

Secondary Behaviours Related to FASD – Diane V. Malbin

Secondary behaviours are defensive behaviours that develop over time when there is a chronic “poor fit” between the person and his or her environment. Defensive behaviours are normal protective reactions to frustration. By definition, these are preventable when a good fit is provided and defensive behaviours are not exclusive to FASD. (Diane V. Malbin, 2002:55-56)

Offenders with many secondary behaviours should be assessed for a possible FASD work-up and diagnosis. Defensive behaviours can be helpful cues for identifying points of intervention and support for individual offenders with a view to rehabilitation or correction.

Secondary FASD Behaviour	Justice Implications
Inappropriate humour, a clown	Laughing in court, appears disrespectful
Isolated, few friends	No support in life, sad
Pseudo-sophisticated, trying to look OK	May “lie” to look “cool”; it’s better to look cool than appear to be stupid
Irritable, resistant, fatigued, argumentative	May appear to be withdrawn or argues about everything
Anxious, fearful, overwhelmed	Courtroom is a scary, over-stimulating place
Historical failure, poor self esteem	Victim, defeatist “I can’t”
Unrealistic goals	“I can pay it all back by Friday.”
Isolated, teased, bullied	Is victimized and/or fights back at school
Anger, aggression, outbursts	Family, street, and school violence, rage
School failure, expulsion, running away	Grade 9/10 dropout, AWOL from school, group home or treatment
Sexually inappropriate, coupled with dysmaturity	Victim of sexual abuse, promiscuity, prostitution, sexual acting out
Addictions – alcohol, drugs	Self-medicates with drugs, alcohol
Trouble with the law, recidivism	Back repeatedly for same crimes; often no escalation in crime
Depressed, self destructive, suicidal	Extreme sadness, can’t get up in the morning, failure to appear, suicide attempts – needs protection
Other mental health issues – May have one or more co-occurring (psychiatric) disorders such as depression, (R)AD, OCD, ODD, CD, BPD, SIDs, ADHD*	“Alphabet soup” of diagnoses often mask the real problem, which is the brain damage of FASD.(Kathryn Page, 2002:6)

Equation: the greater the number of diagnoses, the greater the likelihood of underlying brain dysfunction (Malbin – February 26, 2006 review of chart via e-mail)

*(see glossary under “co-occurring diagnosis”)

Chart Created and Adapted by Mary K. Cunningham