

Dignity and safety in public policies for the homeless population.

Dignity and security in public policies for the homeless population

Dignity and security in public policies for the population without home

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Abstract: This study analyzes the dilemma of public policies aimed at the homeless population, balancing the protection of human dignity and the right to autonomy with the need for public safety and urban order. Justified by the increase in the homeless population and the conflicts arising from the use of psychoactive substances and mental disorders, the central problem questions how the State should act without violating the right to freedom of movement. The objective is to propose guidelines for public policies that reconcile social support with the demands of municipal management. To this end, a literature review and a descriptive analysis of the causes of the phenomenon will be carried out.

Thus, it is observed that a purely repressive approach is ineffective, and that integration between social assistance, mental health, and public safety is necessary. It is concluded that addressing this issue requires a multi-sectoral strategy that respects individual freedom while promoting urban and social regeneration.

Keywords: Homeless population. Human dignity. Public policies. Urban security. Autonomy.

Abstract: This study analyzes the dilemma of public policies for the homeless population, balancing the protection of human dignity and the right to autonomy against the need for public safety and urban order. Justified by the increase in the homeless population and conflicts arising from substance use and mental health disorders, the central problem questions how the State should act without violating the right to freedom of movement. The objective is to propose public policy guidelines that reconcile social support with the demands of municipal management. To do so, a bibliographic review and descriptive analysis of the phenomenon's causes will be followed. Thus, it is evident that a purely repressive approach is ineffective and requires integrating social assistance, mental health, and public safety. It is concluded that tackling this issue requires a multisectoral strategy that respects individual freedom while promoting urban and social requalification.

Keywords: Homeless population. Human dignity. Public policies. Urban security. Autonomy.

1. Introduction

The homeless population (PSR) constitutes a complex phenomenon and multi-determined, traversed by socioeconomic, interpersonal, and subjective dimensions. Historically, the genesis of this contingent is linked to the processes of urban formation and... transition to capitalism, in which migratory flows — notably those of populations Peasant women, expelled from their lands, were absorbed by unstructured urban centers. In the Brazilian context, this reality has deep colonial roots, being a direct result of a A process of social and racial inequality rooted in slavery. The abolition of slavery, occurring without proper redress or social reintegration strategies, it cemented the process of socio-spatial segregation and favored the growth of favelas (RIBEIRO et al., 2025).



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Since the end of the 19th century, the legal system and state policies have focused on... if in the control of the movement of populations considered "undesirable". The criminalization of vagrancy and begging — evident from the Penal Code of 1890 to the Law of Misdemeanors Penalties of 1941 — reflect the historical strategy of repressing idleness to the detriment of guaranteeing fundamental human rights (RIBEIRO et al., 2025).

The homeless population constitutes one of the most pressing challenges for urban management. contemporary times. A person experiencing homelessness is defined as an individual who, as a result of extreme poverty, breakdown of family and social ties, substance dependence or disorders Mentally ill individuals rely on public space as their primary means of survival. This phenomenon is not an isolated incident, but a global crisis affecting cities around the world, revealing the profound inequalities in access to fundamental rights. The central dilemma lies in the tension between the Human dignity and the need for urban order. The current management paradigm often It draws on pre-scientific beliefs that underlie systemic cruelty in the justice system. criminal, treating poverty not as a health problem, but as a target to be eradicated. (LOGAN; PRESCOTT, 2025). This approach, which neglects fundamental human rights In the name of punitive surveillance, this manifests itself in the phenomenon of street encampments. often treated as public safety failures and not as the absence of the right to housing. (OLSON; PAULY, 2021).

The management of the homeless population is often guided by narratives of dangerousness that obscure the failure of social protection policies. It is necessary to question whether the justice system is adequately addressing this issue. Contemporary criminal law is not based on pre-scientific conceptions that prioritize punishment. to the detriment of understanding psychobiological vulnerability. As Logan and [others] warn. Prescott (2025), such beliefs underpin a systemic cruelty that, under the guise of order public, neglects the need for structural interventions, perpetuating a cycle of marginalization that current science is already able to diagnose and overcome.

The central problem of this article lies in the apparent dichotomy between guaranteeing dignity. Humanity and the need for urban order. According to international evidence, this group faces alarming morbidity rates and a drastically reduced life expectancy, often in around 50 years of age (HAGHIGHAT et al., 2023). The aim, therefore, is to present an analytical framework. Actions that address the root causes of homelessness, moving beyond the logic of urban "cleaning." The relevance of this research lies in the need to understand the "street" as a field of political and budgetary disputes in which, as Faria (2022) points out, the clash between technique and politics It defines the effectiveness — or lack thereof — of public policies.

The relationship between homelessness and the worsening of pathologies is not merely



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It is correlational, but also causal and feedback-driven. The absence of a fixed home acts as a powerful social determinant of health, destabilizing the management of chronic conditions and potentially increasing the risk of disease. Incidence of infectious diseases and mental disorders. Precarious shelter and exposure. Continuous exposure to an unhealthy urban environment hinders therapeutic continuity, resulting in a cycle where illness makes it difficult to leave the streets, and remaining on the streets prevents recovery of health. (RIBEIRO et al., 2025).

The clinical evidence is compelling: the homeless population faces a risk 56 times higher incidence of tuberculosis compared to the general population, aggravated by abandonment of treatment and co-infection with HIV/AIDS and viral hepatitis. Simultaneously, the psychic disorganization — frequently manifested by mental disorders with prevalence alarming (up to 67%) — is exacerbated by stigma and institutional violence, which alienate the individual of health services. In this way, the street acts as a physical and symbolic barrier that transforms medical treatment on a path of exclusion, reinforcing the chronicity of pathologies and perpetuating the cycle of marginalization.

Scientific literature confirms that homelessness is a critical determinant of health, with Negative repercussions that far exceed average population indicators. Robust systematic reviews, using large-scale administrative data, demonstrate that the Predictors of homelessness are intrinsically associated with worse clinical outcomes. transforming precarious housing into a permanent risk factor for physical harm and severe psychic disorders, as summarized by Mitchell et al. (2023).

As the literature demonstrates, interrupting this cycle requires the health and care sector to... Abandon the perspective focused solely on the immediate symptom. The *Housing First* strategy (Housing First, it breaks this dynamic by attacking the central determinant — housing. —, returning to The individual gains the stability necessary for adherence to clinical and psychiatric treatments, reducing the Hospital staffing turnover and bringing humanity to care.

2. Theoretical Framework

Homelessness is a multi-causal phenomenon. Besides extreme poverty, other factors... Organizational factors, such as inflexible rental protocols and systemic debt, act as barriers. perennial factors that prevent individuals from leaving the streets (MAGUIRE, 2022). The State, as an entity The regulator fails by not integrating its federal competencies, resulting in omissions that... They worsen the mental and physical health of this population (Amaral Júnior, 2022).

The dignity of the human person (BRAZIL, 1988) prevents the State from treating the individual as



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merely an object of removal. However, contemporary urban planning often guided by the "new paradigm" of sustainability and urban security (CORREIA, 2020), it enters in conflict with individual autonomy. The analysis by Woodman et al. (2023) and Haghghat et al. (2023) confirms that premature mortality in this population is driven by unnatural causes, such as overdose and suicide, as well as neglected chronic conditions. From the perspective of metamorphoses. From the perspective of the Regulatory State (Amato, 2022), it is noted that the State has been withdrawing from direct social protection. to act as an entity that "regulates" the individual's presence through surveillance, creating challenges. to the privacy and dignity of those who do not even have shelter (ROCHA, 2022).

The situation of homelessness is aggravated by institutional policies that often exclude... vulnerable populations, such as immigrants, lack social safety nets and nutritional assistance. creating cycles of food insecurity and housing exclusion (CHAPARRO et al., 2023). Added to this is the contemporary crisis of substance use — exemplified by the rise of fentanyl. — demands a radical change in the state response. Qualitative studies demonstrate that the Criminalizing substance use only exacerbates mortality, making it essential that policies Public policies should focus on harm reduction and ensuring a safe supply, preventing death. avoidable marginalization of individuals (BARDWELL et al., 2021).

Homelessness cannot be separated from biological processes and determinants. social issues that the law often ignores. The literature points out that the criminalization of conduct associated with extreme vulnerability ignores robust neurobiological evidence (LOGAN; (PRESCOTT, 2025). While the legal system tends to address behaviors arising from Traumas and disorders, such as moral failings, are viewed from a scientific perspective as dehumanizing. Institutionalized healthcare acts as a chronic stress factor, degrading the health of individuals and transforming marginality into a state of near-forced quarantine, in which the individual is isolated. under the pretext of collective protection.

The management model for vulnerable populations often falls into the logic of Prohibitionism, which ignores the evidence of the unhealthy relationship between repression and the worsening of public health conditions. As pointed out by Gomes-Medeiros et al. (2019), the hegemony of Drug policies focused on criminalization generate detrimental impacts that transcend the sphere. This individually fosters cycles of violence and blocks access for homeless individuals. to care and social protection networks.

Historically, state interventions have oscillated between palliative assistance and... repression, and often the very spaces of refuge reproduced logics of control. disciplinary. It was only with redemocratization and the 1988 Constitution that the citizenship of the PSR It has gained prominence on the public agenda (RIBEIRO et al., 2025).

A crucial turning point for the movement was the "Praça da Sé Massacre" (2004), which catalyzed collective organization. In 2005, the launch of the National Population Movement of Rua (MNPR) marked a milestone in the fight for human rights. The MNPR's actions were decisive for the creation of the National Policy for the Homeless Population (PNPSR), through Decree No. 7,053/2009, and for the advancement of health actions, such as the expansion of Street Clinics (eCR), and for the defense of housing programs, such as "Housing First" (RIBEIRO et al., 2025).

The complexity of this phenomenon is not limited to Brazilian borders. Recent research in diverse contexts, such as the Thai universal healthcare system, they corroborate the idea that... The invisibility of the health needs of the homeless population is a transnational challenge, highlighting that overcoming this scenario requires an urgent transition from a perspective centered on individual guilt is essential for a robust model of human rights and universal access. (WATTANAPISIT et al., 2024).

The Brazilian legal framework that guarantees the citizenship of PSRs finds its cornerstone in National Policy for the Homeless Population, established by Decree No. 7,053, of 23 December 2009. This legal document not only recognizes the autonomy and dignity of these individuals, but it also establishes the obligation of access to fundamental rights, including health, work and housing, and prohibits sanitation policies that violate the integrity of the individual. (BRAZIL, 2009). The law is the instrument that removes the homeless person from administrative invisibility, consolidating him as a subject of rights protected by the State.

3. Materials and Methods

This study adopts a qualitative approach of an exploratory-descriptive nature, structured under the paradigm of transdisciplinarity, articulating the fields of Public Law, Public Health and Forensic Medicine. The methodological strategy is based on narrative review and literary criticism, encompassing legal frameworks, international human rights treaties and scientific evidence from primary sources, such as indexed databases (PubMed, SciELO) and specialized literature on drug policy and urban management.

The investigative process unfolded in three fundamental stages:

1. Documentary and Doctrinal Survey: Analysis of current legislation and resolutions of... National Councils of Justice and Human Rights and national policy guidelines aimed at the Homeless Population (PSR), aiming to map the normative framework that governs the binomial "Dignity vs. public safety".

2. Categorization and Thematic Analysis: The systematization of the data followed the logic of the analysis of This content allowed for the categorization of epidemiological and socioeconomic profiles.

The procedure made it possible to link biological vulnerabilities—such as the prevalence of Infectious diseases and mental disorders — and the gaps in the social care system. and of justice.

3. Proposed Intervention Model: Based on the integration of the findings, a...

A strategic action matrix based on the *Housing First* model and harm reduction.

The aim was to transcend purely diagnostic analysis, presenting a policy proposal.

public policy that harmonizes municipal management with the fundamental guarantees of autonomy and citizenship.

This methodological approach allowed for a balance between technical-legal knowledge and evidence. clinical, ensuring a robust analysis of the need to deconstruct policies based within the prohibitionist and hygienist paradigms.

4. Results and Discussion

The Brazilian PSR is characterized by heterogeneity, with a predominance of individuals poor and with low levels of education. Recent data indicate that the majority (87.5%) are men, although There is a growing increase in women (who face specific risks, such as violence). (gender) and LGBTQIAPN+ populations. Black race/color is the most prevalent (68.2%). highlighting the structural legacy of inequality (RIBEIRO et al., 2025).

From an epidemiological perspective, this population presents a profile of high morbidity and mortality. People with respiratory problems have a 56 times greater risk of contracting tuberculosis than the general population, in addition to... high rates of HIV/AIDS, mental disorders and violence (which occur 15 times more frequently) higher than the population average) (RIBEIRO et al., 2025).

Counting PSRs remains a methodological challenge, given the Single Registry. (CadÚnico) the main current tool, although it underestimates reality by not capturing The "intermittent homelessness situation" is fully addressed. Among the challenges to the effective implementation of policies,

Key highlights include:

1. Poor provision of services: insufficient services and the need for social monitoring.
2. Professional qualification: The need to raise awareness among managers about the recognition of PSR as a political entity.
3. Urban Hygiene: Combating repressive policies (removals, forced internments and disposal of belongings) that aim at the gentrification of urban spaces (RIBEIRO et al., 2025).

The successful strategy for formulating these policies lies in the MNPR's motto: *"Nothing about us, without us,"* which reinforces the premise that the active participation of the affected population is indispensable to prevent setbacks and ensure social justice.

The data analysis reinforces the need for an intervention matrix that overcomes the logic of "urban cleaning." Recent scientific evidence, through global meta-analyses, demonstrates that the prevalence of mental disorders among homeless people reaches 67% in the population. The current rate is dramatically exceeding the rates observed in the community at large (Barry et al., 2024). Substance use disorder, present in 44% of cases, is frequently interpreted from the perspective of Disturbing public order by portraying it as criminal behavior actually reveals itself to be a marker of severe... Clinical vulnerability. The stigma and marginalization faced when accessing health services. They reduce the use of these networks, making a purely repressive approach not only ineffective, but also a catalyst for the worsening of the psychiatric condition (BARRY et al., 2024). Therefore, the The city must plan for welcoming people, recognizing that privacy and the right to the city are... inalienable, regardless of the individual's mental health condition.

The effectiveness of any public policy aimed at the homeless population is profoundly mediated by the quality of the interaction between the user and the healthcare system. According to Reilly, Ho, and Williamson's (2022) systematic review points to the stigma faced by this Contingency is not only a social marker, but also a technical barrier that reduces The search for and adherence to services has drastically changed, acting as such a determinant of health. impactful in terms of one's own housing conditions. By recognizing stigma as an impediment. With care, it becomes possible to structure interventions that not only deliver services, but also... ensure the necessary support for the effectiveness of the treatment, as systematized in the matrix. below:

Data analysis allows for the construction of an intervention matrix:

Table 1. Strategic Action Matrix in Public Policies

Profile: Main Cause: Chemical Dependency/Addiction /	Recommended State Action	
Health		Harm reduction and psychosocial care centers (CAPS-AD)
Mental health	Untreated disorders: Active search and	humanized clinical care.
Social Vulnerability	Unemployment / Homelessness	Social housing and job incentives to the (employability)

Source: Prepared by the authors

The implementation of this matrix is imperative given the evidence that the population in Homelessness presents a complex clinical picture. Data from global meta-analyses indicate that The current prevalence of mental disorders among homeless people reaches 67%, while...

Lifetime prevalence reaches 77% (BARRY et al., 2024). Substance use, present in 44% of cases, often interpreted from a public order perspective as behavior Delinquent behavior, in fact, reveals itself to be a marker of severe clinical vulnerability.

The institutionalized stigma associated with accessing healthcare services drastically reduces their use. networks, making a purely repressive approach not only ineffective, but also a catalyst. of additional trauma and the worsening of pathologies (Reilly et al., 2022). From the point of view of In terms of budget management, the absence of integrated interventions results in substantial costs for the system. public due to recurrent readmissions and hospital emergency demands (LANHAM et al., 2022). In contrast, strategies such as *Housing First* demonstrate greater efficiency in addressing the structural causes of homelessness, reducing pressure on public funds and promoting social requalification. The city must, therefore, plan for its reception, recognizing that... Privacy and the right to the city are inalienable, regardless of one's mental health condition. individual.

Evidence suggests that the stigma faced when accessing health services is drastically reduced. the use of these networks (REILLY et al., 2022). Therefore, a purely repressive approach is ineffective and This exacerbates the trauma in this population (LANHAM et al., 2022). The city must plan for their reception and support. recognizing that privacy and the right to the city are inalienable, regardless of the situation. housing.

An analysis of current policies reveals a dangerous inversion: the homeless individual, the The biggest victim of urban violence is treated as the agent of risk. When examining the model of 'Public health quarantine' as a possible remedy, Logan and Prescott (2025) demonstrate that Criminal justice structures not only fail to protect, but also exacerbate the harm to The integrity of the subject. Therefore, the opposition between 'assistance technique' and 'pragmatism'. The 'budgetary' approach must be overcome by implementing models that utilize evidence from... Behavioral sciences, protecting the most vulnerable from technological abuses and surveillance. Unbridled action that, instead of welcoming, only reinforces the invisibility of the citizen.

This logic of state 'quarantine' is even more perverse when we analyze policies. immigration and food assistance programs, as Chaparro et al. (2023) point out. In several states, policies that restrict access for vulnerable populations — including immigrants — to networks of Security studies, such as SNAP, demonstrate that the State, instead of acting as a provider, frequently... It erects bureaucratic barriers that exacerbate food insecurity and marginalization, ignoring the principles of comprehensive protection of human rights (OLSON; PAULY, 2021).

Overcoming the prohibitionist paradigm requires a reorientation towards policies of reduction. damages, placing the issue within the scope of citizenship and human rights. The literature demonstrates that

The success of interventions should not be measured solely by abstinence, but also by reduction from violence and discrimination, as well as by acknowledging biopsychosocial specificities of the subjects (GOMES-MEDEIROS et al., 2019). This approach is urgent to break with the Stigma that marginalizes the homeless person and excludes them from the public health system.

The contemporary crisis of fentanyl and other synthetic opioids, as demonstrated by Qualitative studies refute the effectiveness of the prohibitionist paradigm. Criminalization, by preventing... Access to safe supplies, while fostering stigma, increases the risk of preventable fatalities. Therefore, the state response must shift towards support and harm reduction, recognizing that life... The number of individuals experiencing homelessness is at constant risk due to a policy that prioritizes... repression at the expense of clinical survival (BARDWELL et al., 2021).

To operationalize the right to health, the State established the Street Clinics (eCR) in accordance with Ministry of Health Ordinance No. 122, of January 25, 2011. These mobile teams They are structured to provide clinical care, including dental interventions, in locations of difficult access, breaking the barrier of hospital stigma. By bringing care to the territory of In this health policy, the individual's autonomy is recognized by allowing them to receive assistance without having to leave their living space, promoting continuity of Care is essential for managing chronic diseases and prevalent infections in this population. (RIBEIRO et al., 2025).

Final Considerations

Overcoming the phenomenon of homelessness does not lie in measures of containment or expulsion policies, but in the deliberate and structured confrontation of its causes. biopsychosocial factors. As evidenced throughout this study, the effectiveness of state interventions It depends on the transition from a paradigm focused on "urban sanitation" to a matrix of action. that prioritizes human dignity as the foundation of urban planning.

To mitigate this situation, public policy should be guided by three main pillars: Integrated and intersectoral action. First and foremost, the adoption of strategies such as *Housing* is imperative. *First* (Housing First), which, by providing housing stability as a starting point — and not As a final benefit of an abstinence process, it allows the individual to access health networks and social assistance with the dignity necessary for adherence to treatments. Secondly, management The municipality should implement street clinics and psychosocial care centers (CAPS-AD) endowed with autonomy for active searching, overcoming the barrier of institutional stigma that keeps them away. individuals from public health services. Finally, a new federal pact is essential in which...

budget allocation should be directed towards social protection, to the detriment of investment in Surveillance and repression technologies, which frequently violate the privacy and autonomy of individual.

The analysis in this study demonstrates that the dilemma between public order and human dignity is... a false dilemma: real urban security is only achieved when the citizen, regardless of Depending on their housing or clinical condition, they are reintegrated into the social fabric. Thus, urban redevelopment It should be considered from the perspective of the "right to the city," transforming public spaces from territories. of invisibility and dispute in fields of welcoming and democratic coexistence.

Therefore, the success of a public policy aimed at the homeless population lies in The State's capacity to recognize the individual as an entity with rights, breaking with established traditions. of criminalizing poverty. The practical implementation of these guidelines, anchored in the reduction of Damage, and prioritizing decent housing, represents the only viable path to guaranteeing citizenship. Full autonomy and protecting the most vulnerable groups against the systemic dehumanization that, paradoxically, the technological age has exacerbated. It is, ultimately, the recognition that autonomy Individual rights are inalienable, and the State's duty in relation to this phenomenon is to promote support, not to... The silencing of those who, through exclusion, have made public space their only refuge.

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