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Meeting the challenge: accessing drug using sexually exploited young people

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The Updated Drug Strategy (2003)

www.drugs.gov.uk

‘The most vulnerable young people will get support before drug problems escalate’ (page 7)

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Every Child Matters (DfES)

Integrated teams based in and around schools

Effective communication between professionals

Appoint a Children's Director in every local authority to bring services together as Children's Trusts

Local Safeguarding Children Boards

Integrated Inspections judge on 'joint work'

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Sexual exploitation/ sexual abuse/ prostitution

Safeguarding Children Involved in Prostitution (DOH 2000)

‘Specialist drug agencies and outreach workers will have an important role to play’ (p18)

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Considerations for research

- Access
- Confidentiality
- Professional Partnership
- Support for young women
- Support for researchers
- Health and Safety

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Issues identified by the 55 young women

History of intermittent truanting	55
Weekly misuse of alcohol	55
History of going missing from home	53
Sexual Health Problems	40
History of familial physical abuse	47
Not on a school roll	42
Has a boyfriend who is physically Violent	39
Self harms	34
Weekly use of heroin	30
History of familial sexual abuse	25
Been raped	22
Been abducted	16 (15 by 'boyfriend')

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Categories of risk

1. At risk : running from home,
truanting from school N = 19
2. Swapping sex: staying away
from home, spending more time on street N = 15
3. Selling sex: self defining as prostitute N = 21

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Category One: Early warning signs

- Alcohol abuse
- Sexualised risk taking
- Truancy
- Getting into men's cars

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Sexualised risk taking

Behaviour becomes the focus for attention - hides the needs

J, aged 14

Taken into police protection from the street when on the run.

'I've shagged 26 blokes in seven months. I'm not worried about AIDS ... I'll return to this if I'm not allowed to live with my mum.'

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Category two: swapping sex

- Going missing/exchanging sex
- Inter-personal violence
- Ongoing substance misuse

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Liza, aged 14,

lives with foster carers/ on school roll/ truanting, going missing, getting into cars and spending time in the local park (close to the taxi rank).

Experiences severe problems with alcohol abuse/ has been found unconscious because of excess alcohol/ has been hospitalised four times for alcohol related injuries.

Boyfriend, aged 18 is a known local pimp

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Nina, aged 16

'I never loved anyone the way I loved you, but no one ever hurted me the way you have, to make me hate you in the way I do now, could never hate anyone the way I hate you, will never love anyone the way I loved you.'

The tangle between love and hate is an obsession, *'he takes up all my head space'*. She is going back to him because

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- If she leaves him before the police can do anything her family may suffer
- She has had a miscarriage with his baby and she wants to tell him so he knows how much she has suffered
- She thinks that if she stays with him for long enough she can change him – make him treat her differently
- He is dependant upon her, needing her for money for his drugs
- When he forced her to have unprotected sex it was only because it was his birthday

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Category three: selling sex

- Most isolated group with the most needs
- Street based outreach services are used
- Accepting support on ‘own turf’

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And after meeting L, aged 17

She got out of a car where she was in the middle of scoring from a guy, she gave us her number but was intoxicated and not keen to wait around. She had just been bitten on the arm about an hour before we met her- she asked us whether we thought she should go to A and E and get the swelling checked out.

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J, aged 16

She was unwell so we put her on the tube to go home. She was unwilling to engage further but refused to be taken to a doctor or A+E. She had just been forced to have sex (she would not define it as rape) and was still recovering from her previous abortion.

She says she 'wants to go to college and be a normal girl'.

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Jane, aged 16: Why she didn't go to the doctors appointment

I'm too depressed and the journey takes too long

Susan, aged 17 : *I would get off drugs but I'm too weak to do it*

Janet, aged 18: *If services wanted to help, they should have helped in the past*

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Choice and Opportunity Project Young women described as

- *Lying*
- *Uncooperative*
- *Difficult to engage*
- *Unreliable*
- *Aggressive and abusive*

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David Howe, 1998

Rejecting/dismissing patterns -

the self is viewed as independent....and other people as rejecting, intrusive (*'Talking lots of stupid tests'*) and hostile

Disorganised/unresolved patterns -

the self is viewed as bad, and bad (unregulated bad) is more powerful than good. Other people are frightening and emotionally unavailable.

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Relationship based thinking

- *Young people's relationships
- *Our relationship with them

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Rejection : A means for the young woman to control the relationship

Stress and anxiety: A means to create chaos and avoid listening

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Holloway and Jefferson 2000

Doing qualitative research differently: free association, narrative and the interview method

Irrespective of the actual stories told, credibility is given to the free associations made within the narrative and the context within which it is told

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J, age 17

‘... you just feel like exploding and you just can’t take no more regardless of what anyone is telling you to do. I just wanted to get out of there.

*That day when I finally phoned the police I felt so relieved. I would say that was definitely the happiest day of my life. **I’ve actually done something.**’*

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