



Research at a glance

Assessing Fetal Alcohol Spectrum Disorder in Women Offenders

A screening tool to assess Fetal Alcohol Spectrum Disorder was piloted with women offenders. Results suggest that the tool has promise in identifying women with probable FASD.

Why we did this study

Fetal Alcohol Spectrum Disorder (FASD), which refers to a continuum of birth defects that may result from prenatal alcohol exposure, includes multiple possible diagnoses and may include growth impairment, central nervous impairment, and distinct facial characteristics. Considering FASD in a correctional context is important because the associated impairments could affect offenders' adjustment to a correctional institution and ability to engage in their correctional plan.

Accumulating evidence shows that FASD is more common in offender populations than in the community, but estimating the prevalence of FASD among offenders is difficult. In addition to the challenges with identifying FASD in adults (e.g., confirmation of prenatal maternal substance use), assessment is complicated by the fact that certain social and intellectual characteristics of FASD, such as substance use problems and impulsivity, are also common among offenders without FASD.

In recognition of these challenges, an FASD screening tool was previously developed and piloted with men offenders, and found to distinguish those with and without FASD. In this study, a modified version of this measure, the Brief Screen Checklist for Women (BSC-W), was examined to determine if it was as effective for women offenders.

What we did

In total, 23 women completed the BSC-W along with a battery of neuropsychological assessments and a medical interview, including examination of facial characteristics typical of FASD. Determination of FASD status was established jointly by a physician with related expertise, a neuropsychologist, and a member of the research team.

What we found

Four of the 23 women participating in the study were identified as likely to have FASD, five were deemed

to have cognitive deficits not related to FASD, and nine had no cognitive deficits. Five women were categorized as "uncertain" because they possessed some FASD characteristics but did not meet all of the criteria. Overall, the tool was effectively able to discriminate those likely to have FASD from those with non-FASD cognitive deficits and those without deficits.

When women with symptoms of FASD were compared to their counterparts without such symptoms, the patterns of findings were consistent with expectations based on the literature. For instance, women with FASD symptoms were more likely to have had problems with school and employment, to report deficits related to self-control and social skills, and to have had difficulty understanding the consequences of their behaviour.

What it means

Overall, these preliminary results suggest that the BSC-W has promise in identifying women offenders with probable FASD. Given the impact of FASD on offenders' institutional adjustment – and the potential impacts on ability to benefit fully from correctional interventions - effective screening of women offenders for FASD could be very useful in a correctional context.

For more information

Forrester, P., Davis, C. G., Moser, A., MacPherson, P., Gobeil, R., & Chudley, A. E. (2015). *Assessing Fetal Alcohol Spectrum Disorder in Women Offenders* (Research Report R-346). Ottawa, Ontario: Correctional Service of Canada.

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