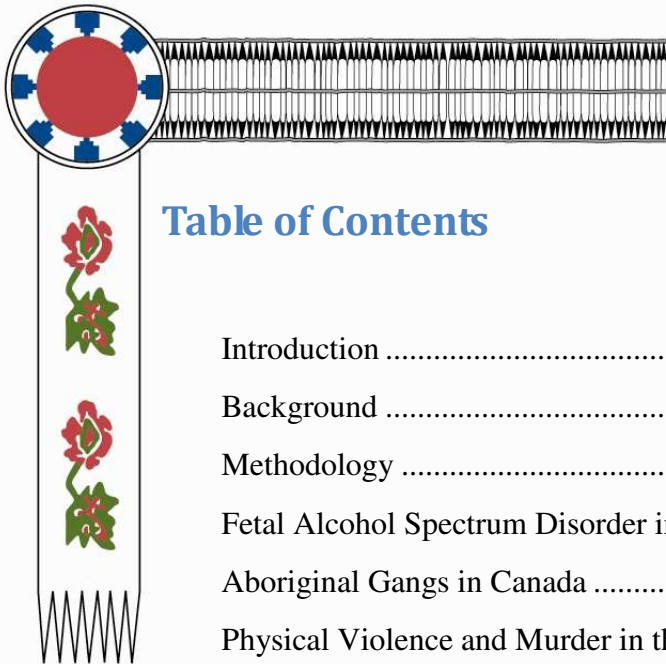


Investigating the Linkages between FASD, Gangs, Sexual Exploitation and Women Abuse in the Canadian Aboriginal Population: A Preliminary Study

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6/30/2009

The purpose of this research report for the Native Women's Association of Canada (NWAC) is to provide an exploratory investigation into the linkages and to begin a journey into making the connection between FASD, sexual exploitation, gangs, and extreme violence in the lives of Aboriginal young women.



Native Women's Association of Canada

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Introduction

Over the last decade there has been an increase in the reporting of Aboriginal gangs and the impact on individuals, communities and youth. Some reports have described youth involvement in these gangs as reaching crisis proportions, particularly in prairie provinces, since the social impacts of gangs are directly linked to the drug trade, violence, weapons trade, sexual exploitation and the trafficking of women and girls. The impact on Aboriginal women and girls is particularly worrisome, as their involvement in gang activity is increasing, which may be directly related to their vulnerability and marginalization in Canadian society. This link is surmised by the fact that Aboriginal girls and women are significantly more likely than any other group in the country to die at a young age from suicide, homicide or serious illness; they suffer disproportionately elevated rates of sexual and physical abuse as children and adults; rates of Fetal Alcohol Spectrum Disorder (FASD) appear to be elevated in the Aboriginal (particularly the First Nations) population, which is directly linked to higher rates of drug and alcohol use and addictions at a young age; and, they make up the large majority of all individuals in Canada who are involved in the sex trade and sexual trafficking. In addition to these indicators, there is increasing evidence that suggests gangs are responsible for the sexual exploitation and sexual slavery of Aboriginal women and girls.

While there is an increasing awareness of the involvement of Aboriginal girls in gangs, there is little published evidence to determine concrete linkages between gangs, sexual exploitation and violence. One factor that has not yet been explored, as both a cause, consequence and compounding factor of the exploitation of Aboriginal women and girls and gang involvement is FASD. The purpose of this research report for the Native Women's Association of Canada (NWAC) is to provide an exploratory investigation into the linkages between many of the above-mentioned phenomena - to begin a journey into making the connection between FASD, sexual exploitation, gangs, and extreme violence in the lives of Aboriginal young women.¹ In so doing, we hope to develop a plan to prevent Aboriginal young women from using alcohol and other drugs during pregnancy. We will not be seduced into going down the path of 'just say no.' Reducing the prevalence of FASD requires resources to address the history of colonization. It requires that we celebrate the resiliency and strength of Aboriginal peoples.

Background

Anecdotal reports in Canada and a small number of investigations in other countries suggest that young people who have FASD may be more likely to be gang-involved and to have experienced sexual exploitation. Gender seems to play an important role in these phenomena: FASD-affected girls and young women tend to be victimized by childhood sexual abuse and experience sexual slavery in gangs, whereas men are more likely to be sexual traffickers and perpetrate other forms

of exploitation on Aboriginal girls and women. Boys with FASD are reported to have experienced high rates of childhood sexual abuse as well.

A handful of studies on selected First Nations reserves in Canada suggest that the prevalence of FASD may be considerably higher than that of the non-Aboriginal population. These data must be interpreted with caution because very few suspected cases have been screened using acceptable medical assessments. A complicating factor to this study of FASD and the involvement of Aboriginal women and youth in gangs is it is difficult to disentangle the effects of FASD from the outcomes of colonization, forced assimilation and Residential Schools.² While FASD is preventable, the root causes that lead to FASD are not so simple to treat. The risk factors related to exploitation, particularly sexual exploitation in gangs, are reasons why these same women may use substances during pregnancy as a response to trauma, which is so often prevalent in their lives. Despite the limitations, this evidence does indicate the need for comprehensive programs. If we fail to implement comprehensive FASD prevention and intervention programs now, things will get much worse very shortly simply because the Aboriginal birth rate is rapidly increasing (the child and youth population in many cities and rural areas will double within the next decade). In addition to addressing the FASD issues, youth gang prevention and intervention is incredibly important because the rate at which Aboriginal young gang members are killing each other and committing suicide far exceeds levels of such extreme violence in any other group in Canada, perhaps in the world. Finally, it predicted that the large number of missing and sexually trafficked Aboriginal women and girls in Canada will only rise if these issues are not addressed, as will the rate at which men murder this marginalized and vulnerable population.

Methodology

The focus of this project is on young people 30 years of age and younger who have been affected by prenatal alcohol abuse. We acknowledge the fact that prenatal exposure to drugs is a serious issue and results in significant impairment to babies. However, the research evidence is quite clear on the fact that many women who abuse alcohol during pregnancy also use drugs, and it is impossible to differentiate the negative effects of any one specific drug from that of another, or differentiate the impact of prenatal alcohol abuse from prenatal drug abuse. Likewise, when the infants of mothers who abuse only alcohol are compared to those of mothers who only abuse drugs during pregnancy, no major differences are evident. Children exposed to maternal alcohol and/or drug abuse suffer a wide range of mild to severe problems.³

The long term goal of this project is to encourage support for early detection of FASD and ultimately break the cycle of prenatal alcohol abuse within the Aboriginal population. This can be achieved in part by strengthening the networks among academia, government, Aboriginal organizations, local youth service providers, child protection agencies, educational and judicial systems, health services, police forces, and early intervention and prevention programs to promote awareness of FASD and its differential impacts. NWAC will maintain a grass roots

approach to facilitate the development of a community based participatory research agenda. Specifically, we will:

- 1) Collaborate with experts⁴ and researchers in the field to scope the issue and identify a broad based research direction;
- 2) Collaborate with NWAC internal structures (Health Advisory Committee, Sisters In Spirit staff, Provincial/Territorial Member Associations, Youth members, and Elders) and local service providers to identify research priorities;
- 3) Expand NWAC's network of local service providers and others dealing with Aboriginal youth involved in sexual exploitation and gangs; and
- 4) Develop an action plan for the next phase of this project – undertaking qualitative, participatory research with high-risk youth and families in strategic geographic regions of Canada.

Fetal Alcohol Spectrum Disorder in Canada

Fetal Alcohol Spectrum Disorder (FASD) is the umbrella term used to describe the entire continuum of disabilities, from most severe to least severe, of prenatal exposure to alcohol. It includes the related conditions of Fetal Alcohol Syndrome (FAS),⁵ Fetal Alcohol Effects (FAE), Alcohol-Related Birth Effects (ARBE) and Alcohol-Related Neurodevelopmental Disorder (ARND).⁶ FASD is the most common cause of mental retardation in North America. The physical, mental, behavioural, and intellectual disabilities (commonly referred to as 'primary' disabilities – meaning permanent brain damage that results in impaired mental function) resultant from maternal alcohol exposure are lifelong and include: skeletal abnormalities (for example, facial deformities); physical disabilities (for example, kidney and internal organ problems); cognitive impairment (such as difficulty comprehending the consequences of one's actions); and learning disabilities (such as those related to mathematical concepts).

Most children with FASD will never be financially or socially self-sufficient. They are at high risk for neglect, physical abuse, sexual abuse, violence, maternal death and abandonment. Studies with school children who have FASD indicate elevated rates of disruptive behavioural disorders at home and at school. Boys are highly likely to display early onset aggressive behavior disorders. Many appear to lack guilt, are cruel to others, and are more likely to lie and steal. Combined with other social deficits, these traits result in violent behavior.⁷ Despite these negative outcomes with many young people suffering from FASD, there are well documented success stories. Early diagnosis can identify a child's problems and support the treatment needed to maximize his or her abilities. It can also help in the identification and support of high risk women to prevent FASD in other babies. However, caution is required here because diagnoses can result in negative labeling, which can be used to predetermine negative pathways and limit

growth of FASD children's potential.⁸ It is important to develop resiliency and strengths in these young people.

Secondary disabilities, which are not present at birth but occur as a result of the primary disabilities (such as brain damage), have also been thoroughly investigated. With appropriate interventions, secondary disabilities such as mental health and school problems can be prevented or reduced. They result from the social environment in which the child lives.⁹ Longitudinal studies on relatively large samples have investigated these lifelong secondary effects. Of particular relevance for this project are the findings related to victimization, violent offending and association with criminal peers. The vast majority of participants in these studies (approximately three quarters or more) have suffered long-term physical and sexual abuse as children and continue to be victimized as adults, have disrupted school experiences (suspensions, expulsions, dropping out), have problems with employment and living independently, and have mental health problems (suicide threats and attempts, psychosis, depression, panic attacks). A smaller majority (roughly two thirds) have histories of youth and adult offending behavior. The most common crimes committed are those against persons (theft, burglary, physical and sexual assault, murder, domestic violence, child molestation), followed by property damage, possession/selling of drugs, and vehicular crimes. Approximately two-thirds also have addictions problems. Roughly one-half have attention deficit and conduct problems, including 'inappropriate' sexual behavior.¹⁰ As a result of these serious issues, many of these young people have experienced long-term placement in child welfare, mental health and justice facilities. Many FASD babies are hospitalized for a variety of conditions. In addition, there appears to be an intergenerational aspect to FASD (although there is no evidence to suggest it is hereditary): young women with FASD are highly likely to drink during their own pregnancies and about one-third of their children are born with FASD. The children of young mothers with FASD are thus highly likely themselves to be taken into the care of the child welfare system.¹¹

It is important to note that although FASD is a permanent, lifetime brain injury, there is a broad range of characteristics that vary from person to person. For example, the IQs of 75-80% of people with FASD are within the average range.¹² The severity of FASD-related problems is directly linked to the level of pre-natal alcohol consumption: mothers who drink frequently and have many drinks at one time have babies with more severe impairments compared to mothers who drink less frequently and have fewer drinks at one time. There are several protective factors which can lead to better outcomes for individuals with FASD, including early diagnosis and intervention, living in a stable home, protection from violence, and school bonding.

There are no national statistics on the prevalence of FASD in Canada, although data exist on rates in other countries. In the USA, FAS prevalence is estimated at 1 – 3 per 1000 live births and FASD prevalence is reported at 9.1 per 1000 live births.¹³ Health Canada uses these rates for estimating prevalence in Canada, where it is believed that one percent of the population has FASD (about 300,000 people).¹⁴ There have been a handful of studies estimating prevalence in small Aboriginal communities located in British Columbia, Manitoba, Saskatchewan and in the

Yukon. These studies suggest that prevalence rates are elevated in these communities, although methodological problems exist.¹⁵ Prevalence rates for FASD in these studies range widely from 7.2 - 190 per 1000 live births.¹⁶ FAS prevalence ranges from 0.515 – 101 per 1000 live births.¹⁷ Studies in other countries have also found higher rates of binge drinking in North American Aboriginal communities.¹⁸ These prevalence rates, both in the USA and in Canadian Aboriginal communities, are likely only the tip of the iceberg because diagnosis is quite rare and usually occurs in adolescence or adulthood.¹⁹

Although FASD disproportionately affects Aboriginal people, Aboriginals suffer from many other disabilities (such as learning disabilities, physical disabilities) at a prevalence rate estimated to be double that of the non-Aboriginal population in Canada (32% compared to 16%).²⁰ A high proportion of Aboriginal youth involved with the Canadian youth justice system have disabilities, including FASD.²¹ Some authors suggest that these individuals, because they cannot live an independent lifestyle, are excluded from participating in community life. Many leave their home reserve and get lost in the urban city,²² where they are easy prey for exploitation and gang recruitment. One reason behind the higher prevalence of disabilities within the Aboriginal population relates to lack of access to quality health care.

What has been the role of government in addressing FASD in the Aboriginal population? In 1999, the federal government created the National FASD Initiative through the expansion of the Canada Prenatal Nutrition Program. Since then, yearly funding has been allocated to address FASD issues in the Aboriginal population. The First Nations and Inuit FAS/FAE Initiative is delivered through the First Nations and Inuit Health Branch (FNIHB) and the Population and Public Health Branch (PPHB). FNIHB is responsible for delivering First Nations and Inuit Component programs to First Nations (on-reserve) and Inuit communities.

Aboriginal Gangs in Canada

In Canada, twenty-two percent of all gang members are Aboriginal. It is estimated that there are between 800 – 1000 active Aboriginal gang members in the Prairie provinces. The largest concentration of gang members in Canada (of all gangs) is in Saskatchewan with 1.34 members per 1,000 population, or approximately 1,315 members.²³

Aboriginal youth gangs²⁴ are defined as: visible, hardcore groups that come together for profit-driven criminal activity and violence. They identify themselves through the adoption of a name, common brands/colours of clothing, and tattoos to demonstrate gang membership to rival gangs. Gang-related communication rituals and public display of gang-like attributes are common.²⁵ Membership is fluid, there is a lack of organization and structure, and many of these gangs operate independently in small cells. Status is defined by ability to make large amounts of cash and engage in serious violence. What is known is that Aboriginal gangs tend to be intergenerational and rely on violent entry and exit rituals to protect the gang from outsiders. Aboriginal youth can be categorized on a continuum of gang involvement into one of the

following groups: anti-social group; spontaneous criminal activity group; purposive criminal group; crew; and street gang. The degree of organization is defined by: the structure and hierarchical nature of the gang; the gang's connection to larger, more serious organized crime groups; the sophistication and permanence of the gang; the existence of a specific code of conduct or set of formal rules; initiation practices; and the level of integration, cohesion, and solidarity between the gang's members.²⁶

Membership commitment can be measured in a hierarchical ranking system within the gang. Often, there is not one person who directs other members, although older members have more influence compared to young members.²⁷ Leaders (also called King Pins, Bosses, Presidents or Captains) actively promote and participate in serious criminal activity. These males are generally in their late twenties – early thirties. Veterans (also called Heavies or Higher-Ups) decide which criminal activities the gang will participate in and are considered to be faithful in their loyalty to the gang. Along with leaders, they are responsible for settling internal conflicts within the gang. Core members (also called Regular Members, Associates or Affiliates) usually have been with the gang since it started, and are experienced, proven members. Most gang leaders require prospective recruits to meet certain criteria and perform serious crimes of violence before they are allowed membership into the gang. These youth want to prove themselves and rise through the ranks; they often earn serious money for gangs. To gain entry, a recruit generally requires sponsorship. It is common for recruits to 'do minutes': survive a beating at the hands of some gang members. Strikers (also called Soldiers) are also highly likely to engage in serious acts of violence.

For marginalized, abused and vulnerable youth, there are many positive aspects of gang life. Many Aboriginal gang members talk about having a sense of family and belonging in their gangs, a safe place to hang out with friends, an identity, and a good source of income. For many youth who grow up in communities characterized by high unemployment, entrenched poverty and violence, gang involvement is a rational choice - a legitimate opportunity for employment and protection. Gangs can also provide a shelter for young people who have suffered from racism and the adverse effects of colonization (including having dysfunctional parents who suffered abuse in residential schools) to fight back against social injustice.²⁸

Physical Violence and Murder in the Lives of Aboriginal Girls and Women

Aboriginal girls and women in Canada suffer much higher rates of physical violence, sexual violence and homicide compared to any other group in the country.²⁹ Arguably, the rate of extreme violence experienced by these women is amongst the highest in the world. In the vast majority of all incidents, men are the perpetrators. An Ontario study found that 8 out of 10 Aboriginal women in Ontario had personally experienced family violence.³⁰ First Nations women aged 25-44 are five times more likely than other Canadian women of the same age to die of violence³¹ and are roughly three times more likely to be victims of spousal violence than are

those who are non-Aboriginal. In a Statistics Canada study, 54% of Aboriginal women reported experiencing severe and potentially life threatening violence compared to 37% of non-Aboriginal women.³² Rates of woman abuse are even higher in the lives in incarcerated Aboriginal women: ninety percent of all federally sentenced women report having been physically and/or sexually abused.³³

In response to the high number of missing and murdered Aboriginal girls and women, NWAC initiated the Sisters In Spirit (SIS) initiative in 2004. SIS is designed to uncover root causes, circumstances and trends of violence that lead to the disappearance and death of Aboriginal women in Canada. As of March 31, 2009, 520 cases of missing or murdered Aboriginal women and girls had been entered into the NWAC database. Key findings include:

- 24% of the known cases are of missing women and girls
- 67% of the known cases are of murder (defined as homicide or negligence causing death)
- The majority of cases occurred in the western provinces: 26% of the incidents occurred in British Columbia,³⁴ 17% in Alberta, 14% in Manitoba, and 12% occurred in Saskatchewan
- 52% of the cases in the database involve women and girls under the age of 30 years
- 43% of these cases of missing women and girls have occurred during or since 2000
- 55% of the known cases of murder occurred during or since 2000
- Information about family size is known for 30% of the cases: where this information is known the great majority of these women were mothers
- 52% of the murder cases have been cleared by charges or by suicide (i.e., the perpetrator committed suicide after murdering the woman): 43% of the cases of murder remain open (no one has been charged in the incident).

In addition to the quantitative research findings, NWAC has conducted in-depth interviews with families of missing and murdered Aboriginal women and girls. These interviews were first published in *Voices of Our Sisters in Spirit: A Report to Families and Communities*, released in November 2008 and updated with additional life stories and new information in the second edition, released in March 2009.

Sexual Exploitation of Aboriginal Girls and Women in Canada

In general, sexual exploitation occurs when a child under nineteen years of age is sexually abused by adults; engages in sexual activity to support a friend, partner, or family member; trades sexual activities with adults in exchange for money, drugs, food, shelter, gifts, transportation, or other items; engages in commercial sex work in brothels, escort services, for pimps, pornography; and internet sex. Sexual exploitation of young people under the age of nineteen years is not employment or a chosen occupation. Many youth who have suffered childhood sexual abuse engage in survival sex (providing sex for a place to sleep, a meal, or for a ride) after they have run away from home or child welfare facilities.

A Statistics Canada study found that 25% of Aboriginal people identified sexual abuse as a problem in their community (23% for Métis peoples, 22% for off-reserve First Nations, 29% for on-reserve First Nations and 35% for Inuit peoples).³⁵ In fact, three quarters of Aboriginal girls under the age of 18 have been sexually assaulted.³⁶ The incidence of child sexual abuse in some Aboriginal communities is as high as 75 to 80% for girls under 8 years old.³⁷ Of all Aboriginal people who have been sexually abused in Canada, 75% are girls under age of 18. Of these girls, 50% are under age 14 and 25% are younger than 7 years of age at the time of the abuse.³⁸ It is estimated that the majority of all sex workers in western Canada are Aboriginal (for example, 60% of all sex workers in Vancouver are Aboriginal) and that most victims of sexual trafficking are Aboriginal as well.³⁹

Prostitution (also called the 'sex trade') includes commercial sexual activities where sex is exchanged by adults for food, housing, money or drugs. Commercial sexual activities with Aboriginal youth are sexual exploitation - they are illegal. Typically, sex is traded on the street, in massage parlours, dance clubs, escort agencies, bars, trick pads, hotels, bath houses, apartments and houses. Aboriginal girls and women involved in sex work face significant physical and sexual violence and serious risks to their physical and emotional health. Most are lured into prostitution by pimps or 'boyfriends', and are forced to stay in the sex trade because of drug dependency and retaliation from pimps.⁴⁰ However, it is common in some Aboriginal communities and in the broader non-Aboriginal population (particularly with men) for Aboriginal girls to be stereotyped as 'willing' to take up sex work; there is a prevailing mentality of girls being 'sexually available'. Preliminary data in two Canadian Aboriginal gang intervention projects suggests that in some communities, family members introduce daughters, grand-daughters, nieces, or sisters into the sex trade. In the absence of jobs, socialization of young women into the sex trade is understood to be a legitimate way to bring money into some families.⁴¹ It is important to contextualize these issues within the legacy of colonization, assimilation, poverty, and the internalized de-valuation of Aboriginal women and girls.

It is important to identify that trafficking is not prostitution or sex work – it is a form of slavery. It “involves the recruitment, transportation or harbouring of persons for the purpose of exploitation, and may occur across or within borders. Traffickers use various methods to maintain control over their victims, including force and threats of violence.”⁴² Sexual trafficking involves the use of threat, force, deception, fraud, abduction, authority and giving payment to achieve consent for the purpose of exploitation. It is common to confuse other forms of sexual exploitation with trafficking. For example, an adult who consents to engage in prostitution is not being trafficked. As well, trafficking involves systematic transportation and confinement. Sexual trafficking of Canadian Aboriginal girls and women is most common within the borders of Canada, particularly in the Prairie provinces. Trafficking networks are found in major cities (such as Vancouver, Winnipeg, Regina, Edmonton) and in small towns in B. C. and the Prairies. There are patterns of city triangles across provinces (for example, Saskatoon – Edmonton – Calgary – Saskatoon; and Calgary – Edmonton – Vancouver –

Calgary).⁴³ The oil rigs and mining businesses in Alberta have contributed to trafficking activity. When discarded or escaping, Aboriginal women end up in big city 'hot spots' such as Downtown Eastside of Vancouver, where they are at considerable risk of being victimized by severe violence and murder.

WHAT DO WE KNOW ABOUT THE LINKAGES?

Sexual Exploitation and FASD

There is a robust body of literature on the sexual abuse of disabled people, although the abuse of people with FASD has not been as widely investigated. It has been reported that 83% of women with disabilities will be sexually assaulted during their lifetime⁴⁴ and that the rate of sexual abuse of girls with disabilities is four times that of able-bodied girls.⁴⁵ One study of 80 birth mothers of children with FAS revealed that 95% of the mothers were physically or sexually abused during their lifetime.⁴⁶ Likewise, longitudinal studies of individuals with FASD estimate that approximately 75% of girls and women have been sexually abused and a majority of males engage in sexual behaviors that had been repeatedly problematic or for which the individual had been incarcerated or treated.⁴⁷ These behaviours include sexually inappropriate behavior (such as sexual advances and multiple sexual partners), sexually intrusive behavior (such as exposure, compulsions, voyeurism, masturbation in public, and obscene phone calls) and sexual assaults (such as sexual touching, incest, sex with animals).⁴⁸ Although most FASD youth have a normal sex drive, problems emerge due to the hallmark poor judgment and impulsivity of many FASD-affected young people.⁴⁹ The actual incidence of problematic sexual behavior is likely much higher due to underreporting.

FASD female youth, especially those who are isolated and visibly disabled, are at particularly high risk for being sexually exploited, pimped and trafficked by older men. Although there are few published studies on the topic, anecdotal reports suggest that FASD-affected Aboriginal girls and women have high involvement in sex trade.⁵⁰ Some service providers have also indicated that often other girls pimp them out.⁵¹

A small number of social service agencies in Canada have recently started to address the needs of FASD-affected Aboriginal women in the sex trade. For example, the Association of Community Living, in partnership with Prostitution Empowerment and Education Resources Society (PEERS), has been working on these issues through the Winnipeg Working Group on FASD and the Sex Trade.⁵²

Gangs and FASD

With the exception of Totten's preliminary research, there are not any published studies on the relationship between FASD and gang involvement. However, a number of recent studies in other countries have documented the elevated rates of engagement in serious crime and

involvement in violent offending by young men with FASD.⁵³ Previous research has demonstrated that these types of serious crimes are likely to be gang-related. Arguably, FASD-affected youth, especially young men, have increased vulnerability for being recruited into gangs due to their poor judgment, being easily manipulated, difficulty perceiving social cues, heavy substance use, and difficulties understanding the link between their actions and consequences. Long-term placement in child welfare and justice facilities, combined with a lack of supportive ties to families and community are also important factors. When these youth move from their reserves to cities, they are easy targets for gangs.

A pathways approach is useful in identifying the primary mechanisms through which Aboriginal youth find themselves involved in gang activity. Some gang members are located on one primary pathway; others become gang-involved through a number of different pathways. Most of these routes into gang violence are unique to Aboriginal youth gangs.⁵⁴ Evidence supporting the existence of these pathways comes from initial data analyses of the Prince Albert Warrior Spirit Walking Gang Project and the Regina Anti-Gang Services Project⁵⁵ involving a combined sample of approximately 150 youth, along with the few Canadian studies on this issue.⁵⁶ There are five main pathways: 1. The process of 'violentization', rooted in experiences of serious and prolonged child maltreatment; 2. The prolonged institutionalization of children into child welfare and youth justice facilities; 3. Brain and mental health disorders, resultant from childhood trauma and FASD; 4. Social exclusion and devaluation; 5. The development of hyper-masculine and sexualized feminine gender identities.⁵⁷

When Aboriginal children suffer extreme maltreatment and have FASD, the resultant neurological impairments likely make them vulnerable for gang recruitment. In the Prince Albert Gang Project Evaluation Study, 84% of 120 youth reported having a close family member who had a severe drug or alcohol problem and 68% had been taken into the care of child welfare facilities due to child abuse.⁵⁸ Many of these youth have the visible facial features indicative of FASD. Many lack the ability to structure their time and are easily controlled and abused by others. As a result, they are strong-armed into committing crimes that they could not formulate on their own and often take the fall for these types of crimes when they are caught. They do not realize that they are actually committing crimes when following an urge or their 'friends'.

Sexual Exploitation and Gangs

There is a dearth of research in Canada on the relationship between gangs and the sexual exploitation and trafficking of Aboriginal girls and women. In particular, very little is known about the men who are doing the trafficking.⁵⁹ Females who participate in Aboriginal gangs are for the most part treated as sexual slaves and are forced to play tertiary roles (look-out for the police, dealing drugs, sex trade work, carrying drugs and weapons). Often, they are traded amongst gang members for coercive sex. Gang crimes related to exploitation include gang rape

and other forms of sexual assault, witness intimidation, extortion, forcible confinement, controlling or living off the avails of prostitution, organized crime offences and trafficking.

Most females who are gang-involved have personal relationships with male gang members: they are sisters, nieces, daughters, grand-daughters, or girlfriends. Those who don't have these prior relationships get recruited through violent intimidation. Most girls are gang-banged (gang raped) as part of initiation into gangs.

Suffering chronic and repeated sexual trauma throughout childhood is also a key driver into gang life for both girls and boys. These children are most often abused by male family members or men who know them. More girls are victims, although many male youth who participate in violent gang activities report having been sexually abused.⁶⁰ For example, a majority of the 26 male gang leaders participating in the RAGS intensive gang exit program reported prolonged and severe sexual abuse by men during their childhood. Four of the five females who are participants in this same program reported that the long-term childhood sexual abuse they suffered continued throughout their adolescence and early adulthood. These four women were trafficked by Aboriginal gangs for lengthy periods of time. The average age of these gang members was 20.7 years.⁶¹

When females are harmed, they tend to be extended family members or intimates of the perpetrators.⁶² Several in-depth interviews with gang leaders who are trafficking and exploiting young women reveal an intergenerational dynamic of mothers, aunts and grandmothers having been forced to work in the sex trade and/or trafficked. It is no coincidence that these same women, along with the fathers of these young men, have suffered greatly from colonization and residential schools. Many of these young men bitterly report that their mothers were absent throughout their childhood – some having been murdered or missing for extended periods of time. Some expressed hatred for their mothers. These gang leaders seem to have learned how to sexually exploit and traffick girls in their own families at a very young age.⁶³

Emerging data from the Prince Albert and RAGS projects support current estimates on the widespread nature of these forms of violence in Western Canada.⁶⁴ Anecdotal evidence from many northern communities in Western Canada suggests that there is significant under-reporting on this issue. For example, it is common for family members in such communities to identify female relatives who have gone missing. Such reports are 'unofficial' due to a variety of reasons, including shame, humiliation, lack of education, fear of outside involvement, fear and mistrust of the police, and family ties to gangs. Larger, systemic issues are at play here as well, such as colonization, racism and the intergenerational impact of Residential Schools.

Trafficked Aboriginal girls are hard to find – gangs usually confine them within homes or other closed environments. Prior to being trafficked, many of their lives are characterized by severe poverty, a lack of opportunities, violence, and poor health. As a result, many migrate from remote communities to cities, where their lack of job skills and city 'smarts' makes them very

vulnerable. Some become homeless and can't meet even meet basic needs such as food, clothing, and shelter. Many girls become isolated and lose contact with their communities; they experience culture loss. Some go to bars for friendship – where traffickers hang out. They find love in 'boyfriends' and street families. Traffickers approach girls who appear most vulnerable to offer jobs, opportunities, education and glamorizing city life.

Gangs, FASD, Sexual Exploitation and Extreme Violence in the Lives of Aboriginal Girls and Women

There are no published studies in Canada or elsewhere on the relationship between gangs, FASD, sexual exploitation and extreme violence in the lives of Aboriginal girls and women. Instead, as this report has demonstrated, there are anecdotal reports and a handful of exploratory studies on the relationship between sexual exploitation and gangs. Likewise, a handful of studies investigate the association between FASD and sexual exploitation. Figure One (Overlapping Cycles of Colonization, Ill Health and Violence) provides an illustration of the potential linkages between these issues and addresses some of the gaps in knowledge. The figure demonstrates that any analysis must be conducted within the historical context of colonization, intergenerational trauma, forced assimilation, and loss of traditional gender roles. Both the 'vulnerable women' and 'FASD children' circles include factors that cause vulnerability and FASD, as well as factors that result from these issues. The women's circle depicts the pervasive, daily experiences with systems (justice, welfare, police, employment, health, court, government, etc.) that devalue women and do not take into account the diminished life chances and resources that women have compared to men. The FASD children's circle focuses on both primary and secondary disabilities and how Canadian society fails to support individuals with disabilities such as FASD. As well, the diagram reflects the life cycle of FASD children's transition into as adulthood, especially the fact that they themselves are likely to have FASD children.

A few studies have reported that mothers who give birth to FASD babies suffer extreme violence during pregnancy and as many as one in four mothers die within five years of birth.⁶⁵ For example, a five-year follow-up study of birth mothers of children with full FAS found that participants came from diverse racial, educational and socio-economic backgrounds. These mothers had untreated and serious mental health problems, were socially isolated, suffered chronic physical and sexual abuse as children and adults, and experienced significant violence during their pregnancies at the hands of men.⁶⁶ Another study investigated the prevalence of exposure to violence among a large sample (N=717) of pregnant women receiving substance abuse treatment at an inner-city treatment facility.⁶⁷ These women and their children reported high rates of exposure to physical, sexual and psychological violence – all of which had significant health consequences for the women, children, and fetuses involved. A total of 26% of the women reported having a weapon available at home, 39% of whom reported having guns. This is important because gun possession leads to increased risk for both suicide and homicide in

women.⁶⁸ Male intimates are most likely to kill their female partners with these guns, and the use of illicit drugs increases the risk of homicide considerably.⁶⁹

Valborg Kvigne and colleagues in the USA have conducted the only published study on the characteristics of Aboriginal mothers of children with FASD, including intentional and unintentional injuries.⁷⁰ Their study, on the Northern Plains Indian women who have children with FAS and women who have children with some characteristics of FAS, examined suicide attempts, sexual abuse, and other serious problems. Although four of 78 mothers died, the authors do not explore the circumstances around these deaths.

Finally, research done by Drs. Ira Chasnoff and Sterling Clarren, two of the most distinguished practitioners and researchers in the world on the topic of FASD, also identifies that mothers of FASD children have an increased likelihood of dying at a young age. Their work on the women who give birth to FASD babies points to the “universal” horrific abuse these women have suffered and their lack of support systems. Their studies have not focussed on Aboriginal women. Of the women they have studied: 50% experienced physical violence during pregnancy; 33% had been sexually abused; 44% were ‘raped’; 30% had experienced loss due to violent death; 74% were pregnant by age 19; 25% had died by the time of 5-year follow up; 80-85% had mental health issues; 35% were children of alcoholics/addicts; and 20% had FASD themselves.

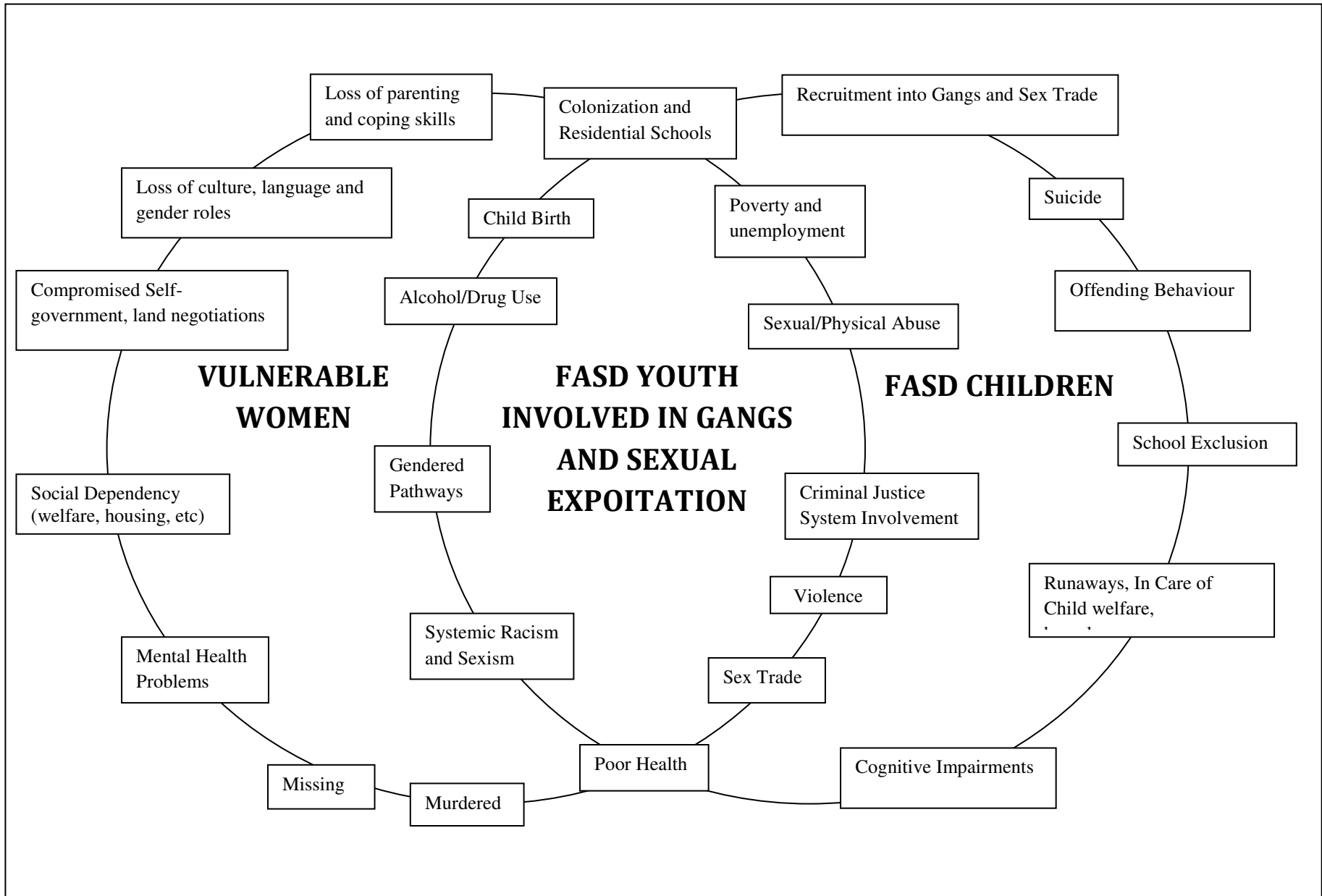
Conclusion

This paper has provided a preliminary investigation into the potential relationship between gangs, FASD, sexual exploitation and murdered/missing Aboriginal women in Canada. There are no published studies on the topic, although data exist on the linkages between some of the key variables. Due to these significant gaps in the literature, much more study is required on the relationship between these variables. It is important that future work focus on both the historical context of colonization and intergenerational trauma, as well as focus on the strength and resiliency of Aboriginal peoples.

Future research should be participatory in nature and make use of in-depth interviews and storytelling with family members of FASD youth who have suffered extreme violence and who have been sexually exploited and gang-involved. A logical place to start is with the SIS files. Although the SIS team has begun a preliminary analysis in this area, additional funding could support a comprehensive review of all cases. Another area of concern relates to gang-involved male youth who are doing the sexual exploitation and trafficking. Little is known on how these young men become involved in such acts, nor do we know why they engage in such behavior. For this reason, it is important to engage male participants in order to understand from their perspective how they perceive their roles in the exploitation, trafficking and perpetration of extreme violence against women. Resources for this aspect of the investigation should not be taken from those dedicated to addressing the needs of high risk young women and their families.

This preliminary study points to some areas for policy change. First, it is apparent that coming into the care of the child welfare system is a key driver into gang life for some Aboriginal youth. One reason why Aboriginal children are so over-represented in the child welfare system is because the INAC funding formula for child welfare is significantly less than that provided by provincial ministries. This likely prevents the allocation of adequate funding to keep children in their own homes instead of removing them. As well, FASD children are highly likely to be taken into care. Second, it is clear that there are many reasons why some Aboriginal mothers use drugs and alcohol, including both socio-historical and individual factors. Programs aimed at treating substance abuse only will not work. Reducing the prevalence of FASD requires resources to address the history of colonization. It also requires that we celebrate the successes of Aboriginal peoples.

Overlapping Cycles of Colonization, Ill health and Violence, an illustration



Acknowledgements

The author would like to acknowledge the following individuals at NWAC who provided insightful and critical feedback: Erin Wolski, Kate Rexe, Elisabeth Bastien, Jennifer King, and Irene Goodwin. This report would not have been possible without their support and guidance.

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End Notes

¹ NWAC is committed to the development of genuine research collaboration between researchers and Aboriginal communities, thereby promoting partnerships within a framework of mutual trust and cooperation. However, we have made a deliberate decision to rely on more of a western, academic approach for this FASD project. It is exploratory, does not involve opportunities for storytelling and other participatory methods with participants, and is designed to set the stage for a more in-depth assessment of FASD, gangs, sexual exploitation, and murdered Aboriginal girls and women. Should adequate funding be granted for this second phase, NWAC will employ an Aboriginal model of research, relying on respect of indigenous knowledge and worldviews, indigenous epistemology, inclusivity in the research agenda, and shared power and decision-making.

² For example, Tait (2003a) argues that the behavioural and cognitive effects of suffering physical and sexual abuse in Residential Schools are comparable to the behavioural and cognitive effects of FASD – and in the absence of concrete evidence of a mother's alcohol abuse during pregnancy, it is entirely plausible that the trauma suffered in Residential Schools (and not prenatal alcohol abuse) is the root cause of developmental delays and other disabilities.

³ For example, see the body of work by Ira Chasnoff, widely regarded as one of the leading experts in the world on these issues.

⁴ By 'experts' we mean community members, grass roots organizations and professionals.

⁵ FAS diagnosis requires a confirmed history of maternal alcohol consumption; evidence of facial dysmorphism; growth retardation; and central nervous system dysfunction. It is the most severe developmental impairment on the spectrum.

⁶ Currently, FAE and ARBD are understood to fall within the broader term ARND. Individuals with ARND are unlikely to have the facial malformations but have central nervous system impairment.

⁷ Pardini, 2006; Pardini and Loeber, 2008; Nash et al., 2006; Koditwakku et al., 2006; May et al., 2006; Good et al., 2001; Delaney-Black et al., 2000; Watt and Muenke, 2005; Fast and Conry, 2004.

⁸ BC Ministry for Children and Families, 1998.

⁹ Grant et al., 2006.

¹⁰ The issue of 'inappropriate' sexual behavior is addressed in the section on FASD and Sexual Exploitation.

¹¹ Streissguth, Bookstein, Barr, Sampson, O'Malley, and Kogan Young, 2004; Streissguth, Barr, Kogan, and Bookstein, 1996; Kvigne et al., 2004; Chudley et al., 2005; Stade et al., 2004; Streissguth et al., 1997; Brown and Fudge Schormans, 2004.

¹² O'Malley, 2007.

¹³ Chavez, Cordero and Becerra (1988); Sokol and Clarren, 1989; Sampson, Bookstein, Barr and Streissguth, 1994; Sampson, Streissguth, Bookstein, Little, Clarren, Dehaene et al., 1997.

¹⁴ Roberts and Nanson, 2000; Health Canada, 2003.

¹⁵ For example, Tait (2003) argues that these studies have a disproportionate focus on Aboriginal women and their communities, and fail to differentiate the effects of prenatal alcohol use from the wide-ranging outcomes of colonization, forced assimilation and residential schooling.

¹⁶ Robinson, Conry and Conry, 1987; Williams, Odaibo and McGee, 1999.

¹⁷ Square, 1997; Asante and Nelms-Maztke, 1985; Habbick, Nanson, Snyder, Casey, and Schulman, 1996.

¹⁸ For example, see Masotti et al., 2006.

¹⁹ Sokol, Delaney-Black and Nordstrom, 2003.

- ²⁰ Canada, 1995; OFIFC, 2000.
- ²¹ Murphy, Chittenden, and The McCreary Centre Society, 2005.
- ²² Durst and Bluehardt, 2001.
- ²³ CSC 2001, 2003; Totten 2008; CISS 2005; Astwood Strategy Corporation 2004)
- ²⁴ For the purposes of this paper, youth includes young people aged 12 – 30 years of age.
- ²⁵ Totten 2000, 2008, 2009d.
- ²⁶ Totten 2009c, 2008; Mellor et al. 2005.
- ²⁷ Totten, 2008; CISC 2004; Mellor et. al. 2005.
- ²⁸ Totten, 2000; Kelly and Totten, 2002.
- ²⁹ Statistics Canada 2006a, 2006b, 2006c, 2007a, 2007b.
- ³⁰ Ontario Native Women's Association, 1989.
- ³¹ Amnesty International, 2004.
- ³² Statistics Canada, 2006b.
- ³³ CAEFS, 2006.
- ³⁴ The high number of cases in BC is due to the many cases of murdered women in the high profile Vancouver investigation.
- ³⁵ Statistics Canada, 1993.
- ³⁶ ONWA and OAIFC, 2007.
- ³⁷ McEvoy & Daniluk 1995; Young and Katz, 1998; The Nechi Institute, The Four Worlds Development Project, 1988.
- ³⁸ NWAC, 2007; McIvor and Nahanee, 1998.
- ³⁹ Totten and Dunn, 2009a, b; Totten, 2009c, d; Farley and Lynne 2005; Lynne 2005; Farley, Lynne and Cotton 2005.
- ⁴⁰ Sethi, 2007; Totten, 2009d.
- ⁴¹ Totten and Dunn, 2009a, 2009b; Assistant Deputy Minister's Committee, 2001.
- ⁴² United Nations definition, 2005.
- ⁴³ Sethi, 2007.
- ⁴⁴ Stimpson and Best, 1991; Sobsey, 1988.
- ⁴⁵ Razack, 1994.
- ⁴⁶ Astley et al, 2000.
- ⁴⁷ Streissguth et al., 2004, 1997.
- ⁴⁸ Bonner et al., 1999.
- ⁴⁹ BCFAS Resource Society/BC Ministry of Children and Family Development, 1998.
- ⁵⁰ Totten and Dunn, 2009b; Clark and Benton Gibbard, 2003; Clarke, 2001; Alberta Clinical Practice Guidelines, 1999.
- ⁵¹ Totten and Dunn, 2009a, b; Sethi, 2007.
- ⁵² The SIS initiative is attempting to track FASD both in the missing and murdered women and in the male offenders convicted in these cases. This is extremely difficult for a number of reasons, including a lack of diagnosis and the stigma associated with this disability.
- ⁵³ For example, see Pardini, 2006; Pardini and Loeber, 2008; Nash et al., 2006.
- ⁵⁴ Totten, 2009c.
- ⁵⁵ Totten and Dunn, 2009a, 2009b.
- ⁵⁶ For example, Weatherburn et al. 2003; Dickson-Gilmore and Laprairie 2005; Totten 2008; Kelly and Totten 2002.
- ⁵⁷ Totten, 2009c.
- ⁵⁸ Totten, 2009e.
- ⁵⁹ Totten's exploratory research is one of the only published studies on this issue (2009d).
- ⁶⁰ Totten and Dunn, 2009a, b; Totten, 2009c, d.
- ⁶¹ Totten and Dunn, 2009b.
- ⁶² Totten, 2009c, d.
- ⁶³ Totten and Dunn, 2009b.
- ⁶⁴ NWAC 2008; Amnesty International 2004.
- ⁶⁵ See Astley et al., 2000; Tait, 2003; Velez et al., 2006; Kvigne et al., 2003; Streissguth et al., 2004; Clarren and Smith, 1978.
- ⁶⁶ Astley et al., 2000.
- ⁶⁷ Velez et al., 2005.

⁶⁸ Sorenson & Wiebe, 2004; Paulozzi, Saltzman, Thompson, & Holmgreen, 2001

⁶⁹ Bailey et al., 1997.

⁷⁰ Kvigne et al., 2003.