



Against Child Sexual Abuse

# SAHIL



## **Drug Abuse and CSA in Street Children**

**Research**

**on**

**Drug Abuse and Its Relationship to Sexual Abuse of Street Children**

**A publication of Sahil (NGO) against child sexual abuse.**

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Any reference taken from this research should be credited to Sahil.

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## **EXECUTIVE SUMMARY**

Sahil has conducted researches on the issue of Child Sexual Abuse (CSA) and exploitation and highlighted the plight of children at the national level.

This research on drug use and CSA in street children is a part of Sahil's mission to raise awareness on another aspect of child sexual abuse and to develop strategies for protection.

Street children are the most vulnerable group for all forms of exploitation including sexual abuse. This research takes a step further by drawing a relationship between drug abuse and child sexual abuse amongst street children.

Drug cultivation, trafficking and abuse have been one of the numerous problematic issues existing within Pakistan. This issue is interwoven with a number of other social issues one of them being child sexual abuse. On the surface there seems to be no obvious relationship between the two. However, there is ample evidence stating that not only does child sexual abuse bring about certain physiological changes that lead to greater chances of addiction but also that poverty and child abuse combined together lead to problems of drug abuse.

This report also attempts to briefly outline the various types of drugs available and the physiological and psychological changes they bring about. It takes into account the problems of cultivation and abuse of drugs within the context of the Pakistani society.

This report is based on two and a half months of research and includes the interviews of 180 street children. The age range was from the age of 6 years to 18 years. This research was conducted in the Federal capital, Rawalpindi and four provincial capitals Peshawar, Lahore, Karachi and Quetta.

## **BACKGROUND FOR THE STUDY**

Drug use problems in the families can affect children in various ways. Incest, violence, neglect and poverty associated with parental drug use may all play a role in forcing children away from their families, onto the streets and into a life of sexual exploitation. In certain situations, parents or other family members may use their children to earn money to support drug use in the family. The children may beg, steal, work or prostitute themselves (or be offered prostitution by their parents) in order to support their families where the parents are incapable of doing so because of their drug addiction (UN-ESCAP, 2002).

## **THE HISTORY AND ABUSE OF DRUGS IN PAKISTAN**

### **History**

Following are some of the extracts concerning Pakistan from World Drug Report 2000.

- a. Illicit cultivation of opium poppy was 5759 hectares in the year 1994, down to 248 hectares in the year 1999.
- b. Production of opium was 128 metric tons in the year 1994, and 9 metric tons in the year 1999.

It is obvious from the above statistics that cultivation has been greatly reduced.

Before 1978 heroin use was almost unknown in Pakistan. A major change occurred in drug use in Pakistan with the introduction of heroin in the domestic market. For a very long time we failed to recognize the drug menace as a problem pertaining to our society

Consumption of illicit drugs was 1.2% Cannabis in the year 1998, and 1.7% Opiate (Heroin) in the year 1999.

It is in the recent years that this menace has acquired alarming proportions. This epidemic has spread faster than expected. There were as estimated 500 drug addicts in 1980 which crossed the million mark in 1990, and now it is estimated to be at 4.5 million. This expended use of drugs has created social, economic and family problems.

Besides the normal consequences of heroin abuse for the individual, the user's health declines sharply with a simultaneous and almost parallel decline in productivity, the family also suffers from the consequences. A heroin addict sooner or latter tends to lose his job and in order to find money to pay for addiction, becomes a drug pusher, besides indulging in small thefts to find money for the addiction. Consequently, heroin addiction leads to variety of physical, financial and social problems, which tend to increase both in size and complexity in the course of time.

### **Drugs are generally defined as:**

“Any chemical substance which affects the human physiology or psychology. The substance may be habit-forming, perhaps addictive.”

### **While addiction is defined as:**

A "continued use despite major negative consequences to self or others, combined with a lack of control over use." (New Perspectives on Drug Abuse Prevention, New Perspectives, Larkspur, CA)

### **Categorization of Drugs**

Drugs can be categorized by two general schemes:

Their mental and physical effects on people

Their mode of administration.

### **Drug abuse can be attributed to the following multiple factors:**

- a. Rapid turn over of population i.e. rural to urban migration, emigration of male to foreign lands resulting in family disorganization, disintegration and dissolution.
- b. Utilization of sizable land for industrial buildings in the urban areas and consequent appearance of the “ghettos” in the cities without any social, cultural and recreational activities and with sub- human living conditions.
- c. Lack of education and information.
- d. Affluence from ill-gotten wealth.
- e. Frustration caused by the one or more of the above factors.
- f. A materialistic way of life which people have adopted as an alternate to an intrinsic value system.
- g. Economic and financial difficulties due to unemployment, lack of success in job or work causing frustration and mental disturbances.
- h. Societies where injustice, discrimination, imbalance and exploitations are rampant make living extremely bitter and miserable. The weak and poor are the most affected segment of the population. A relationship of oppression leads to escapism in a variety of ways.

### **Drugs categorized by their mental and physical effects**

#### *"Uppers" or stimulants*

Includes amphetamines (e.g. cocaine, "crack," and "ice") nicotine, caffeine. These drugs act by stimulating the nervous system so that the body feels excited, revved up.

Some of the reasons why people take uppers are to:

- increase alertness and concentration
- increase energy
- elevate mood
- suppress appetite



**Some of the negative side effects of uppers are that they:**

- are very addictive
- make it hard to sleep or relax
- increase paranoia (the fear that "someone is out to get me")
- strain the heart and lungs, and can cause heart attacks and death

*"Downers" or depressants*

Includes alcohol, barbiturates or sedatives (e.g. Quaaludes), opiates (e.g. heroin, morphine), and tranquilizers (e.g. Valium, Librium). These drugs act by depressing the nervous system so that the body slows down.

**Some of the reasons why people take downers are to:**

- lower anxiety or fears
- forget worries
- increase sleepiness
- decrease inhibitions

**Some of the negative side effects of downers are that they:**

- are very addictive
- dull emotions, so that people don't feel much sadness, but also don't feel much happiness
- confuse thinking and slur speech
- slow reaction time and ability to control the body

**Drugs categorized by their mode of administration**

1. Smoked or inhaled into the lungs.

Marijuana, hashish, opium, heroin, crack, ice, nicotine

2. Snorted into the nose.

Cocaine, heroin

3. Eaten or drunk

Marijuana, peyote, alcohol, caffeine, amphetamines, barbiturates, sedatives, tranquilizers.

4. Injected under the skin (skin popping) or in the vein (intravenous, IV).

Cocaine, crack, opium, heroin.

## **SEXUAL ABUSE IN STREET CHILDREN**

Street children in Pakistan are not only an easy target as far as child sexual abuse is concerned but are also more likely to use drugs. It's a vicious circle whereby due to sexual abuse children are more likely to use drugs and as they become more dependent on drugs, they concede to sexual abuse to sustain the habit.

According to REUTERS:WASHINGTON, Jan. 5- "Repeated sexual abuse makes physical changes in the brain, changes that can explain why abused children often use illegal drugs later in life, researchers say.

They found that children who were sexually abused had changes in the blood flow and a function of a brain region called the CEREBELLAR VERMIS, which is also known to change when people abuse drugs."

Psychiatry professor Scott Coffey and colleagues at the Medical University of South Carolina tested 30 cocaine-dependent and 45 alcohol-dependent volunteers, all of whom also suffered PTSD resulting from a physical and sexual attack.

From the research with trauma victims, it was known that intrusive trauma memories were very upsetting to patients, and this trauma- memory induced negative emotions, increasing cravings in substance abusers with PTSD.

"These findings add support to our notion that we need to treat two disorders at the same time". Coffey said in a statement.

## **DEFINITIONS OF TERMS**

### ***Street children***

Near the garbage cans looking for cigarettes butts to smoke, food to eat, sitting under the broken bridges to get protection from the sun or on the brinks of the gutters, in the ruins of old buildings, under the trees of graveyards and in the verandas of bus stops.

These are the children of the street.

The term "street children" was introduced in 1980s to refer to the children who live or spend a significant amount of time on the street of urban areas to fend for themselves or their families through various occupations. This also denotes children who are inadequately protected, supervised or cared for by responsible adults.

Glauser (1990, p.140-141) defines street children as "the children living their lives on streets. They spend the nights anywhere on the streets, stay up late, get little sleep, are exposed to a passer by as abandoned, homeless, tramps, thieves, or juvenile delinquents".

**Street children can further be divided into the following two groups:**

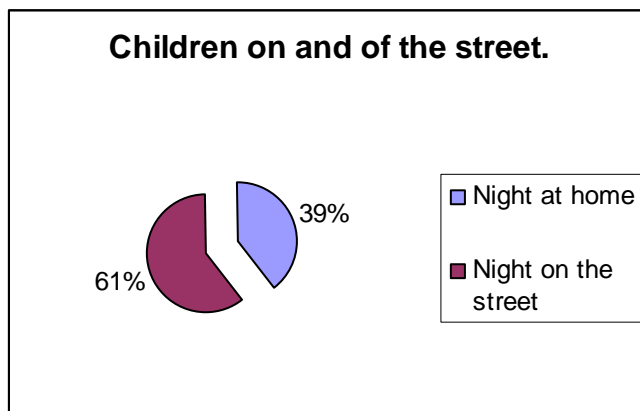
1. Children of the streets
2. Children on the streets

“UNICEF makes a distinction between these two terms.

‘Children of the streets’ consists of boys and girls who see the street as their home. They may still have some family ties but seek shelter, food and a sense of family among their street companions, or they may have completely broken ties with their families and literally live on the streets. Often they have been abandoned by their parents, are orphans, or runaways from neglectful or abusive families.

The second group, ‘children on the streets’ includes those who still have family connections. They live at home, often in shacks, some times even attend school, but are sent to the streets by parents or go of their own accord to supplement family income.” (ESCAP HRD, 2002).

The division of these two groups in the study may be seen in the following graph.



Out of 180 Children, 71(39%) were on the streets who went home at night, while 109 (61%) were children of the streets.

Some of the popular perceptions about street children concerning their families, futures and the children themselves are:

**About Their Families**

- They have been abandoned by their families
- They have run away from home because of sexual exploitation
- They are the result of the breakdown of the family
- Their families have disintegrated because of poverty
- Their fathers are abusive alcoholics
- They come from mother headed families

#### About Their Futures

- They will not survive to adulthood
- They will grow up to be criminals
- They cannot be rehabilitated
- They turn into terrorists or revolutionaries
- They will become addicts
- They will be abusers

#### About The Children

- They are starving
- They are ignorant
- They are thieves
- They are the victims of CSA
- They have little choice but to be prostitutes
- They are uncontrollably violent
- They have lost all ability to feel emotions such as love
- They have no morals
- They are addicts
- They have AIDS

All of these statements have been applied to youngsters on the streets at one time or another. But they are individuals; each having their own history, problems, needs and hopes.

#### **Drugs**

The word drug refers to any substance or product that affects the way people feel, think, see, taste, smell, hear or behave.

Sometimes the phrase “psychoactive substance” is used just to emphasize the fact that the substance produces a change in the mental process.

A drug can be a medicine, such as morphine, or it can be an industrial product such as glue. Some drugs are legally available, such as approved medicines, while others are illegal, such as heroine and cocaine. Each country has its own laws regarding drugs and their legality.

The use of a drug may have a little or a large effect on a person’s life and health. The extent of the effect depends on the person, the type of substance, the amount used, the method of using it, and the general situation of the person.

(ESCAP HRD, 2002).

#### **Child Sexual Abuse (CSA)**

CSA is defined as contact or interaction between a child and an older or a more knowledgeable child or adult (stranger, sibling, or a person in position of authority, such as parent or caretaker) and the child is being used as an object for the older child or adult’s sexual needs. These contacts or interactions are carried out by using force, trickery, bribes, threats or pressures.

Involving children in pornography, exhibitionism, using sexual language, inappropriate touching, molestation, incest, rape and sodomy are all forms of sexual abuse.

### **OBJECTIVES OF THE STUDY**

1. To see if street children who use drugs have also experienced sexual abuse.
2. Reasons for using drugs.
3. Identification of help required for rehabilitation.

### **METHODOLOGY**

#### **Sample**

The sample consisted of 180 street children in the age range from 6 years to 18 years.

The target population was street children from the Federal Capital, Rawalpindi and the four provincial capitals of Quetta, Peshawar, Karachi and Lahore.

The selected areas at Islamabad and Rawalpindi were Pir Wadhai, Bank Colony, Asghar Mall Road, Najjat Markaz, Dalda Sarai, Sultan ka khoh, Cantonment area and Raja Bazar.

At Lahore data was collected from Ali Park, known as the head quarter for drug addicts, Data Darbar, Railway Station, Naz Cinema and Heera Mandi.

In Peshawar data collection was done at Board, Danishabad and Hayatabad.

In Karachi data was collected from Liaqatabad, Sadar Town, and Jamshaid Town.

In Quetta the data collection was done at Gharibabad, Fruitabad and Pashon abad.

#### **Duration**

Data was collected from 1 May 2003 to 15 June, 2003. The report was completed by 15 July, 2003.

#### **Instruments**

Questionnaire and interviews

An indigenous questionnaire was developed by the researcher for the present study. Questions consisted of 30 statements. Both qualitative and quantitative statements were included in the questionnaire.

## **Procedure**

After developing the questionnaire, an outreach person was employed to identify the places where these children could be found.

First we experienced difficulties in being able to interact with the children as they were not allowed by their addict adult godfathers to talk to us. They insisted that the interview must be done in their presence. On our repeated requests they permitted us to interview the children in private in return for food, which we provided them.

Intervention visits were paid to the children in the target areas and we built a rapport with the children in order to interview them. When conducting the interviews, the children were provided with food and drinks.

Time constraint was a problem which was felt during the process of the interview with the children. Time is needed to build trust and gain the confidence of the children to illicit responses on such a sensitive issue. Due to this problem, 18 children did not respond to all the questions and two simply refused to talk.

## **Data Collection**

Data collection started soon after the intervention visits, and rapport building. Field visits began on 1st May and ended on 15<sup>th</sup> June, 2003.

First we went to see the children in the morning at their 'favorite' staying places but did not find many children there. We were told that usually children were away in the morning for their small businesses such as begging, labor, pick pocketing and roaming around for getting something to eat. The best time for their availability was 4 p.m. to 6 p.m. when they came back from their "duties" to take a break, or at 9 p.m. when they returned for the night.

Data was collected through applying a set of questions, observation and some in-depth interviews. Some of the techniques to establish trust and friendship with the children were friendly conversation on general topics; showing concern and affection for them and sharing food with them during the interviews.

## DATA ANALYSIS

Data is been presented in the form of tables and graphs which provide a clear view of the results

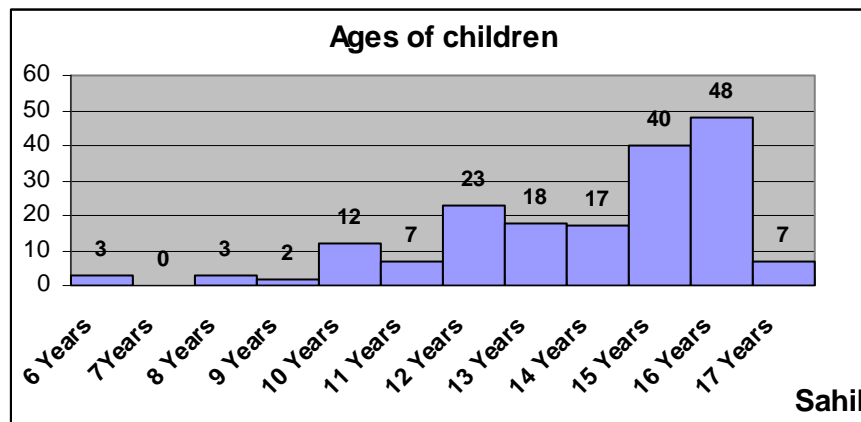
### Gender differences

Sex	Frequency	Percentage
Male	177	98%
Female	3	2%

Out of 180 children 177 (98%) were boys and only 3 were girls.

The fewer number of girls on the streets indicates our culturally bound areas, which do not allow a girl to be on the streets but this does not mean that girls are safe and protected from the abusive behaviors of the people around them. If a girl is orphan or has no immediate relations to look after her, she goes to the custody of her distant relatives. Though the tribal and Baradari (family) system protects her from being on the streets, however it does not guarantee her safety from physical and sexual abuse in the four walls of the house of protection.

### Age range of the children



The graph shows the ages of the children which ranges from 6 years to 18 years of age. The highest number of 48 children on the streets were from the age group of 16 year olds, and 40 children were at of the age of 15 years.

It is evident that boys who have reached the age of adolescence dominate the streets. This is probably due to the fact that the boys have little or no education, are at the age for exerting independence and see the streets as the only opportunity to earn and control their own lives. The following data on the schooling of the children shows their educational status

## Educational Level

Children (73) who got education up to class 1, 2 or 3 were 43%, but the larger number of children (107) who never attended school were 59% of the total number of 180 children. The drop out rate in Pakistan is 50% of school going children. Family incomes must also play a crucial role in their decision to leave schools.

Their educational level was not more than class two. A few children could read or write their names and some of them had read the first Para of the Quran.

Out of 180 children 51% were totally illiterate. They never went to any school or religious institution.

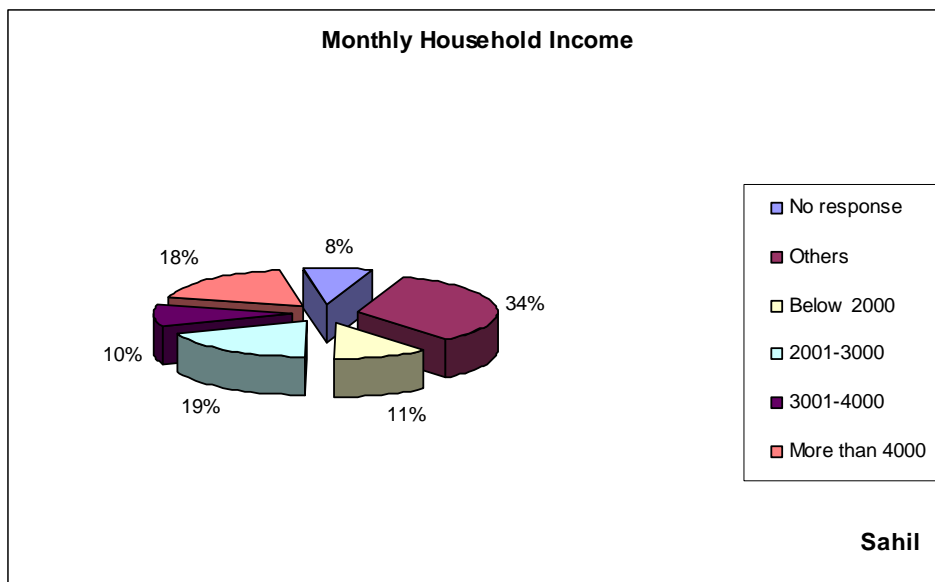
A majority of children did not do any work. When asked how they could they met their expenses, they said,

“Through begging we get money and food”

Others were doing small jobs like shoe polishing, car washing, cleaning in the restaurants, selling small items and still others were pick pocketing. Fifty three percent were earning less then Rs.50 a day and twenty six percent were getting less then Rs.100 a day. Was there are lack of income in the home that pushed these children onto the streets?

The following graph takes a look at the monthly income levels of the households of the respondents.

## Household monthly income



The household incomes give a glimpse of their socio-economic status, and were cited as a major reason for their being on the streets. There were 61 children (34%) who belonged to families where there was no bread earner at all. Either the father was dead or an addict doing nothing to support a large family consisting of 8 to 10 family members. In some of these cases, mothers were earning meager amounts by doing house hold chores for



others, providing domestic services, begging or living on alms. Another 11% children were from households with monthly incomes below Rs.2000, and 19% children belonged to the families where father's monthly income was less the Rs.3, 000.

The fact that there were 18% children who came from households whose income was in the Rs.4000 category leads us to the next concern of whether there is addiction in the family which has influenced the child.

The following table looks at the use of drugs by family members.

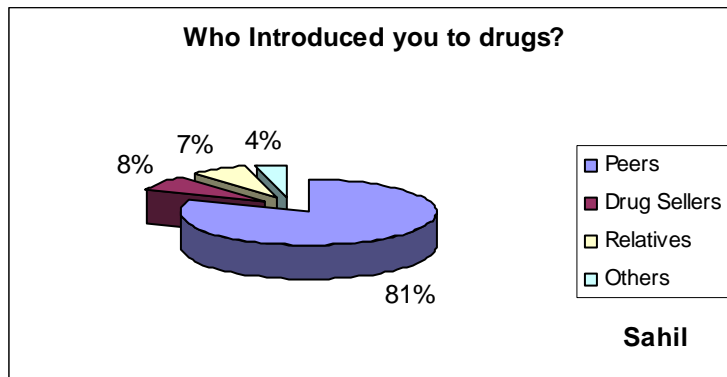
### History of addiction in the family

Responses	Frequency	Percentage
Yes	144	80%
No	36	20%

As the table shows 80% of the children (144) had a family history of addiction. Mostly fathers and elder brothers were using drugs like cannabis, heroine and cocaine. Five children said that their mothers were smoking, drinking and using other drugs such as heroine. All the children knew the harmful and serious effects of drug abuse.

Did these statistics mean that the children had been introduced to drugs by the family members? To clarify this, the next question was put to them.

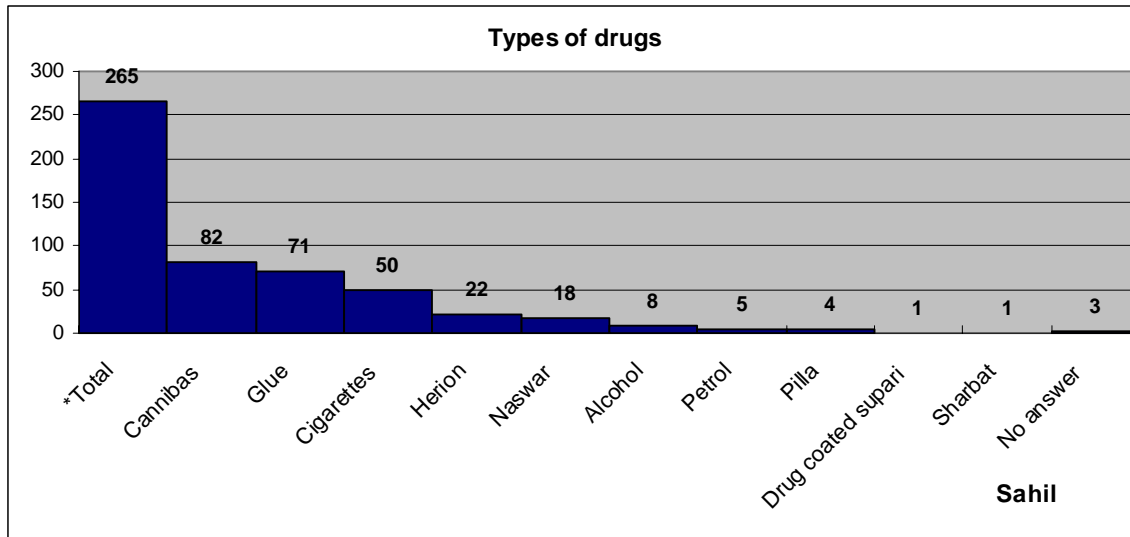
### Who introduced you to drugs?



When asked who introduced them to drugs, 145 children (81%) replied that they indulged in drugs due to the influence of their friends and peers, while 8% said they were introduced to drugs by the drug sellers and 5% got in to drugs because of family members. One child said that his addict father used to give him heroine.

Although most of the family members may not have given the children access to drugs, it is evident that the environment was conducive to the availability of drugs.

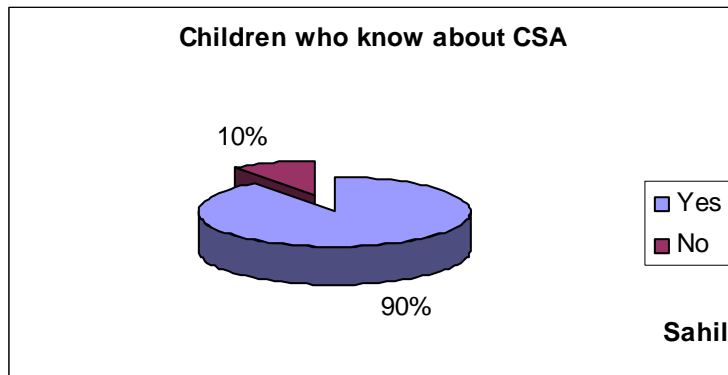
## Types of drugs used by the children



\* Some children were using more than one drug.

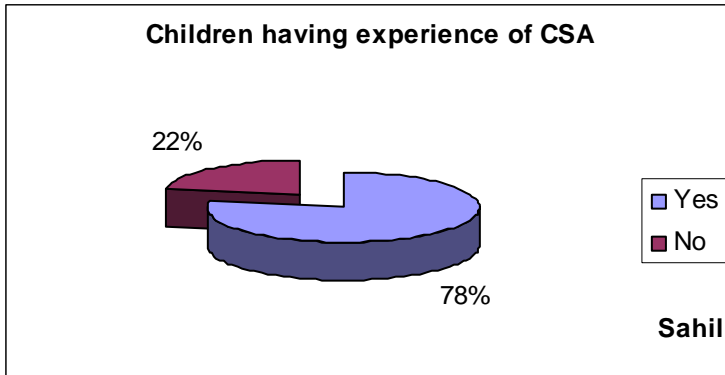
The most used drugs are also the most easily available and inexpensive. Since alcohol is a prohibited item it is not consumed in large quantities. Pilla is a term used for any new combination of these drugs.

## Do you know about child sexual abuse?



Ninety percent of the children (162) knew about child sexual abuse while 10% children (18) did not know about it. This leaves no doubt about the fact that sexual abuse is a part of these children's lives.

## Experience of sexual abuse

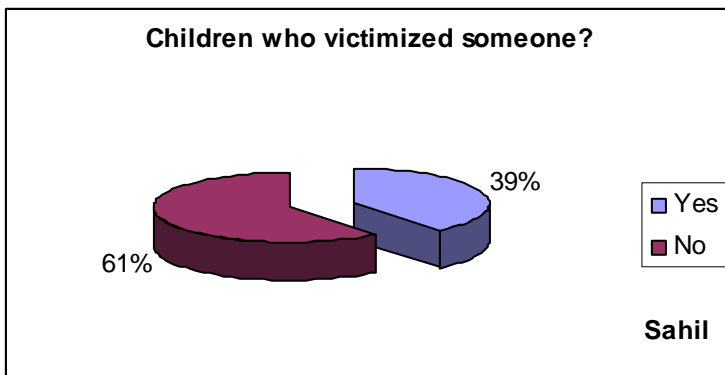


While asked about their experience of sexual abuse 126 children said 'yes', they were the victims of child sexual abuse and 36 said they had no experience of it.

It is clear that in the two graphs above both, the knowledge of child sexual abuse, and being a victim of it, was in the prevue of over 80% of the respondents.

Here it is pertinent to mention that the concept of sexual abuse for street children is different from the actual definition. Owing to their exposure to the harsh outside world, they did not consider touching, fondling, exhibitionism or voyeurism and pornography as abuse because they were exposed to the extreme forms of abuse like rape and sodomy. So it is possible that street children are exposed to other forms of CSA even before using drugs.

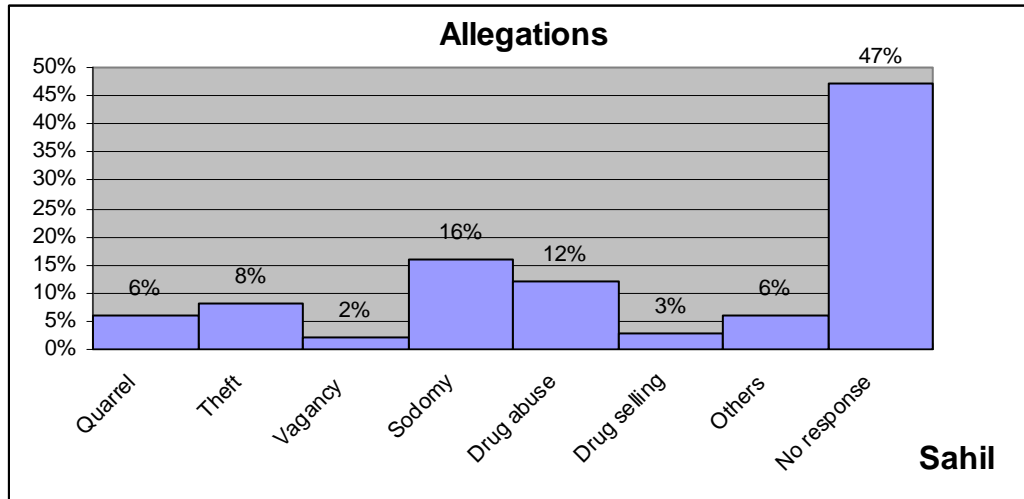
## Children who victimized someone?



It has been found in the research that 39 percent of the children admitted being abusers.

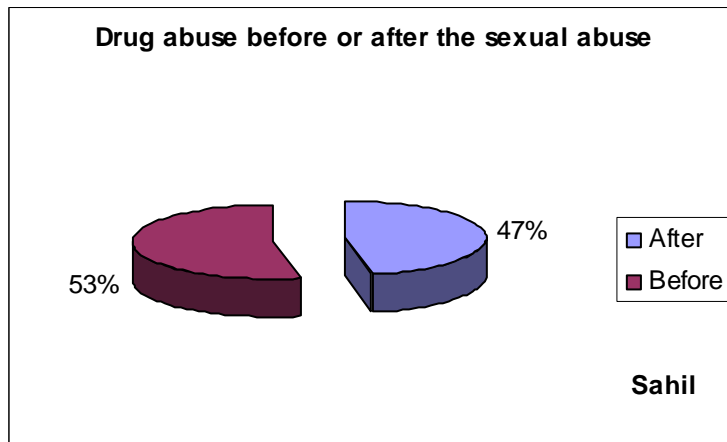
This percentage is significant since children do recognize sodomy as a crime and would prefer to hide the fact that they are involved in this process.

## Children who been to jail.



It has been found that 53 per cent of children had been to jail, due to some allegations. Among these children 28 per cent were due to the sodomy crime and drug abuse. The street children theft to fulfill their drug requirements, which is clear from the figure of 8 per cent in the data.

## Do you use drugs before or after experiencing sexual abuse?



When asked whether they started taking drugs before experiencing CSA or after it, 86 children (53%) said they were using drugs before being victimized and 76 children (47%) said they started using drugs after being sexually abused. This almost equal divide of the respondents was clarified by further discussion. The connection between these two categories was very clear.

The children who were using drugs before sexual abuse ultimately became abused because sex work provided them with the money to buy drugs, or some got paid with drugs for sex work.

Children who admitted to using drugs after being victimized were doing so in order to get rid of the memory of the heinous act.

One child said, “We use drugs to forget the pain and agony”.

“Nasha kernay sey dukh bhool jata hay”

When asked “What kind of pain”,

“Kaisa dukh”?

He replied, “When we are victimized”.

“Jab humaray per zulm hota hay”

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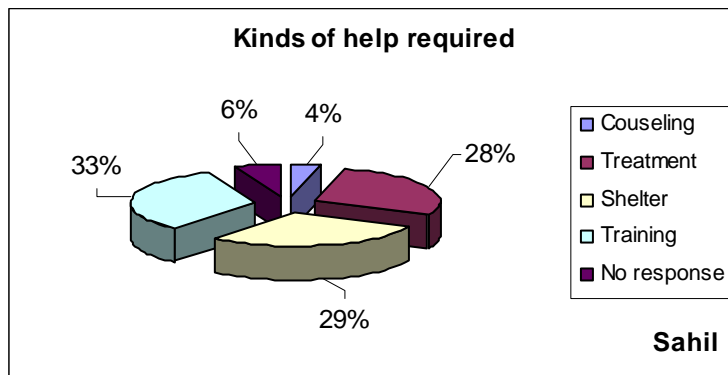
These declarations brought the discussion to the final aspect of the research. Would the children want some help and were there any interventions that the children could identify as useful for them?

### Would you like to get any help?

Responses	Frequency	Percentages
Yes	127	78%
No	35	22%

Out of 162 children 127 said they needed help, whereas 35 children said they did not need any help.

### What help would you like?



Out of 127 children 36 wanted shelter and expressed a need to learn a skill while 22 children wanted to be treated for drug addiction.

## **Other findings**

- It has been found that 53 per cent of the children were earning less than 50 rupees a day.
- Approximately 39 per cent of the children had family members up to five and 50 per cent had family members 6 to 8.
- It has been found in analysis that most of the children 50 per cent were the elder children of their parents and therefore may have left home due to the pressure of economic deprivation.

## **CONCLUSION**

The findings of the study show a strong link between drug abuse and child sexual abuse. All the children (180) who were interviewed were drug addicts, and out of them 162 children were sexually abused.

The study shows a relationship between drug abuse and child sexual abuse in two ways. Children may see drug use as a solution to their problems, or they take drugs to forget that they have been involved in sex work.

Young people may see drug use as a solution to their problems, rather than as a problem in itself. (ESCAP, 2003)

Even though using drugs may lead to serious problems, many children and youth still use drugs because it either adds something to their lives or helps them to feel that they have solved their problems however fleeting this feeling might be.

It is evident that children on the streets have major problems within their families. Drug addiction, lack of education, and poverty are significant factors common to all the respondents.

The influence of friends and peers in introducing drugs to the respondents was more significant than the fact that there were family members involved in drug abuse.

## **RECOMMENDATIONS**

Direct interaction with the children of the streets and findings of the study show the variety of problems being faced by these children. Health, food, and lack of shelter, lack of resources, harmful effects of drugs, rejection from the family and poverty all contribute to the existence of these children on the streets.

These problems can and must be solved.

Firstly, it is necessary to address and eradicate the causes of these problems. There is a need to provide a range of support services including laws and infrastructure which will protect children.

Secondly, awareness raising on this issue is imperative for changing attitudes in the society. Of course, this is not an over night possibility. A continuous effort has to be made to ensure that the communities at large are fully cognizant of this crime against children.

There must be consistent political will and commitment to the welfare of children to achieve these goals.

The third and the most important step is to help the children in their present situations. A safe shelter is required to provide them the haven that is needed for a happy and healthy outlook on life.

The provision for an education and the learning of a vocational skill must be provided to ensure that their lives are in their control.

There is a dire need to develop some strategies to prevent children from suffering, from drug abuse and often untimely deaths.

1. Government should take immediate actions for their rehabilitation by establishing support systems.
2. Drop in centers with all health facilities should be available for them.
3. Educational and vocational amenities should be provided to them.
4. Civil society and the families of these children should be involved in the remedial process for the children.

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# Sahil: Against Child Sexual Abuse

Questionnaire for the Research

## Drug Abuse and its Relationship to Sexual Abuse of Street Children

Islamabad. Rawalpindi. Lahore.

1. Age (years) -----
2. Sex a) Boy b) Girl
3. Education? -----
4. Occupation of the Child. -----
5. Monthly household income. -----
6. Father's occupation -----
7. Monthly income of father. -----
8. Numbers of family members. -----
9. Number of brothers and sisters. -----
10. Your number in brothers and sisters. -----
11. Your present address. -----
12. Did you go to home in the night. a) Yes b) No
13. Is there any drug addicted in your home. a) Yes b) No
14. If 'Yes' who. -----
15. Do you use drugs? a) Yes b) No
16. If 'Yes' which drug. -----
17. Who introduced you to the drugs. a) Relative b) Friend c) Drug seller
18. Have you been in Jail? a) Yes b) No
19. If 'Yes' for which crime.
  - a) Fight
  - b) Steal
  - c) Vagabond
  - d) Abuse
  - e) Drug addiction
  - d) For selling drugs

20. How was the behavior of Police towards you?
- a) Sexual abuse
  - b) Physical torture
  - c) Good behavior
21. Do you know about the child sexual abuse? a) Yes b) No
22. Have you experience sexual abuse? a) Yes b) No
23. If 'Yes' then first time at what age? -----
24. Have you started using drugs after being sexually abuse? a) Yes b) No
25. Have you sexually abused anyone? a) Yes b) No
26. Did you feel tendency for using drugs after abusing someone?
- a) Yes
  - b) No
27. Do you need any help regarding sexual abuse? a) Yes b) No
28. If 'Yes' what kind of help do you need?
- a) Counseling
  - b) Support
  - c) Skill
  - d) Treatment

Name of Interviewer:

Place:

Year: 2003

**Note:** The questionnaire was originally in Urdu, but for the purpose of the research report it has been translated into English.