

EXPLORING EXPERIENCES OF HOMELESS YOUNG WOMEN AT A SHELTER IN CAPE TOWN

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Thesis submitted in full fulfilment for the degree

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DECLARATION

I, Phophi Mphigalale hereby declare that this thesis is my own original work, which is exploring experiences of homeless young women at a shelter in Cape Town. It has not been submitted for any other degree or other qualifications in any university. I have acknowledged all sources used and have cited these in the reference section.

P Mphigalale



23 August 2021



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DEDICATION

I dedicate this thesis to:

My late grandmother Mrs. Dorah Matamela Tshivhase Themeli who raised and nurtured me. She taught me the importance of education. She will not be forgotten and I will always make her proud.

My mother Ms. Salphinah Themeli - I simply couldn't have done this without you. You are always there for me. Your motherly care and support have been shown in incredibly ways.

My siblings – I love you.

My daughters Dakalo and Mukhethwa – You are my shining lights.

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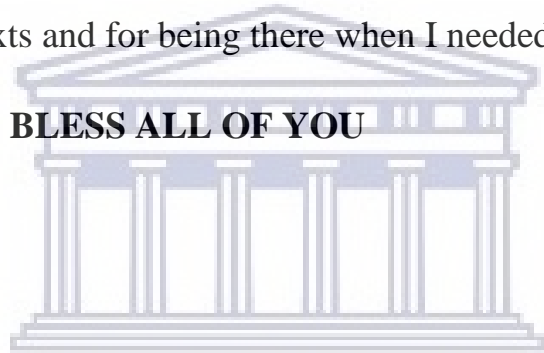
My aunt Mrs. Gayley Mabirimisa and her husband Mr. Robert Mabirimisa for their consistent love and support throughout my years of studies.

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MAY GOD RICHLY BLESS ALL OF YOU



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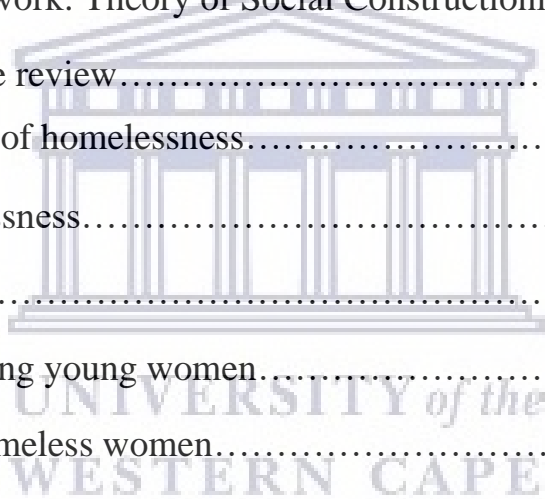
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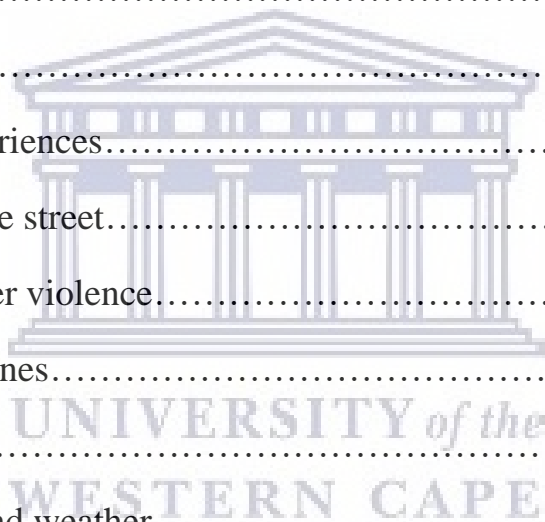
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Abstract

Homelessness in South Africa is an ever growing problem and it is difficult to determine the exact number of homeless people due to the fact that they live in different areas, such as under bridges, parks, abandoned buildings and vehicles and at shelters. The problem is growing every year nonetheless, there is still no solution. The number of women who are becoming homeless has also been increasing dramatically. There are many contributory factors that have been identified resulting in homelessness among young women, including domestic violence, drug and alcohol abuse, poverty amongst others. Homeless women are more vulnerable than other groups, young women especially.

The present study seeks to explore experiences of homeless young women aged 26 to 35 in Cape Town with regard to their perceived well-being. The study was conducted at a homeless shelter that provides temporary shelter for homeless people in Cape Town. Non-probability sampling technique was used to select the participants. A phenomenological, explorative, and descriptive research design was used and described experiences of 10 women aged 26 to 35 years at a shelter. Participants were asked about their experiences of homelessness. Semi-structured interviews of the participants were analysed using thematic analysis. Most women identified drug abuse as the main reason they became homeless. Childhood experiences of violence and abuse, domestic violence and death of loved ones were also identified as contributory factors of homelessness. Homeless young women face adversities on the streets as a result they seek shelters to escape the difficulties experienced. The main reason given for using the shelter services was safety. Shelters appear to meet women basic needs and improve their emotional and mental health. The results of the study suggest that sheltered women aged 26-35 are trying to make positive changes in their lives.

They desire to leave the shelter in the hope of a better future. They aspire for independence, stability, privacy and personal growth.

The study adhered to the ethics guidelines such as confidentiality, anonymity, voluntary participation and informed consent as stipulated by the University of The Western Cape, (Appendix A – Information sheet and Appendix B – Informed consent form). Ethical approval for the study was sought from HSSREC. The study only commenced once ethical clearance was obtained.



CHAPTER 1

1 INTRODUCTION

This chapter outlines the purpose of the study through the provision of the background, rationale, research problem as well as the aim and objectives of the study.

1.1 Background

There are many people in South Africa who live without a roof over their head or enough money to buy basic essentials of life and who do not have access to basic human needs. These people are collectively called homeless people regardless of their circumstances. Homelessness is a global problem and women are affected disproportionately. Previous studies indicate that population growth, economic hardship and the need for housing leave South Africa in a crisis and this is one of the most disturbing realities of homelessness that South Africa is facing. In South Africa an estimated between 100 000 and 200 000 people are living on the streets. (Cross, Seager, Erasmus, Ward & O'Donovan, 2010). Olufemi (1999) explains that females are the hidden homeless individuals whose numbers are consistently growing in the homeless community. It is for this reason that this study focuses on women specifically young women aged 26 to 35. It has been found that homeless females are often younger than homeless men (Olufemi, 1999).

Shortly after democracy, the South African housing market according to the National Department of Housing (2002) was characterised by severe housing shortages and lack of affordability and these have contributed to the prevalence increase of homelessness among young women. There has been a dramatic increase in the number of women and children who are homeless due to high levels of violence, poverty, unemployment and alcohol and drug abuse. Others

become homeless because they choose to be homeless. Access to secure and stable housing plays a major role in the health and well-being of a woman. Without a secure and stable accommodation, people cannot take care of themselves. Aidala, Cross, Stall and Sumartojo (2005); Sethi, Celentano, Gange, Vlahov and Farzadegan (2004) explain that lack of stable housing is associated with high rates of drug use and risky behaviours. Homelessness in South Africa is an issue that affects people differently. Different types of homelessness have been identified: situational, episodic and chronic homelessness. Situational or transitional homelessness is when someone is forced into homelessness because of uncontrollable circumstances such as losing a job, loss of main bread winner, domestic violence and poverty. Transitional homeless individuals generally enter the shelter system for only one stay and for a short period (National Coalition for the Homeless, 2014).

Episodic homeless people tend to be younger and most likely to suffer physical, mental health and substance abuse problems (Culhane & Kuhn, 1998; Canadian Homeless Research Network, 2010). They repeatedly fall in and out of homelessness. Chronic homelessness is when a person is living on the streets for a long period of time and most of homeless people who fall in this category suffer from mental health issues making them unable to function normally in a society. They are unable to work or maintain a job and inadequately support themselves. Majority of street homeless people suffer from ill health and are victims of crime (Tipple & Speak, 2009). There are also those who move from one shelter to another or staying on a night basis with a friend and family and this is called hidden homelessness. They are not physically without a shelter but they do not have a stable home. Most of them are working-class families who became homeless because they were unable to keep up with their living expenses and have moved in with family members. It is within the above mentioned types of homelessness that homeless shelters in Cape Town are established and

continuously exist. The present study focused on transitional or situational homelessness. Homeless women are often situational homeless, their homelessness is as a result of structural factors because their condition can be a result of abuse or economic conditions (Daly, 1996).

1.2 Rationale

The problem of homelessness is an important area of study particularly in big cities like Cape Town. Due to high unemployment and high poverty levels, many people travel to the city in order to find employment (Olufemi, 2001). The results of the study done by Kok, Cross and Rowe (2010) and Seager and Tamasane (2010) indicate that the participants migrated from rural areas or other provinces and even other countries to look for work in Cape Town yet they end up on the streets or at homeless shelters as they do not have any other place to stay, cannot afford to pay for the place to stay. The daily struggles faced by homeless young women aged 26 to 35 have often been ignored in the past because their perspectives on homelessness have been neglected. Meth (2003) explains women residing in vulnerable conditions are often overlooked or poorly provided for in terms of infrastructure. McBride (2012); Cross, Seager, Erasmus, Ward and Donovan (2015) emphasize the need for research on the homeless population by highlighting that the homeless many times are inadequately served and are under researched which results in limited knowledge of their needs. The study of females' homelessness is significant because they are more likely to require services and facilities that are different from homeless males.

Although there have been studies on homeless women, there is a gap in the knowledge of how homeless young women perceive homelessness. Most of the researches about homelessness primarily focus on youth homelessness and older women. This study sought to address this gap through in-depth exploration of the

experiences of homeless young women. Homelessness is a problem which cannot be resolved and addressed with limited knowledge. People need to be educated about homelessness, that it can happen to anyone, whether rich or not. An addiction, divorce, loss of jobs or other reasons can cause a person's life to suddenly change dramatically. It is anticipated that this study will add to the limited body of knowledge pertaining to homeless young women's experiences. The study will provide the opportunity to get insight into experiences of homeless young women. It may also contribute knowledge regarding psychological effects of homelessness among young women by helping service providers and those working with homeless community develop and enhance most effective program that focus on reducing psychological distress, rehabilitation, mental health care and on promoting personal growth. Furthermore, the present study will help improve awareness regarding homeless young women. By exploring experiences of this vulnerable group, contributory factors of homelessness have been identified and this can help in preventing episodes of homelessness and also in effectively designing prevention programs.

1.3 Research problem

According to Stats SA (2017) Western Cape is one of the provinces with the lowest levels of poverty (37.1%) however, homelessness in Cape Town is a social problem. Statistics further shows that in the city of Cape Town, 0,2% of the population is conservatively estimated to be homeless (Bernado, 2015). There is no doubt that homelessness is a serious problem in Cape Town and this has led to an increase use of shelter services, especially by young women. Homeless women are exposed to dangerous situations on the streets. The findings of the study done in Cape Town led by the researcher Hendricks (2015) revealed that out of 7 383 homeless people in the municipality, 4 862 were living on the streets

while the rest were assumed to be living in shelters. The study further revealed that out of 1700 interviewees, those living in shelters were more likely to be females. They only made 20 percent of those living on the streets.

The increase in population, decreasing economies and the constant need for housing leave South Africa in a housing crisis, as a result many people become homeless. Homelessness impacts on men, women and children of all races and ethnic groups. Differences occur not only in how homelessness is experienced but also in the pathways to homelessness and the consequences of living homeless. Efforts have been made to address the issue of homelessness and it remains a social problem of significance in Cape Town and in South Africa and the rest of the world. The UNCHS (2000); Tipple and Speak (2005); Cross and Seager (2010) point out that it is very difficult to research, address and eliminate homelessness because of the complexity of the reasons for becoming and being homeless. Previous research has shown that the majority of homeless individuals in the world are women and their children. In South Africa 4 out of 10 homeless individuals are women (Olufemi, 2000). The study focused on homeless young women aged 26 to 35 and these are the ages at which most women are independent, emotionally mature, financially stable and are likely to get married and have children. Nevertheless, they face challenges like being single, not having children, single parent, divorce, domestic violence and unemployed. In many cases it is found that young women are forced to be homeless as a result of some of the factors mentioned above. Some individuals become homeless due to person-based aspects such as substance abuse, mental health issues, physical health, and single motherhood.

Australian research about homelessness (2012) shows that single women are vulnerable to homelessness due to a range of circumstances including economic disadvantage related to low income or no income, lack of superannuation, lack of equity in housing, low education and qualifications and hence lower paid work.

Other factors that increase single women's vulnerability to homelessness include the high cost of private rental and home ownership and the allocation policies for public housing which favour women with dependent children. Widows and single mothers are also likely to face sustained affordability problems due to loss of income and low income.

According to Tipple and Speak (2009) the emergence of homelessness among women is often a result of violence, structural changes in their work environment and mental illness amongst other aspects. Unemployment is another contributory factor of homelessness. Olufemi (2000) did a study on homeless women in Johannesburg with focus on poverty and homelessness. He looked at their socioeconomic characteristics and found that the majority of the homeless women were between 20 and 40 years of age, unemployed, have low or no education, have low or no income.

Due to high unemployment rate in South Africa, the majority of women are unable to secure own accommodation and end up living with parents. Living with parents at that age and when you are already a parent yourself is a challenge to both the parents and a young woman living under one roof. In many cases there are always conflicts between a young woman, siblings and parents. To avoid facing and dealing with such challenges, a young woman may decide to leave the home and become homeless, either a sheltered or a street homeless. Those who find themselves married to abusive husbands, they may run away from such husbands. One possible pattern of women who escape abuse and become homeless is the cycle of episodic homelessness. These women may reunite with their partners, move back in, only to suffer another cycle of abuse and as a result they flee again. They are in and out of homelessness. Dladla and Vetton (2004) explain that females who often find themselves in abusive relationships have experienced abuse in their past as a child or adult.

1.4 Research Aim

The aim of the study is to explore the subjective experiences and perceptions of young homeless women aged 26 to 35.

1.5 Objectives

The objectives of the study are:

- To explore experiences of homeless young women aged 26-35.
- To explore perceptions regarding causes and effects of homelessness among young women.
- To explore coping strategies of young women who are homeless.

1.6 Theoretical Framework: Theory of Social Constructionism

Theoretical framework is the structure that can hold or support a theory of a research study. It introduces and describes the theory that explains why the research problem under study exists. This study was informed by the theory of Social Constructionism as it primarily focused on how homeless women construct meaning of their experiences. Social Constructionism is the way in which meanings are extracted from the situations, events, and experiences (Burr, 2015). Constructionism messages that reality is constructed socially, with language being critical for the interpretation and construction of commonly accepted reality. Gergen (1985) states that generation of ideas of reality is initiated by social, rather than individual, processes and that the touted objective reality of the positivist approach is actually the result of various social construction processes that are influenced by historical, political, cultural and economic conditions.

Meanings, values and ideas are studied in the context of culture and historical changes. The social world constructed by people differs in diverse culture and different time periods. Burr (2015) further states that common ways of

understanding the world is not from the nature of the world as it really is but instead it comes through daily interactions between people, which constructs culture and historical specific knowledge of the world. Practices of different cultural groups vary from each other and the social construction of their knowledge is also likely to differ significantly. An understanding of this fundamental principle will help the researcher in realization of the different perceptions, experiences, attitudes and behaviors of different individuals towards similar social phenomena (Homelessness). It is under the theory of social constructionism that the researcher will conceptualize the understanding of homelessness.

Homelessness in South Africa has a history, it dates back to the apartheid period. Due to the Group Areas Act, white minority were given land in the fertile and wealthier areas, including the Central Business Districts (Cross et al., 2010). People of other ethnic groups were forced to live in areas with no employment opportunities and travelling to the CBD for work was expensive for them. During apartheid, the high rate of unemployment, shortage of affordable housing, and social and economic policies were contributory factors of homelessness. However, in recent years, statistics shows an increase in the number of homeless people due to alcohol and drug abuse, mental illnesses and domestic violence, resulting in women escaping domestic violence, living on the streets or at shelters. Burr (2003) and other advocates of social constructionist theory put forth the view that knowledge of constructionism enables individuals to adopt critical attitudes towards their conventional lenses for perceiving and understanding the world and their own selves. Social constructionism is known to allow diverse point of views Individuals do make sense by considering the experiences of human through constructing its meaning. Homelessness is socially constructed. During perspective and view analysis offered by different individuals, it is important to understand the manner in which an individual constructs any meaning and their

position in any social group (White, 2004). It is further added that it is important to take into notice how these constructs influences an individual action.



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CHAPTER 2

2 LITERATURE REVIEW

The chapter elaborates on the concept of homelessness and the issues on homeless based on various journal articles, books, previous studies and their results. Previous researches on the experiences of homeless young women in different contexts are also presented. The chapter further provides an overview of relevant literatures that were used to tackle the above research aim and objectives.

2.1 Conceptualisation of homelessness

Definition of homeless varies significantly across the world. No agreements exist on what constitutes homelessness. For the purpose of understanding its nature, different theoretical thinking and several definitions of homelessness will be discussed. Some researchers classify those living in inadequate shelters, such as shack settlements, as homeless, while others delineate the term to relate exclusively to those with no roof over their heads (Roets, Botha, Greeff, Human, Strydom, Watson & Chigeza, 2016). Homeless is a historically and cultural specific concept. Other authors look at different factors when they define home and homeless. They look at the conditions and standard of the physical structure, its form and location, the form of the household and the relation of tenure of each member of the household and the nature of the actual and possible relations within each member of the household. It is said that people make judgment based on what they see around them. In societies where people live in mud huts, it is likely that their occupants would not consider themselves homeless. However, if the mud huts residents were to compare themselves with those living in wealthier societies, the situation could be quite different. They might begin to consider themselves as homeless. UK Law defines someone as being homeless if they do

not have legal rights to occupy an accommodation or if their accommodation is not suitable for habitation (Williams & Stickley, 2011).

According to Tipple and Speak (2005) the term homeless means lack of “home” therefore, “home” can be defined as a place where a person is able to establish meaningful social relations with others through entertaining them in his/her own space, or when the person is able to withdraw from such relationships. It is an environment that is associated with social ties. It has emotional connection, infrastructure, water, electricity and toilet, a structure that protects one from eviction, provides safety and security (Olufemi, 2002); and (Tipple & Speak, 2009). The emotional and physical well-being of the home provides warmth, comfort with security being the prime aspect of a home (Watson & Austerberry, 1986). Furthermore, a home is an environment that females should have control over, without being subjected to other people’s rules and to have privacy within the confines of their own walls (Watson & Austerberry, 1986). A home provides adequate shelter. Homelessness is then understood as the direct opposite of what constitutes a home or adequate housing (Tipple & Speak, 2009; Olufemi, 2002). The lack of social ties, especially those that are related to family ties is one of the multiple components that construct the definition of homelessness. Participants in the current study have affirmed that stating that the loss of family ties, the death of a family member or abandonment by a family has resulted in them being homeless.

Homelessness in South Africa is identified by Cross et al. (2010) in terms of three types, namely: the detached homeless, temporary overnight sleepers and informal settlement dwellers. South African Homeless People’s Federation regards shack and hostels dwellers as homeless (Tipple & Speak, 2005). Within the South African context, homelessness is associated with squatter camps, rented backroom shacks, and occupation of metropolitan open spaces, packs and vacant

land. In Zimbabwe, homelessness is defined as not having access to housing (Tipple & Speak, 2009).

Speak (2013) explains that the definition of homelessness differs per sub group of homeless people being considered. Speak (2013) further explains that the personal circumstances bring meaning to the way homelessness is understood. Participants in the current study have shown through their interviews that homelessness is a multifaceted concept. The definition of homelessness from participants varies from individual to individual. A married participant has defined homelessness with reference to the abusive marriage **P.8**. Another participant indicated that homelessness has different definition to a different person, *“to me homelessness is not having anywhere to go”* **P.7**. It is such experiences that lead women to define homelessness. It is obvious for participants, because of their experiences, they define and understand homelessness differently. Their understanding of homelessness are specific to their circumstances.

There are three inter-related assumptions that often support the explanations of homelessness: that homeless people are bad, demanding minimal provision; they are mad, needing paternalistic intervention; or they are sad, needing pity and charity (Seal, 2005). The pathological model views homeless people as socially inadequate, maladjusted and psychologically disturbed. The blame for homelessness lies with the individual (Seal, 2005). Homelessness is seen largely as an individual failure, or a personal weakness. The pathological model considers homeless people to be unemployable and unhousable rather than unemployed and unhoused. This model, like the individual culpability model, perceives homelessness in the light of the behaviour of the homeless people (Makumule, 1997). The difference between the two models is that the individual model blames the victim and the pathological model does not blame the victim. The pathological model views the individual behaviour of the homeless person

as a reflection of their pathologies, caused not only by societal structures, but also by factors such as mental illness, drug abuse and crime. The economic and social approach on the other hand sees homelessness as deriving primarily from lack of housing. The solution according to this model is the need for more accommodation.

2.2 Causes of Homelessness

Homelessness is caused by one or a combination of social, political and economic factors and these factors vary per individual. Poverty and unemployment lead people into homelessness. South Africa's main cause of homelessness is poverty as a result of unemployment (Makiwane, Tamasane & Schneider, 2010). Stats SA (2017) issued statistics on Poverty Trends in SA. The statistics reported by the report are as follows: "The number of persons living in extreme poverty in South Africa increased by 2,8 million, from 11 million in 2011 to 13,8 million in 2015". Women among others are the most vulnerable to poverty. Likewise, in Australia, homelessness Australia (2013) reported that there are about 2,265 people in Australia living in poverty. As a result, many people are unable to afford decent housing. Given South Africa's official unemployment rate of 27, 7% not many people are fortunate enough to be employed.

Despite being 51% of the total population, women are less likely to be in paid employment. Females have few or no property rights and are less likely to have a stable or permanent employment (Olufemi, 2000). Without income from employment, people cannot afford food or housing, causing them to become homeless (Roets et al., 2016). The above has proven to be true for homeless young women of the current study. They have stated that they are unemployed. Some of them migrated from their rural homes to look for work in the city yet they end up on the streets. These findings are in line with Makiwane et al (2010) and Watson and Austerberry (1986)'s findings, who explain that those women from rural

areas often find themselves gravitating to urban centres for employment, but to find themselves homeless due to the competing labour demands. Furthermore, participants' education levels have often made it more difficult for them to be employed. They have low levels of education. Seven of the ten participants have indicated that they did not complete high school. The three participants who completed high school levels, two have diplomas and one with a degree. Olufemi (2000) explains that most homeless females' education levels range from partially educated to under qualified education. The participants' levels of education range from grade 4 to a degree. One reason for low education level is high school dropout rate due to drug abuse. Another reason for low education level is childhood experiences of abuse and abandonment. Olufemi (1999) explains that the level of education enables the female to secure permanent employment.

2.3 Drug abuse

Alcoholism and drug use are another problem which cause young women to become homeless. Alcohol and drug use among homeless women are more prevalent than among the general population. Martins (2008) argues that people resort to substance abuse in order to relive stresses. In many situations, substance or alcohol abuse is a result of homelessness rather than a cause. It appears people who are homeless often turn to drugs and alcohol to cope with their situations. They may be using substances in an attempt to reach temporary relief from their problems but this is leading to a destructive cycle that makes alcohol and drugs use now being both a problem and a solution. This kinds of addiction cause a large number of people to become and stay homeless. The little money substance abusers make is spent on substances. Unless the homeless overcome their addictions, they are likely to be homeless for the rest of their lives.

Homeless women use alcohol and drugs to numb the stress of being homeless. Mayne (2016) stated that homeless women need to earn money to buy the drugs

that made them numb. According to Seal (2005) people on the streets drink alcohol to cope with the cold weather, depression, isolation and physical or emotional pain and alcohol is accepted as a means of fostering sociability amongst homeless men and women.

2.4 Homelessness among young women

Homeless women come from a variety of backgrounds and situations. One of the main reasons for female homelessness is linked to factors related to family structure breakdown, disability or ill-health, alcoholism and abuse (Olufemi, 1999; Tipple & Speak, 2009). Violence against women is a universal problem and is one of the pervasive human rights violations in the world. Meth (2001) explains that insecure accommodation contributes to females' inability to escape domestic violence. One in three women will be beaten, forced into sex or otherwise abused in her lifetime, usually by someone she knows (Marland et al, 2008). To escape domestic violence, women leave their homes and often have nowhere to go. Tipple and Speak (2009) state that women have often been abandoned, widowed or they have left their homes in order to escape an abusive environment.

Traditionally it is men's responsibility to protect women/ their wives. According to the historical perspective, women were homemakers and men were concerned with female protection. Because of social discrimination women were more likely to be unemployed, to be less educated, thus forced them to tolerate abusive behaviours as they were depending on men economically. Domestic violence is said to be rooted in a sense of entitlement, and cultural devaluation of women. Men feel that they have control over their wives and it often comes naturally to abusive men. Women often rarely have title ship of their homes. When women do not have title ship to housing, they have fewer choices about how they can

make a living. They may become homeless or forced to engage in risky activities, such as offering sex in exchange for food, housing or education. Homeless women have found themselves in compromising relationships or being compelled to conduct themselves in a manner that is inconsistent with their values as well as their socio-cultural principles. They have found themselves turning to inappropriate relationships to secure accommodation for themselves and their children, or they have found themselves residing in insecure conditions (Tipple & Speak, 2009).

Grizelda Grootboom, a former homeless woman lived with her grandparents in Cape Town before she became homeless. She moved to Johannesburg to search for work. She was trafficked and was forced to work as a sex worker (Mayne, 2016). Homeless women are more likely to have multi- partners and this places them at significantly high risk of diseases. The majority of homeless women cannot negotiate for safe sex thus putting them at risk of diseases. One woman in the current study notes this experience as she says *“I am having HIV. I got infected because I was not sleeping with many men, may be four or three men, but it was not long, I would say may be for two months but it was with the same people”*

P.3.

2.5 Health care for homeless women

Homelessness affects every aspect of an individual’s life, physical and emotional health and many of homeless people are unable to access health care services. Women are more vulnerable homeless group than men because of health challenges they face. Olufemi (1999) explains that females are more vulnerable to illnesses due to their biological differences. Coping with menstruation cycle is a monthly challenge. With no income, women are unable to buy sanitary towels,

they often use dirty ripped pieces of cloth, toilet papers or newspapers and this is more likely to cause infections.

Furthermore, women are exposed to sexually transmitted diseases including HIV/AIDS each time they are sexually abused by men regardless of whether those men are their partners or strangers. The results of the research done by Lister (2003) and O' Flaherty (2005) indicate that homeless people are at risk of health problems such as tuberculosis, HIV/AIDS and severe upper –respiratory infections (Moyo, Patel & Ross, 2015). Homeless persons who stay in shelters have fewer health problems than unsheltered (Gelberg & Arangua, 2006; Gelberg & Linn, 1989). The findings of the study revealed that the participants have often been not physically and emotionally well due to the overcrowded environment that they live in. Olufemi (2000) explains that the most common illnesses to be found are conditions owed to living in unhygienic conditions and exposure to infectious illnesses that spread through body contact. This cause increased stress level that is associated with health consequences (Olufemi, 1999). Olufemi (1999), Tipple and Speak (2009) further explain that women that live in poor conditions suffer from malnutrition, respiratory infection and are most likely to suffer from negative environmental problems.

2.6 Pregnancy and child care

Homeless young women are at increased risk of unplanned pregnancy. A study by Herndon, Asch, Wenzel, Wang, Kilbourne and Gerberg (2003) determined that at any given time, 10% of the female homeless population is pregnant. Women's fertility peaks in the early and mid-20s and drops around age 35. Women at the ages of 26 - 35 are at their child bearing ages and complications in birth are far more common for homeless women and their babies especially for alcohol and drug users. There are multiple risks for homeless women's children.

Any substance ingested by a pregnant woman may affect the developing baby. Some homeless women do not have knowledge about contraceptives and options available to them if they wish to terminate pregnancy. Homeless women face many challenges, using contraceptives is not on their priority list. Homeless women with children often carry the burden of creating a more stable housing situation for themselves and their children. Their relationship with their children is ambivalent, a combination of love, resentment and the sense of being overwhelmed (Connolly, 2000). They use drugs and alcohol to diffuse anger and to numb the hatred instilled in them during their own upbringing. The hatred continues to cause destruction in their lives and that of their children. The causes of homelessness may not be acute, they may have developed over the women's lifetime through her childhood experiences. Some issues such as loss of a job or eviction may result in current or immediate homelessness but often people who are homeless have suffered in childhood (Shelton, Taylor, Bonner, & van den Bree, 2009).

A study from the United States highlighted that the experience of the studied homeless women reflects the early abuse experienced since their childhood - physical and emotional abuse, mistreatment, financial exploitation, sexual harassment, environmental stress and exposure to crime (Biscotto, Jesus, Silva, Oliveira & Merighi, 2016). The consequences of a homeless mother's drug use may lead her to neglect abuse or abandon her children. In turn the children may exhibit behavioural, emotional, or academic problems (Hausman & Hammen, 1993; Steinbock, 1995; Tischler, 2007).

2.7 Psychological effects of Homelessness

Homelessness has deep psychological effects on individuals. Homeless women have higher levels of worry, anxiety and depression and they often require constant care and treatment. They are often victims of crime and rape (Mayne, 2016). Women are more likely to be victims of rape and sexual assault (Milburn & D'Ercole, 1991). The trauma of such abuse can cause symptoms of disorders such as depression, post-traumatic stress disorder, bipolar and schizophrenia. Homeless young women appear to be a particularly vulnerable group. Previous research has shown that, compared with homeless young men, they tend to: (a) be younger and use shelters more frequently (Kufeldt, Durieux, & Nimmo, 1992); (b) report higher ratings of mood disturbance; suicidal behaviour, and depression; (c) experience lower self-esteem (Maxwell, 1992; McCarthy & Hagen, 1992); and (d) more likely have been sexually abused (Janus, McCormick, Burgess & Hartman, 1987). Homeless people who did not have mental illnesses prior to becoming homeless may develop psychiatric symptoms after becoming homeless, triggered by the stress of living on the street or in shelters. One example of a woman who was affected psychologically by homelessness is as follows, *“It is psychologically draining for me because it makes me tired. I have insomnia so for me to sleep at night is a problem. I don't really sleep, most days I am surviving on three to four hours sleep because I have too much going on in my head”* P.7.

It is important to note that as a result of loss of control of their environment and their lives, homeless women are at increased risk for depression and anxiety. Mental illnesses can also be the cause of homelessness because of lack of resources and support.

2.8 Stigmatization around homelessness

Stigma is the extreme negative labelling of an individual in an effort to separate them from other members of the society. It is a negative and detrimental ideology placed on a person or a group of people who they are and what they do. In addition to their situation, homeless people suffer stigmatization by their fellow citizen. People who are stigmatized are usually considered deviant or shameful for some reason or the other, as a result they are avoided and rejected. The general stigma associated with being homeless is often perceived as lazy, drug addicts, violent, beggars, criminals, uneducated, scary and dysfunctional. In Cape Town homeless people are called bergies. The term is used for a subsection of homeless people in Cape Town. The term originates from the Afrikaans berg meaning mountain. The term originally referred to the homeless people who sheltered in the forests of the slopes of Table Mountain. Hobo or skollies are the terms used in other provinces. People living on the streets are possibly one of the most impoverished (Cross et al, 2010) and stigmatised (Olufemi, 2002) groups in South Africa.

Olufemi's (2002) findings showed that stigmatization is a barrier to leaving. The public misunderstand and therefore ignore the needs of those who are homeless, causing them to adopt an identity of helplessness and self-worth (Olufemi, 2002). The majority of participants in the current study seemed to carry the effects of these stigmas after being in the situation. Researches done internationally give insight into this uses of stigma and identity and addiction (Kidd & Davidson, 2007; Thompson, Pollio, Eyrich, Bradbury & North, 2004). These studies show that people living on the streets often feel they deserve their situation, which hinders them from trying to leave (Kidd & Davidson, 2007). Homeless people often report being trapped by their addiction.

For many homeless people, survival is more important than personal growth and development. There is very little motivation to change their situations. Finding

food and shelter often take a higher priority than health, cleanliness and seeking counselling. Without a will to make use of the social support network available, breaking this chain seems impossible.

2.9 Homeless Shelters

The present study focused on sheltered women. Researchers term these women who use services such as women's shelters as the visible homeless. Homeless shelters are often provided to handle immediate issue of housing for homeless communities. Homelessness is most prominent in cities as people migrate from their rural places in search for better lives in cities. In order to assist people within cities, the government does allocate funding to shelters, but most of the funding comes from private donors. Homeless shelters vary, some allow single men or women, and others accept families. Moreover, some women prefer streets over shelters as there are no rules on the streets. Homeless shelters have many strict rules, policies and restrictions and are often criticized as being overcrowded, noisy and unclean.

Shelters also differ in their tolerance of alcohol and drug use. In some shelters residents are allowed to use substances as long as they are not causing problems to other residents, not violent and harmful to themselves and others. In the study done in Cape Town, Observatory (2010), a third (10 out of the 30 interviewed) of the people slept in shelters and the rest slept on the streets, in the veld, in abandoned buildings and under bridges. It is said that it is not clear why so few make use of the shelters, and was assumed that it may have to do with the costs involved and the fact that they cannot use substances when in the shelter. Being in a shelter affect a woman's identity (Sargent, 2011) but women who are sheltered are less likely than unsheltered women to have mental illness and substance abuse problems and reports physical assault (Nyamathi, Keenan & Bayley, 1998).

Previous researchers further indicated that homeless women prefer living on the streets because they fear contracting diseases as they are easily spread in close overcrowded accommodation. Another explanation is that women feel unsafe at a shelter especially in all gender shelters. Women who left their homes to escape sexual violence may develop fear of rape. In addition, shelters are not secure places as belongings are being stolen. Homeless women in shelters might also be sexually assaulted by other women. Mayne (2016) indicated that women shape green bar of soap into the shape of a penis, and use to rape other women.



CHAPTER 3

The chapter looks at the methodology that was employed to conduct the research. The methodology that was chosen is qualitative and the researcher explained why it was chosen. The chapter further outlines the kind of data needed and the processes followed to conduct the research. The last section described ethical considerations that have been followed.

3 Methodology

3.1 Research Design

The research methodology employed in this study is qualitative. There is a paucity of South African qualitative research investigating the experiences of homelessness (Roets et al., 2016). A qualitative, phenomenological, explorative and descriptive design was used to explore and describe the experiences of homeless young women at a night shelter for homeless people in Cape Town. Before the methodology is explained, it is necessary to motivate or provide the reason why the methodology was employed or chosen for the current study. The main aim of the research was to explore how young women living in a shelter experience homelessness. Consequently, it became necessary that direct interaction with young homeless women would be a suitable way of gathering information and such interaction could only be done effectively by employing the qualitative methodology as opposed to the quantification of data. The qualitative research method allows the researcher to interact with participants more especially when a researcher is dealing with a sensitive study like homelessness.

Silverman (2001) states that the objective of qualitative research is more on describing and understanding the opinions of the interviewee or participants and also to respect them not the researcher. Phenomenological approach was chosen for the current study as it focuses on the experiences and perceptions of homeless

women. Exploratory research is described by Brink (2006) as the research conducted aimed at exploring the in-depth knowledge and understanding, of experiences and perceptions of a selected population groups through asking of questions and probing again and again until data saturation occurs. Descriptive research has been defined as research that has its main objective the accurate portrayal of the characteristics of persons, situations, or groups, and/or the frequency with which certain phenomena occur (Polit & Beck, 2008). Because qualitative research tends to be exploratory in nature, the interviews of the participants were examined to reveal common trends and themes, which could then be interpreted and applied accordingly (Kazdin, 1992).

Moreover, looking at the nature of the study, it is clear that there were no possibilities of utilizing quantitative methodology with a structured questionnaire because it might have not captured all the information needed. Furthermore, the qualitative method was chosen in order for the researcher to be able to use semi-structured interviews. The methodology utilised enabled the researcher to understand young women's homelessness in a broader perspective. In studying homeless young women living in a shelter by this method, it has enabled the researcher to address research aim and objectives. The research was qualitative and therefore cannot generalize the data to the broader population, rather to gain in depth insight into the experiences of homeless young women living in a shelter.

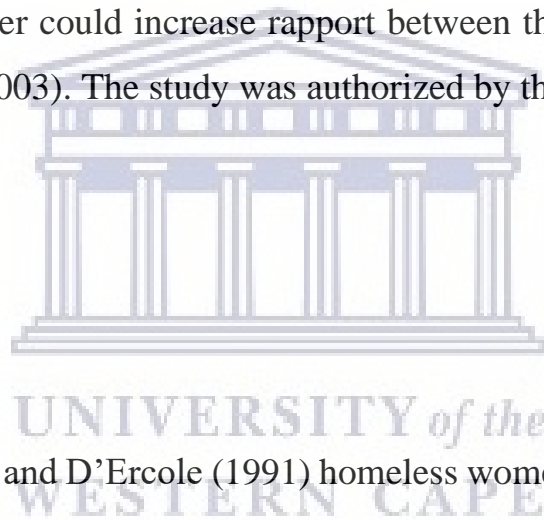
3.2 Background of the shelter

The study was conducted in a homeless shelter that provides temporary shelter, physical care, social welfare and family re-unification services to homeless people (adult population) in the Western Cape. This shelter is a non-governmental organization established in 1978 in Cape Town with its mission in getting homeless a home. It has 15 branches in and around Cape Town and offers

temporary accommodation for homeless people until they are re-united with their families or when they get back on their feet. Data was collected at Green Point shelter. This shelter has a population of approximately 62 males and 33 females. It opens 24 hours a day, 7 days a week. The women share one big room, bathroom and toilet as it is a dormitory style accommodation. Access to the service is by voluntary or referral by other social care services. The shelter was purposely chosen for this study as it is the head office and the largest. Furthermore, it was chosen because of the researcher's previous experience of working there as a volunteer. The researcher gained first-hand knowledge and personal and professional comfort with the homeless population. The literature shows that volunteering in a shelter could increase rapport between the participant and the researcher (Klitzing, 2003). The study was authorized by the person in charge of the shelter.

3.3 Sampling

According to Millburn and D'Ercole (1991) homeless women are often under the age of 35, have not completed school and have experienced more than one episode of homelessness in their lifetime. Taking into consideration the number of women at the shelter, 10 women were drawn from the population which corresponds with the given research topic. The sample size was determined by the number of women living in the shelter. The ages of participants ranged from 26 to 35 years. To address the given research objectives, purposive sampling was employed. Purposive sampling is employed when the researcher wants to select a sample that represents a broad group of cases as closely as possible (Teddlie & Yu, 2007) and choosing participants who have experience and knowledge of the research topic (Tongco, 2007). Participants from diverse racial groups were purposively selected based on the following criteria: The inclusion criteria were



being a homeless woman aged 26 to 35 years, been a shelter resident for at least one month. The exclusion criterion was being under the influence of substances that could interfere with the interviews. All the chosen participants participated in the study. All the women lived on the streets prior to moving to the shelter.

3.4 Data collection method

The study was authorized by the shelter manager. Prior to the beginning of data collection, the researcher met with the shelter manager to explain the purpose of the study and to obtain approval to conduct the study. The researcher visited the shelter every morning before participants go out to their work places as some of them are temporarily employed.

3.5 Interviews

The researcher identified a suitable venue and organised all the necessary facilities and equipment suitable for the interview environment.

Before the interview commence, the researcher made a brief introductory statement. The objectives of the study were explained to all the participants, and their voluntary participation was requested. Participants were provided with information sheet (Appendix A) describing the purpose of the research. Following this initial conversation, participants were required to fill in a consent form (Appendix B) detailing the purpose of the study. Participants were informed about the confidentiality of their responses and the nature of the research being undertaken.

Semi-structured confidential individual interviews were conducted with selected participants. Interviews were conducted in a private room to explore their own

experiences on homelessness. Noor (2008) stated that semi-structured interviews are employed to offer a flexible approach to different respondents while covering the same area of data collection. Before the interviews, the objectives of study were explained to all women, and their voluntary participation was requested. In order to ensure anonymity, the names of the participants are not mentioned in the study. Instead, the participants are identified with the letter **P** as in participant. After answering basic demographic questions, the women were asked to describe their homeless experiences, how they became homeless, the circumstances that brought them to the shelter, their experiences at the shelter, causes and understanding of homelessness and their coping strategies.

For confirmation of the theoretical saturation, all 33 young women in the shelter were interviewed until saturation. The saturation was reached at participant number 10 as the information needed was repeating itself from the rest of the participants. The interviews were recorded with average duration of 40 minutes and transcribed by the researcher.

Semi – structured interviews were employed because they are less expensive and they save time. Through this research method time was saved in the sense that the researcher conducted the study spending less time as all the participants were always available and easy to access at the shelter. All the women were able to express themselves in English, there was no language barrier. As a conventional practice it is still important to have a notebook and take some notes while using the audio recorder for the feasibility of the study. Silverman (2006) argues that the reliability of using transcriptions from video or audio recorded interviews, transcripts do not convey participant's facial expression or body language. In consideration of the above, the researcher utilised a notebook. The use of audio recorder played an important role during the research, as it was not easy to write everything down while listening. Qualitative interview is an interaction between an interviewer and a respondent.

3.6 Ethical considerations

The research project was approved by the research ethics committee HSSREC of the University of the Western Cape. Ethical considerations of the study were informed by guidelines of UWC Ethics committee.

The guidelines are designed to ensure that all aspects of the study conform to ethical norms of the university, namely: informed consent, voluntary participation, confidentiality and anonymity. (Appendix A - information sheet-describes the purpose of the study, the procedures to be undergone and the potential risks and benefits of participation and Appendix B – Consent form-provides participants with sufficiently detailed information on the study so that they can make an informed, voluntary and rational decision to participate).

Prior to conducting the research, the following ethical procedures were taken. The researcher submitted application to the University's committee for approval. The application number HS19/8/35 was approved.

The researcher requested assistance from homeless shelter for counselling services in case participants experience distress. The interview questions required the participants to reflect back on past experiences and this could cause anxiety and bring up difficult memories and emotions during and after the interviews. It was therefore significant that the interviews take place at a comfortable and private place where participants are able to express themselves openly. Counselling services were made available to the participants if required. The shelter has a counselling program. Relevant information about the counsellor and their services were provided to them and the researcher was ready to refer them. None of them required counselling services.

3.7 Informed consent and confidentiality

An important ethical aspect in research is the confidentiality of results, findings and the identities of participants (Westhuizen & Maree, 2007). The researcher dealt with this aspect by not having a requirement on the interview schedule for participants to provide their names nor their contact details. The confidentiality of information was confirmed prior to the interviews and the researcher clearly stipulated that this study is for pure academic benefit. The researcher made it clear to the participants that their identities will be protected at all times. The researcher went over information sheet and informed consent forms carefully with each participant and they were encouraged to ask questions if they do not understand. The researcher ensured that questions and instructions are clear, simple and accurate. Participants were informed in advance that participation is voluntarily and they can withdraw at any time without giving reasons for their withdrawal. The importance of confidentiality and mutual respect was emphasised throughout the interviews. Participants were informed that the interviews will be recorded.

3.8 Reflexivity

Reflexivity is a process whereby the researcher manages biases by acknowledging and outlining how their presence may have influenced the research (Berger, 2015). In qualitative research the investigator's personal experience are essential to the actual research. Qualitative researchers are expected to be reflexive, they need to continuously assess in what manner they have influenced their research (Primeau, 2003). Reflexivity is careful self-reflection of one's own preferences, prejudices and misconception (Pilot & Beck, 2004). The researcher's curiosity on this topic began many years ago on arrival to Cape Town from Venda. With the researcher's home province being semi-rural with no big towns, the sight of homeless people was new and shocking. As the years went by, the researcher continued to be fascinated by this community and

their way of life. The researcher noticed that a big part of their lives revolve around alcohol and drugs. Many questions came to the researcher's mind and the researcher became inquisitive about homeless population, and this has led the researcher to become a volunteer at a homeless shelter. While working in a shelter, the researcher have come to know and care about homeless people. When the researcher first set out to write the research proposal, she was sure from the start that the she wanted to do a study on homelessness in a shelter but focusing on young women. This is due to the researcher's experience of volunteering at a homeless shelter. The researcher was committed to homeless community but as a researcher, she was aware how her attitudes, perceptions on homelessness may influence the research process.

The researcher remained strictly objective ensuring not to ask biased questions. The researcher's experiences of working with homeless people living in a shelter helped to get the interviews flow with ease. All the participants were quite open and were willing to share their experiences. The degree of openness was confirmed during the interviews when one participant said "*this is the first time I am talking about everything, thank you*"**P.6**. There was a level of safety that the participants felt with the researcher. Volunteering in a shelter has enabled the researcher to collect good quality data. People don't usually talk about their experiences until they feel safe to talk about them. The researcher had a good relationship with the people in the shelter. In managing bias during thematic analysis, the researcher aimed to find themes by the consistency in which they emerged rather than from what the researcher anticipated to be the most significant findings.

CHAPTER 4

4 Findings and Discussion

The chapter focuses on presenting the data and analysing it using literature covered in the literature review section. Different themes that emerged during the interviews were observed. The chapter enables the researcher to draw the conclusion based on the findings and to make recommendations.

4.1 Demographic and biographic profile of participants

The biological situation of the participants showed ages ranging from 27 to 35. One participant was a Zimbabwean, four identified as Africans, five as Coloureds and one White. Most of them had incomplete high school education, two had diplomas and one with a degree. One reason for low education level is high school dropout rate due to drug use and childhood experiences of abuse and neglect. **P.7** notes this experience as she says *“I would say my mother is the cause of my situation because she did not help me with my education, we did not have anyone else and we could not go to an aunt or uncle and see if there are ways and means. We did not have school books”*. However, despite her circumstances she has a desire to go back to school. *“I would like to finish school, get matric and see where I can take it further from there.”*

With regard to the number of children participants have, five had no children, and two had one child each, and one participant had two children and was pregnant at the time of the interviews. Five participants reported that one or more of their children were currently in a safe place (2 children), living with relatives (9 children) or living with their fathers (2 children). Furthermore, seven participants were single, two were married and one was divorced. Two participants reported having a partner in the shelter. These findings coincide with earlier studies that reported that the majority of homeless women were between 20 and 40 years of

age, unemployed, have low or no education, have low or no income (Olufemi, 2002). The findings also correlate with an Australian research (2010) that found that single women are vulnerable to homelessness due to a range of circumstances including low education and qualification. Cross and Seager (2010) also found that homeless persons are inclined to low education and low quality employment.

4.2 Data analysis

The interviews were analysed using thematic analysis. Thematic analysis is a widely used in qualitative analytic method (Braun & Clark, 2006). Mouton (2001) states that analysis involves breaking up the data into manageable themes, patterns, trends and relationships. Braun and Clark (2006) identified six phases of thematic analysis: 1. Familiarising yourself with your data by repeated reading of data; 2. Generating initiated codes; 3. Searching for themes which involves sorting the different codes into potential themes and organising all relevant coded data extracts within identified themes; 4. Reviewing themes by refining themes so that data within themes are coherent; 5. Defining and naming themes, which means identifying the essence of what each theme is about and determining what aspect of the data each theme captures; 6. Producing the report which provides a concise, logical and coherent account of the story the data tells within and across themes. The researcher followed the six steps procedure by carefully examining data collected to understand and to become familiar with it. The researcher read the data transcripts several times to familiarise herself with the data. Data was then coded and the codes were condensed into themes. The researcher identified and analysed emergent themes while linking the results with existing research. It is from these themes that conclusion was made about the findings. Thematic analysis enables the researcher to analyse the data and compare themes across different types of datasets. The process is known as triangulation, which is also useful for checking validity across different types of data (Denzin, 2000).

4.3 Themes and storylines

The following themes and narratives emerged from analysing the participants' transcripts: The themes that emerged from the data indicate how complex the process of young women becoming and being homeless living in a shelter is. There is an interchange of factors that contributed to them becoming homeless and again which made it difficult to leave homeless life. Common themes that emerged from the causes of homelessness include: drug abuse, exposure to and experiences of violence, domestic violence, unemployment and death of loved ones. These findings concurred with findings by Olufemi (2002) who listed broken families, unemployment, physical abuse and violence as factors that made people more at risk of becoming homeless.

Themes that emerged from the experiences of a shelter life were: safety, coping with and managing life in a shelter, navigating relationships in a shelter, personal growth, shelter rules and regulations and coping strategies.

According to the theory of social constructionism, individuals interpret experiences and make sense of the world. It emerged from participants' interviews that they experience homelessness differently and their understanding of homelessness are specific to their circumstances. The themes that emerged further show that participants' lives are shaped by their experiences of being homeless and the pathways to homelessness as a result, they experience reality differently. Homelessness is socially constructed. A married participant (**P.8**) has defined homelessness with reference to the abusive marriage. Another participant explained that homelessness has different definition to a different person, "*to me homelessness is not having anywhere to go*" **P.7**.

4.3.1 Drug abuse

As mentioned in the literature review, drugs and alcohol were found to be one of the leading causes of homelessness among young women. From this data drugs were the most common theme emerged. Each participant spoke about the influence of drugs in their lives. The participants explained how drugs led them in becoming homeless or to stay homeless. They describe these in the following quotes:

P.5 *“I lost my job and I started to have friends who were using drugs. I started to smoke and when I smoke, I forgot about going back home, and the person who was helping me to smoke also taught me how to do prostitution, standing by the street and sell my body”*. When asked what causes homelessness, she said *“drugs, if you are smoking drugs you just feel like anything that is wrong you are doing is right. You can’t see anything that you are doing wrong things. It is drugs, when you are smoking drugs, they make your mind to be like whatever you do is right, and no one can tell you that you are doing something wrong now”*.

When asked how she became homeless, **P.6** said *“Not caring about myself in the sense of the money that I had when I had a job, it all went to friends and drugs. I had a car, my parents bought me a car when I was 21. I had a house, I had everything. I sold everything because of drugs”*.

P.8 is from Eastern Cape and she came to Cape Town for academic purposes. *“I have noticed that Capetonians become homeless because of substance abuse. Most of them but others I don’t know since I did not do research but what I have noticed is that substance abuse make them to be outside. They want to be independent, to do their own stuff”*. **P.8** feels that her peers became homeless due to their drug addictions. She does not use drugs but has observed people using them.

In an interview with **P.4**, as she explains her situation. She said *“I blame myself for having HIV. I did not take care of myself. I did not handle it well, but I am coping now. I got infected because I was doing stuff that I should not be doing. I was a prostitute for drugs money.* It is evident that **P.4** is blaming herself for her HIV status.

P.7 *“Most of the homeless people are drug addicts”*. Like **P.8**, **P.7** does not take drugs but has noticed that most of the homeless people’s lives revolve around drugs.

Drug abuse was also mentioned as a mode of survival once homeless. Some participants started using drugs to cope with their homeless situation. *“I started doing drugs when I just got on the street because you have a lot of issues you have to go through, so drugs tend to block them out”* **P.6**. She was abandoned by her mother when she was still a small baby and was picked up by her adopted mother. *“Why would she do that, I have so many unanswered questions that is also one of the reason I was on drugs because I did not want to think about this. That is why I was on drugs for so long. When I was on the street, I would just use drugs and sleeping tablets to numb the pain. I did not want to be sober to feel the pain”*

In addition, **P.7** also used drugs to numb the pain of being homeless. *“I used to participate on drugs now and then because I had a lady friend and she used to give me drugs and drugs helped me to get away with the pain”*.

In addressing the challenges she is facing in the shelter, **P.7** said *“Right now is... you see I am not a drug addict but there are drug addicts here and personally it makes me angry because I see you come from the street, you got drugs in your system and you are still in drugs, you got nothing in your life but you are still hurting yourself. As a woman how much pain are you going through inside you*

that you just don't want to quit drugs? I mean it is destroying your body, I see them here inside and it hurts me".

There is a clear trend in the interviews conducted that most of the participants left their homes because of drugs problems and while on the streets they used them to cope with their situation. It is worth mentioning that the use of drugs is the core of the problem in the daily lives of these participants. It is evident with all the participants that the use of drugs by either themselves or their partners has resulted in them being homeless or to stay homeless. The findings support international qualitative research where addiction was described as something which kept people from leaving the street (Kidd & Davidson, 2007). From the participants' explanations, it seems that the street is an environment that is not conducive in helping them stop their addiction whether a person started using drugs before being on the street or once on the street. The rules in most homeless shelter specify that a person cannot utilise a shelter if they are using drugs which may explain the statistics mentioned in the literature review chapter of the study done in Cape Town, Observatory (2010), that a third (10 out of the 30 interviewed) of the people slept in shelters and the rest slept on the streets, in the veld, in abandoned buildings and under bridges. The participants' interviews show the desire for getting rid of drugs.

4.3.2 Violence

Another theme which emerged was violence. All participants explained that they had experienced some form of violence be it physical, sexual and emotional. They have experienced violence combined with mental health and drug use issues.

Table 1: Illustrating number of homeless women experiencing different act of violence

Number of women	Types of violence experienced
2	Early life experiences
5	Violence on the street
3	Intimate partner violence

4.3.2.1 Early life experiences

Previous studies show a link between stressful and traumatic experiences in childhood and adult health and well-being. These adverse childhood experiences may be more predictive of negative adult outcomes. The findings of the study done in the United States highlighted that the experience of the studied women reflects the early abuse experience since their childhood, physical and emotional abuse, mistreatment, financial exploitation, sexual harassment, environmental stress and exposure to crime (Biscotto, Jesus, Silva, Oliveira & Merighi, 2016). These findings correlates with the findings of the current study. **P.4**, a 29 years old participant reported that her childhood experiences had contributed in her becoming homeless. She explained the reasons she left her home. She reported having a very difficult relationship with her mother and grandmother who were abusing her. She further explained that she preferred living on the streets than to be living with her mother. Her upbringing led her to seek comfort outside her home. “ *The abuse started first when I was younger, as I was growing up I did*

not notice it, I did not do ordinary stuff like the way people look after a child, like bath them, teach them stuff when they grow. She did not buy me school books when I was in school as I remember, I did not have a good upbringing. I did not have a support from my family to finish school. They did not buy me books to finish school. One day she wanted me to beat my grandmother so she can tell people to hurt me, she wants something to say to her other children. I became homeless because of all the stuff that was going on, being abused by my family at home, like mentally, emotionally almost physically, so that is the main reason I am homeless because of my family that is why I am not at home” P.4. Furthermore, (Bassuk, Perloff & Dawson, 2001); Davies-Netzley, Hulburt & Hough, 1996; Hamilton, Poza & Washington, 2011) also identified adversity, such as trauma and abuse in childhood as precursors to homelessness. Similarly Makiwane et al (2010), Smith (2008) and Smith (2010)’s findings that adverse childhood experiences, dysfunctional families and domestic problems are contributing factors to homelessness support the findings of the present study.

One of the shelter’s aims is to help its clients by reuniting them with their families. Unfortunately with this participant, this intervention may be counterproductive as her family is the reason she became homeless. As a result, she does not want to go back to her family. She further said *“I went to visit her last week Saturday. I was a little bit upset because it’s like she did not want to speak to me. I am still undecided if I should go back home”P.4.*

The participant quoted above had been in the shelter for two months and regard the shelter as a safe place than to be on the street or her home. Abuse from her family made her homeless. She left her home in an effort to escape abuse and neglect. She lived on the streets four months before coming to the shelter. Her opinion about the shelter was that a shelter is a transitional place intended to give homeless people a start of new life not to give that person a permanent

accommodation. The following is her comment “*The person has to move away from this place. I will have to move away sometime, moving forward to the right direction, having a place of my own and being safe*” **P.4**. She indicated that she has a good relationship with the people in the shelter. Nevertheless, she does not like sharing the space or a room with other people, she wants privacy.

In some cases, women expressed the beliefs that their abusive experience not only disadvantaged them life opportunities but also opportunities to have their own families. As **P.4** explained: “*I don’t want children ever. A child need to have a father and a mother. I am still deciding if I want to remove my womb. I don’t want my child to have a hard life like I did. I did not have anyone to care for me. I don’t want my child to experience that*”

The study suggests that the condition one is raised influence their adult life.

4.3.2.2 Violence on the street

Once on the street, the women described life as being extremely difficult and dangerous. They indicated the risks of getting raped or being involved in fights. **P.6** described how she was raped. “*I was raped twice in Sea Point. The reason for that was I was just starting to be on the street and I did not know as much people as I went to Sea Point. And I met these people, few girls and guys. They said I could stay with them, and this one guy said because I stay with them, I have to sleep with him. I did not know a lot of people and I said ok, maybe I should do it because they were feeding me. They were giving me clothes and stuff, and it became continuously. I told him anything consensual is not right. I am not doing it by my free will and then I was forced*”.

P.7 just like **P.6** also experienced violence on the street “*It is quite difficult on the street, a lot of temptations. The first one is drugs. Bad things happen to you, like*

you can get raped, you don't get proper shelter and it is very difficult on the street. I went through so much abuse.

Health issues in women in particular including pregnancy, sexual and reproductive issues including STI are the more prevalent (Hwang, 2001). One of the women reported a pregnancy arising from sexual abuse. *"I was pregnant when I was living on the street but my baby died"* P.4.

She miscarried during early pregnancy. She described painful emotional journey she experienced during her pregnancy.

P.10 *"I also experienced that a lot of girls would be raped on the street because I was so scared and conscious, it never happened to me. I did not give them chance to do that to me"*. She has a fear of sexual violence although she has not experienced it personally.

P.7 *"I was raped three times when I was at the college. I was raped at gun point, but you know what, all those three times that I was raped, I put it behind me because if I must live with that for the rest of my life, I am going to be a miserable person. I choose to let go."*

P.10 also had this to say *"That was very difficult for me and to stay away from dangerous people. Men that used women to put them on drugs, raping them at night and stuff like that, so that was very difficult for me to see and to stay safe away from".*

The women reported that there is high level of violence on the street when homeless people have taken drugs or have consumed high volumes of alcohol. They also indicated that law enforcement had destroyed their shacks, this would take place regularly and left them frustrated. These participants feel they are unwanted members of the society due to constant harassment by the law

enforcement members. They no longer know who to turn to for protection since they cannot contact law enforcement. **P.6** is one of the participants who experienced harassment by the law enforcement. She notes this experience as she says *“Most of the time if you don’t get a tent you must sleep under the bridge or sleep in a box or something. I used to have a box and sleep in it. Even when it is raining you run with your box under a bridge or somewhere that is covered so the rain does not wet the box and there is also law enforcement. They also make your life a bit difficult because you can’t just sleep anywhere. Thursdays and Mondays, they come around and whatever they get, they take, they take your tent, and they take everything sometimes even clothes and your bags”*.

Another participant who experienced similar harassment is **P.5**, *“I was sleeping in a plastic bag until I took myself to a place called Bo Kaap. There, somebody helped me to build a small shack and then as I was staying there, law enforcement would always come and destroy our shacks and I would go back to a plastic bag”*. Homeless people are targets of police and other city authorities. Cross et al (2015) explain that city authorities are faced with the dilemma of prioritizing economic and business interests versus the agenda of homeless people. They argue that based on their study of South African cities, city authorities were more inclined to adopting a disaffectionate approach to dealing with the homeless. As a result, the homeless community experiences social exclusion and discrimination. In addition to harassment and discrimination, participants in the current study explained that they lose their identity documents and medications during the attacks by the law enforcement.

Olufemi (1997) explains that there is a need to advocate the rights of the most vulnerable groups of the society, especially when individuals have illegally occupied land, as it raises conflict between different parties. The need have been informed by their experiences.

4.3.2.3 Intimate partner violence

Three of the women expressed that they have experienced intimate partner violence. They highlighted that they became homeless because they were fleeing from their abusive partners. When asked how they became homeless, they responded as follows:

“I was running away from my abusive boyfriend. He was abusing me a lot” P.3.

Similarly participants five and seven made a connection between intimate partner violence and their homelessness.

“I used to sleep with men for money and give this guy money. We started having problems. I don’t know where the problems where coming from. He used to hit me and he wanted to kill me. I also have a problem with my ear. I can’t hear properly. He broke the bone of my arm. I was in coma for a long time” P.5.

“It is all because of my drug addictive very abusive husband who is a closet gay. I don’t have any problem with homosexual people but he is refusing to come out of the closet so because of his addiction, he used to hit me and abuse me. He is fighting his homosexuality. Basically he got married to me to prove to his family that he is straight. I have nowhere to go. He tried to kill me a few times and told me that the police won’t even recognise my body because he is going to kill me. He hit me during my pregnancies” P.7.

She further talked about the role of violence in the loss of her belongings, *“My husband sold my clothes for his drugs so when I go for job interviews, I have got nothing to wear”.*

4.3.3 Death of loved ones

The loss of loved ones makes it hard for many people to reconcile the issues around loss and trauma. Two of the ten participants brought about this theme. **P.10** lost her husband and she was unable to pay rent as she was depended on her

husband as a result, she was kicked out of her accommodation and this resulted in her becoming homeless. She could not afford rent. *“After the death of my husband I was unable to pay the rent”*.

For **P.10** the death of her husband played a big role in her becoming homeless. Similarly, **P.7** became homeless because death in the family happened. She explained in the following quote *“I had good parents, unfortunately death in the family happened. I lost my parents not necessarily to death. My father passed away, but I lost my mother because of her own issues”*.

The findings of the study revealed that all participants who were interviewed lived on the streets before they made contact with the homeless shelters and had moved to the shelter for safety and personal growth.

On asking how participant learned of the availability of the homeless shelters, word of mouth among the women emerged as the most common source of information, followed by information from social workers. The majority of women were aware of the whereabouts of shelters. The shelter emerged from the women’s experiences as the main support to meet their basic needs such as safety, food, hygiene and rest. A Canadian study conducted with 40 homeless people who made use of shelters showed that the majority were grateful for counting on the support of the institution because they had a roof and a safe place to stay. Safety was the most common theme emerged when asked why women choose to stay at the shelter. People in shelters express more satisfaction about their environment than those on the street (La Gory, Fitzpatrick & Ritchey, 1990). Many of the participants expressed that they feel safe in the shelter because living on the streets make them vulnerable to danger. The shelter appears from the women’s statements as the main support to meet their psychological and basic needs such as intimate relationships, friends, food, safety, hygiene, warmth, water and rest. They were showing gratitude that their needs are met. They defined the purposes of the shelter, which includes reuniting them with families, helping them

get jobs and getting them to be functional members of the society. In addition to providing basic needs, the shelter was described as propelling its residents through skills enhancing programs and employment. Different roles and responsibilities are assigned to the shelter residents. **P.3** describes this in the following quote *“Everybody here has their own jobs that they have to do and it is easy. It is not hard because everybody have stuff to do, so you cannot agree that you are doing stuff alone. Cleaning up your room, dining and mopping, you also get a chance to work in the kitchen.* The above quote shows that there is a sense of family in the shelter. The development of skills in the shelter empowers women to take steps towards self-dependence, and may reduce the involvement in illegitimate activities when they leave the shelter.

When asked to give specific reasons they chose to stay at the shelter, they gave the following reasons *“Mainly for safety. It is not safe to be on the street. I don’t want to stay outside on the street, I decided to come to the shelter. It is not good for people to stay on the street. There is a lot of danger out there. It is very dangerous on the street”* **P.1.**

“For now I am glad that I have a roof over my head, I have got a warm bed to sleep in and I am thankful for the night shelter also because it’s winter and it is not nice to be on the road with the coldness also. I am thankful for them also for putting a roof over my head and for giving me food and clothes. I always wanted to stay in a safe place, actually, we were told we need to be here at the shelter. Here we get everything. If we don’t have a soap or sanitizers or toiletries, you just have to go ask and they give you. There is nothing wrong with that. If they have it, they give you. But if there is not, you just have to wait until the stuff comes in. You have your own bedding and clothes” **P.3.**

“I chose to come to the shelter because the street is not safe. I am thinking of the decision that I want to make, which way I want to go because using drugs and

living on the street is not the environment that I want to go because once you use drugs, you always become a drug addict. So I don't drink alcohol and I have stopped smoking. I want a safe environment for myself, that's why I decided to come here. As a grown up, I want safety in my life and stability and positivity" P 4.

In addressing the challenges they are facing in the shelter it was highlighted by some women that the shelter is not always a happy place because of unbecoming behaviours of fellow residents *"There is a lot of jealousy here for no reason at all. People trying to get you on the wrong side but I just ignore them" P .9.*

"I don't actually have challenges here, it is just that there is a lot of fighting here among the girls. There is a lot of bickering and there is a lot of negativity" P.10.

The findings of the study coincide with the findings of the study done by Tyler, Akinyemi and Kort-Butler (2012). They highlighted the challenges faced by homeless people in their studies, stating that some homeless people described shelters as spaces characterised by violence, theft and drugs. The negative feelings expressed by the two quoted participants may lead to homeless women avoiding homeless shelters.

4.3.4 Personal growth

In addition to providing a friendly environment to make homeless people feel safe, the shelter provides services and programs aimed at assisting its resident in improving the quality of life and moving towards progressing in their lives. In this respect, the shelter run a program called Matrix.

P. 3 *"I used to drink, I stopped a long time when I was still on the street because I only drink on special occasion. I am on the program now here at the shelter. The program is called matrix that is where you can go sort out your life so I am on that program". There are a lot of challenges, like me I am done with ganja. I have stopped smoking ganja because I want to go back home to my mommy and*

kids and for me to make a change in my life that is the one of main thing I must sort out with my life”The quoted participant had stopped taking drugs since moving in the shelter.

Being at the shelter has helped me to grow in many levels, like to grow mentally, emotionally so I can find my way in life, and it gives me the freedom to grow. It opened my mind to many things like situations I can cope with or not. What decision I want to make, how to move forward to live the life I want to live. I take the shelter as a place to help me grow further, so I can take a step in the right direction, the right path to better my life” P.4.

“I am here at the shelter to lift myself up and to think about going forward. I am doing matrix program for drugs that I used to take, so I am on matrix. I am learning a lot there and it is good things. I have stopped taking drugs, all my results when they come from the tests are alright, but before the matrix program they were sometimes positive sometimes negative, because it is not easy to just stop but now it is always negative” P.5.

P.9 *“The shelter helps you a lot, it helps you focus on the future. It helps you get back on your feet”/*

The women’s interviews show their desire for getting rid of drugs. By being in the shelter, women were able to stay clean of their addiction. The women’s explanations clearly show that they are grateful for what the shelter is doing.

4.3.5 Homelessness and weather

Harsh environmental conditions are also a factor in the health of homeless persons with exposure to extreme weather leading to dehydration, sunburn, ulcers and hypothermia (Gelberg & Linn, 1989 & Raoult, 2001). Winter time is especially dangerous for people living on the streets. More homeless women try

to get into shelters in winter. It is said that some do not make it through winter. In support of the above, the office for National Statistics (ONS) (2019) estimated 726 homeless people to have died in England and Wales in 2018. (A 22 % increase from 2017) due to extremely cold winters.

Homeless women are scared to be on the streets during winter. Previous studies indicated that in winter, stays in shelters are usually longer because of harsher weather. The findings of the current study are in support of previous studies findings. The women explained their experiences as follows *“It is very hard to be on the street when it is raining”*. Similarly participant 3 stated that *“It is not nice to be on the street, really, the person think of winter time and all that, so it is not nice”* **P.9.**

P. 3 *“winter time I don’t want to be on the street. I don’t know about other people. Other people are used to be on the street even if it is winter time. I don’t want that experience. It is cold now, what about when it is winter and you are on the road. It is not nice”*. **P.6** *“I think being unsheltered from the cold weather. Most of the time if you don’t get a tent you must sleep under the bridge or sleep in a box or something. I used to have a box and sleep in it. Even when it is raining you run with your box under a bridge or somewhere that is covered so the rain does not wet the box”*.

P.9 *“The cold is difficult with children. There is always no place outside where you can be warm so I was very stressed with that situation. We used to sleep outside the Police Station in Sea Point. It is difficult to find warm place. You need a lot of blankets”* She was staying with her two children on the street.

P.10 *“Finding a shelter when it is raining. Finding somewhere to sleep or to stay while the storm is going on”*

4.3.6 Health status

The health status of people using shelters presents a serious challenge. The use of shelter can even cause health problems through sleep deprivation, personal hygiene difficulties or limited space for storing personal items.

P.1 notes this experience as she says *“I don’t sleep well at night”*.

*“The other challenge that I am facing here is hygiene. These women, a lot of them are not clean. There is water and water is free, hot water also. You go to the toilet is like the person was never potty trained and they don’t clean after themselves. It is a problem and the majority of these women are lazy, they don’t want to clean”***P.7.**

“Some they are sick, mentally sick or mentally disabled because somewhere somehow you find that when you talk to the person, the person just change the subject. Some of them are totally mad, some of them you find that, that thing of sleeping on the street is within their blood, in their system. You find that there is a bed, someone will leave the bed and sleep in the toilet but there is a bed and space for her. That mentality of sleeping on the street is within them” **P.9.**

Previous studies suggest that there is a high percentage of homeless people who suffer from mental health problems, such as anxiety, depression or suicidal tendencies.

P. 6 *“I also suffer from depression because of what I am doing to my kids. I sometimes have suicidal thoughts because I always think I am not good enough because there was a day that my children’s dad chased me out of the door. I was high but I still wanted to see my daughters. I am taking tablets for depression. I was also taking sleeping tablets but my friends told me to flush them out”*.

“There are people who are mentally unstable, there are people who actually need to go to mental institution” **P.6.**

P.7. *“I have insomnia so for me to sleep at night is a problem. I don’t really sleep, most days I am surviving on three to four hours sleep because I have too much going on in my head”.*

“I am on medication for my depression. Sometimes it is not easy coping with it but I just try to distance myself from other people here so that I can breathe and relax and focus on my future” **P.10.**

Despite the challenges of being homeless and in shelters, the women who are on treatments are still managing life on treatments. They constantly go for treatment. **P.3** is living with HIV which is highly stigmatized and she is still adhering to treatment when adhering can be difficult if living at home with family. *“I am having HIV. Every month I go for check-ups. I am very healthy”.*

4.3.7 Shelter rules and regulations

Most shelters set rules and regulations that outline behaviours that are acceptable and unacceptable. Rules dominate shelter life. Rules vary, but generally include curfew, meal times, and appropriate discipline. These rules are necessary to manage a large number of people. Participants are learning to abide by other people’s rules and regulations. Failures to obey the rules results in punishments as one participant said *“I am never in trouble because I am going according to the rules and all that, so everything is fine. I never be in trouble yet because if you obey the rules you will never be in trouble”* **P. 3**. She further stated that *“If you go out, they should know where you are going and you must come back. If you don’t come back, you must at least phone so if you don’t phone, you will be in trouble”.*

P.4 *“I follow shelter rules, like lights off at 10 o’clock. Wednesdays and Saturdays you can go out, and making up your bed in the morning after you get up. I go out on those days when I go out to the hospital to take my ARV’s or I take a walk*

down the street”. Respecting shelter rules improve their chances of staying in the shelter.

Some homeless women prefer to be on the street than to be at the shelter. “*Most of my friends they say it is actually better to be on the street than at the shelter because there are no rules*” **P.3**. There is a level of comfort with being on the street than in the shelter for those who prefer streets over shelters.

4.3.8 Lack of privacy

When asked what challenges they are facing in the shelter **P.4** stated that “*not having my own privacy, sharing the space with other people and not having a room of my own*”. Furthermore, another participant whose husband is also a shelter resident responded as follows, “*There are couples here but we can’t stay together*”. Physical intimacy is limited in the shelter. The findings of the current study corroborated with Breese and Felty’s (1996) study. They found that the privacy, freedom and control women had within their homes and lives in general were drastically compromised upon entering the shelter. The quoted participant appreciates the fact that she has a roof over her head and she has somebody who makes her happy, somebody she can rely on even though they do not get an opportunity to spend quality time together. Regardless of their situation, homeless young women still want to be loved. There is an element of love. They want to experience a sense of intimacy.

4.3.9 Employment

Employment was identified as the most urgent needed by the majority of the participants. They explained that being employed will enable them to meet their needs, such as having their own houses and to live the lives that they want. The women’s views correlate with Cross & Seager’s (2010) analysis that homelessness specifically rooflessness is mainly due to unemployment. They

expressed that finding a job is a challenge because of inadequate qualification or they get low quality jobs. Homeless people are inclined to low education and low quality employment (Cross & Seager, 2010). In support of the above, **P.4** said *“I like working in the butchery, it was nice to get up and go to work every day. I was never lazy or I don’t want to go work. I used to work at a butchery serving people and I enjoyed It a lot, or may be trying to work towards that or may be a cleaner, domestic worker. That is how far I can get with the education that I have”*.

Furthermore, the women expressed other challenges that they are faced with that make it hard for them to seek employment: Lack of suitable work clothing, lack of curriculum vitae and lack of identity documents. In addition, lack of physical address was identified as another challenge. This is due to the mobility between spaces as they are constantly moving from one shelter to another. Job hunting is generally hard, harder for the homeless population.

4.3.10 COVID-19 and homelessness

Covid- 19 has disrupted how homeless young women navigate life. The pandemic has disrupted many things that are already difficult to navigate under normal circumstances. The problems facing the nation’s unhoused populations during the pandemic go beyond coronavirus infection. Homeless young women are facing many challenges as a result of the pandemic. It has caused a strain on existing homeless resources. Some shelters had to reduce their services or had to close down due to public health and social distancing rules. Participants in the current study were vulnerable to the pandemic due to the risk of transmission in shared accommodation and the high prevalence of comorbidities. The majority of the women are suffering from mental illnesses. They are already experiencing high levels of toxic stress and the impact that this has on them is significant. The pandemic has affected homeless young women’s ability to manage their situation, how to make money or even to beg. Because of the lockdown regulations that

restricted the movement of people, they were unable to go out look for a job or to be seen begging. Out of the women who were interviewed two of them have noted the impact that the pandemic had on their lives. *“We are all sitting here. Now because of COVID-19 things are worse. I mean, I applied for jobs before COVID, all those jobs that I have applied for I did not get responses, nothing because nobody has come back to me” P.7.*

The quoted participant is in a romantic relationship with a man who is also a shelter resident. Her partner is an electrician, but because of the lockdown he was unable to go out. She said *“.Right now, CORONA, he is stuck here. He can't go out so if he gets an opportunity to go out and make money he will take the opportunity and he will go. He does electrical work, so he fixes things.”*

Job insecurities are made worse by the pandemic especially for the homeless population. **P.9** whose husband also stays in the shelter attested to that, her experience is as follows *“Because of Covid we did not have jobs anymore and we could not pay rent and people got fed up and said we must get out. We became homeless because we lost our jobs. There were no sign writing jobs anymore because the people were also struggling keeping up their businesses because of covid and the landlord got fed up. Covid contributed a lot for us being here at the moment”.***P.9** and her husband are sign writers and they have been doing it for eight years. They lost most of their clients because of covid-19. Their most valuable clients were crèches and schools. Their job entailed writing signs and animations on the walls.

CHAPTER 5: Conclusion

Chapter 5 concludes the research report and provide relevant recommendations. Rich amount of data was collected and the conclusion was drawn out of the collected data.

5.1 Summary

The concept of homeless is experienced and interpreted subjectively (Parsell, Johnson & Button, 2013). According to the women who participated in the study, a shelter was a place of safety where their basic needs are met. They take the shelter as an opportunity to grow to get back on their feet. The shelter helps them to reunite with their families, to find employment and with counselling services. Findings revealed that participants view themselves as being homeless, but at the same time assert that they do have a home because they are in the shelter. The understanding of the experiences of homeless young women shows the search for shelters as a support for meeting their basic needs. Most women became homeless because they flee from violence of their partners, or family members or because of drugs abuse. According to Watson (2016) everyday experiences of the reality of violence are gender based, leaving women vulnerable and homeless. Participants in this study also left their homes and become shelter residents. Parsell et al (2013) and McCormick (2014) stated that people feel relaxed and at home when they have control over their personal space and privacy, unlike when they are in a restrictive and protective spaces. Similarly, in the present study participants expressed concern about some of the rules and regulations in the shelter that controlled their lives.

A study conducted with homeless women from a shelter in the state of Florida, USA corroborated the findings of the present study. When reporting the suffering of homeless women as a result of the separation from their children, most of them stated the desire to re-establish relationship with their children. They spoke about being mothers. They still wanted to mother their children while they are in the shelter. They constantly contacted them. They were trying to keep the connection with their children because they still want that sense of family even when they are not able to be physically connected to them. . The participants still wanted to have emotional connection and are trying to nurture those relationships.

Furthermore, relationship in the shelter, some participants appreciated the relationships that they have in the shelter and others did not care but they were relating on some levels with the people that they were living with in the shelter. There is a sense of family in the shelter despite what is happening in women's lives. Many of the participants appreciated that. Furthermore, mobility affected their relationships as they are constantly trying to make new relationships because of the movement from one shelter to another. Mobility also affects women's ability to get employment.

The study further revealed that there is a level of loneliness among sheltered women even when they are surrounded by other people, they still feel lonely. There was a lot of loneliness that participants were experiencing. Some were choosing to be alone while others felt that they are not in a space that they want to overly invest their lives because they were hoping that they were not going to be in the shelter for a long time. They were not hoping to live in the shelter for the rest of their lives.

Drugs abuse appeared to be more prevalent among homeless young women and is comorbidity (drug abuse and mental illness). The present study has shown that there are some participants who acknowledge that they have made mistakes and

they have contributed to the problem of homelessness they are sitting with. From their perspectives, they acknowledge themselves as abusers and they are therefore taking responsibilities for what they have done to contribute to being homeless. They acknowledge that they also contributed because of their abuse of drugs and this is not usually associated with the homeless people because the dominant stories about homeless people are that they are reckless, useless and they want to steal.

Furthermore, the present study found that sheltered women are most likely to be traumatised whether by their own actions or by actions of others. There is a level of trauma that homeless young women go through. It is either the trauma that they had experienced during their stay in the shelter or the trauma that brought them in the shelter or that contributed in them becoming homeless. Some women have tried to live in the shelter before, others choose streets as a better option.

Many homeless people feel ashamed of their homeless situation and they hide it. This is in line with the findings of the current study. The participants talked about insecurities as a person that they are unable to take care of themselves and they don't want their families and friends to know that they are homeless and that they are in the homeless shelter. As adults, the misconception is that they should be able to provide for themselves and their families. As a young woman you are in the shelter while other women of your age are progressing, having careers, married and raising their children while you are homeless and living in a homeless shelter, there is a lot to be ashamed of. There is a sense of failure. Interesting to note that those participants who abandoned their families and wanted to be on the streets are not as affected by the shame. The current study further found that the women have their own way of coping with their situations. There are tools and resources that they use to try to make sense of their lives. Some of them pray, or they do something that they love and enjoy, like art or writing and others use support groups and connections that they have made in the shelter. The majority

of the participants expressed that they were treated well in the shelter, but this is not the case with one participant who felt that she was discriminated against.

Furthermore, a large body of evidence suggests that people exposed to diverse social disadvantages at an early age are less likely to adapt successfully compared to people without such exposure. This study emphasizes the need to address the factors perpetuate homelessness in vulnerable women. The findings from the current study will be significant to policy and decision makers. Cross and Seager (2010) pose a question as whether homelessness is merely an issue of unaffordable housing, in other words will the provision of housing be the solution of homelessness. The findings of the study provide a possible answer to this question through the experiences of the studied homeless young women. The study provides a significant insight into an under-researched population.

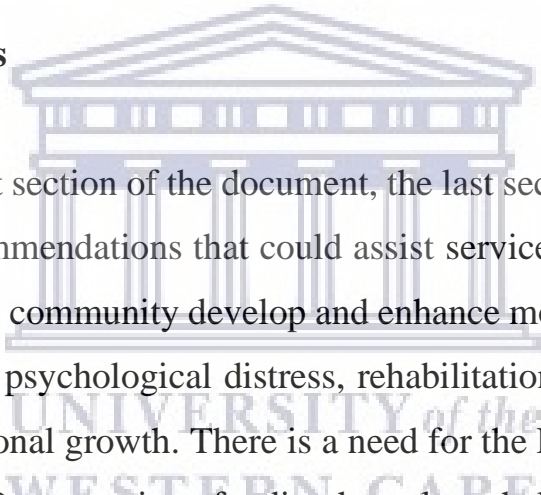
It is important to note that not all homeless people experience homelessness the same way. The most prominent factors that the women describe as associated with homelessness are:

1. Engaging in maladaptive behaviour lifestyle: drug abuse
2. Death of loved ones
3. Traumatic experiences in childhood
4. Domestic violence

5.2 Limitations

A limitation of the study is that it relies exclusively on self-report data, which means we can only report participants' subjective experiences. Furthermore, generalizability is limited. Findings cannot be concluded to those who did not fit the selection criteria (i.e. clients who had a shelter stay of less than one month, were younger than 26 years old and older than 35 years old). Particularly, the relatively small proportion of eligible respondents who participated should be acknowledged. Different prominent themes may have emerged if more participants were involved.

5.3 Recommendations



As indicated in the first section of the document, the last section of the chapter is to make possible recommendations that could assist service providers and those working with homeless community develop and enhance most effective program that focus on reducing psychological distress, rehabilitation, mental health care and on promoting personal growth. There is a need for the Department of Social Development and NGOs to continue funding homeless shelters in order to build more infrastructures that are in line with COVID-19 restrictions and protocols. In addition to that, the Department of Social Development, Department of Basic Education, relevant stakeholders and the general public should collaborate and jointly work together to address issues relating to homelessness: prevention and intervention. At a school level, there is a need for drug awareness programmes and drug counselling programmes aimed at preventing drug use and abuse. Rehabilitation centres for individuals struggling with addictions should be provided so that they are not kicked out of their homes and become homeless due to their drug addiction. More interventions which aim to prevent domestic violence and to teach safe and healthy relationship skills are needed.

In light of the increasing prevalence of sexually transmitted diseases, AIDS and unplanned pregnancies among the studied population, it is recommended that shelters particularly those that accommodate younger men and women, provide birth control counselling and services, including free condoms to reduce the risks of these conditions.

The research recommend further qualitative research that will focus on different shelters not only in one shelter in order to get a more comprehensive understanding around the experiences of homeless young women.



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Appendix A: Information sheet



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INFORMATION SHEET

Project Title: Exploring experiences of homeless young women at a shelter in Cape Town

What is this study about?

This is a research project being conducted by Phophi Mphigalale, a master's degree student at the University of the Western Cape. The purpose of this study is to explore experiences of homeless young women who are currently staying at a shelter. Your participation in this study will be of great value and will be highly appreciated.

What will I be asked to do if I agree to participate?

You will be asked to avail yourself for an interview that will last approximately an hour. The interview will be conducted during the day at a time that is most suitable for you. The interview questions will guide our conversation in which you will be asked to give insight on your homeless experience. The researcher is interested in obtaining a deep understanding of your homeless experiences. You will be asked to elaborate on the following:

1. Your homeless experience

2. Causes of homelessness
3. Understanding of homelessness
4. Coping strategies

Would my participation in this study be kept confidential?

The researcher is fully aware of the fact that this research deals with or involves a sensitive issue and has to be treated with a high degree of confidentiality. Names of participants will not be mentioned and the information collected from this research project will be kept private and handled in confidence. Only the researcher will have access to the audiotape recorded conversation and information will be transcribed by the researcher

What are the risks of this research?

Due to the nature of the research, there may be some risks from participating. The research is about the experiences of homelessness and this may cause negative feelings and emotions. All human interactions and talking about self or others carry some amount of risks. As such all research carries some risk. We will nevertheless minimize such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. If you feel any negative effect from participating in this study, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about challenges faced by homeless women. We hope that, in the future, other people might benefit from this study through improved understanding of the experiences of homeless women. This could also help in designing prevention program.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You have the right to not answer and withdraw to participate at any time and you will not be penalised for doing so.

What if I have questions?

This research is being conducted by Phophi Mphigalale at the University of the Western Cape. If you have any questions about the research study itself, please contact Phophi Mphigalale at: 0735933096 or 3743283@myuwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Maria Florence

Head of Department: Psychology

University of the Western Cape

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Tel: (021) 959 2453/2283

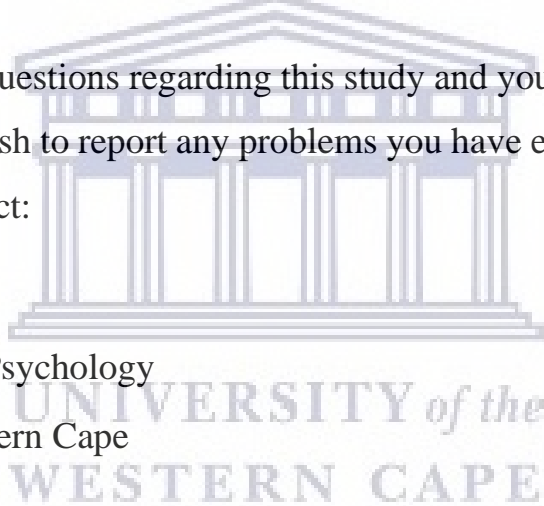
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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.(REFERENCE NUMBER:_____)



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3. Appendix B: Consent form



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CONSENT FORM

Project Title: Exploring experiences of homeless young women at a shelter in
Cape Town

The study has been described to me in language that I understand. My questions about the study have been answered. I understand that my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I consent to being audio recorded as part of the study. I understand that any information recorded will remain confidential.

Participant's name.....

Participant's signature.....

Date.....

Should you have any questions or wish to discuss any specific concerns regarding this study, please feel free to contact the study coordinator:

Phophi Mphigalale

University of the Western Cape

Private Bag X17, Bellville 7535

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4. Appendix C: Interview Schedule

Semi-structured one to one interviews

Section A: Demographic information

- Age
- Marital Status
- Education
- Children
- Race
- Religion

Section B: Interview Questions

(a) Exploring homeless young women experiences

- a. What are your experiences of being homeless?
- b. What are the challenges of being homeless?
- c. Are there any specific reasons you chose to stay at the shelter?
- d. What are the challenges you are facing at the shelter?
- e. What impact do you think homelessness had in your life?

(b) Identifying the cause of homelessness

- a. How did you become homeless?
- b. What causes homelessness?

(c) Exploring homeless women's understanding of homelessness

- a. What is your understanding of homelessness?

(d) Exploring homeless women coping strategies

- a. How do you cope with your situation?
- b. Do you experience feelings of shame and social stigma attached to homelessness? How do you deal with it?