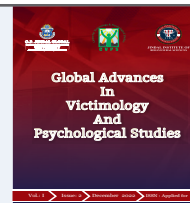## Global Advances in Victimology and Psychological Studies

Forgotten Victims: Understanding the Victimisation Vulnerability of the Homeless

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Abstract

Having undergone a radical political transformation from apartheid to democracy, South Africa is commonly seen as having one of the most intriguing transformation stories in the world. Furthermore, it is often suggested that the aftershock of apartheid has forced many individuals to the periphery of society. The homeless form part of those burdened by the past and as a result are often confronted by adversity. Existing literature as well as various victimological perspectives indicate that the homeless are prone to high rates of violence and victimisation. As a result of their exposure and high levels of vulnerability, the homeless often find themselves in unfavourable conditions, often typified by inherently dangerous people, places and situations. A study exploring the experiences of victimisation of the homeless - guided by a qualitative methodological approach - identified various victimogenic risk factors such as childhood adversity, a devalued social status, the use/abuse of alcohol and narcotics, and conditions associated with psychological and physical well-being, which could potentially prove useful in explaining the victimisation vulnerability of members of this vulnerable population. It is therefore important to assess these factors, to generate a better understanding of this complex phenomenon, thereby increasing the level of sensitivity around the plight of the homeless victim – which will in turn not only acknowledge their role as victims but also better inform and improve the victim assistance measures created and offered.

Keywords: Homelessness, Marginalisation, Victimisation, Victim Assistance, Victimogenic Risk Factor, Vulnerability

1. Introduction

With one of the most documented and well-known stories of radical political change worldwide, South Africa is a historically rich country with one of the most intriguing paradigm shifts, from apartheid to democracy. The aftermath of apartheid capitalism can be witnessed in various spheres of life- but perhaps the most detrimental is how its' impact forced many individuals to the periphery of society. Consequently, the homeless form part of those burdened by the past and as a result are often confronted by varying degrees of adversity. Within the South African context, broad societal issues, stemming from apartheid capitalism such as unemployment, poverty and/or social exclusion are often documented as the leading causes of homelessness. Furthermore, about the paradigm of social exclusion, these individuals are often seen as a homogenous group of 'disposable mass'- one which has fallen through societal safety nets, engaged in the precipitous fall into homelessness (Peacock & Rosenblatt, 2013, p. 200). The existing literature, findings derived from the broader study as well as various victimological perspectives emphasize the fact that homeless individuals are often at an increased risk for violence and victimisation, due to varying degrees of exposure and vulnerability (mainly due to their lifestyles

and social status). As part of their daily lives, homeless individuals are forced, and to a certain extent expected to live in hostile environments, under harsh conditions with little to no protective barriers, usually in crime-prone environments, while engaging in risky 'survival' activities. Furthermore, members of the homeless population are often confronted by several *victimogenic risk factors,* all of which are believed to increase their vulnerability to victimisation. Consequently, being homeless often means living with elevated levels of vulnerability to victimisation, largely due to factors commonly associated with a history of childhood adversity, psychological or physiological ailments as well as alcohol and narcotic abuse disorders, all of which have been associated with the status of homelessness (Alam & Akter, 2017, p. 31; Couldrey, 2010, 9. 12). Victimisation and homelessness are often seen as synonymous terms, largely because the status of homelessness itself can be seen as a form of structural victimisation, whereby society restricts lower class individuals from the rights, protection and resources often enjoyed by the rest of society (Fischer, 1992, p. 229). The purpose of this paper is to place these *victimogenic risk factors,* identified in the context of the broader study, as the sources of vulnerability to victimisation into perspective, to provide a better understanding of the plight of the homeless as the victims of crime, which many fail to acknowledge and ultimately provide more suitable reduction and victim assistance strategies for.

2. Methodology

Within the context of the broader study, which was mainly exploratory- a qualitative methodological approach was followed. This approach was deemed appropriate as the desired outcome of this study was not to formulate any generalisations, instead, the aim was to obtain a comprehensive understanding of specific experiences of victimisation of the homeless individuals who participated in this study (Pophaim, 2019, p. 119). The use of a qualitative methodological approach is further justified in that it places great emphasis on understanding various social phenomena, by examining social settings and finding answers to specific questions (Niewenhuis, 2016, pp. 52 – 53). This approach, therefore, allowed for the examination of a particular setting, involving a group of homeless people, which aided in the collection of profuse, detailed data regarding the specific experiences

of victimisation thereby generating a detailed account of the nature, causes, impact and consequences of homeless victimisation (Pophaim, 2019, p. 119-120).

2.1 Data Collection Instrument

An interview schedule was developed based on the objective and aims formulated for the broader study – this facilitated the collection of unique and detailed data through one-on-one semi-structured interviews with each participant (Pophaim, 2019, p. 120). Besides being one of the most popular data collection methods in qualitative research, semi-structured interviews were also considered ideal for the current study based on the nature of the research and also the target population Furthermore, these semi-structured interviews allowed for the collection of comprehensive data related to each participants' unique beliefs, experiences, perceptions, and ideas specifically about their experiences of victimisation. With the semi-structured interview as the main data collection instrument, the researcher was able to collect information regarding specific components related to the objective and aims of the study, but also maintain a level of flexibility to allow for the exploration of additional factors which are both interesting and relevant to the study which surfaced unexpectedly, during the interview – this also added to the detailed and descriptive nature of participant outputs related to their thoughts, feelings and experiences of victimisation (Jamshed, 2014, p. 87).

2.2 Sampling Procedure and Data Collection Process

As it was impractical to obtain a random sample of homeless individuals across South Africa, it was decided to make use of a theoretical purposive sample. Purposive sampling is a technique often employed in qualitative research for the identification and selection of information-rich sources/participants, which also allows for the most effective use of limited resources (Palinkas, *et al.*, 2015, p. 534). This sampling technique involves identifying and selecting individuals or groups of individuals that have specific knowledge about or experience with a particular phenomenon, i.e., homelessness (Palinkas, *et al.*, 2015, p. 534). With this sampling method, it became possible to construct an 'operational population' – one which is created to represent the ideal (Pophaim, 2019, p. 123). As such, two shelters and their residents were

approached to form part of the broader study. In terms of the selection criteria, participants had to be homeless (currently residing in one of the homeless shelters selected for the study), older than 18 years, male or female and could identify with any race group. Once the required gatekeepers' permission and ethical clearance were obtained, the data collection process began. With each interview, participants were informed about the nature and purpose of the study and that participation was completely voluntary and that they could withdraw at any point during the data collection process (Pophaim, 2019, p. 126-127). Moreover, those who decided to continue were also requested to grant permission that the interviews may be recorded – whereafter they engaged individual semi-structured interviews, all of which were completed in a single session. Upon completion of the data collection process, 17 participants were confirmed and interviews were conducted, guided by the semi-structured interview schedule discussed previously (Pophaim, 2019, p. 124).

2.3 Sample Description

The following Table 1 illustrates the demographic characteristics of the 17 participants of this study. All of the participants were currently in homeless shelters at the time of the study.

Table 1. Demographic characteristics of the sample

Male 4		Female 13	
Race	Number (N)	Age	Number (N)
African	3	19 – 30	8
White	13	31 – 42	5
Coloured	1	43 – 50	1
Other	0	51+	3
Total	17	Total	17

(Adapted from Pophaim, 2019; Pophaim & Peacock, 2021, p 76)

2.4 Data Analysis

During the data collection phase, once the necessary permission was obtained, all interviews were tape-recorded and subsequently transcribed verbatim. The findings were then presented according to specific research expectations and illustrated using frequency distribution tables and graphs in addition to narratives related to the *victimogenic risk factors* identified by the

sample (Pophaim, 2019, p. 128). It is generally assumed that numbers should only be used in quantitative research, however, given the fluid nature of research methodology – incorporating numbers in qualitative research also provides an added advantage, besides its organisational value – the use of numbers also enhances the internal generalisability of the study (Maxwell, 2010, p. 478). It is, however, crucial to mention that the findings obtained in the current research do not refer to contexts beyond the parameters of the study (external generalisability), instead its only purpose is to provide precision to statements regarding the frequency, amount, or typicality of a particular phenomenon. It further seeks to develop themes and highlight findings within the current study that are specific and unique to the sample as a whole and also to encourage further research on a particular topic (Maxwell, 2010, p. 478).

2.5 Mechanisms to Improve Credibility and Trustworthiness

Even though the qualitative methodology is increasingly being recognised and valued as an effective research approach, there remains a degree of scepticism regarding the quality of its findings (Kornbluh, 2015, p. 397; Shenton, 2004, p. 63). To reduce the level of scepticism regarding the value of the current study – the following measures were implemented to ensure credibility and trustworthiness. Following a recommendation made by the Research Ethics Committee of the University of the Free State – a pilot study was subsequently included in the research process. A pilot study is a useful tool as it allows the researcher to significantly improve the level of credibility and trustworthiness of the study as one can detect and manage any ambiguities before the main data collection process (Bryman, 2008, p. 247-248; Kim, 2010, p. 19). As such, a pilot study was conducted with five (5) individuals, which allowed the researcher the opportunity to test the feasibility of the data collection instrument. After the pilot study was conducted, the viability of the selected methodological approach was confirmed and no adjustments were required. Furthermore, the data collected during this phase was deemed of such high quality, that it was decided to include it in that obtained from the final research sample (Pophaim, 2019, p. 123). Member checking was another measure used to ensure credibility and trustworthiness –

this is the process of allowing participants to verify that the information reported accurately reflects what was shared during the interview process (Cope, 2014, p. 90; Kornbluh, 2015, p. 397; Shenton, 2004, p. 67).

2.6 Ethical Considerations

As is the case with any sound research project, ethical considerations formed the cornerstone to ensuring good practice for the duration of the study. Concerning the traditional ethical principles, before the study could commence, an ethical clearance application was submitted to the Research Ethics Committee at the University of the Free State. Full ethical clearance was then granted before the collection of data, where all the principles highlighted in the protocol were fully adhered to (UFS-HSD2016/1211) (Pophaim, 2019, p. 130).

3. Discussion

The victimisation vulnerability of an individual or group of individuals is assessed according to their capacity to ward off or circumvent victimisation (Karmen, 2009, p. 96). Victimisation vulnerability also refers to one's susceptibility to experience victimisation, which is theorised to be influenced by aspects related to routine activities, lifestyle, or behavioural patterns and also, sometimes in combination with other risk factors, which include personal characteristics – such as being poor, homeless, an alcohol/substance user/abuser and/or physically/mentally challenged. Homeless individuals, largely due to single or a combination of risk factors, unlike any other member of society are believed to have a disproportionately high vulnerability to victimisation (Newburn & Rock, 2004, p. 4; Scurfield, Rees & Norman, 2004, p. 3). Although it should be mentioned that some homeless individuals have incorporated highly adaptive survival strategies to reduce their vulnerability to victimisation, the same cannot be said for all members of this vulnerable population. Many are in poor physical health, injured, suffering from mental health challenges or other functional impairments due to related alcohol and substance abuse disorders – and many times are considered easy targets by potential offenders and are thus believed to be more susceptible to victimisation (Dietz & Wright, 2005, p. 16). As a result of exposure to

the aforementioned factors, amongst others – homeless persons are often confronted by alarming levels of vulnerability to victimisation, usually in the absence of suitable guardianship and other protective factors. Many homeless individuals are also known to engage in several high-risk activities – frequently referred to as survival strategies, these include but are not limited to begging, drug dealing and even sex trading, all of which have been linked to increased exposure to victimisation, i.e., a high vulnerability to victimisation (Dietz & Wright, 2005, p. 16).

The idea of *victim proneness*, commonly associated with von Hentig's (1941) version of the victim precipitation theory highlights that individuals are more prone to experience certain types of victimisation – that is, if they have already experienced said victimisation in the past (Diagle & Muftić, 2016, p. 77). Accordingly, this ideology can be used to explain why homeless persons, with a history of childhood adversity, are more susceptible or vulnerable to certain types of victimisation, just like homeless individuals with a history of sexual abuse are suggested to be at an increased risk for future sexual victimisation whilst living on the street (Couldrey, 2010, p. 12- 14; Dietz & Wright, 2005, p. 16; Heerde & Hemphill, 2016, p. 266; Keeshin & Campbell, 2011, p. 401; Sadiki, 2016, p. 45). Victim proneness, about vulnerability to victimisation, has also been associated with individual demographic characteristics, which in turn also act as predictors for the lifestyles and routine activities of potential victims. Concerning the various victimisation risk models – risk factors are highlighted as determinants for elevated levels of victimisation vulnerability, this notion is supported by theorists such as Fattah, who also specifically singles out alcohol as a pertinent risk factor for the increased experience of victimisation (Fattah, 2000, p. 31; Saponaro, 2013, p. 22). It is further postulated that individual risk factors such as age, gender, socioeconomic status, exposure to potentially dangerous areas and the use or abuse of alcohol and narcotics all act as determinants for the experience of victimisation. This also includes broader factors such as target attractiveness, suitability, and vulnerability. With this in mind, it then becomes plausible to suggest that in the presence of these risk factors, homeless individuals are expected to have a higher-than-normal vulnerability to victimisation, and as such will most likely experience victimisation at disproportionate rates (Diagle & Muftić,

2016, p. 78; Fattah, 1991, p. 342; 2000; p. 31; Saponaro, 2013, p. 22). The aforementioned theoretical constructs, while assisting in explaining the factors that can contribute to the experiences of victimisation of the homeless, can also be misconstrued and result in victim-blaming by those who already place an increased sense of individual responsibility on the homeless, that is those who think that homelessness is a temporary lifestyle choice, that one can easily escape. Therefore, it should be highlighted that the process of victimisation should instead, be seen as an interaction between the victims' characteristics (which make them prone to victimisation), the structural factors that place these individuals (potential victims) in these situations and lastly, the perpetrators' role in the act of victimisation.

As part of the participants' experiences, the risk factors identified in the study which may have increased their experiences of victimisation include, but are not limited to, childhood adversity (abuse/trauma), a devalued social status, the use and abuse of alcohol and illicit substances, the presence of mental and/or physical health challenges and also specific demographic characteristics such as age, gender, race and 'place of refuge'. To generate a better understanding of the victimisation vulnerability of the homeless, each of the risk factors will be discussed in the existing literature and findings obtained from an exploration of the experiences of victimisation of the homeless.

Table 2. Risk factors identified by participants which may have increased their experiences of victimisation

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

The narratives from this line of questioning differed greatly among those participants who initially reported experiences of victimisation while being homeless. Participants also identified multiple potential risk factors which may have increased the rate at which they experienced victimisation (vulnerability), most of which coincided with existing literature, while others mentioned additional risk factors which were not as prominent in the literature.

3.1 Childhood Adversity (Abuse/Trauma)

Concerning research on the homeless and their vast exposure to victimisation – having a history of childhood adversity is commonly identified as a leading pathway into homelessness. However, due to the intricate nature of homelessness, factors associated with adversity during one's childhood are also regarded as a potential risk factor, which could potentially increase a homeless individual's vulnerability to victimisation. These adverse experiences, from such an early stage of development (childhood), have been identified as a common precursor to a multitude of problems later in life, which include narcotic abuse disorders and psychological or physiological ailments– all of which can have a detrimental effect on the day-to-day lives of affected individuals. Furthermore, these challenges render homeless individuals particularly vulnerable and as such, they are often regarded as relatively defenceless in a variety of contexts, incapable of realising potential dangers or safeguarding against these dangers (people or situations) – making them significantly more susceptible to victimisation (Couldrey, 2010, p. 26; Dietz & Wright, 2005, p. 15; Karmen, 2009, p. 96; Lee & Schreck, 2005, p. 1061). In principle, this history of adversity during their childhood years is ultimately believed to not only initiate but also prolong negative experiences of further trauma and repeated victimisation amongst members of this vulnerable population (Keeshin & Campbell, 2011, p. 402; Mar, *et al.,* 2014, p. 1000).

Concerning the discussion above, the findings for this section among those participants who initially reported experiences of victimisation indicated that almost half of the participants had some sort of adverse experience during their childhood years. More specially, two participants, in particular, had no recollection of or never experienced life with a family or what it felt like to have a home – as they have been in living in centres for most of their lives. On the other hand, other participants had just as much adversity growing up in a home, with their families. These findings, therefore, coincide with what is suggested in the existing literature, that is, that childhood

adversity often makes one more prone to not only becoming homeless but also creates significantly higher vulnerabilities to victimisation (Couldrey, 2010, p. 12-14; Dietz & Wright, 2005, p. 16; Heerde & Hemphill, 2016, p. 266; Keeshin & Campbell, 2011, p. 401; Montgomery, *et al.*, 2013, p. 262; Sadiki, 2016, p. 35). The following narratives capture the participants' experiences regarding adversity during their childhood years, which they believed significantly influenced their vulnerability to victimisation as homeless adults:

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

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

3.2 A Devalued Social Status

The status of homelessness is typified by having poor social bonds, this is also engrained in the majority of definitions portraying the homeless as those who are socially excluded, marginalised or disconnected from society, and as a result are often incapable of accessing the formal mechanisms of social assistance which is usually readily available to every other member of the general public (Bassuk & Franklin, 1992, p. 72; Mangayi, 2014, p. 215; Sadiki, 2016, p. 7; Watson, Crawly & Kane, 2016, p. 97). Furthermore, concerning pathways into homelessness, a homelessness episode can also be initiated due to aspects related to familial breakdown or isolation from one's family. Regarding specific challenges commonly associated with homeless individuals (mental/ physical health challenges and/or the presence of alcohol and narcotic abuse disorders) – the disruption of familial or social bonds is quite common among members of the homeless population. Moreover, homeless individuals who have mental or physical health challenges are also often completely abandoned by family members as well

as the broader society. These are all marked contributing factors in the disruption of social bonds, which in several ways insinuate that homeless individuals are forced to function in social isolation – being labelled as 'other' generally produces a weakened or devalued social status – which in several contexts, in conjunction to what is proposed in popular theoretical perspectives may lead to many unfavourable situations for the homeless, where factors such as the lack of guardianship or exposure, inevitably lead to an increased risk of experiencing victimisation (high level of vulnerability to victimisation) (Dietz & Wright, 2005, p. 16; Fattah, 2000, p. 31; Gaetz, 2004, p. 431; Gomez, Thompson & Barczyk, 2010, p. 25; Saponaro, 2013, p. 22).

Concerning the participants who initially reported experiences of victimisation, more than half of them felt that most of these experiences could be due to them having a 'devalued social status' in society. This section of the findings can therefore be linked to the idea that the general perceptions attached to the status of homelessness, that is, living in poverty, being socially isolated, ostracised and disconnected from society, incapable of accessing the networks of assistance – generally render the homeless population particularly vulnerable (Bassuk & Franklin, 1992, p. 72; Mangayi, 2014, p. 215; Sadiki, 2016, p. 7; Watson, *et al.*, 2016, p. 97). These sentiments can be seen in the following narratives:

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

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

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

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

3.3 The Use and Abuse of Alcohol and Illicit Substances and the Presence of Physical and Mental Health Challenges

In addition to the aforementioned risk factors, the use and abuse of alcohol and narcotics as well as the presence of mental and physical health challenges, although entirely separate concepts, can be discussed collectively

as they are suggested to have the same debilitating effect and as such, in terms of increasing vulnerability, tend to function in the same way. The aforementioned factors are reported to incapacitate, disrupt vigilance, and reduce defensive capabilities – thus rendering those affected (in this case the homeless) particularly vulnerable to elevated rates of victimisation (Couldrey, 2010, p. 26; Dietz & Wright, 2005, p. 15; Johnson & Fendrich, 2007, p. 211; Sadiki, 2016, p. 42).

Furthermore, contrary to what was found in the existing literature, that is, the presence of alcohol and narcotics are among the most common factors for an increase in one's vulnerability to victimisation. Therefore, suggesting that those who are under the influence of alcohol should be considered more susceptible to victimisation. In this regard, very few participants felt that their experiences of victimisation were due to the presence of alcohol or narcotics (Fattah, 1991, p. 342; 2000, p. 31; Saponaro, 2013, p. 22).

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

Concerning mental and physical health challenges, most of the participants were unaware of pre-existing challenges and as a result, did not identify them as a potential risk factor as portrayed in the existing literature. In conclusion of this discussion, it was deemed appropriate to share one final narrative which illustrates how one individual can be impacted by several risk factors – which increased their vulnerability significantly, leading to an inevitable experience of victimisation:

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

3.4 Serendipitous Risk Factor among Participants

An additional risk factor, one that was less prevalent in the existing literature, was identified in two interviews. It was therefore decided to include this risk factor as part of the factors discussed concerning what participants believed may have increased their vulnerability to victimisation. The two participants reported that '*associations with*

dangerous people' or as they put it involvement with or around the 'wrong people' could potentially be seen as a reason for the increase in their vulnerability to victimisation:

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

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

Table 3. Demographic characteristics identified by participants which acted as risk factors for increased experiences of victimisation

Demographic characteristics as risk factors	Number (N)
Age	2
Race	0
Gender	4
'Place of refuge'	2

Concerning the existing literature and victimisation experiences amongst homeless individuals, there appears to be an influence by the presence of certain demographic characteristics as well, these include gender, age, race and the place or area where they spend the night (seek refuge). Literature on gender as a risk factor for victimisation amongst homeless individuals highlights that homeless women are at an increased risk for victimisation largely due to the clear difference in their physical capability to defend themselves – more specifically, homeless women are also perceived to be at a higher risk for sexual victimisation in comparison to homeless men (Kushel, et al., 2003, p. 2492; Meanwell, 2012, p. 73; Rattelade, *et al*., 2014, p. 1609). Furthermore, research on gender and homeless victimisation also report that illicit substance use is more common amongst women, whereas alcohol consumption is more commonly associated with homeless men – regardless of these distinct differences, the presence of certain substances is known to increase the affected individual's level of vulnerability to victimisation as discussed in the preceding section (Larney *et al*., 2009, p. 347). Although homeless women are documented to experience higher rates of sexual victimisation, as mentioned previously – there appears to be virtually no

difference between male and female homeless individuals' experiences of physical forms of victimisation (Couldrey, 2010, p. 20; Kushel, *et al.*, 2003, p. 2492; Wenzel, Koegel & Geldberg, 2000, p. 368). Race and age seldom act as independent risk factors, instead, they often accompany other demographic characteristics. For instance, adolescent males of African descent, who are from poor backgrounds and reside in larger cities – are often more prone to victimisation as a result of their perceived or actual lack of resources and power. Similarly, younger homeless individuals, in general, tend to experience higher rates of victimisation while on the street – and their victimisation vulnerability is said to be considerably higher when they engage in deviant activities – mainly due to the nature of these activities and the frequency of their contact with potential offenders (Sadiki, 2016, p. 41). Conversely, older homeless people, as a result of risk factors which include frailty and the absence of guardianship are believed to be just as vulnerable to victimisation (Dietz & Wright, 2005, p. 15; Kutza & Kiegher, 1991, p. 288).

The data outlined in Table 3 above only refer to participants who had initially indicated experiencing victimisation while being homeless. The responses, about demographic characteristics as risk factors for an increased vulnerability to victimisation received, were linked to the various victimisation risk models which were utilised for application purposes in the broader study as well as the existing literature. This is due to the fact, as mentioned previously, that certain demographic characteristics can be used to predict a potential victim's lifestyle and routine activities – and through this, determinants of vulnerability to victimisation such as target attractiveness, exposure, proximity, and suability can be applied to a particular group of individuals – in this case, the homeless (Fattah, 1991, p. 342; 2000, p. 31; Saponaro, 2013, p. 22). Concerning the responses received in this line of questioning, the sample only identified age, gender and 'place of refuge' as potential risk factors – this is further reflected in the following narratives:

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

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

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

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

In addition to the responses received for this section, some participants reported not knowing any risk factors that may have increased their vulnerability to victimisation. This can be illustrated by the following narrative:

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

Furthermore, one response was of particular interest, specifically due to its relevance to the ideas of the victim precipitation theory – alluded to at the start of this discussion. Regardless of risk factors, this participant felt that some homeless people contribute toward their victimisation, which can be seen in the following narrative:

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

4. Recommendations and Conclusion

Within the South African context, it is evident that the democratic shift did not bring about the desired change many had hoped for. With the number of homeless people increasing, it demonstrates that the social structures have quite possibly failed a large number of people. Although there has been an increase in conversations around the plight of homeless people, government corruption and the de-prioritisation of marginal groups impede the progress to providing adequate and much-needed assistance to the homeless population. Most domestic policies and research efforts focus on the status of homelessness in general while failing to acknowledge the increased amount of risk to victimisation these individuals are confronted with daily. Therefore, the homeless tend to remain on the margins of society, exposed to several individual and structural risk factors (as noted in the discussion above) and are bound to remain burdened by constant and multiple forms of victimisation. It is therefore imperative to note that we are in dire need of more research on the unique experiences of victimisation of the homeless population (globally and

particularly within an African and South African context). This could potentially prove useful in explaining the unique experiences as well as counteracting the unique *victimogenic risk factors* which appear to increase the vulnerability of members of this destitute population. By producing more generalisable research we will also be able to increase the level of awareness that currently surrounds this complex phenomenon and thereby increase the level of sensitivity regarding the plight of the often forgotten, ignored, or neglected homeless victim. By focusing our efforts on the development of more specific and informed research, we will not only acknowledge the homeless as victims of crime, but this will also lead to more informed and improved victim assistance measures which can be offered – this includes the level of support offered to and by Non-Governmental Organisations (NGO's) and shelters, the introduction of new or the amendment of existing legislative or policy frameworks and also other practical reduction measures which are tailor-made to cater to the unique needs of this particularly vulnerable group of individuals in most societies around the world.

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