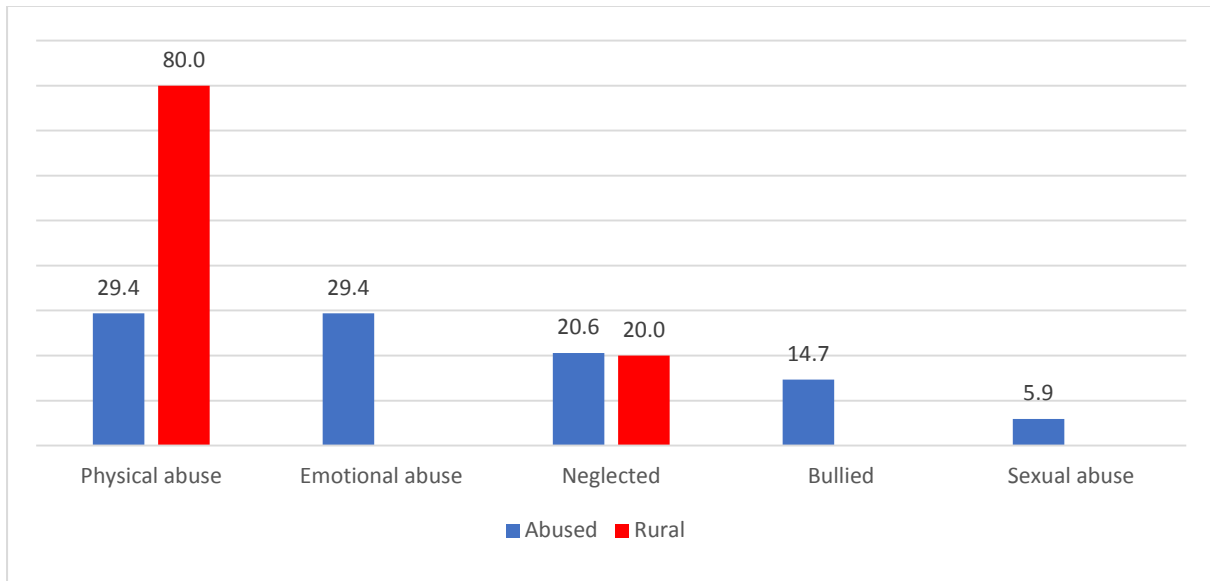
More than half of urban (n=25; 52.1%) and rural (n=18; 52.9%) respondents had lost either one or both parents (Figure 13). Domestic violence characterised 23.5% (n=8) of the rural and 16.6% (n=8) of the urban respondents' family history.

Figure 13: Family history of respondents (urban/rural) (%)



Only 5 respondents from the rural sample reported their childhood history, 80% (n=4) reported physical abuse and 20% (n=1) reported being neglected (Figure 14). Only respondents from the urban sample had emotionally abused (n=10; 29.4%), bullied (n=5; 14.7) and sexually abused (n=2; 5.9).

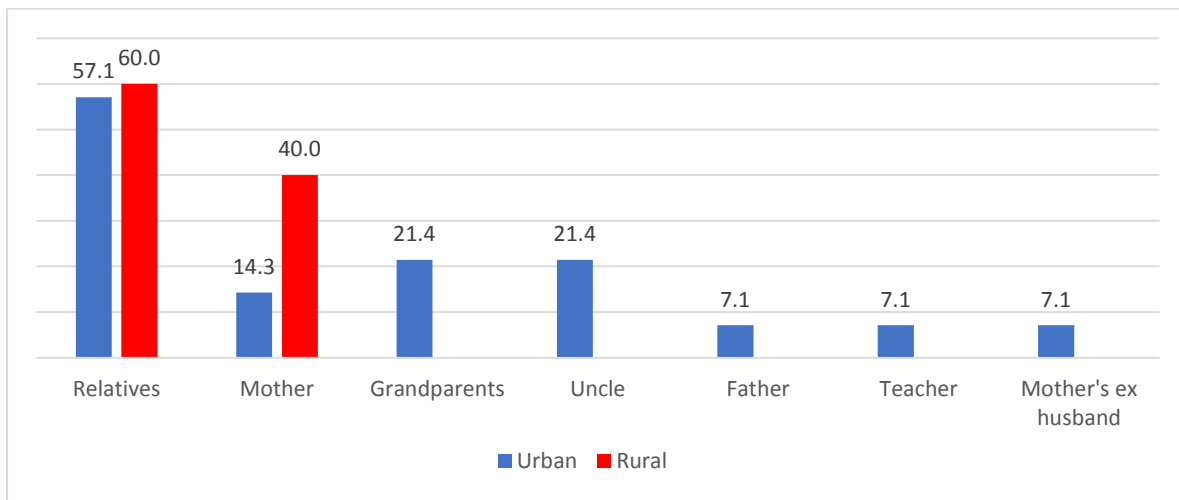
Figure 14: Types of abuse respondents suffered while young (%)



The Mann-Whitney U test showed a statistical significant of $p=0.002$ with a medium effect size of $r=-0.37$ for type abuse respondents suffered while young, with urban respondents reporting more incidents of emotional, sexual abuse and bullying (Figure 14).

More than half ($n=8$; 57.1%) of the urban respondents and three in five ($n=3$; 60.0%) of the rural respondents who reported abuse were abused by their relatives (Figure 15). This is followed by two in five respondents ($n=3$; 40.0%) from the rural sample who were abused by their mothers. One in five respondents ($n=3$; 21.4%) of the urban sample were abused by their grandparents and uncles respectively.

Figure 15: Perpetrators of the abuse against respondents (urban/rural) (%)



More than two-thirds (n=30; 42.9%) of respondents knew a homeless person who fell victim to crime. More than two-thirds of the urban respondents (n=19; 69.2%) and 26.7% (n=4) of the rural respondents knew a homeless person who became a victim of common assault (Table 7). The greater proportion of rural respondents (n=10; 66.6%) knew a homeless person who had been a victim of theft. One in three (n=12; 30.0%) of respondents from the urban sample had reported that homeless people were victimised “very often”. One in three rural respondents (n=9; 30.0%) reported that homeless people were “seldom” victimised. Two in five rural (n=17; 42.5%) and one in three urban (n=12; 30.0%) respondents reported that homeless people “seldom” and “sometimes” report crimes to the police. Roughly two in three rural respondents (n=19; 63.3%) indicated that homeless people “sometimes” report their victimisation to the police.

Table 7: Knowledge of other homeless persons’ victimisation (urban/rural)

	Total		Urban		Rural		Z	p	r
	n	%	n	%	n	%			
Type of victimisation:									
Serious assault	7	11.9	6	23.1	1	6.7	-2.772	0.012	-0.33
Common assault	23	38.9	19	69.2	4	26.7			
Theft	22	37.3	12	3.8	10	66.6			
Verbal abuse	3	5.1	3	13.3	-	-			
Damage to property	3	5.1	3	13.3	-	-			
All	1	1.7	1	3.8	-	-			
Frequency of victimisation:									
Very often	12	17.1	12	30	-	-	-3.690	0.001	-0.44
Often	16	22.9	11	27.5	5	16.7			
Sometimes	25	35.7	11	27.5	14	46.7			
Seldom	15	21.4	6	25	9	30			
I don’t know	2	2.9	-	-	2	6.7			

Table 7 continued

	Total		Urban		Rural		Z	p	r
	n	%	n	%	n	%			
Frequency of reporting victimisation:									
Very often	1	1.4	1	2.5	-	-	-2.376	0.018	-0.28
Often	1	1.4	-	-	1	3.3			
Sometimes	31	44.3	12	30	19	63.3			
Seldom	23	32.9	17	42.5	6	20			
Never	12	17.1	10	25	2	6.7			
I don't know	2	2.9	-	-	2	6.7			

Respondents from the urban sample indicated a higher frequency of homeless people falling victim to crime compared to those from the rural area ($p < 0.001$; $r = -0.44$). Nevertheless, rural respondents appeared more likely to report such victimisation ($p = 0.018$; $r = -0.28$) (Table 5).

When asked about their own victimisation, more than half of the respondents ($n = 37$; 52.9%) had been victimised since becoming homeless. Three in five respondents ($n = 24$; 60.0%) from the urban sample and two in five ($n = 13$; 43.3%) rural respondents were victimised. Despite the difference of 16.6% between the two groups, the Mann-Whitney U test did not show a significant difference regarding victimisation ($p = 0.170$).

A quarter of respondents ($n = 10$; 25.0%) from the urban sample and 10.0% ($n = 1$) of the rural respondents had been physical assaulted (Table 8). More than a third ($n = 8$; 61.5%) of the physical assault took place in the street. Three in five ($n = 9$; 60.0%) of the perpetrators were African and two in five ($n = 3$; 20.0%) were White. The vast majority ($n = 12$; 92.3%) of the perpetrators were male ($n = 12$; 92.3%) and between the ages of 21-25 ($n = 5$; 38.5%). Nearly half ($n = 7$; 46.6%) of the assault happened late at night with nearly three quarters ($n = 9$; 69.2%) of the perpetrators having been intoxicated. More than four in five ($n = 11$; 84.6%) of respondents never reported their last incident with more than one in three ($n = 4$; 36.4%) citing a lack of trust in the police as a reason for not reporting the incident.



Table 8: Respondents' experiences of physical assault (urban/rural)

	Total		Urban		Rural	
	n	%	n	%	n	%
Place:						
Shelter	2	15.4	2	20.0	-	-
Street	8	61.5	6	60.0	2	66.7
Park	3	23.1	2	20.0	1	33.3
Perpetrator's race:						
White	3	20.0	3	25.0	-	-
African	9	60.0	6	50.0	3	100
Coloured	2	13.3	2	16.7	-	-
Asian	1	6.7	1	8.3	-	-
Perpetrator's gender:						
Male	12	92.3	9	90.0	3	100
Female	1	7.7	1	10.0	-	-
Perpetrator's age:						
21-25	5	38.5	5	50.0	1	33.3
26-30	4	30.8	3	30.0	2	66.7
31-35	3	23.0	1	10.0	-	-
36-40	1	7.7	1	10.0	-	-
Time of day:						
Early morning	1	6.7	1	8.3	-	-
Late morning	3	20.0	3	25.0	-	-
Early afternoon	1	6.7	1	8.3	-	-
Early evening	3	20.0	2	16.7	1	33.3
Late evening	7	46.6	5	41.7	2	66.7
Frequency:						
Very often	6	46.2	6	60.0	-	-
Often	2	15.4	2	20.0	-	-
Once	5	38.4	2	20.0	3	100
Victim intoxicated:						
Yes	3	23.1	3	30.0	-	-
No	10	76.9	7	70.0	3	100



Table 8 continued

	Total		Urban		Rural	
	n	%	n	%	n	%
Perpetrator intoxicated:						
Yes	9	69.2	8	80.0	1	33.3
No	4	30.8	2	20.0	2	66.7
Reported last incident:						
Yes	2	15.4	1	10.0	1	33.3
No	11	84.6	9	90.0	2	66.7
Reasons for not reporting:						
Hardly recognised by the CJS	1	9.1	1	11.1	-	-
Lack of trust in the police	4	36.4	2	22.2	2	100
Minor incident	2	18.2	2	22.2	-	-
No witnesses	1	9.1	1	11.1	-	-
Perpetrators are the police	1	9.1	1	11.1	-	-
Know the perpetrators	2	18.2	2	22.2	-	-
Suffered physical injury:						
Yes	10	76.9	8	80.0	2	66.7
No	3	23.1	2	20.0	1	33.3
Seriousness of injury:						
Very serious	4	40.0	4	50.0	-	-
Serious	4	40.0	3	38.0	1	50
Not that serious	2	20.0	1	12.0	1	50
Medical care needed:						
Yes	5	50.0	4	60.0	1	33.3
No	4	50.0	2	40.0	2	66.7

More than two thirds (n=17; 70.8%) of the urban respondents and three quarters (n=9; 75.0%) of the rural respondents had experienced theft (Table 9). More than four in five (n=22; 84.6%) experiences of theft took place in the street and all the perpetrators were male (n=28; 100.0%). Nearly half of the perpetrators (n=13; 46.4%) were between the ages of 21-25 and the greater proportion of thefts (n=11; 42.3%) happened in the late evening. Three quarters of respondents (n=20; 76.5%) never reported their last experience of theft.



Table 9: Respondents' experiences of theft (urban/rural)

	Total		Urban		Rural	
	n	%	n	%	n	%
Place:						
Shelter	2	7.7	1	5.9	1	11.1
Street	22	84.6	16	94.1	6	66.7
Park	2	7.7	-	-	2	22.2
Perpetrator's race:						
White	3	10.7	2	10.5	1	11.1
African	22	78.6	16	84.2	6	66.7
Coloured	2	7.1	-	-	2	22.2
Asian	1	3.6	1	5.3	-	
Perpetrator's gender:						
Male	26	100.0	17	100.0	9	100
Perpetrator's age:						
16-20	1	3.6	-	-	1	11.2
21-25	13	46.4	9	52.9	4	44.4
26-30	11	39.3	7	41.2	4	44.4
41-45	1	3.6	1	5.9	-	-
Time of day:						
Early morning	1	3.8	1	5.9	-	-
Late morning	6	23.1	6	35.3	-	-
Midday	4	15.4	2	11.8	2	22.2
Late afternoon	1	3.8	1	5.9	-	-
Early evening	3	11.6	1	5.9	2	22.2
Late evening	11	42.3	6	35.3	5	55.6
Frequency:						
Very often	5	19.2	5	29.4	-	-
Often	6	23.1	6	35.3	-	-
Sometimes	1	3.8	1	5.9	-	-
Seldom	5	19.2	2	11.8	3	33.3
Once	9	34.6	3	17.6	6	66.7
Reported last incident:						
Yes	6	23.1	4	23.5	2	22.2
No	20	76.9	13	76.5	7	77.8

Table 9 continued

	Total		Urban		Rural	
	n	%	n	%	n	%
Reasons for not reporting:						
Hardly recognised by the CJS	3	15.0	1	7.7	2	28.6
Lack of awareness of legal rights	1	5.0	-	-	1	14.3
Lack of trust in the police	5	25.0	5	38.5	-	-
Minor incident	11	55.0	7	53.8	4	57.1

None of the rural respondents reported experiences of grievous bodily harm. Only four respondents from the urban sample reported grievous bodily harm (Table 10). Two of the victimisation occurred on the streets late evening, perpetrated by African males who were between the ages of 26-30 (n=2). Two of the victims and two of the perpetrators were intoxicated when the victimisation occurred. One in four (n=1; 25.0%) of respondents reported the last incident. All the respondents had made use of medical care facilities and three out of the four (n=3; 75.0%) were dissatisfied with the medical care received.

Table 10: Grievous bodily harm (urban/rural)

	Total		Urban		Rural	
	n	%	n	%	n	%
Place:						
Street	4	100	4	100	-	-
Perpetrator's race:						
African	4	100	4	100	-	-
Perpetrator's gender:						
Male	4	100	4	100	-	-
Perpetrator's age:						
26-30	2	50.0	2	50.0	-	-
31-35	1	25.0	1	25.0	-	-
41-45	1	25.0	1	25.0	-	-
Time of day:						
Early morning	1	25.0	1	25.0	-	-
Late morning	1	25.0	1	25.0	-	-
Late evening	2	50.0	2	50.0	-	-

Table 10 continued

	Total		Urban		Rural	
	n	%	n	%	n	%
Frequency:						
Very often	2	50.0	2	50.0	-	-
Often	1	25.0	1	25.0	-	-
Seldom	1	25.0	1	25.0	-	-
Victim intoxicated:						
Yes	2	50.0	2	50.0	-	-
No	2	50.0	2	50.0	-	-
Perpetrator intoxicated:						
Yes	2	50.0	2	50.0	-	-
No	2	50.0	2	50.0	-	-
Reported last incident:						
Yes	1	25.0	1	25.0	-	-
No	3	70.0	3	77.0	-	-
Reasons for not reporting:						
Lack of trust in the police	2	66.7	2	66.7	-	-
No witnesses	1	33.3	1	33.3	-	-
Suffered physical injury:						
Yes	4	100	4	100	-	-
Seriousness of injury:						
Very serious	1	25.0	1	25.0	-	-
Serious	3	75.0	3	75.0	-	-
Medical care needed:						
Yes	4	100	4	100	-	-
Satisfied with medical care:						
Very satisfied	1	25.0	1	25.0	-	-
Dissatisfied	3	75.0	3	75.0	-	-

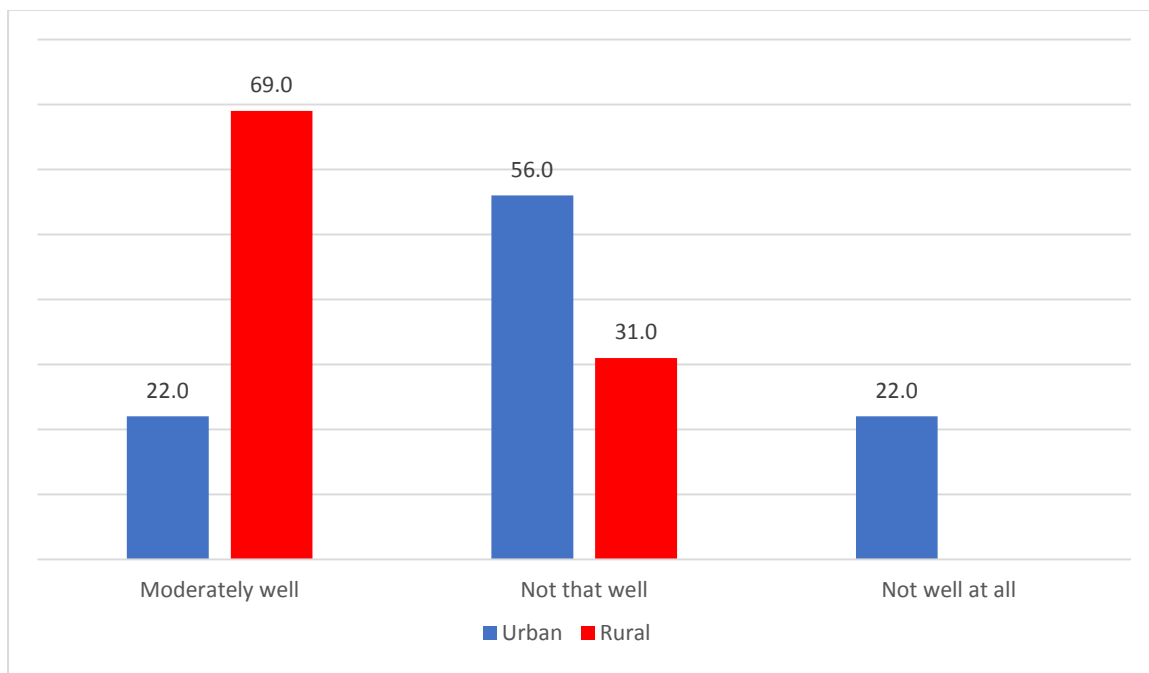
Only two respondents from the urban setting had experienced verbal abuse. The victimisation took place on the street. Perpetrators were both male and female between the ages of 21-25 (Table 11).

Table 11: Verbal abuse (urban/rural)

Place:						
Street	2	100	2	100	-	-
Perpetrator's race:						
African	2	100	2	100	-	-
Perpetrator's gender:						
Male	2	66.7	2	100	-	-
Female	1	33.3	1	100		
Perpetrator's age:						
21-25	2	100	2	100	-	-

Of respondents who had been victimised (43.3% rural and 60.0% urban), the majority of the rural respondents (n=9; 69.2%) coped moderately well compared to 21.7% (n=5) of the urban respondents (Figure 16).

Figure 16: How well did you cope after the victimisation (urban/rural) (%)



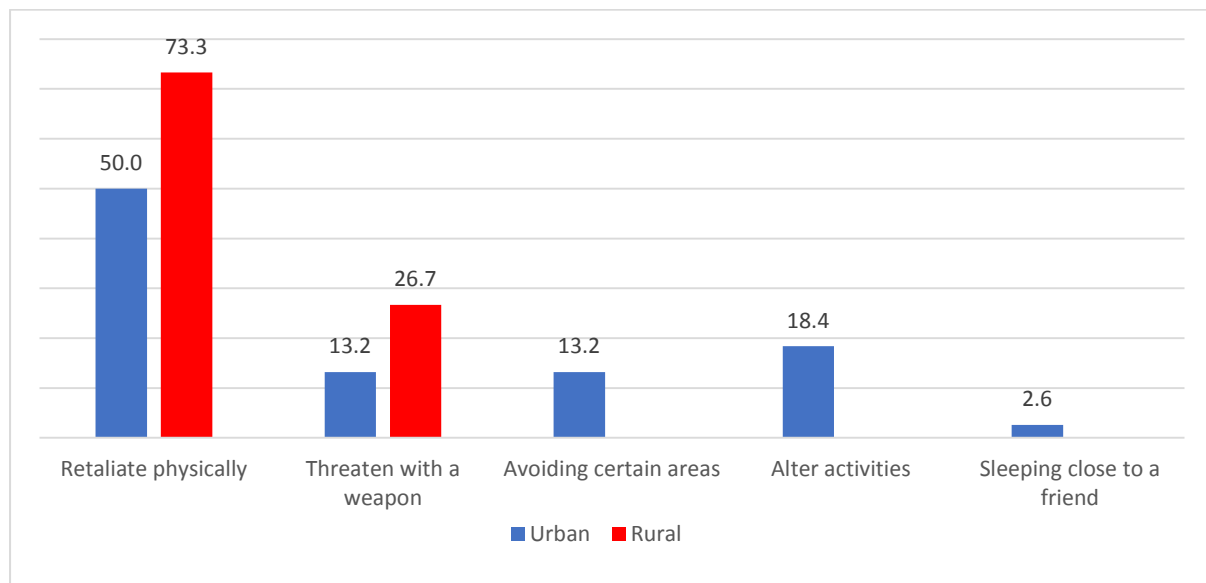
The Mann-Whitney U test showed a statistical significance ($p=0.006$) with a small to medium effect size ($r=-0.27$) as to how well the respondents coped after victimisation (Figure 15).

Although roughly two in five of the respondents from the urban sample reported that they did not cope well at all, and more than half (n=13; 56.0%) of the urban and a third (n=4; 31.0%)

of the rural respondents did not cope well after victimisation, four in five (n=32; 88.9%) of the respondents did not seek help to cope after the victimisation.

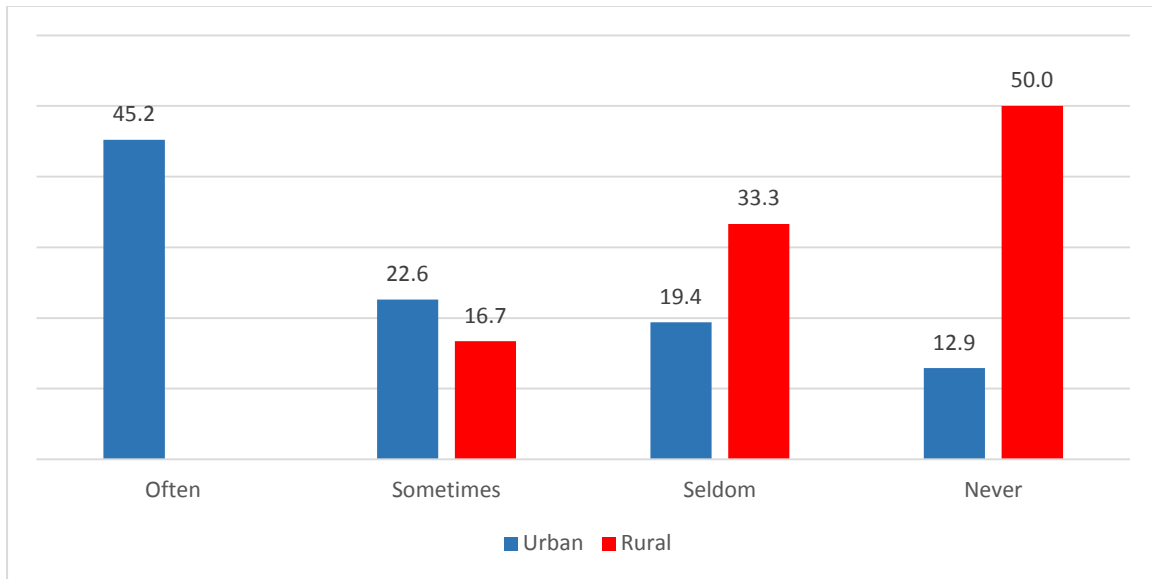
Almost two-thirds (n=25; 62.5%) of the urban and nearly half of the rural (n=14; 46.7%) respondents had used violence to counter/prevent victimisation. The vast majority of the urban (n=24; 96.0%) and rural (n=11; 84.6%) respondents felt the violence was effective. Almost three quarters of the rural (n=11; 73.3%) and half of the urban (n=19; 50.0%) sample retaliated physically in order to prevent personal victimisation (Figure 17). A quarter (n =4; 26.7%) of respondents from the rural sample threatened their assailant with a weapon while 18.4% (n=7) of respondents from the urban sample altered their routine activities to prevent being victimised.

Figure 17: Methods used to prevent victimisation (urban/rural) (%)



Two in three respondents (n=42; 60.0%) stated that they have been harassed by the police. Nearly half of urban respondents (n=14; 45.2%) reporting being harassed often by the police (n=4; 75.0%) (Figure 18).

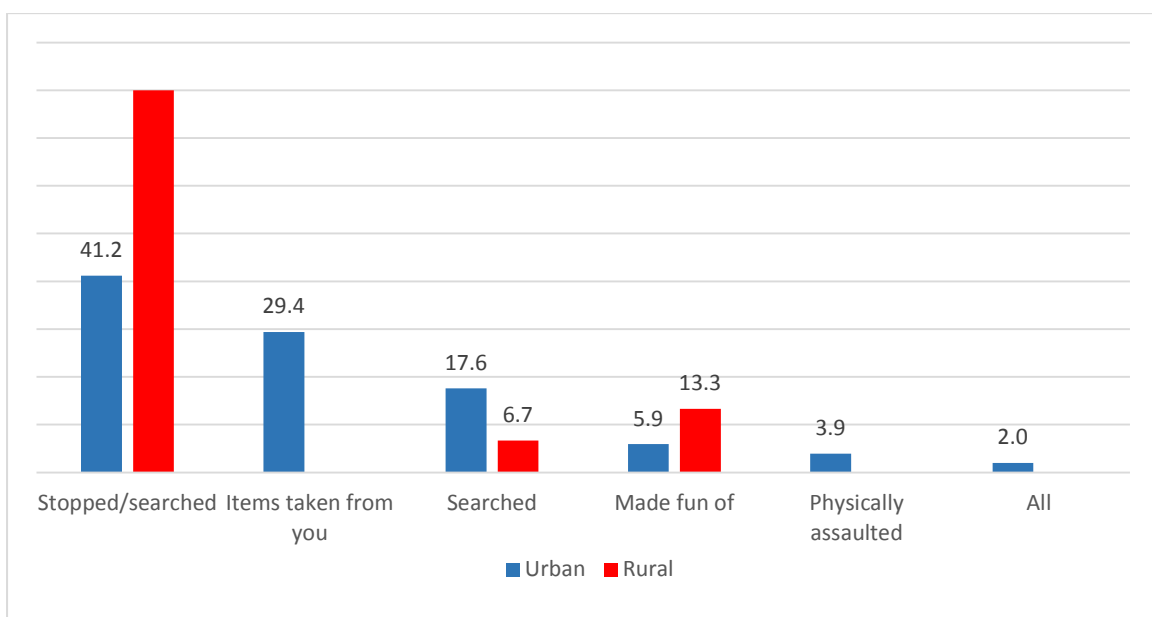
Figure 18: How often are you harassed by the police (urban/rural) (%)



The Mann-Whitney U test showed a statistical significance ($p=0.001$) with a medium to strong effect size ($r=-0.39$) regarding how often respondents were harassed by the police, with the frequency being less so for rural respondents (Figure 18).

Four in five ($n=12$; 80.0%) of the respondents from the rural area and two in five ($n=21$; 41.2%) respondents from the urban area reported being stopped and searched by the police (Figure 19).

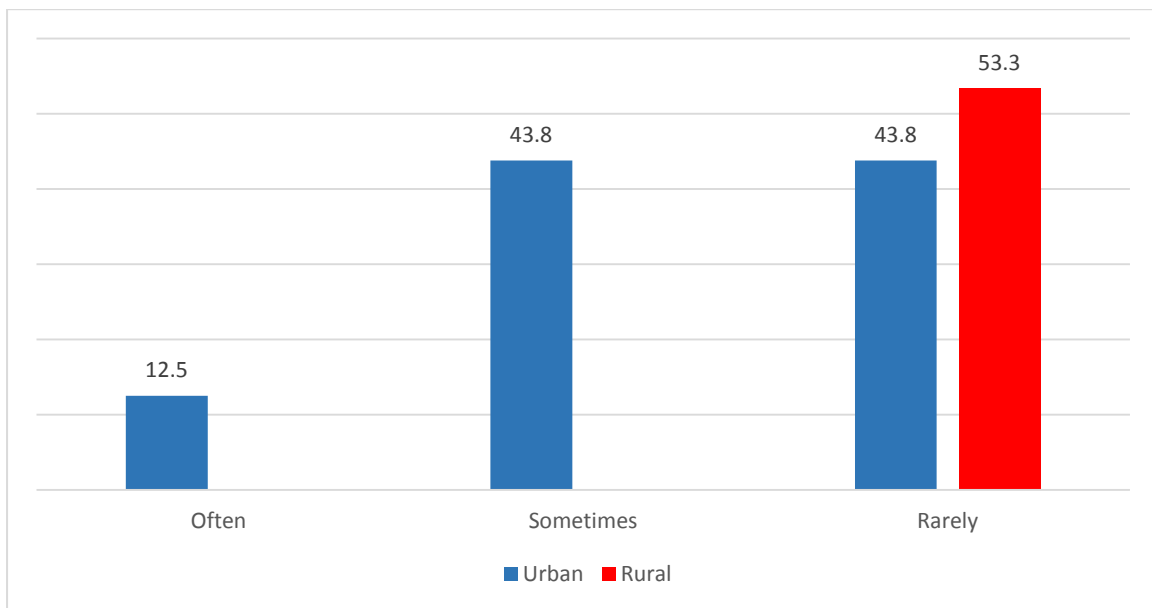
Figure 19: Experience/counter with the police (urban/rural) (%)



A statistical significance ($p=0.003$) with a medium effect size ($r=-0.35$) prevailed with regards to the respondents' encounter with the police (Figure 18), with urban respondents from the urban sample reporting more incidents than respondents from the rural sample.

Two in five ($n=16$; 40.0%) of the urban respondents and a quarter ($n=8$; 26.7%) of the rural respondents had been in trouble with the law. More than half ($n=8$; 53.3%) of the respondents from the rural sample (Figure 20).

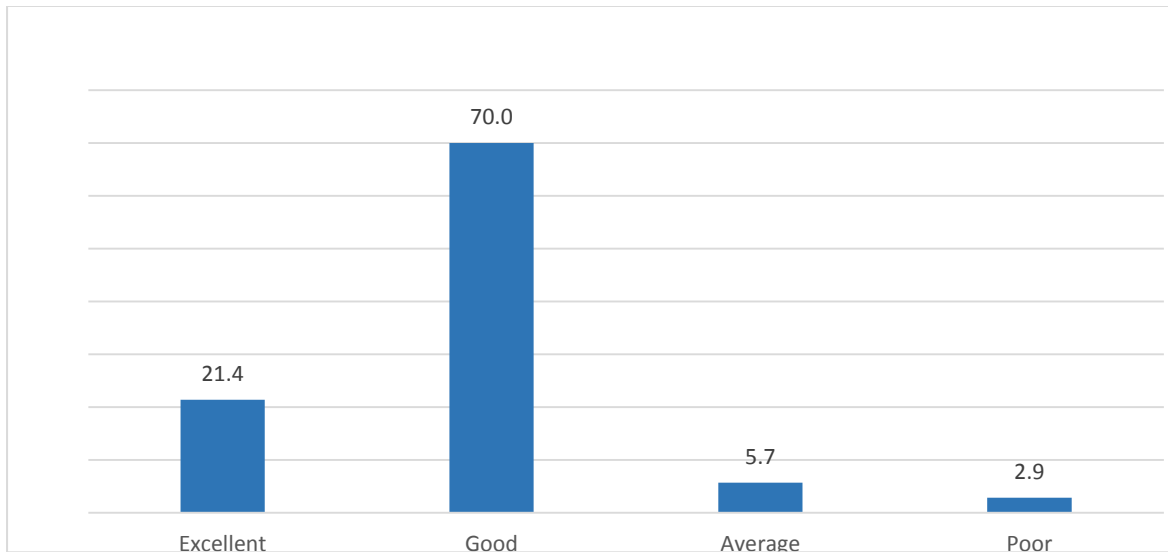
Figure 20: How often respondents are trouble with the law (urban/rural) (%)



There was a statistical significance with a medium effect size ($p=0.001$; $r=-0.30$) for how often the respondents were in trouble with the law. It appears that respondents from the urban sample were more often in trouble with the law than the rural respondents (Figure 19).

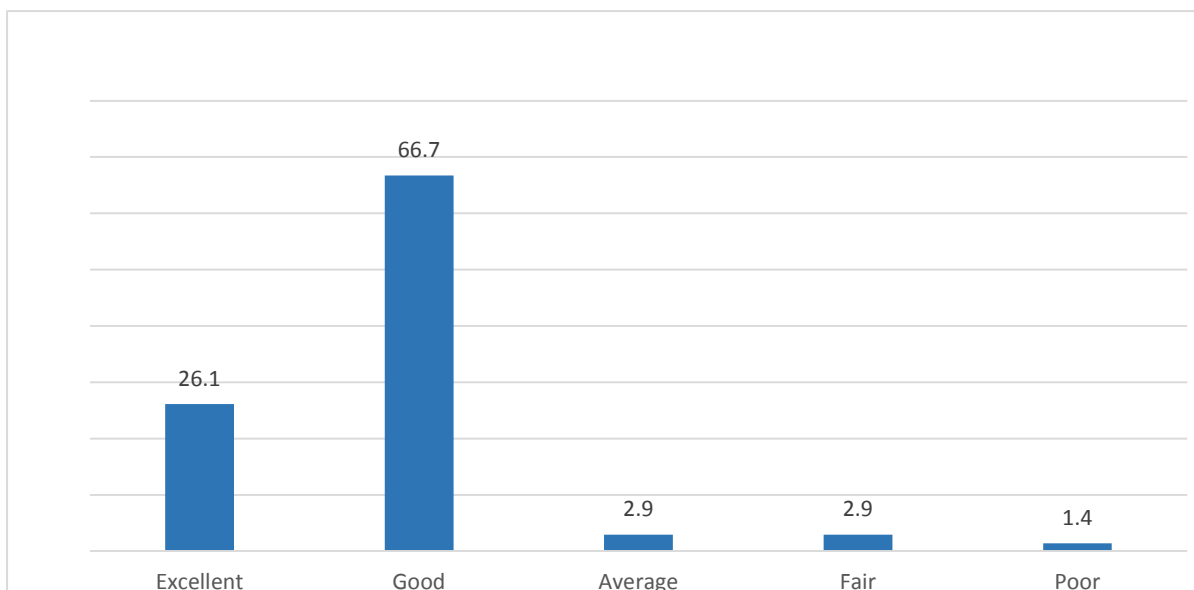
More than two-thirds of respondents ($n=49$; 70.0%) reported to be in good health physically, with only 2.9% ($n=3$) reporting poor physical health (Figure 21).

Figure 21: Respondents' rating of their physical health (%)



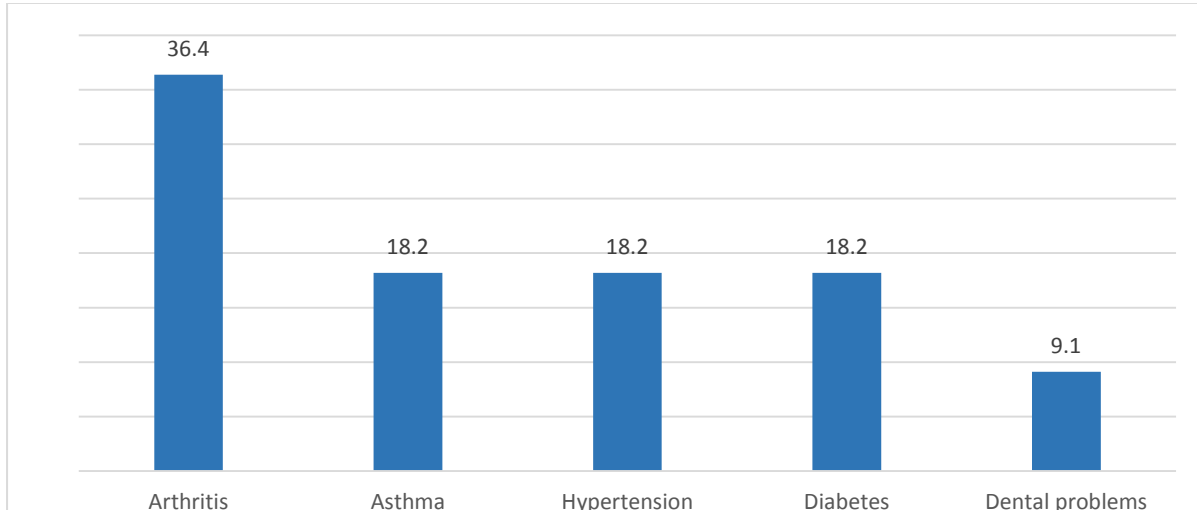
Two-thirds (n=46; 66.7%) of respondents rated their mental health as good (Figure 22). More than a quarter of respondents (n=18;26.1%) rated their mental health as excellent.

Figure 22: Respondents' rating of their mental health (%)



Four in five (n=56; 81.2%) respondents reported no health problems. Of the 18.8% (n=13) respondents (20.0% rural and 17.9% rural) who had health problems, more than a third (n=4; 36.4%) had arthritis (Figure 23).

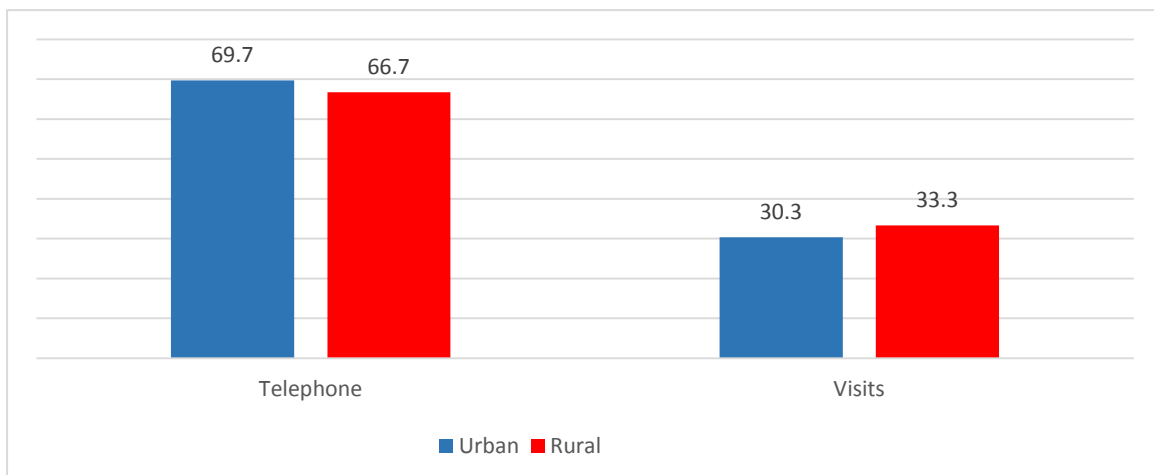
Figure 23: Type of health problems (%)



The vast majority of respondents (n=10; 90.9%) made use of health facilities for their health problems and more than a quarter (n=5; 45.5%) of respondents were dissatisfied with the medical care received.

Two in three of respondents (n=24; 60.0%) from the urban sample and more than two-thirds (n=21; 70.0%) of the rural respondents had contact with their families. More than two-thirds (n=23; 69.7%) from the urban sample and two-thirds (n=20; 66.7%) from the rural sample communicated telephonically with their families (Figure 24).

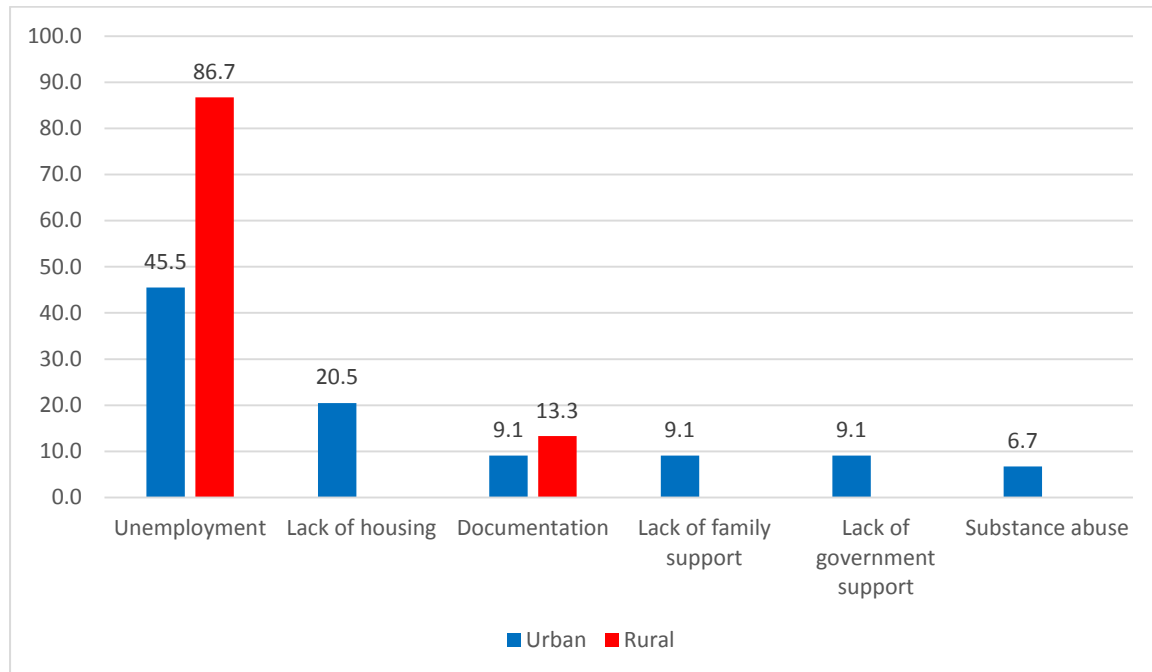
Figure 24: Nature of contact with families (urban/rural) (%)



The vast majority of respondents (n=67; 95.7%) stated that they would like to leave the streets. More than four in five rural (n=26; 86.5%) and nearly half of urban (n=20; 45.5%) respondents cited unemployment as reason why they were still homeless. This result is

similar to reasons why respondents were homeless in the first place (see Table 4). Of the urban respondents, 9.1% (n=4) were still homeless due to lack of documentation, lack of family support and lack of governmental support.

Figure 25: Reason still homeless (urban/rural) (%)



There was a statistical significance ($p < 0.029$) with a small effect size ($r = -0.26$) with regards to why respondents were still homeless, with urban respondents reporting lack of housing, lack of family support, lack of governmental support and substance abuse as reasons why they were still homeless (Figure 25).

5.6. Summary

The chapter presented, in table and figure formats, the data gathered from the homeless respondents in urban and rural settings. The findings of the study were presented according to the following themes: Biographic and background information, becoming homeless and dynamics associated with homelessness, respondents' feelings of safety, experiences of abuse and victimisation. In the following chapter the researcher will discuss the attainment of the study aim and objectives. The data will be interpreted with reference to the literature review and theoretical frame work as well as the integrated theoretical model developed. In addition, recommendations pertaining to the victimisation of homeless and future research will be discussed.

Chapter 6: Discussion and recommendations

6.1. Introduction

The current study focused on the experiences of victimisation among homeless individuals in urban and rural settings. Homelessness, victimisation, urban and rural areas were operationally defined in the first chapter of the dissertation. The remainder of Chapter 1 focused on the rationale, aim and objectives as well as a synopsis of the methodological procedures that were applied in the study. In Chapter 2, literature related to the current study was reviewed. An overview of Criminological as well as Victimological theories that provide possible explanations for the victimisation of homeless people was presented in Chapter 3. The researcher developed an integrated theoretical model to better explain victimisation of homeless people. Methodological procedures used in the current study as well as ethical considerations were discussed in Chapter 4. The empirical data were analysed and presented in Chapter 5. In the final chapter, the results will be discussed against the background of relevant literature and victimisation theories.

The focus of the present chapter will be to answer the research question of the study, which was: What is the nature and extent of victimisation experienced by the homeless in urban and rural settings? The objectives of the study revolved around determining the background characteristics of homeless people; determining the factors that shape the vulnerability of the homeless to victimisation; responses of the homeless to criminal victimisation; and experiences of the homeless with regard to the criminal justice system. The chapter is laid out broadly according to the objectives of the study. The chapter will conclude with recommendations regarding the victimisation of homeless people, and recommendations for future research.

6.2. Characteristics of homeless people

The majority of the homeless individuals in the survey were male, which is consistent with other findings that the homeless population is dominated by males (Kok et al., 2010:27; HUD, 2015:6; Fountain et al., 2013:676). With only three homeless women in the urban sample (7.5%), the finding potentially resonates with the view of Evans and Forsyth (2004:483) that females are less likely to experience homelessness because women are more likely to have family connections than men. Furthermore, the results (90.7%) agree with the 2010 HSRC study that the majority of homeless people are in their economically productive years, in other words between 25 and 50 years of age (Kok et al., 2010:21). In

light of South Africa's population demographics, levels of poverty and socio-economic inequality, it is not surprising that the vast majority of homeless persons in the survey were black (92.9%). However, the racial profile of homeless persons appears context-bound. For example, in the study by Crawley et al. (2013:676) in Canada, Africans made up only 5.8% of the sample.

Of the homeless people interviewed for this study, 74% were South African citizens and 26% were immigrants, showing a statistically significant difference ($p=0.042$) with a medium effect size ($r=-0.24$), with immigrants more likely coming from the urban sample. Some of the homeless in South Africa are immigrants and refugees from other African countries who head to urban areas in search of employment, and when they are unsuccessful they end up homeless (Hartman, 2011:1). The majority of the homeless people were single (71.4%), which is consistent with previous findings that homeless people are not only predominantly male, but also single, due to a lack of family ties (Reeve & Batty, 2011; Olufemi, 2000:227; Kok et al., 2010:35).

More than two thirds (70.3%) of the homeless in the present study did not complete secondary school. More than a quarter (28.6%) had completed between Grade 7 and Grade 9, while one third (30.0%) had only completed Grade 7. A small to medium effect size ($r=-0.24$) prevailed regarding the highest education level achieved by the homeless people in the study, with homeless people from the urban sample, particularly the non-South African citizens, achieving higher education levels. Without adequate education, the employment prospects of homeless people remain bleak. Additionally, prior to being homeless, two in five (40.0%) of the homeless people were unemployed, with only 11.4% (17.5% urban and 3.3% rural) having been employed full-time. Job opportunities are linked to education levels achieved (Merten, 2016:1), and, as evident from the present study, employment opportunities for homeless people are limited due to their low level of education attained.

Nearly a quarter (22.5%) of the homeless from the urban sample had been homeless at the age of 20 years and younger, while rural homeless people became homeless after the age of 46 (13.3%), displaying a statistically significant difference ($p<0.001$) with a strong effect size ($r=-0.48$). Furthermore, more than two thirds (71.4%) of the homeless people interviewed had been continuously homeless. Homeless people from the urban sample became homeless at a younger age (22.5%), and as a result were homeless for longer periods of time (12.5% being homeless for between six and ten years and 10.0% being homeless for more than ten years). These findings indicate that being homeless at a younger age often leads to chronic homelessness (Crisis, 2012:3; The Australian Youth

Homeless Experience, 2015:7). Urban homeless people reported more incidents of emotional abuse (29.4%), sexual abuse (5.9%) and bullying (14.7%) when they were young, which to some extent confirms that individuals who experience childhood abuse (physical abuse, sexual abuse and/or neglect) are at a greater risk of running away to escape a negative home environment, thus becoming homeless at a younger age (Melander & Tyler, 2010:576; Chen et al., 2004:17; Echenberg & Jensen, 2012:2; Hyde, 2005:173).

Unemployment, poverty and being an illegal immigrant are cited as prevalent pathways to homelessness. Nearly half of the homeless people interviewed (48.0%) were homeless due to unemployment, while 17.7% were illegal immigrants, supporting earlier research findings that no single factor renders an individual homeless, but rather that homelessness is a result of multiple factors interacting together to produce homelessness (Hyde, 2005:180; Echenberg & Jensen, 2012:6; Somerville, 2012:389-390; Williams & Stickley, 2011:433; Olufemi, 2000:229). Additionally, the results support observations by Olufemi (2000:229) and Crane et al. (2005:157) that poverty and unemployment are major causes of homelessness. With 11.4% of the homeless people in the survey becoming homeless as a result of a breakdown of the family, the results support previous findings about the role of childhood adversity, violence and breakdown of the family in contributing to homelessness (Chen et al., 2004:1; Hyde, 2005:175).

When comparing findings from the current study with the literature, it became evident that some of the results differ from previous research findings. Substance abuse is regarded as a major pathway to homelessness (Nooe & Patterson, 2010:118; Shelton et al., 2009:470), although only 8.6% of the homeless people from the current study stated that they were homeless because of substance abuse. However, the influence of underreporting when making use of self-report measures may well play a role, and the result should be interpreted with caution.

On the other hand, findings from the present study corroborate findings from previous studies that violence is prevalent in the lives of homeless people to such an extent that homeless people's experience with victimisation begins in childhood in the form of abuse and trauma (Chen et al., 2004:17; Melander & Tyler, 2010:576; Cutuli et al., 2014:1; Hyde, 2005:172, Olufemi & Olufemi, 2003:7). Nearly a quarter of the homeless individuals from the urban sample (29.4%) and the vast majority of the homeless individuals from the rural sample (80.0%) had been physically abused. Also, nearly a third of the homeless people from the urban sample (29.4%) had been emotionally abused. Reports of homeless people suffering neglect (20.5%), bullying (12.8%) and sexual abuse (5.1%) echo the findings by

Shelton et al. (2009:465) that many homeless people experience childhood adversity, which is considered a pathway to homelessness. Individuals, many young people included, often become homeless because they run-away from dysfunctional families, or are driven out of their homes by adversity (Cross & Seager, 2010:148).

6.3. Factors influencing homeless persons' vulnerability to victimisation

A key aspect of the routine activities of homeless people, one that is credibly associated with their victimisation, is where they sleep. Majority of the places where homeless people sleep makes them easy targets for victimisation. Homeless people spend most of their time on the street, thus increasing their vulnerability to victimisation. Living on the street, irrespective of time of day, increases the likelihood of victimisation (Jasinski et al., 2005:9; Garland et al., 2010:289). The majority of the homeless people in the present study (81.4%) slept on the street, demonstrating that homeless individuals spend most, if not all, of their time on the street, consequently increasing their chances of being victimised (Hindelang et al., 1978:246).

According to the routine activities theory, a capable guardian refers to the capability of a person or an object to prevent violations from occurring and may also involve companionship (Felson & Cohen, 1980:392). In addition to sleeping on the streets, homeless people from the present study spent most of their days (42.9%) and nights (40.0%) with other homeless people. Homeless people may serve in the role of capable guardians, thus preventing victimisation from taking place. Furthermore, only 5.4% of the homeless people interviewed stated that they did not report their last incident of victimisation because the perpetrator was a homeless person, suggesting that homeless people are less likely to victimise each other (Snow & Anderson, 1993:106). The 61.5% homeless people who witnessed a physical assault against a homeless person stated that one third (30.8%) of the perpetrators were from the general public and only 15.4% were other homeless people. The homeless people (n=4) who reported that they had experienced grievous bodily harm, also reported that witnesses to the assault comprised a quarter (25.0%) homeless people and three quarters (75.0%) members of the general public. Of those who had reported their goods being stolen, only 3.8% of witnesses to the theft were other homeless people. The homeless people who had been victimised may have been alone at night as half (50%) of the grievous bodily harm and roughly half (46.6%) of the physical assault occurred in the evening. These findings suggest that those who were victimised were probably alone at night.

Although the homeless people from the present study spent most of their time with other homeless people, 64.3% still had contact with their families. Despite earlier research suggesting that homelessness makes it hard for the homeless to maintain contact with their family members (Grenier et al., 2013:3), two in five (41.3%) of the homeless people from the present study were in contact with their families “often”. The nature of the contact was predominantly telephone calls (68.0%), with only one third (31.7%) reporting that they visited their families. Additionally, only 9.1% of the homeless people from the urban sample needed family support in order to leave the streets, further indicating that the majority of homeless people did have a relationship with their families and were in contact with them.

The survey results support views that fear of crime is a common feature among homeless people, especially those who sleep on the streets (Kinsella, 2012:126). Homeless individuals, by virtue of being on the street, are compelled to spend much of their daily lives in public places, rendering them vulnerable to victimisation. Nearly three quarters (72.5%) of the homeless people from the urban sample felt “unsafe” and “very unsafe” while being homeless on the streets, compared to none of the homeless individuals from the rural sample ($r=-0.56$). Homeless people from the urban sample were more fearful of crime than homeless people from the rural sample, citing fear of being attacked (79.4%) and police harassment (11.8%) as reasons for not feeling safe. In addition to not feeling safe while on the street, urban homeless people were more concerned about being robbed (70.0%), attacked (70.0%) and threatened (87.5%) than their rural counterparts. Slightly more than a quarter of the homeless people from the urban sample (27.5%) reported that it was very likely that they would be victimised in the next year, while more than half (52.5%) of the urban homeless people and only a quarter of the rural homeless people (26.7%) reported that it was somewhat likely that they would become a victim of crime, showing a statistically significant difference ($p<0.001$) with a strong effect size ($r=-0.56$). Findings from the study appear to reinforce Kinsella’s (2012:124-125) findings that fear of crime is not only a key feature of the lives of homeless people, but even more so among those living in urban areas. Homeless people are more worried about safety than the general population (Newburn & Rock, 2014:16).

The time of day is a relevant factor in terms of homeless persons’ vulnerability, but it is their visibility during this period that is associated with victimisation (Garland et al., 2010:289). More than one third of the homeless people interviewed felt safe in the morning (37.2%) and in the afternoon (30.8%). Three quarters (75.0%) of the urban homeless people felt unsafe in the evening, which may be ascribed to the fact that 46.6% of the homeless people who were physically assaulted and 42.3% of those who had their goods stolen, reported that the

incidents took place in the evening. The likelihood of victimisation taking place is closely related to the amount of time an individual spends on the streets, especially at night (Tyler & Beal, 2010:103). The longer a homeless person is on the street, and specifically so at night, the longer the exposure to risk, and the greater the likelihood of victimisation.

6.4. Nature and extent of victimisation among homeless persons

Homeless persons' reality is characterised by day-to-day threats of physical violence and harassment (Garland et al., 2010:287; Larney, Conroy, Mills, Burns & Teesson, 2009:347; Couldrey, 2010:11). Moreover, homeless people are victimised at higher rates than the general population (Newburn & Rock, 2004:8; Newburn & Rock, 2006:148; Larney et al., 2009:347; Rattelade, Farrell, Aubry & Klodawsky, 2014:1607; Lee & Schreck, 2004:1074; Heslin, Robinson, Baker & Gelberg, 2007:203), and the most common forms of victimisation that homeless people reported were theft and physical aggression (Novac et al., 2006:15).¹ Of the homeless people included in the study, more than half (52.9%) had been victimised since becoming homeless. More than one third (35.1%) of the homeless respondents reported having been physically assaulted and more than two thirds (70.2%) had had their goods stolen. Although the homeless people from the current study reported more incidence of theft than of other types of victimisation, theft was the least of their concern compared to being robbed, attacked and threatened or harassed, indicating that homeless people are more concerned about their physical wellbeing and not being hurt than about the few material possessions they might have.

The high level of theft experienced by the homeless people interviewed corroborates previous research findings that homeless people are more often the target of theft because they carry much of what they possess with them everywhere they go (Novac et al., 2006:15). In addition to physical assault and theft, the homeless people from the urban sample reported verbal abuse (5.4%) and grievous bodily harm (10.8%). None of the homeless people reported sexual assault, which may be due to sexual victimisation being particularly prevalent among homeless women (Wenzel et al., 2000:368; Heslin et al., 2007:203; Larney et al., 2009:347). Findings from the present study appear to confirm that the most common perpetrators of crimes against homeless people are males under the age of 25 (NCH, 2012:7; Scurfield et al., 2006:7). The vast majority (93.6%) of the offenders of crime against

¹ According to the latest South African Victims of Crime Survey, of the individuals who were 16 years or older, 2.1% experienced personal theft, 0.1% robbery, 0.9% assault and 0.1% sexual offence (Statistics SA, 2015:61).

the homeless respondents were males between the ages of 21 and 25 (42.5%). Furthermore, the survey confirms that perpetrators of crimes against the homeless are often under the influence of alcohol when committing those criminal acts (Fitzpatrick & Kennedy, 2000). Almost two thirds (64.7%) of the perpetrators of physical assault and grievous bodily harm were intoxicated.

Amongst the homeless people who reported physical assault (35.1%), almost half (46.2%) have been physically assaulted “very often”, while roughly one third (34.6%) and a quarter (23.1) reported having had their goods stolen “only once” and “often” respectively. Among the individuals who reported assault grievous bodily harm (10.8%), the victimisation had occurred “very often” (50%).

In addition to revealing their own victimisation, homeless people also reported on the victimisation of other homeless people. They knew of other homeless people who had had their goods stolen (37.5%) and had been physically assaulted (38.9%). Homeless people from the urban sample indicated a significantly higher rate of homeless people falling victim to crime, compared to those from the rural area ($p < 0.001$), with medium to strong effect size ($r = -0.44$). This is consistent with findings that the homeless people from the urban sample (60.0%) were personally more victimised than the rural homeless people (43.3%). In addition, the survey found that, of the homeless individuals who had been victimised, 22.9% of them had been victimised “often”.

Substance abuse directly affects and increases victimisation among homeless individuals. Homeless persons who abuse substances are at a greater risk of being physically assaulted, mugged and threatened (Novac et al., 2006:15; Lee & Schreck, 2005: 1061). Half (50.0%) of the homeless people who reported grievous bodily harm and almost a quarter (23.1%) of those who had been physically assaulted were intoxicated when the victimisation occurred. Furthermore, roughly half (46.6%) of the physical assault (46.6%), theft (42.3%) and grievous bodily harm (50.0%) took place in the late evening, which resonates with the earlier explanation, discussed above, of why almost two in three (59.7%) of the homeless people interviewed felt unsafe in the evening. It also confirms that personal victimisation is associated with the amount of time spent in public places, especially at night (Siegel, 2010:72; Hindelang, 1978:246).

6.5. Responses of the homeless to criminal victimisation

A significantly larger proportion of homeless people from the urban sample (56.0%), compared to those from the rural sample (31.0%), did not cope well after the victimisation ($p=0.006$; $r=-0.27$). However, the vast majority (88.9%) did not seek help after the incidents. Not seeking help after victimisation indicates that homeless people make little use of support services (Newburn & Rock, 2004:7). Instead, they often prefer to deal with victimisation on their own rather than reporting it because of a lack of trust in the police, and fear of imprisonment (Scurfiel et al., 2006:8; Meinbresse et al., 2014:133). In the present study, the vast majority of the homeless people interviewed had used violence to counter or prevent victimisation and had deemed it effective. Findings from the Scurfield et al. (2006:8) and Kinsella (2012:25) studies appear to correspond with the present findings that homeless people utilise various strategies in order to prevent being victimised. Homeless people in the present survey retaliated physically (56.6%), threatened the potential perpetrator with a weapon (16.9%), avoided certain areas (13.2%), slept close with a friend (9.4%), and altered their routine activities (1.8%). Although homeless people used various methods to prevent victimisation, retaliating physically seemed to put them at a higher risk of further victimisation and, more specifically, personal injury. It also resulted in these homeless respondents becoming perpetrators and risking arrest (Scurfiel et al., 2004:8).

6.6. Experiences of the homeless with regard to the criminal justice system

The vast majority (84.6%) of homeless respondents who experienced victimisation never reported the crime to the police. Even those who knew of other homeless people being victimised stated that offences are “seldom” reported (32.9%). The results corroborate earlier findings that despite high rates of criminal victimisation among this vulnerable population, homeless people are less likely to report victimisation to the relevant authorities (Scurfield et al., 2006:3). Lack of trust in the police was a major reason (29.7%) why the homeless people from the present study “never” reported their victimisation to the police. The results confirm findings by Novac et al. (2006:9) and Huey and Quiroutte (2009:279), where respondents did not report their victimisation to the police because they believed that the police would be biased against them and that the police would be ineffective in their response to the reported victimisation.

Homeless people fail to report crimes to the police because they often regard the police as an enemy. They describe their interaction with the police as hostile and negative. For example, two in three (60.0%) of the homeless people in the study had been harassed by

the police. This result showed a statistical significance ($p=0.001$) with a medium to strong effect size ($r=-0.39$), with homeless people from the urban sample (45.2%) reporting being harassed more often by the police compared to their rural counterparts, who were “sometimes” harassed by the police (16.7%). It also corroborates the finding that police harassment against the homeless is rife, resulting in homeless people being less likely to report their victimisation to the police (Huey, 2012:9). In addition to not reporting the victimisation to the police due to a lack of trust in the police, only two homeless people from the urban sample failed to report physical assault because the perpetrator was another homeless person, a finding that somewhat contradicts findings by Newburn and Rock (2006:145) that the second largest group of perpetrators of offences against the homeless are the homeless themselves. Moreover, many of the homeless people in the present study spent most of their days (42.9%) and nights (40.0%) with other homeless people, further suggesting that local homeless people were not fearful of nor victimised by other homeless people.

The finding mentioned earlier; that the urban homeless reported being harassed more often by the police than their rural counterparts, appears to be consistent with findings within the study that urban homeless people feel unsafe on the street because of fear of being harassed by the police (11.8%). The homeless people from the present study had been stopped and searched (50.0%), had items taken from them (25.7%) and had been made fun of (4.5%), which corresponds to the findings by Novac et al. (2006:5). Some of the respondents in the research by Novac et al. (2006:5) had been physically assaulted by the police, similar to results from the present study (3.0%). Roughly a third (34.3%) of homeless people from the present study had been in trouble with the law, compared to more than half (52.7%) of the homeless who had been victimised while homeless, corroborating Lee and Schreck (2005:1075) that homeless people are likely to engage in minor offences that are criminalised, but also further suggesting that homeless people are more often victims of crime than they are perpetrators of crime.

6.7. Theoretical framework

The lifestyle exposure theory and the deviant place theory had to be adapted to accommodate the victimisation of homeless people living in rural areas, given the lifestyle model’s emphasis on living in highly urbanised environments, and the deviant place theory’s focus on social disorganisation in dense population settings. Nevertheless, there are many dangerous places in rural areas, for example informal places of entertainment such as shebeens and illegal taverns. Of the homeless people from the rural area who were

physically assaulted, two thirds 66.7%) of the victimisation took place on the streets in the early (33.3%) and late evening (66.7%). Two thirds (66.7%) of the rural homeless people had their goods stolen on the streets and more than half (55.6%) of the incidents took place in the late evening. These findings appear to agree with the integrated model that although rural areas appear safer than urban areas, there are still dangerous places that facilitate victimisation. Two in five (41.9%) of the urban homeless felt very unsafe in the evening. Additionally, one in five (20.5%) of the rural homeless people felt unsafe everywhere. When asked why they felt unsafe, the vast majority (95.2%) of the rural homeless people feared being attacked, and the remaining 4.8% felt that it was not safe on the streets. These findings are further confirmation that rural areas are unsafe.

The integrated model set out to demonstrate that time spent in public places increases victimisation. Two in three (61.5%) of physical assault, 84.6% of theft and 100% of verbal abuse and grievous bodily harm incidents took place on the street. The integrated model highlights that the merging of time and space between motivated offender and potential victim, in the absence of capable guardians, could provide an opportunity for homeless people to be victimised. Rural homeless people from the present study spent all of their nights with other homeless people (40.0%), compared to 7.5% of the urban homeless people. In addition, rural homeless people were victimised less frequently than their urban counterparts, thus indicating that, as earlier argued, other homeless people serve as capable guardians in preventing victimisation. Ultimately, other homeless people may well fill the gaps left by absent family members.

The routine activities of homeless people, which translate into individual lifestyles, create opportunity for criminal victimisation by influencing the possibility that an individual will come into contact with potential offenders. Begging is a common lifestyle activity of homeless people, and exposes them to victimisation. 14.3% of the homeless people from the current study begged in order to earn money while homeless. In addition, proximity and exposure are situational and proximal factors that pattern the nature of social interaction and predispose individuals to riskier situations. The majority of the homeless (81.4%) slept on the streets most of the time and the night before the survey respectively, further highlighting their close proximity to offenders. Moreover, inner city streets are often characterised as highly disorganised, highly transient and densely populated areas that increase victimisation. It is not surprising that 61.5% of physical assault, 84.6% of theft, 100% of grievous bodily harm and 100% of verbal abuse cases occurred on the streets, thus confirming the assumptions of the lifestyle theory.

The integrated model appears to confirm that begging, sleeping on the streets, and the high levels of crime on the streets interact to render homeless people vulnerable to victimisation. Furthermore, the presence of capable guardians such as other homeless people may prevent victimisation from taking place, as both urban and rural homeless people spend most of their time with other homeless people.

6.8. Recommendations

Homeless people are one of the most vulnerable groups in society and many of them experience extreme and unacceptable levels of violence and victimisation. Homeless people's experiences of victimisation need to be recognised on a national level and a local level. This requires the systematic collection of information on the number of homeless people to enable patterns and trends to emerge and determine what responses are necessary over time. In terms of homelessness and the associated risk of victimisation, the researcher thus recommends the following:

- It is important to reframe homeless people away from being perpetrators of crime and towards an understanding of homeless people as victims of crime who require the necessary protection.
- Training of law enforcement agents such as the police, metro police and other criminal justice agents (including the courts) on how to interact effectively and respectfully with homeless people.
- Develop and promote alternative strategies – beyond the criminal justice system – as a means of tackling violence and victimisation amongst the homeless. Relying only on a criminal justice framework will yield limited results, due to the complex relationship between homeless people and the police.
- Clinics and other service providers such as the Department of Social Development and NGOs that are frequented by homeless people should have the necessary skills and training to look for signs of victimisation and violence, and connect victims to necessary medical care and encourage reporting of victimisation.
- There is a need to provide social intervention programmes focused on developing and harnessing social support that will aid in reducing substance use and poverty among homeless individuals.
- Homeless people experience violence and victimisation from an early age. Resources need to be allocated to address violence and victimisation during childhood, because preventing childhood adversity ultimately holds the potential of preventing adult homelessness and runaway youth.

- Strategies should be put in place to facilitate reunifying homeless people with their families; the earlier they are reunited with their families, the better the chances of preventing chronic homelessness and victimisation.

The researcher offers the following recommendations for future research regarding homelessness and victimisation:

- The current study relied on a small sample size and used non-probability sampling strategies, thus research is needed with a larger sampling size using a probability sampling method in order to increase generalisability across geographic settings.
- Furthermore, the sample was predominantly African males and therefore does not represent all homeless people in South Africa. A larger and more diverse sample could broaden the research results.
- The implications of harassment by the police within this sample certainly warrant further studies into the relationship between the police and homeless people.
- Future research is needed to better understand the root causes of violence against individuals who are homeless, and to investigate the circumstances and motivations of perpetrators.

6.9. Conclusion

Homeless people represent a vulnerable group and are more prone to victimisation than being perpetrators of crime. The survey shows that homeless people are mostly single, male, in the economically productive years of their lives and have attained relatively low levels of education. Those from urban areas appear more likely to become homeless at a younger age and to tend to be homeless longer, compared to those from the rural areas. Unemployment, breakdown of family and being an illegal immigrant are some of the causes of homelessness.

Homeless people predominantly sleep on the streets, spend most of their days and nights with other homeless people and still maintain contact with their families. Homeless people from urban areas are more fearful of falling victim to crime, report feeling very unsafe on the streets and consider it likely that they will become a victim of crime in the next year. Homeless people appear more concerned about their physical wellbeing in the event of being assaulted than they are about having their possessions stolen from them.

Homeless people are mostly victims of physical assault and theft. Those in urban areas are commonly experience verbal abuse and grievous bodily harm. Homeless people are

victimised more often at night. Perpetrators of crimes against homeless people are predominantly young men, and substance abuse increases homeless people's chances of victimisation. The study indicates that homeless people opt to retaliate physically to prevent victimisation than to report violent incidences to the police. Lack of trust in the police are particularly common among homeless individuals, with the urban homeless being harassed by the police more frequently than their rural counterparts.

Measures put in place to address the victimisation of homeless people need to take into account the relationship between the police and the homeless population. Lack of trust in the police prevents homeless people from seeking help and reporting victimisation. Additionally, service providers should have the necessary skills and training to detect victimisation among the homeless and provide them with the necessary assistance and support to overcome such victimisation.

References

- African National Congress. 1994. *The Reconstruction and Development Programme. A policy framework*. Johannesburg: Umanyano Publications.
- Aliber, M. 2002. *Overview of the incidence of poverty in South Africa for the 10-Year Review*. Pretoria: Human Sciences Research Council.
- Aliber, M., Du Toit, J., Langa, Z., Msibi, M., Parthab, S., Roberts, B. & Thaba, F. 2004. *Poverty on our doorstep: Understanding the situation of the individuals who spend the night in front of 134 Pretorius Street and the possible implications of erecting a fence to keep them out*. Pretoria: Human Sciences Research Council.
- Amore, K., Baker, M. & Howden-Chapman, P. 2011. The ETHOS Definition and Classification of Homelessness: An Analysis. *European Journal of Homelessness*, 5(2):19-37.
- Anderson, I. & Christian, J. 2003. Causes of homelessness in the UK: A dynamic analysis. *Journal of Community & Applied Social Psychology*, 13(2):105-118.
- Australian Bureau of Statistics. 2012. *Census of population and Housing: Estimating homelessness*. Canberra: Australian Bureau of Statistics, Catalogue No. 2049.0.
- Babbie E. 2007. *The practice of social research*. 3rd ed. Belmont, CA: Thomson Wadsworth.
- Babbie, E. & Mouton, J. 2003. *The practice of social research*. Cape Town: Oxford University Press.
- Babbie, E. 2008. *The basics of social research*. 4th ed. Belmont, CA: Thomson Wadsworth.
- Baker, C.K., Cook, S.L. & Norris, F.H. 2003. Domestic violence and housing problems: A Contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence against women*, 9(7):753-783.
- Bandura, A. 1997. *Self-efficacy in changing societies*. New York: Cambridge University Press.
- Barak, G. 2003. *Violence and nonviolence: Pathways to understanding*. Los Angeles: SAGE Publications.

- Barkan, S.E. 1997. *Criminology: A sociological understanding*. New Jersey: Prentice Hall.
- Bender, K., Thompson, S.J., McManus, H., Lantry, J. & Flynn, P.M. 2007. Capacity for survival: exploring strengths of homeless street youth. *Child Youth Care Forum*, 36(1):25-42.
- Bender, K.A., DePrince, A., Begun, S., Hathaway, J., Haffejee, B. & Schau, N. 2016. Enhancing risk detection among homeless youth: A randomised clinical trial of a promising pilot intervention. *Journal of Interpersonal Violence*, March: 1-23.
- Blanche, M.T., Durrheim, K. & Painter, D. 2006. *Research in practice: Applied methods for the social sciences*. 2nd ed. Cape Town: University of Cape Town Press.
- Booth, W.C., Colom, G.G. & Williams, J.M. 2008. *The craft of research*. 3rd ed. Chicago: University of Chicago Press.
- Bouffard, L.A. & Muftić, L.R. 2006. The “rural mystique”: Social disorganization and violence beyond urban communities. *Western Criminology Review*, 7(3):56-66.
- Brown, S.E., Esbensen, F. & Geis, G. 2004. *Criminology: Explaining crime and its context*. 5th ed. Cincinnati, OH: Anderson.
- Brown, S.E., Esbensen, F. & Geis, G. 2007. *Criminology: Explaining crime and its context*. 6th ed. Cincinnati, OH: Anderson.
- Brown, S.E., Esbensen, F. & Geis, G. 2010. *Criminology: Explaining crime and its context*. 7th ed. Cincinnati, OH: Anderson.
- Burns, N. & Grove, S.K. 2005. *The practice of nursing research: Conduct, critique and utilization*. 5th ed. Saint Louis: Elsevier Saunders.
- Busch-Geertsema, V. 2010. Defining and measuring homelessness. In Sullivan, E., Busch-Geertsema, V., Quilgars, D. & Pleace, N. (Eds.). *Homelessness research in Europe*. Festschrift for Bill Edgar and Joe Doherty. Brussels: FEANTSE.
- Canadian Homelessness Research Network. 2012. *The Canadian Definition of Homelessness*. Toronto: Canadian Homelessness Research Network.

- Chamberlain C. & MacKenzie, D. 2008. *Counting the homeless 2006*. Queensland: Australian Institute of Health and Welfare.
- Chamberlain, C. & Johnson, G. 2011. Pathways into adult homelessness. *Journal of Sociology*, November: 1-18.
- Chamberlain, C. 2014. *Homelessness: re-shaping the policy agenda?* Melbourne: Australian Housing and Urban Research Institute.
- Chambers, C., Chiu, S., Scott, A.N., Tolomiczenko, G., Redelmeier, D.A., Levinson, W. & Hwang, S.W. 2014. Factors associated with poor mental health status among homeless women with and without dependent children. *Community Mental Health Journal*, 50(5):553-559.
- Chen, X., Tyler, K.A., Whitbeck, L.B. & Hoyt, D.R. 2004. Early sexual abuse, street adversity, and drug use among female homeless and runaway adolescents in the Midwest. *Journal of Drug Issues*, 34:1–21.
- Cheung, A. M. & Hwang, S. W. 2004. Risk of death among homeless women: A cohort study and review of the literature. *Canadian Medical Association Journal*, 170(8):1243-1247.
- Cohen, L.E. & Felson, M. 1979. Social change and crime rate trends: A routine approach. *American Sociological Review*, 44:588-608.
- Cohen, L.E., Kleugel, J.R. & Land, K.C. 1981. Social inequality and predatory criminal victimisation: an exposition and test of a formal theory. *American Sociological Review*, 46:505-524.
- Coles, E., Chan, K., Collins, J., Humphris, G.M., Richards, D., Williams, B. & Freeman, R. 2011. Decayed and missing teeth and oral-health-related factors: Predicting depression in homeless people. *Journal of Psychosomatic Research*, 71(2):108-112.
- Corteen, K., Morley, S., Taylor, P. & Turner, J. 2015. *A companion to crime, harm and victimisation*. Bristol: Policy Press.
- Couldry, C. 2010. Violence within the lives of homeless people. Southampton: University of Southampton. (MA Dissertation).

- Covenant House New York. 2013. Homelessness, survival sex and human trafficking: as experienced by the youth of Covenant House New York. Available: <https://traffickingresourcecenter.org/sites/default/files/Homelessness,%20Survival%20Sex,%20and%20Human%20Trafficking%20-%20Covenant%20House%20NY.pdf> (Accessed 17/07/2014).
- Crane, M., Byrne, K., Fu, R., Lipmann, B., Mirabelli, F., Rota-Bartelink, A., Ryan, M., Shea, R., Watt, H. & Warnes, A.M. 2004. The causes of homelessness in later life findings from a 3-nation study. *Journal of Gerontology*, 60b(3):152-159.
- Crawley, J., Kane, D., Atkinson-Plato, L., Hamilton, M., Dobson, K., & Watson, J. 2013. Needs of the hidden homeless-no longer hidden: a pilot study. *Public Health*, 127(7):674-680.
- Creswell, J. W. 2009. *Research design: Qualitative, quantitative, and mixed methods approaches*. 3rd ed. Los Angeles: SAGE Publications.
- Cross, C. & Seager, J. R. 2010. Towards identifying the causes of South Africa's street homelessness: Some policy recommendations. *Development Southern Africa*, 27(1):143-158.
- Cross, C., Seager, J., Erasmus, J., Ward, C., & O'Donovan, M. 2010. Skeletons at the feast: A review of street homelessness in South Africa and other world regions. *Development Southern Africa*, 27(1):5-20.
- Culhane, D. P. & Kuhn, R. 1998. Patterns and determinants of shelter utilization among adults admitted to public shelters in Philadelphia and New York City. *Journal of Policy Analysis and Management*, 26(2):207-32.
- Curran, D.J. & Renzetti, C.M. 1994. *Theories of crime*. Boston, MA: Allayn and Bacon.
- Cutuli, J.J., Montgomery, A.E., Evans-Chase, M. & Culhane, D.P. 2014. Childhood adversity, adult homelessness and the intergenerational transmission of risk: A population-representative study of individuals in households with children. *Child and Family Social Work*, December: 1-10.
- Darbyshire, P., Muir-Cochrane, E., Fereday, J., Jureidini, J. & Drummond, A. 2006. Engagement with health and social care services: perceptions of homeless young

people with mental health problems. *Health and Social Care in the Community*, 14(6):553-562.

Dastile, N.P. 2004. *Victimisation of female students at the University of Venda with specific reference to sexual harassment and rape*. Pretoria: University of Pretoria. (MA Dissertation).

Davis, L. 2005. Theoretical approaches and perspectives in victimology. In Davis, L. & Snyman, R. (Eds.) *Victimology in South Africa*. Pretoria: Van Schaik Publishers.

De Vos, A. S., Strydom, H., Fouché, C.B & Delpont, C.S.L. 2011. *Research at grass roots: For the social sciences and human services professions*. 4th ed. Cape Town: Van Schaik Publishers.

Delpont, C.S.L. & Roestenburg, W.J.H. 2011. Quantitative data collection methods. In De Vos A.S., Strydom, H., Fouché C.B. & Delpont, C.S.L. *Research at the grass roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Delpont, C.S.L. 2005. Quantitative data collection methods. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (Eds). *Research at grass roots for the social sciences and human service professions*. 3rd ed. Pretoria: Van Schaik Publishers.

Department of Agriculture. 2005. *Accelerated and shared growth initiative*. Pretoria: Department of Agriculture.

Department of Finance. 1997. *Growth, Employment and Redistribution: A macroeconomic strategy*. Pretoria: Government Printers.

Department of Human Settlements. 2010. *National Housing Policy and Subsidy Programmes*. Pretoria: Government Printers.

Department of Social Development. 2007. National Policy Guidelines for Victim Empowerment. Pretoria: Government printers.

Department of Social Development. 2013. *Street people policy*. Unpublished report.

Du Toit, J. L. 2010. Local metropolitan government responses to homelessness in South Africa. *Development Southern Africa*, 27(1):111-128.

- Echenberg, H. & Jensen, H. 2012. *Defining and enumerating homelessness in Canada*. Ottawa: Library of Parliament.
- Eck, J.E. & Weisburd, D. 1995. *Crime places in crime theory*. Washington D.C: University of Maryland.
- Edgar, B. & Meert, H. 2005. *Fourth Review of Statistics on Homelessness in Europe*. The ETHOS definition of homelessness. Brussels: FEANTSA.
- Edgar, B., Doherty, J. & Meert, H. 2004b. *Immigration and Homelessness in Europe*. Bristol: Policy Press.
- Ensign, J. & Panke, A. 2002. Barriers and bridges to care: voices of homeless female adolescent youth in Seattle, Washington, USA. *Journal of Advanced Nursing*, 37(2):166-172.
- European Observatory on Homelessness. 2012. *Counting the homeless in 2011: Housing and population Census*. Brussels: European Observatory on Homelessness.
- Evans, R.D. & Forsyth, C.J. 2004. Risk factors, endurance of victimization, and survival strategies: The impact of the structural location of men and women on their experiences within the homeless milieus. *Sociological Spectrum*, 24:479–505.
- Fattah, E.A. 2000. Victimology: Past, present and future. *Criminologie*, 33(1):17-46.
- FEANTSA. 2007. *FEANTSA Proposal: A Retrospective Module on Homelessness or Household Surveys*. Brussels: FEANTSA.
- FEANTSA. 2008. *Round of Population Censuses: FEANTSA Recommendations for the enumeration of homeless people on census night*. Brussels: FEANTSA.
- Felson, M. & Cohen, L.E. 1980. Human ecology and crime: A routine activity approach. *Human Ecology*, 4:389-406.
- Finkelhor, D. & Asdigan, N.L. 1996. Risk factors for youth victimisation: Beyond a lifestyle/routine activities theory approach. *Violence and Victims*, 11(1):3-19.
- Fitzpatrick, S. 2005. Explaining homelessness: A critical realist perspective. *Housing, Theory & Society*, 22(1):1-17.

- Fountain, J., Howes, S., Marsden, J., Taylor, C. & Strang, J. 2003. Drug and alcohol use and the link with homelessness: Results from a survey of homeless people in London. *Addiction Research and Theory*, 11(4):245 - 256.
- Frankish, C., Hwang, S.W. & Quantz, D. 2005. Homelessness and Health in Canada: Research lessons and priorities. *Canadian Journal of Public Health*, 9(2):23-29.
- Gadd, D., Karstedt, S., Messner, S.F. 2012. *The SAGE Handbook of Criminology research methods*. New York: SAGE Publications.
- Gaetz, S. 2004. Safe streets for whom? Homeless youth, social exclusion, and criminal victimization. *Canadian Journal of Criminology and Criminal Justice*, 46(4):423-456.
- García, O. & Brändle, G. 2014. Relevance of the use of ETHOS in the assessment of housing exclusion: Proposals for discussion from the Spanish Case. *European Journal of Homelessness*, 8(2):191-208.
- Garland, T.S., Richards, T. & Cooney, M. 2010. *Victims hidden in plain sight: the reality of victimization among the homeless*. South Carolina: University of South Carolina (Department of Criminology).
- Garofalo, J. 1987. Reassessing the lifestyle model of criminal victimisation. In Grottfredson, M.R. & Hirschi, T. (Eds), *Positive Criminology*. London: SAGE Publications.
- Goodman, L., Fels, K. & Glenn, C. 2006. *No Safe Place: Sexual Assault in the Lives of Homeless Women*. Harrisburg, PA: VAWnet.
- Gulliford, M., Figueroa-Munoz, J., Morgan, M., Hughes, D., Gibson, B., Beech, R. & Hudson, M. 2002. What does 'access to health care' mean? *Journal of Health Services Research and Policy*, 7(3):186-8.
- Gwadz, M.V., Nish, D., Leonarda, N.R. & Strauss, S.M. 2007. Gender differences in traumatic events and rates of post-traumatic stress disorder among homeless youth. *Journal of Adolescence*, 30:117–129.
- Hartman, A. 2011. *The homeless population of South Africa*. South Africa Study Abroad. Available: <http://blogs.elon.edu/sasa/2011/01/25/the-homeless-population-of-south-africa-by-anna-hartman/> (Accessed 21/07/2016).

- Hawkins, R.L. & Abrams, C. 2007. Disappearing acts: The social networks of formerly homeless individuals with co-occurring disorders. *Social Science and Medicine*, 65(10):2031-2042.
- Heslin, K.C., Robinson, P.L., Baker, R.S. & Gelberg, L. 2007. Community characteristics and violence against homeless women in Los Angeles County. *Journal of Health Care for the Poor and Underserved*, 18(10):203-218.
- Hindelang, Michael J., Michael R. Gottfredson, and James Garofalo. 1978. *Victims of personal crime: An empirical foundation for a theory of personal victimization*. Cambridge, MA: Ballinger.
- Homeless Link. 2014. The unhealthy state of homelessness: Health audit results 2014. Available:<http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf> (Accessed 2016/15/07/2016).
- Hopper, K., Shinn, M., Laska, E., Meisner, M. & Wanderling, J. 2008. Estimating numbers of unsheltered homeless people through plant-capture and post-count survey methods. *American Journal of Public Health*, 98(8):1438-1442.
- Housing Act 107 of 1997 (Published in the *Government Gazette* (17678) Pretoria: Government Printer).
- Hudson, .A.L., Nyamathi, A. & Sweat, J. 2009. Homeless youths' interpersonal perspectives of health care providers. *Issues in Mental Health Nursing*, 29(12):1277–1289.
- Huey, L. & Berndt, E. 2008. You've gotta learn how to play the game': Homeless women's use of gender performance as a tool for preventing victimization. *The Sociological Review*, 56(2):177–194.
- Huey, L. & Quiroutte, M. 2009. Any Girl Can Call the Cops, No Problem. *British Journal of Criminology*, 50(2):278-295.
- Hulchanski, J. D. 2009. Homelessness in Canada: Past, present, future. Conference keynote address Growing Home: Housing and homelessness in Canada. 18 February, University of Calgary.

- Hwang, S.W. 2001. Homelessness and health. *Canadian Medical Association Journal*, 164(2):229-233.
- Hyde, J. 2005. From home to street: Understanding young people's transitions into homelessness. *Journal of Adolescence*, 28(2):171-183.
- Institute for Children and Poverty. 2010. Exposure to intimate partner violence among poor children experiencing homelessness or residential instability. New York: Institute for Children and Poverty.
- Jasinski, J.L, Wesley, J.K., Mustaine, E. & Wright, D. 2005. The experiences of violence in the lives of homeless women: a research report. Washington, D.C: Department of Justice.
- Jenkins, R., Baingana, F., Ahmad, R., McDaid, D. & Atun, R. 2011. Social, economic, human rights and political challenges to global mental health. *Mental health in Family Medicine*, 8(2):87-96.
- Jocoy, C.L. 2012. Counting the homeless: the culture of quantification in American social policy. *Cultural Geographies*, 20 (3):397-403.
- Johnson, G. & Chamberlain, C. 2008. Homelessness and substance abuse: which comes first? *Australian Social Work*, 61(4):342-356.
- Johnson, T. P. & Fendrich, M. 2007. Homelessness and Drug Use. Evidence from a Community Sample. *American Journal of Preventive Medicine*, 32(6):211-218.
- Keeshin, B.R. & Campbell, K. 2011. Screening homeless youth for histories of abuse: Prevalence, enduring effects, and interest in treatment. *Journal of Child Abuse and Neglect*, 35(6):401-407.
- Kemp, P.A., Neale, J. & Robertson, M. 2006. Homelessness among problem drug users: prevalence, risk factors and trigger events. *Health and Social Care Community*, 14(4):319-328.
- Kinsella, C. Re-locating fear on the streets: Homelessness, victimisation and fear of crime. *European Journal of Homelessness*, 6(2): 121-136.

- Kok, P., Cross, C. & Roux, N. 2010. Towards a demographic profile of the street homeless in South Africa. *Development Southern Africa*, 27(1):21-37.
- Kumar, R. 2005. *Research methodology: A step-by-step guide for beginners*. London: Sage Publications.
- Kumar, R. *Research methodology: A step-by-step guide for beginners*. 4th ed. London: SAGE Publications.
- Kushel, M.B., Evans, J.L., Perry, S., Robertson, M.J. & Moss, A.R. 2003. No door to lock: victimization among homeless and marginally housed persons. *Archive of Internal Medicine*, 163(20):2492-2499.
- Larney, S., Conroy, E., Mills, k.L., Burns, L. & Teesson, M. 2009. Factors associated with violent victimisation among homeless adults in Sydney, Australia. *Australian and New Zealand Journal of Public Health*, 33(4):347-351.
- Ledger, M.S. 2013. *Homeless young adults and criminal victimization: Analysis and comparison of police records in Hennepin County, Minnesota*. Minnesota: University of Minnesota. (MA dissertation).
- Lee, B.A. & Schreck, C.J. 2005. Danger on the streets: Marginality and victimization among homeless people. *American Behavior Scientist*, 48(8):1055–1081.
- Lee, B.A., Tyler, K.A. & Wright, J.D. 2012. *The new homelessness revisited*. Lincoln: University of Nebraska (Sociology Department).
- Leedy, P.D. & Ormrod, J.E. 2005. *Practical Research: Planning and Design*. New Jersey: Prentice Hall.
- Lohrmann, G.M., Botha, B., Violari, A. & Gray, G.E. 2012. HIV and the urban homeless in Johannesburg. *Southern African Journal of HIV Medicine*, 13(4):174-177.
- Mackenzie, D. & Chamberlain, C. 2003. *Homeless careers: Pathways in and out of homelessness. Report for Counting the Homeless 2001 Project*. Melbourne: Swinburne and RMIT Universities.

- MacKenzie, D. 2012. Homelessness: definitions. In Smith, S., Elsinga, M., O'Mahony, L, Eng, O., Wachter, S. & Fitzpatrick, S. (Eds). *International Encyclopedia of Housing and Home*. San Diego: Elsevier Saunders.
- Makiwane, M., Tamasane, T. & Schneider, M. (2010). Homeless individuals, families and communities: the societal origins of homeless. *Development Southern Africa*, 27(1):39-49.
- Mander, H. 2008. *Living rough: Surviving city streets*. A Study of Homeless Populations in Delhi, Chennai, Patna and Madurai. New Delhi: For the Planning Commission of India.
- Martins, D.C. 2008. Experiences of homeless people in the health care delivery system: A descriptive phenomenological study. *Public Health Nursing*, 25(5):420-430.
- Maxfield, M.G. & Babbie, E. 2001. *Research methods for criminal justice and Criminology*. 3rd ed. Australia: Wadsworth Thompson.
- Meadows, R.J. 2007. *Understanding violence and victimization*. New Jersey: Pearson/Prentice Hall.
- Meanwell, E. 2012. Experiencing Homelessness: A Review of Recent Literature. *Sociology Compass*, 6(1):72-85.
- Meier, R.F. & Meithe, T.D. 1994. *Crime and its social context towards an integrated theory of offenders, victims and situation*. Albany: State University of New York Press.
- Melander, L. A., & Tyler, K. A. 2010. The effect of early maltreatment, victimization, and partner violence on HIV risk behavior among homeless young adults. *Journal of Adolescent Health*, 47:575-581.
- Mental Health Council of Australia. Home truths: Mental Health, Housing and Homelessness in Australia. 2009. Available:
https://mhaustralia.org/sites/default/files/imported/component/rsfiles/publications/MHCA_Home_Truths_Layout_FINAL.pdf (Accessed 23/06/2014).
- Merten, M. 2016. The Great Reversal: Stats SA claims black youth are less skilled than their parents. *Daily Maverick*. 16 April. Available: <http://www.dailymaverick.co.za/article/2016-04-18-the-great-reversal-stats-sa-claims-black-youth-are-less-skilled-than-their-parents/#.WAN3qOh961s> (Accessed 18/08/2016)

- Minnery, J. & Greenhalgh, E. 2007. Approaches to homelessness policy in Europe, the United States, and Australia. *Journal of Social Issues*, 63(3):641-655.
- Mohamed, S.I. 2010. *How South Africans and Africa's refugees- migrants struggle to survive on the streets*. Durban: Publication of the Organisation of Civic Rights.
- Moor, K.P. 2003. Routes to belonging: home and homelessness in contrasting societies. *Habitat International*, 27:123-141.
- Moyer, I.L. 2001. *Criminological theories: Traditional and non-traditional voices and themes*. New York: SAGE Publications.
- Moyo, U., Patel, L. & Ross, E. 2015. Homelessness and mental illness in Hillbrow, South Africa: A situation analysis. *Social Work/ Maatskaplike Werk*, 51(1):1-21.
- Munoz, m., Panadero, S., Santos, E.P. & Quiroga, M.A. 2005. Role of Stressful Life Events in Homelessness: An Intragroup Analysis. *American Journal of Community Psychology* 35(1-2):35-47.
- Murray, S. 2009. *Somewhere safe to call home: Violence against women during homelessness*. Melbourne, Centre for Applied Research.
- Naidoo, V. 2010. Government responses to street homelessness in South Africa. *Development Southern Africa*, 27(1):129-141.
- National Alliance to End Homelessness. 2000. A Plan: Not a Dream. How to End Homelessness in Ten Years. Available: http://www.endhomelessness.org/page/-/files/585_file_TYP_pdf.pdf (Accessed 28/08/2015).
- National Coalition for the Homeless. 2007. *Who is homeless?* Fact sheet 3. Washington DC: National Coalition for the Homeless.
- National Coalition for the Homeless. 2012. Hate crimes against the homeless: An organizing manual for concerned citizens. Washington DC: National Coalition for the Homeless.
- National Coalition for the Homeless. 2014. Vulnerable to hate: A survey of hate crimes and violence committed against homeless people in 2013. Available: <http://nationalhomeless.org/wp-content/uploads/2014/06/Hate-Crimes-2013-1.pdf> (Accessed 28/04/2014).

- National Crime Victim Law Institute. 2011. Fundamentals of victims' rights: An overview of the legal definition of crime "victim" in the United States. *Victim Law Bulletin*, November:1-13.
- Neuman, W.L. 2006. *Social research methods - qualitative and quantitative approaches*. 6th ed. Boston: Pearson Education.
- Neuman, W.L. 2011. *Social Research Methods: Qualitative and Quantitative approaches*. 7th ed. Boston: Allyn & Bacon.
- Newburn, T. & Rock, P. 2004. *Living in fear: Violence and victimisation in the lives of single homeless people*. London: Crisis.
- Nieuwenhuis, J. 2007. Introducing qualitative research. In Creswell, J.W., Ebersohn, L., Eloff, I., Ferreira, R., Ivankova, N.V., Jansen, J.D., Nieuwenhuis, J., Pietersen, V.L., Plano Clark, V.L. & van der Westhuizen. 2007. *First Steps in research*. Pretoria: Van Schaik Publishers.
- Nooe, R.M. & Patterson, D.A. 2010. The ecology of homelessness. *Journal of Human Behavior in the Social Environment*, 20(2): 105-152.
- Novac, S. 2007. *Family violence and homelessness: Connections and Dynamics*. Toronto: University of Toronto (Centre for urban and community studies).
- Novac, S., Hermer, J., Paradis, E. & Kelen, A. 2006. *Homelessness, crime, victimization, and the Criminal Justice System*. Toronto: University of Toronto Press.
- Nusselder, W.J., Sloekers, M.T., Krol L, Caspar, W.N.L & Van Beeck, E.F. & Sloekers, C.T. Mortality and life expectancy in homeless men and women in Rotterdam: 2001-2010. 2013. *PLoS One*, 8(10):1-7.
- Okumu, M.M. 2005. *Local council's response to homelessness in Welkom*. Johannesburg: University of Witwatersrand. (MA Dissertation).
- Olufemi, O. & Olufemi, A. 2003. Family dysfunction, poverty and HIV/AIDS among the homeless street children: What can the family physicians offer? *South African Family Practice*, 45(2):6-9.

- Olufemi, O. 1998. Street homelessness in Johannesburg inner-city: a preliminary survey. *Environment and Urbanization*, 10(2):223-234.
- Olufemi, O. 2000. Feminisation of poverty among the street homeless women in South Africa. *Development Southern Africa*, 17(2): 221-234.
- Olufemi, O. 2002. Barriers that disconnect homeless people and make homelessness difficult to interpret. *Development Southern Africa*, 19(4):455-466.
- Padgett, D.K., Smith, B.T., Henwood, B.F. & Tiderington, E. 2012. Live course adversity in the lives of formerly homeless persons with serious mental illness: context and meaning. *American Journal of Orthopsychiatry*, 8(30):421-430.
- Perry, J. & Craig, T.K.J. 2015. Homelessness and mental health. *Trends in Urology & Men's Health*, 6(2):19-21.
- Philippot, P., Lecocq, C., Sempoux, F., Nachtergaeel, H. & Galand, B. 2007. Psychological research on homelessness in Western Europe: A review from 1970 to 2001. *Journal of Social Issues*, 63:483–504.
- Piat, M., Polvere, L., Kirst, M., Voronka, J., Zabkiewicz, D., Plante, M.C, Isaak, C., Nolin, D., Nelson, G., Goering, P. 2014. Pathways into homelessness: Understanding how both individual and structural factors contribute to and sustain homelessness in Canada. *Urban studies*, 52:2366-2382.
- Piquero, A.R. & Hickman, M. 2003. Extending Tittle's control balance theory to account for victimization. *Criminal justice and behaviour*, 30(3):286-295.
- Prasad, V. 2012. Translating universal health care for the homeless: barriers and potential facilitating factors for accessing health care amongst street dwellers in India. *Health, Culture and Society*, 2(1):72-88.
- Pyles, Loretta. 2006. Toward safety for low-income battered women: Promoting economic justice strategies. *The Journal of Contemporary Social Services*, 87(1):63–70.
- Rattelade, S., Farrel, S., Aubrey, T. & Klodawsky, F. 2014. The relationship between victimization and mental health functioning in homeless youth and adults. *Journal of interpersonal violence*, 29(9):1606-1622.

- Rees, S. 2009. *Mental Ill health in the adult single homeless population: A review of the literature*. London: Crisis.
- Republic of South Africa. 1994. White Paper on Reconstruction and Development. Notice 1954 of 1994. *Government Gazette*, 353(16085). Cape Town: Government Printers.
- Republic of South Africa. 1996. Constitution of Republic of South Africa Act No 108.
- Robinson, C. 2010. *Rough living: Surviving violence and homelessness*. Sydney: UTS Press.
- Roelofse, C. 2011. Crime prevention and control. In Bezuidenhout, C. (Ed.). *A Southern African Perspective on Fundamental Criminology*. Cape Town: Pearson Education.
- Rubin, A., & Babbie, E. R. 2005. *Research Methods for Social Work*. 5th ed. Belmont, CA: Brooks/Cole.
- Sanchez, D. 2010. Civil society responses to homelessness. *Development Southern Africa*, 27(1):101-110.
- Schamalleger, F. 2004. *Criminology today: an integrative introduction*. 4th ed. New York: Pearson Education.
- Scurfield, J. Rees, P. & Norman, P. 2004. Criminal victimisation of the homeless: An investigation of Big Issue vendors in Leeds. *Radical Statistics*, 99:3-11.
- Seager, J.R. & Tamasane, T. 2010. Health and well-being of the homeless in South African cities and towns. *Development Southern Africa*, 27(1):63-83.
- Sharam, A. & Hulse, K. 2014. Understanding the nexus between poverty and homelessness: Relational poverty analysis of families experiencing homelessness in Australia. *Housing, Theory and Society*, 31(3):294-309.
- Shelton, K.H., Taylor, P.J., Bonner, A. & van den Bree, M. 2009. Risk factors for homelessness: evidence from a population-based study. *Journal of Psychiatric Services*, 60(4):465-472.
- Shinn, M. 2010. Homelessness, poverty and social exclusion in the United States and Europe. *European Journal of Homelessness*, 4:19-44.

- Shibley, S.L. & Tempelmeyer, T.C. 2012. Reflections on homelessness, mental illness, and crime. *Journal of Forensic Psychology Practice*, 12(5): 409-423.
- Siegel, L.J. 2004. *Criminology: Theories, patterns and typologies*. 8th ed. Belmont, CA: Thomson/Wadsworth.
- Siegel, L.J. 2006. *Criminology: Theories, patterns and typologies*. 9th ed. Belmont, CA: Thomson/Wadsworth.
- Siegel, L.J. 2010. *Criminology: the core*. 4TH ed. Belmont, CA: Thomson/Wadsworth.
- Snow, D., Anderson, L., and Koegel, P. 1994. Distorting Tendencies in Research on homelessness. *American Behavioural Scientists*, 37:461-475.
- Somerville, P. 2013. Understanding Homelessness. *Housing, Theory and Society*, 30(4):384-415.
- Springer, S. 2000. Homelessness: a proposal for a global definition and classification. *Habitat International*, 24(4):475-484.
- Stainbrook, K.A & Hornik, J. 2006. Similarities in the characteristics and needs of women with children in homeless family and domestic violence shelters. *Families in society*, 87(1):53-62.
- Statistics of South Africa. 2001. *Census 2001 Statistical release*. Pretoria: Statistics South Africa.
- Statistics of South Africa. 2012. *Census 2011 Statistical release*. Pretoria: Statistics South Africa.
- Statistics of South Africa. 2015. *Victims of Crime Survey*. Pretoria: Statistics of South Africa.
- Statistics South Africa. 2013. *Annual Report 2012/13*. Pretoria: Statistics South Africa.
- Steen, A., Mackenzie, D. & McCormack, D. 2012. *Homelessness and unemployment: understanding the connection and breaking the cycle*. Swinburne University: Swinburne Institute for Social Research.
- Sullivan, G., Burnam, A. & Koegel, P. 2000. Pathways to homelessness among the mentally ill. *Social Psychiatry Epidemiology*, 35:444-450.

- Sundin, E.C. & Baguley, T. 2014. Prevalence of childhood abuse among people who are homeless in Western countries: A systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology*, 50(2):183-194.
- Tayob, M.S. 2014. *Challenges of providing for the street homeless: Johannesburg as a single case study*. Johannesburg: University of Witswatersrand. (MA Dissertation).
- Teeson, M., Hodder, T. & Buhrich, N. 2003. Alcohol and other drug use disorder among homeless people in Australia. *Substance Use and Misuse*, 38(3-6):463-474.
- The Bill of Rights of the Constitution of the Republic of South African 1996 (Published in the *Government Gazette* (17678) Pretoria: Government Printer).
- The Homeless Hub. 2013. *The state of homelessness in Canada*. Ottawa: The Homeless Hub Research.
- The McKinney-Vento Homeless Assistance Act 108 of 1987 United States: Housing Department and Urban Development.
- Tipple, G., & Speak, S. 2005. Who is homeless in developing countries?: Differentiating between inadequately housed and homeless people. *International Development Planning Review*, 28(1):57-84.
- Tischler, V., Rademeyer, A. and Vostanis, P. 2007. Mothers experiencing homelessness: Mental health, support and social care needs. *Health and Social Care in the Community*, 15(3):246-253.
- Tittle, C.R. 1995. *Control balance: Toward a general theory of deviance*. Boulder, CO: Westview.
- Toro, P. 2007. Toward an international understanding of homelessness. *Journal of Social Issues*, 63:461-482.
- Tosi, A. 2010. Coping with diversity: Reflections on homelessness in research on Europe. In Busch-Geertsema, V., O'Sullivan, E., Pleace, N. and Quilgars, D. (Eds.). *Reflections on Homelessness Research in Europe, 1990-2010: A Festschrift to Honour Bill Edgar and Joe Doherty*. Brussels: FEANTSA.

- Truman, J.L. & Rand, M.R. 2009. *Criminal Victimization*. Washington, D.C: Bureau of Justice Statistics.
- Tyler, J.F., Chwalek, M., Hughes, J., Karabanow, J. & Kidd, S. 2014. How stable is stable? Measuring and defining housing stability. *Journal of Community Psychology*, 42(8): 964-979.
- Tyler, K. A., Hoyt, D. R., Whitbeck, L. B. & Cauce, A. M. 2001. The Impact of childhood sexual abuse on later sexual victimization among runaway youth. *Journal of Research on Adolescence*, 11:151-176.
- Tyler, K.A., Beal, M.R. 2010. The high-risk environment of homeless young adults: consequences for physical and sexual victimisation. Lincoln: University of Nebraska: Sociology Department.
- Uludag, S., Colvin, M., Hussey, D. & Eng, A.L. 2009. Modernization, inequality, routine activities and international variations in household property crimes. *International Journal of Criminal Justice Sciences*, 4(1):23-43.
- UNICEF. 2010. Definitions. Available: <http://www.unicef.org/sowc2012/pdfs/SOWC-2012-DEFINITIONS.pdf> (Accessed 17/04/2014).
- United Nations Centre for Human Settlements. 2000. *Strategies to combat homelessness*. Nairobi: HABITAT Report.
- United Nations. 1948. *Universal Declaration of Human Rights*. 10 December.
- United States Conference of Mayors*. 2004. Hunger and homelessness survey: A status report on hunger and homelessness in America's cities. December.
- United States Conference of Mayors*. 2005. Hunger and homelessness survey: A status report on hunger and homelessness in America's cities. December.
- United States Conference of Mayors*. 2008. Hunger and homelessness survey: A status report on hunger and homelessness in America's cities. 12 December.
- United States Conference of Mayors*. 2015. Hunger and homelessness survey: A status report on hunger and homelessness in America's cities. December.

United States Department of Housing and Urban Development .2009. The McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.

United States Department of Housing and Urban Development. 2002. The McKinney-Vento Homeless Assistance Act. Reauthorized January 2002 Subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 etseq.) amended to read as follows: Subtitle B--Education for Homeless Children and Youths.

United States Department of Housing and Urban Development. 2004. Using data to understand and end homelessness. Available: <https://www.huduser.gov/portal/periodicals/em/summer12/highlight2.html> (Accessed 08/05/2015).

United States Department of Housing and Urban Development. 2007. *Defining Chronic Homelessness: A Technical Guide for HUD Programs*. Washington D.C: Department of Housing and Urban Development.

United States Department of Housing and Urban Development. 2008. *A guide to counting unsheltered homeless people*. Washington D.C: Department of Housing and Urban Development.

United States Department of Housing and Urban Development. 2012. *Continuum of Care Homeless Assistance Program*. Washington D.C: Department of Housing and Urban Development.

United States Department of Housing and Urban Development. 2013. The 2013 Annual Homeless Assessment Report to Congress. Washington D.C: Department of Housing and Urban Development.

United States Department of Housing and Urban Development. 2014. Point-in-time count methodology guide. Washington D.C: Department of Housing and Urban Development.

United States Department of Housing and Urban Development. 2015. Point-in-time count of homeless people in Portland, Gresham and Multnomah County, Oregon. Available: <https://www.portlandoregon.gov/phb/article/532833> (Accessed 14/05/2014).

- United States Department of Housing and Urban Development. 2015. The 2015 Annual Homeless Assessment Report to Congress. Washington D.C: Department of Housing and Urban Development.
- Vakili-Zad, C. 2006. Counting the homeless in Malta. *Journal of Housing and the Built Environment*, 21(2):141-157.
- Vito, G.F. & Holmes, R.M. 1994 *Criminological theory, research and policy*. California: Wadsworth.
- Walklate, S. 1989. *Victimology: the victim and the Criminal Justice System*. London: Unwin Hyman.
- Walklate, S. 2003. *Understanding criminology: Current theoretical debates*. 2nd ed. Buckingham: Open University Press.
- Wardhaugh, J. 2000. *Sub city: Young people, homelessness and crime*. Aldershot: Ashgate Publishing.
- Wentzel, D., Voce, A. 2012. Health seeking experiences and behaviours of homeless people in Durban, South Africa. *Africa Journal of Nursing and Midwifery*, 14(2):77-89.
- Wenzel, S.L., Koegel, P., Gelberg, L. 2000. Antecedents of physical and sexual victimization among homeless women: a comparison to homeless men. *American journal of Community Psychology*, 28(3):367-390.
- Wenzel, S.L., Leake, B.D. & Gelberg, L. 2001. Risk factors for major violence among homeless women. *Journal of Interpersonal Violence*. 16(8):739-752.
- Weschberg, W., Lam, W. K., Zule, W., Hall, G., Middlesteadt, R. & Edwards, J. 2003. Violence, homelessness, and HIV risk among crack-using African American women. *Substance Use and Misuse*, 38(3-6):669-700.
- Whitbeck, L.B., Hoyt, D.R., Yoder, K.A., Cauce, A.M. & Paradise, M. 2001. Deviant behaviour and victimization among homeless and runaway adolescents. *Journal of Interpersonal Violence*, 16(11):1175-1204.
- Williams, J. & Stickley, T. 2011. Stories from the streets: people's experiences of homelessness. *Journal of Psychiatric and Mental Health Nursing*, 18(5):432-439.

Winfree, L.T. 2003. *Understanding crime: theory and practice*. London: Wadsworth/Thomson Learning.

Zabkiewicz, D.M., Patterson, M. & Wright, A. 2014. A cross-sectional examination of the mental health of homeless mothers: does the relationship between mothering and mental health vary by duration of homelessness? *BJM Open*, 4(12):1-13.

Zhang, L., Welte, J. & Wieczorek, W. 2001. Deviant lifestyle and crime victimization. *Journal of Criminal Justice*, 29(2):133-143.

Zugazaga, C. 2004. Stressful life event experiences of homeless adults: A comparison of single men, single women, and women with children. *Journal of Community Psychology*, 32 (6):643-654.



Appendix A: Questionnaire

Section A: Biographic information

Questionnaire no:

Urban or rural:

1. Age:	
---------	--

2. Gender :	Male		Female	
-------------	------	--	--------	--

3. Nationality:	South African		Non-South African	
-----------------	---------------	--	-------------------	--

4. Population group:	African		Coloured	
	Asian		White	
	Other:			

5. Marital status:	Single		Married	
	Divorced		Separated	
	Widowed		Engaged	
	Partnered			

6. Highest education level	No schooling	
	Less than Grade 7/Standard 5	
	Between Grade 7 and 11/Standard 5 and Standard 9	
	Grade 12/Matric	
	Diploma	



Degree	
--------	--

7. How many children do you have?	
-----------------------------------	--

8. Who raised you (mainly)?	Both parents	
	Mother only	
	Father only	
	Grandparents	
	Relatives	
	Foster care	
	Other	

SECTION B: HOMELESSNESS

9. Age when you first became homeless	
---------------------------------------	--

10. Have you continuously been homeless since then?	Yes		No	
---	-----	--	----	--

11. How long you have been homeless?	Years <i>or</i>
	Months <i>or</i>
	Weeks

12. Who are you homeless with?	Alone	
	Children	
	Partner	
	Children and partner	



Acquaintances	
Friends	

13. How many adults?	
14. How many children?	

15. Employment before becoming homeless	Unemployment	
	Contract	
	Self-employed	
	Part-time employed	
	Full-time employed	
	Piece-jobs	
	Other	

16. Type of work	
------------------	--

17. Reasons for being homeless	Violence	
	Drugs and alcohol	
	Unemployment	
	Mental health problems	
	Gambling	
	Having been imprisoned	
	Breakdown of the family	
	Abuse/neglect as a child	



Incarceration	
---------------	--

Other:

18. Where do you sleep most of the time?

19. Where did you sleep last night?

20. How many of your days and nights are spent in a place where many homeless people gather?		
All of them	Day	Night
Most of them		
About half them		
Some of them		
None of them		



21. How do you earn money/make a living while homeless?	Begging	
	Collecting recyclable products	
	Collecting scrap material	
	Living from dustbins	
	Prostitution	
Other means		

Section C: Feelings of safety

22. How safe do you feel while being homeless/on the streets	Very safe	
	Safe	
	Neither safe nor unsafe	
	Unsafe	
	Very unsafe	

23. What time of the day do you feel most safe?	Morning	
	Afternoon	
	Evening	

24. What time of the day do you feel most unsafe?	Morning	
---	---------	--



	Afternoon	
	Evening	

25. Place/area where you feel most safe?

26. Place/area where you feel most unsafe?

27. Reasons for not feeling safe

28. How concerned are you about the following happening to you?

	Very concerned	A little concerned	Neither	Not very concerned	Not concerned at all
Being robbed					
Being attacked or assaulted					
Your goods/property being stolen					
Being threatened/harassed					

© University of Pretoria
29. How likely do you think it is that you will become a victim of crime in the next year? very likely



	Somewhat likely	
	Neither	
	Not very likely	
	Not at all likely	

Section D: Victimization (previous and current)

30. Which of the following factors characterises your family history?	Substance abuse	
	Mental illness in the family	
	Domestic violence	
	Incarceration of family members	
	Loss of parent(s)	
	Suicide by a family member	

31. Did you experience any of the following as a child?	Physically abused	
	Sexually abused	
	Emotionally abused	
	Neglected	
	Bullied	

32. Which of the following factors characterises your childhood?	Very unhappy childhood	
	Unhappy childhood	
	Average childhood	
	Happy childhood	
	Very happy childhood	



33. Do you know any homeless persons who have been victimised/became a victim of crime?	Yes	
	No	

34. If yes, what types of crimes have been committed against them?	Serious assault	
	Common assault	
	Theft	
	Verbal abuse	
	Sexual assault	
	Damage to property	

35. In your experience, how often do homeless people become victims to crime?	Very often	
	Often	
	Sometimes	
	Seldom	

36. In your experience, how often do homeless people report the crimes committed against them to the police?	Very often	
	Often	
	Sometimes	
	Seldom	
	Never	

37. If seldom or never, what is the main reason why they don't report such incidents?



38. Have you ever been victimised (fallen victim to crime) while being homeless?	Yes	
	No	

	PHYSICAL ASSAULT		THEFT	VERBAL ABUSE	SEXUAL ASSAULT		DAMAGE TO PROPERTY	OTHER:
	Common	GHB			Rape	Assault		
PLACE								
PERPETRATOR								
RACE								
GENDER								
AGE								
TIME OF DAY								
FREQUENCY/ HOW OFTEN HAPPENED								

	PHYSICAL ASSAULT		THEFT	VERBAL ABUSE	SEXUAL ASSAULT		DAMAGE TO PROPERTY	OTHER:
	Common	GHB			Rape	Assault		
VICTIM INTOXICATED (Y/N)								
PERPETRATOR INTOXICATED (Y/N)								



REPORT LAST INCIDENCE (Y/N)								
IF YES, HOW LONG AFTER THE INCIDENT?								
OUTCOME OF THE REPORTING								
REASON(S) FOR NOT REPORTING								
ANYONE WITNESSED TO INCIDENT (Y/N)								
IF YES, WHO								
DID THEY ASSIST YOU IN ANY WAY? (Y/N)								
VICTIMISATION CAUSED INJURY (Y/N)								
HOW SERIOUS WAS THE INJURY?								
NEEDED MEDICAL CARE AS A RESULT OF INJURY? (Y/N)								
IF YES, TYPE OF HEALTH FACILITY								
SATISFIED WITH LEVEL OF CARE								



39. In general, how well do you cope emotionally after victimisation?	Very well	
	Moderately well	
	Not that well	
	Not well at all	

40. Did you ever seek help to cope after victimisation?	Yes		No		
---	-----	--	----	--	--

41. If yes, where did you seek emotional help?

42. Have you ever used violence to counter/prevent victimisation?	Yes		No	
---	-----	--	----	--

43. If yes, was it effective in preventing the victimisation?	Yes		Yes	
---	-----	--	-----	--

44. Methods used to prevent victimisation	Retaliate physically	
	Threaten with a weapon	
	Sleeping close to a friend	
	Altering routine activities	
	Avoid certain places	



Other

45. Have you ever been harassed by the police?	Yes		No	
--	-----	--	----	--

46. If yes, how often do the police harass you?	Very often	
	Often	
	Sometimes	
	Seldom	
	Never	

47. Experience/encounter with the police	Stopped and questioned	
	Made fun of	
	Searched	
	Items taken from you	

48. Have you ever been in trouble with the law?	Yes		No	
---	-----	--	----	--

49. If yes, how often	Often	
	Sometimes	
	Rarely	



50. Type of offence(s)

51. Were you arrested for the offence(s)?	Yes		No	
---	-----	--	----	--

52. Were you ever found guilty for the offence?	Yes		No	
---	-----	--	----	--

53. If yes, what was the sentence?

Section E: Health

54. How would you rate your physical and mental health?		
	Physical health	Mental health
Excellent		
Good		
Average		
Fair		
Poor		

55. Do you have any health problems?	Yes		No	
--------------------------------------	-----	--	----	--



56. Type of health problems

57. Do you make use of health services for your health problem(s)?	Yes		No	
--	-----	--	----	--

58. If yes, where do you go for health care?	Clinic	
	Hospital	
	Private care	
	Traditional healer	
Other		

59. How satisfied are you with the health care?	Very satisfied	
	Satisfied	
	Average	
	Dissatisfied	
	Very dissatisfied	

60. If dissatisfied, reason(s) for being dissatisfied

61. Do you receive any governmental assistance?	Yes		No	
---	-----	--	----	--



62. If yes, type of assistance	Social grants	
	Disability grants	
	Access to shelters	
Other		

63. Do you have contact with family members?	Yes		No	
--	-----	--	----	--

64. If yes, type of contact

65. How often are you in contact with your family?	Very often	
	Often	
	Sometimes	
	Seldom	
	Never	

66. Reason(s) why you are still homeless?	Lacking of housing	
	Lack of family support	
	Lack of governmental support	
	Substance abuse	
Other		

67. Would you like to leave the streets?	Yes		No	
--	-----	--	----	--

68. If yes, type of assistance needed

69. If no, reason(s) for not wanting to leave the streets

70. Is there anything else you would like to tell me?

Thank you for participating in the study!

Appendix B: Informed consent



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Denkleiers • Leading Minds • Dikgopolo tša Dihlalefi

Department of Social Work and Criminology
Hillcrest
Pretoria
0002
Web: <https://www.up.ac.za> Tel: (012) 420-3734 or (012) 420-2630

Dear Respondent

An appraisal of homeless people as victims of crime in urban (Pretoria) and rural (Vhembe district) settings

Researcher and fieldworker: Lufuno Sadiki

Thank you for your participation in the current study. The University of Pretoria's Research Proposal and Ethics Committee requires that a researcher should ensure informed consent from a respondent before commencing with the research. Informed consent entails providing potential respondents with information about the following aspects of the research:

- 1. Purpose of the study:** The purpose of the study is to explore and describe the experiences of homeless people as victims of crime in urban and rural settings
- 2. Procedures:** The researcher will use a questionnaire. The questions will be read to the respondents and recorded by the researcher. The interview will take between 20 and 30 minutes to complete.
- 3. Risks and discomforts:** There are no preconceived risks or dangers associated with participation in the research.
- 4. Benefits:** Please note that no benefits or gains are tied with participation in the research.
- 5. Participant's rights:** Respondents are free to withdraw from the interview at any stage. As participation is voluntary, no negative consequences will arise from withdrawal. Should withdrawal occur, all data pertaining to the participant concerned will be destroyed immediately.

6. Confidentiality: The information collected will be used for research purposes only and your identity and personal information will not be recorded. No names will be included in the research report.

7. Right of access to the researcher: Should any questions or concerns arise, the researcher can be contacted at 0722605095

8. Storage of research data: The data will be stored for archiving purposes in the Department of Social Work and Criminology for 15 years. It will not be used for future research purposes.

Please indicate your consent to participate in the study by signing a copy of this letter.

I have read this letter and understand what is requested. I hereby consent to participate in the study.

Research participant

Date

Fieldworker

Date

Appendix B: Approval letters