

Gender, violence and being homeless: the experience of women and high risk drug use



Gênero, violência e viver na rua: vivências de mulheres que fazem uso problemático de drogas

Género, violencia y la vida en la calle: experiencias de mujeres que tienen problemas de drogadicción

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ABSTRACT

Objective: To describe the experience of homeless women and their high risk drug use.

Method: Qualitative research whose data were produced by semi-structured interviews conducted with seven women enrolled in a CAPSad in Salvador, Bahia, in the period from October to December 2012.

Results: Theme content analysis was adopted to organize the data that resulted from processing two thematic categories: Gender, violence and drug use: What changes and what is perpetuated in the life of women users; No strings attached: life on the streets.

Conclusion: The results show that many behaviors experienced in the family context and social constructions are reproduced by women and keep them vulnerable to social and health issues, among them the onset and maintenance of high risk drug use.

Keywords: Women. Street drugs. Violence. Health.

RESUMO

Objetivo: Descrever vivências de mulheres, em situação de rua, que fazem uso problemático de drogas.

Método: Pesquisa qualitativa cujos dados foram produzidos por entrevista semiestruturada realizada com sete mulheres matriculadas em um CAPSad em Salvador-BA, no período de outubro a dezembro de 2012.

Resultados: A análise de conteúdo temática foi adotada para organização dos dados, emergindo desse processamento duas categorias temáticas: Gênero, violência e uso de drogas: O que muda e o que se perpetua na vida de mulheres usuárias; Sem lenço e sem documento: o viver na rua.

Conclusão: Os resultados revelam a reprodução de condutas vivenciadas no contexto familiar e de construções sociais que mantêm as mulheres em situação de vulnerabilidade para agravos sociais e de saúde, dentre eles o início e a manutenção do uso problemático de drogas.

Palavras-chave: Mulheres. Drogas ilícitas. Violência. Saúde.

RESUMEN

Objetivo: Este artículo objetiva describir vivencias de mujeres usuarias de drogas.

Método: Se trata de una encuesta cualitativa, cuyos datos fueron producidos por entrevista semiestruturada realizada con siete mujeres matriculadas en un CAPSad en Salvador-BA, en el período de octubre a diciembre de 2012.

Resultados: El análisis de contenido temático fue adoptado para organización de los datos, emergiendo de ese procesamiento dos categorías temáticas: Gênero, violencia y uso de drogas: Lo que cambia y lo que se perpetua en la vida de mujeres usuarias; Sin pañuelo y sin documento: el vivir en la calle.

Conclusión: Los resultados revelan la reproducción de conductas vividas en el contexto familiar y de construcciones sociales que mantienen a las mujeres en situación de vulnerabilidad para agravios sociales y de salud, entre ellos el inicio y el mantenimiento del uso problemático de drogas.

Palabras clave: Mujeres. Drogas ilícitas. Violencia. Salud.

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■ INTRODUCTION

The care directed to people who have problems with drug use is provided, for the most serious cases, at the Psychosocial Care Center for alcohol and other drugs (CAPSad), an extra-hospital device offered by the secondary sector, where cases receive multiprofessional attention to ensure comprehensive care, which must be expressed through a wide range complex treatment plan⁽¹⁾.

The insertion of nurses in substitutive services has demanded that these professionals develop new knowledge built from their role as a therapeutic agent, whose actions must be directed to an interdisciplinary practice⁽²⁾. Providing health care in an open service that is community based and focused on the territory allows nurses and other professionals of the multidisciplinary team to reach aspects of patient's life that are would not be reached if in contact with traditional clinics, and to develop actions that meet the specificities of each person assisted⁽³⁾.

Thinking of comprehensive care for women requires specificities such as gender construction to be considered, both with regard to aspects related to femininity and masculinity, and in matters related to socioeconomic status, race/color and generation. In this perspective, the power relations that permeate social interaction should also be considered, especially with regard to the place that the person occupies in society, the existence of a social support network, integration into the labor market, psychological conditions, among other elements⁽⁴⁾.

From the perspective of comprehensive care, organization/coordination between the services and knowledge of the territory in which the woman is inserted becomes relevant. It is worth considering the place reserved for the exercise of the Expanded Clinic where the subject is seen in its many dimensions and social, economic, labor, family and subjective needs, comprising a reading of the health needs in its broader concept and not in a restrictive, biologicist conception. The clinic's expanded conception points to the importance of assisting people, to focus the attention on the person, not the substances, escaping the restrictive stigma awarded by drug use⁽⁵⁾.

There is need to build complex, resolutive answers to ensure comprehensive care, especially in a society in which violence against women and the abuse of psychoactive substances (SPA's) constitute current public health issues. In this study, high risk use is considered not only as the regular use of a psychoactive sub-

stance, but one that interferes with the performance of the person's activities, damaging family relationships, work, living⁽⁶⁾.

In this context, following women who use drugs in a problematic way in their spaces of social interaction, enables vulnerability and protection elements these women are exposed to and that interfere in their health-disease processes to be known⁽³⁾. Knowing the specificities of people who use drugs in their life contexts, instrumentalize the nurse and the multidisciplinary team in the production of natural care strategies, expanding the effectiveness of individual therapeutic plans constructed according to the psychosocial care model, adopted by CAPSad.

Given these considerations, this article aims to describe experiences of women who use drugs in their life context. The achievement of this objective is a way to give prominence to their stories and subsidize the construction of effective interventions.

■ METHODOLOGY

The data presented are the result of a qualitative research, linked to a project funded by CNPq, Call MCTI/CNPq/SPM-PR/MDA No. 32/2012, which addresses the vulnerability of women who use drugs. The project was submitted to the Ethics Committee of the Federal University of Bahia School of Nursing via the Brazil Platform (Plataforma Brazil), and approved with opinion number 91.975.

The information collected through semi-structured interviews with seven women attending a CAPSad, located in the historic center of Salvador was considered for this article. The interview was guided by a pre-defined script containing questions about the context of life, drug consumption patterns experienced by the interviewees and the repercussions of consumption for their health.

The women's participation met the following inclusion criteria: being enrolled in CAPSad, having age equal to or over 18 years old, not presenting effects from psychoactive substances and having psychological conditions to answer the survey instrument. In the data collection performed in the unit, in the period from October to December 2012, each participant chose a pseudonym for identification.

The number of respondents was defined during the development of the research, being limited by academic deadlines, acceptance and conditions for the women to

participate in the study according to the inclusion criteria, and resistance to sign the Free and Informed Consent Form (TCLE) due to their involvement in acts classified legally as illicit. Although the number of participants is limited, the content of the interviews showed a repetition of information signaling possible data saturation.

Once the interviews were completed, all were fully transcribed and their contents subjected to the process of organization and analysis defined by thematic content analysis⁽⁷⁾. The review process consisted of an initial reading of the entire content of the interviews, followed by new readings to identify convergent and divergent points flagged by those interviewed regarding their experiences as a person that deals with high risk use of psychoactive substances. The points were grouped into meaning units and allowed the identification of two thematic categories: 1) Gender, violence and drug use: What changes and what is perpetuated in the life of women users; 2) No strings attached: life on the streets, which will be presented and discussed below.

■ RESULTS AND DISCUSSION

With a view to better understanding the statements presented in the categories and the discussions held, a brief presentation of the interviewees, highlighting the sociodemographic data seized during interviews is considered essential.

These are seven women born in Salvador, most originally from the neighborhood called Historic Center (Centro Histórico) and surroundings, aged between 31 and 59 years old. All respondents declared themselves as black or brown and reported a low level of education (incomplete elementary). Most were unemployed and had any occupation at the time of the interview, reported income below the minimum wage acquired through family donations and performance of informal activities surrounding the historic center.

Of the seven interviewees, two had no children, the other had between two and six children. Two were living in the streets and five lived with family in their own home. Of these five, two spent most of the time on the street. In relation to drug use, participants reported that they were using or had already used the following substances: tobacco, alcohol, marijuana and crack, with alcohol being the majority's drug of abuse. Two women stated they had participated in drug trafficking, with an imprisonment history.

The thematic categories were created to appoint the prevailing impressions identified in the content of the in-

terviews and are presented as overviews, where the experiences are described with the illustrative support of the interviewed speech excerpts.

Gender, violence and drug use: what changes and what is perpetuated in the life of women who use drugs

The interviewees' reports show their life trajectories are marked by situations of violence. Some said they were witness to acts of domestic violence against their mothers during childhood, others said they suffered abuse in childhood and adulthood, as shown by excerpts from the following statements:

He [stepfather] stabbed here in her lung [mother] and she almost died! [...] He beat my mom a lot, a lot! He hit her so much that he deformed her face! (Florzinha).

My father beat her (mom), beat us, so I told him I'd grow up and was going to kill him (Pando).

In all of the revealed situations, violence was committed by a male person, either the father or partner. This situation marks the unequal relationship between the sexes, in a position of supremacy of the male over the female. This relationship reflects the idea that, being worth more, the male has possession of the female, taking the women as their belonging, and therefore being entitled to submit them to their wants, desires and choices.

Physical assaults that are provoked by males against females and legitimized as common practices often trivialized, are related to all socially produced and reproduced gender issues, which deprive women of their right to account for themselves, be independent, exercise autonomy over their actions and decisions. This construction is perpetuated for generations, through social institutions like family, for example⁽⁸⁾.

According to the reports of the interviewees, violence, especially gender violence, and drug use by women are conducts that cross generations and that occur throughout the trajectory of their lives in different ways, leaving physical, psychological and emotional scars. Physical marks visible on the bodies of participants denounce situations of violence in the context of their lives, as well as similarities between their own history and that of their mothers, who had also been a drug user and had suffered physical violence by the hands of their partners, were highlighted in interviews.

[The husband] He would break everything in the house, he beat me. The scar on my foot is already gone, but my body is full of scars. It was from a bottle, it cut me like this, right here [points to the chest and abdomen] (Lu).

Sometimes I find myself going a bit crazy too! Because of the alcohol and because of the beatings to my head [husband who beat her] (Blossom).

She was beaten by a stepfather she found somewhere. He even looked like Marcos, my partner (Florzinha).

The interviewee's identification with her mother's story is almost as if the maternal ties with her dead mother were brought back to life through the repetition of history, continuing a familiar violence. Having accompanied the attacks experienced by her mother, experiencing the same situations and living on the streets make this woman legitimize violence as a path already marked out as something determined in the relationship between her and her companion⁽⁸⁻⁹⁾.

According to the interviews, especially in relation to women on the street, an exclusivity of violence reserved for the partner was perceived, establishing with it an objectified relationship in which the woman's body is the target of various forms of aggression⁽¹⁰⁾. This exclusivity is only shared with the police, which practices institutional violence, often through actions inebriated by a militarized, moralistic and conservative conduct that has the purpose of social control.

The violence I suffered was from the man I married. Aside from him, I don't think it happened with anyone else... I don't think it ever happened to me! [pause] Oh ... I have suffered in the hands of the police! The times when I was drinking and the police caught me so I would throw out my drink and I said something nasty and because they had the power, they wouldn't listen and they would slap me, kick me! (Florzinha).

It is evident from the statement that the aggressor occupies a position of power and the unequal relationship is established. In view of the gender inequalities that permeate this issue, it is understood that this is a violence that occurs due to her social worthlessness as a woman, black, homeless and abusive user of alcohol and crack.

In addition, there is the representation of man as a likely perpetrator in the women's discourse, indicating

that they expect violent acts to originate from someone of the male gender. When a belief seems like a certainty, as in expectation of male aggression, it becomes more difficult to demand a different behavior and are more likely for the violent context to not be questioned, thought of as awkward, since it is expected⁽¹¹⁾. The statements below illustrate this position.

Some women get aggressive too, but the man is stronger. The man lunges for her, stabs her, stones her, and we're women, we're more fragile, right? (Florzinha)

[...] because while you're here with him [man], he can even kill you out of jealousy (Pando)

The interviews also showed the existence demonstrating the correlation of forces between the male and female, where there is the subjugation of women to men's desire to coercion and threat as in the excerpt below.

He would slap the chair of the bar with me sitting in it. And he would do it really strongly and say: let's go! You're leaving with me, now (Néia)

As users of substances like crack, women also are exposed to violence during use, like when they are hired to stay with a man while he uses or buy the drugs for him, acting as a middle man. One of the interviewees described an experience when she, very confidently, deceives the man who hired her, and almost loses her life, demonstrating boldness and difficulty of measuring the danger.

Then he put me on my knees and put a gun to my head like this. He said I had stolen from him and that I was going to die. [...] I can't even remember the amount of times I was asked to buy cocaine and I snorted it along the way and would give a little to the guy and he suspected, what? (Lucinha).

The story above illustrates an act of "trickery" by women that are crack users on men requesting their services either as a sex worker, or a middle man, duping them. Acts of "street smarts" like that were described only by women crack users, which allowed us to infer that the social position occupied by a particular psychoactive substance is related to the maintenance or reversal of socially established gender structure and the occurrence of violence in the relationship between men and women.

The analysis of the interviewed women's speeches allowed the observation of behavioral differences among women who use crack and who use alcohol, as if the type of drug determined such behaviors. Drugs are inanimate substances, mere objects, but when humans relate to them, these substances acquire meanings, become symbols. Powers and blame are attributed to these substances, since the human person assigns meaning, builds a place for that to which it relates.

When one speaks of alcohol and crack users, it does not mean that their use is restricted to these substances alone, it means that despite their history of consuming different types of drugs, they established a harmful relationship with one or the other, or they can identify losses related to the consumption of these drugs in particular, despite consuming other substances.

In Lucinha's statements below, it is possible to relate the type of drug used and the place it occupies in the context of violent relationships.

He would come and hit me, I wouldn't let him, so he would cut me with a knife, burn me. Once I set him on fire, I used a hot iron, I've done some horrible things to him.

There was a time when he almost killed me. Once he hit me with a stone repeatedly on my head. We rolled on the floor. Then I picked up a glass bottle that I found at the time, broke it and stabbed him with it.

Lucinha's speech marks a change in her position as a woman, for she ceases to be a victim and becomes the aggressor. It reverses the expected power relationship and subdues man, assuming a role that is different from the usual. It is important to emphasize that there is a context of violence in which a man threatens to assault the woman, as is usually the case⁽¹¹⁾, but the difference is what actually happens, an assault that is the woman's initiative, who reacts to the opposite sex. According to the interviewee, the attacks are from both sides, but she always reacts violently, with damages being inflicted on the man as well. It should be mentioned that, in this case, the man is not a psychoactive substance user.

The abuse of crack, although related to the low threshold of tolerance, does not determine violent action. In this case, drugs act as a "trigger" for the violent attitude of a woman who has little or no defense capability, who is isolated from her social network and who is the victim of different types of gender violence as a woman that is black and a crack user.

Adopting violence is clearly a response to her frustrations and dislikes, even without the woman being under the influence of crack or craving⁽¹²⁾, as in the case where Lucinha was abstinent and her companion offends her, as reported below .

I wasn't even using and he would just talk and talk. He'd say: You really are a slut, boy! You're an addict! Then I would say ... I'll show you now who the addict and slut it. Then I just stayed there quiet. When we were at home and I saw him asleep, I threw alcohol on him and lit him on fire. I have set fire on him! I did it and I regret it, he almost died. But I've torched him, I've thrown boiling water at him, I've done things even God wouldn't believe (Lucinha).

In this case, the response pattern to the marital quarrels, the misunderstandings, is a violent act that the woman initiates. The woman who uses crack loses her position as a user who is "capable of anything" in the eyes of her husband once she is abstinent, and notices a change in his behavior, signaling that the vision that her partner has of her relates to her use of crack.

I do not know why he's like this with me. We fight a lot. We fight a lot more than when I was using. He gets on my nerves, he calls me names at home. It's funny that when I smoked crack he wasn't like that [...] Sometimes I think he was kind of afraid of me. That's why we didn't fight so much. Now it's different. Now he knows I'm not using so he started developing an attitude (Lucinha).

In this passage, the relation between the use of crack, the social imagery that accompanies it and the relationships that are established is clear. In view of this, and to strengthen her position in the relationship she returns to reacting as usual, pointing out that even without the drugs, the woman carries its social legacy, as if it had assumed the characteristics that social imaginary attributes to the substance consumed.

He made me so made, so much so that I couldn't cope and I set him on fire again (Lucinha).

Therefore, it is important to reflect on the elements involved in the specific way that crack users work. Therefore, one must consider the chemical effects of the substance, stimulating the central nervous system, accelerator of thought and the reasoning ability that

takes away sleepiness, cold, hunger, and gives courage to the user. This drug induces action, accelerates the time of things and places those who use it in this accelerated time. These elements can generate an impairment to one's capacity of waiting, also called slowing down time; of tolerating, of accepting, of waiting, because for those who are stimulated, what matters is now. That person's wishes and desires must be satisfied at that time, frantically⁽¹²⁾.

The social elements attributed to this drug are not necessarily related to its chemical effects. The effects are created, built by the social imaginary that assigns characteristics which often have no relation to reality. This social imagination takes place in social, political and economic contexts, and has the mass media as one of its main feeders. In the social imaginary, people who use crack tend to be seen as aggressive, people who steal, commit unlawful acts, lose control, kill. The interviewee whose speeches were highlighted earlier, assumes this role and does what is expected of her in face of this representation⁽¹³⁾.

On the other hand, women who are high risk users of alcohol showed opposite behavior in relation to crack users. The speeches of the interviewees, highlighted below, depict the desire for revenge of the aggressions suffered by their partners.

Until the day he touches my hand and I "WHAM", set him on fire and kill him once and for all. Maybe throw some alcohol on his back and burn the man, then smack him around. I've wanted to do so many bad things to him... Poison him! (Florzinha)

I'll set him up, serves him right, I'll fix him up nice and good! I'll set fire [on the house] with him in it (Isa).

The statements presented point to differences in gender relations established by women with high risk use of crack and alcohol. Those who use alcohol occupy the position of victims of assaults, threats and situations of coercion, and are subjugated and submissive to men in different ways. They plan revenge, identify the attacks, complain, but are unable to break off the violent relations of which they are victims. The crack users subvert this position, and do not respond to the social expectations, assuming the "mask" of crack users created by the social imaginary. They reverse the power relationship between genders, reacting to threats and insults and verbally and physically assaulting their companions.

Partner violence has been common among people who use drugs, and is traditionally associated with a man-perpetrator and a female victim. However, the occurrence of violence also begins through the actions of women against men. A recent study found that two out of three women who used drugs had committed violence against their partner⁽¹⁴⁾. This type of violence has been linked to more serious dependency profiles. Although the focus of attention in health services are the direct effects of the abuse of drugs, these spaces become quite desirable for raising issues related to gender violence⁽¹⁵⁾.

No strings attached: life on the streets

For most people, streets are a public place. In fact, it is more like an extension that connects places, dots to where people move. The street is just a bridge, a way of moving from one place to another, formed by walkways, marquees, bus stops, bakery fronts, squares and gardens. They are all temporary spaces, with restricted permanence, fleeting. Being a passage way, the street is everyone's and no one's at the same time.

When reflection reminds those people living on the streets of the noun "no one" applies, for they are the John Does and Jane Does inhabiting these tortuous bridges. The street is not a private place, it is not a place to build a life, or at least it shouldn't be, but for some it is.

On the street, privacy, modesty, they crumble. The body is delivered to the street and life becomes public. When speaking of the homeless, there is a distinction between men and women living on the street to be considered. There are great differences in the impact of living on the street, which is indisputable for both sexes, but is expressed in the most cruel way for women. It is not a coincidence that, simply being a woman, even without living on the streets, represents a position of greater vulnerability, due to the male-dominated society and the unequal power relationship between the sexes, the homeless condition only aggravates this problem⁽¹⁶⁾.

When the condition of being on the street is added to being a female and a drug user, a complex situation is formed, one of difficult intervention and management. Being a person with problematic use of illicit drugs means carrying social brands, stigmas that reduce the person to this status, as shown in the speech below.

People say: there! There goes a drunk, over there! They start calling me names not because of the drugs, more because

of the alcohol because they always see me as more of a drunk than an addict (Florzinha).

In the speech above, the interviewee considers the alcohol stigma less harmful, as this is a drug with social acceptance, despite the abuse being something loathed. For the interviewees, the damage caused by drug use are more related to their unlawful status and social stigmas than the actual effects, as highlighted in the section below.

And I missed the company of people, because almost no one trusts a user, right? They think of users as thieves, prostitutes, and it's always like this, right? I do not think of myself as a bad person because I use drugs (Florzinha).

The criminalization of drug use exacerbates stigma and produces exclusion processes that deepen the marginalization of people who use illegal substances. It is therefore necessary to consider that the same institutions created to control the use of the substance and offer support to women who do not consume them do not adopt interaction processes that contribute to increase the discrimination⁽¹⁷⁾.

Being on the street means exposing yourself. There is no disguise, you can not disguise alcohol abuse, as it would be for someone with privacy guaranteed in a residence. Once you have your life and your intimacy exposed in the street, with a unique logic of personal and social organization, the complexity and uniqueness of health care of the population living on the streets, especially women is presumed.

The stigma resulting from drug use, associated with life on the streets and having a rap sheet tend to increase women's needs for social services and health, and at the same time, restrict access to these services. Although the stigma that comes from drug use reaches both women and men, it is much higher for women because of the gender-based stereotypes that keep women at different standards⁽¹⁸⁾.

Health services providing assistance to homeless women should therefore be instrumentalized to ensure comprehensive care. Monitoring these women, following their footsteps, knowing where they sleep, how they eat, with whom they relate, what they think of life, what they dream, all of this can only be done with by bringing the professionals closer to this population⁽¹⁾.

When speaking of woman with problematic drug use, who are homeless, with psychiatric comorbidities, and in need of medication, the health team that assists them

should consider care strategies that do not increase their vulnerability, such as the use of sleep inducing medication. If the team does not have a broader view on the case, if they do not listen carefully, it can lead to serious losses rather than building care, as in the case in which sexual violence occurs, as explained in the section below.

Freeloader! Because a person that sees a drunk woman, and keeps wanting to get too close, if it's not to steal, it must be to take advantage of her. I've been stolen a lot like that... They take advantage of you...when you sleep on the street ... "super drunk" ... then by the time you sleep, they come over, and they want to take advantage of you right there (Ninha).

With alcohol being a depressor, it has effects that are similar to many drugs used to treat mental disorders, and similarly depress the central nervous system, causing drowsiness and lowering reflections. According to the interviews, the women on the street, without a partner and under the influence of depressants such as alcohol and/or drugs are at a higher risk of suffering physical and sexual violence. This is also why women who consume alcohol are seen as promiscuous and aggressive while consuming crack.

The women in this study bring the stories that formed them, that instrumentalized them and taught them how to relate to other people. Family leaves marks that can be of helplessness, and the street then becomes a place to go⁽¹⁹⁾, as can be seen in the speech below.

And then when I'm at home, she just ... when she doesn't want me there she makes fun of me, yells names at me, does a whole bunch of bad things, and then I feel uncomfortable, and she tries everything to get me to drink or leave, so I leave. (Ninha)

Often, the project of leaving the streets is reproduced as an abandonment of the person's self, defining a succession of tragedies, and following a path that seems to have death as certain. The speech highlighted below points to a postponement of death, in the case of this participant, it happens two days after the interview.

The car killed him (her father) when he was drunk, it ran over him ... I have also been hit by cars a lot of times ... A lot of times after my father died. But I haven't been killed yet, these scars here on my face were all from hit and runs. (Ninha)

The functionality of drugs for those who live on the streets sets another important point to be highlighted, especially with regard to crack. Crack was mentioned as substance abuse by the majority of the women interviewed and by all of those who were homeless. As a stimulant, capable of producing answers to the demands of those who are on the street, crack makes people alert, fearless, hunger ceases, they don't get sleepy, it accelerates thinking, gives them courage and prepares them for action. Thus, crack constitutes a functional drug for those who are on the streets, especially for women, who are exposed to various types of violence⁽¹³⁾.

For me crack was better because it made me active, always active! I'd hallucinate. And marijuana made me sluggish, wanting to sleep, so I quit marijuana! Crack leaves the person hyped, ready to react. The people here use alcohol to take away the pain, give them joy and courage to say what they want, and when I drink with the intention of doing something to someone, ah! I talk a lot, I say everything I've been wanting to, mistreat people (Florzinha).

Life on the streets is a life of uncertainty, it exposes you to great vulnerability. Life on the streets is a paradoxical life. While feelings of freedom converge, it is permeated by feelings of entrapment, vulnerability, lack of a future. The place of people who live on the streets is always a "non existing" place in the eyes of society, it's a place of marginalization, of removal of citizenship rights.

■ FINAL CONSIDERATIONS

This study, although limited by the number of participants, reveals the specificities of the experiences of women that have a problem with high risk drug use and are homeless. In the case of specific services in caring for people who are high risk users of alcohol and other drugs, the data indicate the need to explore in detail these peoples life so that the therapeutic projects are in fact unique and more effective, also targeting the creation of new strategies for interdisciplinary care, not only for nursing, but for the entire multidisciplinary team.

With regard to nursing, this study highlights the importance of knowing the territory of action and the ways its historical and cultural essence reflects the standards built and reproduced in relations, as well as recognizing how these patterns affect the health of women who use drugs. There is also a clear need to know the specificities of the life

of people who use drugs and live on the street in view of developing natural health actions guided by the principles of integrity, fairness and universality, based on respect for the human person.

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