



# *The* **BROWARD COUNTY CRIME COMMISSION**

## **3RD ANNUAL JUVENILE CRIME CONFERENCE**

**PRESENTS**

**“The Psychology of Juvenile Crime”**

**20<sup>th</sup> Century Problems with 21<sup>st</sup> Century Challenges**

**As Part of the Crime Commission’s *Building Bridges* Mental  
Health Conference Series**

**DATE:**

**Thursday, November 16th, 2017**

**ADDRESS:**

**Deerfield Beach Doubletree by Hilton Hotel**

**100 Fairway Drive**

**Deerfield Beach, Florida 33441**

**SIGN-IN SERVED WITH CONTINENTAL BREAKFAST**

**7:15 a.m. – 7:45 a.m.**

**AGENDA SERVED WITH SIT-DOWN LUNCH**

**8:00 a.m. – 3:15 p.m. (Lunch 12:00 p.m. to 1:00 p.m.)**

**[www.BrowardCrime.org](http://www.BrowardCrime.org)**

***“Evil Triumphs When Good People Stand Idly By”***

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# ABOUT THE CRIME COMMISSION:

## Purpose:

The Broward County Crime Commission is a 39 year old independent, state chartered office, acting judiciously on behalf of law – abiding citizens, in overseeing local, state, and federal Criminal Justice System protocols, processes, methodologies, and approaches, to better protect and assist the citizens of Broward County.

## Mission:

The Crime Commission assesses and evaluates crime in Broward County (and south Florida), and works in concert with Law Enforcement, the General Public, and the Criminal Justice System, to derive solutions against crime, as well as social issues that can transpire into crime, in order to enhance public safety.

## Role:

As an independent, fact – finding agency, the Crime Commission has distinguished itself as a laureate governing body, which works diligently to improve the integrity of the Criminal Justice System, as well as strengthen and preserve the key components of Public Safety in Broward County, on behalf of the Broward County citizenry.

## Operations:

The Crime Commission executes its operations through a cadre of meritorious program's involving perspective, education, research, white paper studies, technology, analytics, advocacy, certifications, outreach rehabilitative and counseling programs, and facilitation of findings to both the Criminal Justice System and the residents of Broward County.

## Programs:

The Crime Commission embodies innovative, preemptive, and proactive protocols (versus reactive programs), especially with guiding and mentoring children, so that they do not succumb to a life of crime, or suffer the ill fate of a heinous crime. **Programs for 2017 include:**

1. The Building Bridges Mental Health Conference Series, as It Relates to Psychosis, Psychopathology, and Crime Reduction
2. Broward County Crime Commission Center for Research and Technology
3. CSI: STEM Leadership Summer Camp
4. High School Criminal Justice Curriculums



## **AGENDA:**

7:15 a.m. to 7:50 a.m. - **SIGN IN/CONTINENTAL BREAKFAST**

7:50 a.m. to 8:00 a.m. - **Opening Comments by Broward County Crime Commission**

8:00 a.m. to 8:20 a.m. – **BRIDGE Talk Presentation I – Judge Elijah Williams, 17<sup>TH</sup>**  
Judicial Circuit of Florida (Broward County): The State of Juvenile Crime in the 21<sup>st</sup>  
Century

8:20 a.m. to 9:20 a.m. – **Presentation 2: Douglas Flemons**, Co-Director of the NSU  
Office of Suicide and Violence Prevention: Youth Suicide Prevention, Intervention, &  
Postvention

9:20 a.m. to 9:30 a.m. - **BREAK**

9:30 a.m. to 10:30 a.m. – **Panel Discussion I: Teenage Social Media Suicide**

10:30 a.m. to 11:00 a.m. – **Roundtable Discussion One: The Connection between**  
Marijuana Addiction and Home Burglaries

11:00 a.m. to 11:10 a.m. – **BREAK**

11:10 a.m. to Noon. – **Presentation 3: Dr. Andrea A. Campbell**, Professor, St. Thomas  
University: Virtual Violence, Digital Heroin and Electronic Cocaine

Noon - **LUNCH**

12:00 p.m. – **2017 Mental Health Professional of the Year:**

**Ms. Judy L. Couwels**, Employee Assistance Program (EAP) Manager, Broward  
Sheriff's Office (BSO)

12:10 – 12:30 p.m. - **Dining and Networking**

**12:30 p.m. to 1:20 p.m. – Luncheon Keynote Speaker – Presentation 4:**

**Dennis Debbaudt**, Founder, Autism Risk and Safety Management: How Law  
Enforcement Can Better Recognize Behavioral Health Symptoms with Autism, Tourette  
Syndrome, Asperger Syndrome, and Attention Deficit Disorder (ADD)

1:20 p.m. to 1:30 p.m. – **BREAK**

1:30 p.m. to 2:00 p.m. – **Roundtable Discussion Two: Autism Spectrum Disorders,**  
Policy and Reform

2:00 p.m. to 3:00 p.m. – **Panel Discussion II: Crimes Against Children with Autism and**  
Special Needs

**Event Finishes NLT 3:15 p.m.**



## PANEL AND ROUNDTABLE PARTICIPANTS:

### *Roundtable Discussion One:* The Connection Between Marijuana Addiction and Home Burglaries

**Al Ortenzo**, Advisory Board Member, Broward County Crime Commission  
**Clyde Parry**, Deputy Chief, Coral Springs Police Department  
**Detective**, Coral Springs Police Department

**MODERATOR: Judge Steven P. DeLuca**, 17<sup>th</sup> Judicial Circuit of Florida  
(Broward County)

### *Roundtable Discussion Two:* Autism Spectrum Disorders, Policy, and Reform

**Dr. Jack Scott**, Executive Director, Florida Atlantic University Center for Autism and Related Disabilities (CARD) Center

**Mr. Tim Arnwine**, Arnwine Publishing

**Ms. Stacey Hoaglund**, Vice President, the Autism Society of Florida

**MODERATOR: James DePelisi**, Director/CEO, Broward County Crime Commission

### *Panel Discussion I:* Teenage Social Media Suicide

**Judge Ginger Lerner – Wren**, Broward County Mental Health Court Pioneer, 17th Judicial Circuit, Broward County, Florida

**Ms. Bridget Schneiderman**, President, Broward Victims Right Coalition (BVRC), Miramar Police Department

**Dr. Lisa Konczal**, Associate Professor, Sociology & Criminology, Barry University

**Dr. Douglas Flemons**, Co-Director of the NSU Office of Suicide and Violence Prevention:

**Maureen Themis – Fernandez**, Lieutenant, Davie Police Department

**Dr. Juliana Gerena**, Gerena and Associates

**Dr. Alexia Georgakopoulos**, Professor, Nova Southeastern University

**MODERATOR: Senior Judge Joel Lazarus**, Advisory Board Member, Broward County Crime Commission



***Panel Discussion II:***

**Crimes Against Children with Autism and Special Needs**

**Noelle Balsamo**, M.Ed, BCBA, Assistant Director, Florida Atlantic University Center for Autism and Related Disabilities (CARD) Center

**Dennis Debbaudt**, Founder, Autism Risk and Safety Management

**Diane Adreon**, Ed.D., Associate Director, University of Miami – Nova Southeastern University Center for Autism and Related Disabilities (CARD)

**Deborah Chin**, M.A., University of Miami – Nova Southeastern University Center for Autism and Related Disabilities (CARD)

**Tanya Sockol Harrington**, Director, The Tourette Alliance

**Ms. Stacey Hoaglund**, Vice President, the Autism Society of Florida

**MODERATOR: Judge Mindy Brown**, 17<sup>th</sup> Judicial Circuit Court of Florida (Broward County)



## VIOLENT VIDEO GAMES AND REAL LIFE VIOLENCE:

Research conducted since Columbine, in which two students went on a deadly rampage at their high school, television, movies, and video games have been a popular target for senseless acts of violence. After the shooting, the media pushed the narrative that Eric Harris and Dylan Klebold's inclinations for violent video games, not to mention metal music and goth subculture, were partly to blame for the horrific incident.

Nearly 17 years later approximately 90% of children in the U.S. play video games, and more than 90% of those games involve mature content that often includes violence. The connection between violent media and aggression has also spawned a body of research that has gone back and forth on the issue.

In the latest work to address the question, published in the journal *JAMA Pediatrics*, scientists led by Craig Anderson, director of the center for the study of violence at Iowa State University, found hints that violent video games may set kids up to react in more hostile and violent ways. Working with 3,034 boys and girls in the third, fourth, seventh, and eighth grades in Singapore, Anderson and his colleagues asked the children three times over a period of two years detailed questions about their video game habits. They were also given standardized questionnaires designed to measure their aggressive behavior and attitudes toward violence.

A closer look at kids who played more hours of violent video games per week revealed increases in aggressive behavior and violent tendencies, compared to those who played fewer hours a week. When asked if it was okay for a boy to strike a peer if that peer said something negative about him, for example, these kids were more likely to say yes. They also scored higher on measures of hostility, answering that they would respond with aggressive action when provoked, even accidentally. The more long-term gamers were also more likely to fantasize about hitting someone they didn't like.

Brain imaging studies also hint that exposure to violent gaming may actually temporarily change the brain. In a 2011 study, for example, after a week of daily video gaming, brain scans of a small group of volunteers showed less activity in the regions connected to emotions, attention, and inhibition of impulses compared to participants who played non-violent video games. The effect appeared to be reversible, but the results suggested that extended periods of play could lead to more stable changes in the brain.

Barbara McVeigh, from Marin County, California, first exposed her 9-year-old son to electronic screens in first grade at a highly regarded public school — named one of California's "Distinguished Schools" — when he was encouraged to play edu-games after class. His contact with screens only increased during play dates where the majority of his friends played violent games on huge monitors in their suburban homes. The results for Barbara's son were horrific: Her sweet boy, who had a "big spirit" and loved animals, now only wanted to play inside on a device.

"He would refuse to do anything unless I would let him play his game," she said. Barbara, who had discarded her TV 25 years ago, made the mistake of using the game as a bargaining tool. Her son became increasingly explosive if she didn't acquiesce. And then he got physical. It started with a push here, then a punch there. Frightened,

she tried to take the device away. And that's when it happened: "He beat the s--t out of me," she said. When she tried to take his computer away, he attacked her "with a dazed look on his face — his eyes were not his." She called the police. Shocked, they asked if the 9-year-old was on drugs.

Over 200 peer-reviewed studies correlate excessive screen usage with a whole host of clinical disorders, including addiction. Recent brain-imaging research confirms that glowing screens affect the brain's frontal cortex — which controls executive functioning, including impulse control — in exactly the same way that drugs like cocaine and heroin do. Thanks to research from the US military, we also know that screens and video games can literally affect the brain like digital morphine.

In a series of clinical experiments, a video game called "Snow World" served as an effective pain killer for burned military combat victims, who would normally be given large doses of morphine during their painful daily wound care. While the burn patient played the seemingly innocuous virtual reality game "Snow World" — where the player attempts to throw snowballs at cartoon penguins as they bounce around to Paul Simon music — they felt no pain. Sure enough, brain imaging research confirmed that burn patients who played "Snow World" experienced less pain in the parts of their brain associated with processing pain than those treated with actual morphine. The Navy's head of addiction research, Cmdr. Dr. Andrew Doan, calls screens "digital pharmakeia" (Greek for pharmaceuticals), a term he coined to explain the neurobiological effects produced by video technologies.

While this is a wonderful advance in pain-management medicine, it begs the question: Just what effect is this digital drug — a narcotic more powerful than morphine — having on the brains and nervous systems of 7-year-olds addicted to their glowing screens? These so-called "edu-games" are digital Trojan horses — chock-full of the potential for clinical disorders. We've already seen ADHD rates explode by over 50 percent the past 10 years as a whole generation of screen-raised kids succumb to the malaise-inducing glow. Using hyper-stimulating digital content to "engage" otherwise distracted students creates a vicious and addictive ADHD cycle: The more a child is stimulated, the more that child needs to keep getting stimulated in order to hold their attention. Research also indicates that retention rates are lower on screens than on paper and that schools without electronics report higher test scores. And then there's Finland. A standard bearer of international excellence in education, Finland rejected screens in the classroom. According to Krista Kiuru, their minister of education and science, Finnish students didn't need laptops and iPads to get to the top of the international education rankings and aren't interested in using them to stay there.

### REFERENCES:

TIME Magazine; Alice Park; March 24, 2014; <http://time.com/34075/how-violent-video-games-change-kids-attitudes-about-aggression/>

NEW YORK POST; Kids turn violent as parents battle 'digital heroin' addiction; By Dr. Nicholas Kardaras; December 17, 2016 ; <http://nypost.com/2016/12/17/kids-turn-violent-as-parents-battle-digital-heroin-addiction/>

## TEENAGE SUICIDE:

Teenage Suicide is frightening enough. The ability to live-stream the act – and therefore encourage copycat behavior – is an issue that experts fear could grow, especially among young adults.

One of the earliest cases of a live-streamed suicide was Abraham Biggs in 2008. The 19-year-old Florida teen had posted multiple times on an online body-building message board that he was planning to kill himself. Eventually, he linked to a live-stream site called Justin.tv, where the video showed him overdosing on prescription pills.

Bloggers egged him on and told him to “go ahead and do it,” according to ABC News. Those bloggers said they didn’t believe it was real so they didn’t do anything to help.

Dr. Katherine Ramsland, a professor of forensic psychology at DeSales University in Pennsylvania who has studied suicide for 13 years, said that’s a common problem, especially in the age of reality television.

“Many people don’t think it’s real, maybe it’s a prank. It’s hard to believe,” Ramsland said. “And there are also just nasty people out there who have been emboldened by the internet, trolls, or whatever you want to call them.”

The psychology behind a public suicide, such as live-streaming, isn’t straightforward, Ramsland said. Just like there are myriad reasons for suicide, reasons for live-streaming suicide also vary.

“Some people want to punish with their suicide. Some want to feel that connection to social media – to take away the solitary feeling of the act but still be in an environment they feel at home in,” Ramsland said. “Some want to get their name in the media, not for fame, because they don’t think they’ll be around for that, but because they want attention and they want people to notice.”

People who are considering suicide may make a statement they want others to hear, Ramsland added, and live-streaming gives them the opportunity to magnify that statement. Katelyn Nicole Davis, a 12-year-old in Georgia who killed herself on Dec. 30 on a live-streamed video on Live.me, said during her livestream that she had been sexually abused and had previous videos about dealing with depression.

In some cases, such as Biggs’, Ramsland said those live-streaming might hope that someone will help them. Long videos or suicide methods that take longer, such as overdoses or cutting, can be signs of that.

The potential harm of live-streaming suicide is very real, said Phyllis Alongi, clinical director at the Society for Prevention of Teen Suicide in New Jersey. It increases the chances of what experts call suicide contagion, which is also common after celebrities kill themselves.

“Imagine an adolescent feeling emotionally lost, almost invisible and witnessing the notoriety or memorialization of a teen who completed suicide, gaining attention in their immediate community as well as the vast amount of attention obtained from social media. This is the essence of contagion,” Alongi said. “Live streamed suicide has significant negative impact on the family, the teens viewing the live stream, the community and anyone who is having suicidal thoughts.”

Adolescents especially seem susceptible to wanting to live-stream their suicides, Ramsland said. She said the highest risk population will likely be those in high school, who are more

connected to social media. Older generations tend to see social media and live-streaming as more of a violation of their privacy than young people, she added.

Suicide is most common among people ages 45 to 64, at 19.6 per 100,000 people in 2015, according to the American Association of Suicidology. That's followed by people 65 and older, at 16.6 per 100,000 people, and then those ages 15 to 24, at 12.5 per 100,000 people.

The cases of live-streamed suicide also illuminate struggles on how to deal with it on social media. The live-stream of Katelyn Nicole Davis lasted 40 minutes, and though her family took down the video shortly after, others copied it and posted it on social sites such as Facebook. Facebook at first told users who reported the video that it didn't violate their policies, but two weeks after public outrage and a police request, they took down the video.

Naika Venant, a 14-year-old in foster care in Miami, [broadcasted her suicide on Facebook Live overnight Sunday](#). Thousands watched as she prepared to hang herself in a video that lasted about two hours, and due to a series of tragic mistakes, emergency responders did not arrive in time to save her.

Ramsland said it's difficult to know what to do if you see a live-streamed suicide but don't know the person. Many people don't call for help due to the bystander effect, or believing that someone else will intervene so you don't have to.

If you do call 911, your local dispatcher likely won't know any more than you do about the person's location, Ramsland said. And due to the internet's reach, they could easily be in a different state or even a different country. The best bet is to try to figure out the general location and then call first responders, as well as report it to Facebook and hope someone sees it in time who can help police identify a location.

"If someone does violate our Community Standards while using Live, we want to interrupt these streams as quickly as possible when they're reported to us. So we've given people a way to report violations during a live broadcast," Christine Chen, a spokeswoman for Facebook, said in a statement to the Miami Herald. "We also suggest people contact law enforcement or emergency services themselves if they become aware of something where the authorities can help."

Frederick Jay Bowdy, a 33-year-old aspiring actor from Texas, [killed himself on Facebook Live in North Hollywood on Monday](#). An out-of-state family member called police, but he killed himself before police reached him.

Alongi said the only way to truly decrease the live-streaming of suicides is to cut down on the amount of suicides generally.

"We need to promote suicide prevention through awareness and education. We need to make it okay to ask for help for ourselves and others. We need to address the stigma of mental health and suicide," Alongi said. "We need to come together and 'attack' from all angles; parents, students, schools, organizations, agencies, and legislation."

The National Suicide Prevention Hotline 1-800- 273-TALK.

## REFERENCES:

Why are people live-streaming their suicides?; [kirby@mcclatchy.com](mailto:kirby@mcclatchy.com); JANUARY 27, 2017 11:35 AM; <http://www.miamiherald.com/news/nation-world/national/article129120064.html>

## **CRIMES AGAINST CHILDREN WITH DISABILITIES:**

Crime against people with disabilities, including those with visual loss, is a reality that calls for our attention.

A new report from the Bureau of Justice Statistics (BJS) about violent crimes against people with disabilities has been published, and there are some disturbing findings. It presents estimates of nonfatal violent crime (rape or sexual assault, robbery, aggravated assault, and simple assault) against persons age 12 or older with disabilities. Disabilities are classified by types: hearing, vision, cognitive, ambulatory, self-care, and independent living.

The report details the victimization of persons with and without disabilities living in non-institutionalized households and provides comparisons by age, sex, race, disability type, and other victim characteristics. It also includes crime characteristics, such as victim-offender relationship, time of a crime, reporting to police, and use of victim services agencies.

Findings are based on the National Crime Victimization Survey (NCVS) from 2009 to 2014, combined with data from the U.S. Census Bureau's American Community Survey. Age adjustment was used to standardize the rate of violence against persons without disabilities to show what the rate would be if persons without disabilities had the same age distribution as persons with disabilities.

### **Crime Against People with Vision Disabilities**

Visual impairment is the only disability category within which women are significantly more likely than men to have been victims of violent crime (especially striking because, among people with and without disabilities, women are typically less likely than men to be victimized). Females (31.9 per 1,000) had a higher rate of total violent victimization than males (22.8 per 1,000). In all other disability groups, victimization rates for males and females were similar.

Visual impairment is the only disability category within which people are significantly less likely than people without disabilities to report to police when they have been the victim of a violent crime.

### **Crime Against Persons with All Disabilities**

The rate of serious violent crime for persons with disabilities (12.7 per 1,000) was more than three times the rate for persons without disabilities (3.9 per 1,000) in 2010 to 2014.

The age group with the highest victimization rate was the 16- through 19-years-old group followed by 12- through 15-years-old group with no statistically significant difference between the groups.

The age group with the lowest victimization rate was the 65 and older group for persons with and without disabilities.

For both males and females in 2010 through 2014, the rate of violent victimization was higher for persons with disabilities than for those without disabilities. In the non-disabled population, the rate is higher for males.

Persons of two or more races had the highest rates of violent victimization among persons with disabilities (101.4 per 1,000) and without disabilities (30.4 per 1,000).

Those persons with cognitive disabilities had the highest rates of total violent crime (56.6 per 1,000), serious violent crime (24.0 per 1,000), and simple assault (32.6 per 1,000) among the disability types measured.

A higher percentage of violence against persons with disabilities (40 percent) was committed by persons the victim knew well or who were casual acquaintances than against persons without disabilities (32 percent).

Other relatives (including parents, children, and other relatives) accounted for a higher percentage of total violence against persons with disabilities (11 percent) than persons without disabilities (7 percent).

Persons with disabilities (59 percent) experienced a higher percentage of total violence during the daytime than persons without disabilities (53 percent).

The age-adjusted violent victimization rate for persons with disabilities (60.4 violent victimizations per 1,000) was more than twice the rate among persons without disabilities (22.3 violent victimizations per 1,000) in 2012.

From 2009 to 2012, the age-adjusted rate of violent crime increased by 20.6 percent from 50.1 per 1,000 to 60.4 per 1,000. By comparison, the rate of violent crime against persons without disabilities decreased by 0.4 percent from 22.4 per 1,000 in 2009 to about 22.3 per 1,000 in 2012.

In 2012, for both males and females, the age adjusted rate of violent crime was greater for those with disabilities than the rate for those without disabilities. The rate for males with disabilities was 59.0 per 1,000, compared to 25.1 per 1,000 for males without disabilities; for females with disabilities, the rate was 61.8 per 1,000, compared to 19.5 per 1,000 for females without disabilities.

The rate of aggravated assault reported against persons with disabilities in 2009 was 6.6 per 1,000. That number increased to 10 in 2012. From 2011 to 2012, the aggravated assault rate decreased slightly from 10.5 to 10.0.

Simple assault (34.1 per 1,000 persons) was the most common form of violence utilized on persons with disabilities in 2012.

In 2012, those with cognitive disabilities had the highest unadjusted violent victimization rate (63.3 per 1,000 persons), simple assault rate (39.7 per 1,000 persons), and serious

violent victimization rate (23.6 per 1,000 persons). This is also true for both male and female victims with disabilities.

Between 2009 and 2012, reported instances of rape/sexual assault against persons with a disability increased from 1.7 in 2009 to 3.6 in 2012.

Intimate partner violence accounted for 13 percent of violence against persons with disabilities in 2010, similar to the percentage of violence against persons without disabilities, which is 14 percent.

Offenders were strangers to the victim in 33 percent of violent victimizations against persons with disabilities in 2010, compared to 41 percent of violent victimizations against persons without disabilities.

Among persons with disabilities, the percentage of violence in which the victim faced an armed offender increased from 20 percent in 2008 to 30 percent in 2010.<sup>11</sup> The offender was armed with a firearm in about 14 percent of victimizations involving persons with disabilities, compared to 8 percent of victimizations against those without disabilities in 2010.

About 41 percent of the violent victimizations against persons with disabilities were reported to police in 2010, compared to about 53 percent of victimizations against persons without disabilities.

Persons with disabilities reported to the police 39 percent of robberies and 40 percent of aggravated assaults in 2010. Persons without disabilities reported much higher percentages of these crimes: 63 percent of robberies and 65 percent of aggravated assaults.

Crimes against disabled persons can constitute a form of hate crime. In 2007, about 19 percent of violent crime victims with a disability said they believed they had been victimized because of their disability.

In a study of 4,155 students in special education, children with attention deficient hyperactive disorder (ADHD) experienced the greatest risk of victimization compared to children with other disabilities. Children with emotional disturbance were the second group of disabled children most likely to experience bully victimization.

In a national survey of over 1,300 people with disabilities and their family members in 2012, over 70 percent reported being victims of abuse. Types of abuse included verbal-emotional (87.2 percent), physical (50.6 percent), sexual (41.6 percent), neglect (37.3 percent), and financial (31.5 percent).

#### **REFERENCES:**

Lisa Jones et al., "Prevalence and Risk of Violence against Children with Disabilities: A Systematic Review and Meta-analysis of Observational Studies," *Lancet* 380, no. 9845 (2012): 899.

Erika Harrell, Crime Against Persons with Disabilities, 2009 – 2012-Statistical Tables, (Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, 2014), Table 1, accessed June 6, 2014, <http://www.bjs.gov/content/pub/pdf/capd0912st.pdf>.

## **WORKING WITH CHILDREN WITH AUTISM, INTELLECTUAL, AND COMMUNICATION DISABILITIES**

Communicating effectively with individuals with autism, intellectual and communication disabilities can present challenges to law enforcement. However, the need to communicate effectively in a crisis (e.g. the individual is a victim of a crime) is critical. This guide is designed to provide law enforcement personnel with practical tips on how to understand and communicate more effectively with individuals with autism, intellectual and communication disabilities.

Understanding and respecting disability begins with language. Persons with disabilities typically are referred to by their disability first (e.g. “disabled people,” “Down’s kids,” “retarded adult,” “the handicapped”). This is problematic because it neglects the fact that disability is but one aspect of the individual and does not define the individual.

If your friend Bob had cancer, you would not introduce him as “Cancerous Bob.” You would say, “This is Bob. He has cancer.” This same concept should be applied to individuals with disabilities. It is called, “person-first” terminology. This dictates that you refer to the person before the disability. For example, you would change “disabled person” to “person with a disability” and “retarded adult” to “adult with mental retardation” and “autistic” to “person with autism.”

It is not just about political correctness. It is about respecting the fact that individuals with disabilities are people first. They are not syndromes, or diseases or cripples, handicaps, retards, gimps, midgets or other derogatory terms. They are people, first and foremost. It matters. It matters because when we do not see individuals with disabilities as people, they become less important, less likely to be safe and less likely to have crimes against them reported, prosecuted and convicted.

### **Autism Spectrum Disorder (ASD)**

Autism is a developmental disability that affects verbal and nonverbal communication and social interaction. It is helpful to consider autism a “spectrum” disorder as there are a range of abilities and levels of function among the population (this includes individuals with low functioning autism, Asperger’s, high functioning autism, PDD and Rett Syndrome). As such, referring to individuals with any type of autism as having Autism Spectrum Disorder (ASD) is best. While the characteristics of individuals with ASD will vary in form and intensity, there are a number of common behaviors that warrant understanding. Individuals with ASD have deficits in language and communication. This evidences itself in four distinct ways

1. **They tend to be very concrete and literal in their communication** (both in what is communicated to them and how they communicate to you) and rarely understand sarcasm. If you said it is “raining cats and dogs outside,” they might look up at the sky and expect to see dogs and cats. It is not that they are not intelligent; it is more about how they interpret what is being said.
2. **Deficits in pragmatics of communication are common.** This includes how close or far away they will be from you (e.g. too close or too far), not making eye contact, laughing inappropriately, discussing topics unrelated to the situation, or a hyperfocus on a particular topic (e.g. bus schedules).
3. **They may have echolalia** (repeating what was just heard) **or delayed echolalia** (repeating something they heard previously). Echolalia is normal in young children as part of language development, but not normal in adults. Individuals with ASD may have echolalia. It is not random speech, rather they know it is their turn to speak but may not know what to say, so they repeat what was said as their way of taking their turn in the conversation.
4. **They may have a flat affect** (e.g. feelings are not connected with what they are saying). This can be a monotone voice or odd voice tone that does not match what is being said. For example, we would expect someone to have a strain in their voice when discussing a violent act committed against them or express joy when presented with a valuable gift or act indifferent for something trivial. With individuals with ASD, they have a distorted perception of the emotional significance of events. It does not mean they are being deceitful or do not feel emotion, rather they just communicate it differently than we would normally see or expect. It is also important to note that many individuals with ASD have what is termed Sensory Integration Disorder or SID. This basically means that they may have unusual responses to sensory input (visual, auditory, touch, etc.). They may have aversions to certain input or seek out others. It can be specific to one sense or across many. For example, an individual who has SID may have an auditory integration disorder and the noise of a siren may feel like nails on a chalkboard. Or, they may have a tactile aversion where touching any part of their back may feel like someone pouring salt into an open wound. The type of SID and severity of response varies significantly among the population.

### Quick Tips: Autism

1. Be **calm, literal and concrete** when speaking. Avoid using metaphors. For example, instead of using “let’s get the ball rolling,” to signify the start of an activity, use “we can begin now.” Maintain a calm and even manner of speech.
2. **Avoid sarcasm.** It may be difficult for an individual with autism to interpret tone. Remarking sarcastically, “the traffic is so smooth today” when there is a heavy traffic jam may be confusing as they may take you literally.
3. Remember **pragmatic deficits in communication are common** (how close someone is to you when speaking, talking about odd topics, inappropriate laughing, lack of eye contact) and do not imply lack of intelligence,

Dis-respect or deceitfulness.

4. **When echolalia occurs** (repeating what was just heard); **be patient**, continue to build rapport and reduce anxiety and continue to try and communicate.
5. **Do not interpret monotone voice or lack of emotion as lying or lack of ability to feel.** Just remember that is part of autism.
6. **If possible, take off any thing that may be distracting** (e.g., uniform, badge, gun, watch) as they may become fixated on these things and have difficulty staying on point.
7. **If possible, make sure that your environment is calm and quiet.** Turn off flashing lights and distracting sounds.
8. **Avoid touching the person.** Use a calm voice and give simple one-step or two-step instructions.
9. **Expect to take more time.**
10. **Seek assistance** when you think you will need it.

## **DO:**

1. **Use a calm voice.**
2. **Give simple one-step or two-step instructions.**
3. Be **calm, literal and concrete** when speaking.
4. **Remember pragmatic deficits in communication are common** (proximity when speaking, talking about odd topics, inappropriate laughing, lack of eye contact) and do not imply lack of intelligence, disrespect or deceitfulness.
5. Make sure that your environment is **calm and quiet.**
6. **Turn off flashing lights and distracting sounds.**
7. **Avoid touching the person.**
8. **Speak to adults as adults** and not children regardless of disability.
9. **Match your questions to the individual's intellectual ability** (e.g. responses in two- or three-word sentences dictate questions in short sentences).
10. When referring to people, places, and acts, it is best to **use proper names.** For example, instead of asking, "Did it hurt when he did that?" ask, "Did it hurt when Steve punched you in the stomach?" Be clear to avoid confusion with the pronouns "you" and "I."

11. Keep your **facial expressions and body language neutral** when asking questions.
12. With speech you cannot understand have the person **write, draw or show**.
13. If the individual is using an interpreter, **speak directly to the individual not the interpreter**.
14. Remember that **sexual abusers are often known by victims** with disabilities.
15. **Expect to take more time**.

## **DON'T:**

1. **Don't use metaphors**. For example, instead of using "let's get the ball rolling," to signify the start of an activity, use "we can begin now."
2. **Don't use interrogative statements** (e.g. "You weren't at home").
3. **Don't use conversational punctuations** (e.g. "Good" or "You do") they may be taken literally.
4. **Don't use questions that are leading or posed in the negative** (e.g. "Do you not like going to school?" instead it is better to state, "Do you like going to school?")
5. **Don't use sarcasm**. It may be difficult for an individual with autism to interpret tone. Remarking sarcastically, "the traffic is so smooth today" when there is a heavy traffic jam may be confusing as they may take you literally.
6. **Don't nod or shake your head during responses to your questions**.
7. **Don't interpret monotone voice or lack of emotion as lying or lack of ability to feel**.
8. **Don't fill in the blanks** (e.g. a broken statement of: "Paul...touch....penis" should not be followed with the question: "Paul touched your penis?" because Paul could have been touching his own penis.
9. **Don't assume the individual has an intellectual disability or is not capable of understanding if they don't speak**.
10. **Don't pretend to understand what someone is saying**, instead with difficult to understand speech, repeat or paraphrase what was

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## **DRUGS, BURGLARIES, AND HOME INVASIONS – THE CONNECTION BETWEEN DRUG ADDICTION AND RESIDENTIAL CRIME**

Drugs - both illegal and prescription - are a driving force behind many of today's burglaries and home invasions. Yet, many homeowners continue to leave their safety and security to chance.

In a recent Fox43 news report, the prime suspect of a home burglary in East Lampeter, Pennsylvania, admitted to police that his heroin addiction was the reason he broke into his neighbor's home and stole their property. The perpetrator pawned the items for cash so that he could purchase more heroin.

But illicit drugs aren't the only mind-altering substances fueling today's burglaries and home invasions. Prescription drugs are another hot commodity among today's home intruders. In a recent home invasion in Huntsville, Alabama, which left one of the suspects dead, prescription drugs were cited as the motivation behind the crime.

In an article by The News-Herald, Police Chief James Wilkewitz of Allen Park, Michigan expressed a concern over the city's significant increase in burglaries and home invasions. According to Wilkewitz, the increase in prescription drug use throughout the metropolitan area was as much of a problem as the increase in heroin use.

## Facts on Drugs and Crime in the United States

As reported by the National Council on Alcoholism and Drug Dependence (NCADD), "drug use and criminality are closely linked." According to the National Association of Drug Court Professionals (NADCP), of the inmates housed in U.S. jails and prisons:

Over 80% have a history of drug and/or alcohol abuse.

Approximately 50% are addicted to some form of drug.

Approximately 60% of suspects arrested for a crime test positive for illegal drugs.

Upon release, up to 80% of drug abusers commit another drug-driven crime.

Approximately 95% of inmates that get released from jail or prison resume their drug use.

## Burglary and Home Invasion Prevention Devices

There is no way to prevent a drug-driven criminal from targeting your home. However, there are a number of home security devices available that can deter and even prevent a would-be intruder from gaining entry into your home. Some of the most effective devices include the following:

**1. Home Security Alarm:** A home alarm system with an annoyingly loud siren can be very effective in deterring criminals. Those with glass breakage and door sensors can also serve as early warning devices. When selecting an alarm for your home, be sure it is equipped with a panic button, a remote dialer, and a backup power system. The alarm should also be linked to a 24-hour monitoring center. Just keep in mind that in order for a home alarm to be effective, it must be activated—both when you are away and at home.

**2. Security Door Brace:** Your home's doors and windows are vulnerable entry points, even when they're locked. One of the best devices for preventing a break-in through an entry door (doors that swing inward) is a security door brace—a small yet powerful device that can resist violent forces up to 1775 pounds. To see just how this device can protect you and your family from a home invasion, take a look at this OnGARD Security Door Brace video.

**3. Glass Protection Film:** To prevent a break-in through a glass window, install glass protection film such as BurglarGARD on the interior side of your window panes. Glass protection film serves as an invisible coat of armor that resists breakage by hard objects, such as a flying rock, brick, or baseball bat. Breaking a window protected by glass security film requires a great deal of time and effort, not to mention noise. These qualities are what make glass protection film such an effective residential crime deterrent.

**4. Home Surveillance System:** One of the most effective devices for providing homeowners with early warning of a potential intruder is a wireless surveillance system. Systems such as the OnGARD Walk-About that provide multiple camera views, a

portable LCD monitor, and a digital video recorder (DVR) are the most effective. When you or your loved ones are home, the portable viewing monitor will allow you to observe the exterior of your home from any room in the house, including anyone who approaches your door. Should someone attempt to break into your home while you are gone, the recorded video footage will provide the police with vital information on the perpetrator.

## **Take Preventative Home Security Action Today**

As today's drug and crime statistics show, drug addiction is a serious problem that consumes its users. Fueled by both their physical and psychological dependency, drug addicts will stop at nothing to maintain their high—including breaking into your home.

Don't wait for your home to be burglarized or invaded by a drug-addicted criminal. Take preventative home security action today—it's the only way to protect your property and your family.

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## DISTINGUISHED SPEAKERS & PANELISTS

1. **Diane Adreon, Ed.D., Associate Director, University of Miami – Nova Southeastern University Center for Autism and Related Disabilities (CARD) – Panel Discussion II**

Dr. Diane Adreon is an Associate Director of CARD. Dr. Adreon has worked with individuals with autism spectrum disorders and their families for 30 years. She received her doctorate in Special Education from Nova Southeastern University and her Master of Arts degree from Teachers College, Columbia University, where she majored in special education and applied behavior analysis.

2. **Timothy Arnwine, Publisher/Author, TM Arnwine Publishing – Round Table Discussion Two**

Timothy M. Arnwine is a published author who resides in Pembroke Pines, Florida with his wife, Nancy and their son. He is the proud father of Jessica and Shane. Tim is a retired paramedic and now an advocate for children and families living with autism after experiencing the challenges and victories of his son's journey through autism.

3. **Noelle Balsamo, M.Ed, BCBA, Assistant Director, Florida Atlantic University Center for Autism and Related Disabilities (CARD) – Panel Discussion II**

Noelle is a native Floridian who earned a Master's in Education from Lesley University in Cambridge, MA. Noelle practiced for many years as a licensed educator in the areas of elementary education, exceptional student education, and applied behavioral analysis in the public school setting. Noelle is a Board Certified Behavior Analyst from Endicott College and has years of professional experience utilizing a variety of behavioral strategies to increase the skill acquisition and overall quality of life of individuals with Autism Spectrum Disorders and related disabilities. Noelle has provided ongoing consultation and support for families, school staff, and community agencies and has worked collaboratively with these groups to ensure successful participation of individuals with disabilities in social and academic programs across the community.

4. **Judge Mindy Brown, 17th Judicial Circuit Court of Florida (Broward County) – MODERATOR – Panel Discussion II**

Judge Mindy Kirsch Brown is a county judge in the Criminal Division of the Broward County Court of Florida. She was appointed by Gov. Charlie Crist on June 22, 2010. She was elected in 2012 to a term that expires on January 8, 2019. Judge Brown received undergraduate and master's degrees (Criminology) from Florida State University and her J.D. degree from the Nova Southeastern University Law Center. Prior to becoming a judge, from 2004-2010, she was a General Magistrate within the 17th Judicial Circuit. From 1998 to 2004 she was

an attorney at the Law Firm of Brown and Brown in Fort Lauderdale. From 1997 to 1998, she was Assistant Attorney General in the Fort Lauderdale office. From 1988 to 1994, she was an Assistant State Attorney in the State Attorney's Office.

**5. Dr. Andrea A. Campbell, Professor, St. Thomas University: Virtual Violence, Digital Heroin and Electronic Cocaine – Presentation 3**

Dr. Campbell teaches and researches in Media Studies – film, television and videogame analysis. Her areas of specialty are genre studies, comedy, and multiculturalism and issues of representation. She teaches both graduate and undergraduate courses and fosters undergraduate and graduate research. Some of her courses include: Introduction to Film Analysis, World Cinema, TV Past Present and Future, Video Game Art & Analysis, Pop Culture and the Media. She is a member of the Society for Film and Media Studies, the Society for Animation Studies and the Pop Culture Association of America.

**6. Deborah Chin, M.A., University of Miami – Nova Southeastern University Center for Autism and Related Disabilities (CARD) - Panel Discussion II**

The University of Miami Department of Psychology and Nova Southeastern University's Department of Speech-Language Pathology opened UM-NSU Center for Autism & Related Disabilities' (UM-NSU CARD) newest office at NSU Miramar Branch Library & Education Center on September 26, 2016. The new UM-NSU CARD branch office is dedicated to transitioning individuals living on the autism spectrum and providing adult services within Broward County, thanks to funding from a private foundation and other CARD donors. The new office is home to many of the specialized support systems and programs CARD offers to its teenage and adult clients in Broward County, including social groups for adults, job clubs and training, and many more.

**7. Dennis Debbaudt, Founder, Autism Risk and Safety Management – LUNCHEON KEYNOTE SPEAKER ; Panel Discussion II**

Dennis Debbaudt was first to address the interactions between law enforcement and people with autism in his 1994 report *Avoiding Unfortunate Situations*. He has since authored a full length book, nearly 40 reports, book chapters and produced innovative and acclaimed training videos for law enforcement and first responders such as paramedics, fire rescue, police, and hospital staff who may respond to an autism emergency. Dennis has written for the FBI's Law Enforcement Bulletin, the International Association of Chiefs of Police and is a cited resource for the Department of Homeland Security. He has developed training and consulted to the NYPD and Chicago Police Department. Since 1995, he has presented his multi-media training at the invitation of the Illinois Attorney General, the National Center for Missing & Exploited Children's Team ADAM, Ontario Association of Chiefs of Police conference, Fire Safety Educators of the Rockies Conference, Project Lifesaver International, Houston, Cincinnati, Toledo and New Hampshire training academies and in training rooms throughout North America and in Australia, New Zealand, Iceland and the United Kingdom.

**8. Judge Steven P. DeLuca, 17th Judicial Circuit of Florida (Broward County) – MODERATOR – Round Table Discussion One**

Judge Steven P. DeLuca is a county judge in the North Satellite Divisions of the Broward County Court of Florida. Judge DeLuca has a background as an Assistant Prosecutor, as well as a former police officer. He has been an active member of Broward County for more than 20 years.

**9. Maureen Themis – Fernandez, Lieutenant, Davie Police Department – Panel Discussion I**

Maureen “Moe” Themis-Fernandez has over 20 years of Law Enforcement experience and is currently a Lieutenant with the Town of Davie Police Department in Davie, Florida. Moe has a Master’s Degree in Justice Policy Management from Florida Atlantic University. She also completed the 42nd Command Officer’s Development Course through the Southern Police Institute and the Broward Sheriff’s Office Executive Leadership Program. Moe has advanced training in Mindfulness as well as numerous Holistic Health Modalities. She is certified as a Law Enforcement Personal Trainer through the Cooper Institute. Moe has been teaching Wellness courses to Law Enforcement officers since 2004 on the local, state, and federal level. She is currently a member of the International Critical Incident Stress Foundation, the International Conference of Police Chaplains, and the National Behavioral Health Council. Moe enjoys helping her “brothers and sisters in law” maximize their mental and physical wellness.

**10. Dr. Douglas Flemons, Co-Director of the NSU Office of Suicide and Violence Prevention – Presentation 2; Panel Discussion I**

Douglas Flemons is Professor of Family Therapy, Clinical Professor of Family Medicine, and Co-Director of the NSU Office of Suicide and Violence Prevention. Author of books on writing (Writing Between the Lines), hypnosis and therapy (Of One Mind), psychotherapy and Eastern philosophy (Completing Distinctions), and suicide assessment (Relational Suicide Assessment, co-authored with Dr. Len Gralnik), he is also co-editor, with his wife and colleague, Dr. Shelley Green, of a book on brief sex therapy (Quickies). He is currently contracted to complete a new book on writing, entitled Composing Social Science Page Turners, and, with Dr. Green, a new edition of Quickies. Dr. Flemons maintains a private practice in Fort Lauderdale and presents widely on suicide prevention and assessment, hypnosis, couples therapy and sex therapy, writing, and other topics.

**11. Dr. Alexia Georgakopoulos, Professor, Nova Southeastern University – Panel Discussion I**

Alexia Georgakopoulos, Ph. D is a professor, practitioner, and world class expert in conflict resolution and communication, with two decades of work in the fields. She regularly interviews and appears on such media programs as NBC’s Today Show, WLRN, HORIZON Magazine, National Safety Council’s Magazine, Radio

X, and Barry University Radio. Dr. Georgakopoulos is currently an Associate Professor of Conflict Resolution and Analysis in the Department of Conflict Analysis and Resolution (DCAR) in the Graduate School of Humanities and Social Sciences (SHSS) at Nova Southeastern University. Dr. Georgakopoulos has previously taught at three other premiere universities, which most recently included Arizona State University. She is Director of the Institute of Conflict Resolution and Communication (ICRCtraining.com), which a premiere educational provider for Florida Supreme Court Certification Programs in County and Family Mediation. Also, she is an assistant trainer in Florida Supreme Court Circuit Mediation Certification Programs. She is the director of the Applied Community of Practice Working Group, which is a DCAR working group devoted to a movement for Positive CHANGE in Communities. She received her Ph.D. in Communication from the School of Human Communication from Arizona State University and is a practicing mediator in both domestic and international contexts. Her areas of expertise are in Conflict Resolution, Organizational Communication, Intercultural Communication, Instructional Pedagogy, Nonverbal Communication, and Relational Communication. Her training is based on two decades of academic work in the fields of communication and conflict resolution.

**12. Dr. Juliana Gerena, Founder, Gerena and Associates - Panel Discussion I**

Gerena & Associates has experience providing contracted mental health services for: the Department of Children and Families, conducting psychological and psychosexual assessments for adults and youths; the Department of Juvenile Justice, conducting comprehensive evaluations for youths alleged to have committed a delinquent act and outpatient sexual offender/sexual behavior specific treatment; the State of Florida, Agency for Persons with Disabilities, conducting mental retardation and autism assessments; ChildNet Inc. and Our Kids of Miami/Monroe, Inc., providing psychological, psychosocial, psychosexual, and psychiatric evaluations and individual therapy for dependent youths and adults in Broward and Dade Counties; Camelot Community Care, ChildNet, Inc., Broward Sherriff's Office, Sandy Pines, the Department of Juvenile Justice and the Children's Services Council, providing staff training in the assessment and treatment of sexual offenders and children with sexual behavior problems.

**13. Tanya Sockol Harrington, Director, The Tourette Alliance – Panel Discussion II**

Tanya Sockol Harrington began her career in the United States Navy working in military intelligence. After serving, Ms. Sockol Harrington left the Navy and began work as a Firefighter/EMT, where she's continued to serve for the last eighteen years. A mother to five, Tanya found herself fighting a very different sort of battle in the aid of her eldest son, Connor, who was diagnosed with Tourette Syndrome at the age of 7 along with his younger brother and father. Having spent several frustrating years navigating the education system in the pursuit of an appropriate classroom experience for her son she found herself motivated to ensure that no other child with Tourette or Tic Disorders was left behind. As a result she has spent the last seven years working to advocate for shared

knowledge and a base of support for those whose lives are affected by Tourette Syndrome, Tic Disorders and their associated conditions. Mrs. Harrington worked with the Florida chapter of the National Learning Disability Association on several projects, including developing recommendations for the Governor's Task Force on Education, and participated in multiple workshops addressing the educational needs of children with disabilities. She truly believes that knowledge is the key to allow each and every person reach their greatest potential.

**14. Ms. Stacey Hoaglund, Vice President, the Autism Society of Florida - Round Table Discussion Two; Panel Discussion I**

Stacey Hoaglund is a disability advocate, author, editor, trainer/consultant and parent. She has been with Family Network on Disabilities for fifteen years. She is the founder and CEO of Disability Training and Support Specialists, which is an agency providing education and advocacy to professionals and families of special needs children. She is a published author and editor of The Autism Notebook Magazine. Through a vast array of community and statewide committee involvements, including The Autism Society, CDC Learn the Signs/Act Early and the State Advisory for Exceptional Student Education, Stacey has been able to promote, enhance and advocate for programs for people with disabilities from birth to adulthood. Above all else, Stacey is the mom to two wonderful boys; the younger of which has autism. It is through his diagnosis and her passion for her children that she finds joy in her profession.

**15. Dr. Lisa Konczal, Associate Professor, Sociology & Criminology, Barry University – Panel Discussion I**

Lisa Konczal, associate professor of sociology and criminology, teaches courses on sociology, juvenile delinquency, perspective consciousness & social justice and research methodology. Her professional interests include immigration-ethnicity studies, global stratification and sociology of education. After completing her Ph.D. from Florida International University she did post-doctoral research with the Center for Migration and Development at Princeton University. Konczal has presented her work at regional and national conferences. Her recent work on the lives of immigrants has been published in The International Journal of Educational Policy, Research, and Practice; Ethnic & Racial Studies; and the ANNALS of the American Academy of Political and Social Science.

**16. Senior Judge Joel Lazarus, 17th Judicial Circuit Court of Florida (Broward County) – MODERATOR - Panel Discussion I**

Senior Judge Joel Lazarus, a graduate with High Honors from the Charter Class of Nova Law in 1977 spent the next sixteen years as an Assistant State Attorney. In 1993, Lazarus was appointed to the County Court Bench by the late Lawton Chiles. Until 2010, he served as a County Court Judge and Acting Circuit Court Judge, where he presided over in excess of 900 criminal jury trials. He retired on June 30, 2010 and returned the next day as a Senior Judge, He continued to try criminal cases until assigned four years ago to the Foreclosure Division. He also holds a B.S. degree from Babson College and an M.B.A. from

Columbia University Graduate School of Business. He lives in Davie, is married with three sons, a daughter, has five grandchildren, and an adorable Maltese named after Dustin Pedroia, the Red Sox second baseman. In 2010, he was awarded the Outstanding Judge in Florida by his peers, an award from Florida Law Related Education Association for his leadership in education. He is on the faculty of the Florida Prosecutor-Public Defender Trial Advocacy Training Program (for over 22 years) at the University of Florida Law School. Lazarus is Chairman of the Advisory Board, Broward County Crime Commission.

**17 Al Ortenzo, Advisory Board Member, Broward County Crime Commission – Round Table Discussion One**

Al Ortenzo served with the Fort Lauderdale Police Department for 30 years where he retired as Assistant Chief of Police and Chief of Operations. He served as Chief of Detectives for over a decade, served on the Boards of Directors for the US Drug Enforcement Administration (DEA) Regional Task Force, the Metropolitan Intelligence Unit and HIDTA and was a member of the Governor's Violent Crime and Drug Council. His FLPD career included undercover, detective, supervisory and command assignments throughout the Department including narcotics, organized crime and the DEA, where he was a member of the elite "CENTAC" unit that investigated international drug smuggling organizations worldwide under the direction of the Deputy Director of the DEA, and was a recipient of the DEA Directors Award . He was responsible for undercover transactions and seizures in excess of \$100 million. Chief Ortenzo is a nationally recognized and court certified expert in the areas of drug identification and investigation. He has trained over 25,000 officers and agents from over 1,000 federal, state and local agencies in 38 states including the DEA, FBI, Customs, ICE, Secret Service and Defense Intelligence Agencies. His cases and drug work have been featured in various books, magazines, and newspaper articles around the country including the best sellers: The Underground Empire and The Invisible Hand. Chief Ortenzo has made numerous appearances on national television programs including NBC/Nightly News, ABC/20-20, and CBS/60 Minutes. Chief Ortenzo has a master's degree in criminal justice administration from Nova Southeastern University, and a BS in criminology from Florida State University.

**18. Clyde Parry, Deputy Chief, Coral Springs Police Department – Round Table Discussion One**

Deputy Chief Parry began his career with the Coral Springs Police Department in 1987. He served as a Patrol Officer until 1989, at which time he was transferred to Vice Intelligence and Narcotics Unit. During his tenure with the VIN Unit from 1997 until 2006, he was assigned to the Fort Lauderdale District Office of the Drug Enforcement Administration as a Task Force Officer. In late 2006, he was promoted to the rank of Sergeant. As a Sergeant, he supervised Patrol as well as the Vice Intelligence and Narcotics Unit. He was promoted to Lieutenant in 2010 where he supervised Patrol (Shift, Platoon One Bravo). Then in May of 2010 he was promoted to Captain of the Patrol Component. He was "Officer of the Year" in 2002 and "Supervisor of the Year" in 2007, received an Exceptional Police 20 Initiative Commendation in 1999, a Unit Citation in 1999, a Team Citation Award in 2009 and has received numerous letters of commendation from both public

and other law enforcement agencies throughout his career. Deputy Chief Clyde Parry graduated from Columbia Southern University holds a Bachelor of Science Degree in Criminal Justice.

**19. Ms. Bridget Schneiderman, President, Broward Victims Right Coalition (BVRC), Miramar Police Department – Panel Discussion I**

Ms. Schneiderman is current president of the Broward Victims Right Coalition (BVRC). She is also the Victim Advocate representative for the Miramar Police Department. Established by Victim Services Professionals in 1991, the purpose of BVRC is to create awareness and empowerment to victims who have suffered due to a crime. The BVRC conducts this mission through education and training. The Coalition also provides opportunities to network with victim service providers, enhance public awareness about rights and needs of victims, encourage participation of citizens in victim service programs, serve as a source of technical support for victim related educational forums, and advocate on behalf of crime victims. [www.browardvictimsrights.org](http://www.browardvictimsrights.org).

**20. Dr. Jack Scott, Executive Director, Florida Atlantic University Center for Autism and Related Disabilities (CARD) Center – Round Table Discussion Two**

Jack Scott is the Executive Director of the FAU CARD center. He is an associate professor in the Department of Exceptional Student Education. He teaches courses on autism, inclusion and behavior analysis. Dr. Scott received his doctoral degree from the University of Florida. He has written a textbook on autism, *Students with Autism: Characteristics and Instructional Programming*, (2000), and has written a number of chapters and articles on autism and individualized instruction and is just finishing a new book for Woodbine House about safety for children with autism. Dr. Scott has research interests in safety for children and youth on the spectrum. As a behavior analyst, he is active in linking behavioral analysts with emerging issues in safety and autism. In addition, he serves on the boards of several charter schools and as a board member for Reaching Potentials, a non-profit that serves children with autism and their families and Lost and Found of Palm Beach County, a non-profit that provides subsidized locator tracking devices for low-income families. He has recently been appointed to the Professional Advisory Board of the Autism Society of America.

**21. Judge Elijah Williams, 17<sup>th</sup> Judicial Circuit of Florida (Broward County): BRIDGE Talk - The State of Juvenile Crime in the 21<sup>st</sup> Century – Presentation 1**

The Honorable Elijah H. Williams is a Circuit Court Judge, for the 17th Judicial Circuit, Broward County, Florida. On March 1, 2002, Governor Bush appointed Elijah Williams to Broward's Circuit Court. Judge Williams presided over adult felony criminal cases for a period of four (4) years. On April 3, 2006, Judge Williams assumed his current division, where he presides over juvenile delinquency cases. From 1998 to 2001, Williams worked with the Broward Sheriff's Office as an employee and managed, in an interim status, the Legal and Risk Management Departments. In that capacity, he managed a staff of twenty

(20) people, to include six (6) attorneys. In October 1984, he was commissioned as a Captain in the United States Air Force and was assigned to the Staff Judge Advocate General's Department and sent to Lowry Air Force Base, Denver, Colorado. While stationed at Lowry AFB, he served primarily as the Chief of Preventive Law/Legal Assistance. In October 1986, he was reassigned to RAF Bentwaters, England. For the initial six months of the tour, he served as the Chief of Civil Law. In March of 1987, he became the Chief of Military Justice. In this position, he managed the military justice program for the largest tactical fighter wing in the USAF and served as a prosecutor at court-martials and a government representative at administrative discharge boards. Judge Williams was Born and raised in Fort Lauderdale, Florida, where he attended Walker Elementary School, Broward Estates Elementary School, Parkway Middle School and South Plantation High School (1972 – 1976) in Broward County, Florida. In 1976, at the age of 16, Elijah entered the University of Florida, Gainesville, Florida. He earned a Bachelor of Arts degree in Political Science in 1980. Upon winning a \$26,500 graduate fellowship, he entered both the University of Florida's graduate program and law school concurrently and was awarded a Master of Arts degree in Political Science/Public Administration and a Juris Doctorate degree in August 1983.

**22. Judge Ginger Lerner – Wren, Broward County Mental Health Court Pioneer, 17th Judicial Circuit, Broward County, Florida – Panel Discussion I**

Judge Ginger Lerner-Wren was elected Broward County Court Judge, 17th Judicial Circuit (Broward County, Florida) in 1997. She was assigned to a criminal division where she maintains a full criminal caseload. Judge Ginger Lerner-Wren possesses unique professional experience working in the area of disability rights, mental health law and community based systems of care development. Judge Ginger Lerner-Wren served as Public Guardian for the 17th Judicial Circuit, and Plaintiff's monitor in the Federal Class action of Sanbourne v. Chiles and PAIMI attorney for Florida's Protection and Advocacy System. Based upon these qualifications Judge Lerner-Wren was appointed by former Chief Judge Dale Ross to preside over the Nation's first **Mental Health Court**.

**The Broward County Crime Commission  
would like to render special thanks to its  
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