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Article

Design of a Protocol for Detecting Victims of Aporophobia—Violence against the Poor

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Abstract: Aporophobia or aversion to the poor is a discriminatory phenomenon that causes a serious problem to the person with consequences related to damage, injury and physical and/or psychological sequelae. This paper describes the creation of the first aporophobia risk assessment tool, developed through a bibliometric review and expert opinion. This article presents the results obtained in the first phase of the design of this instrument for the detection of victimisation suffered by people in extreme poverty or at risk of poverty due to discrimination or aversion. Initially, a bibliometric review was carried out to identify the risk factors present in aporophobic situations and victimisations related to discrimination or rejection of people living in poverty. For the development of this aporophobic victimisation detection tool, the methodology of structured judgment by means of a panel of experts was used. After identifying the risk factors present in aporophobic victimisation, the panel of experts was formed with the participation of 26 academic professionals and those who work with these people in situations of social exclusion. Using expert methodology and the Delphi technique, they identified the most appropriate variables for inclusion in the detection instrument currently being designed, distinguishing between individual, social and relational factors and, finally, the most influential environmental factors for being victims of aporophobia. The results of the panel of experts highlight some of the following variables, for example, substance use and/or possible undiagnosed mental illness related to individual dimensions, in the case of variables related to one's social level, among others, a lack of community ties and/or social participation and, finally, among the variables within a context called victim opportunity, the routine of staying overnight on the street or in enclosed spaces at street level by homeless people is highlighted. The experts who made up the panel highlighted the usefulness of this type of instrument for the professionals who attend to these people with different resources; the first version of this instrument is a protocol that evaluates all possible areas of the people of interest in order to detect these invisible situations.

Keywords: aporophobia; detection; risk factors

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1. Introduction

Aporophobia or aversion to the poor is a discriminatory phenomenon that causes great social harm, both directly to its victims, given the consequences of the victimisation suffered, and to the entire community, in the form of social dehumanisation, which assumes and normalises such behaviour (Picado et al. 2022). It is a concept that has begun to be used regularly since 2015, although it has been studied and analysed since 1996, the year in which it was created by Cortina (Cortina 1996).

Although it is a term from the Spanish language, poverty discrimination has been dealt with on a global scale, and the scarce information we have about it is more the result of a lack of interest in studying it than of knowledge of the phenomenon itself, which often leads to the invisibility of its victims (Martínez-Navarro 2002).

The phenomenon of aporophobia or rejection of the poor can be explained by different theories, as analysed by Picado et al. (2022); these range from the social construction of reality that we make when we identify a poor person by establishing different categories from social representations of poverty (Berger and Luckmann 1974) to the theory of labelling (Becker 1963), which includes pushing poor people and "non-poor" people to behave in a way determined by the labels put upon them, or social identity theory (Tajfel 1970), which causes people to form part of a group and behave according to the group's own norms. There is also cognitive dissonance theory (Festinger 1957) which helps us to understand the dehumanised responses towards these people through aggressive behaviour towards those identified as being poor.

Aporophobia is not a criminal typology identified by professionals who directly attend to people in situations of social exclusion and homelessness, although they do recognise that they suffer experiences in their daily lives of mockery, insults, theft, and even aggression, demonstrating the need to help professionals to learn to detect aporophobic situations among their users (Picado et al. 2019).

Detection is a priority strategy for all public policies related to the elimination of victimisation, but in the case of aporophobia it is a mandatory need due to the scarce data present. In this case, victims do not report it due to distrust of the police or judicial systems, and they even normalise the violent and discriminatory episodes that they suffer (Picado et al. 2023).

In the case of victims of aporophobia, we must differentiate between two situations that can occur in the detection process: where they verbalise their discriminatory experiences and are identified as such, with this circumstance being very rare, or where the professional identifies the aporophobic episodes but the victim does not and it is part of the professional's work to help them to develop the role of victim to be able to report it in the future, with this being the most common circumstance in the homelessness group.

In the latter case, the professional must take advantage of the link established with the person, but it is also necessary, according to Rosich and Micciola (2021), to work in a coordinated network and use a specific detection protocol.

Early detection is a strategy recommended by the WHO (1998) to identify situations of violence in an interview, in addition to considering the specific instruments necessary.

For the development of a tool of these characteristics, different methodologies can be chosen; currently, one of the most recommended is the use of structured judgement, i.e., starting from the available research and including the contribution of direct care professionals and experts. According to international standards for the creation of these protocols, it is necessary, first of all, to carry out an analysis of the state of the question on the problem under study (European Commission 2014; Flick 2022). This type of protocol is not a questionnaire or validated instrument but a guide that helps professionals to identify and explore in order to detect situations of victimisation that people have suffered and do not want to verbalise or do not identify due to their role as victims ("what happens to them is normal").

For the construction of this protocol, we follow the necessary phases. In the first phase, which is the subject of this article, we carried out a study of the state of the art to identify the possible dimensions or variables of interest in the detection of this type of victim. For this reason, we analysed the risk factors present in aporophobic situations and in victimisation in situations of homelessness, as this is the most predominant area of these victimisations, although not the only one. The accumulation of risk factors increases the possibility of being victimised.

The results obtained after carrying out a systematic review of the object of study are presented below. The research carried out to date identifies a series of factors or variables

that occur in the aporophobic events analysed, and in the victimisation suffered by these people as a result of this type of discrimination.

Studies on these victimisations point to a relationship of risk factors present in homelessness such as physical and mental health (Lam and Rosenheck 1998; Fischer 1992; Sullivan et al. 2000; Wenzel et al. 2001), alcohol and other substance use (Lam and Rosenheck 1998; Fischer 1992; Wenzel et al. 2001; Wachholz 2005), a history of victimisation in childhood and adolescence (Wenzel et al. 2001; Cabrera and Rubio 2003), or also called stressful life experiences (Herrero 2003; Jasinski et al. 2005; Lee and Schreck 2005), and public sleeping environments and spaces (Hindelang et al. 1978; Fischer 1992; Wenzel et al. 2001).

As Table 1 shows, there are other variables related to a lack of protective resources, such as a lack of economic resources or housing (Wenzel et al. 2001; Cabrera and Rubio 2003; Lee and Schreck 2005; Fundació Mambre 2006; Newburn and Rock 2006; Kercher et al. 2008; Bachiller 2010; Navarro 2018) and/or of social participation (Wenzel et al. 2001; Jasinski et al. 2005), as well as other issues of interest such as social perception of loneliness (Lee and Schreck 2005; Fundació Mambre 2006; Newburn and Rock 2006; Kercher et al. 2008; Bachiller 2010; Achutegui 2017; Navarro 2018) and/or inadequate coping strategies in daily life (Kercher et al. 2008; Achutegui 2017; Navarro 2018).

Table 1. Classification of risk factors analysed.

Variables Related to Homelessness Victimisation	Authors
Lifestyles related to the risk of victimisation in these individuals	Meier and Miethe (1993) Hindelang et al. (1978) Fischer (1992) Wenzel et al. (2001) Cabrera and Rubio (2003) Kushel et al. (2003) Lee and Schreck (2005) Fundació Mambre (2006) Kimberly and Morgan (2010) Navarro (2018) Puente (2018) Heerde and Hemphill (2019)
Problems related to physical health	Fischer (1992) Kushel et al. (2003) Lee and Schreck (2005) Newburn and Rock (2006) Edalati et al. (2017) Golembiewski (2019)
Mental health-related problems	Lam and Rosenheck (1998) Fischer (1992) Padgett and Struening (1992) Sullivan et al. (2000) Kushel et al. (2003) Jasinski et al. (2005) Lee and Schreck (2005) Fundació Mambre (2006) Cheng and Kelly (2008) Burrel and Farrell (2010) Roy et al. (2014) Navarro (2018)

Table 1. *Cont.*

Variables Related to Homelessness Victimisation	Authors
Addictions	Lam and Rosenheck (1998) Fischer (1992) Padgett and Struening (1992) Wenzel et al. (2001) Herrero (2003) Kushel et al. (2003) Jasinski et al. (2005) Lee and Schreck (2005) Fundació Mambre (2006) Bachiller (2010) Roy et al. (2014) Edalati et al. (2017) Navarro (2018)
Being a woman	Fischer (1992) Sullivan et al. (2000) Herrero (2003) Newburn and Rock (2006) Roy et al. (2014)
Stressful life events, previous victimisation in childhood and adolescence	Fischer (1992) Wenzel et al. (2001) Herrero (2003) Kushel et al. (2003) Jasinski et al. (2005) Lee and Schreck (2005) Fundació Mambre (2006) Newburn and Rock (2006) Kercher et al. (2008) Roy et al. (2014) De Antoni and Munhós (2016) Edalati et al. (2017) Navarro (2018) Heerde and Hemphill (2019) Golembiewski (2019)
Victim of gender-based violence	Fischer (1992) Herrero (2003) Kushel et al. (2003) De Antoni and Munhós (2016)
Criminal records	Lam and Rosenheck (1998) Fischer (1992).
Lack of protective resources related to economic resources and housing	Lam and Rosenheck (1998) Meier and Miethe (1993) Herrero (2003) Roy et al. (2014) Heerde and Hemphill (2019)
Participation in subsistence activities (sex trade)	Wenzel et al. (2001) Jasinski et al. (2005)
Disengagement in social participation	Wenzel et al. (2001) Cabrera and Rubio (2003) Lee and Schreck (2005) Fundació Mambre (2006) Newburn and Rock (2006) Kercher et al. (2008) Bachiller (2010) Navarro (2018)

Table 1. *Cont.*

Variables Related to Homelessness Victimisation	Authors
Social isolation, feelings of loneliness	Lee and Schreck (2005) Fundació Mambre (2006) Newburn and Rock (2006) Kercher et al. (2008) Bachiller (2010) Achutegui (2017) Navarro (2018)
Lack of adequate coping strategies	Kercher et al. (2008) Achutegui (2017) Navarro (2018)
Family and social disengagement	Bachiller (2010) Navarro (2018) Heerde and Hemphill (2019)

Note. Own elaboration.

The aim of this research is to design a detection protocol that covers all of the risk factors identified, based on the consensus of the different professionals who work directly with these people, but especially who consider it a useful tool in relation to the performance of their intervention work.

The first phase of any protocol is the selection of the dimensions or variables to be explored in order to detect the victimisation suffered by homeless people.

2. Materials and Methods

Participants:

A total of 26 experts and academics participated in the review of the risk factors identified to detect aporophobic situations, through an "Expert Panel" methodology. This methodology consists of inviting specialists working on the problem, both academic experts and direct care professionals. It is a consultation method that allows for the validation and prioritisation of the variables or dimensions identified in the bibliometric review carried out. Continuing with the analysis of the suitability of the number of experts that should make up a consultation method or panel, the research confirms that up to 30, the average group error is 0 (Herrera et al. 2022). Forty complete responses were analysed. The participants worked in different fields such as Psychology (8%), University Academia (24%), National Police/Ertzaintza (36%), Forensic Medicine (4%), Prosecutor's Office for Hate Crimes and Discrimination (4%), Social Workers (12%), Social Educators (8%) and Socio-community Animation (4%). Forty-four per cent of the professionals surveyed had training in risk assessment. A total of 32% of the participants were working directly in care and intervention with homeless people, and on some occasions, they had dealt with cases of victimisation towards this group.

Materials:

A systematic bibliometric review was carried out in the following different databases: EBSCOhost, Google Scholar, Dialnet Plus, ProQuest Central, Psicodoc, PsycArticles, PsycInfo, Scielo, Scopus and Social Science Database. In order to filter the search results, the following keywords were introduced: homelessness, social exclusion, residential exclusion, aporophobia, discrimination, victimisation, risk assessment, risk factors, vulnerability and homelessness, both in Spanish and English. A total of 127 publications were selected to finally work with 28 studies that were consistent with our research. Thirty-four variables were identified, grouped into four factors: (1) personal/individual risk factors; (2) situation of greater vulnerability; (3) social–relational factors and (4) victim opportunity factors. A scale (checklist) was designed with these dimensions/variables to be evaluated by the panel of experts.

Procedure:

The professional and academic experts were asked to evaluate the appropriateness of the variables according to their professional and academic experience by means of answers of adequate and not adequate, as well as their opinion on the creation of a tool to assess the risk in these cases. They were also allowed to contribute any suggestions and opinions that they considered to be appropriate for the construction of the aporophobia detection protocol. The areas of participation were academic, psychology-related, the social services network of institutions, both public and private, which attends to people in situations of social exclusion and homelessness, the public prosecutor's office and professionals in the field of public safety.

3. Results

3.1. Adequacy of Selected Factors

The opinion of the professionals regarding the suitability or otherwise of the variables that make up each of the classified factors related to the detection of aporophobia is shown in Table 2 in the case of the individual factors, in Table 3 in the case of the factors related to situations of greater vulnerability, in Table 4 in the case of the factors related to the social network and in Table 5 in the case of the victim opportunities.

Table 2. Adequate variables for the assessment of the Individual Risk Factor for the detection of aporophobia (n = 25).

Factor		Adequate %	Inadequate %
1.	Current consumption of alcohol, drugs, etc.	100	0
2.	Problems before the homelessness situation with alcohol, drug use, etc.	84	16
3.	No diagnosis of mental illness with positive psychiatric symptoms.	92	8
4.	Diagnosis of mental illness and non-adherence to treatment.	92	8
5.	Feelings of self-blame, shame and inferiority.	76	24
6.	Lack of identity.	68	32
7.	Attribution of self-efficacy.	52	48
8.	Self-stigma.	80	20
9.	Absence of coping strategies.	96	4
10.	Personal and physical impairment.	92	8
11.	Previous education and/or training.	76	24

Note. Own elaboration.

Table 3. Appropriate variables for the assessment of the factor Situations of Higher Vulnerability for the detection of aporophobia (n = 25).

Factor		Adequate %	Inadequate %
12.	Being a woman.	72	28
13.	Foreign nationality.	88	12
14.	More than 3 years of homelessness.	68	32
15.	Experiences of failure in social inclusion pathways.	80	20
16.	Stressful life events (before homelessness).	96	4

Note. Own elaboration.

Table 4. Adequate variables for the assessment of the Social and Relational Factor for the detection of aporophobia (n = 25).

Factor		Adequate %	Inadequate %
17.	Lack of community links.	96	4
18.	Absence of social participation in the community.	96	4
19.	Lack of contact with health services.	84	16
20.	Lack of contact with public social services.	84	16
21.	Lack of contact with third sector organisations specialising in the care of homeless people.	88	12
22.	Use mobile phone to contact people.	44	56
23.	Use social networks to reach out to people.	32	68
24.	Mistrust of judicial and police bodies.	72	28
25.	Lack of involvement in resources (soup kitchen, shelter, etc.).	76	24
26.	Lack of family support network.	92	8
27.	Lack of social support network.	84	16
28.	Social isolation and feelings of loneliness.	96	4

Note. Own elaboration.

Table 5. Adequate variables for the assessment of the Victim Opportunity Factor for the detection of aporophobia (n = 25).

Factor		Adequate %	Inadequate %
29.	Overnight stay on a busy or isolated street.	96	4
30.	Settling in enclosed spaces at street level.	96	4
31.	Usual sleeping hours are during the night or early morning.	64	36
32.	Rise in violence in the last 12 months.	76	24
33.	Experiences of discriminatory behaviour on the grounds of homelessness.	88	12
34.	Begging.	80	20

Note. Own elaboration.

Table 2 shows the case of the variables related to individual risk factors, with participants highlighting the most appropriate ones to be included in the screening protocol: the person's addiction and/or substance use (100%), lack of diagnosis of mental illness (92%) and, in the case of mental illness, lack of adherence to psychosocial rehabilitation treatment for mental illness (92%), as well as physical and personal deterioration (92%) and lack of coping and problem-solving strategies in daily life (96%).

As can be seen in Table 3, in relation to the situations of greatest vulnerability considered by the experts as suitable for inclusion in the protocol, the presence or absence of stressful life events (96%), such as previous victimisation in childhood and adolescence, parental abandonment and/or expulsion from the home at an early age and previous victimisation of gender-based violence prior to homelessness, stands out.

Table 4 shows the social–relational factors identified by professionals as being the most appropriate to be included in the instrument: the absence of social links and participation with the community (96%), lack of family support network (92%) and the presence of social isolation and feelings of loneliness (96%).

As for the victimisation opportunity factor, as can be seen in Table 5, it refers to the set of situations that are characteristic of homelessness and that are considered to be at greater risk of victimisation. The experts have considered the following as the most appropriate environmental variables: the absence of a home to stay in overnight and protect oneself, spending the night on the street and settling in enclosed spaces.

3.2. Feedback on the Tool's Proposal

As Table 6 shows, 76% of the respondents found the proposed tool to be very useful. A total of 92% reported that the items covered most of the areas of interest for the purpose of the protocol, and 96% reported that the wording of the items was well understood. Regarding the usefulness for the prognosis of aporophobia, the professional and academic experts noted the following: quite necessary to be able to intervene with these people (48%) and quite useful for the planning of treatment (32%).

Table 6. Opinion on the proposed tool.

		% (n)
Useful	Very useful	76% (19)
	Somewhat useful	24% (6)
	Unhelpful	0% (0)
Items cover areas of interest	Yes	92% (23)
	No	4% (1)
Are the items well understood?	Yes	96% (24)
	No	4% (1)
Useful for forecasting...		
Need for intervention	Little	0% (0)
	Somewhat	28% (7)
	Quite	48% (12)
	A lot	12% (3)
Recommend Treatment	Little	8% (2)
	Somewhat	32% (8)
	Quite	32% (8)
	A lot	12% (3)

Note. Own elaboration.

3.3. Proposals from Participants

When respondents were asked to propose risk factors that were not present in the tool, their responses were diverse. New factors that they would include were as follows: having a criminal record and having been in prison; having a disability; in the case of women, being a prostitute; belonging to another vulnerable group susceptible to hate crime, e.g., migrants, homosexuals or gypsies; in general, having any characteristic that makes the homeless person visible (personal grooming, skin colour, dirt, carrying belongings, etc.) as this makes them more vulnerable to aggression; having children; staying overnight in places that do not meet the requirements of the tool; sleeping in places that do not meet the requirements of the tool; lack of conflict resolution strategies and skills; low frustration tolerance; and low self-esteem.

4. Discussion and Conclusions

The results obtained in the bibliographic review revealed a series of variables that are common in the research carried out on situations of exclusion and homelessness related to discrimination against the poor, both nationally and internationally. These variables were subjected to a checklist to be evaluated by professionals who work directly with these people and members of academia who study these issues. This work has served to design a tool taking into account the variables agreed upon by different professionals and, in turn, accredited by the research. This tool respects the procedure marked for the design of structured professional judgement instruments configured after the creation of a series of guidelines that facilitate the professional's assessment of aporophobia, providing indications on the aspects that should be paid attention to (Loinaz 2017; Hart 2008).

The coinciding aspects both in the results of the bibliometric review and the assessment made by the panel of experts are related to the importance of taking into account, for this

protocol, the study of lifestyle (Hindelang et al. 1978; Navarro 2018) as a risk factor of victimisation of a person living on the street; by sleeping on the street, the risk of being a victim is multiplied up to 1.5 times compared to those who live in accommodation (Puente 2018). Similar is the case for begging (Meier and Miethe 1993).

Fischer (1992) confirmed in relation to the victimisation of people living on the street that the risk of being victimised is higher if they have some personal problems such as related to alcohol, drugs or mental illness.

In the case of women, vulnerability is higher (Wenzel et al. 2001; Herrero 2003; Jasinski et al. 2005), although a history of victimisation in childhood and adolescence is an important risk for the person to be re-victimised.

Regarding the protocol, the main conclusion is the degree of consensus received by the professionals in relation to the variables, whose exploration was necessary in order to detect aporophobia during the care of their users in the case of the care professionals, and in the case of the academics they coincided with that demonstrated by the scientific study.

This first design of the protocol allowed us to validate the necessary areas of exploration and to include those factors that, in the opinion of the professionals, may be of interest.

This work has been a first phase in the development of a first instrument to detect the risk of aporophobia. The next phase will consist of a qualitative analysis with victims of aporophobia in order to triangulate the information (research, experts and victims) and validate the risk factors identified for the design of the final protocol.

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