

# **Stigma, Bias and Discrimination: Implications for FASD Prevention and Clinical Services**



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**Vice President and Spokesperson**

# UNC study: Even one-time marijuana use can cause birth defects – especially if used with alcohol

- \* New preclinical research reported in animal models shows that exposure to compounds found in marijuana called cannabinoids (CBs), which includes cannabidiol (CBD) and tetrahydrocannabinol (THC), during early pregnancy can cause malformations in the developing embryo. Parnell and colleagues also found that when CBs and alcohol were used together, the likelihood of these birth defects more than doubled. They went on to show that these drugs may be causing defects by interacting on a basic cellular level and disrupting signaling between molecules and cells that control growth and development.

# VARIABILITY OF OUTCOMES

- **Not every woman who drinks heavily during pregnancy will give birth to a child with an FASD**
- **Not all children with an FASD have exactly the same defects or deficits**
  - A twin study found that nearly identical alcohol exposure in utero, such as between fraternal twins, can result in immensely different child outcomes (genetic influences).
- **Many biological and environmental factors influence the effects of alcohol on the developing fetus**
  - There is currently no way to predict which fetuses are more or less vulnerable.
  - In order to protect all fetuses, there is no known safe amount of alcohol during pregnancy.

# Don't Ask ~ Don't Tell

**Physicians** aren't routinely screening or asking.

Believe there is no treatment.

Once an addict always an addict.

Why bother? **STIGMA**

**Women** are afraid of losing their children, and prosecution.

Women are confused-

Social, cultural and media messages vary

Women are ashamed ~and besides they don't deserve recovery.



# No Woman or Girl Wants to Hurt Their Own Baby

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“Words are things....They get on the walls. They get in your wallpaper. They get in your rugs, in your upholstery, and your clothes, and finally in to you.”

– Maya Angelou





***Why I do what I do:***

***Meet Karli***



In January 2016 the **Washington Post** article on NOFAS Vice President Kathy Mitchell. The article was featured on the front page of the Health section and was the most widely read article. **On day 3 the Post reported that it had been read by 7.7 million people and led FASD to trend on Facebook as the 6<sup>th</sup> most talked about topic in the days that followed publication of the article. It traveled globally and was in over 20 international publications.** Other media had feature articles and talk shows on the topic including the *Self Magazine*, *The Doctors*, and *NPR Radio Interview*. *50% of the comments received were judgmental, hateful and stigmatizing-but we learned a lot!*





***“These women are bad moms that should not be allowed to have children. They should be punished harshly.”***

***Washington Post Comment, Health Section, 2016***



**Slide 8**

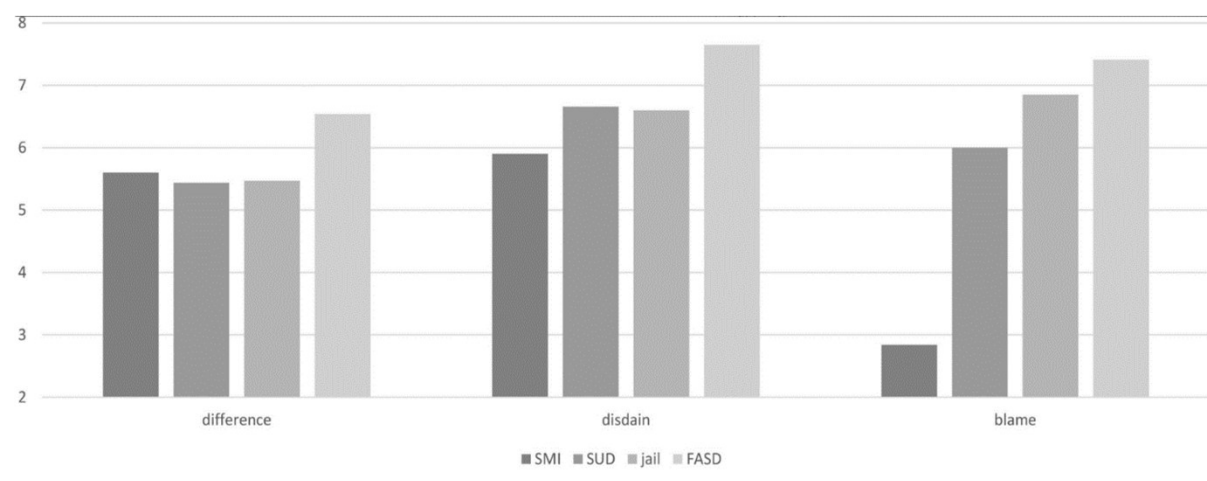
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**DEP(2**

Moved quote to new slide, as Office of Science suggested. Also, it previously said Comment Section, Health Section so I removed the first "Section."  
Dang, Elizabeth P. (CDC/DDNID/NCBDDD/DBDID), 7/15/2020

# Public Stigma against Biological Mothers of Children with FASD

- **Public stigma: “stereotypes, prejudice, and discrimination extended to a labeled group by the general population” (Thornicroft, 2006)**
- **A 2017 study showed the public’s views of mothers of children with FASD compared to women with serious mental illness, substance use disorders, or who had been in jail**
  - ❑ Viewed with greater disdain
  - ❑ Considered to be “more different”
  - ❑ Considered to be more to blame



# Stigma Reduces Resources for FASD Prevention & Treatment Services

- \* Stigma leads to discrimination. Discrimination has been measured in the research literature in terms of policy decisions (Skitka and Tetlock, 1992).
- \* Legislators who endorse stigma of a group are less likely to support policies that provide or encourage resources for that group.
- \* Past research showed that stigmatized conditions such as MI and SUD are allocated significantly fewer dollars than programs like HIV/AIDS services, Medicaid assistance, and healthy kids (Corrigan et al., 2004).

# How is stigma towards women and mothers with AUD/SUD currently being acted out?

*They are different than me. They are less than me.*

**Public need to control “these” different people**

- ▶ Jails (removal of basic rights)
- ▶ Removal from our systems (school dismissals)
- ▶ Institutions
- ▶ Removal of children (child welfare)
- ▶ Harsh laws that criminalize mothers (no treatment options, only medication assisted treatment))

**Strip them of all rights, power, resources, advocacy support**

- ▶ Not screening women (or educating about risks during pregnancy)
- ▶ Not diagnosing AUD/SUD/FASD
- ▶ Not providing resources or support

# Stigma Hurts!

## Mothers want their healthcare providers

### to value and like them

- Fear of judgment or perception of being devalued is one of the reasons women may not disclose that they drank during pregnancy.
- Help parents understand the importance of an early diagnosis (FASD) and intervention and supports.
- Having an empathic approach that encourages trust can put a mother at ease.
- Self-disclosure (when appropriate) or telling stories about others that have dealt with addiction or FASD in successful ways can help break down shame and other barriers.

K. Mitchell, 2016





# Conversations with mothers: Practice compassion

- \* Be gentle, non-judgmental, ask, then listen to their story.
- \* Stick to the facts by providing information and education on alcohol/drug use, dependency or addiction in a matter of fact manner.
- \* You may be the only person that CAN help move them to change.
- \* To provide the best care possible it's important to know all of the facts about the pregnancy including any exposures.
- \* Remind her that you care about her child and HER and want the best health possible for the entire family.
- \* Avoid stigmatizing language and use person first language:
- \* (child with an FASD, not “FASD kid”)



# Woman and their families are resilient

“Capacity to rebound from adversity strengthened and more resourceful”  
(Walsh,1998)



It's not the end of  
the world to have  
issues related to  
FASD!

# American Academy of Pediatrics

- Professional education materials to inform pediatricians about prevention, identification, and treatment of children with FASDs
- *PediaLink* online training course
- AAP FASD Toolkit – [www.aap.org/fasd](http://www.aap.org/fasd)



# *Love, acceptance, forgiveness and support: They Matter*

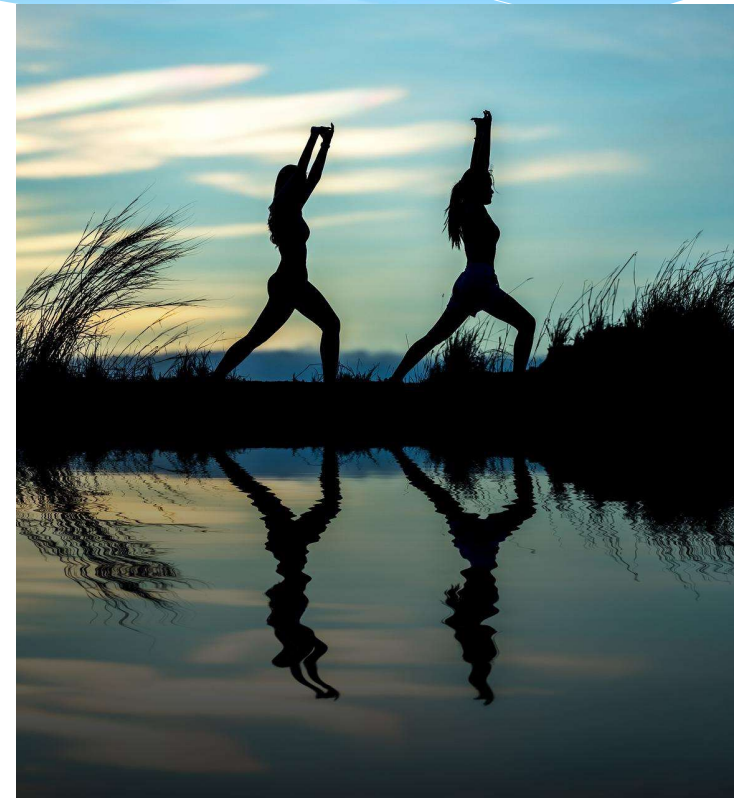




# Recovery Starts by Supporting, Honoring & Empowering Women & Their Families

- Trauma informed care
- Strength-based and gender issues
- Family-centered
- Visualization for a new future

Intuitive, wise, motherhood, healers, caretakers, artisans, visionaries, providers, protectors.





*Empathy not  
Judgement*

They are doing the best that they can, with the tools they have been given.

Be Gentle \* Listen to their story

Go the extra mile

Help them to find safe haven ~ treatment

# Referral to Treatment and Support

- \* In-patient, residential or long term (pregnant women or mothers with children)
- \* Sober housing (pregnant women or mothers with children)
  - \* Oxford Houses/ ¼ Way Houses, ½ Way Houses
- \* Out-patient services [Medication Assistance Treatment (MAT), Dual-Diagnosis]
  - \* Partial day, intensive out-patient, weekly aftercare
  - \* Psychiatry/therapy
  - \* Family therapy/counseling
- \* 12 step recovery meetings (daily schedule)
  - \* 12 step sponsor [Alcoholics Anonymous (AA)/ Narcotics Anonymous (NA)]
  - \* Mothers in Recovery Anonymous (RMA) [www.recoveringmothers.org](http://www.recoveringmothers.org)
  - \* Zoom on-line or in-person
- \* Circle of Hope Mentor/Sponsor
- \* Connection with treatment center staff (go-to person)
  - \* Alumni meetings

# Recovering Mothers Anonymous (RMA) YOU ARE NOT ALONE!



RMA supports women that have the shared lived experience of exposing their unborn to substances that may have impacted their child's development. RMA uses *recovery* as a broad term to include recovery from alcoholism or drug addiction, recovery from childhood trauma and/or an abusive relationship or environment and recovery from having the experience of using alcohol or other harmful substance while pregnant.

# Supporting Women and Their Families is FASD Prevention!

- **Not screening and providing brief interventions for alcohol/substance use is rooted in stigma**
- **Stigma and blaming has prevented many women from seeking help and likely increases exposures, increases the severity of outcomes and reduces the likelihood of children receiving the correct diagnosis**
- **Be sensitive and avoid language that is blaming towards the birth mother**
- **Treatment works!**

[www.nofas.org/circleofhope](http://www.nofas.org/circleofhope) | [www.recoveringmothers.org](http://www.recoveringmothers.org)  
[mitchell@nofas.org](mailto:mitchell@nofas.org)



**Slide 22**

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**DEP(1**

I think this was new on the version you sent today, right Kathy? And it matches well with your script so I added it in this version.

Dang, Elizabeth P. (CDC/DDNID/NCBDDD/DBDID), 7/15/2020



Corrigan PW, Lara JL, Shah BB, Mitchell KT, Simmes D, Jones KL. The public stigma of birth mothers of children with fetal alcohol spectrum disorders. Alcohol Clin Exp Res. 2017 Jun;41(6):1166-1173.

Corrigan, PW., Shah, BB, Lara, JL, Mitchell ,KT., Simmes D, Jones, Kenneth L. Addressing the public health concerns of Fetal Alcohol Spectrum Disorder: Impact of stigma and health literacy. Drug and Alcohol Dependence <https://doi.org/10.1016/j.drugalcdep.2017.12.027>

Corrigan,PW.,Shah, BB, Lara, JL, Mitchell ,KT., Combs, P., Simmes D,Jones, Kenneth L. Stakeholder Perspectives on the Stigma of Fetal Alcohol Spectrum Disorder. Addiction Research and Theory. 2018. <https://doi.org/10.1080/16066359.2018.1478413>



**Thank You!**  
**Believe 😊**

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***Namaste***