



A University of Sussex DSW thesis

Available online via Sussex Research Online:

<http://sro.sussex.ac.uk/>

This thesis is protected by copyright which belongs to the author.

This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the Author

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the Author

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given

Please visit Sussex Research Online for more information and further details

Telling the truth?

*Exploring notions of self and responsibility
with young people involved in treatment for
harmful sexual behaviour*

Matthew Ellis

A thesis submitted for the Doctorate in Social Work

University of Sussex

December 2017

Statement

I hereby declare that this thesis has not been and will not be, submitted in whole or in part to another University for the award of any other degree.

Signature:.....

Acknowledgements

Although their stories are sometimes difficult to hear, they are perhaps equally difficult to tell, and I am extremely grateful to the young people who have shared their time with me as part of this research.

I am also thankful to many others who have supported and encouraged me over the past few years. Numerous people at the organisations where I worked have provided practical support and advice, and my professional colleagues have, on many occasions, patiently sat and listened to me talk about my research.

My supervisor, Michelle Lefevre, has not only provided the continued guidance and feedback that I needed, but has sustained me many times when my confidence wobbled. I don't know how I could have managed without her. My second supervisor, Rachel Thomson, has also kept me on track, especially in the latter stages. Working with both of them has been a privilege.

It has been a pleasure to make this journey alongside my doctoral colleagues, Mark, Simon, Jo, and Alberto.

Cristina made it possible for me to complete what I started. Immeasurably kind and generous, patient, and funny. Finally, I want to dedicate this thesis to my children, who give me energy, and keep me focussed on what's important in life.

Summary

This thesis combines autoethnography (Adams et al., 2015) with a psychosocial (Frosh, 2010; Hollway and Jefferson, 2013) approach to explore notions of self and responsibility in the self-narratives of young people involved in treatment for harmful sexual behaviour (HSB). It reflects an area of professional interest for me as a social worker involved in the assessment and treatment of young people classified as having sexual behaviour problems, and appears to be an under represented area of the research literature. Working with the psychoanalytic concept of transference I also explore how as a researcher I make sense of the ways in which professionals and young people encounter each other in treatment.

Drawing on poststructuralist conceptions of self and an ethical life (Butler, 2005), I suggest that treatment operates as a form of *ethical violence*, if ethical violence is to require a coherent self-narrative from young people as part-evidence of them taking personal responsibility (Butler, 2005). Rather than focusing on the ‘truth’ of a ‘seamless story’, I am interested in what Butler (2005) calls ‘*enigmatic articulations*’ that cannot easily be narrated. From this perspective I use autoethnographic methods and psychoanalytic tools to consider how unconscious dynamics might be enacted between practitioners and young people in treatment to produce meaning, and to make sense of discomfiting, and sometimes conflictual experiences.

The empirical study employed a qualitative longitudinal design (Thomson, 2012) gathering narrative data over the course of eight months from six young men aged between sixteen and eighteen, at various stages of treatment for HSB. Interviews were conducted using the ‘Free Association Narrative Interview’ method (Hollway and Jefferson, 2013), and complemented with creative/arts-based techniques, such as music and collage (Thomson, 2008). Personal reflections and insights, aroused through my own transference were also produced during data collection and analysis. Data analysis was inductive, utilising narrative (Doucet and Mauthner, 2008), and psychosocial approaches (Frosh and Baraitser, 2008; Hollway and Jefferson, 2013), informed by psychoanalytic (Laplanche and Pontalis, 1973; Zizek, 2006; Frosh, 2012) and social (Butler, 2004, 2005; Frosh, 2010) theoretical perspectives.

Findings are presented in the form of three case studies, influenced by the psychoanalytic case study tradition (Forrester, 1996) and autoethnography (Ellis and Rawicki, 2013), which serve as exemplars, illustrating themes that emerged from the wider data set. Each presents my understanding and interpretation of the young person’s story, in relation to their experience of treatment as provided over the course of the interviews. The case studies also highlight some of the complex struggles involved for young people in trying to narratively locate themselves between various, and often competing discursive demands, and provide insights from my experience as a practice informed researcher and interlocutor engaged in collaborative meaning making. The narratives are analysed to reveal discordant voices characterised by contradictions and

inconsistencies; fears, anxieties and uncertain futures, as well as un-narrated feelings of dangerousness, which are echoed and amplified through my own highly personalised reflections.

The thesis makes a number of original contributions, and develops new substantive knowledge regarding an understanding of young people attending treatment for harmful sexual behaviour, particularly in relation to how they view themselves and their treatment journeys. By writing autoethnographically, and using this to present participant stories as multivoiced narratives I am bringing both a researcher, and practitioner perspective into view regarding young people's understanding of responsibility, truth and disclosure. The application of Lacanian-influenced, psychosocial, creative, narrative and autoethnographic methods is original in its approach to researching 'beneath the surface' with young people involved in treatment for HSB. The thesis also generates valuable insights in terms of the limits of narrative approaches to treatment, and the support needs of practitioners.

Contents

Summary.....	4
 1. Introduction and Overview.....	 10
1.1. Why research this subject? Professional background and context.....	11
1.2. Rationale and research questions.....	13
 2. Treatment for young people with harmful sexual behaviour: A review of the literature.....	 18
2.1. Emergence of the 'young sexual abuser'.....	19
2.2. Treatment Origins.....	20
2.3. Current Treatment Practices.....	22
2.3.1. <i>Treatment Approaches</i>	23
2.3.2. <i>Abuse Specific approaches</i>	25
2.3.3. <i>Holistic approaches</i>	26
2.3.4. <i>Resilience Based approaches</i>	27
2.4. Reasons for treatment.....	29
2.5. How Young People Account for Themselves in Relation to Treatment	31
2.6. Conclusion.....	32
 3. Towards an ethical life. Becoming safe by making sense of life and self.....	 33
3.1. Narrative Identity. Making sense of life and self.....	34
3.2. Taking Responsibility.....	37
3.3. Confession.....	40
3.4. Ethical violence.....	43
3.5. Conclusion.....	46

4. Methodology.....	47
4.1. A Psychosocial Approach.....	48
4.1.1. <i>Transference, and Psychoanalytic Theory</i>	51
4.2. Autoethnography.....	56
4.3. Writing as Inquiry.....	58
4.4. Representing through case studies.....	59
4.5. Conclusion.....	61
5. Method.....	62
5.1. Qualitative Longitudinal Approach.....	62
5.2. Sampling and recruitment.....	63
5.3. Data set.....	64
5.4. Interview design.....	65
5.5. Creative, visual, and audio methods.....	67
5.6. Data analysis.....	68
5.6.1. <i>Analysis of the whole data: Attention to narrative</i>	69
5.6.2. <i>Themes around conflict</i>	70
5.6.3. <i>Analysis of three participant data sets</i>	71
5.7. Writing the case studies.....	73
5.8. Ethical considerations.....	74
5.8.1. <i>Ethical approval</i>	74
5.8.2. <i>Consent</i>	75
5.8.3. <i>Relational ethics</i>	75
5.8.4. <i>Ethics of care: for self and others</i>	76
5.9. Conclusion.....	77

6. Case Study: Mike.....	78
6.1. Mike's Story.....	79
6.2. Controlling people in a good way.....	84
6.3. Did Mike need to attend treatment?.....	87
6.4. Conclusion.....	95
 7. Case Study: Tim.....	 97
7.1. Tim's Story.....	97
7.2. Improvement and recovery. Rebirth or tragedy.....	102
7.3. Conclusion.....	113
 8. Case Study – Andrew.....	 114
8.1. Andrew's Story	117
8.2. What is <i>it</i> ?/Being afraid if children.....	120
8.3. The Monster.....	126
8.4. Conclusion.....	132
 9. Discussion.....	 134
9.1. Themes around conflict.....	134
9.2. Stories lived and stories told.....	137
9.2.1. <i>What can be considered a tellable story?</i>	137
9.3. Taking responsibility?.....	139
9.4. Conditioning the story.....	141
9.5. Subject supposed to know/Subject supposed to believe.....	142
9.6. Conclusion.....	144

10. Conclusion.....144

10.1. Making the familiar unfamiliar.....	146
10.2. The Research Process.....	146
10.3. Utilising theory: Ethical Violence.....	147
10.4. Research methods.....	148
10.5. Returning to my research question.....	151
10.6. A tellable story.....	152
10.7. A reflexive approach.....	154
10.8. Not knowing.....	155
10.9. Suggestions for further research.....	156

11. References.....158

12. Appendices.....172

12.1. <i>Appendix 1: Consent form</i>	172
12.2. <i>Appendix 2: Interview schedule</i>	177
12.3. <i>Appendix 3: Overview: Terry</i>	180
12.4. <i>Appendix 4: Overview: Ben</i>	183
12.5. <i>Appendix 5: 'Go on George, when we gonna do it?'</i>	185

List of tables

Table 1. Overview of participants.....	65
Table 2. First stage of Analysis.....	70
Table 3. Second stage of Analysis.....	72

1. Introduction and Overview

In recent years the sexual abuse of children has become an increasingly visible public health concern. Media representations of public figures involved in sexual abuse cases, have heightened public awareness, and continue to dominate news headlines. The support charity Childline provided 9000 counselling sessions to children and young people (Bentley et al., 2017), and over 50 000 child sexual abuse cases were recorded by the police in 2016 (Bentley et al., 2017).

According to the NSPCC, one in twenty children in the UK are likely to have been sexually abused (Radford et al., 2011), with around a third of abusers identified as children or young people themselves (Hackett, 2014).

Evaluation studies have established, within the terms of the methodologies employed, that the completion of a sexual offence specific treatment programme can be efficacious in reducing rates of recidivism in young people who have perpetrated sexual abuse (Worling and Curwen, 2000; Reitzel and Carbonell, 2006; Worling and Langstrom, 2006; Worling et al., 2010). Yet treatment interventions are complex and multifactorial, and are surrounded by considerable debate concerning which components may be effective, and why (Worling, 2013).

There is ongoing debate about the varied use of terminology to deal with the issue of sexual abuse perpetrated by children and young people (Hackett, 2001, 2014; Myers, 2002). An early term, proposed by NCH, was 'young people who sexually abuse others' (NCH, 1992); 'young sexual abuser' later became more prominent (Vizard, 2002), and was still in common usage when I entered the field in 2007. Latterly the term 'harmful sexual behaviour (HSB)' appears to have become standard, though it is recognised that the diversity of issues generally presented means that a range of terms will often be required (Murphy et al., 2017).

For the purposes of this thesis the term harmful sexual behaviour (or HSB) will mainly be used. For various reasons, not all of the young people referred to treatment programmes will have been convicted of a sexual offence, including the participants of

this study. Use of the terms HSB, or sexually abusive behaviour, for example, therefore covers a broad range of sexual behaviours that have been deemed problematic.

Why research this subject? Professional background and context

I began this research at a time when I was working for two organisations specialising in the assessment and treatment of young people identified as having displayed harmful sexual behaviour. In 2007 I joined a national children's charity as a treatment practitioner, through which I gained clinical experience in providing therapeutic interventions, predominantly with adolescent males who had displayed harmful sexual behaviour, but also with younger children, and also with victims of sexual abuse. In 2011, whilst continuing to work part-time with the charity I also began working as a therapist for Grove, a private fostering and residential provider, also for young people with harmful sexual behaviour (HSB).

My role with both organisations was to carry out specialist risk assessments with children and young people, and to deliver individual therapeutic treatment programmes with those for whom it seemed appropriate. My professional training and qualifications were as a social worker, and prior to joining the charity I had spent five years in local authority children's teams. Although I attended training in basic therapeutic practices, and in understanding, assessing and treating young people who display harmful sexual behaviour, I didn't, and still don't have any formal psycho-therapeutic or counselling training or qualifications.

My first year with the charity was a steep learning curve. Whilst I brought my social work knowledge and experience, I acquired an understanding of my new role primarily through being mentored by more experienced colleagues, attending conferences, training events, and through reading as much research and practice literature as I could.

Treatment programmes usually take at least a year. They are directly preceded by a comprehensive risk assessment, which is normally underpinned by use of an actuarial, or empirically guided clinical judgement protocol, such as AIM2 (AIM, 2007), or the

ERASOR (Worling and Curwen, 2001), and which practitioners use as the basis for determining what aspects of risk, or dangerousness to emphasise when talking to, and referring to the young person in question. Although clinical judgement alone is considered to have little if any predictive ability in assessing how likely someone might be to reoffend (Hanson et al., 2003; Beech et al., 2008), it is, in my experience heavily relied upon at the end of the treatment process. When deciding how successful, or not treatment has been, clinical judgement becomes at least partly informed by practitioners' own subjective opinions, and experiences of working with young people throughout treatment.

In my experience I often felt a dissonance between the way a young person presented to me, especially through their self-narrative, and what I felt about them and their situation. Many young people appeared to connect well, and I had the impression that they fared better for having attended treatment. However, when asked to relay what they had learned, and explain how, and in what way they were different from when they started treatment they frequently articulated something that was only partially, if at all recognisable to me, from my perspective as practitioner. Explaining why they were no longer a risk to others, appeared even more difficult, as did describing how they knew.

As a practitioner I would primarily be relied upon to inform others as to the progress of treatment, to make recommendations concerning the young person's ongoing supervision arrangements, and advise the relevant professional networks about how effective I thought treatment had been in making them less dangerous to others, or not.

In chapter 2 I provide a more comprehensive review of the literature relating to treatment practices. I describe some of the theoretical discourses surrounding the notion of young people who sexually harm, and consider the conceptual bases from which the need for treatment is premised. There are a number of approaches to treatment currently in existence. The chapter begins by highlighting some of the historical context in which they have emerged, followed by a discussion of some of the most popular treatment models currently in use, and the principles upon which they are based.

Rationale and Research questions

Judith Butler's work on moral philosophy, as it relates to subjectivity and the concept of personal responsibility informs the rationale for this research (Butler, 2004, 2005), specifically her discussion of what it means to live an ethical life, and the challenge that arises when one adopts an ontology of the subject as performative (2005). My initial premise is that treatment operates as a form of *ethical violence*, if ethical violence is to require a coherent self-narrative from young people as part-evidence of them taking personal responsibility (the other evidence would be through their actions) (Butler, 2005, p64).

For example, a prominent treatment manual, and the one primarily used by the charity where I worked explains that, in relation to young people:

The clinician's job is to help them create a narrative that allows acceptance of responsibility but does not undermine their sense that they are a valid and valuable person.

(McCrory, 2011, p67)

According to Butler, the '*truth*' of the young person may not be in the '*seamless story*', but in '*enigmatic articulations*', which might be more typically understood as residing in the 'unconscious', and that '*cannot be easily translated into narrative form*' (Butler, 2005, p64). This is discussed more fully in chapter 3, in which I problematise the idea that young people attending treatment should be encouraged to articulate personal responsibility for their past (sexual) behaviours through disclosure, and as a necessary prerequisite for the development of an ethical life beyond treatment.

Ethical '*non-violence*' therefore follows by '*permitting, sustaining and accommodating*' that which cannot be narrated, which points towards an understanding of transference as a '*practice of ethics*' (Butler, 2005, p64).

Butler suggests that the past becomes '*orchestrated*' in relation to the other, in the present, as transference (Butler, 2005, p68), and '*assists the building of a life story*' by interrupting '*the suspect coherence that narrative forms sometimes construct*' (Butler,

2005, p59). This idea led me to consider how unconscious dynamics might be enacted through relational encounters between practitioners and young people in treatment, and to find a research methodology that could enable such dynamics to be investigated.

The concept of transference, originates with Freud (Freud, 1905; Laplanche and Pontalis, 1973; Frosh, 2012) (discussed further in chapter 4), but has been variously developed by psychoanalysts (Winnicott, 1949; Evans, 1996; Laplanche, 1999; Fletcher, 2007; Bott Spillius et al., 2011), as well as social theorists and researchers who, like Butler have taken it 'beyond the clinic' to examine the nature of social relations (Butler, 2005; Frosh, 2010). In general, and especially when relating to my own research, use of the term 'transference' most closely resembles that of Butler's, who in turn has been influenced by Laplanche (Laplanche, 1999; Butler, 2005). This is discussed more fully in chapter 3 (subsection 'Ethical violence').

The overall research question is:

What insights might be gained from a psychosocial, narrative and autoethnographic approach to exploring notions of self and responsibility with young people involved in treatment for harmful sexual behaviour?

In chapter 4 I describe my methodological position, and the rationale for combining autoethnographic writing with participant interview data to create narrative case studies, as a method for exploring notions of self and responsibility with young people involved in treatment for harmful sexual behaviour. I also discuss how I make use of autoethnography, as both a research method, and as a form of representation (Adams et al., 2015), resulting in the creation of accounts that seek to be representations of both personal and cultural experience (ibid). The combination and use of autoethnographic and psychosocial approaches therefore offered possibilities for investigating how reflexivity might inform an understanding of how young people make sense of themselves during treatment for harmful sexual behaviour, and for deepening an understanding of the experiences and challenges faced by practitioners who work with them.

In Chapter 5 I move from methodology to method to describe the process through which I recruited and interviewed six young men aged between 16 and 18 involved in treatment for harmful sexual behaviour. A qualitative longitudinal approach (Thomson, 2012) was used for collecting data over the course of almost two years (21 months). Three of the participants were interviewed three times (two were interviewed twice, and one once) at roughly equal intervals over eight months (from first to third interview), using in-depth, narrative interview methods, based on the 'Free Association Narrative Interview' (FANI) (Hollway and Jefferson, 2013). It is these three which are drawn on for the in-depth case studies.

I also discuss how the data was analysed over two stages to address my research questions. The first stage drew on the full data set to create some broad themes around conflict. The second stage involved analysing the full sets of data of three participants in further detail. Combined with my own autoethnographic writing, these led to the production of the case studies presented in chapters 6, 7 and 8.

The first research sub-question asks:

1. What can be understood, from the self-narratives of young people who attend treatment for harmful sexual behaviour about the way they relate to notions of responsibility taking, particularly regarding allegations of sexual abuse?

My method of inquiry draws on the perspectives of both the researched (young people) and the researcher (myself), although by doing so we both effectively become the researched. My methodology brings together open-ended interviews, creative methods such as collage and music (Veale, 2005; Leitch, 2008; Thomson, 2008; Lefevre, 2010), and autoethnography (Ellis and Rawicki, 2013; Adams et al., 2015), creating a space for collaborative sense making between me and other participants.

Treatment programmes, in all their variations focus on engaging with a young person's self-narrative, as it is generally considered to reflect their core beliefs about themselves and the way that they see the world (Ward and Marshall, 2007). If treatment interventions are to create 'safer' individuals, who don't believe they should, or will

sexually harm others in the future, then such beliefs may be assumed as having to fit with how they view themselves. They also have to be generally consistent with what they believe is possible from themselves as a particular type of person.

Some treatment methods, such as solution focussed, and narrative therapy approaches (Jenkins, 1990; Myers, 2005; Gibson, 2014; Bateman and Milner, 2015) specifically seek to modify the young person's self-narrative and life story as the primary means through which their attitudes to further sexual offending are changed and improved. However, most treatment models engage with their storied self to some degree, and as discussed in chapter 3, young people are usually called on to give an account of themselves as evidence of change through some kind of coherent story.

The stories of young people as they go through treatment are heard each week by therapists and practitioners guiding them through treatment, yet they appear under-represented in the research literature (Crompton-Franey et al., 2004; Grady et al., 2017). When they do surface their 'story' it is often told solely from the perspective of the researcher (Lawson, 2003), and/or for the purposes of evaluation (Edwards et al., 2005; Belton et al., 2014), and extended narrative accounts appear absent. This research therefore contributes to the existing literature by adding in-depth self-narratives from young people with current or very recent experiences of treatment.

There are also examples of longitudinal studies examining young people's development through treatment (Crompton-Franey et al., 2004), but questionnaires (Edwards et al., 2012; Grady et al., 2017) and structured interviews are usually the preferred method of data collection. To my knowledge, there are no current studies that utilise a psychosocial, qualitative longitudinal approach to research young people going through treatment.

The second and third research sub-questions are:

2. How can the practitioner-researcher's psychosocial reflexivity inform an understanding of these young peoples' sense of self and their meaning-making?

3. How might the practitioner-researcher's reflexivity deepen understandings of the experience of, and challenges for practitioners who undertake treatment with young people in relation to their harmful sexual behaviour?

Although impact issues have previously been explored by others (Hackett, 2002, 2006; Maskell, 2002; Bankes, 2006b), the subjective experiences of those who work with, or research young people who sexually harm, and try to make sense of them going through treatment, by examining their own affective responses appears under-represented in the current literature. This may partly explain some of those dissonant feelings that I have had as a practitioner, as anything close to representing my experiences appears largely absent. By bringing myself more fully into this research through the use of a reflexive, psychosocial approach I have attempted to address this issue.

In chapter 9 I consider how participants' self-narratives, as stories, and the case studies in particular, speak to notions of self and responsibility for young people involved in treatment for harmful sexual behaviour. I revisit the themes (first presented in chapter 5), that emerged from the wider data set as a whole, as well as further insights gained through the three case studies.

The kinds of stories that young people tell of themselves and their lives is discussed in relation to 'recovery stories', and 'stories that cannot be told' (Plummer, 1995), and I consider whether it is possible for participants to try and construct a self-narrative that resists the 'redemptive plot', especially when positioned in relation to treatment for harmful sexual behaviour.

I discuss the issue of personal responsibility taking, and ask what can be learned from the ways in which these young people have tried to account for themselves, focussing on how participants appear to struggle with this in significant ways as their narratives showed signs of resistance through contradiction and incoherence.

In the concluding chapter I highlight the key research findings, and discuss their implications for practice, before finally discussing suggestions for further research.

2. Treatment for Young People with Harmful Sexual Behaviour: A review of the literature

In this chapter I describe some of the theoretical discourses found in the literature surrounding the notion of young people who sexually harm, and consider the conceptual basis from which the need for treatment is premised. My own research is given to exploring some of the processes that young people go through in relation to understanding their progression through treatment, and how they relate to certain aspects of their lives such as their offending behaviours and future risk through personal narratives. Narrative practices are the primary method through which young people are engaged in treatment, and directed towards a more prosocial identity, and as such they also become the means through which their improvement and future life chances are assessed.

There are a number of approaches to treatment currently in existence, and I begin by highlighting some of the historical context in which they have emerged. It follows with a discussion of some of the most popular treatment models, and the principles upon which they are based.

The availability of treatment interventions for young people who display harmful sexual behaviour has gradually increased since the emergence of specialist services in the late 1980's. In 2016 The National Institute for Health and Care Excellence published guidelines for all professional bodies and organisations working with children and young people with HSB, including social care, education, and mental health services, and across all sectors (NICE, 2016). Additionally, for the first time a 'National Operational Framework' for children and young people displaying HSB, developed in collaboration with prominent organisations, was published by the NSPCC, and is described as an "evidence informed tool for developing coordinated, multiagency local responses" (Hackett et al., 2016).

Hackett's extensive review of research (2014), and the systematic evidence review of interventions for children and young people who display harmful sexual behaviour completed by Campbell et al (2016), underpinned both the NICE guidelines and the

National Operational Framework. They have subsequently also informed much of my own review of the literature for this chapter.

Specialist services for children and young people of all ages who display problematic sexual behaviour are available in many parts of the UK, though this has not always been the case. I begin by highlighting and discussing some of the key practice developments, which in recent years have been accompanied by increased research activity within the field. I consider the historical context in which treatment services in the UK have developed, emerging from work with adult sex offenders, and first brought to widespread public attention through the publication of *'The Report of the Committee of Enquiry into Children and Young People who Sexually Abuse other Children'* in 1992 (NCH, 1992).

Emergence of the 'young sexual abuser'

Laws and Marshall (2003) suggest that scientific interest in the issue of sexual abuse was first recognised as early as Freud's discussion of sexual deviancy in the early twentieth century, and that behavioural and cognitive treatments have been in existence for adults since the 1960's in the United States (Laws and Marshall, 2003). Although public awareness of young sexual abusers is relatively recent, it is noted by Murphy et al (2017) that children and young people's potential to cause sexual harm to others has been under discussion for over fifty years.

The notion of the "young sexual abuser as a distinct therapeutic identity" is described as having first emerged during the 1980's as part of a wider body of material focussing on sexual offending (Brownlie, 2001). Brownlie points to two main sets of literature through which the concept of young people as sexual abusers can be traced. The first is the social work and psychological literature of the early 1980s. This, she argues, rarely dealt with the issue of children and young people as posing a sexual risk, instead it tended to focus on them as victims. When this literature did acknowledge younger perpetrators they were usually framed as "victim-victimisers", "acting out", often through sibling incest, and as a result of being sexually abused themselves (Brownlie, 2001)

The second body of literature emerged in the mid to late 1980s and focussed on sexual offending, primarily by adults (Brownlie, 2001). It is from this literature that recognition of young people as potential perpetrators of sexual abuse was first acknowledged, as adult sex offenders disclosed how they had often first begun acting in sexually abusive ways during adolescence (Abel et al., 1987; Barbaree and Cortoni, 1993; Barbaree et al., 1993; O'Callaghan and Print, 1994; Brown and Kolko, 1998).

Treatment origins

Bateman and Milner (2015) are critical of the way treatment practices subsequently developed. They argue that studies which focussed on the emergence of adult sex offenders' abusive behaviours in adolescence fuelled concerns that HSB amongst young people was different, and more serious than other delinquent behaviours. Emphasis on this research, they suggest had the effect of over-identifying dangerousness, because findings were extrapolated from a "high-risk, atypical group" (2015, p17). Adolescent HSB was subsequently viewed as having the potential to develop into serious sexual offending in adulthood, and as requiring specialised expertise (Bateman and Milner, 2015).

It is now widely accepted that young people who display HSB are a heterogeneous group (Hackett, 2007), with no single predictor of recidivism (Christodoulides et al., 2005). Bateman and Milner further emphasise this point in highlighting how, although the experimental design of original treatment programmes for young people, which were adapted from models with adult offenders, are now considered inappropriate, they remain influential, as is the idea that early intervention is important to prevent harmful sexual behaviour patterns from becoming entrenched (Criminal Justice Joint Inspection, 2013). For example Finkelhor's four preconditions model (1984), and the sexual abuse cycle (Ryan and Lane, 1997), originally developed as theoretical models to explain the aetiology of adult sexual offending are still operationalised in some of the most popular intervention manuals and workbooks being used with young people (Kahn, 2001; Morrison et al., 2009; McCrory, 2011).

Commentaries on the issue of young people and HSB tend to begin their discussion with reference to the '*Report of the Committee of Enquiry into Children and Young People who Sexually Abuse other Children*' (NCH, 1992), which is widely credited with first bringing the subject into the professional consciousness in the UK (Murphy et al., 2017). It is also from around this time that both research activity, and intervention services began to increase, with the early development of projects set up to provide treatment for young people beginning to be established (Bentovim et al., 1991; NCH, 1992).

The Committee of Enquiry was established by NCH in 1990 to investigate and report on "*the whole issue of children and young people under the age of 18 who sexually abuse other children*" (1992, p1), with specific regard to what was known at the time about incidence levels and existing treatment provision, and to advise on 'appropriate' forms of intervention and management. Bateman & Milner (2015) note the lack of optimism in the report's findings, and highlight how there was conflict over definitions of what constituted 'juvenile sexual assault'. Fewer than half of local authorities in England and Wales had treatment facilities for young people at the time. Policy and practice guidance appeared absent; assessment and intervention models lacked clarity, and there was inadequate supervision and training for staff (Bateman and Milner, 2015).

Amongst the committee's many recommendations was the need to develop a systematic approach for dealing with cases where a child had been sexually abused by another child. It strongly advised that work with children and young people should take place within a child protection context, and that training for staff should be developed (NCH, 1992, p47).

A decade later Masson and Hackett (2003) investigated and reported on developments within the field, noting that there had been a growth in the number of private and voluntary sector organisations offering treatment services for young people (p111). Their findings were set against some of the key issues/themes that they identified within the NCH report, the first of which was the issue of 'denial and minimisation'. This was highlighted in the NCH report as being a significant problem amongst professionals, as well as young people at the time, and the discovery, ten years later of increased service provision, as well as a more sophisticated understanding of the issue of young sexual abusers by professional agencies, was described as a welcome observation.

Despite greater clarity amongst ‘expert’ professionals about how to deal with young people showing concerning sexual behaviours, this was not reflected in the wider multi-agency child protection system as a whole. A lack of understanding amongst other agencies was deemed to be problematic, and reported by Masson and Hackett as resulting in some, lower risk young people being subjected to unnecessarily long and intrusive interventions, with resources potentially being diverted away from those in higher risk groups (p115). For young people in the care of local authorities ‘system paralysis’ often led to them being poorly managed (Bankes, 2006a), and sometimes inappropriately placed in residential settings alongside other vulnerable children (Green and Masson, 2002).

The NCH report had advised that all children and young people who sexually abuse others should be dealt with by the child protection system, which has been highlighted by many as failing to recognise the fact that young people were often also subject to criminal justice procedures. There was a dovetailing of child welfare and youth justice approaches, which was viewed with caution by many professionals regarding its effectiveness (Masson and Hackett, 2003). In a review of service provision in the UK for young people who display HSB, Smith et al (2013) still found variation in procedures requiring the interagency management of cases, with youth justice and child welfare policies continuing to be separate.

Current treatment practices

In 2013 a joint inspection by HMI Probation, Care and Social Services Inspectorate Wales, Care Quality Commission, Estyn, Healthcare Inspectorate Wales, HMI Constabulary, HMI Prisons and Ofsted produced a report examining the ‘*the effectiveness of multi-agency work with children and young people in England and Wales who have committed sexual offences and were supervised in the community*’ (Criminal Justice Joint Inspection, 2013).

The report was critical of the way children and young people convicted of sexual offences were being dealt with in the community. They found significant delays in the length of time between a young person’s disclosure and conviction for example, with the average time period being eight months (p6). Agencies have responsibility for the

welfare of young sexual offenders, as well as for managing their risk of re-offending. Lengthy periods of uncertainty surrounding possible conviction can induce significant stress and anxiety.

The report also described poor communication and information sharing between agencies, and too few examples of the holistic, multi-agency assessments that might have been expected (p7). Poor multi-agency working was similarly observed in relation to the interventions being provided, and the report commented on the rarity of examples found in their sample.

Although access to, and the availability of intervention services remains somewhat patchy (Smith et al., 2014), there have been efforts to address the lack of a coordinated approach to addressing the harm caused by young people and sexual abuse. The recently published guidance by NICE (2016), and the National Operational Framework (Hackett et al., 2016) are the result of considerable joint efforts between leading researchers and organisations working in the field. Whilst their longer term impacts remain to be seen, they may signal perhaps a further shift in the professional landscape towards a more coordinated level of service delivery for young people and their families, which appears to have been previously hindered by the absence of any overarching strategy or statutory framework (Hackett et al., 2016).

Treatment approaches

Our response to those who sexually abuse is characterized by contradiction: the desire to reform contends with the urge to punish; attempts to understand and care are at odds with condemnation of the offending; concerns for public safety vie with requirements for the offender to become more independent and self-monitoring. Similarly, our best efforts in the therapy room may often seem ill-assorted. Should we empathize or confront? Tolerate or control? Should we listen or should we instruct? Should we look to offenders' needs, or focus primarily on risk? Given the ongoing strain of these competing demands both within our communities and within each therapeutic relationship, it is not surprising that we see shifts over time in the manner in which rehabilitation is thought to best proceed.
(West, 2007, p254)

As already mentioned, treatment services for young people were initially adapted from material that had been developed for use with adult sex offenders (Ryan et al., 1987; O'Callaghan and Print, 1994; Marshall and Laws, 2003). These usually employed cognitive behavioural approaches (CBT), based on the relapse prevention model, and the risk-need-responsivity (RNR) model (Bonta and Andrews, 2007). Longo (2005) argues that the reliance of early treatment programmes on behaviourist methods, first designed for adults, was both inappropriate and damaging, going as far as to suggest that some of the more confrontational practices could be traumatising for those who have experienced abuse or neglect (Longo, 2005). Programmes that adhere to traditional models routinely include such aspects as empathy training and anger management, as well as 'cognitive restructuring' - the practice of challenging, with a view to correcting 'cognitive distortions' (Longo, 2005; Morrison et al., 2009; McCrory, 2011).

Despite their enduring influences, such principles are no longer the sole basis upon which treatment interventions for young people are designed. Integrated (Longo, 2005; Rich, 2011), and holistic (Vizard, 2007) approaches are more routinely promoted. Some service providers, such as GMAP in Greater Manchester for example have explicitly moved in this direction, adopting and adapting the strengths based 'Good Lives Model' (Print, 2013). Integrated models often include some traditional behavioural methods alongside an emphasis on addressing trauma, and utility of the therapeutic relationship. Rich (2011) argues that no single method has been proven to be effective by itself, and that adopting anything but an integrated approach to treatment may amount to bad practice.

The AIM intervention manual (Morrison et al., 2009) and the 'Change for Good' manual (McCrory, 2011) for example integrate cognitive behavioural therapy (CBT) and resilience based methods with narrative therapy, and solution focussed therapy. Others are more dismissive of CBT (Bateman and Milner, 2015), in favour of a greater emphasis on narrative and solution focussed approaches.

Based on feedback from existing practitioners working in the field, Hackett et al (2005) found that CBT was still the preferred method being used with young people at the time, a practice that has since been reiterated (Hackett, 2014). In a review of existing research

and treatment practices Hackett (2014) described six broad categories of approach in use around the UK (Hackett, 2014, pp82-99), which are grouped as:

Abuse specific

Includes behavioural approaches, such as CBT; relapse prevention; and psychodynamic psychotherapy

Developmental and Holistic

Includes Multi-Systemic Therapy

Rehabilitative

Resilience and Desistance

Includes strengths based approaches

Restorative Justice

Family Support

Abuse specific approaches

In practice, many treatment programmes are ‘multi-modal’, drawing on a range of theories and methods, often including some form of CBT (Bonner et al., n.d.; Kolko et al., 2004; Edwards et al., 2007), which is widely viewed as having at least some empirical support (Laws and Marshall, 2003; Marshall and Laws, 2003; Walker et al., 2004; Carpentier and Silovsky & Chaffin, 2006). Youth Offending Teams were found to predominantly use CBT and education based approaches (Criminal Justice Joint Inspection, 2013, p33)

CBT in principle is designed to focus on conscious, cognitive understanding in the present, rather than shrouded, unconscious or symbolic meaning, as might be argued to be the case with psychodynamic therapy. Aaron Beck proposed that psychological difficulties may be the result of “faulty learning” rather than the result of “mysterious, impenetrable forces” (Beck, 1979, p19), and cognitive therapy teaches people to identify and attend to dysfunctional thoughts and beliefs (Beck, 1995), often referred to as cognitive distortions. CBT proposes that behaviours are affected by underlying thoughts and feelings, and that changing future behaviour requires recognition of those links.

According to Judith Beck (1995) cognitive therapy therefore needs to be goal oriented, and problem focussed, emphasising the present and its effect on the future.

The emphasis on cognitive distortions, or thinking errors stems from the view that they can in theory be challenged and corrected. In the case of sexual offenders, or young people who display HSB it means that the cognitive and emotional processes that led to them perpetrating sexual harm in the first place can be changed through re-education, therefore reducing the risk of further HSB (Rich, 2011).

Holistic approaches

Although CBT methods, alongside relapse prevention remains popular in the UK and the US there are strong critics who suggest there is actually an absence of evidence for their effectiveness. Letourneau and Borduin (Letourneau and Borduin, 2008) point to the lack of research informed by randomised controlled trials for example, and claim that the dominance of CBT based treatment programmes presents a significant ethical concern (Letourneau and Borduin, 2008).

Perspectives that value the treating of young people ‘holistically’ have gained momentum in recent years. Hall (2011) proposes a spectrum of approaches that can be usefully included within the definition, with those emphasising treatment of ‘the whole person’ at one end (for example, Longo, 2002, 2005), and those that address the wider social system at the other (Hall, 2011). Hall proposes Multisystemic Therapy (MST) as the ‘most’ holistic in that it achieves the greatest balance between addressing the needs of the individual within the context of their existing social system.

Letourneau and Borduin assert that MST is a better alternative to CBT, it appears well validated with non-sexual offenders, and offers perhaps the most promising alternative to traditional behavioural methods (Hackett, 2014). The effective potential of MST for young people with sexual behaviour problems has been highlighted through recent studies in the United States (Letourneau et al., 2013), and MST programmes for young people with HSB are also currently under evaluation in the UK (Hackett, 2014; Campbell et al., 2016). ‘*Multisystemic Therapy – Problem Sexual Behaviour*’ (MST-PSB), is a version

of MST that is specifically modified for young people with HSB, incorporating elements of CBT and humanistic approaches (Campbell et al., 2016, p61).

MST's foundations have been attributed by Letourneau and Borduin (2008), and Hackett (2014) to family systems theory (Hoffman, 1981) and the theory of social ecology (Bronfenbrenner, 1979), and assumes that problematic behaviours in the individual are related to their wider social ecology, including family and social networks such as school and peer groups. MST therefore aims to engage with the individual within the context of their family and social environment, and directs interventions at individuals and systems within those networks. It is an intensive home and community based approach, which places an emphasis on being 'present focussed' and 'action oriented', and the aim is to bring about therapeutic change through the empowerment of caregivers, family members and other key parties within the young person's social network (Letourneau et al., 2013; Hackett, 2014; Campbell et al., 2016).

Resilience based approaches

Other treatment models to have made significant ground in recent years are 'strengths-based' approaches, most notably the 'Good Lives Model' (GLM) developed by Tony Ward (Ward and Gannon, 2006; Collie et al., 2007; Ward et al., 2007). Cognitive behavioural interventions can include strengths based approaches, though the conceptual origins of the GLM are in positive psychology, and it is described as an approach that '*focuses on promoting human welfare and instilling strengths*' (Ward and Gannon, 2006, p79).

The GLM concerns itself with enhancing offenders' capabilities in order to attain 'primary human goods', which are described as:

...states of affairs, states of mind, personal characteristics, activities, or experiences that are sought for their own sake and are likely to increase psychological well-being if achieved." (Ward and Gannon, 2006, p79)

Drawing on psychological, biological and anthropological literature ten groups of 'primary goods' were originally identified by Ward and colleagues. These were:

Life (including healthy living and functioning), **knowledge**, excellence in **work and play** (including mastery experiences), excellence in **agency** (i.e., autonomy and self-directedness), **inner peace** (i.e., freedom from emotional turmoil and stress), **friendship** (including intimate, romantic, and family relationships), **community**, **spirituality** (in the broad sense of finding meaning and purpose in life), **happiness**, and **creativity**.

According to Ward the principle objective of treatment within the GLM is to enable offenders to acquire primary human goods in an "acceptable manner" by developing their "knowledge, skills and competencies" (Ward and Gannon, 2006).

Although the model was initially developed with adult offenders in mind it has been adapted for use with young people. For example Griffin and Wylie (2013) of GMAP in Greater Manchester describe how, over a six year period they gradually adapted the GLM into a comprehensive intervention model for adolescents. Referencing other theories and frameworks alongside the GLM, such as Maslow's Hierarchy of Needs, Attachment Theory, and the UK Government's 'Every Child Matters' agenda (HM Government, 2004). Following several revisions, GMAP finally devised their own list of eight primary needs for young people attending treatment (Griffin and Wylie, 2013, pp 11-14).

- Having Fun – "relates to the human drive to engage in recreation and play"
- Achieving – "relates to the human desire to attain a sense of mastery and accomplishment"
- Being my own person – "relates to the human desire to be autonomous and to be an effective agent of personal change"
- Having people in my life – "relates to the human desire to relate to others, to belong, and to forge close and affectionate attachments to others"
- Having a purpose and making a difference – "relates to the human desire to attain a sense of meaning and significance that extends beyond the individual self"
- Emotional health – "relates to the human drive to attain a sense of inner calm, and emotional equilibrium, safety, and competence"
- Sexual health – "relates to the biological drive to achieve sexual gratification and pleasure"

- Physical health – “relates to the human propensity to achieve physical wellbeing and is largely derived from taking care of the body”

These form the basis of the ‘Good Lives Model for Adolescents’ and are held as important individual objectives for the “*attainment of a fulfilling and safe life*” (p16). Amongst the appeal of strengths based approaches with young people is the potential to avoid stigmatisation and shame inducing labels by focussing on approach goals, rather than emphasising the avoidance of certain behaviours associated with risk, as is the case with traditional ‘relapse prevention’ models (Wylie and Griffin, 2012). In this respect it shares common ground with narrative and solution focussed therapy (White and Epston, 1990; Myers, 2006; Bateman and Milner, 2015).

Ward and Marshall (2007) suggest that treatment should affect people in a fundamental way, helping to change their self-perception, and steer them towards a more pro-social orientation where they can develop healthy relationships in the future that don’t involve abusive dynamics. They argue that the ‘narrative identities’ of sexual abusers tend to be maladaptive, and they lack the necessary social skills and discursive resources to lead fulfilling lives without offending. By engaging with their self-narrative it is believed that treatment programmes should enable young people to reconstitute themselves in a more positive, socially competent light (Ward and Marshall, 2007, McCrory, 2011, Rich, 2011).

Reasons for treatment

Much of the research relating to young people and HSB focuses on treatment efficacy, based on the assumption that those who complete a programme will be less likely to reoffend in the future (Worling and Langstrom, 2006). Although a number of follow up studies have pointed to the effectiveness of treatment for reducing sexual re-offending (Worling and Curwen, 2000; Worling and Långström, 2003; Reitzel and Carbonell, 2006; Worling and Langstrom, 2006) it is still unclear exactly what it is about treatment that actually ‘works’ (Reitzel and Carbonell, 2006, Rich, 2011, Edwards et al., 2012). This is likely, in part, to be attributable to the diverse range of needs and characteristics of

those attending such programmes. As Bateman and Milner (2015) point out, there are a number of studies concluding that most young people with HSB don't go on to sexually re-offend, even if they don't receive treatment, and they are therefore more likely to 'grow out' of, rather than 'grow in' to it (Worling and Curwen, 2000; Caldwell, 2002, 2007; Reitzel and Carbonell, 2006).

Worling & Langstrom (2006) list a number of risk factors statistically linked in the empirical literature with sexual reoffending for young people, most of which have been incorporated into widely used risk assessment protocols such as the 'Estimate of Risk of Adolescent Sexual Offence Recidivism' (ERASOR) (Worling and Curwen, 2001), and are also designated as treatment 'targets' within intervention programmes (Edwards et al., 2007; Morrison et al., 2009; McCrory, 2011).

Non-completion of treatment itself is listed as being associated with a risk of recidivism (Worling and Langstrom, 2006). Although the recidivism rates of 'non-treated' young sexual offenders are low (around 19 percent), it is still more than twice that of those who attend treatment at (around 7 percent) (Reitzel and Carbonell, 2006). Deviant sexual interest, and social isolation are also listed (Worling & Langstrom, 2006). Attitudes supportive of sexual offending, impulsivity, antisocial interpersonal orientation, interpersonal aggression and sexual preoccupation are all considered to be 'possible' risk factors by Worling & Langstrom (Worling and Langstrom, 2006).

Deviant sexual behaviour is described by Barbaree & Marshall (2006) as a statistical term to refer to any sexual behaviour that is outside of the norm for a particular population of individuals (Barbaree and Marshall, 2006, p4), and not all deviant sexual behaviour will be abusive. Deviant sexual interests identified by Worling & Langstrom (2006) as associated with a risk of re-offence include a sexual interest in prepubescent children and/or sexual violence.

Social isolation is described as being closely associated with personal or social difficulties which might inhibit one's ability to form and maintain meaningful relationships. Attitudes supportive of sexual offending are beliefs that blame the victim, or that view sexual assaults as harmless (Rich, 2011). A general lack of social skills has been identified by some as a characteristic of sexual offenders (Marshall et al., 1993; Hawkes et al.,

1997; Lane, 1997) and described as a risk factor in sexual reoffending (Worling, 2001; Beckett, 2006).

There are often significant implications for a young person not completing treatment successfully (Worling and Langstrom, 2006), especially if they have been convicted for a sexual offence (Barbaree and Marshall, 2006). Being identified as someone who presents a risk of sexual abuse to others may create hyper-vigilance in professional services, and can lead to social stigmatisation. It has the potential to adversely impact a person's social relationships, and prohibit access to a range of future education and employment opportunities (Barbaree and Marshall, 2006, Worling and Langstrom, 2006). Whether they recognise it at the time or not it is largely incumbent upon the young person undergoing treatment to make a success of it, and that in part will mean evidencing personal change in a convincing manner in relation to whichever risk factors they are deemed to present.

How young people account for themselves in relation to treatment

The stories of young people and how they account for themselves during treatment appears to have been an under researched area (Grady et al., 2017). Possible reasons for this might include a cultural aversion to hearing stories of those considered to be morally repugnant, including sexual offenders in general, who may be viewed as unworthy story tellers (Plummer, 1995; Waldram, 2007). Studies that do seek the perspectives of young people in relation to treatment have tended to be for the purposes of evaluating the effectiveness of specific intervention programmes (for example Edwards et al., 2012; Belton et al., 2014), or for gathering feedback about young peoples' experiences of receiving a 'service', either with a view to helping improve existing provision, or to develop further practice innovations (for example Hackett et al., 2005; Geary et al., 2011; McKibbin et al., 2017). An example of longer term follow up of young people who attended treatment in the past can be found in Hackett et al (2011), though participants were well into adulthood, and there had been a minimum of ten years since completion.

Additionally, there appear to be very few research studies that explore young peoples' experiences of treatment (Crompton-Franey et al., 2004; Hackett and Masson, 2006; Halse et al., 2012; Grady et al., 2017) especially in relation to their sense of identity (Lawson, 2003; Emerson and Frosh, 2009; Miller, 2011). There are examples of case studies, which present a young person and their story (Myers, 2006; Wylie and Griffin, 2012; Gibson, 2014), but these tend to focus specifically on practice examples such as an application of certain intervention approaches like the 'Good Lives Model' (Wylie and Griffin, 2012) or a solution focussed approach (Gibson, 2014). They are also told primarily from the adult perspective, and say little if anything of the internal sense making processes of the young people themselves.

Conclusion

In this chapter I reviewed some of the literature pertaining to treatment practices for young people who display harmful sexual behaviour. I began with a historical perspective, and by referencing some of the major publications that have influenced professional approaches over the years. Current practices, although still varied, tend to share a number of core principles about how to engage young people who present a sexual risk to others; which includes giving due attention to their needs as children, as well as targeting their perceived risks. Effective interventions are generally recognised as holistic, broadly therapeutic in nature, and psychoeducational in the way they attempt to bring about change.

In the next chapter I will discuss how most treatment models begin to address the risk of young people causing further harm to others by alerting them to the ways in which they have caused harm in the past. Therefore, embedded within many programmes is the practice of encouraging the disclosure of past abuse, as a way of accepting personal responsibility, and the first step towards developing a positive narrative about the future.

3. Towards an ethical life - Becoming 'safe' by making sense of life and self

Full articulability should not be deemed the final goal of psychoanalytic work in any event, for that goal would imply a linguistic and egoic mastery over unconscious material that would seek to transform the unconscious itself into reflective, conscious articulation – an impossible ideal, and one that undercuts one of the most important tenets of psychoanalysis. The 'I' cannot knowingly fully recover what impels it, since its formation remains prior to its elaboration as reflexive self-knowing. This reminds us that conscious experience is only one dimension of psychic life, and that we cannot achieve by consciousness or language a full mastery over those primary relations of dependency and impressionability that form and constitute us in persistent and obscure ways.

Judith Butler (2005, p58) 'Giving an Account of Oneself'

In this chapter I ask what it means for young people who have been identified as having displayed harmful sexual behaviour to live an ethical life, and what might possibly be expected from the accounts that they give of themselves during treatment. The research underlying this thesis mobilises the concept of 'ethical violence' (Butler, 2005), and problematises the notion that narrative reconstruction of a life can be the ultimate goal of treatment, just as Butler proposes that it cannot be the goal of psychoanalysis (Butler, 2005).

Whilst acknowledging the impossibility of trying to live a 'radically non-narratable life', Butler asserts that any articulation of 'psychic material' exceeds narration, and is limited by the structuring effects of what "*remains persistently inarticulable*", typically considered to be within the unconscious (Butler, 2005, p60). Implications for practice, and also my research are discussed, as both centralise the use of narrative for revealing aspects of a person's developing sense of identity.

I will begin with the concept of narrative identity, before examining the emphasis that is placed upon obtaining disclosure from young people about their past behaviour as a first step towards living an ethical life and becoming a 'safe and responsible' person. Narrative accounts from young people, whether given in treatment or in research interviews, may include the disclosure, or confession of previous acts that influence the

way that they and others perceive them. From a Foucauldian perspective confession may be viewed as a ‘technology of the self’, not just an attempt to *extract* truth, but as the production of a truth constituted through the effects of discourse on the subject.

I will return to ethical violence as the concept of requiring others to provide a coherent narrative account of themselves, and Butler’s suggestion that transference has the potential to operate as a practice of (ethical) non-violence when it accommodates ‘interruption’ in one’s accounting of self (Butler, 2005, p64).

Narrative Identity: making sense of life and self

Treatment practices with young people who display HSB, in all their varied forms share the same primary objective, which is to reduce the likelihood of that young person behaving in a sexually harmful way again in the future. Managing and containing that risk may include the imposition of restrictions that limit their ability to connect with, and engage in sexual behaviour with others. However, in the longer term the majority of young people that engage in community based treatment programmes will be free to live their lives as they choose. Sooner or later they will progress beyond their closely managed environments into adult life with all its promises of liberation, and demands of responsibility, a responsibility towards others that they arguably have to understand well enough to adhere to.

Making sense of themselves and their life is, to some extent, a common practice for all young people as they approach adulthood. It is central, for example in Erikson’s familiarly conceptualised developmental stage for adolescents: ‘*Identity versus role confusion*’ (Erikson, 1968). Others have taken this further in centralising the role of narrative in identity formation. Influenced by Erikson, Dan McAdams, for example, argues that adolescents need to make sense of themselves and their lives as temporal beings, emphasising the need for them to understand their place in the present, within the context of their past, before they can successfully navigate their future (McAdams, 1996; McAdams et al., 2006; McAdams and McLean, 2013).

Reconstructing a coherent life narrative, that makes sense of a disparate past is considered by some to be a primary objective of psychoanalysis (Schafer, 1992) and,

whilst trying to make sense of the self may happen at least informally for most young people, it becomes incumbent on those attending treatment programmes for HSB to do so explicitly (McCrory, 2011; Rich, 2011), and in a way that is both convincing and coherent. From the moment that they are ‘caught’ through to being released from treatment they will be compelled to explain themselves to others, whether they want to or not. Why did they do it? What were they thinking? What kind of person are they? Will they do it again, and if not how can we know? How can we know that they are not still that ‘kind of person’?

Even when they are well beyond the reach of intervention services young people will continue to confront these kinds of questions, at least from themselves: how can *they* know they are not that kind of person? What kind of life will they permit themselves to live?

The concept of narrative identity does not rely on there being an essential self (Bruner, 2002). There does not have to be a ‘thing’, continuing through time, and derived from some essential characteristic. However, Ricoeur argues that it is only through creating narratives, telling and retelling stories that we can make sense of who we are as something that has some *continuity* (Ricoeur, 1980, 1984). Narrative construction requires emplotment, which involves threading the disparate elements of our lives together into a coherent structure, a “*temporal whole*” (Ricoeur, 1984, p66).

The self does not know itself immediately but only indirectly by the detour of the cultural signs of all sorts which are articulated on the symbolic mediations which always already articulate action, and among them, the narratives of everyday life. Narrative mediation underlines this remarkable characteristic of self-knowledge – that it is self-interpretation.
(Ricoeur, 1991, p198)

Ricoeur proposes that a person’s identity is constituted through the stories that they tell, which he also calls the “*the identity of the character*” (Ricoeur, 1992, p141). Memories are *re-membered*, they are assembled and put together diachronically, which means they have an order and a purpose that recognise a before and after (Ricoeur, 1992). The story, in which we are the protagonist, the main character has a beginning,

middle, and an end. Action relates to movement through time, and plot is the central feature that *makes* a narrative (Lawler, 2008).

Dan McAdams asserts that the self *is* the story, by which he means the story (or stories) that an individual constructs of their life (Polkinghorne, 1988; McAdams, 1996). The “*selfing process*” according to McAdams involves integrating different autobiographical accounts through a process of narrative construction in order to develop a coherent, unified and purposeful sense of self (McAdams, 1996, p307).

This is partly contested by Polkinghorne who suggests that the stories people tell about their lives are not the same as those from which they configure their identity (1996, p366). Ricoeur (1992) also proposed that a person is not able to access their identity story through reflection, but that their identity is approached “indirectly” through interpreting their expressions and actions (Polkinghorne, 1996, p366). This introduces the role of relationship to others in narrative identity formation, and in treatment for young people who display HSB, as stories are influenced by the audience to whom they are told.

If, as Ricoeur and Polkinghorne suggest, the ‘experienced meaning’ of identity stories goes through a transformation when the stories are told, then there is always likely to be a difference between the *lived* identity story and the *told* identity story (Polkinghorne, 1996). The inner ‘self’, if there is there is such a thing, is likely to remain at best opaque.

Treatment for harmful sexual behaviour is a socially embedded process, and any development in young peoples’ narrative self is a co-construction with numerous others. Ricoeur proposed that the concept of self can only begin to be realised in relation to the ‘other’ (Ricoeur, 1992):

The question is the question *who*, distinct from the question *what*. It is the question we tend to ask in the field of action: looking for the agent, the author of the action, we ask: Who did this or that?
(Ricoeur, 1991, p191, italics in original)

The inter-subjective domain between the young person and their treatment provider is a point of convergence where beliefs are questioned, attitudes are challenged, ideas are formed and the self is constructed. Treatment models, which have been developed on therapeutic principles, emphasise the influence of the practitioner on the developing identity of the young person receiving the intervention.

In Polkinghorne's challenge to McAdams' and others, in their use of the term 'construction' when referring to the formation of identity stories, he is suggesting that it connotes a process that is more conscious than is actually the case (1996, p 365). Polkinghorne describes the process of narrative identity formation as more of an *"embodied activity"*, which is *"holistic, emotionally informed, metaphorical, analogical and integrative"* and does not automatically translate into language. The use of CBT principles in treatment programmes for young people who display HSB tend to emphasise the use of discursive and language based activities, which although educative at a cognitive level may have a limited impact on their developing sense of self. Equally, perhaps the verbal representations that young people provide of themselves during treatment may also be of limited value in denoting their sense of identity.

Taking responsibility

Treatment practices commonly emphasise sense making activity as a narrative exercise, and often use structured guides to direct young people through a self-scrutiny of their lives in order to contextualise the emergence of their problematic sexual behaviours. If they can make sense of where it came from, and why it happened in the past, they can in theory attend to the aspects of themselves and their lives that need to change in order to prevent it from happening again. They are presented with a script, in which they can be viewed as having left behind an 'old self', with its notions of corrupted childhood, and embrace a 'new self' which is transformed in some way, into someone safe.

As young people going through treatment, in their variously contained environments, they and others are to some extent protected from the potential of further sexual harm. Supervision levels both at home and in the community tend to be high, reflecting the

heightened suspicion and diligence of parents and professionals. This sense of containment may be experienced, not just physically, but also emotionally and psychologically by those young people at the centre of it. As the scaffolding is gradually dismantled, which it inevitably will be, they will have little choice other than to continue with their life. Making sure not only to avoid the same behavioural mistakes as before, but to navigate relationships and social situations, potentially unaided and with the inescapable knowledge that should people become aware of what they did in the past, they may face social exclusion.

The author of one influential treatment manual, Eamon McCrory suggests that HSB treatment should attend to a young person's sense of self, in narrative terms, which is an attention to their character (in the Ricoeurian sense). The young person's 'self-narrative', he says, is a *"verbalised story which makes sense of their past experiences and creates a sense of their identity for the future"* (McCrory, 2011, p61).

The practice of compelling those who attend treatment for HSB to take responsibility for themselves and their past behaviours through confessional accounts is recognised to be problematic (Glaser, 2010; Prescott and Levenson, 2010; Ward, 2010; Ware and Mann, 2012), but remains a firmly established treatment objective within the practice literature (Morrison et al., 2009; McCrory, 2011; Rich, 2011; Bateman and Milner, 2015). In the past, the provision of treatment was premised on a client's disclosure of their offence, and progression was considered imponderable where evidence of denial was present (for example Salter, 1988). In recent years this position has become less entrenched, and is not considered to be the barrier for successful completion that it once was. Nevertheless, placing someone on a treatment programme itself strongly implies that they are viewed by others as responsible, and their physical presence establishes their complicity in a practice with which they may feel some resistance.

McCrory defines ten 'core treatment components' in his 'Treatment manual for Adolescents Displaying Harmful Sexual Behaviour' (2011, p61). These components define the conceptual and practical objectives of treatment, which guide the work of practitioners at the national charity where four of the research participants were recruited. Treatment approaches at Grove also follow much the same principles.

The ten treatment components identified by McCrory are:

1. Positive future vision
2. Positive self-narrative
3. Relationships
4. Managing anger
5. Insight: Impact of HSB on self
6. Insight: Impact of HSB on victim
7. Mentalisation ability
8. Understanding and managing HSB
9. Taking responsibility
10. Healthy vs. harmful sexual behaviour

A focus on responsibility taking by young people is implicit throughout, and it is also specifically stated in several places. In describing the second component 'Positive self-narrative' in more detail McCrory asserts that the therapist should help the young person both *"articulate and develop their narrative"*. The aim should be for them to develop a *"balanced self-narrative"* with the aim of it being coherent, and that also includes an *"outline of their role and responsibility"* for what has happened (2011, p62).

McCrory expands further on the principle under component nine 'Taking responsibility', and writes:

A crucial nested task within the narrative work is engaging with the young person's account of their harmful sexual behaviour. This can feature varying levels of denial, minimisation and projection of responsibility onto external factors...The clinician's job is to help them create a narrative that allows acceptance of responsibility but does not undermine their sense that they are a valid and valuable person.

(McCrory, 2011, p67)

In effect McCrory is providing a working definition of how to go about obtaining confession, in the form of disclosure from young people in treatment, with the objective being that they become narratively re-constituted as 'responsible'. The inference is also that in becoming responsible, they become safer. How does the clinician know if, or when this transformation has taken place? If the young person is able to articulate a narrative account that meets the criteria of coherence, and includes reference to 'what they did in the past', is that evidence of the required change? And if the young person

is *not* able to give a coherent account, do they remain unconvincing, and therefore unsafe?

Similar examples can be found in other treatment programmes and manuals, for example (Bankes, 2011; Worling et al., 2011; Bateman and Milner, 2015).

In conditioning the discursive regime under which the young person is to make their confession McCrory and others are defining a set of practices through which the therapist will invite disclosure. Trying to forcibly extract this 'truth' from young people is discouraged. Instead practitioners have the more subtle task of trying to create the 'right' conditions through which it can occur more 'naturally'. However, young people are effectively still compelled to try and socially constitute themselves as 'responsible', by presenting a coherent narrative account. One of the questions I am interested in is whether or not this is achievable, and what in effect may actually take place in the telling, or confession of a 'sexual truth' that struggles to meet the discursive demands through which it is produced.

Confession

In response to the question of what personal responsibility looks like, Judith Butler writes:

Haven't we, by insisting on something non-narrativisable, limited the degree to which we might hold ourselves or others accountable for their actions? (Butler, 2005, p83).

She argues that the formation of the subject is constituted discursively and relationally, including pre-verbally, and is not confined to experiences alone, which can be recollected through memory. She presents a position that prompts a reformulation of the question of accountability. This is not just because there is considered to be no essential self, but because whatever the self is, it cannot be fully known to itself. The self emerges through conditions that cannot ever be recalled, for which we have no memory to rely on.

This 'limitation' inevitably provokes the need to rethink what it is that we actually mean when we talk of 'responsibility', because according to Butler the 'self' cannot be "*fully transparent to itself*" (Butler, 2005, p83). The very act of taking responsibility for oneself is to admit that these limitations to self-understanding not only exist, but that they condition what can be known of them, both by themselves and others (2005, p83).

Butler turns to Foucault and analyses his account of himself, as told through various texts and interviews spanning an extended period of his life. She notes the shift in his ideas, and a development in the way he understood himself in relation to others as an example of what might be learned about the limits of conventional ways of accounting for oneself (Butler, 2005, p117).

In Foucauldian terms treatment practices operate as a technology of power, and they centralise the role of disclosure, arguably a form of confession and a technology of the self, in order to produce 'responsible' individuals. Foucault's discussions on technologies of the self (Foucault, 1988) challenge the perception of treatment as a means of producing moral subjects through confession. He proposes several perspectives, viewing it in his earlier work (History of Sexuality 1) as an "*extraction [of truth] from the depths of oneself*" (Foucault, 1979, p 59). The "*obligation to confess*" he argues, became ingrained in society (long ago) (Foucault, 1979, p60), and infiltrated all aspects of life to the extent that we have become a "*confessing society*". This includes "*justice, medicine, education, family relationships, and love relationships, in the most ordinary affairs of everyday life...*" (Foucault, 1979, p59).

Foucault writes: the "*act of confession is the proof*", it is "*the manifestation, of truth*" (Foucault, 1993, p219). What kind of confession, or disclosure could be considered truthful from young people attending treatment for HSB? If disclosure of past events and behaviours is a way of getting to the truth, of making the truth *appear*, then what are the implications of resistance, which may take the form of denial, minimisation, or incoherence? Viewed in this way the disclosures and self descriptions of young people attending treatment are likely to fall short of truth, as equally are those of the participants in my research.

So we are left to wonder about the truth of the young people and their accounts. Do I fail to extract it if I invite them to describe themselves as they will, and in doing so they tell a different truth to the one that I *feel*, in which, for example they describe themselves as less dangerous? Is the same thing true when young people provide accounts of themselves in the context of treatment, and in relation to their therapist and others? What is true when the verbal account that a young person gives *feels* different to what I, or a therapist, or a parent, or a teacher, or youth justice worker think it is, or should be?

As Butler points out, Foucault's later work (for example, '*About the beginning of the Hermeneutics of the Self*', Foucault, 1993) marks a shift in the way that he sees confession. Foucault develops his perspective from viewing confession as an act that works *upon* the subject, to an act that is *constitutive* of the subject. In making confessions about things they did in the past young people are not just revealing the truth of what did or did not happen, and a truth about what kind of person they are, or were, they are constituting themselves as the *type of person* who does those things. If they say that's what they did, they become, at least in that moment, *that* person.

Ethical violence

if we require that someone be able to tell in story form the reasons why his or her life has taken the path it has, that is, to be a coherent autobiographer, we may be preferring the seamlessness of the story to something we might tentatively call the truth of the person, a truth that, to a certain degree, for reasons we have already suggested, might well become more clear in moments of interruption, stoppage, open-endedness – in enigmatic articulations that cannot easily be translated into narrative form.

This brings us closer to an understanding of transference as a practice of ethics. Indeed, if, in the name of ethics, we (violently) require that another do a certain violence to herself, and do it in front of us by offering a narrative account or issuing a confession, then conversely, if we permit, sustain, and accommodate the interruption, a certain practice of nonviolence may follow. If violence is the act by which a subject seeks to reinstall its mastery and unity, then nonviolence may well follow from living the persistent challenge to egoic mastery that our obligations to others induce and require

(Butler, 2005, p64)

The concept of ‘ethical violence’ can be used to help think about the constraints and limitations of narrative sense making, and prompts us to ask about what kinds of accounts might be possible from young people, and whether such accounts can ever be considered ‘truthful’. If, as Butler asks, despite their best efforts someone fails to make themselves accountable to you, does this amount to ethical failure? Is it possible for a young person who has displayed harmful sexual behaviour in the past for example, to live an ethical life if they can’t, or don’t provide a convincing account of themselves, and their past?

Butler argues that to hold someone accountable for their life in narrative form may effectively be to require a “*falsification of that life in order to satisfy a certain kind of ethics*” (2005, p63). Requiring them to offer a coherent narrative account of themselves is a form of ‘ethical violence’, because to do so is to prefer the “seamlessness of the story” to something that might tentatively be considered the truth (2005, p64). This is because there are aspects of the self that are unknown to the self; they are at best opaque, and might be what is typically considered to be unconscious. A seemingly

coherent narrative is in this context problematic, and stories that 'make sense' don't necessary reveal the 'truth'.

The 'truth' of the subject is tied to the sociality of the relations through which it is formed, which means that we cannot get to the truth without the *other*. It returns us to a consideration of the relational context within which any personal account is given. The psychoanalytic concept of transference becomes particularly useful in this context, which Butler describes as:

...the emotionally laden scene of address, recalling the other and its overwhelmingness, rerouting the unconscious through an externality from whom it is returned in some way

(Butler, 2005, p54)

Butler uses of the idea of transference to address the question of 'recognition', and the way in which the 'other' is connected to, and implicated in the subject (Butler, 2005; Frosh, 2010). As previously mentioned, Butler suggests that the self cannot be fully known to itself. Acknowledging the 'opacity of the human subject', organised around the unknowable unconscious, is necessary for an "*ethical appreciation of the other*" (Frosh, 2010, p 146). Frosh notes how Butler draws on Laplanche and his psychoanalytic account of the other, and "*the way the other is inserted into the subject*", which makes the origins of the subject 'extrinsic' (2010, p147). This is fundamental to how Butler sees transference, and the way in which 'psychoanalytic listening' is constructed around it:

The other represents the prospect that the story might be given back in new form, that fragments might be linked in some way, that some part of opacity might be brought to light. The other witnesses and registers what cannot be narrated, functioning as one who might discern a narrative thread, though mainly as one whose practice of listening enacts a receptive relation to the self that the self, in its dire straits of self-beratement, cannot offer itself. And it seems crucial to recognize, not only that the anguish and opacity of the "I" is witnessed by the other, but that the other can become the name for one's

anguish and opacity: “You are my anguish, surely. You are opaque: who are you? Who is this you that resides in me, from whom I cannot extricate myself?” The other can also refuse, disrupt, “surprise” this identification, separating off the phantasm that lodges under the other’s name and offering it as an object for analysis within the interlocutory scene.

(Butler, 2005, p80)

Every time someone gives an account of themselves they do it to another, and the nature and context of that relationship shapes the account that is given. Butler refers to this as the ‘scene of address’ and they are the “*rhetorical conditions for responsibility*” (2005, p50). My experience of working with young people who are alleged to have behaved in sexually harmful ways, suggests that there are usually a number of individuals who are aware of it, and are therefore invested in that young person providing a convincing account of themselves as ‘safe’. For example, as well as therapists delivering the treatment with whom they will be meeting every week, there are family members, school teachers, sometimes residential or foster care staff, and also those associated with possible social groups such as scouts, or sports clubs, if they are permitted to attend such things. There is significant incentive for a young person to provide an account of themselves which is convincing.

The scene of address, the relational context in which someone gives an account of themselves, does not just condition what is said through a conscious adaptation to the structures of that relationship, and a recognition that there could be implications or consequences of describing themselves in a certain way. It is also an unconscious, reflexive activity through which they are ‘restructuring’ themselves in relation to the other through language.

The ethical valence of the situation is thus not restricted to the question of whether or not my account of myself is adequate, but rather concerns whether, in giving the account, I establish a relationship to the one whom my account is addressed and whether both parties to the interlocution are sustained and altered by the scene of address. (Butler, 2005, p50)

Conclusion

In this chapter I described the practice of encouraging the disclosure of past abuse from young people, as a way of accepting personal responsibility, and the first step towards developing a positive narrative about the future. I have sought to problematise the emphasis given to inducing coherent self-narratives from young people in treatment as evidence that they have become ethically and socially responsible individuals, and by implication less of a sexual risk to others.

Foucault's ideas concerning the act of confession were used to consider what constitutive effects disclosure might have for those trying to make sense of their lives through the production of storied accounts. Judith Butler questions whether the 'truth' of a person might not necessarily be found in a narrativisable life, and her discussions on the 'ethical violence' of requiring someone to offer a narrative account of themselves brings into question the limits of what might be possible from young people with HSB, who are required to produce convincing accounts of how they have changed in respect to their potential for harm.

In the next chapter I will describe the methodology that has formed the basis of my approach to the research. I begin by introducing my understanding of a psychosocial approach, and how it has developed within the context of a subjectivist epistemology. I then discuss the role of reflexivity, and the psychoanalytic concept of transference as it relates to this research

4. Methodology

In this chapter I will describe my methodological position, and the rationale for combining autoethnographic writing with participant interview data to create narrative case studies, as a method for exploring notions of self and responsibility with young people involved in treatment for harmful sexual behaviour. Interview data collection and analysis is discussed in chapter 5, and three exemplar case studies, illustrative of the wider data set are presented in chapters 6 to 8.

In chapter 3 I discussed the emphasis that is often placed on young people taking responsibility as an underlying principle within treatment, firstly through the disclosure of past behaviours, and subsequently through the development of a credible self-narrative to indicate change. This was further contextualised in relation to Foucauldian notions of confession, Butler's concept of ethical violence, and the limits of accountability in the form of the 'seamless story' (Butler, 2005).

In her suggestion that something closer to the 'truth' may become clear in enigmatic articulations, Butler points to the psychoanalytic concept of transference as a 'practice of ethics' and (ethical) 'nonviolence' (2005). My interest in pursuing this idea further led to a consideration of psychosocial research methods, and to thinking about how I might mobilise a reflexive researcher stance, partly through the use of transference, to look 'beneath the surface' of what is consciously spoken within interviews (Hollway and Jefferson, 2013).

Butler continues in her argument by pointing out that our 'incoherence' establishes '*the way in which we are constituted in relationality*', thus recognising again how we '*are ethically implicated in the lives of others*' (2005, p64). The use of autoethnography as both a research method, and as a form of representation is discussed. Adams et al describe autoethnography as the "*study of culture through the lens of the self*" (2015, p83), the result of which is the creation of accounts that are representations of both personal and, or cultural experience. The combination and use of autoethnographic and psychosocial approaches therefore offered possibilities for investigating how reflexivity

might inform an understanding of how young people make sense of themselves during treatment for harmful sexual behaviour, and for deepening an understanding of the experiences and challenges faced by practitioners who work with them.

I begin by discussing what is meant by a psychosocial approach, and how my understanding has developed within the context of a subjectivist epistemology. This is followed by a discussion of reflexivity and the psychoanalytic concept of transference as it relates to this research.

A psychosocial approach

Psychosocial and narrative perspectives assume that self-identity is constituted through the social environment (Ricoeur, 1992; Polkinghorne, 1996; Butler, 2005). This influenced my decision to conduct research that also took account of the social and relational contexts into which young people's narratives of self have formed and developed. I decided to conduct the research within conditions that would not only allow participants to tell their story/ies, but that would also provide an opportunity for investigation of the interlocutory context into which it emerges. As practitioner-researcher, and interviewer, I could therefore examine my own experience alongside the young people, whilst recognising that I have partly influenced the shape and content of their story, as lived and told in *that* moment.

The term 'psychosocial' is drawn from the merging of two fields; the psychological (psycho) and the sociological (social), but the manner in which they are brought together is a contested one (for example see Frosh and Baraitser, 2008; Hoggett, 2008; Hook, 2008; Jefferson, 2008; Rustin, 2008). Are they two distinct entities: 'psycho-social', or are they more integrated: 'psychosocial'?

Within these debates there is, as Doucet and Mauthner point out, the question of what 'ontological status' is being afforded to our research subjects: are we '*giving voice to research subjects or research subjects' stories?*' (Doucet and Mauthner, 2008, p402). There is a subtle, but important distinction between considering there to be a 'real self' somewhere behind or beneath someone's narrative, and not. Doucet and Mauthner

settle on there being a real, but ultimately unknowable subject that is mediated through narrative (2008, p404), and reject Butler's suggestion of there being no 'prediscursive subject'.

I alluded to my own position on this in chapter three, which is generally in accord with Butler's (2005). Butler argues against the prospect of a prediscursive subject, which in turn has implications for the kind of insights that can be generated from social research.

What is central here is the ambiguity in the notion of the subject: it is both a centre of agency and action (a language-user, for example) and the subject of (or subjected to) forces operating from elsewhere – whether that be the 'crown', the state, gender, 'race' and class, or the unconscious. The important point is that the subject is not a pre-given entity, or something to be found through searching; it is rather a site, in which there are criss-crossing lines of force, and out of which that precious feature of human existence, subjectivity, emerges.

(Frosh, 2003, p1549)

Frosh continues by asking what it means to '*theorise the subject as always social*' without ending up back in a position that takes '*the individual for granted*'? (Frosh, 2003, p1551). He suggests that there are some obvious affinities for the psychosocial with social constructionism, which I have tended to consider most congruent with my own more relativist position. A useful overview is provided by Burr, who also suggests that there is no single definition of social constructionism, in which she broadly includes poststructuralism (Burr, 2003, p52-53). The term has in part arisen from the '*unhelpful separation*' of psychology and sociology as disciplines in the early twentieth century (Burr, 2003, p2).

The position of Frosh and colleagues at Birkbeck, University of London, who are influential proponents of psychosocial studies, has continued to develop in relation to their notion of the psychosocial, with them appearing to be more firmly of the view that the psycho and the social are indivisible (Frosh, 2015). The looming power of academic disciplines, built on the kind of divisions mentioned by Burr, is acknowledged as being ever present, and Frosh considers whether the direction of psychosocial studies, whilst

aspiring to be ‘transdisciplinary’, might also be moving in the direction of something more ‘anti-discipline’ (Frosh, 2015, p1).

Whilst my own research is both narrative and autoethnographic, it is also *psychosocial*. It has been influenced by, and is located within theoretical and methodological conventions that are concerned with investigating human experience at the juncture/s where the psychic and the social converge and overlap (Clarke and Hoggett, 2009; Frosh, 2010; Hollway and Jefferson, 2013), which Butler describes as: “...spheres that always impinge upon, and overlap with one another, without exactly collapsing into one another” (Butler, 2015, p viii).

Like other psychosocial researchers, I have mobilised ‘psychoanalytic methods and concepts’, in order to address questions about my own investment in the research, and in an attempt to reach beyond the discursive level of participant interviews (Clarke and Hoggett, 2009). This necessitated a reflexive ‘use of self’, which Clarke and Hoggett (2009) suggest should be at the heart of a psychosocial project. I have, for example examined the role of transference in the production of participant’s narratives (Hollway and Jefferson, 2005b; Jervis, 2009), by using autoethnography (Holman Jones et al., 2013) and reflexive writing practices (Richardson and Adams St. Pierre, 2005) to consider how participants and I affected each other. A reflexive approach was also at the core of data analysis (Doucet and Mauthner, 2008). By registering my own emotional responses ‘interactively’ with participants’ data/stories I created case studies, which have merged aspects of both my own, and participants’ self-narratives to produce something distinct, beyond simply the co-joining of two people’s individual perspectives.

Following the Kleinian clinical tradition (Clarke and Hoggett, 2009), I also drew on the use of imagery during the interviews as a way of accessing something less conscious (Gauntlett, 2007), as well as the use of music for much the same reason (Lefevre, 2004). These practices recognise the psychoanalytic concept of anxiety, and its influence on the way people relate to each other, as mediated through unconscious defences (Laplanche and Pontalis, 1973; Bott Spillius et al., 2011)

Like others I have used psycho-social theory to frame the research (see chapters 2 and 3), and cast a lens on the ‘space in between’, drawing on psychoanalytic, social and

cultural theorists such as Freud, Klein, Lacan, Butler, Foucault and Zizek to explore notions of subjectivity, and the role of the unconscious in the way that participants create and articulate self-narratives.

The manner and extent to which psychoanalytic theory is utilised in psychosocial research methods also has provoked debate. My route into psychosocial research methods began with Hollway and Jefferson's 'Free Association Narrative Interview' (FANI) (Hollway and Jefferson, 2013), which informed my own interview design (discussed in chapter 5). The psychoanalytic principles of the 'defended subject' and 'free association' are inherent in the FANI method, for example, and are important aspects of my own approach. Hollway and Jefferson emphasise that their approach is specifically *psychosocial*, as opposed to narrowly *psychoanalytic* (2013, p55), and whilst it owes much to the work of Melanie Klein and others regarding intersubjectivity (2013, p75), like myself, they also acknowledge the work of others, such as Foucault with '*its emphasis on power/knowledge/discourse*' (2013, p75).

Transference, and Psychoanalytic theory

What if the narrative reconstruction of a life *cannot* be the goal of psychoanalysis, and the reason for this has to do with the very formation of the subject? If the other is always there, from the start, in the place of where the ego will be, then a life is constituted through a fundamental interruption, is even *interrupted prior to the possibility of any continuity*. Accordingly, if narrative reconstruction is to approximate the life it means to convey, it must also be subject to interruption.

(Butler, 2005, p52, italics in original)

The psychoanalytic concept of transference originates with Freud (although Lacan argued that it was discovered long before Freud (Lacan, 1973)), but, as Laplanche and Pontalis point out, there is discrepancy in how the concept developed within Freud's own work, and its notion has been broadened out by subsequent authors (Laplanche and Pontalis, 1973). Strictly speaking, transference takes place within the specific context of clinical psychoanalysis, and is described by Laplanche and Pontalis as '*a*

process of actualisation of unconscious wishes' that 'uses specific objects and operates in the framework of a specific relationship' (Laplanche and Pontalis, 1973, p455).

Freud considered transference to be the displacement of unconscious material from the object to which it originally related, by the patient onto the analyst (Frosh, 2012). The 'transferred feelings' which usually relate to the parents, are likely to be unresolved in some way, and become something that is mistakenly attached to the analyst. Like with "*other hidden psychical factors*" Freud emphasised the distinction between transferences as being "*brought to light*" during treatment, as opposed to being created by it (Freud, 1905, p159), and although he initially considered transference to be an obstacle that interfered with the recovery of repressed memories (Rycroft, 1968), he later suggested that the patient could benefit from the analyst's interpretation of the transference if it could be sufficiently explained to them (Freud, 1905):

Transference, which seems ordained to be the greatest obstacle to psycho-analysis, becomes its most powerful ally, if its presence can be detected each time and explained to the patient.

(Freud, 1905, p159)

Within the 'transference-relationship' the patient behaves "*as though the analyst were his father, mother, brother, sister, or whatever*", and is distinct from the 'analytical relationship', which is the totality of the relationship between the patient and the analyst (Rycroft, 1968, p168). It is within the transference-relationship that the analyst makes 'transference-interpretations' to the patient (ibid). According to Rycroft (1968) object-relations theorists such as Fairbairn, Winnicott and Klein appear to concur with Freud in their assumption that the therapeutic effects of analysis mainly result from the patient's opportunity to resolve early childhood conflicts "*within the transference*" (1968, p169).

The historical sequence of developments in the way transference has come to be understood (proceeding from Freud over the course of a century) go from it being

viewed as a form of resistance, to the re-enactment of past childhood experiences, especially traumas; the externalisation of *current* unconscious fantasy, and ultimately a “*complex and sometimes multiply-split set of relationships of the patient with the analyst*” (Bott Spillius et al., 2011, p515). A Kleinian perspective, according to Frosh, does not view transference as ‘displacement’ (as with Freud), but rather “*projection and projective identification whereby aspects of the patients personality are externalised into the mind of the analyst*” (Frosh, 2012, pp 193,194). From this perspective “*current emotions and fantasies are [viewed as] being projected into the relationship*” (Frosh, 2012, p194).

The point of transference, according to Butler is to ‘*enact the unconscious as it is relived in the scene of address itself*’ (Butler, 2005, p54). She also argues that transference assists in the building of a life story by disrupting narrative coherence, and by drawing us back to the scene of ‘not knowing’ (Butler, 2005, p59). This is because the ‘scene of address’ is not a ‘*feature*’ of narrative, but an ‘*interruption*’ of narrative (2005, p 63).

For Butler, writes Frosh, transference “*dramatises the necessity to be in relation to one who cannot be known, as an outcrop of the impossibility of knowing oneself*” (Frosh, 2010, p150). Frosh also points out how this links with the Lacanian notion of transference as operating in the ‘Imaginary’ (the pre-linguistic realm of the ego (Homer, 2005)), with its impossible promise that the analyst, as ‘subject supposed to know’ has the answers to the patient’s suffering (Evans, 1996; Frosh, 2010).

One of the challenges for my study was to think about how this might translate into research practices that could mobilise some semblance of transference, as a way to ‘enact what cannot be narrated’. In terms of *what* is transferred, this according to Laplanche and Pontalis includes (though is not confined to) affects – positive and negative feelings, behaviour patterns, and phantasies (1973). In Lacanian psychoanalysis however, Evans says that concepts such as transference, which are traditionally associated with affects instead have to be rethought in terms of their ‘*symbolic structure*’ if they are to be effectively used by the analyst (Evans, 1996, p6).

There is some debate as to what it is that psychosocial researchers experience in response to their participants, when affective, unconscious responses are aroused in

them. The clinical relationship between analyst and analysand also involves ‘counter-transference’, a concept which Freud used when referring to the analyst’s unconscious feelings towards the patient (Laplanche and Pontalis, 1973). Hollway and Jefferson, for example, describe their own counter-transference when conducting psychosocial research (Hollway and Jefferson, 2005a, 2005b). The practice is viewed with some scepticism by Frosh and Baraitser, who suggest that using the term counter-transference is potentially misleading, because researchers are normally the ones to approach participants, not the other way around, as is usual in a clinical setting (Frosh and Baraitser, 2008; Frosh, 2010).

The *term* counter-transference was rarely used by Freud himself, and the notion was subsequently developed by others, with some notable division amongst psychoanalysts who generally viewed it as either productive to analysis, or a hindrance (Laplanche and Pontalis, 1973; Evans, 1996). In recognising that it is my own unconscious feelings towards participants that have often been surfaced in my autoethnographic writing, as well as something of their unconscious projections towards me, I concede Frosh and Baraitser’s point, and have remained with the term transference for the purposes of this thesis. It also seems consistent with a Lacanian perspective, as Lacan considered counter-transference an unnecessary term for use in psychoanalysis. Rather he felt it was better to think of how the analyst and analysand are implicated in *transference* itself (Evans, 1996).

The transference is a phenomenon in which subject and psycho-analyst are both included. To divide in terms of transference and counter-transference - however bold, however confident what is said on this theme may be - is never more than a way of avoiding the essence of the matter. (Lacan, 1973, p231)

When writing the case studies I have tried to be explicit in explaining my use of theory, and the way it has influenced my understanding of each participant. I have also resisted an imposition of ‘psychoanalytic truth’ on each case, a criticism sometimes levelled at psychosocial researchers (for example see Wetherell, 2005). Instead I followed the

advice of Frosh (Frosh, 2010) and others (i.e. Parker, 2005, 2011) in turning to a Lacanian influenced reading, where ‘opening out meaning’ through attention to rupture and incoherence is considered more consistent with a constructionist epistemology (Frosh and Baraitser, 2008; Frosh, 2010).

My knowledge of psychoanalytic theory is relatively limited, despite having developed over the course of the research. I had spent over ten years in social work, but underappreciated the implicit, and pervasive presence of Kleinian and object relations influences in the profession. Attachment Theory (Bowlby, 1988) for example, which has shared origins with psychoanalysis and object relations theory (Fonagy and Target, 2003; Fonagy, 2004) has become firmly established in the practice and professional psyche of child and family social work (for example Howe et al., 1999; Howe, 2005; Schofield and Beek, 2014; Shemmings and Shemmings, 2014), to the extent that ‘attachment terms’ seem almost ubiquitously referenced in day to day practice.

A comprehensive overview of Lacanian theory is beyond the scope of this thesis, however it is important to note how it has influenced my understanding, and use of psychoanalytic theory as it relates to the research. This includes not only the concept of transference, but also other fundamental concepts such as the nature of the unconscious. I have (see case studies), for example, mobilised Lacan’s concept of the ‘image spéculaire’ (specular image), which is considered to be formative of the ego during the ‘Mirror Stage’ (Lacan, 1949), and I consider the way the unconscious is animated between myself and participants through what is spoken, as well as alluded to between us during interviews. There is, in Lacanian terms, no unconscious without (an)other (Homer, 2005), and there is often a blurring of the edges when considering where, and to whom various images and affects belong.

Another key idea relates to the notion of rupture, or ‘points de capiton’ (Evans, 1996). Sean Homer notes that Lacan defines the unconscious (in his seminar XI) “*in terms of ‘impediment’, ‘failure’, and ‘splitting’.*” (Homer, 2005). He continues:

The unconscious manifests itself at those points when language fails and stumbles. The unconscious is precisely this gap or rupture in the symbolic chain. (Homer, 2005, p68)

Tensions have existed for me at times when conducting this research, in trying to hold both Kleinian and Lacanian perspectives regarding the nature of the 'split subject' and the possibility (or not) of an integrated self. My own research is positioned somewhere between my epistemological ideals and the practical, 'practice-bound' values of therapeutically oriented social work, which has a reparative focus. Narrative conventions in many forms feature heavily in social work. Recipients of services quickly become accustomed to telling some version of their story through interviews, meetings and written reports, and social workers like me become accustomed to listening, writing them down and attempting to convey them as something 'truthful'. I have rejected a wholly deconstructive approach to data analysis, with which discourse analysis may have been more consistent, partly because I also identify in myself that commonly held trait in my profession: a motivation to 'fix' people.

The 'curative focus', as Frosh describes it (Frosh, 2010) is consistent with Klein's concept of the depressive position, as an integrative state. It is also consistent with Hollway and Jefferson's approach to research, as it is with treatment services for young people who display harmful sexual behaviour. Kleinian theory offers a familiarly accessible position to someone like me who has been embedded in the social work profession, as opposed to psychoanalysis. In recognising the tension between what I hold to be ontologically 'true', and what I want to achieve practically, I have operationalised ideas together heuristically over time.

Autoethnography

I decided to use an autoethnographic approach to the way in which I brought myself into the research, using what might broadly be considered to be transference as a point of focus to sit alongside participant interview data (Ellis, 2004; Etherington, 2004; Holman Jones et al., 2013; Denzin, 2014; Adams et al., 2015). Autoethnography is both a research method and a form of representation (Adams et al., 2015), and provides scope for multidimensional perspectives that may be explicitly personal and provocative. My intention was that by bringing myself into the research in this way I

could interrogate, scrutinise and cross-examine my own assumptions and beliefs, alongside my analytic formulations.

Whilst at times feeling uncomfortable and exposing for me, autoethnographic writing was a way of using reflexivity, and of exploring transference through foregrounding my own affects and vulnerabilities, with the intention of deepening understanding of the experiences of the young people themselves. My personal insights and reflections are brought to bear on the narratives of interviewees as a way of exploring how unconscious processes might influence their emerging constructs of self within the relational encounter.

There are various approaches to what can broadly be described as autoethnography (for example Ellis, 2004; Holman Jones et al., 2013; Short et al., 2013; Denzin, 2014). Carolyn Ellis, defines Autoethnography as:

...research, writing and method that connect the autobiographical and personal to the cultural and social. (Cited in Grant et al., 2013, p2)

Ellingson and Ellis (2008) describe autoethnography as:

...the study of a culture of which one is a part, integrated with one's relational and inward experiences. The author incorporates the 'I' into research and writing, yet analyses self as if studying another.

(Ellingson and Ellis, 2008, p 488)

One of the objectives of my research has been to try and give some insight into the collaborative sense making practices of young people and their therapist as they progress through treatment. Such an approach, however seemed ethically inaccessible in relation to obtaining approval from the relevant institutions if I were to use myself and the young people I was treating as case studies. Instead I chose to attempt an autoethnography of my experience in the research encounter, as something close to (although not the same as) that which practitioners and young people experience.

It might also, in some respects, be close to what others experience as they encounter young people who attend, or have attended treatment. Family members, friends, and

other professionals also have to respond to the knowledge that these young people have been accused of causing sexual harm. Unlike treatment practitioners, others may not be party to official accounts of the allegations, and instead may have to rely on the partial versions provided by the young person themselves, if they choose to provide one at all.

It is partly for this reason that specific details about the research interviewees' sexual offending were not sought prior to the interviews, and also why interview questions were designed to allow them to choose how, and if they spoke about it. This is discussed further in chapter 5 in the section on 'interview design' as it relates to the concepts of free association and the defended subject (Hollway and Jefferson, 2013).

Writing as Inquiry

Although it is possible to identify distinct phases within data collection and data analysis with regards to the interviews, the autoethnographic element spans all stages of the research. Autoethnographic method centres around the practice of writing, which is a part of the process from the beginning of the research (Ellis, 2004; Holman Jones et al., 2013; Adams et al., 2015), and is closely associated with the practice of *writing as a form of inquiry* (Richardson and Adams St. Pierre, 2005; Adams et al., 2015).

Adams et al argue that the forms of autoethnographic *representation* are inseparable from the *content* of the text, because autoethnography is '*the study of culture through the lens of the self*' (2015, p83). It is partly for this reason that less traditional, creative forms of representation such as narrative or poetry, and even performance, song, or dance may sometimes be used (Adams et al, 2015).

Richardson and Adams St. Pierre (2005) argue that writing is always partial, and situated, and our 'selves' are always present within it. Working from this premise is liberating, and allows us to write in a variety of ways: '*There is no such thing as "getting it right", only "getting it" differently contoured and nuanced.*' (Richardson and Adams St. Pierre, 2005, p962).

Representing through Case studies

Donald Winnicott is quoted as saying that '*one case proves nothing, but it may illustrate much*' (cited in Forrester, 2017, p128). In chapters 6, 7 and 8 I have presented three in-depth, illustrative case studies which, influenced by the concept of the 'psychoanalytic case study', serve as exemplars from the whole interview set. In chapter 5 I discuss the process of analysis for handling interview data, which began with generating broad themes from the six participants' interview transcripts, before developing three case studies, co-constructed from three of the participant's data, alongside my own reflective and analytic insights.

The form and structure of the case studies are principally autoethnographic in nature (Adams et al., 2015). Although they link together in many ways, and are interconnected with the whole data set, the case studies also stand by themselves as self-contained units. By using what Adams et al describe as '*the vocabulary of theory and the mode of story*' I have attempted to create '*nuanced and compelling accounts of personal/cultural experience*' (2015, p90) as it relates to researching notions of self and responsibility with young people involved in treatment for harmful sexual behaviour.

Adams et al (2015) also suggest that autoethnography is a way of '*putting theory into action*' (p90). I applied autoethnographic approaches, and various writing practices to construct these accounts, that draw together multiple voices and perspectives. The case studies are therefore a way of telling 'story and theory together', by putting 'story and theory into direct conversation' (Adams et al., 2015, p90). Psychoanalytic case studies mobilise psychoanalytic theory to generate knowledge from the single case, which is always particular and contingent (Forrester, 1996). According to Forrester (2017), the 'science' (of psychoanalysis) has to be rebuilt '*in each new encounter, because the generalities developed from cases are insufficient or unreliable*' (Forrester, 2017, p128).

My data analysis became iterative with each case study. In constructing some form of 'life story' for each participant, I tried to balance the sort of post-hoc, narrative sense

making that some might argue is reductive (Frosh, 2010 p206) with a Lacanian influenced analysis, the 'end point' of which is not to arrive at a summation through words or phrases, providing themes that are considered to express the 'real meaning' behind the text (Parker, 2005)

I began by exploring my *experiences* with a view to understanding them through the use of various writing practices, including journal entries, personal/biographical narratives, and poetry (of a sort) (Adams et al, 2015). Themes were generated from immersive and repeated readings of the interview transcripts, and characters, plots and sub-plots were identified (Doucet and Mauthner, 2008; Adams et al., 2015).

Each case study is presented through an individual young person's 'story', shaped from field notes and recordings, personal narratives and reflections around themes, characters, and dialogue. Although mostly written from (my) first person perspective, I chose to use a combination of 'narrative voices', when 'telling the story', including the use of dialogue from the interview transcripts. This was a way of presenting various perspectives and voices, both mine and the young person's, but also to give 'voice' to what might be thought of as transference. This is sometimes represented as a voice that is attributed directly to neither of us, as it wasn't always clear where, or to whom it belonged (see Tim's case study for example). By putting all of them together the aim was to write a kind of co-constructed narrative that could show different perspectives and points of view, but would also highlight some of the ruptures and incoherences sought through a Lacanian influenced reading.

Conclusion

In this chapter I have explained my rationale for utilising psychosocial and autoethnographic approaches, as a way to research notions of self and responsibility with young people involved in treatment for harmful sexual behaviour. I described the concept of transference as understood from a psychoanalytic perspective, and highlighted the specifically Lacanian influence upon my use of psychoanalytic theory.

In the next chapter I discuss how I used a qualitative, longitudinal research method to gather a series of in-depth narrative interviews from six young men with current or recent involvement in treatment for harmful sexual behaviour. I will also describe the process through which I analysed the interviews. Data analysis was an inductive and reflexive process, and was also influenced by psychosocial and narrative approaches. It began with thematising from the whole data set, before analysing three participants' data in greater depth. The final stage was the production of three, in-depth narrative case studies.

5. Method

The previous chapter described my understanding of psychosocial and autoethnographic approaches, and provided a rationale for mobilising them as a way to research notions of self and responsibility with young people involved in treatment for harmful sexual behaviour. The psychoanalytic concepts of transference and the defended self are drawn on in this thesis as a way of understanding some of the 'beneath the surface' intrapsychic processes, and interpersonal dynamics which are considered as potentially playing out in, and affecting, both practice and research encounters. Autoethnography, and writing as a method of inquiry are used as a productive means through which to utilise researcher reflexivity (Richardson and Adams St. Pierre, 2005; Adams et al., 2015), and surface something close to transference.

In this chapter I will move from methodology to method to describe the process through which I recruited and interviewed six young men involved in treatment for harmful sexual behaviour. I will also discuss how the data was analysed over two stages to address my research questions. The first stage drew on the full data set to create some broad themes around conflict. The second stage involved analysing the full sets of data of three participants in further detail. Combined with my own autoethnographic writing, these led to the production of the case studies presented in chapters 6, 7 and 8.

Qualitative longitudinal approach

A qualitative longitudinal approach (Thomson, 2012) was used for collecting data over the course of almost two years (21 months) with six young men aged between 16 and 18 either attending, or having recently finished treatment for harmful sexual behaviour. Three of the participants were interviewed three times at roughly equal intervals over eight months (from first to third interview), using in-depth, narrative interview methods, based on the 'Free Association Narrative Interview' (FANI) (Hollway and Jefferson, 2013). It is these three which are drawn on for the in-depth case studies. Two other

participants were interviewed twice, and the final participant was interviewed only once.

The length of treatment programmes nationally tends to vary, but for the national charity I worked for, the aim is for 30 sessions, which usually takes about a year. The timescale of the interviews was originally designed to coincide with participants' progression through a full treatment programme. However, the participants were already at different stages of treatment when they began taking part in the research, which was a necessary effect of the limitations that I faced in recruitment. It was never my intention to compare across cases on a 'like with like' basis, in terms of the stage of treatment, but to explore aspects of each participant's journey in relation to itself, and I decided to continue on this basis.

Although I would no longer be observing developments and changes in young people's narratives from the start of treatment, I felt that a longitudinal approach could still be beneficial by creating space for the development of relationship (Merrill and West, 2009; Wierenga, 2009; Thomson, 2012), which in turn might yield more in depth results. Thomson, for example, has also highlighted the value of longitudinal methods in creating psychosocial data, through the possibility of accumulating contradictory accounts, and by showing how research relationships develop over time (Thomson, 2012). The deliberate use of temporality in a qualitative longitudinal research (QLR) design (Thomson et al., 2003) may also '*not only capture distinct temporal registers, but also corresponding emotional registers*' (Thomson, 2012, p1).

Sampling and recruitment

I made use of existing professional contacts for accessing and recruiting young people through the two agencies where I was working at the time. As this was ethically sensitive research, within a hard to reach population, it may have been more difficult to obtain initial permission from organisations to whom I was unfamiliar (Abrams, 2010). Instead I was able to make use of my existing professional reputation as an experienced practitioner and colleague (Drake 2011).

Purposive sampling, a method in which participants are chosen for their ability to provide the best perspective on the issue under investigation, was therefore used to identify participants (Abrams, 2010). Colleagues (therapists/practitioners) within the two agencies agreed to discuss my research proposal with young people that they were treating, and nominate those who were interested.

Data set

It was my original intention to interview all six participants three times each, and as such six young people were initially recruited (see table 1.). For various reasons only three of the participants, Mike, Tim, and Andrew completed all three of the planned interviews, and they are described more fully in the case studies.

Of the others, Ben had just reached the end of his treatment programme, but said after one interview that he was keen to move on with his life, and did not want to come back to the treatment centre (where the interviews were held) to be 'reminded of things again'. My offer of searching for an alternative venue proved to be insufficient incentive to change his mind.

Carl and Terry had 'moved on' in their lives, which meant that continuing with the research was either no longer a priority, or just not possible for them. For example Carl, who had been resident at Grove moved placement to another county.

I made the decision to present three longer narrative case studies based on Mike, Tim, and Andrew's data, as opposed to six shorter ones, and to take forward some of the themes generated from the first stage of analysis. These were useful, cross cutting themes that will also be used further through cross-case analysis, and developed for future publication. The richness of the full three interviews, for the three participants that completed them, indicated the value of a deeper analysis of the material for this thesis.

Table 1.

Overview of participants							
*Participants used in case studies highlighted in bold							
	Age at 1 st interview	Treatment start	Treatment end	Location/ Treatment Provider	Interview 1	Interview 2	Interview 3
Carl	16	Unsure	Jan 2016	South/ Grove	April 2015	November 2015	–
Tim	16	May 2013	Ongoing at final interview	South/ Grove	February 2015	July 2015	November 2015
Andrew	18	2013	July 2015	Midlands/ Charity	August 2015	January 2016	May 2016
Ben	18	February 2015	July 2015	Midlands/ Charity	July 2015	–	–
Terry	17	2015	May 2016	North/ Charity	February 2016	May 2016	–
Mike	16	2015	September 2016	North/ Charity	March 2016	July 2016	November 2016

Interview design

Interview design was informed by the ‘Free Association Narrative Interview’ (FANI) developed by Hollway & Jefferson (2013), which combines aspects of the ‘biographical-interpretive method’, and the (Freudian) psychoanalytic concept of ‘free association’. Hollway and Jefferson also highlight similarities between the ‘clinical interview’ and the ‘research interview’ (Kvale, 1999; Hollway and Jefferson, 2013). As treatment sessions are also a form of clinical interview, and are a key aspect of young people’s experience of treatment, it was a dynamic I was interested in making use of.

Underlying the FANI method is a notion of the ‘defended subject’, which views anxiety as being inherent in the human condition (Hollway and Jefferson, 2013). From a psychoanalytic perspective, perceived threats to ‘self’ precipitate unconscious defences against anxiety, which in turn are viewed as influencing people’s conscious thoughts, actions and lives, as well as their likely responses during an interview (ibid). By encouraging young people to express their stories in a manner consistent with the principles of free association they were (in theory) not confined to providing narratives

structured according to conscious logic. Instead they could “*follow pathways defined by emotional motivations, rather than rational intentions*” (Hollway & Jefferson, 2013, p34).

In conducting my interviews I attended to the core principles of the FANI method, which are based on: the use of open-ended questions; the elicitation of stories; the avoidance of why questions; and the following up of respondents’ own ordering and phrasing (Hollway and Jefferson, 2013). These principles also influenced the way I designed the interview schedule (see appendix 1).

Participants were asked to describe themselves, in whatever way they wanted, and to say how they had been impacted, if at all, by sexual abuse (undefined), how they had been impacted by attending treatment, and how they viewed their future. A copy of the interview schedule is included in the appendices (appendix 1). The questions, including the one that asks for their views on the concept of sexual abuse, is purposefully broad and open to interpretation. It is an attempt to mobilise the concept of free association, by allowing participants to choose if, and how, they discuss allegations of their own sexually abusive behaviour.

There were some disadvantages to not knowing about their past behaviour, and the specific reason they were referred for treatment, but on the whole it was considered to be productive. I was not conducting a risk assessment, for example, under which circumstances it would have been necessary to know. Instead, by not knowing, it allowed me (through transference) to share in the ambiguous space where notions of agency, blame and responsibility were undefined and mobile.

Creative, visual and audio methods

Traditional interviews have the potential to feel intimidating for young people with experience of the criminal justice system and/or state care (Martin, 1998). The prospect of yet more interviews may consequently inhibit their willingness or ability to engage. Martin (1998) notes for example how young people with experience of the state care system can become accomplished interviewees, sensitised to the power differential inherent in interview situations (Martin, 1998).

Creative, arts based methods, (e.g. DiCarlo et al., 2000; Rogers, 2005; Veale, 2005; Gauntlett, 2007; Wilson, 2016), more commonly associated with participatory approaches, were used in the interviews. These can provide a more accessible medium of communication through which to engage young people than traditional interviews alone (Lefevre, 2010). Also, because they are not limited to one or two modes of expression, and by having a number of options available through which to express themselves participants may feel enabled in the act of choosing. This is also consistent with the principle of situated ethics (Simons, 2000; Ebrahim, 2010), which is discussed further (see section on Ethical Considerations later in this chapter).

The first of the three interviews began by engaging participants in producing a version of the 'life path', which was then revisited in subsequent interviews. The life path (Sunderland and Engelheart, 1993) is a powerful creative activity that invites a person to visually map out their life on large piece of paper to aid reflection, and in treatment settings to also help generate therapeutic insight (Lefevre, 2010). It is commonly used in counselling and therapy settings, and slightly modified versions have been adapted for use in HSB treatment manuals (McCrory, 2011).

In clinical practice I have found the use of free drawing or painting to be an effective method with people of all ages, but unlike younger children, older children and adolescents sometimes feel constrained by concerns of artistic ability (Lefevre, 2010). Often I would adapt my use of the sandtray (Weinrib, 1983), for similar purposes in treatment sessions, and whilst I found that many teenagers were happy to use it,

practical restraints for the research interviews prompted me instead to encourage the use of collage (Leitch, 2008; Butler-Kisber and Poldma, 2011). In the research interviews I used a laptop; participants were asked to generate images from google, and paste them into a word document.

Using music for evoking interviewees emotionally laden memories has a long history within creative therapeutic traditions (Lefevre, 2004, 2010), and more recently within research to explore notions of meaning (Wilson, 2016). In the research interviews I used the music app Spotify to allow participants to choose music that they considered personally meaningful in some way, and it was highly effective for generating divergent strands of narrative thought.

Data Analysis

As with data collection, my strategy for analysing the interviews was informed by narrative and psychosocial approaches. I used Hollway and Jefferson's model of analysis (2013) as an overarching framework, which incorporates narrative principles into psychosocial methods. I constructed a process according to their three guiding principles, which are: 1. Pay attention to the '*whole context*', 2. Utilise '*theory*' (in making sense of the data), and 3. Use '*reflexivity*' (Hollway & Jefferson, 2013).

Data analysis was undertaken in two stages. The first stage was conducted in relation to the full data set, for all six participants (see table 2.). This comprised fourteen interviews in total. Only three participants completed the full complement of three interviews (see table 1.), and these are the ones I chose to use as case studies. The second stage of analysis was completed in relation to the three remaining participants and their interview transcripts.

Analysis of whole data set: attention to narrative

The end of the first stage of analysis involved organising and making sense of the data that I had gathered through interviews and personal reflective writing/field notes. As even single interview transcripts provided considerable amounts of information, I focussed on creating narrative themes, through the use of literary conventions such as 'plot, character development, and scene setting' (Ellis, 2004, p195). Hollway and Jefferson's advice is also to find a way of summarising a whole case as a base from which to proceed, rather than just '*sit and wait for a bolt of inspiration*' (2008). After each interview I listened again to the audio at the same time as reading the transcript, and wrote further notes based on what I noticed, before writing a short narrative summary (see examples in appendices, appendix 3 and 4).

Carolyn Ellis suggests several ways in which analysis can take place in narrative. This, she says includes 'narrative analysis', which assumes that '*a good story itself is theoretical*', because '*when people tell stories, they employ analytic techniques to interpret their worlds*' (2004, p195), and 'thematic analysis of narrative', which theorises '*about the story from a sociological, communicational, or other disciplinary perspective*' (2004, p196). Themes are thus arrived at inductively to illuminate content within or across stories.

Table 2.

First stage of analysis		
Process undertaken for all (6) participants, all interviews (total of 14 interviews)		
Step	Task	Analytic activity
1	Pre-interview preparation	Based on basic information about participants, context of their treatment (i.e. agency, location, stage of treatment). Note pre-interview thoughts and feelings.
2	Conduct interview	Attention to themes, emerging narrative/s (as per FANI method)
3	Post interview reflection	Reflections and notes/audio made after interview. Attention to themes, emotional tone, general feelings and highlights.
4	Initial reading of interview transcript	Write reflective case overview. Attention to general themes and emerging narrative.

Themes around conflict

Four broad themes were created from the first stage of analysis (discussed more fully in chapter 9) and concerned the more general theme of *conflict* within participants' stories, as they related to the research questions regarding notions of self and responsibility. The themes are what 'struck' me from reading and immersing myself in the interview

transcripts, and from my reflective notes in the initial analysis stage. The four themes related to: *home, family, belonging, and identity*.

All of the participants, for example, were removed from their family homes following allegations of HSB, all of them experienced significant conflict with family as a result of their alleged behaviour, all of them seemed to express some disorientation with regards to where they feel they belong, all of them had to consider what kind of person they were in relation to the stigma, surrounding the cultural notion of the sexual abuser.

Analysis of three participant data sets

I utilised Doucet and Mauthner's '*Listening Guide*' (2008) in my handling of the three remaining participants' data, and proceeded through a series of layered readings for each interview. Using evidence from the whole context meant trying to hold as much information as possible in mind about each participant when analysing their data, including background information, visual and audio material produced during interviews, as well as all three of their interview transcripts. I found that the Listening Guide assisted me in being able to treat the data holistically, attending to the emergent stories in context and avoiding disaggregation, as advised by proponents of narrative methods (Riessman, 2008).

The Listening Guide proposes four iterative readings of the data, beginning with a narrative reading, and followed by readings that look for institutional and relational structures (Doucet and Mauthner, 2008). I combined the Listening Guide stages with Hollway and Jefferson's approach (Doucet and Mauthner, 2008; Hollway and Jefferson, 2013). Table 3 provides an overview of how I sought to generate findings from each interview.

Table 3.

Second stage of analysis (Based on the 'Listening Guide' (Doucet and Mauthner, 2008))		
Process undertaken for (3) participants with full interview set (total of 9 interviews)		
Step	Task	Analytic activity
1	First reading of interview transcript (as per listening guide approach, p405)	'Reflexive reading of narrative' combining question of 'what is happening here?' with elements of narrative analysis – looking for themes, events, plots, characters.
2	Second reading of interview transcript	Attending to the 'narrator/subject' and how they speak about themselves (p405)
3	Third reading of interview transcript	Reading for 'relational narrated subjects', social networks and close and intimate relations (p406)
4	Fourth reading of interview transcript	Reading for 'structured subjects' focusing on 'structured power relations and dominant ideologies that frame narratives' (p406).

After I had completed the whole process from step 1 to 4 for a participant's three interviews, I began to write the initial case study draft. It was a highly immersive process that was also emotionally demanding. Alongside the interview transcripts I had also generated a significant amount of personal reflections, some of which were audio transcripts from before and after interviews, and others were written over the period of time that I was conducting interviews (almost 2 years in total).

I was also generating more autoethnographic material throughout the whole process of analysis. For example, I found that the 'reflexive' element (table 3. step 1) required another reading. An earlier paper by Mauthner and Doucet (Mauthner and Doucet, 2003) describes this process as a '*reader response element in which the reader reads for herself in the text*' (2003, p419), and pays attention to emotional as well as intellectual responses. This was a particularly useful part of the process for me, as it generated further insights about the ways in which I was being affected by conducting this research. It drew my attention to how I continued to be powerfully influenced by the data long after I had left the interviews.

Writing the case studies

Within narrative theory *conflict* is what structures a story, and also what propels the action contained within it (Puckett, 2016). After having identified some broad, initial themes from participants' stories in the first stage of analysis, a deeper exploration of conflict in general was further explicated through the creation of in-depth case studies for three of the participants: Mike, Tim and Andrew. As discussed in chapter 4, each case study is presented through an individual's story, with some attention to narrative conventions of character, and plot. Within the case studies I therefore began to think about how some of the conflict 'plays out'.

The decision to represent only three of the participants' in this way was difficult, as it meant leaving out a considerable amount of material in which I had invested both time and energy. The restrictions concerning the length of the thesis were compelling in and of themselves, but this was not the sole reason. Because Terry, Carl and Ben had not attended all three interviews, their data sets lacked the same level of rich textual tapestry of the others, and it quickly became clear that a concentration on the stories of Mike, Tim and Andrew would bear the most productive fruit.

Ethical considerations

After attending to the ‘procedural ethics’ of seeking approval from the relevant academic and institutional review bodies, I had to move beyond the ‘decontextualised’, and to think about how I could *act* ethically in the specifically local, and dynamic research situations that I found myself in. Attention to the principle of ‘*situated ethics*’ (Simons, 2000) was useful in this regard as it concerns the need to weigh up dilemmas, and make decisions within specific research situations where ‘*appeal to unambiguous and univalent principles or codes*’ may not be possible (Simons, 2000, p2). The practice of situated ethics has been shown to be particularly useful in participatory research with children (Ebrahim, 2010), where acquiring consent, for example becomes a dynamic process, which often requires continued negotiation.

Numerous challenges were encountered in the course of what could be considered ‘ethically sensitive’ research (Dickson-Swift et al., 2008). They include the issue of sexual abuse as an emotive, and potentially ‘disturbing’ subject for people to hear about (Waldram, 2007). Also, the use of young people as participants, some of whom were in local authority care (Alderson and Morrow, 2011), the ‘relational ethics’ of researching and writing about others through reflexive methods, such as autoethnography (Ellis, 2004; Etherington, 2007; Adams et al., 2015), and my status as ‘insider researcher’ (Drake and Heath, 2011).

Issues of consent, respect, confidentiality and protecting participants from harm or undue distress were as applicable for this study as with any research project involving people (Farrimond, 2013).

Ethical approval

Participants were recruited through the two agencies where I was working, and the project was discussed at the very early stages with key individuals at both organisations. Written permission was provided by the Grove directors, and ethical approval was sought from the University of Sussex Social Sciences and Arts Research Ethics Committee

which proposed minor amendments to the initial application. The necessary amendments were made, which involved me adding some additional detail to the information leaflet, and upon resubmission the University of Sussex Ethics Committee gave full approval for the study to commence. Ethical approval was also finally sought from, and granted by the research ethics committee for the children's charity, following a request for further information and details regarding the research proposal.

Consent

Within a situated ethics approach informed consent is considered to be part of an ongoing process, which Ebrahim relates to creating '*spaces for information sharing, choice in participation and dealing with the complexities of doing so*' (2010, p291). The principle of 'process consent' recognises it as more than a single event, thus requiring ongoing agreement and negotiation (Farrimond, 2013). The three aspects of this process according to Farrimond are; "*information, comprehension and voluntariness*" (2013, p109). Assuming that young people may sometimes feel compelled to agree to the requests of adults, I continually checked with participants that they were as comfortable as they could be with what we were doing both at the beginning, and during the interviews. Their option to withdraw at any time was also made clear, and was actually enacted by half of participants.

Relational Ethics

Autoethnography is unequivocally 'insider research', that also connects researchers relationally to other participants (Adams et al., 2015). It therefore requires a consideration of 'relational ethics', which Adams et al say '*recognises and values mutual respect, dignity, and connectedness between researcher and researched*' (2015, p60). One of the implications of this concerns the way in which others get represented through research outputs. Autoethnographers are advised that, if they don't share written representations with participants, to at least protect their identity (Ellis, 2004; Adams et al., 2015). My participants' accounts have been duly anonymised, and identifying details have been removed. Each of them have been given pseudonyms, and

the residential establishments of Grove (re Tim and Carl) and Oak Cottage (re Mike) are also pseudonyms. Participant identities have been protected by not identifying their location.

Insider research can also create unforeseen tensions by arousing suspicion from colleagues, or perceptions from some participants of unspoken benefits, or expressions of reciprocity if they take part (Drake and Heath, 2011). Although participants did not know me in any other role other than as researcher, I remained conscious of how my status as an employee may still have affected the extent to which they felt able to be open about themselves.

Ethics of care: for self and others

Operating within an ethics of care, I paid particular attention to the well-being of other participants at all stages of the research process, from recruitment, and through the interviews themselves. Half of the six participants were still attending regular therapeutic treatment sessions within the two agencies. To ensure that their needs were acknowledged and attended to, I maintained regular contact with their therapists to ensure that, as far as possible, their well-being was not unduly affected from the interviews. Andrew was no longer attending treatment sessions, but had developed a positive relationship with his therapists, and was able to access additional support from them if required.

Considerations were also given to the inherent risks involved for me as researcher. Dickson-Swift et al (2008) suggest that researchers' own safety and welfare needs are often given only a cursory thought prior to commencing research (Dickson-Swift *et al.*, 2008), and Waldram (2007), in discussing his research with adult sex offenders highlights the notion of 'narrative risk' where "*the researcher is exposed to stories that can haunt, rattle, and challenge ones belief in a moral world and the inherent goodness of human kind.*" (p966). The case studies in chapters 6, 7 and 8 are evidence of the discomfiting emotions that I experienced at times during this research. Even though Adams et al

suggest that autoethnography can be a way of caring for the self, because writing to work things out for ourselves can have therapeutic value, the process of writing can also sometimes bring us into contact with traumatic feelings or memories (Adams et al., 2015, p62).

Conclusion

In this chapter I have described my methods for recruiting and interviewing six participants about the way they view their lives, and how they relate to the concept of sexual abuse, HSB treatment, and how they view their future. Three participants completed three interviews over the course of eight months as planned, and findings from their interviews, alongside my own autoethnographic writing has been used to create three case studies in chapters 6, 7 and 8. Emergent themes, created from the whole data set, around the notion of conflict within their lives were presented in this chapter, and are also represented in the case studies.

The next chapter presents a case study in relation to Mike, and explores some of the conflict that he seemed to have in relation to his experience of attending treatment for harmful sexual behaviour, and the impact that he has had on others. It also highlights some of the tensions involved in trying to renegotiate relationships with his family, from whom he was removed following allegations of harmful sexual behaviour.

6. Case study 1: Mike

From the start of our first interview, having completed just over two years of treatment, and anticipating its end, Mike presented a confident, self-assured character. One that had reflected on his life, learnt from his mistakes, and was already trying to make a positive contribution in the world. He lived at Oak Cottage, a private residential home for children and young people in the care of the Local Authority.

I know very little about Oak Cottage. Unlike Grove, I have no prior association with the place. I visited Oak Cottage for each of our three interviews. I met, very briefly, a couple of staff members who either collected me from the train station, or showed me in and introduced me to Mike. Its pristine physical appearance, a converted period home in the prosperous, leafy part of town was impressive, and significantly outshone most of the residential units I had visited during my fourteen years of social work.

Mike emerged to meet me, and seemed relaxed, as he might have if he actually owned this salubrious and imposing house. I was impressed, not so much by the house, but by Mike, and I noted it in my reflections during my train journey back home:

I was struck by the sense of integration that Mike seems to present. Traumas appear to be acknowledged, confronted and explored. Resolution seems viable, a positive future possible. A positive self-narrative is emerging.

This became a familiar tone during our relationship over the coming eight months. Mike the confident, well-adjusted kid, whose story could be used as testament to the success of intervention services, and most importantly, Mike himself. It was a triumph over tragedy for Mike who appeared transformed from dangerous and out of control, to calm and well-adjusted. It was also a story that I became increasingly aware was as much a part of my own imagination as it was Mike's. When I revisited Mike's interview transcripts some time later a more disconcerting, dangerous version emerged. This will be discussed further as I explore Mike's understanding of control, and his suggestion that he now controls people "in a good way". I will also consider Mike's relationship with

treatment, and some of the complex ways in which he attempts to position himself to a discursive practice that has implications for the way he understands himself and his life.

Mike's Story

I met and interviewed Mike over a period of time that saw him finish treatment and begin the process of moving on. He lived in the care of the local authority, in a residential children's home in the north of England. At the first interview Mike was still attending treatment sessions every week. He was sixteen years old and had been living away from his family for about three years, after being placed into care by his mother, and on the advice of the social worker who had told him it was for his own good.

His removal from the family home was difficult for Mike to comprehend. He expressed some bitterness and feelings of betrayal, but these were never explicitly directed at his mother, or any other family member. Instead, he blamed the social workers, and to some extent, the treatment agency. His relationship with his family remained, superficially at least, intact. He was invested in his family, and the idea of returning home. He emphasised how he had changed, and how he had come a long way from being the angry kid that he said he used to be.

At the second interview Mike was anticipating what was going to happen next in his life. He had just completed the treatment sessions after over two years, but wasn't yet finished. He was waiting for the final report from his therapists to confirm that he was safe, and therefore free to move on. His ambivalence towards treatment, and the allegations of harmful sexual behaviour upon which it was premised became more evident in the way that he talked about it.

In the third interview Mike's life had already begun to change quite considerably. He was now free to attend college, socialise by himself, and spend time with his girlfriend, or travel across town to visit his family. He emphasised his achievement as someone who survived treatment, and came out stronger. The temporal flow across Mike's interviews shows him going through a process of letting go. He's letting go of treatment, and the relationships he formed there. He's also letting go of a past in which he was

seen by others, and perhaps himself, as a problem. It was a past in which he had been hurt by others, in which he'd become angry, out of control, and dangerous.

Mike resisted his old self, and the people or institutions who might suggest he still exists. He might have done some 'sexual things' to others, but he doubts they'd suffered very much, and he's not like that anymore. He might still be controlling, but only in a good way. Mike tries to present a 'normal' life, in terms of how he is now, and how his future will be. His past as something bad is only in contrast with who he is now.

Upon re-visiting his first interview I noted how it felt like Mike *wanted* to tell his story, compared to Tim who seemed to stop and stutter, to almost want to avoid telling any kind of story about himself. Mike seemed to have thought about his, and what it meant. To him I was like a reporter who had come to hear his account. Mike gave me the impression that he had found a way of resolving some of the conflicts in his life, and as if for my benefit, he seemed to have done it narratively.

Matt: *I wonder what...how you came to be who you are today.*

Mike: *Yeah. Well funny you say that. Cause I never used to be this relaxed, and really straight forward. Um about four years ago, I used to live with my mam, before I went in to Oak Cottage, and started the work and I was mental, like bounced off every wall, you know. I had a big box TV cause my mam couldn't trust me with a brand new flat screen because I would just toss it and break the glass in it. You know, I was very like...I had um anger issues and learning difficulties. Um and I used to like break a lot of things. I used to hurt a lot of people. Simply because I just wasn't...it just...I was very angry and very tense and very like annoyed with everything.*

Um and I don't know why I just...I was like that I'd been...I was like that for ages and then when I come to Oak Cottage and I went to the [treatment centre] they all um, they helped me out and showed me that being angry and being upset and being annoyed and that it...it's a good...it's a good reaction but it's not very nice to be around when...if I kick off and people are like well I don't really wanna be with him. And then I don't have any friends." (Interview 1: 92-110)

by not kicking off I had more friends, and there's a lot of people that like me because I'm not...I'm not abusive, you know I'm not violent or anything like that anymore. I'm nice and calm and...you know (Interview 1: 114-119)

Mike began his first interview by emphasising the change that he has gone through during, and as a result of attending treatment. It was difficult for him, as Butler suggests it is for all of us sometimes to “*tell the story in a straight line*”, not because he considered that he still had problems, but because he was not sure that the problems he had in the past really warranted the demands that had been placed upon him. He expressed ambivalence about the value of treatment for someone like him who, in his view didn’t need to be managed in that way. Although he admitted being dangerous to others in the past, it was the physical violence and general delinquency that he accepted. Being a sexual risk, remained an aspect that he was reluctant to own.

Here, in interview 2 Mike admits that he has sexually harmed others in the past:

Mike: *There is, like, obviously the ... I’m here because of, you know, SHB, so I guess ... I mean there has been ... there was a few times when I’ve kind of just ... I’ve gone out for revenge and I’ve done sexual, harmful stuff to other people, and I’ve kind of ... I’ve done things to them really that I know I shouldn’t of, but hey ho.*

Matt: *Okay.*

Mike: *I don’t really feel like going into any details.*

Matt: *Sure.*

Mike: *Just simply because I’m trying to keep that in my past, and don’t really want to bring that up, but I will try my best to try and get you as close as possible.*

Matt: *Yeah, I mean ... as I say, you’re free to talk about whatever you want, or not, and ... yeah, there’s no pressure on you to say anything you don’t wanna say.*

Mike: *I guess, when I was younger, I ... I didn’t ... I wasn’t thinking straight, you know? Like, I had a scrambled brain in a way, I didn’t have all the pieces of my puzzle put in the correct places. I knew ... the things I thought I knew back then, I didn’t know properly, so I kind of didn’t think properly and I did a lot of things sexually to a lot of people that I didn’t really ... I didn’t know about, I didn’t think it was wrong, I didn’t know, until later on when I’m obviously getting older and I kind of realised what I was doing was wrong. So ... but that’s kind of along the basis of it, that I kind of did a lot of things*

that I know I shouldn't of, and I did a lot of, like, sexual things, and I didn't really feel the best for doing it really, but the way I thought was it just needed to be done, so that's kind of ...

Matt: *And I guess, just thinking about the things that you put in the life path last time, about the age that you moved to ... you went into care, was it 13? So this part of your life was before the age of 13?*

Mike: *Yeah.*

Matt: *Well, I'm assuming. Yeah, so you ... were you 13 at the time or ... how old were you? Would you have been much younger?*

Mike: *The first thing I ever done, ever, was at 6.*

Matt: *Okay.*

Mike: *That was the first thing I did, that was the first, like, major thing, and that was at six year old, so you can imagine how scrambled my brain was, and it kind of ... it come to a repetitive thing after that, six. You know, I think the one after that ... I didn't do anything between six and eight, then eight and 10 ... 10, 11, 12, 13 and then I come into care. So ..."* (Interview 2: 636-681)

Later on when Mike was asked about the impact of his behaviour on his victims he said that he thinks they were affected a little, but is not really sure to what extent "*I don't think it would have destroyed their lives*" he said. He also appears to imply that 'affecting' his victims was not only not a surprise, but also partly why he did it:

I was expecting that you know? You don't fob me off and then expect nothing to happen, you know? That's sort of the way I was. (Interview 2: 754-755)

He doesn't think it would have changed their lives, because although others would say what he did was quite bad, he doesn't think it was:

I think it would have changed them a little bit, but I don't think it would have destroyed their lives. Because the things I did, I don't think it would have changed them, in a way, I think ... I think it was more of them thinking, in a way, of like ... like, yeah, I don't think it would have changed them, I don't think ... personally I don't think it's ... from the outside world looking in, people might have said, 'Actually, that's quite bad, what you've done', but to

be actually in there, in the moment, then I don't think it was. That's my personal view, everybody's open to ... whatever you call it. (Interview 2: 779-785)

Mike didn't appear to object to me asking him about the impact of sexual abuse on his life, and the impact of being referred to treatment. He also seemed to have given this some pre-thought, and to have already started a process of making sense of things. I wondered whether, because of the nature of the content, it was something he felt unable to discuss with many people, but as it's such a big part of his life he might feel like he wants to talk about it. To tell someone how well he's done. How he's moved on, and become a better person. When I came along to ask him about his story he was all too willing to talk.

In his third interview Mike describes how he goes home to visit his family. He'd finished treatment a few months earlier. He feels better. More normal, less weird. He has friends. He has a girlfriend. He goes to college. He is living semi-independently with many of the same features in his life as any other 17 year old. He spends time socialising. He's looking to his future career, whilst enjoying the present, and he's beginning to see opportunities opening up to take him to places he expects could be good. But going home involves having to navigate his way through new, awkward, unspoken social conventions. Fears that he might do harm to someone. He lets his mum know that he's going upstairs, so that she can monitor him remotely from downstairs. She is vigilant of him around his siblings.

I'd like to be able to just go round and have tea and relax and just talk to them and just, like, have like a normal relationship with my mam and dad. Erm, and then be able to like see it as like, okay, I've made it type thing. I've - you know, I'm home, like I've done what I need to do (Interview 3: 952-955)

In working with Mike's transcript I gained a sense of him here as wanting to feel accepted – he doesn't say it like that. He doesn't use the word accepted, but that's what it felt like. I wondered if he even felt able to admit that that's how he felt, or whether to do so would be to veer towards emotional terrain that he wasn't willing to go.

Erm, yeah, like being able to, like, go home will be – like, permanently will be nice. But it's one of those things. I don't – I'm not even – I – I can go home and stay the night and stuff but I can't – I can't go home to go home, you know what I mean, erm, obviously with – with my background – I'm not gonna do anything else, and everybody knows I'm not gonna do anything else, but safeguarding issues, it's a bit shit but at the end of the day it's one of those things. And I was expecting that. I knew that I wouldn't be able to go home if I – if I finished treatment – well, when I finished treatment, I knew I wasn't gonna go home. I knew I was gonna go – I'd either stay in care or go into, er, a supported living, so (Interview 3: 964-971)

It appears that Mike hides the feelings of hurt that come from knowing that he is considered dangerous in his own home. It's no longer his home, and it is never likely to be again. There's no 'going back' for Mike, neither literally, nor metaphorically. He makes it clear that he would like to return home to his family, but can't. His transition through treatment has also become his transition to adulthood.

Controlling people in a good way

Mike's story appeared to broadly follow the designated course from whatever chaos and dysfunction he started out in, to that of an integrated person who had grieved their losses, and lamented the harm he'd caused to others. He acknowledged that he'd hurt other people in the past, and he had learned to avoid doing so anymore. He completed treatment, and he was safe. He was safe to go home, safe to have a girlfriend, to socialise, and be a normal kid. He was safe to move on with his life. Early on in the first interview Mike set his stall, preparing the ground for a plot that he returned to each time we met.

It was in the months that followed our final interview, as I revisited and analysed the transcripts that the 'safe' story of Mike became more transparent. Increasingly diaphanous and fragile, it felt to me as if it was gradually disappearing, and the reflective notes that I made on re-reading the interviews became cynical, even angry in places, reflecting a sense of myself as having been duped:

It strikes me as particularly confident, or arrogant...or both. I think this was the beginning of me being 'taken in'. That's how I feel now, but I didn't at the time. It feels like 'what if I was being manipulated?' Charmed? (My notes in relation to Mike's description of himself as a 'pretty straightforward guy' at the beginning of interview 1)

The interview data that I revisited was not dynamic. As a form of semiotic residue, left over from the 'live' encounters that constituted the interviews, the words as they appeared on the page hadn't changed. It was my reading, and affective interpretations that had. My interaction with the data provoked new and emerging constructs of Mike, such as him being dangerous, and manipulative, noted in my reflections (above).

One of the themes that emerged from Mike's interviews was control. He introduced it explicitly in the first interview:

Yeah. So before I used to be able to manipulate people to get what I wanted. Now I don't. You know, I don't manipulate people. I don't do any of that. I use my um, my skills and my advantages to an advantage. You know to be able to see what's going on and I just knew that...just to really observe people. You know, I sit and I help, and I...you know I talk to the members of staff about, you know what's going on and people. And then, you know we get together and we all talk and then you know, about this and then explain to them, you know that like...different things that they do, it's wrong, you know, but the way they're doing it is right or you know. And it's nice to be like that way. And I like the fact that I'm not trying to control someone in a bad way, you know, I'm doing it in a good way.

And that...I really think it's you know...I take really good...big credit for it because of it. Um, and it, I think it's created the new person I am now. (Interview 1: 608-619)

The conversation about control feels more complex than it first seems. Mike takes the term control and applies it to different contexts, trying to use it both positively and negatively. He unwittingly subverts the concept of controlling people as bad by suggesting that he doesn't 'manipulate people' anymore. Instead he observes, and then

he talks to people. He sees it as 'controlling in a good way'. Another example of him using the term in a manner that he sees as unproblematic concerns some of his motivation for wanting to join the army:

I've always wanted to have, you know, a squadron to myself. You know, again, having control.

Um...I've always had...wanted that. And being a regimental sergeant is...you know will be the best thing ever. (Interview 1: 856-861)

...in the army all you're doing is you're...you're being defending. Not defending, like you'll be controlling, um, eight officers, so obviously you'll be keeping him or her safe. (Interview 1: 900-902)

The word 'control' seems to hold several meanings for Mike, and it might be that what is being expressed in passages like this is the discursive limits currently available to him. He feels familiar with the word control, but whilst there may be some connection for him between its various uses, is he trying to articulate a different set of practices for which he just can't seem to find the 'right' words?

An important question for me related to Mike's assertion that he now 'controlled people in a good way'. I found this disconcerting, even frightening, and it connected to the theme of Mike being 'safe'. The implication in Mike's story is that he used to be dangerous, and now he's safe, but there is ambivalence all the way through. Contradictions that unsettle, and disrupt any notion of a safe resting place.

I'm finding myself feeling more repulsed as I read through the transcript and think about how I'm impacted. I find what Mike is saying revolting, and I'm not sure what to do. Where to look. I have the sensation of wanting to leave the room. To escape from something or someone, but I'm not sure what or who or where. (My own reflections upon re-reading interview 1 almost 1 year later)

Did Mike need to attend treatment?

I tried to step back slightly from Mike's data. To avoid rushing towards an explanation, and allow its invocations to surface in me gradually. Partly inspired by what little I understood of a Lacanian reading (Parker, 2005) I sought to 'open out meaning' (Frosh, 2010) by noticing the incoherences, the joins. What I understand of Lacan's concept of *point de capiton* (translated as 'quilting points') (Evans, 1996; Frosh and Baraitser, 2008). Through the numerous readings of Mike's data I noticed some tensions and contradictions in the way that he spoke about, and seemed to view his HSB, and the apparent need for him to attend treatment. I found it helpful to reframe my observation as a question: 'Why did Mike attend treatment?'

There is of course a straightforward answer, which is that other people, namely local authority professionals, including a social worker, practitioners at the treatment centre, and also possibly his mother and other family members felt that he posed a risk of sexual harm to others, because he'd sexually harmed others before. Treatment was considered by them to have the potential of reducing that risk. Mike went because he was told he had to, and he felt he had no choice. This on some level appears to be true, and in places Mike indicated as much. Despite voicing his uncertainties about his need to do treatment at several points he re-affirmed his position in the third interview by stating that treatment had 'cured' him.

Erm, yeah, it was kind of like a week or two after the whole period – after the whole session and the therapy and everything just stopped, and I sat down and I thought, erm, what do I do now? And I sat and I sat and I sat and I just mellowed and listened to myself and thought about things, and in the end, er, I finished thinking to myself, I got up and I was like, right, okay, let's go. And I was waiting – waiting for something to happen, waiting – waiting for it to go on in my head, and nothing happened, nothing, nothing. And I thought, this is strange, I don't like this, 'cause I was used to like being able to think about things. So I thought this isn't – this isn't – this – there's something wrong. And I went to someone, I said, "Listen, I'm – this is wrong. I can't –

I can't think about anything like that any more. I can't. I – my brain physically won't let me." She went, "It's worked." I went, "What's worked?" "The – the therapy you've done, it's worked." "Okay, what do you mean?" "Well, end of day, Mike, you know, you're not getting any thoughts any more. You're – you – you've effectively, effectively been cured." And I'm like, "Shit, yeah" (laughs). Erm, yeah. (interview 3: 440-452)

A clear and convincing reason for Mike to attend treatment, especially for the length of time that he did, did not appear, *for me* to be present in his account. Mike sounded like he was coerced, and even forced to do treatment. The unified, coherent account that explained him as bad/broken in the past, then treated for his condition, and now good/fixed in the present, and ready for the future, feels imposed. Yet in a way, and perhaps without realising it this is what I demanded of him. Narrative coherence is, arguably, always imposed, either by the person accounting for themselves, or by the recipient, or both. I asked Mike directly why he attended treatment, although not phrased exactly in this same way, and it was implicitly returned to throughout the interviews. My presence before him, as interlocutor listening to him and his story created certain conditions for the telling. In leaving space for him, by trying to avoid too much scaffolding I was attempting to remain anonymous. A non-presence. An observer.

Butler describes the conditions between analysand and analyst, the one "who receives the words" as producing a quandary, because the analyst is mostly unknown to the analysand. The analyst, she suggests, becomes like "*an allegory for reception itself, for the phantasmatic relation to receiving that is articulated to, or at least in the presence of, an other*" (Butler, 2005, p68). Although I was not his analyst Mike was placed into a situation where he perhaps felt compelled to tell a convincing story, as he has been on other occasions. To explain why he attended treatment, in order that he can demonstrate his recovery from whatever 'ill' he suffered, so that he can show himself as something else – at least not a bad person.

Butler makes the point that there are always times when we cannot make our story fit the conventions that make it easy to follow, and as we realise this, and begin to think hard, looking for some 'conceptual thread' to provide a narrative, we experience in this moment, a kind of abandonment:

...the 'I' becomes increasingly conceptual, increasingly awake, focussed, determined. At this point, when I near the prospect of intellectual self-sufficiency in the presence of the other, nearly excluding him or her from my horizon, the thread of my story unravels. If I achieve that self-sufficiency, my relation to the other is lost. I then relive an abandonment and dependency that is overwhelming. (Butler, 2005, p68)

The very act of trying to tell me about himself compelled Mike to search for narrative coherence in doing so, because to not do risks losing connection – to me, and also what I as 'object' represent.

Hollway & Jefferson's 'core questions' for data analysis (Hollway and Jefferson, 2013, p51) include: *what do I notice* and, *why do I notice what I notice?* I have described elsewhere the internal debate, resulting from some of my epistemological convictions that surfaced as I searched for a strategy for analysis. In general, I have found Hollway and Jefferson's approach to psychosocial research 'fit for my purpose', but whilst they don't view their method as 'positivist' they do acknowledge an appreciation of the 'subject' as containing an internal and 'real' self. This is at odds with some who would describe themselves as adopting a more relativist, or post-structuralist position (Hollway and Jefferson, 2005a; Wetherell, 2005; Frosh and Baraitser, 2008), including myself.

For me however, whilst I don't recognise there to be something 'real' behind the text, or 'real' in the unconscious of a person, I am seeking meaning. I'm trying to make sense, even if that 'sense' is imposed and contingent. This could, according to Frosh be considered a Kleinian way of approaching the task (Frosh, 2010). He says:

...it is Kleinianism's unexpected optimism – its claim that paranoid-schizoid functioning can be topped by a depressive scenario in which reconciliation of ambivalent extremes can be managed and destruction made good – that defines what on the surface looks like a despondent and fateful theory. This can also lead an analyst (of texts as well as patients) to be propelled towards a 'curative' focus, one of reparation, of putting things together so that they will make narrative (or therapeutic) sense. (Frosh, 2010, p205)

The question, he continues is:

...what does this do to the subject understood as a fragmentary being made up of multiple, conflicting 'identities' and standing at the focal point of numerous forces? Or put more simply, what if the subject's experience does not, in fact, make sense? (Frosh, 2010, p205)

For Lacanians, he says it is the 'deferral of meaning' that matters, and the role of psychoanalysis is not about making sense of the unconscious. Parker says that Lacanian analysis (of discourse):

... would not, in sum, be attempting any kind of reduction to the biographies of the characters, but it would be searching out the signifying elements that do not make sense and specifying the role these nonsensical elements play in organizing and disrupting the flow of a text. (Parker, 2005, p168)

Is it possible to have a go at both? To impose a narrative reading of the data, whilst also attempting to open out meaning through disrupting the text somehow. Frosh (Frosh, 2010), drawing on Butler's ideas around the role of the 'other' states that: "*Transference operates here as a way of breaking into the tendency to narrativise experience*" (p150).

He continues:

...the opacity of the subject is named, but not resolved: transference dramatises the necessity to be in relation to one who cannot be known, as an outcrop of the impossibility of knowing oneself. (Frosh, 2010, p150)

This idea, the notion of transference dramatising something opaque within Mike, within me, and within our relationship feels resonant. There are several examples that I could take from my own reflective writing that possibly say 'something' about my own transference. The following extract was triggered by something that happened when I tried to arrange the final interview, and was written at the time. It shows how feelings of shame, rejection, and guilt circulate between us, and it's not clear where ownership lies. It finishes ambiguously, with me feeling

relieved at not being exposed, for not being caught for something that resides in the realm of fantasy:

It was early evening. An unknown number appeared on my mobile phone. The voicemail sounded muffled and it took a moment before I recognised the voice. Mike, the one participant in my research with a final interview remaining. "Maybe we should just terminate the whole thing" he suggested. The feeling sat high in my body. In my chest. His voicemail played repeatedly in my mind for hours, including the following morning. It distracted me as I tried to do other things. Attend to the children's bedtime stories. Make my dinner. Although I found it difficult to pin down specifically what or why, I knew that I felt dreadful.

In his message Mike was responding to what turned out to be a misunderstanding. A mistake on my part which led to him thinking we'd arranged to meet two weeks earlier, and where he'd been the only one to turn up. Unaware of this, and to Mike's indignation I had sent a message the previous day offering some potential dates for our final interview. As I'd not turned up last time, he was wondering why he should bother with me anymore, and he told me as much. For some reason I felt devastated by the situation, and more specifically by Mike's response, but it was the strength of my reaction that I found most compelling. Everything subsided the following morning when I apologised profusely to him over the phone, and we arranged another date.

As I reflected on what I was feeling in response to Mike's voicemail the night before I noticed disappointment. Disappointment in myself. For some reason I felt exposed, and shamed, like I'd been found out. It reminded me of that sinking feeling that accompanies the shame of being caught in an act of betrayal. The shame of what you've done, accompanied by the panic at knowing the situation is irrevocable. Being viewed as a fraud, with nowhere to hide.

The feeling in my chest was my heart beating more vividly. Adrenaline. Sudden panic. I knew it well. The truth is there was more to my 'not turning up' than I had acknowledged, even to myself. At the end of our second interview several months ago we did indeed arrange a date for the third, and it was the date that Mike had turned up for and I hadn't. As the time approached I'd realised that it was no longer possible for me to make it, and I needed to re-arrange. Rather than call or email beforehand I allowed the date to come and go, believing that if Mike noticed at all he wouldn't really care. I later sent a nonchalant sounding email with some alternative dates

assuming that Mike would be fine with it, and this is what provoked his indignant voicemail.

I felt exposed, because I had been. I had assumed Mike to be like countless other young people I had worked with over the years. Even some of the other participants in my research, most of whom had needed reminding of their commitment on or near the day of their interview. Replaying Mike's voicemail, I again noticed disappointment, but it was Mike's disappointment. I was just another adult, another social worker, another friend, another seemingly interested person to pick him up and put him down when it suited me. I had taken him for granted. Mike was disappointed in me, and although I hadn't identified it at the time, I'd actually felt it very acutely when first listening to his message. My own, very visceral reaction had been in response to his disappointment in me, and then my own disappointment in me.

My initial reaction had been noticeably compelling partly due to the immediacy with which it struck me, and partly by the strength of feeling that was invoked. I was deeply affected by Mike's response, because I was invested in the relationship that I have with him. It felt personal, because it was. I was also invested in maintaining a version of myself that had been contradicted by my actions for which I had been called out. A version of myself that wasn't in it for myself. Only I am. I am in it for myself. I always have been.

This reflection seems to highlight a strong sense of guilt, but I'm not clear whose it is. The feelings of guilt and vulnerability that I express are disproportionate to the occasion. They are triggered by the event, and I feel exposed for doing something terrible, unforgivable, and irrevocable. I had been shamed by Mike in his voicemail. Why should he give up his time for me, and do *me* a favour, if I thought so little of him? The tables had been turned. I was now the one who should feel ashamed. I'm the one who had betrayed someone else, taken them for granted, exploited their goodwill, and I'm the one who should feel grateful for being given a second chance. By feeling '*called out*' for '*being in it for myself*', was I conflating my professional ambitions, of doing research in order to complete a doctoral thesis, with the shame of being a sexual abuser?

Mike used the third interview, now having finished treatment, started college and making plans for moving into his own place, to consolidate his position as someone who has been fixed, and is ready to get on with his life. He spoke about his extensive social life, having new friends, and how he now has a girlfriend. He described getting through

treatment as an achievement, an overcoming of adversity, and an act of endurance – an odyssey:

Entering a zone that I really didn't want to be in. And then having to prove myself for two and a half years that I was capable, I could look after myself, you know, I didn't need someone to be shouldering me, going through it, go through all the process – and there were trips, there were falls, and I did, you know, have to go back down and work my way back up, and I got to the top and I carried on going, carried on going, erm, and walked the hills, climbed the mountains and I got – and at the end of the day I got to where I wanted to be, erm, and I passed through it all. Now I'm – I'm sound. I have no worries, I have no doubts, I have no feelings, bad feelings. I go through times where it's – I do go through hard times but I know how to work through it. I know how to think about it. I know how to react to it. It's not so much of a panic situation now. It's more of a sort of (sighs) right, let's do this, let's see what we can do, let's see how far we can go. Let's see what I can do to change this. Let's see what I can do to change that. And it's sort of like that, so... (Interview 3: 482-493)

Mike emphasised his personal achievements in getting through treatment. Perhaps by describing it as a solo mission, climbing mountains by himself, and picking himself up when he fell, he was showing how he still feels alone in the world. Also, maybe it was important for him to have the chance to finish off, to round up, and to tell me as a way of telling others, how he has survived. Maybe he needed to tell the end of the story, and maybe that's why he left me the message that he did.

Looking again at my reflections directly after the interview I noted the confident, well rounded tone of Mike's ending:

The interview itself felt relaxed, and almost a fitting end to the whole process. Mike spoke with clarity about his experience in treatment, the positive effects that it has had on his life, and the benefits he considers it has given him. It was exactly the kind of message that the [treatment agency] would have liked to hear from one of its many young people completing their treatment programme. (Personal reflections, post interview 3)

I also felt a sense of things not quite being what they seemed:

For me the whole thing felt a bit like we were treading carefully over newly formed ice, trying not to step too heavily for risk of going through. Over time the ice will hopefully become thick enough not to notice any more and Mike will be able to get on with his life as if nothing ever happened. Only we both know that that will never really happen. He will always know that something happened, and importantly so will certain others. Including his mum, who despite believing that she trusts him now, also is never likely to let him live back at home. Just in case.

Mike told me that he doesn't have 'random thoughts' anymore. The wrong type of sexual thoughts for example, treatment has fixed that. What else could he say though? It's not like he could really say anything else, nor could I or anyone expect him to. To be defended, or at least defensive in this kind of situation is not negotiable. It's necessary for survival. It always will be. (Personal reflections, post interview 3)

Finally, this reflection again makes me wonder about my own assertions. “*To be...defensive in this kind of situation is not negotiable*” – why? Is that what I really believe?

The nature of my approach to this research meant that I solicited minimal information about participants from anyone other than themselves. I knew the basics. That they had been referred for treatment because it was believed that, for some reason they had, at some point presented a risk of sexual harm to others. I knew their age, where they went for treatment, and in some cases where they lived. This was the case with Mike, and was a practical necessity because it was where he wanted to do the interviews. No details were sought, nor obtained about his life outside of the interviews. Because he didn't tell me, I also don't know if Mike was ever convicted of a sexual offence. I know from my own experience as a practitioner that it's not unusual for young people to attend treatment without a judicial mandate, so it's possible that he wasn't convicted.

The objective of approaching interviews as openly as possible, and inviting participants themselves to decide how and what information they revealed was tied up with the 'Free Association Narrative Interview' method promoted by Hollway and Jefferson. *What Mike chose* to discuss was, in many respects as relevant as what he said about it.

Conclusion

Mike was seventeen when he completed a treatment programme, which he attended every week for about two and a half years. Our three interviews took place between March and November at the residential Children's Home where Mike lived. At our second meeting Mike had recently finished his last treatment session, and was waiting for the final report to signal what kind of outcome he was to have. He expected it to be positive, but was anxious nonetheless. When we met for the final time his life had started to move on. He already had sights on his eighteenth birthday, and it had been several months since finishing treatment. It was already beginning to sound like a distant memory in the way he talked.

Some things seemed difficult, or even impossible for Mike to reconcile; firstly that he is dangerous, or that he ever really was. He seems unsure about the events that led to him being referred to treatment, and he is conflicted as to how much responsibility he takes for that. He fluctuates between at least partly blaming the victims, and recognising that he is supposed to take ownership of that himself, even though he doesn't want to. Either way, he doesn't seem to want to say it. Maybe something about speaking it feels too much, too constitutive of him as something he doesn't want to be.

Responsibility, what he is willing to consider of it regarding harmful sexual behaviour is attributed to someone else. It's not just his victims who share some responsibility. The person who sexually abused him is also responsible for what they did to him. Mike doesn't seem to notice the paradox in the suggestion that his own abuser should be held responsible for their actions, and the damage they caused, but not him in relation to those he harmed. This difficulty in him accepting responsibility is faced by all participants in their own way, and raises the question again of what can and should be expected of them in 'taking responsibility'. Is it too much, even impossible perhaps, that there are two versions of themselves that they are supposed to reconcile?

Some implications for practice might be in considering how we, at both personal and institutional levels, deal with their dangerousness. In the search for a coherent, safe narrative from young people we may be suppressing, and ultimately giving undue attention to their dangerousness. Treatment practices are highly relational, and the

therapist/young person relationship is purposefully positioned to be a conduit for change, but it presents conflicts and dilemmas that are difficult to manage.

How did I influence the story that Mike told of himself, or perhaps more accurately the story that I *heard*? I've noted in several places how I felt 'impressed' by various things, whether it was the house, the location of the house, Mike's confidence, Mike's self-assurance, or the way that he seemed to tell a story of reformation. How he overcame adversity to become the person he is today. It was only really in revisiting the transcripts some time later that I started to feel differently about Mike, more repulsed and unnerved.

If at the time of the interviews I felt impressed, and perhaps even slightly intimidated, partly by him and partly by the context, then perhaps there was something about how I related to Mike that conveyed that to him, and in turn encouraged the telling of a particular kind of story. Or rather, perhaps it wasn't that Mike necessarily told a particular kind of story at the time, I *heard* a particular kind of story. There are various conflicts in what he says, and enough content to contradict the prevailing theme of him as just an all-round nice guy who had a tough start in life, before getting himself on the straight and narrow.

7. Case Study 2: Tim

In this chapter I present the second in a series of three case studies exploring how young people going through treatment for HSB attempt to make sense of themselves and their lives. My approach brings together data collected over a period of time, in interviews, and also outside of interviews, through analytic reflections and field notes. This case study concerns Tim who was sixteen years old at the time of our first interview, and seventeen by the third and final one. He lives in a residential placement for teenaged boys who have committed, or are believed to have committed a sexual offence, and which I refer to as 'Grove'. The non-secure nature of Grove means that whilst some of the boys will have been *convicted* of an offence, some of them won't, and none of them, in principle, are detained against their will.

Tim's Story

In the first interview, and with the aid of a lifepath, Tim tried to give a sense of his life so far. As with all participants, Tim was not specifically asked to disclose the details of his offence, either before, or during the interview (see also chapter 5). He was purposefully able to narratively position himself in whatever way he chose, as the manner in which he referred to it, or not, could prove insightful in itself. I wondered, for example, if he considered his offence to be an 'offence'. The way he spoke about it during the interviews suggested that he doesn't, and he considers it to be more of a mistake. Tim said that he didn't know right from wrong, it was a "spur of the moment thing", and that he did it out of boredom. He didn't have friends, he was lonely all the time, and he was isolated, with only his TV and Play station to keep him company. When asked how he feels the offence/mistake has impacted on his life he seemed stifled.

Oh, I've forgotten now...I don't know, my mind has just gone blank. Well obviously, the impact it was not [sigh] oh no I've forgotten it. I've forgotten it. (Interview 1: 1027)

He told me how he had to move away from his family and friends, because of his offence. He never kept in touch with friends, because he wasn't allowed to. Also, moving to the residential home had a "big impact" on him, he said. Tim feels that he moved from an "ordinary life" to something else, which he struggles to describe. He believes that the move happened too quickly "*there was no day by day, it was done. Sort of*". He spoke about the lack of freedom at the residential home, describing it as "*different, because when I was at home I never had alarms on my doors, there was never CCTV*".

Tim's family live about forty miles away, but he expressed no desire to return to them. He still visits, and although he refers to his step-father as Dad, he informed me that he never knew his "real Dad". His Mum died when he was six years old, which was also something he spoke very little about. Even though he also has two brothers, a step brother, a sister and two step sisters, he said that "*in a way I have no family*".

Although they get a passing reference, other people tend not to feature much in Tim's story. He mentioned friends, but also said that he's never really had friends. He anticipates the future to be much the same, and assumes that one of the main challenges of getting his own place in the future, for example, will be a battle with loneliness. He said he doesn't want to live on his own, but expects that he probably will. He would like to "*settle down*" at some point, "*get a girlfriend and all that...start a proper life*".

Tim spoke about his hopes for the future, but also spoke about the possibility of them not happening. He even seemed to have two versions, firstly an aspirational one where he is working as a screenwriter or technician, with the possibility of being a chef as back up, because cooking is also something that he also enjoys. Then there was the less aspirational one where he works in McDonalds.

The second time we met it felt as if there was a sense of unspoken 'knowing' between us throughout the interview. There were moments where we both sat, suspended around what I was wanting to hear, and what Tim did not want to say. Talk of his sexual offending, what he did, why he did it, how he affected the lives of other people. This was possibly a direct result of me having not asked him to describe his offence, even though I was interested. A number of times Tim's mind went blank again, or he just

couldn't think. There were pauses, and long silences. Overall it felt like Tim kept me away from the darkest areas of his life, or perhaps I chose to stay away.

When we revisited his lifepath in order to recap I was reminded of the two halves of his life, a before and after. He focussed, when possible, on the future, and he talked about getting a job over the summer before he starts college. As he looked at the version of his life that he'd put on paper, he said he had *'mixed feelings'*. *'Some happy, some sad'*. The *'good stuff'* he said relates to the present, and to the future. The *'sad'* or *'bad'* relates to some things in his past, specifically his mum's death, and his offending. He told me how there are some days that he feels *'really unhappy'*. He wasn't sure why, and didn't seem sure that he cared.

Tim said he wants to forget about his sexual offending. He's reminded of it all the time in his therapy sessions, but he believes that moving to the residential placement has helped him with his *'feelings'* and *'attitudes'*. He doesn't say which ones, and he believes his life is better for having moved to Grove. He knows that he was moved, because he sexually offended, and that in a way it did him a favour: *'If I didn't offend I wouldn't have moved to Grove'*. *It's 'not a good thing I offended', but it's a 'good thing I moved to Grove'*. If he'd stayed at home he believes that he'd still be having arguments with his (step) Dad, he'd *'still be rude'*, he *'would still not be [him]self'*, *'would be really angry'*, and *'would've ran out of school'*. He also thinks he'd have *'got into a lot of trouble'*, because the area where he used to live is *'rough'*.

His dad and brother and sister apparently agree, moving to Grove was *'for the best'* they had said. What does *'for the best'* mean? He's not sure. It's *'hard to explain'* he said. When given the option of adding further detail to his life path Tim chose to leave the past untouched. He is focussed on the future, and adds how he hopes to go to college, find a job, and join a youth club in order to meet some people.

Tim said he doesn't know why he sexually offended. *'That's the tough one'* he said. *'It's the tough one talking about the offending'*. He never reveals what he did, but he explains that *'it was internet based'*. He was *'isolated'*, and spent time on social media, specifically through his games console (ten hours per day) trying to make friends, and playing Call of Duty, and Grand theft Auto. He described feeling *'trapped'*,

metaphorically, in his room. He struggled to make friends in person, but online he had about seventy five, only two of whom he knew in real life.

Was there a link between his isolation and his sexual offending? Tim thinks yes. *'Because I was isolated'* he said *'I was spending all my time on the PlayStation, and different thoughts were beginning to go through my head. So I acted on them. Because they were really strong feelings. So I acted on them. So there is a connection there'*. It was too much though for Tim to consider what, if anything is different now; *'obviously you still get the impulses sometimes. Like just, you know...No, I can't think. No. Sorry I can't think'*.

As far as his victims are concerned, that was another place that he wasn't willing to go. *'I didn't really know them'* he said, *'they were just friends I made online'*. He assumes that the impact on them caused *'upset, confusion'*. Why? *'Because'* he said *'they probably didn't know right from wrong'*. I'm not sure that the significance of this statement occurred to me at the time. Neither of us pursued the point. What I did notice though was the embodiment of shame that seemed to have joined us silently, and I noticed that Tim's body seemed tightly closed. His eyes appeared to be looking for an exit from the room. It was a latecomer to the event. At some point it became tangibly present, but I couldn't recall when it arrived.

Tim tried to speak with some optimism about his future. He may have felt convinced, but I didn't. There was no escaping the past when it came to his future, and Tim spoke almost nonchalantly about the likelihood of him being restricted from certain jobs or professions. Even his *'dream job'* of acting might be affected he said. He assumed that becoming a doctor or a teacher are no longer options, but there's no indication from him that he considers that to be any kind of loss.

Tim knows that *'it's going to be with [him] for the rest of [his] life'*. Having to *'bring it all back up again'* when making declarations for job applications means *'you're not really going to forget, because all throughout your life it's going to pop up again everywhere you go'*. What is? What's going to pop up? His past record, or something else? *'It's how well you can control it'* he said, *'make sure the offences don't pop up again'*, *'one mistake can change the rest of your life'*. For some reason I asked him if he thinks he's a free

person, and several people appeared to answer back: *'Yeah. The way I feel yes, but the honest answer would be no. Yeah. At the moment' I feel I want to be free anyway'.*

Tim began interview three by informing me that he had sexually offended again, and that he was under Police investigation. His opening statement in this final interview framed the rest of our conversation. The mood was sober, but had contrastingly optimistic tones. There was a lot of focus on treatment. How it feels. How it felt the first time. Since his recent offence he said he has started treatment over again, that's how it feels. Apparently it's better this time. Not necessarily easier, but he's more truthful he says. Apparently he wasn't truthful the first time.

The optimism in Tim's story felt strange. He spoke of his offending having inadvertently improved aspects of his life:

I think by doing what I've done actually has brought me closer to my family and all that. And it just, I don't know why but it just, like there's been hardly any arguments with family. Every time they've seen me they're always pleased to see me, it's just... Like, whereas before I did what I did there were arguments almost every day (Interview 3: 451-455)

He reminds me later on that he hardly ever sees his family anymore, and their general absence from his story casts doubts on them actually being pleased to see him. I don't believe that he's close to his family. I don't believe that he likes them, or that they like him. He seems to conflate his life at the residential placement with his sexual offending.

Obviously I've been commented like that I've lost a lot of weight since [moving to Grove] and like I look healthier, my attitude's better, more mature. All these are good positive outcomes from doing a bad thing, which I find is slightly strange but without doing that bad thing where would I be now? (Interview 3: 458-461)

Tim described his aspirations for the future throughout all of our interviews as having a family, his own place, a job in the television industry. Where does he think he'll *actually* be? *"Probably working in like a fish and chip shop"* he said. And having a family? *"I'll put*

family, [represented on the collage] just in case, this is the future.” And his own place? “probably not a house, probably a flat...I don’t see myself earning enough money to own a house.” So, when asked how likely he feels his future will be as he wants it to be? “Probably not likely” he said.

Improvement and recovery. Rebirth or tragedy?

Tim begins in interview one by drawing attention to his ‘improvement’ as a result of living at Grove and attending treatment, referring to himself as being on a ‘path of recovery’. He continues in similar fashion by describing himself as having gone through a transformation akin to some sort of ‘rebirth’. This produces a ‘new him’, which implies the leaving behind of an ‘old him’.

The old him resides in a past that he seemed averse to talking about. With the aid of a lifepath he referred to his home, and his family. His mother died when he was six, and along with his siblings he was left in the care of his step-father. The difficult relationship that they have is only ever implied. Tim’s sexual offending happened when he was fourteen, and it resulted in him being moved to Grove, a residential treatment centre for boys with HSB. He described moving to Grove as traumatic, but despite this, life in the house has become familiar and he has adapted to it, to the extent that it now feels more like home.

Tim’s life story is divided between the past and present, and emphasised through the description of an old him/new him. In doing so Tim seemed to have been maintaining a split, which kept the good and bad aspects of him/his life apart.

Like, the thoughts, the feelings, the just how you thought just disappeared, so you become like a new you in a way. (Interview 1: 431)

The old him is seen as problematic; *“I used to be quite angry all the time and always moody”* he said, with the implication being that he isn’t that way any longer (interview

1: 105). Attending treatment; *“having therapies and all these meetings”* has produced a new him. *“So yeah that is what, that is when, back when I mean improved. From there it is like you were reborn in a sort of weird way.”* (Interview 1: 455)

Tim claims that improving his old self has also included learning right from wrong, implying that this previous lack of knowledge is what enabled him to sexually offend the first time:

Well I did not really know right from wrong before then. Well I sort of did I suppose but it did not really stay in my mind as much so like yeah, yeah, yeah I remember it, but you just like you just forget it and move on but that is probably leading me to what I did. (Interview 1: 505-507)

More than once in the first interview Tim referred to his time in treatment as “recovery”, specifically the two years between the ages of fourteen and sixteen, which he called *“the recovery therapy stages.”*

As I enquired of his use of the word recovery he replied:

I worked myself up to make me offend, but then it is recovering, moving on from the offence and moving...because basically that is when you have done something bad that you need to get back onto that road and push on. So I think that is the recovery bit. Like, working my way back. (Interview 1: 998-1003)

Grove specialises in working with young people who have displayed harmful sexual behaviour, and aims to provide a holistically focussed therapeutic environment. This treatment milieu, as it is referred to, includes individualised programmes for the young people that focus on addressing their behaviour, and with the aim of reducing the risk of recidivism. For about three years I worked there part-time as a therapist delivering treatment programmes with some of the boys. Tim knew this, as Grove is a small organisation where everyone’s name quickly becomes familiar. Although we rarely crossed paths, and when we did it was literally in passing, our time did overlap slightly. Tim therefore knew that I had been a therapist at Grove.

It is perhaps not surprising then that his instinctive response to my first question was to emphasise his improvement, and to begin with some reassurance, for me, a therapist. Like others, Tim's experience of treatment at Grove, more commonly referred to as 'therapy' has been through one to one counselling sessions with a male therapist. Tim's therapist is also known to me, which is also known to Tim.

In presenting himself to me as improved Tim was continuing, rather than beginning, a process of narrative self (re)construction in which he is seen as going through a transformation. Treatment practices at Grove are enacted primarily through therapy sessions, which emphasise character reformation as the basis of a rehabilitated life. He was, to some extent drawing on these discursive resources during our interview as he began to assemble his story:

I still carry my old self with me but I sort of...erm, yeah, well yeah, I sort of like improved the old self and adapted to basically take on board everything that you have learnt and put that into how you are today (Interview 1: 488-490)

Tim began to plot his life so far as a rebirth. He suggested that moving to Grove and attending treatment has improved him, and brought about a recovery. This would enable him to break free of his past, and move on, leaving behind events, places and people that he no longer wanted to associate with, including himself. I wondered if the plot that Tim had begun was sustainable. It felt to me like the wheels wobble, it breaks down in places, and with revelation of his re-offence in the third interview it possibly derailed. I began to think of Tim's life story as actually more of a tragedy, and a story of failed recovery.

As we began the third interview Tim explained:

A lot has happened since July, like one of, like it's a major thing but I don't really want to go in to too much detail. But basically, I've got a phone and I misused the phone in an inappropriate way which has led to an investigation. So, like that's been a big part of, which has happened really, recently. So I've been having weekly sessions with [therapist] and we've been going through it bit by bit, I've had a lapse since then, that was a bit difficult to be in because, like, instances with college and all that, I'm not... Like, I just recently got a letter back saying that I wasn't accepted in to [college] because of recent events. So, like, it's been a bit tough, it has been difficult. (Interview 3: 50-58)

As basic plots, the 'Tragedy' and the 'Rebirth' share similar trajectories, until the end. Booker describes Rebirth as follows:

As in a Tragedy, we are looking from the inside at what happens to someone when he becomes possessed by the dark part of himself. We see him passing into the grip of an egocentric obsession, which renders him both unable to feel for others outside himself and also blind to the reality of what is happening to him. As he sinks ever further into the darkness, however, he does not, like the tragic hero, just plunge on into final destruction.

(Booker, 2004, p203)

Tim's life story is incomplete, in that his life is far from over. As such, we don't know how things will ultimately turn out. His future, his fate is still to be seen. However, Tim's optimism does not resonate with me. It appears for now that Tim is still "*...frozen in his dark and lonely state with seemingly no hope of escape.*" (Booker, 2004, p204). However, it is also from this 'dark place' that a narrative Rebirth occurs. As "*light stealing in on the darkness*" some redeeming figure is required to stir him "*back to life*", and enable him to make a "*switch from darkness to light*", and to be "*put in touch with some deeper part of his personality which he has not previously been aware of*" (Booker, 2004, p204)

Having worked for nine years as a therapist with young people like Tim, at places like Grove I am becoming aware that such archetypal themes can influence the way we interact with others, and in encouraging them to 'become' someone new, we may ourselves be motivated by our own unconscious wish to have them construct a story

that complements our own. Who, for example if not the therapist could be the redeeming figure for Tim?

Perhaps, in presenting his story as a rebirth Tim is telling the story that has been told to him, implicitly through his experience of treatment. Perhaps it is the narrative that has been made available to him. One of the themes of Tim's narrative is of 'improvement', becoming a 'new *improved* person' through his referral to Grove, and undergoing of treatment. The question is *could* he have told a different story? Was it possible under the structural conditions that he's subject to? Did he really have a choice but to present himself as improved, and to dispose of the 'old' self, which was now incompatible with his present life. The structures that define him include Grove, an organisation, institution, set of practices, group of people, and cultural norms that are self-defined by their commitment to *changing* and *improving* young people like Tim.

Yet despite Tim's apparent change, and new improved self he maintains parts of the old him. The interest in sci-fi, script writing and visual media. There are conflicting forces that seek to define him under new conditions where a version of him that seeks illicit sexual contact through the use of digital technology and social media is not only not permitted, but can literally not find expression. His access to such technology is restricted until he appears (to others) to be different, not like 'that' anymore. It appears that that part of him (the old him?) re-emerges when the means to do so are present.

If the old him is associated, at least in part, by sexual interests and behaviour that were considered 'abusive', then the old him cannot remain in existence under the current conditions. He has to change it somehow. His move from first to third person when talking of his experience of treatment may suggest a 'stepping away' from the part of himself being referred to. It feels like dissociating language, something that Tim tended to do when feeling under pressure, usually when talking about his experience of confronting his offending during treatment.

If constituted through language, the old self can only exist when addressed. In 'Precarious Life' Judith Butler says:

The structure of address is important for understanding how moral authority is introduced and sustained if we accept not just that we address others when we speak, but that in some way we come to exist, as it were in the moment of being addressed, and something about our existence proves precarious when that address fails.

(Butler, 2004, p130)

How is *that part*, the part referred to as the 'old him' to be addressed in Tim? It does indeed feel precarious, and Tim himself seems unsure of how to address it. Tim's splitting of himself in this way avoids him reaching a more integrated 'depressive position'. Dissociating language, if that's what it is, distances that part of himself, and it's like he changes seats in order to address this other version of himself and *"take on board everything that you have learnt and put that into how you are today."*

Who is doing the addressing here, and who is the addressed? Butler suggests that we are morally bound by how we are addressed by others in ways that we can't avoid. This *"impingement"* she says *"by the others' address constitutes us first and foremost against our will or, perhaps put more appropriately, prior to the formation of our will."* (Butler, 2004, p130). What discursive positions are available to Tim? To this (bad?) part of him that he still identifies, but which seems unable to find expression.

The story/s that Tim tells, and the self that he presents throughout our interviews is co-constructed by him there, and to some extent re-constructed by me as I think and write about him. The response I feel to my own question posed above is 'none'. There may be no discursive positions available to Tim, and our interview doesn't seem any different. I gave him a blank sheet of paper on which to map out his life path, a blank page to assemble a collage of images that define him in some way, and I asked questions that were designed to open up discursive possibilities. Despite this I felt that the Tim I met was a sanitised, cleaned up version, made presentable.

My understanding of Tim and his story parts company with his. This appears most evident in my reflective thinking and writing that I made directly after the interviews, and when analysing the transcripts. The darker, and more depressing feelings find expression there, as I seem to relate differently to the various (split) versions that I encounter when I meet him in person, and when I meet him in my own thoughts.

As I drove away from the third interview I was clearly impacted, and it provoked a stream of melancholy that I spoke into the dictaphone, like I was purging myself:

It's grey, the clouds have formed in a continuous, almost seamless blanket of light grey, with dispersing ... inter-sper ... (tut) ... with pockets maybe ... maybe seams of lighter colour, but brighter light evades through. I'm on a road that I've travelled lots of times. It is, to some, the [name of road], and it is to me too. But it's a road in and a road out, a grey road, always a grey road. And today it's a road out. Thankfully, it's a road out.

I'm on my way out ... I'm leaving with the weight of ... maybe not the weight, but just a sense of melancholy,

misery;

just grey,

bleak,

joyless feelings that are not mine.

It reminds me of ... it reminds me of the council estates in Manchester,

of Coronation Street;

run down working men's clubs in the North;

cigarette smoke on a double decker bus;

bus stations and hard seats,

scratched windows,

cold,

grey,

damp,

musty

and cigarette smoke.

Anoraks,

bags.

Faded orange buses.

*Disenchanted, disinterested, uniformed, overweight, unkempt
men driving buses.*

Exhaust fumes.

Grey stone.

Sparrows in a car park.

Paving stones cracked,

uneven,

chipped,

damp,

slimy wet gutters;

broken walls,

grey pavement,

traffic.

Grey.

Fallen leaves,

wet,

piled,

dirty.

Crisp packets.

Dirt,

mud.

Walking towards home,

school,

someone else's home.

And around,

to and from,

back and forth in a grey box.

Looking for the way out.

*Looking for colour,
looking for sun,
for life,
for green,
for warmth,
for vigour,
for love,
fun and energy.*

*For knowledge,
surprise,
serendipity,
excitement,
energy,
warmth,
comfort,
soft,
love,
embrace,
laughter.*

*Sun,
laughter,
games,
energy,
fun,
friends*

I felt a sense of hopelessness and it pulled me away from any belief in Tim as transformed. My feelings went beyond lightly held scepticism, they conjured demonic images of malevolent creatures who creep about their work silent and secure in their evasive activities. As I connected again with the third interview I was left with some distinctly uncomfortable feelings:

I get an eerie sense from reading this final transcript that I didn't get during the interview, nor when I listened to the audio. There's something about his words that leave me feeling creeped out. I've stepped back. I'm not in the room with him anymore. I'm observing from a distance and I catch glimpses of another. A shadowy figure moving around the place unnoticed. I feel like I've seen a spectre. A stooping, lurking creature hidden away. Protected by this boy/man. (Reflective notes during analysis of interview 3)

It's in my own affective writing that I find expression for something that is not explicit during the interviews. I read the following paragraph taken from Tim in interview three:

You just understand what you did, why you did it. And once you've done that you think positive, and after the therapy's finished you can go about life like normal. Obviously it will still always be there at the back of your mind, it's not going to go away, well, hopefully it will, but for some people it won't. Yeah. It's a difficult thing to forget but it's a good outcome, therapy, it is a really good outcome because I'd say without it you'll just, where would you be now without therapy, without Grove where would you be? It wouldn't be nicer, I can tell you that now, it probably wouldn't be nicer. (Interview 3: 429-435)

As I read further I wrote more about how I felt:

What if Tim's (unconscious?) objective is to preserve the spectre? What if Tim's unconscious is the spectre?

I continued writing, and in doing so I re-read, and re-defined Tim's words in light of the feelings that I had:

Me: *I just wonder if you can tell me what you think the future will be like for you as a result of attending treatment.*

Tim: *You just understand what you did, why you did it.*

Spectre: *And once you've done that you think positive, and after the therapy's finished you can go about life like normal.*

Obviously it will still always be there at the back of your mind, it's not going to go away,

Tim: *well, hopefully it will*

Spectre: *but for some people it won't.*

Tim: *Yeah. It's a difficult thing to forget
but it's a good outcome, therapy*

Spectre: *it is a really good outcome*

*because I'd say without it you'll just, where would you be now
without therapy, without Grove where would you be?*

It wouldn't be nicer, I can tell you that now

Tim: *it probably wouldn't be nicer.*

Re-presenting the same passage in this way, by including the voice of the spectre in place of Tim's is an attempt to surface some of the emotional residue that I felt when engaging with his data. It felt like a useful, illuminating process, but it was also deeply uncomfortable. It exposed feelings of my own vulnerability that might otherwise have remained unconscious.

Conclusion

In this chapter I have told the story of Tim who was sixteen and had been attending treatment for over two years at the specialist residential centre where he lived. Tim moved to Grove at the age of fourteen shortly after it was discovered that he'd committed an internet related sexual offence. In interview three, and after more than two years of treatment Tim informed me that he had re-offended.

Throughout the case study, through the construction/s of Tim's story/s, I have tried to give a sense of who Tim is, and how he presented himself to me. I have also tried to give some sense of how I perceived him during and after the interviews, and try to make sense of what he told me. I have imposed my own 'meaning' onto what Tim spoke about; firstly through the construction of his story; and secondly by applying narrative theory in the suggestion that his story may follow an archetypal plot.

A psychoanalytic reading of Tim's interviews has been brought partly from a Freudian perspective. I have suggested that Tim experiences aspects of himself and his life as 'split', which also originates with Freud, but is the Kleinian model that has been most influential to me (Laplanche and Pontalis, 1973; Fonagy and Target, 2003; Bott Spillius et al., 2011; Frosh, 2012).

In contrast, a Lacanian perspective views the 'splitting of the ego' (as talked about by Freud), as a characteristic of the subject itself, rather than a process connected to psychosis (Evans, 1996). In departing from the biological aspects of Freud's work (Fonagy and Target, 2003), and in contrast to Klein's 'depressive position', Lacan's theory considered no possibility of synthesis, or integration (Evans, 1996, p195).

8. Case Study 3: Andrew

I am the monster

Something feels strangely absent. There is little if any change in the way I think about Andrew and his interviews. I don't feel struck by strong or unnerving emotions. Not angered, or scared. I felt sad, and perhaps still do to some extent, but even that seems to have subsided a little. The abuse that he perpetrated has been barely named. It's only really been referenced by association, by referring to the conviction and the court process. It's always been at least one step removed. Maybe that's why I'm yet to feel impacted by it. I've not come close enough.

I don't know what he did, and I don't even know enough to guess. It seems so far removed from him that it doesn't penetrate the interviews. We can only see and talk about its effects. It's like a black hole. I know it's there, but only by the way he talks about its effects on him and others, though interestingly enough not his victim(s?).

Is what Andrew did, and what it might mean, or represent potentially too overwhelming?

Maybe it's there, right in front of me, as it has been all along, only I haven't recognised it for what it is. I've written about how I like Andrew. I find something relatable about him. I have sometimes compared him to me at a similar age, and find myself feeling slightly inferior. As though the eighteen year old me would want to be like the eighteen year old him, only without the things he's done and has to live with of course. Which is kind of the point. I like the uncorrupted version of him, which is what I allow myself to see.

I don't want to live with those things either! I don't want to live with the knowledge of having committed a sexual offence at the age of thirteen serious enough to be convicted, and be placed on the sex offenders register. Serious enough to have the Police still be monitoring my relationships five years later. Serious enough to derail my relationships with family. To send my Mum into hiding from me. Unable to face me for months. To push my Dad into a period of depression. To animate my Grandmother into family counsellor to help them through the tragedy. To have girlfriends leave me. To have employers turn me away. To always live with the knowledge that whilst some people might not run, many will, and I won't know who is who until it's too late.

It's a life of isolation. Solitude. Always alone. It's a life sentence. I will always be in the wilderness. Always on the outside. Always hated and feared and despised. I am the monster.

(Autoethnographic writing after analysing interviews 1 and 2)

No Place in Heaven by Mika

*Father, won't you forgive me for my sins?
Father, if there's a heaven, let me in
Father is there any way to see
if there's room in heaven left for me?*

*I'm down on my knees
I'm begging you, please
There's no place in heaven for someone like me*

*Won't you open the door
And try me once more?
'Cause there's no place in heaven for someone like me*

(From the song "No Place in Heaven" by Mika, chosen by Andrew in interview 1)

I mean, I completely understand the song and the lyrics and all the things that he sings about but I suppose I kind of relate to it in my own way, like when I was 16 and got arrested and everything came out like that, I kind of got with-understood this song quite a lot 'cos- I don't know, I viewed myself as a bit of a monster, to be fair, so especially this bit ... it's kind of like I don't belong anywhere so ... and nobody would accept me so I understand this song 'cos it just kind of expresses the darker side of my life. Like, I'm sorry for everything that I've done ... if you get what I mean.

(Andrew reflecting on why he chose the song in interview 1)

In this third and final case study I present Andrew. I first met Andrew shortly after his completion of treatment. He was eighteen, and had coursed through his programme in the prescribed thirty or so sessions, which had taken him about a year. He was polite and diminutive as he quietly led me along a familiar route from reception area to interview room. The organisation's habit of interiorising their service centres with uniform white walls, identical corporate artwork, and gregarious fluorescent furniture made walking these institutional corridors slightly disorientating. It was almost, but not quite familiar, like my own office experienced in a parallel universe.

We convened in the same place for all three interviews, and I met virtually no one else during each visit. The corridors were silent, and the adjacent rooms always seemed empty. It was, for me, a quiet day every time I was in this office. Andrew had made some effort to be there. He'd travelled across town from college on the bus, and had a similar journey home afterwards. He lived with his Dad and his stepmother, who was initially pregnant with his baby sister.

Andrew's narrative shared some of the plots of recovery that both Tim and Mike also relayed, and that can be found in the handbooks employed by practitioners in treatment programmes. There is a before and after treatment, a time when he didn't know what he was doing was wrong. A period of enlightenment ambivalently referred to as he developed the means not to reoffend, which he didn't really need because he wouldn't have reoffended anyway. An unfortunate past and a hopeful future.

In this chapter I mobilise Lacanian theory more than I have previously, and use it to consider several themes that emerged through the analysis of Andrew's interview data. I began by presenting an extract from my reflexive writing called 'I am the monster', followed by some of the lyrics to the song 'No Place in Heaven' by Mika, and Andrew's reflection on it in the first interview. The role of the monster is an ambiguous one, first used by Andrew in explaining his identification with the song. It's a term that resonated with me and it remained part of our unspoken dialogue.

Andrew's Story

Andrew's life could be seen as split into two halves. A before and after - *before* he moved out of his mum's aged fifteen, and *after* when he lived with his Dad, but also the two halves of his family. His Mum and his Dad appear as symbolically good/bad objects in Andrew's story. Significant events seem to sit with one side or the other, on both sides of history, as well as family.

Although Andrew committed his sexual offence whilst living with his mum at the age of thirteen, it was whilst living with his Dad, aged sixteen that it became known to others and he began to face the consequences. He committed the offence, unknown to his mum at the time whilst living with her, but it was his Dad three years later who he disclosed it to, who made it public, and who, Andrew feels, has supported him through the after effects.

As I met with Andrew for each successive interview I got a sense of time standing still, as if any progression was being made in slow motion, if at all. One reason for this might be due to the fact that we met in the same room, at the same place with each interview, and there was no one else there. Everything looked and felt the same. Andrew looked and sounded the same. Also, he had finished his last treatment session just before the first interview, so his life in relation to treatment no longer had the same temporal markers that Tim and Mike's had. Instead, Andrew's life was just moving slowly away from it, like a boat drifting out of port with the current and no wind in its sails.

In the first interview it felt difficult to get a real sense of Andrew's family and significant relationships. He made reference to his parents, step parents, and grandparents, as well as friends, but they seemed so distant when he talked about them that they almost sounded made up.

I never found out during the first interview what happened that resulted in Andrew being placed on a treatment programme for harmful sexual behaviour. He told me that he committed an offence, a "*serious offence*" he said, when he was thirteen. He said he didn't know at the time that what he was doing was wrong, now that he does he feels angry with himself. Whatever happened at thirteen didn't get officially dealt with until he was sixteen. Later in the interview he spoke about how he was very secluded after

being arrested. He didn't go out much, or speak to people. He was locked away in his room every day. *"I was very alone when all that came out, or I felt alone"*.

When considering the broader impact that the issue of sexual abuse has had on his life he spoke about the consequences resulting from his own offence. He didn't at that point have a job, and he said it's very difficult to get one because of his criminal record and the type of offence. Not having a job also made it difficult for him to get the things that he needed for college, and he felt that he may even be prevented from going to University because of his record.

The other way his offence has affected his life is with relationships. The Police have told him that he must inform any girlfriends about his offence before their relationship gets 'serious'. Twice so far he's followed their instruction, and twice so far he faced what he believes was the inevitable result. They broke up with him. His friends however, have surprised him. He has three main friends who know everything, and they support him. It was scary telling his friends, but they reacted well, and he said that *"in fact, it's probably one of the best things that I've done"*.

Andrew believed that his future would be difficult, and that he is going to have to work even harder to achieve the things that he wants, because of his past offence. He doesn't want it to *"drag [him] back"*, but he expects it will. He gave the current example of his dad and step-mum who were due at the time of the interview to have a baby. He believed that neither of them considered him to be a risk, and he knows that he isn't, but he said they have to have *"a plan in place"*. As far as he's concerned, he just can't have the normal dreams that eighteen year olds have. *"It closes a lot of doors"*.

For Andrew the second interview seemed to be all *about* relationships. His relationship to himself. The version of him who wants to just get on with his life, doing 'normal' stuff; and the version of him that committed a sexual offence. That person who is there, always behind him in the mirror. It was about his family, including those who still don't associate with him. It was about his Dad, and his Mum, and his paternal Grandmother who, despite her disability played the family matriarch, willing others to remain strong, and loyal. It was also about Diane and Pete, the practitioners who guided him through treatment, and who, according to Andrew made it not just bearable but also positive.

Andrew said they *“really helped”* him, and he’s now more confident and happy about himself.

If there was missing detail about his family relationships last time, the second interview seemed to fill some of the gaps. Andrew described his father as a ‘role model’. He stood by him through the court process, and *“grounded”* him, *“bringing [Andrew] back to reality”* in a way that he feels literally saved him. He had lived with his mother until he was fifteen, now he lived with his Dad. His parents’ conflict seems to always be there. Andrew is situated between two poles that prevent him from being fully engaged with both of his parents at the same time. Perhaps it’s from learning to try and live with resolutely opposing parents that Andrew has found something familiar in the irreconcilable versions of himself. Although Andrew had no solution, he seemed less frustrated and more accepting than I might have expected.

The third interview began in a similar tone. Andrew updated me on the way his life was progressing. He had a job working in the manufacturing industry, a vocation partly chosen for its seemingly undemanding stance on vetting potential abusers, and he continued part-time at college. After the summer he intended to work full time, and he even had job offers for some private work. He hoped this could be the first step towards an independent future as a self-employed person. For now though he appreciated the feeling of adult responsibility, and I joked about the fun of completing his tax returns.

Andrew suggested that he’d grown up quite a bit since we first met, and noted that it had been almost a year since he finished treatment. It doesn’t take much to remind him, which prompted my first question to do with how he felt about it now. It was clear that it’s never far away, and is closely tied up for him with thoughts about constant vigilance around children. He began by referring to his baby sister as an example, and explained his discomfort around her, especially if she’s being changed or bathed. These are things he would never do in order, he explains *“to protect”* himself. He said that during treatment he was told he should avoid children *“otherwise there could be like a possibility of reoffending, and obviously I don’t want to reoffend”*. He provided other examples of feeling similarly uncomfortable, and for similar reasons when he’s near children in public spaces.

Despite his worries around children he was confident that he won't reoffend, and explained:

I think there are – there's multiple things, erm, really, which will make me not reoffend, cos, er, for one, I – I know it's wrong. Er, two, I know there are the, erm – the – what – if I reoffend I know there are repercussions, what they would be. Erm, my family would disown me. I would have nobody at all. Erm, it would be an empty life. And that's not what I want. So it's one hell of an incentive to not reoffend, even though I know I wouldn't, so. (Interview 3: 477-481)

His reassurance seemed weak, all the more so when I listened again to the interview. It's difficult to know what to make of it when unaware of the details of his offence, but probably no less confusing than for those who do, such as his mother and his girlfriend. Andrew wants “*a happy life*” in the future, nothing out of the ordinary, and would quite like it to continue as it currently is. He hopes to have a family, including children. He hoped his current girlfriend will be around long term, but so as “*not to jinx things*”, he avoided writing their relationship down on his life path. Just in case. Apparently he has a lot of bad luck.

“I do have a lot of bad luck. It's – erm, not a lot of things go like my way most of the time. If there's something that's happened, usually, er, I don't know, I won't come out of it the other end very well. I would say in the past 18 years I've had a lot of bad luck, so I don't think it's gonna change any time soon, personally, but you never know.”

What is it?/Being afraid of children

As his life progressed beyond treatment Andrew, on the surface at least, became another example of success. He was getting on. He was attending college. He had realistic job prospects. He had friends, and he had a girlfriend. He was living at home with his Dad, his Dad's partner, and now also his baby sister. Whatever he did at the age of thirteen that propelled him through court and on to a treatment programme three years later was in the past, and he could put it behind him. Only he can't. One of the

enduring feelings that I was left with is the sense that it will never be behind him. It will never be fully exiled to the past.

There was a sense from Andrew's story that moving on from the past was not going to be possible, and there was something that lingered, and would not go away. The more I analysed and worked with Andrew's interview transcripts, and engaged with whatever story or stories were contained within them, the more I got an increasing sense of something menacing. I describe it simply as 'it', and consider what sense can be made of this feeling that is difficult to describe.

'It' might be the sexual offence that he committed at the age of thirteen, and which was never disclosed (to me). A historical detail that, for those who do know will continue to influence the way he is defined in the present. 'It' might be something else, or something more. It might be an enduring characteristic that he has. An aspect of himself that can't be amputated. That can only be hidden or denied. 'It' might be a lie that persists in his ear, like Tolkien's Wormtongue, that will keep him from rest through perpetual fear. Or it may be all these things, or none. If I am left with a single, beguiling, and unanswered question in relation to Andrew it is: What is *it*?

By the time we met for the third interview it had been almost a year since Andrew had completed treatment and I asked him to reflect on the future again in light of it:

Andrew: *Erm, I don't think that I'll, erm, ever reoffend again, which is always a good start. Erm... But like – like I said before, erm, I think the treatment will probably always stay with me, erm, and everything that I've been through will stay with me. Erm... It's, er, just one of those things, really. It becomes that much a part of your life that, even when it's not, it's still there, if that makes sense. So always gonna think about it. And, erm, sometimes it's not for a couple of weeks or – at a time, but then something will happen and it'll pop back up again, if you know what I mean. So it's, er, it's one of those things that'll always stay with me.*

Matt: *Something – something will happen?*

Andrew: *Yeah, just, erm, I don't know, like walking through [LOCAL] Place and a kid'll be stood on their own, or, erm, a – a mum would walk off and leave a kid, or – looking at something. Just – just little things that you wouldn't take notice of, if you know what I mean. It's just –*

you just walk past and just glance, and like that's not good, like, keep walking. And then it'll be like – it'd come back to the treatment, like sort of sex, all that kind of stuff. So it's like just leave it alone. 'Cause obviously I don't wanna be accused of anything else, so it's just get your head on and just keep going, kind of thing. (Interview 3: 352-368)

This directly followed a point in the interview where Andrew spoke about his Dad and stepmother's new baby who he referred to as his baby sister, and who was only several months old. It's not clear when his baby sister was born, sometime between the first and last time we met, but in Andrew's story her presence became ominous and foreboding. She seemed to represent something that pursued him like a nightmare, and if it caught up with him, like in the movie *'It follows'*, he would be finished.

In the movie 'it' is un-named, and although it takes the form of other people, those 'others' are not 'it'. When a character becomes infected, usually unknowingly, 'it' begins to pursue them in the form of that person walking directly, menacingly towards them, unannounced and without warning. The victim (and the viewer) is kept in a state of constant high arousal. No one other than the victim (and the viewer) can see it, and its form often replicates someone familiar. The following extract is where Andrew discusses his baby sister in interview three:

Andrew: *Well, I still think about all the things that I've been – that I was told about and what we went through and all – and everything, so it's not like I finished the treatment and then it never happened. It's not like I wiped it from my mind. Like I do still think about it sometimes. But, erm, I mean, there are certain things, er, that we talked about, and obviously, you know, I've got a baby sister. Erm, we spoke about how things were gonna be with her. And, erm, they were – at the time I was a bit annoyed about what was being said towards my baby sister, erm, 'cause obviously she's done nothing wrong or anything like that. Anyway, by the by. Erm, so yeah, just, erm, thinking about some of the things that I was told, that I'd gone through the treatment with and everything. Erm, it made me realise just how serious it was, especially with – with a child, you know what I mean. So the treatment's never not gonna be there. It's always gonna stay with me. I'm always gonna think about it. Erm, it – it will always have an effect. So I suppose it won't end.*

Matt: *You feel you're always gonna think about it and it's always gonna have an effect.*

Andrew: *Yeah. Yeah, 'cause, er, in some ways, erm, I – I don't like to change my baby sister. Er, I don't like to watch her getting changed. I don't like to watch her having her nappy taken off. Erm, I feel uncomfortable about it. Erm, don't know whether that was from what I was told here or anything else, or if that's just a subconscious thing, but I – I feel uncomfortable with it. Whether it's gonna be the same in the future I don't know, but...*

Matt: *So you feel uncomfortable.*

Andrew: *Yeah.*

Matt: *Can you maybe say a bit more about that, about that, you know.*

Andrew: *With, erm, the offences and – and things, obviously that, erm, that went off, they were quite strong charges that I was given. Erm, and at some point during the, er, treatment, I felt like I was, I don't know, quite a – a bad guy, if you know what I mean. So I suppose, erm, even though I was – I was told that I wasn't bad for what I was doing, or what I'd done, sorry, erm, it's still in my mind that what I did was wrong, so it still remain wrong, if – if – if that makes sense.*

Matt: *So what you did?*

Andrew: *Yeah. So taking that to like the future, now, with my baby sister, I feel uncomfortable with like bathing her and being – not being around her but doing things with her, if that makes sense, 'cause I was told to protect myself, otherwise there could be like a possibility of reoffending, and obviously I don't want to reoffend. So I feel uncomfortable about being in the same room or watching or anything like that. So like I say, I don't know if that's always gonna be the case or if I'm gonna be the same with my – my kids or whatever, but – I don't know. For the time being that's just how it is, I suppose.*

Matt: *Yeah, and, erm... That makes – that does make – that makes sense. And, erm... I guess listening, it – it kind of feels like it makes – it makes sense to me, you saying that that feels uncomfortable, but I guess, erm, I – I – for me as well, it – it feels a little bit uncertain as to exactly why. I can understand why it does. I mean, that may only just me my perspective and*

my – my sense of that may well be what you're claiming or feeling.

Andrew: *Yeah.*

Matt: *And, erm – okay. Erm, so – okay, so, erm... So you were saying a couple of minutes ago you weren't – you weren't sure whether some of that feeling uncomfortable was also partly to do with what you'd been told through – through treatment, or whether it was something else. I guess, erm... I guess you were given some guidance in treatment about things that you should or shouldn't do in – in everyday life.*

Andrew: *Yeah.*

Matt: *Erm, and if some of that discomfort was to do with anything else, erm, I wonder what that – what that could be, if that makes sense.*

Andrew: *Yeah. Erm, I'm not sure what it could be. Erm, whether it – er, I don't know, whether I've just got a problem with changing or feeding or anything like that. But, erm, I'm not sure, to be fair. It's just one of those things where... It's difficult to explain, if you – if you – yeah, so. (Interview 3: 279-345)*

Andrew introduced 'it' in the form of his baby sister, but it becomes clear that it's not really about her specifically. 'It' becomes represented by several things; his baby sister, treatment itself (as in the previous extract 352-368), and also children more generally. Andrew spoke about having been taught, by his therapists, to protect himself. To avoid situations with the potential for an allegation. This, for him meant avoiding children, which like his baby sister, became a continued source of anxiety.

Andrew: *Yeah, 'cause that's what my treatment was, er, all about was all about, erm, being wary of young children and all that kind of thing. It was, erm... 'Cause that was what my offence was, erm, to do with young children, so I was taken – taken to like a place where... Like in my mind, sorry, not like in real life. But, erm, where I was told like, er, to – to protect myself from like being around young children for too long. There was a lot of restrictions on me. So I suppose in a way it's kind of frightened me of small children, if that makes sense.*

Matt: *It makes you frightened of small children.*

Andrew: *Yeah, which – which sounds quite funny, but, erm, the reality of it, er, er, I suppose that's what it does, because that's what I've been kind of told to stay away from, if that – if you get what I mean."*
(Interview 3: 437-442)

My own feelings about this surfaced periodically during the time that I was analysing the interviews. They were often stifling, and I recall moments of overwhelming sadness and feelings of despondency. I provide an example below, which is relatively mild. Some of my more impassioned reflections on the matter feel too explicit to reproduce:

There is a dilemma for me. I feel like I've lifted the lid and seen something revolting. I want to slam the lid back down and forget what I saw, but I can't. After revisiting the first two interviews with Andrew I felt some affection for him. I remembered how he came across when I met him. A nice lad trying to get on in life in the wake of a past offence that was serious and that placed all manner of restrictions on him. I felt sorry for him, and like it was all so unfair, that he should have to suffer the way he has, and to some extent still does. But it began to feel like something was missing. That I was missing something. It all felt a bit too flat. Too level, and without the expected views of strong emotion punctuating the terrain.

I felt angry towards his parents, especially his Dad. Really angry towards his Dad, but in a way it didn't feel like mine. I find it hard to take ownership of it. I don't know where it came from. It just emerged from seemingly nowhere. I can see what it connected to, but why I should be the one to feel that I don't know. Maybe it was in lieu of Andrew. He didn't seem to feel it.

It's funny how I'd forgotten about the nature of his offence, which he had told me in interview three. It involved younger children, and in that interview he described still feeling anxious around younger children for fear of accusations, but it felt like that wasn't the only thing he was afraid of. Maybe he was afraid of something more. Maybe he was afraid, in those situations where he sees young children, of himself. That's what I saw when I lifted the lid. That's what makes me feel so sad. That underneath that exterior of a nice lad, genuine, desperate to get on and be a normal guy, lurked a real monster. Unlike the other young people that I interviewed, who had done 'bad things', there was actually a bad person. Bad in the sense that maybe he is sexually attracted to children, and that it's something he can't get rid of. It's just something he has to deny. Something suspicious in the way he talks about his reasons for not doing it again in the future; he knows it's wrong, he

doesn't want to get into trouble again, he doesn't want to ruin things with his family, and his girlfriend. Not because he doesn't want to.

(Reflexive notes written during analysis)

I began this section by alerting us to the sense of menace that seems to linger in Andrew's story, and the feeling that I have of him somehow being unable to escape it, or leave it behind. Working out what 'it' is, or might be felt like an almost obsessional quest for a time as I analysed Andrew's interview transcripts. It punctuated my thoughts at random times, and I kept wondering what it could be that he needs to escape from.

One of the questions that occurred to me was: why didn't Andrew say that he's afraid of himself, rather than children, as that felt more fitting. What was frightening about a baby, or random children in a playground?

The Monster

The theme of the Monster is present throughout each set of interview data, but lurks as a form of spectral other. In the space where I write about my own feelings relating to Tim and Mike I have referenced ghosts and demons that appear to be openly hiding in front of me. Lacan's notion of the specular image, may be a useful concept through which to attempt exposure of this persistent presence which is not easily ascribed.

Interestingly the almost indecipherability of Lacan's own phrasing in his paper on the Mirror Stage, published in *Ecrits* (Lacan, 1996) feels most useful here. As Sean Homer (2005) suggests, his style of writing is performative in enacting its meaning:

Indeed, for imagos – whose veiled faces we analysts see emerge in our daily experience and in the penumbra of symbolic effectiveness – the specular image seems to be the threshold of the visible world, if we take into account the mirrored disposition of the imago of one's own body in hallucinations and dreams, whether it involves one's individual features, or even one's infirmities or object projections; or if we take note of the role of the mirror apparatus in the appearance of doubles, in which psychical realities manifest themselves that are, moreover, heterogeneous. (Lacan, 1949, p77)

It is never quite clear to me where the spectre (ghost/demon/monster) in my writing fully belongs, or to whom. I think the opening passage ('I am the monster') illustrates this point, as the voice/s behind the text gradually merge, blurring the identity of the narrator. It begins with me thinking aloud about *me* and *Andrew* as separate entities, and finishes ambiguously with no clear indication as to who is speaking. Only the monster identifies itself. I, as Evans suggests am "*captivated by the specular image*", because I see something of myself in it. The monster is the product of what I see/identify with in the imitative gestures of the other (in the Lacanian sense of 'little Other'). The (big) Other is seen in Andrew, but at the same time is *not* Andrew.

Although the monster does not appear only in Andrew's interviews, it is foregrounded there in a way that enabled it to be directly confronted, or at least acknowledged. As such the Monster is named by him in interview one, and I was able to openly consider '*who/what/where is the monster*'? Perhaps this is why the menace seems so absent in my own reflexive writing relating to Andrew. It has moved out of the shadows. It has been named. Its opacity is not lost for its presence. It is always a shape shifter, continually moving.

In acknowledging the monster I suggest to him that it's a strong word to use, and he replies:

Yeah, it is and I ... I don't know how to explain the reasoning for that word but I think that a lot of people who have done things like what I was convicted of and things like that, they've been out-casted and hated pretty much but at the time I didn't think that what was happening was particularly wrong but for me to now know that everything that I do, that what happened was bad and it shouldn't have happened and everything like that, it just makes me kinda think- it makes me ... kinda angry at myself 'cos I've let it happen, if you know what I mean. (Interview 1: 817-822)

Andrew has some uncertainty about whether he's the same person or not, he kind of believes not, but has doubts sometimes. I ask if he's the same person, and he says:

No, which I'm quite glad about. But I think it's because of what happened when I was 13 to dealing with the consequences of it now, it's kind of, I don't know, sometimes I think I still am the same kinda person but I know I'm not, if you get what I mean. Like sometimes I doubt myself which probably isn't the best thing to be doing but yeah. (Interview 1: 831-834)

Even though Andrew does not say “there it goes” his response implies that there may be a monster, and this opens up a new silent space between us during the interviews. He agrees with me that the word monster is a strong word to use, and even though he says he can't explain his rationale for using it he tries nonetheless. It's as though, as suggested by Žižek “*the virtual big Other has to be informed about it.*” (2006, p25). By referring to “*people who have done things like what I was convicted of*” and who are “*out-casted and hated*” Andrew acknowledges the big Other, which is the “symbolic order” through which he is being constituted (Evans, 1996).

If the monster is acknowledged as having the possibility of existence, then other possibilities are implied. For example, the possibility that Andrew could offend again. The possibility that he is dangerous. The possibility that some things might be true and some things might not be. None of these ‘possibilities’ are explicitly named by either of us in our discussions, though they are there. They are just *there*. They are held up like stage costumes for Andrew to wave them by. An example is found just over half way through the first interview. The notion of risk is put to him with the implication being the possibility of him re-offending in some way:

Matt: *Okay. A word that is often used ... I mean, we've not used it here yet today but a word is often used in these kind of situations in my experience, is risk, you know? People talk about the risk, whatever that means, risk of whatever. I mean, what does that mean to you?*

Andrew: *We've been talked to a lot about risk, me and my dad and my step-mum and at the minute, like most recent type of risk would have been- spoken to about was my step-mum and my dad are having a baby and when that comes, they've been asked if they thought I was*

a risk of offending again. My dad doesn't think so and neither does my step-mum, I mean everybody who met me doesn't think so but it is- they've said that we would have to have a plan in place and stuff which is quite difficult for me to hear 'cos it makes me think that if we did put a plan in place, that my dad would then think there is another chance, like he didn't trust me the way that he does. So I don't know, and I think that's the way that my dad sees it as well, so it's quite difficult.

Matt: *Yeah. Yeah, I can see that. How do you feel about the need for a plan? Is that something you think is worthwhile or necessary?*

Andrew: *I don't think it's necessary 'cos I know for a fact that I won't offend again. I've been through enough over the past 3 years. It's just other people who don't know me would look at all the information on a sheet and just think, "Well, there needs to be a plan in place" but then other people who actually know me and have sat and spoken to me and know me would say, "Well, that's not needed", do you know what I mean? (Interview 1: 669-690)*

The silent space between us alludes to a passive recognition of what is not named. Our discussion of the monster and the subsequent references that we make throughout the interviews feels similar to the way Žižek discusses the notion of 'interpassivity' (Žižek, 2006). Žižek cites the 'canned laughter' incorporated into the soundtrack of TV comedy shows as an example:

Even if I do not laugh, but simply stare at the screen, tired after a hard day's work, I nonetheless feel relieved after the show, as if the soundtrack has done the laughing for me. (Žižek, 2006, p23)

Equally, and perhaps a better example in this case is the scenario of another person who says "oops" when they witness another person's blunder. They "*say 'Oops!' For us*" writes Žižek, "*and it works.*"

Andrew does not acknowledge the risk that others suggest of him. The 'possibilities' are just there, but they are not named, meaning that they are not explicitly linked to Andrew, and therefore are not recognised. They remain hidden behind appearances, just like the Emperor's new clothes. Unlike the Emperor, Andrew does not become

exposed during our interviews, and as such he remains in-tact. There in, suggests Zizek, lies the lesson of the tale: *“one should never underestimate the power of appearances. Sometimes when we inadvertently disturb the appearance, the thing itself behind the appearance also falls apart”*. (Zizek, 2006, p 25).

The implication is that on some level we all accept this. Another example can be seen right near the end of our last interview together when Andrew is given an opportunity to look again, and possibly add to the life path that he created in interview one. It follows on from a discussion about his current girlfriend who he has very recently informed about his past offending, and who he believes still wants to be in a relationship with him:

Andrew: *Erm... That’s about it, really, I suppose. I mean, I would put my girlfriend on there but unfortunately you never know how things might turn out. But...*

Matt: *So you would put your girlfriend on there.*

Andrew: *Yeah.*

Matt: *You’re not sure how things will turn out?*

Andrew: *Yeah, you don’t want to jinx it.*

Matt: *Okay.*

Andrew: *Yeah. Knowing my luck I’ll put her on it and saying, like, we’ll be together forever or whatever, and then like she’ll break up with me tomorrow, or like in an hour, so... I have a lot of luck but it’s all bad, so.*

Matt: *Really?*

Andrew: *Yeah, most of my luck is bad luck. It’s just the family case.*

Matt: *So you feel like – do you genuinely feel like you have a lot of bad luck?*

Andrew: *I do have a lot of bad luck. It’s – erm, not a lot of things go like my way most of the time. If there’s something that’s happened, usually, er, I don’t know, I won’t come out of it the other end very well. I would say in the past 18 years I’ve had a lot of bad luck, so I don’t think it’s gonna change any time soon, personally, but you never know.” (Interview 3: 748-777)*

Andrew's reluctance to add his current relationship to his life path seems innocuous, but feels powerful because of it. It's like the act of writing it down on paper could be enough to burst the bubble, thus exposing him. The bubble being his belief that knowledge of his past offending will not be enough to overwhelm his girlfriend (causing her to leave him), just as it has overwhelmed everyone else, including previous girlfriends.

Something resolute in Andrew appears to have prevented him, metaphorically speaking, from trying to run, to escape from himself. That part of him that he referred to in the first interview as the 'monster' is, if not fully accepted, at least partially faced and addressed. He makes some attempt to consider it, and he explains how he accepts that others relate to the "*stereotype*" of the monster with its characteristics of 'manipulation, violence and aggression'. "*People see it how it looks*" he said, referring to the stereotype as portrayed on Crimewatch and the News, "*not how it is, if you get, they don't read between the lines. They see it and they think well I'll stay away from that because that's not a good thing, they don't look at it and think well actually it's not what it was, it was a mistake. He's actually an alright guy.*"

Zizek points out that "*An enemy is someone whose story you have not heard*" (Zizek, 2009, p39). Andrew seems to recognise that, for others, someone like him can be conceived as a monster, not human, because they haven't "*read between the lines*". For them he is a *thing*. Without an 'inner life' made meaningful through personal stories, without *a story* he cannot be 'fully subjectivised' like even, according to Zizek, the monster in Shelley's 'Frankenstein', who is not a 'thing'. Because he is given a voice "*the ultimate criminal*" is allowed to present himself as "*the ultimate victim*" (Zizek, 2009, p39).

I don't blame people for doing that" Andrew said, "*because obviously it protects themselves, and others and things like that and so yeah...it's just like I say that I've got to learn to get on with it and live with it.* (Interview 2: 543-545)

Gerry Rafferty's Baker Street is one of his "*absolute favourite songs*" Andrew tells me at the end of the first interview. The image he has when he hears the song is of driving an open top car down a long road towards the sun. The song, and the image originate with him playing Grand Theft Auto on his Xbox. The appeal of such a game, interestingly for him is the ability to "*take on the persona of somebody else*". He would like the opportunity to do this in real life, possibly in Italy or France. "*I'm gonna get a mix tape ready*" he said "*just all my favourite songs, and just drive away*".

Conclusion

In this final case study I presented the story of Andrew, who was eighteen when I first met him, and had just completed his final session of treatment with the national children's charity that I also worked for. He lived with his father and step-mother, and their daughter, Andrew's 'baby sister'. I began by describing some of Andrew's life story as he told it over the course of three interviews. His life struck me as being split, both historically in relation to when he lived with his mum, then later his Dad from the age of fifteen; and also in relation to the conflict that endures between his parents.

The theme of splitting continues as I discussed the sense of menace that seems to pursue Andrew, especially in the third interview when he talks about his fear of being around children, including his baby sister. The feeling that there is something that he is unable to move on from, or leave behind raises the question of whether that thing is a part of him, rather than just the practical fallout of having committed a sexual offence and then having to live with the consequences.

What can be learned, from the way Andrew and I tell his story, about how he relates to his past offence, and his potential to cause further harm? Again, it's interesting to consider both Klein's paranoid-schizoid position with its potential for resolution (Frosh and Baraitser, 2008; Bott Spillius et al., 2011) alongside a Lacanian perspective, which sees the split as 'irreducible', a '*general characteristic of subjectivity itself*' (Evans, 1996, p195; Fonagy and Target, 2003).

Andrew's search for optimism, as he drives into the sunset with Gerry Rafferty was in sharp contrast to my own melancholic mood, which was written a few weeks after the first interview:

The sadness in Andrew's story seeped through his narrative like old damp through cheap wall paper. The corners of which became partially and carefully unpeeled. As he spoke, some of the aged grime and grease emerged as it slowly repelled the decorative veil from behind.

During our time together he told his story with some candour, in curiously melodious tones. This was not Morrissey though. His darkness felt real, and there was no conscious attempt at poeticism. His was not a romantic tale. No rain soaked streets of Salford were required to induce melancholic mood. Vacuous childhood relationships, violent parents in continual conflict, and cold isolation were a fact of his early life.

(Extract from reflective notes written after conducting interview 1)

The two 'versions' presented above: Andrew's sunset drive, and my rainy Salford streets both projected something from our own background experiences, and in that sense they were personal to each of us. However, they were also connected. Andrew was playing Gerry Rafferty to *me*, and telling *me* about driving into the sunset, whilst relating it to the present moment. I was writing about *him*, and how *he* made me feel, also in the present moment. Although the descriptions contrast with each other, I feel like they are also complementary, like two sides of the same coin. They are like the good and the bad, in a Kleinian sense. When thinking about how such things might relate to practice, I wonder if it is important for practitioners to find ways of being able to notice, and surface some of the 'bad' material, that may be too much for young people themselves to do. Then by doing so we might make space for it, and like the monster, it can be acknowledged.

9. Discussion

In this chapter I will consider how participants' self-narratives, as stories, and the case studies in particular, speak to notions of self and responsibility for young people involved in treatment for harmful sexual behaviour. I begin by briefly revisiting the themes (first presented in chapter 5) regarding conflict, that emerged from the wider data set as a whole. The three case studies offered a means through which to explore issues of conflict more deeply, especially as they relate to notions of self and responsibility, and to make sense of participants' interview data alongside my own autoethnographic writing.

The kinds of stories that young people tell of themselves and their lives is discussed in relation to 'recovery stories', and 'stories that cannot be told' (Plummer, 1995), and I consider whether it is possible for participants to try and construct a self-narrative that resists the 'redemptive plot', especially when positioned in relation to treatment for harmful sexual behaviour.

I will revisit the issue of personal responsibility taking, and ask what can be learned from the ways in which these young people have tried to account for themselves. I will discuss how participants appear to struggle with this in significant ways as their narratives showed signs of resistance through contradiction and incoherence.

Finally, Žižek's interpretation of Lacan's concept of the 'subject supposed to know' (Lacan, 1973), reframed as the 'subject supposed to believe' (Žižek, 2006) is used to think about how notions of treatment efficacy might be played out through transference.

Themes around conflict

In describing my methods in chapter 5, some broad, initial themes were identified, following the first stage of analysis. The research questions have principally been addressed through the case studies, as the length constraints of this thesis prevented the use of both case study analysis, and an in-depth, cross cutting analysis between the

six cases. However, a further layer of thematic, cross case analysis will be developed for future publication.

I will briefly re-present the themes again, in order to re-situate the case studies within the wider data set. All of them concerned the more general theme of *conflict* within participants' stories, as they related to the research questions regarding notions of self and responsibility. The themes are what 'struck' me from reading and immersing myself in the interview transcripts, and from my reflective notes in the initial analysis stage.

'Home'

The first theme relates to the concept of 'home'. All of the young men were removed from their family homes in some form or other as a response to the allegations of HSB towards them. Tim, Mike and Carl were all taken into local authority care, but they were also moved a significant distance away from the area that their family lived, and that they grew up in. They were also all placed into a group home environment, with other young people considered similar to them in some way, usually because of a 'need' to attend treatment for harmful sexual behaviour.

Andrew, Terry and Ben were all moved to another family member's home. They all stayed local to where they had grown up, but they were excluded in some way from accessing the community in the manner they had before.

'Family'

All of the young men experienced conflict in relation to their families, and a loss of relationship on some level. For example, Terry resumed his relationship with his mother later on, but he was rejected by her for a while, and he was forced to leave home and live with his father. Andrew similarly experienced rejection from his mother, and left her home, and their relationship appears not to have been fully resolved. He also has extended family members for whom it seems unlikely that he will ever regain their acceptance. Carl was rejected by his mother following the allegations of sexual abuse

against him. He also moved to live with his father, and his maternal relationship has not resumed. Ben spoke little of his relationship with his parents, but he made it clear that whilst he cared greatly for his grandparents, with whom he was now living, he desperately wanted to return to the family home, which he had been removed from as a result of his sexual behaviour.

'Belonging'

Upon initial analysis of the interview material I was struck by how all participants seemed to describe some sense of disorientation in relation to who they are, and where they felt they belonged. Mike was possibly an exception to this (upon initial impressions). He began confidently, and seemed to show some sense of integration, with a clear purpose. However he also tended to gloss over the cracks in his relationship with family, which seemed evident from the way he described the way *they* relate to *him*. I wondered whether his interest in joining the army, for example, was connected to a search for belonging. He did describe how he found the prospect of being part of a battalion, living and working closely with a small group of others very appealing, and I wondered whether this was an appeal to the disconnection with family that he had experienced.

'Identity'

In those initial readings and analysis of the interview transcripts I wondered how the disruption to participants' lives, relationships and sense of belonging affected their sense of self. They may have had to confront the question of whether they were 'bad' for example, because they were accused of having done 'bad' things. It's also something for which they have been excluded, even expelled from their families and community. They had in some respects been expelled from society. Society does not accept 'sex offenders', and reintegration is not officially possible in any explicit sense. I'm not sure if, or how they could ever be open and expect to be accepted. So in some ways their emotional and psychological health depends on them not identifying with the 'sex offender' role. Do they need to occupy a 'split' position, or should they be expected or

encouraged to move towards something more integrated? (Bott Spillius et al., 2011, p491).

Stories lived and stories told

Whether it be in treatment, in research interviews, or in other spheres of life, requesting that young people begin telling their story by placing events from their life 'onto the page' (either literally or metaphorically) is in effect to impose a temporal structure to their recollection of memories, and the way in which their story is conditioned. The kinds of stories that young people are able to tell are also filtered through various, and powerful cultural discourses, that as therapists, or researchers, we also, both consciously and unconsciously engage with, and are influenced by (Plummer, 1995; Emerson and Frosh, 2001).

All of the participants' narratives in this study told stories that might be considered to follow a predominantly Kleinian therapeutic trajectory (Frosh and Baraitser, 2008), especially when relating back to the concept of treatment. All three participants in the case studies expressed some ambivalence about their *need* to attend treatment, and implied that they were always unlikely to repeat their HSB, even without it. However, they also spoke to the redemptive plot, with reference to how treatment had helped them in some way.

Stories are told within the spaces that are created for them, which in turn conditions which 'voices' get heard (Plummer, 1995).

What can be considered a tell-able story?

In 'Precarious life' Judith Butler responds to the September eleven attack on New York's twin towers. She considers what kinds of personal, ethical, and in that case political responses might be possible when our vulnerability is exposed by the actions of another. The premise of her subsequent discussion is that some lives are considered 'grievable', (and by inference 'liveable') and some are not, and our position on this conditions our response.

It could be argued that, like the 'terrorist', the 'sex offender', whatever that means, is also a non-human category, one whose life does *not* count as grievable. This is confounded through public conceptions of the sexual predator, the child abuser and so on (Plummer, 1995; Waldram, 2007). An awareness of the prevalence of such public discourses, that frame the sexual offender as sub-human, are likely to be felt by everyone involved in responding to young people who have sexually harmed. It is felt by parents, for example, and I have had conversations as a practitioner in which I have had to respond to parents' concerns that their son is a paedophile (in the colloquial sense), and their fear that he will become an adult sex offender.

Young people themselves also tend to be keenly aware that they could be perceived in this way, as explicitly mentioned by Andrew. It conditions what they feel permitted to say about themselves, and what story they can tell. It seems reasonable, for example, that Mike's decision not to tell people in the future about his involvement in treatment was, to some extent influenced by his awareness of socio-cultural discourses concerning 'the sex offender'.

What kinds of stories are young people *able* to tell? What kinds of narratives do they have available to them? Writing over twenty years ago, Plummer (1995, p114) notes that, whilst some stories may be 'awaiting their time', that of the adult child-sexual-abuser does not appear to be one of them, especially as it requires the community to be ready to receive it (Plummer, 1995, p119).

In part this is clearly because nobody will allow it to be told and nobody wishes to hear. It is simply implausible that paedophiles have a story, and inconceivable that they should be allowed to speak it. (Plummer, 1995, p118)

Whilst the young people in this study are not adult sexual-abusers, there does not yet appear to (and maybe there never will) be the kind of 'community of support' that will enable their story to be told, and therefore be viewed as distinct from that of adults (Plummer, 1995, p121). Without the (possible) social conditions through which their 'HSB' or 'treatment' story can emerge, it will remain underground.

What does remain available however, for those who attend treatment, is the ‘recovery story’, which has its origins in the United States within the recovery movement of the ‘addicts’ and the ‘sexually dysfunctional’ (Plummer, 1995, p97):

They all involve a clear transformation of the self, usually overcoming denial and seeking a path to ‘recovery’...[which] have a[strong] narrative about the need for personal change (Plummer, 1995, p98)

Treatment programmes condition the story that is told by making such discourses available. The structural conditions of treatment compel young people to identify themselves as damaged and dangerous from the start, and frame it as an opportunity for them to be rehabilitated.

All this leads to *diagnosis*. Most stories converge into a childhood tale of dysfunctionality and abuse connected to ‘a lost child’ and a world of hidden shame and secrets. The stories return to the *childhood* of the teller where something traumatic happens. In the fullest versions of the stories there is always a *dysfunctional family* at work and a trauma is experienced – even though it is usually so deeply denied that it cannot be readily recognised (it will be the task of the author or facilitator to help bring this ‘repression’ to the surface). From this a *linear* – or *cyclical* – model of some pattern of abuse starts to unfold. (Plummer, 1995, p105)

Taking responsibility?

Not identifying, or wanting to identify with being bad or dangerous can generate feelings of resistance in young people, and conflict with the prevailing narratives that they see as being available to them. All of the participants’ stories contained conflicts like this. Mike resisted embracing the view that he ever *needed* treatment, and tried to reframe

some of these contradictions, for example by explaining how he now controls people in a good way.

We might ask *why* the participants in this study, and possibly others in similar situations resist. Why do they resist identifying themselves, even in their past as doing something sexually abusive or harmful, and as being someone who could be capable of doing such things? If, as Butler suggests, moral authority is introduced and sustained through the structure of address then perhaps we need instead to ask: what do the structural and relational conditions of address allow for in the stories that these young people tell?

Behaviourist perspectives, which continue to be dominant in the research literature on the subject of young people and harmful sexual behaviour for example, tend to frame narrative resistance as ‘thinking errors’ or ‘cognitive distortions’. An example of this can be seen in a recent study by Gerhard-Burnham et al (2016), who described their participants’ use of *‘lying, blaming the victim, feigning ignorance, acting helpless, and being angry and jealous of the victim’* as *‘cognitive distortions/thinking errors [that] have long been recognized as a serious treatment issue in maladaptive sexual behaviours’* (Gerhard-Burnham et al., 2016, p104).

They conclude their point by re-emphasising what is already an established modus operandi within the field of HSB treatment, which is to teach responsibility taking and empathy:

The last two participants saw themselves as the victims of circumstances. Cognitive distortions related to avoiding personal responsibility are common in the juvenile sexual offending population. Learning to take responsibility and teaching empathy are important components of some treatment programs. However, emphasizing these issues should be considered for all youth given the prevalence of this distortion.

(Gerhard-Burnham et al., 2016, p104)

Throughout the thesis I have discussed some of the tensions of Kleinian and Lacanian approaches to analysis, in light of what Frosh and Baraitser (2008) describe as Kleinianism’s *“relentless optimism”*. In claiming that *‘destruction can be made good’*,

Frosh and Baraitser argue that Kleinian perspectives can lead analysts into “*playing the game of reparation*”, and assembling narratives that make sense (2008, p355). My argument is that, whilst young people are not likely to understand it in these terms, they too are inclined to try and present their stories in a way that makes a particular kind of sense, one in which they can be viewed as whole, and unbroken. If they must accept that they were at one time a danger to others, and in the past have caused harm, then they concede to the demands of treatment, and now present themselves as fixed, even when the ‘facts’ seem to contradict this. Tim, for example described his re-offence as an exception to, rather than as symptomatic of, something inherent in him.

Conditioning the story

As professionals delivering treatment, but also as a wider society, we have an investment in these young people becoming safer, and therefore the stories we want to hear will be tales of recovery. This can lead to the creation of those discursive conditions within the treatment relationship that potentially only leaves room for a certain kind of person to emerge (see for example Tim’s case study), one in which their narrative is coherent and integrated – or not. As the example of Gerhard-Burnham et al (2016) seems to show, the imposition of coherence may create binary conditions in which young people can only be viewed as either taking responsibility, or not taking responsibility, fixed or not fixed, safe or dangerous, honest or truthful. It leaves no space for something in-between.

Plummer suggests that:

All this story work is aimed at helping people find their proper place in the social order – to find out who they are, construct identities, assemble a new subjective world. It provides a language in which folk can partially dwell, and a narrative structure which can frame lives. Sexual problems are framed into a therapy story which in turn becomes the story of a life. (Plummer, 1995, p106)

It is due to the individualising tendency of therapeutic culture, Plummer suggests, which is echoed in the treatment literature (see chapters 2 and 3, Kahn, 2001; Morrison et al., 2009; McCrory, 2011; Rich, 2011), that the 'self' is viewed as creating the 'problem', and therefore why the 'self' needs to 'solve the problem' (Plummer, 1995, p106). According to Plummer, the therapeutic culture through which the 'sexual recovery story' emerged, is rooted in the medical traditions of the nineteenth century, which entrapped sex in a 'medical metaphor'. From this perspective the *'subjective narrative gets trapped in an objectivist science. Personal experience tropes wrestle with scientific metaphor'* (Plummer, 1995, p108).

Another influence originates with Freudian psychoanalysis, and also religion, in the form of the protestant ethic of 'purity' and 'temperance' (Plummer, 1995). As discussed in chapter 3, the act of confession is closely associated with the notion of responsibility, which features heavily within HSB treatment programmes. The inference is that, if they 'take responsibility' then they will be more inclined towards 'turning away' from actions that are considered abusive in the future. It is not so much about the *'unleashing of a potential self, but about restraint, regulation and control'* (Plummer, 1995, p109)

This connects also with the notion of repentance, if repentance is first confession, as preceding the turning away from sin. As Butler says: *"The sinner does not have to give an account that corresponds to events but only make himself manifest as a sinner"* (2005, p113). If the sinner only has to manifest himself as a sinner, how is he to do this? He does not, as Butler says, have to give an account corresponding to the 'factual' details, but he has to give something that sounds convincing.

Subject supposed to know/Subject supposed to believe

A Lacanian perspective regarding transference might reframe the question of whether their 'recovery stories' (of becoming safe) are 'true' or not, as: do we believe them to be true? Žižek suggests that, behind the 'subject supposed to know' is the more fundamental *'subject supposed to believe'*, which he says is the *"constitutive feature of the symbolic order"* (Žižek, 2006, p29). Participants in this study, just like other young

people attending treatment, don't necessarily need to believe what they are saying, when they say they are safe. They can transfer their belief onto another, such as the therapist, or in this case the researcher.

Mike, for example, told a story of being fixed, and of going from a hurt, angry, out of control child to a successful young man who attended college, had a social life, and a girlfriend. He described being welcomed back by his family after successfully, and single-handedly climbing the 'mountain' of treatment. He had been initiated into adulthood through trial. He had been sent away a child, and had returned a man. Mike used the third interview to consolidate his position, and as his interviewer I played along. I felt the fragility of his tale at the time, noting in my post interview reflections how it felt like walking on thin ice. Do *I* believe that he was fixed? Does it matter, as long as Mike believes he's fixed? Does *Mike* believe he's fixed? Does it matter, as long as he believes that I believe?

Does anybody believe that treatment works? What if I'm not sure, and Mike's not sure, and others are not sure? Is it necessary for *someone* to believe that treatment works? Zizek proposes that some beliefs "*function at a distance*", and suggests that the subject who really believes does not necessarily have to exist at all:

...in order for the belief to function, there has to be some ultimate guarantor of it, some true believer, yet this guarantor is always deferred, displaced, never present in person. How, then, is belief possible? How is this vicious cycle of deferred belief cut short? The point, of course, is that, for the belief to be operative, the subject who directly believes need not exist at all: it is enough precisely to presuppose his existence, to believe in it. (Zizek, 2006, p30)

Zizek provides a useful example to illustrate. He tells of how the Physicist Niels Bohr received a visitor at his home who commented on the horseshoe on his front door. The visitor expressed a lack of superstitious belief in such things and their ability to bring good luck. Niels Bohr concurred, only to add that he had it there because he'd been told that it works even when he doesn't believe in it (2006, p30). The only proof of whether treatment really works would be in the life of its attendees after their life has finished.

Reconviction is the only external marker, and it may in itself be inadequate, as not all recidivists are caught. It's not possible to ever *really* know if the treatment works, so, like a horseshoe on the door we put young people through the process, and try to elicit stories that confirm what we need to know.

Conclusion

In this chapter I discussed how participants' self-narratives speak to notions of self and responsibility for young people involved in treatment for harmful sexual behaviour. I began by revisiting the themes around conflict that related to the wider data set as a whole, which highlight some of the common experiences that young people in this study have had. All of the participants, for example, experienced significant disruption and upheaval to their family life, as a result of their HSB, and all of them left their original homes. The self narratives of those represented in the case studies all highlight the deep, and enduring impacts that such disruptions have had on their sense of self, and the ongoing, conflicted relationships that developed.

The kinds of stories that young people tell of themselves and their lives in relation to 'recovery stories', and 'stories that cannot be told' (Plummer, 1995), was also discussed, as part of a consideration of the wider social conditions through which they emerge.

In the concluding chapter I will revisit some of the key findings that have emerged from this research. I will highlight, and discuss some implications for practice, and also some of the limitations of this study.

10. Conclusion

I have considered through this thesis what insights might be gained from using a psychosocial, narrative, and autoethnographic approach to explore notions of self and responsibility with young people involved in treatment for harmful sexual behaviour. I began by introducing my personal and professional connection to the subject of young people, harmful sexual behaviour, and treatment. I have been a qualified social worker for fifteen years, and have spent most of that time as a specialist practitioner delivering treatment programmes. I also described the sense of dissonance that I often felt as a practitioner, in relation to my experience of delivering treatment, when young people tried to describe how they had changed.

It was from this personal, highly subjective place that I began the research journey, with little more than a vague notion of what it was that I wanted to investigate. It is perhaps unsurprising that I turned to research methods that focus on narrative, that utilise subjectivity and reflexivity, and that emphasise the personal. Some of the methods that I have used in this research also relate to the type of social work and therapeutic practice that I have become accustomed to. The communication skills and experience that I used in designing and conducting the interviews, for example, were developed over many years of practice, and are typical, even basic, requirements of social workers and therapists.

Equally, both the practical and theoretical applications of narrative and psychosocial theories, that were central to this research, including psychoanalytic theory, have close and long standing associations with social work, and especially therapeutically oriented, and clinical applications such as HSB treatment (discussed in chapter 4). It is perhaps for this reason that conducting the research interviews, and listening to the way that participants spoke about themselves and their lives, initially felt familiar.

Making the familiar unfamiliar

I was comfortable in the environments where I met with interviewees, having visited offices, treatment centres, and residential children's homes numerous times over the years. Even their stories, despite being 'new' to me, felt familiar to others that I'd heard before as a social worker, and as a treatment practitioner. The themes of conflict (presented in chapter 9) are likely to concur with the stories of other young people involved in treatment for HSB, and will resonate with practitioners, who like me, have been doing this work for a while.

For this research to be productive I needed to make the familiar 'unfamiliar'. This meant, firstly, finding new approaches for thinking about the subject in general, by utilising theory that could unsettle some of the normative ways that I had previously come to understand young people and HSB treatment. Secondly, it also meant mobilising theory alongside research methods that had the potential for generating new knowledge about how young people construct notions of self and responsibility.

The Research Process

Undertaking the research for this thesis has been a heuristic process, in which the numerous practical and theoretical challenges encountered en route have informed both the direction of the research itself, and also my learning about what it means to be a 'researcher'.

From initial research proposal, to the final 'thesis', the project underwent several iterations. At its inception the research was designed to investigate the process of 'identity development' amongst young people as they progressed through treatment for harmful sexual behaviour, a premise that was influenced by both my practical experience, and my 'working knowledge' of the practice literature. The method of 'following' a small number of participants from the start of treatment, to about three quarters or more of their way through, assumed that they would likely undergo some identifiable 'change' as a result of their experience, which could be compared thematically across cases.

A more comprehensive review of the literature (chapter 2), combined with a slightly audacious foray towards unfamiliar theoretical material (for example the work of Butler, Foucault, Zizek, Lacan) soon disabused me of any expectation that I could investigate notions of identity quite so simply.

Utilising theory: Ethical Violence

I initially sought theoretical perspectives that would help me think about the subject of identity more generally, and, following on from the Critical Analytic Study, which I completed at an earlier stage of the doctorate, I took the concept of 'narrative identity' (Bruner, 1991; Ricoeur, 1991; McAdams, 2013) as my starting point. However, it was Butler's work on 'ethical violence', that would later prove most influential.

I first encountered Judith Butler's work on performativity through some general texts on the subject (for example Lawler, 2008). It was in her book 'Giving an Account of Oneself' (Butler, 2005), that I saw a potential application for my research, but it was some time before it became apparent, and I was able to use it productively. As an unaccomplished reader of the humanities (in any formal sense), my early attempts to engage with her work, as well as that of other theorists were frustrating and short lived. I read more broadly around subjects such as critical theory, and social constructionism, and in line with personal, rather than practical interest (for example (Belsey, 2002b, 2002a; Burr, 2003; Lawler, 2008), which gave a slow route in. From here I gradually started to engage with her work on subjectivity, and the concept of personal responsibility, especially in relation to what it means to live an 'ethical life' (Butler, 2004, 2005).

Connecting Butler's (2005) concept of 'ethical violence' (Butler, 2005) with the notion of HSB treatment, as it is commonly conceptualised in the substantive literature (see chapters 2 and 3), has formed part of my original contribution to knowledge in this field, and was the result of a serendipitous turn of events that came from the pursuit of reading something that appeared to have no immediate application.

The premise, that HSB treatment operates as a form of *ethical violence*, if ethical violence is to require a coherent self-narrative from young people as part-evidence of

them taking personal responsibility (Butler, 2005), unfolded gradually. Reaching beyond the familiar, into challenging new theoretical domains has been productive, both for my doctoral research, and for my understanding of what it means to 'do research' more generally.

Using the concept of ethical violence to frame existing treatment practices meant challenging some of the orthodoxy around the use of narrative therapeutic approaches for example, as well as the emphasis that is commonly placed upon young people evidencing personal change through the confessional practice of disclosure, as discussed in chapter 3.

Research methods

Modifications to the original design were required at various points as a pragmatic response to unforeseen challenges, for example I had difficulty accessing some participants from Grove, because despite the willingness of most of the young people, not all of their parents were prepared to give consent for them to take part. Similarly at the children's charity, I naively (and wrongly) assumed that I would receive prompt replies from colleagues across the organisation in response to my request for them to approach young people they were working with. This simply didn't happen, and it resulted in delays, as well as a cohort of fewer participants than I'd hoped for, all at different stages of treatment, and distributed over three hundred miles apart.

I incurred additional financial costs due to travelling longer distances, but also from using transcription services to manage the large amounts of interview material that was generated. Having felt anxious about whether I would have 'enough' participants, I later became anxious about having too many. As discussed in chapter 5, having seemingly 'too much' data also became an issue for analysis and the presentation of my findings, and I had to make decisions about what could be realistically achievable within the constraints of available time, and space within the thesis.

There were also issues in the obtaining of ethical approval, as mentioned in chapter 5. I anticipated that my ethics application would be rigorously scrutinised by the University ethics committee, which meant that I was adequately prepared for it. I didn't, however,

anticipate having to make a separate ethics application to the charity that I worked for, nor was I prepared for their differing timescales and requirements. They made demands for additional information, and imposed some practical restrictions, which precluded me from recruiting or interviewing participants at the office where I worked. The result meant I had to recruit participants from around the country, via the various team managers and therapists at those locations, most of whom I didn't know.

Although I was still technically an 'insider-researcher', I began to feel more like an outsider, and the lack of response from my distant 'colleagues' helped me understand what it feels like to have *my* 'important research' sit much lower down on other people's list of priorities. Learning from these sorts of 'problems' was of course frustrating, especially as I noticed my prospective 'end date' becoming ever more elusive with each new challenge.

Ultimately, I gathered in-depth self narratives from six young people with recent experiences of treatment, over an extended period of time (approximately eight months). I used narrative interviews, based on the 'Free association narrative interview' (Hollway and Jefferson, 2013), and creative methods (DiCarlo et al., 2000; Veale, 2005; Wilson, 2016), alongside autoethnographic writing, to look 'beneath the surface' of what was consciously spoken within interviews. This use of psychosocial and autoethnographic approaches to utilising reflexivity in my research with young people involved in treatment for HSB, is a further aspect of my original contribution to knowledge.

There are some limitations to the approach however, and this study in particular. The first issue relates to my method of recruiting participants through the agencies where I worked, which made me an insider researcher (Drake and Heath, 2011). Participants may have assumed that I knew, and would discuss the interviews with their therapists, which in turn may have inhibited what they felt able to discuss. This was especially the case with Tim and Carl, as they both knew that I knew their therapist.

Another issue, is that the young people who took part were all 'volunteered' in some way by their therapists. This means that they were, possibly, more likely to represent those who had 'succeeded' in treatment. Whether conscious or not, it seems unlikely

that the therapists would have put someone forward who they knew were likely to contradict the 'system', or represent them or the agency in a bad light.

Similarly, my dual role as practitioner-researcher placed me in a position of power that meant I had to be highly conscious of the potential for participants to feel coerced, without me realising. Conversely, this could also have led me to being over cautious at times in the way I pursued points of interest in the interviews. An example of some of the personal struggle I had with this issue more generally is illustrated with a piece of personal writing in appendix 5.

As the notion of ethical violence suggests, to demand that young people present themselves as going from damaged to fixed, or dangerous to safe may be to prefer the *seamlessness of their story* as opposed to anything that might *tentatively be considered the 'truth'* (Butler, 2005). What if the young person is not, or does not feel fixed? Butler's suggestion that the past becomes '*orchestrated*' in relation to the other, in the present, as transference (Butler, 2005, p68), led me to consider how unconscious dynamics might be enacted through relational encounters between practitioners and young people in treatment.

The combination of autoethnographic and psychosocial approaches enabled me to investigate how reflexivity might inform an understanding of how young people make sense of themselves during treatment for harmful sexual behaviour, and for deepening an understanding of the experiences and challenges faced by practitioners who work with them.

Whilst at times feeling uncomfortable and exposing for me, autoethnographic writing was a way of using reflexivity, and of exploring transference through foregrounding my own affects and vulnerabilities, with the intention of deepening understanding of the experiences of the young people themselves. My personal insights and reflections were a way of exploring how unconscious processes might influence participants' emerging constructs of self within the relational encounter.

The process sometimes provoked feelings of helplessness and despondency, as well as empathy and concern, which may not otherwise have been surfaced, and I wonder whether this is what was necessary, and what in effect I was (unconsciously?) looking

for. In a Lacanian sense the unconscious *is* a gap (Homer, 2005), or more specifically a rupture (Lacan, 1973; Homer, 2005) '*between perception and consciousness*' (Lacan, 1973, p56). Perhaps the stories of young people in treatment should be disconcerting, and difficult to hear, and in surfacing something unconscious I have noticed some of that which I consciously find difficult to live with, but which is also closer to something we might call the 'truth'.

This also points to some of the limitations of using psychosocial and autoethnographic research methods, especially in relation to such sensitive and emotionally demanding subjects as sexual abuse (Waldram, 2007; Dickson-Swift et al., 2008).

Psychosocial and autoethnographic approaches can, in themselves, present risks to researchers through personal exposure, and by bringing us into close proximity with difficult, and potentially overwhelming feelings (Ellis, 2004; Grant, 2010a, 2010b; Short et al., 2013; Adams et al., 2015). Supervision and support structures therefore need to be adequately placed to provide an environment of 'containment', perhaps not unlike the sorts of clinical supervision practices found in psychoanalytic therapeutic practice.

Returning to my research question

What insights have I gained from using a psychosocial, narrative, and autoethnographic approach to explore notions of self and responsibility with young people involved in treatment for harmful sexual behaviour?

As mentioned in the first chapter, the stories of young people as they go through treatment are frequently heard by those guiding them through treatment, yet they appear under-represented in the research literature (Crumpton-Franey et al., 2004; Grady et al., 2017). Where they are represented, their 'story' is often told from the perspective of the researcher (Lawson, 2003), and/or for the purposes of evaluation (Edwards et al., 2005; Belton et al., 2014); extended narrative accounts appear absent. This thesis contributes to the existing literature by adding in-depth self-narratives from young people with current or very recent experiences of treatment.

A tell-able story

The 'recovery story' (Plummer, 1995) is implicit, and also ubiquitous in the treatment guides used by many organisations, especially those that are designed around engaging young people individually, through therapeutic style counselling sessions (Kahn, 2001; Morrison et al., 2009; McCrory, 2011; Rich, 2011; Wylie and Griffin, 2012; Belton et al., 2014). What the self-narratives of participants in this study appear to show, though, is that some of these treatment practices may, on some level, inhibit young people from creating and presenting 'truthful' accounts of themselves and their lives, in order to meet the demands of a certain kind of accountability.

This may not be surprising for experienced practitioners working in the field, who like myself are likely, at least occasionally, to have suspected something to be incongruent in the 'transformation' stories presented by some young people when they finish treatment. As discussed in chapters 2 and 9, HSB treatment models have, to some extent developed from the therapeutic and self-help cultures, influenced by early medical, psychoanalytic, and religious perspectives (Plummer, 1995).

Young people referred for treatment for HSB are not adult sex offenders, a point which has been reiterated repeatedly in the substantive literature of the past twenty years, and which has driven the development of treatment approaches specifically aimed at adolescents (discussed in chapter 3). Despite all of this, the narratives of participants in this study, seen most clearly in Andrew's case study, show how they feel concerned about being viewed in this way by society. In the absence of any kind of alternative, socio-cultural narrative around young people who display HSB, that is distinct from that of the adult sexual abuser, it seems unlikely that this will change.

One implication for practice might be to consider if/how, as practitioners, we should make space for young peoples' 'untellable' stories during treatment, in order to register something more 'truthful' from them. This could begin with practitioners themselves finding ways to register their own emotional responses to the young people and their situations, and acknowledging the discursive constraints that might prevent them from talking about 'dangerous' feelings, for example.

One of my key findings was in seeing how participants provide self-narratives that seem to so closely follow the 'redemptive plot', and the 'recovery story', whilst also making statements, and providing 'factual' details that could contradict it. This was evident with Tim for example, who described being a 'new person', having undergone a transformation, and as having a bright future. Yet he spoke about having recently re-offended as being an exception, much like an addict in the self-help group might refer to a recent lapse.

One argument might be that the 'imposition' of the recovery story has the potential to provide new discursive, and narrative possibilities (McCrory, 2011), that from a narrative-identity perspective, creates opportunities for the way he approaches his future (McAdams, 1996; McAdams et al., 2006).

An implication for practice deriving from this is the need to recognise both the possibilities, and the limitations that this presents, and as practitioners, finding ways to work with both the benefits of narrative based treatment approaches, whilst at the same time working with the (often unconscious) fears and anxieties that can only be accessed through something which cannot be narrated.

Another implication for practice may lie in the way that practitioners deal with reflexivity, and mobilise transference in the way that they mediate between both young people in treatment and also the 'outside world', including that of parents, school, social services, and society as a whole. In a Lacanian sense, as practitioners we represent the 'subject supposed to know' for both sides, with our own internal worlds becoming the convergent space where the hopes and fears of those we represent coalesce (we represent young people to others, and others to the young people).

This research raises potential questions about the use of narrative practices in treatment, and the emphasis that tends to be placed on promoting personal change, especially within treatment programmes that focus on the individual. Treatment approaches that instead focus on the young person in their situated environment, such as Multi-Systemic Therapy (MST), which work with the young person within their social network, were not represented in this study. All of the participants had been attending

individualised treatment programmes, in which they had attended sessions by themselves.

This points to another limitation of the study, which is that the ‘discursive regimes’ encountered in the treatment experiences of participants is specific to the therapeutically oriented, narrative, individualised, cognitive behavioural, and psycho-educational programmes used by the organisations through which they were recruited. Whilst these approaches tend to be most common (Hackett, 2014), they are not the only type of intervention available.

A reflexive approach

As soon as the subject who is supposed to know exists somewhere there is transference (Lacan, 1973, p232)

As discussed in chapter three, Butler’s suggestion that the truth may become clearer in moments of interruption, stoppage, and “*in enigmatic articulations that cannot easily be translated into narrative form*” (Butler, 2005, p64) elevates the role and operation of transference as a space in which such articulations might be utilised as the route to discovering something more ‘real’.

However, practitioners delivering treatment programmes for young people are often social workers operating in a specialist ‘therapeutic’ role, but without the type of training that psychotherapists receive. Despite some making the case for the use of reflexivity in social work (for example Miehl and Moffatt, 2000), an understanding of transference and how to utilise it in practice is often unfamiliar to many practitioners (in my experience), as are other psychodynamic approaches to understanding and managing their professional role. There is often confusion (again, also borne out in my experience) as to exactly what is meant by reflexivity, and the term is frequently conflated with that of ‘reflective’ practice (D’Cruz et al., 2007), which carries different connotations.

Bankes (Bankes, 2006b) goes as far as to suggest that treatment practitioners who do not integrate psychodynamic concepts, such as transference into their practice are likely to carry out their work in a “*counter-therapeutic manner*” (Bankes, 2006b, p264), and they risk becoming emotionally detached, or adopting a persecutory or rescuing approach (a view influenced by Karpman’s ‘drama triangle (1968)). Bankes also emphasises (as do others for example (Hackett, 2006)) that the emotional impact of this work should not be under-estimated.

For feelings of helplessness, anger, confusion, fear, sadness, and responsibility to not lead to emotional burnout, Bankes proposes that practitioners heighten their awareness of them, and recognise their links to the unconscious. This is something that I have tried to do throughout this research, but which has at times left me feeling adrift, floating along on feelings of helplessness and anxiety that seemed to be the unanticipated result of conflation between mine and participants’ internal worlds. It therefore seems that psychoanalytic ideas, such as transference, may have to be rethought for the different context.

Whilst I acknowledge Bankes’ assertion that greater self-awareness is a good thing, I remain cautious, as a non-psychoanalyst, of ‘mining psychoanalysis for its technology’, as warned by Frosh and Baraitser (2008). The danger, they suggest, is in using concepts such as transference and counter-transference as part of an ‘*ungrounded expert system of knowledge*’ (2008, p363), which they attribute in particular to the application of a Kleinian style of psychoanalysis.

Not knowing

My decision to not find out beforehand, or to directly ask participants about their HSB in the research interviews was partly influenced by the psychoanalytic concept of ‘free association’ (discussed in chapters 4 and 5). It was a way for me to share in some of the ambiguous space concerning how participants related to the allegations against them. The participants in this research told their stories to me, who despite not being their therapist, may have seemed representative of the same ‘expert’ regime that they had encountered in treatment.

One of the things that I have learned from doing this research relates to my experience of being in that liminal space, of 'not knowing', which became home to all sorts of fantasies, and anxieties, and that animated themselves in my thoughts and reflective writing. It put me (possibly) in a similar place to others who encounter young people involved in treatment for HSB, but who also do not have access to 'inside' accounts. There are various situations through which those, other than 'expert professionals', might encounter young people alleged, or known to have displayed harmful sexual behaviour. This commonly includes schools, residential establishments, foster carers, extended family members, and the wider community, including social groups and activities. They may have little or no information about what the young person has done, and those that do may only have partial accounts.

Positioning myself into this liminal 'unknowing' space appears to have influenced how I felt about the participants, and what they may or may not have done in the past, including the sense of menace that I discussed in the case studies. Containing such emotions was difficult, and it wasn't necessarily clear as to what extent my own imagination was filling in for the lack of 'factual' detail. This raises questions about the sorts of support structures available for anyone who tries to relate with young people involved in treatment for HSB, and my experience of conducting this research has allowed me to empathise with them, and some of the sorts of anxieties they may feel.

Suggestions for further research

My thoughts about further research possibilities are influenced by both personal interest, and also from issues raised through conducting the doctoral research study. In many respects, and as is often the case with doctoral research projects, this feels more like the beginning than the end. Conducting this research has introduced me to new areas of theory, as well as provoking new ways of thinking about familiar subjects.

I am interested in developing this research further, and investigating, for example, how treatment for HSB affects young peoples' identity at other stages of life. Also, investigating how young people situated in treatment contexts that are more group based, or that employ less narrative techniques would be worthwhile.

I am also interested in what learning might be gained from using psychosocial approaches with others who are directly involved in the lives of young people in treatment for HSB, and whose perspectives are also under represented in the literature. These include parents, teachers, therapists, and foster carers. I previously conducted a small scale research project (for the early stages of this doctorate) that interviewed foster carers about their experiences of looking after young people with HSB that could be expanded, through the use of psychosocial methods.

Finally, I am keen to explore further, the potential and possibilities that exist in the innovative use of the various research methods that I employed in this study, to other areas of social research. Whilst my professional background, and the context in which I was employed at the start of this project brought me to the issue of young people and HSB, I am also keen to engage with other areas of social work research with children and young people.

11. References

- Abel, G. G., Becker, J. V., Mittelman, M., Cunningham-Rathner, J., Rouleau, J. L. and Murphy, W. D. (1987) 'Self-Reported Sex Crimes of Nonincarcerated Paraphiliacs.' *Journal of Interpersonal Violence*, 2(1) pp. 3–25.
- Abrams, L. S. (2010) 'Sampling "Hard to Reach" Populations in Qualitative Research: The Case of Incarcerated Youth.' *Qualitative Social Work*, 9(4) pp. 536–550.
- Adams, T. E., Holman Jones, S. and Ellis, C. (2015) *Autoethnography. Understanding Qualitative Research*. Oxford University Press.
- AIM (2007) *AIM2: A model of initial assessment*. Manchester: AIM.
- Alderson, P. and Morrow, V. (2011) *The Ethics of Research with Children and Young People. A Practical Handbook*. SAGE.
- Bankes, N. (2006a) 'Placement provision and placement decisions: resources and processes.' In Erooga, M. and Masson, H. (eds) *Children and Young People who Sexually Abuse Others. Current developments and practice responses*. 2nd ed., Routledge.
- Bankes, N. (2006b) 'The responsibility avoidance syndrome: unconscious processes in practitioners' therapeutic work with children and young people who sexually abuse.' In Erooga, M. and Masson, H. (eds) *Children and Young People who Sexually Abuse Others. Current developments and practice responses*. 2nd ed., Routledge.
- Bankes, N. A. J. (2011) 'A Brief CBT Programme for Low Risk Adolescent Sex Offenders.' In Calder, M. C. (ed.) *Contemporary practice with young people who sexually abuse. Evidence-based developments*. Russell House Publishing, pp. 335–349.
- Barbaree, H. E. and Cortoni, F. A. (1993) 'Treatment of the juvenile sexual offender within the justice and mental health systems.' In Barbaree, H. E., Marshall, W. L., and Hudson, S. M. (eds) *The juvenile sex offender*. New York: Guildford Press.
- Barbaree, H. E., Hudson, S. M. and Seto, M. C. (1993) 'Sexual assault in society: The role of the juvenile sex offender.' In Barbaree, H. E., Marshall, W. L., and Hudson, S. M. (eds) *The juvenile sex offender*. New York: Guildford Press.
- Barbaree, H. E. and Marshall, W. L. (2006) 'An introduction to the Juvenile Sex Offender: Terms, Concepts, and Definitions.' In Barbaree, H. E. and Marshall, W. L. (eds) *The Juvenile Sex Offender*. 2nd ed., New York: Guildford Press.
- Bateman, J. and Milner, J. (2015) *Children and Young People Whose Behaviour is Sexually Concerning or Harmful. Assessing Risk and Developing Safety Plans*. Jessica Kingsley Publishers.
- Beck, A. T. (1979) *Cognitive Treatment and the Emotional Disorders*. New York: Meridian.
- Beck, J. S. (1995) *Cognitive Therapy: Basics and Beyond*. New York: Guildford Press.

- Beckett, R. (2006) 'Risk prediction, decision making and evaluation of adolescent sexual abusers.' In Erooga, M. and Masson, H. (eds) *Children and Young People who Sexually Abuse Others. Current developments and practice responses*. 2nd ed., Routledge.
- Beech, A., Print, B., Henniker, J. and Griffin, H. (2008) 'A response to Steve Myers' article Entitled '(De)constructing the risk categories in the AIM assessment model for children with sexually harmful behaviours.' *Children and Society*, 22(1) pp. 63–67.
- Belsey, C. (2002a) *Critical Practice*. 2nd ed., Routledge.
- Belsey, C. (2002b) *Poststructuralism. A Very Short Introduction*. Oxford University Press.
- Belton, E., Barnard, M. and Cotmore, R. (2014) *Turn the Page. Learning from a Manualised Approach to Treating Harmful Sexual Behaviour*. London: NSPCC.
- Bentley, H., O'Hagan, O., Brown, A., Vasco, N., Lynch, C., Peppiate, J., Webber, M., Ball, R., Miller, P., Byrne, A., Hafizi, M. and Letenderie, F. (2017) *How safe are our children? The most comprehensive overview of child protection in the UK. 2017*. London: NSPCC.
- Bentovim, A., Vizard, E. and Hollows, A. (1991) *Children and young people as abusers. An agenda for action*. National Children's Bureau.
- Bonner, B. L., Walker, C. E. and Berliner, L. (n.d.) *Cognitive-Behavioral Group Therapy for Children with Sexual Behavior Problems*. National Center Administration for Children, Youth, and Families U. S. Department of Health and Human Services: National Center on Child Abuse and Neglect.
- Bonta, J. and Andrews, D. A. (2007) *Risk-need-responsivity model for offender assessment and treatment*. Ottawa: Ontario: Public Safety Canada.
- Booker, C. (2004) *The Seven Basic Plots. Why we tell stories*. Continuum.
- Bott Spillius, E., Milton, J., Garvey, P., Couve, C. and Steiner, D. (2011) *The New Dictionary of Kleinian Thought*. Routledge.
- Bowlby, J. (1988) *A Secure Base. Clinical Applications of Attachment Theory*. Routledge.
- Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press.
- Brown, E. J. and Kolko, D. J. (1998) 'Treatment efficacy and program evaluation with juvenile sexual abusers: A critique with directions for service delivery and research.' *Child Maltreatment*, 3 pp. 362–373.
- Brownlie, J. (2001) 'The 'Being-Risky' Child: Governing Childhood and Sexual Risk.' *Sociology*, 35(2) pp. 519–537.
- Bruner, J. (1991) 'The Narrative Construction of Reality.' *Critical Inquiry*, 18(1) pp. 1–21.
- Bruner, J. (2002) *Making stories. Law, Literature, Life*. Harvard University Press.
- Burr, V. (2003) *Social Constructionism*. 2nd ed., Routledge.
- Butler, J. (2004) *Precarious Life. The Powers of Mourning and Violence*. Verso.

Butler, J. (2005) *Giving an Account of Oneself*. Fordham University Press.

Butler, J. (2015) 'Foreword: Tracking the Mechanisms of the Psychosocial.' In Frosh, S. (ed.) *Psychosocial Imaginaries. Perspectives on Temporality, Subjectivities and Activism*. Palgrave MacMillan.

Butler-Kisber, L. and Poldma, T. (2011) 'The Power of Visual Approaches in Qualitative Inquiry: The Use of Collage Making and Concept Mapping in Experiential Research.' *Journal of Research Practice*, 6(2) p. Article–M18.

Caldwell, M. F. (2002) 'What We Do Not Know About Juvenile Sexual Reoffense Risk.' *Child Maltreatment*, 7(4) pp. 291–302.

Caldwell, M. F. (2007) 'Sexual Offense Adjudication and Sexual Recidivism among Juvenile Offenders.' *Sexual Abuse*, 19(2) pp. 107–113.

Campbell, F., Stepanova, E., Hackett, S., Booth, A., Sutton, A. and Hynes, K. (2016) *Harmful sexual behaviour in children: Evidence for identifying and helping children and young people who display harmful sexual behaviour*. Durham University. University of Sheffield.

Carpentier, M. Y. and Silovsky & Chaffin, M. (2006) 'Randomized trial of treatment for children with sexual behaviour problems: Ten year follow up.' *Journal of consulting & clinical Psychology*, 74(3) pp. 482–488.

Christodoulides, T. E., Richardson, G., Graham, F., Kennedy, P. J. and Kelly *, T. P. (2005) 'Risk assessment with adolescent sex offenders.' *Journal of Sexual Aggression*, 11(1) pp. 37–48.

Clarke, S. and Hoggett, P. (2009) 'Researching beneath the surface: a psycho-social approach to research practice and method.' In Clarke, S. and Hoggett, P. (eds) *Researching Beneath the Surface. Psycho-Social Research Methods in Practice*. London: Karnac.

Collie, R., Ward, T., Ayland, L. and West, B. (2007) 'The Good Lives Model of Rehabilitation: Reducing Risks and Promoting Strengths with Adolescent Sexual Offenders.' In Calder, M. C. (ed.) *Working with children and young people who sexually abuse: Taking the Field Forward*. Russell House Publishing.

Criminal Justice Joint Inspection (2013) *Examining multi-agency responses to children and young people who sexually offend: A joint inspection of the effectiveness of multi-agency work with children and young people in England and Wales who have committed sexual offences and were supervised in the community*. London: HMI Probation, Care and Social Services inspectorate Wales, Care Quality commission, Estyn, Healthcare Inspectorate Wales, HMI Constabulary, HMI Prisons and Ofsted.

Crumpton-Franey, K., Viglione, D. J., Wayson, P., Clipson, C. and Brager, R. (2004) 'An Investigation of Successfully Treated Adolescent Sex Offenders.' *Journal of Child Sexual Abuse*, 13(3–4) pp. 295–317.

D'Cruz, H., Gillingham, P. and Melendez, S. (2007) 'Reflexivity, its Meanings and Relevance for Social Work: A Critical Review of the Literature.' *The British Journal of Social Work*, 37(1) pp. 73–90.

Denzin, N. K. (2014) *Interpretive Autoethnography*. Sage.

- DiCarlo, M. A., Gibbons, J. L., Kaminsky, D., Wright, J. D. and Stiles, D. A. (2000) 'Street children's drawings: Windows into their life circumstances and aspirations.' *International Social Work*, 43(1) pp. 107–120.
- Dickson-Swift, V., James, E. L. and Liamputtong, P. (2008) *Undertaking sensitive research in the Health and Social Sciences. Managing Boundaries, Emotions and Risks*. Cambridge University Press.
- Doucet, A. and Mauthner, N. S. (2008) 'What can be known and how? Narrated subjects and the Listening Guide.' *Qualitative Research*, 8(3) pp. 399–409.
- Drake, P. and Heath, L. (2011) *Practitioner Research at Doctoral Level. Developing Coherent Research Methodologies*. Routledge.
- Ebrahim, H. B. (2010) 'Situated ethics: possibilities for young children as research participants in the South African context.' *Early Child Development and Care*, 180(3) pp. 289–298.
- Edwards, R., Beech, A., Bishopp, D., Erikson, M., Friendship, C. and Charlesworth, L. (2005) 'Predicting dropout from a residential programme for adolescent sexual abusers using pre-treatment variables and implications for recidivism.' *Journal of Sexual Aggression*, 11(2) pp. 139–155.
- Edwards, R., Dunn, J. and Bentovim, A. (2007) 'Integrated Group Work for High Risk Adolescents with Diverse Needs.' In Calder, M. C. (ed.) *Working with children and young people who sexually abuse: Taking the Field Forward*. Russell House Publishing.
- Edwards, R., Whittaker, M. K., Beckett, R., Bishopp, D. and Bates, A. (2012) 'Adolescents who have sexually harmed: An evaluation of a specialist treatment programme.' *Journal of Sexual Aggression*, 18(1) pp. 91–111.
- Ellingson, L. L. and Ellis, C. (2008) 'Autoethnography as Constructionist Project.' In *Handbook of Constructionist Research*. The Guildford Press.
- Ellis, C. (2004) *The Ethnographic I. A Methodological Novel about Autoethnography*. AltaMira Press.
- Ellis, C. and Rawicki, J. (2013) 'Collaborative Witnessing of Survival During the Holocaust: An Exemplar of Relational Autoethnography.' *Qualitative Inquiry*, 19(5) pp. 366–380.
- Emerson, P. D. and Frosh, S. (2001) 'Young Masculinities and Sexual Abuse: Research Contestations.' *International Journal of Critical Psychology*, 3 pp. 72–93.
- Emerson, P. and Frosh, S. (2009) *Critical Narrative Analysis in Psychology. A Guide to Practice*. Revised, Palgrave MacMillan.
- Erikson, E. H. (1968) *Identity, youth, and crisis*. New York: Norton.
- Etherington, K. (2004) *Becoming a Reflexive Researcher. Using Our Selves in Research*. Jessica Kingsley.
- Etherington, K. (2007) 'Ethical Research in Reflexive Relationships.' *Qualitative Inquiry*, 13(5) pp. 599–616.

- Evans, D. (1996) *An Introductory Dictionary of Lacanian Psychoanalysis*. Routledge.
- Farrimond, H. (2013) *Doing Ethical Research*. Palgrave Macmillan.
- Finkelhor, D. (1984) *Child Sexual Abuse. New theory and research*. Free Press.
- Fletcher, J. (2007) 'Seduction and the Vicissitudes of Translation: The Work of Jean Laplanche.' *The Psychoanalytic Quarterly*, LXXVI(4) pp. 1241–1291.
- Fonagy, P. (2004) *Attachment Theory and Psychoanalysis*. Karnac Books.
- Fonagy, P. and Target, M. (2003) *Psychoanalytic Theories. Perspectives from Developmental Psychopathology*. Routledge.
- Forrester, J. (1996) 'If p, then what? Thinking in cases.' *History of the Human Sciences*, 9(1) pp. 1–25.
- Forrester, J. (2017) *Thinking in Cases*. Polity Press.
- Foucault, M. (1979) *The History of Sexuality 1: The Will to Knowledge*. Penguin Books.
- Foucault, M. (1988) 'Technologies of the Self.' In Luther, M. H., Gutman, H., and Hutton, P. H. (eds) *Technologies of the Self. A seminar with Michel Foucault*. University of Massachusetts Press, pp. 16–49.
- Foucault, M. (1993) 'About the beginning of the hermeneutics of the self.' *Political Theory*, 21(2) pp. 198–227.
- Freud, S. (1905) 'Fragment of an Analysis of a Case of Hysteria ('Dora').' In *Case Histories I: 'Dora' and 'Little Hans' (The Penguin Freud library. Vol. 8) (1990)*. Penguin Books.
- Frosh, S. (2003) 'Psychosocial Studies and Psychology: Is a Critical Approach Emerging?' *Human Relations*, 56(12) pp. 1545–1567.
- Frosh, S. (2010) *Psychoanalysis Outside the Clinic. Interventions in Psychosocial Studies*. Palgrave MacMillan.
- Frosh, S. (2012) *A Brief Introduction to Psychoanalytic Theory*. Palgrave Macmillan.
- Frosh, S. (2015) *Psychosocial Imaginaries. Perspectives on Temporality, Subjectivities and Activism*. Palgrave MacMillan.
- Frosh, S. and Baraitser, L. (2008) 'Psychoanalysis and Psychosocial Studies.' *Psychoanalysis, Culture & Society*, 13(4) pp. 346–365.
- Gauntlett, D. (2007) *Creative Explorations: New Approaches to Identities and Audiences*. Routledge.
- Geary, J., Lambie, I. and Seymour, F. (2011) 'Consumer perspectives of New Zealand community treatment programmes for sexually abusive youth.' *Journal of Sexual Aggression*, 17(2) pp. 181–195.

- Gerhard-Burnham, B., Underwood, L. A., Speck, K., Williams, C., Merino, C. and Crump, Y. (2016) 'The Lived Experience of the Adolescent Sex Offender: A Phenomenological Case Study.' *Journal of Child Sexual Abuse*, 25(1) pp. 93–109.
- Gibson, M. (2014) 'Narrative Practice and the Signs of Safety Approach: Engaging Adolescents in Building Rigorous Safety Plans.' *Child Care in Practice*, 20(1) pp. 64–80.
- Glaser, B. (2010) 'Sex offender programmes: New technology coping with old ethics.' *Journal of Sexual Aggression*, 3(16) pp. 261–274.
- Grady, S., Cherry, J., Tallon, M., Tunney, C. and O'Reilly, G. (2017) 'An exploration of the treatment expectations and experiences of adolescents who have sexually abused.' *Journal of Sexual Aggression*, 0(0) pp. 1–19.
- Grant, A. (2010a) 'Autoethnographic ethics and rewriting the fragmented self.' *Journal of Psychiatric and Mental Health Nursing*, 17(2) pp. 111–116.
- Grant, A. (2010b) 'Writing the reflexive self: an autoethnography of alcoholism and the impact of psychotherapy culture: The reflexive self and alcoholism.' *Journal of Psychiatric and Mental Health Nursing*, 17(7) pp. 577–582.
- Grant, A., Short, N. P. and Turner, L. (2013) 'Introduction: Storying Life and Lives.' In *Contemporary British Autoethnography*. Sense, pp. 1–16.
- Green, L. and Masson, H. (2002) 'Adolescents who Sexually Abuse and Residential Accommodation: Issues of Risk and Vulnerability.' *British Journal of Social Work*, 32 pp. 149–168.
- Griffin, H. and Wylie, L. (2013) 'The Journey: G-Map's adaptation of the Good Lives Model.' In Print, B. (ed.) *The Good Lives model for adolescents who sexually harm*. Brandon VT: Safer Society Press.
- Hackett, S. (2001) *Facing the Future. A guide for parents of young people who have sexually abused*. Russel House Publishing.
- Hackett, S. (2002) 'Negotiating Difficult Terrain: The Personal Context to Work with Young People who Sexually Abuse Others.' In Calder, M. C. (ed.) *Young People who sexually abuse. Building the evidence base for your practice*. Russel House Publishing.
- Hackett, S. (2006) 'The personal and professional context to work with children and young people who have sexually abused.' In Erooga, M. and Masson, H. (eds) *Children and Young People who Sexually Abuse Others. Current developments and practice responses*. 2nd ed., Routledge.
- Hackett, S. (2007) 'Just how different are they? Diversity and the treatment of young people with harmful sexual behaviours.' In Calder, M. C. (ed.) *Working with children and young people who sexually abuse: Taking the Field Forward*. Russell House Publishing.
- Hackett, S. (2014) *Children and young people with harmful sexual behaviours: Research Review*. Dartington: Research in Practice.
- Hackett, S., Holmes, D. and Brannigan, P. (2016) *Operational framework for children and young people displaying harmful sexual behaviours*. London: NSPCC.

Hackett, S. and Masson, H. (2006) 'Young People who have Sexually Abused: What do they (and their parents) want from Professionals?' *Children & Society*, 20(3) pp. 183–195.

Hackett, S., Masson, H. and Phillips, S. (2005) *Services for Young People who Sexually Abuse*. Youth Justice Board for England and Wales.

Hackett, S., Phillips, J., Masson, H. and Balfe, M. (2011) 'Recidivism, desistance and life course trajectories of young sexual abusers. An in-depth follow-up study, 10 years on.' *Durham University, SASS Research Briefing no. 7*.

Hall, S. (2011) 'Evidence for working holistically with young people who have sexually harmed.' In Calder, M. C. (ed.) *Contemporary practice with young people who sexually abuse. Evidence-based developments*. Russell House Publishing, pp. 14–33.

Halse, A., Grant, J., Thornton, J., Indermaur, D., Stevens, G. and Chamarette, C. (2012) 'Intrafamilial adolescent sex offenders' response to psychological treatment.' *Psychiatry, Psychology and Law*, 19(2) pp. 221–235.

Hanson, K. R., Morton, K. E. and Harris, A. J. R. (2003) 'Sexual Offender Recidivism Risk.' *Annals of the New York Academy of Sciences*, (989) pp. 154–166.

Hawkes, C., Jenkins, J. A. and Vizard, E. (1997) 'Roots of sexual violence in children and adolescents.' In Varma, V. (ed.) *Violence in children and adolescents*. London: Jessica Kingsley.

HM Government (2004) *Every Child Matters: Change for children*. London: Department for Education and Skills.

Hoffman, L. (1981) *Foundations of Family Therapy*. Basic Books.

Hoggett, P. (2008) 'What's in a Hyphen? Reconstructing Psychosocial Studies.' *Psychoanalysis, Culture & Society*, 13(4) pp. 379–384.

Hollway, W. and Jefferson, T. (2005a) 'But why did Vince get sick? A reply to Spears and Wetherell.' *British Journal of Social Psychology*, 44(2) pp. 175–180.

Hollway, W. and Jefferson, T. (2005b) 'Panic and perjury: A psychosocial exploration of agency.' *British Journal of Social Psychology*, 44(2) pp. 147–163.

Hollway, W. and Jefferson, T. (2013) *Doing Qualitative Research Differently. A Psychosocial Approach*. 2nd ed., Sage.

Holman Jones, S., Adams, T. E. and Ellis, C. (2013) *Handbook of Autoethnography*. Routledge.

Homer, S. (2005) *Jacques Lacan*. Routledge.

Hook, D. (2008) 'Articulating Psychoanalysis and Psychosocial Studies: Limitations and Possibilities.' *Psychoanalysis, Culture & Society*, 13(4) pp. 397–405.

Howe, D. (2005) *Child Abuse and Neglect: Attachment, development and Intervention*. Palgrave/Macmillan.

Howe, D., Brandon, M., Hinings, D. and Schofield, G. (1999) *Attachment theory, Child Maltreatment and Family Support: a practice and assessment model*. Macmillan: Basingstoke.

- Jefferson, T. (2008) 'What is "The Psychosocial"? A Response to Frosh and Baraitser.' *Psychoanalysis, Culture & Society*, 13(4) pp. 366–373.
- Jenkins, A. (1990) *Invitations to Responsibility: The therapeutic engagement of men who are violent and abusive*. Dulwich Centre Publications.
- Jervis, S. (2009) 'The use of self as a research tool.' In Clarke, S. and Hoggett, P. (eds) *Researching Beneath the Surface. Psycho-Social Research Methods in Practice*. Karnac.
- Kahn, T. J. (2001) *Pathways: A guided workbook for youth beginning treatment*. 3rd ed., Safer Society Press.
- Karpman, S. (1968) 'Fairy tales and script drama analysis.' *Transactional Analysis Bulletin*, 7(26) pp. 39–43.
- Kolko, D. J., Noel, C., Thomas, G. and Torres, E. (2004) 'Cognitive-Behavioral Treatment for Adolescents Who Sexually Offend and Their Families: Individual and Family Applications in a Collaborative Outpatient Program.' *Journal of Child Sexual Abuse*, 13(3–4) pp. 157–192.
- Kvale, S. (1999) 'The Psychoanalytic Interview as Qualitative Research.' *Qualitative Inquiry*, 5(1) pp. 87–113.
- Lacan, J. (1949) 'The Mirror Stage as Formative of the I Function as Revealed in Psychoanalytic Experience.' In *Ecrits*. Norton.
- Lacan, J. (1973) *The Four Fundamental Concepts of Psycho-Analysis*. Karnac.
- Lacan, J. (1996) *Ecrits*. Norton.
- Lane, S. (1997) 'Assessment of sexually abusive youth.' In Ryan, G. and Lane, S. (eds) *Juvenile Sexual Offending: Causes, consequences and correction*. Jossey-Bass.
- Laplanche, J. (1999) *Essays on Otherness*. Fletcher, J. (ed.). Routledge.
- Laplanche, J. and Pontalis, J.-B. (1973) *The Language of Psychoanalysis*. Karnac Books.
- Lawler, S. (2008) *Identity. Sociological Perspectives*. Polity Press.
- Laws, D. R. and Marshall, W. L. (2003) 'A Brief History of Behavioral and Cognitive Behavioral Approaches to Sexual Offenders: Part 1. Early Developments.' *Sexual Abuse: A Journal of Research and Treatment*, 15(2) pp. 75–92.
- Lawson, L. (2003) 'Becoming a success story: how boys who have molested children talk about treatment.' *Journal of Psychiatric and Mental Health Nursing*, 10(3) pp. 259–268.
- Lefevre, M. (2004) 'Playing with sound: The therapeutic use of music in direct work with children.' *Child & Family Social Work*, 9(4) pp. 333–345.
- Lefevre, M. (2010) *Communicating with Children and Young People: Making a Difference*. Bristol: The Policy Press.
- Leitch, R. (2008) 'Creatively Researching Children's Narratives through Images and Drawings.' In *Doing Visual Research with Children and Young People*. Routledge.

Letourneau, E. J. and Borduin, C. M. (2008) 'The Effective Treatment of Juveniles Who Sexually Offend: An Ethical Imperative.' *Ethics & Behavior*, 18(2–3) pp. 286–306.

Letourneau, E. J., Henggeler, S. W., McCart, M. R., Borduin, C. M., Schewe, P. A. and Armstrong, K. S. (2013) 'Two-year follow-up of a randomized effectiveness trial evaluating MST for juveniles who sexually offend.' *Journal of Family Psychology*, 27(6) pp. 978–985.

Longo, R. E. (2002) 'A Holistic Approach to Treating Young People who Sexually Abuse.' In Calder, M. C. (ed.) *Young people who sexually abuse. Building the evidence base for your practice*. Russell House Publishing.

Longo, R. E. (2005) 'An Integrated Experiential Approach to Treating Young People Who Sexually Abuse.' *Journal of Child Sexual Abuse*, 13(3–4) pp. 193–213.

Marshall, W. L., Hudson, S. M. and Hodgkinson, S. (1993) 'The importance of attachment bonds in the development of juvenile sexual offending.' In Barbaree, H. E., Marshall, W. L., and Hudson, S. M. (eds) *The Juvenile Sex Offender*. New York: Guildford Press.

Marshall, W. L. and Laws, D. R. (2003) 'A Brief History of Behavioral and Cognitive Behavioral Approaches to Sexual Offender Treatment: Part 2. The Modern Era.' *Sexual Abuse: A Journal of Research and Treatment*, 15(2) pp. 93–120.

Martin, F. E. (1998) 'Tales of Transition: Self Narrative and Direct Scribing in Exploring Care-Leaving.' *Child and Family Social Work*, (3) pp. 1–12.

Maskell, S. (2002) "'No one's Prepared for Anything Like This": Learning from Adults who Care for Children who Sexually Offend: A Narrative Study.' In Calder, M. C. (ed.) *Young people who sexually abuse. Building the evidence base for your practice*. Russell House Publishing.

Masson, H. and Hackett, S. (2003) 'A decade on from the NCH Report (1992): Adolescent sexual aggression policy, practice and service delivery across the UK and Republic of Ireland.' *Journal of Sexual Aggression*, 9(2) pp. 109–124.

Mauthner, N. S. and Doucet, A. (2003) 'Reflexive Accounts and Accounts of Reflexivity in Qualitative Data Analysis.' *Sociology*, 37(3) pp. 413–431.

McAdams, D. P. (1996) 'Personality, Modernity, and the Storied Self: A Contemporary Framework for Studying Persons.' *Psychological Inquiry*, 7(4) pp. 295–321.

McAdams, D. P. (2013) 'The Psychological Self as Actor, Agent, and Author.' *Perspectives on Psychological Science*, 8(3) pp. 272–295.

McAdams, D. P., Josselson, R. and Lieblich, A. (2006) *Identity and Story. Creating Self in Narrative*. American Psychological Association.

McAdams, D. P. and McLean, K. C. (2013) 'Narrative Identity.' *Current Directions in Psychological Science*, 22(3) pp. 233–238.

McCrory, E. (2011) *A Treatment Manual for Adolescents Displaying Harmful Sexual Behaviour. Change for Good*. Jessica Kingsley Publishers.

McKibbin, G., Humphreys, C. and Hamilton, B. (2017) “‘Talking about child sexual abuse would have helped me’: Young people who sexually abused reflect on preventing harmful sexual behavior.’ *Child Abuse & Neglect*, 70, August, pp. 210–221.

Merrill, B. and West, L. (2009) *Using Biographical Methods in Social Research*. SAGE.

Miehls, D. and Moffatt, K. (2000) ‘Constructing social work identity based on the reflexive self.’ *British Journal of Social Work*, 30(3) pp. 339–348.

Miller, D. L. (2011) ‘Being Called to Account Understanding Adolescents’ Narrative Identity Construction in Institutional Contexts.’ *Qualitative Social Work*, 10(3) pp. 311–328.

Morrison, T., O’Callaghan, D., Print, B., Quale, J. and Wilkinson, L. (2009) *AIM Intervention Manual. Comprehensive assessment and intervention guides for work with children and young people who sexually harm*. AIM: Manchester.

Murphy, M., Ross, K. and Hackett, S. (2017) ‘Sexually Harmful Behaviour in Young People.’ In Bailey, S., Tarbuck, P., and Chitsabesan, P. (eds) *Forensic Child and Adolescent Mental Health*. Cambridge: Cambridge University Press, pp. 121–134.

Myers, S. (2002) ‘Language, Discourse and Empowerment: Changing Approaches to Children and Young People who have Sexually Abused Others.’ *Children & Society*, 16 pp. 334–345.

Myers, S. (2005) ‘A Signs of Safety Approach to Assessing Children with Sexually Concerning or Harmful Behaviour.’ *Child Abuse Review*, 14 pp. 97–112.

Myers, S. (2006) ‘Positive practices: Solution focused and narrative therapeutic techniques with children with sexually harmful behaviours.’ *Practice*, 18(3) pp. 183–193.

NCH (1992) *The Report of the Committee of Enquiry into Children and Young People who Sexually Abuse Other Children*. London: NCH.

NICE (2016) *Harmful Sexual Behaviour among Children and Young People*. National Institute for Health and Care Excellence.

O’Callaghan, D. and Print, B. (1994) ‘Adolescent sexual abusers: research, assessment and treatment.’ In Morrison, T., Erooga, M., and Beckett, R. (eds) *Sexual offending against children. Assessment and treatment of male abusers*. Routledge.

Parker, I. (2005) ‘Lacanian Discourse Analysis in Psychology. Seven Theoretical Elements.’ *Theory & Psychology*, 15(2) pp. 162–182.

Parker, I. (2011) *Lacanian psychoanalysis revolutions in subjectivity*. London ; New York: Routledge (Advancing theory in therapy).

Plummer, K. (1995) *Telling Sexual Stories. Power, Change and Social Worlds*. Routledge.

Polkinghorne, D. E. (1988) *Narrative Knowing and the Human Sciences*. New York: State University of New York Press.

Polkinghorne, D. E. (1996) ‘Explorations of Narrative Identity.’ *Psychological Inquiry*, 7(4) pp. 363–367.

- Prescott, D. S. and Levenson, J. S. (2010) 'Sex Offender Treatment is Not Punishment.' *Journal of Sexual Aggression*, 16(3) pp. 275–285.
- Print, B. (ed.) (2013) *The Good Lives model for adolescents who sexually harm*. Brandon VT: Safer Society Press.
- Puckett, K. (2016) *Narrative Theory. A Critical Introduction*. Cambridge University Press.
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011) 'Child abuse and neglect in the UK today.'
- Reitzel, L. R. and Carbonell, J. L. (2006) 'The Effectiveness of Sexual Offender Treatment for Juveniles as Measured by Recidivism: A Meta-analysis.' *Sexual Abuse: A Journal of Research and Treatment*, 18(4) pp. 401–421.
- Rich, P. (2011) *Understanding, Assessing, and Rehabilitating Juvenile Sexual Offenders*. 2nd ed., John Wiley & Sons, Inc.
- Richardson, L. and Adams St. Pierre, E. (2005) 'Writing. A Method of Inquiry.' In *The Sage Handbook of Qualitative Research*. SAGE.
- Ricoeur, P. (1980) 'Narrative Time.' *Critical Inquiry*, 7(1) pp. 169–190.
- Ricoeur, P. (1984) *Time and Narrative (Volume 1)*. Chicago: University of Chicago Press.
- Ricoeur, P. (1991) 'Narrative identity.' In Wood, D. (ed.) *On Paul Ricoeur: Narrative and interpretation*. Routledge.
- Ricoeur, P. (1992) *Oneself as another*. University of Chicago Press.
- Riessman, C. K. (2008) *Narrative Methods for the Human Sciences*. Sage.
- Rogers, A. G. (2005) 'Interviewing children using an interpretive poetics.' In Greene, S. and Hogan, D. (eds) *Researching Children's Experience. Approaches and Methods*. Sage.
- Rustin, M. (2008) 'For Dialogue Between Psychoanalysis and Constructionism: A Comment on Paper by Frosh and Baraitser.' *Psychoanalysis, Culture & Society*, 13(4) pp. 406–415.
- Ryan, G. and Lane, S. (1997) *Juvenile Sexual Offending: Causes, consequences and correction*. New and Revised, Jossey-Bass.
- Ryan, G., Lane, S., Davis, J. and Isaac, C. (1987) 'Juvenile sex offenders: Development and correction.' *Child Abuse & Neglect*, 11(3) pp. 385–395.
- Rycroft, C. (1968) *A Critical Dictionary of Psychoanalysis*. Penguin Books.
- Salter, A. C. (1988) *Treating Child Sex Offenders and Victims: A Practical Guide*. Sage Publications.
- Schafer, R. (1992) *Retelling a Life. Narration and Dialogue in Psychoanalysis*. Basic Books.
- Schofield, G. and Beek, M. (2014) *The Secure Base Model. Promoting Attachment and Resilience in Foster Care and Adoption*. British Association of Adoption and Fostering.

- Shemmings, D. and Shemmings, Y. (eds) (2014) *Assessing disorganized attachment behaviour in children : an evidence-based model for understanding and supporting families*. Jessica Kingsley Publishers.
- Short, N. P., Turner, L. and Grant, A. (2013) *Contemporary British Autoethnography*. Sense.
- Simons, H. (ed.) (2000) *Situated Ethics in Educational Research*.
- Smith, C., Allardyce, S., Hackett, S., Bradbury-Jones, C., Lazenbatt, A. and Taylor, J. (2014) 'Practice and policy in the UK with children and young people who display harmful sexual behaviours: an analysis and critical review.' *Journal of Sexual Aggression*, 20(3) pp. 267–280.
- Smith, C., Bradbury-Jones, C., Lazenbatt, A. and Taylor, J. (2013) *Provision for young people who have displayed harmful sexual behaviour*. Edinburgh: The University of Edinburgh/NSPCC Child Protection Research Centre.
- Sunderland, M. and Engelheart, P. (1993) *Draw on your emotions*. Bicester: Winslow Press.
- Thomson, P. (ed.) (2008) *Doing Visual Research with Children and Young People*. Routledge.
- Thomson, R. (2012) 'Qualitative Longitudinal Methods as a Route into the Psychosocial.' *Timescapes. An ESRC longitudinal study*. (Timescapes Methods Guides Series), (Guide number 13).
- Thomson, R., Plumridge, L. and Holland, J. (2003) 'Editorial.' *International Journal of Social Research Methodology*, 6(3) pp. 185–187.
- Veale, A. (2005) 'Creative methodologies in participatory research with children.' In Greene, S. and Hogan, D. (eds) *Researching Children's Experience. Approaches and Methods*. Sage.
- Vizard, E. (2002) 'The Assessment of Young Sexual Abusers.' In Calder, M. C. (ed.) *Young people who sexually abuse. Building the evidence base for your practice*. Russell House Publishing.
- Vizard, E. (2007) 'Adolescent sexual offenders.' *Psychiatry*, 6(10) pp. 433–437.
- Waldram, J. B. (2007) 'Everybody has a story: Listening to imprisoned sexual offenders.' *Qualitative Health Research*, 17(7) pp. 963–970.
- Walker, D. ., McGovern, S. K., Poey, E. L. and Otis, K. E. (2004) 'Treatment Effectiveness for Male Adolescent Sexual Offenders: A Meta-Analysis and Review.' *Journal of Child Sexual Abuse*, 13(3–4).
- Ward, T. (2010) 'Punishment or therapy? The ethics of sexual offending treatment.' *Journal of Sexual Aggression*, 16(3) pp. 286–295.
- Ward, T. and Gannon, T. A. (2006) 'Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders.' *Aggression and Violent Behavior*, 11 pp. 77–94.
- Ward, T., Mann, R. E. and Gannon, T. A. (2007) 'The good lives model of offender rehabilitation: Clinical implications.' *Aggression and Violent Behavior*, 12(1) pp. 87–107.

- Ward, T. and Marshall, B. (2007) 'Narrative Identity and Offender Rehabilitation.' *International Journal of Offender Therapy and Comparative Criminology*, 51(3) pp. 279–297.
- Ware, J. and Mann, R. E. (2012) 'How should "acceptance of responsibility" be addressed in sexual offending treatment programs?' *Aggression and Violent Behavior*, 17(4) pp. 279–288.
- Weinrib, E. (1983) *The Sandplay Therapy Process. Images of the Self*. Temenos Press.
- West, B. (2007) 'Using the Good Way model to work positively with adults and youth with intellectual difficulties and sexually abusive behaviour.' *Journal of Sexual Aggression*, 13(3) pp. 253–266.
- Wetherell, M. (2005) 'Unconscious conflict or everyday accountability?' *British Journal of Social Psychology*, 44(2) pp. 169–173.
- White, M. and Epston, D. (1990) *Narrative Means to Therapeutic Ends*. WW.Norton & Company.
- Wierenga, A. (2009) *Young People Making a Life*. Palgrave MacMillan.
- Wilson, S. (2016) 'Digital technologies, children and young people's relationships and self-care.' *Children's Geographies*, 14(3) pp. 282–294.
- Winnicott, D., Woods (1949) 'Hate in the Counter-Transference.' *The International Journal of Psycho-Analysis*, 30 pp. 69–74.
- Worling, J. (2001) 'Personality-based typology of adolescent male sexual offenders: Difference in recidivism rates, victim-selection characteristics, and personal victimisation histories.' *Sexual Abuse: A Journal of Research and Treatment*, 13 pp. 149–166.
- Worling, J. (2013) 'What were we thinking? Five erroneous assumptions that have fueled specialized interventions for adolescents who have sexually offended.' *International Journal of Behavioural Consultation and Therapy*, 8 pp. 80–88.
- Worling, J. R. and Curwen, T. (2000) 'Adolescent sexual offender recidivism: success of specialized treatment and implications for risk prediction.' *Child Abuse & Neglect*, 24(7) pp. 965–982.
- Worling, J. R. and Curwen, T. (2001) *The 'ERASOR' Estimate of Risk of Adolescent Sexual Offense Recidivism Version 2.0*.
- Worling, J. R., Josefowitz, N. and Maltar, M. (2011) 'Reducing Shame and Increasing Guilt and Responsibility with Adolescents who Have Offended Sexually: A CBT-Based Treatment Approach.' In Calder, Martin C, M. C. (ed.) *Contemporary practice with young people who sexually abuse. Evidence-based developments*. Russell House Publishing, pp. 320–334.
- Worling, J. R. and Långström, N. (2003) 'Assessment of Criminal Recidivism Risk with Adolescents who have Offended Sexually: A Review.' *Trauma, Violence, & Abuse*, 4(4) pp. 341–362.
- Worling, J. R. and Langstrom, N. (2006) 'Risk of Sexual Recidivism in Adolescents Who Offend Sexually: Correlates and Assessment.' In Barbaree, H. E. and Marshall, W. L. (eds) *The Juvenile Sex Offender*. 2nd ed., New York: Guildford Press.

Worling, J. R., Litteljohn, A. and Bookalam, D. (2010) '20-year prospective follow-up study of specialized treatment for adolescents who offended sexually.' *Behavioral Sciences & the Law*, 28(1) pp. 46–57.

Wylie, L. A. and Griffin, H. L. (2012) 'G-map's application of the Good Lives Model to adolescent males who sexually harm: A case study.' *Journal of Sexual Aggression* pp. 1–12.

Zizek, S. (2006) *How to Read Lacan*. Granta Books.

Zizek, S. (2009) *Violence*. Profile Books.

12. Appendices

Appendix 1



CONSENT FORM FOR PARTICIPANTS

Project title:

Young people, harmful sexual behaviour and identity: How do young peoples' narratives develop during treatment for harmful sexual behaviour?

Contact:

Researcher: Matt Ellis, University of Sussex, Falmer, Brighton, BN1 9QQ. Email: matthew.ellis@sussex.ac.uk. Tel 01473 234850 or 07943 397777

Research supervisor: Dr Michelle Lefevre, University of Sussex, Falmer, Brighton, BN1 9QQ. Email: m.lefevre@sussex.ac.uk. Tel: 01273 877656

Please read the statements below and tick the relevant boxes:

- I agree to take part in the above research project being conducted by Matt Ellis.

Yes ☐ No ☐

- I understand that I will be interviewed 3 times during the course of my treatment. During the interviews I will be asked to talk about myself, and to give my opinions about things. I understand that I won't have to talk about anything that I don't want to, and that I am free to end the interview at any time without having to give a reason.

Yes ☐ No ☐

- I understand that the interviews will be recorded so that Matt can listen to them again, and analyse what was said.

Yes ☐ No ☐

- I understand that I will be invited to help analyse the interviews with Matt, but I can also choose not to.

Yes ☐ No ☐

- I understand that Matt will use an 'analysis group' to help him think about our interviews, and what our discussions might mean. The people in the group will be shown extracts of our interviews, and some of my creative work, but they will not know who I am.

Yes ☐ No ☐

- I understand that Matt will write about me and our interviews in his research, and that other people will read this. I understand that Matt will not tell people my real name, and he will not write things about me which will enable people to know who I am, such as where I live. I accept that it may be possible for me to recognise myself if I read the report.

Yes ☐ No ☐

- I understand that if I talk about anything during the interviews that suggests that either me or someone else is at risk of being harmed Matt will do something about this, which may involve talking to someone else. This would most likely be my social worker and treatment worker in the first instance.

Yes ☐ No ☐

- Matt will contact me and my treatment worker near to the time to arrange each interview. I understand that I don't have to carry on with further interviews if I don't want to.

Yes ☐ No ☐

- I understand that, up to the point of the last interview, if I change my mind about being involved I can ask for my data (interview recordings, transcripts and artwork) to be removed from the research.

Yes ☐ No ☐

- I understand that Matt would like to archive (keep hold of) my interview data in an anonymised form after this study has ended. This is so that it could potentially be used by other researchers in the future (who will not know who I am). However I can choose not to have my data kept after the study has ended if I wish.

Yes ☐ No ☐

I give permission:

- For my interviews to be audio recorded and transcribed (typed into words on the computer)

Yes ☐ No ☐

- For all data from our interviews to be kept safely and confidentially so that it can be analysed for the research. This will include recordings and transcripts of the interviews; as well as copies (including digital photos) of any pictures or work that I produce

Yes ☐ No ☐

Signed: _____

Name: _____

Date: _____

Additional consent

I understand that Matt may want to contact me again in the future as a follow up to the current research.

I give permission for Matt to keep my contact details securely and confidentially in order that he can contact me again in the future. I understand that in giving permission to be contacted again I may be invited to take part in further research, but I will not be obliged to do so.

Yes ☐ No ☐

Signed: _____

Name: _____

Date: _____

Appendix 2

Interview questions:

Interview 1:

*The aim of the first interview is to explore participants' sense of identity and its link with **sexual abuse**.*

1. Can you tell me about your life, and the things in your life that have made you the person you are?
 - *Aim is to elicit a narrative about participants' sense of identity in general. The term 'things' is considered sufficiently general so as to cover both experiences and relationships, and to allow participants the freedom to decide what they ascribe significance to.*

2. Can you tell me about how sexual abuse has impacted upon your life?
 - *Aim is to bring the issue of sexual abuse 'into the room' and to elicit participants associations to sexual abuse in general, without inferring they are either a perpetrator or a victim*

3. Can you tell me about how allegations of HSB against you have impacted on your life?
 - *Aim is to elicit a response from participants when their association with HSB and sexual abuse is explicitly introduced*

4. Can you tell me what you think what the future will be like for you?
 - *Aim is to elicit participants sense of the future and to see what they do with the issue of HSB and their future self*

Interview 2:

*The aim of the second interview is to explore participants' sense of identity and its link with responsibility, and specifically **treatment**.*

1. Can you tell me about the impact that being referred for treatment has had upon your life so far?
 - *Aim is to elicit participants association with treatment, and to elicit a narrative about how they position themselves with the implication that compliance with treatment equates to some acceptance of responsibility*
2. Can you tell me about the things in your life that have resulted in you being referred for treatment?
 - *This question is purposefully similar to question 1, but is asking participants to be more specific in linking 'things' in their life to HSB. The term 'things' is again used in order to avoid being too prescriptive about what is considered significant.*
3. Can you tell me about how the lives of other people have been impacted by the allegations of HSB made against you?
 - *This is another question designed to elicit a response from participants about how they view responsibility for their HSB*
4. Can you tell me how you think the allegations of HSB made against you will affect your future?
 - *As in the first interview, this question is designed to elicit a response from participants about their sense of the future. It is purposefully similar to question 4 in interview 1, with the additional link made to their HSB*

**Use of creative medium: Ask participants to depict their life at present using a choice of creative media*

Interview 3:

The third interview will revisit some of the themes from the first two in order to elicit developments in participants' identity narratives over the course of time. I am also interested to see if/how participants integrate some of the concepts introduced to them as part of their treatment.

1. Can you tell me what it has been like attending treatment?
2. Can you tell me what you think the future will be like for you as a result of attending treatment?
3. Can you tell me about how you would like your future to be?

**Use of creative medium: Ask participants to depict their future using a choice of creative media*

Appendix 3

Overview – Terry

Written after the first read through of interview 1

As with all of the young people involved in this project I had very little personal information about Terry upon first meeting him. I knew that he was seventeen years old, and that he was approaching the end of his treatment programme for harmful sexual behaviour. His therapist told me that he thought I was likely to get on well with Terry, because he likes talking, and spending time with people who show him some attention. Although he lives a short walk from the office where I would be interviewing him he could be unreliable when it comes to showing up for appointments. He sometimes needs a wake-up call to get him out of bed.

Terry did indeed appear to have no trouble talking. He responded with compliant appreciation to the invitation that he should start by telling me about his life, and the kinds of experiences that have made him the person that he is. He began by telling me that he's had some good friends, and that he felt heartbroken when one of them moved back to America recently. He has a mildly startled looking face, which showed little variation, and a north eastern accent that seems to accentuate the monotone of his voice. Together they betray these labelled emotions, and I already begin to feel that the life he's describing through this dissonant narrative has been lived under grey skies.

Terry is the youngest of at least three. His older sister, who he considers to be really smart, went to University to study Law and gets only a brief mention late on into the interview. His older brother has paranoid schizophrenia, is "a bit of an arse", and is possibly in hospital. It's not clear. Later when Terry tells me about the Police coming to his house (presumably to arrest him) following an allegation of rape he said that his mum's initial instinct was to assume they had come for his brother. For a number of years Terry's mum was in a relationship with his step dad, which Terry hated because he said he was abusive. She's now back together with his birth-Dad for the first time since he was very young. He seems pleased.

Terry's story feels like a tragedy. It is suffused with loss, and set within a landscape of hopelessness. He longs to be reunited with his ex-girlfriend, and his baby daughter. He wants to be a father. A good one. To show his own Dad how it's done. It's not a happy ending. So far.

When he was fifteen Terry was accused of raping his thirteen year old girlfriend. He hadn't realised that she was too young to consent. A further rape allegation by a different girl came some time later. No further action was taken on that occasion, but it took a while for the Police to conclude things, and his mum couldn't handle it, so he moved in with his Dad for a while. Terry has restricted, supervised contact with his

daughter, because of these allegations. I learned later in the interview that “something also happened when [he] was ten”. He described it as “the first bad thing that ever happened”, “ridiculously bad”. Although he claims to have forgotten what it was he went on to tell me that he touched a girl between the legs. She was the sister of his friend. He was charged with Common Assault.

He is grateful to his therapist for teaching him the important lessons about sexual relationships that he believes he should have had in school. By the time we get to that part of the story I’m not surprised to hear that he was absent for most of his school life. When he was present, he was bullied.

The interview weaves back and forth via the various relationships in Terry’s life. Characters include his eight month old daughter whose name isn’t mentioned, his ex-girlfriend (and mother of the baby) Tracey, his friend Jacob who recently moved back to America, and his dog Ruffy who died last year. Other cast members include his parents, brother, and sister; his other friend Rob, and his therapist Dave. It does feel like a cast. Like every time he talks about someone he’s directing them out to the front of the stage, then sending back behind the curtain as the next one comes out.

He hopes the future will be a lot better, he said. He talks about some of his interests, such as playing the drums, learning guitar, and playing Xbox. He seems quite passionate about gaming and tells me that he wants to work in that field, which he said “would be like a dream come true”. I ask specifically about his view of relationships in the future. He wants to stay in contact with his friends, including his friend in America. He also wants to get back together with Tracey and have a “proper family”. He recognises that he first needs to hope that her relationship with her current boyfriend doesn’t last.

I don’t feel convinced by Terry’s hope in the future. It feels fragile, as though his hopes and expectations are set for different courses. He even tells me that he doesn’t expect getting back together with Tracey will happen.

Terry is asked to choose some music at several points, early on and also for the final part of the interview. His first choice was ‘All around me’ by Flyleaf. It reminded him of his ex-girlfriend, though he wasn’t not sure why. It reminded him of good times with her.

Terry described several people as having “really bad anxiety”. He started by telling me that he has anxiety. He hasn’t been “diagnosed” he said, but his friend has and he pointed out his symptoms to him. He later told me that Tracey also has anxiety, and that he has to communicate with her via her mum as a result. He chose ‘Anxiety’ by Black Eyed Peas/Papa Roach for his second song. He’s not sure where he first heard it, but it helps him get through his own anxiety. He said it calms him down, including when he’s angry.

We spent some time discussing his interest in music more generally. He seemed quite relaxed by this point and in no rush to conclude things. He told me that playing music is also helpful for him. Drumming helped him through a “lot of stuff with [his] parents” for

example. He described his appreciation of Black Sabbath and Ozzy Osborne. After a while he asked me "So what kind of music are you into? Bon Jovi by any chance?" Erm...

Appendix 4

Overview - Ben

Written after the first read through of interview 1 (only interview)

Ben's interview stands out as being distinct from the other participants for a number of reasons. Firstly, after initially agreeing to take part in the three proposed interviews he changed his mind, and at the beginning of what would be interview 1 he told me that he didn't want to do any more after this. He made it clear that he associated my interviews with him as being connected in some way to his treatment. He was very near the end, and was beginning to look beyond his time in treatment. This presented me with a slight dilemma in that I effectively had to decide whether or not to continue in the knowledge that one interview was all I was going to have. In the moment I decided to continue, and to try and somehow incorporate as many of the questions from all the interviews into just this one.

We didn't really have any more time than that which was originally allocated, so I commenced on the basis that I probably wouldn't end up using his data. Also, for reasons I can't recall, I chose not to use the music or collage in the interview, though we did do the life path.

Ben spoke like someone who'd been 'caught', and rather than resist he'd decided to 'go with his hands up'. As I wrote in a separate piece ('Go on George when we gonna do it?') he reminded me of Lennie, one of the main characters from Steinbeck's 'Of Mice and Men'. He appeared to have a naïve innocence about him, and a trust in other people as being right. So when they told him *he* was wrong, *they* were...right. He therefore had no option, but to admit it. It's like he'd bought the message that if he 'tells us everything' he'd get off more lightly. He hadn't worked out that they didn't know as much he thought, and they probably needed him as much as he needed them.

Ben's story, at least that which was part-revealed in the interview was about him. By himself. His Grandparents, and his parents were one dimensional characters who stood like flat wooden stage props just in front of the sketchily drawn scenery somewhere behind him. There were scenes of Ben on holiday in Blackpool. Riding the new thrill ride. Arms raised and whooping loudly to himself as the sole rider in the carriage. Bowling; seeing various attractions; and glaring out of the tram window as his face reflects the illuminated glow of the lights that pass along the seafront. It was a life of loneliness that presented itself to me.

I'm not sure Ben saw it that way though. Images in my mind of Ben meandering by himself along the busy seafront in Blackpool are evocative for me. I have my own childhood memories of Blackpool, which at the time felt like a place of infinite fun. It was, for me as a ten year old, full of all the things a person could want. In my childhood

naivety it was wonderful. My perspective now is infused with an arrogant cynicism, and 'enlightened' through the culturing experiences of travel to 'genuine' places in the world. Ben's hearty, warm description of the town and his time spent there emphasised the distance that I have come in trying to leave behind parts of my own past. A distance that is effectively meaningless, when moments like this remind me that it's as close as ever.

Appendix 5

Go on George, when we gonna do it? (ref 'Of Mice and Men' by Steinbeck)

18th November 2016

George had been listening to the distant sounds. For a moment he was business-like. "Look across the river, Lennie, an' I'll tell you so you can almost see it."

Lennie turned his head and looked off across the pool and up the darkening slopes of the Gabilans. "We gonna get a little place," George began. He reached in his side pocket and brought out Carlson's Luger; he snapped off the safety, and the hand and gun lay on the ground behind Lennie's back. He looked at the back of Lennie's head, at the place where the spine and skull were joined.

A man's voice called up from the river, and another man answered.

"Go on," said Lennie.

George raised the gun and his hand shook, and he dropped his hand to the ground again.

"Go on," said Lennie. "How's it gonna be. We gonna get a little place."

"We'll have a cow," said George. "An' we'll maybe have a pig an' chickens...an' down the flat we'll have a...little piece alfalfa—"

"For the rabbits," Lennie shouted.

"For the rabbits," George repeated.

"And I get to tend the rabbits."

"An' you get to tend the rabbits."

Lennie giggled with happiness. "An' live on the fat of the lan'."

"Yes."

Lennie turned his head.

"No, Lennie. Look down there across the river, like you can almost see the place."

Lennie obeyed him. George looked down at the gun.

There were crashing footsteps in the brush now. George turned and looked toward them.

"Go on, George. When we gonna do it?"

"Gonna do it soon."

"Me an' you."

"You...an' me. Ever'body gonna be nice to you. Ain't gonna be no more trouble. Nobody gonna hurt nobody nor steal from 'em."

Lennie said: "I though you was mad at me, George."

"No," said George. "No, Lennie. I ain't mad. I never been mad, an' I ain't now. That's a thing I want ya to know."

The voices came close now. George raised the gun and listened to the voices.

Lennie begged: "Le's to it now. Le's get that place now."

"Sure, right now. I gotta. We gotta."

And George raised the gun and steadied it, and he brought the muzzle of it close to the back of Lennie's head. The hand shook violently, but his face set and his hand steadied. He pulled the trigger. The crash of the shot rolled up the hills and rolled down again. Lennie jarred, and then settled slowly forward to the sand, and he lay without quivering.

George shivered and looked at the gun, and then he threw it from him, back up on the bank, near the pile of old ashes.

The brush seemed filled with cries and with the sound of running feet. Slim's voice shouted: "George. Where you at, George?"

But George sat stiffly on the bank and looked at his right hand that had thrown the gun away. The group burst into the clearing, and Curley was ahead. He saw Lennie lying on the sand. "Got him, by God." He went over and looked down at Lennie, and then he looked back at George. "Right in the back of the head," he said softly.

Slim came directly to George and sat down beside him, sat very close to him. "Never you mind," said Slim. "A guy got to sometimes."

But Carlson was standing over George. "How'd you do it?" he asked.

"I just done it," George said tiredly.

P116/117 'Of Mice and Men' John Steinbeck

Extract from Interview transcript with Ben - P21

Ben: But, let's be honest, I just have to get over it, you know, and... you know, like after the 10th of August, you know... and I know what I've done there in 2011, my sexual assault, but now it's made me realise now that I've turned eighteen now and what I want to do is just move back home, move back home, and – and – and that will change my life forever.

[0:53:16]

Matt: That will change your life forever.

Ben: It really really would because, you know... and, you know, because I know what I've done is very very very wrong indeed, but now it's made me realise that, you know, if... you know, if anything... like does go wrong again, or anything pops up like that again, and I... I think what I am now I'll probably... I'll probably be put in a young offenders' place or something or prison, one of the two; or go to court; or one of the two.

Matt: So if something like that happened again you...?

Ben: I'd probably get prosecuted.

Matt: Okay.

Ben: But that won't happen now because I've known... you know, because I've come here, you know, I've learnt a lot of things here while I've been here and, you know, I've learnt a lot, you know, off [therapist]. He's helped me... really really good, he's helped me, very very good things, you know, to move on in my life – you know, about sexual behaviour, you know, about age of consent as well.

Matt: Okay.

Ben: Loads about... yeah, so – yeah, so quite a lot of things.

P22

Ben: I've learnt about the warning signals as well. If anything like happens to me or something and I – and I know... and I know straight away... well, what might happen, but I don't know if that will happen. So I can rely on... if someone was to like sexually assault me what I'd have to do: I'd have to tell... I'd have to... well, what I'd have to do is tell my family, I mean like, what's going on; and then what I'd have to do: I'd have to call the police. And that's the only thing I could do. That's what the law – the law tells me if anything happens like – if anything happens like that to me what I have to do is tell my family of what's going on, and also... and also what I'd have to do – what I'd have to do is get the – what I'd have to do is get the police involved and see – see what they can do about it because that's the law and that's what the law tells me to do.

Matt: Okay. Yeah, absolutely.

[0:55:30]

Ben: So yeah, so I think we've done pretty well with that.

Notes (handwritten) from reading through the above section of transcript (first time):

Reminds me of Lennie from 'Of Mice and Men'.

I'm beginning to wonder how much he really understands what has been happening to him. He seems to have some learning difficulties, and to be very trusting of other people, the law, and 'official' institutions that have told him that he has done something "very, very, very bad".

It was after reading through Ben's interview transcript that I decided to go and dig out a copy of 'Of Mice and Men'. It didn't take me very long at all to locate the passage quoted above. I knew almost immediately when I read it that it was what I was looking for. It described something that, deep down I related to. It wasn't only Lennie, it was also George. I have fulfilled the role of George on many occasions, along with the organisations that I've worked for, the institutions and fellow professionals I've done it on behalf of. How many times have I heard Slim tell me "*Never you mind. A guy got to sometimes*".

Ben reminds me of so many boys that I have worked with. Who, without really understanding what was going on, without the capacity or status to question the ethics of what was being done to them, have begged "*Le's to it. Le's get that place now.*"

The impact on their lives devastating.

"It has affected my life...Well, you know, it's like my life has been absolutely crashed; it's been crashed. So it's not...I don't know; it's just like when the computers just crash straight away and they don't come back on again." (Ben – Interview transcript p20).

Ben gave this reply directly in response to the question 'how has the issue of sexual abuse affected your life?' He was referring to his own abusive behaviour. He made it clear elsewhere in his interview that it was his own behaviour that led to his life being turned upside down. Specifically him having to leave his family home and live with grandparents. This is of course true, but it's not the whole picture. It's an uncomfortable thought, but his life has been 'crashed' only indirectly by his own behaviour. It's the decisions of others that brought about the significant life changes, such as him having to move homes. His involvement in a treatment programme is also one of the things that have crashed his life. He is known, and on record as

having sexually assaulted four people, and he is on record as having attended treatment, but what value has attending treatment had for him?

We know that first and foremost putting boys like Ben through treatment programmes is for the (perceived) benefit of others. To prevent further victims, and to make the world a safer place. We also claim though, that it has benefit for the boys themselves. We tell ourselves, and the boys that it will do them good. Ben, like most of the boys I have worked with in treatment over the years attended treatment 'voluntarily'. That is, without being mandated by court. In order to engage boys like Ben we have to develop a 'trusting' relationship. One in which they are willing to express some vulnerability, to 'trust' us, and the journey that we will take them on. We tell them, and ourselves, that it is for their own good that they are attending treatment. But I wonder. I honestly wonder whether it actually does them any good at all.

"No, Lennie. Look down there across the river, like you can almost see the place."

"Lennie obeyed him. George looked down at the gun."

Just like George, I've thrown the gun away into the bushes. Only now am I stopping to look. To look at the hand that threw that gun away.

"But George sat stiffly on the bank and looked at his right hand that had thrown the gun away."

I wonder, like George, and Slim, and Curley, and Carlson, and everyone else that's involved in this business whether it is after all a necessity. Whether somebody *has* to be sacrificed, for the good of others. Lennie was guilty after all. I know HSB treatment is meant to be about rehabilitation, not punishment (especially Capital), but I wonder whether for those of us delivering it, pushing boys onto it, and keeping them there until we think it's finished, we are not avoiding the difficult question of why.

In my experience everyone feels safer when the boys are doing treatment. Schools, foster carers, parents, social workers, the 'public'. In a way it seems like it doesn't *really* matter what happens, what gets discussed there, and how. What matters is that *something* is happening, and importantly *someone else* is doing something about it. Someone else takes responsibility for firing the gun.

21st November 2016

We don't, of course, put the boys completely out of action. We don't kill them. But perhaps we'd like to. Perhaps their dangerousness is too much for us to live with. If we can't kill them, then maybe we can contain them. These boys are not in prison though. They're not locked up, but maybe we would like them to be.

As the therapist we are the ones who both contain the boys, and make them safe. Containing them involves keeping them talking, keeping them in the spotlight. Talking about them to others. Writing about them in our reports and risk assessments. Using soft power to threaten them with exposure if they show any further signs of dangerousness. We keep them in treatment, and therefore keep them as attendees, clients, subjects. We keep the world aware

of who they are, and under the watchful eye of who knows who they imprison, and control themselves through their own self-regulatory gaze.

We can never really trust them though. They are never safe, and will never be again. The actuarial risk assessments, our own set of prison keys that we carry around and use to describe them will not allow them to ever be safe. They are neither safe from others, nor others from them. We keep them and their inward gaze on full alert by probing their pasts, their presents and their futures. We provide them with templates for a permissible life, and even for permissible fantasies.

We sanitise our rage through empathy, which rarely, but occasionally becomes compassion. Secretly we want to kill them. We want to destroy their dangerousness. To extinguish the lighted wick by destroying the explosive. To make the world a safer place. For us.