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Research paper

Live to tell: Narratives of methamphetamine-using women taken hostage by their intimate partners in San Diego, CA

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ABSTRACT

Background: Hostage-taking, an overlooked phenomenon in public health, constitutes a severe form of intimate partner violence and may be a precursor to female homicide within relationships characterized by substance use. Criminal justice studies indicate that most hostage incidents are male-driven events with more than half of all cases associated with a prior history of violence and substance use. Methamphetamine use increases a woman's risk of partner violence, with methamphetamine-using individuals being up to nine times more likely to commit homicide. As homicide is the most lethal outcome of partner violence and methamphetamine use, this study aims to characterize the potential role of hostage-taking within these intersecting epidemics.

Methods: Methamphetamine-using women enrolled in an HIV behavioural intervention trial (*FASTLANE-II*) who reported experiences of partner violence were purposively selected to participate in qualitative sub-studies (*Women's Study I & II*). Twenty-nine women, ages 26–57, participated in semi-structured interviews that discussed relationship dynamics, partner violence, drug use and sexual practices.

Results: Findings indicated four cases of women being held hostage by a partner, with two women describing two separate hostage experiences. Women discussed partner jealousy, drug withdrawal symptoms, heightened emotional states from methamphetamine use, and escalating violent incidents as factors leading up to hostage-taking. Factors influencing lack of reporting incidents to law enforcement included having a criminal record, fear of partner retaliation, and intentions to terminate the relationship when the partner is incarcerated.

Conclusion: Educating women on the warning signs of hostage-taking within the context of methamphetamine use and promoting behaviour change among male perpetrators can contribute to reducing the risk of homicide. Furthermore, bridging the gap between health services and law enforcement agencies and providing comprehensive services that address the needs of methamphetamine-using women in violent relationships can prevent or minimize potential harm to vulnerable women.

Introduction

Over 40 million women (35.6%) in the U.S.A. report experiences of intimate partner violence (IPV) at some point in their lifetime (Catalano, Smith, Snyder, & Rand, 2009; CDC, 2010; Tjaden & Thoennes, 2000). IPV against women is defined as threats, attempts or completed physical or sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former spouse, boyfriend, or dating partner (CDC, 2010; Saltzman, Fanslow, McMahon, & Shelley, 2002). Often referred to as a "hidden epidemic," estimates of unreported cases of IPV range from 50 to 75% (Felson & Pare, 2005; Rand & Catalano, 2007). A woman's reluctance to report IPV has been attributed to fear of their male partner's retaliation, economic and psychological

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dependence on the male partner, and anticipation of ineffective law enforcement (Felson & Pare, 2005; Spohn & Tellis, 2012). Medical facilities can serve as a frontline of defense and point of intervention, often treating victims of violence with moderate to severe injuries; however, less than 20% of female victims of IPV seek medical treatment following an injury (CDC, 2010). While 2 million women suffer injuries related to IPV every year, over 1600 women will not survive the violent attack (Catalano et al., 2009; CDC, 2008). As such, there is an urgent need to understand events leading up to, during, and following a violent attack in an effort to establish targeted interventions and policy strategies within existing public service agencies.

Femicide, also referred to as intimate partner homicide, fatal IPV, and non-negligent manslaughter, is defined as the homicide or murder of a female by her male intimate partner (Catalano et al., 2009; Stöckl et al., 2013). In the U.S.A., women are murdered by current and/or former intimate partners (married or non-married) approximately 9 times more often than by a stranger (Campbell, Glass, Sharps, Laughon, & Bloom, 2007). A frequent underlying risk factor for femicide is prior exposure to at least one incident of male-perpetrated violence, with estimates ranging from 68 to 80% of all femicide cases (Campbell et al., 2003, 2007). Additional femicide risk factors include partner's substance abuse, unemployment, access to a firearm, jealousy, and avoidance of domestic violence charges, forced sexual encounters, estrangement after living together, and terminating the relationship (Campbell et al., 2003; Wilson & Daly, 1993). Similarly, national police records indicate that nearly one-third of femicide cases report an intimate partner as the perpetrator, with most incidents of IPV going unreported (Campbell et al., 2003; Spohn & Tellis, 2012). Although femicide can occur among women regardless of age, socioeconomic status and education level, ethnic minority women are disproportionately affected (Catalano et al., 2009; CDC, 2008). African American women are four times more likely to be killed by a boyfriend or dating partner and twice as likely to be killed by a spouse when compared to their white counterparts (Catalano et al., 2009). While there is a growing body of literature on femicide, studies neglect to capture events leading up to the death of the victim (Campbell et al., 2003, 2007; Catalano et al., 2009). These cases are more often than not pieced together by homicide investigators, family and friends of the victim, and statements provided by the male perpetrator, who may have been under the influence at the time of the homicide (Campbell et al., 2003; Catalano et al., 2009; Stöckl et al., 2013). This deficit alludes to potential unidentified femicide risk factors, including hostage-taking, that may have profound effects on injury prevention strategies designed to prevent and reduce femicide.

While several factors contribute to IPV victimization and perpetration, the use of illicit stimulants have been linked to IPV (Brecht & Herbeck, 2013; Cohen et al., 2003; Fussell, Haaken, Lewy, & McFarland, 2009; Gilbert, El-Bassel, Chang, Wu, & Roy, 2012; Lapworth et al., 2009; Smith, Homish, Leonard, & Cornelius, 2012; Stuart et al., 2008). Stimulants such as crack, cocaine and methamphetamine (meth), target the central nervous system to produce effects such as increased energy, decreased appetite, and increased sexual arousal (National Institute on Drug Abuse [NIDA], 2013b). Meth, in comparison to other illicit stimulants, has a much longer duration of action and produces longer-lasting effects on the central nervous system (NIDA, 2013b). Chronic meth users may display symptoms of paranoia, anxiety, confusion and delusions, which can often precede uninhibited violent and aggressive behaviours (Brecht & Herbeck, 2013; Cohen, Greenberg, Uri, Halpin, & Zweben, 2007; Lapworth et al., 2009; NIDA, 2013b). In the U.S.A., meth use is widespread, with approximately 1.4 million people reporting any use in 2013 and 595,000 reporting use in the past month (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013; Gonzales, Mooney, & Rawson, 2010). Previous studies have highlighted the association between meth use and IPV, with upwards of 80% of female meth users reporting physical violence by a partner and approximately 9% reporting fear of being murdered by their partner (Brecht & Herbeck, 2013; Busch & Rosenberg, 2004; Cohen et al., 2003). Meth use alters a person's emotional and behavioural state, which can impact relationship dynamics, leading to injury and the possibility of death (Stretesky, 2009). These statistics suggest an association between meth use and femicide, highlighting the need for criminal justice systems to partner with external service providers and determine points of intervention (Deutch, 2011; Stretesky, 2009).

The current study location, San Diego, CA, is situated along the US-Mexico Border. This area is known for its high prevalence of meth use due to its close proximity to a major meth trafficking route and a high incidence of black-market production, which ranges from smaller household labs to "superlabs" that produce large quantities of meth (Gonzales et al., 2010; NIDA, 2013b; Shukla, Crump, & Chrisco, 2012). Meth is the leading cause of drug treatment admissions and accounts for approximately half of all drug overdoses in San Diego County (NIDA, 2013a). Unlike the gender ratio associated with other drugs, the proportion of female meth users is nearly equal to men, with recent police reports indicating over 45% of female and 31% of male arrestees in San Diego test positive for meth (Burke & Howard, 2013). The use of meth by one or both intimate partners may fuel violent and aggressive behaviours, while limiting behavioural control. A case study review of 57 femicide cases occurring in San Diego County between 2006 and 2011 revealed that 56% of cases occurred when the female victim, the male perpetrator, or both were under the influence of meth (San Diego County, 2012). These findings underscore the urgency to identify possible precursors of femicide among populations with co-occurring risks (e.g., stimulant use, IPV).

Although there is a growing body of evidence in the fields of public health and injury prevention on the prevalence and relationship between IPV, femicide, and substance use, few of these studies have explored the role of hostage-taking, an extreme form of IPV (Brecht & Herbeck, 2013; Campbell et al., 2003, 2007; WHO, Pan American Health Organization [PAHO], 2012). Hostage-taking is defined as the holding of one or more persons against their will with the actual or implied use of force, and is typically triggered by feelings of frustration, outrage, oppression, power, passion, significance, despair, or anger (Lanceley, 2010; Noesner & Webster, 1997). Until recently, the topic of hostage-taking was limited to criminal justice and law enforcement experts, who attribute 63–80% of all hostage situations to perceived relationship difficulty and resentment by the male perpetrator (Mohandie & Meloy, 2010; Van Hasselt et al., 2005). Meanwhile, a separate review of 84 hostage, barricade, and jumper cases occurring between 1998 and 2006 indicated that the majority of cases involved a male perpetrator (94%) with a previous history of violence (58%), and most acts were reportedly unplanned or spontaneous (87%) (Mohandie & Meloy, 2010). Furthermore, in over half of the cases (56%) the offender was under the influence of alcohol, illicit drugs, prescription medication, or a combination of the three (Mohandie & Meloy, 2010). While the topic of hostage-taking has been established in legal, law enforcement, and human rights literature (e.g., human trafficking and forced sex work), which cite implications for hostage-taking within their respective fields, these publications are limited to descriptive statistics (e.g., probable cause, fatalities, injuries, presence of substance use, mental health diagnoses), recommendations for hostage negotiation, and suggestions for identifying trafficking within community and clinical settings (Lanceley, 2010; Mohandie & Meloy, 2010;