

ORIGINAL ARTICLE

DOI: http://dx.doi.org/10.1590/S0080-623420160000600006

Understanding of the life experience of homeless women*

Compreensão da vivência de mulheres em situação de rua Comprensión de la vivencia de mujeres en situación de calle

Priscilla Ribeiro Biscotto¹, Maria Cristina Pinto de Jesus², Marcelo Henrique da Silva¹, Deíse Moura de Oliveira³, Miriam Aparecida Barbosa Merighi¹

How to cite this article:

Biscotto PR, Jesus MCP, Silva MH, Oliveira DM, Merighi MAB. Understanding of the life experience of homeless women. Rev Enferm USP. 2016;50(5):749-755. DOI: http://dx.doi.org/10.1590/S0080-623420160000600006

- * Extracted from the dissertation "Viver em situação de rua: experiência de mulheres que utilizam o albergue para pernoitar", Universidade de São Paulo, Escola de Enfermagem, 2015.
- ¹ Universidade de São Paulo, Escola de Enfermagem, São Paulo, SP, Brazil.
- ² Universidade Federal de Juiz de Fora, Faculdade de Enfermagem, Juiz de Fora, MG, Brazil.
- ³ Universidade Federal de Viçosa, Departamento de Medicina e Enfermagem, Viçosa, MG, Brazil.

ABSTRACT

Objective: To understand the life experience of homeless women. Method: A social phenomenological study was conducted with 10 women assisted by a shelter. The analysis of the interviews was based on the theoretical framework of social phenomenology of Alfred Schütz and thematic literature. Results: The participants face adversities in the street context, with emphasis on the risk of physical and sexual abuse, and seek shelters as a possibility for minimizing difficulties experienced. They hope to leave the streets; however, they see themselves trapped in this social reality, due to the addiction to alcohol and other drugs. Conclusion: The understanding of the life experience of homeless women shows daily confrontations and reveals the conflict between the desire for leaving and remaining on the streets, given the complexity of the reality that keeps them in this condition.

DESCRIPTORS

Women; Homeless Persons; Social Vulnerability; Qualitative Research.

Corresponding author:

Maria Cristina Pinto de Jesus Faculdade de Enfermagem, Universidade Federal de Juiz de Fora Rua José Lourenço Kelmer, s/n – Campus Universitário – Bairro São Pedro CEP 36036-900 – Juiz de Fora, MG, Brazil mariacristina.jesus@ufjf.edu.br

Received: 03/10/2016 Approved: 08/31/2016

INTRODUCTION

Living on streets is a global problem evidenced in both developed and developing countries, especially in medium – and large-sized urban centers. Nonetheless, considering the different realities of each country, quantifying this population and establishing definitions on what characterizes a homeless person is a challenge. In the European Union, the percentage of this population presented an increase in the last decade, and only Finland and Holland presented a reduction in this period⁽¹⁾.

In the United States, there were 564,708 homeless people in January 2015. Of these, 389,649 were homeless people using programs of emergency shelters or provisory housing, and 175,059 people lived in degraded areas, such as under bridges and marquees, abandoned buildings and carcasses of automobiles⁽²⁾.

In Brazil, the most recent homeless population census was conducted in 2015, in the city of São Paulo. The census recorded 15,905 homeless people, which is an alarming number if compared with data from 2000, which recorded 8,706 people. The study showed predominance of the male gender in this population, totaling 82%⁽³⁾.

Daily life on the streets makes people face a diversity of situations that involve challenges, such as access to food and transportation, financial difficulties, vices, and social stigma⁽⁴⁾. Although in a lesser number, homeless women become more vulnerable for living in a context permeated by prejudice, violence, and inequality of gender and social rights⁽⁵⁾.

Regarding social public policies in Brazil, homeless shelters represent the main strategy intended to shelter and assist needs of the homeless population. This social equipment, in addition to be available for homeless people, must provide a friendly environment to make these people feel safe. In this respect, a study conducted in Canada showed that the participants were grateful because they could count on the support of shelters, which meant a roof and a place that could meet their needs for food and rest⁽⁶⁾.

Brazil has also developed in promoting the implementation of health public policies for the homeless population in street situation, in compliance with primary health care guidelines, such as the Street Outreach Offices⁽⁷⁾. However, the challenge presented is in the viability for the implementation of these offices, that is, in health teams being able to perform on the singularities of this public, in order to implement rights to health care for this social group⁽⁸⁾.

National and international studies approach several aspects that affect the issue of homeless people's health care, with emphasis on the difficulties of access to healthcare services⁽⁹⁻¹⁰⁾; meanings and practices of health/illness^(9,11); use of drugs⁽¹²⁻¹³⁾, and mental disorders⁽¹⁴⁻¹⁵⁾.

Regarding the life experience of homeless people, the literature shows that this is marked by the use of drugs as a destabilized factor in these people's life⁽¹⁶⁾. With regard to women, 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, exposure to crime, and systematic subjugation – that remains in the social reality of the streets⁽¹⁷⁾.

Given the close relationship of this population group with social iniquities in health, the importance of nursing in approaching this target population both in practical and research field stands out. Therefore, when such movement is proposed, this knowledge field is supposed to support its actions through scientific evidence, with the aim of qualifying care and assistance to this public.

Based on the assumption that the knowledge of the subjectivity inscribed in the experience of homeless women will assist healthcare professionals in providing care, the following questions guided the study: How is the life experience of homeless women? and In addition, considering the fact of being homeless, what are the expectations of these women about their lives? To answer these questions, the objective of the present study was to understand the life experience of homeless women.

METHOD

A qualitative research was conducted based on the following premises of the Social Phenomenology of Alfred Schütz⁽¹⁸⁾: world of life, biographical situation, intersubjectivity, body of knowledge, and social action.

The study was conducted in a homeless shelter of a medium-sized city in the state of Minas Gerais, Brazil, that promotes temporary institutional night shelter for the adult population (18 years or older) who has lived in the city for more than one year. The shelter opens from 7pm to 7am, offering 134 vacancies for men and 16 for women. Access to the service is by voluntary demand and referral by the Social Support Reference Center, Specialized Reference Center for the Homeless Population, Psychosocial Care Center, and other social care services. This social service enables homeless people to stay overnight, carry out hygiene procedures, eat, and have social support.

The study was authorized by the person in charge for the Municipal Homeless Shelter. To have access to the possible participants, the researcher visited the place of the study every night at the time when the participants arrived to spend the night. The participants in the study were ensured the choice of entering the shelter one hour before the usual time for undertaking the interview, with the purpose of not affecting the care routine provided by the shelter. None of them made use of this benefit.

The inclusion criteria were being women and homeless, and the exclusion criterion was being under the influence of substances (alcohol and/or drugs) that could interfere with the interview.

Before the interview, the objective of study was explained to all women, and their voluntary participation was requested. Those who agreed were sent to a private room reserved to the interviews. The participants were free to choose the time to give the interview, and all interviews were carried out after bath and dinner, with the signing of an informed consent form. Nobody refused to participate in the study.

750

Data were collected from May to June 2015, based on the following questions: What is it like for you to live on the streets? and What are your expectations, considering that you live on the streets? The interviews were recorded in MP3 audio with average duration of 40 minutes and transcribed by the researcher maintaining the full content of the statements.

Data collection was completed when the objectives of the study were achieved. Convergence of results was found in the eighth interview. For confirmation of the theoretical saturation, data were collected until the tenth interview⁽¹⁹⁾, resulting in a total of 10 participants. In order to ensure anonymity, the participants were identified with letter "W" as in Woman, followed by Arabic numerals corresponding to the order of the interviews carried out (W1 to W10).

Data analysis was carried out based on steps suggested by social phenomenology researchers⁽²⁰⁾: meticulous reading of each interview, selection of units of meaning on the life experience of homeless women, and grouping of these units to create concrete categories that link the "reasons why" and "reasons for" of the action experienced. The results were discussed based on the social phenomenology of Alfred Schütz and literature related to the theme.

The research project was approved by the research ethics committee of the Escola de Enfermagem of the Universidade de São Paulo, under protocol no. 952,239 of February 9, 2015.

RESULTS

The biographical situation of the participants showed a mean age of 29.6 years, with minimum of 22 years and maximum of 44 years. Most participants had incomplete high school education, six were single, and the others lived with their homeless partners. Seven had children who lived with their relatives or were put up for adoption. The majority was involved in drug trafficking, prostitution, collecting material for recycling, or juggling at street traffic lights to earn some income. The mean length of time living on the streets was 7.4 years, with minimum of 1.5 years and maximum of 32 years. It is worth mentioning that the studied group made use of the shelter sporadically, since the entering into this social service has to be voluntary.

The understanding of the life experience of homeless women led to the emergence of categories that refer to the "reasons why": *Confrontations experienced in the daily life on the streets* and *The search for shelters.* The category that brought the "reasons for" was named "From expectation to eality".

CONFRONTATIONS EXPERIENCED IN THE DAILY LIFE ON THE STREETS

Not being able to carry out personal hygiene and rest are difficulties faced by homeless women:

(...) this life on the street is very exhausting. Here, we have to wake up very early. I wish I could rest, take another bath during the day. My body hurts because I have to keep walking all day (W1).

(...) the problem is that we have our period, and there is the matter of hygiene. If you are not in a shelter, you stay weeks without a bath, with dirty clothes, because there is nowhere to wash them (W7).

The confrontation of weather conditions makes their life on the streets more difficult:

- (...) the night brings cold. At dawn, the blanket is all wet with dew. In addition, if it is windy, there is no way. It gets really cold (W4).
- (...) when we live on the streets, the cold punishes (...) (W10).

The participants highlighted the issue on vulnerability to physical and sexual abuse, and the interaction with drugs, as situations to be faced on the streets:

(...) I especially have fear of violence, because we do not know what might happen. There are many bad people. I also have fear of vandals and other homeless people, because some like to fight and use drugs (W6).

It is not easy to sleep on the streets. There are impertinent people at dawn, who wants forcibly to take us (W5).

Some women refer to loneliness and sense of guilt for being far from their children and relatives:

- (...) sometimes I feel very lonely; my husband was hospitalized because he got beaten up on the street (...) (W3).
- (...) When I stop to think, I miss my family and my children. I do not even want to talk about it (W8).

THE SEARCH FOR SHELTERS

The shelter emerges from the women's statements as the main support to meet their basic needs such as food, hygiene, and night's rest:

- (...) I do not know what would happen to me without the shelter. (...) it is a good place to go where you can rest, be quiet by yourself, in addition to take a bath and have food (W2).
- (...) when I feel like resting, I come to the shelter. Here, you can sleep, take a bath and have dinner. Here, I know that I am safe. (...) when you are on the streets, you do not rest. It is tense because you have to be alert (W3).

Some participants find that the shelter not always meet their demands due to the inflexibility of the institutional regulations. Moreover, they emphasize that this social service does not prevent violent actions among women, who, unlike men, are not monitored regarding the possession of weapons and drugs when they enter the institution:

- (...) I slept on the street many times because of the shelter's schedule bureaucracy. I work as a juggler at street traffic lights and, sometimes, I cannot get to the shelter on time (W7).
- (...) if I have a fight with a woman on the street and I realize that she is going to sleep here, I walk away. I do not stay because I know that she might catch me at night. Many times, I entered here carrying a knife for my husband and no one ever caught me with it. I enter here with drugs and could enter with a weapon, because nobody searches us as it happens with men (W3).

FROM EXPECTATION TO REALITY

The women's interviews show the desire for getting rid of the dependence on alcohol and other drugs, having a private place to live, and rescuing family relationship:

(...) I am looking for internment to get rid of crack, get a small house, and bring my children to live with me. This is my goal (W4).

I think about stopping drinking and leaving the streets. (...) I want to have my documents in order and to enroll myself to get the "Bolsa Família" and the "Minha Casa Minha Vida" welfare assistance (W9).

In addition, in the context of social macrostructure, women expect to have an opportunity to include themselves into the labor market, from which they glimpse a better future for themselves:

(...) I want to work and leave this life. I feel like living alone again, having my things, because I used to work. I think of working to have a future in life, because this is not future at all (...) (W1).

Expectations previously described by the participants represent difficult desires to be fulfilled due to several aspects that contribute for their staying on the streets. In this respect, the use of alcohol and other drugs, as well as drug trafficking are important reasons for the staying of these women on the streets:

- (...) nowadays, I sell crack, I can earn a good income to buy things of personal use, drugs, and food to take to my husband to the hospital (W3).
- (...) I use marijuana, because I get more relaxed, but I also drink a lot (W8).

Prostitution is also a way that women find to survive on the streets:

- (...) when I was with my ex-husband, who also lives on the street, I did not have to be with anybody because he used to buy the things, but now I am alone and I cannot find a job. That is why I have to prostitute myself (W1).
- (...) sometimes, I feel disgusted with myself for being a prostitute. I get depressed, but it gets over soon, because this is the way I found to make money on the streets. (W10).

DISCUSSION

The limitation of the present study is in the fact that it was conducted with homeless women who spend their nights in a shelter, which constitutes a group that counts on this social support service, and it might have interfered with the participants' life experience on the streets. The absence of this fact, as well as the development of the research in other realities might bring new perspectives of interpretation for the life experience of homeless women, which prevents the generalization of the results.

The perspective of the social phenomenology brought as contributions, the possibility for accessing the intersubjectivity that permeates the daily life of homeless women, revealing complex and conflicting issues experienced in this social context. Such complexity requires the direction of perspectives and practices that may assist in the meeting of biopsychosocial needs of this public.

The discussed issue on the women studied – life experience of homeless women – is explained by the existential reasons revealed in the process of confrontation of street adversities, and in the search for shelters as a possibility of minimizing difficulties involved in this context (reasons why). These reasons also include the conflict between the desire for leaving the streets and, at the same time, seeing themselves trapped in this social reality (reasons for).

When disclosing their life experiences as homeless, women reveal adverse conditions faced on their daily life, which are marked by risks and vulnerabilities that are daily showed in their biographical situation. The participants point out the lack of infrastructure on the streets to meet their basic needs, especially those related to the female universe.

A study conducted in the city of San Francisco, USA, with 260 people, of whom 70% were women, also highlighted the lack of infrastructure on the streets when showing that about half of the participants could not meet their needs for hygiene, food, and rest. To have these needs met, 46% of them spent nights in shelters⁽¹²⁾.

The participants also mentioned weather conditions as another aspect faced in their daily life on the streets. A study conducted in the city of Toronto, Canada, showed that some homeless women associated their poor health conditions with the exposure to extreme cold and constant poor nights' sleep⁽²¹⁾.

Another issue referred by women concerns situations of violence experienced, which include dispute for drugs, intolerant attitudes towards homeless people, in addition to sexual abuse. It is worth mentioning that the intersubjective relationships established in the social world of homeless women are affected by the potential risk of being raped, due to their biographical situation.

A study conducted in the city of Ottawa, Canada, showed that homeless women, during their first months of experience living on the streets, pointed out rape as the greatest fear experienced in this reality, especially by those who are younger. Sleeping in groups when they are on the streets and carrying weapons⁽²²⁾ were pointed out as self-protection strategies for living with their partners and other strangers.

A study conducted in the city of São Paulo, Brazil, showed that the women who spend nights on the streets suffer physical abuse practiced by people or groups intolerant of their situation. Violence regarding hygiene was also pointed out, practiced by police officers, individuals hired by merchants, or residents who feel hampered by homeless people living around residences, businesses, monuments, and postcards in the city. Sexual abuse was often mentioned, which is often practiced by men, homeless or not, with potential to cause irreparable physical and mental harm to these women⁽⁵⁾.

According to the participants, life on the streets requires women to daily deal with a diversity of situations that directly involve the relationship with their bodies, sexuality and, in some cases, the care for their children. They expressed a sense of guilt for living far from their families, reinforcing the feeling of unease for not performing their social role – to be a mother.

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 women stated the desire to reestablish their relationship with their children, although recognizing the impossibility of this interaction, due to their condition in living on the streets⁽²³⁾.

A study conducted in the city of Calgary, Canada, showed that due to the inability to meet the basic needs of their family, many homeless women choose to leave their children for adoption or under the care of a close relative⁽²⁴⁾, which was also found in the present study. The literature shows that losing the custody of their children might affect the mental health of these women and reduce the hope for leaving the condition of being homeless⁽²⁴⁾.

The participants referred the shelter as a social service that contributed to meeting their basic needs. Another Canadian study conducted with 140 homeless people from the cities of Toronto, Ottawa, Montreal, and Vancouver, who made use of shelters, showed that the majority were grateful for counting on the support of this institution, because they had a roof and a safe place to sleep⁽⁶⁾. In the city of Salvador, Brazil, a qualitative study using an anthropological approach showed that users of shelters felt that they were more assisted concerning their social rights, especially regarding the possibility for finding a formal job and obtaining benefits from social programs⁽¹¹⁾.

On the other hand, the inflexibility of regulations for using the shelter and cases of violence that occur inside this place were found in the present study as barriers for the access to this service. A Brazilian study conducted in the city of São Paulo showed dissatisfaction regarding this social service, highlighting the lack of privacy, fights and quarrels among the users, and the requirement for adjusting themselves to strict schedules for food, hygiene and rest⁽⁵⁾.

The participants of the present study highlighted their greater vulnerability to experience violence due to the lack of search and control by the shelter regarding the possession of weapons. This reflects a social sense built regarding violence. The social sense results from intersubjectivity and is set up based on individual meanings attributed to the experience of men in the world of life⁽¹⁸⁾. In the present study, such sense shows that violence is interpreted as an action managed by men, and this sense is reproduced and incorporated as an institutional regulation in houses that shelter homeless people, ignoring the possibility of possession of weapons and violence among women inside the shelter.

Regarding housing, studies conducted in cities of Canada showed that homeless people wanted to have their own space, where they could be in contact with their objects and household items, hygiene, privacy and stability⁽⁶⁾. With regard to the opportunity for finding a paid job, a study

conducted in the city of Porto Velho, Brazil, showed that the meaning given to work by homeless people regarded self-fulfillment, entertainment, restoring dignity, and even physical and mental health⁽²⁵⁾.

The participants voiced their desire for leaving the streets, so that their projects are put into practice. To achieve this, they mentioned the need for getting out of the vicious cycle of drugs and prostitution in which they are trapped. Therefore, this intention is full of challenges, since such circle is presented as the element that keeps these women in the reality on the streets.

A study conducted in the USA with 60 homeless women showed that, even among those who had the support of shelters, 36 were involved in prostitution and drug trafficking to meet their basic needs, although they reported being ashamed of this experience⁽²⁶⁾.

It is worth mentioning that use of alcohol and other drugs is the core of the problem in the daily life of the participants in the present study. This issue leads to two possibilities of reflection for the group studied, when questioned on their expectations before the reality experienced. Women are aware of the harm caused by the vice of alcohol and other drugs in their lives, because they understand that the rapprochement with the family, work, and social reintegration are tied to the condition of quitting the addiction. Another perspective mentioned is about the fine line that separates this desire from the lack of perspective of really being able to make it happen, due to the difficulty in overcoming the chemical dependency, which feeds back their staying on the streets.

A study conducted in the city of Boston, USA, with 154 chemically dependent women, showed that 90% of them expressed the desire to quit their vice of alcohol and other drugs. The authors highlighted that the motivation of people to quit the vice is strong, regardless of being homeless or not⁽²⁷⁾. However, there is a huge gap between desire and reality. In order for these two poles to get closer, several social services, sectors and persons – such as the family – must be included, to offer them support for quitting the vice.

In the present study, rapprochement with the family was identified as an expectation of women. This refers to a value that the presence of family represents in the participants' lives, which shows that their inclusion in the therapeutic process needs to be considered. A study conducted in the city of Maringá, Paraná, revealed that, even associating the family as responsible for their search for their homeless condition, in most cases, the participants expressed desire to rebuild or raise a new family. This shows that human beings break emotional ties but keep dreaming, reconfiguring and rescuing previous relationships, and projecting a new life⁽²⁸⁾.

In this respect, in the world of life, human beings have the opportunity to glimpse and change the structures of this world. When acting on them in an intentional way, they transform themselves and their social reality⁽¹⁸⁾. When projecting the action, the person anticipates the act mentally (action already performed); however, the real possibility for achieving this action is directly linked to elements circumscribed to the present experienced⁽¹⁸⁾.

www.ee.usp.br/reeusp Rev Esc Enferm USP · 2016;50(5):749-755

The present study shows that the social action in discussion – life experience of homeless women – reflects a context (reasons why) that makes the realization of the participants' projects difficult (reasons for)⁽¹⁸⁾. The results show that the transformation of the social reality where women are placed, although marked by the purpose of leaving the streets, cannot be only supported by personal motivation, depending on a backup that involves different persons and sectors, given the complexity of the reality that keeps them in this condition.

This predicts the need for a different perspective from nurses and other professionals involved in the care for this part of the population. Social services intended to the treatment of alcohol and drugs, assistance in situations of violence, and other services that include homeless people need to be prepared to provide qualified listening to this population, as well as to be determinant in resolving their needs.

CONCLUSION

The understanding of the life experience of homeless women shows daily life confrontations and the search for shelters as a support for meeting their basic needs. It reveals the conflict between the desire to leave and stay on the streets, given the complexity of the reality that keeps them in this condition.

RESUMO

Objetivo: Compreender a vivência de mulheres em situação de rua. Método: Pesquisa fenomenológica social realizada com 10 mulheres assistidas por um albergue. A análise das entrevistas ancorou-se no referencial teórico da fenomenologia social de Alfred Schütz e literatura temática. Resultados: As participantes enfrentam adversidades no contexto da rua, com destaque para o risco de violência física e sexual, e buscam o albergue como possibilidade de minimizar as dificuldades vivenciadas. Elas têm como expectativa sair da rua, porém se veem presas a esta realidade social em virtude do vício em álcool e outras drogas. Conclusão: A compreensão da vivência de mulheres em situação de rua aponta enfrentamentos cotidianos e revela o conflito entre o desejo de sair e permanecer na rua, dada a complexidade da realidade que as mantém nesta condição.

DESCRITORES

Mulheres; Pessoas em Situação de Rua; Vulnerabilidade Social; Pesquisa Qualitativa.

RESUMEN

Objetivo: Comprender la vivencia de mujeres en situación de calle. Método: Investigación fenomenológica social realizada con 10 mujeres asistidas por un albergue. El análisis de las entrevistas se ancló en el marco de referencia teórico de la fenomenología social de Alfred Schütz y la literatura temática. Resultados: Las participantes enfrentan adversidades en el contexto de la calle, con énfasis para el riesgo de violencia física y sexual, y buscan el albergue como posibilidad de minimizar las dificultadas vividas. Ellas tienen como expectación salir de la calle, pero se ven presas a dicha realidad social en virtud de la adicción al alcohol y a otras drogas. Conclusión: La comprensión de la vivencia de mujeres en situación de calle señala enfrentamientos cotidianos y desvela el conflicto entre el deseo de salir y permanecer en la calle, en virtud de la complejidad de la realidad que las mantiene en dicha condición.

DESCRIPTORES

Mujeres; Personas sin Hogar; Vulnerabilidad Social; Investigación Cualitativa.

REFERENCES

- 1. Fazel S, Geddes JR, Kushel M. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. Lancet. 2014;384(9953):1529-40.
- 2. United States Department of Housing and Urban Development. The 2015 Annual Homeless Assessment Report to (AHAR) Congress. Part 1: Point-in-time Estimates of Homelessness [Internet]. Philadelphia; 2015 [cited 2016 Feb 19]. Available from: https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf
- 3. São Paulo (Cidade). Prefeitura de São Paulo; Secretaria Municipal de Assistência e Desenvolvimento Social. Censo da população em situação de rua na municipalidade de São Paulo [Internet]. São Paulo; 2015 [citado 2016 fev. 19]. Disponível em: http://www.prefeitura.sp.gov.br/cidade/secretarias/upload/assistencia_social/observatorio_social/2015/censo/FIPE_smads_CENSO_2015_coletivafinal.pdf
- 4. Crawley J, Kane D, Atkinson-Plato L, Hamilton M, Dobson K, Watson J. Needs of the hidden homeless no longer hidden: a pilot study. Public Health. 2013;127(7):674-80.
- 5. Rosa AS, Bretas ACP. Violence in the lives of homeless women in the city of São Paulo, Brazil. Interface (Botucatu). 2015;19(53):275-85.
- 6. Palepu A, Hubley AM, Russell LB, Gadermann AM, Chinni M. Quality of life themes in Canadian adults and street youth who are homeless or hard-to-house: a multi-site focus group study. Health Qual Life Outocomes. 2012;10:93.
- 7. Brasil. Ministério da Saúde; Secretaria de Gestão Estratégica e Participativa. Saúde da população em situação de rua: um direito humano. Brasília: MS; 2014.
- 8. Santana C. Consultórios de rua ou na rua? Reflexões sobre políticas de abordagem à saúde da população de rua. Cad Saúde Pública. 2014;30(8):1798-800.
- Barata RB, Carneiro JN, Ribeiro MCSA, Silveira C. Health social inequality of the homeless in the city of São Paulo. Saude Soc. 2015;24 Suppl 1:219-32.

- 10. Weber M, Thompson L, Schmiege SJ, Peifer K, Farrell E. Perception of access to health care by homeless individuals seeking services at a day shelter. Arch Psychiatr Nurs. 2013;27(4):179-84.
- 11. Aguiar MM, Iriart JAB. Significados e práticas de saúde e doença entre a população em situação de rua em Salvador, Bahia, Brasil. Cad Saúde Pública. 2012;28(1):115
- 12. Riley ED, Shumway M, Knight KR, Guzman D, Cohen J, Weiser SD. Risk factors for stimulant use among homeless and unstably housed adult women. Drug Alcohol Depend. 2015;153:173-9.
- 13. Rhoades H, Wenzel SL, Golinelli D, Tucker JS, Kennedy DP, Green HD, et al. The social context of homeless men's substance use. Drug Alcohol Depend. 2011;118(2-3):320-5.
- 14. Bonugli R, Lesser J, Escandon S. The second thing to hell is living under that bridge: narratives of women living with victimization, serious mental illness, and in homelessness. Issues Ment Health Nurs. 2013;34(11):827-35.
- 15. Nielsen SF, Hjorthoj CR, Erlangsen A, Nordentoft M. Psychiatric disorders and mortality among people in homeless shelters in Denmark: a nationwide register-based cohort study. Lancet. 2011; 377(9784):2205-14.
- Donoso MTV, Bastos MAR, Faria CRD, Costa AA. Estudo etnográfico sobre pessoas em situação de rua em um grande centro urbano. REME Rev Min Enferm. 2013; 17(4):894-909.
- 17. Lewinson T, Thomas ML, White S. Traumatic transitions homeless women's narratives of abuse, loss, and fear. Affilia J Women Soc Work. 2014;29(2):192-205.
- 18. Schütz A. Sobre fenomenologia e relações sociais: Alfred Schütz. Trad. De Wagner HTR. Petrópolis: Vozes; 2012.
- 19. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato EB, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. Cad Saúde Pública. 2011;27(2):388-94.
- 20. Jesus MCP, Capalbo C, Merighi MAB, Oliveira DM, Tocantins FR, Rodrigues B. MRD, et al. The social phenomenology of Alfred Schütz and its contribution for the nursing. Rev Esc Enferm USP. 2013;47(3):736-4.
- 21. Waldbrook N. Formerly homeless, older women's experiences with health, housing, and aging. J Women Aging. 2013;25(4):337-57.
- 22. MacDonald SA. Managing risk: self-regulation among homeless youth. Child Adolesc Soc Work J. 2014;31(6):497-520.
- 23. Dotson HM. Homeless women, parents, and children: a triangulation approach analyzing factors influencing homelessness and child separation. J Poverty. 2011;15(3):241-58.
- 24. Shier ML, Jones ME, Graham JR. Sociocultural factors to consider when addressing the vulnerability of social service users: insights from women experiencing homelessness. Affilia J Women Soc Work. 2011;26(4):367-81.
- 25. Henrique RA, Santos CM, Vianna JJB. Sentidos e significados do trabalho entre pessoas em situação de rua. Psicol Am Lat. 2013;(24):109-20.
- 26. Warf CW, Clark LF, Desai M, Rabinovitz SJ, Agahi G, Calvo R, et al. Coming of age on the streets: survival sex among homeless young women in Hollywood. J Adolesc. 2013;36(6):1205-13.
- 27. Upshur CC, Weinreb L, Cheng DM, Kim, TW, Samet, JH, Saitz, R. Does experiencing homelessness affect women's motivation to change alcohol or drug use? Am J Addictions. 2014;23(1):76-83.
- 28. Marchi JA, Carreira L, Salci MA. House without a roof: the family influence in the life of street people. Ciênc Cuid Saúde. 2013;12(4):640-7.

www.ee.usp.br/reeusp Rev Esc Enferm USP · 2016;50(5):749-755