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Gap Analysis: Human Trafficking and Alcohol Use in Pregnancy

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KEY MESSAGES

Globally, there has been little research about the intersections between human trafficking and alcohol use during pregnancy. However, there are many similarities between the two issues, ranging from the risk factors to stigma and receipt of care. Given that trafficked women and survivors may be at higher risk of prenatal alcohol use, it is critical to consider these two issues concurrently.

Issue:

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 [1, 2]. In Canada, human trafficking is of increasing concern. 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 [3]. Between 2012 and 2022, there were 3,996 incidents of human trafficking reported by police services in Canada, the majority of which were women and girls (94%) and people under 24 years of age (67%) [4]. There are several overlapping risk factors between human trafficking and alcohol use in pregnancy including high rates of childhood trauma and adverse childhood experiences, mental health concerns, and structural exclusion [5-8]. Despite the overlapping risk factors for human trafficking and alcohol use in pregnancy, there has been little research that explores the linkages between human trafficking and FASD, nor on FASD prevention efforts [9].

The purpose of this gap analysis is to describe the interconnections between human trafficking and prenatal alcohol use, and to provide research, policy, and practice recommendations to support survivor centric FASD prevention efforts.

Background:

Human trafficking affects almost every country and region in the world [10]. Despite international commitments to eliminate trafficking in women, researchers have found that risks of trafficking have increased as disparities between wealth and poverty continue to grow [10]. These patterns are not dissimilar to what we know about alcohol use in pregnancy, whereby

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even with ongoing public health efforts to address alcohol use in pregnancy, rates continue to increase [11]. While there are similar risk factors for human trafficking and alcohol use in pregnancy, including the stigma experienced by survivors[1] of human trafficking and by those who use substances during pregnancy, and the complexity and nuance required to support both populations, there has been little work to date that has explored the interconnections between the two fields. Further, while there has been research that explores the prevalence of substance use among survivors of human trafficking, no research has explored the prevalence of substance use *during pregnancy* among survivors. This gap analysis will consider these linkages and describe implications for FASD prevention. Some of the findings presented here, specifically as they relate to research, policy, and practice recommendations, may also be found in a previous gap analysis that described what is known about human trafficking and FASD.

1. Overlapping risk factors associated with human trafficking and prenatal alcohol use

There are several factors associated with alcohol use in pregnancy. Later pregnancy recognition, lack of knowledge of the impacts of alcohol use during pregnancy [12, 13], unplanned pregnancy [12-14], and preconception substance use (such as preconception tobacco [14, 15] and alcohol [15] use) can increase the risk of alcohol use in pregnancy. However, there has been an emerging focus on other risk factors for alcohol use in pregnancy, such as adverse childhood experiences [6, 16], trauma [17, 18], mental health concerns [19, 20], and inadequate access to prenatal care services [7].

While those at risk of trafficking come from diverse age groups, backgrounds, communities, cultures, and nations, many of the factors associated with alcohol use in pregnancy also emerge among survivors of human trafficking. Survivors, and those at risk of trafficking, experience high rates of childhood trauma, physical, and emotional abuse [5, 21]. Many survivors experience increased physical, psychological, and social needs pre-trafficking [22]. Further, like with prenatal alcohol use, there is a relationship between structural poverty, marginalization, gender-based violence, and social exclusion [21, 23]. As such, the majority of trafficking victims are female (95%) and under the age of 24 [23]. In Canada, Indigenous women and girls are at the highest risk for trafficking because of historic and contemporary colonialism which have resulted in continued discrimination and an increased likelihood of experiencing poverty and social exclusion [21]. Other key populations at risk in Canada include young girls, East Asian migrants, and women and girls with disabilities, including those with FASD [9, 23].

While age, educational attainment, and socioeconomic status (SES) have been described as both a protective and risk factor for alcohol use in pregnancy, researchers have found that younger age, lower education, and poverty are all risk factors for human trafficking [24].

2. Alcohol use, human trafficking, and the risk of prenatal alcohol exposure

[1] In this gap analysis, the phrase "survivors of trafficking" is used to describe individuals who have been trafficked. While this language is not always self-identified, it mirrors the growing use of the phrase among those who have experienced human trafficking as well as researchers and service providers. It is important to recognize that not all people who have been trafficked will describe themselves this way, nor find the term empowering. When supporting survivors, it is best to use the language that they self-identify with.

The relationship between alcohol use and human trafficking is complex. Pre-existing substance use is a risk factor for trafficking. Those at-risk of trafficking may use alcohol to cope with pre-existing trauma, external stressors [20, 25], and social isolation [26]. Traffickers will recruit women with a dependency on substance into sex work in exchange for substances. Traffickers may also use substances, such as alcohol, to recruit, control, or further entangle women in human trafficking [27]. Substances may be part of women's 'initiation' or used by traffickers to maintain control, either by coercing women to use substances or by forcefully maintaining women's intoxication so they are less attuned to their surroundings [27, 28].

Research from Ontario found that all human trafficking survivors reported high rates of substance use, including 68.4% of survivors who reported using alcohol [29]. Polysubstance use was also often reported [24]. While traffickers may use substances as a tool for control, the complex nature of substance use can also result in survivors using substances to cope with ongoing violence or numb mental or physical pain [30-32]. Women may turn to other substances (e.g., methamphetamines) to help them stay alert and awake [30], but turn back to alcohol use to cope with ongoing violence [28]. This bidirectional relationship can make it more challenging for survivors to escape from trafficking [33].

Trafficked women are at a high risk of unplanned or unexpected pregnancy [34]. Trafficked women are also more likely to experience pregnancy complications – or complications related to their sexual and reproductive health – because of forced sexual intercourse, coercion, and abuse [35]. Particularly among trafficked women who use alcohol, there is a higher risk of sexual coercion and reduced ability to negotiate contraceptive use [28], especially compared to those who do not use substances [8, 34]. Having unprotected sex, while using alcohol, can increase the risk for prenatal alcohol exposure. Additionally, while survivors have reported on their interactions with healthcare system when accessing birth control, research regarding contraception use among survivors more frequently indicates low use of birth control beyond sporadic condom use [36].

3. Stigma

In a previous issue paper, we described the dual stigmas that women who use substances during pregnancy experience [37]. In that issue paper, we noted that stigma is one of the most influential barriers to women accessing, and practitioners providing, care [38]. Discrimination directed to women who have substance use concerns and become or are pregnant deters women from seeking the help they and their children need [39, 40]. These patterns are similar to those experienced by survivors of trafficking.

Women, regardless of survivorship, report shame, guilt, and judgement from service providers who neglect to account for the social and structural determinants that contribute to alcohol use during pregnancy [12, 41]. Survivors of trafficking often experience poor mental and physical health and report high levels of anxiety, depression, PTSD, HIV and other sexually transmitted and blood borne infections, insomnia, back pain, headaches, dental pain, fatigue, memory, and substance use concerns [42]. Many survivors' health related concerns may be exacerbated by a lack of housing, nutrition or income support, or challenges accessing other basic needs [43]. The

inability to meet basic needs may be a result of social isolation and stigmatization, whereby survivors may be unable to return to their homes or communities due to the taboos surrounding sex trafficking.

The lack of understanding from health and social service providers about trafficking and its intersections with gender-based violence, substance use, socioeconomic status, education level, justice and child welfare involvement, ability, and migration status result in missed opportunities to identify women who are being, or are at-risk of being, trafficked [31]. It also perpetuates the belief that women deserve the stigma and discrimination that they receive [44]. Many survivors report stigmatizing interactions with the care system that discouraged them from seeking care [45].

The stigma that survivors experience can make it challenging for women to form trusting relationships and further contributes to women's social isolation and disempowerment. Even after rehabilitation, survivors may turn to substances, such as alcohol, tobacco, and opioids, to cope with the social isolation, stigma, and confounding mental and physical health challenges [46], perpetuating a cycle of trauma and substance use. Further, survivors may continue to be at a higher risk of experiencing unplanned pregnancies, as the stigma that rehabilitated survivors experience can also reinforce a cycle of violence, whereby women continue to be less likely to negotiate contraception use [46]. It is evident that it is critical to address stigma in order to support trafficked women and survivors.

Implications for Research, Policy, and Practice

- The provision of non-stigmatizing perinatal care can facilitate women's comfort and access in seeking treatment and support. Information about preconception and perinatal substance use should be provided in a compassionate, strengths-based, trauma-informed, and harm reduction-oriented manner.
- Training on the signs of human trafficking is needed. Health and social service professionals must be aware of the signs of trafficking, as well as the coercive nature of trafficking. Warning signs that should be considered include physical violence, seeking multiple abortions or treatments for sexually transmitted and blood borne infections, substance use, and those who appear to be controlled by another person [31]. Routine trauma-informed, culturally sensitive, and developmentally appropriate screening and brief interventions can be a mechanism of identifying and supporting survivors [47]. Aura Freedom International has a Human Trafficking Info Hub which includes information on healthy relationships, consent, noticing the signs, and Canadian trends and statistics.
- Training on FASD, women's substance use, and human trafficking would benefit health, social service, and justice workers to have an increased understanding on the warning signs of trafficking, identify those at risk/who have been trafficked, and support individuals with reintegration into their communities.

- Policies and programs that support preventing trafficking, such as those that promote learning about healthy relationships, as well as economic, housing, nutrition, and social support programs can be beneficial.
- Uptake of trauma-informed practice in medical, social service, and live-in and/or outpatient substance use treatment settings is needed. Trauma-informed practices recognize survivors' skills and strengths and support their capacity to make decisions without repercussion.
- Cross-system collaboration can help address a multitude of needs. Substance use treatment may be some women's top priority after escaping a trafficking situation. Modalities, such as case management and one-stop-shop models, can support survivors in accessing different modalities of care, including prenatal and childcare, employment services, and family reunification [33, 48]. It is crucial to address barriers to treatment, including challenges with law enforcement, limited beds for those seeking live-in treatment options, and abstinence-only programming [30]. Further, Housing First models, which prioritize access to stable housing without requiring abstinence from substances, can support survivors who are unhoused or unable to return to their homes or communities. The authors of recent studies have demonstrated that Housing First models have been effective in reaching pregnant survivors of domestic violence and may be useful for trafficking survivors as well [30].
- While research is slowly emerging on the risk of individuals with FASD being trafficked, and substance use among trafficking survivors, there is little data available that considers the risk of prenatal alcohol exposure among trafficked women and survivors of human trafficking. More research is needed that also highlights the connection between these two issues, including the overarching risk factors for trafficking and prenatal alcohol exposure and research on substance and contraceptive use among trafficked women and survivors.

Summary:

Human trafficking, like alcohol use during pregnancy, is a growing concern. Despite the many similarities in risks for the two issues, including the risk factors for both trafficking and alcohol use in pregnancy, and the complexity of effective prevention and intervention initiatives, there have been limited efforts to explore the interconnections between these two fields. In this gap analysis, risk factors associated with both human trafficking and prenatal alcohol use were addressed, including preconception substance use, childhood violence and trauma, gender-based violence, structural poverty, and social exclusion. The relationships between alcohol use and human trafficking and how coercion, environmental adversity, co-occurring conditions, social isolation, and experiences of stigma catalyze the risk of prenatal alcohol use among trafficked women and survivors were also explored. While more research is needed to understand the linkages between these two issues, immediate prevention and intervention initiatives should adopt a holistic, trauma-informed, and culturally sensitive approach.

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