

# Prison: A Warehouse for Individuals with FASD

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*by Paul Connor, Ph.D*

As children with Fetal Alcohol Spectrum Disorders (FASD) grow into adolescence and adulthood, problem behaviors that may have been only irksome when they were young become behaviors that may, as adults, bring them in contact with the legal system. These contacts can, and unfortunately often do, result in sentencing to jails or prisons.

At the University of Washington in Seattle, a team headed by Dr. Ann Streissguth interviewed parents and caretakers of children/adults with FASD and asked if their children had encountered troubles with the law during their lives. She discovered that 61 percent of adolescents and 58 percent of adults with FASD had been in legal trouble. Furthermore, 35 percent of those with FASD over the age of 12 had been incarcerated at some point in their lives.

Looking from the perspective of the legal system, Dr. Christine Looch in Vancouver assessed 287 children and adolescents who were admitted to the Inpatient Assessment Unit of the British Columbia Juvenile Justice System. She conducted physical and psychological exams of these young inmates and found that almost a quarter of these children were diagnosable with either FAS or FAE. The great majority of them were diagnosed with FAE, showing few or no outward signs of damage although they had cognitive impairments.

Is prison the right place for people with FASD? There are certainly many negatives inherent in being incarcerated, but these negative elements are magnified for those with FASD. They are isolated from the support of their family and appropriate peers, but those with FASD particularly need the support of family and peers to help them successfully function and minimize inappropriate behaviors. They are unable to participate as productive members of their community. And, most dramatically, people with FASD are at much higher risk of victimization while in prison. People with FASD tend to have a strong desire to please and can be quite gullible; these features make them easy marks for predators behind bars.

This same gullibility and desire to please, especially to please authority figures, can also lead to false convictions. There have been a number of case reports indicating that individuals with FASD may tell police officers what they think they want to hear, not what actually happened. They may even confess to crimes they did not commit.

When a person with FASD commits a crime, it may be because the person did not fully understand the consequences of their actions. Such a person, who does not grasp the cause and effect of their actions, may not be able to benefit from the lessons learned by being punished for unacceptable behavior. They may also be unable to assist their attorneys in their own defense, and may therefore be sentenced to prison without adequate discussion of alternative placement options.

There are, however, two positive features of prison for those with FASD—structure and predictability. Inmates' daily lives are dictated by structure. They are given a strict routine of when to leave their cells in the morning, when they are allowed recreation time, when to go to meals, and when to return to cells. The rules of conduct are explicitly given and consequences of a rule breach are clearly identified. In situations like this people with FASD, who function best in a structured environment, often make model citizens and inmates.

It is a shame that appropriate alternatives to prison, emphasizing the positive elements of prison with its structure and predictability, while eliminating the negative aspects, are neither readily available nor often sought in cases of people with FASD. Appropriate alternatives to prison for these individuals can include placements in halfway houses, group homes, treatment centers or electronic monitoring at home. In all of these cases, emphasis must be placed on establishing an environment that is well structured with predictable rules and consequences. In these alternative settings the person with FASD can continue to participate in the community but his or her behavior will be more closely monitored.

The need for appropriate treatment of people with FASD who have run into trouble with the law has been the recent focus of Kay Kelly, the Project Director of the FAS/E Legal Issues Resource Center at the University of Washington's Fetal Alcohol and Drug Unit. She and Professor Eric Schnapper of the UW Law School have compiled a listing of legal cases that have involved people with FASD, as well as concrete recommendations for dealing with police. For those seeking resources and contact information, visit <http://depts.washington.edu/fadu/> and click on the "Legal Issues" tab. By increasing awareness among all individuals involved in legal issues, perhaps we can reduce the disproportionate number of teens and adults with FASD in our prisons and juvenile detention centers.

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