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## 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

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### CONFLICT OF INTEREST

The authors declare no conflict of interest.

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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 while 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.

### Keywords

hostage; methamphetamine; partner violence; femicide; women; United States

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## 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; Centers of Disease Control [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 50–75% (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 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, Smith, Snyder, & Rand, 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, Smith, Snyder, & Rand, 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 68–80% of all femicide cases (Campbell et al., 2003; Campbell et al., 2007). Additional femicide risk factors include unemployment, substance abuse, access to a firearm, jealousy, forced sexual encounters, estrangement after living together, terminating the relationship, and avoiding domestic

violence charges (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 partner violence 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, Campbell et al., 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 have profound effects on 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, Mooney, & Rawson, 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; Campbell et al., 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 between 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 1998–2006 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; Noesner & Webster, 1997; Mohandie & Meloy, 2010; Van Hasselt et al., 2005). Though risk factors of hostage-taking and femicide seem to overlap, additional evidence is needed to describe the relationship between the two phenomena in order to make recommendations towards improving current injury prevention strategies among meth-using women.

Because hostage-taking is commonly described through the lens of law enforcement agents, human trafficking researchers, and male perpetrators, fundamental questions surrounding events leading up to, during, and following a hostage situation by an intimate partner in the context of meth use remain unanswered, particularly as told through the perspective of the women themselves (Gozdziak & Collett, 2005; Mohandie & Meloy, 2010; Van Hasselt et al., 2005; Vecchi, Van Hasselt, & Angleman, 2013). We draw on the Theory of Gender and

Power and employ an explicit feminist perspective to understand how relationship contexts of violence and substance abuse can escalate into hostage situations (Connell 2012; Taylor & Jasinski, 2011; Teitelman, Ratcliffe, Morales-Aleman, & Sullivan, 2008; Wingood & DiClemente, 2000; Wingood, 2006). Within this framework, gender is conceived as a relational process by which men may enact violence to maintain their advantaged social position over women (Connell 2012; Taylor & Jasinski, 2011). In turn, women's expressions of agency within relationships may be met with backlash and increasingly violent attempts to maintain control (Taylor & Jasinski, 2011). We suggest that such relationship power dynamics are intensified by partners' stimulant use and compounded by a lack of trust in law enforcement, limited comprehensive social services, and few avenues of recourse for women. As such, at-risk women become socially isolated, dependent on their volatile male partner, and further vulnerable to violent victimization, including forced confinement and homicide.

Within this context, the goal of our study was to characterize events surrounding one or more hostage situations by female survivors, including potential precursors and factors influencing help-seeking decisions following a hostage experience. This perspective is widely underdeveloped among women with co-occurring femicide risks (i.e., previous experiences of IPV and meth use). To this end, we conducted qualitative interviews with 29 women reporting current or former meth use and experiences of IPV in San Diego, CA. The open, flexible nature of a qualitative approach revealed four unreported cases of women held hostage by a partner in the context of meth use and prior experiences of IPV. Our results, presented most appropriately as case studies under the guiding principles of the Theory of Gender and Power, uncovers contextual conditions that may be relevant to the phenomenon of hostage-taking and may contribute to formative research that defines boundaries between the phenomenon and contextual factors (Yin, 2003). When applied to femicide prevention efforts, our study findings can be used to identify points of intervention and offer recommendations for advancing structural policies between law enforcement and health institutions.

## METHODS

*FASTLANE-II*, a longitudinal HIV behavioural intervention study, provided a sampling frame for *Women's Study I & II*, two subsequent qualitative studies exploring HIV prevention methods among drug-involved women with histories of IPV. The unanticipated theme of hostage-taking emerged during preliminary analysis of the qualitative data, which prompted a review of the scientific literature. Experiences of hostage-taking, defined as the perception of being held against one's will through implied threats or physical force, are described below through case studies of meth-using women who lived to tell about their experiences. All studies were approved by the Human Research Protections Program of the University of California, San Diego, and study participants provided written informed consent.

## Parent study

*FASTLANE-II*, an HIV prevention behavioural intervention trial designed to reduce sexual risk behaviours, meth use, and depressive symptoms among HIV-negative, heterosexual meth users residing in San Diego, has been previously described (Mausbach, Semple, Zians, Patterson, & Strathdee, 2007; Mausbach, Semple, Strathdee, & Patterson, 2009; Semple, Strathdee, Zians, & Patterson, 2009). Briefly, eligible participants were men and women ages 18 and older who self-identified as heterosexual, used meth at least twice within two months prior to screening, engaged in unprotected sex with an opposite sex partner within two months prior to screening, and were HIV-negative. A total of 223 men and 209 women (n=432) were recruited into *FASTLANE-II*. Participants were compensated \$30 at baseline, 6-, 12-, and 18-month follow up visits and provided consent to be contacted for future studies.

## Current study

The purpose of *Women's Study I*, conducted from May to August 2011, was to explore women's experiences and attitudes toward female-initiated HIV prevention methods (i.e., female condoms and vaginal microbicide gels). *Women's Study II*, conducted from January to March 2012, aimed to elucidate the feasibility of adopting safer sex strategies while enrolled in *FASTLANE-II*. Baseline data from *FASTLANE-II* furnished a sampling pool for the recruitment of participants in *Women's Study I & II*. Using criterion sampling (Patton, 2002), we generated a list of females who reported ever having experienced physical and/or sexual violence by a current or former male sex partner (i.e., spouse or steady partner, or casual or anonymous partner), which represented 74.6% (n=154) of the female baseline sample from *FASTLANE-II*. Based on this list, we purposively sampled women based on age (i.e., 18–30, 31–45 and 46+) and race/ethnicity (i.e., White, African American, Hispanic/Latino, Other) in order to elucidate both variation and breadth of experiences among potential participants (Patton, 2002). In total, 18 and 17 women were successfully recruited into *Women's Study I & II*, respectively, with 6 women participating in both studies. All participants were recruited via phone using a standard script to explain study participation and appointments were scheduled at the familiar *FASTLANE-II* study site. Although all women who completed the baseline interview for *FASTLANE-II* were actively using meth, 7 participants from *Women's Study I & II* were no longer active users at the time of their qualitative interviews.

## Data collection

Semi-structured interviews were conducted by female interviewers (the Principal Investigator and two graduate research assistants), who had extensive experience working with vulnerable women. In-depth interview guides were designed to elicit information on relationship histories, experiences of IPV, sexual risk behaviours, contraception use, and HIV prevention methods. Audio-recorded interviews ranged from 30–90 minutes in length. Participants were compensated \$25, offered a transportation voucher, and received a list of local resources that included domestic violence, healthcare, and childcare services. Interviewers wrote detailed notes to summarize the main topics and to capture the physical and mental condition of the participant. Audio recordings were transcribed verbatim and



evaluated for accuracy, whereby one research assistant listened to each audio recording and read through the transcripts to check for inaccuracies and inconsistencies (McLellan, MacQueen, & Neidig, 2003). Through bi-weekly discussions and ongoing analysis of the transcripts, we determined that we had reached conceptual saturation, whereby additional interviews would not elicit new information on the topics of interest (Guest, Bunce, & Johnson, 2006).

## Data Analysis

Qualitative analyses were conducted in two stages and at two different points in time for *Women's Study I & II*. For each study, three research team members independently read through transcript passages to generate preliminary themes based on the research aims of each study (i.e., deductive) and relevant themes that emerged in the transcripts (i.e., inductive) (Ryan & Bernard, 2003). Similar themes were then merged together as common or recurring concepts, which were organized into typologies and classification schemes. Research team members met to discuss major themes, generate code definitions, and develop codebooks for each study relevant to each study's aims (i.e., female-initiated HIV prevention and adaptation of prevention methods). Both studies included higher-level codes related to intimate partners, abuse/violence, law enforcement, drug use, and HIV prevention methods. Analysts coded each transcript and met regularly to address coding concerns and refine the codebooks as needed. Isolated coding concerns were resolved through team member discussion and further refinement of code parameters. MAXQDA® 10 (VERBI, Marburg, Germany) was used to manage, merge, and analyze transcript data and interviewer notes from both qualitative studies into one integrated database.

Through ongoing research team discussions, we identified an unanticipated theme of women reporting hostage-taking in the context of discussing lifetime experiences of physical violence. One analyst (NLB) went back through the transcripts and interviewer notes from both studies to further examine all coded text related to physical violence and identified four unique cases in which women described experiences of being held hostage by their intimate partners. The authors next assigned pseudonyms to these four women to protect participant identities and developed a separate set of a priori sub-codes to characterize the phenomenon of hostage-taking within the context of meth use and IPV, including the events immediately preceding, during, and following an incident. The lead analyst wrote detailed notes on each case summarizing the relationship of the perpetrator to the victim, whether substance use played a role in the hostage-taking, and whether or not the victim sought help following a hostage experience. An abductive approach was applied, which uses both inductive and deductive principles, in order to make inference to the best possible explanation of the events surrounding hostage-taking using the Theory of Gender and Power as a guiding framework (Timmermans & Tavory, 2012). Descriptive case studies provided insight to the contextual conditions surrounding meth-use and IPV, as well as the decision-making process that followed each hostage-taking incident as perceived by four women (Yin, 2003).



## RESULTS

Table 1 characterizes the 29 women, aged 26–57 years, from *Women’s Study I and II*, four of whom reported incidents of hostage-taking. Of these four women, two participated in both *Women’s Study I & II*, three were actively using meth at the time of their qualitative interview and two participants were held captive twice. While we point to events surrounding one or more hostage situations by female survivors including events leading up to, during and following each woman’s hostage experience, we highlight possible triggers and implications for help-seeking, which are summarized in Table 2.

### Case #1: Lynette, 31 years old, African American

Lynette exhibits signs of revictimization, where the physical abuse she experienced as a child carries into her adult relationships. She has had multiple physically abusive partners in her lifetime saying, “I don’t know what it is or how I am presenting myself to these people to where they have to put their hands on me.” In each subsequent relationship the violence seems to increase in severity, including two hostage situations by intimate partners. Her meth use is sporadic, as she has stayed sober 2 months to 2 years at a time. While Lynette was enrolled in *FASTLANE-II*, she was in three separate relationships. One partner, who she considered to be her serious relationship, was sentenced to two years in prison on drug-related charges. To cope with the stress, Lynette’s meth use became more frequent and she started seeing two casual dating partners. One of the partners, John, supplied her with meth for personal use and to sell for a profit. John exhibited jealous behaviours when he saw Lynette with other men, and verbal accusations escalated to pushing, shoving and then hitting, especially when he smoked meth.

In her first hostage experience, Lynette agreed to meet John in a hotel room where they could have sex. Upon arrival she noticed that John had been drinking alcohol and he immediately started “teasing” Lynette, requesting to have a threesome with her and her friend. Upset and unwilling to comply, Lynette gathered her belongings and proceeded to leave. John became enraged, hitting Lynette multiple times, yelling profanities, punching holes into the walls and throwing objects. A neighbour overheard the commotion and called the police. When they arrived John asked, “Oh, so you’re going to make me go to jail?” Just as in previously abusive relationships, Lynette went into “cover-up” mode, hiding any evidence of abuse by straightening up the room and cleaning up her appearance. She denied any abuse to the police and reports were not filed. After the police left, Lynette recalls her hostage experience where she felt she could not leave the room:

I knew if I did that he’s going to hurt me ... So I sat in the spot [on the bed] even though I had to use the bathroom and everything. Cause he ended up passing out ... I didn’t move and I just sat there until he woke up. I wouldn’t do anything until he woke up ... Of course he punched me in the face.

Though no weapons were used, John made verbal threats to harm Lynette, so much that Lynette described not wanting to move from the bed, not even to relieve herself out of fear and anticipation of more violence. After the incident, John awoke and Lynette asked permission to leave. He apologized, claiming to have no recollection of the violence from

the night prior. They stayed together for a short period; however, Lynette slowly started to remove herself from the relationship by moving frequently so that he could not locate her.

A week prior to her *Women's Study II* interview, Lynette experienced her second hostage incident when she accompanied a female friend to a drug-house, a place where dealers buy, sell and allow clients to use drugs. She went to the house willingly and up until this point, she had not engaged in meth use for 2–3 months. Lynette recalls:

She [participant's friend] leaves me there and I'm locked in the house with a bunch of guys and they're trying to rape me and she took me there I guess as uh ... payment.

Lynette was unable to leave for 4 days. She smoked meth that was provided to her to curb her appetite and to avoid sleeping because she feared what might happen to her if she let her guard down or fell asleep. The male captors continually made sexual advances and carried out unwanted touching (e.g. massaging her legs and shoulders). On the fourth day, Lynette recognized a house visitor who helped her escape and took her to a friend's house where she was able to rest. She did not file a report because the house was associated with drug activity and Lynette feared she would be arrested for being under the influence of meth.

#### **Case #2: Gloria, 49 years old, Latina**

Gloria, a 20-year meth user, works in construction and sells meth part-time. Gloria married Tony, her second husband, after two months of dating and describes him as the “perfect gentleman.” Two weeks into the marriage, Gloria learned Tony was a heroin user and when he could not access heroin, he injected meth. She experienced physical abuse frequently in the form of hitting, slapping, and punching, and when she lost her apartment, they moved in with his parents where the abuse began to escalate. Tony threatened to kill Gloria multiple times with an ice pick, a knife, a gun and by driving recklessly with the intent to kill both of them. To support his heroin use, Tony engaged in credit card fraud, robbery, and check forgery. Gloria's first attempt to leave the relationship occurred when Tony violated parole and was sentenced to jail. She moved out of his parent's house and months later, while waiting at a trolley stop, he grabbed her from behind saying, “You're the love of my life. You're my wife.” The day of the incident, Gloria recalls being taken from the trolley stop and held against her will:

He kidnapped me, took me to the [hotel name] downtown for like a week and a half. I couldn't call nobody. Couldn't see nobody, couldn't do nothing. He finally fell asleep and I took off.

Following the incident, Gloria filed for a restraining order. Two years later, Tony is pursued in a high-speed chase, where he is wanted for fraud and robbery. As a plea bargain to reduce his sentence, Tony reported Gloria as his accomplice for check forgery and she served a 2-year prison sentence. Gloria has a new steady partner, but confided that she still fears her ex-husband and will continue to request extensions for the restraining order against him.

**Case #3: Tae, 38 years old, African American**

Tae experienced childhood sexual abuse by her mother's boyfriends from the age of 6 through 12, and consequently has had two physically abusive partners in her life. Her recent partner used meth, had concurrent sexual partners (including sex workers), and was physically abusive to the point where police officers were called frequently to mediate their fights. He was eventually arrested and served time in jail for trying to purchase drugs from an undercover police officer, which is when Tae terminated the relationship. Prior to that, Tae was married to Phil in her early twenties. At the time, Tae was not an active meth user, but Phil was and up until the day of the hostage incident, there was very little physical abuse. The marriage lasted 3 years, but Phil served time in jail for at least half of the marriage on non-drug related charges. Tae attributes Phil's physical abuse to his drug-related withdrawals and being high. She recalls the day of the incident:

He was having one of his come-down moments. And he didn't have any more [meth]. He started flipping out on me for like no reason at all. It was sort of like a hostage situation. He smashed the phone cords out the wall. He wouldn't let me leave the bedroom.

Tae suffered a severe concussion after being kicked in the head multiple times. Eventually, a neighbour called the police and Phil fled when he heard the police car sirens. Later, he served time in jail for domestic violence and expected to continue the relationship upon his release, telling Tae, "Well, you're still my wife." Prior to his release, Tae filed for divorce.

**Case #4: Martha, 47 years old, Latina**

Martha engaged in sex work, or "hooking," as a means to support herself and her addiction to heroin, cocaine, crack, and meth for more than 15 years. She experienced multiple rapes in her lifetime and started using heroin as a coping mechanism when she was in her 20's. At the peak of her addiction, she recalls having more than 10 clients daily to support her \$400 per day addiction and her hotel room where she was living. She related her drug use and sex work to the violence she experienced, calling it a "vicious cycle." Martha describes being held hostage at gun-point twice, once by a client and the second time when she was gang raped by a group of men, from which she contracted gonorrhoea and syphilis. In her first experience:

He broke my jaw. He broke my wrist, yeah it was not nice. He held me for 4 days um repeatedly raped and sodomized [me] ... You get into that kind of behavior and it's kind of a vicious cycle... I think the heroin helped dull, ya know, some of the stuff I had to deal with.

In the first incident, she felt comfortable pressing charges because she had not developed a criminal record. However, the second incident went unreported because of her previous convictions related to drug use and sex work. Martha has been clean for 2 years and admits that she struggles with addiction every day. At the end of her interview, she disclosed that she has been under financial strain due to an extended period of unemployment and recently went back to trading sex for money as a means to support herself, which opens the possibility of falling back on familiar behavioural patterns.

## DISCUSSION

Our study describes four survivors' unreported experiences of being held hostage using the Theory of Gender and Power as a guiding framework, which postulates that gender inequalities are derived and supported through social norms of patriarchal cultures, which perpetuates IPV against women, including femicide (Connell, 2012; Taylor & Jasinski, 2011). Femicide, the ultimate expression of dominance, is the product of male desire to assert and maintain power and control over his female partner (Taylor & Jasinski, 2011). We frame our discussion around the following overlapping themes of hostage-taking within the context of meth use and IPV: 1) history of violence and estrangement, 2) use of weapons, 3) sexual proprietaries, and 4) heightened psychological manifestations associated with drug use (e.g., jealousy, possessiveness). In closing, we provide recommendations for broad-level policy changes and targeted interventions.

All four women in our sample were ethnic minorities, corresponding to prior research findings indicating minority women are at greater risk for femicide (Catalano et al., 2009). Two out of the four women reported being held hostage twice in their lifetime, but only one out of the six hostage incidents was reported to law enforcement. In total, there were at least six perpetrators or captors, with two of the cases involving multiple captors within a drug-house environment and gang-rape. In addition, two of the cases involved women being married to their perpetrator, which could have prevented them from reporting their hostage incident.

Typically, women in violent relationships do not experience an isolated violent event, rather violence often occurs along a continuum with less severe violent acts occurring early on in the relationship (e.g., verbal threats), which then escalate to more severe forms of violent acts (e.g., physical and sexual violence) (Campbell et al., 2007). Similar to law enforcement studies that indicate more than half (63–80%) of hostage, barricade, and jumper cases are attributed to relationship issues and violent histories, all four women in our study reported experiencing physical and/or sexual violence by a male sex partner prior to their hostage incident (Mohandie & Meloy, 2010). Two women experienced revictimization, where they discussed prior childhood physical and/or sexual abuse, while others described escalating physical violence within their relationships. Women portrayed IPV as beginning with psychological abuse (e.g., name calling, jealousy, controlling behaviour), which escalated to physical violence (e.g., pushing, shoving) and continued to develop into severe physical violence (e.g., hitting, punching, choking), until they were eventually held captive. In addition, women with multiple experiences of physical abuse often alter their behaviours to prevent abuse; however, these strategies may not keep them safe (Campbell et al., 2003). Our findings speak to the importance of recognizing shifts in relationship power imbalances over time, including how escalating forms of male violence reflect their distorted perceptions of sexual entitlement and social advantage. While firearm possession by an intimate partner has been cited as a common risk factor for femicide, most of the cases that involved weapons in our study unfolded when the male perpetrator anticipated the of noncompliance of a female victim (e.g., ex-husband and sex client) (Campbell et al., 2003). Women described the use of a weapon to attain initial power, which was followed by acts of sexual proprietariness, the belief of entitlement or ownerships of female's sexuality and

reproductive abilities, another form of control (Taylor & Jasinski, 2011). In cases where the perpetrators' actions were premeditated, women described diminished ability to enact safety strategies or access help, which should be considered for femicide prevention interventions.

Substance abuse, mainly meth, was described by all participants. Four of the cases referenced meth, alcohol, or both in their hostage experience, with the male perpetrators exhibiting symptoms of meth use including jealousy, paranoia, heightened emotional states, sexual arousal, and aggressive behaviours (Brecht & Herbeck, 2013; Lapworth et al., 2009). Participants described meth withdrawal symptoms (e.g., irritability, mood swings), which caused their partners to become aggressive and exhibit manic behaviour. Similar to studies conducted by law enforcement, three of the hostage cases were spontaneous and unplanned, which may be attributed to meth use provoking impulsive and manic behaviour (Mohandie & Meloy, 2010; NIDA, 2013b). At least three women used meth as a coping mechanism, which they attributed to violence associated with sex work, childhood abuse, and other emotional stressors. This may produce a cyclical pattern, whereby meth produces a heightened emotional state between partners, resulting in severe violence, and is repeatedly used to cope with the associated violence and trauma (El-Bassel, Gilbert, Wu, Go, & Hill, 2005). Additionally, meth was also used as a safety mechanism to stay awake for four nights to avoid violence while they slept through the night. Unfortunately, this cycle leaves women at a heightened risk for partner violence, which may increase in severity over time, eventually leading to femicide.

Fortunately, all the women in this study lived to tell about their experiences by terminating their relationship with their partners or finding ways to keep themselves safe. With the exception of Martha, who reported her first hostage experience to law enforcement, all of the other cases went unreported. Martha, who engaged in sex work, felt comfortable reporting the first hostage incident because she did not have a criminal record. Her captor and client served a 10+ year prison sentence for his crimes; however, the second incident of being held hostage by gang members went unreported because Martha had developed a criminal record that included charges for sexual solicitation and drug possession. She anticipated that her credibility had been diminished, which may be echoed by other women who choose not to report their violent experiences. Two of the women were married to their captors and discussed knowing their male partners would have to serve time in jail for violating parole. During this time, the women were able to distance themselves from the relationship, request restraining orders, and file for a divorce. In both of these cases, the men attempted to assert power and control over the women by reminding them of their marital vows, which provided the men with a sense of entitlement. Both women confided they still fear unprompted encounters with their ex-husbands that might occur when they are alone and defenseless. Taken together, our results reflect broader patterns of women's disadvantaged position in society. Women were not only physically victimized by male perpetrators, but re-victimized in symbolic ways by feeling that their gender, sexual behaviour, drug use, and criminal records prevent them from sharing their stories and garnering the respect and full legal protections to which they are entitled.

While this case study provides insight on experiences of being held hostage by a male intimate partner, it is not without limitations. First, participants provided retrospective

accounts of their hostage incident, ranging from one week to several years prior to their interview, which introduces recall bias. Our sample is highly selective with a focus on HIV-negative, heterosexual meth-using women and cannot be generalized to other populations. However, our study findings can be used as a foundation for future research studies that focus on femicide among similar vulnerable populations. Study strengths include our use of qualitative methods as hostage-taking experiences were not a focus of the original study aims, but rather emerged from preliminary discussions on women's experiences of severe forms of partner violence. Though additional studies will be needed to assist in determining the prevalence, circumstances, and ways in which hostage-taking plays a role in the continuum of partner violence, the flexible nature of qualitative research allowed us to uncover a topic of critical importance that might have otherwise been overlooked.

Finally, our findings highlight the importance of creating policies that support the development and implementation of programs that integrate law enforcement, substance abuse services, and social services that provide directed support for women with experiences of IPV and meth use. Women cited incarceration as an opportunity to terminate violent relationships and should feel comfortable approaching law enforcement agents without regard to prior convictions. Coordinated services developed by law enforcement, substance abuse professionals, and service providers could provide comprehensive options to prevent and reduce severe partner violence, such as the events experienced by women in our case study. Programs and services for meth-using, abused women may achieve success if they aim to reduce misconceptions (e.g., judgmental environments, possibility of arrest), promote empowerment and safety planning in the context of meth use, and provide education and awareness on the violent triggers associated with meth use. In addition, interventions should use a two-pronged approach to include services for men (Jewkes, Flood, & Lang, 2014). Interventions may target men enrolled in drug treatment programs or housed in incarceration facilities as a result of domestic violence and drug-related crimes, and address fundamental power and control issues, anger management, social norms, effects of violence in the context of drug use, and approaches to develop healthy relationships. Four of the male perpetrators have served their prison sentence indicating the need for such interventions prior to release to avoid recidivism related to domestic violence.

Several health and injury prevention studies point to specific risk factors and environments associated with femicide in order to prevent the premature death of women. These findings have culminated into useful lethality risk assessment instruments such as the Danger Assessment and modified versions for emergency departments (Campbell, 1993; Snider, Webster, O'Sullivan, & Campbell, 2009). Instrument development has aided frontline health workers, domestic violence shelters, and law enforcement on communicating a woman's level of danger of being killed by her intimate partner (Campbell et al., 2003). While the Danger Assessment assesses risk factors associated with lethality and modifications have been made to accommodate the needs of immigrant women and those in same sex relationships, the instrument has not been validated for substance-using populations, in particular among meth-using women, where femicide and violent experiences persist (Glass et al., 2008; Messing, Amanor-Boadu, Cavanaugh, Glass, & Campbell, 2013). In addition, although assessment instruments have been successful at determining a women's risk of lethality to promote safety planning, these instruments are not widely available to active



drug-using, abused women. There is a critical need to integrate substance abuse and domestic violence sectors to make provisions for the administration of lethality risk assessments. This achievement in conjunction with coordinated services for both meth-using men and women through criminal justice, injury prevention, and substance abuse sectors will facilitate femicide risk reduction for meth-using women.

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**Table 1**Characteristics of Study Participants in *Women's Study I & II*

Characteristic	Women's Study I n=18 n (%)	Women's Study II n=17 n (%)
Mean age (range)	41.2 (26–57)	44.4 (28–57)
Race/Ethnicity		
White	7 (38.8)	3 (17.6)
African American	6 (33.3)	6 (35.3)
Latina/Hispanic	4 (22.2)	7 (41.2)
Other	1 (5.5)	1 (5.9)
Lifetime physical PV only	5 (27.8)	5 (29.4)
Lifetime sexual PV only	1 (5.5)	1 (5.9)
Lifetime physical & sexual PV	12 (66.7)	10 (58.8)
Current meth use <sup>1</sup>	10 (55.6)	8 (47.1)
Experiences of hostage-taking <sup>2</sup>	4 (22.2)	2 (11.8)

<sup>1</sup> Meth use in the last 30 days<sup>2</sup> Total of 4 cases with two women participating in both *Women's Study I & II*

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Summary Findings of Four Female Methamphetamine Users with Experiences of Partner Violence and Hostage-taking

Table 2

Cases	Factors										Post-event Outcome
	Perpetrator: intimate partner	Perpetrator: sexual client	Perpetrator: multiple people	Perpetrator: consumed drugs/ alcohol prior to incident	Female victim consumed drugs/ alcohol prior to incident	Perpetrator experiences withdrawal symptoms	Hostage-taking reported	Perpetrator arrested			
Lynette (Incident 1)	X			X		X					Moved frequently to avoid partner
Lynette (Incident 2)			X	X	X						Escaped drug house and never returned
Gloria	X			X		X					Later filed for divorce and a restraining order
Tae	X			X		X					Received a domestic violence charge and filed for divorce while partner was in jail
Martha (Incident 1)		X			X			X		X	Filed a police report and perpetrator was convicted
Martha (Incident 2)			X		X						Report was never filed