

VIOLENCE EXPERIENCED BY THE STREET POPULATION: CROSS-SECTIONAL STUDY

VIOLENCIA VIVIDA POR LA POBLACIÓN SIN HOGAR: ESTUDIO TRANSVERSAL

VIOLÊNCIAS VIVENCIADAS PELA POPULAÇÃO EM SITUAÇÃO DE RUA: ESTUDO TRANSVERSAL

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ABSTRACT

Introduction: The homeless population is large, especially in large urban centers and they experience inequalities and deprivation of rights, living in a context of insecurity. It is worth highlighting exposure to various types of violence, imposed by prejudiced actions and discrimination suffered in everyday life and which can occur both on the streets and in institutionalized spaces, such as hostels, which makes it difficult to find safe places that guarantee their physical and mental integrity. **Objective:** to analyze the conditions of violence experienced by homeless population in a capital in northeastern Brazil. **Method:** cross-sectional study carried out with 127 participants in a Specialized Reference Center for the Homeless Population, Specialized Social Approach Service and Municipal Hostel, located in a capital in northeastern Brazil. Data collection took place between November 2019 and March 2020, using a semi-structured questionnaire presenting sociodemographic and economic variables and questions related to the street context. The data were analyzed descriptively. The research received approval opinion No. 3.152,268 from the Federal University of Piauí. **Results:** Regarding the type of violence experienced by this population, psychological (36.3%), physical (32.7%), self-mutilation with suicidal intent (47.6%) and attempted suicide (47.6%) were evident. **Conclusion:** Psychological and physical violence, self-mutilation with suicidal intent and attempted suicide were highlighted.

Keywords: Ill-Housed Persons; Violence; Risk Factors.

RESUMO

Introdução: A População em Situação de Rua é numerosa, principalmente nos grandes centros urbanos e vivenciam desigualdades e privação de direitos, vivendo em um contexto de insegurança. Convém destacar a exposição a vários tipos de violência, imposta por ações preconceituosas e pela discriminação sofrida no cotidiano e que podem ocorrer tanto nas ruas, como nos espaços institucionalizados, como albergues, o que dificulta encontrar locais seguros que garantam sua integridade física e mental. **Objetivo:** analisar as condições de violência vivenciadas pela População em Situação de Rua de uma capital do nordeste brasileiro. **Método:** estudo transversal realizado com 127 participantes em um Centro de Referência Especializado para População em Situação de Rua, Serviço Especializado de Abordagem Social e Albergue Municipal, localizados em uma capital do nordeste brasileiro. A coleta de dados ocorreu entre novembro de 2019 a março de 2020, sendo utilizado questionário semiestruturado apresentando variáveis sociodemográficas e econômicas e questões relacionadas ao contexto de rua. Os dados foram analisados de forma descritiva. A pesquisa recebeu parecer de aprovação nº 3.152.268 pela Universidade Federal do Piauí. **Resultados:** Quanto ao tipo de violência vivenciada por esta população, evidenciou-se a psicológica (36,3%), física (32,7%), automutilação com intenção suicida (47,6%) e tentativa de suicídio (47,6%). **Conclusão:** Foram evidenciadas as violências psicológicas, física, automutilação com intenção suicida e tentativa de suicídio. **Palavras-chave:** Pessoas em Situação de Rua; Violência; Fatores de Risco.

RESUMEN

Introducción: La población sin hogar es numerosa, especialmente en los grandes centros urbanos y experimenta desigualdades y privación de derechos, viviendo en un contexto de inseguridad. Cabe destacar la exposición a diversos tipos de violencia, impuesta por acciones prejuiciosas y discriminaciones sufridas en la vida cotidiana y que pueden ocurrir tanto en las calles como en espacios institucionalizados, como albergues, lo que dificulta encontrar lugares seguros que garanticen su integridad física e integridad psíquica. **Objetivo:** analizar las condiciones de violencia vividas por la Población Sin Hogar en una capital del noreste de Brasil. **Método:** estudio transversal realizado con 127 participantes de un Centro de Referencia Especializado para Población en Calle, Servicio de Abordaje Social Especializado y Albergue Municipal, ubicado en una capital del noreste de Brasil. La recolección de datos se realizó entre noviembre de 2019 y marzo de 2020, mediante un cuestionario semiestructurado que presenta variables sociodemográficas y económicas y preguntas relacionadas con el contexto de la calle. Los datos fueron analizados de forma descriptiva. La investigación recibió el dictamen de aprobación nº 3.152.268 de la Universidad Federal de Piauí. **Resultados:** En cuanto al tipo de violencia vivida por esta población, se evidenció la psicológica (36,3%), física (32,7%), automutilación con intención suicida (47,6%) e intento de suicidio (47,6%). **Conclusión:** Se destacaron la violencia psicológica y física, la automutilación con intención suicida y el intento de suicidio.

Palabras-clave: Personas con Mala Vivienda; Violencia; Factores de Riesgo.

INTRODUCTION

Living on the streets is a global, complex characteristic that affects different population groups in different ways, although there are some common characteristics. The term “homelessness” goes beyond the simple absence of housing, it also represents a social group that is stigmatized, marginalized and, often, criminalized. This situation is the result of governments' failure to deal with social inequalities, as well as the lack of effective solutions to the problems of immigration and urbanization⁽¹⁻²⁾.

Currently, it is estimated that 221,869 people live on the streets in Brazil⁽³⁾. Studies indicate a prevalence of men and the main reasons for family conflicts, unemployment and substance abuse⁽⁴⁻⁶⁾. In this sense, it is possible to identify that the population growth presented is not proportional to the increase in public policies aimed at serving the Homeless Population (PSR) in Brazil⁽⁷⁾.

Social exclusion and the increase in numbers related to PSR are due to the weakening of bonds, both employment and family. These individuals experience a reality that challenges the principles of the Unified Health System (SUS) and end up being the target of focal policies, which makes them marginalized in the Health Care Network (RAS)⁽⁸⁾.

As a result, a collective articulation between public ministries, human rights secretariats and popular movements, designed the National Policy for Social Inclusion of the

Homeless Population and, based on this document, the Ministry of Health developed an emergency plan to strengthen and expand the Street Clinics, which make up the Primary Health Care (PHC) services⁽⁹⁻¹⁰⁾.

PSR are numerous, especially in large urban centers and experience inequalities and deprivation of rights, living in a context of insecurity. It is worth highlighting the exposure to various types of violence, imposed by prejudiced actions and discrimination suffered in everyday life and which can occur both on the streets and in institutionalized spaces, such as hostels, which makes it difficult to find safe places that guarantee your physical and mental integrity⁽¹¹⁾.

Associated with a history of violence, whether practiced or suffered, many individuals abuse alcohol and/or drugs, in addition to being diagnosed with mental disorders, which increases the chances of victimization due to physical and/or sexual aggression⁽¹²⁾. Thus, the objective of this study was to analyze the conditions of violence experienced by PSR in a capital in northeastern Brazil.

METHODS

This is a cross-sectional study carried out in a Specialized Reference Center for the Homeless Population (Centro Pop), Specialized Social Approach Service (SEAS) and Municipal Hostel (Casa do Caminho), located in a capital in northeastern Brazil. The study is an excerpt from the macro research project entitled “Use of

alcohol and other drugs, common mental disorders and violence among the homeless population", developed by the Study and Research Group on Mental Health and Work of the Postgraduate Program Degree in Nursing.

Data collection was carried out from November 2019 to March 2020 with homeless people receiving care from the services mentioned above. To define the sample, a total of 500 records were considered, provided by the Centro Pop coordination. A minimum sample of 212 participants was obtained⁽¹³⁾. In order to avoid possible losses and/or withdrawals, 10% of the value obtained was added, totaling a sample of 233 participants.

The following inclusion criteria were adopted: people of both sexes and aged 18 or over. Those who presented some impairment that interfered with the understanding and responses to the items of the instrument were excluded, observed by the researcher when interviewing the participant and the participant did not understand or presented difficulty in answering the questions and/or informed by the professionals of the teams of each service where it occurred. the search. Therefore, 13 participants were excluded.

Considering that during the data collection period there was a pandemic decree, precautionary measures were required to be adopted to prevent the spread of COVID-19. Therefore, to protect the integrity of participants and researchers, the data collection stage had to be completed before obtaining the total, with a total of 127 participants.

Data were collected through a questionnaire prepared by the authors containing sociodemographic and economic variables such as sex (male or female), age (full years), marital status [single], married, stable union, divorced) or widower], self-reported race/color (white, black, yellow, mixed-race or indigenous) children (yes or no), (white, black, yellow, mixed-race or indigenous), education (no education, complete primary education/incomplete, complete/incomplete secondary education or complete/incomplete higher education), place of birth (capital or other municipality), source of income (retired, government benefit, self-employed or not), children (yes or no); and questions related to the street context: reasons, time living in the situation (full years), relationship between living on the streets and consumption of alcohol and other drugs (yes or no), type of violence suffered (psychological, physical, self-inflicted, institutional or other).

Before the data collection phase, prior contact was made with the coordination of services and study locations, and the objectives, procedures and purposes of the research were presented. Participants were approached by researchers during the time they remained in the services. They were presented with the objectives, destination of results and purpose of the research. Those who agreed to participate signed the Free and Informed Consent Form (TCLE) in two copies. The signatures of those who had no education were collected digitally. This stage took place in a private environment to

guarantee the participant's privacy and confidentiality of information. The application of the data collection instrument was carried out by the researchers and lasted on average around 30 to 40 minutes.

The collected data went through a double entry process in Microsoft Excel® (2016), exported to the Statistical Package for the Social Science (SPSS), version 22.0 software and analyzed descriptively, calculating absolute and relative frequencies, trend measures central (means) and dispersion (standard deviation) and maximum and minimum values of numerical variables.

The study followed the recommendations of resolutions 466/12 and 510/16 of the National Health Council and was approved by the Research Ethics Committee of the Federal

University of Piauí, on February 18, 2019, with opinion number 3,152,268.

RESULTS

Among the participants, 85% were male, with an average age of 39.25 years, 59.1% were single, 60.6% declared themselves mixed race, 41.7% had incomplete secondary education, 38.6% had no source of income and 54.3% claim to have children, 41.7% were from the capital and had an average of 1.7 years of living on the streets. As the main motivations for leaving and staying in the situation, 39.4% cited family conflicts and 24.4% use of alcohol and other drugs. Of those interviewed, 69.3% revealed that they believed in the relationship between living on the streets as a predisposing factor for the use of psychoactive substances (Table 1).

Table 1 – Sociodemographic characterization of the Homeless Population (n=127). Teresina, PI, Brazil, 2020

Variables	N	%
Gender		
Female	19	15,0
Male	108	85,0
Age	Average ± DP	Medium
	39,25 ± 11,96	37
Marital Status		
Single	75	59,1
Married	8	6,3
Separated / divorced	28	22,0
Widow(er)	4	3,1
Stable relationship	12	9,4
Color/Ethnic		
White	22	17,3
Black	27	21,3
Asian	1	8
Dark skin	77	60,6
School history		
No school history	9	7,1
Elementary school (complete/uncomplete)	21	16,5
High school uncomplete	53	41,7
University Degree	25	19,7
Income		
Retired (mínimum salary)	11	8,7
Government Benefit	37	29,1
Independent worker	30	23,6
No income	49	38,6

Siblings			
Yes		69	54,3
No		58	45,7
Place of birth			
Capital		53	41,7
Country side		25	19,7
Another state		49	38,6
Time living in the streets	Average \pm DP	Medium	
	1,7 \pm 0,46	2	
Motivation to live in the street			
Alcohol and other drugs		44	24,4
Unemployment		35	19,4
Family conflicts		71	39,4
Violence		11	6,1
Mental disease		3	1,7
Natural disasters		10	6
Others		15	8,3
Is living on the street a predisposing factor for the consumption of psychoactive substances?			
Yes		88	69,3
No		38	29,9
Not informed		1	8

Source: Research data (2024)

Regarding the type of violence experienced by this population, psychological (36.3%), physical (32.7%), self-mutilation with suicidal intent (47.6%) and attempted suicide (47.6%) were evident. (Table 2).

Table 2 – Characterization of violence experienced by the Homeless Population (n=127). Teresina, PI, Brazil, 2020

Variables	N	%
Types of self-reported violence		
Physical	73	32,7
Sexual	12	5,4
Psychological	81	36,3
Patrimonial	45	20,2
Other	12	5,4
Is experiencing violence a predisposing factor for the consumption of psychoactive substances?		
Yes	62	48,8
No	64	50,4
Do you practice self-directed violence?		
Self-harm without suicidal intent	6	4,8
Self-harm with suicidal intent	60	47,6
Suicide attempt	60	47,6
Have you ever committed violence motivated by being under the influence of psychoactive substances?		
Yes	60	47,2
No	67	52,8

Source: Research data (2024)

DISCUSSION

The PSR stands out as a significant group that reflects the social disparities present in society, especially in light of the global political, social and economic transformations that have occurred in recent decades. Consequently, there is an inclination, arising from contemporary approaches, to understand the specificities of this population, which seeks public mental health policies aligned with their needs⁽¹⁴⁾.

The literature focuses on the sociodemographic and economic description of study participants. According to data, it was estimated that, by 2022, there would be 281,472 homeless people in Brazil, with the Northeast region occupying the second position in relation to the increase in this population between 2019 and 2022⁽³⁾.

There is no precise number for this population in Teresina, the city where the study was conducted. The last national census, released in 2009, indicated 370 people living in this condition in the municipality⁽¹⁵⁾. Data from Centro Pop, based on attendance in 2019, registered 500 people, following the national trend. However, there are no precise local surveys that reveal this information, as not all PSR members are covered by the social assistance policy.

The results found are similar to those of previous research carried out in the country, particularly with regard to sociodemographic and economic characteristics. A study carried out in

2018, in a municipality in the state of Minas Gerais, revealed that homeless individuals were aged between 25 and 68 years old, most of them had incomplete primary education and the time spent on the streets ranged from 2 to 31 years⁽¹⁶⁾.

National research with PSR, carried out by the Ministry of Social Development and Combating Hunger, in 71 cities in the country (23 capitals and 48 municipalities with more than 300 thousand inhabitants), identified 31,922 people, over 18 years old, living in this condition. The profile outlined revealed the prevalence of males (82%), the majority aged between 25 and 44 years old (53%), who declared themselves mixed-race (39.1%), knew how to read and write (74%) and exercised some paid activity (70.9%)⁽¹⁵⁾.

Investigations point to the abuse of alcohol and other substances, the breakdown of family relationships and unemployment as factors and causes that lead people in this age group to live on the streets⁽¹⁷⁾. Although most of the PSR are literate, many report having no employment opportunities and only perform informal work. In this circumstance, without job stability and without guaranteed rights, the situation contributes to the maintenance of homelessness⁽¹⁸⁾.

Data from this research showed that more than half of the group investigated claimed to have some income. As for self-employment, it can be characterized by common activities, such as the work of car guards and recyclable material collectors. Begging can be considered another source of resources. However, some people who

carry out these activities do not recognize them as forms of survival or work⁽¹⁹⁾. The difficulty of being inserted into the formal job market attributes to informal activity a form of survival, even if to do so they are subject to precarious working conditions and without any type of guarantee⁽¹⁶⁾.

The streets are configured as a space of male domination, as they represent the majority of participants. When taking gender into account, women who live on the streets deal, on a daily basis, with a universe that has a masculine character. And sometimes, they find themselves forced to have a partner who helps them survive in that condition⁽²⁰⁾.

Regarding the main motives and reasons that led people to live on the streets, the research highlighted conflicts with family and the use of alcohol and/or drugs. The justifications for living on the streets are varied, ranging from family disagreements and the use of alcohol and/or drugs as well as lack of work. It is important to highlight the personal choice of individuals to be in this situation, when choosing the streets as their place of residence⁽²¹⁻²²⁾.

The movement to enter the streets occurs for different reasons depending on gender and the violence experienced by each person. For men, this process arises due to ruptures due to wear and tear in family relationships. While for some women, the street presents itself as a way of escaping the conditions of violence faced in the domestic context⁽²³⁾.

As for the relationship between living on the streets and drug use, this is understood as a striking and frequent feature in life stories, before and during their stay on the streets. Such use is sometimes intertwined with the fact that it is a way of supporting the difficulties faced⁽²⁴⁾. Living on the streets, associated with substance use, increases the difficulty of accessing basic services such as education, health, work, housing, leisure, security, among others⁽²⁵⁾.

The entire issue surrounding PSR becomes more complex when taking into account the various vulnerabilities to which they are exposed and the risks inherent to living on the streets, such as violence. For them, violence has a broader effect than for the general population, so the repercussions on the lives of these individuals are much more dramatic.

Several elements contribute to the occurrence of violence in this population, including prejudice, intolerance, discrimination, violations of human rights by public authorities, negative influence of the media and the presence of a collective environment permeated by violent norms, in which people in situations are included, among other aspects⁽²⁶⁾. On the streets, violence presents itself in many ways: psychic, which is revealed by prejudice; social, which occurs through deprivation of access to social goods; and physical, which poses a risk to life⁽¹⁶⁾. Regarding the classification of violence, a study showed that the incidence of violence was higher during the day (60%) compared to the night (41.2%). Women more frequently reported verbal (57.1%) and physical (38%) aggression

during the day, while men mainly mentioned physical aggression (25%) and threats (20.3%). Only the type of verbal aggression showed a statistically significant difference ($p = 0.001$) between the sexes during this period. Women continued to experience the same patterns of violence at night (42.8% and 28.6%, respectively). During this period, men most frequently suffered physical attacks (18.8%) and were victims of robbery/theft (17.2%)⁽²⁷⁾.

The violence can also have a hygienic nature, that is, carried out by police forces or even individuals paid by traders or residents who see the presence of this group as a risk to their businesses and lives. Among these experiences, sexual violence is included and is mostly committed by men, whether homeless or not, which sometimes causes profound damage, not only physical, but also psychological⁽²³⁾.

The psychological aspect may be related to prejudice and discrimination that arise due to myths and stereotypes involving homeless people. And other aspects of concern are the consequences for the mental health of these people, who develop many self-deprecating feelings that may culminate in anxiety and depression⁽¹⁶⁾.

Exposure to discrimination by society, violence, physical and mental illness, unpredictability and lack of access and satisfaction of basic human needs generates not only exhaustion, but also causes negative feelings of helplessness, anguish, abandonment, despair, loss of self-esteem and identity, sadness and indifference⁽²⁰⁾.

Another form of violence, which appears alarmingly, is self-directed violence. This type of violence occurs when the individual consciously performs a self-destructive action and can be subdivided into suicidal behavior and self-harm⁽²⁸⁾. It is noteworthy that vulnerability to suicide is associated with feelings of hopelessness, especially when the context involves housing problems, a history of psychiatric treatment or physical health problems⁽²⁹⁾. Furthermore, among these people, sadness is a recurring feeling, as they do not have a support system, they do not have anyone to vent their experiences and afflictions, which possibly favors suicide ideations or attempts⁽³⁰⁾.

Intricate to the aforementioned vulnerability is the problematic use of alcohol and/or other drugs. The consumption of psychoactive substances by these individuals is a common practice, especially the use of crack, a cheap drug that can be obtained easily, and which has been proliferating in an impactful way in the lives of the poorest people⁽²⁵⁾. Likewise, this complex dependence can result in difficulties in emotional relationships and generate social isolation and, as a result, has a strong association with suicidal behavior⁽³¹⁾.

It is noteworthy that the consumption of these substances can contribute to a history of violence. Research carried out in the city of Los Angeles, California, as part of a longitudinal study with young people living on the streets, showed that the majority of intimate partner violence that occurred among those surveyed was bidirectional and associated with the use of

methamphetamine and ecstasy. Furthermore, levels of methamphetamine consumption were three times higher in these cases, and four times higher than ecstasy, exclusively among the aggressors⁽³²⁾. Another investigation showed that the second most prevalent reason for violent attacks on the streets was caused when the aggressor was under the influence of alcohol and/or other drugs⁽³³⁾.

The present study had as a limitation the cross-sectional approach, in which it is not possible to establish a cause and effect relationship between the condition investigated and the related factors. Another was the failure to use an instrument to assess the mental state and cognitive functions of the participants, which may have compromised the understanding and reliability of the responses. However, the research produced information that can represent support for the construction of scientific knowledge on the topic and the development of guidelines that reduce the exposure of these people to the context of violence.

CONCLUSION

The majority of participants were male, with an average age of 39.25 years, single, self-declared mixed race, had incomplete secondary education, had no source of income, had children, were born in the capital and had an average of 1.7 years of experience in the street context. The main motivations for leaving and remaining homeless were family conflicts and the use of alcohol and other drugs. The majority

of those interviewed believed in the relationship between living on the streets as a predisposing factor for the use of psychoactive substances. Psychological and physical violence, self-mutilation with suicidal intent and attempted suicide were highlighted.

Based on the above, the importance of reflecting on situations of violence experienced by PSR is highlighted, contributing to the construction of care processes and offering targeted assistance, which considers the particularities and life contexts of these people. These actions enable the planning of health promotion, protection, prevention, recovery and rehabilitation strategies and contribute to reducing the vulnerability to which PSR is exposed.

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