

Victimization of Young Women: Intimate Violence and Drug Addiction

Includes:
Final Report

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ABSTRACT

Recently, the municipal police service in the city of Peterborough is reporting troubling stories of young women aged 14-17 who find themselves in relationships that involve drug addiction and intimate violence. A community-based education research project was initiated between the Peterborough Lakefield Community Police Service, the Victim Services Unit and Trent University to develop a resource piece for community collaterals and police. The aim of the project is to determine the unique risks associated with this isolated population and develop a profile of the young women. Interviews with various service providers in the city of Peterborough were conducted as well as with local police officers in order to gather information on this overlooked group of individuals. These young women often start experimenting with drugs once they attach themselves to a boyfriend, who takes advantage of their vulnerable state. There are four themes that have been designed to depict the severity of the victimization that these young women experience. The first theme titled “high risk youth” describes impulsive behaviours such running away from home and having sexual relationships with more than one person. The next theme discussed is titled “health issues” which discusses drug addiction and the emotional and psychological issues related to their abusive lifestyles. The third theme of “violence” depicts the physical, emotional and verbal abuse and intimidation that these young women endure from their male offenders because of their dependence on them for drugs. The final theme used to profile these young women discusses the “social status” of this group of young women who are severely marginalized and stigmatized to mainstream population including police. They become socially marginalized and isolated from their

families and community support networks thus creating barriers making it very difficult for them to access mainstream services such as after-school programs or counselling. The preliminary results which have been presented in the form of a victim profile has led to a set of recommendations for the future direction of this project. Data should be gathered by connecting with other service providers and police personnel as well as meeting with female victims from the Peterborough and Toronto area because it has been suggested that several of the young women being profiled in this study have been identified sex trade workers in downtown Toronto. This study was limited in studying this hard-to-reach population and thus more insight is required before a formal resource piece is made available in Peterborough.

Keywords:

Addiction: used to describe an obsession, compulsion, or excessive psychological dependence (i.e.: illegal or legal drugs such as marijuana, opiates or alcohol)

Community: Where a number of conditions are present such as intent, belief, resources, preferences, needs and risks that will affect the identity of the participants and their degree of cohesiveness (the factors that bring them together or push them apart).

Domestic violence/ intimate violence: any use of physical or sexual force, actual or threatened, in a past or current intimate relationship. Intimate relationships include those between opposite-sex and same-sex partners. Criminal Code offences include, but are not limited to, homicide, assault, sexual assault, threatening death or bodily harm, forcible confinement, harassment/stalking, abduction, breaches or court orders and property-related offences.

Marginalization: is the social process of becoming or being made marginal (to relegate or confine to a lower social standing or outer limit or edge, as of social standing. At the individual level, it results in an individual's exclusion from meaningful participation in society.

Offender: a person who has been determined by a court to be guilty of an offence, whether on acceptance of a plea of guilty or on a finding of guilt.

Risk assessment: is the overall process of risk analysis and risk evaluation which includes but is not limited to; quantitative and qualitative evaluation, review of vulnerabilities, threats likelihoods, loss, impact and adverse health and environmental risks.

Sex trade: also known as prostitution, it is not illegal in Canada, however most activities surrounding it (such as operating a brothel, being found in a brothel, procuring or soliciting in a public place) are illegal.

Sexual exploitation: Sexual exploitation is the sexual abuse of children and youth through the exchange of sex or sexual acts for drugs, food, shelter, protection, other basics of life, and/or money

Social stigma: is severe social disapproval of personal characteristics or beliefs that are perceived to be against cultural norms. It often leads to marginalization (social process of being confined to a lower social standing or outer limit of social standing)

Victim: is a person who, as a result of the commission of a crime by another, suffers emotional or physical harm, loss of or damage to property or economic harm.

Victimology: the study of persons who have experienced either actual or threatened physical, psychological, social, or financial harm as a result of the commission or attempted commission of crime against them. The harm may be direct or indirect. This is a form of profiling.

Youth: the Criminal Code of Canada, specifically the Youth Criminal Justice Act defines “youth” as person between the ages of 12 and 17 years old. For the purpose of this research, many of the incidents described are of young women aged 14 to 17 years old.

INTRODUCTION

Peterborough Lakefield Community Police Service (PLCPS) is committed to serving the community by being the best police service and providing the highest standard of professionalism in partnership with the citizens of this community. The Victim Services Unit was implemented in 1995 after a year-long project in partnership with the YWCA that focussed on identifying the needs of victims of crime. Victim Services provides post incident and long term information and referrals to victims of crime and tragedy and maintain liaisons with community support networks. Recently, the municipal police service in the city of Peterborough is reporting troubling stories of young women aged 14-17 who find themselves in relationships that involve drug addiction and intimate violence. The men prey on these impressionable young women who introduce them to various addictive drugs (I. Maxwell, personal communication, 11 March 2010). The young women become sexually exploited by these male perpetrators and are forced to participate in prostitution related activities to support their drug habits. These adolescent women are isolating themselves from social networks (family, counselling) and therefore are not able to escape to get the support they need.

Current studies of urban neighborhoods in Canada have discovered that the average age range for youth to become involved in the sex trade is 13-16 years old. This alarming statistic is reason enough for the city of Peterborough to become more responsible about the young people in the community. It is quite clear from the lack of information about these individuals that they are generally invisible to the mainstream population. This is not uncommon as advocates, researchers and feminist theorists all agree that most prostitution in North American takes place indoors (80%), with a relatively small percentage of prostitution taking place on the streets (20%) (1). To clarify this broad statement, there have been reports by a PLCPS officer of adolescent women (15-16 years)

being offered drugs and alcohol in exchange for sexual favours by an older individual in a domestic environment (I. Maxwell, personal communication, 11 March 2010). Male offenders such as this one probably find it less risky to engage in these activities indoors because they believe they are less likely to be arrested. This in fact becomes more dangerous for the young women involved in this illegal activity because of its social invisibility.

It is quite difficult to quantify these young individuals because they are a very hard to reach population in terms of identifying who they are. Some of them will come from disrupted and dysfunctional families, poverty, divorce, domestic violence, parental drug abuse and/or criminality. Some of the young girls from Peterborough who have been identified by police have had experiences of physical, sexual, emotional abuse or neglect, have a family history of drug and alcohol abuse, have parents with mental health issues or poor bonding, nurturing and supervision from the family. Most if not all of these adolescent women were associated with CAS (Children's Aids Society) at an early age, however there are also case reports of young women stemming from secure family homes, have good academic standings and involved in after-school activities. These youth often have a misguided concept of safety and leave their family home in search for an identifiable group of peers (C. Raponi, S. Spence. personal communication, 11 February 2010). This is a significant discovery because it means that this is not an isolated problem in Peterborough and that any of the young females in this community could be at risk of this type of exploitation.

The aim of the current research is to determine the risks and trends of these young women in order to establish risk factors and profiles of these victims. This will be presented by the four themes (high risk youth, health issues, violence, and social status) in order to categorize the different types of risks these women face and how each one has an effect on them. The Peterborough community

will benefit from understanding the serious impact addiction has and the unique challenges faced by this vulnerable client population. The project will help the community collaterals and the municipal police develop programs geared towards increasing health and safety for a population that is not likely to access mainstream services. This project will hopefully make the citizens of Peterborough become aware of these young women and understand the severity of their victimization in regards to violence and drug addiction. This report will be comprised on four themes, the first one will be to identify common behaviours and characteristics of high risk youth, the second theme will discuss health issues (illness, drugs and emotional vulnerabilities) related to this population, the third theme will examine the violence they experience from their male offenders and the fourth theme titled social status will describe the social barriers associated with these stigmatized young female individuals. It should be made clear that this is a preliminary report of this complex issue in the city of Peterborough, therefore future recommendations that should be considered will be described.

METHODS

The data that was gathered for the purpose of this study was completed in a number of stages. First, a thorough review of current literature on such subjects such as “high risk youth”, “intimate partner violence” and “sampling hard-to-reach populations” was researched. Afterwards, case reports using the Niche RMS, a police records management and information sharing technology, was searched for incidents of “trouble with youth” or searched using the first and last names of young women based on information from several police officers. Once information was gathered about these young women, interviews were set up with various community service providers. Walter Johnstone, of the Youth Emergency Shelter (Y.E.S.) was contacted for an interview. He is the executive director of Y.E.S. which provides emergency housing, food, assistance with employment,

life skills training alternative classrooms and educational programs for youth aged 16-25 years old. Carlo Raponi, the satellite director of Kawartha Youth Unlimited (KYU) in Peterborough and Sherri Spence the coordinator of the mentoring program at KYU were contacted because of the various youth-directed programs they run in the city of Peterborough. There is The Bridge Drop-In which is intended for individuals aged 14-24, The Bridge After School program which targets young people aged 8-13 years old and the Mentoring program, were just three of the programs that were discussed during the interview. Lynn Zimmer, the executive director of the YWCA of Peterborough was also interviewed because this organization provides shelter, safety programs for escaping violent relationships, services for abused women and many other community and individual supports. Kim Dolan, the executive director of the Peterborough Aids Resource Network (PARN) was contacted because PARN provides education and awareness programs as well as outreach and harm prevention services for people living with AIDS/HIV and/or have drug related issues. They also have done a lot of outreach work with victims and survivors of the sex trade. The executive director of FOURCAST addiction services in Peterborough was contacted for an interview. Donna Rogers, who works for this community addiction treatment agency, was able to provide a lot of insight on the issues surrounding youth and substance abuse, whether it was involving legal or illegal drugs. Mary Waters (B.ScN.), a sexual assault nurse examiner (SANE) who works at the Women's Health Care Centre at the Peterborough Regional Health Centre (PRHC) and Bobbi Martin-Haw the coordinator of PRHC's Sexual Assault/Domestic Violence Program were also interviewed because of their expertise working with young women who are sexually abused or engaging in high risk sexual activities. It was important that the research for this project was collaborative because the outcome would implicate not only the police service but many other service providers and collaterals. In addition to the resources in Peterborough, a conference was attended in December in the city of

Toronto titled “Sex Trade and Trafficking” which was put on by the organization Youth Unlimited: Light Patrol. It is a specialized outreach program for teenage girls involved in, or vulnerable to being sexually exploited. Initially, it was proposed that there would be interviews conducted with a number of the young women in the Peterborough area who were identified as victims of drug addiction and intimate violence. However, this population is severely marginalized and virtually invisible to the rest of the community, including the police. These barriers will also be discussed in this report.

THEME: HIGH RISK YOUTH

Observations were recorded from interviews with service providers and compiled case reports from the Niche RMS database in regards to common behaviours in high risk youth; specifically women aged 14-17. It should be noted that many of the individuals that the service providers were identifying were in fact not the same high risk youth being profiled for this project because many of these young women are not involved with public services. Many of these young women were being identified by their impulsive behaviours such as running away from home, having low self esteem, displaying hostile and aggressive behaviours, having learning difficulties, poor refusal skills and a positive view of drug use. In addition, their lack of involvement in school such as skipping class or frequent absences, poor grades, suspension and eventually dropping out of school will contribute to their marginalization and isolation from their own community (M. Waters, personal communication, 13 November 2009). Most of these young women are not identified as high risk until it is too late and they are deeply engrossed in a cyclical lifestyle of drug use and violence.

THEME: HEALTH ISSUES

There is significant correlation between the drug habits of these young women and their emotional and psychological health. Studies have also shown that there is a strong relationship

between illicit drug use and intimate partner violence (IPV). It is however, very difficult to come up with a risk profile of these adolescents because most of them do not seek medical services or counselling (M. Waters, personal communication, 13 November 2009). Based on the information that was able to be gathered, the young women who are chronic runaways or continuously absent from school, are at high risk for participating in a number of health-compromising activities such as drug use and prostitution. Data was collected from the Women's Health Centre and published papers on clinical studies of "runaway/homeless youth" and "trafficked women", because they had the most relevant information regarding the health risks associated with this population.

Sexually transmitted infections (STI), in particular chlamydia (Ct) and gonorrhea (Gc), are the most frequently reported communicable diseases in North America. In fact, based on a clinical study in Manitoba, the majority of cases of chlamydia and gonorrhea are among 15-24 year olds, with a greater incidence among females (2). Research regarding sexual behaviour amongst teenagers has indicated higher risk in youth with low self esteem and childhood sexual abuse. Survivors of sexual abuse have been found to be significantly more likely to be sexually active, to use condoms inconsistently than peers without a history of abuse (2). Many sexually abused adolescents also suffer from feelings of low self-esteem, fear of rejection, mistrust, and powerlessness. Researchers consistently find that self-esteem is a valuable predictor of the conditions under which adolescents enter into sexual relationships (2). In particular, without confidence and self-esteem, these adolescents may enter into sexual relationships vulnerable to the desires of their partner. This observation is quite evident when examining the relationships between these young adolescent females and their controlling and abusive partners. A major concern with these young women is that their perception of risk is severely skewed therefore most of them will not be aware of the apparent risks they face when having casual sexual encounters with these men. Another reason for these poor

decision making skills is because their emotional needs precede their actions (C. Raponi, S. Spence, personal communication, 11 February 2010). A direct example of this would be their desperation for food or drugs where all responsibility would be abandoned in order to satisfy these needs. Men who proposition them for sex without a condom in exchange for drugs or food does not become a difficult decision for them to make at the time.

HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome) and HVC (Hepatitis C virus) are most commonly transmitted through sexual intercourse and needles used for injection drugs. There is a high incidence rate of these viruses amongst these young women because most of them do not use harm preventative measures. It is also difficult to acquire statistical values to monitor this public health issue because these young women do not seek gynecologic care or HIV testing (K. Dolan, personal communication, 5 February 2010). This is due primarily to the administrative and social barriers that these women must face before being able to access these social services and will be discussed further in this report. Some of these young women do not even have current immunizations for Hepatitis B, probably as a result of school absenteeism. Most of these young women smoke, abuse drugs and alcohol (i.e. binge drinking), have poor diets, poor sleep patterns, a lack of physical exercise, and they engage in a number of other risky behaviours such as hitchhiking or wandering the streets at night. These young women are being persistently sexually exploited by their male partners. They are at risk for developing anxiety, post-traumatic stress disorder, depression and suicidal tendencies. Personnel from Y.E.S. and PARN have indicated that self harm was quite evident in these young women (W. Johnstone, personal communication, 4 March 2010) (K. Dolan, personal communication, 5 February 2010).

The young women who are identified as being in the sex trade are much more likely to abuse drugs. This statement has been confirmed by several of the service providers in Peterborough. Police

personnel of the Peterborough Lakefield Community Police Service indicated that opiates were the most common drugs associated with the young women (I. Maxwell, personal communication, 11 March 2010). This is probably due to their accessibility. Case reports retrieved by Niche have described adolescent women stealing their parents' prescribed medication (i.e. morphine, codeine, oxycodone) or break and entering into other residences and stealing these drugs. In fact, some of the women began stealing methylphenidates (Ritalin) as young as 12 years old from other young individuals and either selling the drugs or keeping it for their own recreational use. Among youth, cannabis is the most frequently reported drug used (61.4%), followed by hallucinogens (16.4%), then cocaine (12.5%), ecstasy (11.9%), speed (9.8%) and inhalants (1.8%) (3). Recent reports indicate that youth do not use cannabis or other illicit drugs in isolation; rather, most youth who currently use cannabis also consume alcohol (98.7%) and most youth who currently use illicit drugs also consume cannabis (91.3%) and alcohol (99.6%) (3). In a study conducted by the Canadian Community Health Survey, almost half of youth (49.3%) stated that the single most important reason for starting to use drugs was "to try out" or "because of curiosity". This was followed by "to get high" stated by 11.2% of youth and because "family or friends are using" stated by 10.8% (4).

Young, vulnerable women who begin experimenting with these "hard" drugs are forced to become controlled by their drug pushers or male partners. In a study conducted by PARN in 2008 where several women who identified as being a victim or survivor of the sex trade indicated that younger "girls" who are prostituting for drugs have little sense of agency over their drug use, as they cannot even inject for themselves (5). This demonstrates that the male offenders are very manipulative and controlling of the drug intake of these young women. This is indicative that substance abuse in youth is a very complex issue.

THEME: VIOLENCE

The intimate relationship that these young women become involved in is very detrimental not only to their well-being but to their physical and mental health as well. Women involved in the sex trade within the city of Peterborough indicated that physical violence did take place amongst their tricks and drug dealers but was rarely spoken of (5). This is a common trend in most domestic violence cases; however the violence that these women experience is far more dangerous mostly because drugs are involved. Young women begin to attach themselves to a violent partner as young as 15 years of age and often do not disclose this violence to their family members, teachers or other service providers. The executive director of the Youth Emergency Shelter stated that approximately 35% of the young females that entered the shelter had suffered from sexual abuse from either a family member or an intimate partner. Unfortunately, females who had experienced IPV had the highest turnover rates (few days to a week) at Y.E.S., which demonstrates their lack of commitment and impulsive nature (W. Johnstone, personal communication, 4 March 2010). Dissociation is a common psychological defense in response to the trauma that these young women experience either in childhood or during their adolescence. Testimonies from survivors of the sex trade in Toronto revealed that the dissociation is necessary to survive rape, battering, and prostitution in adulthood is the same as that used to survive familial sexual assault. The young females in Peterborough who are attaching themselves to these abusive males, often experience severe emotional manipulation and intimidation, which is especially invisible to the rest of the community.

Researchers and medical practitioners have suggested that a risk profile can be defined for a victim of intimate violence in the emergency department. After a clinical study conducted in 1995, the authors concluded that there were not enough predictive indicators of a violent relationship in the absence of “typical” clinical or demographic findings (psychiatric symptoms, trauma and

gynecological symptoms) (6). This is of particular interest for this young population of women because they will not exhibit “typical” signs of violence. There is a strong relationship that exists between the type of aggression these young women experience and the drugs used by their intimate partners. A recent clinical study discovered that an increase in drug abuse was significantly associated with an increase in aggression. These findings may suggest that the psychopharmacological effects of drug intoxication produce changes most notably in negative verbal and other nonphysical behaviors towards partners. It could be that intoxication increases irritability and lowers inhibitions about the appropriateness and perceived punishments associated with verbally aggressive behaviors compared to other forms of aggression. Cocaine is known to have the highest prevalence of psychological or physical aggression and sexual coercion. Evidence suggests that the psychopharmacological effects of cocaine, particularly the effects on the serotonergic signaling system, may have aggression-promoting effects. Marijuana and opiates also had high correlation to aggressive behaviours (7).

The prevalence of emotion and verbal abuse that the young women experience from these men makes it more invisible to the rest of the population including police. This makes it less of a deterrent for male perpetrators to psychologically terrorize these victims and force them to separate themselves from their family and community support systems that were once in place.

THEME: SOCIAL STATUS

Youth who become affiliated with deviant peers, will often lead to their involvement in risky deviant behaviours, which increases their risk for sexual exploitation. This is especially true for young females, who are known to be heavily influenced by their female peers especially in the choices they make during puberty. The young women, who start experimenting with drugs, will

become addicted because of a need to fit in with the “boyfriend”. They tend to have their male partner inject for them and then they become reliant on the drugs (5). The young females become so intertwined in their cyclical lifestyle of abusing drugs and finding ways to pay for these drugs that they experience a loss of identity. They do not seem to have any sense of responsibilities other than sustaining their drug habit. They have trust issues with police officers and counsellors because of their lack of understanding and compassion for this highly stigmatized group. The sex trade in Peterborough may be underground, however it is readily available, especially for young vulnerable women (D. Rogers, personal communication, 1 March 2010).

The Youth Emergency Shelter indentified two categories of female clients; “throw aways” (mental health, substance abuse, known throughout the justice system) and “abused” (either by partner or family). It is clear that from these titles alone, how socially rejected these individuals are in the community. The young women (14-17) entering the youth shelter, who are drug addicted and abused, tend to have a lot of hostility towards the service providers (W. Johnstone, personal communication, 4 March 2010). In fact, a case reported by a PLCPS police officer in 2004 described a young female victim who was refused by three different shelters in Peterborough and refused by her foster parents and by her biological mother, because she was too aggressive and did not abide by the rules of the different residences. This social isolation and rejection is a common barrier faced by these young women. Other social barriers will depend on the age, gender, income, education and health status of the young person which are all put into context when determining how accessible a service is to an individual (8).

These young females are also faced by administrative barriers such as the formalities of filling out paperwork, providing identification or insurance numbers, which can become a major

deterrent for seeking medical care and testing. If these young women are leaving their homes at 14-15 years of age to live in foster care or shelters, there is a good chance that they do not have proper identification such as a driver's license or a health card. It is almost as if they do not even exist at all.

RECOMMENDATIONS

More information is needed to be gathered by the police regarding this highly stigmatized and marginalized population. It will be relatively easy to access more service providers and police officers regarding these victims living in Peterborough. However identifying and sampling this population for research purposes is often fraught with difficulties. Barriers include society's lack of tolerance of diverse groups, social stigma, concern for issues of confidentiality, and fear of exposure because of possible threats to security. These young women can be hard to reach, either because of lack of contact information, or non-existent databases to inform sampling. Researchers studying marginalized populations have suggested providing a monetary incentive to the participants, holding a media conference describing the study and how to participate and advertising in newspapers. This should hopefully cause a "snowball" effect to advertise for the research and result in a good sample size of participants.

Some of the long term recommendations are to present the findings of this research to the Police Services Board, hold a conference or workshops in the city of Peterborough with the hope to educate the community and provide understanding of this highly sensitive subject. As such, these young women should be a priority target population for future educational and prevention programs aimed at eliminating the sex trade in Peterborough. As runaways and school dropouts, they will not be exposed to school-based education and prevention programs. This is of particular interest as it may be an indication that further outreach should be conducted with these young women as they

may also be less likely to access services to improve their health and well-being for fear of judgment.

With regards to addiction services in the city of Peterborough, that there is a need for detox services, other than methadone clinics and over-night residential beds for youth in rehabilitation for drug addictions. There is also a need for better staffing resources to better link community services that address the various issues in adolescent females in the city of Peterborough (K. Dolan, personal communication, 5 February 2010). Other community service providers mentioned the need to develop available resources that would address issues of self worth in young women. Low self esteem in young women showed a higher correlation to engaging in high risk behaviours such as having unprotected sex and using drugs which in turn caused a number of health issues. Further, if self-esteem is related to a sense of control over the sexual encounter, then perhaps the teaching of negotiation skills and the boosting of self-confidence to use those skills could enhance self-esteem and, both directly and indirectly, lower STI risk in young women.

Whenever there is a supply there is also a demand. This means that the high risk behaviours of the male offenders also need to be evaluated and better yet prevented. Diversion programs already exist in Toronto for men who solicit the services of prostitutes and as a result their first charge is usually dropped. This program has been proven quite successful with less than 2% of clients who reoffend.

The city of Peterborough has been quite successful in implementing harm reduction programs to be available for its citizens; however there is a need for more preventative resources, especially for its youth population.

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