



BEYOND THE SURFACE

The Hidden Spectrum of FASD in the Justice System



ABOUT US

For more than 90 years, the John Howard Society of Ontario has worked to keep the humanity in justice. Today we continue to build a safer Ontario by supporting the people and communities affected by the criminal justice system. Our 19 local offices deliver more than 80 evidence-based programs and services focused on prevention, intervention and re-integration across the province.

We promote practical, humane policies while raising awareness of the root causes of crime and calling on Ontarians to share responsibility for addressing them. Within our criminal justice system, we work toward the fair treatment of all. As the system evolves to reflect our changing society, we ensure that no one is left behind. We believe that policy should be grounded in the day-to-day reality of the people it impacts. That's why our Centre of Research & Policy specializes in bridging the gap between analysis and frontline service delivery. By collaborating closely with our local offices, the Centre's team of analysts and researchers develops policy positions that truly reflect the needs of each community, advances those positions to governments and other organizations, educates the public on the critical issues, and evaluates program efficacy to guide future work. Through it all, we're committed to ensuring that innovative ideas can translate into real action.





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SYSTEMIC ACKNOWLEDGEMENT

When recognizing the systemic challenges within the Canadian criminal justice system, it is important to acknowledge the historical and present-day impacts of colonialism and systemic discrimination which includes but is not limited to the over-representation of Black individuals and Indigenous Peoples throughout the criminal justice system.

Black and Indigenous populations face higher levels of policing, incarceration, and biased treatment within the criminal justice system, with Black people being over-represented by more than 3 times that of the general population, and Indigenous Peoples by more than 5 times.

Additionally, individuals with Fetal Alcohol Spectrum Disorder (FASD) are disproportionately affected by the justice system, with 60% of those with FASD having contact with the justice system – 30 times higher than the general population.

It is our hope that this acknowledgement contextualizes the research found in our report and serves as a reminder of our shared responsibility to engage in open dialogue, challenge biases, and work collaboratively towards dismantling the systems of oppression that result in persisting inequities in our criminal justice system.

BACKGROUND & CONTEXT

Introduction

Fetal Alcohol Spectrum Disorder (FASD) is a hidden^{1,2,3} and often misunderstood disability that affects over 1.5 million Canadians.⁴ It encompasses a range of lifelong cognitive, emotional, and physical challenges that varies widely from one individual with FASD to the next. Despite being the leading cause of developmental disabilities in Canada,⁵ FASD often remains undiagnosed for many individuals due to various forms of stigma and lack of adequate access to resources. Without a diagnosis of FASD, individuals often do not receive the supports that they need. This can lead to various adverse outcomes including contact with the justice system.

Individuals with FASD are disproportionately overrepresented in the criminal justice system, particularly the youth system.⁶ Involvement with the justice system for individuals with FASD is often the result of a lack of FASD knowledge, as well as a lack of appropriate early identification, intervention and supports.

The costs associated with FASD in Canada are staggering. The amount of funding directed towards the justice system is twice that of healthcare and three times the amount directed towards social services.⁷

This highlights the critical need for community-based programs that address the unique needs of justice-involved youth with FASD and equip them with resources that will help prevent justice system involvement. An innovative pilot program developed by John Howard Society of Hamilton, Burlington & area called the **All 4 One FASD Youth Justice Program** provided wrap-around supports and resources to youth with FASD, their caregivers, and the broader community. This program showed successful outcomes and can serve as a blueprint for how we can address the unique needs of youth with FASD and prevent further justice system involvement.

Individuals with FASD

“The FASD community prefers to use “person first” language. This means that you talk about a person that has a disability (as well as many other traits) rather than presenting the disability as the whole of who they are.”

- [CanFASD, 2023](#)

Some examples include:

- **Individuals with FASD**
- **People with FASD**
- **Youth with FASD**

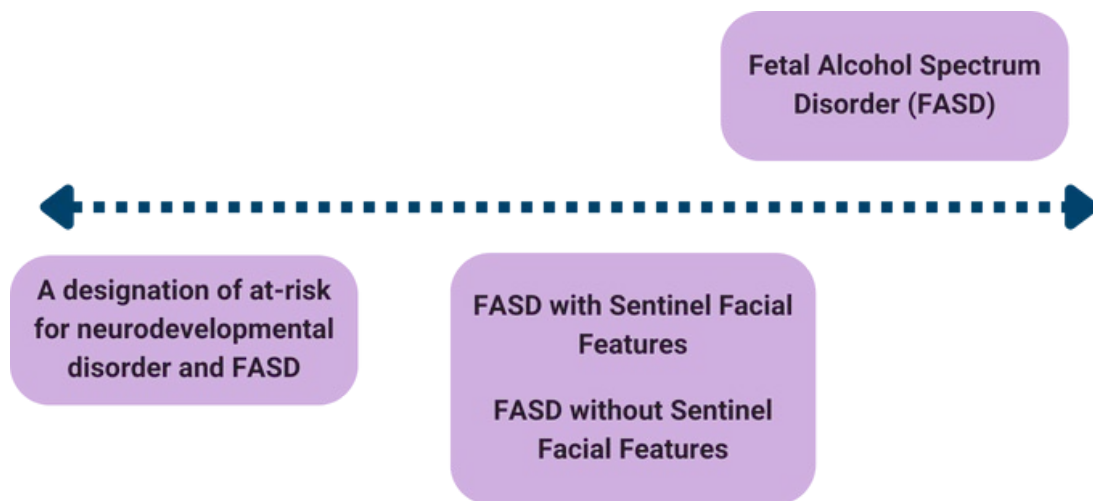
Caregivers

Parents, caregivers, and families of individuals with FASD face various forms of stigma. Not all youth with FASD will live with or be supported by their biological parents. It is important to understand and acknowledge the various supports that all youth, including youth with FASD, may have available to them.

Throughout this report, we refer to those who take on this parental role as caregivers. Some examples of caregivers include family members, adoptive parents, and foster parents.

What is Fetal Alcohol Spectrum Disorder?

Fetal Alcohol Spectrum Disorder, also known as FASD, is a diagnostic term used to describe the impacts on the brain and body of individuals who are exposed to alcohol before birth.⁸ FASD is a lifelong disability that causes cognitive, emotional, behavioural, and physical health-related deficits. Fetal alcohol spectrum disorders are a group of conditions that can affect individuals in different ways.⁹



FASD is a hidden disability, meaning it is not immediately apparent to an observer. In fact, less than 10% of people with FASD exhibit the facial characteristics associated with the condition.^{10,11,12} These facial features depend on whether alcohol was consumed during a narrow window of a pregnancy, however it does not reflect the degree of brain-based differences and needs of the individual.¹³

Individuals with FASD will experience varying degrees of challenges in their daily living. They may need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential,^{14,15} although each person with FASD is unique and has their own strengths, challenges, and needs.¹⁶ This means there is no “one-size-fits-all” approach when it comes to supporting any individual with FASD and appropriate responses and supports should focus on each individuals’ strengths and successes rather than their deficits.

Youth with FASD

Individuals with FASD often function at a developmental level younger than their chronological age.¹⁷ This discrepancy can put youth at risk as they may physically appear more mature and capable than they are. As these youth grow older, societal expectations around independence and self-sufficiency can become especially challenging.¹⁸ While age labels can be useful for understanding an individual's situation, it is important to remember that each youth is unique and should be supported with a strengths-based approach.¹⁹ Primary disabilities that are common for youth with FASD include:

- Learning and intellectual disabilities;
- Problems with receptive and expressive language;
- Problems with memory and attention;
- Difficulty planning and organizing tasks;
- Difficulty with life skills such as hygiene, understanding time, following directions, and managing money; and
- Poor skills development.²⁰

As FASD can be a hidden disability, individuals may face difficulties in getting a formal diagnosis. This can lead to a number of adverse outcomes for youth. Adverse outcomes are challenges that youth are not born with but develop over time. These can include:

- Mental health issues;²¹
- School disruptions;²²
- Difficulties with employment;
- Issues with housing;
- Challenges with independence;
- Inappropriate sexual behaviour;
- Substance use challenges; and
- Conflict with the criminal justice system.

Prevalence of FASD in Canada

FASD is the leading known cause of developmental disabilities in Canada – more common than autism, cerebral palsy, and down syndrome combined.²³ It is estimated that 4% of Canadians, about 1.5 million people, have FASD.²⁴ However, research suggests that these rates are inaccurate as FASD is often under- and misdiagnosed in Canada.²⁵ For example, alcohol exposure during pregnancy may be underreported due to stigma and fear of judgement. This can result in individuals remaining undiagnosed until they display significant challenges at a later age. Individuals with FASD may also be misdiagnosed with other disorders. For example, conditions such as Attention-Deficit Hyperactivity Disorder (ADHD) and Williams syndrome have some symptoms similar to FASD.^{26,27} Research on FASD in Canada is also limited as many studies focus on children. Further studies on the prevalence or scope of FASD is vital to identify the needs and types of services required to support individuals and families with FASD.

Why are people undiagnosed or misdiagnosed?

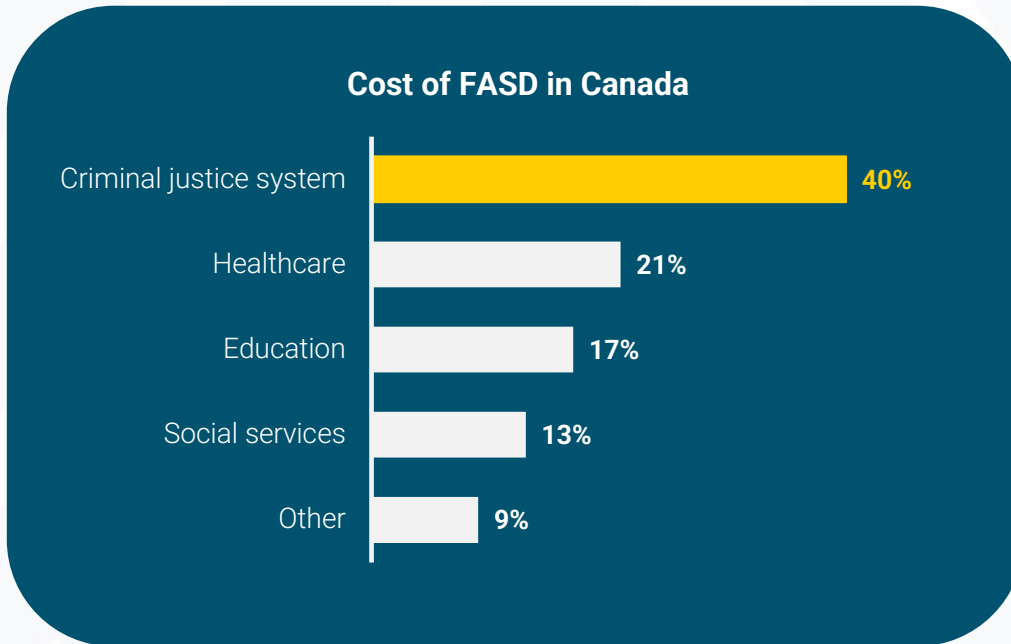
There is no widely accepted screening test for FASD in Canada.²⁸ Diagnosing FASD can be difficult as there are no medical tests, such as blood tests, to test for it. If FASD is suspected, a detailed multidisciplinary assessment is needed to determine whether behavioural challenges are due to alcohol exposure before birth and not other causes.²⁹ The assessment team can include:

- Physicians (e.g., developmental pediatricians, dysmorphologists and/or clinical geneticists, psychiatrists or neurologists);
- Psychologists or neuropsychologists;
- Developmental specialists (e.g., speech or language pathologists, occupational therapists and physiotherapists); and
- A case management coordinator.³⁰

Getting a diagnosis can be a lengthy and costly process.³¹ To diagnose FASD, confirmation of alcohol exposure during pregnancy is often required which is done through interviewing reliable sources. However, a lack of appropriate diagnoses is a concern as research shows that having an official diagnosis can have long-term benefits for people with FASD.³²

Costs Associated with FASD

Approximately 40% of the cost of FASD in Canada is associated with the criminal justice system.³³



The estimated costs associated with caring for one individual with FASD across their lifespan is \$1.1 million in Canada,³⁴ attributable in large part to health and justice system contact.^{35, 36}

\$9.7 billion → **\$3.9 billion**
COST OF FASD IN CANADA PER YEAR COST OF FASD & THE CRIMINAL JUSTICE SYSTEM PER YEAR

COST BREAKDOWN OF FASD IN THE JUSTICE SYSTEM

\$1.6
billion



for victims

\$1.2
billion



for police

\$500
million



for correctional services

\$400
million



for court

\$200
million



for third-party



Criminal Justice System Involvement

There is an overrepresentation of both youth and adults³⁷ with FASD in the Canadian criminal justice system, specifically in correctional settings.³⁸ As noted earlier, these figures are likely underestimates due to undiagnosed or misdiagnosed cases. Nevertheless, the data indicates that individuals with FASD are at greater risk of contact with the criminal justice system at younger ages and experience higher recidivism rates.³⁹

Individuals with FASD in the justice system face additional challenges as diagnostic services are limited, and justice professionals may lack awareness on how to respond to individuals with FASD.

The challenges associated with FASD can impact an individual at various stages of the criminal justice system including police interactions and interviews, court proceedings, and probation or parole.⁴⁰ The following are some challenges that may increase their likelihood of justice involvement:

- Impulsivity and lack of avoidance strategies
- Deficits in judgement (e.g., not knowing when to walk away) and self-control⁴¹
- Inability to predict outcomes
- Difficulty interpreting social situations (e.g., not knowing actions are risky)
- Strong desire to make friends (e.g., may associate with negative peer groups or engage in criminal behaviours to “fit in”)⁴²
- Difficulties with working and/or long-term memory (e.g., may have issues with compliance, following rules and expectations)⁴³
- Difficulty understanding justice system processes
- Significantly higher rates of trauma and adverse childhood experiences
- High rates of mental health issues
- Substance use challenges

Youth are particularly vulnerable to getting caught up in the justice system. For example, some of the risks to criminal justice involvement for youth with FASD include:

- Youth can seem uncooperative when they do not understand something which is often interpreted as non-compliance
- Their problem-solving deficits mean that their ability to predict consequences and learn from past mistakes is impaired⁴⁴
- Youth sometimes exhibit a desire to please authority figures leading them to provide responses that they think those in authority want to hear⁴⁵
- Difficulties with memory can lead to youth missing court appearances and failure to attend justice-related appointments

The needs of youth with FASD are not well understood within the justice system. There are few options available to them within the system to be held accountable and 'rehabilitated' in a way that is meaningful to them, the person(s) harmed, and the community. Due to difficulties associated with FASD, and the lack of supports and accommodations, individuals with FASD may find themselves in a "revolving door" of the justice system.⁴⁶


Programs that focus on the prevention of criminal justice involvement, as well as FASD-informed supports and interventions for justice-involved youth are essential in appropriately responding to youth with FASD.⁴⁷ In addition, having stability in caregiving helps decrease criminal justice involvement.⁴⁸ Therefore, it is also important that caregivers are given the supports they need.

Currently, there are few services for youth with FASD generally, and even fewer for those that have come into contact with the justice system in Ontario. Services that focus on providing prevention and intervention-based supports for justice-involved youth with FASD and their caregivers could fill this gap. In 2021, the John Howard Society of Hamilton, Burlington & Area (JHS-Hamilton) developed and implemented a program intended to address these needs.



10-23%

of individuals with FASD
are in the justice system

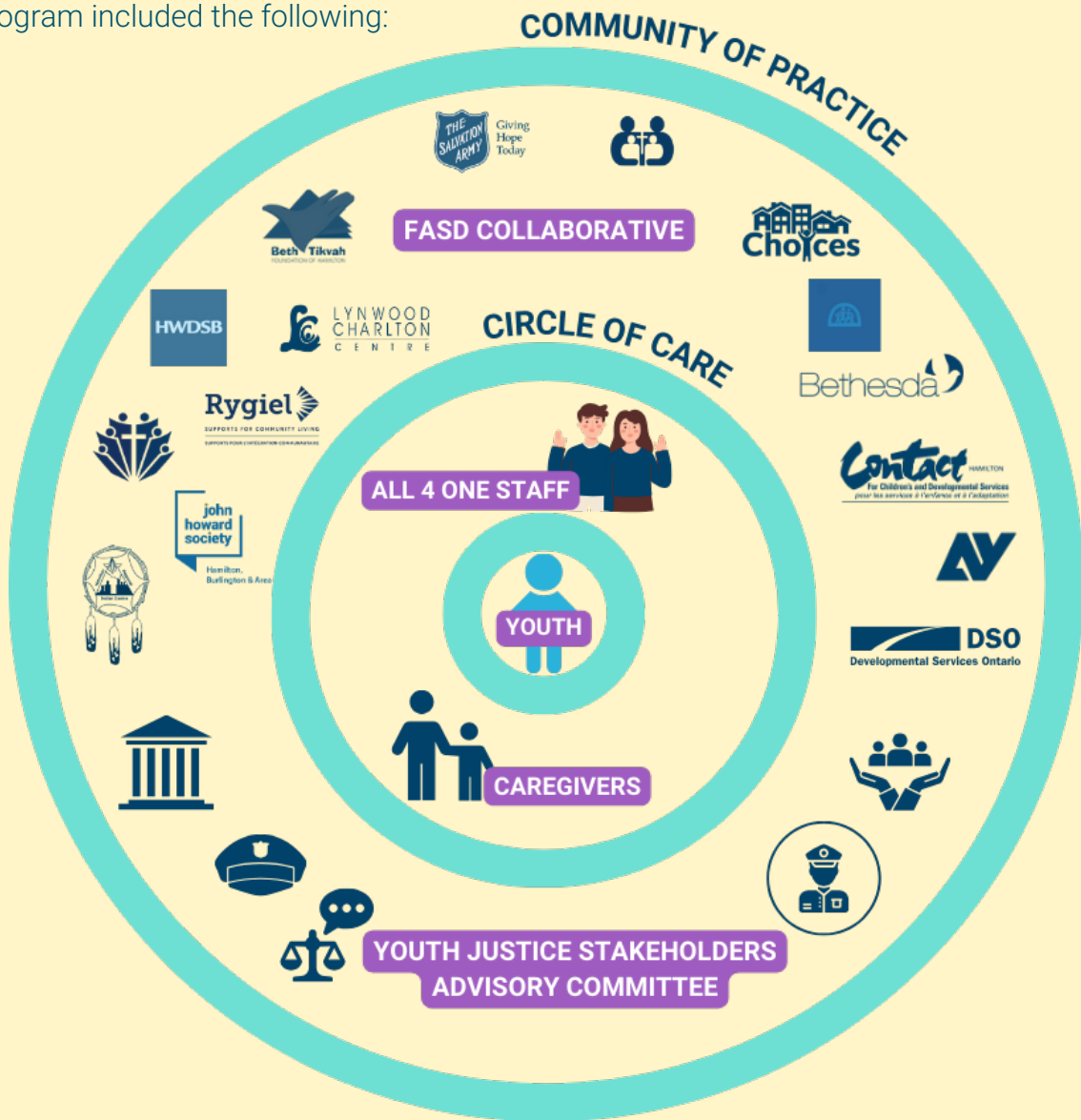


Youth with FASD are
19 times
more likely to end up in
custody

JHS-HAMILTON'S ALL 4 ONE FASD YOUTH JUSTICE PROGRAM

The **All 4 One Fetal Alcohol Spectrum Disorder Youth Justice Program** (hereafter referred to as the All 4 One Program) was a 3-year pilot program developed and implemented by JHS-Hamilton and funded by the Department of Justice Canada. The **All 4 One Program** supported youth involved in the justice system who had been diagnosed with FASD or were querying* a diagnosis of FASD. The aim of the program was to create best practices around working with and supporting justice-involved youth with FASD, while contributing to a community of practice among youth justice professionals. The program started in early 2021 and provided support to youth with FASD as well as their caregivers.

The program included the following:



*The development of clinical capacity for FASD diagnosis is challenging and access to these resources is extremely limited. Accessing a formal diagnosis of FASD in a relatively timely manner in the Province of Ontario requires money, advocacy, and access to private practitioners. Even if there are services within a region that has the diagnostic capacity there are funding limits to the number of assessments these services can provide within a funding year. As a result, many children, youth, and adults have a query of FASD rather than a formal diagnosis.



Circle of Care

Within the circle of care, program staff worked with individuals one-on-one providing specialized case management services and wraparound supports for:

- (1) **Justice-involved youth with FASD:** Youth were between the ages of 12 to 18 years old, and identified as male, female, or non-binary. Youth were involved in the justice system and had a formal diagnosis of FASD or a strong query of FASD.
- (2) **Caregivers:** Caregivers were individuals supporting youth in the program, however, not all caregivers needed to have their youth in the program to be a participant.

The circle of care was centered around youth participants, and could also involve other family members, friends, and service providers.

Due to the intensive and specialized case management, the goal was for each All 4 One staff member to support eight to 10 cases each year. The **FASD Youth Justice Worker** was responsible for providing youth with various supports including:

- Advocacy within and navigation of the youth justice system, education system and other systems and agencies
- Assistance to follow through on measures, sanctions, and other sentences
- Assisting youth and caregivers to pursue a formal diagnosis to expand access to greater supports
- Reducing barriers to access of community supports and resources
- Individual programming for the youth to learn life skills and build good habits that would support their day-to-day functioning
- Supporting the youth through mentorship and teaching skills such as FASD informed strategies, conflict resolution, de-escalation techniques, emotional regulation, and healthy relationships
- Advocating for the youth's wants, needs, and concerns to their caregiver and to build a shared understanding





The **FASD Caregiver Support Worker** was responsible for assisting caregivers by helping them build systems of support for themselves and their youth with the following services:

- Referrals to community agencies and supports across all sectors
- Assistance following through with recommendations from service providers, as required
- Building capacity with caregivers to implement FASD friendly strategies at home and with extended family
- Assisting youth and families querying FASD in pursuing a formal diagnosis
- Helping caregivers and support persons identify and use their youth's strengths to create a future trajectory that may include employment, education, and other opportunities
- Advocating for self-care practices for caregivers to address caregiver burnout

Community of Practice

Within the community of practice, program staff engaged with representatives from various agencies through the **Hamilton FASD Collaborative** and justice professionals through the **Youth Justice Stakeholders Advisory Committee**. The FASD Collaborative is made up of 15 agencies that provide services to the FASD community. During monthly meetings, program staff were able to ask for advice, support and direction from the representatives on the Collaborative. They also assisted by promoting the program to the broader community.





JHS-Hamilton also created a **Youth Justice Stakeholders Advisory Committee** to support the **All 4 One Program**. The committee was made up of justice professionals such as Crown counsel, defence counsel, police, probation services, and youth justice service providers. One of the primary goals of this committee was to bridge the gap between the **FASD Collaborative** and youth justice professionals. By doing so,

the program hoped to reduce the number of individuals working in silos to mobilize knowledge on FASD throughout the justice system. As well, program staff would provide committee members with information and resources. These resources were used to educate and advocate for the use of FASD strategies within the justice system, and to make meaningful contributions to the FASD community of practice.

As part of the Department of Justice funding, the Centre for Research & Policy (the Centre) at the John Howard Society of Ontario (JHSO) was contracted to evaluate the program. During the first year of the program, the Evaluation Team at the Centre worked collaboratively with JHS-Hamilton to co-create and develop an evaluation for the program. For more details on our key findings, see **Evaluation of the All 4 One Program** below.

Evaluation of the All 4 One Program

The Centre at JHSO conducted a 3-year process and outcome evaluation of the **All 4 One Program**. Below is a summary of the findings; for a more detailed version of the evaluation report, see [All 4 One FASD Youth Justice Evaluation Report](#). The two overarching goals of the evaluation were:

- (1) To understand who was in the All 4 One Program, and in what ways the program helped them
- (2) To learn about best practices to support justice-involved youth with FASD and their caregivers in the community

As FASD is a lifelong disability that commonly affects individuals' day-to-day functioning and memory, the evaluation of the **All 4 One Program** focused on short-term goals for youth. The evaluation asked the following questions about youth in the program:

Since joining the program, and accessing the supports and services offered...

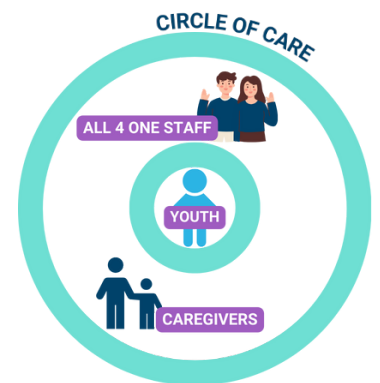


- Were youth less likely to come into contact with the justice system?
- Do youth know where to go in the community to access resources?
- Are youth better able to access social supports and programming?
- Do youth have more structure, routine, and life skills?

For caregivers, the evaluation asked:

Through their participation in this program...

- Are caregivers more aware and knowledgeable about FASD resources and support for their youth?
- Are caregivers more likely to use formal and informal supports and services in the community?



For the community stakeholders (i.e., the FASD Collaborative and Youth Justice Stakeholders Advisory Committee), the evaluation asked:

Through their engagement with this program...

- Did stakeholders increase their knowledge of FASD-informed approaches and build capacity to support youth with other community members?

Key Evaluation Findings

KEY FINDING 1: Since joining the All 4 One Program, more than half of the youth reduced their contact with police.

When individuals joined the program, most police interactions were a result of conflict in the home, with fewer related to charges and breaches. Police were often contacted as a form of de-escalation between family members, with youth expressing concerns that police were involved at the earliest sign of conflict. The program saw success in participants reaching out to All 4 One staff as a mechanism for de-escalation rather than contacting the police. During conflicts, the youth participants also attempted using strategies that they learned through the program such as de-escalation techniques, emotional regulation, problem-solving, and conflict resolution. Youth also used self-care practices and skills that they learned during moments of conflict such as going for a walk, listening to music, learning when to walk away from situations, and reaching out to caregivers or authority figures, when needed.

KEY FINDING 2: Intervention with younger youth is significant in successfully preventing engagement with the justice system.

During the program, staff learned that working with younger youth (ages 12-13 or younger) was significant in terms of seeing tangible gains. As program staff explained, intervention during youth's earlier years is key in successful prevention from engagement with the criminal justice system. After the first year of the program, program staff began marketing towards younger age groups where they saw significant progress with youth who were not yet deeply entrenched in the justice system. Through an interview, one youth shared:

[Interviewer: What have you learned that you'll continue to do once you leave the program?]

"[Youth Worker] would reach out to people and help give me the right tools to advance. That had opened my eyes... Without [Youth Worker], I wouldn't have what I have now"

KEY FINDING 3: Program staff provided crucial support to caregivers, offering practical strategies and prioritizing caregiver well-being.

One goal of the program was to provide knowledge and awareness of FASD resources to caregivers. However, many caregivers that joined the program already had prior knowledge and were already using FASD resources. Caregivers shared that what was

significant for them was to have support from staff who were non-judgemental and somebody that could understand what they were going through. Caregivers found that the program staff provided practical strategies and advice to support their youth and were able to have an open dialogue about their youth's progress with the Youth Worker. One example is having visual strategies at home for emotional regulation and de-escalation. These strategies were not only useful for the youth, but also for the caregiver as they were able to better understand their youth's actions and recognize their anger cues. As well, program staff ensured they prioritized caregivers' well-being and encouraged self-care practices whenever possible to reduce caregiver burnout.

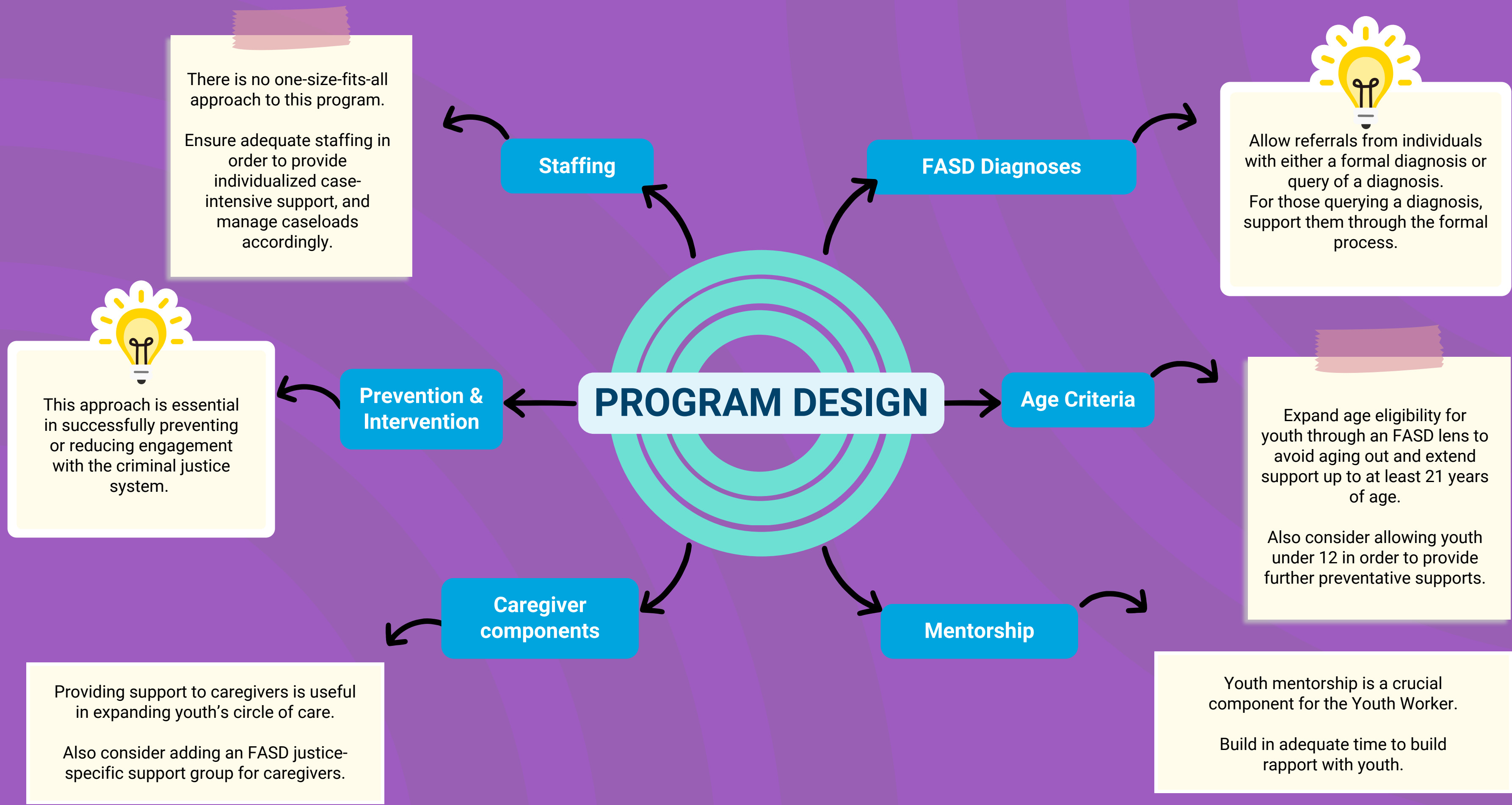
KEY FINDING 4: Community stakeholders recognized the need for the All 4 One Program to fill the gap in FASD justice programming in their community.

Advisory Committee members reported that the program enhanced their knowledge, skills, and capacity through presentations and attending training and webinars. A few provided feedback that being part of the committee provided a space to share ideas, success stories, and information about FASD. Overall, most FASD Collaborative and Advisory Committee members found that the program had a positive impact on participants, and commented on the support provided, communication, consistency, the knowledge and passion of the staff, the positive impact of the program, and the opportunity to collaborate with the All 4 One team.

According to community members,

"It will be a travesty if this program funding does not re-instate, as individuals, their caregivers and stakeholders have not only benefited but relied on this program."

The following section includes a blueprint with best practices on how to implement a FASD youth justice program based on lessons learned from the All 4 One Program as well as considerations when supporting youth with FASD.



There is no one-size-fits-all approach to this program.

Ensure adequate staffing in order to provide individualized case-intensive support, and manage caseloads accordingly.

Staffing

FASD Diagnoses

Allow referrals from individuals with either a formal diagnosis or query of a diagnosis. For those querying a diagnosis, support them through the formal process.

PROGRAM DESIGN

Age Criteria

Expand age eligibility for youth through an FASD lens to avoid aging out and extend support up to at least 21 years of age. Also consider allowing youth under 12 in order to provide further preventative supports.

Mentorship

Youth mentorship is a crucial component for the Youth Worker. Build in adequate time to build rapport with youth.

Caregiver components

Providing support to caregivers is useful in expanding youth's circle of care. Also consider adding an FASD justice-specific support group for caregivers.

Prevention & Intervention

This approach is essential in successfully preventing or reducing engagement with the criminal justice system.

Reframe behaviour

It is important to consider and understand an individual's behaviour as impacted by their unique brain-based differences and re-interpret actions accordingly.¹ For example, someone with FASD may appear to be unwilling to follow instructions, but may be unable to follow instructions due to challenges with abstract concepts and language.² Understanding this can allow for **adapting practices** (e.g., providing simple, step-by-step instructions), more **positive interactions**, and **better understanding**.

Be consistent

Many individuals with FASD can do well with **structure** and **consistency**. As such, considering ways of incorporating this into interactions may be beneficial. For example, keeping meetings at the same time and location to limit misunderstandings and confusion.

Leverage strengths

Individuals with FASD, like everyone, have a myriad of strengths and abilities that can be identified and built upon to support wellness.⁶ When working with individuals with FASD, it is important to take the time to **explore their abilities** and **leverage them** towards collaboratively established goals.

SUPPORTING YOUTH

Adjust language

It can be important to communicate in ways that are **simple** and **concrete**. Avoid talking in abstract terms and concepts. In addition, **repetition** of key ideas and having someone repeat key ideas in their own words can help ensure comprehension and understanding.^{3,4}

Structure & stability

Some individuals with FASD may benefit from a **structured routine**, including a set schedule and established routine. Collaboratively creating **visual schedules** and **brainstorming activities** for leisure time are potential strategies to helping people with FASD develop structure in their lives.

Use multiple approaches

When working and supporting individuals with FASD, it is important to be flexible in your approach to accommodate the unique needs and strengths of each person. Justice-based interventions that have a **high degree of flexibility** and **individualization** are needed to address the unique needs of each person.⁵

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Recommendations

A key goal of the evaluation of the **All 4 One Program** was to develop and test an effective model to address the needs of youth with FASD who are justice-involved and their caregivers. This model is intended to advance programming and produce knowledge mobilization about best practices for program delivery amongst the Hamilton community and beyond. This evaluation may aid in future program possibilities for justice-serving agencies to help meet the needs of their justice-involved participants. The following are some key recommendations that emerged from the evaluation to improve outcomes for justice-involved youth with FASD.

1

Increase availability of screening for FASD

A systems-level approach ensuring that individuals who may have FASD are identified in criminal justice system contexts and provided with appropriate referrals, assessments and supports.

2

Invest in effective community-based youth programs to prevent unnecessary justice system contact

The program demonstrates that with the appropriate diversion and supports for people with FASD, contact with the justice system is reduced, thereby reducing human and financial costs. There is a lack of justice programming for youth with FASD, and there is a need to fill this gap with a prevention and intervention-based program for youth and their caregivers. The All 4 One Program is a unique and promising program that filled this gap in the Hamilton community. Funding should be on-going, long-term, and could look at scaling up to multi-affiliate initiatives across the province.

Caregiver participants also highlighted the cost-benefits to providing long-term sustainable programming for an FASD justice program:

“These are the kids that are at the highest risk of ending up in jail and costing the government so much money... it costs the government more than keeping [them] at home. This is a small fraction of the cost to have a child and youth worker meet with this number of kids”

3

Ensure that the justice system is responsive to the unique needs of individuals with FASD

Individuals with FASD have unique challenges, needs, and strengths. As with other disabilities, existing systems are not fully accessible for people with FASD. There are accommodations that can be made to make the criminal justice system more FASD-informed. For example, considering the sensory challenges for many individuals with FASD, adjustments such as offering breaks, modifying lighting, and reducing the number of people in the courtroom can create a more accommodating environment. Whenever possible, efforts should be made to divert individuals with FASD out of the justice system.

4

Enhance FASD training and awareness for criminal justice professionals and stakeholders

Research has highlighted that FASD awareness among criminal justice system professionals is limited or not utilized. FASD-focused training and FASD awareness strategies are therefore needed in criminal justice contexts.

From first responders and court actors to community service providers, additional FASD training in the community is needed. Individuals shared experiences where they were provided with advice or criticism based on neurotypical expectations and mislabeled FASD as a 'parenting issue.' Mandatory FASD training during orientation for anyone who interacts with youth would contribute to more FASD-informed care and change the perspectives of those working within the justice system.

CONCLUSION

Individuals with FASD continue to be overrepresented in the criminal justice system, especially youth. Without diagnoses and FASD-informed resources, individuals may get caught in the revolving door of the justice system. Innovative pilot programs such as the **All 4 One Youth Justice Program** demonstrate the critical need for specialized, community-based supports for justice-involved youth with FASD and to bridge the gap between community organizations and justice professionals. The program's success in reducing police interactions and equipping both youth and caregivers with practical tools highlights its effectiveness in addressing the unique challenges associated with FASD. By offering early interventions, personalized strategies, and expanding the community of practice to justice professionals, the program has contributed to a blueprint on responsive and FASD-informed approaches to justice-involved youth with FASD. As highlighted through our recommendations, investment in such programs is essential to fostering better outcomes for youth with FASD. Only by addressing what lies beneath the surface can we make a lasting difference.

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