

Gap Analysis: Human Trafficking and Fetal Alcohol Spectrum Disorder

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KEY MESSAGES

In Canada, there has been little research about the prevalence of, and risk factors for, human trafficking among individuals with FASD. However, individuals with FASD, particularly women and girls, are at an increased risk of experiencing exploitation or being trafficked.

Issue:

In Canada, human trafficking is of increasing concern. Between 2011 and 2021, 3,541 incidents of human trafficking were reported by police services across Canada [1]. Ninety percent of Canada's human trafficking cases are domestic with women and girls under 24 years of age, persons with disabilities, children involved in the child welfare system, Indigenous women and girls, and those who are socially and economically disadvantaged being most at risk of being trafficked [2]. Despite the increased interest in addressing trafficking rates in Canada, there has been little research or responses that support individuals with disabilities, particularly individuals with Fetal Alcohol Spectrum Disorder (FASD).

The purpose of this gap analysis is to describe what is known about human trafficking and FASD, identify complexities unique to FASD that can increase vulnerability to trafficking, and to provide research, policy, and practice recommendations.

Background:

Human trafficking is described as the recruitment, transportation, transfer, and holding of people with threat or use of force, coercion, or deception, for the purpose of exploitation – generally for sexual exploitation or forced labour [3, 4]. In Canada and internationally, individuals with disabilities are described as being more vulnerable to trafficking because of social isolation and limited social skills [5, 6], challenges with executive functioning [7, 8],

disempowerment [9], and/or a lack of education or understanding of concepts like choice, healthy relationships, and consent [6, 10]. Traffickers may exploit individuals' social positioning, disempowerment, mental health, substance use, class, race, geographic location, or socioeconomic status [11], or take advantage of individuals' friendly, affectionate, helpful, and generous nature [12].

There has been a dearth of research on human trafficking among people with disabilities broadly. Concerningly, even less is known about the interconnections between FASD and human trafficking. This gap analysis will describe what is currently known about human trafficking and FASD, including the unique and intersecting complexities experienced by individuals with FASD, and provide research, policy, and practice recommendations.

1. Prevalence of human trafficking among individuals with disabilities

There is limited research on the prevalence of human trafficking among individuals with disabilities [6]. However, internationally, individuals with disabilities – particularly girls with disabilities – are seen to be at an increased risk of being trafficked [6, 9, 13]. Unfortunately, where research is available, the authors often describe people with disabilities as a homogenous population, making it difficult to describe the prevalence or specific risk factors that individuals with different disabilities, strengths, and challenges may experience [6]. In the subsequent paragraphs, we have made the effort to specify which disabilities the researchers are referring to where this information is available; however, that distinction is not always possible.

Nonetheless, researchers have shown that children with intellectual disabilities are 3 to 4 times more likely to experience sexual violence [6] and that girls with reduced cognitive functioning have almost 5 times the likelihood of experiencing sex trafficking [9]. This increased risk may be the result of girls with lower cognitive functioning being less likely to identify risky situations [9]. Research among individuals with intellectual disabilities has shown that they may experience increased vulnerability to being trafficked because of overprotection and disempowerment.

Additionally, individuals with intellectual disabilities may not have been given the opportunities to take risks, been taught sexual or relationship education, be believed or listened to, or be involved in decision-making about their own lives [6]. This exclusion from sex education and the fulfilment of sexual rights can make it difficult to discern the differences between what is consensual, which behaviours are illegal or legal [14].

The lack of sexual education paired with the reduced capacity to self-identify exploitation can increase the ease with which traffickers can manipulate women and girls with intellectual disabilities [15]. For example, researchers focusing on individuals with both an intellectual disability and Attention Deficit/Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder have suggested that some professionals may see individuals' behaviour as challenging, rather than recognizing that it may be a sign of violence or exploitation [6]. Further, the stigma and social isolation that individuals with intellectual disabilities experience can result in them

turning to online environments to reduce their isolation, which can increase risks of grooming (i.e., whereby a relationship and trust is established in order to facilitate manipulation and exploitation) [6]. Notably, individuals with disabilities are more likely to be groomed by those that they consider friends, caregivers, or boyfriends [15].

2. FASD and human trafficking

Individuals with FASD are cited to experience common vulnerabilities to victimization similar to that of others with intellectual or cognitive disabilities [16]. However, in the research available on human trafficking and FASD, there are specific vulnerabilities to trafficking that are identified that both exploit individuals' challenges and their strengths, such as challenges with executive functioning paired with individuals' outgoing, affectionate, generous, forgiving, and non-judgemental nature [7, 12]. For example, individuals with FASD may struggle with social functioning and face a desire to be accepted [7]. However, because of additional challenges with decision-making, personal boundaries, and impulsivity, paired with the inability to anticipate potential consequences, individuals with FASD may agree to partake in legal or illegal activities without knowing they are being exploited *and* to please [8, 10, 17, 18]. These challenges may become more pronounced over time [7], all of which can amplify the risk of repeated victimization [8, 10, 17].

The simultaneous over- and de-sexualization of individuals with FASD also presents challenges. For example, researchers have found that individuals with FASD may be more likely to be involved in risky or inappropriate sexual behaviours either as a victim or as a perpetrator [19, 20]. This involvement includes interactions where individuals with FASD do not recognize the risky or inappropriate nature involved in certain encounters, including the giving and receiving of consent [7, 19]. However, providing consent requires basic sexual knowledge, an understanding of the right to say no, an understanding of healthy relationships, and an understanding of the possibility of experiencing abuse or exploitation [10]. Individuals with FASD are thus faced with the challenge that they may be desexualized, resulting in minimal education on safe sex and healthy relationships, coupled with an increased interest from traffickers who may target women and girls that they assume to be virgins [15]. Additionally, for survivors of human trafficking, the justice system may not have capacity or guidance on how to assess the capacity of victims to consent to sexual activity [10].

Individuals with FASD who are survivors of human trafficking may experience further difficulty when engaging with the justice system. Individuals with FASD tend to be more suggestible and go along with statements and questions presented by lawyers and the police [7]. They may also have challenges with their memory, language skills, confabulation, and be eager to please [7, 18]. These challenges may result in individuals with FASD presenting multiple versions of their experiences – or even agreeing to whichever version they believe an official may want to hear [18]. Further, these challenges can result in individuals with FASD being seen as an accomplice or taking the blame rather than being seen as a victim and/or survivor [7]. As a result, when individuals with FASD are victims, their perpetrators may be less likely to be convicted [21].

A lack of understanding of FASD from justice workers, combined with the hidden nature of the disability and underdiagnosis, can result in the criminal justice system holding individuals to the same standards and expectations that individuals with FASD will understand their rights, make logical decisions, and learn from past decisions [7, 18]. For justice officials and victims' services, FASD may be considered a lower priority, and service providers may struggle to recognize if an individual has FASD, particularly if they already have a limited awareness of FASD or are with survivors for a short period of time. However, the intersecting complexities and vulnerabilities of individuals with FASD who are survivors of trafficking makes them even more vulnerable to continued victimization [8].

3. Intersecting complexities of trafficking and FASD

Survivors of human trafficking come from diverse backgrounds. However, in Canada, women and girls, people with disabilities, children involved in the child welfare system, and Indigenous Peoples are at greatest risk [2]. The multifaceted nature of FASD, which is characterized not only by brain- and body-based challenges, but also by intersecting environmental adversity and distinct sociocultural considerations [22], places individuals with FASD at a high risk for being trafficked.

Individuals with FASD experience high rates of environmental adversity, including caregiving disruptions, abuse or neglect, involvement in the child welfare system, familial substance use, violence, mental health challenges, and criminal justice involvement [21, 22]. These environmental adversities increase the risk of sexual violence, which in turn can increase the risk of trafficking among women with FASD and exploitation by men with FASD [23]. Further, traffickers may take advantage of these environmental adversities and social marginalization by manipulating individuals with FASD by promising housing or economic security [24]. As such, individuals with FASD may be at higher risk of being trafficked by those they consider friends or caregivers and without the capacity to self-identify that they are being exploited [15].

Individuals with FASD also experience high rates of co-occurring mental health and neurodevelopmental conditions [20]. Individuals with FASD are 10 times as likely to have ADHD compared to the general population [25], which has been identified as a population with one of the greatest risk factors for trafficking [7, 26]. Individuals with FASD also experience mental health challenges which make it more difficult to assign an accurate diagnosis and thus accurate interventions, thereby also increasing the risk for exploitation by traffickers because of impaired judgement and impulsivity. This risk can further be exacerbated by substance use, which is prevalent among youth with mental health challenges, among those who experience high rates of environmental adversity, and among individuals with FASD [7, 22, 26].

FASD is also highly stigmatized. Individuals with FASD experience high rates of stigma, including stigmatizing attitudes from family, friends, health and social care providers, and society as a whole [27, 28]. This stigmatization can make individuals with FASD more vulnerable to trafficking, as traffickers may use these discriminatory attitudes to their advantage, knowing that individuals with FASD are less likely to be perceived by authorities as victims. Stigmatization also makes it significantly more difficult for individuals with FASD to leave unsafe

situations [29]. For Indigenous women and girls with FASD who already experience discrimination because of historical and contemporary colonialism, there is an increased risk of trafficking as a result of compounding structural poverty, marginalization, and social exclusion [5, 15].

Implications for Research, Policy, and Practice:

- There is a need for more research about human trafficking and FASD. The research available on human trafficking and disabilities is sparse and often refers to individuals with disabilities as a homogenous population, without attending to their strengths or diverse needs. While it is difficult to identify the true prevalence of human trafficking, further research that explores: the prevalence of human trafficking survivors with FASD; the specific risk factors and vulnerabilities to trafficking that individuals with FASD experience; and, the ways to best support individuals with FASD, are essential.
- For educators, social service providers, and caregivers, there is an urgent need to provide education about healthy relationships, how to safely interact online, and consent. Online resources, like www.teachingsexualhealth.ca can be helpful in identifying resources, tools, or lesson plans that you can use or adapt to be FASD-informed.
- More training on both FASD and human trafficking is required to help health, social service, and justice workers have increased awareness of warning signs of trafficking, identify those at risk of trafficking, and support individuals with FASD who are both at risk for, or who have been, trafficked. CanFASD has a variety of courses in their [e-store](#) that can support in learning about the foundations of FASD, the FASD continuum of care, FASD prevention, as well as additional courses specific to judicial and legal professionals, educators, solicitor general professionals, etc. Further, connecting with assessment, and where needed, diagnostic services, can be helpful to better support individuals who may have prenatal alcohol exposure and/or possible FASD.
- For justice workers, adopting FASD-informed approaches, such as completing an activity familiar to the individual when talking with them (or using other hands-on approaches), using pictures and other visual cues, taking breaks, repeating information, and asking clients to explain to victims' services workers what they had just been told can support both justice workers and individuals with FASD.
- There is an opportunity for government and policy support to keep individuals with FASD engaged in healthy communities through access and support to programs and services that respond to the environmental adversities that can increase risk for trafficking.
- The intersections of disability and human trafficking have been neglected in law, policy, and practice on human trafficking. The United Nation *Convention on the Rights of Persons with Disabilities* (CRPD) outlines fundamental human rights that should be available to all persons with disabilities, including individuals with FASD. There are several Articles in the CRPD that are important in the context of human trafficking, including Article 6 (Women with disabilities), Article 13 (Access to justice), Article 16 (Freedom from exploitation, violence and abuse), and Article 25 (Health, which includes

recommendations specific to sexual and reproductive health). These rights and the CRPD more broadly should be considered when informing research, service provision, and policy development for individuals with FASD in relation to human trafficking.

Summary:

There is limited information available on FASD and human trafficking. However, the available evidence suggests that the complexity of FASD, inclusive of the brain- and body-based challenges, environmental adversity, co-occurring conditions, social isolation, and experiences of stigma catalyze risk of exploitation and trafficking for individuals, and particularly women and girls, with FASD. Moving forward, additional research is required to further understand the linkages between human trafficking and FASD and implications for individuals with FASD. However, in the meantime, there is the capacity for increased policy support to help reduce vulnerabilities to trafficking, and increased education from a range of providers on both FASD and human trafficking.

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