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RESEARCH

Living on the street: vulnerabilities and the bioethics of protection

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Abstract

This study sought to analyze how homeless people live in a large city, their vulnerabilities, and alternatives for leaving the streets. We used a qualitative method by participant observation and open interviews with homeless individuals who have any type of work. Data analysis was organized into three categories: "arrival on the street," "living on the street" and "leaving the street." We interviewed 11 men and two women, who were between 23 and 58 years old. The reasons that lead them to the street are related to the breaking of family bonds, drug abuse, and unemployment. They experience various vulnerabilities that, added to lack of future prospects, prevent them from leaving the street. Given this situation, the bioethics of protection is a possible care strategy as it provides support with equity and promotes individual autonomy.
Keywords: Homeless persons. Social vulnerability. Bioethics.

Resumo

Viver na rua: vulnerações e a bioética da proteção

Este estudo tem como objetivo analisar como vivem pessoas em situação de rua em município de grande porte, as vulnerações que sofrem e alternativas para mudar de condição. Foi utilizado método qualitativo, mediante observação participante e entrevistas com indivíduos em situação de rua que exercem algum tipo de trabalho. A análise dos dados foi organizada em três categorias: "chegada na rua", "viver na rua" e "saída da rua". Foram entrevistados 11 homens e 2 mulheres, com entre 23 e 58 anos de idade. Os motivos que os levaram à rua se relacionam ao rompimento de vínculos familiares, consumo abusivo de drogas e desemprego. Essas pessoas vivenciam vulnerações diversas que, somadas à falta de perspectiva de emprego, dificultam a mudança de sua situação. Diante disso, este trabalho propõe que a bioética da proteção é estratégia possível de cuidado, pois oferece suporte com equidade e promove a autonomia dos indivíduos.
Palavras-chave: Pessoas em situação de rua. Vulnerabilidade social. Bioética.

Resumen

Vivir en la calle: vulneraciones y la bioética de protección

Este estudio tiene como objetivo analizar cómo viven las personas sin hogar en una gran ciudad, las vulneraciones que sufren y las alternativas para cambiar de condición. Se usó un método cualitativo, mediante la observación participante y entrevistas a personas sin hogar que desarrollan algún tipo de trabajo. El análisis de los datos se organizó en tres categorías: "llegar a la calle", "vivir en la calle" y "salir de la calle". Se entrevistó a 11 hombres y a 2 mujeres con edades entre 23 y 58 años. Las razones que los llevaron a la calle están relacionadas con la ruptura de los lazos familiares, el abuso de drogas y el desempleo. Estas personas experimentan diversas vulneraciones que, sumadas a la falta de perspectivas de empleo, les impiden salir de la situación en la que se encuentran. Ante ello, este trabajo propone que la bioética de la protección es una posible estrategia de cuidado, ya que brinda apoyo con equidad y promueve la autonomía de los individuos.
Palabras clave: Personas sin hogar. Vulnerabilidad social. Bioética.

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Faced with poverty and increasingly weakened family ties, a large number of people have the street as their only housing option. These individuals, who confront a life left behind, are abandoned in their distress, with no prospects. On the street they encounter wounds of exclusion, discrimination, disaffection, hunger, cold, violence, and homesickness. They carry the mark of vulnerability and fight daily for survival. Some are restricted to this subsistence condition and do not develop their potential and creativity, inherent to human beings, due to the influence of the limiting environment in which they live and the condition in which they find themselves. Biological preservation is urgent [1].

In Brazil, since the colonial period, early in the abolition process and during the transition to capitalism, there have been people experiencing homelessness [2,3]. Only in 2009 the Brazilian Government formalized a public policy in their favor, considering them a *heterogeneous population group that shares extreme poverty, interrupted or weakened family ties, and the lack of regular conventional housing* [4].

Social vulnerability, understood as risks and adversities that affect people in their daily lives and relationships [5], directly affects the survival of homeless people. These subjects face the violence of the denial of the State and society, living in precarious conditions, the result of an unjust and unequal social organization [6]. Thus, their growth possibilities are denied, as the focus is solely on subsisting.

Intensive use of alcohol and drugs, serious psychiatric disorders, low education, and weakened or broken family relationships are very common among homeless people [2]. Lately, there has been an increase in the number of homeless people who work – most of the time informally – and who remain in the street because they find in this space the possibility of generating income or because they cannot afford to return to their homes daily [6].

The population in this situation in big cities is increasingly large [7,8]. A 2013 survey in the city of Rio de Janeiro identified 5,580 homeless people [9]. How do these people become homeless? What do they think about their conditions? Is it possible for them to create spaces for singularization in the face of a limiting and excluding society? What are the possible care alternatives to help them get off the street and achieve citizenship?

Bioethics focuses on the care and protection of living beings and their environment [10]. Among its theoretical currents, bioethics of protection presents itself as an alternative in the search for solutions to the problem of the homeless population, as it proposes to treat unequal people unevenly [11-13]. Supported by the principle of equity, this current gives special attention to especially vulnerable subjects, seeking to overcome injustices arising from social inequalities. Such an approach analyzes the knowledge involved in the studied situation and fulfills the normative function of circumscribing reprehensible and good behaviors, so that it can finally be put into practice to protect the persons experiencing vulnerability, to support them and offer resources for developing their autonomy [12].

In this context, this study aimed to analyze the living conditions of people living on the street in a large city, based on their own perceptions regarding vulnerability and the development of work activities. Finally, care alternatives for this population are proposed.

Method

This study adopted a qualitative method, more adequate to obtain answers to the established questions. The research took place in the central and south areas of the city of Rio de Janeiro/RJ, due to the large concentration of homeless people in these areas and the local economic movement that offers formal and informal work [14]. Despite being areas with a reduced residential population [15], the circulation of people favors the street population's prospects of survival.

The studied population was contacted using the activities of *Consultório na Rua* (Street Office), performed by multiprofessional health teams regulated by the National Primary Care Policy [16]. The program prioritizes comprehensive healthcare in an inter- and intra-sectorial arrangement, including harm reduction and the biopsychosocial approach to care for homeless people [17,18]. This population is also supported by the Specialized Social Assistance Reference Center (Creas) [19], whose actions are aimed at vulnerable populations in cases of threats or violation of rights.

One of the authors of this study had previously worked with *Consultório na Rua* teams in the city of Rio de Janeiro. To start the fieldwork, professionals from these teams and from Creas Maria Lina de Castro Lima were contacted and clarified about the project, including the research problem, objectives, methodology, and expected results.

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As already discussed, the homeless population is heterogeneous, composed predominantly of people with psychiatric disorders and drug addicts, and lately it has been expanded with individuals who carry out some work activity and become homeless due to family disruption and social helplessness. The latter was the portion of the population selected to participate in the research. The choice was motivated by the interest in analyzing the situation of those who, though affected by street vulnerabilities, are able to work.

The inclusion criteria included homeless people aged 18 or over and who carry out any type of formal or informal work. Individuals who abuse alcohol and drugs and those who suffer from severe mental disorders were excluded, as they were unable to be interviewed.

Data were collected by participant observation and open interviews. The observation was recorded in a field diary with the following data: date, time, place, activity experienced, participants, perceptions, attitudes, and researcher's emotions. The interviews followed a script with questions about the reasons that led them to become homeless, their perceptions about this experience, struggles and ease, wishes, how they take care of themselves, their skills, if they receive any help from public authorities and, finally, what their expectations are for the future. All interviews were fully recorded and transcribed.

The data was analyzed by readings and re-readings of the field diary and transcripts, to discern general and specific aspects of each interview. Then, cutouts and collages were made from the material to classify them in pre-established categories. Relevant structures and repeated and contradictory ideas were sought in the material in an attempt to understand the group's internal logic and the meaning of their statements. After this analysis, we sought to interpret these meanings by making inferences with the literature available.

The skin color item was disregarded in the study because the racial issue is not emphasized in the literature reviewed and its relevance is overshadowed by other more immediate and urgent vulnerabilities. In the field research, racial discrimination was not perceived as an issue that differentiated the investigated vulnerabilities. The sample population is discriminated against due to the condition of being on the street, although one must recognize the greater vulnerability of the black population, resulting from structural racism in the country.

The research was approved by the Ethics Committee of the Municipal Health Secretariat of Rio de Janeiro in June 2017, and all interviews were authorized by signing an informed consent form.

Results

Doctors, nurses and social agents develop the work of *Consultório na rua* at the downtown area of Rio de Janeiro. The actions include conversation circles with the homeless population, consultations from the technical team on the street, health promotion and prevention, and active search for patients with communicable diseases that interrupted treatment. In the follow-up with Creas Maria Lina de Castro Lima, participant observation took place through visits on the street with social workers and educators who continue the care of a group already known from the Urca neighborhood, listening to demands in order to refer or settle them. In these places, observation allowed us to understand the dynamics of teamwork, with assignment of tasks among homeless people. At that time, it was also possible to talk informally with them and schedule the interviews.

Thirteen people were interviewed, seven at the city downtown (all male) and six at Urca (four men and two women). All of the interviews were held on the street, except for one, which took place in a public institution. The downtown interviewees were assisted by *Consultório na rua*, and those at Urca by the Creas team. The conversations were conducted between October 26, 2017, and March 20, 2018.

We had difficulties in finding homeless people at the city downtown, because the area offers several possibilities for occasional work, in addition to the intense flow of passers-by who can offer money, meaning that they do not always remain in the place they point to as reference. At Urca there were no obstacles, as the interviewees used to always stay in the same place. The best time for interviews was in the afternoon or early evening, after the participants' activities. The only difficulty was the noise of the homeless people themselves, who would talk among themselves, reducing the clarity of the accounts and sometimes interrupting colleagues, breaking the continuity of thought.

In the sociodemographic description, 84.6% of the interviewees are men (n=11), and the age ranged from 23 to 58 years old. As for education, five (38.5%) respondents had graduated from

high school, seven (53.8%) had graduated from elementary school, and only one (7.7%) was illiterate. One of them had a job corresponding to his high school training (social educator). Most respondents worked as street vendors, and four (30.8%) had more than one type of work.

From the interviews and field observations, three categories were proposed to systematize the results: 1) arrival on the street; 2) living on the street; and 3) leaving the street. The excerpts of the interviewees' accounts are identified by gender (male or female) and age.

Arrival on the street

Every reason is important to understand the situation presented and seek ways to change it. The "arrival on the street" category investigates the interviewees' reasons for being on the street, to begin outlining possibilities for change. According to their accounts, weakened or broken family ties are the primary cause of homelessness. These relationships are shattered by circumstances or life choices that interfere with the organization of the family structure. Drug addiction is usually the main imbalance factor:

"My ex-wife said to my face: I have never been your wife, I was your lover because your wife is that fucking white stuff you put on your nose (…). *Then my life started to go downhill when I got separated* (…). *I started drinking, drinking to forget and then I lost my job* (…), *I lost the confidence of family members and I lost everything until I ended up where I did*" (M50).

Marital conflicts that lead to the couple's separation are reported as factors for becoming homeless. The most common path was to leave home and, unable to afford another house, to stay with relatives, feeling like intruders. The street then appears as a possibility to achieve more freedom:

"I was the one who stayed on the street… And I'm not going to my brothers' house (…). *I tried to stay with my brother, my sister... The first month is good, but then... It's not like being at your own home, you arrive, you can even walk around naked…"* (M49).

The number of homeless women is comparatively lower. In their case, the frequent reason for going to the street is violence. Some women, when suffering violence, drop everything to get away from the aggressor. The street is the last option to preserve herself:

"I came to live in the street due to a family problem. (…) *I helped build my ex-husband's house, and he was framed in the Maria da Penha* [law]*, because he would hurt me and my children… He beat me up a lot. And he said... 'I came back, I wasn't arrested'... So, I couldn't live there ... The lot belongs to my ex-mother-in-law "* (F47).

But domestic violence, with children and spouses, is not just a factor among women. One male interviewee reports how violence lead him to the streets as a child:

"I began frequenting the streets at the age of 8. My mother started to beat me… That's when I took to the street. Then, during the vacations, my mother brought me to Rio de Janeiro against my will… When we arrived in Rio de Janeiro I met my father, then they started beating me again. As I already knew the street, I started living on the street and never saw her again"(M36).

The street as a place of freedom, without family rules, was one of the causes pointed out to see it as a life option:

"A boy (…) *who wanted to sort of know the world. Be free. But I never knew that I would come across various types of evil…. Various types of drugs… When I was still quite young I would come to the street... And I came back… But after I got to know the world of drugs, I ended up staying in that world. Until today*" (M28).

Another reason that stands out in recent years is the loss of financial stability due to unemployment and decreased income. Usually, these are people who find it difficult to re-enter the labor market due to their age:

"When I left my job, I got a job at the beach, due to my age, right? It is difficult for people over 50 to get a formal job… And then I got to know people here on the street, in the square, in other squares, then I stopped…" (M57).

Living on the street

In this category the interviewees spoke about their living conditions: what vulnerabilities interfere with their daily lives, how they organize themselves,

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on whom they rely on, what are their subjective choices, what are the ease and struggles of being on the street, and how much does this influence the choice of the path to follow. We can observe the lack of autonomy and protection to these people and how it affects getting out of the street.

Violence is very present. It is common for belongings to be stolen by other homeless people who do not work. There is also State violence, which wants to forcefully remove these people from the streets, and the violence of civil society, who does not know how to deal with difference and social inequality:

"It was enough for me, to be the target of abusive violence by police officers, physical violence by people who live in the buildings where we stay under the marquees. Other types of violence, other than physical, that we suffer in everyday life because we are on the street. That of the diminishment of the person, the disrespect to the person. It seems that… I use this expression a lot: we are second-rate human beings. We are not in the same category as the human being who has a home. And this is a very unpleasant experience" (M37).

Climatic variations interfere with the lives of people on the street due to the lack of protection against rain, cold and wind. The marquees of the buildings are the main shelter, but the interviewees are not always well received by residents or owners of the establishments as they occupy these spaces, which generates conflicts and disrespectful situations:

"The greatest difficulty for the street population is when it rains… There is no place to stay… You take shelter under the marquee…. In Urca there is no building with a marquee. When there is one, they are all barred" (M56).

According to them, the consumption of alcoholic beverages, especially *cachaça*, is due to the affordable price and ease of sharing. Drinking helps to deal with hunger and relieves psychological suffering, but it also prevents the organization of life. Alcohol proves to be a powerful vulnerability in the lives of these people:

"I didn't know that, but alcohol inhibits appetite. And there are a lot of people who drink to satisfy their hunger. It is not because they are alcoholics. It is because it is cheaper to buy liquor than food…" (M37).

Lack of privacy is also an issue. Being constantly in the public space means that people on the street are always seen in a way that disregards individuality:

"Everything is collective. Meals are shared, rooms are shared, bathrooms are shared. There is no individuality" (M37).

In turn, the stigmatization of people experiencing homelessness affects the feeling of dignity, impairing the search for possibilities to leave the place where they find themselves. Social exclusion leads to the feeling of not belonging to the productive society:

"You go for a job interview, a resume, something. When you give the address of a shelter, as soon as you turn your back the guy throws your resume away, because he automatically already knows that you live on the street. And nobody trusts a homeless person" (M50).

Access to food was the ease most mentioned by the interviewees, which leads some to naturalize homelessness. Food – due to excess, not lack – is a vulnerability that affects these people, compromising their autonomy and getting out of the streets:

"Eating is no problem. On the street suffering is of some other kind. Food is easily found. Cheap meals are not lacking at all" (M50).

Another critical issue is the exploitation through informal, low-paid jobs. These are occupations without labor rights – the odd jobs. Employers are not accountable for the risks of carrying out the job and pay amounts well below those of the market:

"You work 12 hours, without an employment relationship. If you get hurt you are at your own risk. You don't have a formal contract, you don't have any employment bonds. So, it means, we are only remembered for this type of work, to do the work that nobody wants to do" (M50).

Leaving the street

This last category concerns the possibilities that respondents see to get off the street, and may indicate ways to build public policies for this population. The importance of exchanging knowledge and protection for vulnerable people

is evident, giving them access to helpful services, with policies compatible with propositions of bioethics of protection [11-13].

The perception that it is through work that one can leave the streets prevailed in the accounts. The job opportunity, with rules and guaranteed labor rights, is seen as a possibility to reorganize life, even though the participants emphasized that this organization is not immediate after finding a job. It takes time to adapt to the new life, renew the look on oneself and, with responsibility, seek a roof:

"Of course, as I start to work, I won't be leaving the next day. I need the first month to organize myself… A few more months of struggle" (M49).

For the homeless person, a steady job and adequate income is the great turning point, which marks the rescue of dignity and citizenship:

"As soon as you start to work, your vanity is back, you even start to dress better… You leave home without a backpack, shaved. Then you start to feel like a decent person again, you start to feel that you can have a normal life, you can have a girlfriend, you can have a home, you can have a family, you can have some healthy leisure on Sundays, pick up your child, go for a ride, have lunch with them. So the essential thing for any human being is work" (M50).

Some reports pointed out that municipal public policies should be committed to actions that open up opportunities to get off the street. Social reintegration units – shelters of the Municipal Secretariat for Social Assistance and Human Rights – have this objective. However, respondents point out that these institutions need to improve their sheltering conditions. In addition, there are criticisms on the location of these units: far from the areas where the labor supply is concentrated, in risk areas and far from commercial districts. Participants also pointed out that shelters, as public facilities for social reintegration, should provide professional training and establish partnerships with institutions to reintegrate people into the labor market:

"It is about improving the conditions of shelters. Remove shelters from the risk areas... There should be professional courses inside for those who could be referred. There should be good psychiatric care, and all of that to be able to separate the chaff from the wheat and to know who really has been on the street for a long time, and got used to it, to re-socialize" (M50).

The following statement levels criticism against the hygienist character of public policies based on the perspective that people living on the streets dirty the city, subtract its beauty, and are useless or unworthy for the municipality:

"I don't see any policy to really helps homeless people to get off the street. There sure is an interest in making these people vanish from the streets. So they put them in a shelter out there in Antares, out there in Realengo, there in Ilha do Governador, where they remain hidden" (M37).

Healthcare and humanitarian services were also pointed out as a way to help people leave the street. According to the interviewees, care in situations of alcohol and drug abuse and mental health problems would also contribute to empower the subject. No one can leave the street by oneself. Welcoming these people is essential to open new paths in their lives. One look, one single hug can fortify a person and make them feel like an ordinary human being. This attention makes people feel important, for themselves and the other:

"Whoever is on the street needs care. Whoever is on the street needs a home. First thing I think a person on the street needs is a hug. To be really welcome. (…) *Or because I adhered to a treatment program that… It saved my life… Because I wouldn't have been able to leave the street by myself*" (M37).

For the homeless person, it is difficult to think about the future, since the here and now is very present. When asked to speak about their perspectives for the future, their faces revealed a slight strangeness, as if thinking "how can I think about the future if my present is uncertain?" Questions about desires were even more difficult for them. A few seconds of silence elapsed before the answer, because talking about wishes involves thinking about oneself. Most of the times when they proposed to do so, the pain was intense, minimized only by liquor:

"I still have no future because everything is still very uncertain. I don't know what is going to happen with me" (M37).

Discussion

From their accounts, it is clear that the main cause for someone to start living in the street is the breakdown or fragility of family ties, in the context

of social helplessness that is experienced in large Brazilian cities – which corroborates data from other studies [1]. Absence of dialogue between family members, unemployment, lack of housing options, and the abusive use of psychoactive substances – which come to fill an existential "void" – are associated factors. As Escorel [1] states, family breakdown depends on the limits of affective tolerance and the economic vulnerability that can be endured.

The lack of minimum conditions for the family to survive – food, shelter, work – leading to misery and hunger, generates situations of stress, conflicts and intrafamily violence, weakening existing bonds [2]. In this context, drug use and violence break up the family, leading to irreparable ruptures. As a result, the street becomes the only possible way to be somewhere and rely only on oneself, without disturbing the other, in the search for freedom [2].

According to the literature, the number of women on the street is comparatively lower [6] – which was confirmed in the current study. Among them, the unsustainable family situation is also the main cause of homelessness, but with emphasis on domestic violence. The role that is assigned to the female figure in the family is linked to the organization, construction and maintenance of affective ties, the valorization of domestic work, and symbolic references linked to the house [1]. In this study, the two women interviewed were in the south of the city, where more families are found, unlike downtown, where commercial establishments prevail.

Faced with so many difficulties to support themselves in the family, the street appears as an opportunity for a better life or, at least, to get rid of greater pain. The street offers a certain freedom, even if relative, that makes individuals feel like they own themselves, building their space for living [2]. However, homeless people become hostage to vulnerabilities [11,12,20], especially when they are not recognized as such by the individuals themselves. In this sense, Anjos [21] points out that homeless people who can recognize the vulnerability to which they are subjected are more autonomous in their way of thinking and acting, seeking to transform their living conditions. In this situation, paradoxically, vulnerability and autonomy become partners.

In an economically and socially degraded society, due to the individualistic absolutism that mischaracterizes the value of citizenship in personal relationships, unemployment is an evident problem [6]. Technology advances at a rapid pace to replace human beings in economic production, which further aggravates the picture, especially for informal and less qualified workers [6].

Thus, joblessness has led many people to live on the street, changing the traditional profile of this population, characterized by beggars, drug users, and the mentally ill [6]. These are people who act with the prospect of changing their living conditions. But this new population profile is also affected by the vulnerabilities [11,12,20] imposed by the street, in a situation of fragility in which it is difficult to sustain self-care [22,23]. In addition, separation from family generates anguish, sadness and feelings of incapacity in those who would be the family breadwinners at home.

Vulnerabilities hinder the production of subjectivity that allows individuals to organize and relate to themselves and to others [24]. However, the uniqueness of the interviewees in this research stood out in several ways, such as the chosen place to live and the people with whom they gather to protect themselves, criticisms of shelters and public policies, and the decision to move away from domestic violence and live in the street. But there is a certain disqualification of the individuals by themselves, a disbelief in their own abilities that is reflected, for example, in alcohol abuse, compromising better life perspectives and the necessary autonomy to reduce the effect of vulnerabilities [25].

According to the participants, hunger is not a vulnerability that affects them, since food is easily found on the street (which can naturalize staying there). Escorel [1], for example, points out the ease of obtaining food as one of the motivations to remain homeless. But deprivation of the choice of what to eat can also be considered a vulnerabilty.

Stigmatization also makes it difficult for people to move towards other life perspectives. It ends up naturalizing the street situation, and the individual starts to believe that it is impossible to find other paths. Some subjects have been on the street for more than ten years. Permanence leads to a process of "streetfication" [26], set by multiple conditions, which intensifies with time.

This stigmatization generates suffering, disqualifies the subject, kills subjectivity and ignores differences. The homeless person is then seen as smelly, drunk, vagrant, thief. Prejudice and stigmatization create profound marks on these people and on society, veiling the social, cultural and subjective differences inherent to human beings. Under these conditions, coping becomes unsustainable, rendering this specific group [27] invisible.

The difficulties in finding a job are higher for homeless people, which leads to self-depreciation and the need to accept any job, even if poorly paid, without guarantee of labor rights and without ethical commitment from employers, which endanger lives for which no one takes responsibility. The disqualification of the professional who lives on the street is linked to political and social factors that affect this group [6].

For homeless people, regulated work – formal or not, with compatible routine and income and due appreciation of skills and competences – is the main possibility of organizing and planning a future life. Those who feel valued and recognized for their work are able to better manage life and gain strength in the fight for human rights. As Castel [28] points out, one integrates into society through work.

From this perspective, a dichotomous relationship is established between exclusion and inclusion: those who do not work are marginalized, devalued and experience more difficulties in their social relations. That is why it is important to pay attention to the vulnerabilities resulting from unemployment, which can make homelessness chronic. Even inside the group, homeless persons who do work are less discriminated against [29].

The host institutions of social assistance secretariats provide shelter for homeless adults. Their goal is to reintegrate homeless people into their families, offer training courses for work and guarantee a decent living space. However, these goals are not always achieved. It is the responsibility of these public institutions to promote comprehensive care for their beneficiaries, considering their vulnerabilities [30]. Nonetheless, homeless people recurrently point out the inadequate sanitary conditions of these shelters, which are usually located far from the large commercial areas in the city, making it difficult for the sheltered people to enter the labor market and turning them away from society.

Individuals are transformed by the power to establish social relationships, in which they influence and are influenced by others [22,23]. People on the street struggle to question their conflicts, their concerns. Collective health work is therefore important, sharing care and supporting the excluded, as advocated by bioethics of protection [11-13].

Based on the inequalities in society, the bioethics of protection emerges as a reflective and practical tool to support vulnerable groups. This proposal aims to face situations that deprive individuals of the possibility of carrying out their life projects. In this sense, the bioethics of protection can help homeless people to overcome challenges by providing support, enabling helpful services, and implementing public policies that develop obscured potentialities. The goal is that the person receiving care can eventually do without this protection [11-13].

The bond with people and care institutions helps to empower people experiencing homelessness. Knowing the vulnerabilities that affect this group, professionals can, through the ethical care proposed by bioethics of protection [11-13], help these people to appropriate their autonomy, reversing the path of disempowerment to which they are subjected.

Final considerations

This study sought to give voice to people experiencing homelessness, made invisible by society and the State that deny them the feeling of belonging to the city. The voices presented here should be heard by professionals who care for people living on the street, by those who want to take care of them and by society (who has doubts about how to deal with this group) and, above all, by public policy makers, who have an ethical and political commitment with that population.

The vulnerabilities suffered interfere with the homeless person's choices and self-care, preventing a dignified life, with access to constitutional rights [31]. For these subjects, planning the future is very hard, and sometimes they end up "getting used to" living on the street, losing autonomy to decide about one's own life. The bet to get out of this situation is regulated work with a compatible salary, which is usually only offered, however, to people with a home.

Bioethics of protection [11-13], based on the sharing of knowledge, proposes the protection of homeless people through helpful services that allow to accept demands, build collective and singular spaces for the representation of rights, and implement public policies. It is a viable care proposal for this vulnerable population, who seeks autonomy and equal rights, according to the principle of equity.

Although this research was limited to studying the homeless population that have some type of work, we believe that the findings reported here can support public policies aimed at this population as a whole.

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Participation of the authors
Jane da Rocha Cruz designed the study and collected the data. Stella Regina Taquette supervised the research and revised the manuscript. Both authors analyzed the data and wrote the manuscript.

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