



To: [REDACTED]
From: Lillian Huang Cummins and Betsy Wilson
Re: Mitigation report for [REDACTED] and his prospects for future success¹
Date: July 28, 2023

Before [REDACTED] was even born, the adults who were supposed to protect and care for him made choices that caused the organic brain dysfunction and mental health vulnerabilities that



[REDACTED] has contended with and worked hard to overcome his entire life. [REDACTED]'s mother, [REDACTED], drank alcohol throughout her twelve pregnancies, and this prenatal exposure put [REDACTED] at significant risk for the cognitive, emotional, learning, and behavioral disabilities he developed as a child. Alcohol dependence also led [REDACTED]'s parents to neglect and abuse [REDACTED] physically and emotionally, creating even greater vulnerabilities for his developing brain.

[REDACTED] turned 17 years old just months before he was involved in the stabbing and assault

¹ Since 2005, the Sentencing Advocacy Group of Evanston has conducted investigations into the life histories of more than 70 death-penalty, juvenile-life-without-parole, and other cases in federal, state, and local jurisdictions. SAGE is a multidisciplinary practice led by Betsy Wilson, an attorney and mitigation specialist with nearly two decades of experience in sentencing and mitigation investigations. Ms. Wilson is a nationally recognized leader in the field. She writes and presents regularly on subjects related to sentencing advocacy.

Dr. Lillian Huang Cummins is a licensed clinical psychologist in the state of California. She is a former Assistant Professor of Multicultural Psychology at the California School of Professional Psychology and former research faculty at the University of California at Davis. Lillian received her bachelor's degree in human biology from Stanford University and her doctorate in clinical psychology from the University of California at Santa Barbara. She currently teaches at Lake Forest College and works as a mitigation specialist at the Sentencing Advocacy Group of Evanston.

In July 2022, [REDACTED] hired the Sentencing Advocacy Group of Evanston to conduct a biological, psychological, and social history for [REDACTED]. Since then, we have spent more than 200 hours conducting our investigation. We completed in-person, telephonic, and virtual interviews with Mr. [REDACTED] and his family. We reviewed discovery and over 3000 pages of documents, including education records, medical and mental health records, criminal court records, and media and scholarly articles to prepare this report.

of ██████████ on ██████████ 1994. By that young age, ██████████ had already been abandoned by both of his parents, lived in five different group and foster homes, dropped out of school, and been hospitalized four times for depression and suicidality. A typical mitigation report includes pictures of a client from a young age, perhaps with family or friends. In ██████████'s case, no such photos exist. His childhood and family life were so unstable that the only picture of ██████████ that our investigation could uncover – despite multiple contacts with his mother, brother, and family friends – was a mugshot taken of him in 2011, which is included on page one.

██████████ survived the brutality of parental neglect and beatings only to be abused both sexually and physically within the institutions that were supposed to help him and keep him safe. On ██████████ 1994, when 17-year-old ██████████ went to ██████████ apartment, he was not thinking about any of these traumas from his childhood. However, the cognitive impairments and stress responses ██████████ developed as a result of these experiences, in addition to his young age and immature brain development, diminished his ability to fully process what was taking place that night and predict the potential consequences of his actions.

The mitigation presented in this report does not excuse the harm that ██████████ caused ██████████; in fact, ██████████ takes full responsibility for his actions. As he has written in the letter excerpted at the end of this report, ██████████ holds tremendous remorse for the harm he enacted, saying to ██████████, "... it's been 27 ½ years since that day I inflicted that terrible pain on you and my actions was wrong and I hope nobody in the world today ever experience what I did to you. I stand here before you today to tell you I am very sorry for what I did and I take full responsibility for my actions...."

Instead, the information offered here places ██████████'s crime in the context of his life: his early brain development and cognitive challenges, a childhood utterly lacking in safety or stability to help prevent those disabilities, and the institutional traumas that shaped his developmental trajectory.

Despite his violent and chaotic childhood, when ██████████ has had a stable and consistent living situation and trustworthy resources to provide help, he has shown he can use those support systems to improve his mental health. Today, ██████████ is no longer the same frightened, 17-year-old child who was sentenced to 90 years in prison. He is now a 46-year-old man who has served more than 27 years of his sentence. ██████████ has spent that time using therapy to come to terms with the abuse he endured as a child, engaging in programs to develop strong mental health coping skills, pursuing a college education, and working hard to better himself and the community around him. This report illustrates the relevance of ██████████'s age and cognitive development to help explain the circumstances of the offense and ██████████'s prospects for future success.

Through group and individual counseling, the educational goals he has already achieved and continues to pursue, and the unwavering support of his extended family and friends, ██████ has reached a place of hope that his story can positively guide other young people who face challenges similar to the ones that he has overcome. ██████ speaks to his mother, brother, cousin, aunt and uncle, and the mother of his son on a weekly basis, and all these individuals are prepared to support ██████ and help him when he is released. As an adult, ██████ has demonstrated a strong work ethic and the skills necessary to recognize when he needs help and how to ask for that support. He has learned to make productive use of the health care, community-based services, and programs that will aid him in becoming a role model and mentor to young people as well as an asset to society.

██████'s mother, ██████ drank alcohol daily during her pregnancy with ██████. Prenatal exposure to alcohol can result in Fetal Alcohol Spectrum Disorders (FASD) that are characterized by a range of issues, including deficiencies in motor development, inadaptability, hyperactivity, short attention span, learning disabilities, and behavioral disorders.²

██████ was born on ██████ 1976, to ██████ and ██████ ██████'s family owned a bar, and she was exposed to drinking from a young age. She first had alcohol when she was nine or ten years old and consumed it regularly at twelve years old. By the time ██████ met ██████ she was drinking a case of beer every day except on Sundays, when she would stop to attend church.³ The below excerpt from a psychological evaluation conducted with ██████ when he was nine years old shows that ██████ mother reported that ██████ was drinking daily in the taverns at that time.

██████ even telling him that she hated him. Mrs. ██████ feels her daughter is an alcoholic. She states that ██████ drinks daily in the taverns, disappears for weeks at a time leaving the children with whomever she can find. She has even threatened to kill the children if ██████ adopts them. ██████ signed surrender papers in July, 1986.

Habilitative Systems psychological evaluation (August 4, 1986)

In 2012, the American Bar Association issued a resolution recognizing the importance of considering the impacts of FASDs on the capacity to commit intentional crimes as well as sentencing mitigation, writing that "Courts should also be considering FASD disability as a factor in mitigation with juvenile and adult offenders during sentencing."⁴ This recognition was based on an established body of scientific research that demonstrates how individuals with FASD exhibit problems with reflection, forming intent, and carrying out effective goal-directed behaviors such that these processes can break down in novel, high-stress situations. This decomposition often leads to an activation of the

² Leeanne Denny et al, *Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorders*, AAFP, (Oct. 15, 2017).

³ Interview with ██████ (April 11, 2023).

⁴ American Bar Association, *Fetal Alcohol Spectrum Disorders Resolution*, available at https://www.americanbar.org/groups/public_interest/child_law/resources/attorneys/fasd-resolution/ (2012).

sympathetic nervous system that causes the individual to neglect previous learning experiences, consequences, and impacts on themselves and others.⁵ Given their impulsivity, difficulty predicting consequences of actions, and executive functioning problems, individuals with FASD may not understand criminal charges or always form the requisite intent required for certain crimes. They may not fully comprehend the consequences of their actions and may face diminished capacity issues.⁶

In *Dillbeck v. State*, the court held that FASD should be considered in the guilt/innocence phase of the trial as well as in sentencing, noting that, "... Evidence concerning certain alcohol-related conditions has long been admissible during the guilt phase of criminal proceedings to show lack of intent ... then so too should evidence of other commonly understood conditions that are beyond one's control ... [w]e perceive no significant legal distinction between the condition of epilepsy... and that of alcohol-related brain damage in issue here – both are specific, commonly recognized conditions that are beyond one's control."⁷

Prior to this crime, ██████ only two previous arrests were for selling drugs to make money and working with a friend to rob a jacket from another young person. Both incidents exhibited ██████ youth, impulsivity, and lack of judgment, but neither involved violence. ██████ and ██████ were long time family friends whose mothers had grown up together,⁸ and ██████ and ██████ had had a sexual relationship with each other when ██████ was 15 years old and living with ██████ at her grandmother's house. Two years later, when ██████ went to ██████ apartment on the night of ██████ 1994, he did not intend to harm her. Rather, ██████ brain became overwhelmed by a verbal disagreement that unexpectedly turned physical, stressful, and threatening.

When ██████ older maternal half-brother, ██████ was born. ██████ gave ██████ the nickname "Shakey" because he was shaking when he was born. Tremors are a common symptom of newborns experiencing alcohol withdrawal.⁹ ██████ was born four years after Shakey, and their next-younger half-brother, ██████ was born three years after that. ██████ gave ██████ the nickname "Pint" because when she was four months pregnant with him, she switched to drinking pints of whiskey instead of cases of beer.¹⁰

⁵ Natalie Novick Brown et al., *Suggestibility and Fetal Alcohol Spectrum Disorders: I'll Tell You Anything You Want to Hear*, J. of Psych. & L., 39 (2011).

⁶ American Bar Association, *Fetal Alcohol Spectrum Disorders Resolution*, available at https://www.americanbar.org/groups/public_interest/child_law/resources/attorneys/fasd-resolution/_/2012.

⁷ *Dillbeck v. State*, 643 So. 2d 1027 (Fla.) (1994).

⁸ Interview with ██████ (April 11, 2023).

⁹ <https://www.stanfordchildrens.org/en/topic/default?id=fetal-alcohol-spectrum-disorder-fasd-90-P02122>

¹⁰ Interview with ██████ (April 11, 2023).

A person with an FASD might have: ¹¹	From ██████ records:
Low body weight Shorter-than-average height	At 10 years old, ██████ was described as small and looking younger than his age. ¹²
Vision or hearing problems	██████ has a visual impairment. He wore thick glasses from the age of 10. ¹³
Poor coordination	At age 9, ██████ performed equilibrium tests at a poor level and was referred for a medical exam to clarify his balance problems. ¹⁴ At age 12, a neurological exam noted that ██████ had difficulties with tandem gait. ¹⁵
Hyperactive behavior Difficulty with attention	A neurological exam at age 12 noted that ██████ had soft signs of ADD. ¹⁶
Difficulty in school (especially with math)	At age 11, ██████ testing showed he was working at a second-grade level in reading and spelling and a third-grade level in math. ¹⁷
Learning disabilities	At age 10, ██████ was referred for an evaluation for learning disabilities. At age 11, he was attending special education classes due to learning difficulties. ¹⁸
Poor reasoning and judgment skills	Psychological testing at age 14 noted that ██████ exhibited low frustration tolerance, poor judgment, and poor planning. ¹⁹
Intellectual disability or low IQ	From ages nine to 12, ██████ was repeatedly tested with the Weschler Intelligence Scale for Children. His full scale IQ repeatedly scored in the very low to low average range.

¹¹ A.P. Streissguth et al., *Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects*. Dev and Beh Ped, 5 (2004); A.P. Streissguth, et al., *Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE)*. Final report to the Centers for Disease Control and Prevention (August 1996).

¹² ██████ Academy psychological evaluation (April 27, 1987).

¹³ *Id.*

¹⁴ Habilitative Systems records (July and August 1986).

¹⁵ I. Rozenfeld medical note (October 21, 1988).

¹⁶ *Id.*

¹⁷ ██████ Hall records (February 24, 1988).

¹⁸ ██████ Academy psychological evaluation (April 27, 1987); ██████ ██████ psychological evaluation (December 26, 1988).

¹⁹ ██████ ██████ psychological evaluation (March 19, 1991).

Experts warn that no amount of alcohol ingested during pregnancy is considered safe, and even small amounts of maternal alcohol exposure can harm fetal brain development.²⁰ At the same time, frequency and amount of maternal alcohol exposure have been associated with higher rates of brain damage and cognitive impairment.²¹ The quantity and regularity of [REDACTED] drinking likely led to magnified damage for [REDACTED] who exhibited many of the typical signs and symptoms of FASD, as can be seen in the previous table and in the below excerpt from his hospital records, which explains that 11-year-old [REDACTED] exhibited ADD symptoms, rage, and suspected cerebral dysfunction. The children of alcohol-abusing parents are also at greater risk for mental and behavioral disorders when compared to other children.²²

CONSULTATIONS

10/21/88 - Neurological consult, [REDACTED], M.D. Patient shows the soft signs of ADD, rages and history suggest possible cerebral dysfunction.

11/4/88 - Neurological follow-up, [REDACTED], M.D. Notes cerebellopontine angle density suggesting MRI of the brain.

[REDACTED] discharge summary from [REDACTED] Hospital on 1/25/89.¹

Protective factors, such as early diagnosis, a stable and nurturing home environment, and the absence of violence, have all been shown to reduce the secondary effects of FASD and help individuals with these disabilities achieve their full potential.²³ Unfortunately, [REDACTED] parents' addictions to alcohol not only led to his prenatal alcohol exposure, those dependencies also created the chaotic childhood which prevented [REDACTED] from getting the kind of help that could have changed the course of his early life. [REDACTED] did not choose his prenatal alcohol exposure, nor did he choose the unstable childhood that led to further vulnerabilities in his cognitive development. Nevertheless, [REDACTED] has had to live with the consequences of the way his resulting disabilities impacted his decision-making on [REDACTED] 1994. This context must be considered when evaluating [REDACTED] culpability and sentencing and is critical to planning the support and services [REDACTED] will continue to need for future success.

²⁰ U.S. Surgeon General, Surgeon General's Advisory on Alcohol and Pregnancy, 2005, available at <http://www.surgeongeneral.gov/pressreleases/sg02222005.html>; Claire Coles, *Discriminating the Effects of Prenatal Alcohol Exposure From Other Behavioral and Learning Disorders*, *Alc Res and Health* 42 (2011).

²¹ Susan E. Maier & James R. West, *Patterns and Alcohol-Related Birth Defects*, National Institute on Alcohol Abuse and Alcoholism, available at <http://pubs.niaaa.nih.gov/publications/arh25-3/168-174.htm>; S. Ikehara et al., *Association between maternal alcohol consumption during pregnancy and risk of preterm delivery: the Japan Environment and Children's Study*, *BJOG*, 126 (2019).

²² Kirsimarja Raitasalo et al., *The effect of the severity of parental alcohol abuse on mental and behavioural disorders in children*, *EUR ADOL CHIL PSYC*, 28 (2019).

²³ Centers for Disease Control and Prevention, *Treatment: FASDs*, <https://www.cdc.gov/ncbddd/fasd/treatments.html#:~:text=There%20is%20no%20cure%20for,walk%2C%20and%20interact%20with%20others.>

Because of their alcohol dependence, ██████ parents were ill-equipped to care for him or keep him safe. The instability ██████ experienced during his childhood created even more vulnerabilities for his developing brain, putting him at risk for negative mental health and academic outcomes.

Both of ██████ parents abandoned and neglected him from a young age. When ██████ was a child, his mother, ██████ left him and his siblings alone for hours, sometimes days. ██████ would wake up, and

██████ would be gone so he went searching in the streets for her.²⁴ The juvenile court reported 12 instances in which ██████ had been found to be abusive, including abandoning her children, sometimes for months at a time with near strangers.²⁵

Records indicate that mother has been involved with DCRS since 03/31/86. To this date, there have been twelve founded allegations against mother. Mother has a history of neglect of her children by abandoning them, sometimes for months with relatives, or friends, or most recently, someone she hardly knew without any care plan. Mother has signed surrenders on the two oldest children, . . . and ██████

Juvenile Court of Cook County, Social Investigation (May 28, 1993)

In September 1985, when ██████ was eight years old, his older brother, ██████ was admitted to a hospital for general weakness and fainting spells. A doctor's examination revealed that ██████ was malnourished and neglected.²⁶

When ██████ younger brother ██████ was a baby, ██████ left him in an abandoned building. She called ██████ father and told him to come get ██████ if he wanted him. As a result, ██████ was raised by his paternal family and only learned of his maternal siblings when he was 13 years old.²⁷

When ██████ left ██████ with his paternal aunt ██████, ██████ saw his father, ██████ who came over to drink with ██████ husband. ██████ never saw ██████ sober, and ██████ never took ██████ anywhere, bought him anything, or even talked with ██████ father, ██████, was also an alcoholic who was still getting drunk when he was 95 years old. ██████ similarly has struggled with alcoholism his whole life. As a result, ██████ has never had a relationship with his father.²⁸

██████ worked as a server in her family's bar but otherwise never held a steady job with consistent income. David sometimes gave ██████ money to buy clothes for ██████ but otherwise ██████ did not provide financially for ██████.²⁹ When ██████ was nine years old,

²⁴ Interview with ██████ (May 1, 2023).

²⁵ Habilitative Systems records (August 1986).

²⁶ ██████ Hall records (February 24, 1988).

²⁷ Interview with ██████ (March 20, 2023).

²⁸ Interview with ██████ (May 25, 2023).

²⁹ Interview with ██████ (April 11, 2023).

█████ signed him and four of his siblings over to the Department of Children and Family Services to be wards of Illinois state.³⁰

The one person who provided some stability in █████ life was his maternal grandmother, █████. When █████ gave her children up to the state, █████ tried to take them in, and DCFS recommended this placement along with intensive in-home services.³¹ However, █████ was still raising seven children of her own, and she and her new husband were soon overwhelmed. As a result, █████ and his brother █████ were sent to live at the group home █████ Academy.³²

Over time, all of █████ siblings were either sent to live with relatives, placed in group homes, or hospitalized. █████ was ten years old when he and █████ were separated into different placements after their diagnostic period was up at █████. █████ would never live with any of his siblings again. █████ was too young to understand why he could not be with his siblings or his mother, and no one explained the reasons to him. Despite these separations, family has always been important to █████ as can be seen from the DCFS letter written by █████ caseworker excerpted here.

█████ is requesting pictures of the children. If you have any recent pictures, would you send them to the address below? If not, please let me know and I'll make arrangements to come out and photograph them, with your permission.

█████ would like to stay in touch with his siblings, and again, if you permit it, he would appreciate any letters, or drawings that they may want to send him. It is entirely up to you whether you wish them to keep in contact with █████.

DCFS Letter, May 7, 1996

█████ spent the rest of his childhood shuffled from one group or foster home to the next until he was incarcerated at age 17. Because █████ missed his family, he ran away to his grandmother █████ house from the group homes where he was placed. █████ continued to be the backbone of █████ family throughout her life. She talked to █████ on the phone regularly during his incarceration and had hoped to see him when he was released.³³ Unfortunately, █████ died earlier this year, on February 7, 2023.

Parental unemployment, employment instability, and low family income are linked to negative academic outcomes, such as grade retention, lower educational attainment, and internalizing and externalizing behaviors. Poverty can also negatively affect children's social-emotional and cognitive development, even after controlling for parental characteristics. █████ and █████

³⁰ DCFS social investigation (February 23, 1988).

³¹ *Id.*

³² DCFS records.

³³ IDOC records.

addictions led to the kind of poverty and instability that put ██████ at risk for negative educational and mental health outcomes.³⁴

However, it wasn't poverty alone that contributed to the cognitive and emotional vulnerabilities that ██████ has struggled with. Children with a history of early and ongoing childhood neglect demonstrate lower cognitive and language skills and higher behavioral problems, and children experiencing residential instability demonstrate worse academic and social outcomes than their peers, such as lower vocabulary skills, problem behaviors, grade retention, increased high school drop-out rates, and lower adult educational attainment.³⁵

██████ and ██████ early abandonment of ██████ and the absence of a safe, consistent place to call home throughout his childhood and adolescence also predisposed ██████ to the learning difficulties and mental illness he has since had to work hard to overcome.

██████ experienced physical and emotional abuse as a child that may have further altered his brain architecture, making it even more difficult for him to regulate his emotional and stress responses.

Before ██████ became a ward of the state at age nine, he lived with his mother ██████ who was rarely present. When ██████ did come home, she was sometimes very loving and sweet and sometimes physically violent and verbally abusive. It didn't matter whether she was sober or

Page two re:
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punishment is yet a question, but ██████ concurs with Mrs. ██████ account. Scars on ██████'s body could reflect severe beatings with an extension cord or similar object. That ██████'s history up til age nine was frequently traumatic and consistently is reasonably established.

drunk, in her angry periods, ██████ hit her children with whatever was near: a lamp, an extension cord, or a switch pulled

████████████████████ Hall records (February 24, 1988)

from a tree. When ██████ saw his siblings getting beaten by ██████ he tried to run away. ██████

hid ██████ shoes from him so he couldn't run away, but ██████ ran away barefoot when he had to. The scars from this abuse could be seen on ██████ young body and were noted in treatment records from when he was ten years old.

³⁴ Heather Sandstrom & Sandra Huerta, *The Negative Effects of Instability of Child Development: A research Synthesis*, Urb. Inst. (Sept. 2013); Eve G. Spratt et al., *The Effects of Early Neglect in Cognitive, Language, and Behavioral Functioning in Childhood*, Psych. 3 (2012).

³⁵ *Id.*

█████ called █████ "evil" and "bad." As punishment for misbehavior, █████ locked █████ in a closet and deprived him of food.³⁶ █████ told █████ that she hated him and would have killed him if she could have.³⁷

neighbors and relatives to labor. █████ with her are female, all the others are male. Ms. █████ particularly disliked █████, referring to him as "evil", "bad", and a "troublemaker". According to Mrs. █████, Ms. █████ would deprive █████ of food as punishment, would hit him and lock him in his room. She is described as being very aggressive and hostile towards █████, even telling him that she hated him. Mrs. █████ feels her daughter is an alcoholic. █████ disappears for weeks at a

Child maltreatment and abuse are associated with negative physical effects on the

Habilitative Systems psychological evaluation (August 4, 1986)

structures and activity of children's brains.³⁸ These changes can lead to increased risk of psychological, social, emotional, and behavioral disabilities. Emotional abuse and corporal punishment can cause anxiety, depression, and other mental health issues as well as negative health, behavioral, and developmental outcomes.³⁹ The violence that █████ experienced as a child affected his cognitive and mental health development, and those adults who were responsible for caring for him did not provide the help or engage with the support systems that could have prevented his later symptoms.

Learning, cognitive, and developmental assessments from █████ childhood demonstrate █████ educational challenges.

Children with FASD have diverse complex physical and mental health problems and often contend with cognitive, developmental, and learning disabilities. Each domain is impacted differently in each child and is associated with a different spectrum of abilities and challenges affecting physical motor skills, sensory processing skills, cognition, communication, academic achievement, memory, executive functioning and abstract reasoning, attention deficit and hyperactivity, and adaptive behaviors.⁴⁰

Because of █████ neglect, █████ did not start school until he was seven years old. When █████ tried to go to school, █████ dragged him back home to babysit his younger siblings.⁴¹ Because █████ moved around so much in his early life, he attended four different elementary schools in first through fourth grades.⁴²

³⁶ Habilitative Systems records (August 1986).

³⁷ █████ Hall records (February 24, 1988).

³⁸ Child Welfare Information Gateway, *Child Maltreatment and Brain Development: A Primer for Child Welfare Professionals*, Issue Briefs (March 2023).

³⁹ Jorge Cuartas et al., *Corporal Punishment and Elevated Neural Response to Threat in Children*, *Child Dev.* (April 9, 2021); Veena Kumari, *Emotional Abuse and Neglect: Time to Focus on Prevention and Mental Health Consequences*, *BJ Psych* (Sept. 7, 2020).

⁴⁰ Julie A. Millar et al., *Educating students with FASD: linking policy, research and practice*, *J of Res in Sp Ed Needs*, 17 (2017).

⁴¹ Cook County Court trial transcript (August 9, 1996).

⁴² Pretrial Investigation (November 22, 1994).

In December 1985, when ██████ was about nine years old, he was disciplined for disruptive classroom behavior. ██████ was so distraught that he threatened to kill himself. The school responded by placing ██████ in a classroom for students with behavior disorders.⁴³

FASDs share numerous neurocognitive, adaptive, and emotional domain symptoms with behavior disorders such as attention deficit hyperactivity disorder (ADHD), conduct disorder (CD), and oppositional defiant disorder (ODD). As a result, many children with FASDs are either never diagnosed or misdiagnosed. Black youth in particular are more likely to be diagnosed with CD or ODD than their white counterparts, and African American males are often misdiagnosed with these types of externalizing disorders instead of neurodevelopmental disorders.⁴⁴ These racial disparities in diagnosis contribute to lower rates of mental health service use for African American youth when compared to their white non-Latino counterparts and also explain why African American youth are significantly less likely to have received psychological counseling than their white peers.⁴⁵ In ██████ case, rather than receiving mental health treatment for his depression or a referral for an assessment in a neurodevelopmental clinic, he was assigned to a classroom for children with behavior disorders.

██████ prenatal alcohol exposure combined with this lack of early intervention caused ██████ to struggle in school and need extra help with his learning. As ██████ was moved from one group home to another, his learning challenges became so apparent that he received repeated neuropsychological evaluations. Our investigation revealed at least four recorded instances from ages nine to 14 of ██████ taking the Weschler Intelligence Scale for Children – Revised (WISC-R). ██████'s full scale IQ scores on this test ranged from 81 to 89.⁴⁶ While these scores come close to scores that would put ██████ in the average range of 90 to 109, the Flynn effect – which refers to the consistent and upward drift in IQ scores that occurs in the general population over time – must be considered to appropriately evaluate how ██████'s scores truly compare to the group norms that were present when the WISC-R was standardized in 1972. Accounting for the Flynn effect, ██████'s scores from 1985 to 1990 adjust to a range of 77 to 83, placing ██████ in the very low to low average range of cognitive functioning at that time, close to intellectually disabled (or what in the past has been referred to as “mentally retarded”).⁴⁷

Children with FASD are at a higher risk for suspensions, expulsions, or dropping out of school. Difficulty getting along with other children, poor relationships with teachers, and truancy are some of the reasons that lead to their removal from the school setting. Many children with FASD remain in school but have negative experiences because of their behavioral challenges.⁴⁸ ██████ had a hard time paying attention in class and began getting suspended from school when he was

⁴³ DCFS records (March 10, 1987).

⁴⁴ Gokce Ergun et al., *Fetal Alcohol Spectrum Disorder—Issues of Misdiagnosis and Missed Diagnosis in Black Youth: A Case Report*, *Innov Clin Neurosci*, 18 (2021).

⁴⁵ Margarita Allegria et al., *Racial and Ethnic Disparities in Pediatric Mental Health*, *Child Adolesc Psychiatr Clin N Am*, 19 (2010).

⁴⁶ Habilitative Systems records (August 1986); Maryville Academy psychological evaluation (April 27, 1987).

⁴⁷ Lisa Trahan et al., *The Flynn Effect: A Meta-Analysis*, *Psych Bull* 140 (2014).

⁴⁸ Centers for Disease Control and Prevention, *FASDs: Secondary Conditions*, <https://www.cdc.gov/ncbddd/fasd/secondary-conditions.html>.

nine years old.⁴⁹ His difficulties with focusing resulted in suspensions and truancy problems until [REDACTED] dropped out of school at age 16.

[REDACTED] prenatal alcohol exposure, early neglect, and the physical and emotional abuse he endured also predisposed him to mental health issues. [REDACTED] experienced symptoms of depression starting at age nine and was diagnosed with major depressive disorder and hospitalized for suicidality by age ten.

Numerous studies have shown an increased risk for psychological disorders in individuals with FASD. The most frequent diagnoses include ADHD, conduct disorder, alcohol or drug dependence, depression, and anxiety, particularly posttraumatic stress disorder (PTSD).⁵⁰ It is well-established that childhood neglect and abuse increase the risk for psychiatric diagnoses, including mood and anxiety disorders. Childhood maltreatment is also associated with both an earlier age of onset for mental illness and more severe symptomatology.⁵¹

Given [REDACTED] early history, it is not surprising that he developed depression at a young age. When [REDACTED] was nine years old, a psychiatric evaluation diagnosed him with major depression.⁵²

Dear Mr. Rice: Re: [REDACTED] D.O.B. 12/10/76

On August 8, 1986 I evaluated [REDACTED] psychiatrically. I found him to be clinically depressed, lonely and frightened. His relationships so far have been marked by rejection, violence and abandonment. His mother gave him up for adoption July 8, 1986. His tendency to fight is his way of protecting himself.

DIAGNOSIS: Major Depression Episode

Habilitative Systems records (August 8, 1986)

Five months later, [REDACTED] was admitted for his first inpatient psychiatric hospitalization.⁵³ He would go on to be hospitalized three more times before he was incarcerated at age 17.⁵⁴

Because [REDACTED] did not have stable living situations or resourceful adult caretakers to ensure that he could receive consistent mental health care, he did not get the help he needed to learn strong coping skills for the emotional abuse and instability that he faced. [REDACTED] young age and cognitive vulnerabilities prevented him from knowing how to articulate his desire for help with his depression; instead, he made gestures at suicide that drew the attention of the adults

⁴⁹ DCFS records (March 10, 1987).

⁵⁰ A.P. Streissguth et al., *Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects*. Dev and Beh Ped, 5 (2004); A.P. Streissguth, et al., *Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE)*. Final report to the Centers for Disease Control and Prevention (August 1996).

⁵¹ Elizabeth T.C. Lippard & Charles B. Nemeroff, *The Devastating Clinical Consequences of Child Abuse and Neglect: Increased Disease Vulnerability and Poor Treatment Response in Mood Disorders*, Am J Psych 20 (2020).

⁵² Habilitative Systems psychological evaluation (August 4, 1986).

⁵³ DCFS records (March 10, 1987).

⁵⁴ St. [REDACTED] of [REDACTED] Hospital assessment (February 5, 1991).

around him. When he was nine years old, ██████ threatened to kill himself when he was sent to the school office due to his disruptive behavior.⁵⁵ When a fellow resident sexually abused ██████ at a group home, 11-year-old ██████ went to school in a suit and told his teacher that he was dressed for his own funeral.⁵⁶ At age 14, when ██████ got in trouble with his foster mother, ██████, for getting suspended from school, he ran out and lay down in the street, stopping traffic.

██████ early life was shaped primarily by the chaos of his parents' addictions, poverty, and violence. When ██████ signed her children over to be wards of the state, she believed ██████ might go live with a family that could give ██████ a more stable life than she could provide. Unfortunately, this proved to be another adult decision made for ██████ in his childhood that would negatively impact the rest of his life.

██████ was both physically and sexually abused in the group homes that were supposed to keep him safe. His arm was broken by a staff member at ██████ Academy, and he was molested by an older resident at ██████ Hall. These traumas contributed further to ██████ vulnerability to mental illness, particularly PTSD.

When ██████ was 13 years old and living at ██████ Academy, a staff member took some of ██████ possessions, including his Nike Jordans. ██████ said he would report the theft, and the staff member threatened to kick

CPS 119 (rev. 1/89)
IL 418-0196

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Department of Children and Family Services
UNUSUAL INCIDENT REPORTING FORM

Subject of Report/Type of Incident Broken arm due to excessive force by staff member

Name of Child ████████████████████ Age 13 Date of Birth _____

(If applicable) Ward Non-Ward SCR No. _____ I.D. No. T-18

Date of Report 06/29/90 Time of Report 9:45 a.m. Prior DCFS Involvement

Summary of Incident ████████████████████ staff member at ██████ broke ██████ arm while restraining arm.

Action Taken ████████████████████ County Social Services investigated this case and indicated this case.

██████ ass. On June 28, 1990, that staff member made it seem like ██████ was refusing orders, then took ██████ to the ground and restrained him there. The staff person pulled ██████ arm so hard behind his back that he fractured ██████ elbow. ██████ was taken to the emergency room at the Children's Hospital of ██████.⁵⁷ The use of excessive force was investigated and indicated by ██████ County Social Services.⁵⁸ The staff member was fired.

⁵⁵ Habilitative Systems records (September 18, 1986).
⁵⁶ ██████ Hospital records (January 4, 1989).
⁵⁷ ██████ Academy 12-month progress staffing.
⁵⁸ DCFS unusual incident reporting form (June 29, 1990).

Prior to ██████████ ██████████ was placed at ██████████ Hall from November 20, 1987, to July 7, 1988. Initially, ██████████ was described as a quiet, guarded child who responded well to the structure of the group home, but eventually ██████████ behavior began to deteriorate.⁵⁹ What ██████████ was too frightened to reveal at that time was that an older male resident who was around 17 years old was sexually abusing him. ██████████ was 11 years old. ██████████ abuser lured him into the gym at ██████████ Hall because he knew that ██████████ liked basketball. The abuser repeatedly touched ██████████ genitals and put ██████████ penis in his mouth. This resident also attempted to force his penis into ██████████ anus but stopped when ██████████ cried because it was so painful.

██████████
Often ██████████ refuses to discuss his behavior but in private conversations with his teacher he has identified the source of his angry feelings. ██████████ has admitted he misses his family and wants to return home. Recently ██████████ has had some good days in school and has improved his academic performance but this is still inconsistent.

██████████
abuser
threatened
██████████ with
shame and
ordered

██████████ Hall records (January 1988)

██████████ ██████████ to keep the abuse secret. Given ██████████ history, he believed it when the abuser said that no one would listen to ██████████ or do anything to help if ██████████ spoke up. ██████████ records from Lawrence Hall excerpted here show that ██████████ was willing to talk about his anger but was only willing to attribute that emotion to feelings of missing family at that time. For years, ██████████ was ashamed and afraid to admit that another boy had forced this sexual violence on him. ██████████ grew angry and depressed and did not know how to ask for help. In July of 1988, when ██████████ told his teacher that he was wearing a suit because he was dressed for his own funeral, ██████████ Hall sent ██████████ to ██████████ Hospital to be evaluated for suicidal ideation.⁶⁰

In 2014, a Chicago Tribune investigation found that from 2011 to 2013, 76 reported crimes had taken place at ██████████ Hall, probably an undercount given the high likelihood of underreporting. On an average night in 2012, more than 16 percent of wards assigned to the residential center were in juvenile detention or psychiatric hospitals, internal DCFS child-tracking records showed. An additional 11 percent had run away – about ten times the average rate of other Illinois residential centers that house and treat teenagers with behavior problems. Staff revealed that understaffing and low pay at ██████████ Hall had resulted in an environment where children were “raped, assaulted, and running away by the thousands, the Tribune found, and many [came] out more battered than when they were admitted.” At the facility where ██████████ had been housed, chaos was common as residents “squared off in gang fights, pressured peers into sex, smoked marijuana in front of staff and openly discussed plans to steal from stores and rob people.”⁶¹

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013) defines a precipitating traumatic event for PTSD as one in which the individual is exposed to actual or

⁵⁹ ██████████ Hall planning and evaluation report (February 24, 1988).

⁶⁰ ██████████ Hospital records (January 4, 1989).

⁶¹ David Jackson and Gary Marks, *At ██████████ Hall, vulnerable kids terrorized, learn life of crime*, Chi Trib (December 3, 2014).

threatened death or serious injury in one or more of the following ways: direct experience of the traumatic event; witnessing, in person, the event as it occurred to others; or learning that the violent or accidental event occurred to a close family member or friend.⁶² The abuse that ██████ endured both physically and sexually from his early childhood at home and continuing as an adolescent in the group homes where he was placed by DCFS put ██████ at high risk for a trauma-related mental illness.

One in six men are sexually assaulted as children or adults. Men are less likely to report the assault as a reason for their emotional distress, and feelings of shame or guilt often prevent male victims from seeking treatment, leading to more severe emotional problems.⁶³ As a child,

Other Medications				
History of Sexual Abuse or Predator	✓			
Oriented x3	✓			
Other:				

██████ was too ashamed and fearful to admit that he had been sexually abused at

IDOC Medical Records (December 11, 2006)

██████ Hall. It wasn't until he was at Menard Correctional Center in 2006 that 30-year-old ██████ began admitting that he had been a victim of sexual assault as is shown in the above excerpt of his IDOC medical records.⁶⁴ In 2018, when ██████ was transferred to Illinois River Correctional Facility, he began group therapy and finally opened up in counseling about his abuse history.

In 2018, when ██████ was 41 years old, he was finally diagnosed with PTSD, yet he likely had struggled with this disorder from a young age.⁶⁵ People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear, or anger and become detached from people and reality.

3-5-91 Pt. vacillates between acting out behaviors & total withdrawal - such as sitting in shower & sheet over his head. Difficult time getting up in the AM. Pt. has been having nightmares

St. ██████ of ██████ Hospital records (March 5, 1991)

At ten years old, ██████ reported symptoms of disassociation, hypervigilance, and nightmares, which are all common to PTSD.⁶⁶ In 1991, when ██████ was 14 years old, a staff member at St. ██████ of ██████ Hospital noted that ██████ vacillated "between acting out behaviors and total withdrawal – such as sitting in shower with sheet over his head. Difficult time getting up in the AM. Pt. has been having nightmares." Throughout his adolescence and adulthood, ██████

⁶² American Psychiatric Association, *The Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (2013).

⁶³ D.J. Snipes et al. *Rape and Posttraumatic Stress Disorder (PTSD): Examining the Mediating Role of Explicit Sex-Power Beliefs for Men Versus Women*, *J of Int Violence* 32 (2017).

⁶⁴ IDOC Medical Records (December 11, 2006).

⁶⁵ IDOC Medical Records (October 29, 2018).

⁶⁶ Pretrial Investigation Report (November 22, 1994).

continued to experience nightmares as well as other symptoms of PTSD, including flashbacks, intrusive thoughts, hyperarousal, and hopelessness.⁶⁷

The trauma of childhood maltreatment has been shown to result in negative cognitive effects for children in two main areas: 1) stress response and 2) executive functioning and self-regulation.⁶⁸ When faced with a threat, the body's first automatic, involuntary physiological response is to fight. This response exists so that an individual can face and escape danger. When a child's brain develops under conditions of frequent and extreme stress, as ██████ did, that brain can grow more sensitized to stressful situations, triggering the child to shift quickly into a defensive mode and causing them to either shut down or overreact. In these situations, the child may engage in impulsive or maladaptive behaviors because their threat detection system has learned to stay on hyperalert, and they may see a threat in what might otherwise seem like a low-threat situation.⁶⁹ What is more, children who have experienced abuse can also develop cognitive deficits in their executive functioning and self-regulation such that they are less adept at the self-control and mental flexibility that might aid them in responding more successfully in such situations.⁷⁰ Negative emotionality is known to have a particularly detrimental impact on the cognitive functions most affected by PTSD, such as memory, attention, planning, and problem solving.⁷¹

██████ depression and PTSD, combined with his prenatal alcohol exposure, made him prone to poor decision-making as a child. He was easily influenced by the older children around him and the stressful environments where he was placed.

██████ spent six months at ██████ Hospital after ██████ Hall sent him there. During that time, he started taking the antidepressant Tofranil and engaged in individual and milieu therapies. His mental health stabilized, his behaviors improved, and he was able to discuss his early neglect and abandonment with his therapist.⁷²

⁶⁷ IDOC Medical Records (December 19, 2018); ██████ Hall records (May 16, 1988); ██████ Hospital records (February 26, 1991).

⁶⁸ Child Welfare Information Gateway, *Child maltreatment and brain development: A primer for child welfare professionals*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. [https://www.childwelfare.gov/pubs/issue-briefs/braindevelopment/\(2023\)](https://www.childwelfare.gov/pubs/issue-briefs/braindevelopment/(2023)).

⁶⁹ B.D. Perry et al., *The impact of neglect, trauma, and maltreatment on neurodevelopment: Implications for juvenile justice practice, programs, and policy*. In A. R. Beech, A. J. Carter, R. E. Mann, & P. Rothstein (Eds.), *The Wiley Blackwell Handbook of Forensic Neuroscience* (pp. 815–835). Wiley Blackwell (2018).

⁷⁰ B.C. Kavanaugh et al, *Neurocognitive deficits in children and adolescents following maltreatment: Neurodevelopmental consequences and neuropsychological implications of traumatic stress*. *Appl Neuro: Child* 6 (2017).

⁷¹ Jasmeet P. Hayes et al., *Emotion and cognition interactions in PTSD: a review of neurocognitive and neuroimaging studies*, *FRONT INTEGR NEURO*, 6 (2012).

⁷² ██████ Hospital discharge summary (January 25, 1989).

In January of 1989, ██████ psychologist and psychiatrist wrote an urgent letter to DCFS,

██████'s time at ██████ Hospital is running out. Even if we are able to obtain another extension from the DCFS office in Springfield, the fact of not being placed is causing ██████ to regress in mood, thinking and behavior. If not abated, this regression will cause ██████ to again become a suicide risk, a danger to others, and ultimately a burden to society. If ██████ is not placed appropriately due to the negligence of DCFS, he will have to be placed in a state mental health facility, and will likely end up either under the Department of Corrections or needing chronic mental health care.

excerpted here, noting that ██████ time at ██████ was running out and that DCFS had not found a residential placement for him despite repeated requests. Because of the

██████ Hospital letter to DCFS (January 13, 1989)

lack of response from DCFS, ██████ psychologist and psychiatrist had

even made personal efforts on his behalf to contact programs they knew that might take ██████.⁷³ As these mental health professionals predicted, when DCFS did not find a placement for 12-year-old Angelo, he was sent to the state psychiatric facility, Henry Horner Psychiatric Hospital. The social worker who did ██████ intake there indicated that ██████ should not be at Henry Horner since his behavior did not warrant this type of hospitalization. Nevertheless, ██████ was placed there since DCFS had not found another program to house him.⁷⁴

In December 1986, two years before ██████ was placed there, the American Civil Liberties Union filed a class-action lawsuit against Henry Horner on behalf of its residents. Even so, investigations conducted as late as 1990 and 1991 showed that conditions at the institution were still unhealthy, unsanitary, dangerous, and abusive.⁷⁵ The Mental Health Association in Illinois conducted an inspection in 1991 that found urine, blood, and feces on floors, walls, and furniture. Children were not receiving therapy, and patients reported a culture of sexual abuse and violence. Gangs ran rampant, and children ran away regularly to escape the conditions.⁷⁶ In 1994, a consent decree was executed to address these safety issues, and Henry Horner was closed.⁷⁷

Because many people with FASD exhibit problems understanding the motives of others as well as difficulty with self-control, they may find themselves involved in violent or explosive situations. For example, people with FASD are at higher risk for showing inappropriate sexual behavior, such as unwanted touching. If the person with an FASD has also been a victim of violence, the risk of participating in sexually inappropriate behavior increases.⁷⁸ At Henry

⁷³ ██████ Hospital letter to DCFS (January 13, 1989).

⁷⁴ DCFS records (January 31, 1989).

⁷⁵ Paul Basile, *The Making of a Hellhole*, Chi Read (November 1, 1990); Rob Karwath, *Culture of Violence, Abuse Reported at Horner Center*, Chi Trib (October 29, 1991).

⁷⁶ Rob Karwath, *Culture of Violence, Abuse Reported at Horner Center*, Chi Trib (October 29, 1991).

⁷⁷ Peter Nierman and John Lyons, *Shifting Resources to the Community: Closing the Illinois State Psychiatric Hospital for Adolescents in Chicago*, PSYC SERV, 52 (September 2001).

⁷⁸ A.P. Streissguth et al., *Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects*. Dev and Beh Ped, 5 (2004); A.P. Streissguth, et al., *Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE)*. Final report to the Centers for Disease Control and Prevention (August 1996).

Horner hospital in 1989, ██████ was one of a group of four boys who held down a fellow resident, pulled his pants down, and touched his penis. At 12 years old, ██████ was the youngest of this group, which included children who were ages 13, 14, and 15. All four boys reported to the responding officer that day that the incident had been unplanned and was a situation that had unexpectedly spun out of control.⁷⁹ As a young child with prenatal alcohol exposure and undiagnosed PTSD, ██████ may have not been cognitively equipped to prevent the group from harming this fellow resident. ██████ placement in an environment that triggered the vulnerabilities he had worked hard to previously address and his own history of sexual abuse likely also contributed to his involvement in this episode.

At the time of the crime, ██████ was 17 years old and displayed all the distinctive attributes of youth that have been recognized by the Illinois and U.S. Supreme Courts.

The United States Supreme Court has held that the eighth amendment prohibits capital sentences for juveniles who commit murder,⁸⁰ mandatory life sentences for juveniles who commit nonhomicide offenses,⁸¹ and mandatory life sentences for juveniles who commit murder.⁸² *Roper v. Simmons*, *Graham v. Florida*, and *Miller v. Alabama* established that “children are constitutionally different from adults for purposes of sentencing.”

These landmark decisions were informed by a growing body of scientific and behavioral health research on adolescent brain development and by a recognition of the “transient immaturity” of youth. Maturation of the brain structure, brain function, and brain connectivity have profound implications for decision-making, self-control, and emotional processing. In *Miller*, the Supreme Court explains how science has demonstrated that three significant characteristics of juvenile offenders diminish the culpability of adolescents who commit crimes. First, children lack maturity and a fully developed sense of responsibility, which can lead to behavior that is careless, impulsive, and reckless. Second, children are more vulnerable to negative influences and outside pressures, they have limited control over their own environment, and they lack the ability to extricate themselves from crime-producing settings. Third, children are more capable of change than adults, and their actions are less likely to be evidence of irretrievable depravity.

At the time of the crime, ██████ exhibited all of these distinctive attributes of youth. The typical impulsivity and lack of self-control found in children were likely exacerbated for ██████ due to his prenatal alcohol exposure and the mental illness he developed from a childhood of neglect and abuse. Prior to this crime, ██████ only two charges were for selling drugs to make money and for possessing a BB gun when stealing a peer’s jacket.⁸³ Both showed lack of judgment and impulsivity, but neither were violent.

⁷⁹ Cook County Court trial transcript (August 9, 1996).

⁸⁰ *Roper v. Simmons*, 543 U.S. 551 (2005).

⁸¹ *Graham v. Florida*, 560 U.S. 48 (2010).

⁸² *Miller v. Alabama*, 567 U.S. at (2012).

⁸³ DCFS records (October 21, 1993).

██████████ and ██████████ met and started dating when both were 13 years old. In 1991, after his final hospitalization, ██████████ began living on the streets, staying with family or friends since he had no permanent place to call home. Nevertheless, he met ██████████ at her bus stop every afternoon to walk her home from school. When they learned that ██████████ was pregnant in early 1994, they moved in with ██████████ older sister, ██████████ ██████████ found two jobs – one at a sub sandwich restaurant and another pushing wheelchairs at O’Hare Airport – to prepare financially for the coming child.⁸⁴ At the same time, ██████████ took care of ██████████ and made sure that she ate well and continued to go to school. He also helped with ██████████ kids, cooking them breakfast in the mornings and helping to put them to bed at night. Everyone loved ██████████ because of the way he took care of those around him, but ██████████ was also stressed by the hard work he was doing to build a life for his new family, the kind of life he had never been given himself.⁸⁵

One of the places that ██████████ stayed when he was 15 years old was the home of ██████████ ██████████ This ██████████ who had the same name as ██████████ mother, was the grandmother of ██████████.⁸⁶ ██████████ mother and ██████████ mother had grown up as friends together in the same neighborhood,⁸⁷ and ██████████ grandmother tried to adopt ██████████ while he was living at her home. During this time, ██████████ and ██████████ also became involved in a sexual relationship with each other.

██████████ and ██████████ encountered each other again when ██████████ was staying with ██████████ and ██████████ at the ██████████ Garden Apartments, where ██████████ was also renting a place. On the night of April 7, 1994, ██████████ came home from his job at O’Hare Airport and went to sleep at 1:30am. He woke at 3am and went to ██████████ apartment.⁸⁸ ██████████ and ██████████ began arguing verbally about ██████████ pregnancy, ██████████ relationship with ██████████ and his cheating with both women. Suddenly, ██████████ became afraid that the family he was trying to create with ██████████ was threatened, and his heightened stress response kicked in, causing him to last out at ██████████ ██████████ undiagnosed and untreated PTSD – as well as his cognitive limitations as an impulsive 17-year-old with prenatal alcohol exposure – all overwhelmed his ability to full comprehend and therefore walk away from the highly stressful and quickly changing events of that night. The result was ██████████ violent reaction and the harm he caused to ██████████ that ██████████ has deeply regretted ever since.

During his adolescence, ██████████ mental health and cognitive abilities improved in those brief periods when his environment stabilized. Over the course of his incarceration, he has

⁸⁴ Cook County Court trial transcript (August 9, 1996).

⁸⁵ Interview with ██████████ (May 1, 2023).

⁸⁶ Pretrial Investigative Report (November 22, 1994).

⁸⁷ Interview with ██████████ (April 11, 2023).

⁸⁸ Supplementary Report, Chicago Police Department (April 8, 1994)

demonstrated a growing capacity to identify his symptoms, making use of the resources available to him and requesting help when needed.

There is no known cure for FASD, and the deficits associated with these disorders tend to follow children into adulthood. However, research suggests that behavioral interventions to support mental wellness in individuals with FASD can be beneficial across the lifespan. Effective early intervention services could have aided [REDACTED] and his family, addressing child and parental physical and mental health while monitoring [REDACTED] development and implementing appropriate interventions. While [REDACTED] did not receive these kinds of FASD-specific early interventions to prevent his mental illness and cognitive disabilities, during the brief periods of his childhood when he lived in stable and safe environments, he gained coping skills to help him manage his mental health and behavior. At ten years old, when [REDACTED] was sent to the children's psychiatric ward at Lutheran General Hospital, he was prescribed psychotropic medications for his depression and engaged in individual therapy. These interventions helped him process his anger over his parental abandonment.⁸⁹

Similarly, in the six months that [REDACTED] spent at [REDACTED] Hospital, he established trusting relationships with staff and learned to talk with them when he experienced stressful feelings, as is shown in this excerpt from his discharge summary. He also learned to use input from those trusted caregivers to regain or maintain control of his behaviors. In this setting,

loss. Over the course of his hospitalization, he has worked on the issue of his mother's abandonment, e.g. through mastering feelings aroused when other children have visits from their parents, and through discussing with his caseworker the fact that his mother terminated her parental rights. Aggressive and provocative behavior with peers was almost a non-existent phenomenon during [REDACTED] hospitalization. He often showed considerable capacity

-4- DISCHARGE SUMMARY

[REDACTED] Dr. [REDACTED]
to be caring in relation to younger peers. In one instance, he formed a deep meaningful connection with a peer his age and was able to talk freely with this male peer about his fears, difficulties and feelings.

[REDACTED] discharge summary (January 25, 1989)

[REDACTED] was able to develop caring and meaningful relationships with his peers.⁹⁰

Even with the cognitive challenges [REDACTED] faced due to his prenatal alcohol exposure, [REDACTED] teachers noted that he had intellectual potential that had not been nurtured or realized due to the neglect and chaos of his childhood. Between June 1989 and December 1990, [REDACTED] lived in [REDACTED] Academy, a group home in Wisconsin. [REDACTED] thrived with the structure and consistency provided there and adjusted so well that he was moved to a less restrictive residence from his initial placement within [REDACTED] Angelo also performed well in school and was moved from the on-campus school to a Milwaukee Public School, [REDACTED] Middle School. [REDACTED] was a good student who did his classwork and played on the basketball team.⁹¹ Initially

⁸⁹ DCFS records (March 19, 1987).

⁹⁰ [REDACTED] Hospital records (January 4, 1989).

⁹¹ Cook County Juvenile Court social investigation (June 8, 1989).

█████ was placed in a remedial reading classroom at Story, but eventually he was tested and moved into mainstream classrooms for all of his seventh grade classes.⁹² A teacher from ██████ previous residential placement at ██████ Hall, ██████, had seen ██████ potential and continued to keep in touch with and support him after his transfer to ██████ Angelo went on several home visits with ██████ and in December of 1990 ██████ became ██████ foster parent as a step to eventually adopting ██████

When ██████ was arrested for this crime at age 17, he experienced hopelessness but asked to speak with a mental health professional about his depression and suicidality.⁹³ A year later, when ██████ was sentenced, he again became despondent and depressed, and thoughts came to him about committing suicide. ██████ was transferred to the Illinois Department of Corrections (IDOC) but did not receive mental health treatment or psychiatric medication at first. At Stateville Correctional Center, when ██████ was 24 years old, he made suicidal gestures, as he had in the past, and was put on suicide watch in segregation.⁹⁴ In 2003, ██████ smoked cannabis with his cellmate to take his mind off his depression. When he had a positive drug test as a result, he was sent to segregation at Pontiac Correctional Center for six months.⁹⁵

While these incidents show that ██████ initial adjustment to IDOC was difficult, his behavior stabilized as ██████ brain matured. When he was released from Pontiac, ██████ moved to the maximum-security facility Menard Correctional Center.

TO: ██████:28

FROM: Kimberly Butler, Warden
Menard Correctional Center

SUBJECT: Flood Efforts

During the recent flood event, Menard staff asked for volunteers to assist with sandbagging efforts. Volunteer offenders worked continually in rain and cold weather to fill approximately 24,000 bags with 800 tons of sand and assist with sandbag placement over a 56 hour period during the most crucial hours leading up to the river crest. Your response to assist is commendable.

On behalf of myself and the entire administration, I would like to extend our appreciation for your efforts during the recent flood event.

IDOC Records (February 13, 2016)

Starting in 2011, the year ██████ turned 35, his disciplinary status remained consistently at an A grade at Menard until he was moved to the medium-security facility at Western Correctional Center in 2016. While at Menard, ██████ was even commended by the warden for helping to sandbag for over two days nonstop without rest to help save the facility from flooding. ██████ act of sacrifice for his community was recognized in the letter above. ██████ records show only negative drug tests for the last 20 years.⁹⁶

⁹² ██████ Academy discharge summary (June 6, 1990).

⁹³ Pretrial investigation (November 22, 1994).

⁹⁴ *Id.*

⁹⁵ Pretrial investigation (November 22, 1994).

⁹⁶ IDOC records.

In adulthood, treatment can still mitigate the effects of FASD. For example, skill-building focused

To: HCU to whom it may concern
I request interview cell assignment visit Trust Fund purchase other (specify)
for the purpose of (explain): I would like to attend your ANGER MANAGEMENT classes if possible please Thankyou for your time
Date: 7-24-16 DOC 0286 (Rev. 4/2010)

on risk mitigation and harm reduction has resulted in improved outcomes among incarcerated people, including increased self-

esteem, insight, coping skills, emotional functioning, and relationships.⁹⁷ At Western, when he was 39 years old, ██████ again requested therapy to help with his depression, but it wasn't until two years later when ██████ moved to Illinois River – another medium-security facility – that he was diagnosed with PTSD. There, ██████ was able to engage in weekly therapy groups that

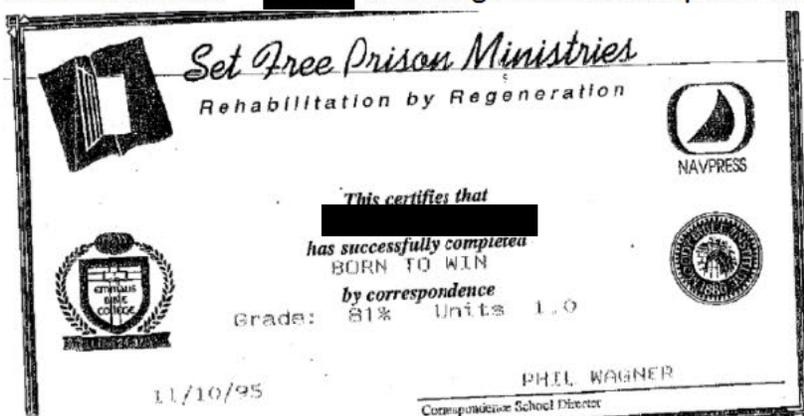
Offender stated: "I would like to get a better understanding of self control and I think group should have more time. I ne help and mental aspect of things is very serious and help is much needed. That way I can become a better person."

IDOC records (March 2, 2018)

helped him to develop the skills he needed to consistently manage his emotions and improve his mental health. In the last six years, since ██████ turned 41, he has received no major disciplinary tickets and only one minor ticket for disobeying a direct order.⁹⁸ He has received no tickets of any kind since his transfer to Cook County Jail.

██████ has been incarcerated for 29 years, and he has grown up. He has matured into a hard-working, contributing member of his community who has already started to pursue his goal of achieving a college education.

██████ has grown up and is no longer the overwhelmed child he once was. As the Supreme Court explains, "the signature qualities of youth are transient; as individuals mature, the impetuosity and recklessness that may dominate in younger years can subside. . . . identity becomes settled."⁹⁹ ██████ is no longer a child susceptible to the pressures of his environment



and prone to recklessness and impulsivity. He is a mature adult who takes responsibility for his actions, demonstrating self-control and a commitment to self-improvement.

⁹⁷ Katherine Flannigan et al., *A Systematic Review of Interventions to Improve Mental Health and Substance Use Outcomes for Individuals with Prenatal Alcohol Exposure and Fetal Alcohol Spectrum Disorder*, *Alc Clin Exp Res*, 44 (2020).

⁹⁸ IDOC records.

⁹⁹ *Roper v. Simmons*, 543 U.S. 551 (2005).

Despite the cognitive and educational challenges that ██████ has had to overcome, he has consistently shown an interest in improving himself and has engaged in programming throughout his incarceration whenever possible, starting in 1995 before he was even sentenced. While at Cook County Jail, he completed a class by correspondence with Set Free Prison Ministries.

06/03/2019 - 07/30/2019

████████████████████ 2-8-68 ██████████
 DO NOT WRITE IN THESE SPACES
 Canton, IL 61520

Course Section	Title	Grade	Credits	Grade Points	GPA
1. SPE-200-X8996 Patrick H. McGee	Interpersonal Communication	B	3.00	9.000	3.00

Prior Grade Totals:				Current Grade Totals:				Cumulative Grade Totals			
Credits Attempted	Credits Completed	Grade Points	GPA	Credits Attempted	Credits Completed	Grade Points	GPA	Credits Attempted	Credits Completed	Grade Points	GPA
15.00	13.00	40.000	3.00	3.00	3.00	9.000	3.00	18.00	16.00	49.000	3.00

Starting in 2009, ██████ enrolled in classes to obtain his GED. It took ██████ three

tries, but he persisted and passed the test to achieve his GED in April 2013 at age 36. Two years later, when ██████ moved to Western Illinois Correctional Center, he was able to take college classes, enrolling in courses in sociology, technology, marketing, western civilization, and anatomy and physiology.¹⁰⁰ ██████ recognized that these higher-level classes required considerable effort on his part, yet he was able to persevere by employing coping skills he has learned on his own as an adult, such as reading materials slowly and multiple times to increase his comprehension. These efforts have paid off, and the enrichment ██████ has received as a result of engaging in these educational programs has, in turn, enhanced his ability to successfully manage his cognitive challenges. In 2019, ██████ enrolled in the associate degree liberal studies program at Lakeland College and took sociology, communications, and English classes there. Since his transfer to Cook County Jail last year, ██████ has also taken advantage of the programming available to him. In one month there, he spent 73 hours in education, completing 27.22 course hours, and 15 courses, covering topics such as Parenting While Incarcerated, Thinking for the Future, Anger Management, Legal Studies, Math, Human Services, and Information Technology.¹⁰¹

In addition to his educational pursuits, ██████ likes to work and has proven this through his long record of employment throughout his incarceration. At Stateville, he worked in the kitchen and as a utility man. At Menard, he started out as a janitor. As he performed well and showed responsibility in his work there, he eventually moved into environmental control and was entrusted with driving the large mower for landscape maintenance.¹⁰²

However, when asked what his dream job would be, ██████ will share that his hope is to help young people like the adolescent he once was, kids who have grown up without a stable family

¹⁰⁰ IDOC records.

¹⁰¹ EDOVO records.

¹⁰² IDOC records.

or who have had to endure the kinds of traumas ██████ knows intimately. He believes he could be an example to young people because he can understand what they might be going through. Using his example, they might see that even when life got hard, he never gave up hope and persistence.

Even with all the challenges that ██████ has ██████ starting from even before he was born and up to and including the stressors of his over 27 years of incarceration, he recognizes that the help he has received and the time he has had to mature and develop numerous skill sets will now enable him to be a productive college student and contributing member of his community.

Support from well-established organizations will provide ██████ with the resources he needs to succeed in the community. The extended network of friends and families he has consistently maintained throughout his incarceration will also continue to provide him with support.

During ██████ incarceration, he met two fellow inmates who would change his life. One was Wendell Robinson. After talking about growing up in the same neighborhood in Chicago, ██████ and Wendell realized that they were cousins – ██████ father and Wendell’s grandmother were siblings. ██████ and Wendell have been close ever since. Angelo speaks weekly to Wendell and Wendell’s parents, ██████.¹⁰³

Wendell Robinson knows well the challenges of growing up incarcerated and adjusting to life on the outside. At age 17, Wendell received a life without parole sentence. He served 25 years of that sentence before being resentenced and released under *Miller v. Alabama* in 2018. Since then, Wendell started the Future Leaders Apprentice program at Restore Justice, a nonprofit that advocates

for Illinois youth involved with the criminal legal system. Wendell is now the program director for Future Leaders, which

I was once a juvenile lifer. I served just over 25 years. Released in Jan of 2018. For many years I had the opportunity to be around ██████ He is my cousin and we had the fortune to share many conversations. He has always been an individual that would share his knowledge with those that were seeking a better way of doing things in life. I can honestly say he has shared many thoughts with me that have helped me become a better person. I am so grateful that I had the opportunity to grow in such a dark space with my cousin Mr. ██████

As Program Director at Restore Justice Foundation. I head a couple programs that when Mr. Evans is released he will be eligible to join. We have the Returning Citizens Network that assists people with re-entry. We also have the Future Leadership Apprenticeship Program. That he would be a candidate for (see attached). As a friend of Mr. Evans, I personally will do everything I’m able to do to assist with his Re-entry.

Excerpt from Wendell Robinson letter of support (July 2, 2023; attached)

is a paid apprenticeship that helps returning citizens develop non-profit management skills. Participants meet monthly in support groups to share resources and methods for successful re-entry. They also have free mental health access to group and individual counseling. Wendell knows intimately the challenges of re-integration after growing up in the carceral system, and he

¹⁰³ Interview with Diane Robinson (May 25, 2023).

has committed that [REDACTED] will have access to all of the resources Wendell has at his disposal when [REDACTED] is released.¹⁰⁴

While incarcerated, [REDACTED] also became friends with Fred Weatherspoon, now a mentor coordinator at Precious Blood Ministry of Reconciliation (PBMR). Precious Blood provides re-



Image from PBMR website

entry support and services for men and women returning to the community from prison. They offer case management services, individual and group mental health services, mentoring, and career training. Fred has committed that on his release, Angelo will be able to transition to Hospitality House, a housing program for men who were sentenced to more than 20 years in IDOC. In this program, men receive free housing for a period of time until they can find employment and begin contributing to their rent. Precious Blood has a proven track record of success with participants and

supporting them towards becoming healthy, contributing citizens.¹⁰⁵

[REDACTED] mother, [REDACTED] has finally stabilized her own life and moved into a senior living residence. She has stayed in touch with [REDACTED] throughout his incarceration via letters and

[REDACTED] is my son, and I'm going to try to help him the best I can now because I couldn't do it when I was younger. I couldn't be there for him when he was young because I was homeless. I was running around in the streets, and I didn't have money. I thought I was doing the right thing when I signed the papers to give him away. I thought that by giving [REDACTED] up, he would have a better life than the one I could give him at that time, that someone else could take better care of him than I could. At that time, I couldn't even give myself a decent life.

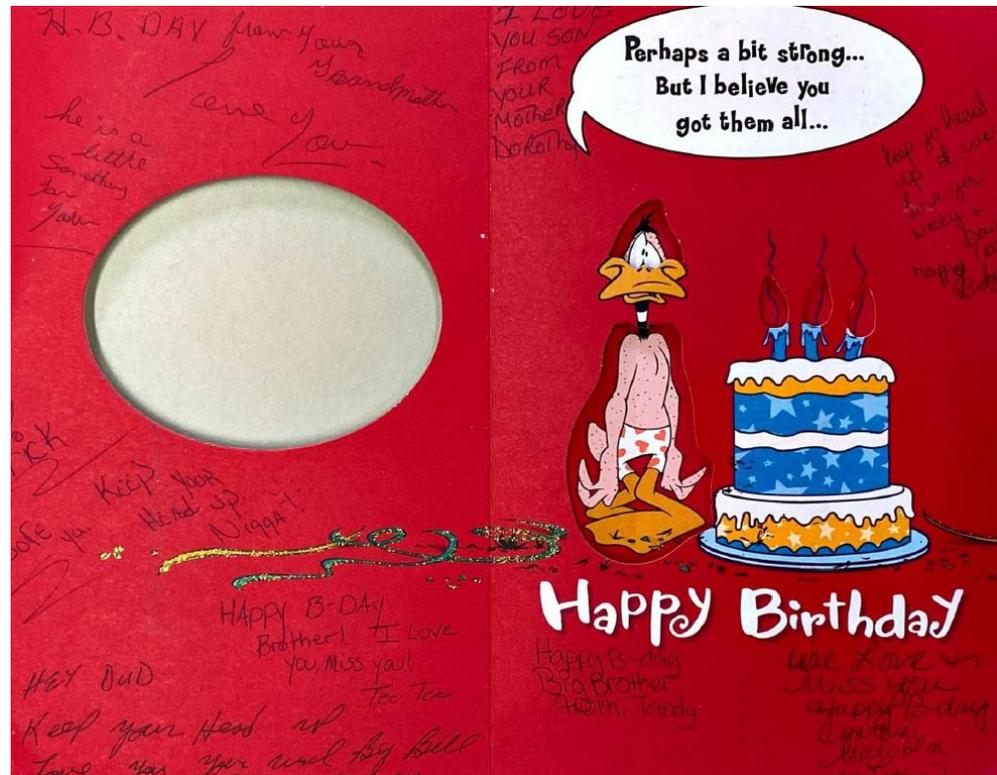
Excerpt from [REDACTED] letter of support (June 2, 2023; attached)

weekly phone calls and has saved as much of their correspondence as possible, including the birthday card for [REDACTED] sent to him and signed by numerous family members that is included on the following page. [REDACTED] continues to have multiple people like this in his life, with whom he provides and receives emotional and financial support. These individuals, including his brother, aunt and uncle, and the mother of [REDACTED] son, [REDACTED] [REDACTED] have all pledged to continue to support [REDACTED] after his release.

¹⁰⁴ Interview with Wendell Robinson (April 19, 2023).

¹⁰⁵ Interview with Fred Weatherspoon (June 2, 2023).

Despite tremendous odds against him, ██████ is a survivor who has overcome cognitive and mental health disabilities, using the time he has served to help himself grow. The skills he has gained and the network of family and friendships he has drawn and kept close with his kind personality suggest strong prospects for his future success.

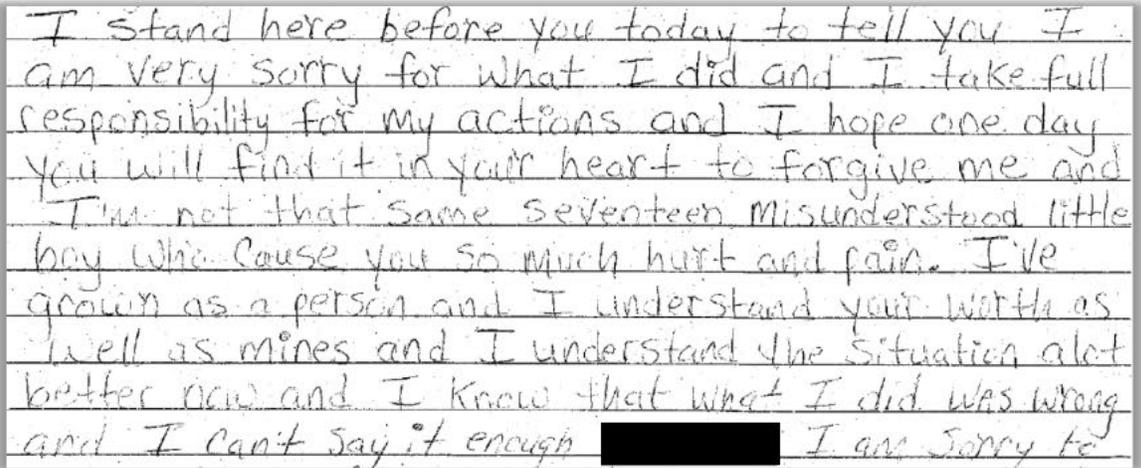


In the landmark cases *Graham v. Florida*¹⁰⁶ and *Miller v. Alabama*¹⁰⁷, the U.S. Supreme Court eliminated mandatory life-without-parole sentences for youth under 18 and juvenile life-without-parole sentences for nonhomicide offenses. These decisions were informed by scientific and behavioral health research on adolescent brain development and by a recognition of the “transient immaturity” of youth. From those scientific studies it cited, the Court reached the conclusion that youth are less morally culpable, more susceptible to peer pressure, and more amenable to positive change relative to adults.

¹⁰⁶ *Graham v. Florida*, 560 U.S. 48 (2010).

¹⁰⁷ *Miller v. Alabama*, 567 U.S. at (2012).

As a 17-year-old boy, [REDACTED] never considered the possibility that he would be involved in a situation that would result in such harm to [REDACTED] [REDACTED] [REDACTED] is haunted by his actions of that night and the anguish he caused [REDACTED] and her family, and he has expressed his remorse for the crime repeatedly.



I stand here before you today to tell you I am very sorry for what I did and I take full responsibility for my actions and I hope one day you will find it in your heart to forgive me and I'm not that same seventeen misunderstood little boy who cause you so much hurt and pain. I've grown as a person and I understand your worth as well as mines and I understand the situation a lot better now and I know that what I did was wrong and I can't say it enough [REDACTED] I am sorry to

Now that [REDACTED] has grown up and served over 27 years of incarceration, his adolescent brain and stress reactivity have matured. Through hard work, he has overcome the cognitive challenges caused by his prenatal alcohol exposure to grow into a successful college student. Through persistence and engagement with therapy, he has worked through his early abandonment, neglect, and childhood traumas to learn how to manage and stabilize his mental health. Through his strong relationships with others, he will have access to housing, services, and support that will sustain him. While [REDACTED] cannot change the harm and violence that was enacted on him and that he enacted in turn, his remarkable capacity to break that cycle could serve as an example to young people so that Angelo might pursue his dream of helping youth to prevent the kind of outcomes [REDACTED] has endured and overcome.

June 2, 2023

Dear Judge,

My name is [REDACTED]. I am 65 years old, and I am just now beginning to get my life together. When I was younger, I had a hard time growing up too fast. I didn't have anyone to talk to about my problems, so I did it the best way I could. I thought I knew what I was doing at the time, but it turned out wrong. I started running around with the wrong people. I started drinking a lot.

[REDACTED] is my son, and I'm going to try to help him the best I can now because I couldn't do it when I was younger. I couldn't be there for him when he was young because I was homeless. I was running around in the streets, and I didn't have money. I thought I was doing the right thing when I signed the papers to give him away. I thought that by giving [REDACTED] up, he would have a better life than the one I could give him at that time, that someone else could take better care of him than I could. At that time, I couldn't even give myself a decent life.

Even though [REDACTED] has had a rough life, he still talks to me and calls me all the time. He writes me letters and sends me cards. I send him cards and write to him too. When I have extra money, I send it to him to put on his books. If I know anything about his grandson, I let him know. I tell him about our family and about [REDACTED] other siblings.

As of December 21, 2022, I moved into a senior living apartment. I have a nice room. It's quiet, and I have peace of mind because no one here will bother me. I started getting social security in January, and life is good. I hope to make it better. I'm learning, and I thank God for that. I'm making better choices.

When I talk to [REDACTED] I tell him the truth. I tell him what I know. If I don't know something, I'll let him know that so he can find out from someone else who does know. I give [REDACTED] my opinion, and I will keep doing that when he is released. I will talk to him and keep telling him the truth.

I couldn't be there for [REDACTED] when he was young, but I am there for him now. I'm learning now. It took a long time, but I'm learning.

Sincerely,

[REDACTED]

June 8, 2023

Dear Judge,

I am [REDACTED], the mother of [REDACTED] son, [REDACTED] Jr. I was an area manager for a cleaning company for 15 years and owned my own cleaning company for five years. As of March 9, 2023, I changed jobs to work as a youth care specialist for Abraxas Youth and Family Services (<https://abraxasyfs.org/>). Our agency provides support for troubled teens ages 12 to 19. Many of these young boys are like my son, who grew up without both parents at home. We help them get back on the right track.

I reside in Mansfield, Ohio, and we have been here for 19 years. When my son and I were in Chicago, I saw that where we were living, my son might end up dead or spending his life in prison, so I moved to Ohio. I was 17 years old when I was pregnant with my son and 18 when I had him. It has been a rough ride for us. I didn't know much about being a mom. My son now says that I was a good mom, but I was still growing up then. Now that I'm older, I can be a better mother to him.

I tried my best, but being a young woman, I couldn't raise my son to be a man. He did get into a lot of problems growing up. I know that it has been hard for him because he didn't have his dad around. [REDACTED] Jr.'s friends had their dads who got them into sports. I had to battle with the streets for my son, and the streets won because he didn't have his father in the house. Now [REDACTED] Jr. is incarcerated at the Southern Ohio Correctional Facility at Lucasville, Ohio.

I still love [REDACTED] and never had hard feelings. We didn't separate because of what happened – we separated because [REDACTED] was accused and went to jail. [REDACTED] was my boyfriend when we were both 14 years old. He always met me at the corner to walk me home when I got off the CTA bus from Austin High School. One day, I saw someone's furniture on the sidewalk. My mom was getting evicted. I was crying, and my mother asked [REDACTED] to take me someplace safe. At the time, [REDACTED] was living in the basement of [REDACTED]' house. He always kept his corner of the basement clean. We asked Ms. [REDACTED] and she said I could stay there too. [REDACTED] was 14 years old, and he went to work at A-1 Subs restaurant at Cicero and Eerie. He made sure I had clothes so I could go to school and laid out everything I needed each day: shoes, socks, underwear, bras, everything. He made sure I ate. He protected and cared for me.

When we were both 16 years old, we moved in with my older sister, [REDACTED], and her three children. We couldn't live in Ms. [REDACTED] house anymore, where the basement was dark and the water didn't work right. At my sister's apartment at Marshfield Gardens, [REDACTED] made pancakes for all of us and cut them into squares. When my nephew [REDACTED] had his leg amputated at one year old, [REDACTED] took care of him, cleaning his wound, wrapping his leg, and carrying Jeremy around on his shoulders.

I have been with my current husband for 19 years. He's been really good to my son, but he's not my son's father. I have seen in my son's face throughout the years a look that shows he has missed his true father. When [REDACTED] Jr. first saw his Uncle Pint, [REDACTED] brother, [REDACTED] Jr. was so excited to see Pint because he knew Pint looked like his father and looked like him. Pint picked up [REDACTED] Jr. and took him places. He stepped into the father role with his nephew while we were in Chicago, and Pint still travels here to Ohio to see [REDACTED] Jr. when he can.

Through the years, [REDACTED] Jr. wanted to know about his dad. I told my son that his father was never a bad young man. I have nothing bad to say about [REDACTED] and told my son that his father made a mistake as a young man and that's how he ended up where he is now.

I send [REDACTED] money when he needs it, and he knows that if he needs financial help when he is released, I'm always here for him. I am always available when he needs someone to talk to – he knows that too. [REDACTED] is still my friend, and we will always be connected due to our son and grandkids.

Sincerely,

Shatonana Howard