**UNIVERSITY OF ALBERTA**

*Redeeming Voices: Stories of Adolescents who have Sexually Offended and Their Experiences in Group Counselling*

*by*

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***Group Rappsody***

*Every minute of every day I make good choices.*
*Sometimes I stray, but I'll go the right way.*
*With hope and faith I'll stay that way.*
*Every minute of every day I make a choice.*
*Will it be a good day, a bad day?*
*With self control I feel better in every way.*
*With success I keep unhealthy thoughts at bay.*

Written by
the adolescents from
group counselling, 2005.

## ABSTRACT

Although sexual abuse committed by an adolescent against a sibling is increasingly becoming recognized as one of the most common forms of family domestic violence, little remains understood about this issue. Many adults who have sexually offended describe their behaviour beginning in adolescence or earlier. Adolescence is therefore an important time to intervene in such instances, yet research in this area is lacking. What is presented in the literature about adolescents who have sexually offended and their involvement in counselling often comes from the perspective of the counsellor. By looking at this issue from the perspective of adolescents as they actively go through counselling a unique perspective comes into view that can enrich counsellors' knowledge and practice. Oriented from a constructivist paradigm using interpretive inquiry and narrative analysis this research pursues a deeper understanding of adolescents who have sexually offended against a sibling and their experiences in group counselling. The voices of seven adolescent boys are shared through narratives and from these a collective narrative is also presented. The new understandings and implications for practice that are gained from these narratives are: the importance of addressing client and counsellor perceptions, the distinctiveness that group counselling holds for adolescents who have sexually offended, the balance between support and challenge, and the impact of listening to and sharing of one's story in group counselling.

*This work is dedicated to the loving memory of my father,*
*Dennis H. Strychar, who showed me in so many ways the meaning of strength and commitment.*

*

*"He didn't tell me how to live; he lived, and let me watch him do it."*
*~Clarence Budington Kelland*

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# CHAPTER ONE

## My Voice

*I guess in all I'm just a lot more happier being who I am. I really, really like myself now, and that's really important. I mean if I was down in the dumps and you know, still didn't feel very good, it would be so easy for me to go back to that place and offend again, but now I feel so good about myself and I understand that I have feelings and so does the rest of the world* (a quote by a research participant, Dave – Vandegriend, 2002, p.59).

I t is interesting how there are events and experiences in our lives which direct our awareness and attention toward a particular concern, curiosity, and question (Carson, 1986). When I began my education in psychology I had no idea I would ever end up sharing the stories of adolescents in counselling who have sexually offended. Back then their lives were foreign to me, and their experiences were in stark contrast to my own. Sexual offenders were people portrayed in the media who were bad and to be feared by the public. I remember hearing stories of families moving out of their neighbourhood because a known sex offender was living in their area. I wondered why people would go through so much trouble. While the community seemed to be running in the opposite direction, my curiosity led me toward understanding them. I was entering my third year of university in psychology, and I was excited about choosing a practicum placement where I could gain applied training with a population of my choice. Wow, I thought this was going to be the real thing. I received a list of possible placement sites, and as I made my way through the list I stopped in my tracks. My eyes fixated on a placement involving offenders. Here was the chance to explore my curiosities about their lives – this is where I needed to be.

The first thing I remember being told when I arrived on the placement site was "don't show any vulnerability." I wondered about that statement and questioned if I was entering this experience with such naivety that in the end I too would be running in the opposite direction. I still desired, however, to learn what their upbringing was like, what led them to offending behaviour, and what their hopes and dreams were for the future. I began meeting and working with "the offenders", and I heard many stories from individuals involving dysfunctional, confusing, and neglectful environments that

perpetuated a downward spiral of problems. Their stories had a strong impact on me. A rollercoaster of emotions and thoughts ranging from frustration and disbelief to hope and possibility swam around in my mind for many months and even years after this experience. Within this time I decided to set my sights on adolescents who offended, as I had noticed that in my discussions with many of the adults their troubles began as teenagers, if not sooner. I worked in group homes, counselling agencies, hospitals, and other student placement sites with adolescents in conflict with the law, and I noticed that there was a tremendous amount of fear and anger that surfaced when adolescents were brought in for counselling. It was my belief that in most cases they began counselling with the perception that they must "do their time", but their passive compliance began to reveal glimpses of underlying feelings of shame and pain. I also had the opportunity to work with young survivors of sexual abuse and through this work I often tried to piece the two stories together in my mind – the life of the offender and the life of the survivor. In many cases the offender was also a survivor. I watched as adolescents came and went from counselling, some making remarkable changes and others entering a life of incarceration or in rare cases ending their own life in a final plea for help. Through this work I came to believe that counselling with this population[1] is certainly at times challenging but mostly not impossible.

In the past I have encountered individuals who held the perspective that counselling seems to be a waste of time as these youth will only end up reoffending – the only "treatment" is to place them behind bars so that society does not have to worry. Upon hearing such comments, I found it hard to believe that this was truly an answer in

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[1] Throughout my research I use the terminology "this population" rather than repeating adolescent sexual offenders numerous times. I struggled with this as I am aware of underlying implications it can hold – that being "us versus them", which is not a belief I hold or the connotation I wish to portray for this research. Other terminology I considered was "such adolescents" or "these youth". This issue can be related to the work of Benhabib (1987) as he differentiates between the generalized and concrete other. From the stand point of the "generalized other", people are related to taking into consideration the basic rights of humanity. Every individual is seen as a rational human being entitled to the same rights and responsibilities we would want to ascribe to ourselves. In this case, adolescents who sexually offend are related to according to public and institutional norms as is everyone else. From a "concrete other" standpoint people are related to taking into consideration individual aspects of private and personal feelings, needs, talents, and capacities. Every individual is seen as a rational human being with a concrete history, identity, and emotional constitution in which differences complement each other rather than exclude one another. In relating to adolescents who sexually offend not only is their humanity recognized but their human individuality in accordance with norms such as friendship, care, and understanding.

dealing with youth who have sexually offended, as I believe that some form of counselling is better than no counselling at all. To me, it seems immoral and unethical to turn away adolescents that society may perceive as "untreatable", who are secretly crying out for help from the inside despite them pushing help away from the outside. I have often wondered, "If this was their son, would they not want him to receive help instead of being discarded as hopeless?" or "What if he was my son, would I not want him to receive help and have resources available that he could turn to for support?" Furthermore, if counselling can prevent at least one other person from being a victim then it is a very important effort that needs to be addressed. It is my belief that the only result of placing these youth in prison presents is that they learn to become better criminals. They establish a life of repeated imprisonment, learn a culture of "living behind bars", and become more acquainted with other offenders in their everyday dealings with each other. Beneath the layers of the distant and tough exterior, however, I believe that most of them yearn for someone to listen with an open heart instead of an open book of rules and regulations. There is an increasing amount of research that does not support the once thought notion of "once a sex offender, always a sex offender" (Chaffin & Bonner, 1998). Some adolescents unfortunately do reoffend[2], but as the opening quote for this chapter shows, there are adolescents who come to experience positive changes in how they view themselves and others as a result of counselling. They go on to make healthy choices in life.

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[2] There are many difficulties in determining actual recidivism rates of adolescents who sexually offend. These difficulties can be due to methodological problems of carrying out recidivism studies that are often unavoidable. For example, Edwards and Beech (2004) suggest that studies in this area are usually retrospective, any records available may be incomplete at the referral stage and throughout treatment, and participants can be difficult to locate after leaving a counselling program. As well, the under-reporting of sexual abuse in general means there is a low base rate from which to make comparisons and short follow-up periods. Adolescents are also more likely to have their offenses reported outside of the court system and more unlikely to be tracked into adulthood, and a court mandate or lack of finance available prevents adolescents from satisfactorily completing programs. Since the early seventies, when comprehensive counselling programs were first developing for this population, there have been only approximately ten published reports of recidivism following specialized counselling (Worling & Curwen, 2000). Worling and Curwen (2000) collected recidivism data on a total of 148 adolescents who had sexually offended and were assessed at a specialized community program in Canada. The average follow-up period was six years and the average age of these adolescents at the time of the follow-up was 21 years. They compared adolescents who were offered treatment as a result of their sexual offenses with those who had not received treatment. They found that 5.17% of adolescents who completed treatment and 18.9% of individuals in the comparison group had sexually reoffended.

When I began reading through the literature for my Masters' research in graduate school, I was surprised how scant the information was – especially on adolescents who sexually offended against a sibling considering how much this dynamic was cited in the literature as a major percentage of sexual abuse cases. The information most often appeared quantitatively or as brief vignettes that only seemed to scratch the surface of their experiences. I decided to engage my research topic qualitatively, taking an in-depth look at adolescents who sexually offended against a sibling and their experiences in terms of their thoughts, feelings and behaviours before, during, and after the offending. One of the main themes I found was that indeed they "progressively experienced positive change and growth from counselling" (Vandegriend, 2002). Participants indicated an initial reluctance to enter counselling, but as time passed they noticed positive changes in themselves and in their perspective of counselling. I found this very interesting, and I decided that I wanted to pursue this topic further for my doctoral research. I took an advanced qualitative research course to further refine my skills. Through this I learned that it is important to be familiar with the relevant theory surrounding the phenomenon so that when patterns emerge the researcher can recognize this and pursue the specific area further. It is not the theory, however, that drives the research question, but the researcher's genuine interest and concern that are essential to the nature of the research question. As a counsellor I believe that to be able to conduct effective counselling and research with adolescents who have sexually offended, it is important to proceed from a place of open-mindedness and genuine care and concern. I was interested in their experiences in counselling and wanted to delve deeper into this topic. How did they perceive counselling? Were there any key factors that influenced their experience? Did their perception of counselling change? Were there any aspects of their experience that were especially helpful or not helpful? These were the questions that I was curious about. My guiding question for this interpretive inquiry was "How do adolescents who have sexually offended perceive their experience of counselling?" I wanted to give them a voice. This caused me to consider even more closely the wisdom and value in what adolescents have to say about counselling – they are my teacher and my guide.

It also gave me the opportunity to examine myself in the process of dissertation writing. My thinking was stretched and pulled in so many ways. I had an especially

interesting opportunity to reflect on my research and participants as my husband and I were expecting with our first son. It made me really stop and think about my participants in a different light and the families behind each face I saw. The question "What if this was my son?" came ringing back to me quite differently this time. There were moments when I dared to imagine essentially losing a son to the prison culture and the emotional and metal pain, fear, agony, and frustration that would entail – a son locked away from the world and standing before you in humility and shame longing for compassion, crying out for your acceptance. Each adolescent that sat across from me during groups and in research interviews was someone else's son – what would their future be? I wondered.

I felt it was important for the adolescents' stories to be heard and relaying them through narrative seemed the most fitting modality. Within my family stories were a means of conveying times of celebration, learning, and laughing – capturing the everyday moments of life. Growing up, I often found my father in the midst of telling a story to others, so fluently and effortlessly engaging them and capturing their attention. As an adult with my own family I too have found myself enjoying sharing metaphors and stories. They have become a part of who I am, and it is now in my nature to relate to others this way. My relationship with narratives has only deepened and become more complex as I now see the potential for stories everywhere. I see this when I relate to clients. In the process of telling or listening to a story, an organization of knowledge occurs through a particular lens at that moment in time. Stories have the potential to powerfully impact and transform people. As such, I was motivated to tell the stories of these adolescents, for people to learn from them, and for others to see another way of being.

Up until this point in my education and research experience I was used to referring to the literature, reading what the authorities had to say about a topic, and following the guidelines. Now I felt I was being given the freedom to write what I thought, a freedom I did not know what to do with. "They want to hear what I have to say about this topic" became my mantra. It was challenging at first to integrate as "granting one's self permission to create is often more difficult then seeking assurance from faculty" (Garman, 2006, p. 12). While struggling with this process, someone told me the following metaphor. I had all the ingredients for baking a cake, and now as a chef in my

own kitchen it was up to me to learn how to mix them all together – I no longer needed to follow the recipe book. In relation to this research, I had all the information I needed to express my own view points, critique theories and literature, go to original sources and reflect on those ideas, and raise questions – I could "bake my own cake". As I proceeded, I found myself needing to refocus and attend to my own sense of what I believed this dissertation should look like given what my participants were saying about their experiences. I explored the techniques of coding and themes, and I felt that they did not capture the richness and complexity of their experience. I did not want to break their stories into elements or themes but keep them as a whole that depicted the "lifelikeness" of their experience. At first it was challenging to write their narratives. I felt honored to have such an opportunity – to describe someone else's experience is a personal endeavor. At some point in my own research I came to believe that I could rely on my own authority. As Krakowski states, "I could balance the voice of the experts with my own voice. I could position all of the individual pieces of my writing and create a coherent whole" (2006, p. 78). After careful thought and reflection I began to write, and in creating the space to listen to, value, and represent their voice in crafting these narratives I found wonderment, inspiration, and even joy in the dissertation process.

In this interpretive inquiry I explored the experiences of adolescents in counselling who were there because they sexually offended against a sibling. In my experience, what is known about individuals who have sexually offended in general and who are in counselling often comes from the perspective of the counsellor. There is also significant information to be learned when directly asking the adolescents themselves. It was my hope that in exploring this issue and these questions, information would be provided to make counselling practices more effective for adolescents who have sexually offended. The sooner individuals, such as counsellors or peers in group counselling can connect with adolescents, the better they are equipped in making healthier decisions. Breer (1996, p. 9) suggests that "the sooner treatment begins, the fewer children will be victimized". In a study conducted at two sexual assault centers it was found that children were victimized by an individual who was younger than 18 years of age 42% of the time (Deisher, Wenet, Paperny, Clark, & Fehrenbach, 1982). Many adults have described their sexual offending behaviour as beginning in adolescence or earlier. Even now, almost

twenty-five years after that study was conducted, not much seems to have changed. Adolescence is therefore an important time to intervene in instances of sexual offending. Cunningham and MacFarlane comment,

> All sex offenders come from somewhere...if we ignore them in their youth, they will likely revisit us in their adulthood when they will be harder to reach and when the results of their behaviour will have left its painful mark on other young lives (1996, p. 262).

Foremost these individuals are youth who have committed a serious offence(s) and harmed a vulnerable human being and that in itself requires special attention. There are substantial negative effects for the survivors and families of sibling sexual abuse. In addition, the problematic issues that surround this issue trickle into the larger community over time. Adult survivors in counselling spend months and even years piecing their lives together and moving through the remembered trauma. They comment that the community must be made aware that sibling abuse does indeed occur, and that all interactions between siblings do not necessarily fall under a category of normal sibling rivalry (Wiehe, 1997). When communities begin to understand this dynamic, the issues and circumstances surrounding the topic, and the life experiences of those who offend, they then may be less apt to react in fear. It is a natural tendency for human beings to fight or flee from that which they are afraid of. When they learn more about adolescent sexual offending, however, they are then more prepared to deal with it effectively. Communities may begin to assist individuals who have offended through their problems, encourage a culture of support and non-judgment, and facilitate services they need to successfully be a part of the community. It has taken society much time to acknowledge that adolescents who commit sexual offences against siblings exist and to dispel the myth that only strangers commit such offences (Burton, Rasmussen, Bradshaw, Christopherson, & Huke, 1998). Burton et al. state,

> ...most sexually abused children are victimized by someone they know – a parent, relative, friend, or another child. The myth that children do not commit sex offences is no longer tenable. When children experience sexual activities, or discover explicit sexual material, they become more aware of their own sexual feelings. Unless abused and sexualized children can express their feelings, they

> remain vulnerable to developing maladaptive behaviour patterns, including sexually abusive behaviours (p. 4, 1998).

So when the question arises of "Why should we bother treating adolescent sexual offenders?" the significant impact that counselling holds is that at some point or another adolescents who have sexually offended will grow to be adults in the community, perhaps your neighbour or my neighbour. Instead of running from them, the public can learn more about them and understand their story. They can begin to notice that going through counselling gives these adolescents a chance to place past circumstances behind them, to redeem themselves, and to be a part of the community rather than living disconnected from others. Presented in this dissertation are their stories and your opportunity to understand and learn more about their experiences and implications they hold for counselling.

Within the following chapter I describe what is known so far about adolescents who have sexually offended based on my review of the existing literature. Chapter three outlines my particular theoretical orientation or paradigm within which the research was conduced – this being the constructivist paradigm – followed by the research approach I used for this study, namely interpretive inquiry. This includes concepts and issues such as horizons, following the process of interpretive inquiry, the role of language, the role and transformation of the researcher and interviewer, understanding narratives and narrative analysis, and evaluating an interpretive account. I also discuss the process I went through in gaining access to participants' experiences which involved ethics, recruiting participants, interviews, and doing narrative analysis. I conclude this chapter by explaining methodological considerations of this research study.

In chapter four, the stories of seven adolescent males who have sexually offended and their experiences in counselling are presented. A collective narrative which describes their overall experiences is also presented. I conclude with chapter five which discusses the significance of letting adolescents' voices be heard in group counselling and that drawing on their perspective and experiences to guide the counselling process can help to create more effective practice. I also discuss the significance of group counselling serving as a redeeming factor, as in the dissertation title, in the lives of adolescents who sexually offend. The implications I describe pertain to addressing adolescents' and counsellors'

perceptions of counselling and sexual offending, the unique impact that group counselling holds for adolescents, balancing support and challenge for clients, and how listening to and sharing one's story with peers in group can create meaningful experiences. Finally, implications for future research are presented.

# CHAPTER TWO

## Reviewing the Literature

When people reflect on adolescence, thoughts of sexually abusing one another usually do not come to mind. Sexual abuse by an adolescent against a sibling, however, is increasingly recognized as one of the most common forms of family domestic violence, while remaining among the most underreported forms of sexual abuse (Ascherman & Safier, 1990; Haskins, 2003; Smith & Isreal, 1987; DeJong, 1989). Accumulating research substantiates the high prevalence of adolescent sibling sexual abuse and its long-term detrimental effects, but only 11% of the child abuse research literature over the past three decades has specifically addressed abusive behaviour between siblings (Caffaro & Conn-Caffaro, 1998). Raymond-McHugh and Nisbet (2003, p.4) state, "further research is certainly required to aid our understanding of the phenomenon of adolescent sibling incest offending, in order to inform evidence-based practice in this field". Adolescent sibling sexual abuse is approximately five times more prevalent than father-daughter sexual abuse in the general population (Cyr, Wright, McDuff, & Perron, 2002; DiGiorgio-Miller, 1998; Rayment-McHugh & Nisbet, 2003).

There are an increasing number of instances in Canadian youth courts that are requiring young individuals who sexually offend to participate in special counselling (Brayton, 2000). One of the reasons for counselling people who commit sexual offences is to protect the public, but this phenomenon becomes complex when the adolescent is a sibling to the victim and is living in the same home. Numerous challenges exist for counsellors in understanding and working with adolescents who have sexually offended against a sibling; however, many studies about this population appear as brief case histories or as statistical data. There is minimal published research that directly invites adolescents who have sexually offended against a sibling to describe, in their own words, how they perceive or experience counselling and what they believe is helpful. The information in this area primarily comes from the counsellor's point of view, but they are not the ones who have committed the offence nor are they the ones having to go through counselling. The studies on adolescent sibling sexual abuse are often quantitative in

nature, providing valuable but surface level information such as the incidence and prevalence rates, characteristics, and effects of sibling sexual abuse. There are a growing number of qualitative studies on sibling sexual abuse that focus on the victims' perspective, but there are very few, if any, studies that examine the offenders' experiences, especially during counselling. Smith and Isreal (1987, p.101) state that, "the subject of adolescents who offend against a sibling is sorely lacking in study, theory, and specific documentation." Expanding on this small body of research will help promote more awareness about the seriousness of this issue and better ways to respond to the complexity of this phenomenon in counselling. The primary purpose of this study is to explore how adolescents who have sexually offended against a sibling perceive their experiences in group counselling. I also explore the factors in group counselling they found helpful and not helpful with the goal of learning what could make counselling for these adolescents more effective.

In reviewing the literature, I describe how sibling sexual abuse is being defined and how it is defined for the purpose of this study, how often this issue occurs, and the significance of the sibling bond. Common characteristics that repeatedly appear in the literature about adolescents who sexually offend and developmental attributes are discussed. Group counselling as a modality in working with this population is described as this was the primary modality in which I gained access to participants' experiences for this study and a major component they discussed through interviews.

## How is Sibling Sexual Abuse Defined?

There has been some debate in the literature as to the most appropriate terminology to use when discussing the issue of sexual abuse committed by an adolescent. One point of discussion concerns applying adult-like labels passed down from the criminal justice system upon adolescents. Some question the appropriateness of this given their developmental level. For example, when an adolescent is being called a sex-offender or pedophile and he internalizes perceptions that relate to this it can be potentially stigmatizing for that adolescent (Hackett, 2004). As well, when this is considered from a diagnostic perspective, the term pedophile applies to individuals who are 16 years of age or older and at least five years older than the child (American

Psychiatric Association, 2000). Another concern is that definitions can be so broad that they fail to capture the accuracy and seriousness of the issue. Stating that an adolescent has problems with sexual behaviour does not explain how for example they repeatedly sexually abused a child and threatened to harm him or her if they told someone. The terminology that is used has implications for the underlying messages that adolescents, families, professionals, and the public receive (Hackett, 2004). Throughout this study I have made an effort to use the term, "adolescents who have sexually offended". I believe this conveys that they are young individuals first rather than an abuser or an offender and that I am interested in them as individuals and not solely because of what they have done. This term considers the seriousness of their behaviour while accounting for the possibility for change.

Researchers studying child sexual abuse have developed various definitions that can be applied to adolescent sibling sexual abuse. Finkelhor & Hotaling (1984) explain that one element in defining sexual abuse is the age discrepancy of the child and adolescent. They define sexual activity as abusive when the child is less than 13 years of age and the adolescent is at least five years older or when a child is 13 to 16 years of age and the other is at least 10 years older. They further explain that this is not the sole element in defining it but that coercion, force, or threat is also used by the adolescent. Ryan (1991) defines sexual offending by an adolescent as a minor who commits a sexual activity against a victim's will without consent and involving any form of aggression, exploitation, or threat of harm regardless of the age of the victim. Brayton (2000) agrees that sexual activity without an individual's explicit consent is an offence, regardless of the age of the individual. The current age of consent in Canada is 18 years old when the sexual activity is exploitative – in cases as prostitution or pornography – or where there is a relationship of trust, authority, dependency or any other situation that is otherwise exploitative of a young person (Department of Justice, 2006). Under the current law, the age of consent for non-exploitative sexual activity is 14 years old. Recently, in Canada a legislation Bill C-22 was proposed to modify the Age of Sexual Consent Law, and increase the age of sexual consent from 14 years of age to 16 years. It was also proposed to change the name of this law to the Age of Protection Law to better reflect the purpose of protecting young people from sexually exploitive activity. The Canadian Federation

for Sexual Health (2006) supports the current legislation. They suggest, however, that there is no evidence that changing this law will help protect youth and that any prospective legal sanctions against the youth or third party disclosures could discourage them from accessing preventative, therapeutic, and educational health services. At any age, consent should be informed, and the best way to support youth is to ensure they have access to services that can help them.

From a study involving individuals who engaged in sexual activity between cousins and siblings, four factors were identified that indicate sexually abusive behaviour: (1) an age discrepancy of five or more years between the victim and the offender, (2) the use of threats or force by the offender, (3) attempted penile penetration, and (4) documented injury to the victim (De Jong, 1989). Laviola (1992) studied 17 cases of older brother-younger sister incest and defined it as sexual behaviour that occurs between two members of the same family – regardless of the age difference – who are related by blood, marriage, or living arrangement. Older brother-younger sister sexual behaviour is considered abusive if there is coercion or force involved to initiate and maintain the behaviour. This includes any type of misuse of authority, bribery, trying to sway the child by trust and affection, verbal threats of physical harm if the child does not comply, or physical force. In another study which examined family treatment of sibling sexual abuse, Haskins (2003) describes it as any sexual contact that occurs between siblings that the victim experiences as traumatic. It entails behaviour that the victim is not developmentally prepared for, it is not transitory, and it is not motivated by developmentally appropriate curiosity. It may involve physical contact, unwanted verbal sexual references, indecent exposure, or forcing a sibling to view pornography. Lastly, the Vancouver-Richmond Incest and Sexual Abuse Center (VISAC, 1994) describes sibling sexual abuse as involving a misuse of power in which an older, stronger sibling bribes or threatens a weaker sibling into sexual activity. This can occur when a sibling, who has been given a lot of responsibility and authority, abuses the trust involved. It further includes a foster or step-sibling in which the offender uses force, provides offers of special attention, or gives gifts to the victim in order to keep the abuse a secret.

The definitions from the above studies indicate the various factors involved in defining sibling sexual abuse and the difficulties in agreeing on one definition. Some

studies include age discrepancy and explicit consent and some do not, while most address the use of violence through force or threats. For my particular study I defined adolescents who have sexually abused a sibling as individuals between the ages of 12 and 18 years who engaged in abusive sexual activity with a biological, step-or half-sibling who was younger than themselves. Abuse included any sexual contact or behavior ranging from being forced or coerced to watch sexually explicit material, engage in sexual touching, or sexual intercourse. Adolescents for this study were convicted of the index offence or had charges pending against them.

How Often Does Sibling Sexual Abuse Occur?

In many provinces and territories across Canada, and in other countries, it is required by law that professionals and members of the public report any type of child abuse or neglect. Yet in too many cases it seems like this information remains undisclosed, which leaves the victimized child to endure such trauma, sometimes for years. Accurate information on how often sibling sexual abuse occurs is very difficult to obtain for a number of reasons. This type of abuse is likely under-reported, and in families characterized as chaotic or disorganized it may go undetected by others, especially since there may be no physical signs of harm. Families may not want to involve law enforcement or they may minimize the seriousness of the abuse. The child's fear of parental reactions, possible consequences for the adolescent, or fear of telling due to any threats by the adolescent may prevent the child from coming forth and telling someone. Victims may blame themselves for its occurrence, and there may be associated feelings of shame which inhibit the victim, the offender, and the family from talking about it (Circirelli, 1995). Younger children have minimal understanding of sexual behaviour and not realize that it is abusive until many years later, and sexual abusive behaviour in childhood may be forgotten by adulthood. Difficulty obtaining this information is also due to the lack of precise and standard definitions as discussed in the previous section.

Typically, studies in the literature are based on cases of child sexual abuse that have been reported, investigated by child protection agencies, or have sufficient evidence available to determine that sexual abuse occurred (Hackett, 2004; Veneziano &

Veneziano, 2002). These studies report, therefore, only a fraction of a more representative estimate of what the prevalence rate may really be. In a research project by O'Brien (1991), the characteristics of 170 adolescent males were studied who had sexually offended and had been referred for counselling in an outpatient mental health clinic. He compared adolescents who sexually offended against siblings, which included step-siblings, half-siblings, and adoptive siblings, with extra-familial offenders and those who sexually abused peers or adults. It was found that sibling offenders committed the greatest number of sexually abusive behaviours (18 incidents compared with 4.2 for extra-familial and 7.4 for peer/adult offenders), had a longer offending pattern involving multiple victims, and engaged in more sexually intrusive activities.

In a survey by Finkelhor (1980), 13% of 796 undergraduate students (15% female and 19% male) from New England indicated some type of sexual experience with a sibling during childhood. Twenty-five percent of the incidents were indicated as abusive because there was a large age discrepancy between the offender and the victim. Forty percent of the students indicated being less than 8 years of age at the time of the sexual experience. Finkelhor's research reveals that the incidence of sexual abuse between siblings may exceed that of father-daughter sexual abuse. A recent study in the United Kingdom reported similar results in that sibling sexual abuse was reported to be twice as common as father or step-father sexual abuse (Cawson, Wattam, Brooker, & Kelly, 2000). Rudd and Herzberger (1999) conducted a study in which surveys were distributed to women in support groups who had experienced incest growing up. Of the sixty-two women who completed the survey, 14 (23%) indicated that they had been sexually abused by a brother compared to 15 women who were sexually abused by a father. Cole (1990) examined the experiences and affective reactions of adult women survivors of brother-sister sexual abuse. A total of 270 women from across the U.S. completed a survey which asked them about their experiences. In this sample, there were 122 brother-sister survivors and 148 father-daughter survivors. The average age of the survivor at which the sibling sexual abuse began was 8.2 years compared to 5.2 years for the father-daughter sexual abuse. Approximately one third of both groups experienced the sexual abuse for four to ten years, and the abuse was not disclosed for approximately 20 years. This further demonstrates what was discussed earlier about such abuse being under-

reported and under-estimated. In 1989, De Jong studied the sexual interactions among siblings and cousins. The sample consisted of 831 children who were 14 years of age or younger and were being evaluated at a sexual assault center in Pennsylvania over a seven year period. There were 49 cases (5.9%) of cousin incest and 35 cases (4.2%) of sibling incest identified. The perpetrators mean age was 16.2 years for cousins and 15.5 years for siblings, with 19% being older than 16 years of age.

In more recent studies, a 2001 report on family violence in Canada by the Center for Justice Statistics indicated that siblings were responsible for approximately 25% of physical assaults and 26% of sexual assaults against youth in the family. A later 2003 report found that older siblings were more often the accused in sexual offence cases (28%) than in physical assaults (20%), as were extended family members (29% versus 8%). In 2000 a Child Maltreatment Study was conducted in the UK by the National Society for the Prevention of Cruelty to Children (NSPCC). This was one of the largest prevalence studies of this type, involving over 2000 individuals from 18 to 24 years of age. Participants were interviewed by anonymously entering their responses using a computer program to ensure confidentiality. Items covered issues relating to family life, social relationships, and any abusive or neglectful experiences. From a large random probability sample of the general population it was found that there was a wide range of relatives involved in sexual abusing a younger relative and in most cases it was a brother or step-brother.

The Significance of a Sibling Bond

The sibling bond lays an essential foundation for later experiences in life that other family relationships can not address. It is an ascribed relationship rather than earned – a status that is obtained by birth or by legal action in cases of step- and adoptive siblings (Cicirelli, 1995). The sibling bond involves both the physical interactions visible to others as well as the underlying, emotional connection that continues to exist even when siblings are separated by distance without continual interaction. Haskins (2003, p.338) states:

> Siblings often provide the ongoing sense of family for each other. Brothers and sisters can provide one another with life's longest intimate relationship often

> outlasting ties with parents by 20 years or more. Siblings share more of their lives genetically and contextually than anyone else. Siblings share knowledge, perceptions, attitudes, beliefs, and feelings regarding each other, beginning when one sibling becomes psychologically aware of the other.

In positive familial circumstances, there is an "intricate choreography" which takes place within a sibling relationship that adds to the family as a whole (Compher, 1984).While the connectedness between siblings may wax and wane throughout their lives, it is most significant during childhood and adolescence, and peaks during times of stress and change (Bank & Kahn, 1982). The quality of the sibling relationship is often affected by parental influences, but ultimately it is left up to each sibling to determine the final meaning of the relationship. Sibling relationships characterized by conflict, negativity, or abuse that occur early in life can lead to adverse outcomes, while positive, healthy relationships can serve as a protective factor and set the stage for positive developmental outcomes in later adolescents and adulthood (Kramer & Bank, 2005).

Siblings play a unique part in each other's lives and have many positive influences in their interaction with each other – they can aid in the provision of support to one another and can be an ally in the developmental struggle of individuation and separation (Freeman, 1993). The sibling relationship is usually characterized by intense and highly affective interactions due to the shared family history and environment, and they are likely to create shared meanings of their social worlds (Howe, Aquan-Assee, Bukowski, Lehoux, & Rinaldi, 2001). It provides an important opportunity for social learning. As Freeman (1993, p.4) explains, "sibling relationships are a significant influence on all other relationships (e.g., friendships), because they are generally the individual's introduction to parallel or lateral relationships and social networks". Younger siblings can participate in more complex social exchanges than they would otherwise with similar age peers and gain the skills necessary for healthy social development (Ponzetti & James, 1997). Siblings can also offer each other mutual aid, companionship, and emotional support during times of stress. In a study by Howe et al. (2001), sibling relationship warmth served as a key characteristic associated with emotional understanding and self-disclosure. With the onset of puberty and adolescence, sibling interaction changes as this stage in development represents the beginning of adult

sexuality and marks a definite break with sibling activities that occurred before (Simon & Gagnon, 1998). Sibling connections and relations continue but activities are gradually replaced with activities involving same age peers (De Jong, 1989). Playing and associating with heterosexual peers begins to take on different and more complex meanings.

It is the unique intimacy of a sibling relationship, however, that fosters violence if it deteriorates (Haskins, 2003). When trauma such as sibling sexual abuse enters and disrupts this stage in the sibling relationship it becomes dramatically, harmfully altered, and this has a ripple effect within the family system as a whole. The victim grows to distrust the sibling and these feelings may spill over into other social relationships (Bank & Kahn, 1982). One's outlet for developing self-concept and identity is shattered. The positive emotional and social connections are severed and replaced with fear and anger.

Characteristics and Developmental Attributes

Adolescence is a period that encompasses a series of transitions as one proceeds from childhood and prepares for the responsibilities of adulthood. There are no absolute boundaries in determining when adolescence begins and ends. It typically, however, is differentiated into early adolescence which encompasses age 8 to 13 years for girls and 11 to 15 years for boys, middle adolescence from age 13 to 16 for girls and 14 to 17 for boys, and late adolescence which covers age 16 and older for girls and 17 and older for boys (Brown, Steele, & Walsh-Childers, 2002). A fairly recent term for later adolescence is "emerging adulthood" which encompasses individuals in the late teens to the mid-twenties (Schwartz, Cote, & Arnett, 2005). Counsellors and researchers have identified these developmental periods as a time of excitement or "storm and stress" when an increase in changes holds the possibility for both positive and negative outcomes (Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, & Iver, 1993; Hall, 1904).

The term *adolescence* is derived from the Latin word *adolescere* meaning to grow into adulthood (Steinberg, 2005). Stanley Hall considered adolescence to be a "new birth" – a point of entry for socialization and education, a unique period in life when one begins to develop an independent life outside of his or her home without adult influence (1907). Some researchers suggest that early adolescence may mark the beginning of a

"downward spiral" for youth (Eccles et al., 1993). Health Canada (1999) reported that approximately 15 to 35 percent of all sexual offences in Canada are committed by individuals, predominantly males under 21 years of age. As research on adolescents who have sexually offended increases, a cumulative picture begins to emerge of common characteristics and developmental attributes. When reviewing the literature I repeatedly came across the following characteristics: poor cognitive functioning, sexual deviancy and past abuse, deficient social skills, exposure to violence, and chaotic family dynamics (Hackett, 2004; Hunter, 2004; O'Brien, 1991; Ryan, 1991; Veneziano & Veneziano, 2002). Often it is a combination of these factors that contribute to sexual offending.

Cognitive functioning. One of the most frequently noted characteristics in the literature of adolescents who sexual offend is the type of thinking they hold. Adolescence, in general, is associated with the emergence of many unique changes in cognitive functioning. In examining the cognitive development of adolescents Keating (1980) states:

> To ask the question 'what is the nature of adolescent thinking?' is to imply that there may be something unique or special about it, something that distinguishes it from the thinking of a child, which it succeeds, or from the thinking of an adult, which proceeds it, or both (p. 211).

Cognition, as viewed by Piaget, can be described as a progression in which earlier stages provide essential building blocks that the individual integrates and processes in moving to the next higher level of cognitive development (1981). During adolescence individuals are better able to think about possibilities rather than focusing on what is within their immediate environment. They are able to understand information more abstractly and they start to think about the process of thinking itself. Cognition in adolescence becomes more multidimensional rather than limited to a single issue, and events and objects can be seen in relative terms. Cognitions are continuously being refined, differentiated, and integrated as adolescents adapt to environmental, societal, and cultural demands. It is an ongoing interchange between assimilating and accommodating information (Piaget, 1981). Beginning at the age of 11 and lasting till approximately 20 years of age, adolescents develop the ability to think at a higher, more abstract level. Just

as adolescents need to physically stretch and exercise their growing bodies they also need to regularly exercise and challenge their expanded thinking abilities (Elkind, 1998).

Piaget termed the attainment of new and further developed cognitive abilities as the formal operations stage where principles of logic could be applied to both concrete things and abstract ideas. This serves as a catalyst that drives changes throughout adolescence (1981). It is not until middle or late adolescence that formal operational thinking becomes more consolidated and integrated into one's overall approach to reasoning about events and the world. Another characteristic of this stage is the emergence of egocentrism in which an adolescent believes that other people are just as consumed with his or her thoughts and behavior as they are (Elkind, 1998). They may, therefore, experience difficulties considering another person's point of view. Furthermore, often adolescents may be preoccupied with how they look and behave in front of others due to an "imaginary audience" (1998) in which they believe everyone is watching them as if they were on stage.

Adolescents who sexually offend typically have difficulties with certain aspects of cognitive functioning. They may become "stuck" in their thinking at an earlier stage of cognitive development, when the world is often viewed in "black or white" or right or wrong with no in-depth reasoning about situations that arise. They have the ability to express themselves, but it is often in a direct, concrete manner without any in-depth reasoning or honest consideration of consequences. For example, they may view pornographic material as acceptable because it is not directly or physically harming anyone, but they fail to see the inadvertent negative impact it has on themselves and ultimately others. Generally, adolescents who have not sexually offended learn and understand concepts of family, working together as a team to accomplish tasks, attaining an education and acquiring skills to get a job and provide food, clothing, and shelter, and the differences between right and wrong or good and evil. Adolescents who sexually offend may also be exposed to these concepts but do not internalize them. They too have a family, attend school or hold a job, and may have been taught the difference between right and wrong, but the function of parents and family is tied to giving him what he wants, otherwise they are seen as just a hindrance in his life – there is a poor concept of relationship or give and take (Yochelson & Samenow, 1976).

Adolescents who sexually offend typically have attended school or achieved some formal education, but have difficulties integrating and applying the teachings and skills to assist them in life experiences or to expand their knowledge of the world. School is usually seen as dull and tiring – something imposed by others. In school they may become absorbed with facts or topics that are only of interest to themselves, dashing between details that capture their attention while disregarding the opportunity to learn concepts that will benefit them in the future (Yochelson, & Samenow, 1976).

Immediacy or what feels good in the moment and obtaining immediate gratification is another area of focus for adolescents who sexually offend. Egocentrism, as described above, is predominant as they typically don't think about the consequences to others as a result of their actions; they are concerned with themselves and their own gratification.

Impulsivity is another common cognitive characteristic. As they sometimes report, "I did it without thinking". Matters of right and wrong are fleeting thoughts as issues of whether they will get away with the behavior or not invade their thinking. An action is considered wrong in their point of view if it is distasteful to them, if it is something that they would not do, or if there is a chance of them getting caught – there are few abstract concepts or set of principles to guide or direct their thinking and actions at the time (Yochelson & Samenow, 1976). Unfortunately, early negative childhood experiences often lay a negative foundation for them as they perceive, assimilate, and accommodate future experiences. They often fail to learn from prior experiences and may repeat actions that have led to frustration as they have not learned what behaviors are responsible for the frustration.

Prominent aspects of cognition for adolescents who sexually offend are "distortions in thinking" or cognitive distortions that serve their own needs, especially in the form of denial, minimization, and projection of blame (Epps & Fisher, 2005). Denial or not "facing the facts" – not admitting certain events or behaviours – can take place consciously or subconsciously. Forms of denial for adolescents who sexually offend may include admission of the offence but with justification of the behaviour, denial of the occurrence or of having any involvement, assertion of not being "that type of person" to commit such an act, denial of the nature of the act, and pleading external or extenuating

circumstances to explain the behaviour (Kjellgren, 2001). Minimization may be expressed when an adolescent makes the event or behaviour appear to be less significant or important than it really is. It can be expressed in statements such as, "I apologized for it so it's okay now" or "We were just playing". Projection of blame can occur when an adolescent places responsibility for his own actions onto someone else; typically the victim. Fostering this form of thinking allows adolescents who sexually offend to view their behavior as acceptable, justifiable, or harmless to others. This relates to early developmental stages where the child first formed his view of the world and accommodated his experiences (Ryan, 1997). Another reason for cognitively distorting the painful results of sexually offending is because such adolescents want to be perceived in a good light by others. They want to be seen as good, kind, and caring individuals and portray a favorable self-image to others (Way, 2005).

Low victim empathy is another noted characteristic in the literature of adolescents who sexually offend which is not only associated with emotional factors, but also with the above cognitive distortions (Way, 2005). Empathy from a cognitive aspect is the capacity of an individual to mentally consider another's point of view. It can serve as a barrier to initiating aggressive behaviors in that it helps an individual to make sense of, or form an explanation for, another person's behavior or statements (Davis, 1994). If an individual makes an insulting statement, for example, toward the adolescent and he is not able to conclude that the remark was misinterpreted, unintentional, or the result of situational factors then there is a greater risk of responding aggressively (Davis, 1994). An adolescent who has sexually offended not only has difficulties with empathy in general, but also with cognitive empathy. Individuals who have been abused by a parent or guardian may come to identify with his or her distorted thinking (Way, 2005). An adolescent may also deny his or her own trauma and pain for purposes of self-preservation and protection from feelings of victimization and unworthiness or to further gratify their own needs, all of which make it less likely that they will be able to acknowledge and empathize with other people.

Another form of distorted thinking that adolescents who sexually offend use involves power, control, and dominance against a less powerful person. In a qualitative study that examined sibling maltreatment, several of the participants indicated that many

of their negative interactions were characterized by the assertion of power over a sibling (Hanoski, 2001). Although it is often perceived as a stronger person versus a weaker person, it can be seen as an adolescent's attempt to compensate for his perceived lack of power and control (Wiehe, 1997). Similarly, Revoize (1982) explains that sibling sexual abuse is a response to the adolescent's pervasive beliefs of powerlessness – he takes from a younger sibling what has not being given to him voluntarily by others. Adolescents who sexually offend have described experiencing excitement, sexual arousal, risk, or a sense of getting away with something during these situations (Lane, 1997). Offending offers a perception of control that an adolescent is searching for in response to feeling powerless. An adolescent may associate internal perceptions of adequacy, superiority, mastery, and strength with the misuse of power. These internal perceptions are based on the belief that retaliating for something or being in control of certain circumstances, proves to another and the offender himself that he is "okay". An individual temporarily gains a sense of empowerment because he or she is directing the situation. For example, if an adolescent is bullied at school or believes that a younger sibling receives more attention, they may later resort to abusive behaviour with a younger sibling at home. His or her psychological resources may be ineffective in coping with such certain situations, but by engaging in control seeking behaviour they perceive a particular problem, such as feeling inadequate, as resolved or less significant (Lane, 1997).

Sexual development, deviancy, and abuse. Notions that adolescent sexuality is primarily driven by biological factors such as "raging hormones" have been common in the past, but according to adolescents' own views about sexuality it is seen as more than a physical act driven by biological processes (Brown, Steele, & Walsh-Childers, 2002). Adolescents have indicated that it also involves attractiveness, reputation amongst peers, relationships, finding love, and intimacy (Brown, Steele, & Walsh-Childers, 2002).

In a longitudinal study of sexual health, researchers conducted interviews with 25 ethnically diverse boys between the ages of 13 and 15 years (Tolman, Spencer, Harmon, Rosen-Reynoso, & Striepe, 2004). These interviews revealed that these boys' experiences of sexual relationships were more than "raging hormones" or "acquiring belt notches". The adolescent boys spoke of their desire for and experiences of emotional intimacy, hopes for companionship, sharing, and trust in relationships rather than their bodies

simply taking over. They indicated developing personal boundaries for their sexual behavior that were internally and externally motivated. Although this private world of emotional intimacy in sexual relationships was present, boys in this study also spoke of engaging in sexual experiences in response to pressures by peers to avoid labeling and to publicly demonstrate a particular image such as masculinity.

More than 80% of individuals report having their first sexual encounter in middle to late adolescence, and the average age at which males experience their first sexual intercourse is at approximately 16 years (Brown et al., 2002). In a Canadian study, grade nine and grade eleven students between 1998 and 2000 reported that they had sexual intercourse at least once, and the percentage of boys in grade eight who reported such experiences declined from 31% in 1988 to 23% in 2002 and from 49% to 40 % for grade eleven boys (Boyce, Doherty, Fortin, & MacKinnon, 2003). Although this data suggests a slight decline in the proportion of adolescent males engaging in sexual activity, other data suggests that the age at which adolescents are engaging in such activity is far earlier than it was several decades ago (Steinberg, 2005). When looking at individuals 17 years of age, approximately 50% have experienced intercourse, at 16 years of age this percentage is about 40 %, at 15 years of age it is around 25% for females and 20% for males, at 14 years of age the percentage ranges between 10 and 13 %, and before 14 years of age less than 2% have had intercourse (Maticka-Tyndale, 2001). As well, young adolescent males who physically appear older are more likely to be sexually active than other adolescent males their age, and boys who are perceived as more popular in school are more likely to initiate sexual activity earlier than boys who are less popular (Steinberg, 2005).

Adolescent sexuality is unquestionably connected with the events of physical maturation. It marks a period of time in which the greatest physical and sexual changes occur since fetal development. In middle adolescence, there is an increase in desire for independence from family, and curiosity about sexual relationships is set in motion. In later adolescence, they may become more adjusted to and secure about physical changes. Adolescents have usually explored their ideas about who they are sexually and can more clearly define gender roles they wish to assume than when they were younger.

For males, puberty clearly involves different feelings, status, and experiences than for females. Boys may look forward to adulthood and are less ambivalent or anxious

about leaving the world of childhood behind than girls. Perhaps this is because there are more positive societal messages about sexuality for men than there are for women (Steinberg, 2005). On the other hand, there are pressures experienced from peer groups and cultural expectations that may exacerbate any anxieties. For example, males can be stereotypically viewed as more assertive in initiating a relationship and the sexual pursuer in a relationship. For some adolescents the onset of puberty makes males look older and more adult which offers them more independence, autonomy, and recognition for actions and accomplishments. This in turn may make them feel more grown-up and confident. The age at which the onset of physical maturation occurs for boys is approximately 9 years of age, but it can occur as late as 13.5 years of age (Susan & Rogol, 2004). With progressive increases in muscle size, height, and strength, an adolescent male's athletic abilities, surpasses females of the same age.

There is a link between early-maturing boys and their involvement in antisocial or deviant activities (Susan & Rogol, 2004; Wichstrom, 2001). They may be more likely to engage in alcohol, truancy, physical aggression, sexual activity, and risky behaviors more so than late-maturing boys. One explanation for this is that early-maturing boys who look more physically mature develop friendships with older boys that lead them into activities which they may not be psychologically prepared for, while later-maturing boys have had more time to prepare for the onset of puberty and to develop valuable coping skills (Steinberg, 2005). On the other hand, early-maturing boys seem to have more advantages than later-maturing boys in that they project a more masculine appearance which promotes a sense of self assurance, poise, responsibility, and self-esteem and leaves them open to be chosen as "captains of the team" or leaders in a debate. Later-maturing boys may have difficulties competing in certain sports, appear weaker, and be unable to accomplish particular tasks without assistance which leaves them with fewer peers, less popularity, and fewer interactions with the opposite sex.

Human development typically follows a common pattern. There are expectations at certain points in development in which similar characteristics and behaviors occur across most people. When such expectations in development are contradicted, such as in cases of sibling sexual abuse, questions arise such as "how did this happen?" or "why did this occur?" Some adolescents who experience difficulties with transitions involved in

adolescence may turn toward deviant behavior. There is much controversy surrounding the meaning of sexual deviancy, as it is a broad term which can be defined from a medical, moral, religious, legal, statistical, or most commonly a sociocultural perspective. Sexual deviancy suggests that there are norms for acceptable or normal sexual behavior that are recognized within one's culture and society in general, yet these norms may also change over time. Presently, in most cultures sexual aggression, lack of consent, incestuous relations, and molestation are prohibited by law and custom (Steele & Ryan, 1997).

A sexual act is considered deviant along the following dimensions: the degree of consent, the age of the sexual partner, the nature of the sexual behavior, and the setting in which the act occurs (Goode, 1978). Sexual behaviors are seen as deviant when they are no longer in balance with other activities in one's life, when the individual becomes preoccupied or obsessed with the activity rather than it being an isolated event, when they are aware of the inappropriateness of the behavior and become secretive about it, and when they deny the activity or develop defensive strategies to protect themselves (Arji, 2004). As well, opportunities to engage in the behavior are consistently thought about and often strategically planned. For example, adolescents who sexually offended against a sibling report that neither age or gender are significant factors in their offending, but that access to the victim or opportunity to act out the behaviors play a highly important role in their offending (Aylwin, Clelland, Kirkby, Reddon, Studer, & Johnson, 2000; Worling, 2001). Coercion such as physical force or threats, bribes, persuasion, intimidation, and peer pressure can be involved. It may be associated with drug use, the need to reduce negative feelings such as anger or loneliness, and the need to raise low self-esteem.

Typical adolescent males are often self-absorbed, but adolescents who have sexually offended are on the extreme end of this spectrum – they are even more focused on satisfying their own needs (Lakey, 1994). As puberty approaches, adolescent males who have not sexually offended usually begin to show interest in the opposite sex. The same is true for adolescents who have sexually offended but their interests are neither casual nor respectful – they are opportunistic and focused on ways to fulfill inappropriate or deviant sexual fantasies (Lakey, 1994). Non-offending adolescent males tend to seek

the company of same age peers, and although an adolescent who has offended may desire similar relationships he possess few social skills to initiate or maintain them and thoughts of a sexual relationship are few as immediate sexual gratification is the goal (Lakey, 1994).

Although sexual drive is inborn, the ways in which sexual behavior is manifested is learned based on the environment (Steele, & Ryan, 1997). For example, children or adolescents who are exposed to chaotic family disruption, lack of familial boundaries, sexually explicit material, and physical, psychological, or sexual abuse and neglect are at risk for deviant behavior in some manner. Prepubescent children or children up to the age of twelve who engage in sexually inappropriate activity, have been sexually abused, or have been exposed to sexual material are more often considered sexually reactive rather than deviant (Rich, 2003). Such behavior can be the result of a sexualized environment and inappropriate exposure to sexual activities or materials. Their sexual behaviors with others may or may not be abusive, but their stage of development and the pathway to the sexual behavior can be considered more reactive rather than proactive. A child age 11 or younger can be considered sexually reactive if he or she was exposed to sexual experiences that were age inappropriate, and children between 12 and 13 years of age are considered sexually reactive if the behavior follows exposure to an explicit sexual experience that occurred within the past 12 months (Rich, 2003). Sexual reactivity is typically not applied to adolescents aged 14 and older as they are considered to have greater cognitive capacity as well as greater self-control and awareness of responsibility.

The social learning theory offers an explanation as to how adolescents learn sexual deviancy from their environment. This theory suggests that adolescents who sexually offend learn such behavior by observing similar actions from others or from their own sexual victimization. Evidently children become a "product of their environment" as they observe, learn, grow, mimic, and experiment with what they have seen and experienced (Rich, 2003). As they get older their sphere of learning, formerly centered on the family environment, shifts to that of the larger outside world. Children and adolescents obtain their ideas from exposure to adult activities, media, and peers, and in turn they are shaped or directed toward certain behaviors and perhaps even inadvertently reinforced by them. Individuals in line with the social learning theory

suggest that imitation of behaviors which children and adolescents observe are even more likely if they connect or identify with an individual or a particular character in the media, if they believe the portrayal in the media is realistic, and if they desire to emulate the character (Brown et al., 2002). Through repeated exposure over time, adolescents learn how to obtain victims, push boundaries of inappropriateness even further, and perpetuate the behavior through secrecy, threats, or bribes. I consider that this type of social learning sets a poor foundation for a child or adolescent to proceed successfully to further stages of development. Their thinking and behavior may be set toward a particular pattern or path in life, leaving them vulnerable to triggers in the future that initiate offending behavior.

Currently many adolescents are provided with formal education about healthy, "normal" sexual development but this seems to pale in comparison to the everyday subtle messages that are received and learned through friends, parents, religion, media, and society in general. Messages about the tasks involved in "becoming a man" seem to be tied with sexual practices that are portrayed in the media which can leave adolescent males feeling confused, vulnerable, and frightened. One of the biggest influences on children and adolescents with regard to sexuality is the media – television, music, and the internet (Moore & Rosenthal, 1993). Selective television viewing can be a positive and powerful teaching tool. Without selectivity, and supervision in cases of adolescents, it can also serve to teach inappropriate sexual behavior and other forms of deviancy such as pornography. Many of the messages presented in the media about sexuality reflect hedonistic values and self-gratification (Moore & Rosenthal, 1993). As a result, adolescents are faced with having to sort through the confusing messages in developing their own working model for sexuality and behavior. Prendergast (1993) notes,

> Society is preoccupied with sex and uses sex to prove everything, especially manhood. Both boys and girls are affected by this factor, especially as they enter adolescence. Boys develop the need to prove their manhood. What they see on television…portrays sex as the ultimate proof of reaching adulthood and being accepted as normal and healthy (p. 6).

In Canada, children watch an average of 14 hours of television per week, and by their high school graduation they will have spent more time watching television than in

the classroom (Canadian Pediatric Society, 2003; Johnson, Cohen, Smailes, Kasen, & Brook, 2002). The amount of time Canadian children and adolescents watch television has not decreased significantly over the past few years, and as the duration of it increases, the world depicted on television comes to be perceived as reality for many teens (Johnson et al., 2002). Adolescents rate the media as their primary source of information about sex and education programs in school as their second source (Canadian Pediatric Society, 2003). The information that adolescents are socialized to in the media ranges from explicit sexual content to "soft porn", which some adolescent offenders have described as a factor in their offending. Many adolescents who have sexually offended have been exposed to pornography by 7 years of age, and in a self-report study 100% of children age 10 to 12 years had reported seeing pornography (Rich, 2003). Many popular songs or music videos that attract teens contain sexually explicit references that affect adolescents' attitudes towards relationships and reinforce erroneous stereotypes. An important factor influencing individuals' interpretations of what they hear and see in the media is age. Preadolescents and early adolescents are highly literal in their interpretations and may, for example, miss the implied sexuality in the lyrics of a song, while older adolescents understand more clearly and internalize the direct and indirect messages (Arnett, 2002).

The Internet has become another major medium by which adolescents can explore information about a wide variety of topics. There are many sex-related sites on the Internet that adolescents may intentionally or unintentionally access. There are millions of children and adolescents in North America who use the Internet on a regular basis. Some of these children and adolescents obtain unwanted exposure to sexual material through e-mail, general searches, misspelled Web links, and links to sites from other Web sites (Finkelhor, Mitchell, & Wolak, 2000). Sex is the most frequently searched term on the Internet. If an individual uses a search engine to search for a term like "sex pictures" he or she can access millions of sites that contain sexually explicit pictures accessible to children and adolescents unless blocking software has been applied (Calder, 2004). The Internet has become a dangerous problem in that it makes pornography far more accessible to individuals with even minimal computer knowledge. As well, factors such as proximity, time, and anonymity make the Internet an attractive modality for adolescents to access such material. The Criminal Code of Canada gives provincial

governments the right to restrict the access of minors to pornographic material. In some provinces this is accomplished through tactics such as censorship boards, the licensing of adult movie and book stores, seizing by police material they deem pornographic, and the arresting of distributors of such material (Ramcharan, 1989).

Often adolescents who have sexually offended report having viewed pornography via the Internet and indicate that at some level it has been a factor in their offences (Epps & Fisher, 2005; Vandegriend, 2002). The catharsis model suggests that pornographic material acts as a modality that permits an individual to act out sexual fantasies harmlessly. The imitation model, however, argues that pornography encourages sexual aggression, particularly in males, and facilitates a negative attitude toward women that carries over into their own personal lives (Ramcharan, 1989). In one study, self-report characteristics were obtained from a large sample of adolescent sex offenders using a standardized evaluation (Zolondek, Abel, Northey, & Jordan, 2001). Molestation of children was the most commonly reported offence endorsed by more than 60% of the sample and over 30% of these adolescents reported using pornography. Over the past decade pornography via the Internet has proven to be harmful in facilitating offending behavior. Many of the "models" used in sexual videos or images are frequently close to their own age, which gives adolescents the perception that people their age are involved in such activities, and it "normalizes" the behavior (Freeman-Longo, 2000).

Adolescents with a secure and healthy sexuality are able to seek out accurate information about sexual health when it is needed and can distinguish between realistic and distorted sexual images (Longo, Brown, & Orcutt, 2002). Individuals with a positive self-image, who have internalized age appropriate messages about healthy sexual behavior, roles, and values, are more inoculated from the Internet's impact, where as adolescents who are less sexually healthy are more attracted toward sexual aggression, and have few positive role models to help them learn about sexuality (Longo, Brown, & Orcutt, 2002).

Prior exposure to sexual deviancy and abuse in an adolescent's family is a significant factor for adolescents who sexually offend that distinguishes them from other types of offenders. Adolescents who have been sexually abused by a family member or adult may react by coaxing or manipulating a younger sibling into the same form of

behaviour – they become "sexually reactive", and the younger sibling becomes a victim of "second-hand" abuse (VISAC, 1994). Social learning theory explains that individuals who are abused in childhood go on to "complete the cycle of abuse" by in turn sexually abusing others (Hackett, 2004). Correlations from studies in this area and implications of social learning theory remain controversial. Findings from a study by Widom (1989) indicate that children who are abused are at a significant risk of developing sexually abusive behaviour toward others. The findings did not show, however, that all children who are abused will develop abusive behaviour. Finkelhor and Dzuiba-Leatherman (1994) state that victims of sexual abuse do not necessarily repeat their own forms of abuse, but children or adolescents who have been abused are more likely to grow up to abuse others. It has been suggested that the percentage of adolescents who sexually offend who have been physically or sexually abused in the past varies from approximately 20% to 50% or more (Kahn & Chambers, 1991; Fehrenbach, Smith, Monastersky, & Deisher, 1986). Researchers caution that other factors need to be considered when examining victim-to-victimizing conceptualizations such as poverty, cumulative exposure to violence at home, school or in the community, school failure, and genetic or psychiatric functioning (Jonson-Reid & Way, 2001).

In O'Brien's 1991 study, an increased rate of physical abuse was noted in the families of adolescents who have sexually offended against a sibling. Sixty-one percent were physically abused compared with 45% of extra-familial offenders and 37% of adult/peer offenders. A higher incidence of sexual abuse committed by a father was also found among individuals who sexually offend a sibling than other offenders. Also, 36% of their mothers and 10% of their fathers had been victims of sexual abuse as a child compared with 9% of the extra-familial offenders' mothers and 5% of their fathers. Smith and Isreal (1987) also found that 52% of the sexually abusive perpetrators in their study were victims of sexual abuse as a child by intra-family or third party offenders. Thirty-two percent of cases involved father-daughter incest that preceded a brother sexually abusing the same victim. Forty-eight percent of perpetrators had also observed sexual behaviour within the home. In another study, Truscott (1993) examined the psychological functioning of 23 sexual, 51 violent, and 79 property adolescent offenders and their abuse

history. It was found that sexual offenders were twice as likely to have prior experiences of sexual abuse than violent or property offenders.

Youth who have not directly experienced sexual abuse may still abuse a younger sibling in the future because of obtained knowledge of other familial sexual abuse instances or through direct observation of the event (Araji, 1997). De Young (1982) suggests that a male adolescent who sexually abuses a younger sister due to prior knowledge of adult-child incest comes to view the sibling as "damaged" or devalued and may be imitating the parent's behaviour. Additionally, Laviola (1992) reported that the participants in her study described disciplinary action within the family as abusive. There were incidents of hitting with a switch or belt that left bruises or cuts, calling children derogatory names, and/or severely ridiculing children in front of other siblings.

Social relationships and interactions. Peer groups often help encourage and support new roles, responsibilities, and activities associated with adulthood without the direct guidance of one's family. At first this occurs within the proximity of the family to provide potential shelter or a safe haven to which an adolescent can return (Muuss, 1996). In addition to providing emotional and psychological support, a peer group teaches basic social and physical skills that may not be taught within the home environment. The reward system within a peer group such as acceptance, prestige, and excitement appears to be more influential than that of parents or teachers due to factors like conformity to group values, dress codes, language patterns, and attitudes toward others. Such influences are generally more pronounced in the socialization of male adolescents than for female adolescents (Muuss, 1980).

Adolescence is not only a time of increased peer interaction, but also a period of transition from same-sex friendships to heterosexual relationships. Adolescents today tend to begin dating at an earlier age than in prior generations (Steinberg, 2005). Adolescent girls begin dating around 12 or 13 years of age, and adolescent males tend to begin dating at 13 or 14 years of age. Approximately 20% of adolescents report that they have had a relationship with someone that lasted a few weeks by 15 years of age (Arnett, 2001). Dating or romantic relationships in adolescence are often short-lived, especially in early adolescence, and the percentage of youth reporting a romantic relationship increases with age as does the duration of the relationship. Intimacy with a romantic partner also

increases in late adolescence to the point that it equals self-disclosure to best friends and surpasses closeness to parents (Brown, 2004). Early adolescents tend to seek romantic relationships to address affiliation needs whereas individuals in late adolescence tend to develop romantic partners to address sexual and attachment issues (Furman & Wehner, 1997).

In a study by Austin (2003), four themes which capture the essence of adolescent love are described. These themes are awakening, falling, being possessed, and becoming. Awakening is described as becoming open to new possibilities, becoming more goal oriented, and a subtle awareness that grows into a fuller existence. There is a physical awakening of the body during adolescence or sexual maturity, a turning toward intimate relationships and pulling away from family and finding the time and space to do so, and an influence from the media that portrays aspects of love. Falling is reflected in the phrase, "falling in love". There is an immediate shift in how one feels that fills them with adventure, excitement and risk, and takes him or her away from a sense of everyday life. The next theme of being possessed is described as being consumed by thoughts of the other person. It entails thinking of him or her during every moment, and searching for clues as to whether feelings of love are being reciprocated. The youth may read into another's actions trying to find some deep significance in them. Places and moments acquire meaning because they come to symbolize the relationship itself. The last theme, becoming, unfolds as we discover ourselves in relationship to a special person. There is an imagination of possibilities with a special person, a gift of the 'self' to the other, and a stimulation of self-growth as he or she works to become what they believe the other wants them to.

For some youth, as in the case of adolescents who have sexually offended, adolescence is a time of stress and loneliness due to rejection, isolation, or negative influences. There may be no safe haven for such adolescents to return to when exploring activities associated with adulthood and peer relationships. Bronfenbrenner (1979) indicates that disruptions or a dissolving of an adolescent's social network can lead to impairments in emotional well-being, social behavior, and academic functioning. Personality characteristics that tend to promote isolation and loneliness include low self-esteem, apathy, aimlessness, shyness, and self-consciousness (Slee, 2002). Others come

to identify deficiencies in social skills and perceive them as being different or difficult to relate to. Further along the continuum are adolescents who are outright rejected, seen as aggressive or odd, and engage in offending activities. Once adolescents in these circumstances are perceived this way by their peers and are related to accordingly, it becomes extremely difficult for them to break free from a pattern of emotional and behavioral turmoil and often requires assistance and support to develop a new beginning. Adolescents who are perceived and related to negatively by peers are likely to develop friends who are also involved in offending behavior. Over time, I believe that such friends can serve to reinforce each other's negative behaviors, attitudes, and orientation which leads to becoming more involved in further serious, harmful activities.

In reviewing research studies on adolescents who have sexually offended, the consensus is that they typically have poor social skills, are socially isolated, and have few peer attachments (Araji, 1997; Gal & Hoge, 1999; Katz, 1990). Friedrich and Luecke (1988) found that interactions in most relationships that adolescents who sexually offend establish are characterized by aggression, antagonism, fear, uncertainty, and impulsiveness. Relationships are strained and conflicted and only a few youth describe having a "best friend" they can talk to or connect with. Katz (1990) examined social competence and compared adolescents who sexually offended, adolescents who had committed a non-sexual offence, and a group of adolescents from a high school with no background of offending. Katz found that adolescents who sexually offended were more "socially maladjusted" than either of the other groups, and demonstrated higher levels of social anxiety and apprehension within interpersonal communication. Other social skill deficits found in different studies include a lack of developmentally appropriate sexual knowledge, low self-esteem, emotional loneliness, feelings of unattractiveness, and having expectations of ridicule and rejection (Mason & Erooga, 1999). Such expectations could significantly impact adolescents when attending individual or group counselling. They may believe that the counsellor or peers in groups will be judgemental and non-accepting of them, which would lessen their willingness to open up in counselling. In a study by Chewning (1991), adolescents who sexually offended were less likely to have heterosexual intimate relationships and fewer female friends in general than delinquent and non-delinquent males.

Family dynamics. The family system incorporates certain beliefs, roles, and expectations, and it serves as a holding environment for a developing child (Ryan, 1991). Graham-Bermann and Cutler (1994) describe four constructs that can be used to describe a healthy and supportive family system. The first is the development and maintenance of appropriate boundaries within the family, and between the family and the external world. When boundaries among family members are semi-permeable, flexible, and adaptive, siblings learn to establish and respect mutual boundaries with each other. Second, the differentiation of oneself from other members in the family – especially siblings – allows for uniqueness and individuality. It is during adolescence that development of self-identity occurs. Adolescents actively attempt to integrate past familial and world experiences in constructing a sense of self-identity (Berzonsky, 2000). Development of identity is sought out in increased interactions with peers rather than with family, trying on certain roles, and gaining specific social feedback. When opportunities for self reflection and growth in identity are stifled, feelings of self doubt, role confusion, and self-destructive behavior emerge (Erickson, 1968; Muuss, 1988). The third construct is the distribution of power and control among family members. Siblings learn about appropriate responsibilities, equality, and role-taking skills. The fourth construct is the ability to empathize with others and to consider another person's perspective, as discussed earlier in this chapter. Empathy is an essential element in the development of identity and healthy relationships in general. Graham-Bermann and Cutler (1994) suggest that siblings who maintain sufficient boundaries are adequately differentiated, have a sense of self-identity, do not use coercion, and can empathize with each other function at a healthier level than do siblings in relationships who lack these characteristics.

Often, there are long-standing problems within family systems that give rise to an adolescent's offending behaviour against a sibling (DiGiorgio-Miller, 1998; Rudd & Herzberger, 1999, Ryan, 1991). Families in which sexual abuse has occurred are often characterized as having substantial "boundary diffusion" where personal boundaries between family members are rigid or enmeshed (Larson & Maddock, 1988). The rigid or enmeshed family holds many secrets, often prefers to be isolated, thus closing off external interaction with others, and views questions about the family as intrusive. Relationship patterns between family members are such that each member feels as though

his or her survival is dependant on the emotional and psychosocial status of the other members (Larson & Maddock, 1988). Independent thought and autonomous behaviour is seen as a threat to the symbiotic system and precipitates further abuse. Blurred boundaries can often be subtle such as no privacy, sexualized references, access to sexual material, and inappropriate touching, which conveys a message to family members that parents sanction these activities (DiGiorgio-Miller, 1998). Often siblings within such families come to perceive this behaviour as acceptable and a "normal" aspect of familial functioning – another way of expressing closeness within a family (Vandegriend, 2002). Smith & Isreal (1987) found that 40% of mothers in their study were classified as "seductive" which involved being openly flirtatious and provocative with their sons. The mothers regarded their sons as confidants in matters pertaining to their own sexual activities, and they were overly involved in their children's physical and sexual maturation, often expressing interest in their children's sexual relations with peers.

On the other extreme, sibling sexual abuse can also occur in families where there is little parental involvement, lack of supervision, and emotionally cold and distant parents or caregivers. The older sibling may be inappropriately given more responsibility than they are developmentally prepared for in caring for a younger sibling (Wiehe, 1997). De Jong (1989) noted that many cases of sibling and cousin sexual abuse occurred in single-parent homes where the physical and emotional absence of one or both parents was suggested to have played a significant role in intensifying the mutual dependency and sexual curiosity within sibling relationships. Children were also often left alone with individuals who were known to have sexually abused children in the past or were victims of sexual abuse themselves. In Rudd and Herzbergers's study (1999), mothers were described as emotionally absent within their family due to overwhelming life circumstances, illness, or alcohol addiction. The father was also absent either through death, alcoholism, mental illness, or extreme emotional distance. This seemed to play a factor in sibling abuse. Smith and Isreal (1987) similarly found that 24% of fathers in their study were characterized as physically present but emotionally distant. Some fathers described feeling disinterested in parenting, a failure to bond or empathize with their children, a lack of understanding about normal healthy child development, or a feeling of being sabotaged by their wives' relationship with their children. The mothers who were

physically and emotionally distant were described as being too absorbed in their career to maintain a primary role as a parent, finding relief in drugs and alcohol from stressful circumstances, or having a mental illness.

Group Counselling and Adolescents who Sexually Offend

Group counselling has many benefits and has emerged as a predominant modality in working with adolescents who have sexually offended (Print & O'Callaghan, 1999). Group work can be defined as an interdependent gathering of people to achieve mutual goals that may be related to work, education, personal development, personal or interpersonal problem solving, or remediation of mental or emotional disorders (Gladding, 2003). Often a multi-modal approach to counselling adolescents who have sexually offended – that is a combination of individual, group, and family counselling – is a more preferred approach than any one type in isolation. For this study, I initially entered the youth's experience through the process of group counselling, and it was a modality that was most often conveyed by the participants through interviews. Therefore, a focus on this counselling approach as it relates to adolescents who have sexually offended is presented.

Groups are a natural way for individuals to connect and interrelate with each other. They provide many opportunities for frequent and varied reinforcement, encouragement, and challenge from peers which can be far more powerful for adolescents than when received from adults (Rose, 1998). As well, group work serves as an intermediate step between experimenting with newly acquired behaviour and coping mechanisms and generalizing those behaviours and skills to the community – it is a natural laboratory for trying out different skills that are essential for the development of appropriate social relationships (Rose, 1998). From a developmental perspective, groups provide an environment where adolescents can experience an increase in autonomy, a chance to develop peer group identity and a personal value system, and an atmosphere to prepare adolescents for the future by learning certain social skills (Print & O'Callaghan, 1999). Groups can also help adolescents learn self-disclosure and ways of expressing emotion from other peers, help reduce feelings of aloneness and isolation, and become a safe place to explore issues that have much anxiety and stigma surrounding them.

Adolescent counselling groups. Groups that focus on adolescents who sexually offend are often ongoing groups or "open-ended", where a new member can join when an existing member completes his goals for counselling and graduates from the group (Gazda et al., 2001). Implementing a continuously running group format can aid in the building of a group culture over time and provide a sense of continuity (Lundrigan, 2001). Members who have participated in the group for an extended period of time, are a low risk for re-offending, and have shown positive changes in social skills, motivation levels, and understanding in offence behaviors serve as mentors or co-facilitators in the group. These mentors can help new members understand the principles, rules, and concepts of the group through modeling. They can also aid in making a new member feel more comfortable, open, and honest in discussing offending behaviors.

Ongoing groups with adolescent sexual offenders are usually sex-offence specific and focus on the use of cycles to identify past and present patterns of offending, identify future risks, and develop healthier responses (Ryan & Lane, 1997). Such groups use both male and female co-leaders to observe behaviors that may otherwise be missed or overlooked. The presence of a female counsellor helps in dispelling any misconceptions adolescents' hold about women, while a male counsellor acts as a role model who is assertive without resorting to aggressive and manipulative behavior (Lundrigan, 2001). Groups are often small in size due to the intensity and complexity of issues that are dealt with and to provide an environment that feels safe and secure in which to discuss personal offending behavior. These groups use active attempts to engage the adolescent in counselling and draw upon the encouragement and cooperation from other peers in helping a new member develop a sense of personal responsibility (Lundrigan, 2001).

When examining ongoing groups for adolescents who sexually offend, the nature and duration of each stage is different than it is for other types of groups. Members do not all begin and end the group at the same time so many members are at different stages for differing periods. The stages that one goes through in this type of group counselling tend to be more specific to the individual than to the group as a whole. Commonly, however, an adolescent often begins by meeting the counsellors, becoming oriented to components of the group, and learning the rules and expectations of the group in areas such as confidentiality, behavior, and consequences (Lundrigan, 2001). When an adolescent

attends group counselling for the first time, he is encouraged to introduce himself to other group members. An adolescent can begin to observe how other members discuss certain issues and develop a sense of group functioning. As the adolescent transitions further into the group and develops deeper levels of trust and openness he is encouraged to disclose the events of the offending, including any planning, grooming, bribery, or threats, and relay how the behavior was discovered by others. At this point, he may be taught how his behavior relates to the cycle of sexual offending, and how expressing his feelings surrounding the offending is a healthy process in counselling. Challenges by other group members about any minimizations or rationalizations in thinking, lack of remorse, or aggression can also be presented. Social skills, coping strategies, and information about offending behavior and prevention are continually discussed, and responsibility for each member's own counselling and control over affective, behavioral, and cognitive aspects are stressed throughout the group process. The view that counselling is designed to assist the adolescent develop control over his own behavior dispels the myth that it is something done to the youth. Rather learning that counselling is something the youth does for himself sends the message that he has control over his actions (Ryan and Lane, 1997). Once an adolescent and the counsellors have agreed that major goals have been reached, the youth is given the opportunity to become a mentor for the group and provide support for new members. Adolescents who reach this stage and choose not to be a mentor have the opportunity to share how they will continue to maintain their safety plan, express their overall feelings about the group and hopes for each member, and to say good-bye.

Therapeutic factors. Yalom developed a framework of eleven essential therapeutic factors that promote change (Yalom & Leszcz, 2005). These factors can be observed in working with adolescents who sexually offend. The first factor, *instillation of hope,* often presents itself in the middle to later stages of group counselling when an adolescent feels more comfortable and can observe another's progress and positive changes. Observing individuals who graduate from counselling also provides a sense of hope for other members that they too can successfully move forward. *Universality* refers to the perception that group members share similar feelings and issues that have brought them into group counselling. It is often the case, especially in the early stages of group sessions

that members feel isolated and alone in their problems. As they continue in group, however, they find relief after members disclose experiences and feelings that disconfirm perceptions of isolation. Adolescents come to realize that everyone present in the group has engaged in a sexual offence so there is less need for secrets and issues can be discussed together (Newbauer & Blanks, 2001).

The next factor Yalom presents is *didactic instruction*, which involves advice or suggestions given by the counsellors or other group members. Direct advice by members is common in groups and is also included in this therapeutic factor. The content of advice-giving may not directly benefit the client, but the process conveys a sense of mutual interest, care, and concern. Adolescents often impart information to other members on ways to maintain their safety plan, possible consequences for not adhering to it, and positive alternatives to certain unhealthy decisions. Being able to provide help, suggestions, and impart information to other group members, especially new group members, can also lead to the next factor – feelings of *altruism* – which can also increase feelings of self-esteem for adolescents who have rarely experienced such opportunities in the past. Altruism entails members gaining a positive view of themselves through the realization that they can help others in the group. Clients sometimes begin group by feeling that they have nothing of value to offer others. They soon come to challenge these beliefs, however, and experience higher levels of self-esteem from the intrinsic act of helping others through offering support, reassurance, suggestions, and insights (Yalom & Leszcz, 2005).

According to Yalom, a counselling group can *resemble a family* in many ways. There is often a male and a female group leader that reflects parental or authority figures, peer siblings, sharing of private information, and strong emotions including hostile or competitive feelings (Yalom & Leszcz, 2005). For adolescents, such groups can model egalitarian relationships between the sexes and provide effective ways of solving familial issues. Members can draw on their own familial experiences as they provide valuable insights into other members' difficulties (Marshall & Barbaree, 1990). They provide the group with an environment that encourages and allows members to interact in a more adaptive manner (Kivlighan & Holmes, 2004). The development of *socializing techniques* or basic social skills may be explicit or indirect in groups, and can be an

important factor for adolescents who sexually offend, as they often lack skills in this area. For example, a group environment for an individual lacking in intimate relationships or the deeper expression of thoughts and feelings may provide a safe opportunity to gain interpersonal feedback. Groups provide a safe outlet for adolescents to practice social skills and the expression of feelings in an appropriate manner. A group setting helps adolescents learn how to hold a conversation with others, actively listen, give complements, handle criticism, learn to say "no" to negative peer influences, and receive positive or negative feedback (Kahn & Lafond, 1988).

Group counsellors serve as *role models* for other group members, and as sessions progress clients come to incorporate and display similar behaviors such as self-disclosure and support. Senior group members, especially those acting as mentors, can also act as role models. Through adolescents' observations in group, they may begin to pick up on positive behaviors. This may include learning to respect others as they are talking about their experiences or expressing an emotion, following rules of the group, or identifying denial and minimization. Yalom emphasizes the importance of interpersonal relationships, a corrective emotional experience, and the group as a social microcosm when discussing *interpersonal learning* as another therapeutic factor. In groups, members gain important insights through sharing perceptions and interactions with each other, and over time, they come to automatically display behavior in a group setting that has been maladaptive for them in the past. A corrective emotional experience entails a strong emotional expression which is interpersonally directed, a supportive enough group to permit risk taking, examination of the incident, recognition of inappropriate interpersonal feelings and behavior, and facilitation of one's ability to interact with others at a deeper level. The group setting helps adolescents develop insights into their behavior based on what other group members may notice. As an adolescent hears others describe their experiences and behaviors that are similar to his own, he may be more able to change his beliefs and negative self perceptions, such as thinking that he is a terrible person because he is the only one who committed a sexual offence (Ryan & Lane, 1997). Observing a youth sharing painful experiences may facilitate another adolescent to take a similar risk and interact with others at a deeper level.

*Cohesiveness*, the next factor, is a feeling of togetherness that is provided and experienced by members in the group. It plays an important factor as members feel a deep sense of acceptance and belonging, and individuals can have warm recollections of their experiences long after the group has ended. Yalom suggests that groups with higher levels of cohesiveness tend to have higher attendance rates, deeper levels of participation, mutual support, and will often defend the standards of the group (Yalom & Leszcz, 2005). When an adolescent begins attending group counselling for the first time he may feel like a misfit as he never expected to get caught offending, and he is aware that others in the group have also been caught for behavior that is considered taboo (Newbauer & Blanks, 2001). Over time, however, adolescents in group learn to be open about their feelings, fears, and desires, and a sense of cohesion begins to develop as they all begin to realize that they have had similar experiences in life. This milieu or culture grows stronger as the group progresses and as well as an understanding that a combined effort is needed by all members (Newbauer & Blanks, 2001). Another therapeutic factor that Yalom discusses is *catharsis*. In groups, members release their feelings about past or here-and-now experiences, and this release of emotion tends to bring relief to the individual (Kivlighan & Holmes, 2004). The intensity of emotional expression is relative and must be appreciated from each member's experiential world. As an adolescent goes through the process of sharing his story and describing both positive and negative circumstances, he is able to access and acknowledge, perhaps for the first time, feelings of vulnerability and helplessness that he may have previously been denying (Ryan & Lane, 1997). As group members come to express empathic feelings for each other and share feelings of shame and sadness, they experience a sense of relief in being able to let such emotions surface and be discussed.

Lastly, Yalom includes *existential factors* which represent group members accepting that they have to take responsibility for their own life (Kivlighan & Holmes, 2004). It also involves recognizing that life is at times unfair and unjust with ultimately no escape from pain or death, understanding that we face aspects of life alone, and confronting life more honestly – not getting caught up in life's trivialities. Adolescents in group are taught to take responsibility for their actions in life without blaming the victim or the situation. They learn to understand and accept the logical consequences of their

actions, and choose to make changes which lead to a life that does not include sexually abusive behavior (Newbauer & Banks, 2001).

Efficacy of group counselling. Over the past few decades, counsellors and researchers have come to demonstrate the overall effectiveness of group work (Brabender, Fallon, & Smolar, 2004). Both qualitative and meta-analytic studies have revealed positive outcomes. A review of more than 700 studies on group counselling found that groups have beneficial outcomes across counselling models and with individuals suffering from a variety of disorders and issues (Fuhriman & Burlinghame, 1994). In a study by Kösters, Burlingame, Nachtigall, & Strauss (2006), a meta-analytic review of the effectiveness of group therapy with inpatients was conducted using 24 controlled and 46 studies with pre- and post measures published between 1980 and 2004. Beneficial effects were found for individuals suffering from severe mental illnesses, such as schizophrenia and bipolar, who completed group therapy. As well, the differential effectiveness of group therapy was estimated in a meta-analysis of 111 experimental and quasi-experimental studies that were published over the past 20 years. An effect size was computed for individuals who were actively going through group therapy and those who were on a wait list. The average effect sizes were found to be moderate indicating that active group therapy resulted in improvement when compared with wait-list control groups (Burlingame, Fuhriman, & Mosier, 2003).

Piper (1993) suggests that identifying patient predictors or characteristics and matching them with specific treatments is effective in studying the efficacy of group work. In a study by Ogrodniczuk, Piper, Joyce, McCallum, and Rosie (2003), the relationship between patient personality variables and outcomes for 107 psychiatric outpatients with issues surrounding grief, who completed either interpretive or supportive short-term group therapy, was examined. The personality variables were assessed prior to therapy using the NEO-Five Factor Inventory. They found that the personality characteristics of group members influenced how much they would benefit from different group modalities. For example, for patients in both forms of therapy, extraversion, conscientiousness, and openness were directly related to positive improvements in grief symptomology. In contrast the personality factor of neuroticism was inversely associated to favorable outcomes in both forms of therapy. Agreeableness was a factor that was

directly related to improvement in grief issues for patients in interpretive therapy, but not for those individuals in supportive therapy. In another study, Ogrodniczuk, John, & Piper (2003) examined whether the average group climate, such as avoidance, conflict, and engagement, and change were associated with outcome. They found the positive effects of engagement (cohesion and self-disclosure) as early as the fourth session, and engagement averaged over the course of therapy was directly related to patient benefit from psychotherapy groups.

Recently, research into effectiveness has focused on identifying the specific elements and process components that make group work effective (DeLucia-Waack & Bridbord, 2004; Gazda et al., 2001). Piper (1993) explains that preparing individuals for their participation in group therapy is a widely advocated procedure, and given the relatively small cost, it is well worth a therapist's time and effort. In reviewing numerous studies he concludes that the strongest benefits of pretherapy preparation are improved attendance, retention, therapy process, and treatment outcome. Another important process component of group work is giving and receiving interpersonal verbal feedback. It has been associated with increased levels of motivation to change, greater insight into how one's behavior may affect others, increased comfort levels in taking positive interpersonal risks, higher ratings of the overall group experience, and an increased capacity for engaging in intimate relations with others (Burlingame, Fuhriman, & Johnson, 2004).

The impact of group work on adolescents who have offended was examined by Viney, Henry, & Campbell (2001). In their study, group work was evaluated to be effective immediately after terminating treatment in increasing maturational processes such as trust, autonomy, and initiative and in decreasing less helpful maturational processes. In particular, adolescents who offended showed greater gains in aspects of industry and affiliation with others after group work compared with those who did not have treatment. Group work was also effective in reducing less helpful psychological states such as uncertainty, anxiety, and anger. These researchers suggest that even more sustained and long term group work would be beneficial for adolescents who have offended.

Lombardo and DeGiorgio-Miller (1988) indicate that powerful counselling interventions that specifically relate to group counselling and offending behavior are discussing the offence in detail, outlining steps that led to the offending, and focusing on thoughts and feelings before, during, and after the offending. A study by Beech and Fordham (1997) examined 12 treatment groups for individuals who have sexually offended and found that the therapeutic atmosphere within a group setting had a significant impact on treatment outcome. Groups that were effective at creating positive changes were cohesive, had effective group leaders, encouraged a sense of group responsibility and expression of emotion, and generated feelings of hope within the group. Groups with a less confrontational approach resulted in greater changes within group members in that they had decreased cognitive distortions and further developed relapse prevention strategies. Levenson and Macgowan (2004) studied the relationship between engagement, denial, and treatment progress among 61 male sexual offenders in outpatient group therapy. In their study they found a strong relationship between engagement and treatment progress. Clients who actively participate in group counselling, are connected to other group members and to the therapist, and who are invested in counselling are more likely to progress in counselling than those who are not.

# CHAPTER THREE

## Interpretive Inquiry

*Go forth now. Go forth and question. Ask and listen. The world is just beginning to open up to you. Each person you question can take you into a new part of the world. For the person who is willing to ask and listen the world will always be new. The skilled questioner and attentive listener knows how to enter into another's experience.*
*(Patton, 1990, p. 279)*

Through the use of interpretive inquiry and narratives this study explored the experiences of adolescents in counselling who have sexually offended against a sibling. Interpretive inquiry is often used as an umbrella term under which a variety of qualitative research methods can be draw upon to explore such an issue. Qualitative methods give voice to and describe in an in-depth manner insights into participants' experiences of the world which is a valuable consideration for both the researcher and the reader. Researchers gather information by entering into another's experience, listening, observing, and reflecting to produce and disseminate meaningful information about life experiences. In a very real sense the qualitative methods work through the researcher, because it is his or her involvement in talking, listening, observing, interacting, reading, and reflecting in various degrees of engagement with participants that filters and affects what counts as meaningful knowledge in the inquiry (Schram, 2003). Often it is through the use of discourse or language that individuals gain a better understanding of another's experience and construction of realties, as Lincon and Guba indicate, "If you want people to understand better than they otherwise might, provide them information in the form in which they usually experience it" (1985, p. 120).

A researcher's orientation to interpretive inquiry typically begins with a theoretical viewpoint or paradigm – a framework of beliefs and methods within which the research takes place. Specifically, researchers from a constructivist orientation identify and describe for themselves and the reader the "lens" they are looking through in approaching the research phenomenon. This chapter describes the constructivist paradigm in which I orient myself throughout this study, the underlying philosophy of interpretive inquiry, narratives, and narrative analysis. I discuss the role of the researcher, the method

in which participants became involved in this study, and the development of the narratives about their experiences in counselling. Methodological considerations are also described at the end of this chapter.

## The Constructivist Paradigm

When situated within a particular paradigm one can gain more clarity about what should be and should not be included in legitimate inquiry. Guba and Lincon (1994) state, "the aim of inquiry is understanding and reconstruction of the constructions that people (including the inquirer) initially hold, aiming toward consensus but still open to new interpretations as information and sophistication improve" (p. 113). Individuals hold their own particular meanings of events and experiences, yet at the same time they may be shared among others as they are placed within a social context. The entirety of the experience unfolds within a social context and it is relational in that the researcher and the participant share a co-construction of knowledge. Within the research process constructivists working with a narrative approach acknowledge that there is a relational process with participants even when they are not actively or directly involved in analysis (Hoskins & Stoltz, 2005).

Constructivist methodology is grounded in hermeneutics, which historically was an approach to interpretation of biblical text and later expanded upon by sociologists to provide interpretive understandings of experiences (Morrow & Smith, 2000). From the constructivist perspective it is believed that there are a variety of interpretations of the same data and that each interpretation holds specific value and meaning. Knowledge or "truth" about the data collected is the result of one's perspective; it is not discovered by the researcher but co-created with the participant (Guba & Lincon, 1994). The intent of the researcher is not to try and remain as objective as possible and eliminate "bias", but to acknowledge subjective beliefs and perspectives so that it is possible to make a more informed analysis of the data. A clear and definitive distinction between subjective and objective thought is futile because our subjectivity hinges from the world that we take our "objective" from – we can not detach thinking itself from that which we are thinking about (Smith, 1991). It is important to recognize that the researcher can never be completely disconnected from his or her presuppositions, and as we reveal one and set it

aside we discover more beneath it. When we try to "ignore" what we know and suppress our prejudices it affects the research process in that our presuppositions will inevitably creep back into our reflections since they are a part of the researcher (van Manen, 1984). Van Manen states, "it is better to make explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories in order then to simply not try to forget them again but rather to turn this knowledge against itself, as it were, thereby exposing its shallow or concealing character" (1984, p.46). Throughout the process the researcher actively makes attempts to maintain flexibility and be open to alternative viewpoints. He or she purposefully immerses into a 'journey of new understandings' and calls upon personal resources to reflect and learn. These new understandings within interpretive inquiry can not be forced as this is a journey that requires patience and a readiness to immerse ones self into another's experience.

Features of Interpretive Inquiry

Interpretive inquiry is a holistic and creative process that focuses on the interpretation of meaningful interactions and expressions. The aim is to understand the complexity and constructed reality from the viewpoint of those who live it. There is a focus on particular people, in particular times, and in particular places, situating individual's meanings and constructs within certain social, political, cultural, economic, ethnic, and other contextual factors (Schram, 2003).

A researcher enters the study with an open mind believing that there is something new to learn from each participant. I could not, therefore, enter this study thinking that I know everything about adolescents who have sexually offended and the process of counselling them. The objective is to appreciate a phenomenon from the "emic" or the insider's viewpoint rather than from the "etic" or the outsider's perspective (Merriam, 1998).

In a general sense, people are all interpretive inquirers in that they question and try to analyze and understand their environment and the world around them. Individuals think, behave, and interpret in connection with the world. When people are unsure or curious about a particular aspect of the world they explore it and behave in ways that assist them in gaining more information. Researchers also behave in ways that assist them

in answering their curiosities and deepen their explorations. It is through writing that the researcher can be more deliberative and reflective in this process and evaluate the arguments and ideas put forth from what they have learned in exploring the world (Ellis, 1998). To formally call this process interpretive inquiry in research is to acknowledge that there are methods through which one can carefully and more rigorously make attempts to understand. It is important to realize that the researcher approaches the study holistically rather than examining individual components of the phenomenon.

Interpretive inquiry can enable one to move to provide in-depth, rich descriptions of a phenomenon. Much of what qualitative researchers study is multifaceted as it relates to people, events, and situations that entail many variables and changes that are difficult to identify, quantify, see in relationship to other things, and operationalize (Peshkin, 1993). Interpretive inquiry can generate new concepts from the interpretation of the data.

Horizons. A researcher learns to conduct interpretive inquiry and monitor the process by first being aware of preoccupations and "creating a space" so that he or she can become fully immersed in the research. The researcher can move toward what hermeneutics calls a "fusion of horizons" (McLeod, 2001). A horizon is a term coined by Gadamer meaning "a range of vision" that entails particular vantage points – specifically one's prejudices (Gadamer, 1989). He explains that a person's horizon is something that moves with them and that when people want to further understand another's experience the ongoing task is to "throw light into it", to become more aware and clear about another's horizon.

A *fusion of horizons* occurs when a researcher first understands their own horizon in order to understand another. With an expansion or change of horizons, one comes to realize that there are multiple ways to observe and understand an event. The movement toward a fusion of horizons is not a linear, step-by-step progression; it is a continuous expansion in which the researcher becomes open to new information. The researcher does not abandon his or her old understandings in place of new ones but holds them in a way in which the voice of another can be heard (Smith, 1993).

Following the process of interpretive inquiry. Moving toward an understanding of an experience entails not only being open-minded to different meanings but also to fore-projections – that is early conceptions of phenomena. In attempts to further understand

the experience of another, movements within this process are not linear but cyclical from the whole of it, to the individual parts, and back to the whole again (Gadamer, 1989). Hermeneutically the questioning of events and circumstances within another's experience and reflexivity of the researcher or questioning of the self and others, replaces fore-projections with new projections as the meaning of it becomes clearer. Fore-projections are constantly being revised as new meanings emerge from the text, constituting the movement of understanding and interpretation (Gadamer, 1989). This process can best be understood in interpretive inquiry as a spiral with multiple loops. Each loop reflects the researcher's separate attempt to more clearly grasp the phenomenon under question with learnings in one loop providing direction for the next (Ellis, 1998). These attempts (data collection and analysis activities) may lead to findings that the researcher was expecting or they might lead toward "uncoverings" or insights that can change the direction of the study because new questions and concerns are then being formulated.

Within this interpretive inquiry spiral the researcher uses his or her preconceptions and fore-projections to make sense of the data. Fore-projections, or forestructures as used by Geanellos (1998) consist of (1) "forehaving" which are background practices from our experiences and the world that *allow for interpretation*; (2) "foresight" which are the background practices that carry with the researcher a certain perspective *from which an interpretation is made*; and (3) "foreconception" which entails the background practices that create expectations about *what is anticipated in the interpretation* (Geanellos, 1998). This process is called the forward projective arc in the hermeneutic circle. The hermeneutic circle is an expression of the researcher's preunderstandings, and upon entering the hermeneutic circle the researcher addresses issues of forestructure so that the data has the greatest opportunity to reveal itself (McLeod, 2001). When the researcher begins to re-evaluate the data and initial interpretations, seeking out contradictions, confirmations, inconsistencies, or gaps – as it is crucial to also look for what is not expressed in the data – this process is called the backward evaluative arc of the hermeneutic circle (Ellis, 1998). The researcher can begin to appreciate how repeated engagement with the data – continual movement between understanding the parts of the data and the data as a whole – are necessary to reduce premature interpretations.

The role of language. Language plays a significant role in describing another's experience and within interpretive inquiry one must find a simple, straightforward harmony of language that fits between the researcher and the participant as "experience is not really meaningful until it has found a home in language" (Madison, 1988). There is a sense of familiarity and likeness when the language used to portray one's experience "rings true" to the reader, a resonance and acknowledgement of some new knowledge that has been brought forth.

There is no absolute consensus as to when humans first began using language, but whether it be two million or twenty thousand years ago it has impacted the way we convey meaning toward each other. Rorty (1982) points out that many discoveries and advancements were possible because individuals within their communities transcended the vocabulary that was currently available to them when thinking about ways to address certain problems. The development of language made it possible for others to realize more useful approaches when solving a dilemma. The use of language can encourage one's understanding as well as constrain it (Smith, 1991). Individuals interpret their own experiences through the language that their culture and community provides. Since language changes over time and it is the universal medium we use to grow toward a fusion of horizons, our understandings, prejudices, and interpretations also change (Ellis, 1998). We are constantly embedded in a world of language and socio-historical understanding, and as such we are always open to the influence of different standpoints and a reinterpretation of "truth" that is continually being negotiated through conversation and dialogue (Angen, 2000).

The role and transformation of the researcher. There are numerous and diverse activities the researcher is involved in as he or she engages in deeper levels of interpretive inquiry. The researcher often takes the role of what Denzin and Lincon describe as a *bricoleur* or "a jack of all trades" (1998). They explain that a bricoleur is an individual who creates a well-developed woven set of practices or *bricolage* to effectively and practically solve certain problems. The researcher as a bricoleur selects and develops whatever qualitative tools and methods are at hand which result in a product that is complex, reflective, and representative of his or her understandings and interpretations of the phenomenon under analysis (Denzin & Lincon, 1998). It is an

evolving, dynamic, and multi-method practice because different strategies, techniques, and empirical tools such as observation, interviews, self-reflection, and interpretation are continuously being incorporated and adapted at different levels. The choice of method is often not chosen in advance and depends on the context and prior information gained from the questions that are asked. One, therefore, must be able to tolerate some level of ambiguity as there are no step-by-step procedures (Merriam, 1998). The bricoleur is familiar with different competing and overlapping paradigms that can be synthesized and brought into focus at particular points in the research. He or she understands the interactive process between the researcher, participant, and the data collected and realizes that these relationships are shaped by his or her ethnicity, gender, and personal experiences (Denzin & Lincon, 1993).

Although interpretive inquiry is immersion into the world and experiences of others it simultaneously is an immersion into the researcher's own world, experiences, values, and beliefs. As he or she moves beyond the surface level of interpretive inquiry many changes take place in terms of the researcher's orientation, ideas, and relationship to the participants and in interpretation of data collected. At some level it is the researcher's internal and personal voyage as he or she connects even more so with the phenomenon and the participants involved over time. In examining how the researcher changes Smith (1991) states, "how I will be transformed depends upon my orientation and attitude toward what comes to meet me as new; whether I simply try to subsume or repress it within prevailing dispositions or whether I engage it creatively in an effort to create common, shared reality" (p. 193).

In exploring this further, Boostrom (1994) describes the evolving perceptions of the researcher and in particular the transformations that occur during the research process in which the environment or setting become an important teacher in noting what to be cognizant of. He explains that the researcher, as an observer within a particular setting moving toward connecting with participants, can be seen as progressing through the following six stages: video camera, playgoer, evaluator, subjective inquirer, insider, and reflective interpreter. In the first stage the researcher is seen as a "video camera" sitting outside of the action but making detailed observations and receiving continual visual and auditory information from participants and the setting. The lens of the video camera has

no guide and arbitrarily points in many directions recording various activities but focusing on what seems like nothing of significance. As a "playgoer", the researcher begins to develop a sense of connection and is drawn into the "life" of the experience. The playgoer begins to move beyond the surface level and discover events and behaviours that hold some significance. He or she becomes more attuned to the subtleties of the experience. It is important for the researcher to achieve this stage in order to make sense of the data as a story or narrative. This helps the researcher make the transition to an analysis and reflection mode. In the third level, the "evaluator" periodically appears when the researcher finds him or herself in an evaluative mode during the process. For example, he or she might think to themselves, "I would not have done it that way." The individuals being observed may also see the researcher as the evaluator. As in the hermeneutic circle, the researcher identifies prejudgments in order to move forward and make deeper interpretations of the data. Identifying a judgmental attitude is an indication that the researcher needs to gather more information and to make sense of this judgmental stance. At the "subjective inquirer" stage the researcher's role as an observer begins to change and questions are posed about the significance of what is unfolding. He or she may ask, "why was X done that particular way?" In the fifth stage, the researcher becomes "an insider". This is a stage of understanding the internal workings of what is being observed. Insight is gained as the researcher "gets it" at a concrete level and can articulate the role of one element to the whole. It is during this level when many "ah ha" moments seem to occur. The final stage involves the researcher becoming a "reflective inquirer" where intimate knowledge is gained. The "unspoken rules" are understood and the researcher can pay attention to those elements that are important while ignoring those that are not. The experience is difficult to articulate to an outsider as it becomes a way of being for the researcher.

The role of the research interviewer. Interviews are by far the chief modality used by researchers in interpretive inquiry. There is often an overlap between the qualitative research interview and counselling as both can appear to involve similar skills and at times be somewhat analogous to a conversation (McLeod, 2001). Both areas of practice require the ability to develop an accepting, trusting relationship, active listening skills, and an interest in another's experiential world. As beneficial counselling experience and

skills may be in its application to interpretive inquiry interviewing, they are not directly transferable skills and entail different goals (Polkinghorne, 2005).

As a counsellor, it is important for me to make a clear the distinction between a research interview and a counselling interview. The key distinction is that the clients in this particular population for this study are typically not voluntary participants and the counselling interview aims toward intervention. Clients in general are usually in a state of conflict or emotional tension and seek professional guidance as a way to relieve symptoms or find closure to a particular dilemma. The counsellor conceptualizes the case in a particular way, focusing on problematic areas of concern. The counselling interview progresses beyond understanding and interpretation and encourages a therapeutic alliance in which growth and change can occur over time (Hutchinson & Wilson, 1994).

Understanding Narratives and Narrative Analysis

A narrative is a basic mode of thought, and it serves as a way to organize knowledge (Bruner, 1986). Often the term story has been used synonymously with the term narrative, and I am somewhat reluctant to use the term story in this research, as there is a tendency to associate stories with fables, tales, legends, or nonfictional accounts. However, the stories presented in this type of research are rich and personal accounts of life experience. As participants narrate their experiences they are sharing a part of their life with another. For some individuals it is the first time in their life they have revealed their story that has been kept secret for so long and in sharing it are welcoming the opportunity to make sense of it or re-author it as a way of starting anew. For others it may be an invitation to revisit or get reacquainted with an experience they have told many times before. Throughout this research these two terms will be used interchangeably as "narrative" can be related to a story in that events and actions are organized into a plot or a conceptual framework by which the contextual meaning of events can be described (Polkinghorne, 1995). People and the world as they experience it are intertwined, and narratives provide a way of understanding one's experiences. Conle (1999) states, "When we tell our experiential stories to one another, we tend to get drawn in and become deeply engaged. The distance between tellers and listeners shrink" (p.6). The fragmented inner monologue of one's experience becomes clearer and more precise in each telling of it

through which his or her identity also becomes more defined, perceptions of the past, present, and future life become clearer, and their view of their role in society and in relationships becomes apparent (Payne, 2000). In the very act of sharing their story with another it comes to life. Through this first-person account the researcher undertakes the challenging and rigorous task of developing a coherent narrative and the responsibility for their interpretation of another's experience – it is in this undertaking that a bond with the participant is developed.

Writing "data" into a narrative account is a process in interpretive inquiry where the researcher draws connections and patterns among a collection of information. The conversations collected in interviews serve as the primary source of data, and often the most significant material is generated when the participant senses a connection and feels safe to describe specific episodes in their lives that are relevant to the inquiry. "Narratives are a naturally occurring feature of the respondent's accounts and under some interviewing conditions may be ubiquitous" (Mishler, 1986, p. 248). They are a retelling of an experience that draws connections between language, meaning, and behaviour. As such they are not analyzed in a way that would pull apart the structure or coherence of the narrative and divide it into fragmented units or categories as this approach may overlook additional meanings conveyed by the story-as-a-whole (Mishler, 1986).

Developing narratives within research, as in narrative analysis, is not a straightforward task as each narrative is not written as a chronological list or documentation of what took place for the participant but as a representation of the participant's personal story at that moment in time. The focus is on the meaning that actions and intentions have for the participant or protagonist in the story (Conle, 1999). There are no statistical manipulations or casual relationships being examined, but an open-endedness that pervades the data. The researcher is driven by the "whole" and led by evolving questions that prompt further stories for the reader and the writer (Conle, 1999). A narrative convinces by means of lifelike-ness, or verisimilitude (Bruner, 1986). A well-developed narrative will ring true and result in a compelling message for the reader that causes him or her to "nod in agreement, pause in reflection, or take action" (Alvermann, O'Brien, & Dillon, 1996, p.117). By the narrative "ringing true" it does not

mean a search for "the truth" or verification of an experience, rather the focus remains on meaning and the representation of many truths.

Narrative analysis involves taking the information from the interview(s) – which often does not naturally occur in a storied form – and organizing and synthesizing the data into a narrative – a coherent whole where events and actions are related to each other by arranging them in a way that advances a plot (Polkinghorne, 1995). As in the hermeneutic circle, the creation of a plot involves the back and forth movement from the parts to the whole. It is an iterative or recursive process that has the researcher continually moving between the data to an emerging plot. The result is an explanation which links past events together and attends to the temporal and unfolding human experience along a "before and after" continuum that has coherence, plausibility, trustworthiness, and persuasiveness of the researcher's perspective (Polkinghorne, 1995).

Evaluating an Interpretive Account

In evaluating an interpretive inquiry one can not expect an objective, interpretation-free type of validation that is found in quantitative research. Researcher bias and subjectivity are not viewed negatively, but instead are seen as a natural, normal aspect of conducting interpretive inquiry. However, it is important for the researcher to manage these aspects (Morrow & Smith, 2000). For example, my conceptual framework for the study is outlined and made explicit in the beginning of this chapter, and presuppositions are documented at the onset of the study as an integral component to the research process. Validity is simply that "if an answer has been uncovered by an interpretive account we should find it plausible, it should fit the material we are aware of, other people should find it convincing, and it should have the power to change practice" (Packer & Addison,1989, p.289). From a constructivist perspective, researchers are not focused on factual knowledge or in trying to verify the facts of a phenomenon, but rather they are concerned with emotional truths and how these truths have made an impact on clients' lives (Hoskins, 2002). In examining this further, Packer and Addison (1980) suggest four factors for evaluating qualitative research:

(1) Coherence – the material as a whole makes sense and can be inspected for inconsistencies.

(2) External evidence – the material considers outside external confirmation. For example, the researcher can ask the author of the text if he or she has in fact understood what was meant and what their current view is at this moment.

(3) Consensus – the material can be clearly communicated to others and it makes sense to them.

(4) Practical implications – the material advances our understanding of related issues and has practical applicability (Packer & Addison, 1989).

In addition to this, Ellis (1998) presents six questions for evaluating interpretive inquiry:

(1) Is the material convincing?

(2) Does it fit with other material we are aware of?

(3) Can it influence practice?

(4) Has the researcher's understanding been transformed?

(5) Has the answer to our question been uncovered?

(6) Have new possibilities been revealed for the researcher and participants?

Gaining Access to Participants' Experiences

In doing this type of research one does not simply walk into the participants' world as a stranger or outsider and expect to gain immediate information about the phenomenon in question. It is a respectful, ethical endeavour in which the researcher patiently learns about the participants, their world, ways of establishing connections with participants in becoming an "insider", and ultimately learns about him or herself through their role as a researcher. The following presents the way in which I gained entrance into the world of adolescents who have sexually offended and their experience in counselling. I discuss ethics, the participants and involvement in their counselling program, interviews, and finally the process of doing narrative analysis in co-creating the narratives and follow-up about them.

Ethics. Ethics approval for this research study was obtained from the University of Alberta, Faculties of Education and Extension Research Ethics Board prior to contacting any potential participants. Participants were solicited from a counselling agency within a group counselling program. When the adolescents indicated their interest in the study each adolescent as well as their parent/guardian was informed of the nature

of the study in plain, everyday language. The purpose of the research and informed consent were clearly discussed. They were informed of their right to withdraw from the study at any time. All participants and their parents/guardians received letters of information (see Appendix A) and permission forms (see Appendix B) which I reviewed and discussed with them. The letters of information indicated the details of the study and listed contact numbers in case participants had further questions or concerns. I explained that as participants they may benefit from this study by having the opportunity to explore their thoughts, feelings, beliefs, and perceptions of counselling and gain greater clarity of their experiences. I also indicated that the information provided in this research project will be used in a dissertation or a "book", which is a requirement for the completion of a Ph.D. in Counselling Psychology, and that the information from these interviews will help counsellors improve counselling for other adolescents going through similar experiences.

I explained that the interviews would be held once every month for three months, and that if during the interviews they felt uncomfortable with a specific question they would be reminded that they are free to not respond. Before every interview participants had the opportunity to discuss information from prior interviews, ask any further questions, and provide comments or concerns. Due to the possible emotion-laden content, care was taken to debrief and diffuse any potentially upsetting material during and after interviews. This involved offering support, validating feelings and experiences, and possibly a follow-up by the participants' group counsellor.

Participants and group counselling program. Once I attained ethical approval I launched into the depths of this research excited to meet and get to know potential participants. I quickly discovered that the process of attaining appropriate permission from participants who were willing to be involved and talk openly about their experiences was not a straightforward endeavour. First, I had to ask myself who would be a good potential participant to approach. Once I attained permission from the participant I often had to navigate my way through a jungle of phone calls and paper work searching for the legal guardian(s) to attain his or her permission. I was surprised by how many people were involved in each adolescent's life such as case workers, social workers, foster parents, adoptive parents, biological parents, legal caregivers, and counsellors etc.

In total, I asked eleven adolescents if they would be interested in participating and I had one or more conversations with each of them to talk about the research and what it would involve. One out of the eleven adolescents did not want to participate as he was going through some difficult circumstances at the time. Another adolescent I approached initially agreed to participate but later changed his mind before the interviews began. One adolescent initially said "no" to the study, later agreed, but then discontinued counselling. Lastly, an adolescent I asked to participate agreed but his guardians did not provide their consent for his participation in the study. In the end, this study consisted of seven adolescent males between 14 and 18 years of age who were in a community-based counselling program for having sexually abused a biological, step-, half-, or adoptive sibling. Having this number of participants involved in a study serves to deepen and enhance the understanding of the phenomenon rather than generalize or report findings about the distribution of the particular experience within a population. As well, purposefully selecting participants who are "fertile exemplars of the experience" serves to sufficiently enrich and bring refinement and clarity to understanding the experience (Polkinghorne, 2005).

I selected participants based on elements deemed theoretically meaningful to the phenomenon being studied. Participants were recruited using the following criteria:

(1) Participants were living with or in frequent contact with the victim during the time of the offence(s).

(2) Participants were between the ages of 14 – 18 years.

(3) The participants were convicted of the index offence or had charges pending against them.

(4) The participants would have completed at least three group counselling sessions.

(5) The participants' and parents/guardians provided informed consent to be involved in the study and to have interviews tape-recorded.

(6) Participants were willing to discuss their experiences about counselling and verbally provide relevant descriptions about them.

The participants I asked and agreed to be involved in this study were from a community-based counselling program in Alberta for adolescent males who have

sexually offended. This program is unique in that it is community-based rather than functioning from an institutionally-based environment or perspective. The group counselling program for adolescents is on-going and open-ended where new clients can join through-out the year. The entrance criteria for this program includes, adolescent males between the ages of 12 to 18 years, who have sexually offended or have charges pending against them, and who have acknowledged their offence(s) to some degree. Weekly group counselling sessions are two hours in length. Some of the group program components include disclosure and acknowledgement of the offending, victim impact awareness, understanding offence patterns, identifying and reducing high-risk situations, and processing and discussing the application of skills.

Interviews. As I prepared for the research interviews I was very aware that I needed to get to know the participants first. I could not expect them to divulge personal information immediately after meeting me – to have successful interviews they needed to get to know me. To address this I attended, on a weekly basis, two counselling groups for three months prior to the interviews. This helped me become familiar with the sessions and gain entry into the adolescents' world of group counselling. It gave me the opportunity to interact with participants in groups and to have participants learn about me and why I was there. Throughout this time I remained constantly alert of my background experience and training as a counsellor and that I needed to not overstep my boundaries[3] as a researcher. In each group session, I was reminded of Boostrom's transitions from "video camera" to "reflective interpreter" thinking about how I was evolving from an outsider to an insider position. As such I was a video camera in a foreign world sensing my strangeness but also using this as a way to connect. Accepting my strangeness in group sessions as a researcher allowed me to explain why I was there and ask questions about the group. In individual interviews I was able to use this to motivate the

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[3] There many ways of conceptualizing boundaries. When I use the term boundary in this respect I mean it to convey the differences that exist between the professions of counselling versus research. In my interactions with participants I had to be clear about my responsibilities as a researcher and differentiate that from the responsibilities of a counsellor. In considering that a professional relationship often does develop with participants in this type of research the term "bridge" may be more realistically appropriate as this implies connections, self-monitoring, and discovering how to work with participants toward the goal of the research project rather than a rigid, absolute delineation of standards that the term boundary may imply (Austin, Bergum, Nuttgens, & Peternelj-Taylor, 2006).

interviewee to interpret, comment on, and explain further their experience in counselling (Josselson, 1996).

The individuals who chose to participate in this study had a brief introductory interview or conversation with myself before the data gathering interviews. This assisted me in determining their ability to communicate in an in-depth manner the phenomenon under question. It also served as a "getting-to-know-you" interview where participants could discuss anything that was of interest to them. Meeting and talking with participants at the beginning helps set the stage for successful interviewing by developing rapport, beginning a conversation about the research question, describing the stages of the research process, discussing the researcher's and participant's role, articulating the researcher's values regarding the research relationship, and explaining the concept of stories and how they impact individuals (Arvay, 2002).

When I was finally ready to begin one-on-one interviewing I eagerly gathered up the interview material, checking to make sure I had back up tapes, that both tape recorders worked, I had my pens, pencils, paper, snacks, and of course potential interview questions (Appendix C). Each interview was tape-recorded and held in a counselling room at the agency where participants had group sessions. Each of the participants was interviewed for approximately fifty minutes every month over a period of three months. Often interviews are conducted many months or years after an experience or phenomenon in which they have to rely on memory. I chose to interview participants as they were actively going through their experience of counselling. I interviewed participants three times each as all too often initial "interview-produced data can only contain initial reflections of participants without explorations into the depth and breadth of the experience" (Polkinghorne, 2005, p. 147). It is more beneficial when the researcher moves beyond a one hour, one time interview with participants and attends to establishing trust and openness focusing on the participant's life experiences rather than accuracy of his or her recall or how much transcription material they have for the research analysis (Polkinghorne, 2005). Later, interviews took on a more conversational format to allow the opportunity to explore, reflect, and discover questions that would illuminate the research question. At the end of each interview, participants were asked if

they had any questions, comments, or concerns or if there was anything they would have liked me to ask of them in the interview.

The interview questions I asked were open-ended and progressed from very general to more specific. I posed different questions in later interviews based on each participant's responses. To enhance the richness of their responses clarifying questions were asked, personal interpretations of what was being explained were checked, and the main points of each interview were reviewed. In later interviews, participants were welcomed to use other methods if they chose, such as drawing or music for example, to describe and express further their experiences. Most of the adolescents decided to draw one or two pictures of their experiences in counselling which are presented at the end of each of their narratives in Chapter Four (see Figures 1 to 8). I paid careful attention to not only participants' verbal descriptions and tone of voice but to nonverbal expressions such as body and facial expressions. Interviewing is more than being able to ask participants well formulated questions. It entails attending to their narrative account at a micro-level of the narrator such as tone of voice and nonverbal behaviour and at a macro-level of cultural discourse as well as being engaged at an experiential and reflective level (Arvay, 2002).

After each interview was completed, I updated an interview log with the date and length of the interview and any unusual occurrences, events, or personal thoughts I had about the experience. Within a day of each interview I transcribed it so the material and interview experience itself was fresh in my mind. Later within a week of the interview I listened again to each interview on tape as I followed along with the transcript. I transcribed all 21 interviews verbatim from the tapes as I felt this was a helpful means to re-experience each interview and form deeper questions about their experiences. To help "re-live" the interviews during the transcription and analysis I also made notes which included participants' gestures, expressions, overt behaviours, and other observable data that could not be auditorily detected. Overall impressions, personal reflections, reactions, and insights were recorded throughout the research study. The combination of this information provided a way to organize and follow the process of the research project.

Conducting narrative analysis. After all the interviews were transcribed and re-read numerous times, I began the lengthy process of transforming each participants'

series of interviews into a narrative that reflected their experience in counselling. The steps I chose in developing the narratives are based on the principles of Polkinghorne (1995) and Clandinin & Connelly (2000) which include the following:

(1) Audio-recorded interviews are conducted and transcribed verbatim.

(2) Elements within the data that contribute to the outcome are determined.

(3) The data are reviewed multiple times looking for connections of cause and influence among the events, the cultural context in which the phenomenon takes place, relationships the participant has with others, the participant's goals, purposes, inner struggles, emotional states, and interactions with others.

(4) The narratives are constructed with attention to time, place, scene, and plot with a beginning, middle, and an end, focusing on the uniqueness of each participant in the process and outcome of the story.

(5) Each narrative was re-read multiple times and edited ensuring it is plausible, understandable, and meaningful.

(6) Once a first draft of each narrative was complete it was returned to the participants for review, verification of accuracy, and discussion. Any changes or comments were integrated and a final narrative was developed and again returned to the participant for a final review.

More specifically, a file was developed for each participant to store and organize their interview and narrative material. After I transcribed each interview I printed a hard copy of it and reviewed it taking note with coloured pencil all key points and elements to include that pertained to their experience of being in counselling. I then went through the transcripts again taking note in different coloured pencil which aspect each element of text related to such as the beginning of counselling, the middle, or the end, relationships with others, and new understandings. I chose to keep participants' narratives as a whole and not disassemble them into themes or categories as I felt their experiences could not be reduced to this. It would be like trying to capture the beauty of a symphony by only listening to one stanza. These stories were meant to bring their experiences to life, to engage the reader, and to demonstrate the multiple interpretations that are present and inform the creation of their narratives (Arvay, 2002). The writing of their narratives was when I felt the most tension, as I knew that as a researcher my own voice would

inevitably influence the narratives to some degree, but at the same time I wanted to be careful in ensuring I was presenting *their* voice. What helped me begin was knowing that once I made a first attempt at a narrative, I would be contacting the participants to go over it with them, discuss it, change any aspects of it that did not fit, and incorporate their comments. The collaborative and constructive endeavour in developing the narratives rang true through this process as "the two narratives of participant and researcher become, in part, a shared narrative construction and reconstruction through the inquiry" (Conelly & Clandinin, 1990). I created some quiet space and I began to write the narratives in the first person in a way that I believed reflected each adolescent's personality and language. I knew that at some level the narratives reflect my own interpretations and that presuppositions are always present, but as much as possible I used the participants own words and tone throughout the narratives. The transcribed "data" was taking form as I shaped each of the interviews into coherent stories, looking at plot and placing experiences into temporal and sequential order. With each step in developing the narrative accounts I continuously referred back to the original transcripts – these were my guide. The information gathered was treated as a whole and re-examined several times for confirmation, inconsistencies, or gaps in information.

Once the narratives were written, participants were contacted to review their own narrative and discuss it with me. During this time I asked myself, "What if they don't wish to comment on their stories, provide changes or feedback, or be involved in ongoing collaboration and in construction of their stories?" I realized that this was another challenge that researchers in interpretive inquiry may face. I also realized the need to accept the level of participation that each adolescent chooses. Levels of participant involvement may change over the life of the research study and accepting this is part of the practice of being an ethical and respectful researcher (McCormack, 2004). However, all of my participants did respond and provided feedback except for one person who could not be contacted. A collective narrative which includes all of the participant's experiences was then developed in a similar manner as the individual narratives. This time, however, I looked across all seven narratives and referred back to initial interview transcripts.

Methodological Considerations

The promise of interpretative inquiry lies not in what is traditionally seen as generalizability, but in how well the researcher presents his or her interpretations and how well it resonates with the reader. In order to assess this promise the reader needs to bear in mind the following methodology considerations of the study. The inquiry was drawn from one type of setting – a counselling agency that conducted a particular group counselling program for adolescents who have sexually offended. Adolescents in a different type of setting such as a prison may have different experiences of counselling. As well, a participant selection size of seven from one particular setting may be considered small in comparison to other research methods. As such it would be inappropriate to generalize these findings to the experiences of all adolescents who have sexually offended as smaller selections may not be as representative of the general population and their experiences may be different from adolescents in counselling within a prison or residential treatment setting.

Although participants for this study must have had at least two or three counselling sessions from their current group counselling program any prior history of counselling was not a criterion for this study. It is possible that prior counselling experiences to this program may have impacted their perceptions and experiences of their present counselling. For example, adolescents who have had negative experiences versus positive experiences may have approached counselling accordingly. The interviews and observations were limited to a period of three months as to not overly interfere with regular counselling sessions and due to dissertation completion time constraints. Any situations that arose on other occasions that would have affected clients' experiences was not available to me. Following their involvement in counselling from the onset to completion would have provided a fuller, more in-depth view of their experiences.

The emphasis in this study was to bring forth, through narratives, the voice of the adolescent in counselling who has sexually offended and to uncover their stories. My involvement in this task is another factor to consider. Despite rigorous self-reflection throughout this study, presuppositions ultimately do seep through. It remains a constant balance in creating narratives as one grapples with trying to express one's own voice in the midst of an inquiry designed to portray the participants' experience in addition to

creating a research text that will speak to and resonate with the audience's voice (Clandinin & Connelly, 2000). Nonetheless, steps were taken in documenting and bracketing my perceptions and beliefs at the onset of this study. Through a continual reflexivity or questioning of my own subjective lens and how this presents at various points in the research process, assumptions were made explicit to inform the credibility of this study.

The interviews for this study were conducted while adolescents were in counselling, therefore reducing the reliance on retrospective recall. Even so, one's experience is not directly observable and therefore there is a dependency on the participant's ability to communicate through language their experience. Individuals do not have a clear and complete window into their inner life, as the capacity to be fully aware of or recollect one's experience is intrinsically limited and reflection itself changes the experience (Polkinghorne, 2005). In the process of thinking about how one would like to relay their experience to another through the symbolic representation of language, the experience itself has lost its fullest meaning. One's expression of experience through language cannot represent the fullest and deepest extent of the experience.

# CHAPTER FOUR

## Stories of Adolescents' Experiences in Counselling

### *Pysquoi's Story*

Sunday was my last day of work. I really liked it but now school is starting. I'm fifteen, and I really enjoy playing a lot of sports in and out of school like volleyball, soccer, skating, and camping. I like lots of sports, but I'm not too tall for things like basketball. I think I'm quite athletic, and I have a lot of trophies and medals. Right now I'm pretty busy moving into a group home. I don't want to go, but I'm willing to be open-minded and see what it's about. It seems like every day something is changing. Today my girlfriend and I went for a walk. She knows about my offending but her family doesn't, and I'm nervous about that.

I was living with my mom when I would go to see the school counsellor just to talk, and she recommended I see this lady who was a professional therapist. There was a comfy couch and everything. I didn't really like counselling with her because she'd be like "how does that make you feel?" I didn't like it so I stopped going. That was about five years ago. I had disrespect for counsellors since that time until I was told I had to come here. That was about a year ago now. It was a constable out of the RCMP detachment who basically forced me to go to counselling, otherwise I'd go to jail. So I said, "I think I'll take the counselling". I then got so upset and scared that after a while I wasn't really even thinking about the counselling part. I was angry and just thought I'm not going to go. I was also angry about having to miss school and we had to drive a lot further to get to counselling. It was my anger that was part of the whole problem. I thought counselling was for babies and that it wasn't going to help me. I took that view on from my family because they all believed that counselling was a total waste of time. So I was like whatever this isn't going to help. Deep down inside though I think I was kind of glad that I was going to be in counselling. There's been a lot of ups and downs, a very, very bumpy ride since that day. If I had to write a book about it, it would be a very long one. It's been interesting to say the least.

At the beginning I didn't want to be there and I wasn't open to it. I was very, very scared. It was kind of ironic because all the guys in group were like twelve feet high, they were really big and then there was this tiny little me. It was just very scary to walk in that room with eight other guys. I thought to myself, "Oh crap. How am I going to fit in here?" I thought they would all judge me for what I did. I thought they would be like ewe and run away from me. When I first came to group it was like, "what do you mean talk about my offending?" I can't do that – it's like taboo almost. All I was thinking was "no". I just wanted to get through counselling as fast as possible, tell them what ever it is they wanted to hear, and get out of there. It was like screw it all – I'll be done all of this within a year, but it doesn't work that way. Some kids can be done counselling in a year but for me, because my offending was so in depth, it was like a puzzle. There were so many tiny little pieces that made up that puzzle. Some puzzles have these big pieces and you just put them together and it takes twenty minutes, but then you get these little twenty thousand piece puzzles and they're tiny, tiny little pieces, and it takes you like years to put it together – that's how it is for me.

When I first began in group they were giving me feedback, and I just didn't want it. I was like oh yah great they're judging me again. I was always mad, and I didn't trust them. There was this one time where I came into counselling and I was mad to begin with over some stupid little thing and I just started talking it out. I was going and going and then I said I'm not going to take this because this is your problem. I just kept going and said, "You're stupid and you think you know all about this", and then I just walked out. I was angry and ashamed. Walking out made me realize that people aren't going to listen to me rant and rave anymore – they don't have to and they're not going to take it anymore either. I can't afford to do this and others can't afford to sit there and listen to me act like a two year old. I started to think about things more. Initially one of the things that helped me get through all of this was the pressure to show my dad up. My dad always used to say that I was no good for nothing. He said that I wasn't going to amount to anything, and that I was a spoiled little brat. Yah, I was spoiled in a manner of speaking. I felt I had to show my dad up. I really, disliked him, but I loved him too. I just wanted to show him that I'm better than him, and at first that made me strive to do better. I began to be more outspoken, but I was just putting on a big show because I hid all my

inner feelings. I wouldn't let anyone get to them. As time went on though, I slowly became more truthful about my offending and other stuff.

It was about nine months into therapy when I became totally honest about it. I was open and started to work hard on my anger. It slowly kept getting better and better. It helped listening to the other guys in group, their story, and how they worked through it – that really helped a lot. I began participating more in group and taking it in, but I wouldn't really be taking it in at first. I would help the others out the best that I could, but it wouldn't be registering for me I guess. Like I would take it in, but I wouldn't practice it or apply it. The stuff from counselling that I really needed to apply I just didn't do it, but I was starting to learn new things. I learned how I could really control my anger, and I kept learning more and more about life. Sometimes I'd slip up as I worked on stuff. I had so many mixed feelings that I did get mad one day and I just blew up. I couldn't take it anymore and I just went buzzerk. I was yelling in group and nothing seemed to be working so I threw it back in their faces. I haven't really gotten that upset since then. When I talked to my therapist in the past I would say things in a matter-of-fact kind of way or be like yah whatever, but then it sort of clicked and I realized that I actually gotta work on this stuff. I have to deal with it and I was like holy crow I can't deal with this. The work I was doing in counselling was bringing up a bunch of new emotions that I thought I knew how to deal with but I didn't.

I realized through all of this that I'm one complex individual. I have a lot more stuff the matter with me than I thought, like I'm a lot more screwed up than I thought. I realized that if I don't tell them the whole truth nothing but the truth that I just won't get the help I need. If I don't tell them everything it will be like a down fall for me. I do want the best for me, and there just wouldn't be any benefit for me by blowing up or not really working on things. I mean, if you don't talk about it you don't get better, and if you don't get better you're more likely to do it again and you'll just have to go through the whole thing again. As I was talking in group I began thinking that no one can judge me because we've all been through the same thing so why not talk about it and get it out on the table so people can know the whole story and give you the best help you can get. There came a point when I was ready to tell my story in group but if they would have asked me four months ago I would have been like, "no way". Now I can talk like I am now and tell my

story. They were all really supportive when I did and a couple of the guys from group are my good friends now, and I keep in touch with them. It went beyond "ewe you're gross because you sexually offended". It was more like, "I know how you feel because I've done the same thing and I went through all of the same crap you have". "I know how you feel and I'm there for you, and if you ever need to talk just call me up or even yell at me and I'll be there to talk about it". So eventually, the doors opened up for me and now I feel like I can talk freely. I'm not afraid to tell what I feel.

I've come to like coming here. I like being able talk about my feelings because this is really the only place that I can talk about anything. Like with my sexual offending you know I can't just go up to anyone on the street and say, "hey guess what? I sexually offended". I think about that sometimes and it helps me talk about it. The peers in group have played a big role. They taught me how to do things the right way. I'm not sure how to explain it. They've just kind of been there for me in and out of group. In the past I've had an interesting choice of friends. I'd hang out with druggies and weird people. I'd also hang out with jocks and preps and they are still pretty good friends of mine, and it's like everyone of them has a different point of view which has helped me form my own point of view about things. I encourage them to give me feedback now so that I know what to do. The direction I get from counselling has helped a lot – like having them tell me what I need to do to get healthy and what I can't do because it's unhealthy and how to monitor my behavior. Every little detail is placed into perspective. I'll bring problems to the group and ask them what to do. I think the majority rules. At first I didn't want them to give me feedback and now I do – it's totally the opposite. I came into group one time and I was like, "whatever I don't care about this, my life is so screwed up" and oh poor pity me. The group saw this and they were like, "what's the matter with you?" I said "oh nothing" and they were like "yah right we know something is up". When you're with these guys once every week for two or three hours you get to know them pretty well, and when we all share the stuff we do in group you really get to know them well. I was sitting at the side of the group and saying I don't care anymore and this therapy is a waste of time, and you guys don't care about me. I was angry and they wouldn't accept that, because they knew me better. They knew I was a caring person and they wouldn't accept me saying that. They challenged me on it, and in the next group when I came back I was thankful

for it. It put a new aspect on my very difficult life and since then it hasn't been so difficult. Things have gotten better. There was another time when I just got out of the hospital and they said I looked down, and they let me rant and rave. It showed me that there are actually people out there that care.

I know now that before I was just pretending to get counselling. What surprised me was how little counselling I actually did. Right now I'm working on my own victimization which is really, really hard because I hadn't dealt with it yet. At this point I think I'm just starting to work through it. I want to learn more new things so that I won't victimize anyone and so that I can show my siblings that I'm really sorry about what I did to them and that I want to help them. That's my biggest goal right now. I think I've become a more empathic person. I'm starting to understand myself more to a degree. I'm learning to control my anger, and it takes a lot now to get me angry. Being able to do this has helped me in my relationships. I've developed ways to not get angry over the little things. I found a new one this week which is painting. I find it relaxes me and I didn't even realize that I can do it. Listening to music, talking, and just taking some quite time out helps me cool down too. I am more relaxed overall, and I'm more open. Even today I revealed a part of my story that I haven't told anyone about, and I'm starting to work on the whole thing because there were bits and pieces of it all over the place. I know how to monitor my thinking. Like I actually know and before I just said that I knew – but now I actually know it. I can monitor my thinking and my behavior – it's hard to explain. I'll take in the fact of how much I hurt my victims and what the group has taught me and it will be my guide to not do that again. Counselling and my life reminds me of Harry Potter in general. He went through a hard life and he couldn't do certain things. He lived under the stairs in a cupboard. He had a crappy life. His uncle and aunt abused him, but for me it was my mom and dad. It reminded me that he did something about it. He got himself out of it all, and it reminds me that I did something about it too. Like it wasn't a good thing what I did, but I did get myself out of the home.

Counselling has been all very dramatic for me I guess. After I moved out of my parent's home and attended counselling my relationship with my family has been good. With my dad it's been really good. We can talk about feelings and listen to each other. We don't argue as much, and we can stand being around each other for more than twenty

seconds without killing each other or attempting to. We enjoy hanging out, and I think we realize that we have a lot more in common than we thought. With my step-mom it's become a thousand times better, like a zillon times better. We are open and honest and we listen to each other a lot more now, and I understand that she's the mother and I'm the son. I feel I don't always have to get the last word in. I used to do that and it would drive my mom and dad crazy. I can listen to people and feel for them now where as before it was just me, me, me and you don't count. Now it's not all just one big show – it's genuine. I've learned to be kind and gentle and apply that to everyday life instead of pretending.

You really need to put your heart into counselling and your best effort. You need to tell the truth – it's well worth it. That will help you out in the long run. It will help you out a lot, and I guess it will help you get out of here faster too. I get frustrated sometimes in group. Like there was one time when one of the guys wasn't following his safety plan. I was angry and disappointed and I wanted to smack him upside the head because he wasn't following it. I literally wanted to go up there and smack him. He couldn't see how it was wrong. For the longest time he couldn't see how his actions could lead to sexually offending. In group we tried to explain it to him, but he couldn't get it through his head that it was wrong. Then finally, I don't know what happened for him but it was like a light bulb went on and it clicked – he got it. He thanked all of us in group for being there with him. I think it was just something he had to learn on his own. We tried to teach him and do everything in our power besides smacking him so I don't think I can pin it down to one thing that helped but something that happened over time.

Overall, I think counselling is very informative and educational. It teaches you new ways to deal with old stuff. The biggest thing is to relax and realize you're not there to get in trouble you're there to get help. If you were sent to counselling by your parents or something they're not punishing you. They're just trying to get you the help you need so that you can carry on a good life after you're done counselling and so that it will all work out. When the idea of counselling and group first came up I didn't like it at all but I would push for it now. It's helped me out a lot more. I think having a video of what it's like for people at the beginning may be helpful so that they know they aren't going to be judged, that the therapists aren't mad with you, and so that you don't feel like crap so

much. I think it's important at first for people in group to get to know each other and for them to do the talking. I'd get them drawing and sharing what they thought, but I wouldn't force them to say anything they didn't want to. If it's a big request that they do talk I can only hope and pray that they would but I still wouldn't force them. I wouldn't keep bugging them and bugging them, and I'd let them talk when they are ready. I'd want them to spend a lot of time talking about the offending because to me you can't work through it unless you talk about it, and you can't get better unless you talk about it.

Counselling gives you peace of mind, and it helps make what you've done, like the acceptance of it, a little easier. Good counselling is a team of people working together, willing to listen but not take any crap from you. They will call you on stupid moves and on good ones too. They are caring and professional at the same time. Counselling is basically having people there when you need them and people who you can trust. I couldn't have told my best friend in the entire world that I sexually offended so when I think about counselling I think "go for it". It will be the best move you've made in your entire life.

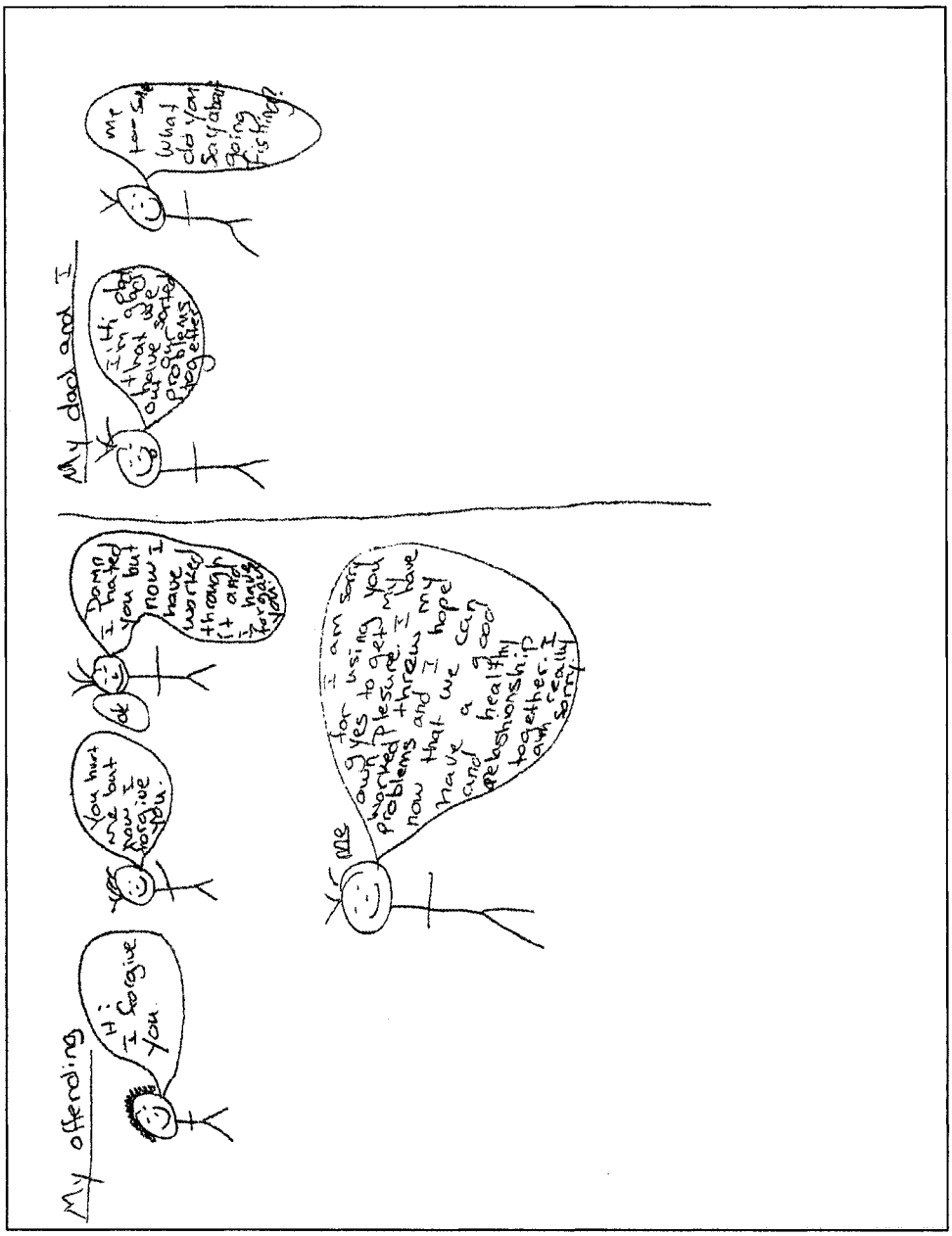


Figure 1. Pysquoi's drawing of better family relations after group counselling.

### *Dalmar's Story*

Well, I'm just me. I'm 16 years old in grade nine, and I'm more of the type who wants to be on his own and do things by himself. I've always been that way. I might do things with friends once in a while. I have one or two friends to hang out with over the weekends or something but that's about it. Usually I get the cold shoulder from them because they'll be saying something and I'll tell them the straight out truth, but they always come back to being a friend unlike some others who just want to fight – I laugh at them and walk away. I've been told that I'm antisocial but umm, let em' be. I mainly stay in the house, play games, listen to music, or play video games or cards. I like the outdoors, but I'm usually inside most of the time. I've lived with my grandparents for a while, and it got interesting at times. The foster parents I lived with before was a little rocky. She could have been my grandmother a few times over, but she was a good person and I guess that's what matters. I've been told that I don't think enough by some people, but it's just I don't show how I think. Like I'm sitting there thinking about stuff and I guess to others it looks like I'm off in a daze. I'm not and I wish people would learn that about me. It's kind of like my first time in counselling.

It was about a year ago when my PGO phoned me and said I'd like you to go to Edmonton and meet this guy. He was pretty cool at first but then he started talking to me about counselling and groups, and I thought this isn't exactly my thing. I figured it was going to be a bunch of touchy, feely, blah, blah, blah stuff – that it was about wimps talking about how they feel. I thought there was going to be some stupid guy sitting there asking me questions like, "so how does that make you feel?" I was pretty much a zero on the scale of things. Some things I'll try and some things I just won't. My initial thoughts were, "whatever you don't know me, leave me alone" and "yah right you're going to talk to me about feelings and stuff". You may as well have gone over and talked to a wall at that point. As I went into counselling I figured okay they're just going to take me into a group and we're going to get into this big circle. I was saying to myself, "I don't know what I'm doing here. Why do I have to come here?" From the beginning I didn't want to go, because I knew it would mean me ending up admitting to something. In the back of

my mind I was like what choice do I have? I sort of lied to myself a little during that time because I'd think to myself "keep an open mind" but certain parts of it would just close.

It completely stunned me walking into group counselling. Being that I was on my own most of the time I didn't want to do this, but at the same time it sort of stuck with me. It came on pretty hard emotionally. I wasn't expecting anything like this. I walked into group and it was weird because me and another guy in there seemed to click – he was just like me. As soon as I walked in we recognized that we were almost identical to each other, which was sort of scary, because you don't find too many people like me. It made me realize that I'm not alone out here and that really stunned me. For most people it's something you don't expect to see in your everyday life, but something like this did happen and it really got me. There was another time at the beginning of counselling when I had a one-on-one session with this guy from the group, who was I guess you could say a lifer. He automatically shot me with everything that happened to him. It really got to me too because I was thinking, "okay here is a guy who actually admitted to something like this". I wasn't sure what to think at first, like if this was a great guy or if something was wrong with his head. I was quite impressed, and I thought at that point I really do have to keep an open mind. I went into group the following week wondering what is going to come next. There were about five people doing the same thing, talking about what happened to them, and by this point I really wasn't sure what to think. It was startling, but I basically came to the realization that I'm not alone. I'm not the only person who screwed up. I think of myself as a turtle, and after meeting all the guys in group and listening to them they cracked the shell. It was like "hi" this is the real me, and it wasn't a bad thing.

It wasn't just one moment that had an impact on me but it was going to group and seeing the guys speak their mind straight out each week. I realized that I can open up and by doing that you have more friends you can actually speak with. When I finally got everything out and everyone knew what happened I don't think I could have walked any taller than I did. I let the bomb out all at once. You sort of gain power by realizing things that you normally wouldn't realize if you just stood there and did nothing. It helped create more confidence. It was the biggest confidence booster I've had in my entire life. I started to become honest about what happened, and I told my family about it. I became

honest as much as I possibly could with what was going on with me. I got honest and shot right threw it. As soon as you're honest with yourself and people around you it brings things out quicker for you than if you're just sitting there giving only the little details. It was hard but at the same time it wasn't. As I talked more and more about what happened it wasn't that hard to talk about anymore.

I actually began to wake up, and I started to gain control of my emotions. In the past I had a lot of depression and anger so it was a bit extreme at times. It was the fact that I could speak to people, and I didn't have to worry about what they were thinking that helped. I knew I didn't have to worry because they've gone through something like it. If I had talked to some of my friends about this my god what would I get back? Now I'm not just sitting there and wasting time like some people do. I am able to come in and speak about what happened or what is happening in my life, talk about it with them, and not worry about it. Being able to get it out in the open instead of having it bottled up inside me was really helpful. In group you're around people who understand what you've been through and you understand them so you can speak freely and not have to worry about getting judged. To be in group proves that you're not alone.

With the offending you know it's still there. I can't erase the past, but I've just got to learn to let it go. I'll admit I would like revenge on my step-father because of all the crap he did. If it weren't for that I'd probably be a normal kid, an average person. Then there are some things I don't want to let go of or leave behind like people I've met. I'm dealing with them though and realizing more about my relationship with them through counselling. It's hard to go through. When I'm angry about it I've learned to use a trigger like karate or something, or I try to write things out from time to time. I try to focus my anger on something else, something positive. Sometimes I'd like to get vengeance but it's a two-sided thing. I want to do it yet the other side says I know I shouldn't.

Things have changed a lot more than I thought they would. I can see myself using the straight out honest approach with anyone. It's easier to put things out in the open now because you can think about losing a little or loosing a lot. You can't beat around the bush with people or toy with them. I have the people skills now, and I can communicate with them on a level that is comfortable. I can be more open about anything I need to talk about and not worry about what I say when I open my mouth. Sometimes I do but that's

just teenage junk. I've learned to talk and represent myself more openly with others. I can do stuff for myself now too. I'm more independent and do things like the cooking, cleaning, and school work, because before I was a bit of a slacker.

I don't judge things right away anymore. Like with counselling I didn't think about what could have been, I just took what I was told and what I thought I knew. I wish I could go back and talk to some people, like to the people that I walked away from and said "I don't care" as they were trying to express something. I've grown in my relationships. That shot up for me real quick. Like with my sister, we have a stronger relationship now than we've ever had but with more boundaries – same thing with my mom and everyone else. I have a lot better relationship with my mom because we're actually able to talk without having to worry that someone will intervene and tell us how to run our lives and all of that. With my friends, I try to help them but it doesn't always work. I just have to let them make their choices. Before all of this things were really rocky for me. I barely had any friends and with my mom we were barely on speaking terms. My step-dad was there so we couldn't go to the extent we are now in our relationship because he was like blah, blah, blah and interfere. It was easier to not talk with my mom than to deal with him complaining. Later I was able to talk to my mom about everything.

I also became more vocal. I became more of a teenage boy, and things started falling into place during counselling. I wasn't a short shrimpy nut anymore. Before I was sloppy, and I didn't worry about what I looked like – now all that's changed. About two years ago a person could have put their arms around my waist I was so tiny. I looked sort of shaggy – it was kind of scary. I was really scrawny and the first bit of my life I was out running around having fun. I didn't have any goals, and there were eight years of my life when I just felt completely out of it. I felt like I was worthless and didn't belong. I would flip out in an instant all too often and it resulted in some pretty stupid things happening.

During counselling I started to really care about myself. I built up some muscle, and when I walk by people I know and they hardly recognize me. I've learned to have my freedom but not run wild, and now I keep track of what I'm doing and pay attention. I didn't have much of a social life, and I'm still trying to pick up on that because stuff with friends tends to blow up for me sometimes. I'm less of the "leave me alone, and I don't

want to talk to anyone" type of guy. Now I swear people are attracted to me. I'm approachable, but I don't always like to be around people. I realize when I need some time to myself and when I have too much time for myself. You have to watch where you're at and keep your mind active because boredom can kill you – it can lead you into trouble. I've learned how to treat other people around me. Before I wouldn't even bother talking to them or I'd ignore them and then I would wonder why I didn't connect with people that well. I know there are groups of skaters, stoners and all that junk and I could fit into any group – I call it a tetra-personality. By that I mean I'm not just one person with one personality. With some people you have to change a little around them. I may not be friends with some people but I can be civil with them. I can choose to take a more positive route with others. I don't show my power unless I need to and if you don't show any at all then you can be targeted. I was so like that few years ago. I've noticed good qualities in people who, like in school, were just getting beaten down so I began to hang out with them and try to build up their confidence. I would have never done that in the past. I could be in any group in that school but there's one I choose not to be in because the drugs are like, I've seen that route and it's just not intelligent. So now I just talk to everyone and try to be mindful of what I've said.

With others I can be more open about how I feel. Before I was like "yah do I look like a puss to you?" I don't always talk about my feelings, only with certain people, like with the guys in counselling. I've learned that I have to monitor my emotions, and if I get too angry I can talk about it with my peers in group. Then there's my confidence – well if that hasn't gone through the roof I don't know what has. My mom says I'm a little too cocky but I think I deserve to be a little proud. My confidence level went from a zero to one hundred, so to them it seems like I'm being a bit cocky now. I'm still focusing on removing the barriers to prevent it from happening again and all the skills I've picked up really come into effect. I just need to keep working on that and not everybody works the same way. I basically try to further myself from anything that could trigger something, keep a clear head, and think before doing something. I've realized that I could do a lot of stupid things.

I can still kick myself in the butt sometimes for judging something before I go through it. Like with counselling it's a lot better now that I'm in it. I think it was just my

perception and where I was at that point in my life. There are a lot of stereotypes about what counselling is about. Most people think that way, but if you're willing to go for the change it will help you – you just have to be willing. It was completely different from what I had expected when I first stared. Counselling is different for everyone. I guess you gotta go with people's personality. Some people may like the repetition side of it for example but for me I say when we go through something we've already talked about or learned add something new to it. I think we need more time too. It always seems like we run out of time and somebody gets left out like with the whole check-in thing and talking about high risks that are significant to talk about. I would add more time because people are here to get help. I know some things get dragged out but saying it can wait until next week just doesn't feel right.

In counselling it's not just one person involved but several people. A person has to not worry so much when they first go into counselling and realize that they're not alone and that with help they can speak about things. It's like together we stand and divided we fall. Together we say what's happening for us so it's out in the open and it's not one big secret shoved under the carpet just to come back later and bite us again. I know that if I was on my own I'd probably screw up a lot more than I did. Being around people who were like me helped. I think that if it was just individual counselling, I probably wouldn't be the same person I am now. I'd probably be doing the exact same things just stupider. Good therapists won't force or pressure you to say something. They sort of try to boost your confidence without knowing it, without directly coming out and saying it. They let you move at your own time and do their best without pushing any buttons. They're really down to earth. So in the end it's not just about sitting there and having them ask "so how does that make you feel?"

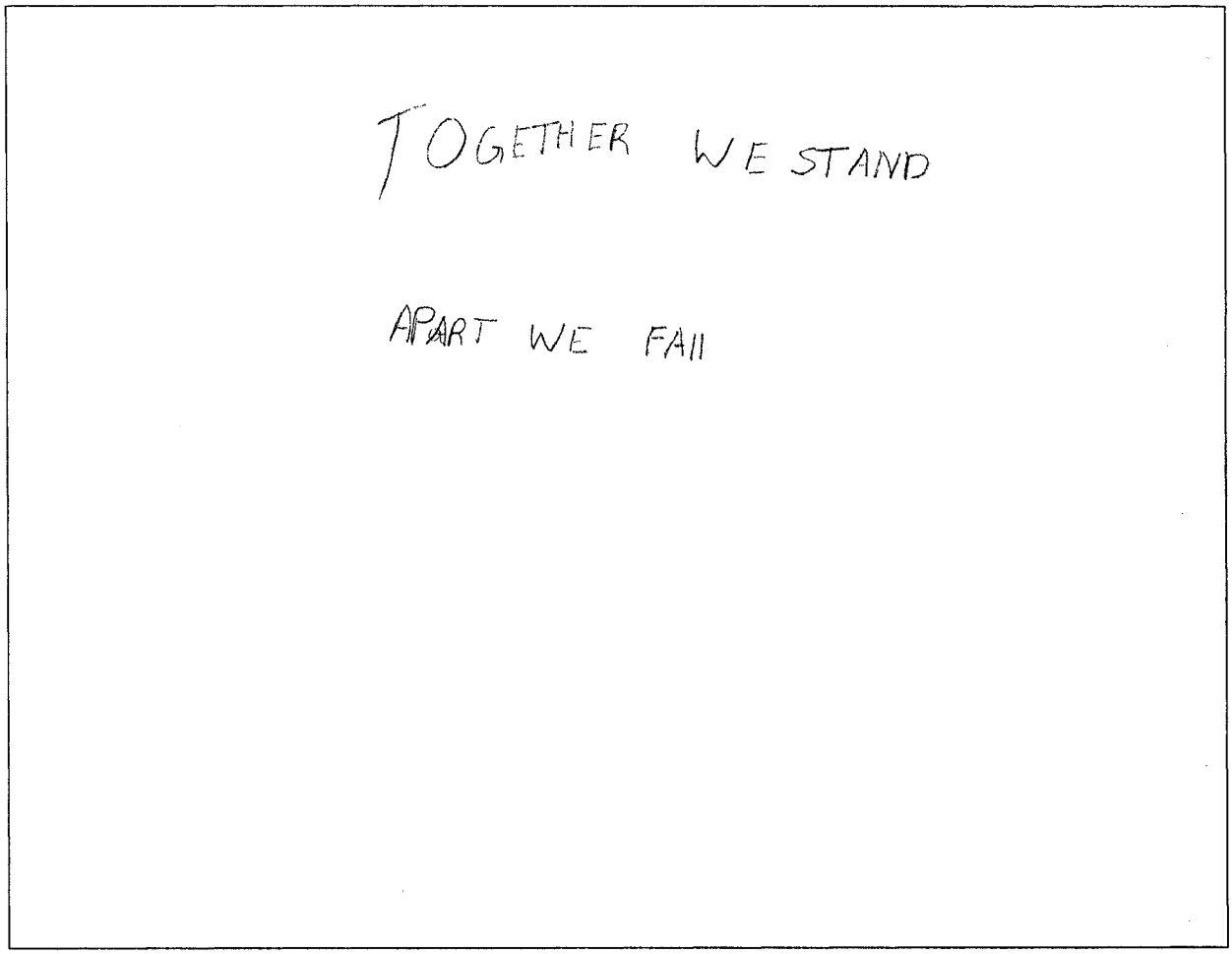


Figure 2. Dalmar's perspective of group counselling.

### *Seiko's Story*

Things have been quite rough for me up to this point in my life. I've been in counselling a few years now for all kinds of stuff – like violence in the family and that sort of thing. I've done some bad things. I can remember the first time I was told I had to go to counselling. It was my mom and my social worker that told me I had to go. They said if you don't go to counselling then you have to leave the house, because I was being really disruptive in my family. I hated it. I hated counselling, and I didn't like talking about my feelings. It was so frustrating, and at first I thought okay it will just be a few one-on-one sessions every so often and that's it, but then all of a sudden it seemed like they wanted to get inside my head and I flipped out. I said I won't do it and I refused. I just didn't think it was right that I would have to go to counselling for a whole year and a half, but there I was and I was nervous. I was nervous because I didn't like talking about what I did. At the same time it was like maybe talking about all that stuff would help me get out sooner. In the first few sessions it seemed like the focus in group was on me. The kids asked me why I was there, what I did, and how I felt. I was really closed up at first, and I didn't want to talk about my feelings. It was like I didn't have any. I just sat and listened to what everyone in group said. They were basically all different – cool but different in their own way.

Counselling didn't help at first though because I ignored them, I didn't use their advice, and I later reoffended. When that happened I knew I had to get more treatment and that's when I actually asked to get more treatment. I said I had a dream that I reoffended but my therapist just came out and said I don't think that was a dream. She was right and I didn't know how to tell the group, but when they finally found out there was a part of me that wished I had told them before I got caught. It was weird, at that point I wanted treatment but somehow I didn't want to work for it; I just wanted it handed out to me on a platter, but it doesn't work that way. When you're new to counselling, you don't think anything is wrong but then it's like if you're here then something is wrong. I knew something was wrong and I knew that it helped other people to talk. I still didn't trust the other kids in group and it took a while for me to get to that point. Everything takes time and you have to work hard and learn how to use the information you get. For a while I wasn't even sure if I wanted to tell them anything at

all. I was afraid the other kids would judge me and that they'd think I was worthless or something, so I really didn't discuss things until now.

Ever since I started counselling, I've been trying to make my way back home – trying to get my relationship with my family back, but it's been hard because I've lost so much of people's trust. I didn't care about anything back then, and I had a lot of anger. I'd break things and shatter things. I put my fists through a wall, my head through a wall, I broke some of my bones, and I damaged a lot of stuff. I didn't talk to anyone. I'd just hibernate and the anger would build and build. A lot of people didn't talk to me either. People basically thought I was a geek, and I didn't have very many friends. When I finally tried to make friends I ended up in places that I shouldn't have been. I've been in many fights, and I've come to learn that fighting gets you no where – if anything it gets you into more trouble, and I'm tired of being in trouble. It's like if your going to fight it won't solve anything. I've learned that from experience.

When I was living at home I would eat and eat and eat. I was bored, not very active, I felt life was hard, and I was gaining a lot of weight. I thought everyone was against me. Like, I was on the computer a lot looking at things I shouldn't have and when my mom found out what I was doing on the computer I wasn't allowed to use it any more. The anger just got worse and worse and I was feeling overwhelmed. It was even harder when I entered counselling because things got worse in my family – they got worse before they got better and I knew I just had to sit with it. I began to get more and more abusive so they sent me to a foster home. After I moved out I felt so sorry for what I did to my family. Now I see my sister doing the same thing I did – like the violence and fighting everyday. My mom is having problems with her doing stupid things that I've taught her, like how to get away with things. I feel responsible for it because if I wouldn't have acted that way then she wouldn't be doing all of this.

I said I'm never going to get old, I'm never going to have to worry about pain, and that I'm too young to care about pain, but I feel it now. I think that somehow it was all the best for me because that's how people end up from one place to another – it led to a path of getting better. On that path I've had a lot of people come in and out of my life like social workers and therapists, but I don't really care about it too much anymore. I'm used to people going through my life. I've had a lot of therapists, but most of them have

been in this place, and most of the kids I've come to know have been here. One of the greatest impacts on me in counselling was listening to their stories. When the other kids in group were able to talk about what happened to them and not feel ashamed and be so honest about it all that was a real eye opener for me. I think it's a really courageous thing to be able to tell other people without worrying about being judged or what others think. Those were moments that really got me thinking. Like when they were able to talk about the whole thing – the bad aspects and how they took this road and things started getting better – where they ended up is like a bright rainbow. That helped me start talking and to tell my story. I feel better talking and not keeping things in. We talk about things that happened during the week and our thoughts about them. Everyone has a different viewpoint. Like when they say to use your safety plan. Some people say use your safety plan all the time and other people say your safety plan is useless, you can't keep yourself safe and no matter what you do you can't get yourself out of trouble. So like with different people, if you know there's information that's going to help you then use it, but it takes time to understand what they are saying and to use it can be really hard.

It surprised me at first that kids were able to talk about anything. Sometimes we get off topic but those are the times that can be most fun. We actually didn't have to be thinking about this stuff all the time. I think getting off topic in counselling can be helpful because honestly it feels like all we ever do is talk about one thing. We should be able to talk about many things but I think it all just takes time. The proudest moment I felt in counselling was when I finally spoke about my feelings. I figured no one can judge me anymore and it's a waste of time if they do. Knowing that people won't judge me helped me build trust. I was able to tell my story and talk about my family. That's a really important part for me. When people, like other kids or therapists start talking about my family in a bad way that's the number one thing that pisses me off, and it doesn't help with the trust part either. Being able to go back home is one thing that motivates me to get through counselling – being able to live with my family because I want to help them, I want to help my sister with her problems. I'd show her what happened to me and what will happen if she keeps doing what she's doing. I'd tell her and others in this situation to just start talking and speak what is in your heart and not what other people tell you because deep down you know what you believe is right and if you think it isn't someone

will help you understand what about it is wrong – what aspect of that thinking is not healthy. It's a long process. I just wish it would have been easier to say that I needed help before I offended and just go to counselling to deal with my anger.

You need to be honest too, and take the information in counselling to heart. Being honest gets you out faster and lying gets you no where. Anything can be told into a lie. There are two types of lying – lying to help people and lying to get yourself out of trouble. If you're trying to help someone not go down that path then it may be a good thing, but if you're trying to get yourself out of trouble through lying then it's not so good. Just be honest with yourself and others. Say what ever you need to say, keep on task, and tell someone if you don't agree with what they are saying and know that they are not there to judge you. Watching other kids in group and knowing that they won't judge me helped my nervousness go down. I knew I could trust them.

Some days in counselling it feels like the same old thing and I get tired of it, but knowing that sooner or later I'll be done keeps me going. I know I have to be patient, but some days it's not my virtue. Last week I told staff at my group home to "fuck off", I think I was just getting frustrated that I'm not out of there yet and not finished with counselling yet. I try to let go of things because I know there's not too much that I can do about it, and I don't feel like talking to people in group all the time. I'm afraid that I'll blow up or I'll disrespect them too and I don't want to have to deal with that. Some days I'll talk and some days I won't. I think that's why it's taking me so long to get out. I write about things though. I write a lot by hand and on the computer. Listening to other people's stories and talking about it with my mom and therapists helps. There are points in counselling when it seems like there's so much going on and so much information you have to think about. It's like TNT with the detonator ready to go off because there's so much information, and people are just standing by, watching and laughing at me because I have to deal with all of this. It's too much all at once and I feel like I'm going crazy so I have to release all of it. I can tell it's going to be a gloomy day for me during those times.

I try to turn the gloomy days around by thinking about how far I've come. I feel proud to be better than long ago, and I want to get on with my life now. I've learned a lot and made some changes. I want others to know that – that we're not all bad, that's just how we are perceived. People are a product of what they've learned, like through

relationships and everything and counselling is supposed to help them deal with that. It's just how people learn that coincides with everything else, and I think that's why people get frustrated. Like there's a lot of people I know who believe that we are all bad and that we can't change but it's like that's not true – everyone is different. We can change, but it's how long and hard you want to work for it if given the chance. I think people have different opinions about that. I guess they have their views and everyone else has their own views too.

I've had people in my life tell me that I'm not going to change. One person said there's no point in even helping this kid, but I've proved them wrong. I'm more talkative and I say what I need to say, I'm less violent, more active, and overall more mature. I know that personally I've grown in my anger control a lot. I've really learned how to deal with it. In the past I've lost weight and gained weight and it's because of all the emotions I was dealing with, and now I know how to talk about it and how to work them out more effectively. Counselling taught me a lot of the reasons for my anger and why I've done what I've done as well as how it affected a lot of people. I used to be very quick to act without thinking too. I would say something and not think about what I was saying before I'd say it. It was so frustrating because I would say something and then it would be like, I'm sorry, I didn't mean that. When I first started I never thought I would make any friends in group, because at that time I didn't like people. I didn't like other kids. All they ever talked about was sex, drugs, and alcohol – it's such a waste of time, but now it's not so bad and we can talk about different things. I want to remember what I learn in counselling because I hate losing friends. I made one good friend already and we still hang out today. My family and I are working together now on getting better too. We've begun our journey of a family relationship. We are getting healthier and finally me and my family are blossoming like a flower.

I'm keeping busy right now with things like school, sports, work, skills programs, and other recreational activities like cards, books, and stuff. In fact there are not very many times when I don't do much. I have no idea what I'll be doing in the future, but I know I'll be keeping away from lots of things. Like most people say we're not supposed to go swimming, we're not supposed to be around little children, and I won't be around little children but I will go swimming because I like it. Sometimes it just feels like they

want to keep us away from everything and that's not very cool. I say it's okay if you've been in therapy long enough and you're willing to get help, and you've asked for help, and you know what will happen if you reoffend. I know if I reoffend I will go to jail no matter what. I know that. I'm not going to reoffend though. I'm not going to jail. I follow my safety plan and I don't even leave the house unless I'm going to my family's place or programs and stuff. It really sucks being a teenager. Soon I'll be the legal age to do a lot of things but yet I won't be able to do them. Most teenagers have a lot of friends they go out with and can spend the whole day together. After school I just go straight home or come here for counselling.

Every so often I really feel stuck in this little office during counselling. I hate being enclosed. Time seems to go by so slowly, and during that time all we do is sit and talk and it's really quiet. People talk about the same stupid thing, and we're asked the same questions. They're trying to see if you'll change your story but everyone changes their story each time they tell it no matter what – it's always going to be a little different. I wish we could go outside or move around more, like do more role playing or sit on mats then everyone can be the same height because if you're sitting at a higher level than everyone else it may be disrespectful to others. We could play more skill building games with cards or posters. It would be a lot more fun and interesting instead of just sitting in one little room talking about the same things. Topics that we could talk about could be like education and what we want to do when we get older. I already know what I want to be. I've worked long and hard on this stuff in counselling, and one thing I know is that in my future life experiences I will always have to worry about what I've done in the past.

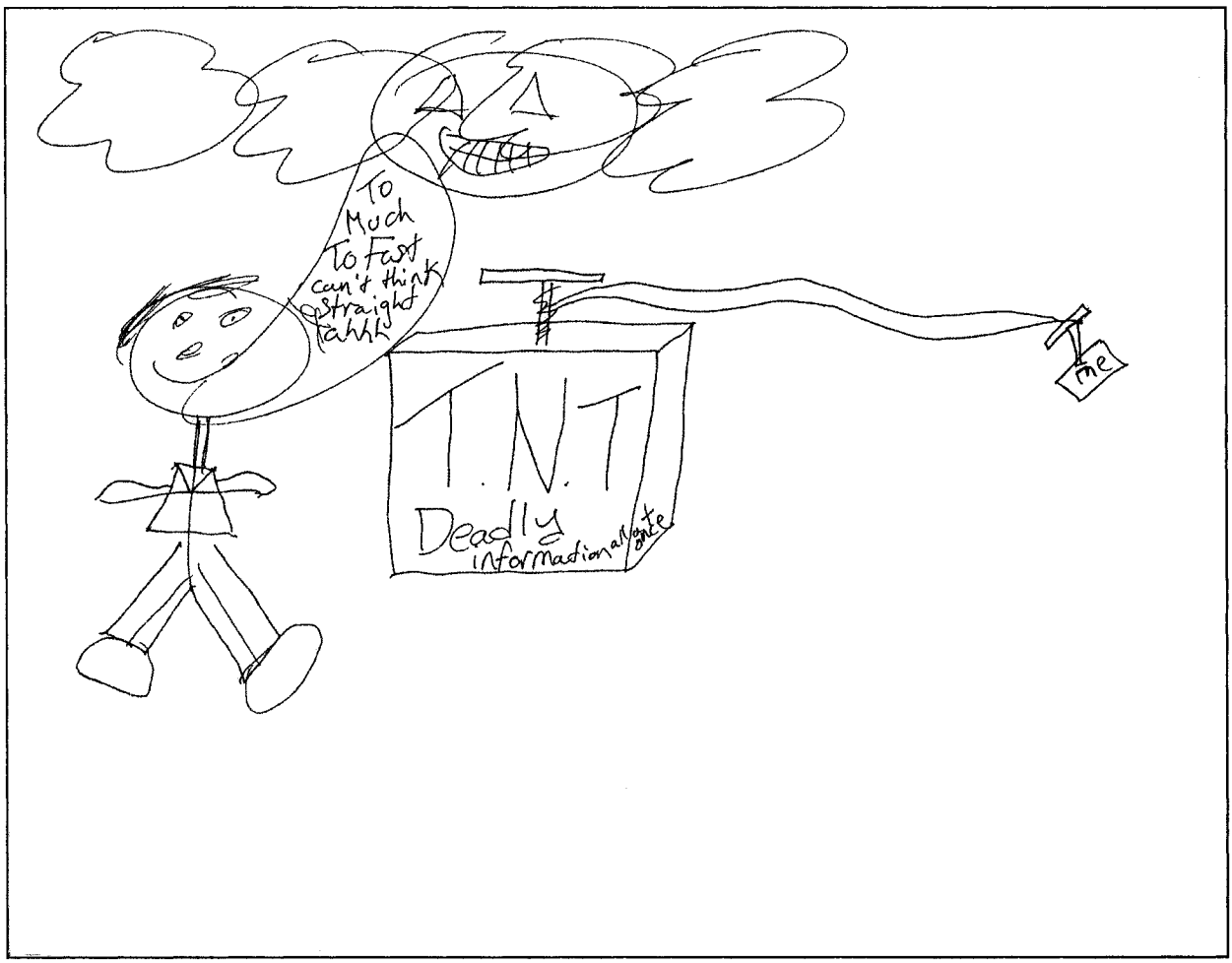


Figure 3. Seiko's drawing about how he sometimes feels in group counselling.

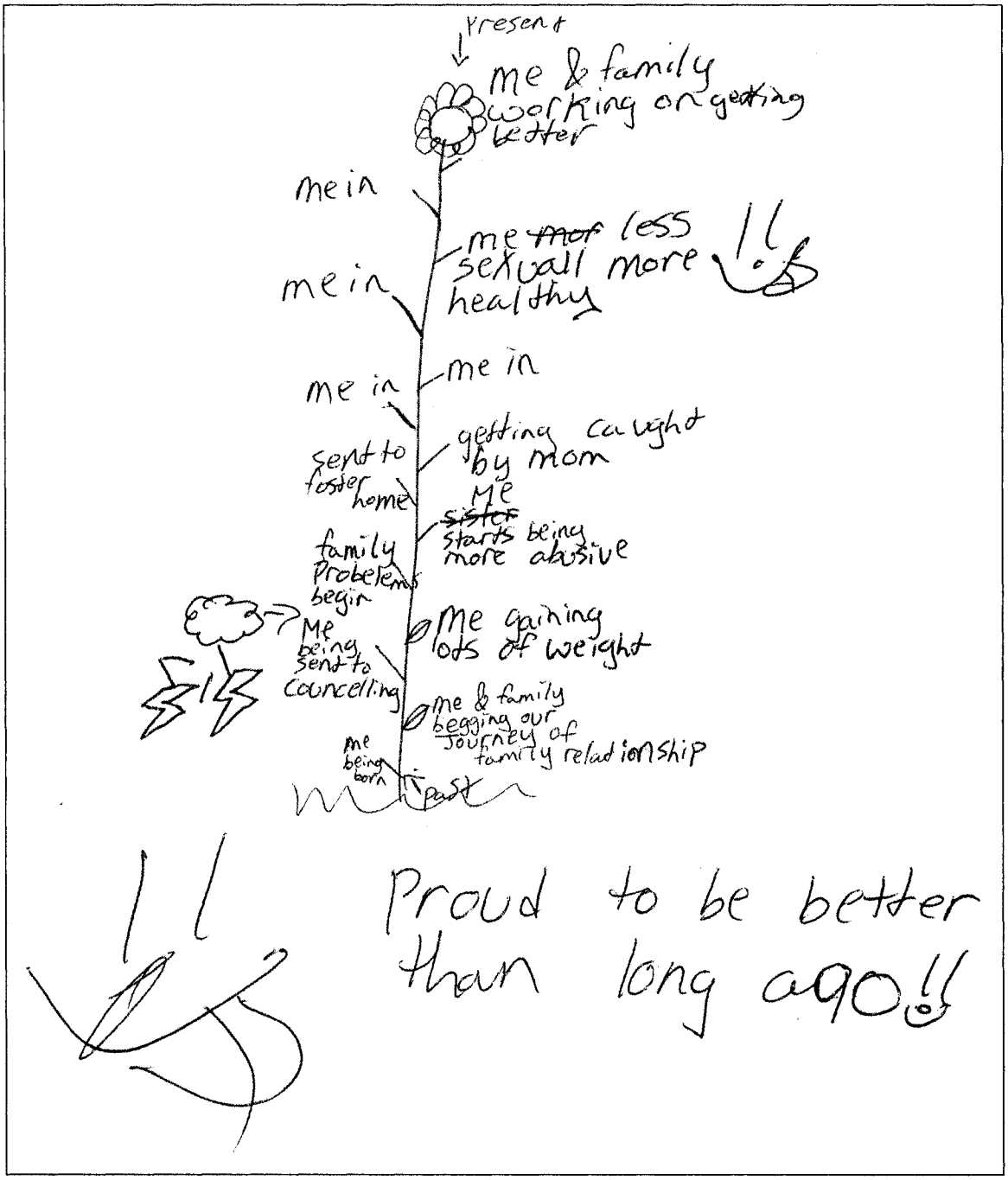


Figure 4. Group counselling and Seiko's drawing of growth.

### *Sylvester's Story*

It was anger. Anger and frustration is what I felt the first time I was told I had to go counselling. It didn't make me angry, I chose to get angry – I chose to go down that path. I remember I was with my grandparents, other family members, the courts were involved, and the judge told me I had to go to counselling. I was sixteen years old at the time. I figured okay, I'll go but I'll just tell them what they want to know and get the hell out of there. It was more difficult than I thought. I was actually very nervous and scared when I first entered group counselling. It was like, all these kids are looking at me but they're just like me as far as I know. I kept to myself at the beginning, because I didn't want to tell anybody what happened or what I did and stuff like that. I didn't want anything to do with it.

I was rude, obnoxious, swearing a lot. I pretty much told everyone where they can stuff it – I didn't care. I didn't care about too much. I used to get into tons of fights at school because people would bug me and make fun of me all the time. I'd just turn around and beat them up for doing that and then they'd never bug me again, but then other people would start telling stories about me and then it would just get worse and worse. Making friends wasn't too bad it was keeping them that was the hard part. The friends that I had started hanging out with other people. Don't get me wrong I had friends at school, but only close friends, because they knew there was a different person on the inside than from the outside. There was a lot of fighting not only with friends but at home too like with my grandpa – lots of emotional stress, physical and emotional hurts, and tons and tons of boredom. I wasn't active, I wasn't working, and we were like two bulls knocking heads. He'd be really grouchy, and I'd be just as grouchy right back. There would be fighting with my parents and my brothers as well. After a while the anger about everything just kept building up more and more until I just let loose and that's how I ended up here in counselling.

So there I was with my family being told I had to go to counselling. On the first day in group I sat back as everyone introduced themselves and what they did wrong, where they live, go to school, and how old they are. They told their stories and talked about sexual fantasies, anger, what they did during the week, how to keep yourself safe from other kids, and ways to keep your mind out of the gutter. I was like whoa – it was

pretty hard listening to all of that. I didn't want to say anything so I just sat there. It's like, I didn't know who these people are, and they want me to talk about these things too? I felt a lot of pressure, and I just thought forget it, I'm not doing that. It was really different, and I wanted out of there but at the same time I went with it just to see what would happen. At first I just told them what they wanted to hear, but that just made things worse. They kept bugging me and bugging me trying to drill things into my head, and then I finally realized it's not working this way so why don't I just give it a try.

After a while, I kept getting a little better every time I came into group. I noticed myself becoming calmer, and then my buddy came into my life and that was the biggest part in all of this. I reversed that path and turned it into something better. You see I used to know this friend from school, and I hadn't seen him for many years until I saw again him in group. He had been in group for some time already and we started talking. He became a mentor in the group, and he became my mentor in life. I learned a lot from him and from his experiences in group. He taught me how to become a better person and then I started wanting to come to counselling. I actually came to enjoy it a little.

I began to really listen. I listened to other peoples' experiences and what they did in the past. I took in what the told me and tried not to take anything personally and turn it into something good in my life. I then began to pay attention in group and try to be more active rather than sitting back and listening. For example, I would scribe on the white board as we discussed things together in group, and I took in all that information a lot better than when I was just listening. I became more comfortable in group and felt that this was a nice bunch of people. Being with them gave me a chance to hear what they had done in the past and learn from them to help change myself.

I really began to take counselling seriously when I realized that one of my brothers was becoming more mature than I was. He was becoming the big brother in the family. That's what made me think about changing. My biggest goal right now is helping my family out and helping my younger brother out. I've been trying so hard to get them into counselling too, but they're so busy and just haven't had the time. My younger brother is becoming exactly like I was back then except I'm scared that he's becoming worse. I'm trying to change his thinking and the way he acts before he ends up exactly the way I did. I want him to learn the right way of doing things before something stupid

happens. I hang out with him as much as I can but it's difficult because he doesn't listen or he'll listen but then blocks you out. I used to be that person and it's hard. It's very, very hard to find the right words to say that can help him change.

Another thing that's kept me going in counselling is that my dad is finally on track with me. I was the one who suggested that my parents come to counselling. I had to drag my dad to come into counselling at first and after a while he tried to put some pressure on my mom to come too, but she doesn't particularly like coming to counselling. When my dad came to counselling – that made me feel really good. What my dad learned about me in that hour made him feel really good too. I could tell that he was proud of me. After that session my dad really teared up and gave me a big hug. Ever since then he's been wanting to come to counselling. He's learned how I've changed and has noticed differences in me. It makes me feel good, and it makes me want to keep coming back. I see that I've been changing and that I've been changing others too. I like helping others. I think I've been good hearted all my life, and I don't think I'll ever change that.

As I continued through counselling I had my odd days when I would come in and stuff had happened during the week and I didn't feel like saying anything, but my friends in group would notice; they could pick me out so well because of how I was participating, like my body language and stuff. I would be like sad or angry, not talk to anyone, and just sit back in group – the whole nine yards, but they'd call me on it. There are also some times when I feel the pressure on me. I don't like what they are saying – the feedback, but they have a point to it. It bugs me on the inside, and I have to keep telling myself "okay this is my opinion and I'm going to stick to it, and they can have they're opinion too". I tell myself to calm down and that what they're saying is not about me personally. It's hard work.

Over time I've learned to quiet down and not talk over everybody. I've learned that by telling the truth you can gain people's respect. I've learned to gain friends and keep them, and I've learned a lot about myself. Like before, I thought I was on top of the world, that I was the best person in the world, and that no one could stop me. I now realize what a low self-esteem I had. I liked being that way back then, but I don't like that now. I like the way I am now. I used to be closed up in my own little bubble and I didn't want to talk to anybody, but now I can talk to anyone, it doesn't matter who it is – I never

used to be able to do that. I'll help someone across the street and it's like if you want to stare go ahead. I don't care what other people think, I care what I think.

I've been able to get along with people better and not tell stories. I get along well with my grandfather now. Instead of being like cat and dog we're now like two cats or two dogs. I feel better being able to meet new people and make better relationships with old friends by slowly gaining their trust back. I'm able to earn their friendship back by talking with them and by showing them that I am a good person. I also have a better work ethic. When I got a job I'd just be like go, go, go and not stop, and now it's like I'm more calm and I take the time to think about what I'm doing and get the job done right. I feel more calm and independent now and a lot more active.

I like the way things have worked out and having other people in group. At first I learned to like it and now I actually enjoy being in group because it gives me a chance to hear what other people have done in the past and you can learn from this and change yourself. I try to take in everything all at once and that's just the way I learn. Like, it's more helpful taking it all in as a whole rather than sitting on one topic at a time. You can take those pieces of the whole that you need and use most of them in everyday living. Learning from other people and having other people learning from me and talking about how we've been able to use this information makes me feel really good. We can then come back into the next group and talk about other aspects that we can still change or ways of using the information differently or a lot better. I think everything I've learned can still be improved on. No body in life is perfect, but it gets improved everyday as long as I continue to use that knowledge and what I've learned things will get better and better.

Counselling is not exactly about what's been done in the past, or what works on your anger, it works on everything, your personality, self-esteem, everything. You have to choose to take the advice, try it out, and work on it. I chose to take that advice apply it and it worked. In my own opinion you can become your own counsellor, and I think that's a lifelong process. Like some of those skills have been with you since the beginning, but you learn about them and you learn to keep them with you. I keep a journal that helps me with that. It's like my own little personal space. You know this whole thing is kinda like Spiderman. He was a weird freaky kid that everyone bugged at

school, and he turned into Spiderman and a really good kid. He used to live with his grandparents just like me, and he used to be grumpy and mad all the time. Now he can figure things out for himself because he's tougher and he's learned to use his skills and he chose to use them for good. He turned out to be a superhero.

I'm almost finished counselling, and I'm at the point now where I just want to get on with my life. I get frustrated at times now in group because you hear these guys talk about their weekend end and how much trouble they've gotten into and I just feel like strangling them. I shake my head because it's like we just talked about all this stuff last week and here we are again. I think to myself, "How stupid can these people be?" I hold myself back though because I know getting angry isn't going to help. I think in situations like that you just have to dig it out of them and just keep bugging them and bugging them in order to get through to them. If I was the counsellor I would state, look I've been there, I know all about it and I can help you, and they could see that I've made it. I'd get them really talking to each other and get them talking in mini groups or playing card games or board games about certain skills. We'd make posters and stuff like that about what happened or advantages and disadvantages of a certain action. I'd make it fun instead of just sitting there and taking. There would be more activities. Like with some people you can try and drill things into their head but just doesn't work – you have to try something different to get around that.

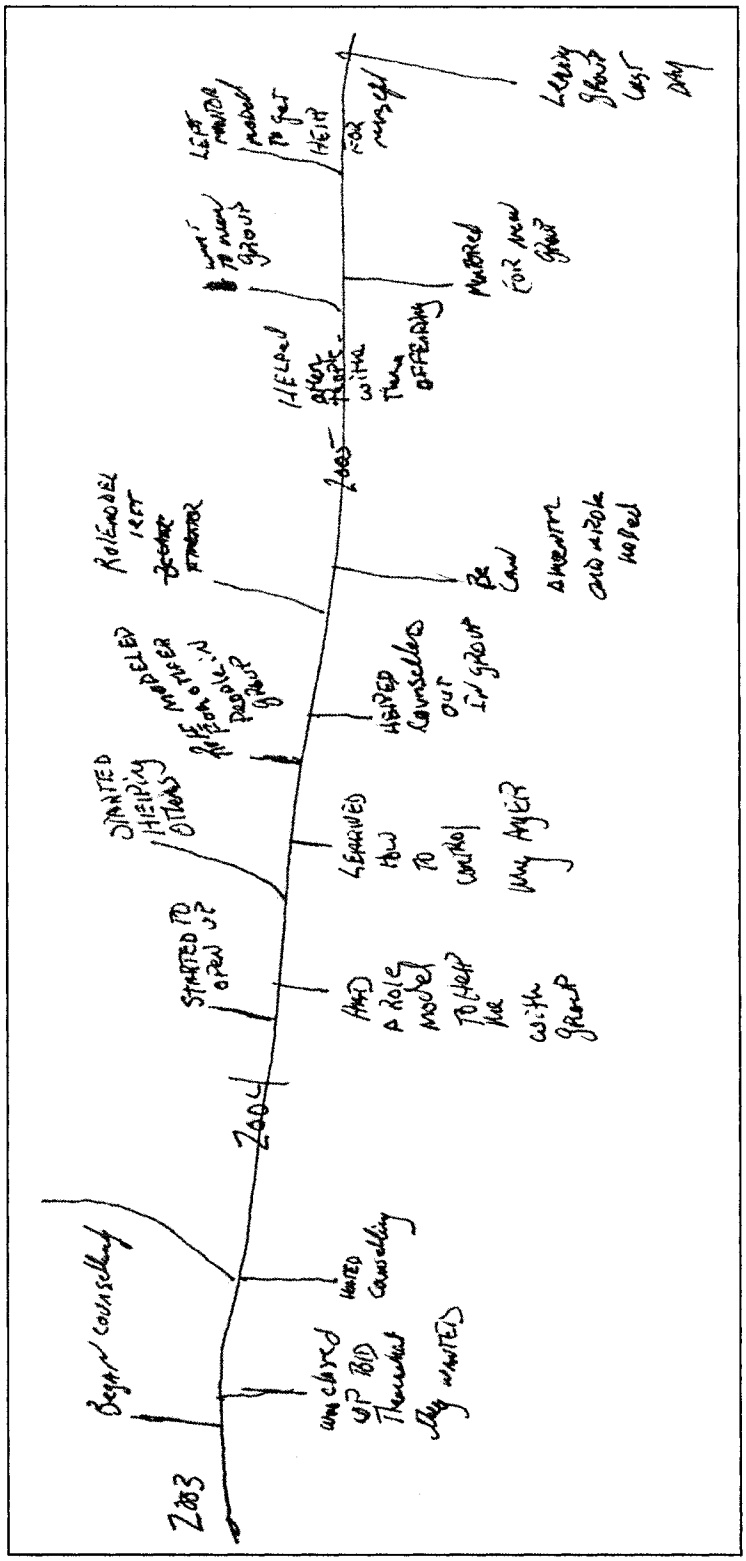

Figure 5. Sylvester's timeline and group counselling.

### *Will's Story*

I'm seventeen and I'll be graduating from high school this year. I'm in a semi-independent living arrangement kind of like an apartment with other people, and I like it. It's quiet and you don't have people breathing down your neck or wondering where you're at. There are a lot of things I enjoy in life like the sciences, hunting, fishing, quading and having fun. Those are things I enjoy when I'm not working or going to school. Right now I basically get up, go to school, come home, get ready for work, hang out with some friends and then get up the next morning and do it all over again. I do that and then go to counselling a couple times a week. Sometimes my friends are a bit wary of where I'm going, but you just have to bit your tongue and think of something to say real quickly.

The first time I was told I'd have to be in counselling I was living somewhere else, and I was talking with my key worker. He brought up the topic of counselling and told me that I would have to go. I basically told him to "fuck off" and I walked out. I said "there's no way I'm doing therapy" but I ended up there even though I put up a big fight. I just thought it was going to be some shrink telling me what I had to think of. It was basically fear of the unknown because I never had to go through anything like this before. I was told straight out that I had to go and eventually I did. I'm used to people telling me things straight out like my family and friends. My first day of counselling was in group. I didn't have any other counselling before that or even heard of counselling like that before, but I just went straight in. At first I wasn't quite sure what I was feeling. I was there physically but mentally I didn't care, and I was spending my time figuring that I would just shut them off, but that didn't work too well. They basically termed my behavior "superficial compliance". I didn't want to go through it. I just wanted it to be over, I wanted it to end. I walked into the counselling room and saw all these other guys. I guess it felt kinda weird from the beginning. The fact that when you walk into this room and all these other guys are in there it hints to you that you're not the only one who's been through it. So it's weird to realize that there are actually other people out there that know what you've been through, through their own experiences, and how it's affected them. In that first session when I sat down and started talking a little it wasn't as bad as I initially thought it was going to be. Over the past three or four months in group I

basically sat in the background most of the time before I actually started talking about stuff. I was getting all this feedback from the counsellors and other group members and I hated it. I just didn't want it, but they kept giving it to me and I wanted to leave. It was either my way or the highway. I think I was quite belligerent, rude, and obnoxious about all of it. Basically, I was very defensive about it, and if people pushed me I would just push them right back. I didn't have the knowledge at that point on how to separate it out and actually ponder what they were trying to tell me. I didn't want to go to group, and I didn't want to hear what they had to say.

They tried placing me in family counselling too, but there was a lot of fighting within our family. I would manipulate people. Like I'd play my mom against my dad and then they would get fighting. My mom would always side in with me even though my dad could read me like an open book. He could tell I was lying, but my mom would still side in with me. Then when the truth came out there was a lot more fighting. It got to a point where my dad and me just stopped talking to each other. There was a lot of tension in our family. There was fighting about my friends and other people I was hanging around with. I've made some bad choices about who I acquainted myself with which jeopardized my well being. They wanted me to get away from all of it and move completely out of the city. I didn't know which direction to take.

What really helped me get to the point of talking and letting down my defenses in counselling was one of the other group members. There was one day the therapists decided that it might be beneficial for me to sit in on a one-on-one session with this other group member. That was a turning point for me. It wasn't so much what he said but the way he said it and how he interacted. After that session I realized that these people are here to help me and not hurt me. I began to open up a little after that. I felt that I could trust him by the way he talked so openly about his experiences and about everything. That's what basically kept me quiet the first while in counselling – it was mostly the trust factor. I didn't really trust anybody so I didn't want to say much until I felt I could trust them. I slowly began to build that.

What further helped me at the beginning of counselling was hearing the stories of the other guys. It showed me that you can talk openly about stuff in group and not worry about someone else hearing it and spreading it around. The fact that we've all been

through the same thing we know that we can't go around and talk about it with anyone. That's the biggest thing, when you know that others won't go talking behind your back. It took me a while but I realized that's the way it would be – what was talked about in group was kept confidential. When you first walk through the counselling door you assume that it's going to be confidential and that there is trust but it took a while to actually feel that. It shocked me at first that people could talk this openly about it but after a while you get used to it and eventually start talking too. There are few people I feel that I can honestly trust, and I have to be able to develop that trust before I can talk openly with others. It's just not something that one normally talks about.

At the beginning of counselling it was basically a repetition of things like your safety plan, how important it is to stay safe, knowing your risk levels, looking at your progress, and health, and all these things get embedded in your brain. As I went through counselling the truth about my offending came out. I then decided to really talk to my family about it, like the details of my offending and stuff like that. I talked in detail about it with my dad and then my sister. I think family counselling is a lot harder because there's a lot more emotion involved – you're dealing with your family. With individual counselling it's more relaxed because it's more confidential so you don't have to get so up tight and you can talk a little more freely than in family or in group. I actually prefer group though because there's more feedback and that's a positive thing. In individual it's just you and the therapist, and in family you never know what's going to happen. At least in group you have some sort of idea what will be talked about. After I talked about my offending in counselling things seemed to run a lot smoother.

The best thing I've come to realize about counselling is that it's been an outlet for me to talk about my issues. I can talk openly about stuff without being judged because all the other guys are going through the same thing – they can't really judge what you've done because of that fact. A challenging part of counselling was talking about my feelings, and it still feels that way sometimes. I mean I can talk about my feelings but only up to a certain extent. In the past I used to run from my problems but now it's caught up with me. In a way, I came to feel that group counselling was good because there were people that you could talk to and they worry about you. In another way, it was not good because they would pressure you to say things. In my experience when people pressure

me I just shut down. I don't talk to them. If I want to talk I'll talk and if I don't then I just won't. One thing I've learned about myself is that I can be extremely stubborn. I realized that in group and in family counselling.

I've been in counselling for fifteen months now. I used to think counselling was a major pain in the ass, but it takes some time to get used to it. Once you get used to it, it becomes a part of you – like a habit. You accept it, get on with it, and continue. You just have to deal with it. In the beginning I wanted out as soon as possible, to say what I needed to say, and to get out but now, I don't know…I say stay in there as long as you can and get as much help as you possibly can. A couple of months ago one of the members in group was having a really bad day and everyone there could tell that something was the matter with him, but he wouldn't admit it to himself or anyone around him. I could see myself in him when I first came into counselling. I was angry at the world and I could see myself in him that day. I sat back in my chair and thought about how far I've come and what I've been through. I realized that I've come a long way. It feels like being the underdog sometimes, like nobody thinks you can do it, but if you set your mind to something you realize that you can do it. I feel like I'm the same guy from when I started but things in my life are better. Like my family relations – they're a lot better then they used to be. They've really grown and gotten stronger as time went on. I can talk more openly with them, not hiding anything, and we're a lot more relaxed now. We can actually joke around and have fun.

My friendships are better too. With my peers I have the knowledge now to deal with them a lot better, because if they have any problems they know they can come and talk to me. So I guess through counselling I've picked up some pretty good information and skills. Like when you're in group the information they give you is about sexual offending but if you dig deeper there is a general overview of life and you can use that information. We don't just talk about our issues and stuff like that, but we talk about life in general so we get everything and anything, and we hear the feedback about it. Even if you don't have the particular problem being talked about it might help you in a different way because it's coming from different people's perspective. You're getting a wider view of it and viewing the problem from different angles so it's a lot easier to find the answers – that would be one of the main reasons I keep coming back.

You need to be really open in counselling, and the more open you are the easier it will go for you and the easier it will be for therapists to help you. Counselling is not as bad as you think when you first start. It seems scary when you enter it, but as you go through it you learn more about yourself and then people can help you in the long run. I've come to see that I'm not so uptight about things. I've become more laid back, and I can actually talk about my problems with others. I'm not sure where my anger is at this point. I don't think it's completely gone but just suppressed. I haven't gotten angry or blown up in a long time. Before I used to hold my anger in until I would explode. It's something I always need to be working on. I have to work on everything though for things to work out properly. I can't just focus on one specific thing because when you do that there's a bunch of other things that get left out and then they create problems. If I focus on one of those problems I leave out a whole bunch of other stuff. I have to focus on everything at once. I guess for me some of those things would be like social skills and trying to work on my problems and not take on everyone else's issues because in the past I used to do that. I would focus on everybody else's issues and suppress mine. I keep working on managing my time more properly so that I can deal with my own issues and try to help out others – it's a time management thing. Counselling can teach people how to live in a healthy way. I'm trying to drop some of my addictive behaviors and just be a healthy person all around – like mind, body, and soul. Some of the things I'm working on to help with that are quitting smoking, exercising more, eating healthier, just small stuff like that. With my family, I'll keep staying in contact with them and keep open communication with them and the group as well. I don't think anyone could ever forget about group because it's such a big part of my life. I'm with these guys for at least a year and that's a year gone out of my life. It plays a big role.

If I could go back I don't think I would really change anything about counselling, because that's just the way that things are played out. I was able to get new perspectives and everything like that. I've looked at problems before, and I think everything happens for a reason, like there's a greater reason for it all. I just got to deal with it and find ways to get out of it. It adds to my problem solving abilities. There are times when I feel like things are at a stand still in my life, like I'm not going very far. When I make decisions I think about them thoroughly first, but there are still times when I just don't care. I think

those times are definitely out of character for me. I know that I've come a long way though. Like my grandparents stated that I'm a completely different person from the last time they've seen me. I've learned to be honest and open to feedback. I don't take everything in counselling defensively. I listen to where the group is coming from because they're in the same place I am. There is nothing I can say that will faze them in counselling because they've been through it. The guys in group have done pretty much the same thing I have so there's nothing I can say that will faze them. I think if counselling was just one-on-one with the therapist things would go a lot slower because I don't have the feedback from other people who have been through the same situation as me which is a big positive. The feedback is a major focus. It's one of the main things that will get you through it. I take from that feedback now and try to be honest in everything, no matter how hard it is. If somebody gives me feedback listen to it and don't just let it go in one ear and out the other.

It's been helpful. I get plenty of resources when you need them. Counselling can be like a leaning post, someone to lean on and talk to. It's a safe environment and I've learned how to be safe in the community and with family. Basically they're like a second family. They know my deepest darkest secrets, and they keep teaching me how to stay healthy and how to have safe and healthy relationships. I've learned social skills, get great feedback, and learn how to get through life. Counselling is also about hope - it's always giving me hope. They can give me happiness or I can give them happiness, they're a shoulder to cry on when I need someone, and they give me a sense of fulfillment when I'm feeling overwhelmed. It can provide me with satisfaction and I can gain a lot of trust or give a lot of trust to the people I'm with. Counselling can give me peace of mind, like if I have something to say I can say it without worrying how or what they're going to do about it. They are there when I need them. I know they are caring, loving, empathic – basically what everyone is deep down inside. Counselling is also about progress, basically progressing through group and progressing through life. It's a learning environment where I learn everything I need to stay safe. I can learn to gain personal happiness and it becomes a healthy addiction.

There were some things I didn't like about counselling. Like when they would ask the same questions over and over again, just rewording it. That still irritates me. Instead

of asking just one question they'll ask twenty different questions that end up having the same answer which is just a waste of time in my opinion. Like if you have stuff to say just say it, and if you don't then don't. Otherwise, I don't think I would change too much about counselling from the way it is now. There is one thing I would add and that would be a victims group so that the victims could have their own group where they can talk about their own thing and stuff like that. I would also make the group sizes a bit smaller. From my experience there can be so many people in group that there isn't enough time in one session to get to everyone and the only way you could do that is by extending therapy, but after a while you can only do therapy for so long in one day. I think they should basically decrease the group sizes, like have only about five people and keep the same time so everyone can get equal air time to talk about their issues. For now, I'm going to use counselling to its fullest extent. I'll play with whatever life throws at me and use it and see where it takes me. Things are going to be different after I graduate. I hope to go to SAIT or NAIT, but if that doesn't work out then I'm not sure. I'll keep following my safety plan because if I don't I'm going to end up in trouble. My family is really on board with my safety plan. The more support I get the stronger I'll stand.

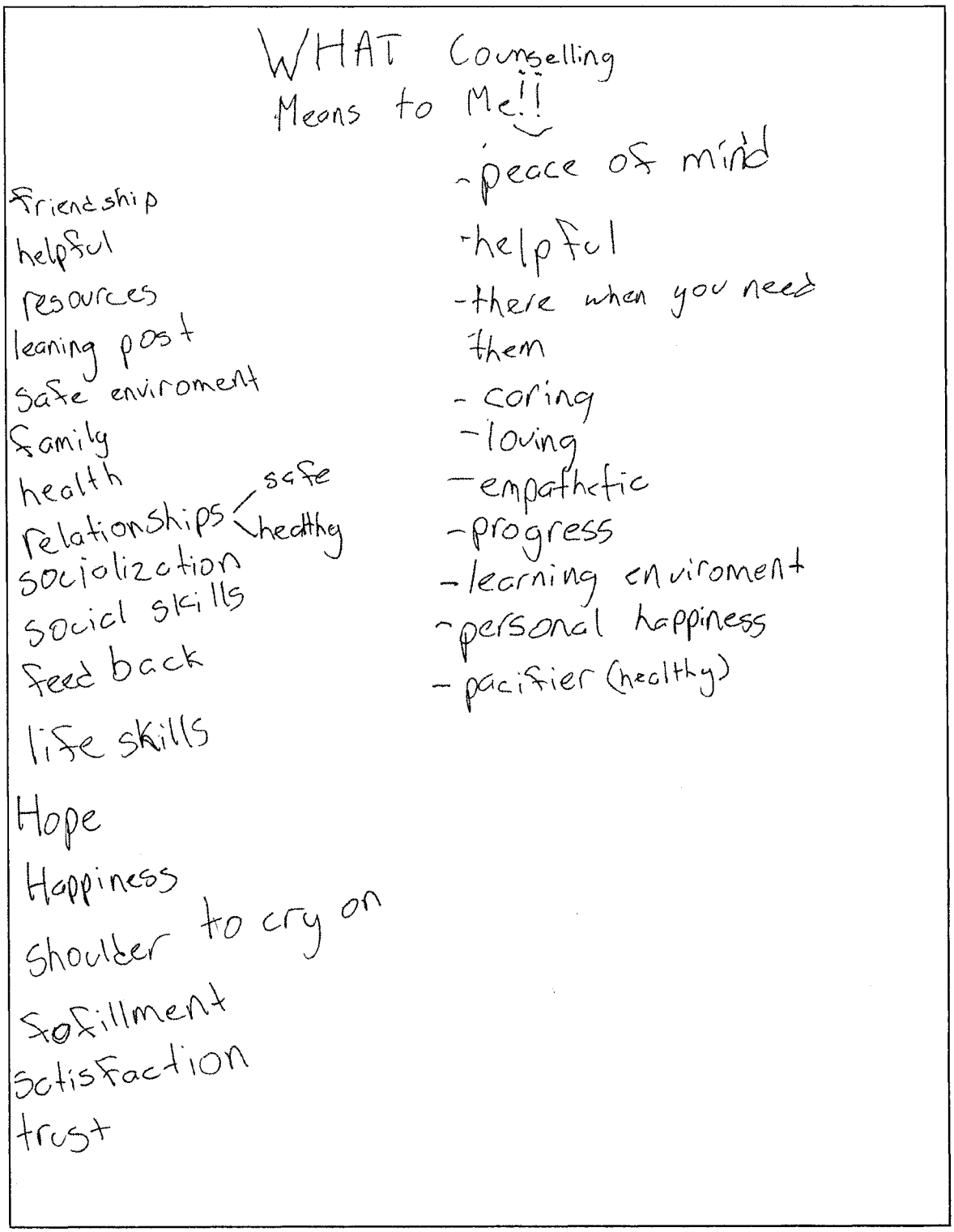


Figure 6. Will and what group counselling means to him.

### *Luke's Story*

I have a job right now, and it's my first one. It's a lot of work, but I like it a lot and it's really easy to do. I actually tried getting a job this year unlike last year when I wasn't too enthusiastic about it. I'll be going back to school soon though and I'm not sure if I'll keep the job. School's not too bad, there are some subjects that I like. Social studies isn't my favorite subject in school, but it was one of my best marks. I actually hate it with a passion, because I don't like carrying all the books for it around. I don't do any sports in school but I do bike ride, and I used to like basketball. I don't know if I can play that anymore because of an injury. I play video games and have chores to do, but I don't do the major chores until Sunday. During the week I do some simple cleaning so that things are at least descent. When school starts I get up at about 6 am. I'm early otherwise I'll be struggling to get up later. I get my stuff done and get onto the computer if I have time. I put my stuff at the door, sit down for a few minutes, and then I'm off to school. During the summer though I just get up at any time I feel like unless I need to be somewhere early. While I'm at home right now it's just my two foster parents and a dog that I live with. I've been trying to do a little bit more on my own because as of next year I'll be 18 years old and I'll be on my own – that's coming up soon enough. It doesn't seem like too much of a big deal at the moment, but I may bring it up in counselling later on.

Nobody told me I had to go to counselling, they gave me a choice. I chose counselling over the other option which didn't sound too good. I was upset at the time, and I was nervous because I'm not a social type of person. I didn't know any of these people. When it gets too crowed it kind of freaks me out. I like people but I can only handle so much. For most of my life I've been quite secluded so I'm just not used to it. I went into counseling for the first time I was like, "what the hell is this?" There were two people leaving or I guess graduating from the group, and I didn't know what was going on. I expected that when I got to group there wouldn't be people leaving. I was thinking that it was good for them, but it was weird. I was just thinking like "okay, what's happening here?" I looked around and listened to everybody else before they got to me. If I don't trust people I generally tend to observe them for a little bit and try to understand the way they kind of work and then I'll feel comfortable speaking to them. I watched how they acted, like whether they were going to be hostile, gentle, or mellow and how open

they were to discussion or how closed they were, and to see if they were lying. I use my gut feeling because I've been taught to use that, and sadly it's usually right.

I introduced myself to everyone, but I didn't say too much else. It looked like I was trying to shove people off at first second, but I was thinking that these guys have probably done a lot worse then me, and he's holding his head up pretty high and holy shit there may be hope for me too – pardon my language. I don't like swearing but sometimes there are just no words for it. There was another time in counselling when I was standing around before group and I turned around and I almost had a heart attack. There was this guy that I used to know from somewhere else who was going to group too. I didn't even suspect him before. I didn't know what so ever. He's a really nice guy and easy to talk to but it's just surprising. I didn't go up to him and say, "I know you're a perpetrator". I didn't want to embarrass anyone. I wouldn't say we are friends either because we don't socialize a lot, but when we do it's kind of in the moment, like we can joke around. It makes it comforting to know that there are others going through it too, and it's not like all the world is zoomed in on you. I'm not trying to shoo away what they did, but it's not so much what they did – it's the realization that they are going through it too.

At the beginning I felt I had to do counselling slowly, because I didn't feel comfortable with everything. It's a trust issue for me. I don't trust people just like that anymore [snapping his fingers] – I used to. My thought about people who put it all out there at once in counselling is that usually there's got to be some bullshit somewhere among it. Whether it may be small or whether it may be big or the whole thing, it just seems a little odd because most people don't come in here willingly. I have no problem showing emotion or anything. It's when I'm feeling insecure that I don't want to talk about anything to anybody because I don't know if I can trust them or not – that's just me. When I started it was like I wanted to go to counselling but yet I didn't want to go. It was kind of confusing, and I was ambivalent about it. I kind of had to go and kind of wanted to go. I knew I could get into a lot of trouble if I didn't, and I had a lot of things to lose in my life if I didn't. I began thinking, what's the point of going if I'm just going to sit there. I may as well do something, and it's not going to last forever, I know that. I began wanting to focusing on the important things, like counselling for sexual offending. I knew I didn't want to sit there forever. I felt ready to learn something.

Hearing the stories the guys told in group really hit me. I thought for some of them it looked hopeful but for others they really needed to change. Hearing my mom's story really hit me too. My mom began coming to terms with my offending. At first she was kind of running away from me. It was later that she realized I may actually need someone to support me through this and not someone to run away from me, because I already know how horrible it is. We started talking about it in counselling, like ideas about it, how to deal with it, and just to brain storm about it. My dad eventually sort of began coming to terms with it too. We would talk on the phone to see how I'm doing. He would reassure me that he'll be there for me but I don't know – I'm kind of still waiting. It gives me hope that my dad accepts me for who I am and not for what I did. I think it has given me hope, but I'm still kind of shaky on it. It was helpful having my dad in counselling because the therapists had a chance to meet him and to see what he is like. I knew they wouldn't see him the way I see him though – it's kind of hard. Sometimes sessions with him went good, too good to be true. Even after that I was unsure about it, and I'm still not sure about it. His words sounded too unrealistic, like he knew everything. It was weird. I want him to prove himself, because I can't really depend on him to be there. Him coming to counselling will generate trust but once or twice isn't going to do it. He used to see me twice year or something, and that's usually when it suited him best. That's the sad part about it. He wasn't there when I needed him, just like when a relative died or something. Through counselling there's been a bit of a change with that, but again he needs to show himself more seriously and then I can start to trust him again.

One of the challenging things for me going through counselling has been trusting people. If I don't know the person I give them a little bit of trust and they get to work with it and mold it into whatever the heck they want. I do that with everyone. It's not just a certain person, and it's more to protect myself than anything. I don't use it as a bad thing, I use it as a good thing so that way I don't get hurt and they don't get hurt. I'm still trying to differentiate hurt from help. Like at the beginning of counselling I didn't like the feedback from others in group. I would get mad and not want to talk about it. As time went on I started trusting them more, and I was learning things that were helpful. I didn't know sometimes the things they were talking about in group and they were like, "you

don't know what this is?" and they'd just tell me. I became more open and more details came out, even things I wished I forgot. It's like a memory sparked another memory and then another. I decided in counselling that there were a lot of habits I needed to work on, bad habits like feeling offended by the smallest feedback from others. It was very easy to offend me because I didn't know what the heck was going on. Even the slightest comment would get me going, but now I've gained more knowledge about things, like how to prevent things or stuff I didn't even know about like thinking errors or minimizing. At the time I felt I wasn't justifying things but now I can see how I was, and I catch myself as much as I can. Like I'll start saying something and if it doesn't sound right I say, "let me think about that for a moment" instead of being impulsive. I've been catching myself more often.

I've gained awareness of certain things and began working on my social skills. I realized they were not the greatest. Sometimes there would be people in group that would challenge me and underneath I'd be like grrr. I'd say something and they'd be like, "no, that's not right!" I wondered why they were challenging me on this and wanted them to explain it. At times I was able to say "okay, yah", but other times I got defensive. That's something I'm still working on. It's very difficult being that I was a home person, but if they were just a little bit nicer when they did challenge me it would be better. When they shout I get upset and then I start shouting. I don't mind if they say, "hey, that's not necessarily true" – it's mostly the way they say it. It's helped that they've challenged me on things, but it's the way they challenge me sometimes that frustrated me. I've been challenged so much in the past in certain ways so it aggravates me a little. I start to wonder why I'm getting all mad. I still have a lot of triggers that will probably always be embedded in me – that's just me personally. I can live with it and I can control it.

I thought of counselling this way – are they going to hurt me or help me? It was a little hard at first and it's still hard for me now but I'm getting there and I'm starting to open up a little bit more. I kind of lost it a little bit and took a big slide during counselling but I got back on. I think when I'm in a depressed mode I can go off like that. On the outside it may have seemed like I didn't care but I did, like with what they were saying or whatever happened. I know I'm not always the greatest and I know I don't always see things, but I'm doing a lot better than I was years ago – a lot better. People see now that

I'm trying to protect myself and others. Also I didn't really like exercising before, but now there are a few exercises that I will do because I enjoy them like biking, swimming, or taking a walk. So I've been doing more of that, and I've lost a lot of weight. There are a lot of things that have changed about me. I think better of myself now. I used to have the worst self-esteem. I was abused by my parents emotionally and physically quite a lot and I had to deal with that in counselling. It's been a slow process but I'm getting there. I realized that I can get through this, and help myself get well enough so I can prevent it from happening again – that's what my hope is. I also realized that in counselling they are not here to judge me or get me with a little pitch fork. When others give me ideas or feedback about things I may use it but I can find a way of doing it that works for me.

Working with my problems can be the hardest thing sometimes because I can't always explain myself the best so the contents get scattered a little. I've been able to talk about things now. I think that it would drive me nuts if I couldn't talk about it. I'd probably be going through a lot of crap right now, like I could be doing drugs. I've always tried to find a way to relieve all of that and now I can talk about it. Counselling has been a pretty good thing, but you won't be able to do it unless you give it a little bit of faith and a little bit of trust. I want to keep working on the important things first and then I'll come to work with the less important things. It's fine and dandy to say how your week has gone but that should wait until you're done the main part of counselling, like dealing with the sexual offending. I didn't come here to know all about someone's weekend for an hour or two. I feel more laid back in counselling, and I don't show my emotions unless I need to like if something really hurts of if something it really funny. I mean I feel pretty happy after counselling. I think the only times I don't want to be here are when I'm really, really tired.

The hardest wall or challenge for me has been the emotional wall because all my life I've been hurt by others – that's been the hardest no matter what. I've learned more of my past than I actually thought I knew. I've been piecing my life together in a big puzzle and it's starting to make more sense, like as to why I offended in the first place and what contributed to it. I want to get healthier, ask questions if I don't understand, and prepare for the future. I'm not doing counselling for anyone – I'm doing it for myself. I know there are people who want me to do it, but I'm doing it for myself now. It's going

to continue being a rough ride but there's really no other way. I came into this group knowing about half of what I do now. I never thought it would be to this degree. Counselling makes me think harder even though at the time I may not feel good about it but after I'm kind of glad. It would be of no help having a user friendly therapist. I realized during counselling that I had a bunch of walls I needed to start lessening a little bit at a time because these are not the people I need to be fighting in my life. I have to put faith in people. For some that might take a couple of sessions and for others it may take one hundred sessions. It's what the person wants to make it out to be – either helpful or not helpful. I don't think it's the counselling that can transform the person it's the person that transforms themselves in counselling. I need to trust and have faith and hope that I can get through it otherwise I won't have any motivation to do it. When you're in counselling you don't have to trust the people there right off the bat. Give them some time, give them a chance. Don't resist because it will only make things worse, and try not to justify things. You don't have to talk the first time just sit in and listen. You can sit and observe or you can get right into it – they won't bite your head off. If you're not willing to be in counselling I suggest not going because it just won't help. Ultimately, I realized that the counsellors can't change me. I have to want to change myself and I have to be willing to accept their help.

### *Steven's Story*

It's sort of been the same as usual for me especially in terms of school. I'm in grade nine and I come home, have work to do, and then I do my homework. I'm pretty good in all my subjects. I'll be starting high school next year, but I'm used to it because I've switched schools so much in the past. I've switched schools about three or four times already. I'm interested in volleyball and basketball and that's about it at school. I wanted to play ice hockey this year but it's too expensive. I'm the oldest of my siblings, but I don't live at home with them. I just moved into a group home, and I've been living there for about three weeks. It's really different living in this group home and in the city. I used to live in a rural area, but I like the city better because there is more stuff to do here. On weekends I usually watch some T.V. and visit my mom, go see a movie, have dinner, and then wind down for the evening. I then get my stuff ready for school on Monday. I also go to counselling during the week. I've been in counselling for about a year now. I was initially told I would be done counselling in six months. I was really angry though when the sixth month came around and I was still here – instead of progressing I digressed. I guess that's were my problem was, the anger. In fact that's probably why I'm still here.

The first time I came to counselling I had a driver get me here. I thought I may as well do this because I really don't have any other choice. I was nervous and scared, mostly nervous. I was nervous about how they would take it, and I was ashamed at what I did. It's hard to express my emotions to people I don't know. They expect me to come in here and just spill all my feelings to people I hardly trust. I had one individual session before going into group counselling so I knew they were all going to be the same age as me. I walked in there and I was introduced to the other guys in the group. We talked about thinking errors like minimizing, things that keep you from offending, and stuff like that. I noticed that some people were paying attention in group and some weren't. I didn't notice too much else during the first session, I just wanted to get out. At the same time I knew it was good for me and I knew it would help me in the long run. I was a still a little nervous by the end of the first group.

It took a couple of groups for the nervousness to go down. The more I went to counselling I found that it wasn't so bad. I got into it even more, and I actually started

enjoying it. I just tried to walk in there each time and learn stuff. It was nice to know that I wasn't the only one and that there were others who could really understand what I was going through. At first I was worried that they would react and hate me after what I had done, but their response was different from what I thought. They accepted it with open arms and tried to help me. It surprised me that they understood. It was nice getting it off my chest, like getting it out and talking about my sexual offending. It was easier for me to trust them after I found out what they did too. As time went on I knew I wouldn't be judged and I began to open up more. It made me feel like I wasn't alone. The guys in group talked more about their experiences like offending and victimization, and I basically thought I know what you're feeling, I know what you're going through. It was kind of hard talking about what my step-dad did to me too. It wasn't the first time I talked about it but it was still hard.

When I moved into a group home it was a wake up call for me. I wanted to stay at home but I couldn't. I turned rebellious, and I didn't want to do anything. It made me think that maybe I needed to work harder in counselling. I started getting help with what I really needed and the group was supportive about it – like they were trying to help me get through it all. The guys gave me advice about things, and they tried to help me work through moving into a group home. I had to go to a group home, but I felt supported. There were times when I just sat and listened to them and the issues they had and I helped them through stuff too. It really helped that they were peers. They are your own age and you can kind of put more trust into them – it helped me open up more. I've been in counselling for a year, and in the middle of it all I came to understand more about what I had done.

The emotional part of it has been the most challenging part for me. There were times when I felt helpless talking about my feelings. I felt they were trying to make me go to the next emotional level, a level that I didn't think I was ready for. I was trying my hardest emotionally and they wanted more. I've been working on my emotions especially the anger. Like if somebody said something that I didn't want to hear I'd get angry, and it could be from anyone. I think it's been that way all my life. I've been really bad at taking feedback from others. In the past, I've gotten offended when someone says something or tried to give me feedback. They could even say something positive to me and I would

have seen it as something bad. So I guess I've just been able to express my anger better when I get the feedback. The group reminds me of the anger and ways of dealing with it by like giving me pointers and tips on how to express it better. I haven't gotten angry in the past little while, but I have been known to blow up in group – they've helped me get a hold of it. They cue me in group and point it out to me so that I can participate better. Sometimes they just come out and say, "hey you're getting angry and you need to calm down." Sometimes I just count and other times breathing helps. Like deep breathing threw your nose and out threw your mouth or no wait in threw your mouth and out threw your nose – I can't quite remember. I try to work it out with them and try to deal with it more calmly. I get more information about what they mean, and it's changed the way I've gotten feedback. It's helped in group but it's also helped outside of group. Remembering these things and putting them into action has been hard. It will be hard after counselling, learning everything, trying to keep it up, and putting it into life. It's been hard getting my anger out in a better way but I know it's for a good cause, and I've accepted that and tried to make the best of it. I also realize that if people didn't get angry they wouldn't be human.

I think the most important thing that has happened for me is just going to counselling itself. I'm not too sure what parts of counselling have helped I just know that's it's helped me out. It's made me think about things a little harder and why I'm here. I know that I'm a lot further than I was four months ago. I hope in a couple of months I'll be out of here. I think everybody has those thoughts all the way through counselling. You could be doing so many other things instead of sitting in an office talking about what you've done, but it has changed my life in both positive and negative ways. It's been harder to keep up my marks in school because of all the time I'm missing, but I've been able to become more positive in my thinking. Like everybody has a little bit of badness in them and everyone has a little bit of goodness in them and I think that's how I would depict counselling. I could be having a good day in counselling and there may be a little bit of bad in it and then I could be having a bad but there's always some good in it too. That's the way I see it. I am more attentive and help out more in group especially when I'm having a good day, and when I'm having a bad day I realize that I tend to sit by myself and mope.

My relationship with my mom has gotten better. We get along more than before. I think that in helping myself I was able to talk to my mom more. Before all of this I wouldn't really obey anyone. I'd just be defiant and angry all the time. If my mom said that my curfew was at a certain time I'd just stay out later. I was always angry and unhappy. I feel less rebellious and less angry now, and I'm in healthier relationships with others. Like before I wasn't very nice to my younger siblings. I didn't mind them being there but at the same time I didn't appreciate them being there either. I still don't talk to them very much but I think it's better than before.

I can also be a better friend to others. I didn't really have many friends and I didn't like being at school. My marks were low and now they are up high, I have friends, and I don't mind coming to school. I've lost a couple of friends along the way sometimes because I came straight here to counselling after school. I think group has been a good thing though. In the past I would know what to do in individual situations but I wouldn't know what to do in a social basis. My communication with other people is different. I'm not really yelling and arguing and I can accept my stuff. I'm a lot easier to get along with, and I feel good about that. It's easier to learn again, and after what's been said in group I've been able to work harder too. When I go to counselling I know I'm getting healthier. Healthy is not sexually offending again, being able to express my feelings easily, and being a happier person. I think even the check-in's at the start of group have helped with that. If something bad has happened then together we can talk about it and draw on life experiences. Like if something happened to a kid in group and I walk into that same situation I can more easily get out of it because we've talked about situations like that.

Getting to this point meant telling the truth. I knew that I wasn't going to get anywhere without telling the truth. I had to admit to my mistakes and try to change. I needed to accept what other people were telling me. Even if I didn't think I had a problem I still needed to think about what they're telling me and work on it, because they have a different perspective than me. I realized that I can't just say anything or only what they want to hear because I wasn't going to get anywhere with that either. Trying to please them without pleasing myself wasn't going to get me out of counselling any faster. I didn't like some of their methods in counselling, but there's always a method to their madness. It's helped me out so far, and I really wouldn't change it except that I think

therapists should let people talk at their own pace. The kids will eventually open up, because they'll get so sick and tired of just sitting there. If that's their emotional level I think therapists should work at that level and not push them to go higher if they can't. Don't try to force them to do something they're not ready for. I think it's important for therapists to be compassionate, understanding, and to enjoy being around kids. They also need to have a willingness to help people, but I have to be willing to help somebody else too.

I think I've worked on everything I need to work on and now I know I can do it. I think going into the community with what I've learned is going to be hard. Being out there so far has been really helpful because I've put into use what I've learned. I don't think I've totally resolved it. It's always going to be an ongoing thing. I can't just resolve it. It's not something I can completely change in one session and that's it. I need to keep practicing – just keep practicing.

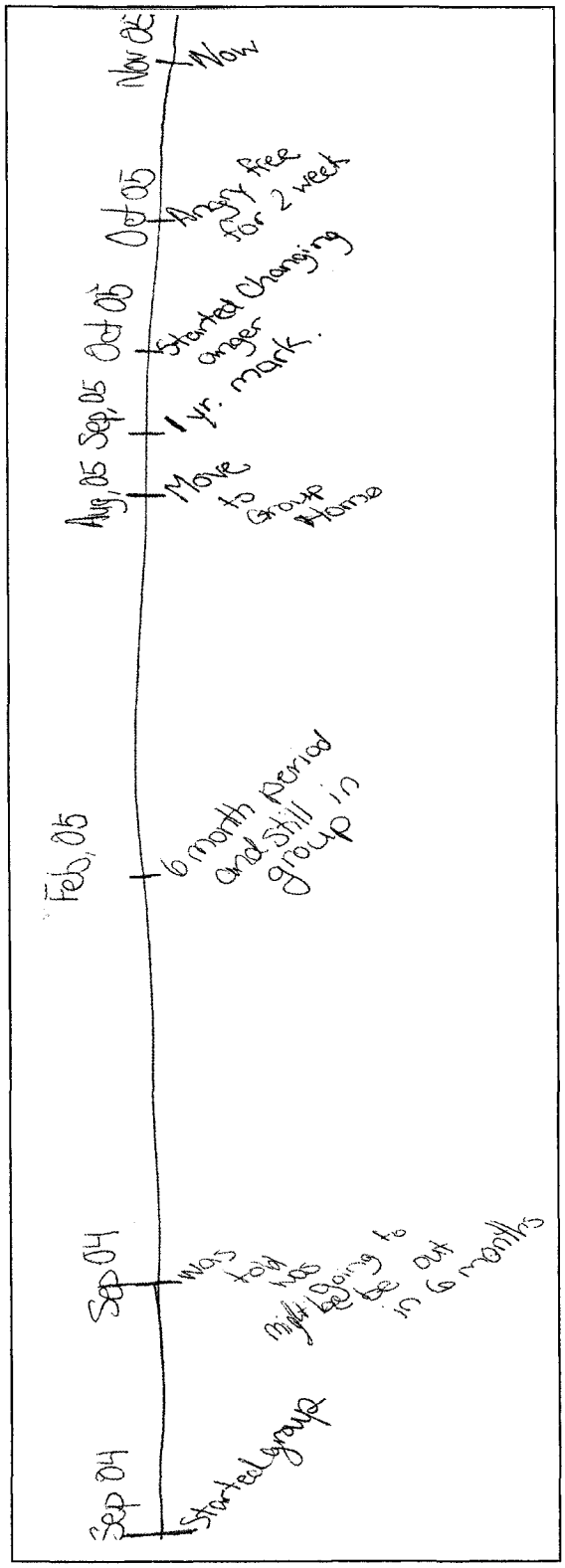


Figure 7. Steven's timeline and group counselling.

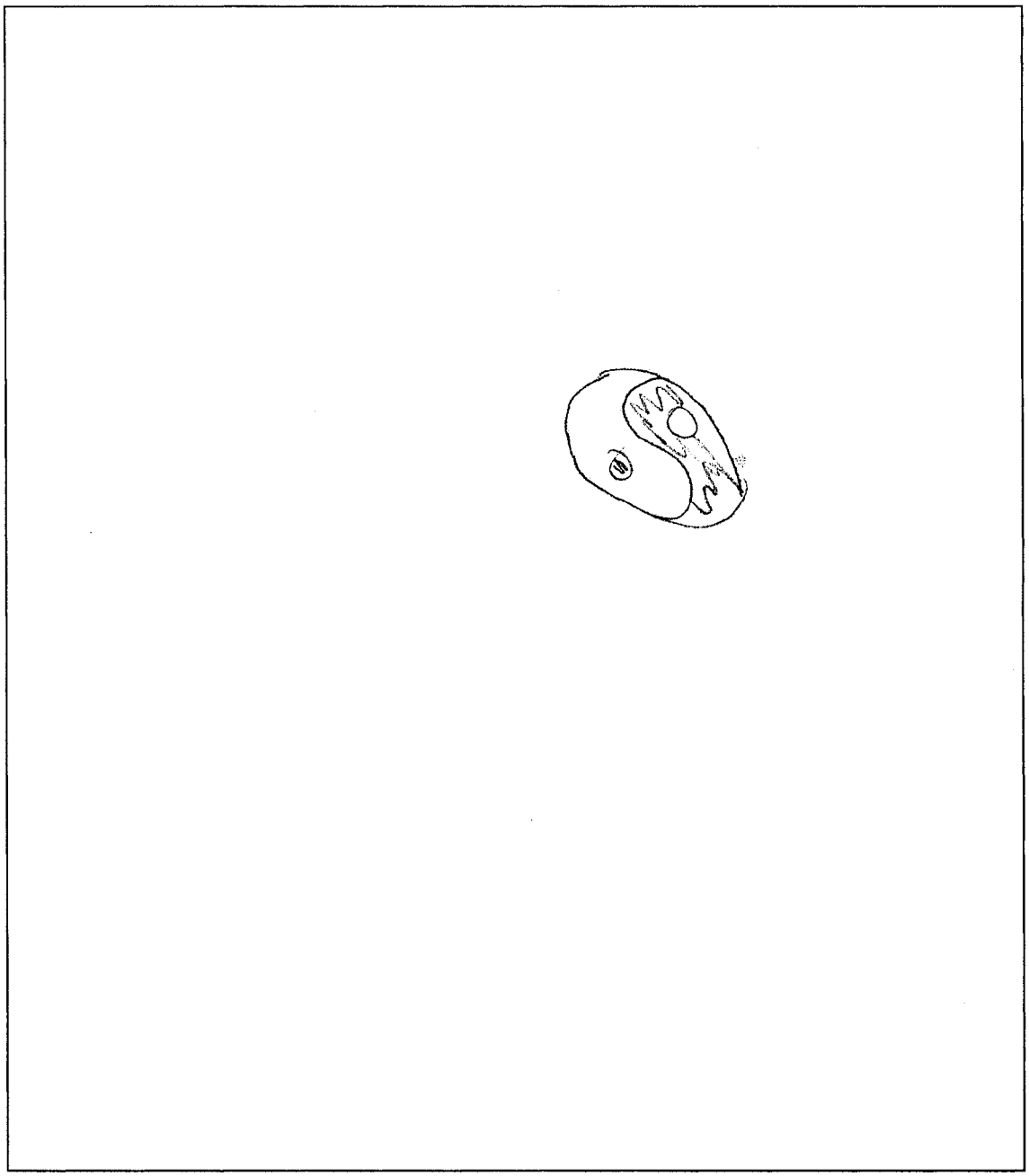

Figure 8. Steven's depiction of good and bad days in group counselling.

***The Collective Narrative***

The buzzing of the alarm clock woke me at around seven o'clock this morning, and after hitting it a few times I slowly dragged myself out of bed, changed into my jeans and t-shirt, and began getting ready for school. It started off just like any other day – the same old boring routine of school and work just to get up and do it all over again the next day. I have a couple of friends that I hang out with after school or work but that's about it. Sometimes I'll play a game of basketball in the court near by or ride my bike but usually I do things on my own. For the most part I try to keep to myself. I'm not very social with people – not even with my own family. I don't live with them anymore because it was just too much. I don't mind this semi-independent living although at times it too can get a bit rough. Life in general has been quite rough for me. I've done some bad things.

There's a lot of tension and fighting in my family because of me, and there are periods when we just stop talking to each other. A lot of physical and emotional hurts have built up over time. When I get angry about those hurts I hibernate and try to get away from it all or explode and lose it. I've shattered things, put my fists threw walls, my head threw a wall, I've broken my bones and a lot of other stuff. My dad always tells me I'm no good for nothing and that I'm a spoiled little brat. He's right – I am spoiled in a manner of speaking. What does he know anyway, he's hardly ever around. I don't really care though. I don't care about anything or myself. Some people say that I have a lot of anger and depression. All I know is that I feel pretty worthless, like I don't belong. I don't talk to anybody and a lot of people don't talk to me either. It's like I'm in my own little bubble. When I do speak up people say I always try to get the last word in or that I say things without thinking. This anger of mine just keeps building and building until I have to let it out. It feels like everyone is against me. I fight with friends too, and I don't have that many to begin with. It's not so much a problem of making friends it's keeping them that's the problem. When I make friends I usually end up in places I know I shouldn't be like involved with drugs, alcohol, and stealing, or just getting into trouble. I've been in many fights, and I know that fighting gets you nowhere – if anything it gets you into more trouble, and I'm tired of being in trouble.

Trouble is how I ended up with a case worker. I arrived that afternoon for a regular scheduled meeting with him. We started talking about the same old stuff – how was I feeling, how was school, and how was work until we started talking about my sexual offending and the discussion seemed to shift to a topic I dreaded. I began thinking, "What the hell is this? Why are we talking about this?" Before I knew what was happening and could slow things down a little my options were being laid before me. He told me straight out that it was either go to counselling or go to jail. I could feel my face getting hot and my fists clenching as my anger shot through the roof. I wanted to hit something. I burst out yelling, "Fuck off, there's no way I'm doing therapy. There's no way I'm having some shrink tell me what I need to think of." It's like they want to get inside my head. Besides counselling is for wimps who sit around talking about how they feel. It's just a bunch of touchy, feely, blah, blah, blah, crap with people sitting around in a circle and some guy asking, "So how does that make you feel?" How do you think it makes me feel? You expect me to walk in there and just spill all my feelings to people I hardly know, people I hardly trust? I put up a big fight as I was basically being forced to go counselling – really who chooses to go to jail? I decided to take the counselling option and blurted out, "Screw it I'll go!" What he didn't hear was me thinking was that, "I'll just tell those shrinks whatever they want to hear and get the hell out of there as soon as possible." I stormed out and figured yah that's what I'll do, that's my plan. It was more difficult than I thought, however, and I quickly found out that it doesn't work that way.

When the driver pulled up to the building I could feel my heart pounding in my chest. It was my first group counselling session, and I was nervous about how people in this group would react to my sexual offending and what I've done. I was ashamed and worried that they would hate me and think I was worthless. I was scared stepping into that counselling room. Green chairs were laid out in a circle and the rest of the group filed into the room and found their places. I found a place to sit and looked around glancing at some of the guys thinking to myself, "Oh crap how am I going to fit in here? What am I even doing here?" All the guys seemed like they were twelve feet high and there was this tiny little me. I wanted to run mostly because I knew it would mean me talking about something I didn't want to, but what choice did I have? I was confused. When you're starting counselling you don't think anything is really wrong but then if

you're here something must be wrong. I knew some things were wrong in my life and that it helped *other* people to talk, but I wondered how this going to help me. As I waited for things to begin it was weird because deep down inside I discovered there was a part of me that was glad I was coming to counselling. I had to go but I kind of wanted to go too.

It was overwhelming being with all these people at first because I usually spent most of my time alone. There were about eight guys my age sitting there looking back at me. I was the new guy, but they were all just like me as far as I knew. The fact that when you walk into the counselling room and these other guys are in there too hints to you that you're not the only one who's going through it. That was comforting for me to think about and for a moment it didn't feel like the whole world was zoomed in on me. I slumped into my chair staring out the window watching the cars go by and wondering where they were going. I wish I could go with them. The counselling began when the two therapists walked into the room. The guys in group asked me my name and that was about all I told them. They may as well have gone over and talked to the wall at that point. Physically I was there, but mentally I didn't care. I was spending my time zoning out and shutting them off like the flick of a light switch. I wedged myself into the corner of the room, most of the time fading in and out of their discussions. One guy was talking about his week at school. He wanted to go to some school camping trip but there were risks. I don't see what the big deal was. What kind of risks can you get into on a camping trip? Everyone else was giving him advice about ways to keep safe whatever that meant. Later on they talked about anger and deep breathing, like breathing in through your nose and out through your mouth, or no wait it was in through your mouth and out through your nose – something like that. I really don't know what the heck they were talking about. The two hours seemed to drag on and on but when it was finally over I walked out of the first session with everyone, and I guess it somehow stuck with me. I wanted out but at the same time I wanted to keep coming back just to see what would happen.

It stunned me that at some points in counselling the guys in group were able to talk about their sexual offending. There was no way I was ready for that. It's like, "What do you mean talk about my offending?" After a few sessions I began to feel like they were pushing me to talk about my feelings maybe it was because I looked so angry, but I wasn't ready for that either. I said, "No way, forget it. I'm not doing that." I pretty much

told everyone where they could stuff it. Here I am trying my hardest just to talk and now they wanted more. They gave me what they call feedback about all sorts of stuff like the way I was participating in group, and I hate it. It's like, "Oh great there they go judging me again." They don't know anything about me or what I've been through. How can they say anything at all and how dare they talk about me. I hate it when people start talking about family. They don't know my family so what gives them the right to say that I should or shouldn't be around certain family members? I'll do what I want. Their comments really piss me off. I don't want to hear what they're saying, but they keep bugging me and bugging me trying to drill things into my head about how they would deal with an issue. Don't they see that I just I don't care? I wish they would leave me alone. In one session, I was getting so angry I was ready to walk out. It was either my way or the highway. I could feel myself getting defensive again about the feedback. I started talking it out a little but then I just kept going and going. I screamed, "You're all stupid and you think you know all about this". I felt a rush of anger and I stormed out of the room slamming the door. I was angry... and ashamed. Walking out made me realize that people aren't going to listen to me rant and rave – they don't have to and they're not going to take it either.

After the blow up I decided to give it another try. During that week I thought about the guys in group, and I guess seeing them speak their mind straight out over the past few weeks had me thinking, "What's the point of going if I'm just going to sit there?" I'm so sick and tired of just sitting in that room trying to block them out or getting angry that I may as well try to do something, because I know it's not going to last forever, I know that. My way wasn't working either, because it was getting more difficult to block them out. They'd talk about their past experiences in their own families and in counselling, and in some ways their experiences were quite similar to mine. There were a few guys in group that I clicked with or had a one-on-one session with. Like this one guy, I guess you could say he was a lifer, in an individual session he just shot me with everything that has happened to him. I was thinking, "Here's a guy who actually admitted to something like this." I really wasn't sure what to think at first – was he a great guy or was something wrong with his head? It wasn't so much what he said but the way he said it and how he interacted with me. For the first time I felt like I could trust someone. He

talked so openly and honestly about his story. It was weird because after that I started wanting to come to counselling. I realized that people are here to help me and not hurt me, and I felt like I could trust the guys a little more. The more I went to counselling the more I found that it wasn't so bad. It kept getting a little better each time. When the guys in group were honest about what they did it was a real eye-opener for me. I think it's a courageous thing to tell other people in group about your offending without worrying about being judged or feeling shame.

When I first walked through the counselling door I assumed it was going to be confidential and that there would be trust, at least that's what I was told anyway, but it took me a while to actually feel that. I got to know the guys in group better, and each session I heard a different person's story about their offending. It was those times in counselling when the emotions came on pretty hard. I was starting to believe that I wasn't alone. To be in group proves you're not alone. I'm not the only person who screwed up on this universe. I began to hear my own voice reveal small pieces of my life. Inch by inch I gradually moved my chair out of the corner and into the circle. I started asking questions like, "What do you mean by minimizations and justifying things?", but they just told me straight out and explained it. I even wrote on the board a few times when they asked me to take notes. I actually enjoyed counselling a little – they cracked the shell. It was like, "Hi, this is the real me", and it wasn't such a bad thing.

I was taking the information in, but I didn't really take it in at first, like it wasn't registering for me I guess. Things were going okay until I felt my anger come back and anger was something we talked about in group. I had so many mixed feelings as I was working through my emotions. It brought up a bunch of new emotions that I thought I knew how to deal with but I didn't. Nothing seemed to be working and I threw it back in their faces. There was so much going on in my mind and so much information I was thinking about. It was all too much at once and I felt like I was going crazy. It was overwhelming and I knew, like a ticking bomb, that I was going to explode again. I didn't want to listen to their feedback, I didn't want their advice, and I didn't want to be there anymore. I questioned why I wasn't finished counselling by now, and I was frustrated by all the little changes that were being made in my life. It felt like they were keeping me here. Instead of progressing I felt myself digressing, and I didn't show up for the next few

counselling sessions. It was after this slip-up I discovered that I'm one complex individual, like I have a lot more stuff wrong with me than I thought. My offending was so in depth it was like a puzzle, and there were so many tiny pieces that made up that puzzle. Some puzzles have these big straightforward pieces and you can put them together in no time at all. Then you get these twenty thousand piece puzzles, and they've got all these tiny pieces, and it takes you years to put it together. That's how things were for me.

Over those few weeks I again spent some time thinking about the guys in group and the feedback they gave me and each other. The stories they told about their life kept going through my mind. It helped me get back on track and once again I've found a place to sit in the counselling room. As they talked I thought to myself, "I know what you're feeling, I know what you're going through." It's hard for me to talk about what my step-dad did to me, too. It seemed we were all victimized in some way. I revealed more details of my offending, even things I buried and wished I had forgotten. As I kept talking it seemed like the right time for me to tell my story. I took a deep breath and gathered my courage to do this just like I'd seen all the other guys done before. I was hearing my own voice speak out in group except this time I let everything about the offending out at once. Everyone was silent as I talked and when I finished I could see the look of acceptance and understanding in their eyes. I was free from this bottled up secret and finally I found people I could talk to about it. I took the risk and I don't think I could have walked any taller than I did that day. I just let it all out. It was the biggest confidence booster I've had in my entire life. I sort of gained that by talking about it and realizing things I wouldn't have by sitting there and doing nothing. It was nice getting it off my chest. What a relief! I no longer needed to keep it inside tormenting me, and I understood how others felt better by talking. That day I was honest with myself. As soon as I was honest with myself and others in group it was like it brought things out quicker for me. The guys in group accepted what I was saying with open arms, and they just tried to help me. It really surprised me that they understood. They continued to listen as I talked about my family. I told them that I wanted to stay at home but I couldn't, and that life was feeling even harder when the truth about my offending came out in family sessions – things seemed to be getting worse in my family before getting better. I know I just have to sit with it. Ever

since I started counselling I've been trying to make my way back home – by setting things right in my life and having better relationships with my family. It's been hard though because I've lost so much of their trust. I'm glad I have the trust of the guys in group.

When I went home that evening from group I could still feel the relief from telling my story. I was tired but happy and I flopped myself down on my bed thinking about my very first session in counselling and how I'd say things in a matter-of-fact way or be like, "Yah whatever" but now it's clicked – I actually have to work on this stuff. I have to work on my relationships and keep talking about my feelings so I don't blow up as much – I get it. When I first started I was just pretending to get counselling. What surprises me was how little counselling I actually did. It feels like I'm waking up and gaining control of my emotions. For some people it might take a few sessions and for others it may take one hundred sessions. It's what a person wants to make it out to be either helpful or not helpful. I don't think counselling transforms a person; people transform themselves in counselling. I'm no longer doing counselling for anyone else now. I'm doing it for myself. I know there are people who want me to be in counselling, but I'm really doing it for myself now. It's going to continue being a rough ride but there's no other way. I'm getting used to that and counselling becoming a part of me.

The next week when I walked into group I noticed that a new guy was there. He looked angry in the corner of the room and he wasn't talking or looking at anyone. I could see myself in him when I first came to counselling. It made me sit back and think about how far I've come and what I've been through. I know how he must be feeling. I tried smiling at him and asked him his name to make him feel more comfortable but I couldn't quite make out what he said. He probably just wants to get out of here and is thinking that it's all a waste of time, that it's hopeless. I know some days it feels like being the underdog, like nobody thinks you can do it. I want people to know that we're not all bad. We're not all monsters – that's just how we're perceived. I've had people in my life tell me that I'll never change. One person even said, "There's no point helping this kid". I was given a chance through counselling and I proved him wrong. I can change, but it depends on how long and hard I'm willing to work for it if given that

chance. I'm proud to be better than long ago, and I want to get on with my life now. Maybe this new guy will come to see things differently too.

I'm glad I chose counselling. If I could get in a time machine and go back to the beginning of counselling like this new guy I'd ask for help sooner. The times I offended you know they're still there. I can't erase the past, and I admit I would like revenge on my step-dad because of all the crap he did. If it weren't for that I'd probably be like a normal kid, an average person. I wish it had been easier for me to say that I needed help before I offended and just go to counselling to deal with my anger. Anger is something I always need to be working on. Actually, I have to work on everything for things to turn out properly. I can't just focus on one specific part because then there's a bunch of other things that get left out and then they create problems. In counselling I'm learning new ways to deal with old stuff. It gives me peace of mind, and it helps make what I've done, like the acceptance of it, a little easier. In group I revealed my deepest, darkest secrets, and if I had talked to some of my friends about them my God what would they have told me? I can't exactly go up to anyone on the street and say, "Guess what? I sexually offended." I couldn't have told my best friend in the entire world. It's like the saying goes, "Together we stand and divided we fall". Together in group we can talk about issues and say what's happening for us so it's out in the open and can help each other. It's not one big secret shoved under the carpet just to come back later and bite us again. If it was just individual counselling I wouldn't be the same person I am now. I think it would drive me nuts if I couldn't talk about things. I'd probably be going through a lot of crap right now, like doing drugs and more fighting. I've always tried to find a way to relieve all of that and now I know I can talk about it with people who understand because they've been through it too.

Counselling has given me space and time to think. I feel sorry for what I did. I can see my little brother doing the same thing now like the fighting and violence, except sometimes I'm scared that it's worse. I feel responsible for it because if I hadn't acted that way none of this would be happening. I wish I could teach him the new ways of dealing with old stuff before something stupid happens and he ends up like me, but it's difficult because he blocks me out. I used to be that person, and it's very hard to find the right words to say that can help him change. I wish I could go back and talk to the people

I blocked out when they were trying to help me. I told them I didn't care and just walked away.

I think the most important thing that has happened for me is going to counselling. It's made me think harder about things like why I'm here. Sometimes I may not feel so good after a session, but it would be of no help having a user-friendly therapist or peers who don't challenge me on things. I came into counselling knowing about half of what I do now. I never thought I would learn so much. I'm a lot further than I was a few months ago, and I hope in the next few months I'll be out of here. I believe everybody thinks about when they will be finished counselling. I imagine all the things I could be doing instead. I get frustrated that I'm not finished with counselling yet, and every so often I really feel stuck sitting in this little office during sessions. I hate being enclosed. I wish we could move around more or do more things, but the most challenging part all the way through has been talking about my emotions. In the past I used to run from them but now they've caught up with me. At times, it still feels like there's pressure to deal with them. In my experience when people put pressure on me I shut down. If I want to talk then I'll talk, and if I don't then I just won't. Maybe that's why it's taking me so long. When you're with the guys in group for almost a year, once every week, for two or three hours a day you get to know them pretty well, and when we all share the kind of stuff we do in group you really get to know them well. During the times when I felt like giving up and said that this was all a waste of time, they wouldn't accept me saying that because they knew me better. They knew deep down I cared and they challenged me on it. Some of these guys became my mentors in the group and my mentors in life. They showed me that I could be a better person, and I'm thankful for that now.

At the beginning of counselling I thought it was just about sexual offending, but as I dug deeper I found information about life, and as I learned more about it I chose to use that information. I got a wider view of the issues I was dealing with, and the guys in the group helped me look at them from different angles so it was a lot easier to find the answers. Counselling is not just about what's been done in the past or what works on my anger; it's about everything. It took me time to understand what they were saying. I didn't have the knowledge before on how to separate it out and actually think about what they were trying to tell me. It was like everyone was out to get me, and it was difficult to

differentiate what I thought was hurt from help. Now it's completely the opposite because I ask them for feedback, and I use it in a way that fits for me. It's helped that the guys in group have challenged me on things, but it's the way they challenge me that's still annoying. I've been challenged so much in my past that it aggravates me a little in group.

I see that I've been changing and that I've been changing others too. I've become more vocal about my opinion in group and things have just started falling into place. I've become more of a teenage boy and I'm not a short shrimpy nut anymore. It feels good being able to help the other guys in group too. I believe I've been good-hearted all my life, and I don't think I'll ever change that. There was this one time in counselling when one of the guys wasn't following his safety plan and there were so many risky situations he was placing himself in. I literally wanted to smack him upside the head. He wasn't thinking about the feedback we talked about in group. He couldn't see how what he was doing was wrong, and for the longest time he couldn't see how his actions could lead to sexual offending. We all tried to explain it to him, but he just wasn't getting it. Then finally, I don't know what happened for him, but it was like a light bulb went on and it clicked; he got it. Its times like this when learning from people and having other people learn from me makes me feel really good. In my opinion, a person can become his or her own counsellor but it's a life-long process; the skills have always been there, but we learn about them, and we learn to keep them close.

I've been putting together all the pieces of the puzzle and it's starting to make more sense. It helps that now my parents are on board with me in counselling – they finally came to terms with it. At first I felt like they were running away from me. Instead, they've come to realize I may actually need someone for support, because I already know how horrible it is. We've started talking in family counselling, and it gives me hope that they accept me for who I am and not what I did. It makes me feel good they're involved, and it makes me want to keep coming back. My family and I are working together on getting better. We've begun our journey into a family relationship. We don't argue as much, and we can stand being around each other for more than twenty seconds without attempting to kill each other. We can enjoy hanging out together, and I think we realize we have a lot more in common than we thought. By learning about myself in counselling I was able to talk to them more, and not feel like I need to get the last word in anymore. I

can listen to them and feel for them whereas before it was me, me, me and you don't count. We are getting healthier, and finally my family is blossoming.

Through counselling I'm now a better friend to others, and my communication with people is different. I'm not yelling and arguing, and I can accept my stuff. I'm easier to get along with and I feel good about that. I feel comfortable being myself. I know there are groups of skaters, stoners, and all that junk and I could fit into any group. I call it the tetra-personality. With some people you have to change a little around them. I realize I don't have to be friends with all of them but I can be civil with them. I can choose to take a more positive route with others and not show my strength unless I need to. If you don't show any strength or confidence then you could be targeted at school. I used to be like that, and I talked about this with the guys in group. Nowadays I'm hanging out with different types of people at school, and I've been trying to help them build their confidence a little. I would have never done that in the past. I could be in any group in school but there's one I choose not to be in and that's with the drugs, because I've seen that route, and it's just not smart. I try to talk to everyone and be mindful of what I'm saying to them. I'm noticing good qualities in people, and I'm learning ways to talk to them. Before I wouldn't even bother talking to people or I'd ignore them and then I'd wonder why I didn't connect with people that well.

In counselling, I'm learning a lot of reasons for my anger and how it's affected others. I want to remember the stuff from counselling because I'm tired of losing friends. The guys in group tell me that I'm less of the "leave-me-alone-I-don't-want-to-talk-to-anyone type of guy." Now I swear people are attracted to me. I'm approachable but I still don't like to be around lots of people. I've recognized when I need some time to myself and when I have too much time for myself because boredom can get me into trouble. I have to watch where I'm at and keep my mind active. As a result, it's been easier to learn things again like in school and stuff. I've also learned to have my freedom now without running wild, and I've started to care about myself. I think better of myself now. I'm calmer and I keep busy with school, work, sports, or skills programs.

Through counselling I've found my voice. Getting to this point meant telling the truth. Trying to please the therapists without helping myself or being honest with myself wasn't going to get me out any faster. I needed to have trust and believe I can get through

it otherwise I wouldn't have had much motivation to do it. I didn't have to trust them or the guys in group right off that bat, but I gave it some time and gave them a chance, and they didn't bite my head off. The therapists and guys in group called me on good moves and on the stupid ones too. They were willing to listen to me, but didn't take any crap from me either. Counselling can be like leaning post: there are people you can lean on and talk to when you need it. It's going to be a little different for everyone, and I guess you just have to go with people's personality. Some may like the repetition side of it, for example, but I think when we go through something we've talked about, add something new to it. If I were a counsellor I'd have people in group moving around in sessions, playing skill building games, working in smaller groups, or doing posters around what we're learning. With some people you can try and drill things into their head over and over again but it just doesn't work – you have to try something different to get around that. It's been helpful for me to get to know the other people in group and to see them talk and hear them tell their story. Having equal time for everyone in sessions is important too, because it feels like sometimes people get left out and they're here to get help.

My first counselling session seems so long ago now, but going home is one thing that motivates me to get through this and being able to help others like my family – especially my little brother. I want to tell him what happened to me and what will happen if he keeps doing what he's doing. I want to tell him and others in this situation, like the new guy in group, to just start talking. Speak what's in your heart and not what others tell you because deep down you know what you believe is right. Counselling isn't about sitting there and having therapists ask, "So how does that make you feel", it's about progress – progressing through counselling and progressing through life. Stepping out of the counselling room and into the community with what I've learned is going to be hard. I don't think I've totally resolved it. I can't just resolve it – it's not something I can completely forget or change in one session. I've worked long and hard on this stuff, and the one thing I know is that in my future I will always have to think about what I've done in the past. I just need to keep on practicing what I've learned in counselling and remember all the support from the group, because the more support I have the stronger I'll stand.

# CHAPTER FIVE

## Group Counselling

The primary purpose of this study is to bring forth a deeper understanding of adolescents who have sexually offended and their experiences in group counselling from their perspective. This research is significant in that prior research has often drawn from the therapists' position to inform practice and indicate what is helpful for clients in counselling which often differs from the client's perspective of what is helpful about counselling (Clarke, Rees, & Hardy, 2004; Llewelyn, 1988; Paulson, Truscott, & Stuart, 1999; Tallman & Bohart, 2005). Understanding counselling through the eyes of these adolescents offers a unique perspective that can enrich counsellors' knowledge and treatment practices.

As counsellors, recognizing more fully the power of client's experiences holds much significance for reciprocal guidance between the client and counsellor and flexibility within the process of counselling. In counselling with adolescents who have sexually offended "the client has been left out of the therapeutic process. An alternative that privileges the client's voice as the source of wisdom, solution, and model selection" (Duncan & Miller, 2000b, p.170) is beneficial to further explore as understanding adolescent's experiences in counselling provides a different focus for possibilities in their lives. It can assist in carving a way out from a current existence, and it can help to symbolically re-establish bridges with people and restore feelings of being in community with others (Sullivan, Skovholt, & Jennings, 2005).

Narratives about these adolescents in counselling not only tell us about their experiences but that their experiences are important in and of themselves. Their voices hold many stories, but what is it that we can now profess to have learned from these adolescents about counselling? In this chapter the implications of the participant's narratives are explored as they pertain to practices in group counselling. These new understandings and implications include addressing client and counsellor perceptions, the distinctiveness that group counselling holds for adolescents who have sexually offended, the balance between support and challenge for clients in group counselling, and the

impact of listening and sharing of one's story in group counselling. The implications for future research are also discussed.

There is Nothing Good or Bad but Thinking Makes it So

The adolescent's perception. In reading and reflecting on each participant's narrative and the collective narrative a prominent aspect of their experience were the *perceptions* they held about counselling, especially at the onset. To one person, counselling was about submitting control. Others felt it was it about counsellors telling them what to do and "wanting to get inside their head". To yet another person, counselling entailed talking about "touchy, feely stuff", and it was seen as a weakness. An initial response to counselling for most adolescents was one of anger. This anger was fueled by their perceptions of being forced to attend counselling as though it was a prison sentence in itself. There were also intense feelings of nervousness and shame when thinking about how they may be perceived by other group members.

Typically, adolescence is a time of development when the focus is on one's self and how he or she is perceived by others – these perceptions can play a role in how adolescent's will engage in counselling. An adolescent who perceives himself as "bad" because of having to be in counselling and is concerned about how peers in group counselling will perceive him can impact how he will engage in counselling. During adolescence not only is one able to conceptualize his or her own thoughts but also the thoughts of others. The crux of this, however entails being able to differentiate between what others are thinking about from his or her own thoughts (Elkind, 1998). The consequences of this are anticipating the reactions of other people, such as peers, based on the premise that they may be judgmental or critical which can then bring forth feelings of shame, embarrassment, and anger and a reluctance to participate in counselling. When adolescents are feeling shameful and critical of themselves they may anticipate that other people will be critical too, especially upon entering group counselling with similar aged peers. In essence, adolescents continually react to an imaginary audience. It is an audience because he or she believes they are the focus of attention, and it is imaginary because in the actual social situation judgment may not be the case unless he perceives it to be (Elkind, 1998).

Counselling approaches with adolescents who have sexually offended have placed an emphasis on multi-modal treatment, sex offence specific interventions, empathy training, identifying and teaching concepts such as cognitive distortions, and gaining awareness of the offending cycle (Steen, 2005). When these important issues are addressed adolescents may learn the impact of behavior on others, be able to identify alternative ways of thinking about issues and solving problems, and learn about triggers in their surroundings that pose a risk for them to reoffend. If adolescents who have offended are confused about why they are in counselling, what counselling is about, and are feeling angry, self-critical, and shameful it will be difficult to engage them in counselling unless the counselling relationship, perceptions of themselves in counselling, and their experiences in counselling are considered first. The adolescents presentation of disconnectedness in counselling and hesitancy to talk about himself and sexual offending can be seen as a reaction to the feeling of being under the critical scrutiny of other peers (Elkind, 1998). As well, the perception that counselling will be about evaluation and judgment toward them can hinder feelings of trust. Attending to adolescent's perceptions of counselling *before* addressing the offending behavior may be a way for counsellors to better develop a deeper and stronger therapeutic relationship. The relationship itself can provide an intrinsic rather than extrinsic motivation to be in counselling. Seasoned therapists expertly draw on the relationship to increase client motivation and engage the client in counselling (Sullivan et al., 2005).

In a study by Everall and Paulson (2002) that focused on the therapeutic alliance from the perspective of adolescents in counselling, three important themes were identified. The first theme was therapeutic environment. Adolescents found it crucial to be able to discuss and truly understand the process of counselling as well as have the therapist reflect the process through his or her attitude and behaviors. Clearly understanding aspects of confidentiality facilitated feelings of trust and safety for adolescents which led to being able to discuss more difficult topics. The second theme was the uniqueness of the therapeutic relationship in which the adolescents' perception of equality with the therapist was important to their engagement in counselling. Adolescents in this study described that when the therapist takes an "expert" position and is not listening then counselling becomes unproductive. The third theme was therapist

characteristics in which an effective counselling relationship was facilitated when the therapist was genuine and sincere in his or her care and concern.

Considering where adolescents who have offended are in their experience of counselling and acknowledging their perceptions about it provides clarity and space to accept assistance, accept their choice to be in counselling, and to consider other aspects of themselves that reach beyond feelings of shame and judgment. They can begin to consider other conceptions of themselves from that of a "developing sex offender" to individuals trying to establish a different kind of life (Ward, 2002). If one believes that that he is an "adolescent sexual offender" and perceives others to see him that way, where their offending behaviors are solidified, needing lifelong control and monitoring, then the purpose of counselling is defeated before it begins (Thakker, Ward, & Tidmarsh, 2006). It directs adolescents toward the assumption of an offending identity at the very time in which the context and experience should reflect the possibility of growth and self-discovery.

The counsellor's perception. Gaining further understanding of adolescents who have sexually offended and their experiences in counselling also has implications for how counsellors may perceive them. For example, a client's perception of the counsellor's belief in group counselling as a positive modality can affect his or her willingness to learn more about it, which suggests that it is also important for counsellors to assess their own attitudes and beliefs about adolescents who have sexually offended and their involvement in counselling (Carter, Mitchell, & Krautheim, 2001). Perhaps there has been some hesitancy to consider more fully clients' experiences in counselling because of the belief that they may manipulate the system in some way, compromise counselling, or lack the motivation or awareness to consider what they can draw from counselling. Adolescents who have sexually offended enter counselling with vulnerabilities, intense feelings, and unique qualities. By gaining further insight into adolescent's thoughts and feelings about counselling, what they would like to see happen, and what adolescents communicate to us, their experience in counselling already begins to change as the counsellor's orientation shifts. An adolescent's experiences are not solely discussed at the introduction to counselling sessions but rather it is an ongoing process with the client entailing reflection and integration throughout counselling. The counsellor communicates

to the client that he or she is concerned, respectful, and open to understanding more about them rather than focusing on their offending behavior from the onset.

Individuals who have sexually offended have been perceived in many ways. Historically, they have been seen by society, media, research literature, as well as the offenders themselves as "monsters", the Frankensteins of society that must be outcast and separated from the rest because of the danger they possess. The "get tough on crime" zeitgeist suggests the need for punitive and restrictive sanctions that pronounces the disapproval of such behavior, denounces crime, and promotes accountability (Koss, Bacher, & Hopkins, 2006). When the term sex offender is applied, however, it tends to bring forth certain perceptions for the client and counsellor that may leave little potential to address its stigmatizing impact and the orientation to counselling that follows.

In the past, I have encountered terms referring to adolescents who have sexually offended and their involvement in counselling as non-compliant, deviant, abnormal, conduct-disordered, and mandated to be in counselling. The focus has been on deficits of the client. Even the statement, "treatment of adolescent sex offenders" implies that something needs to be done to them because they are flawed in some way, that there is a need to galvanize or rewire their circuitry into a way of being in society. Other terminology that has been used to characterize individuals who have sexually offended are psychopaths, predatory pedophiles, or severely disturbed. Categorizations and labels do not include the voice of the adolescent. When such positions or perceptions are held as a counsellor there is a tendency to orient toward the client in that particular manner, and one is more apt to work with them through that lens and apply the "standard" techniques in "treating adolescent sex offenders". Counsellors can become hyper-focused on cognitive distortions, victim empathy training, or the offence cycle and forget about the *person* in front of them that also has many strengths. When the person is overlooked or strengths are ignored it becomes more difficult to establish a therapeutic relationship entailing openness, honesty, and a belief in the client's own ability to harness their strengths and positive qualities in fulfillment of their goals.

When a shift is created in counsellors' perceptions to incorporate the voice of their clients they can begin to work with them differently. A therapeutic relationship can be established with someone who is also a brother, a son, a student, a team player, a

participant, and a fellow human being with more facets than what is perceived on the surface as an "adolescent sex offender". Another way of viewing adolescents who sexually offend is as "average" teens that hold jobs, go to school, have relationships, and enjoy music, movies, and computer games. Assuming what adolescents need in counselling based on a particular perception limits the relationship and does not address their experiences or readiness for counsellling which can negatively impact progress in general. Counsellors may interpret lack of engagement or slow progress as non-compliant behavior. Clients may interpret this however as a need for orientation to what counselling is about and how it works, which is an area that needs to be responded to in the therapeutic relationship (Paulson, Everall, & Stuart, 2001). If counsellors view this as a natural part of adolescents' experiences, as a part of their narrative about counselling, it incorporates the potential for growth and counsellors can begin to see them in a different light.

Frustration and labels toward the client, such as "resistant", can easily seep their way into counselling when other aspects of them as a person, an "average" teen are not considered. Yet, what appears to be avoidance, non-compliance, or resistance may be the adolescent's way of saying "I'm not ready" or "I'm scared and angry". For example, in the narratives from this study some adolescents indicated, "I'll go to counselling, but I'll just tell them whatever they want to hear" while others blatantly stated, "fuck off" and walked out of the session. Resistance is multifaceted and unique to each individual (Caputo, 2004). Adolescents who have sexually offended may present as angry, defensive, and closed off, but underneath the surface some adolescents hope that their situation will change somehow, which is an aspect of their experience that has been overlooked in the past. At the beginning of counselling some adolescents indicated, "I knew it would help me in the long run", "at the same time it [counselling] sort of stuck with me", "deep down inside I was glad I was going to be in counselling", and "I knew something was wrong and that it helped other people to talk". These experiences suggest that elements of anger temporarily gave way to feelings of confusion and ambivalence, and they began to wrestle between what they were feeling and the new perceptions about their presence in counselling and what it entailed for them. There was a sense about counselling's potential role in their lives, a questioning, curiosity, and wonderment about

what could happen if they choose this option. When counsellors respect the many facets of the client's experience in counselling, address theses facets, understand them, and incorporate them it fosters collaboration and expands possibilities within the therapeutic relationship.

Together We Stand, Apart We Fall

One of the adolescents in this research study described his experience of counselling by writing "together we stand, apart we fall" in the middle of a blank sheet of paper (see Figure 2). When I asked him about it he expressively stated,

> Together we say what's happening so it's out in the open and it's not one big secret shoved under the carpet just to bite us again. I know that if I was on my own I'd probably screw up a lot more than I did. It would be in group that curbed all of that and being around people who are alike. If it was just individual [counselling] I probably wouldn't be the same person I am now. I'd probably be out doing the exact same thing except stupider.

The above description among others from the adolescents in this study highlights another important implication for practice: the distinctiveness that group counselling holds for adolescents who have sexual offended. As the adolescents became more immersed in and connected with their group of peers, changes in their perception of counselling began to occur for them. The adolescent peer group in counselling serves a variety of important roles as members begin to define who they are and who they are not in contrast, similarity, and opposition to the other group members (Aronson, 2004).

The experiences the adolescents described at various points throughout counselling follow the therapeutic factors described by Yalom (Yalom & Leszcz, 2005). These are important factors to consider as a counsellor in working with adolescents who have sexually offended as they can be the key facilitators of change. For example, peers can facilitate a sense of hope and motivation to be in counselling. When Luke entered counselling and observed other peers in group he indicated thinking, "...he's holding his head up pretty high and holy shit there may be hope for me too." When adolescents can share their sense of hope with other peers in group counselling it can serve as a powerful motivator as they have been through similar circumstances. Adolescents who have been

in counselling can speak to their own experiences while others listen, observe, and perhaps connect with the individual sharing a part of themselves. As well, universality between group members, being able to express feelings and tell their story, and having the opportunity to receive and incorporate feedback from other peers were all crucial aspects in their counselling experience. As expressed by an adolescent in this research, "To be in group proves you're not alone". When placed in a group context, where same-age peers are the predominant figures in counselling credibility can surface because other may say, "I've been there. I've done that, and I know what it's like". As a result, there is often increased receptivity to the feedback and positive challenges provided by other peers.

In this study, cohesion is also identified as being a significant factor among group members. Therapeutic rapport or connection is often related to the counsellor and the client relationship, but an important bond or cohesion also exists between group members and between the client and the group as a whole. Whether the client decides to remain in or leave the group may depend on the strength of one or more of these bonds (Piper, Marrache, Lacroix, Richardson, & Jones, 1983). One way of describing cohesion is the feeling of warmth and comfort among group members, a sense of belonging, valuing the group and in turn feeling unconditionally accepted and supported despite past circumstances and behaviors – it is this cohesiveness that is necessary for the other therapeutic factors to function more effectively as they are to some degree interdependent (Yalom, 1998). Metaphorically it can be seen as "finding a way home" not in the sense of a house or physical structure but in terms of finding a place of comfort, security, and belonging that many of these adolescents have not received or experienced in their youth. For these adolescents sexually offending against a sibling can be seen as a way of trying to find comfort in a world of chaos and abuse despite it also being unhealthy and harmful toward themselves and others (Vandegriend, 2002). A positive, healthy relationship with family may often be a foreign experience for them. Through group counselling a longing for a place like "home" in terms of bonding with same-age peers and feeling accepted can be discovered, and it becomes a place where you want to be, not where you have to go.

There are a variety of ways for the counsellor to facilitate the therapeutic factors in group counselling, for example by providing opportunities for group members to

express constructive feedback toward each other. Counsellors can also help clients find similarities in their problems and circumstances balanced with the uniqueness of each person, create opportunities for participation without clients feeling forced or pressured, encourage listening to other peers tell their story, provide protection from excessive challenge and confrontation, and discuss gradual self-disclosure and catharsis (Rose, 1998). It is not the content of what they are relating to each other in group that is important or the technique implemented. It is they way in which they connect with each other through the experience or how they receive and reciprocate feelings of connection, or bonding. This is expressed by Yalom as he states,

> It is the affective sharing of one's inner world *and then the acceptance by others* that seem of paramount importance. To be accepted by others brings into question the patient's belief that he or she is basically repugnant, unacceptable, or unlovable. The group will accept an individual, provided that the individual adheres to the group's procedural norms, regardless of his or her past life experiences, transgressions, or social failings (1998, p. 27).

The bonds built in group counselling with adolescents who have sexually offended are a focal point because it is through these bonds that personal learning and changes occur. In group counselling, clients place great importance on relationship-climate factors more so than in individual counselling (Kivlighan & Holmes, 2004). This is especially important during adolescence when peer relationships are central in their overall interactions and development. It is other peers that adolescents tend to spend the most time with or spend much time thinking about as they discover more aspects of who they are. Within the school setting the desire to feel accepted and be a member of the "in-crowd" is a powerful motivator that can influence adolescents to take risks and behave in ways they may not normally in order to avoid exclusion, rejection, and loneliness. Peer relations beyond group counselling may have been minimal or posed negative influences in the lives of these adolescents in which in-group peer relationships can be a source of belonging and positive feedback. It is peers that can encourage each other in group counselling to take risks in sharing their stories, thoughts, and emotions, inspire changes in their lives, and help increase self-esteem.

Balancing Support and Challenge

A third implication of this study pertains to balancing support and challenge in group counselling with adolescents who have sexually offended. Adolescents in this study described various forms of support in group counselling having an impact on their experiences as well as the need to be challenged in certain aspects such as dealing with emotions like anger, accepting and integrating feedback from peers, telling their story, and applying what they have learned in circumstances outside of counselling. Providing support for clients is a common and expected element of counselling yet "despite the enormously important role that support plays in the ultimate outcome of psychotherapy, relatively little attention is given to it in the conceptualizations of psychotherapy" (Yalom, 1998, p. 96). As well, within the course of group counselling challenges and confrontation are bound to surface as adolescents deal with difficult emotions and bring up sensitive issues. The emergence of constructive challenges in counselling may be welcomed as a therapeutic opportunity, however too much challenge early in counselling can cripple growth as members need to feel safe and supported first before they can tolerate and feel free enough to express disagreement (Yalom & Leszcz, 2005). Support and challenge alone are not specific entities or techniques that counsellors can provide for adolescents who have sexually offended, yet they play a crucial aspect in the counselling relationship and in the relationships developed between peers in group.

An interesting representation of support and challenge is presented by Daloz (1999) in his work with teaching and mentoring. This model can be applied to group counselling with adolescents who have sexually offended to conceptualize the balance between support and challenge. Daloz describes the ways in which support and challenge combine to create different relationships between the teacher and the learner and how these combinations can affect the experiences of the learner. Support from this paradigm is viewed as an affirming action in which the mentor validates the student's present experiences or helps the student to see that where they are in the process is okay and that they are capable of moving forward when they choose. It also entails trust "for in a sense of being supported, cared about, and for lies the ability to trust" (p. 212) – trust being an important developmental process that can flow from feeling supported. Challenge on the other hand has a very different function of creating space and distance in the relationship

in which feelings of tension arise and attempts to find closure surface. It draws the student outward to take risks, to strain and close the gap, and accommodate inner experiences with a new environment and understanding. Challenge encourages a "cognitive dissonance" (Festinger, 1957) where one's perceptions do not meet expectations, but it is through this experience that alternatives are reached in one's thinking and different beliefs are entertained. For example, within this process the teacher may assign ambiguous tasks, present contradictory ideas, or question certain perceptions.

Working from Dolaz's model, when both support and challenge are low, minimal change or growth is likely to occur as there is nothing for the student to respond to and the relationship and environment are at a standstill or a *stasis*. If support increases and challenge remains low then the student may feel *confirmation* but lack the encouragement to develop any further. Their ability to engage with the world outside of themselves will be stifled. Alternatively when challenge is high and support is low then the student may be apt to *retreat* and disengage from the situation entirely finding security in more well-known and familiar environment. A combination in which support and challenge are both high often results in the student experiencing *growth*. Responsiveness as a counsellor to varying degrees of support and challenge from the client's perception can affect how adolescents who sexually offend experience group counselling. When adolescents in groups are experiencing low support and low challenge from the counsellor or other peers the group becomes stagnant and limited growth and development occur. From a narrative orientation they are apt to stay within their own original story about offending or about their involvement in counselling without the support or challenge of thinking about other possible elements to their story. In the combination of low support and low challenge there lies no encouragement for exploration of different, unique outcomes or exceptions to render alternative stories. It is not that their current narrative is wrong, should be abandoned, or dismissed as it remains a valid expression of a person's experience, but it is added to and enriched as they are challenged and supported in this process (Payne, 2000). As additional strands and storylines are developed, becoming more visible and held in thought through their re-telling and reflection, they take on further meaning and "can affect the person's view of himself and his situation, relationships and social context; they reveal new possibilities for thought, action, and feeling" (p. 77). High

support and low challenge are significant factors to facilitate at the onset of counselling as adolescents can begin to feel good about themselves in counselling, increase their level of confidence, and build trust in the group. By slowly permitting higher levels of challenge from other group members however adolescents become more receptive to incorporating other aspects and alternatives into their own story. They may begin to see differing points of view and re-author their story. As well, challenge can deter instances of boredom, restlessness, and distractions which can hinder further growth. A key factor to be responsive to is occurrences of low support and high challenge. Often, adolescents who have sexually offended and are entering group counselling already feel challenged by the experience itself. Higher levels of challenge lead adolescents to drop out of group early in counselling as it is more difficult to develop feelings of cohesion, trust, and motivation. They contribute to, as one adolescent termed it, "slip-ups". As adolescents proceed through counselling and begin to feel too challenged the risk of withdrawing from the group and temporarily or permanently stop attending increases. Responsiveness and intervention when group members are providing too much challenge, impeding the potential growth of other members are factors to be aware of. Obtaining some form of verbal or written feedback and encouraging discussion is one way for counsellors to attend to clients' feelings of low support or excessive challenge.

When counsellors are responsive to various levels of support and challenge between group members throughout counselling it can help move them toward growth. In a study by Neill and Dias (2001) involving resiliency and 49 young adult participants in an outdoor adventure group program, perceived support from the least supportive group member was the best predictor of individuals' growth in psychological resiliency. "By their very existence, mentors provide proof that the journey can be made, the leap can be taken" (Daloz, 1999, p. 207). Other group members in essence serve as these mentors as they can relate their own experiences in counselling and reflect ways that they have grown or benefited in some way as a result of being in counselling. They demonstrate to other peers that certain challenges can be met, which encourages self-reflection for the observer. As Seiko stated from his experiences in counselling,

> One of the greatest impacts on me was listening to their stories. When the other kids in group were able to talk about what happened to them...that was a real eye

> opener for me. Those were moments that really got me thinking...That helped me start talking and to tell my story. I feel better not keeping things in.

Factors that Daloz (1999) describes to enhance both support and challenge in the relationship between the mentor and learner can also apply to the counsellor and group members. By the counsellor facilitating and encouraging a culture of actively listening to other group members and providing structure and guidance in group sessions, feelings of anxiety decrease allowing for creativity and flexibility. Expression of positive expectations of group members affirming each other's capabilities for change also contributes to support and challenge. It is beneficial to have other peers in group, especially those who are in later sessions of counselling, serve as advocates for other peers as they are seen as having the knowledge of what may lie ahead for them. Appropriate and well timed self-disclosure from peers in group and acknowledgement of special and valued relationships enhances feelings of support. Factors such as working on tasks in group that encourage discussion, questioning, and viewing problems differently contribute to challenge. Group members can practice taking different perspectives on issues, constructing hypothetical circumstances and working through them. As well, the counsellor can set high standards in that once individuals have been in group for a period of time they can then begin to challenge themselves and learn to decide for themselves how they have progressed through counselling.

Finding a Voice in Group Counselling Through the Sharing of Story

*When a person realizes he has been deeply heard, his eyes moisten. I think in some real sense he is weeping for joy. It is as though he were saying, "Thank God, somebody heard me. Someone knows what it's like to be me" (Myers, 1992, p. 152).*

A final implication from this study highlights the value in counsellors providing opportunities for adolescents who have sexually offended to connect to meaningful experiences in group counselling through the sharing of their story. These stories are not tales or metaphors relayed to the client by the counsellor for therapeutic benefit but personal narratives shared by people describing the issues that brought them to counselling. There is value for adolescents who have sexually offended in having the opportunity to listen to their peers' stories about offending and their circumstances in life

around that time, and in turn to have the opportunity to voice their own story with others, to feel heard, and understood. This value entails the growth of a redeeming voice – a liberation not only from the possibility of physically being in prison for sexual offending but from a mental or cognitive slavery that binds one to the thoughts, feelings, and self-perceptions tied to sexual offending. In Seiko's narrative he mentions holding in feelings of anger:

> I didn't care about anything back then, and I had a lot of anger. I'd break things, shatter things. I put my fists through a wall, my head through a wall, I broke some of my bones, and I damaged a lot of stuff. I didn't talk to anyone. I'd just hibernate and the anger would build and build.

The word "redeem" means to buy out (thefreedictionary.com, 2005). This term was used specifically in reference to the purchase of a slave's freedom. These adolescents were not physically imprisoned nor bound by slavery, but imprisoned by their actions, circumstances, feelings of shame and judgment, and beliefs about who they are and what they may become. By going through counselling they are given a chance to rescue and redeem that what they felt was lost, to earn clemency, and to move forward with life. Seiko relates to this by stating later in his narrative:

> Like there's a lot of people I know who believe that we are all bad and that we can't change but it's like that's not true – everyone is different. We can change, but it's how long and hard you want to work for it if given the chance.

The adolescents in this study discussed feeling surprised at the beginning of counselling when they witnessed other peers courageously tell their story. Most adolescents described walking into counselling feeling worthless, ashamed, and judged. In the experience of witnessing another share his story and in the connections that developed with the story teller changes in the perception of counselling and of themselves percolated until they too felt ready to redeem a voice of confidence, self-esteem, hope, and renewal, and to re-establish trust and connections with others.

Often the thought of self-disclosing the details of one's own offending stimulates fear and shame and an imagined or perceived potential for judgment, rejection, or dismay

from peers. There is safety in not telling one's story and staying unrevealing or distant as trust and cohesion must be present first. By adolescents *first* witnessing their peers talk about it and by listening to their peers' experiences, thoughts, and feelings around the offending they come to see this opportunity and their own story in a different light. The anxiety of being judged and rejected can be replaced by positive affirmation from observing peers' responses to individuals sharing their story. It is in these moments when certain emotions arise in observing a peer share his story, which may resonate with their own, that courage, hope, and an eventual readiness to disclose their own account develop.

A "to-ing and fro-ing" occurs in response to listening and entering into another peer's story (Compston, 1999). As one listens to another there is a silent comparison of similar and unique aspects of their account as elements are affirmed and parts of it come to life having been buried or forgotten. In a unique reciprocity or emotional synchronicity between the person sharing and in the other receiving there comes feelings of relief and a realization that they are not alone, that someone truly understands what they have experienced. Yalom (1998) referred to this as universality – the feeling that we are connected to a bigger world in which others have experienced similar circumstances and that in certain cases we can understand aspects of how another person feels. It is in this universality that the youth is seen as a person and their offending story becomes a therapeutic story entailing a transformative process as peers symbolically serve as a mirror for each other, reflecting back growth and possibilities. By accepting an adolescent's story without judgment counsellors and peers accept them and in turn the client feels validated and a sense of relief. Through this the counsellor can also enter the world of the adolescent and gain a better sense of what it is like to be in that world (Gerald & Gerald, 2004).

Just as it is impactful for a group member to listen to a peer's offending story in group, it is also valuable for adolescents to tell their offending story. Often beyond a group counselling environment adolescents who have sexually offended do not have opportunities to confide in other peers about their problems, or they may develop cover stories about their involvement in counselling. In one study, a questionnaire, entailing the therapeutic factors addressed by Yalom, was administered to thirty-four federally sentenced individuals who sexually offended and completed an intensive treatment

program at the Regional Health Center located in British Columbia (Reimer & Mathieu, 2006). In a semi-structured interview about their perceptions regarding group counselling and the factors they perceived as beneficial in counselling catharsis and self-understanding were seen as most helpful. Implications of this study suggest that to maximize the benefits of counselling for individuals who sexually offend an atmosphere of support, expression of thoughts and feelings, and the sharing of stories is of primary importance to foster greater self-understanding. It is in group counselling that an unparalleled level of support in disclosing and discussing their story occurs (Hakett, 2004). There is a vast amount of research that reports the therapeutic benefits in being able to self-disclose, talk about, and express feelings relating to issues or problems (Farber, 2006; Richards, Beal, Seagal, & Pennebaker, 2000; Stiles, 1995). Specifically, there is benefit for adolescents who have sexually offended to talk about the circumstances which led them into counselling. In this experience they learn to find their own voice and the strength that holds as they connect past, present, and future pieces of their story. As Dalmar described in his narrative,

> It wasn't just one moment that had an impact on me, but it was going to group and seeing the guys speak their mind straight out each week. I realized that I can open up and by doing that you have more friends you can actually speak with. When I finally got everything out and everyone knew what happened I don't think I could have walked taller than I did...it was the biggest confidence booster I've had in my entire life.

Adolescents in this study described this process as feeling like a "release" – emotions no longer need to be kept secret or bottled up. It is through this release that pieces of their "puzzle" or story began coming together and they began learning more about themselves each time they re-told it. At first the adolescents in this study did not think it was something they could bring themselves to do. In listening to and observing their peers, however, they too gained the courage to do so and in turn felt a sense of accomplishment and raised confidence. Individual's lives are multi-storied (White & Epston, 1990). What is chosen to be discussed and elaborated upon in these life stories is often different from the next telling of it as one's focus in life changes. The story one chooses to share is not passive or neutral but it influences and impacts the individual in

the telling of it. It ascribes meaning in life, including the perceptions one has of him or herself and others in life, and creates a framework in which to interpret experience. It influences how one constructs the memory of their life from now on, having an influence on the life they will lead in the future by its existence in his or her awareness which may even become their dominant story in life (Payne, 2000).

According to White and Epston (1990) the current self-narrative or story one holds is perceived as a true representation of one's self and life and often imposes some very real effects and consequences for that individual. It can limit an individual's personal development, create anguish and frustration, and cause self-destruction. Through the telling and re-telling of one's story creating shifts in language, perception, and meaning a re-authoring of the story is constructed to incorporate possibilities for different behaviors, relationships, and view of self. In group counselling, adolescents who have sexually offended can be encouraged and supported to share their story with peers in which self-limiting aspects of their story can be respectfully challenged and explored to develop a re-authored story that incorporates alternative meanings and positive growth.

Implications for Future Research

Currently there are several research studies that have examined adolescent offending in general from a quantitative perspective. There is a scarcity of qualitative research, if any, that has explored the experiences of adolescents who have sexually offended against a sibling and their perspectives of counselling. The present study adds another dimension to this limited body of research. Further possibilities and implications for future research in this area are presented.

From this study it was evident that the adolescents spoke mostly of their experiences in group counselling which had a significant impact on their overall perceptions, feelings, and growth in counselling. Much of the research literature and current practice focuses on a multi-modal approach to counselling incorporating individual and family counselling. This study has emphasized working from the adolescents' perception and experiences as a guide for counselling practice. Expanding this study with individual and family counselling is another avenue to explore. It would be interesting to focus on their experiences in individual and family counselling to gain a

deeper understanding of these modalities from *their* viewpoint. I would be interested to learn what specific factors adolescents would like to change or incorporate in these counselling experiences or what factors have served as catalysts in any changes that have occurred for them as a result. As well, one could examine how connections or bonds occur differently with the counsellor in these circumstances or how therapeutic factors such as cohesiveness or universality may play a role in family counselling. Many of the participants described their peers in group counselling as being a key component for them in their experience. They connected and bonded with peers, finding similarities and differences between each others' stories. It may be beneficial to conduct further research specifically with regard to cohesiveness and peer interactions in groups with this population as a way to further motivate and engage adolescents in counselling, and to see how these interactions can be drawn upon further to make counselling practices more effective.

The bulk of past research has examined sexual offending perpetrated by males. Exploring the differences and similarities that occur in counselling between females and males with regard to the implications for practice presented may be an enlightening comparison. For example, future studies could focus on adolescent females' perceptions of counselling as well as counsellors' perceptions of adolescent females who have sexually offended and their involvement in counselling. Additional areas of focus may be how support and challenge present in females who have sexually offended and their experiences in counselling given differing development needs or how they might approach sharing their offending story with other peers.

Drawing from Daloz's model of support and challenge and it's application to adolescents who have sexually offended, I would want to explore further the specific factors that adolescents perceive in counselling to be supportive and challenging. It would be intriguing to examine certain factors that occur in each combination of support and challenge and how they would appear in groups with adolescents who have sexually offended. When feedback about the effectiveness of counselling sessions is requested by the counsellor from clients either verbally or in written form it often centers around aspects of feeling supported. It is my belief that as counsellors we may not be asking clients for feedback surrounding challenge and counselling sessions – are they feeling

challenged enough in sessions or are they feeling too challenged? Feedback scales have been developed and recommended to obtain information from clients about counselling sessions and the therapeutic relationship such as the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) developed by Miller and Duncan (2003). These scales present feedback items pertaining to relationships, goals and topics, approach or method, personal well-being, family and close relationships, social relations, and overall well being. It would be interesting to use these scales in working with adolescents who have sexually offended incorporating the item of "challenge" in the feedback to further inform counselling practice and to assess its impact on drop out rates from counselling with this population.

## REFERENCES

Alvermann, D., O'Brien, D., & Dillon, D. (1996). On writing qualitative research. *Reading Research Quarterly, 31,* 114-120.

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition - Text Revision* (p. 571). Washington, DC: American Psychiatric Association.

Angen, M. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research, 10*(3), 378-395.

Araji, S. (1997). Sexually abusive children: Family, extrafamilial environments, and situational risk factors. *Sexually Aggressive Children: Coming to Understand Them* (pp.89-115). Thousand Oaks, CA: SAGE Publications.

Arnett, J. (2001). Cognitive foundations. In L. Pearson (Ed.). *Adolescence and Emerging Adulthood: A Cultural Approach* (pp. 62-92). Upper Saddle River, NJ: Prentice Hall.

Arnett, J. (2002). The sound of sex: sex in teens' music and music videos. In J. Brown, J. Steele, & K. Walsh-Childers (Eds.). *Sexual Teens, Sexual Media: Investigating Media's Influence on Adolescent Sexuality* (pp. 253-264). Mahwah, NJ: Lawrence Erlbaum Associates.

Aronson, S. (2004). Where the wild things are: The power and challenge of adolescent group work. *The Mount Sinai Journal of Medicine, 71*(3), 174-180.

Arvay, M. (2002). Putting the heart back into constructivist research. In J. Raskin & S. Bridges (Eds.). *Studies in Meaning: Exploring Constructivist Psychology* (pp. 201-224). New York, NY: Pace University Press.

Ascherman, L. & Safier, E. (1990). Sibling incest: A consequence of the individual and family dysfunction. *Bulletin of the Menniger Clinic, 54*, 311-322.

Austin, W. (2003). First Love: The Adolescent's Experience of Amour. In J. DeVitis & L. Irwin-DeVitis (Eds.). New York, NY: Peter Lang Publishing.

Austin, W., Bergum, V., Nuttgens, S., & Peternelj-Taylor, C. (2006). A re-visioning of boundaries in professional helping relationships: Exploring other metaphors. *Ethics & Behavior, 16*(2), 77-94.

Aylwin, S., Clelland, S., Kirkby, L., Reddon, J., Studer, L., & Johnson, J. (2000). Sexual offence severity and victim preference: A comparison of adolescent and adult sex offenders. *International Journal of Law and Psychiatry, 23*(3), 113-124.

Bank, S. & Kahn, M. (1982). Unraveling the sibling bond. *The Sibling Bond* (pp. 1-19). New York, NY: Basic Books.

Benhabib, S. (1987). The generalized and concrete other: The Kohlberg-Gilligan controversy and feminist theory. In S. Benhabib & D. Cornell (Eds.). *Feminism and Critique: Essays on the Politics of Gender in Late-Capitalist Societies* (pp. 77-95). Oxford, UK: Polity Press.

Berzonsky, M. (2000). Theories of adolescence. In G. Adams (Ed.). *Adolescent Development: The Essential Readings* (pp. 11-33). Oxford: Blackwell Publishers.

Boostrom, R. (1994). Learning to pay attention. *Qualitative Studies in Education, 7*(1), 51-64.

Boyce, W., Doherty, M., Fortin, C., & MacKinnon, D. (2003). *Canadian Youth, Sexual Health and HIV/AIDS Study: Factors Influencing Knowledge, Attitudes, and Behaviors.* Toronto, ON: Counsel of Ministers of Education.

Brabender, V., Fallon, A., & Smolar, A. (2004). In A. Kaufman & N. Kaufman (Eds.). *Essentials of group Therapy.* Hoboken, NJ: John Wiley & Sons.

Brayton, G. (2000). Adolescent sexual offenders. In H. McWhinney (Ed.). *Issues and Perspectives on Young Offenders in Canada, Second Edition* (pp. 265-284). Toronto, ON: Harcourt Canada.

Breer, W. (1996). A review of the literature. *The Adolescent Molester, Second Edition* (pp. 7-26). Springfield, IL: Charles C. Thomas.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design.* Cambridge, MA: Harvard University Press.

Brown, B. (2004). Adolescents' relationships with peers. In R. Lerner & L. Steinberg (Eds.). *Handbook of Adolescent Psychology, Second Edition* (pp. 363-389). Hoboken, NJ: John Wiley & Sons.

Brown, J., Steele, J. & Walsh-Childers, K. (2002). Introduction and overview. In J. Brown, J. Steele, & K. Walsh-Childers (Eds.). *Sexual Teens, Sexual Media: Investigating Media's Influence on Adolescent Sexuality* (pp. 2-24). Mahwah, NJ: Lawrence Erlbaum Associates.

Bruner, J. (1986). *Actual Minds, Possible Worlds.* Cambridge, MA: Harvard University Press.

Burlingame, G., Fuhriman, A., & Johnson, J. (2004). Process and outcome in group counselling and psychotherapy. In J. DeLucia-Waack, D. Gerrity, C. Kalodner, & M. Riva (Eds.). *Group Counselling and Psychotherapy* (pp. 49-61). Thousand Oaks, CA: Sage Publications.

Burlingame, G., Fuhriman, A. & Mosier, J. (2003). The differential effectiveness of group psychotherapy: A meta-analytic perspective. *Group Dynamics: Theory, Research, and Practice, 7*(1), 3-12.

Burton, J., Rasmussen, L. Bradshaw, J., Christopherson, B., & Huke, S. (1998). Sexually abusive behavior problems: Definitions and current knowledge. In R. Geffner (Ed.). *Treating Children with Sexually Abusive Behavior Problems: Guidelines for Child and Parent Intervention* (p. 3-27). Brighamton, NY: Hawthorn Press.

Caffaro, J. & Cann-Caffaro, A. (1998). *Sibling Abuse Trauma: Assessment and Intervention Strategies for Children, Families, and Adults.* New York, NY: The Haworth Press.

Calder, M. (2004). The Internet: Potential, problems and pathways to hands-on sexual offending. In M. Calder (Ed.). *Child Sexual Abuse and the Internet: Tackling a New Frontier*. Uplyme Road: Russell House Publishing.

Canadian Pediatric Society (2003). *Impact of Media Use on Children and Youth.* [On line] Available: http://www.cps.ca.

Caputo, A. (2004). *Client's Perceptions of Resistance in Counselling.* Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Carson, T. (1986). Closing the gap between research and practice: Conversation as a mode of doing research. *Phenomenology + Pedagogy, 4*(2), 73-85.

Carter, E., Mitchell, S., & Krautheim, M. (2001). Understanding and addressing clients' resistance to group counselling. *Journal for Specialists in Group Work, 26*(1), 66-80.

Cawson, P., Wattam, C. Brooker, S., & Kelly, G. (2000). *Child Maltreatment in the United Kingdom: A Study of the Prevalence of Abuse and Neglect.* London: National Society for the Prevention of Cruelty to Children.

Center for Justice Statistics (2001). *Family Violence in Canada.*

Chaffin, M. & Bonner, B. (1998). Don't shoot, we're your children: Have we gone too far in our response to adolescent sexual abusers and children with sexual problems? *Child Maltreatment, 3*(4), 314-316.

Chewning, M. (1991). A comparison of adolescent male sex offenders with juvenile delinquents and non-referred adolescents. *Dissertation Abstracts International, 51*, 35-57.

Cicirelli,V. (1995). Sibling sexual experiences: Normal exploratory behavior, nonabusive incest, and abusive incest. *Sibling Relationships Across the Life Span* (pp. 169-184). New York, NY: Plenum Press.

Clandinin, D. J. & Connelly, F.M. (2000). Composing research texts. *Narrative Inquiry: Experience and Story in Qualitative research* (p. 145-168). San Francisco, CA: John Wiley & Sons.

Clarke, H., Rees, A., & Hardy, G. (2004).The big idea: clients' perspectives of change processes in cognitive therapy. *Psychology and Psychotherapy Practice, 77*, 67-89.

Cole, A. (1990). *Brother-Sister Sexual Abuse: Experiences Feeling Reactions, and a Comparison to Father-Daughter Sexual Abuse.* Unpublished Doctoral Dissertation, Union Institute, Cincinnati, OH.

Compher, J. (1984). The dance within the family system. *Social Work, 29*, 361-365.

Compston, K. (1999). Basket weaving: Sharing stories in a group setting. *Psychodynamic Counselling, 5*(3), 357-372.

Conle, C. (1999). Why narrative? Which narrative? Struggling with time and place in life and research. *Curriculum Inquiry, 29*(1), 7-33.

Connelly, F.M. & Clandinin, D.J. (1990). Stories of experience and narrative inquiry. *Educational Researcher, June-July, 19*(5), 2-14.

Cunningham, C. & MacFarlane, K. (1996). In E. Bear (Ed.). *When Children Abuse: Group Treatment Strategies for Children with Impulse Control Problems* (p. 262). Orwell, VT: Safer Society Press.

Cyr, M., Wright, J., McDuff, P. & Perron, A. (2002). Intrafamilial sexual abuse: brother-sister incest does not differ from father-daughter and stepfather-stepdaughter incest. *Child Abuse and Neglect, 26*, 957-973.

Davis, M. (1994). Aggression and antisocial behavior. M. Lange (Ed.). *Empathy: A Social Psychological Approach* (p. 153-172). Dubuque, IA: Brown & Benchmark.

Deisher, R., Wenet, G., Paperny, D., Clark, T., & Fehrenbach, P. (1982). Adolescent sexual offence behaviour: The role of the physician. *Journal of Adolescent Health Care, 2,* 279-286.

De Jong, A. (1989). Sexual interactions among siblings and cousins: Experimentation or exploitation? *Child Abuse and Neglect, 13*, 271-279.

DeLucia-Waack, J. & Bridbord, K. (2004). Measures of group process, dynamics, climate, leadership behaviors, and therapeutic factors. In J. DeLucia-Waack, D. Gerrity, C. Kalodner, and M. Riva (Eds.). *Group Counselling and Psychotherapy* (pp. 23-36). Thousand Oaks, CA: Sage Publications.

Denzin, N. K. & Lincon, Y. S. (1993). Introduction: Entering the field of qualitative research. In N. K. Denzin & Y. S. Lincon (Eds.). *Handbook of Qualitative Research* (pp. 1-18). Thousand Oaks, CA: SAGE Publications.

Denzin, N. & Lincon, Y. (1998). Introduction. In N. K. Denzin & Y. S. Lincom (Eds.). *Collecting and Interpreting Qualitative Materials* (pp. 1-34). Thousand Oaks, CA: Sage Publications.

Department of Justice (2006). Canada. [Online] Available: www.justice.gc.ca/en/news/nr/2006.

de Young, M. (1982). *The Sexual Victimization of Children.* Jefferson, NC: McFarland.

DiGiorgio-Miller, J. (1998). Sibling incest: Treatment of the family and the offender. *Child Welfare, 77*(3), 335-347.

Daloz, L. (1998). The Yoda factor. *Mentor: Guiding the Journey of Adult Learners* (pp. 203-229). San Francisco, CA: Jossey-Bass.

Duncan, B. & Miller, S. (2000b). Client's theory of change; Consulting in the integrative process. *Journal of Psychotherapy Integration, 10*(2), 169-187.

Eccles, J., Midgley, C., Wigfield, A., Buchanan, C., Reuman, D., Flanagan, C., & Iver, D. (1993). Development during adolescence: The impact of stage-environment fit on young adolescents' experience in schools and families. *American Psychologist, 48*(2), 90-101.

Edwards, R. & Beech, A. (2004). Treatment programs for adolescents who commit sexual offenses: Dropout and recidivism. *Journal of Sexual Aggression, 10*(1), 101-115.

Elkind, D. (1998). Thinking in a new key. *All Grown Up and No Place to Go: Teenagers in Crisis* (pp. 25-53). Reading, MA: Addison-Wesley.

Ellis, J. (1998). Interpretive inquiry as a formal research process. In J. Ellis (Ed.). *Teaching from Understanding: Teacher as Interpretive Inquirer*, (pp. 15-32). New York, NY: Garland Publishing.

Epps, K. & Fisher, D. (2005). A review of the research literature on young people who sexually abuse. In G. Reilly, W. Marshall, A. Carr, & R. Becket (Eds.). *The Handbook of Clinical Intervention with Young People Who Sexually Abuse* (pp. 62-102). New York, NY: Brunner-Routledge.

Erickson, E. (1968). *Identity, Youth and Crisis.* New York, NY: Norton.

Everall, R. & Paulson, B. (2002). The therapeutic alliance: adolescent perspectives. *Counselling and Psychotherapy research 2*(2), 78-87.

Farber, B. (2006). Clinical perspectives on patient disclosure. *Self-Disclosure in Psychotherapy* (pp. 20-53). New York, NY: The Guilford Press.

Fehrenbach, P., Smith, W., Monastersky, C., & Deisher, R. (1986). Adolescent sex offenders: Offender and offence characteristics. *Journal of Adolescent Research, 3*, 363-385.

Festinger, L. (1957). *Theory of Cognitive Dissonance*. Stanford, CA: Stanford University Press.

Finkelhor, N., Mitchell, K., & Wolak, J. (2000). *Online Victimization: A Report on the Nation's Youth. Crimes Against Youth Research Center.* [On Line] Available at: www.missingkids.com.

Finkelhor, D. & Hotaling, G. (1984). Sexual abuse in the national incidence study of child abuse and neglect: An appraisal. *Child Abuse and Neglect, 8*, 23-33.

Freeman, E. (1993). The sibling bond: An introduction to the social network experience. In E. Freeman (Ed.). *Family Treatment: The Sibling Bond and Other Relationship Issues.* (pp. 1-16). Springfield, IL: Charles C. Thomas.

Freeman-Longo, R. (2000). Children, teens, and sex on the internet. *Sexual Addiction & Compulsivity, 7*, 75-90.

Fuhriman, A. & Burlingame, G. (1994). *Handbook of Group Psychotherapy: An Empirical and Clinical Synthesis.* New York, NY: Wiley.

Furman, W. & Wehner, E. (1997). Adolescent romantic relationships: A developmental perspective. In S. Shulman & W. Collins (Eds.). *Romantic Relationships in Adolescence: Developmental Perspectives* (pp. 21-36). San Francisco: Jossey-Bass.

Gadamer,H. (1989). *Truth and Method.* In J. Weinsheimer & D. Marshall (Eds.). New York, NY: Continuum.

Gal, M. & Hoge, R. (1999). A profile of the adolescent sex offender. *A Forum on Corrections Research, 11*(2).

Garman, N. (2006). Imagining an interpretive dissertation: Voice, text, and representation. In N. Garman & M. Piantanida (Eds.). *The Authority to Imagine: The Struggle Toward Representation in Dissertation Writing* (pp. 12-15). New York, NY: Peter Lang Publishing.

Gazda, G., Ginter, E. & Horne, A. (2001). Ethical, professional, and legal issue sin group counselling and group psychotherapy. In V. Lanigna, (Ed.). *Group Counselling and Group Psychotherapy: Theory and Application* (pp. 95-117). Needham Heights, MA: Allyn & Bacon.

Geanellos, R. (1998). Hermeneutic philosophy. Part II: A nursing research example of the hermeneutic imperative to address forestructures/pre-understandings. *Nursing Inquiry, 5,* 238-247.

Gerald, K. & Gerald, D. (2004). The proactive process for counselling adolescents. *Counselling Adolescents: The Proactive Approach* (pp. 72-86). Thousand Oaks, CA: Sage Publications.

Gladding, S. (2003). History and trends of group work. In K. Davis (Ed.). *Group Work: A Counselling Specialty, Fourth Edition* (pp. 3-21). Upper Saddle River, NJ: Merrill Prentice Hall.

Goode, E. (1978). *Deviant Behavior* (p. 297). Englewood Cliffs, N.J.: Prentice Hall.

Graham-Bermann, S. & Cutler, S. (1994). The brother-sister questionnaire: Psychometric assessment and discrimination of well-functioning from dysfunctional relationships. *Journal of Family Psychology, 8*(2), 224-238.

Guba, E. G. & Lincon, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincon (Eds.). *Handbook of Qualitative Research* (pp. 105-117). Thousand Oaks, CA: SAGE Publications.

Hackett, S. (2004). Effective interventions with adolescents who have sexually offended. *What Works for Children and Young People with Harmful Sexual Behaviors ?* Tanners Lane: Barnardo's.

Hall, G. S. (1904). *Adolescence: Volume One*, New York: Macmillian.

Hall, G. S. (1907). Pre-adolescence. *Youth: Its Education, Regimen, and Hygiene* (pp. 1-6). New York: D. Appleton and Company.

Hanoski, T. (2001). *Stories of Sibling Maltreatment: The Instigators and a Dyad of Instigator and Victim.* Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Haskins, C. (2003). Treating sibling incest using a family systems approach. *Journal of Mental Health Counseling, 25*(4), 337-351.

Health Canada (1999). *Adolescent Sex Offenders*. Health Canada. [On line]. Available: www.hc-sc.gc/hppb/familyviolence/html/adosxofeng.html.

Hoskins, M. (2002). Toward new methodologies for constructivist research: synthesizing knowledges for relational inquiries. In J. Raskin & S. Bridges (Eds.). *Studies in Meaning: Exploring Constructivist Psychology* (pp. 225-244). New York, NY: Pace University Press.

Hoskins, M. & Stoltz, J. (2005) Fear of offending: disclosing researcher discomfort when engaging in analysis. *Qualitative Research, 5*(1), 95-111.

Howe, N., Aquan-Assee, J., Bukowski, W., Lehoux, P., & Rinaldi, C. (2001). Siblings as confidants: Emotional understandings, relationship warmth, and sibling self-disclosure. *Social Development, 10*(4), 439-455.

Hunter, J. (2004). Developmental pathways in young sexual aggression and delinquency: Risk factors and mediators. *Journal of Family Violence, 19*(4), 233-242.

Hutchinson, S. & Wilson, H. (1994). Research and therapeutic interviews: A poststructuralist perspective. In J. Morse (Ed.). *Critical Issues in Qualitative Research Methods* (pp. 300-315). Thousand Oaks, CA: SAGE Publications.

Johnson, J., Cohen, P., Smailes, E., Kasen, S., & Brook, J. (2002). Television viewing and aggressive behavior during adolescence and adulthood. *Science, 295*, 2468-2471.

Josselson, R. (1996). A woman studies war. In R. Josselson, (Ed.). *Ethics and Process in the Narrative Study of Lives, Volume Four* (pp. 232-240). Thousand Oaks, CA: SAGE Publications.

Kahn, T. & Chambers, H. (1991). Assessing reoffence risk with juvenile sexual offenders. *Child Welfare, 3,* 333-345.

Kahn, T. & Lafond, M. (1988). Treatment of the adolescent sexual offender. *Child and Adolescent Social Work, 5,* 135-148.

Katz, R. (1990). Psychosocial adjustment in adolescent child molesters. *Child Abuse and Neglect, 14*(4), 567-575.

Keating, D. (1980) Thinking processes in adolescence. In J. Adelson (Ed.). *Handbook of Adolescent Psychology* (p. 211). New York, NY: Wiley.

Kivlighan, D. & Holmes, S. (2004). The importance of therapeutic factors. In J. DeLucia-Waack, D. Gerrity, C. Kalodner, and M. Riva (Eds.). *Group Counselling and Psychotherapy* (pp. 23-36). Thousand Oaks, CA: Sage Publications.

Kjellgren, C. (2001). Understanding sexually abusive behavior. *Sexual Abuse of Children: Understanding and Managing Young Sexual Offenders* (pp. 9-31). [On line] Available: http://childcenter.baltinfo.org/upload/ACF44B.pdf.

Koss, M., Bacher, K., & Hopkins, Q. (2006) Disposition and treatment of juvenile sex offenders from the perspective of restorative justice. In H. Barbaree & W. Marshall (Eds.). *The Juvenile Sex Offender* (p. 336-357). New York, NY: The Guildford Press.

Kösters, M., Burlingame, G., Nachtigall, C. & Strauss, B. (2006). A meta-analytic review of the effectiveness of inpatient group psychotherapy. *Group Dynamics: Theory, Research, and Practice, 10*(2), 146-163.

Krakowski, P. (2006). A search for balance: Representing a narrative pedagogy. In N. Garman & M. Piantanida (Eds.). *The Authority to Imagine: The Struggle Toward Representation in Dissertation Writing* (pp. 67-80). New York, NY: Peter Lang.

Kramer, L. & Bank, L. (2005). Sibling relationship contributions to individual and family well-being: Introduction to the special issue. *Journal of Family Psychology, 19*(4), 483-485.

Lakey, J. (1994). The profile and treatment of male adolescent sex offenders. *Adolescence, 29*(116), 755-782.

Lane, S. (1997). The sexual abuse cycle. In G. Ryan & S. Lane (Eds.). *Juvenile Sexual Offending: Causes, Consequences, and Correction* (pp. 77-121). San Francisco, CA: Jossey-Bass.

Larson, N. & Maddock, J. (1988). Structural and functional variables in incest family systems: Implications for assessment and treatment. In T. Trepper & M. Barrett (Eds.). *Treating Incest: A Multiple Systems Perspective* (pp. 27-44). New York: Haworth Press.

Laviola, M. (1992). Effects of older brother-younger sister incest: A study of the dynamics of 17 cases. *Child Abuse and Neglect, 16*, 409-421.

Levenson, J. & Macgowan, M. (2004). Engagement, denial, and treatment progress among sex offenders in group therapy. *Sexual Abuse: A Journal of Research and Treatment, 16*(1), 49-63.

Lincon, Y. & Guba, E. (1985). The only generalization. *Naturalistic Inquiry.* (p. 120). Newbury Park, CA: Sage Publications.

Llewelyn, S.P. (1988). Psychological therapy as viewed by clients and therapists. *British Journal of Clinical Psychology, 27*, 223-237.

Lombardo, R. & DiGiorgio-Miller, J. (1988). Concepts and techniques in working with juvenile sex offenders. *Journal of Offender Therapy and Comparative Criminology, 27*, 150-155.

Longo, R., Brown, S., & Orcutt, D. (2002). Effects of Internet sexuality on children and adolescents. In A. Cooper (Ed.). *Sex and the Internet: A Guidebook for Clinicians*. New York, NY: Brunner-Routledge.

Longo, R. (2004). Young people with sexual behavioral problems and the Internet. In M. Calder (Ed.). *Child Sexual Abuse and the Internet: Tackling a New Frontier*. Uplyme Road: Russell House Publishing.

Lundrigan, P. (2001). Parent education and family therapy. *Treating Youth Who Sexually Abuse: An Integrated Multi-Component Approach* (pp. 137-160). Binghamton, NY: The Haworth Press.

Madison, G. (1988). *The Hermeneutics of Postmodernity: Figures and Themes.* (p. 165). Bloomington, IN: Indiana University Press.

Marshall, W. & Barbaree, H. (1990). Outcome of comprehensive cognitive-behavioral treatment programs. In W. Marshall, D. Laws, & H. Barbaree (Eds.). *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (pp. 363-385). New York, NY: Plenum Press.

Maticka-Tyndale, E. (2001). Sexual health and Canadian youth: How do we measure up? *The Canadian Journal of Human Sexuality, 10*(1-2), 1-8.

McCormack, C. (2005). Storying stories: a narrative approach to in-depth interview conversations. *International Journal of Social Science Research Methodology, 7*(3), 219-236.

McLeod, J. (2001). How to do qualitative research. *Qualitative Research in Counselling and Psychotherapy* (pp. 131-160). Thousand Oaks, CA: SAGE Publications.

Merriam, S. (1998). What is qualitative research? *Qualitative Research and Case Study Applications in Education* (pp. 3-25). San Francisco, CA: Jossey-Bass.

Miller, S. & Duncan, B. (2003). *Outcome Rating Scale (ORS) and Session Rating Scale (SRS).* [On line]. Available: www.talkingcure.com.

Mishler, E. (1986). The analysis of interview narratives. In T. Sarbin (Ed.). *Narrative Psychology: The Storied Nature of Human Conduct* (pp. 233-255). New York, NY: Praeger Special Studies.

Moore, S. & Rosenthal, D. (1993). Biological aspects of sexual development. *Sexuality in Adolescence* (pp. 44-61). New York, NY: Routledge.

Morrow, S. & Smith, M. (2000). Qualitative research for counseling psychology. In S. Brown & R. Lent (Eds.). *Handbook of Counselling Psychology* (pp. 199-230). New York, NY: John Wiley & Sons.

Muuss, R. (1980). Adolescents and their peers. In R. Muuss (Ed.). *Adolescent Behavior and Society: A Book of Readings, Third Edition* (pp. 175-195). New York, NY: Random House.

Muuss, R. (1988). Erikson's theory of identity development. *Theories of Adolescence, Fifth Edition* (pp. 53-85). New York, NY: Random House.

Muuss, R. (1996). Piaget's stage-dependent theory of development. In B. Kaufman & F. Burns (Eds.). *Theories of Adolescence, Sixth Edition* (pp. 140-175). New York, NY: McGraw-Hill.

Myers, D. (1992). The friendship factor. *The Pursuit of Happiness: Discovering the Pathway to Fulfillment, Well-Being, and Enduring Personal Joy* (p. 142-154). New York, NY: Avon Books.

National Society for the Prevention of Cruelty to Children (2000). *Child Maltreatment in the UK.* NSPCC, London.

Neill, J. & Dias, K. (2001). Adventure education and resilience: The double-edged sword. *Journal of Adventure Education and Outdoor Learning, 1*(2), 35-42.

Newbauer, J. & Banks, W. (2001). Group work with adolescent sexual offenders. *The Journal of Individual Psychology, 57*(1), 37-51.

O'Brien, M. (1991). Taking sibling incest seriously. In M. Patton (Ed.). *Family Sexual Abuse: Frontline Research and Evaluation* (pp. 75-92). Newbury Park, CA: SAGE.

Ogrodniczuk, J., John, S., & Piper, W. (2003). The effect of group climate on outcome in two forms of short-term group therapy. *Group Dynamics, 7*(1), 64-76.

Ogrodniczuk, J., Piper, W., Joyce, A, McCallum, M., & Rosie, J. (2003). NEO-Five factor personality traits as predictors of responses to two forms of group psychotherapy. *International Journal of Group Psychotherapy, 53*(4), 417-442.

Packer, M. J. & Addison, R.B. (1989). Evaluating an interpretive account. *Entering the Hermeneutic Circle: Investigation in Psychology.* (pp. 275-321). Albany: SHNY Press.

Paulson, B., Everall, R., & Stuart, J. (2001) Client perceptions of hindering experiences in counselling. *Counselling and Psychotherapy Research, 1*(1), 53-61.

Paulson, B., Truscott, D., & Stuart, J. (1999). Clients' perceptions of helpful experiences in counseling. *Journal of Counselling, 46*(3), 317-324.

Patton, M. (1980). Evaluation designs. *Qualitative Evaluation Methods.* (pp. 91-117). Thousand Oaks, CA: SAGE.

Patton, M. (1990). Qualitative interviewing. *Qualitative Evaluation and Research Methods: Second Edition* (pp.277-368). Newbury Park, CA: SAGE.

Payne, M. (2000). Encouraging a wider perspective. *Narrative Therapy* (p. 70-102). Thousand Oaks, CA: Sage Publications.

Peshkin, A. (1993). The goodness of qualitative research. *Educational Researcher, 22*(2), 23-29.

Piaget, J. (1981). *The Psychology of Intelligence*. Totowa, NJ: Littlefield, Adams & Co.

Piper, W., Marrache, M., Lacroix, R., Richardson, A., & Jones, B. (1983) Cohesion as a basic bond in groups. *Human Relations, 36*(2), 93-108.

Piper, W. (1993). Group psychotherapy research. In H. Kaplin & B. Sadock (Eds.). *Comprehensive Group Psychotherapy, Third Edition* (pp. 673-682). Baltimore: Williams & Wilkins.

Polkinghorne, D. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counselling Psychology, 52*(2), 137-145.

Polkinghorne, D. (1995) Narrative configuration in qualitative analysis. In J.A. Hatch & R. Wisniewski (Eds.). *Life History and Narrative* (pp. 5-23). Washington, D.C.: Falmer Press.

Ponzetti, J. & James, C. (1997). Loneliness and sibling relationships. *Social Behavior & Personality, 12*(1), 103-113.

Prendergast, W. (1993). *The Merry-Go-Round of Sexual Abuse: Identifying and Treating Survivors* (p. 6). New York, NY: Hawthorn Press.

Print, B. & O'Callaghan, D. (1999). Working in groups with young men who have sexually abused others. In M. Erooga & H. Masson (Eds.). *Children and Young People Who Sexually Abuse Others: Challenges and Responses* (pp. 124-245). New York, NY: Routledge.

Ramcharan, S. (1989). Deviant sexual behavior. *Social Problems and Issues: A Canadian Perspective* (pp. 172-184). Scarborough, ON: Nelson Canada.

Rayment-McHugh, S. & Nisbet, I. (2003). *Sibling Incest Offenders as a Subset of Adolescent Sexual Offenders.* Paper presented at the Child Sexual Abuse: Justice Response or Alternative Resolution Conference, Queensland, Australia.

Reimer, W. & Mathieu, T. (2006). Therapeutic factors in group treatment as perceived by sex offenders: A "consumers' report". *Journal of Offender Rehabilitation, 42*(4). 59-73.

Renvoize, J. (1982). Incest other than father/daughter. *Incest: A Family Pattern* (pp. 120-141). London: Routledge & Kegan Paul.

Rich, P. (2003). The juvenile sexual offender: Commonalities and characteristics. *Understanding, Assessing, and Rehabilitating: Juvenile Sexual Offenders* (pp. 39-58). Hoboken, NJ: John Wiley & Sons.

Richards, J. M., Beal, W. E., Seagal, J., & Pennebacker, J. W., (2000). Effects of disclosure of traumatic events on illness and behavior among psychiatric prison inmates. *Journal of Abnormal Psychology, 109*, 156-160.

Rorty, R. M. (1982). Hermeneutics, general studies, and teaching. *Selected Papers, from the Synergos Seminars, Volume 2: Hermeneutics, General Studies, and Teaching.* Fall, 1-15. George Mason University.

Rose, S. (1998). An overview. *Group Therapy with Troubled Youth: A Cognitive-Behavioral Interactive Approach* (pp. 3-45). Thousand Oaks, CA: SAGE.

Rudd, J. & Herzberger, S. (1999). Brother-sister incest – father-daughter incest: A comparison of characteristics and consequences. *Child Abuse and Neglect, 23*(9), 915-928.

Ryan, G. (1991). In G. Ryan & S. Lane (Eds.). *Juvenile Sex Offending: Causes, Consequences, and Correction.* San Francisco, CA: Jossey-Bass.

Ryan, G. & Lane, S. (1997). Integrating theory and method. In G. Ryan & S. Lane (Eds.). *Juvenile Sex Offending: Causes, Consequences, and Correction* (pp.267-321). San Francisco, CA: Jossey-Bass.

Schram, T. (2003). Establishing your perspective. In K. Davis (Ed.). *Conceptualizing Qualitative Inquiry: Mindwork for Fieldwork in Education and the Social Sciences* (pp. 29-40). Upper Saddle River, NJ: Pearson Education.

Schwartz, S., Cote, J., & Arnett, J. (2005) Identity and agency in emerging adulthood: Two developmental routes in the individuation process. *Youth & Society, 37*(2), 201-229.

Simon, W. & Gagnon, J. (1998). Psychosexual development. *Society, 35*(2), 60-68.

Slee, P. (2002). Social and emotional development in adolescence. *Child, Adolescent, and Family Development: Second Edition* (pp. 431-449). New York, NY: Cambridge University Press.

Smith, H. & Israel, E. (1987). Sibling incest: A study of the dynamics of 25 cases. *Child Abuse and Neglect, 11*(2), 101-108.

Smith, D. (1991). Hermeneutic inquiry: The hermeneutic imagination and the pedagogic text. In E. Short (Ed.). *Forms of Curriculum Inquiry* (pp. 187-209). New York, NY: State University of New York Press.

Smith, J. (1993). Hermeneutics and qualitative research. In D. Flinders & G. Mills (Eds.). *Theory and Concepts in Qualitative Research* (pp. 179-200). New York, NY: Teachers College.

Sowell, E., Thompson, P., Holmes, C., Jernigan, T., & Togal, A. (1999). In vivo evidence for post-adolescent brain maturation in frontal and striatal regions. *Nature Neuroscience, 2*(10), 859-861.

Steele, B. & Ryan, G. (1997). Development gone wrong. Integrating theory and method. In G. Ryan & S. Lane (Eds.). *Juvenile Sex Offending: Causes, Consequences, and Correction* (pp. 59-76). San Francisco, CA: Jossey-Bass.

Steinberg, L. (2005). In M. Sugarman (Ed.). *Adolescence*. New York, NY: McGraw-Hill.

Sullivan, M., Skovholt, T., & Jennings, L. (2005). Master therapists' construction of the therapy relationship. *Journal of Mental Health Counseling, 27*(1), 48-71.

Susan, E. & Rogol, A. (2004). Puberty and psychological development. In R. Lerner & L. Steinberg (Eds.). *Handbook of Adolescent Psychology, Second Edition* (pp. 15-44). Hoboken, NJ: John Wiley & Sons.

Schwartz, S., Cote, J., & Arnett, J. (2005). Identity and agency in emerging adulthood: Two developmental routes in the individualization process. *Youth & Society, 37*(2), 201-229.

Steen, C. (2005). Cognitive-behavioral treatment under the relapse prevention umbrella. In M. Calder (Ed.). *Children and Young People who Sexually Abuse: New*

*Theory, Research, and Practice Developments* (pp. 223-236). Uplyme Road: Russell House Publishing.

Stiles, W. (1995). Disclosure as a speech act: Is it psychotherapeutic to disclose? In J.W. Pennebaker (Ed.). *Emotion, Disclosure, and Health* (pp. 71-91). Washington, D.C.: American Psychological Association.

Tallman, K. & Bohart, A. (2005). The client as a common factor: Clients as self healers. In M. Hubble, B. Duncan, & S. Miller (Eds.). *The Heart and Soul of Change: What Works in Therapy* (pp.91-132). Washington, D.C.: American Psychological Association.

Thakker, J., Ward, T., & Tidmarsh, P. (2006). The reevaluation of relapse prevention with adolescents who sexually offend. In H. Barbaree & W. Marshall (Eds.). *The Juvenile Sex Offender* (pp.313-335). New York, NY: The Guildford Press.

The Canadian Federation for Sexual Health (2006). [On line]. Available: http://www.ppfc.ca/ppfc/content.asp?articleid=584

Thefreedictionary.com (2005). [Online]. Available: http://www.thefreedictionary.com/

Tolman, D., Spencer, R., Harmon, T., Rosen-Reynoso, M., & Striepe, M. (2004). Getting close, staying cool: Early adolescent boys experiences with romantic relationships. In N. Way & J. Chu (Eds.). *Adolescent Boys: Exploring Diverse Cultures of Boyhood* (pp. 235-255). New York, NY: New York University Press.

Truscott, D. (1993). Adolescent offenders: Comparison for sexual, violent, and property offences. *Psychological Reports, 73*, 657-658.

Vandegriend, M. (2002). *Experiences of Adolescent Sibling Sexual Offenders: Changing Through Counselling.* Unpublished masters thesis, Edmonton: University of Alberta, Canada.

van Manen, M. (1984). Practicing phenomenological writing. *Phenomenology + Pedagogy, 2*(1), 37-69.

Vancouver-Richmond Incest and Sexual Abuse Center (VISAC), 1994. *Sibling Sexual Abuse* (pp. 1-16). Family Services of Greater Vancouver, Vancouver, B.C.

Veneziano, C. & Veneziano, L. (2002). Adolescent sex offenders: A review of the literature. *Trauma, Violence, & Abuse, 3*(4), 247-260.

Viney, L., Henry, R., & Campbell, J. (2001). The impact of group work on offender adolescents. *Journal of Counseling and Development, 79*(3), 373-382.

Ward, T. (2002). Good lives and the rehabilitation of sex offenders: Problems and promises. *Aggression and Violent Behavior, 7*, 1-17.

Way, I. (2005). Empathy, emotional intelligence, and alexithymia: Implications for research and practice with young people with sexually abusive behaviors. In M. Calder (Ed.). *Children and Young People who Sexually Abuse: New Theory, Research and Practice Developments* (pp. 145-174). Uplyme Road: Russell House Publishing.

White, M. & Epston, D. (1990). Story, knowledge, and power. *Narrative Means to Therapeutic Ends* (pp. 1-37). New York, NY: Norton.

Wichstrom, L. (2001). The impact of pubertal timing on adolescents' alcohol use. *Journal of Research on Adolescence, 11*, 131-150.

Widom, C. (1989). The cycle of violence. *Science, 14*, 160-165.

Wiehe, V. (1997). Sexual abuse. In T. Hendrix (Ed.). *Sibling Abuse: Hidden Physical, Emotional, and Sexual Trauma* (pp. 57-85). Thousand Oaks, CA: SAGE Publications.

Worling, J. (2001). Personality-based typology of adolescent male sexual offenders: Differences in recidivism rates, victim-selection characteristics, and personal victimization histories. *Sexual Abuse: Journal of Research and Treatment, 13* (3), 149-166.

Woring, J. & Curwen, T. (2000). Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prevention. *Child Abuse and Neglect, 24*(7), 965-982.

Yalom, I. & Leszcz, M. (2005). *The Theory and Practice of Group Psychotherapy, Fifth Edition.* New York, NY: BasicBooks.

Yalom, I. (1998). The therapeutic factors: What is it that heals? In B. Yalom (Ed.). *The Yalom Reader: Selections from the Work of a Master Therapist and Storyteller* (pp. 5-41). New York, NY: BasicBooks.

Yochelson, S. & Samenow, S. (1976). Criminal thinking patterns. *The Criminal Personality, Volume I: A Profile for Change* (pp. 251-358). New York, NY: Aronson.

Zolondek, S., Abel, G., Northey, W., & Jordan, A. (2001). The self-reported behaviors of juvenile sex offenders. *Journal of Interpersonal Violence, 16* (1), 73-85.

# APPENDIX A

## Adolescent Research Project

**This is a letter that describes what participating in the adolescent research project is about. The purpose of this project is to learn more about adolescents who have sexually offended against a sibling and their experiences in counselling. My name is Michelle Vandegriend, and I am a Ph.D. student at the University of Alberta who will be doing the project.**

**Participants who are willing to be involved in this project would be interviewed for about 15 minutes to talk about the project, general interests, and any questions about the project. I would then interview participants once a month for 3 months. These interviews would be about 50 minutes at the place where participants attend group counselling or at the University of Alberta, Education Clinic. Juice/snacks would be provided during interviews. All interviews would be tape-recorded so that I can play it back in order to write a story about his experiences. Only myself would have access to the tapes and they would be kept in a locked and secure place. At the beginning of the interviews participants would choose a made-up name that would be used throughout the study in order to protect their privacy. I would also be attending weekly group counselling sessions so that I can get to know participants and they can get to know me. Once the story is written participants can go over it with me to see if they would like to make any changes.**

**If at any point during the project participants feel that they do not want to participate they do not have to, and it will in no way affect future counselling or assessments. Participants can stop at any time without penalty and if there has been any data collected it will not be included in the study. Also, parents/guardians can withdraw their consent for their child's participation in this study at any time without penalty. Please note that, if during the interviews, information is given about wanting to harm themselves or someone else I would be obligated to try to prevent any harm and may not be able to keep this information private. The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education and Extension Research Ethics Board (EE REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EE REB at (780) 492-3751. If you have any questions or concerns about this project you can phone me at the University of Alberta, Education Clinic at (780) 492-3746 or my supervisor, Dr. Derek Truscott at (780) 492-1161. Thank you.**

**Sincerely,**

**Michelle Vandegriend**

## APPENDIX B

### Agreement to Participate

**Dear Parent/Guardian:**

**My name is Michelle Vandegriend, and I am a Ph.D. student at the University of Alberta. I am inviting your son to participate in a research project. The purpose of this project is to learn more about adolescents who have sexually offended against a sibling and their experiences in counselling.**

**If your son is willing to participate I would interview him for about 15 minutes to talk about the project, ask him questions about some of his interests, and talk about any questions that he may have about the project. At the beginning of the interview he would choose a made-up name that would be used throughout the study in order to protect his privacy. I would then interview your son once a month for 3 months. These interviews would be about 50 minutes at the place where he attends group counselling or at the University of Alberta, Education Clinic. Juice/snacks would be provided during the interviews. All interviews would be tape-recorded so that I can play it back in order to write a story about his experiences. Only myself would have access to the tape, and the tapes would be kept in a locked and secure place. I would also be attending weekly group counselling sessions that your son is going to. Once the story is written participants can go over it with me to see if they would like to make any changes.**

**If at any point during the project your son does not want to participate he can stop and it will in no way affect future counselling or assessments. Participants can opt out of the study at any time without penalty and any data collected will not included in the study. Also, parents/guardians can withdraw their consent for their child's participation in this study at any time without penalty. Please note that, if during the interviews, information is given about wanting to harm himself or someone else I would be obligated to try to prevent any harm and may not be able to keep this information private.**

**The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education and Extension Research Ethics Board (EE REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EE REB at (780) 492-3751.**

**If you have any questions or concerns about this project you can phone me (Michelle) at the University of Alberta, Education Clinic at (780) 492-3746 or my supervisor, Dr. Derek Truscott at (780) 492-1161. Thank you.**

***** By signing this form you are agreeing to have your son be involved in this project.**

**I _____agree to participate in the above project.**
**(please print your son's name)**

**Signature: _____ Date: _____**
**parent(s)/guardian(s)**

***** I agree to participate in the above project:**

**Signature: _____ Date: _____**
**participant**

# APPENDIX C

## Sample Interview Questions

1. **What is a typical day or week like for you?**
2. **Can you describe the story of what happened when you were first told about counselling?**
3. **What was your first time like in counselling? What were your thoughts after the session and how did you feel?**
4. **What was happening in your life as you started counselling?**
5. **What has counselling been like for you up to this point?**
6. **What have been some experiences in counselling so far that have really stood out for you or were really important to you?**
7. **What aspects of counselling do you like and not like? What aspects of counselling do you find helpful and not helpful?**
8. **What is your sense of what you think you should be working on in counselling?**
9. **If you had to describe to a friend what counselling is about what would you tell them?**
10. **Are there any other experiences in counselling that we have not discussed that you would like me to ask you about?**