Perceptions of FASD by Civil Commitment Professionals: A Pilot Survey

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Abstract

The cognitive impairments characteristic of Fetal Alcohol Spectrum Disorder (FASD) result in an increased likelihood of engaging in sexually inappropriate behavior and becoming involved in the criminal justice system. Although understanding the characteristics of FASD would aid civil commitment professionals in developing an increased awareness about how to approach, communicate, and best serve individuals with FASD, little is known about the knowledge bases and training backgrounds of such professionals. Hence, a Web-based survey was developed and disseminated via the SOCCPN ListServ (N = 100) to examine these issues. Results suggest that civil commitment professionals would benefit from enrolling in a continuing education course on the psycholegal impairments of persons diagnosed with FASD as well as being provided with the findings of FASD screening instruments for their clients.

Keywords: FASD, Alcohol, Survey, Civil Commitment, Sexual Offender

Introduction

Fetal Alcohol Spectrum Disorder (FASD) is caused by the consumption of alcohol during pregnancy, resulting in impaired social, educational, vocational, and cognitive skills (Landgraf, Nothacker, Kopp, & Heinen, 2013; Petrenko, Tahir, Mahoney, & Chin, 2014; Rangmar, Hjern, Vinnerljung, Strömland, Aronson, & Fahlke, 2015; Ware et al., 2015). These impairments result in over 60% of individuals diagnosed with FASD becoming involved in the criminal justice system during their lifetime (Streissguth, Barr, Kogan, & Bookstein, 1996). As unintentionally inappropriate sexual behavior can result from the unique symptomatology of FASD, professionals working in civil commitment settings may see a disproportionate number of persons with this diagnosis.

It is currently unknown how many civil commitment professionals receive training on the various clinical phenomena associated with FASD and what the experiences of such professionals are in working with individuals with FASD. Thus, it may be that those with FASD have major disadvantages within the civil commitment system, as professionals may not be equipped to recognize the signs and symptoms of their unique disability.

A Web-based qualitative survey composed of both open- and closed-ended questions concerning FASD was administered to members of the non-profit association, the Sex Offender Civil Commitment Programs Network (SOCCPN), to investigate the knowledge bases and legal experiences of civil commitment professionals. SOCCPN provides a forum to discuss and share

information related to the effective management, assessment and treatment of individuals held under civil commitment laws addressing sexual violence and/or sexual dangerousness. This survey served as a pilot to explore the perceived need for continuing education and assessment of FASD in secure sex offender settings.

Methods

Survey

The 19-question survey was constructed using Qualtrics electronic survey software (www.Qualtrics.com) for dissemination to civil commitment professionals in the United States who were members of SOCCPN as of January 4, 2016 (*N* = 100). The survey included both open- and closed-ended questions developed based on a review of the forensic mental health, criminal law, corrections, and criminology literatures as well as previous surveys conducted with individuals diagnosed with FASD (e.g., Eyal & O'Connor, 2011; Peadon et al., 2010; Cox, Clairmont, & Cox, 2008).

Survey items were organized into three blocks: (1) Knowledge of FASD, (2) Training in FASD, and (3) demographic characteristics. In the first block, respondents were asked to describe the signs and symptoms of FASD as well as the behavioral sequelae of the syndrome, including the percentage of diagnosed persons who become involved with the criminal justice system, the percentage of diagnosed persons who engage in sexually inappropriate behavior, and the risk factors for sexually inappropriate behavior in this population. In the second block, respondents were asked if they had ever received training on the psycholegal impairments experienced by individuals diagnosed with FASD from arrest until the start of adjudication, during adjudication, and during incarceration. If so, they were asked when this training took place and what they learned. Finally, in the third block, respondents were asked to report their sex, their geographic region (North, South, Midwest, or West in accordance with the United States Census Bureau), and how many years it had been since receiving their highest educational degree.

Procedure

Participation letters were sent with permission via e-mail to the SOCCPN ListServ on consecutive Fridays and contained direct and active links to the survey. Two reminder e-mails were sent in seven day increments after the initial distribution to remind potential respondents about the study. A fourth e-mail was also sent indicating a final opportunity to participate. No incentives for participation were offered. Responses were exported from Qualtrics to STATA/IC 10.1 to calculate frequency distributions and measures of central tendency and dispersion for all variables.

Results

Participants

Eighteen (18%) of the 100 members of SOCCPN current to January 4, 2016 responded to the survey between January 8, 2016 and February 5, 2016. Participants were predominantly male (*n* = 12, 66.67%) and from either the Midwestern (*n* = 8, 44.44%) or Western (*n* = 6, 33.33%) regions of the United States. Participants had graduated with their highest degree an average of 9.78 years ago (*SD* = 9.52, *range* = 1 to 31).

Knowledge of FASD

When asked to describe the signs and symptoms of FASD, participants identified a number of cognitive impairments, social deficits, and physical complications. First, impaired cognitive functioning was marked by lower intelligence (*n* = 6, 33.33%), emotional dysregulation (*n* = 4, 22.22%), impulse control deficits (*n* = 4, 22.22%), learning disabilities (*n* = 3, 16.67%), and cause-and-effect thinking dysregulation (*n* = 2, 11.11%). Second, social deficits included behavioral dysregulation (*n* = 4, 22.22%), hyperactivity (*n* = 2, 11.11%), social skills deficits (*n* = 2, 11.11%), and slower prosocial development (*n* = 1, 5.56). Third, participants reported that an average of 53.33% (*SD* = 23.22%, *range* = 10-90%) of individuals diagnosed with FASD have facial abnormalities. The most common facial abnormalities mentioned included: small head size (*n* = 3, 16.67%), wideset eyes (*n* = 2, 11.11%), smooth philtrum (*n* = 2, 11.11%), and high forehead (*n* = 1, 5.56). Additional physical complications included low birth weight (*n* = 5, 27.78%) and heart conditions (*n* = 4, 22.22%).

Criminal Justice Involvement

Participants reported that an average of 50.56% (*SD* = 16.73%, *range* = 30-87%) of individuals diagnosed with FASD become involved in the criminal justice system. Participants reported that an average of 39.29% (*SD* = 20.01%, *range* = 9-60%) of individuals diagnosed with FASD engage in inappropriate sexual behavior in their lifetime. Identified risk factors for such misbehavior in this population included:

- Poor problem solving (*n* = 6, 33.33%)
- Impulsivity (*n* = 6, 33.33%)
- Social skills deficits (*n* = 4, 22.22%)
- Executive function deficits (*n* = 2, 11.11%)
- Low intelligence (*n* = 2, 11.11%)
- Lack of experience in intimate relationships (*n* = 2, 11.11%)
- Poor coping skills (*n* = 2, 11.11%)
- Poor sexual education (*n* = 2, 11.11%)
- Sexual dysregulation (*n* = 2, 11.11%)
- Substance abuse (*n* = 2, 11.11%)
- History of sexual abuse victimization (*n* = 1, 5.56%)
- Pedophilia (*n* = 1, 5.56%)
- Poor boundaries in home (*n* = 1, 5.56%)

Training

Six (33.33%) participants reported having received training on the psycholegal impairments experienced by individuals diagnosed with Fetal Alcohol Spectrum Disorder from arrest until the start of adjudication, during adjudication, or during incarceration. This training was received an average of 2.83 years ago (*SD* = 1.81). Before the start of adjudication and during the adjudication process, participants were taught that individuals diagnosed with FASD "do not consult with defense counsel in a timely fashion" and are "more likely to confess", "liable to fabricate stories", and "less likely to monitor their own utterances." During incarceration, participants were taught that individuals diagnosed with FASD were "very difficult inmates" who display "impulsive verbal and physical reactions" and are "unable to regulate what they say, even in risky situations".

When participants were asked whether they would you likely benefit from a continuing education

course on the psycholegal impairments of individuals diagnosed with FASD, 14 (77.78%) reported that they would. Sixteen (88.89%) participants reported that they would likely benefit from being provided the findings of a screening tool for Fetal Alcohol Spectrum Disorder (FASD) in their daily practice.

Discussion

Given the frequency with which individuals diagnosed with FASD become involved in the criminal justice system, a Web-based survey was conducted to examine the knowledge bases and legal experiences of civil commitment professionals who were members of a non-profit association, SOCCPN. Approximately one-fifth of the SOCCPN membership participated in the 19-item survey and correctly identified a number of cognitive impairments, social deficits, and physical complications characteristic of FASD.

Civil commitment professionals vary in their ability to accurately identify signs and symptoms of FASD. For example, they appear to overestimate the percentage of persons with FASD who have facial abnormalities and underestimate the percentage of persons with FASD who become involved in the criminal justice system. Virtually all participants reported that they would likely benefit from being provided the findings of an FASD screening tool in their daily practice. However, reviews of the FASD literature have noted that few validated screening tools exist, suggesting an urgent need for research in this area (Memo et al., 2013). Of particular importance is research into differences between juveniles and adults with FASD who engage in inappropriate sexual behaviors.

We concur with the over three-fourths of the participants who reported that they would benefit from a continuing education course on the psycholegal impairments of individuals diagnosed with FASD, especially as the few participants who had attended a training had done so an average of several years ago. The American Institute for the Advancement of Forensic Studies (AIAFS) and the Global Institute of Forensic Research (GIFR) are working together to provide such a course designed for civil commitment professionals.

Although participants estimated that over one-third of persons diagnosed with FASD engage in inappropriate sexual behavior during their lifetime, the risk factors they identified for such misbehavior differed from those traditionally included in sexual offender risk assessments (Tully, Chou, & Browne, 2013). However, there is emerging evidence to suggest that the risk profile of intellectually-disabled sexual offenders differs systematically from non-intellectually-disabled sexual offenders and that there should be a focus on dynamic factors such as those which the current survey's participants identified (Lofthouse et al., 2013; Blacker, Beech, Wilcox, & Boer, 2011). Further research is needed to explore the prevalence of particular symptomatology relevant to sexual abuse such as pedophilia and sadism (Eher et al., 2016).

The pilot survey was limited by its small sample size, restricting generalizability. Future qualitative studies exploring the knowledge base on FASD in professionals working with sexual abusers are recommended to target multiple relevant associations such as the International Association for the Treatment of Sexual Offenders (IATSO), Association for the Treatment of Sexual Abusers (ATSA), the Australian/New Zealand Association for the Treatment of Sexual Abusers (ANZATSA), the Netherlands Association for the Treatment of Sexual Abusers (NL-ATSA), and the National Organisation for the Treatment of Sexual Abusers (NOTA) (cf. Singh et al., 2014). In addition, alternative or supplementary methodologies such as postal or telephonic surveying which have been found to produce higher response rates may prove useful (see Hurducas, Singh, de Ruiter, & Petrila, 2014). Increasing the sample size would also allow the statistical power to be able to identify moderators of survey responses (e.g., sex, years in practice, geographical region).

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