Fostering Change In Young Offenders

In D.C., Therapy for Sex Crimes

By THEOLA S. LABBE Washington Post Staff Writer

Each Tuesday night, the small group of young males would meet with mental health experts in a conference room inside a D.C. Superior Court building. Slices of pizza and soda were the icebreaker for each session, a way to ease into the difficult discussions.

The participants, ages 12 to 18, had committed sex offenses. As a condition of their probation, they were participating in the Juvenile Interpersonal Behavioral Management program for sex offenders and their families.

District court officials launched the program in August 2004 in response to the increasing number of juveniles charged with sex offenses and the limited options for treating them-especially those living at home while under court supervision, said Anita Josey-Herring, deputy presiding judge of the Family Court of D.C. Superior Court. They tapped a psychologist who had worked with juvenile sex offenders in Virginia as the coordinator.

"We were very concerned about the increase in the number of young people charged, and that there were no services available for them," Josey-Herring said. For the safety of the community, she said, "we felt it was important for us to address this obvious gap."

The city provides treatment for juvenile sex offenders who are committed to its custody under the Department of Youth Rehabilitation Services. Those juveniles are in residential treatment programs or therapeutic group homes.

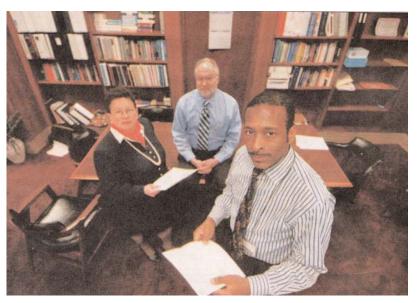
Before the court created the program, the only options for juvenile sex offenders on probation were individual therapy and family counseling.

Court social services officials said they wanted to design a program that treated juveniles sex offenders and their parents separately, so members of each group could better support and challenge one another.

James R. Worling, a Canadian psychologist who has worked with juvenile sex offenders for 16 years, said such group



Light moments during sessions are often punctuated with expression of guilt and remorse, says Goldberg, with Barnes and Hugonnet, right.



Preventing relapse and parental support are emphasized. Shown are psychology intern Susan G. Goldberg, coordinator Mitchell H. Hugonnet, center, and Michael E. Barnes, chief psychologist at the Child Guidance and Family Counseling Clinic.

therapy is ideal because parents who are wracked with guilt and shame are relieved to find support from others in the same situation. In addition, Worling said, research shows there is great potential to treat juvenile sex offenders because there are key developmental differences between them and adult offenders.

'These are children and teens, and so there is much more hope that you can intervene ... before patterns are set," Worling said.

The crimes that the youths have committed include first-and second-degree sexual assault. Lawyers, probation officers and judges referred them for an initial screening. Those who have a history of being cruel, violent or predatory would not qualify, said Mitchell H. Hugonnet, the program's coordinator.

Candidates undergo a two-day battery of skills and personality tests and answer questionnaires about their sexual history and attitudes and beliefs about sexuality.

Psychologists and workers analyze the results, talk to professionals involved in each case and decide whether a child would benefit.

In recent sessions, there were light moments, but there also were tears. The youths felt ashamed and guilty about what they had done, said Susan G. Goldberg, a psychology intern with the program. The youths talked about their lives and used a "relapse prevention" workbook that had lessons about choices, empathy, sex, love and relationships.

In their sessions-held separately-parents discussed how to screen the materials a child might read or see and changes at home that might prevent the child from committing a sex crime again.

In December, three of the six participants received certificates of completion. In February, the program will resume with about 12 new juveniles, extended from 12 weeks to 15 weeks and add individual therapy.

It is not clear yet what long-term impact the program may have. Program officials recently received a thank-you letter from a parent who said the program had helped his child.

"If we treat these kids successfully," said Hugonnet, program coordinator, "that means there's a whole bunch of people in the community who are not going to be their next victim."