CanFASD Northwest
CANADA NORTHWEST FASD RESEARCH NETWORK

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Consensus on

10 Fundamental components of FASD prevention from a women's health determinants perspective

The following ten fundamental components of FASD prevention emerged from a working session of the Network Action Team on FASD prevention. This session was held in Victoria, B.C., in March 2009, and was funded by the Canadian Institutes for Health Research. This consensus document weaves together a range of sources—women's experiences, peer-reviewed research, published articles, as well as expert evidence—to create a clear message regarding the importance of FASD prevention from a women's health determinants perspective.

1. Respectful

Respect is paramount to successful FASD prevention and treatment. It is a vital tool in the elimination of discrimination and stigma in prevention initiatives, and it is pivotal to creating an environment where women can address their health care needs. In FASD prevention, the implementation of respect as a fundamental principle involves creating conditions for women to discuss their experiences, identifying coping strategies and healing processes to promote women's wellness, and supporting the inclusion and full participation of women in their own health, care, and well-being.

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2. Relational

Throughout life the process of building relationships and connecting with other people can be extremely important. Women who are most at risk for having a child at risk of FASD experience some form of social disconnection, whether that be from their friends or family, the larger community, or other types of relational engagement. It is vital to FASD prevention to acknowledge that the process of growth, change, healing, and prevention does not happen in isolation. It moves forward through interactions with others in long-term, supportive, trust-based relationships. Therefore, paying attention to the relational dynamics of interpersonal connections in day-to-day life, as well as in comprehensive treatment settings, can enhance the successes of FASD prevention initiatives.

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3. Self-Determining

Women have the right to both determine and lead their own paths of growth and change. Although it may run contrary to many prevailing beliefs in substance use treatment and prevention approaches, self-determination is fundamental to successful FASD prevention. As such, the role of health care and other support systems in FASD prevention should be to support women's autonomy, decision making, and control of resources, so as to facilitate self-determined care. In order to provide this support most effectively, health systems should involve women in designing models of care, and individually, women should be able to determine their own process of care.

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4. Women-Centered

Women-centred FASD prevention and care recognizes that, in addition to being inextricably linked to fetal and child health, family health, and community health, women's health is important in and of itself. Empowerment, safety, and social justice, are all key considerations to this perspective. Women-centred prevention and care involves women as informed participants in their own health care, and attends to women's overall health and safety. It also acknowledges women's right to control their own reproductive health, avoids unnecessary medicalization, takes into account women's roles as caregivers, and recognizes women's patterns and preferences in obtaining health care.

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5. Harm Reduction Oriented

Preventing FASD involves understanding substance use and addictions, including the full range of patterns of alcohol and other substance use, influences on use, consequences of use, pathways to and from use, and readiness to change. Harm-reduction strategies help to minimize known harms associated with substance use and enable connections and supports to develop between women who use substances and available healing services. A harm-reduction oriented response is pragmatic, it helps women with immediate goals; provides a variety of options and supports; and focuses not only on attending to the substance use itself, but on reducing the scope of harms that are more broadly associated with use.

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6. Trauma-Informed

Multiple and complex links exist between experiences of violence, experiences of trauma, substance use, addictions, and mental health. It is important to understand that at times, research initiatives, policy approaches, interventions, and general interactions with service providers can in themselves be re-traumatizing for women. When a woman seeks out treatment or support services, practitioners have no way of knowing whether she has a history of trauma. Trauma-informed systems and services take into account the influence of trauma and violence on women's health, understand trauma-related symptoms as attempts to cope, and integrate this knowledge into all aspects of service delivery, policy, and service organization.

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7. Health Promoting

Promoting women's health involves attending to how the social determinants of health affect overall health. In the context of FASD prevention, health promotion approaches draw the lens back so that FASD can be understood in its broader context. Prevention

and care is not simply about alcohol use. Social determinants of health like poverty, experience of violence, stigma and racial discrimination, nutrition, access to prenatal care, physical environment, experiences of loss or stress, social context and isolation, housing, and so forth all come together to holistically influence FASD risk factors, prevention, and care. Accordingly, holistic, multidisciplinary, cross-sectoral, health promoting responses to these complex and interconnected needs are vital to successful FASD prevention.

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8. Culturally Safe

Women who seek help from service agencies need to feel respected, safe, and accepted for who they are, with regard to both their cultural identity and personal behaviours. Recognition of the influence of colonization and migration on a woman's identity is important, as is recognition of the benefits of building on individual and community resilience. Service providers must be aware of their own cultural identity, socio-historical location in relation to service recipients, and pre-commitments to certain beliefs and ways of conceptualizing notions of health, wellness, and parenting. Respect for cultural location and having one's values and preferences taken into account in any service encounter is extremely important, as is respect for and accommodation of a woman's interest in culturally specific healing.

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9. Supportive of Mothering

FASD prevention must recognize the importance of supporting women's choices and roles as mothers, as well as the possible short- and long-term influences that a loss of custody may have on a woman. Prevention and care approaches need to support the range of models for mothering, including part-time parenting, open adoption, kinship and elder support, shared parenting, inclusive fostering, extended and created family, and so forth. Further, successful FASD prevention must attend to the importance of pacing and support in transitions for women as they move between mothering roles.

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10. Uses a Disability Lens

Women with substance use and mental health problems may also have disabilities, including FASD. Women need care and prevention responses that fit with what we know about the spectrum of disabilities related to FASD.

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The Network Action Team on **FASD Prevention from a Women's Health Determinants Perspective** links researchers, service providers, and policy advisors in Canada's western provinces and northern territories, in order to build upon the current knowledge base of Fetal Alcohol Spectrum Disorder prevention, and bring it into health promotion, prevention, treatment, harm reduction, and policy development, as well as further research. ***For more information please contact coordinator, Shannon Pederson, spederson@cw.bc.ca***