

Who We Are:

FASD Justice Working Group

Our Mission...

Demonstrate leadership by building FASD knowledge and support systems through education, training, and promoting community awareness in the Justice Sector.

Work closely with the Halton FASD Collaborative Working groups to ensure Justice Sector needs for assessment/diagnosis and intervention programs are met.

Our Principles...

- Our work will be directed by the unique needs of children, youth and adults affected by FASD and their families/support networks in Halton Region
- Promoting a culture that enables leadership, responsibility and innovation in our work and with those whom we partner is critical to achieving our mission
- Our committee members are trained and experienced to achieve service excellence through collaboration and co-ordination for the best interests of our stakeholders
- Public awareness is fundamental to building an enlightened and non-judgmental community

History

The Halton FASD Collaborative consists of dedicated professionals and parents who represent 31 Halton-based service agencies. We are supported by a three-year grant by the Ontario Trillium Foundation.

The Collaborative has an active Steering Committee and five working groups focusing on Prevention, Intervention, Diagnosis and Assessment, Justice and Parent Support/Advocacy.

The mission is to develop programs and services to meet the unique needs of children, youth and adults (birth to age 24) and their families affected by FASD in Halton Region.

Resources

FASD Hamilton
www.fasdhamilton.ca

FASD Ontario
www.fasdontario.ca

FASD Waterloo
www.fasdwaterlooregion.ca

Halton FASD Parent/Caregiver Support Group
Mary Bunkowsky
mbunkowsky@cogeco.ca

FASD and Justice
www.fasdjustice.ca

References:
FASD Justice
Asante Centre FASD Training
Public Health Agency of Canada
<http://nupge.ca>
Fasworld
R v. J (T.) (1999)
FASD Support Network of Saskatchewan

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Fetal Alcohol Spectrum Disorder (FASD)

AND THE JUSTICE SYSTEM



A tool for stakeholders and partners in the Justice System

Halton
FASD
Fetal Alcohol Spectrum Disorder

FASD & Justice

FASD is an umbrella term describing a range of disabilities that may affect people whose mothers consumed alcohol while pregnant. While there are different diagnoses included in the FASD spectrum, all individuals with FASD have brain damage. This brain damage can cause a range of disabilities including mild to severe delays in cognitive, physical, emotional, social and behavioural skills.

FASD ONE Towards a Provincial Strategy 2010

Possible diagnoses include:

Fetal Alcohol Syndrome (FAS)

Physical indicators include: small size for their age, small eyes, smooth philtrum (space between nose and upper lip) and thin upper lip.

Partial FAS (pFAS)

Physical indicators include some but not all of the physical signs of FAS.

Alcohol Related Neurodevelopmental Disorder (ARND)

80% of FASD diagnoses. There are no physical indicators.

Alcohol Related Birth Defects (ARBD).

Can include: brain damage, vision/hearing difficulties, improper formation of limbs and organs and slow growth.

Challenges may include...

- Appearing fearless, impulsive and uninhibited
- Easily distracted and often displays poor judgment which impacts intent (more likely to commit offences that appear illogical)
- Poor social skills that include lack of sensitivity and impaired perception of social cues
- Limited ability to link events and behaviours to consequences
- Make poor witnesses/complainants due to suggestible nature in interviewing, providing statements in response to leading/vague questions
- Changes story in response to negative feedback
- May give false confessions/statements
- Struggle to remember details pertaining to time and sequence of events
- Poor planning – more likely to commit offences of opportunity/impulsivity
- May also be living with mental health challenges (often false ADD/ADHD diagnoses)
- Tend to be abusers of alcohol and/or drugs
- Re-offending behaviours as they do not learn from punishment/consequences

Impact of incarceration may include...

- Victimized by peers while incarcerated
- Learn new criminal skills
- Connect with sophisticated peers who will manipulate them when released into the community
- Incarceration neither deters from offending behaviour nor does it rehabilitate

Facts

FASD is more prevalent than Down Syndrome, Cerebral Palsy, SIDS, Cystic Fibrosis and Spina Bifida combined

All persons with FASD have brain defects though physical indicators may not always be present

The behaviour of someone with FASD is a symptom of a disability

Incarceration does not change the behaviour of an individual with FASD

Persons with FASD are overrepresented in the justice system.

What Should You Do?

- Use eye contact and exact repetition in a place with few/no distractions
- Keep language simple and concrete. No abstract language
- Do not use sarcasm and jokes. They won't get it but will laugh to please
- Consider a warning, caution or diversion
- Raise FASD concerns early in the legal proceedings and consider court ordered assessment to determine appropriate intervention
- Consider issues related to fitness to stand trial, criminal responsibility and suggestibility when giving statements
- Involve caregivers/family or circle of support in decisions/discussions