



**REMARKS OF ROBERT L. LISTENBEE
ADMINISTRATOR
OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION
AT THE
“OJJDP LISTENING SESSION”
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*REMARKS AS PREPARED FOR DELIVERY***

Hello everyone. It’s wonderful to be here.

I want to thank all of you for taking the time to participate in this listening session.

I also want to thank everyone who was involved in organizing this and all of the people—many of whom are in this room right now—who are working so hard every day to raise national awareness about Fetal Alcohol Spectrum Disorders and to take the steps necessary to make sure our justice system better meets the needs of children with these disorders.

I am hoping that over the next two days many people in this room will have insights and thoughts about how we might best work together and move forward in this very important effort.

Before I begin talking specifically about FASD, I want to zoom out for a moment and offer the 30,000-foot view, the larger context for the work we are doing every day at the Office of Juvenile Justice and Delinquency Prevention.

Our Office envisions a nation where children are:

1. Healthy,
2. Educated, and
3. Free from violence

If they come into contact with the juvenile justice system, the contact should be:

4. Rare
5. Fair, and

6. Beneficial to them.

Our vision is really saying that our first responsibility is to do everything we can not only to protect children from harm and give them the opportunity to thrive.

If they are exposed to violence and trauma, we need to intervene early with the appropriate supports and services so that they can heal and go on to lead fruitful and productive lives.

The supports and services I just talked about should wherever possible be offered in community-based settings, where children can continue with their education and stay in close contact with their families and supportive adults who know and care for them, whether that's a favorite teacher, coach, grandparent, or mentor.

What is not acceptable is holding off with these services until the problems of these children escalate, and they end up on the doorstep of the juvenile justice system.

In the nation we envision, we catch these problems upstream, at the earliest possible juncture. This is the humane and morally right thing to do if we want to help children. It is also the financially prudent thing to do; it is a much more efficient use of taxpayer dollars.

But we have a long way to go before our vision becomes a reality. We have lots of work to do.

The OJJDP-supported National Survey of Children Exposed to Violence found that:

Sixty percent of children in the United States were exposed to violence, crime, or abuse in their homes, schools and communities, either as victims or witnesses—during the one-year initial survey period.

Almost 40 percent of children were direct victims of two or more violent acts during that same period.

And 1 in 10 were victims of violence five or more times.

Many, many of these children don't get the treatment and intervention they need. And they end up in the juvenile justice system.

Not long ago, Attorney General Eric Holder said these words:

“We have budget issues that we have to deal with. We have economic issues that we have to deal with. Yet, what could be more important than the children of this nation? What we do in this regard says an awful lot about who we are as a people and what kind of nation we want to be.”

At the moment, our nation does not look very good. We are failing these children.

Included in the group of kids we are failing are those who suffer physical, behavioral, and academic problems as a result of a mother’s alcohol consumption during pregnancy.

Alcohol wreaks its havoc at the most vulnerable stage of human development. The effects are lifelong, and they are irreversible. This exposure to alcohol can predispose children to an elevated risk for trauma. And there is no cure.

Children with FASD can have serious learning disabilities, motor function delays, cognitive and executive functioning deficits, and poor social skills.

However, many of these problems can be lessened by early and correct diagnosis and early intervention. We have all sorts of therapies at our disposal: special education services, speech and occupational therapy, child and family therapy, and other supports.

Unfortunately, the vast majority of children with FASD go undiagnosed and untreated, and a substantial percentage of children with FASD get into trouble with law.

Sixty-one percent of adolescents with FASD have been in legal trouble.

Thirty-five percent of those with FASD who are older than age 12 have been incarcerated at some point in their lives.

How does this happen?

Because, as I mentioned earlier, children with FASD often have poor social skills and lack impulse control, this can lead to rejection from peer groups and

association with other socially isolated children—which increases the risk of delinquent behavior.

In addition, children with FASD tend to come from unstable family environments, and many end up in foster care, a factor that further increases their chances of entering the juvenile and criminal justice systems.

And, once they end up in court, their disorder often goes unrecognized.

Although a few juvenile court judges have helped their courts identify and aid children with FASD, standard juvenile justice interventions currently do not take FASD-related disabilities into account.

Most attorneys and judges are unfamiliar with the effects of FASD and the special needs of this population.

Thus, young people with FASD often do not receive appropriate treatment and care in the justice system.

We need to be better informed about the factors that dispose these kids to come into contact with the justice system, how to effectively represent these youth in court, and how to most appropriately handle these youth if they should enter the juvenile justice system.

We need screening, assessment, and treatment for these children. What we don't need to do is to lock them up.

Through the hard work and foresight of many committed people who are working together across disciplines, important steps have been taken to raise national awareness about the needs of these children.

Since 1996, the Interagency Coordinating Committee on Fetal Alcohol Spectrum Disorders has been seeking to improve communication and collaboration between agencies to address pressing issues related to FASD—including:

- Health.
- Education.
- Developmental disability.
- Research.

- Justice.
- Social services.

This important interagency committee is chaired by Ken Warren, Acting Director of the National Institute on Alcohol Abuse and Alcoholism; and coordinated by Sally Anderson, also from the National Institute.

OJJDP has been a member of the interagency committee since the late 1990s and we're currently heading up the committee's Justice Issues Working Group.

OJJDP and the Justice Issues Working Group have moved swiftly with the American Bar Association's Center on Children and the Law, the National Council of Juvenile and Family Court Judges, and other partners to raise awareness about FASD among legal and judicial professionals and begin developing strategies that more effectively meet the needs of FASD-affected individuals.

At OJJDP's October 2011 National Conference for Children's Justice and Safety, attended by more than 2,000 researchers, policymakers, and practitioners, the working group held sessions on the legal and health-related implications of FASD, the impact of maternal alcohol abuse on newborns, and the implications for the child welfare and juvenile justice systems.

OJJDP awarded a \$30,000 FY 2012 grant to the National Council of Juvenile and Family Court Judges to conduct, in collaboration with the Justice Issues Working Group, a survey of the judiciary to identify needs related to FASD in the courtroom, develop a technical assistance bulletin based on the survey results, and work with judges to create a judicial bench card to raise awareness about and address issues related to youth with FASD. And we are pleased to report that our colleagues at the National Institute on Alcohol Abuse and Alcoholism have matched the award in FY 2013.

In February 2012, the working group collaborated with the American Bar Association's Commission on Youth at Risk and Center on Children and the Law to organize a four-hour continuing legal education training session on FASD at the association's midyear meeting in New Orleans, LA. Medical, law, and justice experts presented information about FASD's impact on the lives of youth and families and the implications for juvenile, criminal, and child and family law.

At the American Bar Association's annual meeting in the summer of 2012, the association's House of Delegates unanimously passed a resolution on FASD,

which urges legal professionals to receive training to better identify and assist FASD-affected children and adults in the justice system. The resolution also recommends the passage of legislation and adoption of policies at all levels of government to address the effects of FASD and to better assist individuals with FASD.

Since then, Howard Davidson at the ABA and Kay Kelly of the FASD Legal Issues Resource Center at the University of Washington in Seattle have drawn up a draft action plan, which you'll all be discussing today and refining tomorrow.

At this listening session, we'll all be taking a closer look at that action plan—to crystallize it, to finalize it, and then to implement it.

We cannot do this alone. We need everyone at the table. We need all of you. We've got a wealth of expertise in this room, so I have really high hopes for what will come out of this listening session. We want to hear your voices. So please jump in with both feet. Let's seize this moment.

Thank you for coming, and thank you for the work you do every day to improve the health and well-being of our nation's children and families.