THE IMPACT OF STIGMA ON PARENTS AND CHILDREN WITH FASD IN THE CHILD WELFARE SYSTEM

DOROTHY BADRY, PHD – UNIVERSITY OF CALGARY
PETER CHOATE, PHD – MOUNT ROYAL UNIVERSITY

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We would like to begin by acknowledging that the land on which we gather is the unceded territory of the Coast Salish Peoples, including the territories of the xʷməθkwəy̓əm (Musqueam), Un̓y̓ı̱ Ḵ̓w̓mesh (Squamish), and Uəhawsaʔ/Selilwitulh (Tsleil-Waututh) Nations.
THE PROJECT

• A scoping review to begin to understand how stigma and shame inform the professional dialogue around FASD
DISCOURSES

• Ecological

• the need to bring multiple connections together and address issues and concerns if interventions can have a probability of success. To be successful changing what occurs in a pregnancy, influencing multiple aspects of a mother’s life is important as opposed to focusing primarily on alcohol use.
Systemic oriented stigma and intersectionality

Health
- Inpatient/outpatient
- Physical
  - Addictions
  - Harm reduction
    - Rehab
      - Criminal Justice
      - Jail
      - Parole
      - Probation
    - Legal
      - Family courts
      - Child Welfare Status
- Mental
  - Addictions
  - Harm reduction
    - Rehab
      - Criminal Justice
      - Jail
      - Parole
      - Probation
    - Legal
      - Family courts
      - Child Welfare Status

Education
- After school care

Government survival programs
- Social assistance
- Income for Handicapped
- Developmental Disability Programs
- Housing

Community services
- Foster care
- Family enhancement
- Family courts

Foster care
- Parenting

Social assistance
- Food bank
- Developmental Disability Programs

Income for Handicapped
- Housing

 supports
- Domestic Violence
- Cultural supports
- Daycare

Developmental Disability Programs
- Supports for Disability

Housing

How many times must she tell the story?
MOTHER DIALOGUE

• Cumulative impact of marginalization and trauma,
• Need for but often missing more supportive system
• Women have quite distinct needs based on historical trauma
• Mothers often have high ACE score – in reality in utero child also experiencing adverse events along with the mother
LANGUAGE

- Prevention language often stigmatizing
- A language of inclusion and support enables effective connection.
- Cumulative stigma language related to FASD, addiction and substance abuse, trauma, and mental health

+ = + = + = Greater Stigma
HARM REDUCTION
• Abstinence is best – multiple messages around that
• Not always possible
  • Trauma / unwanted pregnancy / poverty and homelessness
• Opens more opportunities for engaging mothers
• Harm reduction as a way to minimize stigma around use in pregnancy is a newer theme that we see as starting to emerge
ROOT CAUSE DIALOGUE

• Often missing from the conversation
• Alcohol use in pregnancy is often a response behavior and not the prime point of intervention. Rather, we should explore why this behavior exists and focus on ways to address the root causes of substance use.
BAD MOTHER DIALOGUE

• The prevention literature, while focused on health outcomes, has created a dyadic position. Good mothers don’t drink in pregnancy so by definition, stigma is attached to the mothers who do drink.

• “Baby or the bottle”; “Stop and think: Don’t drink”. Messaging can also be confusing such as “Drinking alcohol during pregnancy damages your baby more than any illegal drug.”
DYSFUNCTION DIALOGUE

• Dysfunction and the despair about the future for a person with FASD
• Lack of a strength or resilience dialogue
• Lifelong dependency on caregivers, prognosis of failure, susceptibility to exploitation, homelessness, involvement with child intervention and a belief that most people with FASD are unable to parent their own children
FASD AS A WHOLE-BODY DISORDER

• These can include a wide range of physiological problems ranging from Irritable Bowel Syndrome, Sleep Apnea, Rheumatoid Arthritis, Adult Chronic Ear Infections, Crohn’s Disease, Celiac, Ulcerative Colitis and early Dementia
PARENTING WITH FASD

• Often believed that a parent with FASD cannot parent their child

• What about supports and other systems
• The older literature in particular has framed FASD as an Indigenous issue

• Current literature tells us it is a general population issue but the Indigenous bias still exists
• Fathers
• Caring and supportive language of possibility and inclusion
• Stigma leads to punitive responses
INTERSECTIONALITY
• Professional education focused on inclusion
• Prevention efforts that support and are open to harm reduction
• Outreach to populations that are more marginalized
• Increasing recognition of the whole body disorder
• Language that FASD is a societal issue not a mother issue
• Bring fathers into the conversation
THANK YOU

• WE LOOK FORWARD TO CONVERSATION, QUESTIONS, CHALLENGES AND PATHWAYS TO CHANGE