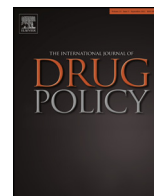




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Research paper

# The role of visual markers in police victimization among structurally vulnerable persons in Tijuana, Mexico

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### ABSTRACT

**Background:** Law enforcement can shape HIV risk behaviours and undermine strategies aimed at curbing HIV infection. Little is known about factors that increase vulnerability to police victimization in Mexico. This study identifies correlates of police or army victimization (i.e., harassment or assault) in the past 6 months among patients seeking care at a free clinic in Tijuana, Mexico.

**Methods:** From January to May 2013, 601 patients attending a binational student-run free clinic completed an interviewer-administered questionnaire. Eligible participants were: (1)  $\geq 18$  years old; (2) seeking care at the clinic; and (3) spoke Spanish or English. Multivariate logistic regression analyses identified factors associated with police/army victimization in the past 6 months.

**Results:** More than one-third (38%) of participants reported victimization by police/army officials in the past 6 months in Tijuana. In multivariate logistic regression analyses, males (adjusted odds ratio (AOR): 3.68; 95% CI: 2.19–6.19), tattooed persons (AOR: 1.56; 95% CI: 1.04–2.33) and those who injected drugs in the past 6 months (AOR: 2.11; 95% CI: 1.29–3.43) were significantly more likely to report past 6-month police/army victimization. Recent feelings of rejection (AOR: 3.80; 95% CI: 2.47–5.85) and being denied employment (AOR: 2.23; 95% CI: 1.50–3.32) were also independently associated with police/army victimization.

**Conclusion:** Structural interventions aimed at reducing stigma against vulnerable populations and increasing social incorporation may aid in reducing victimization events by police/army in Tijuana. Police education and training to reduce abusive policing practices may be warranted.

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### Introduction

Globally, law enforcement officers can aid in shaping HIV risks via policing practices for structurally vulnerable populations, including homeless persons, people who inject drugs (PWIDs), and female sex workers (FSWs) (Beletsky et al., 2013; Burris & Strathdee, 2006; Goldenberg, Strathdee, Gallardo, Nguyen, et al., 2011; Goldenberg, Strathdee, Gallardo, Rhodes, et al., 2011;

Hayashi, Small, Csete, Hattirat, & Kerr, 2013; Kerr, Small, & Wood, 2005; Miller et al., 2008; Ti et al., 2014; Ti, Wood, Shannon, Feng, & Kerr, 2013). Problematic policing practices include unjust arrests, harassment, extortion, sexual abuse, and violence. Such practices can have an indirect effect on the behaviours of structurally vulnerable populations who may engage in health damaging behaviours that increase HIV susceptibility as a strategy to remain hidden and evade police. PWIDs who experience police abuse are more likely to inject in unsafe environments (i.e., shooting galleries), rush injections, and share syringes (Beletsky et al., 2013; Burris & Strathdee, 2006; Kerr et al., 2005; Miller et al., 2008; Philbin et al., 2008; Volkmann et al., 2011; Werb et al., 2008). PWIDs may also be less likely to seek out needle exchange programs, purchase clean needles, and seek drug-treatment for fear of law enforcement (Beletsky, Agrawal, et al., 2011; Beletsky, Grau, et al.,

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2011; Burris et al., 2004; Burris & Strathdee, 2006; Miller et al., 2008). FSWs may rely on third parties (e.g., pimps, bar owners) or work in secluded areas to avoid police confrontations; these factors limit regulation and FSWs' ability to negotiate condom use and safer sexual practices (Beletsky et al., 2012; Goldenberg, Strathdee, Gallardo, Nguyen, et al., 2011; Goldenberg, Strathdee, Gallardo, Rhodes, et al., 2011). The criminal justice system can reduce adoption of preventive behaviours and influence HIV risk among structurally vulnerable persons.

Along the U.S.–Mexico border, human rights violations and accounts of victimization experiences (e.g., abuse, violence) by law enforcement are commonplace (Beletsky et al., 2012; Philbin et al., 2008; Pollini et al., 2008; Pollini, Gallardo, et al., 2010; Pollini, Lozada, et al., 2010; Volkmann et al., 2011). Enforcement of laws in northern Mexican cities bordering the U.S. may be perceived as arbitrary (Beletsky et al., 2012, 2013; Davidson et al., 2012). The Mexican northern border region has a strong military presence that commonly works alongside local law enforcement in policing activities (Beittel, 2010; Beletsky et al., 2012; Meyer, 2010); human right violations and abuse by the military have been documented (Beletsky et al., 2012; Human Rights Watch, 2011; Meyer, 2010). In the U.S.-bordering city of Tijuana, arbitrary and problematic policing practices (e.g., harassment, unlawful arrests, abuse) have been linked to HIV risk behaviours among structurally vulnerable populations, including PWIDs, FSWs, and FSWs who inject drugs (Beletsky et al., 2013; Pollini et al., 2008; Robertson et al., 2010; Strathdee et al., 2005; Strathdee, Lozada, Ojeda, et al., 2008; Strathdee, Lozada, Pollini, et al., 2008; Volkmann et al., 2011).

Tijuana is home to a large presence of structurally vulnerable populations who are disproportionately affected by HIV. Approximately 10,400–17,400 men who have sex with men (MSM), 6400–10,000 PWIDs, and 4800–9000 sex workers reside in Tijuana (Brouwer et al., 2006; Iñiguez-Stevens et al., 2008). Tijuana also has a significant migrant and deportee population as it receives the highest proportion of deportees than any other Mexican city. In 2010, ~135,000 Mexican migrants were deported to Tijuana (Instituto Nacional de Migración, 2010; Pinedo, Burgos, & Ojeda, 2014; Pinedo, Burgos, Robertson, et al., 2014). These subpopulations face substantial social and structural barriers (i.e., poverty, homelessness, stigma and discrimination, and barriers to accessing health care, HIV education and testing, and drug treatment) that increase their risk for acquiring HIV infection (Brouwer et al., 2009; Goldenberg, Strathdee, Gallardo, Nguyen, et al., 2011; Goldenberg, Strathdee, Gallardo, Rhodes, et al., 2011; Iñiguez-Stevens et al., 2008; Miller et al., 2008; Pinedo, Burgos, & Ojeda, 2014; Pinedo, Burgos, Robertson, et al., 2014; Robertson, Lozada, et al., 2012; Robertson, Ojeda, et al., 2012; Robertson, Vera, et al., 2012). An estimated 11% of MSM, 4% of male PWIDs, 10% of female PWIDs, 6% of FSWs, 12% of FSWs who are PWIDs, and 1.23% of deportees in Tijuana are HIV positive (Brouwer et al., 2006; Rangel et al., 2012; Strathdee, Lozada, Ojeda, et al., 2008; Strathdee, Lozada, Pollini, et al., 2008; Strathdee & Magis-Rodriguez, 2008). PWIDs who have been deported have 4 times the odds of being HIV positive compared to non-deported PWIDs (Strathdee, Lozada, Ojeda, et al., 2008; Strathdee, Lozada, Pollini, et al., 2008). Problematic policing practices are an important risk factor that can potentially elevate the HIV risk profile of these structurally vulnerable populations.

Past studies suggest that certain characteristics, including visual markers, may increase susceptibility to police harassment. Along the U.S.–Mexico border, carrying syringes (despite their possession being legal in Mexico), having drug injection use stigmata (e.g., 'track marks'), recent arrests, homelessness, and higher frequencies of drug injection have been associated with negative encounters with police (Beletsky et al., 2013; Miller et al., 2008; Pollini et al.,

2008; Pollini, Gallardo, et al., 2010; Pollini, Lozada, et al., 2010; Volkmann et al., 2011). Qualitatively, migrants and deportees have described being targeted and harassed by local police for lacking legal identification documents (e.g., government issued voter card, Mexican birth certificate), which are commonly lost during their migration trajectory (Infante, Idrovo, Sanchez-Dominguez, Vinhas, & Gonzalez-Vazquez, 2012; Ojeda et al., 2011; Pinedo, Burgos, & Ojeda, 2014; Pinedo, Burgos, Robertson, et al., 2014; Robertson, Lozada, et al., 2012; Robertson, Ojeda, et al., 2012; Robertson, Vera, et al., 2012). Research investigating the link between adverse policing practices and HIV risk has been primarily concentrated among PWIDs and FSW. Little is known about Tijuana police and army interactions with other structurally vulnerable populations; such data may shed light on factors that increase susceptibility to police targeting and victimization.

This study is guided by concepts from Rhodes' 'HIV risk environment' framework (Rhodes, 2002; Rhodes, Singerb, Bourgoisc, Friedman, & Strathdee, 2005). This framework considers the context in which behaviours take place vis-à-vis disease outcomes. Determinants of HIV infection and risk are formed by an individual's interaction with his social and physical environment. The environment is conceptualized as macro- and micro-level factors operating at different domains of influence, including physical (e.g., homelessness, deportation), social (e.g., drug use, discrimination), economic (e.g., unemployment, access to employment), and policy (e.g., having legal identification documents). Factors within each level of influence constantly interact and shape risk practices and vulnerability to HIV among individuals who co-exist in that environment. As such, law enforcement and policing practices can be critical factors of the 'HIV risk environment' by operating at the micro- and macro-policy environment level (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Burris et al., 2004; Rhodes et al., 2003; Strathdee et al., 2010); this framework has been previously applied to understand policing practices and HIV risk among PWIDs and FSWs in Tijuana (Goldenberg, Strathdee, Gallardo, Nguyen, et al., 2011; Goldenberg, Strathdee, Gallardo, Rhodes, et al., 2011; Robertson, Lozada, et al., 2012; Robertson, Ojeda, et al., 2012; Robertson, Vera, et al., 2012; Strathdee, Lozada, Ojeda, et al., 2008; Strathdee, Lozada, Pollini, et al., 2008; Volkmann et al., 2011). This study aims to identify correlates of police/army victimization (i.e., harassment or assault) in the past 6 months among patients seeking care at a student-run free clinic in Tijuana, Mexico. We hypothesize that selected micro- and macro-level factors within each domain of environmental influence that may serve as visual markers (e.g., homelessness, tattoos, injection drug use) will be associated with experiences of police/army harassment or assault in Tijuana. Anecdotally, patients from this clinic have expressed self-perceived discrimination over having tattoos; we were especially interested in testing the relationship between tattoos and police/army targeting and victimization.

## Methods

### *Study design and participants*

From January to May 2013, a convenience sample of 601 patients attending the binational Health Frontiers in Tijuana student-run free clinic (HFIT) were recruited to complete a questionnaire. The HFIT clinic is located in Tijuana's *Zona Norte* near the red light district and is situated <1 mile of the U.S.–Mexico border (Ojeda et al., 2013). In brief, free basic medical services are provided every Saturday to local residents. The clinic caters to uninsured, impoverished, and structurally vulnerable populations (e.g., sex workers, drugs users, homeless, migrants, deportees). Potential participants were approached by trained interviewers at the clinic lobby and screened

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