


Preparing a Healthy Path: The Impact of Fetal Alcohol Syndrome upon Tribal Justice Systems



National Indian Justice Center



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National Indian Justice Center

(NIJC)

- Created in 1983 by the National American Indian Court Judges Association, Native American Rights Funds and Bureau of Indian Affairs to provide an independent training resource for tribal court personnel.
- Since 1983, NIJC has designed and conducted 35+ training programs for tribal court judges, advocates, clerks, law enforcement, tribal councils, federal and state agencies and others who work in Indian country.

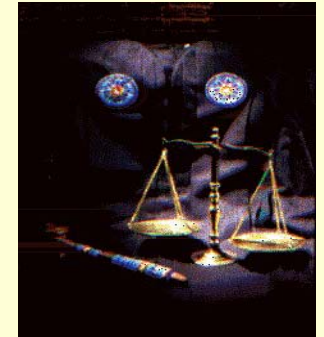


“River Babies”*

- One summer in the village, the people in the town gathered for a picnic. As they shared food and conversation, someone noticed a baby in the river, struggling and crying. The baby was going to drown! Someone rushed to save the baby. Then they noticed another screaming baby in the river, and [then another]. The townspeople were pulling them out as fast as they could. It took great effort, and they began to organize their activities in order to save the babies, two of the townspeople started to run away along the shore of the river.
- “Where are you going?” Shouted one of the rescuers. “We need you here to help us save these babies!”
- “We are going upstream to stop whoever is throwing them in!”

**Adapted from “Looking Up the River,” FAS Arizona 2001 Conference Report.*

Curriculum Objectives



- Increase awareness of FAS/ARND among tribal justice system personnel and others who intersect with the justice system during arrest, trial, sentencing and probation procedures.
- Develop awareness of indicators of FAS/ARND among victims, witnesses and/or defendants detained by law enforcement, appearing in tribal court, currently serving probation or other sentencing in order to determine whether a recommendation for referral for diagnosis of FAS/ARND may or may not benefit that individual during their involvement with the judicial system.



Learner Objectives

- To understand terminology and to recognize characteristics associated with FAS/ARND and secondary disabilities.
- To develop justice system protocols that respond to the unique needs of individuals with FAS/ARND.
- To develop FAS/ARND multi-disciplinary teams, including justice system personnel, that respond to the needs/issues of individuals with FAS/ARND who are involved with the criminal justice system.



What is FAS/ARND?

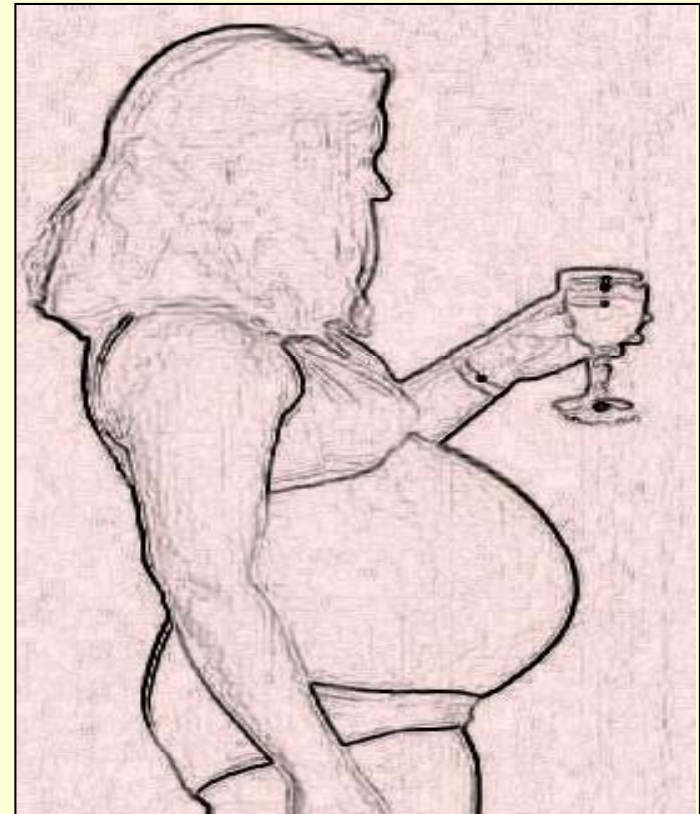
Fetal Alcohol Syndrome (FAS) is a birth defect caused by “prenatal exposure to alcohol, which produces a spectrum of lifelong effects on offspring depending on the dose, timing and conditions of exposure.*

Alcohol Related Neurodevelopmental Disorder (ARND) describes the neurobehavioral and cognitive deficits that can occur separately from physical anomalies associated with FAS.

*Streissguth, Ann P., Ph.D. and Connor, Paul D., “[FAS] and Other Effects of Prenatal Alcohol

How Does FAS/ARND Occur?

- A lifelong birth defect caused by prenatal exposure to alcohol which is a *teratogen*.
- A *teratogen* is a substance or condition that is not part of a normal human body that disrupts development and causes birth defects in an embryo.
- There is no safe time and no safe amount of alcohol that may be consumed during pregnancy.



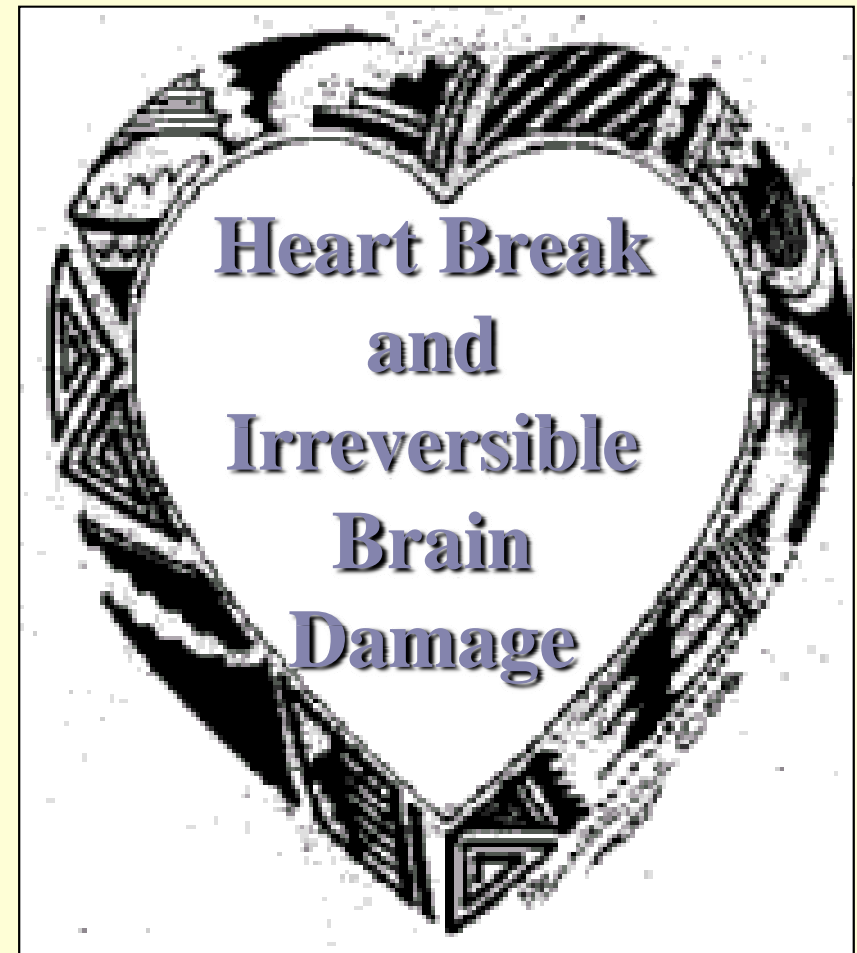
You Should Know:

- **FAS is completely preventable.**
- **Many times FAS goes unnoticed.**
- **FAS is irreversible. There is no cure.**
- **There is a high risk of secondary disabilities associated with FAS.**
- **Individuals with FAS can live full and satisfying lives.**



What are the Impacts of FAS?

- ❖ The degree of the core disability can vary but can never be altered.
- ❖ *Secondary disabilities are disabilities that result from FAS but are not present at birth. Secondary disabilities will change throughout the life of an effected child.*
- ❖ Secondary disabilities may be preventable with adequate support.



Secondary Disabilities May Include:

- **Mental health problems** (*ADHD, Depression, Suicide Attempts, Suicide*)
- **Disrupted school experiences** (*Suspension, Expulsion, Drop-outs*)
- **Trouble with the law** (*theft, burglary, assault, murder, domestic violence, child molestation, running away, property damage, possession/selling drugs, sexual assault, vehicular crimes*)
- **Inappropriate sexual behaviors** (*sexual advances, sexual touching, promiscuity, exposure, compulsions, voyeurism, masturbation in public, incest, sex with animals, obscene phone calls*)
- **A cycle of alcohol/drug abuse** (*5 times the national average rate of substance abuse problems among non Indians*)





MIS-conceptions about FAS

- FAS means mental retardation. - FALSE
- They are brain damaged so we should give up on them. - FALSE
- They will outgrow “it” when they grow up. - FALSE
- One agency can solve any or all of the problems alone. - FALSE

Tribal Communities



Demographics and Characteristics



Tribal Community Characteristics

- There are 562 federally recognized tribes in the United States.
- A significant number of tribes are still seeking federal recognition status.
- The Indian population is approximately 4,119,301 American Indian and Alaska Native (AI/AN) alone or in combination as reported in the U.S. Census (2000).



Tribal Community Characteristics

- Highest concentration of Indians occurred in New York, NY and Los Angeles, CA *far from the bulk of resources directed towards Indian country.*
- California has the most Indians (627,562).
- Greatest number of Indians are from the Cherokee (729,533) and Navajo (298,197) Nations.
- Tribal populations tend to be “youthful” in composition with 50% under the age of 21.



Stereotypes and Realities

- Contrary to the stereotypes about drinking and American Indians, studies have shown:
 - Proportion of Indian women who drink is less than the proportion of all women in the total U.S. population.*
 - Proportion of Indian women who abstain is greater than the proportion of abstainers in the total U.S. population.*

*(*See Levy and Kunitz (1974), Whittaker (1982), May and Smith (1988).)*



Stereotypes and Realities

- The reality is that among Indian women who do drink:
 - There is a greater chance of heavy drinking in binges.*
 - There is a greater chance of drinking during child bearing years (while tapering into later years).*
 - There is a greater chance of risky behavior while drinking.*

(* See Whittaker (1962 and 1982), Levy and Kunitz (1974 and 1994), Longclaws et al. (1980), May and Del Vecchio (1993), Quaid et al. (1993) and Welty et al. (1995).)

Adult Prevalence of Alcohol Use and Misuse Among Women in the U.S.*

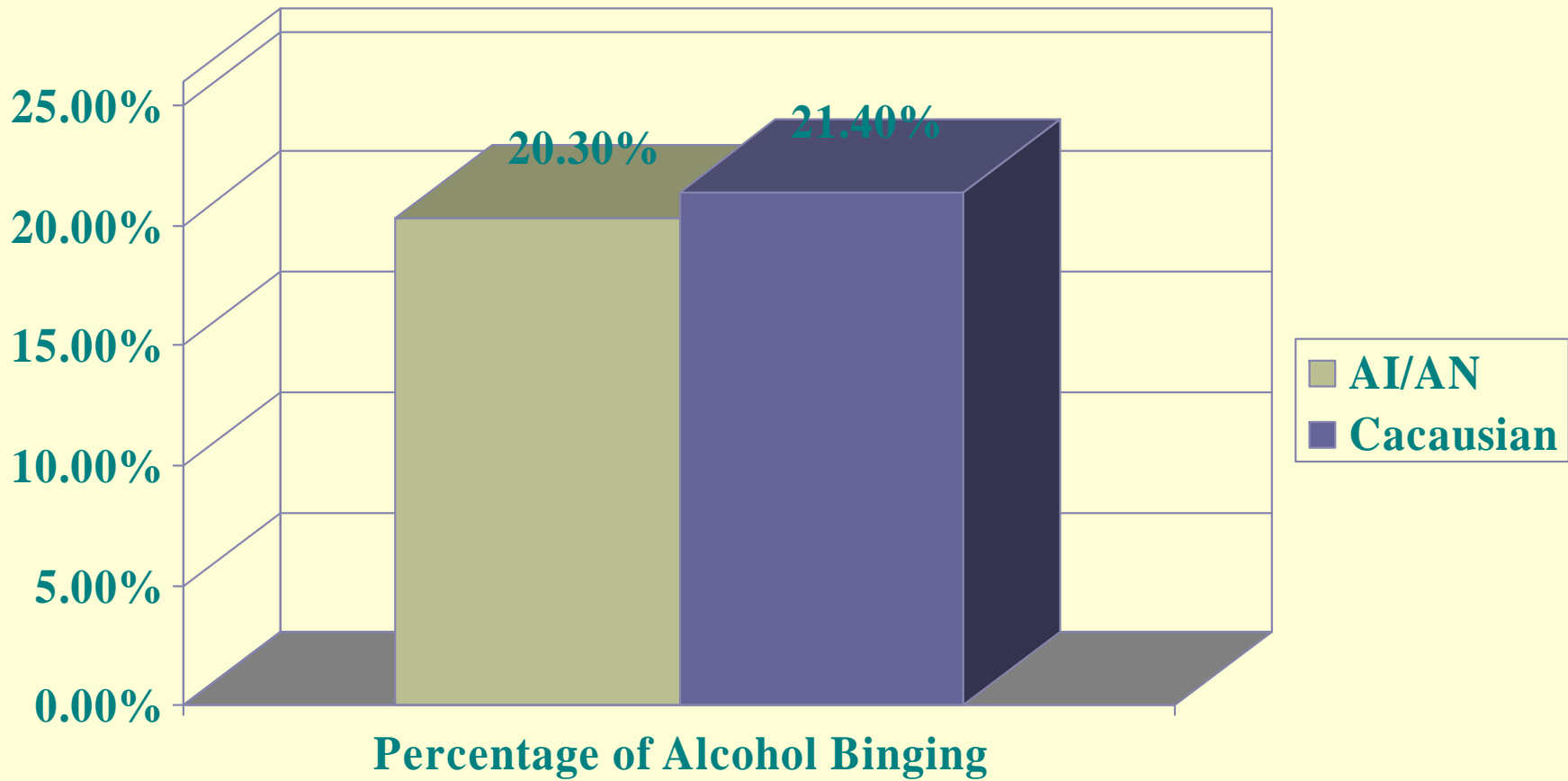
% of Current Drinkers Per Year in Population

(unless otherwise stated)

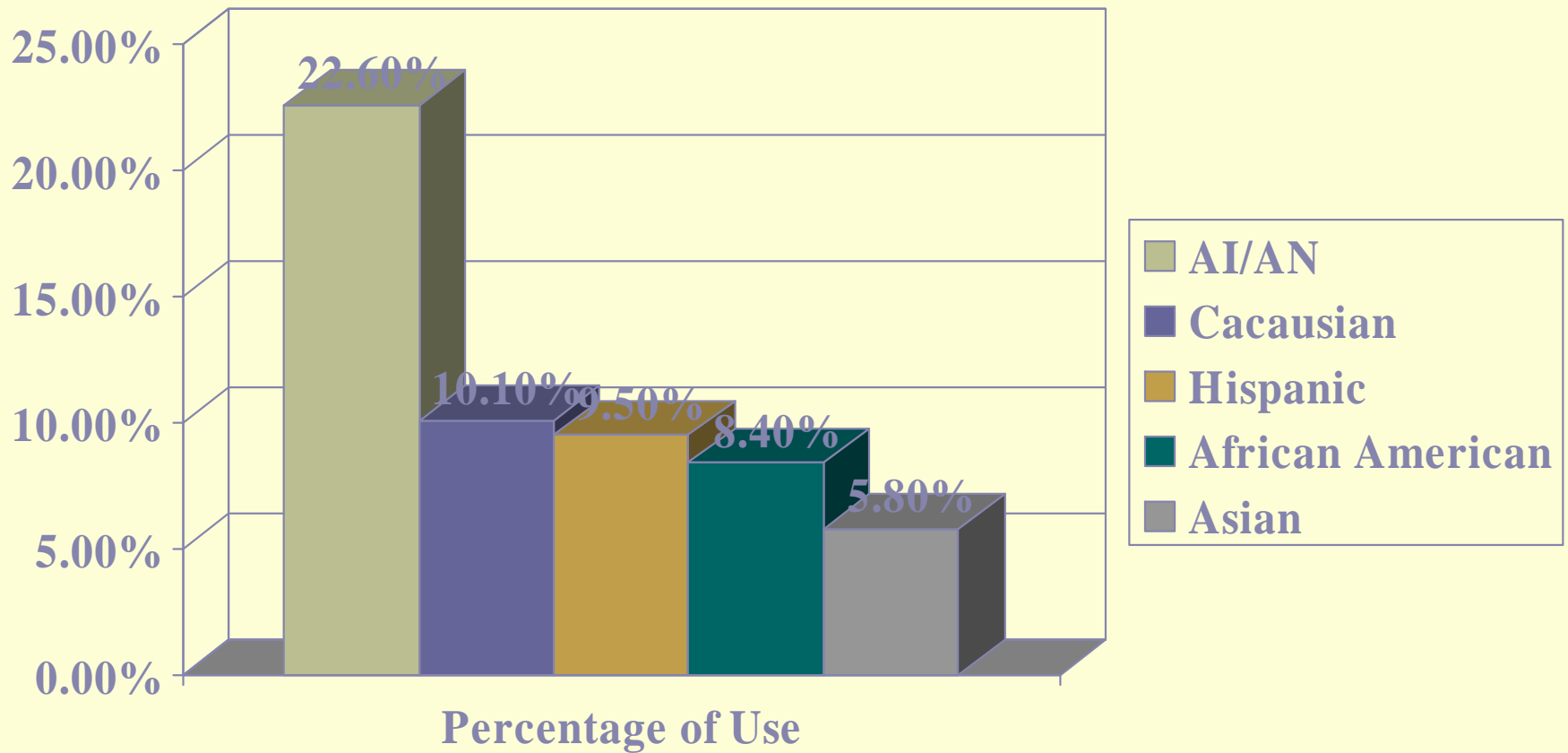
<u>Sample</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
U.S. General Population (NIAAA 1994) 1983: ages 18+	61%	72%	50%
1988: ages 18+	57%	68%	47%
Navajo			
1969: ages 18+ (Levy and Kunitz 1974)	30%	52%	13%
1984: ages 16+ (May and Smith 1988)	52%	64%	40%
1993: ages 16+ (May and Del Vecchio 1993)	55%	73%	40%

* Excerpt taken from "FAS among American Indians: Epidemiology, Issues, and Research Review" by May, McCloskey and Gossage published by NIAAA in *Alcohol Use Among American Indians and Alaska Natives Multiple Perspectives on a Complex Problem*

Percentage of Alcohol Binging Among Youth



Percentage of Illicit Drug Use Among Youth





Community Denial

- CDC estimates 130,000+ pregnant women per year in the U.S. consume alcohol at levels shown to increase the risk of having a baby with FAS or ARBD.
- From 1991 – 1995, CDC reported a fourfold increase in frequent (7+ drinks/week) and binge (5+ drinks/occasion) drinking during pregnancy.
- Birth defects associated with prenatal alcohol exposure can occur in the first 3 to 8 weeks of pregnancy, before a woman even knows she is pregnant.

(www.cdc.gov/ncbddd/fas/default.htm)



Statistics from BJS survey of 68 Indian Country Jails.

Midyear 2000 – Midyear 2001

- Indian country jail population rose 8%.
- Juveniles account for 16% of Indian country inmate population.
- Indian country jails reported 169 suicide attempts and 2 deaths in 2001.
- There were 49,673 American Indians and Alaska Natives in custody and under community supervision within tribal, state and federal jurisdictions in 2001.



Community Denial

- A variety of factors contribute to the denial or downplaying of FAS/ARND conditions; social standards, mistrust of law enforcement and social service personnel, feelings of shame, guilt and helplessness.
- Indian communities and tribal governments must work together to overcome these challenges and avoid the cycle of generational alcoholism.
- In some native communities generational alcoholism has resulted in 6th and 7th generations of persons born with FAS/ARND.

Community Denial

**We must respond at two levels:
Community & Professional**

On a community level we must:

- Increase FAS awareness among tribal youth

On a professional level we must:

- Provide intervention programs that seek to support productive lifestyles for persons with FAS/ARND.
- Develop community screening initiatives that can serve persons with FAS who may not seek out services.



Diagnosing FAS/ARND

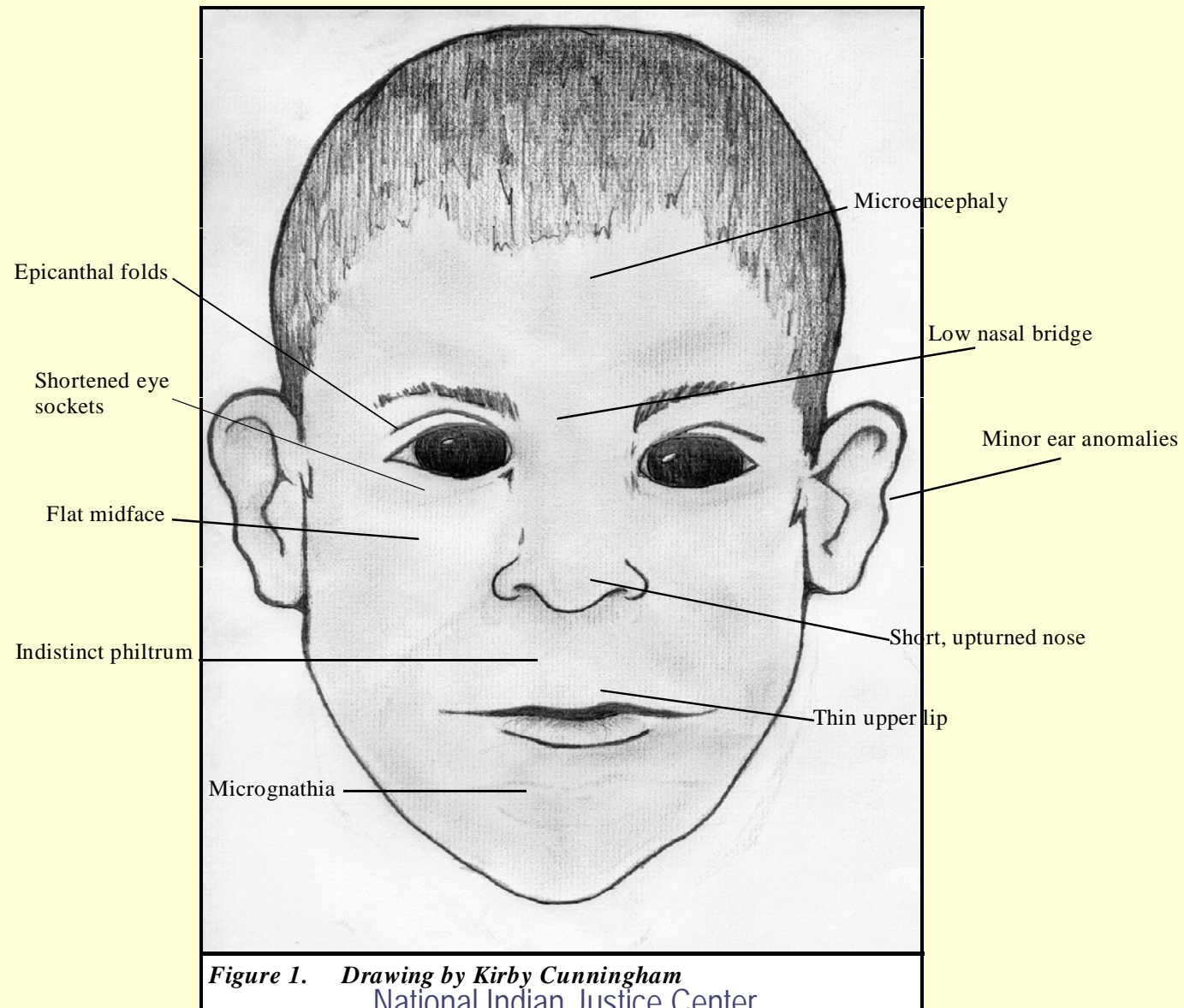


Importance of Early Intervention


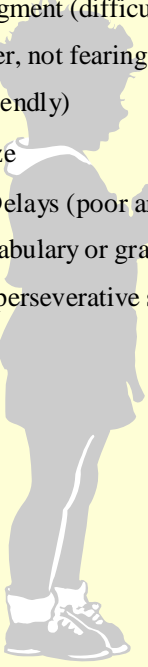
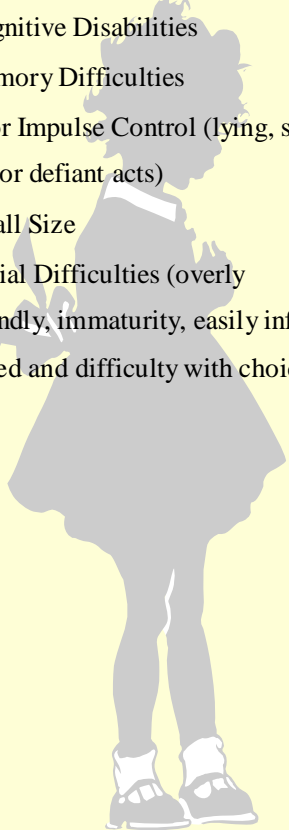
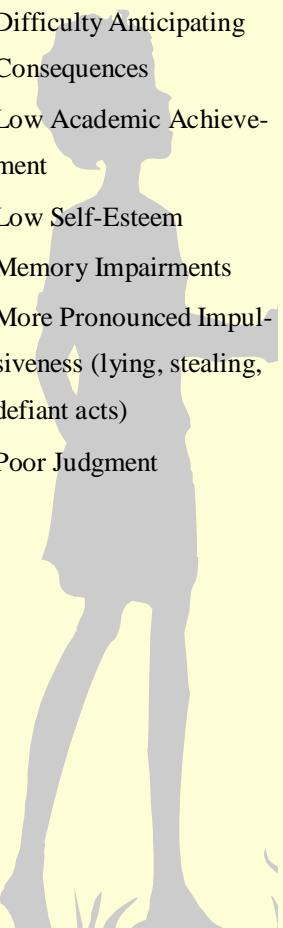


- Reduce the risk and impact of secondary disabilities

Facial Characteristics associated with FAS



Characteristics of FAS at Various Developmental Stages

Newborns & Infants	Preschool Aged Children	Elementary School Aged Children	Adolescents & Young Adults
<ul style="list-style-type: none"> • Difficulty Sleeping—Unpredictable Sleep/Wake Cycle • Electroencephalogram (EEG) Abnormalities • Failure to Thrive • Feeding Difficulties • Heart Defects • Kidney Problems • Skeletal Anomalies • Increased Sensitivity to Light and Sound—Easily Overstimulated • Neurological Dysfunctions • Poor Fine Motor Control • Poor Gross Motor Control • Seizures, Tremors or Jitteriness • Small Size • Susceptibility to Infections 	<ul style="list-style-type: none"> • Emotional Over-Reaction and Tantrums • Hyperactivity • Lack of Impulse Control • Mental Retardation • Poor Eye-hand and Physical Coordination • Poor Judgment (difficulty recognizing danger, not fearing strangers, overly friendly) • Small Size • Speech Delays (poor articulation, slow vocabulary or grammar development, perseverative speech) 	<ul style="list-style-type: none"> • Attention Deficits • Hyperactivity • Language Difficulties • Learning Disabilities • Cognitive Disabilities • Memory Difficulties • Poor Impulse Control (lying, stealing or defiant acts) • Small Size • Social Difficulties (overly friendly, immaturity, easily influenced and difficulty with choices) 	<ul style="list-style-type: none"> • Difficulties with Abstract Reasoning • Difficulty Anticipating Consequences • Low Academic Achievement • Low Self-Esteem • Memory Impairments • More Pronounced Impulsiveness (lying, stealing, defiant acts) • Poor Judgment 



5 P's of FAS Prevention

1. Public Education is focused on educating the public at large about the dangers of drinking during and before pregnancy. She suggests public education using a variety of formats including posters, lectures, brochures and media attention.
2. Professional Training is focused on teaching healthcare and social service professionals about FAS and how to discuss FAS with their patients.
3. Public Policy refers to rules, laws and policies developed by government or its agencies to respond to consumption of alcohol when pregnant. The Public Policy form of prevention can be a very powerful tool in tribal communities for the prevention of secondary disabilities, as well.
4. Programs and Services include governmental and non-governmental programs and services that intervene or support women who become pregnant or who have given birth.
5. Parent and Citizen Activism is a form of prevention in which the community social standards are reevaluated and asserted to discourage women from consuming alcohol when pregnant.



Preventing Secondary Disabilities

1. Respite Programs
2. Professional Training
3. Accessible Programs and Services
4. Policies and Procedures
5. Public Education about the importance of early identification and screening of children that may be affected by FAS.
6. Multidisciplinary Teams should be used to develop approaches in developing governmental policies and individual treatment plans for persons with FAS or FASD.

Impacts of FAS/FAE



Prevalence and Characteristics of FAS, Alcohol-Related Selected Epidemiologic Studies Among American Indians*

<u>Study</u>	<u>Sample</u>	<u>FAS</u>	<u>ARBD/A RND</u>	<u>TOTAL</u>
May et al. 1983	Navajo (2 res, 7 sites)	1.6	0.9	2.5
	Pueblo (3 res sites)	2.2	0.5	2.7
	SW Plains (2 res sites)	10.7	8.8	19.5
Chavez et al. 1988	American Indians	2.99	N/A	N/A
Quaid et al. 1993	Conf. Tribes of Warm Springs, OR	9.2	9.2	18.4

* Excerpt taken from “FAS among American Indians: Epidemiology, Issues, and Research Review” by May, McCloskey and Gossage published by NIAAA in *Alcohol Use Among American Indians and Alaska Natives Multiple Perspectives on a Complex Problem*

Impacts of FAS on Individuals

- A child born with FAS may suffer a range of cognitive and behavioral disabilities. The most commonly disabilities are categorized as follows:

- **Adaptive behavior**
- **Language**
- **Attention**
- **Reasoning**
- **Memory***



- **Fetal Alcohol Syndrome and the Criminal Justice System, Conry and Fast, p. 16.*

- **Adaptive Behavior** refers to the effectiveness with which a person meets the standards of personal independence and social responsibility expected of an individual of the same age and cultural group.
- **Language** deficits involve a difficulty understanding language. To compensate, children with FAS/ARND will learn to respond to facial expressions, respond to tones of voice or respond only to words or phrases that they understand.
- **Attention** deficits may prove to be the most dangerous of the disabilities because it results in an inability to complete tasks, reason or problem-solve.
- **Reasoning** deficits in persons with FAS/ARND manifest as the inability to know right from wrong. Persons with FAS/ARND have difficulty understanding cause and effect or action and consequences, even where they have already experienced the same or similar situation.
- **Memory** deficits appear in a variety of contexts in persons with FAS/ARND. They may suffer from short term and/or long term memory problems, as well as sequencing of events. They may remember a detail one day but then forget it the next.

Impacts of FAS on Tribal Families

- Traditionally, tribal families consist of networks of relatives and friends. They are essential to the success of FAS prevention and intervention efforts.
- The impact upon time and financial resources required to pursue diagnosis of FAS/ARND may often have a negative impact on family resources and relationships.
- Assessment and diagnosis of FAS/ARND may require interviewing and questioning a mother about maternal alcohol consumption. If mishandled, she may feel blamed rather than a necessary source of information to assist in the assessment and diagnosis.





FAS/ARND and Indian Country

Persons with FAS/ARND*

- 60% suspended, expelled or dropped out of school
- 50% (over 12 yrs.) exhibited inappr. Sexual behavior commonly among those who had been abused
- Approx. 30% abused drugs and/or alcohol

Indian Country

- High Rates of Suicide
- High Rates of School Drop Outs
- High Rates of child sexual abuse
- High Rates of criminal victimization

*(*Streissguth et al., "Alcohol's Legacy: High Crime Rate Seen in FAS/FAE, Crime Times, Vol. 34, No. 1, 1997)*

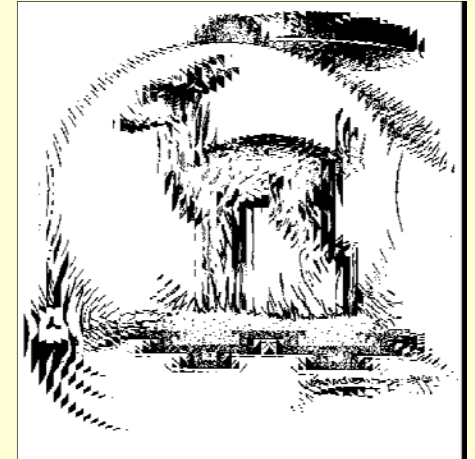


Impacts of FAS on Justice Systems

- **Accountability** – A FAS individual is often not capable of understanding the system well enough to be found competent.
- **Communication skill deficits** – Their ability to comprehend may be lower than would be expected, and their inability to read social cues accurately may interfere with their ability to understand the expectations of others. Writing skills may also be lacking, making it difficult to fill out forms and/or keep records.
- **Co-occurring conditions** - Persons with FAS/ARND are at high risk of having psychiatric conditions, such as bi-polar disorder, clinical depression, Reactive Attachment Disorder (RAD), or Sensory Integration Disorder (SID). Many also have Attention Deficit Hyperactive Disorder (ADHD).
- **Sensory integration disorder** - They may overreact to noises, lights, and touch by becoming disruptive, anxious, or even aggressive.
- **Sexuality issues** - Physiological sexual development is usually normal. This is like putting a six-year-old child in the body of an adult. The poor judgment and lack of impulse control and difficulty understanding social cues results in increased vulnerability, putting the individual with FAS at higher risk of becoming a victim or a perpetrator of sexual assault, or both.
- **Money management** - Persons with FAS/ARND usually have difficulty with abstract concepts like time and money.
- **Behavior issues** - Individuals with FAS are generally immature, have a grandiose sense of themselves, but have an unrealistic view of the world. They have difficulty handling everyday stress, and when overwhelmed, they may react by withdrawing or by becoming aggressive. They may have trouble controlling their temper, and may be self-abusive. They may be unable to assess risk or danger, but may have unreasonable fears.
- **Information processing deficits** - The ability to process information is sporadic and unpredictable.
- **Independence** - The person with FAS/ARND requires guidance, mentoring, structure, and supervision.* * - Excerpted from "Factors to Consider for Adolescents and Adults in the Court System with FAS Disorders" by Teresa Kellerman.

Impacts of FAS on Tribal Communities

- Revolving door to the tribal court for persons with FAS/ARND
- Ineffective use of tribal court time and resources if FAS/ARND is not determined prior to charge, testimony, probation or sentencing.
- Increase rates of crime and recidivism.
- Funds required for incarceration.



Responses to FAS/FAE

1. ASSESSMENT

- Recognition of FAS/ARND as the core problem, before alcohol or other substance abuse.
- 90% of these individuals have not yet been diagnosed with FAS/ARND. Symptoms are subtle
- Evaluation tools - ones that reveal true functional abilities (Vineland, Woodcock Johnson, etc.)

2. EDUCATION

- All persons on the team need to be trained in FAS/ARND issues.
- The individuals benefit from understanding the nature of their disabilities. "I'm not a bad person, it's just my brain that can't work right."
- Educate the community for added external support
- FAS is not an excuse, it's an explanation.

3. PROBATION

- Intense supervision.
- House arrest
- Structure and routine
- Concrete, simple rules.
- Reasonable expectations based on social development (6 yrs old)
- Accountability and responsibility - might not be capable without help
- Frequent contact from P.O.
- Involvement with family (if not using)
- Surrogate family, if necessary

4. THERAPY

- Need parent figures
- One-on-one
- Mentor/coach
- Extended family (if not using)

5. SANCTIONS/INCENTIVES

- Sanctions might actually be incentives (provides structure and routine and security)
- Need to be immediate and relevant (next week is too late)
- Don't expect them to learn from sanctions
- Incentives might not be motivating
- Be creative

6. SUCCESS

- Removal of supports will invite failure
- Ongoing support is needed - indefinitely
- Close follow-up
- Find talents and build on these for success

*Prepared by Teresa Kellerman, Fasstar Enterprises
<http://www.fasstar.com>*



Accommodating the FAS Client

- Always use plain English. Do not use specialized terminology.
- Use short concise statements or questions. Do not employ multiple concepts.
- Do not assume that a person with FAS/ARND can repeat or remember their own or other's statements.
- Do not assume that a person with FAS/ARND can remember previous encounters with the law and its consequences.
- Do not presume that an adult with FAS/ARND determines their own actions and consequences. Always check with family to initially determine their capacity.
- Do not assume that a person with FAS/ARND will respond to threats or consequences.

Tools for Tribal Justice Systems





Tribal Justice Systems

- Tribal Courts vary in complexity, size, resources and format.
 - Traditional (restorative justice) v. Adversarial Models
 - Trial Court (held 1/month) v. Supreme Court
 - Lay Judges and Advocates v. Law Trained Judges and Advocates
 - Narrow v. Expansive Jurisdiction



Tribal Jurisdictional Maze

- Civil and Criminal Jurisdiction over members of that tribe.
- Criminal Jurisdiction over non-member Indians under review by the Supreme Court.
- No Criminal Jurisdiction over Non-Indians who commit crimes on reservation lands.
- Civil Jurisdiction over non-member Indians and non-Indians if their activities directly effect or threaten tribal economic security, political integrity and safety, health and welfare; or there is a consensual relationship with the tribe (I.e. marriage or contract).

FAS/FAE Screening Checklist for Tribal Justice System Personnel*

- | | |
|--|---|
| <input type="checkbox"/> Superficial bonding to family members/caregivers | <input type="checkbox"/> Consistent discipline does not work, disregards consequences of discipline |
| <input type="checkbox"/> Lies to family members/caregivers, tries to manipulate family members caregivers | <input type="checkbox"/> Takes actions that are unsafe for self and/or others |
| <input type="checkbox"/> Minimal impulse control | <input type="checkbox"/> Denies responsibility for inappropriate and/or illegal behavior |
| <input type="checkbox"/> Lives in the moment, seeks immediate gratification ignoring long-term impacts | <input type="checkbox"/> Consistent discipline does not work, disregards consequences of discipline |
| <input type="checkbox"/> Difficulty associating behavior with consequence | <input type="checkbox"/> Poor social skills; few, if any long-term friends |
| <input type="checkbox"/> Hyperactive in non-goal directed activities | <input type="checkbox"/> Requires constant supervision |
| <input type="checkbox"/> Exhibits rage, volatile behavior, and/or violent outbursts | <input type="checkbox"/> Seriously impaired executive function, or impaired higher-order processes of the brain enabling planning, and sustaining behavior towards a goal |
| <input type="checkbox"/> Long-term intangible rewards (grades) do not motivate toward improvement | <input type="checkbox"/> Erratic performance in same situation/circumstances |
| <input type="checkbox"/> Extreme vulnerability to peer pressure | <input type="checkbox"/> Thinks of self first and foremost, egocentric |
| <input type="checkbox"/> Does not understand the need for rules, believes that there is always an exception to the rules | <input type="checkbox"/> Exhibits childlike innocence despite repeated offenses |

* Adapted from *Advocacy for Individuals with FAS/E in the Criminal Justice System*, Family Resource Institute, 1995, revised 2001.



A SAMPLE OUTLINE FOR A MULTIDISCIPLINARY SERVICE APPROACH

- I. Design a “Tribal Action Plan”
- II. Establish a philosophy and obtainable objectives for your program
- III. Apply for block grants from multiple agencies
- IV. Perform a risk assessment of the specific needs of the community
- V. Develop a directory of tribal, county, state, and federal resources available to tribal members with ARBD
- VI. Begin a community education campaign
- VII. Provide alcohol and drug treatment services or referrals
- VIII. Prenatal care
- IX. Parenting classes/Family training
- X. Case management
- XI. Medical referral services
- XII. Educational programs
- XIII. The criminal justice system
- XIV. Develop a checklist of each component of your program and conduct regular follow-up assessments of your services



AI/AN Rates of Incarceration

- Tribal populations are subject to multiple jurisdictions requiring a review of multiple data sources to determine the scope of juvenile and adult crime and incarceration rates. The following rates are from a BJS report entitled “Jails in Indian Country”:
 - State prisons held 11,419 AI/AN
 - Federal prisons held 1,955 AI/AN
 - Local prisons held 6,000 AI/AN
- Estimates for AI/AN under supervision is 28,387
- Juveniles account for 16% of the total in-custody population
- Rate of incarceration of AI/AN is 19% higher than national rate



FAS/ARND and Tribal Justice Systems

- Tribal Police and Probation
 - Inconsistent funding
 - Federal funding has been directed towards specific issues without respect to the entire justice system
 - Lack of training on FAS/ARND directed at police
- Tribal Courts
 - Inconsistent funding
 - Lack of training on FAS/ARND directed at judiciary
- Incarceration
 - Increase in funding to tribes for development of facilities
- Alternatives to Incarceration
 - Decrease in funding for traditional programs



Impacts upon Tribal Justice Systems

- The central problems facing many tribal communities are:
 - a lack of consistent FAS/ARND awareness and education programs within the community and among all service providers; and
 - a lack of coordinated resources within the tribal community to address the needs of persons with FAS/ARND who become involved with the justice system whether as defendant, witness or victim.
- These problems create an atmosphere in which many FAS/ARND afflicted individuals are undiagnosed and perceived as “incorrigibles” within the community.



The Role of Tribal Justice Systems

- Increase awareness about FAS/ARND within the community and among service providers
- Develop procedures for referrals for screening and/or diagnosis of FAS/ARND
- Develop evidentiary standards for competency, testimony or confessions from persons with FAS/ARND
- Develop a multidisciplinary team that can assess community needs, and respond to agency questions concerning FAS/ARND



Disadvantaged Position of Offenders with FAS/ARND

● Initial Appearance:

● Arrested individuals with FAS/ARND:

- Often confess quickly
- React to friendly suggestions and intimidations
- Say what they think that the police officer wants to hear
- May not understand the implications of Miranda Rights
- Typically will “mask” their disability



Disadvantaged Position of Offenders with FAS/ARND

- Arraignment

- judges, lawyers, and others involved in the criminal justice system fail to recognize their condition



Disadvantaged Position of Offenders with FAS/ARND

- Pre-Trial Conference:
- Most defendants with FAS/ARND
 - plead guilty more readily than others
 - are convicted more often of their arrested offense rather than a reduced charge
- Plea Bargaining is used less frequently
- Pre-Trial psychological exams are often never requested



Disadvantaged Position of Offenders with FAS/ARND

● Sentencing

- Probation and other diversionary non-institutional programs are used less frequently because defendants with FAS/ARND are not considered to be good prospects for such programs
- Appeals of convictions are sought less frequently



Disadvantaged Position of Offenders with FAS/ARND

● Correctional Facility

● Inmates with FAS/ARND:

- Are slower to adjust to routine
- Have more difficulty in learning regulations, which results in more accumulated rule infractions
- Rarely take part in “rehabilitation” programs, which results in much of their free time being spent in meaningless activities
- Are denied parole more frequently serving on the average two to three years longer than other inmates for the same offense
- Are often the brunt of practical jokes, sexual harassment and victimization by other inmates



Victim or Defendant?

- Eager to please others
- Wants to be part of the crowd
- Easily influenced by others
- Low self esteem
- Poor judgment
- Socially isolated



Profile of an Offender with FAS/ARND

- Male
- FAS/ARND combined with mild cognitive/learning deficit
- Economically disadvantaged background
- Unemployed/limited structured time
- Aware of tries to hide disability
- Crimes committed:
 - Sexually Related Crimes
 - Drug Related Crimes
 - Crimes Against Person (Robbery/Assault)
 - Crimes Against Property (Burglary/Vandalism)
- Ages 20 to 40
- Not able to appreciate criminal justice consequences
- May commit crimes in concert with others



Scope of Problem

- The number of inmates with FAS and related disabilities is unknown
- Secondary disabilities associated with FAS/ARND place individuals at an even greater risk for criminal involvement: mental health problems, inappropriate sexual behaviors and alcohol and drug problems



Scope of Problem

- FAS and related disabilities go undiagnosed and undetected, many suspects with FAS are arrested and processed without identification
- People with FAS and related disabilities go unnoticed by the police, the attorney and the court



Scope of Problem

- People with FAS/ARND are more likely to confess to crimes they did not commit
- Crimes committed by individuals with FAS or related disabilities are often disorganized
- Accounts of incidents committed or witnessed by persons with FAS/ARND may be fragmented or illogical




Probation Risk Factors

- Possible problems with the client's ability to follow instructions/memory skills
- Failure to attend required counseling
- Not reporting to the probation officer
- Person does not associate violating the probation conditions with the consequence of being sent to prison



Diversion Programs


- An alternative to criminal justice proceedings
- An alternative to jail or prison
- Alternative setting that works to increase
 - independent living
 - decision making
 - problem solving to avoid being exploited by others



Preventing trouble with the law: Strategies for families and professionals

● Provide:


- A stable nurturing home
- Evaluation for FAS/ARND
- before the age of 6 (incorporate information into the child's special education program)
- If child is in the foster care system: a stable nurturing environment with limited movement between placements.



Preventing trouble with the law: Strategies for families and professionals

● Avoid!


- Physical or Sexual Abuse (if abuse occurs, get child follow up crisis services immediately)
- Facilitating/Encouraging friendships with non-law abiding people
- Facilitating/Encouraging alcohol or other drug use or abuse



Preventing trouble with the law: Strategies for families and professionals

Avoid!


- Over-stimulation. Discourage out of control behaviors
- Permitting too much free time, unstructured time, especially during adolescence
- Don't ignore criminal activity



Preventing trouble with the law: Strategies for families and professionals

● Things you can do.....

- Encourage healthy recreational activity
- Monitor friends and activities
- Provide feedback on inappropriate behaviors & give instruction on appropriate behaviors



Preventing trouble with the law: Strategies for families and professionals

- Things you can do.....
 - Educate about sex, especially good touch/bad touch and consideration for others
 - Develop a good transition plan with your school so there is less disruption when adult life begins (work/secondary education)

For More Information Contact:



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