

# Interpersonal Relationships and Drug Use Over Time Among Homeless People: a Qualitative Study.

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## Research article

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# Abstract

**Background:** Homelessness is one of the most severe forms of social exclusion. It is characterized by processes of weakening of interpersonal bonds, being considered an important public health issue. The objective of this study is to elucidate how the interpersonal relationships changed over the life cycle of homeless drug and alcohol users.

**Method:** We used the qualitative methodology. The participants were adults who had a history of homelessness and use of alcohol and other drugs at some point. The interviews were semi structured and used the timeline instrument. All of them were fully recorded, transcribed, and submitted to Thematic Analysis.

**Results:** Twenty individuals participated in the study. Reports on social exclusion over time stood out in four large themes and their respective subthemes. Theme 1 – Childhood: participants reported instability in their upbringing, abuse, and violence, and regarded their father figure as not very present or absent. Theme 2 – Adolescence: school dropout and failure; acceptance of gender and sexual orientation; birth of first child, living together or getting married prevailed. Theme 3 – Adulthood: estrangement or conflicting relationship with family; health problems; drug trafficking and prostitution. Theme 4 – Cross-cutting factors: death of relatives and substance use.

**Conclusion:** The results suggest that these interpersonal relationships are permeated by successive breakups, conflicts and other events that pile up over time, may start in childhood and cross the subsequent phases. Substance abuse and dependence are mentioned as cross-cutting factors that intensify social exclusion in all the phases of the life cycle.

## Background

Even though housing is a basic human need (1–3), the number of homeless people (HP) around the world is significant. Data of the estimates by the Organization for Economic Co-operation and Development (OECD) show that France, the United States and Chile have the largest street population when compared with other countries in the organization (4). In Brazil there are no official data on the number of people that comprise the street population. However, it is estimated that 101.854 individuals live in this condition (5).

Homelessness is considered a public health issue, since the precariousness of the public health system can be both a trigger to go to the street and an aggravating factor for the maintenance of the situation. It can also lead to new health weaknesses or worsen pre-existing conditions (6–8). Due to the prevalence of a number of infectious diseases and mental disorders identified in that population (9), we should also highlight the high mortality rate among HP, which is seven times higher than that in the general population (10). The leading causes of death are infectious diseases, heart conditions and substance abuse, in addition to external factors as unintentional injury, suicide and homicide (9–12).

Among the various health problems associated with homelessness, mental disorder by substance abuse requires special attention (11, 13–15), as it is closely related to the risk factor to going to the street (15–17). We should point out that substance abuse or dependence, particularly regarding illicit drugs, is a predictor of homelessness among adults, also being a risk factor for the chronicity of such condition (18, 19).

Still considering health issues, we should stress that HP experience a process of social exclusion. This concept is considered one of the social determinants of health, being defined by the World Health Organization (WHO) as a multidimensional dynamic process related to the inequality in the relations of power, interacting in four dimensions: economic, cultural, political and social (20). Social exclusion concerns the social relations and the barriers imposed

by the organizations, which prevent individuals from having access to the means of survival and developing as citizens (21, 22).

Studies report that before an individual reaches the street situation, ruptures occur, preceded by frailties in the interpersonal relations in the four dimensions we described previously (23). Moreover, alcohol and other drugs abuse or dependence are often considered a booster (24, 25). However, studies cannot identify when those ruptures resulting from the consequences of social exclusion take place. Additionally, there are no descriptions as to in which phases of the life cycle those situations happened. Therefore, this study aims at shedding light on the interpersonal relations across the life cycle of the adult street population, alcohol and other drugs users, found in the urban areas of the city of São Paulo, Brazil.

## **Methods**

### **Participants**

The study has a qualitative exploratory design (26). The participants were individuals who have a history of street situation over their lives, are alcohol and other drugs users, over 18 years old. The places chosen were three areas in the city of São Paulo (two in the central region and one in the south region). Individuals who presented any cognitive disorder that prevented their participation in the interview were excluded.

### **Data Collection**

The sampling strategy used was carried out with the influence of a key informant, as described by Patton (26). The data collection happened at three different moments and in three distinct regions. The first was carried out in July 2018 in the central region of São Paulo. This region has scenes of substance use in the open. The interviewer entered the area with the help of two key informants: a social worker, and another one, who used to spend time there.

The second took place in November 2018 in the Sé district, also in the central region of São Paulo. Four professional key informants from an NGO, partner of the project, helped select the participants in this region. The interviews were carried out in the places where the Homeless People Users of Alcohol and Other Drugs (HPUAD) were approached.

The third phase took place in April 2019, in a shelter in the South region of São Paulo. The second author knew a professional who worked in that place and helped select the participants. The interviews took place in a room reserved for that purpose.

In the central region of the city, the insertion in the field started in November 2017, with the data collection starting in July 2018. In one of the regions there was a direct binding between the first author and the participants (N = 6). After the first contact, all of them were invited to take part in the research. After accepting, they received explanation on the objectives of the project and the recording started. Only one person refused to participate when informed that the interview would be recorded. The first author was responsible for conducting all the interviews.

### **Instruments and Setting**

We used semi-structured interviews with the application of a timeline instrument to collect the data (Additional File 1). This instrument allows for a more global analysis of life cycle, as the participants would tell their history in a chronological order. Furthermore, it can be used along with the interview (27). A third party analyzed the quality of the instrument. The pilot version was tested for viability and reliability before it was applied.

## Data Analysis

This study used the methodology of Thematic Analysis by Braun and Clarke, which aims at identifying, analyzing and reporting themes or patterns within the data (28). This approach allows for the construction of themes or analysis units in a broader way, if compared with other analyses. For that purpose, six steps are recommended: 1) familiarization with the data; 2) assignment of preliminary codes; 3) organization by themes; 4) review of themes; 5) definition and naming of themes; 6) production of report. Semantic analysis (28), that is, the type of analysis made from explicit meanings of the data, was the most adequate for this study.

All the interviews were recorded and fully transcribed. The theoretical saturation was discussed among the researchers involved and reached as of the 20th interview.

After being familiarized with the set of data through reading and rereading all the interviews, we proceeded to the coding in two phases (29). The first consisted of the use of preliminary codes for the creation of provisional themes and divided according to the life cycles considering the Estatuto da Criança e do Adolescente (Child and Adolescent Statute) (30) (childhood 0–11 years of age, adolescence 12–18, adulthood 19 years of age on). In this phase we used three types of coding out of the seven existing ones (29): 1) grammatical coding; 2) elementary coding; 3) exploratory coding. The codes that emerged formed the themes named with each step of the life cycle (childhood, adolescence, and adulthood).

The second phase was characterized by the deeper analysis and classification of the set of data, articulated with the methodological theoretical basis we had chosen, the Thematic Analysis. Thereafter we performed a more detailed coding using the software Nvivo 11. For this phase we used the eclectic coding (29). Each theme was created from the sharing of 1/4 of the codes repeated among all the sources (29), that is, among all the interviews.

Due to its exploratory nature, the coding was inductive, i.e., the themes created are closely related to the datum itself (26, 28). After following the six steps of the thematic analysis (28), we created the thematic maps (Fig. 1).

This study followed the checklists of the Consolidated Criteria for Reporting Qualitative Research (COREQ) (31) and Standards for Reporting Qualitative Research (SRQR) (32).

## Results

Table 1 presents the characteristics of the participants. Twenty individuals between 21 and 62 years old participated in the study, out of whom 13 were men (one transgender), and seven were women (two transgenders). As regards family configuration, most of the participants were from large families (more than three siblings) and most of them had one child or more. More than half of the participants did not have a job (12), and out of that number only one did not receive any aid from the government. The ones who reported working (8) had informal jobs, such as delivering fliers. Most of them, however, also reported having government aid. The majority of the respondents were single.

Table 1  
Characterization of the Participants

| Respondents   | Age   | Sexual Orientation <sup>1</sup> | Work | Income Source  | Children | Living in the Street | Marital Status | Number of Siblings |
|---------------|-------|---------------------------------|------|----------------|----------|----------------------|----------------|--------------------|
| Respondent 1  | 20–30 | Heterosexual                    | Yes  | Government Aid | 0        | Street Friends       | Single         | 12                 |
| Respondent 2  | 31–40 | Homosexual                      | No   | Government Aid | 0        | Partner              | Cohabiting     | 3                  |
| Respondent 3  | 31–40 | Homosexual                      | No   | Government Aid | 0        | Street Friends       | Engaged        | 1                  |
| Respondent 4  | 31–40 | Heterosexual                    | Yes  | Work           | 2        | Alone                | Single         | 2                  |
| Respondent 5  | 31–40 | Heterosexual                    | Yes  | Work           | 0        | Alone                | Widowed        | 10                 |
| Respondent 6  | 20–30 | Heterosexual                    | No   | Government Aid | 0        | Street Friends       | Single         | 1                  |
| Respondent 7  | 20–30 | Heterosexual                    | No   | Government Aid | 0        | Alone                | Single         | 5                  |
| Respondent 8  | 31–40 | Homosexual                      | Yes  | Work           | 3        | Partner              | Married        | 7                  |
| Respondent 9  | 41–50 | Heterosexual                    | No   | Government Aid | 5        | Alone                | Single         | 1                  |
| Respondent 10 | 20–30 | Heterosexual                    | Yes  | Work           | 0        | Alone                | Single         | 6                  |
| Respondent 11 | 31–40 | Heterosexual                    | No   | Pension        | 3        | Street Friends       | Divorced       | 8                  |
| Respondent 12 | 51–60 | Heterosexual                    | No   | Government Aid | 1        | Street Friends       | Separated      | 6                  |
| Respondent 13 | 31–40 | Heterosexual                    | No   | Government Aid | 5        | Shelter              | Single         | 4                  |
| Respondent 14 | 31–40 | Heterosexual                    | No   | No             | 3        | Alone                | Single         | 5                  |
| Respondent 15 | 31–40 | Heterosexual                    | Yes  | Work           | 3        | Alone                | Single         | 3                  |
| Respondent 16 | 20–30 | Heterosexual                    | No   | Government Aid | 1        | Partner              | Single         | 5                  |
| Respondent 17 | 20–30 | Heterosexual                    | No   | Government Aid | 4        | Partner              | Cohabiting     | 0                  |
| Respondent 18 | 51–60 | Heterosexual                    | No   | Government Aid | 3        | Shelter              | Single         | 15                 |

<sup>1</sup> The definitions of gender, transsexuality and sexual orientation were based on the article of Joan Scott and a manual of theoretical concepts on this issue (33, 34)

| Respondents   | Age   | Sexual Orientation <sup>1</sup> | Work | Income Source  | Children | Living in the Street | Marital Status | Number of Siblings |
|---------------|-------|---------------------------------|------|----------------|----------|----------------------|----------------|--------------------|
| Respondent 19 | 20–30 | Heterosexual                    | Yes  | Work           | 1        | Shelter              | Separated      | 11                 |
| Respondent 20 | 51–60 | Heterosexual                    | Yes  | Government Aid | 2        | Shelter              | Separated      | 6                  |

<sup>1</sup> The definitions of gender, transsexuality and sexual orientation were based on the article of Joan Scott and a manual of theoretical concepts on this issue (33, 34)

Based on the analysis of the life cycles, four themes emerged from the data relative to the histories and life trajectories of the participants. Figure 1 shows the theme map with its respective themes and subthemes subdivided by life cycle. The themes that stood out from the data were described and organized according to the life cycles: 1- Childhood; 2 - Adolescence; 3 -Adulthood; 4 – Cross-cutting Factors.

## Theme 1: Childhood

### Subtheme 1.1: Instability in upbringing

About half of the participants reported a history of instability in their upbringing during childhood. They described it as having recurring rearrangements of the family structure. Most of them stated having been taken care of sometimes by their parents, sometimes by their grandparents and/or uncles and aunts, or even by other relatives or godparents. In some cases, those rearrangements were described as a very painful experience, often associated with a sense of rejection. In general, those instabilities were justified by the separation or death of the parents, mental disorders, or substance use by the caregivers.

“Because I don’t accept, until today I don’t accept [as a reference to mother] that she didn’t raise me [...] left me at my grandmother’s to go to a dance one weekend and never went back to pick me up! [...] My grandmother raised me with a lot of love and care, but I don’t understand, I don’t get it, I have the view that where one can eat, two can eat; where one starves, two can starve.” (Respondent 10)

“So [...]from the age of 9 to 9 and a half, I lived with my godparents in Brasilia [...]. After that I went to a boarding school where I stayed until I was 15.” (Respondent 3)

### Subtheme 1.2: Abuse and Violence

The respondents reported having suffered violence, mostly physical. The accounts highlight assaults within the family, many of which committed by a family member (usually the father) under the effect of some substance.

“And my father at the time snorted, drank, then he would get home aggressive, hit my mother! [...] Then when he arrived he was in the crave, wanting money from my mother, he would hit my mother, then once he grabbed me and hit me, because I started to cry, you know, then he slapped me on the face, then after this day I began to hate him, when I was six I already hated my father.” (Respondent 16)

“Then, when I was little, my mother hit us a lot, you know? It was for us to rise in life, you know? [...] My way of thinking, you see? My family is kind of complicated. (Respondent 5)

### Subtheme 1.3: Absent or Little Present Father

We observed in the reports about childhood that the respondents did not mention experiencing life with their fathers. On the other hand, they highlighted the role of the female figure (mother or grandmother) in their upbringing. Many of them reported not having met their father or having had little contact with him.

“My mother was a single mother” (Respondent 2)

“My father I didn’t even meet!” (Respondent 9)

“And my father, he wasn’t very present, he was in prison more often than not, he spent most of his life in prison than out of it, so he didn’t keep up with my growing much.” (Respondent 10)

## **Theme 2: Adolescence**

They reported several difficulties regarding fragile school and work relationships during adolescence. Sexuality started too early, mainly for the girls. Family problems resulting from a compromised childhood also stood out. Within this theme, four subthemes emerged from the data.

### **Subtheme 2.1: School Dropout and Failure**

More than half the respondents declared having dropped out of school during adolescence, most of whom having done so during elementary school. There were also reports of failing and history of participation in school equivalency courses. Those events mentioned by the interviewees resulted mainly from factors associated with the use of psychoactive substances and low grades.

“I stopped in the fifth, sixth grade, I was doing the third phase. [...] That’s when I got lost, I started to have low grades, I even flunked like three times” (Respondent 7)

“Well, I studied up to the eighth grade, the first, I did equivalency, the second I didn’t finish!” (Respondent 4)

“Interviewer: And you studied up to which grade?”

Respondent 16: Up to the eighth grade.

Interviewer: And what happened that you could not finish your studies?

Respondent 16: Crack!” (Respondent 16)

### **Subtheme 2.2: Acceptance of Gender and Sexual Orientation**

Another factor that emerged from the data was difficulty of social and family acceptance regarding sexual orientation and gender, and its impact on their own acceptance. The respondents described prejudice imposed by society and family before they reached their own acceptance.

“When I was 16, I admitted and accepted myself as homosexual, you know, I think it is particularly important! No, it was from 15 to 16, plus that I had psychological problems because of that, because I didn’t accept myself [...] (Respondent 3)

“There was also a time when I didn’t accept myself, when I didn’t know if it was this that I wanted, you know? [...] It was the time of the closet, I was in the closet! [...] And they would tease me, and I didn’t like it, then I would start fighting. [...] Then as time went by I started accepting myself, then I began not to care anymore!” (Respondent 7)

### **Subtheme 2.3: Birth of First Child**

A considerable number of participants stated having had their first child during adolescence. The main reports were from women who declared having given birth in the early adolescence. Some also had their other children in this period of life.

"I had my daughter when I was 15 [...]" (Respondent 8)

"My daughter was born when I was 17 to 18." (Respondent 15)

"So, when I was 16, I got pregnant with my first child. [...] We were together for one year [ex-partner], then we were apart for some time, then we went back together, and I got pregnant with my second child." (Respondent 14)

### **Subtheme 2.4: Unions and Marriages**

The union or marriage of very young intimate partners is a usual and accepted practice. Women deserve special attention, as they account for the majority. For some, the reason for the union was associated with the fact that the family forced the wedding because of the pregnancy.

"After that I went back to Paraíba again, then, when I was 14, I got married!" (Respondent 8)

"[...] one week before I turned 18, they [family] found out I was pregnant and forced me to marry him." (Respondent 4)

"Then the stuff was crazy, then I started staying on the street, then I started working, I got married.

Interviewer: How old were you when you got married?

"17 going to 18." (Respondent 19)

## **Theme 3 - Adulthood**

The respondents stated having become homeless in that period of life. We observed difficulties in their family relationships, both regarding their nuclear family and the family they raised. Two other sub-themes detected regarded health problems and drug trafficking and prostitution.

### **Sub-theme 3.1: Estrangement or Conflicting Relationship with Family**

One of the first factors to stand out in the data regarded family issues, as the estrangement or conflicting relations with their nuclear family, or sometimes both. As for their the families they raised, their talk was related to the loss of contact with their children, mainly because of separation from their spouses. Several participants stressed the psychological impact of this estrangement from their children, which triggered depression and, later, their moving to the street. The reasons stated in this sub-theme were the use of alcohol and other drugs, as well as the sexual orientation, which the family did not accept and fights.

"Me, my stepfather, we don't talk for three years. In the house, [...] I am the last to eat, he fights a lot, humiliates a lot, he already humiliated me a lot, too." (Respondent 6)

"[...] it's about 3 years since I talked to them [the two sons], with my daughter I talk sometimes by Facebook." (Respondent 8)

“[asked about the most important facts from the participant’s 40’s to 50’s] It was through the separation from her, you know, that I began to get lost for good, you know..., a depression hit and I was lost, you see what I mean? [...] But even today it is very difficult for me to be far from my children for ten years” (Respondent 9)

### **Subtheme 3.2: Health Problems**

More than half the respondents described physical and mental health problems. Some reported being serum positive. There were also accounts of physical problems caused by accidents. The reports of mental health problems regarded depression and substance use.

[As a reference to HIV] “When I was 17, I caught it, when I found out I was 18, 17 to 18! (Respondent 3)

“[...] then I fell into a very deep depression, I let go, abandoned my job, locked my house, and decided to leave for São Paulo.” (Respondent 14)

“I was run over, lost my prosthesis, lost my glasses. [...] lost my tooth, then it was the domino effect, lost my grind, lost the house, [...], lost the life that God gave me [...]” (Respondent 20)

### **Subtheme 3.3: Trafficking and Prostitution**

Some respondents revealed having worked with drug trafficking and prostitution. To some, those two conditions started in adolescence. To most of them, however, they emerged in adulthood. Prostitution was more closely related to the women and the homosexual participants. Due to the need to survive plus the lack of perspective for the future, a significant number of the participants used those precarious forms of work to generate some income.

“Then I knew that the only way to come to São Paulo, of course I had other means to come to São Paulo, but the easiest way to come was to prostitute myself, come to prostitute myself.” [...] As I wanted to come quickly, in the easiest way.” [...] Then I had to set my mind that I had to prostitute myself, when I was eighteen.” (Respondent 7)

“Trafficked, got it? Had a lot of women, a had money, I thought I had power, and I did. Only that then, I wasn’t noticing I was gradually destroying myself [...]” (Respondent 6)

“[...] I was arrested for drug trafficking, I started trafficking because I was unemployed.” (Respondent 1)

## **Theme 4: Cross-cutting Factors to Life Cycles**

Cross-cutting factors emerged from the data that permeated the three periods of development. Those subthemes were also observed in the themes mentioned above. Some respondents reported having experienced situations related to death and substance use in childhood or early adolescence.

### **Subtheme 4.1: Deaths**

The reports highlight grief for the deaths of close people (mainly parents and grandparents) with a bond of dependence (relationship or income) from the respondents. This subtheme was one of those that presented high intensity, as it often elicited a sequence of significant changes in the life of the participant.

“Well, my family life from 0 to 10 years of age, I lost my father when I was 4, my mother when I was 6, my grandmother when I was 8, it was a sequence.” (Respondent 3)

“It was soon, when my mother passed away, [around the age of 40], because my mother, I was everything, you know, I earned, I didn’t earn, but it was everything, [...] and then the guys, when my mother passed away, threw me out of the house, my brothers, you know, then my father left with me at the time, [...] I took good care of my mother, when she was about to die, before she died my mother had two strokes.” (Respondent 20)

#### **Subtheme 4.2: Substance Abuse or Dependence**

There were reports of relatives with a history of substance abuse, with alcohol and crack use standing out. We observed a history of several admissions, in many cases to therapeutic communities.

“At 19 years old I started to use cocaine, and three years ago I started to use crack [...] It was then that I really started living on the street...”. (Respondent 14)

“Why I lost my job? Because I didn’t smoke during the week, I started to smoke, I started to miss work, [...] then it gets to a point when it’s enough, you know, then I was fired.” (Respondent 10)

“She put me in a clinic there in Taubaté! [...]. But I ran away! [...] Because I couldn’t take that humiliation any longer, medication, medication, medication...! (Respondent 11)

## **Discussion**

This work explored the characteristics of interpersonal relations of HPUAD in three phases of the human development: childhood, adolescence, and adulthood of HP. The analysis of the subthemes is described as follows. 1) In childhood, the subthemes that emerged were instability in upbringing; abuse and violence; absent or little present father. 2) In adolescence: School dropout and failure; acceptance of gender and sexual orientation; birth of first child; unions and marriages. 3) In adulthood: estrangement or conflicting relationship with family; health problems; trafficking and prostitution. We also identified cross-cutting themes that permeated the different phases in the life of the participant, namely, deaths and substance abuse or dependence. The interpersonal relationships of the participants are connected to several social problems that stem from social exclusion in the four domains: political, social, cultural, and economic.

Bronfenbrenner’s Ecologic Theory considers the human development a phenomenon of continuities and changes deeply influenced by the environment (35). In this context, the ecologic transitions characterize changes in the roles or environment and have a great potential to change the direction of the development. Such transitions might be normative, which are the ones naturally expected (puberty, starting school, new job), or non-normative, characterized by unexpected events (deaths, divorces) (35, 36). In our study, the normative ecologic transitions took place earlier than expected (mainly in adolescence) and the non-normative ones contributed to a development filled with problems. From childhood to adulthood, the ecologic transitions promoted significant changes at the level of the microsystem, as a result of the environment of the interviewees being disorganized.

### **Childhood**

The contents that emerged from the data corresponding to the respondents’ childhood are closely related to their nuclear family. Their family structure consists of a series of rearrangements, in addition to violence and abuse from their relatives or the fathers associated with the absence of the father figure. As Bronfenbrenner emphasizes, family is the main context in which human development takes place (37). In this sense, the relationships established, developed, and destroyed throughout life are profoundly shaped by this period.

We should point out the interconnection between social exclusion and development throughout life, mostly regarding the social dimension. In this regard, a study with children exposed to experiences of social disadvantage, such as family instability and abuse, demonstrated that they were more prone to displaying behaviors as stealing, selling or using drugs in adulthood than those who were not exposed to social disadvantage experiences (38). Such experiences might lead to circumstances, as losing their jobs, that cause high levels of parental stress, in turn reflecting on the daily care of the child, favoring a domino effect (39, 40).

Concerning father absence, this result draws attention to a serious problem in Brazil. The Conselho Nacional de Justiça (National Council of Justice) (41), based on the school census of INEP in 2011, revealed that over five million children do not have their father's name on their birth certificate. The negative consequences of this paternal absence might entail deficits in cognitive development associated with behavioral disorders, chiefly concerning developing self-esteem and creating healthy emotional bonds (42, 43).

## **Adolescence**

The subthemes we detected in adolescence were school dropout and failure; acceptance of gender and sexual orientation; birth of first child; unions or marriages.

A cross-sectional study with adolescents in the USA demonstrated that school problems during adolescence are predictive of homelessness in the early adulthood (44). Another study with adolescents between 12 and 14 years old (45) revealed that episodes of running away from home to live on the street might have a significant impact on school performance in the long term.

In this regard we highlight a result of a Canadian study (46) in which histories of homelessness are associated with school dropout. This theme is extremely important, as low educational levels might hinder the access to social mobility of those individuals (47), and might include a whole generation (48).

Except for the subtheme *school dropout*, the others were related to sexuality, marriage, and birth of first child. Marriage and pregnancy in adolescence are considered a public health issue (49) that entails, predominantly for the woman, mental health and educational problems, in addition to obstetric risks for the mother (50, 51). In Brazil, the risk of pregnancy is 16 times higher among adolescents who live in *favelas* than among those from the middle class (52). These data stress the deep, constant social inequality that many developing countries face.

The study of Garcia demonstrates that conflicts with the nuclear family connected with the breach of heteronormativity is a determining factor for those individuals to go to the street, even if this does not happen in adolescence (53). If we conceive family as a fundamental institution for life in society, the LGBTQI+ population might be ostracized for being expelled from that institution, a process that might in turn lead to the weakening of interpersonal relationships.

## **Adulthood**

In this period, family issues return in a conflicting way, or with the loss of contact with family members which, according to the subthemes that emerged, was not well established in childhood. Health problems, drug trafficking and prostitution were subthemes that also emerged. We observed a strong connection with the previous phases, since the participants reported several experiences related to social exclusion in the four dimensions.

Studies emphasize family conflicts as one of the most relevant factors for individuals to go to the street (24, 54). In this scenario, the work of Mabhala et al. (38) corroborates the themes raised in this study. They present the process

of going to the street, in which firstly there is a decrease in resilience, developed through several adversities associated with abusive environments, and characterized by abuse and violence in childhood. Secondly, there is the involvement in non-adaptive behaviors (mainly in terms of substance use) and problems with authorities. Finally, the street situation erupts, along with the total collapse of relationships (38). Varanda and Adorno share this view. People who live in poverty experience fragile social bonds which can strengthen or break depending on how those experiences piled up throughout life (24).

As regards health, researches demonstrate higher mortality rates among HP (9, 55), in addition to higher rates of contamination by infectious diseases, substance use and other mental health disorders. Therefore, we should consider not only how precarious the street can make a person's health, especially if it was already fragile before their going to the street, but also how much the struggle for survival and dignified life conditions influence their staying in the streets.

A study among women who experienced homelessness indicates that besides using prostitution as a way to survive, they ended up trapped in a vicious circle that kept them on the streets, with trafficking being responsible for their insertion in this circle as well (56). Prostitution and trafficking, in our study, are viewed as work modalities closely associated with the economic and political dimensions of social exclusion (23), being an attempt to survive out of the social norm. As a result, this situation potentializes the gathering of stigmas, that is, drug user, homeless, drug dealer and prostitute.

### **Cross-cutting Factors**

In this study we detected cross-cutting factors of social exclusion throughout life, with deaths and substance use as subthemes. The impact of death of close people on the human development of the respondents stands out in their statements. That event might be closely related to a great change in the life of the individuals, favoring homelessness. A study among HP detected that the loss of relatives at an early age contributes to the individual going to the street (57). Another study highlighted the death of parents as a precipitator of housing instability among young American women from a region of extreme poverty (58).

The use of drugs in this study is evidenced by the frailty of family and occupational bonds prior to the street situation (59, 60). Dependence might be the result of a process that crosses the whole life cycle and has the potential to favor the street situation at any point of the cycle. To some, homelessness seems to intensify abuse and consequences of dependence, while to others it appears as the trigger of homelessness or its maintenance. However, for most of the participants in this study, both phenomena happen in a circular and feedback manner. The street situation and the dependence together potentialize the phenomenon of social exclusion, rebounding into difficulties in health and wellbeing (20).

This whole set of data emphasizes several life conditions related to successive estrangements that can be cumulative over time, resulting in problematic effects for the developing individual. In the context of this work, several reports point to such factors as relevant to the present homelessness condition of the participant.

### **Limitations and Strengths of the Study**

Given that the study is retrospective, and the participants are adult, the lack of precision and details of childhood and adolescence events varies according to the age. Such variability, in turn, favors the report of events particularly significant for the interviewee. Still regarding methodology, we should bear in mind that the answers of the

participants were similar, independently of the time and venue of the interviews, and hence did not influence the results.

Considering the self-report nature of the study, multiple factors of great vulnerability, as poverty and ethnicity issues, may not have been brought about.

As a strength we highlight the originality of the timeline perspective of this study, as it provides guidelines for the understanding of factors that precede the phenomenon.

Another strength regards the key informants, as some respondents showed a strong bond with and great respect for the work they develop, which results in sincerity in the information respondents provided in the interviews.

## **Conclusion**

The interpersonal relations of the participants in this study are linked to the four dimensions of social exclusion (economic, cultural, political, and social). The results suggest that those relations were followed by successive estrangements which resulted in problematic effects for the developing person, starting in adolescence and expanding to the subsequent phases. Childhood was characterized by instability in the nuclear family. In adolescence, frailties seem to intensify with the inherent challenges of this period of life and, added to the new drawbacks of adulthood, the process might lead the individual to end up homeless. Substance abuse and dependence, as well as the death of close people, were regarded as factors that favor social exclusion in all periods of life. Those factors potentialized pre-existing or concurrent vulnerabilities. Policies and interventions should consider the multiplicity of vulnerabilities that pile up through the different phases of the life cycle of a homeless individual in order to address their condition from a broader perspective.

## **Declarations**

### **Acknowledgments**

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### **Authors' contributions**

Designed and Concept the study: MIE, ARN, EAS. Data collection: MIE, EAS. Data Analysis MIE, ARN. Data interpretation: MIE, AB, ARN. MIE wrote the first draft of the manuscript under the supervision of AB and ARN. All authors reviewed the final version of the manuscript.

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### **Availability of data and materials**

All materials are available from the corresponding author

### **Ethics approval and consent to participate**

The current study was approved by the Committee on Ethics in Research of the Universidade Federal de São Paulo (Approval Number: 2.468.584). Before the interview, all participants were provided with information on the research

and manifested their verbal consent. Participants not providing consent were not interviewed (N=1).

### **Consent to publish**

Not applicable.

### **Competing interests**

All authors declare that they have no competing interests.

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## Figures

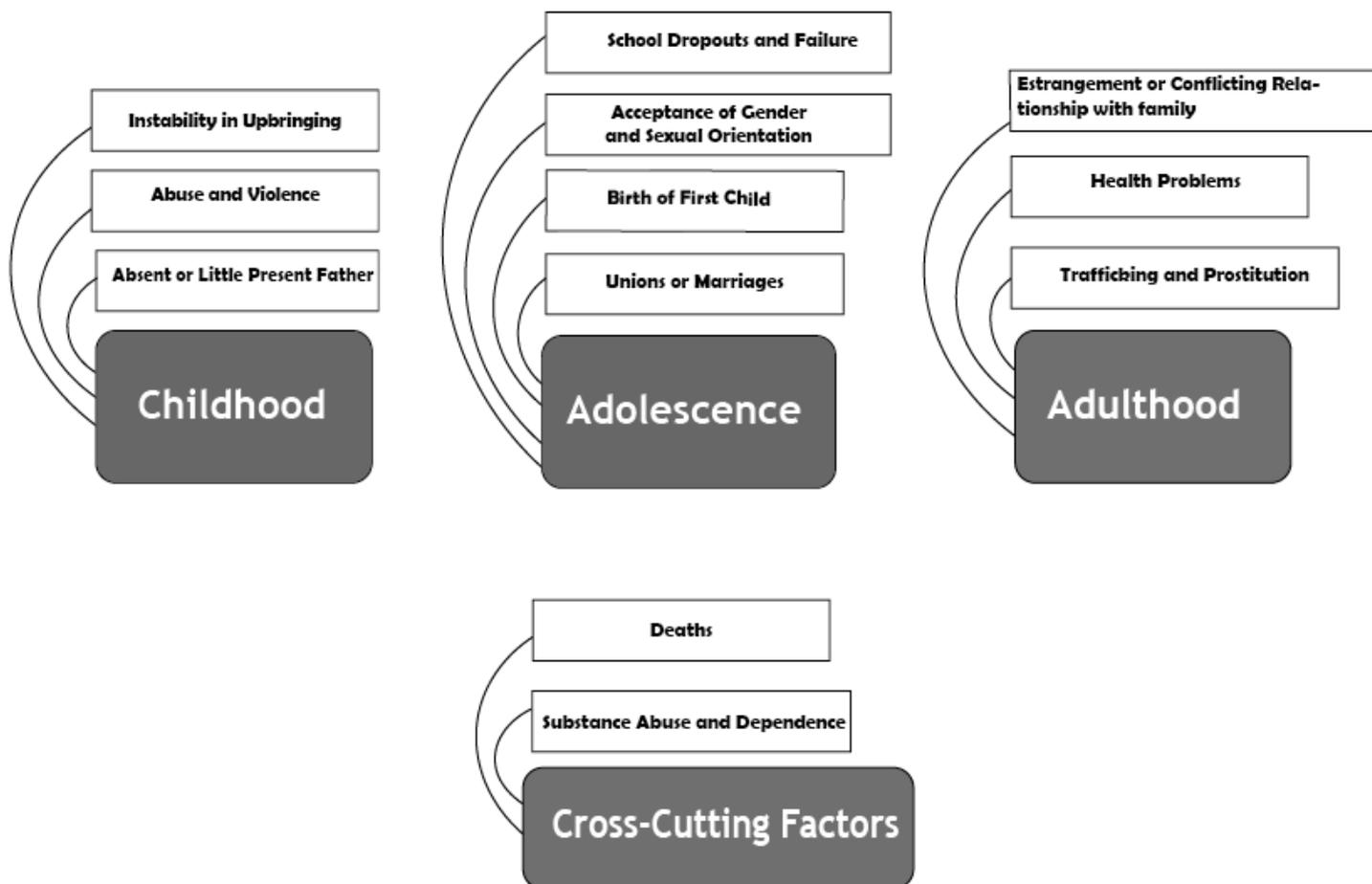


Figure 1

Theme Map

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