

HHS Webinar:  
**FASD and Sexual Offending  
in Indian Country**

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# Disclosure

- The presenter has financial relationship to this program, honorarium from Northwest Portland Area Indian Health Board, University of Washington.

# Objectives

At the end of this presentation, participants will be able to:

1. Describe why FASD causes youths and adults to sexually offend.
2. Explain why standard sex offender treatment doesn't work in this population
3. List some ways to prevent sexual offending in Indian Country

# Fetal Alcohol Spectrum Disorders (FASD)

- FASD = umbrella term for the full spectrum of damage caused by prenatal alcohol exposure
- Brain structures developing in the fetus prior to birth may be damaged by alcohol at any time during pregnancy
- If someone is diagnosed with an FASD, he/she *ALWAYS* has brain damage that affects behavior

# Prevalence

## General Population (U.S.):

- 5% (FASD)

[May, et al., 2014]

## Adoptees/Foster System:

- 6% (FAS)
- 17% (FASD)

[Lange et al., 2013]

## Juvenile Justice (age 12-18):

- 23% (FASD)

[Fast, Conry, Loock, 1999]

## Adult Criminal Justice (age 18-30):

- ~ 25%\*

[MacPherson et al., 2011]

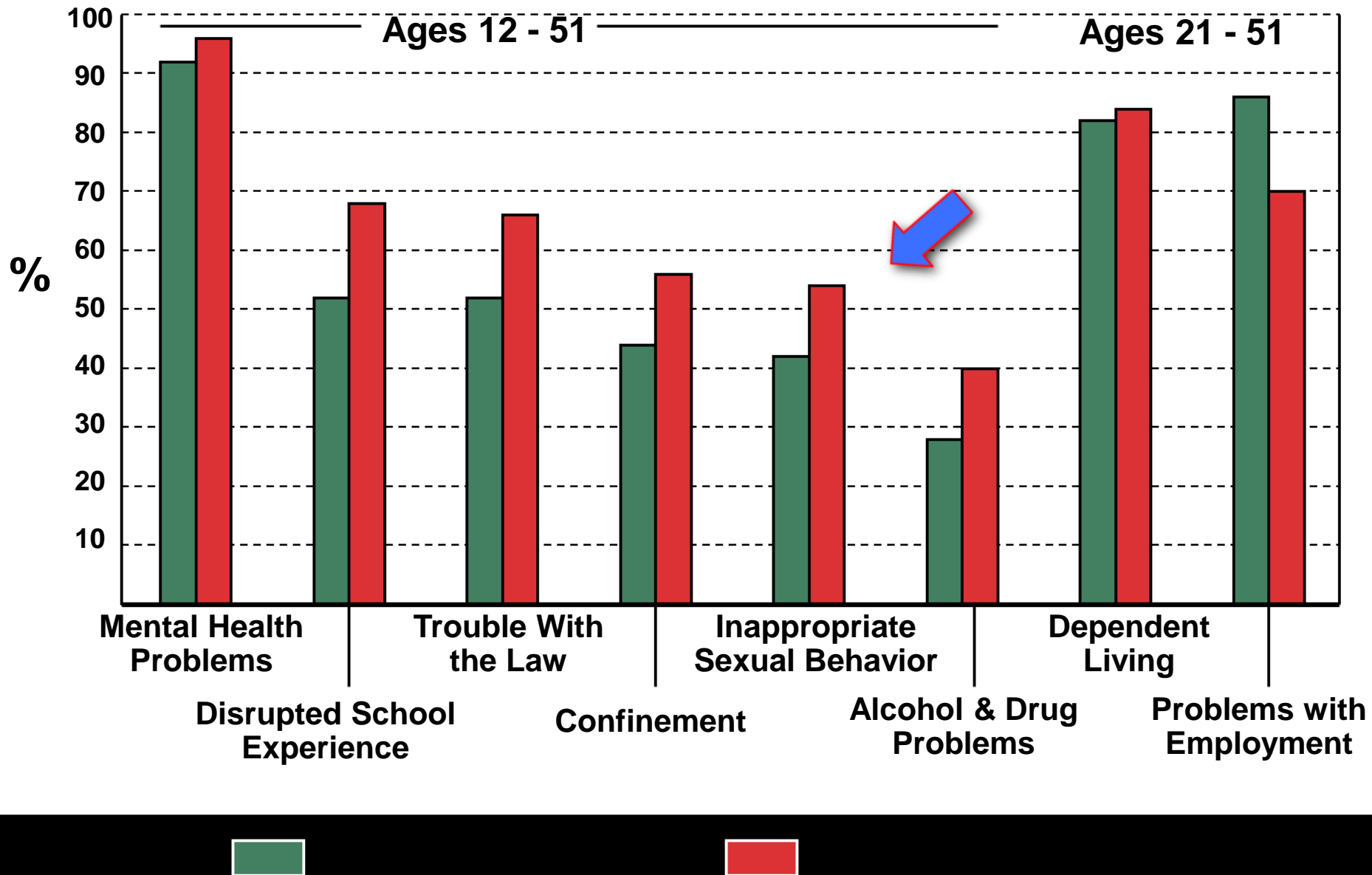
*\* 15% (of 25%) met FASD criteria although prenatal exposure could not be confirmed*

# **Incarceration Risk**

**In Canada, youth 12-18 y/o  
with FASD have a  
19-fold increase risk of incarceration.**

**Popova L., Am J Epidemiol ,2012**

# Sexually Inappropriate Behavior in FASD



**Why so much sexual offending  
in FASD?**



# Learning/Memory Impairment

- Focusing and tuning out distractions (Attention impairments)
- Organizing data stored in memory
- Encoding does not seem to be a problem

# Sensory Integration Impairment

- Contextual sensitivity: environment affects ability to focus decreases
- Biological tendency to overreact emotionally in situations involving stress, novelty, danger, unexpected events

# Executive Function Impairment

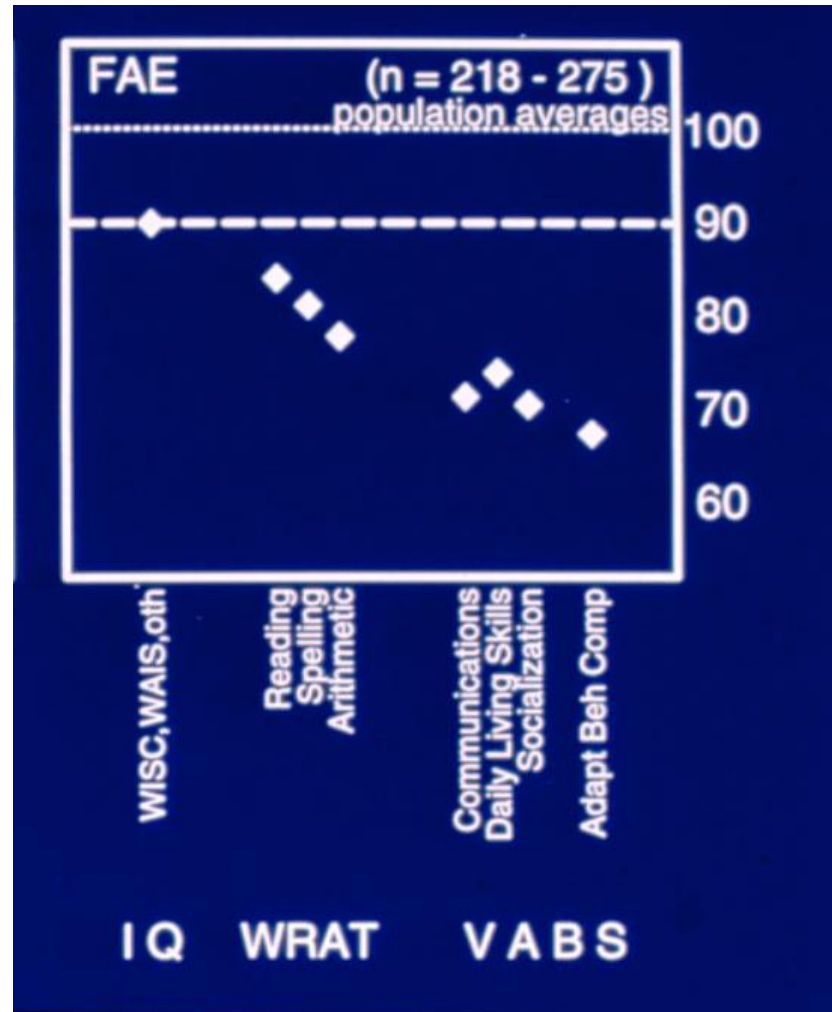
- Retrieving stored information and integrating it with new incoming information
- Manipulating/processing old memories with new information to weigh options (“working memory”), foreseeing consequences (link cause and effect), and planning next actions while also regulating feelings/urges from the limbic system
- Shifting gears midstream if negative effects are detected
- Cognitive outcome → poor judgment

# Adaptive/Social Impairment

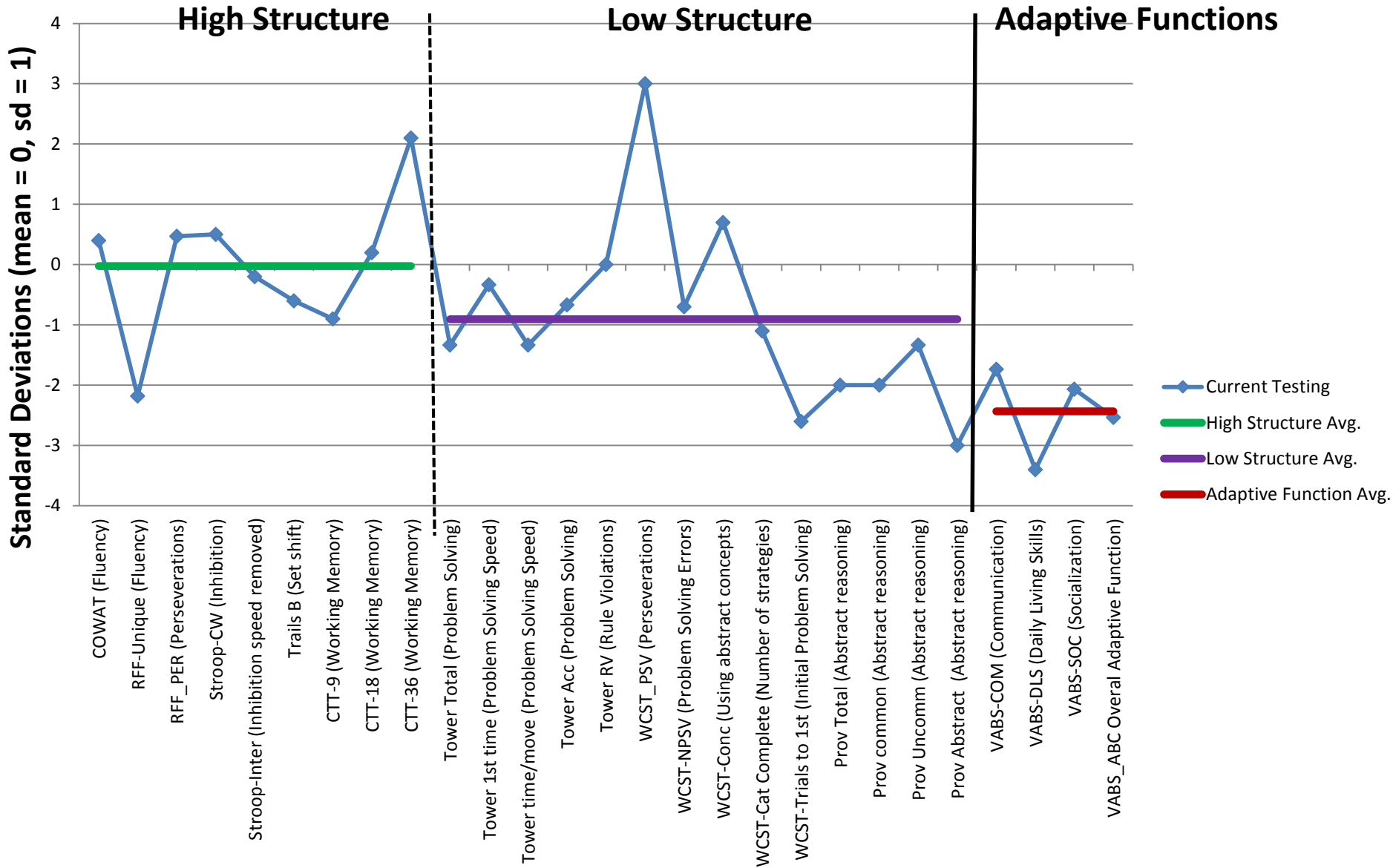
- Risk unawareness
- Naïvete, suggestibility, immaturity
- Poor impulse control
- Lack of boundary awareness
- Poor understanding of social cues & “appropriate” social behavior
- Unable to foresee social consequences



# It's Not the IQ but the Executive Function Deficits (frontal lobes) That Affect Behavior



# Executive Function Test Results



## Neuropsychological Testing of Samuel J Executive Functioning and Adaptive Functioning

# Impaired Executive Functioning

- **Defective PLANNING:** *information processing* (attention, memory, learning, intelligence)
- **Defective WARNING:** *reflection & reasoning* (e.g., laws/social rules, past mistakes, potential consequences, alternative actions)
- **Defective BRAKING:** *response inhibition*



# Protective Factors

- FAS diagnosis by age 6
- Developmental Disabilities services
- No exposure to domestic violence
- Protection from abuse
- HOME ENVIRONMENT:
  - “Good quality” home environment from age 8-12
  - Stable, nurturing home over 72% of life
  - Remaining in each home at least 2.8 years
  - Basic needs met for at least 13% of childhood



# Assessment and Treatment

**APA (2002): “One size does not fit all”**

# What Happens If There Are No Treatment Resources?

- Mental health & substance abuse services (including sober housing) in Indian Country are limited (although AA/sweat lodges/traditional cultural ceremonies may provide support)
- Sex offender treatment is almost nonexistent in Indian Country
- Thus, many Native Americans must access non-Native service providers for treatment

# Is Standard Sex Offender Treatment Effective?

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Program Modality	r (k)	Meta-analysis
Multisystemic Treatment	.27 (7)	Curtis et al. (2004)
Moral Reconciliation Therapy	.18 (6)	Wilson et al. (2005)
Reasoning & Rehabilitation	.04 (25)	Tong & Farrington (2006)

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# Cognitive Impairments That Warrant an Individualized Approach

- **Learning/Memory** → generalizing learned information to the present situation
- **Boundary awareness** → difficulty understanding the concept of sexual exploitation and that it is wrong
- **Linking cause and effect** → failure to recognize and consider the consequences of one's actions
  - **Impulse control** → difficulty controlling sexual urges

# **Factors That Complicate Treatment for Native American Offenders (or anyone) with FASD**

- multiple mental health issues
- substance abuse problems
- cognitive deficits
- peers/family who still use alcohol/drugs
- social stigma

# Keys to Effective Treatment for Native Americans With FASD

- Individualized assessment
- FASD / cultural awareness training for providers
- Team treatment planning/monitoring
- Multi-modal treatment delivery to address verbal/visual learning deficits
- Involve families
- Make post-treatment planning a top priority

# Suggestions for Prevention in Indian Country

- Increase awareness of link between FASD and sexual offending in tribal communities
- Conduct systematic screening at school entry, with FASD evaluation if warranted
- Provide assistance for Developmental Disabilities applications
- Build a network of support for families
- Teach parents how to train their children about sexuality, relationships, and boundaries

# 2 Simple Sex Rules for Youth with FASD

(David Boulding, Attorney at Law)

1. Only have sex with people the same age as you.
2. Before you start sex, make sure every person says “yes” out loud.



Thank you!



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**Program Director**

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