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Fetal Alcohol Spectrum Disorder and Sexually Inappropriate Behaviors: A Call on Sex Offender Treatment Clinicians to Become Informed

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Abstract

Fetal Alcohol Spectrum Disorder resulting from prenatal alcohol exposure is a permanent condition that can include a range of adaptive, cognitive, social, and physical impairments. Not only can symptoms have a deleterious impact on global functioning, but can increase the likelihood of entanglement in the criminal justice system. This can sometimes involve behaviors associated with sexual misconduct. This article provides a brief overview of Fetal Alcohol Spectrum Disorder, the relationship between the disorder and inappropriate sexual behavior, treatment of this population, and areas for future research.

Keywords: fetal alcohol spectrum disorder, sex offender treatment, sex offending, training

Fetal Alcohol Spectrum Disorder and Inappropriate Sexual Behaviors

Fetal Alcohol Spectrum Disorder (FASD) is a permanent disorder that results from Prenatal Alcohol Exposure (PAE; Jacobson, Jacobson, Sokol, Martier, Ager, & Kaplan-Estrin, 1993; Mattson, Schoenfield, & Riley, 2001). Fetal Alcohol Spectrum Disorder (FASD) can include a combination of physical (e.g., facial), cognitive (e.g., executive control, short- and long-term memory, and impulsivity), social (e.g., communication skills and distorted interpersonal boundaries), and adaptive (e.g., decision and problem solving abilities and understanding consequences of behaviors) impairments (Baumbach, 2002; Brown, Gudjonsson, & Connor, 2011; Hofer & Burd, 2009; Greenspan & Driscoll, 2015; Manning & Hoyme, 2007; Mela, 2015; Petrenko, Tahir, Mahoney, & Chin, 2014; Rangmar, Hjern, Vinnerljung, Strömmland, Aronson, & Fahlke, 2015; Wheeler, Stevens, Sheard, & Rovet, 2012). Making matters worse, FASD is often complicated by the presence of secondary conditions including behavioral (e.g., ADHD and conduct disorder), mood (e.g., depression and bipolar disorder), and other psychiatric disorders (Crocker, Vaurio, Riley & Mattson, 2011; Famy, Streissguth & Unis, 1998; Green, Mihic, Nikkel, Stade, Rasmussen, Munoz, & Reynolds, 2009; O'Connor & Paley, 2009; Streissguth, Barr, Kogan, & Bookstein, F., 1996; Streissguth & O'Malley, 2000). This diverse array of symptoms complicates the screening and assessment process and ultimately decreases the likelihood of accurate diagnosis of FASD. Overlooked diagnosis and misdiagnosis often result in inadequate care and support, which can contribute to future criminal justice involvement (Brown, Haun, Novick Brown, & Zapf, 2016; Brown, Wartnik, Connor, & Adler, 2010; Murawski, Moore, Thomas, & Riley, 2015; Olson, Oti, Gelo, & Beck, 2009; Wartnik & Carlson, 2011).

One area of concern is inappropriate sexual behavior (Brown & Singh, 2016; Graham, 2014; Novick, 1997). These behaviors may be contributed to by FASD symptoms such as limited executive control, impulsivity, affective dysregulation, poor interpersonal boundaries as well as lack of healthy sexual knowledge (Boland, Chudley, & Grant, 2002; Clark, Lutke, Minnes, & Ouellette-Kuntz, 2004; Kodituwakko, Kalberg, & May, 2001). Additionally, developmental immaturity could play a role, as individuals with FASD often function at a developmental level much lower than their chronological age (Greenspan & Driscoll, 2015; Mela & Luther, 2013; Verbrugge, 2003). Despite case law, media and caregiver accounts, and professional observations providing case examples involving individuals with FASD who engage in inappropriate sexual behavior, there is a dearth of empirical research on this topic. As such, much of the available information on this topic is based on interviews with primary caregivers and professionals. The literature that does exist on the topic of FASD and inappropriate sexual behaviors suggests that some individuals who were exposed to alcohol prenatally may engage in such behaviors at some point in their life, which may or may not rise to the level of a criminal charge (Brown, Wartnik, Connor, & Adler, 2010; McMurtrie, 2011; Streissguth, Barr, Kogan, & Bookstein, 1996).

Once involved in the criminal justice system, individuals with FASD convicted of a sexual-related offense and ordered to attend treatment can present with difficulties in traditional sex offender treatment settings (Baumbach, 2002). This is likely the case when sex offender clinicians lack awareness and understanding of the impact of FASD on treatment. Traditional group settings and cognitive behavioral approaches may be particularly ineffective with individuals with FASD, especially when the disorder is not properly identified and certain

modifications have not been implemented. Instead, the use of strategies which address adaptive and executive functioning deficits, and sensory impairments aligned with attachment-based and trauma-informed approaches may be compelling, consistent and supported additions within traditional sex offender treatment for this population. It is important to consider individualized treatment and programming to assist the clinician in overcoming these barriers. However, additional research in this area is strongly warranted to determine best practices for the treatment of individuals with FASD who commit acts of sexual misconduct. When not receiving adequate assessment, placement, treatment and resources, individuals with FASD are at a distinct disadvantage in the criminal justice system (Brown, Wartnik, Connor, & Adler, 2010; Edwards & Greenspan, 2011). The cognitive, social, and adaptive deficits of the disorder make it difficult for the impacted individual to navigate the legal process from interrogations to trial. Clients with FASD will often struggle to participate in and complete traditional treatment, process and implement skills needed to remain safe in the community, and generalize treatment interventions to areas outside of the treatment environment without proper supports and services implemented on a consistent and long-term basis. This is also likely the case when the individual has to adjust to the requirements of incarceration and community supervision (e.g., probation and parole). Consistent supervision and decision-making support by caregivers and professionals can positively impact success for these individuals. Consequently, expectations of individuals with FASD and inappropriate sexual behavior backgrounds involved in custodial settings or community supervision may need to be adjusted to improve long-term outcomes. Emphasis must be placed on the importance of improving intake, screening, and assessment procedures, particularly by protecting against vulnerability, short- and long-term memory loss, confabulation, and suggestibility during this process.

Suggestions for Future Training

The overarching goal of future trainings related to this topic should be to introduce attendees to the possible links between certain deficits associated with FASD and inappropriate sexual behavior. A scarcity of empirical research exists on this topic, so training should explore this area through the comprehensive integration of case law, popular media accounts, and interviews with primary caregivers and professionals. Professional education and training should focus on five key areas. *First*, training should identify risk factors, red flag indicators, and symptoms of FASD, as well as introduce the audience to the recent Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) definition of Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (ND-PAE) criteria. This would also include a discussion on the impact of under diagnosis, recognition of symptoms and screening associated with identification of FASD, especially when prenatal alcohol exposure history is unavailable. *Second*, attendees should learn how the symptoms of FASD and related secondary conditions could contribute to inappropriate sexual misbehavior. *Third*, training should identify suggested, best-practice (e.g., adaptive and executive functioning, attachment-based and trauma-informed) treatment options for individuals with FASD who engaged in inappropriate sexual behaviors. Treatment should include instruction on how to individualize treatment to best serve the various representations of this and secondary conditions. *Fourth*, training should explore how individuals with FASD who commit acts of sexual misconduct are at a disadvantage when navigating the criminal justice system. In addition, ways by which supervision of this population can be

improved in custodial and community settings. *Fifth*, training should conclude with a discussion of existing gaps in knowledge and the identification of directions for future research. Advanced training in these five key areas will increase recognition of this issue and potentially improve outcomes for individuals with FASD who engage in inappropriate sexual behaviors.

Suggestions for Future Research

There is a strong need for advanced research on FASD and inappropriate sexual behaviors in at least six areas. First, the current understanding of the etiology of inappropriate sexual behavior in individuals with FASD is primitive at best. Systematic research is necessary to clarify which FASD deficits contribute to the risk of inappropriate sexual behavior, identify differences in risk based on gender and other disorders (e.g., psychosis, mood, and developmental disorders), identify which types of behaviors are most prevalent, and eliminate myths and misconceptions in this area. Second, research can play an integral role in improving assessment of FASD and inappropriate sexual behavior in this group. Specifically, research should explore how different diagnostic criteria such as the DSM-5's ND-PAE can assist in better understanding etiology and treatment. Further, the development of purpose-specific risk assessment instruments could be fruitful. Current validated risk assessments, such as the STATIC-99/R and STATIC-2002/R for ID/DD offenders should be studied in greater detail as they pertain to the specific FASD population. Third, research has the potential to assist in the improvement of sex offender treatment programs for clients with FASD. Such work could take the form of surveying treatment professionals that work with these clients to better understand the challenges and effectiveness of different techniques. Alternatively, research could identify the effectiveness of different programs such as attachment-based and trauma-informed treatment. Fourth, research is needed to better understand how different FASD symptoms complicate participation in the legal process and supervision in the community on parole and probation. Fifth, research could be informative in guiding the development of online or didactic training programs for treatment professionals. Finally, systematic reviews including meta-analysis are imperative to tracking the effectiveness of each of the endeavors outlined above.

Conclusion

As highlighted throughout this article, individuals with FASD who engage in inappropriate sexual behavior can present a challenge to criminal justice and treatment professionals. Foremost, these clients have difficulty navigating the criminal justice system, which can result in a vicious cycle of arrests and incarcerations. The likelihood of desistance of inappropriate sexual behavior is hampered because many of these clients do not benefit from traditional treatment techniques as those without FASD. As such, treatment professionals must become aware of treatment techniques that are effective for these clients. The development and availability of advanced trainings on the topics of FASD and inappropriate sexual behavior are crucial to raising levels of awareness. Along these lines, innovative and sophisticated research on the etiology, assessment, treatment, and management of inappropriate sexual behavior in individuals with FASD is imperative. Combined work in each of these areas has the potential to improve short- and long-term outcomes for individuals with FASD and inappropriate sexual

behavior. If effective, these efforts hold the promise of reducing criminal justice costs and improving public safety.

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Diane Neal, MS, LPCC is currently the Executive Director of Project Pathfinder, Inc, an outpatient sex offender treatment program. With 30 years in the mental health field, she focused on varying degrees of special needs and high risk mental health issues and since 2007 has directed programs specializing in problematic sexual behaviors with youth and adults. She is a member of ATSA, (Association for the treatment of Sexual Abusers), serves on the executive board of MNATSA (Minnesota Association for the Treatment of Sexual Abusers) and is an Advisory Council Member for the Protection and Advocacy for Individuals with mental Illness (PAIMI). Email address: dneal@projectpathfinder.org

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